CHANGE PUBLIC PERCEPTION

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The skills course in the Singapore Family Physician aims to impart greater knowledge and extend the range of skills and appropriate advice that a family physician can employ in his or her consultation. It is timely that a series of recent newspaper articles and letters to the Straits Times Forum Page highlighted the need for GPs to reexamine themselves. The articles commented on whether it is more cost-effective for medicines to be dispensed solely by the pharmacist or, as it is at present – which in a larger part for the private sector – is by the GP clinic's dispensary. It was also said that the GP profits from the sale of medicine, which seems to imply that there is little value attributed to the consultation. In a word, it is perceived that patients pay to buy medicines and not to see the doctor.

GPs need to gain greater confidence in levying his charges based on his skills and knowledge used in the consultation process. He has to move towards a pricing model which is transparent and is viable even if there is no dispensing of medicine involved. It is possible that, in the future, the privilege of dispensing can be taken away from the profession, leaving us only with payment for consultation and services such as minor surgical procedures.

We can gradually change the public perception that a GP possesses less knowledge and skills than his specialist counterpart only if we invest our time and mental effort in upgrading ourselves through personal self study and, if possible, taking part in courses leading up to examinations such as the Graduate Diploma in Family Medicine or the MMed (Family Medicine) offered conjointly by the CFPS, MOH, and the University.

It is possible that in the near future, each patient will hold an electronic personal health record (ePHR) stored and viewed on the Internet. The GP may be asked to upload medical data on the Internet as well. The chronic sick patient may bring so much medical information, and data on his ePHR to augment history taking, that the GP consultation is likely to be prolonged rather than shortened.

Therefore, the GP needs to incrementally equip himself with the skills and knowledge to be able to interpret these data and create an appropriate plan of treatment and advice for the patient on the spot. He may even be asked by the patient for a second opinion. Indeed, the ideal consultation model as described by Nigel Stott and Harvard Davis of acute problems, behavioural modification, continuing problems, and disease prevention may be worth a revisit[1].

If the overall pricing for each GP visit does not include time and expertise involved, then there will be less motivation to do a proper job during consultation. One may be tempted to take short cuts which is not in the patient's interest nor is it wise from a medicolegal standpoint. We must get ready for the day when the patient will need us to do more for them and seek to be paid properly.

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REFERENCE

1. Stott and Davis. The potential in each primary care consultation — an aide memoire. JRCGP, Apr 1979:201.