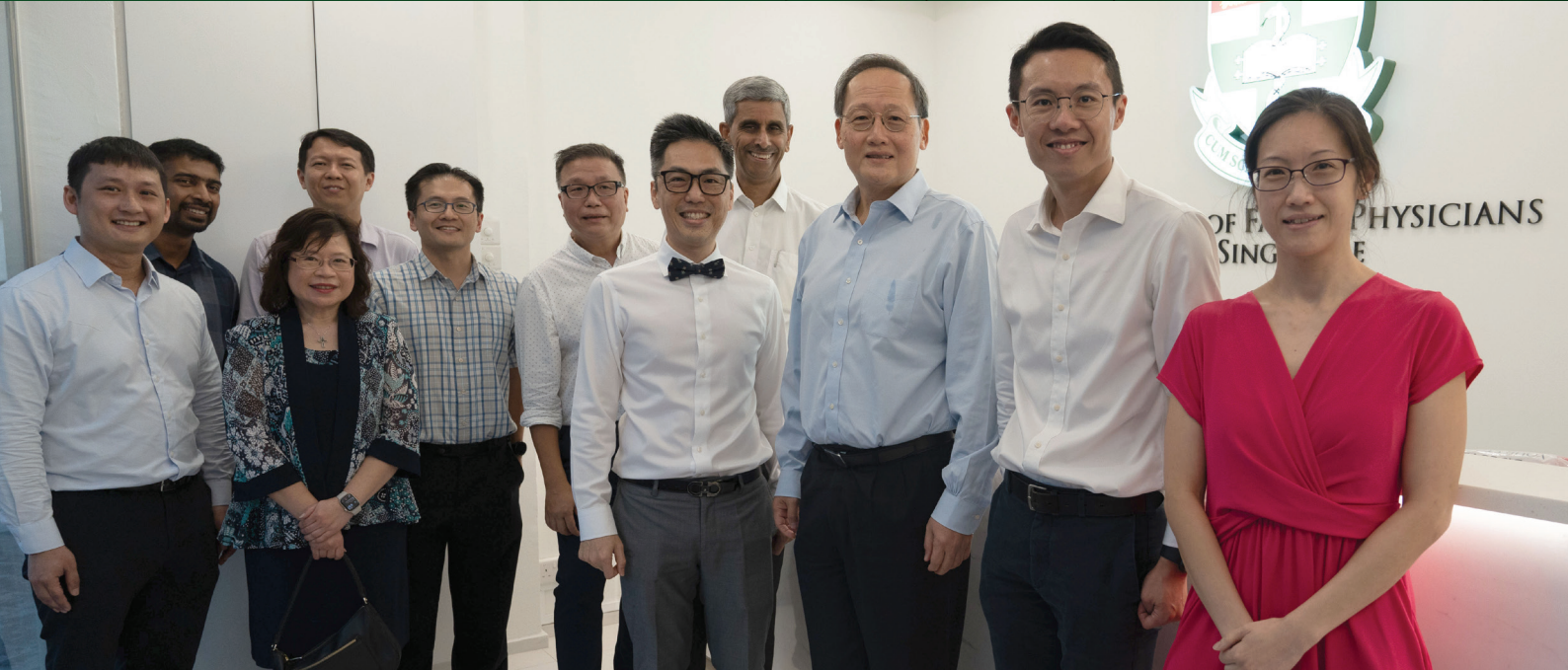




COLLEGE OF FAMILY PHYSICIANS
SINGAPORE

THE College Mirror

VOL. 50 NO. 1 MAR 2024



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Honouring Our Roots and Looking Forward

Minister Tan See Leng's Visit to CFPS's Academic Training Centre

By Dr Low Sher Guan Luke, FCFP(S), Chief Editor, *The College Mirror*

On 24 January 2024, the College of Family Physicians Singapore (CFPS) had the privilege of hosting a distinguished visitor at our Academic Training Centre on Neil Road – Minister Tan See Leng. Minister Tan, a family physician by professional training and a current member of CFPS, has always held a special place in his heart for Family Medicine.

The visit was also a walk down memory lane, as Minister Tan reminisced about his early days with CFPS. He fondly recalled his journey with the organisation, a path that significantly contributed to the robust foundation CFPS stands on today. Back then, the

training of family physicians took place in humble places such as on the second floor of Prof Cheong Pak Yean's clinic as part of the Private Practitioner Stream. Today, CFPS has her own Academic Training Centre – a testament to the humble yet impactful beginnings of Family Medicine in Singapore.

During his tenure on the CFPS Council from 1997 to 2013, Minister Tan served in various capacities, including as Honorary Treasurer and Vice President. He played a pivotal role in shaping the College's direction. A significant highlight of his tenure was his involvement in hosting the 18th WONCA World Conference on

(continued on Page 5)

Concise evidence-based guidances to support your decision-making



Health Technology Guidances communicate recommendations from the MOH Drug Advisory Committee or the MOH Medical Technology Advisory Committee on the funding status and appropriate use of drugs, vaccines or medical technologies that have been evaluated by ACE.



Horizon Scanning (HS) Briefs provide assessments of new and emerging health technologies with potentially high impact at an early stage of their development, and serve to provide advance notice to the healthcare system to facilitate service planning for the successful adoption of such technologies, if appropriate.



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<https://go.gov.sg/college-mirror-mar24>

KEEP IN TOUCH!



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ETHICS CME WEBINAR

Professionalism, Ethics and Law (PEL) – Challenges in Primary

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Ethics CME webinar on “Professionalism, Ethics and Law (PEL) – Challenges in Primary”, held on 14 October 2023.

Expert Panel:

Dr T Thirumoorthy
A/Prof Goh Lee Gan
Dr Swah Teck Sin
Dr Wong Tien Hua
Dr Paul Goh
Mr Lek Siang Pheng
Dr Eng Soo Kiang
Dr Suraj Kumar

Chairpersons:

Dr Suraj Kumar
Dr James Cheong
Dr Rose Fok

FAMILY PRACTICE SKILLS COURSE

Genomic Medicine: Clinical Primer for Primary Care Physicians

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #114 on “Genomic Medicine: Clinical Primer for Primary Care Physicians”, held on 13-14 January 2024.

Expert Panel:

A/Prof Joanne Ngeow
Dr Subramaniam Tavintharan
Dr Zhang Zewen
Ms Sowmya Jonnagadla
Ms Nur Diana Binte Ishak
Ms Jeanette Yuen
A/Prof Ng Kar Hui
Dr Chan Gek Cher
Dr Elaine Lo
Dr Li Jingmei
Dr Rose Fok
A/Prof Goh Lee Gan

Chairpersons:

A/Prof Joanne Ngeow

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Editor's Word

by Dr Gabriel Yee, FCFP(S)

A whole new world, a new fantastic point of view. We've come so far, we can't go back to where we used to be. The first step is always the hardest, and many times, we have to take a leap of faith.

https://www.youtube.com/watch?v=eitDnP0_83k - This music video (yes I'm of that generation) summarises my thoughts as I read the articles in this edition. From new college premises, to new insights into teaching, and seeing how my trainees and former residents have grown into mature consultants – themselves contributing to better systems and educating others. All this on the closure of the Singapore COVID chapter, and further stepping down of public health measures against COVID such as BVCH standing down in our COVID fight. We now stand on the brink of a Healthier Singapore and there is much to be optimistic about. Even though there will be times where we feel like we are taken “over sideways and under, on a magic carpet ride”, we know that ultimately, we can't keep functioning as if it's a “typical Tuesday night” and that to heal the population we so love the solution is “its healthier SG, FPs just say YES!”

Now that we are done with Disney and Taylor Swift referencing, allow me to introduce the articles for this edition.

It's truly serendipitous that Dr Wong Tien Hua, our college president invited Prof Cheong to our 31 Neil Road Campus, and there were 2 buildings just next to our new campus that held deep historic meaning. The good foresight of Dr Tan See Leng, our present Minister of Manpower, in 2015 is paying dividends now, not just financially but more importantly educationally for the future.

Serendipity also describes how five of our newly minted SCH fellows and myself met. Huey Chieng was my fellow resident in Tampines polyclinic, and the rest rotated through BVCH when I was a registrar. We kept in close touch, and I was privileged to guide them in their fellowship journey. I am so proud to have interviewed them on

how they have become a family of family physicians and are giving back daily, using their newfound fellowship skills.

Since this edition is about lifelong learning, Dr Julia Yuen shares how she has spiralled (forgive the educational and dancing puns) upwards, and perhaps sideways and under, across time and countries in her dancing journey, developing better cardiovascular, musculoskeletal and neurological health, becoming a role model for the population she serves.

Dr Quah Yanling, my residency mate, shares on how a community of practice of doctors, across disciplines was formed in her recent TCM Graduate Diploma. Truly, all we have to do is get on a magic carpet ride and reach out to others. For sure, her patients as well as many more will benefit from her cross-cultural transdisciplinary perspectives.

Should we get scrubs? Dr Vincent Chan, an FP in private practice and myself muse over this age old question, with various fashion choices presented.

In this edition, Dr Vincent Chan describes his experience on key pain points of Healthier SG and offers his perspectives on them. I am fortunate to have interviewed Legolas, a (non)mythical elf who has become our first elven HealthierSG patient, for his patient centered perspectives on the initiatives to date. It really wasn't easy to catch him despite his weight gain so keep a look out for when he might be interviewed again!

Precision and personalised medicine have come to the fore recently, especially with the advent of AI, and it is timely that Dr Rose Fok is sharing regarding genomic medicine.

On a more lighthearted note, I share regarding the recent APMEC conference I attended in Sri Lanka, and Dr Cheryl Tan shares about how a book she read can help us think clearly – something much needed these days with the vast amounts of news and social media swamping us.

Indeed, let us embark on this magical carpet ride, over sideways and under, because it is when #TogetherWeCare (to borrow BVCH's old motto) that we care better.

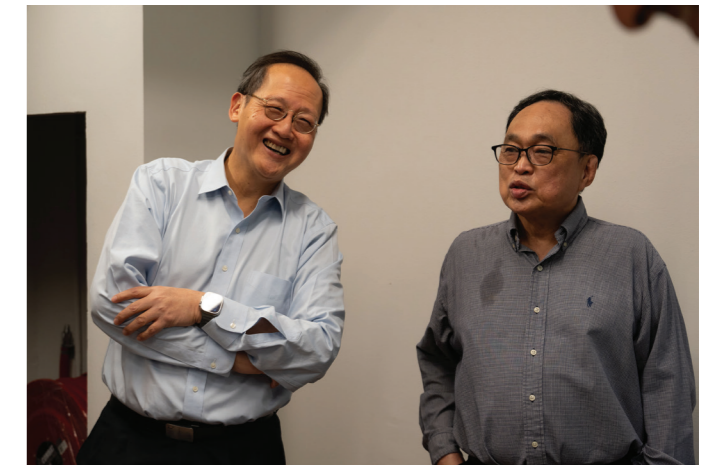
■ CM

(continued from Cover Page: Honouring Our Roots and Looking Forward)

Family Medicine in Singapore from 24 to 28 July 2007, under the theme “Human Genomics and Its Impact on Family Physicians”.

The visit wasn't just about reminiscing, though. Our discussion with Minister Tan ventured into the future of Family Medicine in Singapore. We explored ideas about broadening and deepening the scope of Family Medicine to effectively manage patients across all age and complexity spectrums. The conversation emphasised the need for Family Medicine to provide more coordinated and holistic care, aiming to reduce the fragmentation of healthcare services.

Collectively, we share a vision where Family Medicine extends beyond traditional primary care settings. This expansion would see family physicians actively involved in Integrated Long-Term Care (ILTC) settings such as nursing homes, home care, palliative care, community hospitals, and even acute hospitals. In this envisioned future, Family Medicine acts as a healthcare safety net, not just for patients in primary care but also for the elderly, the vulnerable, and those with complex needs transitioning from acute hospitals to home care. This vision aligns with the nation's goal of providing seamless and safe patient care transitions back into the community.



The visit concluded on a high note, with CFPS expressing deep gratitude to Minister Tan for his invaluable contributions to the field, both past and present. His visit was a reminder of the significant strides CFPS has made and the exciting direction in which Family Medicine is headed in Singapore. As we continue to venture beyond primary care and collaborate with our acute hospital colleagues, CFPS is committed to playing a vital role in the nation's healthcare landscape, ensuring that the values and principles of Family Medicine are upheld and advanced for the benefit of our residents, patients, and the nation as a whole.

■ CM



Neil Road Opening Speech

by Dr Wong Tien Hua, President, 29th Council, College of Family Physicians Singapore

Minister Tan See Leng,
Friends and Fellows of the College,
Ladies and Gentlemen.

A very good evening and a warm welcome to all of you, and to our esteemed Guest and Friend of the College, Minister Tan See Leng. Your presence here today is indeed an honour and a reflection of the importance you place in Family Medicine, your support of Family Medicine training and education, and the critical role family physicians play in our healthcare system.

It is with great pleasure and pride that I stand before you today as we gather to inaugurate a significant milestone in the journey of the College of Family Physicians Singapore – the unofficial opening of our new CFPS Academic Training Centre.

Indeed, we do not have a multimillion-dollar state-of-the-art facility with the latest gadgets and equipment; all we have here is a 3-storey historical shophouse in the Tanjong Pagar conservation district. But we are so happy to be amongst the vibrant café, dining, and nightlife scene here.

Today, there will be no lion dance, no ribbon cutting, nor champagne popping, but just us, a gathering of a group of dedicated teachers and leaders in Family Medicine, to plant our flag in this place, this training centre, and to commit it for the purposes of advancing medical education and nurturing the next generation of family physicians.

This Academic Training Centre is more than just bricks and mortar; it symbolises our dedication and commitment to excellence, building on the work of our Family Medicine leaders who came before us. Just look at our past presidents on the wall behind you – these illustrious gentleman helped to build Family Medicine one brick at a time.

Our College signboard, facing the main road, will from today be a symbol and a beacon of our collective hopes for Family Medicine, and to remind all who venture past that here is a professional organisation in Singapore that sets the standard for Family Medicine.

This is going to be a new home for our College members, designed to be a hub of knowledge exchange, a place where our trainees will receive the skills and compassion needed to serve our communities.

This Academic Training Centre is more than just bricks and mortar; it symbolises our dedication and commitment to excellence ...

We acquired this current property at 31 Neil Road in November 2015 as an investment. The time has now come to expand our College footprint and to make use of our building for training purposes.

Two years ago, at our College retreat, we decided to reorganise our College secretariat into two umbrellas – the Academic Department and the Corporate Services Department. As part of the reorganisation, we also beefed up and expanded the numbers of our staff at the secretariat. The College secretariat will remain and continue to operate at the current office at COMB.

With this new CFPS academic training centre, our trainers and trainees will now have a ready and available venue to conduct their tutorial sessions and meetings.

Our last tenant had left behind a space that was fit for purpose. Level 1 used to be an art gallery with a large open area that we can use for group teaching and small seminars. Level 2 can be used both as an F&B/event space as well as a lecture cum seminar room. The attic on level 3 is large enough to house a conference and meeting room. We have installed high-speed Wi-Fi and AV equipment on all three levels, making the entire building suitable for training and meetings. The cost of the renovations was kept to a minimum.

At our last College council retreat in November 2023, the council and secretariat staff collectively crafted our new College Vision and Mission statements that will guide our organisation for the years to come.

Our College Vision
Leading FAMILY MEDICINE,
Inspiring HEALTH.

Our College Mission
To nurture generations of Family Physicians through advocacy, education, and innovation, so as to uphold the standards of Family Medicine.

Thank you once again for joining us on this happy occasion.

■ CM

Fellowship Is Not The Finale

An interview with five newly minted CFPS Fellows

Inputs by Dr Teo Chiang Wen FCFP(S), Dr Gwendoline Tan FCFP(S), Dr Bryan Han FCFP(S), Dr Charmaine Tan FCFP(S), Dr Tan Huey Chieng, FCFP(S), Associate Consultants, SingHealth Community Hospitals

Interviewed by Dr Yee Wenjun Gabriel Gerard, Editor Team C

GY: I had the privilege of interviewing five of our newly minted CFPS Fellows from SingHealth Community Hospitals. The common theme uniting us is our prior teacher-teacher relationship and I was privileged to guide them along in their Fellowship journey. I had also got to mentor some of them as residents, and it has been amazing seeing their growth. Recently, we got together over lunches and I got to catch up with them how they've been doing since completing their Fellowship.

GY: Hi Chiang Wen! What have you been up to since Fellowship?

CW: Aside from getting some much-needed rest, I've been developing in my role as Deputy Chief Medical Informatics Officer (DyCMIO) of SingHealth Community Hospitals, and also have more time for teaching as one of the physician faculty of our FM Residency programme, another of my passions.

GY: Did Fellowship prepare you for these heavy responsibilities?

CW: Indeed, FCFP empowered me to confidently lead multidisciplinary teams and manage complex medical cases in community hospitals. As the DyCMIO I leverage the skills honed during FCFP to analyse and enhance health systems using informatics and technology. FCFP has also improved my pedagogical skills, making me a more effective educator in my various teaching responsibilities across the department and residency.

GY: Hear hear! How about you, Charmaine? What have you been up to?

CT: I've been catching up on lost time! Time with my family members, practising the keyboard and guitar, getting vocal lessons (which I have wanted to do for a long time), time for art/painting (which I used to do in my free time in the past), getting fitter and stronger... hahaha so many things!!

GW: And coming to a home gym near you in a College Mirror edition soon?

CT: Yes, maybe 😊

FAMILY PRACTICE SKILLS COURSE

Chronic Disease Management 2024

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #115 on "Chronic Disease Management 2024", held on 27-28 January 2024.

Expert Panel:

A/Prof Goh Lee Gan
Dr Tan Seng Kiong
Dr Tham Kwang Wei
Dr Richard Lee
Dr Desmond Wai
Dr Rohit Khurana

Chairpersons:

Dr Kenneth Tan
Dr Jonathan Yeo

GY: As in anything, there must always be source triangulation! Huey Chieng, what was your experience with Fellowship? Did it better prepare you for your current roles?

HC: Definitely, Gab. Since we graduated together from FM Residency, I've been thinking of ways to upskill myself as all of us here did. [Fun fact – Huey Chieng is Gabriel's Residency classmate.] Through Fellowship, we refined our clinical judgement and evidence-based decision making. I'm thankful for the knowledge and skills we gained in clinical ethics. Navigating ethical challenges, I find fulfilment in the impact of ethical decision-making on the well-being of those under my care. I've been fortunate to be involved in social prescribing in OCH, spearheaded by Prof Lee Kheng Hock, and work with the SCH well-being coordinators applying the principles of patient-centred and personalised care to benefit patients on a systemic level. I've had the opportunity to learn from like-minded individuals dedicated to building and enhancing the social prescribing ecosystem to address the social determinants of health of the residents, which as we know contribute to 80% (or more) of health outcomes. I look forward to integrating health and social care for our population, working hand-in-hand with healthcare and community partners.

GY: Impressive, Huey Chieng, seems like the sources and triangulating in their biopsychosocial efforts to help patients across the ecosystem too! We've both come a long way since we both were Dr Ng Lai Peng's Residents!

HC: Yes indeed, Gab.

(continued next page)

(continued from Page 7: Fellowship Is Not The Finale)

GY: Over to Bryan. I remember you as an FM Resident in Bright Vision Hospital when I was still a young registrar, and we bonded over our common love for the gentle, non-confrontational art of Judo. Then you went to OCH and embarked your Fellowship journey. Would you like to share with us how it was?

BH: Thanks Gab. I started my fellowship journey in July 2021 and went in bright-eyed and bushy-tailed, soaking up all the knowledge and wisdom my seniors and tutors had to impart. The two years flew by, and having completed Fellowship, I have now gained a deeper appreciation the interaction of biopsychosocial aspects in our patients, caregivers, and the system. This is even more evident in the dementia patients that I care for in Outram Community Hospital – managing not only their individual symptoms whilst recognising the stress that their caregivers may experience and the impact on the patient’s care. Through Fellowship, I have also gained the skill of properly appraising research articles and gained the confidence in leading my own research project despite having zero experience – I’m currently in the midst of planning for my next research project that will hopefully make a difference to dementia patients and their caregivers. My official Fellowship journey may have recently ended, but the skills I learnt will be forever useful in my personal and professional realm.

GY: Just like Judo, it’s not the finale even after you’ve got a black belt? (Not that I have one, I only have a green belt and wouldn’t last 10 seconds in a randori with you).

BH: Yup, just like Judo, Fellowship/black belt is not the finale. I heard you’ve been doing muay thai after your Fellowship?

GY: Haha, yeah, just got into it recently and it’s really good for cardiovascular conditioning and preventing sarcopenia! Gwen – how have things been recently for you?

GT: Well, I’ve been teaching medical students and family medicine residents. I co-chair the SingHealth Tower Code Blue Committee in Outram Community Hospital and Fellowship has helped me in this role to systematically manage the clinical, educational, and administrative domains. Most importantly, I am about to embark on my role as a new mother, as my little one is due about now!



The Fabulous Five Fellows

GY: Well, a journey of a thousand miles starts with a single step, and though we all have completed Fellowship, it’s clearly not the finale is it?

CW, BH, HC, CT, GT: Nope not at all! An exciting journey awaits.



Bryan with the dementia care team in Outram Community Hospital

By Serendipity

It’s at 31, Neil Road – Family Medicine Building

by A/Prof Cheong Pak Yean, Past President of CFPS



Figure 1: Dr Tan See Leng with CFPS Council members and College leaders at 31 Neil Road.

Fifty years ago, Neil Road was a nondescript road next to Sepoy Lines where I attended medical school and then worked in Outram Road General Hospital (the old SGH). The road intruded into my consciousness again in 2015 when College Fellow, Dr Tan See Leng (now Minister for Manpower), said that he had identified a property that the College had tasked him to find during its 43rd AGM on 12 July 2014.

A first Chinatown property was purchased from the profits of the 2014 WONCA World conference that Dr Tan chaired. The AGM then decided “to liquidate (the first property) not for the capital gains but to pool the funds to get a bigger property so that the College could use it”. Thus shophouse No 31, Neil Road was purchased in November 2015.

So when Dr Wong Tien Hua, the present College President, invited me to partake of a visit of 31 Neil Road by Dr Tan on 24 January 2024, rented out through the years but now renovated, I had a sense of déjà vu.

By serendipity I discovered two additional connections to Neil Road. Two doors away at No 27, Renhai Centre, my friend, Nanyang Technological University professor Prof Hong Hai, conducts Traditional Chinese Medicine courses. I knew him through participating in a blog-site “agewelleveryday.org”. The shophouse next door, No 33 Neil Road, is of even greater personal relevance. I discovered that my grandfather Cheong Chin Nam (CCN) died there suddenly, one hundred years ago!

On 20 June 1924, *The Straits Times* reported on page 8 that “on June 19, at 33 Neil Road Singapore, Cheong Chin Nam, planter and merchant of 25 South Bridge Road [died]. Funeral June 22 to Thomson Road cemetery” (Microfilm Reel National Library 00519). The 21 June 1924 edition of the *Nanyang Siang Pau* provided a more complete account on page 16, written in Chinese (Microfilm Reel 18/4603). Please see Figure 2.

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(continued from Page 9: By Serendipity)

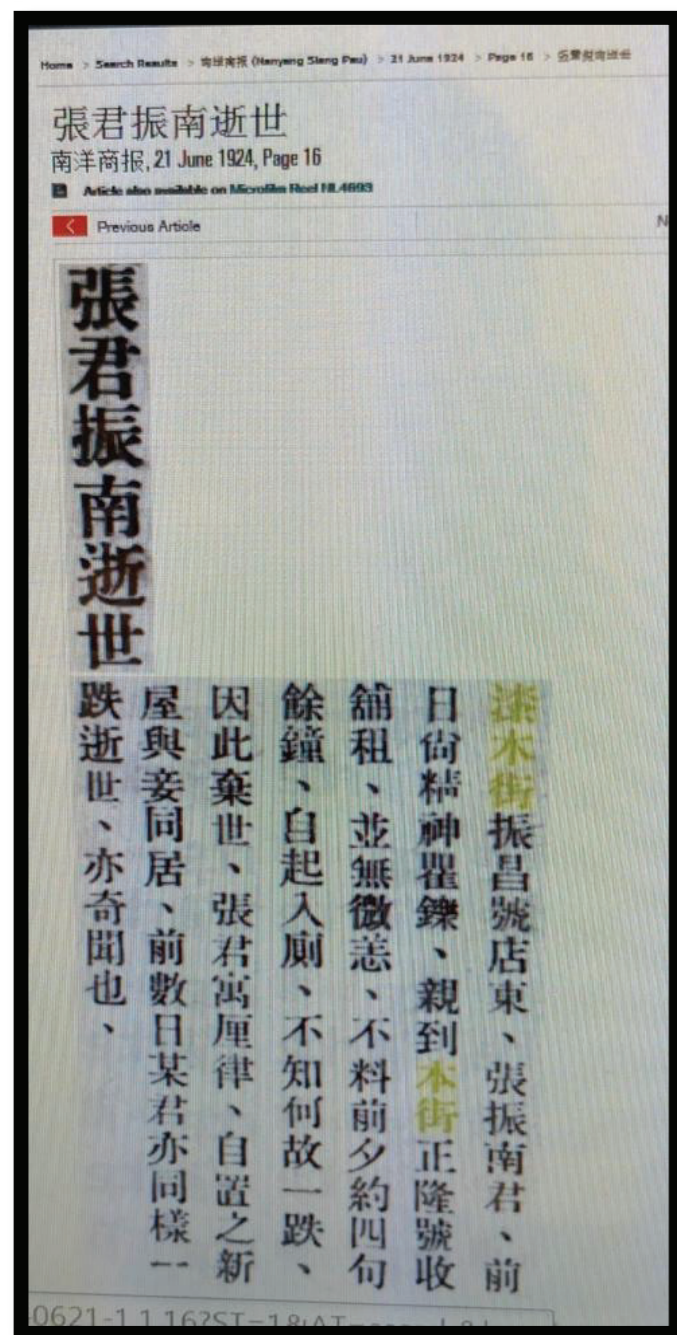


Figure 2: The article on Cheong Chin Nam's death in the 21 June 1924 edition of the Nanyang Siang Pau.

Title: The Death of Mr Cheong Chin Nam (CCN)

Mr Cheong Chin Nam, the owner of Chop Chun Cheong at South Bridge Road, who was hale and hearty, went to collect rentals from Chop Cheng Loong, also at South Bridge Road, only a few days ago. CCN was found dead after a fall at around 4 am in the toilet (on 19 June at No 33 Neil Road).

The late CCN lived in the new house he had purchased at Neil Road with his concubine. Another person was also found dead after sustaining a fall in a similar way a few days prior.

Translated by former NUS prof of paediatrics and Zhao Pau columnist, Ho Nai Keong from Nanyang Siang Pao 21/6/1924 page 15. Translation has been edited for clarity.

Until now, I was puzzled how my grandfather, CCN, died in 1924 at 57 years old intestate and in apparent good health. With what I learnt from the above article and then visiting No 31, it dawned on me that a fall in the toilet at the back of such a shophouse with resultant intracranial haemorrhage could have terminated CCN's life in his prime. Coincidentally, there is yet another casual connection of CCN with the College. The pineapple plantations that CCN bought in 1902 in the Bukit Timah area were where three past presidents of the College started their clinics in the vicinity post-war.¹

This new three-storey building at 31 Neil Road, now with lecture rooms on the first and second floor, and a stately council room to be built on the top floor, is indeed suited for our august mission. Following a tour of the building, Dr Tan See Leng said, "When we bought the shophouse, it was boarded up as MRT construction was going on in the vicinity. We now see a stately building for FM".

Dr Tan and the FM leadership indeed had good foresight to have bought the building in 2015 with Maxwell MRT station opposite and ample carparks in the vicinity. Dr Wong Tien Hua and his present council have now pristinely restored our own FM building for training family doctors for our nation.

¹ <https://cfps.org.sg/publications/the-college-mirror/article/1991>.

Dancing as a Hobby

by Dr Yuen Sok Wei Julia, FCFP(S), Editorial Team Member (Team C)



Attending a dance class during the festival

Dancer: A person who moves his or her body and feet in rhythm to music.

Growing up, I was never a dancer. The only few times I dabbled in dance was in secondary school where I recall the dance teacher shouting out Cha-cha dance moves: "Open break... New York...". I was lost. Then in medical school, a bunch of

us watched the movie Step Up, and in a moment of inspiration we decided to sign up for hip hop dance classes at a studio. I didn't last long. Later, during my Residency years, a friend asked me to try Salsa. Yet again, I couldn't keep up due to work and exam preparation.

Perhaps somehow, somewhere along those years, a seed was planted. A few years ago, after those few false starts, I decided to pick up my dance shoes and restarted Salsa. Along the way, I picked up Bachata as well.

Salsa is generally an energetic and high tempo Latin dance. It is a dance between two partners and involves a series of spins and turns to the music. Bachata tends to be slower and more romantic with fluid dance movements. Both dance forms involve a lead who initiates a dance movement and a follower who picks up on the lead's signals and responds accordingly. Leading and following is cornerstone to social dancing and enables the couple to move gracefully together as one unit. Communication occurs via a series of subtle physical and visual cues. A good physical connection allows the lead to suggest certain moves to the follower who performs the suggested. Concurrently, both must keep time and express the music's rhythm, tempo, and mood through their individual movements. Indeed, quite a lot is going on between the two partners, unbeknownst to the bystander.

There is truth in the saying that dance is a universal language expressed by emotion and physical expression. What I found most enjoyable about Salsa and Bachata was that they were both social dances. With some knowledge of the basics of these dance forms, I could dance with anyone in any part of the world, in a relaxed and friendly environment, purely for socialising and enjoyment. There is no need for planned and choreographed dance movements, neither is there a need for perfection. Dancing made me laugh, is a form of exercise (you'd be surprised at how much sweat is generated while dancing Salsa), helped me de-stress, and gave me opportunities to cross paths with like-minded people who have grown to become close friends.

As my interest grew, other than going for classes and social dances locally, I attended dance festivals both local and abroad. I flew to Jeju to attend a Latin dance festival with my dance friends. Dancers of various nationalities and proficiencies gathered. Not unlike medical conferences, the dance festival was a great opportunity to learn from the best. During the day, we attended classes conducted by international artistes from around the world. I even attended a class conducted purely in Korean! By night, we social danced till the wee hours of morning. There were also lots of energetic performances by dancers decked in glamorous shimmery costumes, which were simply breathtaking to watch. We then travelled from Jeju to Seoul for more social dancing and met some of the Korean counterparts whom we had danced with during the Jeju dance festival. It was certainly eye-opening to learn about

Dancing made me laugh, is a form of exercise ..., helped me destress, and gave me opportunities to cross paths with likeminded people



Enjoying the outdoor performances on Hamdeok Beach



Social dance in Seoul



Social dance in London

(continued next page)

(continued from Page 11: Dancing as a Hobby)



My dance instructors and peers during a local dance festival

the dance scene in Korea. During another dance festival held in Singapore, I bumped into a Taiwanese friend I had gotten to know in Jeju while dancing! More recently, I was in the United

Kingdom (UK) for my HMDP. Despite my initial hesitation due to having no experience dancing in UK or knowing anyone there, I bit the bullet and attended a social dance in London. I was glad to have stepped out of my comfort zone as it ended up being a lot of fun. I met lots of friendly locals as well as foreigners like myself, all of whom had a common interest of social dance. Indeed, dance knows no boundaries.

Dancer: a person who moves his or her body and feet in rhythm to music. Anyone can be a dancer. I believe most people can and have danced at some point in their lives. As much as there are official salsa and bachata competitions for those up for a challenge, social dancing is generally more laid back and relaxed. You don't have to be overly conscious about how you look or the way you move. As long as you have fun, enjoy the music, and are considerate of your partner and others on the dance floor, that's really all that matters.

Oh, and maybe just try not to step on your partner's toes. 😊

CM

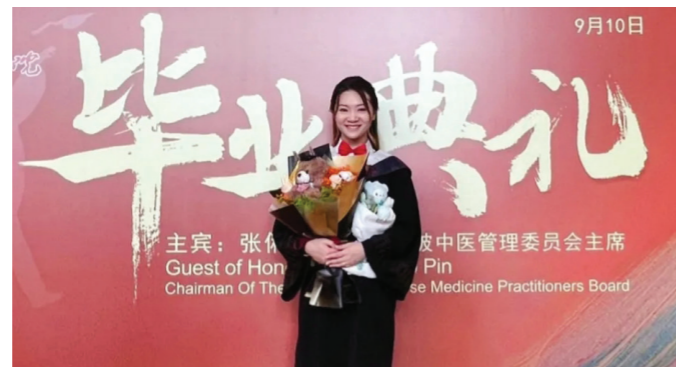
EAST MEETS WEST

My Graduate Diploma

by Dr Quah Yan Ling, Associate Consultant, Family Physician, Punggol Polyclinic

Hello all! I am Yan Ling, and I am proud to introduce myself as a family physician trained in acupuncture. I am grateful for the invitation by *The College Mirror* to share my experiences from the Graduate Diploma of Acupuncture (GDA) course, which I undertook from 2021 to 2023. It was a memorable and fruitful two-year journey, and I am pleased to have been conferred the Graduate Diploma in Acupuncture (GDA) with a distinction award by The Singapore College of Traditional Chinese Medicine in 2023.

As a Western medical doctor by training, I used to be at a loss when patients asked about the suitability of concurrent Traditional Chinese Medicine (TCM) treatments for their ailments. Locally, where both Western and traditional Chinese medicine coexist, it is not surprising that many patients seek treatment from both systems. Fear not, for I have embarked on a quest for knowledge beyond my comfort zone by participating in the GDA course, which is specially designed for practising Western medical and dental practitioners. I am thankful for the opportunity to gain valuable insights into the world of TCM and be trained in acupuncture, a highly-regarded skill with a long-standing history that has always piqued my curiosity.



I have always believed that there is immense potential in combining the strengths of Western and Chinese medicine.

The two-year course was intensive. Lectures were held every Sunday, and in the second year clinical attachments were conducted weekly at Chung Hwa Medical Institution on weekday evenings. Balancing my daily work with the demands of the course presented a challenge. Thankfully, my bosses were understanding and supportive of my pursuit of new knowledge.

My class comprised doctors from diverse medical backgrounds, including anaesthesiology, dermatology, emergency medicine, family medicine, hospice home care, internal medicine, neurology, ophthalmology, palliative

medicine, sports medicine, and urology. All admirably made time in their busy schedules to learn a new skill. It was interesting to see doctors from varying backgrounds coming together to explore a new realm starting from the basics.

In the beginning, my classmates and I struggled to grasp and understand many new concepts, which are in some ways similar, yet in other ways different from what we were already used to. Even after years of training in Western medicine, I felt like a fish out of water, swimming in uncharted territory during the early stages of training. Chinese medicine has its own set of principles, its own way of understanding the human body. It was like learning a new language, except instead of words, we were deciphering the subtle energies and meridians within.

But as the saying goes, with great confusion comes great enlightenment. Exposure to Chinese medicine and its various therapeutic modalities greatly expanded my understanding of healthcare. I learned to appreciate the concept of balance, the interplay of energy within the body, and the intricate connection between mind, body, and spirit. I found myself able to explain non-specific symptoms using the meridian system, which I could never explain before.

Hands-on experiences in acupuncture clinics were eye-opening and provided me invaluable opportunities to witness first-hand the benefits of acupuncture, moxibustion, and cupping. I was pleasantly surprised yet nervous on the first day of clinic attachment when my clinical tutor allowed me to practise acupuncture on his patients under his guidance and supervision. With encouragement from my tutor, the sense of achievement was tremendous.

I have always believed that there is immense potential in combining the strengths of Western and Chinese medicine. In fact, we are already adopting an integrative approach in some aspects of our routine medical care, such as chronic pain management. I have personally seen patients benefit from a combination of Western pain management techniques such as medication and physical therapy, along with acupuncture treatment from Chinese medicine. This practice has now been adopted in many tertiary healthcare centres, which values collaboration, acknowledges the richness of different healing traditions, and offers patients the best of both worlds. I am also humbled to learn about the vast number of conditions that acupuncture can potentially treat, other than pain management.

The knowledge gained from the course has not only enhanced my ability to provide more comprehensive care to my patients but has also opened doors for meaningful dialogue and collaboration with Chinese medicine practitioners in my community.

I am extremely grateful for dedicated faculty members and skilled clinical tutors for their teachings, guidance, and

academic discussions throughout the journey, which have encouraged my professional growth and equipped me with the skills, knowledge, and perspective to become an even better clinician.

To this day, I remain in close contact with these counterparts, keeping each other updated on the latest developments in our respective fields. These friendships formed are priceless, and I am thankful that I initially took a step out of my comfort zone to explore an unfamiliar world.



My class comprised doctors from diverse medical backgrounds, including anaesthesiology, dermatology, emergency medicine, family medicine, hospice home care, internal medicine, neurology, ophthalmology, palliative medicine, sports medicine, and urology.

CM

Shall We Get Scrubs?

by Dr Chan Hian Hui Vincent, FCFP(S), Editorial Team Member (Team C)

“Hi Dr Chan, should we wear scrubs or formal wear?” So asked the medical students prior to their attachment to my heartland General Practice (GP) clinic. And that was usually the third or fourth line in their SMS to me just after a short introduction about themselves, reminding me about the clinic attachment and asking for reporting details. What’s interesting was how students from all three medical schools would almost always follow this SMS format.



I wonder if this would add to one’s feel-good factor. In any case, with my father running the GP clinic since 1978 (till his passing in 2020), with me helping dad for some 10 years now, enough locals know my occupation, fan or indifferent or otherwise.

In fact, sometimes I would rather blend into the surroundings, especially when I go to the nearby mall. This might be very important if I decide to have healthy food at certain restaurants of a fast nature. Wearing scrubs at these joints might be a bit of a disconnect. While it is true that we could bring a set of civilian clothes to change, in the long run, it would be rather inconvenient.

Could it be that wearing scrubs is like wearing a uniform in solidarity with all health workers? Do we want to be that one cog within the great healthcare machine, caring as one for the community? Or do we prefer to be more unique and individual, and hopefully not eccentric, just like that elderly physician with a cane in one of the medical dramas? Indeed, this elder physician was depicted in formal attire and not scrubs. Either that or I am overthinking the symbolism of the scrubs; after all, whether we wear scrubs or formal attire, we are serving the greater community together.

Conclusions...

Alas, I am in “private-land” and the scrubs are not free, unlike those wonderful days in Emergency Medicine. A quick internet search on “where to get scrubs” would reveal that the cost of a set of scrubs is roughly the same as that for a replacement of “formal attire” set D. At the time of writing, it’s Christmas. So for this round, I would prefer to go shopping for “formal attire”. As for scrubs, that will be for another day.

Uniform

That got me thinking, perhaps I too should get scrubs. After all, I had been wearing “formal attire” set A, B, C and repeat all this while going to work. And that was effectively my rotating uniform of sorts. The problem came when set A, B, or C started to wear out. Then I would grudgingly go to the store to get set D, and then it would be set B, C, D and repeat. With scrubs it would be always set S. Such are the benefits of having a uniform where one does not have to think too hard every morning about what to wear to work.

Sizing and Style

Sizing can be a real problem, and it would be a waste of money to buy the scrubs online and find that it is either too small or too large. It would therefore be important to be able to try out the sizes prior to purchasing that apparel, which is what we do when purchasing formal attire, where there are a variety of shops and departmental stores to go to. As for scrubs, so far I have been able to locate only two online stores. Perhaps I am not a great shopper and indeed there may be other stores both online and physical. In any case, it’s not an urgent matter.

Symbolism

In a way, wearing scrubs is just like declaring loudly to the world that “I am a doctor (or nurse, or dentist, or pharmacist, or vet, or physiotherapist, or medical student et cetera).”

Healthier SG

Caring for All?

by Dr Chan Hian Hui Vincent, FCFP(S), Editorial Team Member (Team C)

“Hi Doc, what is this Healthier SG?” so asked another patient. My initial reaction was something along the lines of “Actually I also don’t know.” But I usually successfully suppress this reply and answer that it is some new government initiative to revamp Singapore’s healthcare system. I would then explain that the government was seriously encouraging each Singaporean to nominate and choose his or her favourite doctor (and clinic), and from there the subsidies would flow accordingly. In this way, Healthier SG represents for me a real, tangible, and determined effort towards “one Singaporean, one Family Doctor”. Indeed, I thought it to be a rather empty slogan when I first heard it, probably some 10 years ago.

As a new General Practitioner (GP), helping mum and dad, some 10 years ago, I always found it demoralising when chronic care patients “defected” to polyclinics. And there were many. Some had been with the clinic for many years, if not two or three decades. Usually, they would leave due to the subsidy gradient between GP clinics and polyclinics, and when their list of chronic care medicines increases as their care needs increase. This trend seemed to have slowed with the extension of CHAS (or Community Health Assistance Scheme). Even then, defections continue. To keep the linkages, these patients continue to see us for acute conditions and even ask us to critique their care at polyclinics. The problem is thus resourcing GPs, namely improving services and accessing the full array of chronic care drugs. Indeed, these efforts are turning into reality, thanks to the efforts of our GP leaders and the Ministry of Health.

... resourcing GPs, namely improving services and accessing the full array of chronic care drugs. Indeed, these efforts are turning into reality, thanks to the efforts of our GP leaders and the Ministry of Health.

Services Resourcing

From the looks of it, Healthier SG is not a sudden snap of the finger; rather, it is a multi-year effort. One initiative is the Primary Care Network (PCN), whose services and support I greatly appreciate. With the PCN Headquarters staff always available, we have someone to turn to for administrative advice and support. Value-added services such as Diabetic retinopathy screening, Diabetic foot screening, and nurse counselling services can all be provided in-house within my GP clinic on an appointment basis. This has allowed us to practise at a higher level, without the worry of other establishments poaching our patients when we refer patients for these ancillary services.

The PCN I joined also provides almost instantaneous support for our patients who need placements in day care, nursing homes, or other home help services. These are services that both patients and I appreciate.

Medicines and Drugs Resourcing

In procuring drugs, it is difficult for GPs to buy a large amount of any one drug with bulk discounts and bonuses. Consequently, the medicines would be more expensive. And it is difficult for GPs to band together, buy together, and get better discounts. GPs are independent-minded and the wholesale drug business is a competitive one. Fragmentation in purchasing can never quite achieve the theoretical bulk buy discounts we crave.

However, allowing GPs to access the government’s whitelisted GPO drugs is a game changer, as that is the ultimate bulk buy organisation in the land. Granting GPs the option to access these GPO drugs opens up new means to care for patients in an affordable manner, thereby allowing us to preserve the good doctor-patient relationship, built over the years. It is a clear sign that all Singaporeans, regardless of background and location of care, have equal access to subsidised medications bought in bulk by the state.

Rice Bowl

Alas, private GPs need to sustain our businesses where medicines sales form a component of our earnings. The obvious solution is to increase consultation fees. The problem is how to do this in a manner acceptable to patients. A sudden increase might just drive the patients to the polyclinics. How much should we increase, and what shall we name this increase? These are things to consider.

To be fair, we had not increased consultation fees since I started helping mum and dad, so we are at 0% inflation for 10 years for this fee, while global inflation has skyrocketed.

(continued on Page 18)

(continued from Page 15: Healthier SG – Caring for All?)

Database Sharing

As contributing to the National Electronic Health Records (NEHR) is a requirement under Healthier SG, we had to get used to the idea of other colleagues being able to scrutinise our prescriptions. There are benefits, however, in that we have a better global overview of a patient’s medical conditions. Contributing to NEHR requires us to map our medicines to the national medicines coding system, and this required quite a bit of work on our part. Fortunately, the Agency for Integrated Care (AIC) arranged for professional part-time mappers to assist with the task. Upon completion, we sent the database to the Clinic Management System (CMS) vendor to upload the map data for our medicines. Even then, we still had to manually check through to ensure all medicines were properly mapped as there were other items that could not be mapped.

Plugging GPs Into the National “Polyclinic System”

It would seem to me that MOH is integrating all GPs into a national primary healthcare system, something like a national “polyclinic system” with consultation rooms scattered across our nation. Care can only get better for all Singaporeans, with equal and better access to ancillary clinical services and intermediate and long-term care facilities, via PCN’s support. There is also the option for subsidised medicines at GP clinics. It is a clear statement that MOH prioritises care for all patients, regardless of where they seek to receive their primary care. By resourcing GPs everywhere and in every setting, I expect these efforts will make our work more fulfilling and effective.

CM

“It would seem to me that MOH is integrating all GPs into a national primary healthcare system, something like a national “polyclinic system” with consultation rooms scattered across our nation. Care can only get better for all Singaporeans.”

CMS SUTRA

REVIEWS

WHAT IS CMS SUTRA?

As Singapore embarks on HealthierSG as well as the upcoming Health and Information Bill, there will be increasing adoption of Smart Clinic Management systems (CMSes) by primary care physicians (PCPs) in private practice. The CMS Sutra project seeks to provide a progressive series of independent reviews with the current state and functionalities of the major commercially available CMSes so as to assist PCPs in making an informed decision on the adoption of a suitable CMS.

REFLECTING A GP PERSPECTIVE

in collaboration with MOH Office for Healthcare Transformation (MOHT), CMS Sutra is specially curated by the College of Family Physicians (CFPS) through a panel of expert reviewers as well as surveying the GP Population in Singapore. CMS Sutra is By GPs, For GPs.

FIND OUT MORE

<https://www.cfps.org.sg/publications/cms-sutra>
<https://www.synapse.sg/partner-us/smartcms>

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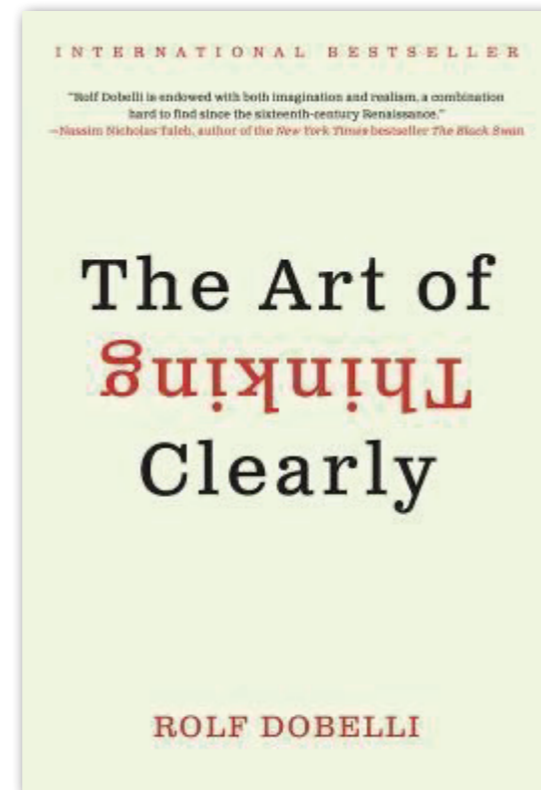
Book Review

The Art of Thinking Clearly by Rolf Dobelli

by Dr Cheryl Tan, FCFP (S), Consultant, SingHealth Community Hospitals

I picked up this book as it looked interesting, and I wondered why the “thinking” was flipped upside down (I still don’t have the answer to this question, admittedly).

This book elucidates the prevalent cognitive biases that often go unnoticed, and these biases can potentially result in judgement errors when we are tasked with decision-making. Dobelli lists out 99 such biases in bite-sized modules, which I find convenient to read and easy to digest. As a busy medical practitioner, this is helpful as I have neither the time nor patience to sit through lengthy, dreary books. The other advantage is that each chapter is independent of each other, so I can choose to read what interests me without feeling the obligation to read the whole book.



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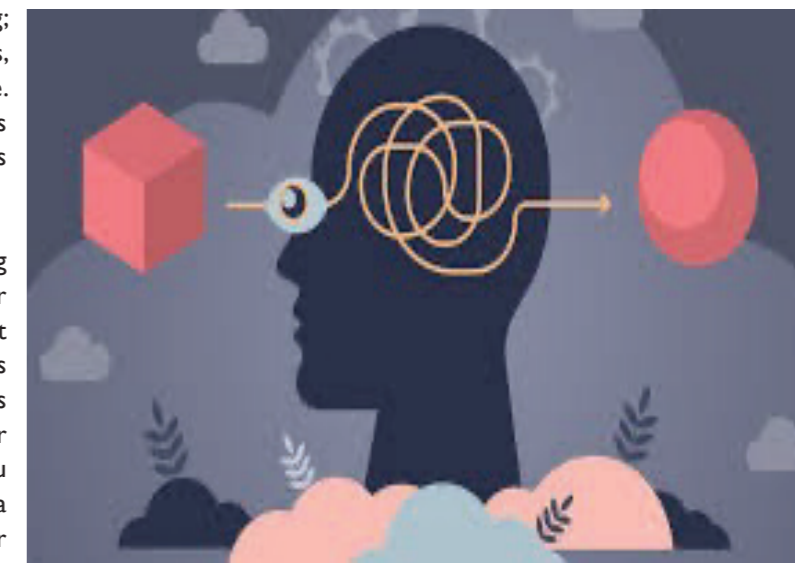
(continued from Page 18: Book Review – The Art of Thinking Clearly)

I wished I had found this book before my fellowship training; grasping concepts in research, such as survivorship bias, outcome bias, and hindsight bias was challenging for me. Through this book, Dobelli employs stories and examples that are easily comprehensible, and I can confidently discuss what these biases entail and explain them more effectively.

Nevertheless, this book has its drawbacks. If you are seeking an in-depth exploration of cognitive biases, there are better choices available, such as Daniel Kahneman’s *Thinking, Fast and Slow* or Nassim Nicholas Taleb’s *The Black Swan*. This book’s aim is to provide an overview of what cognitive biases are, and the different types of biases present, like a starter course in a three-course meal. Nothing will change if you only read the book without processing the information on a deeper level or trying to apply identifying the biases in your life.

Overall, I like this book as it makes it easy for me to look for what I need and each chapter is short and concise. I can then think about how I want to apply the concepts to different aspects of my life, with the hope of making clearer and more informed decisions.

CM





College of Family Physicians Singapore

Academy of Medicine, Singapore
Chapter of Family Medicine Physicians



FAMILY MEDICINE REVIEW COURSE 2024

Charting the Way Forward for a Healthier SG

18 May 2024, Saturday
12:45pm



Dear Family Physicians,

We warmly invite you to join us at the Family Medicine Review Course (FMRC) 2024.

This year's FMRC theme: "Charting the Way Forward for a Healthier SG", highlights the critical role family physicians play in guiding our patients toward better health. Please join us for an afternoon of learning and fellowship as we glean insights from esteemed speakers so that we are better equipped to journey with our patients through this exciting era of Healthier SG.

We eagerly anticipate your presence at FMRC 2024!

FMRC Organising Committee,
FCFP(S) Batch 2023-2025

REGISTER NOW



2 CME Points
(Pending Accreditation)

Sponsors: AstraZeneca Platinum

MSD Gold

Centre for Healthcare Innovation Auditorium
Level 4
18 Jln Tan Tock Seng
Singapore 308443

PROGRAM SCHEDULE

12:45 - 1:45pm	Lunch and Registration Sponsored Lunch Talk by AstraZeneca: Best Practices in Lung Cancer Screening Adj Asst Prof Jansen Koh Meng Kwang
1:45 - 2pm	Welcome Address President, College of Family Physicians Singapore & Chairman, Chapter of Family Medicine Physicians, AMS
2 - 2:40pm	Depression in Primary Care: Emerging Trends & Tips for Successful Treatment Asst Prof David Teo Choon Liang
2:40 - 3:20pm	Coronary Artery Disease: a Primer Clin Assoc Prof Yap Jiunn Liang Jonathan
3:20 - 3:40pm	Tea Break
3:40 - 4:20pm	Journeyming with a Stroke Patient in the Community Dr Elvina Tay
4:20 - 4:55pm	Diagnosis & Management of COPD in 2024: Clinical Pearls for the Family Physician Dr Xu Huiying
4:55 - 5pm	Conclusion

REPORT

APMEC Special Report

by Dr Yee Wenjun Gabriel Gerard, FCFP(S), CM Team C Editor

I had the privilege of attending the Asia Pacific Medical Education Conference (APMEC) in Colombo, Sri Lanka from 15-21 January 2024. This was an extremely special APMEC as it was the first time we had an in-person APMEC outside of Singapore in the history of APMEC. Many friends old and new were (re)made and learning to the point of neurotransmitter depletion and (hopefully) thematic saturation occurred.

This time, we are reporting in a novel "live" format (see my LinkedIn feed <https://www.linkedin.com/in/gabriel-gerard-yee-293b0a144/>) and traditional retrospective manner (this article). Come join me on the live posts on LinkedIn to have a day-by-day (mostly) account of my trip. And now, for the traditional report.

Sri Lanka – Pearl of the Indian Ocean

I had never visited this beautiful island country of just over 20 million people prior to this. My prior contact with Sri Lankans was my first (and best) helper, Kamal, who loved me like my own mother when I was just a baby till a three-year-old toddler. She was dutiful, kind, and above all resilient even when she was ill. I saw the same traits in our Sri Lankan resident physicians in Bright Vision Hospital and became fast friends with some of them. The name "Sri Lanka" means "resplendent island" and I truly can see why. The beautiful sandy beaches of the Galle Face beach, emerald green waters in which the children played, locally produced tea and coffee, welcomed me on my first day in. Chief of these however were the hospitality and resilient spirit of the locals and medical education professionals who struck me as dedicated to improving their lot.

Workshops – The Best of the Best

I was privileged to be able to attend a workshop by the famed Professor Ronald Harden, founder of AMEE and Medical Teacher. He ran a new workshop on key ideas for teachers in health professionals education with his daughter Jeni, a sociologist by training. Jeni's expertise led to novel ways of seeing things, culminating in their new book, *The Changing Role of Medical Students* – which I daresay applies to all of us. All of us, from medical student to consultant, are students in one way or another. We are all teachers as well, and it is in this context that teacher-teacher roles, relationships, and responsibilities should be seen.

AI – Change Is the Law of the Universe

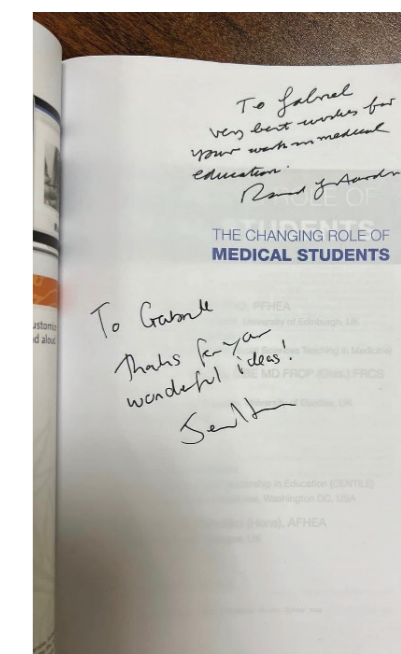
The above aphorism is from the Bhagavad Gita and quoted by one of the speakers who made a mark on me. She



Looking for a rainbow in my run around the port city.

shared many ways AI could improve knowledge and skills, and perhaps one day even attitudes. That day may not be too far away, as I dug up a paper from 2013 where a robot teacher actually improved the attitudes of IT students towards science, technology, engineering, and mathematics, over and above their traditional IT course! (Khanlari, Ahmad. (2013). Effects of educational robots on learning STEM and on students' attitude toward STEM. 62-66. 10.1109/ICEED.2013.6908304.) Rather than pushing AI way (not for long more), we should embrace it as a community of FM educators as it can really aid us in improving students' (and our own) clinical reasoning, pick up trends, prognosticate, generate curricular content, and even assess (currently only simple) performance.

As Prof Harden shared from *The Wizard of Oz*, "Somewhere over the rainbow, bluebirds fly, and the dreams that you dream of, dreams really do come through."



Both Prof Ronald and Jeni's well wishes – I'm a lucky educator!

Is there a Doppelganger in SCH?

Well, probably we all wished to have one.

Dr Wan Ying was an Occupational Therapist before embarking on a medical career. With her experience, she appreciates more working in Community Hospitals.

Let's hear what she says:

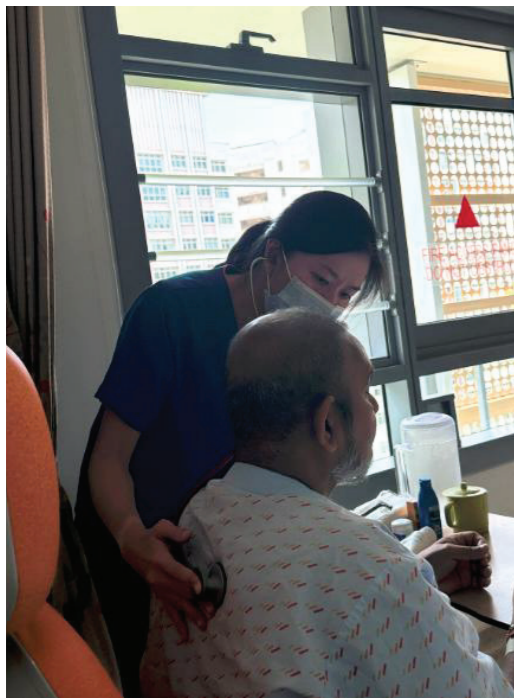
I value working with other healthcare professionals to better the care of my patients. As patient care is increasingly complex (both medical and social aspects), I strongly believe in the unity of efforts, harvesting of ideas from different professionals to problem solve and set individualised goals for my patients and their caregivers. This is done so with the hope of enabling the patients to transit well into the community and age in place. Working in a Community Hospital as a Family Physician allows me to practice what I value and do what is best for my patients, at a comfortable pace.



Featuring: Dr Tan Wan Ying
(Family Medicine Trained)

What is a day as a doctor like working in SingHealth Community Hospitals (SCH)?

I start my day by looking through my patient list and checking if they have any acute issues overnight. This is followed by morning ward rounds to go through the patients' issue list thoroughly, examine my patients, and attend to any concerns that they may have. We have weekly multidisciplinary team meeting (MDM), where doctors, nurses, physiotherapists, occupational therapists and pharmacists, gather together to discuss about our patients' medical issues, rehab goals and discharge care plans. MDM is important for us to establish clear care plans and also serves as an avenue for team members to clarify their concerns. My afternoons are usually spent seeing new admissions, reviewing existing patient's acute issues, planning and conducting tutorials for medical students or fellow colleagues who are taking exams.



Working as Family Medicine Doctor @ SCH

What do you enjoy about your job and are there any challenges?

I enjoy the time that I have with my patients; they are the ones who remind me to appreciate the simplicity of life and to count my blessings. Working in a Community Hospital can be challenging as we manage patients with a wide range of complex medical and social issues. There are times I may not be familiar with medical realms or difficult social circumstances of my patients that I would have to crack my head over. That is when I would read up, engage in discussion with my fellow colleagues, brain storm solutions or ideas, and formulate a sound plan for my patients. There's never a dull moment in my work at the community hospital. Seeing my patients improve and transit back to the community motivates me.



Describe the work environment in SingHealth Community Hospitals?

I joined SCH after completion of Family Medicine Residency training under SingHealth. I was preparing for my MMED exam then and my department had been very encouraging and nurturing throughout the journey. We received many tutorials and pearls of wisdom from seniors who had gone through the rigorous exam.

Besides studying and working hard, we play hard too! Our department organises activities for staff bonding on a regular basis. For instance, we recently had a department lunch followed by cycling at Pulau Ubin. All in all, I am thankful for the amicable and supportive working environment at SCH; a place where I can practice collaborative patient-centered care and continue my growth as a Family Physician.

Kick start your meaningful career journey with us by scanning the QR code or via <https://for.sg/schmedicalteam>



Fellowship of the Healthcare Ring

An interview with Legolas

Inputs by Legolas, first elven patient to sign up with Healthier SG
Interviewed by Dr Yee Wenjun Gabriel Gerard, Editor Team C

GY: It's me, your friendly neighbourhood reporter (eh-hem I mean editor) and today I have a very important guest interviewee. He's none other than Legolas, the first elven patient to sign up with Healthier SG. Elves are known to be wise and discerning creatures, and I thought I'd catch up with him to hear his insights!

Legolas: Hear, hear, I'm back in Middle Earth!

GY: I guess I'll ask you what happened with Gimli another time? Because today, I think all our readers are wondering: What's an immortal elf doing in Middle Earth Singapore?

Legolas: Ah, unlike you mortals, I can't die of disease or old age, or at least that's what Tolkien wants you to believe. I journeyed with Gimli to the Undying Lands, and there was uh... a bit too much to eat there... And over the last ten years, I was told by the apothecary that I had developed Diabetes, Hypertension and Hyperlipidaemia! Can you believe it?! I am an elf! Must be the magic in the Undying Lands? Or the Lord the Onion Rings?

GY: Or the excessive carbs and deep fried food and endless mead?

Legolas: Or that... [giggles sheepishly] Yes, I'm not as svelte as before.



The Lord of the Onion Rings

GY: Oh bless you. Anyways, how was the experience seeing Dr Aragorn?

Legolas: I had only occasionally visited apothecaries in the Undying Lands and initially, the idea of nominating a preferred doctor under the Healthier SG initiative seemed like a new and daunting quest. It was akin to stepping out of the Woodland Realm of Northern Mirkwood! But when I saw Aragorn was practising in Woodlands, I was delighted! Can you believe it? He went to get a GDFM too after our battles with Sauron! He was every bit my companion, guide, and leader just like in Fellowship times.

GY: But did you find a new fellowship in these trying HealthierSG Times?

Legolas: Definitely. Although the concept of "one Singaporean, one Family Doctor" was intriguing initially, I quickly saw what your government was trying to do – to anchor us with a trusted guide. I'm really fortunate I didn't have to break my bank and Aragorn was on one of those schemes you all have (forgive me, I've only been here since July last year). He was able to comprehensively care for me too (my poor numb elven feet and eyes are not as sharp as they once were). It was like a new fellowship of the rings all over again!

GY: You sure? How did he do so?

Legolas: We elves receive the same subsidies as you humans, and Aragorn was part of a Primary Care Network. He referred me to the relevant community partners for my diabetic foot screening and retinal photography. Luckily, I only have cataracts for now (I looked too much at the eye of Sauron I think – trying to shoot arrows into it).

GY: That sounds great, but doesn't sound much like a fellowship to me?

Legolas: You know, we elves aren't rich. Gimli took all the gold. But you know what? Aragorn said he signed on too. He said now he can keep his complex patients (like me) and there's some government funding mechanism (sorry I'm still learning about your 3Ms) from one of the Ms? And either way I didn't have to pay lots of out of pocket! Oh and you know what? That time I had some proteins in my urine and high potassium Aragorn could make me a subsidised referral to the hospital too! I happened to see kidney professor Gandalf hahaha. And when Gandalf discharged me after, they wrote a nice letter to Aragorn and gave him the relevant advice to continue my care. It was really nice, because I could continue seeing my good friend and guide, Aragorn and yet obtain the counsel of Gandalf!

GY: Ah, I completely see why you think it's a fellowship now. I guess with GPs, FPs, PCNs, and polyclinics working in unison, it feels like having your archery skills combined with Gimli's resilience – a powerful alliance against any health adversary.

Legolas: Exactly! I still have a kill count metre with Gimli, you know.

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GY: Any parting words for our audience of GPs and FPs?

Legolas: Just as the Fellowship of the Ring brought hope to Middle-Earth, Healthier SG instills new hope in patients like me. It's a journey of collaborative care, where every GP, FP, polyclinic, and PCN plays a crucial role. Together, we each contribute to the grand narrative of health and wellbeing. This marks the beginning of our Healthier SG adventure!

GY: I might see you for much longer on Middle Earth then?

Legolas: Who knows? Thanks to your country's excellent scheme, I might well not be going to Valinor soon and continue having some of the delicacies on Middle-Earth.

GY: Just not too much roti prata or our delicacies ok.

Legolas: Yup! I'm zipping off to my ActiveSG body combat class!

■ CM

A New Era for the College MMed(FM) Programme

by Dr Nelson Wee, MCFP(S), Hon Secretary, MMed(FM) Programme Director
Dr Derek Li, MMed(FM), MMed(FM) Associate Programme Director
Dr Ong Aili, MMed(FM), MMed(FM) Associate Programme Director
Dr Sze Kai Ping, FCFP(S), MMed(FM) Associate Programme Director

In January 2024, the College embarked on a significant transition in leadership for its MMed(FM) Programme, ushering in a new era by entrusting the reins to the fourth generation of leaders. It was with profound gratitude and humility that our team of four accepted the appointed roles of Programme Director and Associate Programme Directors.

The aim of the MMed(FM) is to cultivate a cadre of family physicians who are on par with hospital specialists, capable of assuming the role of leaders, trainers, and administrators in family medicine development. The art of family medicine training lies in nurturing family physicians to embody not only the clinical expertise but also the empathy and adaptability essential for holistic patient care.

Initiatives

With this mission in mind, we are embarking on a series of innovative initiatives aimed at enhancing the educational experience for our trainees. These include the establishment of a new Training Hub at Neil Road equipped with state-of-the-art video capabilities to facilitate interactive tutorials and consultations. In addition, we are expanding the teaching curriculum to encompass the vital field of palliative medicine. Furthermore, we are committed to fortifying our core teaching faculty through robust faculty development programmes.

As part of our ongoing endeavours in refining our teaching methodologies, we have implemented significant changes within the consultation faculty. This includes the

establishment of several specialised teamlets, each dedicated to specific thematic focuses. This structure allows team members to concentrate on crafting consultation scenarios within a targeted range of topics. These theme-based consultation tutorials are integral to the development of our first-year trainees, where the emphasis lies on honing their consultation skills. As they progress to their second year, the focus shifts towards physical examination, challenging them with undifferentiated or multi-theme consultation scenarios aligned with the standards of the MMed(FM) examinations.

To enhance our trainees' competencies, since 2022 we have collaborated with specialist colleagues from the National Neuroscience Institute to conduct the COMBINE (College MMed Programme B in Neurology Education) course. This comprehensive programme includes physical examination workshops and lectures.

Additionally, we are grateful to our colleagues in community hospitals for organising decentralised clinical teaching sessions at AMK Community Hospital, Sengkang Community Hospital, and Outram Community Hospital, which started in 2023. These sessions provide invaluable real-patient exposure for our first-year trainees to practise physical examinations.

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Concurrently, our collaborations with various restructured hospital departments across different specialties, including Cardiology (Harley Street Heart Centre, NHC, and TTSH), Dermatology (NSC), Gastroenterology (SGH), Haematology (SGH), Musculoskeletal Disorders (CSMC@CGH), Neurology (NNI), Obstetrics & Gynaecology (SGH), Oncology (NCCS), Ophthalmology (TTSH), Otolaryngology (Gleneagles), Paediatrics (KKWCH FM), Palliative Medicine (NCCS), Psychiatry (Promises Healthcare), Radiology (SGH), Renal Medicine (TTSH), Respiratory Medicine (CGH), and Rheumatology (TTSH) continue to enrich our training programmes.

Recognising the importance of professional writing skills, we are establishing a dedicated faculty to provide guidance on medical writing. We are also organising the inaugural Exam Preparation of Consultation Hotseats (EPOCH) course for all the MMed(FM) trainees across all institutions.

Under Dr Surajkumar's strong and unwavering leadership during his tenure, we have consistently maintained well-structured and well-resourced faculties across the clinical foundation, consultation, physical examination, and professional writing domains. There exists a strong sense of camaraderie within our alumni tutors community, fostering a supportive environment for learning and growth. Our candidates have also demonstrated high pass rates in the Applied Knowledge Test (AKT) theory component and notable improvement in Slides station performance.

Challenges

However, we recognise that continuous improvement to address specific weaknesses and areas of concern is imperative.

Within the consultation faculty, we have introduced theme-specific tutorials for year I trainees as part of the journey of refinement. While this approach offers structured guidance and focused learning opportunities, it comes with a tradeoff. The element of unpredictability, once inherent in undifferentiated scenarios, is diminished.

In recent years, the examination format has undergone multiple changes, necessitating essential adjustments to our teaching curriculum. Moreover, external factors, particularly the restrictions imposed during the Covid-19 pandemic, have spurred us to swiftly modify our teaching format and timetable. It is crucial to acknowledge that our candidates and tutors rely heavily on after-office hours to fulfil their teaching commitments. This dynamic landscape underscores the importance of our adaptability and responsiveness to evolving challenges.

At the heart of the College Programme's ethos lies a spirit of generosity and mentorship, rooted in the timeless



Left to Right: Dr Sze Kai Ping, Dr Derek Li, Dr Ong Aili, Dr Nelson Wee

principle of paying it forward. Most of our esteemed faculty members are proud alumni who once reaped the programme's benefits and now generously volunteer their time and expertise to nurture the next generation. As we stand on the shoulders of giants, we acknowledge the invaluable contributions of our graduates, who form the backbone of our teaching faculties.

Nevertheless, we face a persistent challenge in retaining tutors and must therefore exercise prudence in harmonising the programme's demands with our current resource allocation. This entails a good balance between mentorship guidance and self-directed autonomous learning.

Vision

As we move forward, we hope to continue to uphold the core values imparted by our predecessors A/Prof Goh Lee Gan, Dr Julian Lim and Dr Surajkumar, with an emphasis on inclusivity and innovation. In our pursuit for inclusivity, we aspire to cast a wide net and attract prospective applicants from diverse practice backgrounds and from both the public and private sectors. Our goal is to foster an inclusive and nurturing learning environment, where trainers and trainees alike can forge enduring bonds, the very essence of our College's foundation. In the arena of innovation, we will continue to refine our teaching methodologies and experiment with newer technologies to enliven the educational journey of our trainees.

Collectively, we aim to nurture and expand the pool of the MMed(FM) community in Singapore during our stewardship, embodying the core of the College motto of "Cum Scientia Caritas" – With Knowledge, Compassion.

■ CM

Ethics CME Activities

From 2024, all doctors will require to obtain a minimum of 5 medical ethics core CME points in order to renew their Practising Certificate by the end of 2025.

To facilitate the accumulation of these points, CFPS will be organising the following medical ethics CME activities for 2024:

Date	Activity	Topic	CME Points	Fees		Registration
				Member	Non-Member	
March 2024	Online case discussion & MCQs	Introduction to medical ethics and approach to ethical analysis.	1 point	Free	\$90	MCQs – Open for submission and in March 2024 https://lms.wizlearn.com/cfps/
25 May 2024	Webinar	Informed consent and the civil law act.	2 points		\$90	The registration will open in April 2024.
June 2024	Online case discussion & MCQs	Medical Professionalism and accountability.	1 point		\$90	MCQs – Open for submission in June 2024 https://lms.wizlearn.com/cfps/
26 October 2024	Skills workshop (in person) Forum & Discussion MCQs	Basic ethics, principles and applications.	Attendance: 2-3 points MCQs: 1 point		\$180	The registration will open in September 2024
November 2024	Online case discussion & MCQs	Medical negligence.	1 point		\$90	MCQs – Open for submission in November 2024 https://lms.wizlearn.com/cfps/

All prices stated are inclusive of 9% GST

There may be other activities that will be added to the above calendar which will be updated from time to time. Ethics CME points will be awarded for these activities, which will be open to all doctors. It will be free for CFPS members, but a fee will be charged for non-members.

Genomic Medicine

Clinical Primer for Primary Care Physicians

by Dr Fok Wai Yee Rose, FCFP(S), Ms Lynette Lan, A/Prof Joanne Ngeow, PRECISE

As Singapore shifts its healthcare system's focus from reactive treatment to preventive care, the emerging field of genomic medicine has the potential to transform healthcare for improved population health.

With an individual's genomic information, clinicians can not only assess health risks, but also stratify disease, guide clinical care, and provide a continuum of care for the wellness of patients.

We primary care physicians (PCPs) care for our patients from cradle to grave, across multiple disciplines and within the context of the family. We are thus well-placed to provide genomic education and clinical services to our patients in partnership with Genetics Healthcare Professionals (GHPs).

The College was thus delighted to collaborate with Precision Health Research, Singapore (PRECISE) to co-organise an FPSC: Clinical Primer on Genomic Medicine for primary care physicians on 13 and 14 Jan 2024. More than 110 clinicians attended the inaugural course, where they were introduced to the principles of clinical genetics as well as the important role they can play in improving patient access to clinical genomics. They also gained insights into how to co-manage patients with genetic health professionals (such as genetic counsellors) and support patients and their caregivers in making complex decisions.

The lead investigators of PRECISE's five clinical implementation pilots discussed how their respective projects are studying the integration of genetic testing into clinical workflows. The five pilots were:

- Hereditary and familial cancer disposition;
- Understanding familial hypercholesterolaemia;
- The importance of genetic testing in kidney disease;
- Pharmacogenomics in a nutshell for family physicians; and
- Polygenic risk scores: when should we use them?

Speakers also shared on how to identify which patients (and their family members) may be suitable for genetic testing, as well as how these tests can also help with safer prescriptions and enhanced disease management. In addition, participants had the opportunity to read pedigree charts, interpret clinical genetic reports, and practise addressing patient queries regarding healthcare insurance.

To sum up the course, Dr Rose Fok and A/Prof Goh Lee Gan presented the findings of a narrative review that was conducted to understand the roles of PCPs in genomic medicine. The findings revealed that most PCPs agree that that they have a responsibility to ensure their patients receive genetic care and the need to integrate genetics into primary care practice. However, specific roles and responsibilities for that care were poorly defined. PCPs identified a need for further education, resources, and system redesign to enable them to provide care for individuals with genetic conditions. Based on the findings, a progressive stepped model that bridges primary and specialty genetic care was developed, which can be applied to clinical practice.

We PCPs need to increase our knowledge and understanding of genomics; develop competency in the collection of family histories; have knowledge of the genetic screening tests available; know when to refer our patients for genetic screening; and be able to manage ethical, legal, and social issues that may arise.

From the review, the PCP has six tasks in the co-management of patients with genetic conditions with the multidisciplinary team. These are:

1. Family History Screening and Early Detection of Medical Conditions
2. Risk Assessment and Timely Referral
3. Safe Prescribing
4. Preventive Care
5. Care of Comorbidities and Continuity of Care
6. Managing Secondary Genomic Findings

The College would like to express its gratitude to PRECISE for collaborating on this very important branch of medicine, which will enable us to provide care not only in the area of genomic medicine but also holistically, ensuring our patients will always receive the top-notch care that they deserve.

To find out more about PRECISE's clinical implementation pilots, visit:

https://npm.sg/cip#npm_g#clinicalgenomics#precisionmedicine#precisionhealth



“With an individual's genomic information, clinicians can not only assess health risks, but also stratify disease, guide clinical care, and provide a continuum of care for the wellness of patients.”

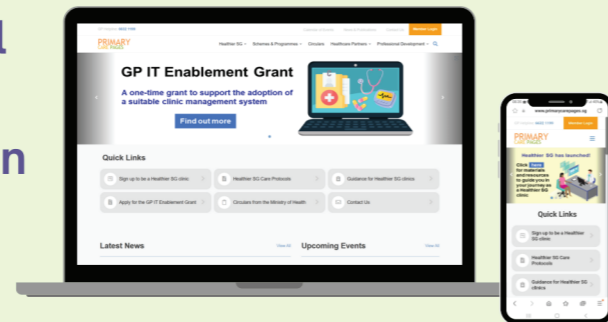


Photos courtesy of Precision Health Research, Singapore

Primary Care Pages

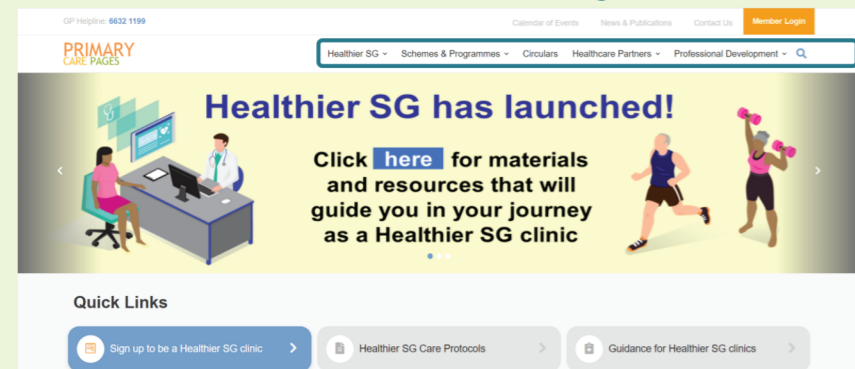
Enhanced functions and additional content to support national schemes and initiatives information and tools are just a click away!

by the Agency for Integrated Care



Primary Care Pages (www.primarycarepages.sg) is a one-stop online resource that provides family physicians with useful information about national schemes, continuing medical education events, Ministry of Health (MOH) circulars and more. With the launch of Healthier SG, we gave the site a new look, enhanced functions and additional content to better serve the needs of GPs.

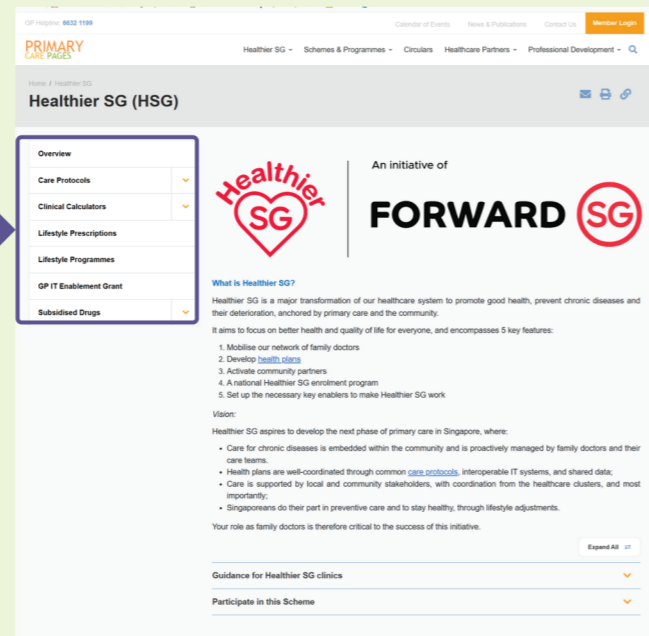
General Enhancements to the Home Page



- Frequently viewed topics were added to the primary navigation bar for easy reference
- The search function next to the navigation bar enables users to search the site for specific content

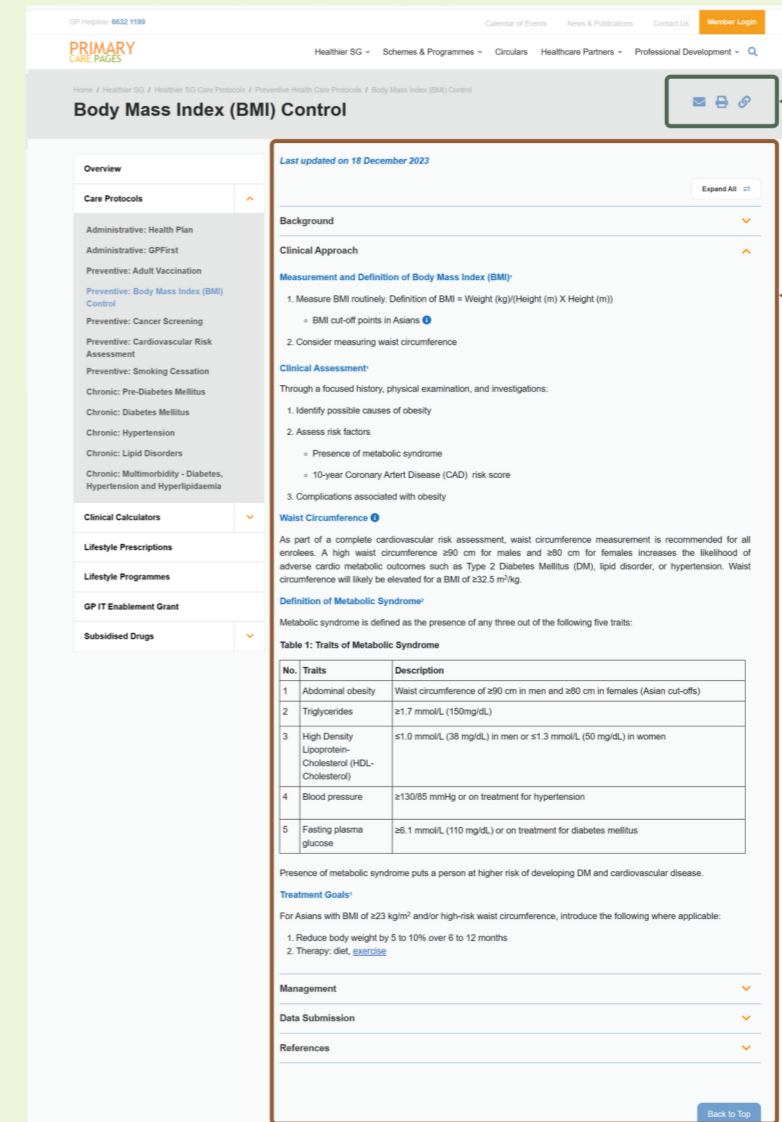
Dedicated section to support the launch of Healthier SG

- Protocols for common chronic conditions and preventive care situations
- Calculators to help evaluate a patient's risk of developing cardiovascular disease and foot ulcers
- Information to help patients develop positive lifestyle habits in between consultations
- Information on grants relating to Healthier SG
- Information on subsidised drugs and the Healthier SG Chronic Tier



Healthier SG Care Protocols

A total of 12 care protocols have been developed for the launch of Healthier SG. They cover recommended health screenings, medications, lifestyle adjustments, and escalation to specialist and acute care when necessary. MOH will progressively develop care protocols for the other Chronic Disease Management Programme (CDMP) conditions over time.



- Enables user to email the page to a contact, print the information on the page or copy the page link

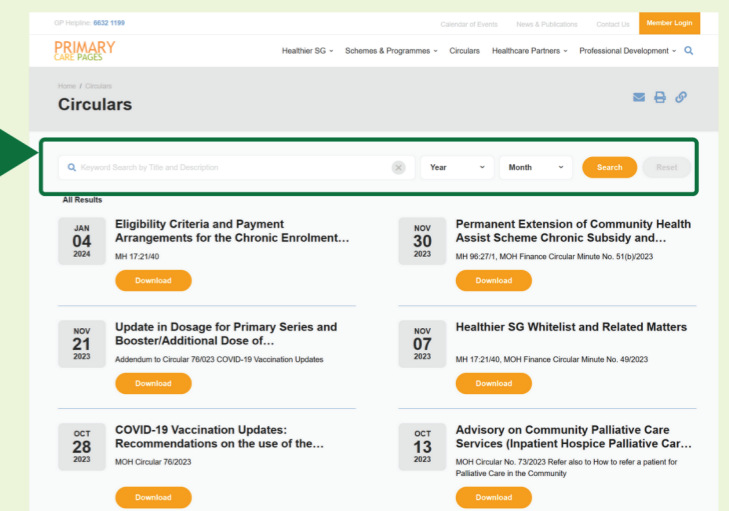
- Protocols will be updated regularly. Date of last update will be displayed at the top of each protocol for reference
- Preventive and chronic care protocols will consist of the following sections:
 - Background
 - Clinical Approach
 - Management
 - Data Submission
 - References

The Data Submission section will provide information on the fields that need to be submitted using the care-reporting function of a Healthier SG-compatible CMS.

- A pop-up with additional content will appear when the icon is clicked

Enhancement to the circulars repository

- Search function to help locate relevant content among the increasing number of circulars



Visit www.primarycarepages.sg to check out the enhanced functions. Certain restricted content may require member account creation.



Family Practice Skills Course #118 (1 Day)

Advancing HPV Prevention in Singapore: From Awareness to Action

Sat, 4 May 2024: 2.00pm - 5.30pm

FPSCs will be conducted on the online platform "ZOOM".
A Zoom registration link will be sent to participants who have registered.

TOPICS

Unit 1: Unmasking the Hidden Threat: Human Papillomavirus (HPV) and Its Impact on Public Health

Unit 2: HPV and Cervical Cancer: Breaking the Stigma, Saving Lives

Unit 3: HPV in Men: Unveiling the Silent Epidemic

WORKSHOP

HPV Vaccination Workshop: Promoting Uptake and Overcoming Barriers

SPEAKERS

TBC

All information is correct at time of printing and may be subject to changes.

■ **SEMINAR** (2 Core FM CME points)
DAY 1 • Unit 1 - 3: Sat, 4 May (2.00pm - 4.00pm)

■ **WORKSHOP** (1 Core FM CME point)
DAY 1 • Sat, 4 May (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Please register by 1 May 2024 to avoid disappointment.

■ **DISTANCE LEARNING MODULE**
(3 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)
• Read 3 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This Family Practice Skills Course is sponsored by **MSD** and organised by **College of Family Physicians Singapore**.



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

REGISTRATION

Advancing HPV Prevention in Singapore: From Awareness to Action

Please tick (✓) the appropriate boxes

FREE REGISTRATION for College Members!

	College Member	Non-Member
Seminar 1 (Sat)	FREE	<input type="checkbox"/> \$32.70
Workshop 1 (Sat)	FREE	<input type="checkbox"/> \$32.70
Distance Learning (MCQs Assessment)	FREE	<input type="checkbox"/> \$87.20
TOTAL		

All prices stated are inclusive of 9% GST with effect from 1 January 2024. GST Registration Number: M90367025C

I attach a cheque for payment of the above, made payable to: **College of Family Physicians Singapore** *

Cheque number: _____

We also accept payment via PayNow

PayNow UEN: **S71SS0039J**, key in your MCR No. and Name under the UEN/Bill Reference No.

*Registration is confirmed only upon receipt of payment. The College will not entertain any request for refund due to cancellation after the registration is closed OR after official receipt is issued (whichever is earlier).



Online Registration Available

Scan the QR code or access the link below to register online.

<https://www.cognitofrms.com/CFPS/FPSC118>

Name: Dr _____

MCR No: _____ Clinic HCI Code: _____

Mailing Address: (Please indicate: Residential Practice Address)

E-mail: _____ Tel: _____

Note: Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.

Please mail the completed form and cheque payment to:

College of Family Physicians Singapore
16 College Road #01-02, College of Medicine Building, Singapore 169854

You may send your completed form to: sfp@cfps.org.sg
Successful applicants will be confirmed by email.

College of Family Physicians Singapore
Registration Number : S71SS0039J
Registration Period : 7 Aug 2023 to 6 Aug 2029



GRADUATE DIPLOMA IN MENTAL HEALTH

Mental Health Programme for General Practitioners and Family Physicians

Mental health disorders are one of the top four leading causes of disease burden in Singapore, according to the Ministry of Health's Global Burden of Disease 2019 study findings. Doctors in primary care – General Practitioners (GPs) and Family Physicians (FPs) – therefore play a significant role to provide early and accessible mental health services to individuals in the community.

The **Graduate Diploma in Mental Health (GDMH)** is jointly offered by IMH and the Division of Graduate Medical Studies, National University of Singapore. The programme, into its 14th year and conducted by mental health specialists, aims to enhance the knowledge and skills of GPs and FPs to assess, identify and manage less severe psychiatric conditions.

80%* programme fee subsidy from MOH for eligible applicants who complete the programme. 50 core CME points upon completion of the programme. *Subject to terms and conditions.

PARTICIPANTS WILL LEARN MORE ABOUT:

- Identifying and diagnosing common psychiatric disorders;
- The principles of different treatment approaches;
- Applying assessment methodology to different mental health disorders; and
- Managing and prescribing basic psychiatric medications.

Registration for 2024/2025 intake opens from 25 Mar – 1 Jul 2024

Contact Us

Shuhui @ 6389 2263 / Nishanthiy @ 6389 5596

GDMH@imh.com.sg



For more information please visit <https://www.imh.com.sg/Education/Medical-Education/Pages/GDMH.aspx>

Organised by:



Division of Graduate Medical Studies
Yong Loo Lin School of Medicine



Family Practice Skills Course #119 (1 Day)

Continuous Glucose Monitoring

Sat, 18 May 2024: 2.00pm - 5.30pm

Please note that FPSCs will be conducted as "In-Person" (Limited Capacity).
Venue : *NEW* National Cancer Centre Singapore (NCCS),
Level 1, Lecture Theatre, 30 Hospital Blvd, Singapore 168583
Getting to NCCS: <https://for.sg/visitorinfo>

TOPICS

Unit 1: Introduction to CGM: The Time for TIR is now!

Unit 2: Getting Started with CGM: From Guidelines to Implementation

Unit 3: Transforming your Clinical Practice using CGM: Integrate to Educate

WORKSHOP

Interactive workshop on decoding Ambulatory Glucose Profile reports for optimized patient care

SPEAKERS

Dr Suresh Rama Chandran

Consultant, Department of Endocrinology,
Singapore General Hospital

Dr Ester Yeoh

Medical Director, Senior Consultant Endocrinologist Aspen
Diabetes & Endocrine Clinic, Mount Elizabeth Novena

A/Prof Gary Kilov

General Practitioner Launceston Diabetes Clinic – LMC, Australia

All information is correct at time of printing and may be subject to changes.

■ **SEMINAR** (2 Core FM CME points)
DAY 1 • Unit 1 - 3: Sat, 18 May (2.00pm - 4.00pm)

■ **WORKSHOP** (1 Core FM CME point)
DAY 1 • Sat, 18 May (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Please register by 15 May 2024 to avoid disappointment.

■ **DISTANCE LEARNING MODULE**
(3 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)
• Read 3 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This Family Practice Skills Course is sponsored by **Abbott Laboratories Singapore Pte Ltd**, organised by **College of Family Physicians Singapore**.



COLLEGE OF FAMILY PHYSICIANS
SINGAPORE

REGISTRATION

Continuous Glucose Monitoring

Please tick (✓) the appropriate boxes

FREE
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Members!

	College Member	Non-Member
Seminar 1 (Sat)	FREE	<input type="checkbox"/> \$32.70
Workshop 1 (Sat)	FREE	<input type="checkbox"/> \$32.70
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	TOTAL	

All prices stated are inclusive of 9% GST with effect from 1 January 2024.
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Online Registration Available

Scan the QR code or access the link below to register online.

<https://www.cognitofrms.com/CFPS/FPSC119>

Name: Dr _____

MCR No: _____ Clinic HCI Code: _____

Mailing Address: (Please indicate: Residential Practice Address)

E-mail: _____ Tel: _____

Note: Any changes to the course details will be announced via e-mail.
Kindly check your inbox before attending the course. Thank you.

Please mail the completed form and cheque payment to:

College of Family Physicians Singapore
16 College Road #01-02, College of Medicine Building, Singapore 169854

You may send your completed form to: sfp@cfps.org.sg
Successful applicants will be confirmed by email.

College of Family Physicians Singapore
Registration Number : S71SS0039J
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