



COLLEGE OF FAMILY PHYSICIANS  
SINGAPORE

# THE College Mirror

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## CFPS Convocation 2024

# Launch of the SNF-CFPS Leadership Programme

Speech by Dr Wong Tien Hua – President CFPS

**M**r Ng How Yue, Permanent Secretary (Services) Ministry of Health.

Professor Tan Chorh Chuan, Permanent Secretary of National Research and Development.

Professor Kenneth Mak, Director General of Health.

Distinguished guests, esteemed colleagues and Fellows, our Graduands and families, ladies and gentlemen.

Welcome to the 2024 Convocation of the College of Family Physicians Singapore!

It is my great pleasure and privilege to welcome you as we come together to applaud the remarkable achievements of those who have made the cut in their respective College programmes in the field of Family Medicine.

We extend our heartiest congratulations to our Graduate Diploma in Family Medicine and Master of Medicine (Family Medicine) graduands, Collegiate Members, and Fellows of the College for their tremendous achievement.

This evening, we will be seeing: 19 graduates from the Fellowship cohort, 5 elected to Collegiate Membership, 90 graduates from the MMed (Family Medicine), and 106 from the Graduate Diploma in Family Medicine cohort.

To our Graduands: You have persevered through the past few years of intense training and self-study and prevailed to finally earn your qualifications in postgraduate Family Medicine. This is no mean feat, and you should rightly be proud of yourselves. This could not have been achieved without the strength and the will of

(continued on Page 2)

(continued from Cover page: Launch of the SNF-CFPS Leadership Programme)

the mind, and this resilience will stand you in good stead in your practice of Family Medicine and in the service of your patients for years to come.

Take a moment to reflect on the journey you have undertaken. The late nights of studying, forgoing personal and family time, the countless hours spent honing your clinical skills, and the individual challenges you faced have shaped you into the capable family physicians we see before us today. You are the future leaders and Specialists of Family Medicine in Singapore and you have set the standards at a very high bar indeed.

Let us also acknowledge the tremendous support provided by the teaching faculty – the programme directors and assistant programme directors, the tutors, and the staff of CFPS. Their dedication and support to ensure your success has been critical. Last but definitely not least, I exhort you to remember your families and loved ones who were there for you during this long and arduous journey. Indeed, Families will always play a big part in Family Medicine! They stood by you when you needed them, their unwavering support making the difficult times easier to overcome.

Congratulations to the Class of 2024! May your achievements be a source of inspiration for those who follow in your footsteps.

## Programmes

**Vision:** Leading Family Medicine, Inspiring Health

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

This is the vision and mission statement that was crafted at our College Council retreat a year ago in November 2023.

The core function of the College is in training and upholding the standards for FM. It is our priority to provide adequate resources for our trainees and faculty. Last year, I announced the acquisition of professional MCQ banks for trainees in our GDFM programme, subsidised access to UpToDate for all our members (which I will speak more about later), and the opening of our new Academic Training Centre at Neil Road.

The training centre is now the go-to place for conducting teaching activities – this is where many of our tutors now hold their tutorial sessions. We have hosted several live seminars and focus group discussions, and enjoyed many meals here to strengthen our friendship and renew connections.

It was also the venue that we used to welcome our international guests during the WONCA Asia Pacific Regional Conference in August this year.

This evening, I am delighted to announce two new programmes from the College.

## CFPS Medical Ethics Programme

The Singapore Medical Council introduced Mandatory Medical Ethics in January 2024, and all doctors are required to obtain a minimum of five medical ethics core CME points in order to renew their Practising Certificate by the end of 2026.

The three professional bodies comprising Academy of Medicine, Singapore Medical Association, and College of Family Physicians have been working very closely to offer various ethics CME activities.

The turnout for the courses that CFPS has conducted thus far have been encouraging, and we hope to continue with the progress we have made, equipping our primary care doctors with vital skills in medical ethics. This year we have conducted seminars on areas such as medical records and confidentiality, informed consent, and Telemedicine, but there are many more areas in Family Medicine where ethical training is needed.

We plan to develop a core faculty of Family Medicine (FM) doctors trained in Medical Ethics who will offer significant value not just for the College but also to the broader Family Medicine community. An ethics programme specifically tailored to the needs of Family Medicine practitioners will serve to uphold high ethical standards in primary care and to enhance trust in Family Physicians.

I am pleased to share with you this evening that the College will be sponsoring three doctors – Dr James Cheong, Dr Chua Ying Xian, and Dr Kong Jing Wen – to attend Ethics courses so as to develop our ethics capabilities. Dr Cheong and Dr Chua will be doing the Masters in Healthcare ethics and law at the University of Manchester, while Dr Kong will be taking the Master of Laws in Medical Law and Ethics at the University of Edinburgh.

I congratulate these three senior FPs on their interest in this area and we hope to be able to tap on their expertise in future.

## Collaboration with the Starry Night Foundation

The College has had the privilege of working with the Starry Night Foundation (SNF) since 2023. The Starry Night Foundation is an international non-profit charitable trust dedicated to scientific and medical research.

From the outset, SNF has demonstrated a keen interest in supporting Family Medicine in Singapore. One area of need that we identified together was that of clinical decision

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# Editor's Words

by Dr Gabriel Yee, FCFP (S)

Christmas is always my favourite time of the year. It's the time that we receive all our gifts, reflect on the year, feel overflowing with happiness, love, and compassion, and in turn, spill it out onto others. It's the time of the year we renew old bonds, strengthen current ones, and forge future friendships and reflect on the magic carpet ride (see my editor's words for the March 2024 edition!) we've taken over the whole year.

As we celebrate the convocation of our newly minted Family Physicians, we should never forget the joy we experienced on our graduation day, the sense of new hope we had, and how we pledged as united Family doctors to enhance the health of our communities together. Family Medicine is truly unique, and our President Dr Wong Tien Hua reminded the new graduands first and foremost to remember their families and loved ones who were there for their respective GDFM, MMed(FM) and Fellowship journeys. At the convocation, we received a nice (advance) Christmas present, with the opening of our new Academic Training Centre at Neil Road, and subsidised UptoDate access (yes it saves lives and is super accessible!) for all our College members. And we have assembled a core faculty of family doctors with interest in medical ethics who will work with and through our College to upskill us (and help us get our mandatory medical ethics points through webinars/courses)!

Looking at the Neil Road Centre, and how much we have as a college achieved over the years, it is apparent that it is due to the Unity in FM that this occurred. We should truly build on our strengths, and in a combined article, we (Dr Vincent Chan, myself, and Prof Ng Chirk Jenn) from different sides of the causeway, different graduation periods, different universities, practising in different settings share regarding how we have actually been one United FM from past to present. Prof Ng Chirk Jenn shares about how through educational and operational initiatives, we can cross-sector, cross-cluster, and even cross borders to unite FM further. It is only when we are united, with a shared understanding of

our FM mission (pardon the Pendleton's pun/reference) that we can agree on our shared plans moving forward to improve health for our respective communities.

As one united FM, we welcome doctors from all nations just as our migrant fathers did in our Singapore story. Dr Chung Chi Way, all the way from London, shares how he crossed continents and healthcare systems and yet has a fulfilling worklife balance in sunny efficient Singapore. Dr Edeeson shares how he adapted to our local culture (and enjoys our hawker food) with his fellow Filipino colleagues and local doctors.

As a fellowship of family doctors, Dr Foo Jong Yi and Dr Felicia Tan share regarding how their families fellowshipped with them, how they had interdepartmental journal clubs (yes they are fellowship mates who work in the same tower – Jong Yi in OCH on level 7 and Felicia in SGH FMCC on level 5) and peer support, which all resulted in them attaining the vaunted fellowship. The hard work, perseverance, and resilience of them and all their fellowship batchmates makes us all feel warm and fuzzy and proud inside.

Dr Shafiqah Shahrin, Dr Kaymond Yang, and Dr Cecilia Chen have just mastered Family Medicine obtaining their M.MED (FM). They share how it is a marathon, that one needs to “just start”, and how to run to the end, we need to “take the journey together”. Yet again triangulating on the global theme of unity.

It is again timely then, with all our newly minted Family doctors that Dr Vincent Chan reminds us how we should continue building FM with love. This is reflected in the interview with some of our newly minted FM leaders, Drs Xu Bangyu, Loo Yuxian and Christopher Chang, who across their settings have already started to collaborate to improve the health of patients and communities in the East.

And it may sound cliched, but it is truly Together, that we care. Wishing all a Merry Christmas and Happy New Year with friends and family.

■ CM

(continued from Page 2: Launch of the SNF-CFPS Leadership Programme)

support systems, which are very useful for guiding patient care, but are often too costly for private GPs to be universally adopted. We wanted to close the gap between the better funded public sector and private General Practitioners (GPs).

With this in mind, the College and SNF came up with a programme to provide College members with heavily subsidised subscriptions to UpToDate, a leading clinical decision support tool. This initiative aimed to empower our members with access to evidence-based, real-time medical information to enhance patient outcomes.

I was very happy to announce this collaboration during my Convocation Address last year, and the programme officially launched in February 2024, providing 85 percent coverage of annual subscription fees for 300 college members. It has since enabled many Family Physicians in both public and private practice to have a reliable resource in their daily practice.

Later on in the programme, we will be giving out the CFPS-SNF Innovation Award to recognise college members who have been committed to utilising data-driven knowledge in the care of their patients. We invited College members who use UpToDate to submit an essay on how UpToDate has been used in their clinical consultations, how it has improved clinical decision-making, and to share stories and examples on how it has benefitted their patients.

This collaboration with the Starry Night Foundation has set the stage for further initiatives to enhance the landscape of Family Medicine in Singapore.

## SNF-CFPS Leadership Programme

This evening, I have the pleasure of announcing another milestone for Family Medicine in Singapore with the launch of the SNF-CFPS Leadership Programme.

Earlier this year, on 24 April 2024, representatives of the Starry Night Foundation met our Council members at our Neil Road Academic Training Centre. We had an in-depth discussion on the state of primary care and Family Medicine in Singapore.

During the discussion, we shared an idea: the need to develop a leadership programme for up-and-coming Family Physicians in Singapore. We had to find ways to really bring FM to international standards, improve the morale of our fraternity, and inspire our doctors to pursue FM as a career. SNF resonated with this vision, and suggested that we could learn from top doctors and healthcare systems in the United States and offered to help explore opportunities.

That meeting set into motion a series of discussions which culminated in a partnership with Mount Sinai International (MSI), a division of Mount Sinai Health System in New York City, to create a leadership programme tailored for our Family Physicians in Singapore.

Mount Sinai Health System is one of the leading healthcare institutions in the United States. It comprises eight hospital campuses and a network of outpatient practices, serving as a hub for innovation, patient-centred care, and medical education. Mount Sinai is globally recognised for its excellence in clinical care, research, and education, particularly in Internal Medicine and Primary Care. The Mount Sinai Hospital was ranked by Newsweek as No. 20 in the world and No. 8 in the United States on its The World's Best Hospitals 2024 list.

Tonight, I am proud to announce the official formation of the SNF-CFPS Leadership Programme, in collaboration with Mount Sinai International.

This programme offers a unique, tailored two-week observership at Mount Sinai Hospital for batches of five primary care doctors from Singapore.

Participants will be attached to clinicians from various departments within the Mount Sinai Health System – including Hospital Internal Medicine, Outpatient Primary Care, and Home Care Visits – where they will gain valuable insights into patient care, team-based practice, and system-wide leadership.

Our doctors will also have the privilege of meeting the leadership of Mount Sinai Health System through lunchtime sessions with the Chiefs and Chairs of various Hospital Divisions to discuss and learn strategies for effective healthcare leadership.

Through this leadership course, we aim to achieve the following key objectives:

1. Develop leadership skills for Family Physicians, empowering them to drive change in primary care.
2. Expose participants to innovative healthcare models in the United States and inspire local adaptations.
3. Strengthen clinical and management competencies through interactions with top medical professionals.
4. Build a network of Family Medicine leaders. Participants who have gone through this course will foster knowledge exchange and continue collaboration with Mount Sinai. They will also contribute to the teaching and training of future generations of Family Medicine physicians.
5. Enhance the standards of Family Medicine in Singapore by adopting best practices from overseas, and to help the establishment of FM as a specialty discipline in Singapore.

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Our first Zoom meeting with Mount Sinai International was on 23 October 2024, with Dr Tao Xu, Medical Director at Mount Sinai International.

I am delighted to share that our first batch of five doctors has already completed the 2-week observership. They were at Mount Sinai Hospital from 11 to 22 November 2024.

Our first batch consisted of:

1. Dr Sharon Shen – GP and Council Member (Team Lead)
2. Dr Elin Lee – Family Physician in Nursing Homes and GDFM Tutor
3. Dr Shawn Goh – FCFP, Consultant Family Physician, Sengkang General Hospital.
4. Dr Teo Cheng Rong – GP and MMed(FM) tutor
5. Dr Kenneth Tan – GP and Council Member

I have no doubt they have returned with invaluable experiences and insights to share, and we are looking forward to hearing from them during the debrief session next month.

We will continue to review and refine the programme based on their feedback, ensuring that it remains impactful and relevant for future participants.

Our next batch of five doctors will be selected in the first quarter of 2025, with their observership planned for the first half of the year. For those interested and who meet the selection criteria, I encourage you to look out for the call for applications soon.

This programme represents the best of what collaboration can achieve — uniting our shared commitment to advancing Family Medicine. I would like to thank the Starry Night Foundation for their vision and support, as well as Mount Sinai International for their invaluable partnership in making this programme a reality.

Together, we are building a brighter future for Family Medicine, one step at a time.

Thank you and I wish you a pleasant evening.



# The Unity of Family Medicine

## A Trilogy of the Past, Present, and Future

### The Beginnings of Unity – Our History

by Dr Vincent Chan, FCFP (S), Editor, College Mirror Team C

The College of General Practitioners Singapore was officially inaugurated on 30 June 1971, marking the start of efforts to raise practice standards through academic advancement. The formation of the College was not by accident. It began in 1969, when the Singapore Medical Association (SMA) formed a committee to look into the establishment of an academic body for General Practitioners. In those days, the decision was between forming a College of General Practitioners within or independent of the Academy of Medicines Singapore (AMS). Since the then Master of AMS declined to have such a College within AMS, the decision was thus made to become independent of AMS.

The idea was that raising knowledge and skill sets would help General Practitioners (GPs) everywhere practise better and more effectively. Hence efforts to raise standards include working with the government and Singapore Medical Council on various issues pertaining to training and accreditation. The College also conducted MCGP examinations from 1972 till 1992. Thereafter was the Master of Medicine (Family Medicine) from 1993 onwards. Not forgetting private solo GPs already out in the community, in 1995 the College commenced the 2-year Private Practitioners Stream (PPS) leading to the MMed(Family Medicine). Later on, the College Fellowship by Assessment and the Graduate Diploma in Family Medicine (GDFM) was initiated in 1998 and 2000 respectively.<sup>1,2</sup>

Singapore Family Medicine had also been active in WONCA, or the World Organisation of Family Doctors. This can be seen by Dr Alfred Loh's contribution as the CEO of WONCA from 2001 to 2012, where the secretariat was based in Singapore.<sup>3</sup> Our College of Family Physicians also organised the WONCA World Conference in 1983 (our first in Singapore) and 2007.



Figure 1: 10th WONCA held in Singapore, organised by CFPS.

*The College of General Practitioners Singapore was officially inaugurated on 30 June 1971*

From these events, we can see that General Practitioners have the ability and will to organise ourselves and be better. In the process, we are winning recognition both locally and internationally. Indeed, these efforts continue today.

- REFERENCES
1. The College Milestones 1971 to 2001. The Singapore Family Physician. July to September 2001, Vol 27(3):15.
  2. KH Lee. A Short History of CFPS. College Mirror. Dec 2021;47(4):8-13
  3. Loh A. CEO's Final Report to WONCA executive committee, 1-2 October 2012. WONCA news. Oct 2012.

### Unity in the Present

by Dr Gabriel Yee, FCFP (S), Editor, College Mirror Team C

Somewhere along the way from the past to the present, the term “General Practice” gave way to the term “Family Medicine” being practised by Family Physicians. There have been many explanations for this, sometimes polarising, but rather than philosophise or focus on what's in a name, I would like to focus on what I have seen firsthand Family Medicine/ General Practice is, and how we go about further uniting and developing as a discipline.

After all, as a College, we are to represent all our colleagues across Singapore who provide the 3P 3C (personal, primary, preventive, continuing, comprehensive, and coordinated) care that our populace needs now, more than ever. Again, some may view it schizophrenic that I, a community hospital doctor, believes in this, but by the end of this article, you might just see why I view things this way 😊 I will just share what I have seen since I was a toddler in the actions of family doctors around me.

Circa 1992-1995: I had a severe bout of now in retrospect streptococcal pharyngitis/tonsillitis (in between repeated attacks of viral URTI). My astute family doctor, Dr Ng Khin Seng, of Cambridge Clinic in Tampines, saw how I was literally laid flat on the benches (unlike my usual playful self with viral URTI) and promptly attended to me, and prescribed (yes you guessed it right in an evidenced-based manner) penicillin V for 10 days!

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(continued from Page 7: The Unity of Family Medicine)

2007: Prof Goh Lee Gan shared a key facet of clinical reasoning to differentiate more sinister presentations of vomiting from what might be just upset tummies from spicy foods/food poisoning: pain then vomit? Or vomit then pain? During the same FM posting, I met Dr Joshua Lau Teh Yee (of Hwang and Liang Family Clinic), whom I saw perform the home visits, nursing home visits – in between his clinic sessions – and surgical procedures and suturing. Needless to say – after this posting, I was fully set on FM.

2015: I joined the SGH dept of FMCC and got to see inpatient FM, Community Hospital, Hospice, and Chronic Sick Unit Care at BrightVision (Community) Hospital, as well as transitional home care (now known as Hospital 2 Home). I literally saw a patient with multiple readmissions from SGH get transited to BVH and then to back home to transitional home care. We worked to keep the patient safe in the community for the ensuing year, until the underlying conditions worsened and she benefited from hospice care at BVH in her terminal phase.

2017-2024: I rejoined BVH and now SingHealth Community Hospitals. I continued the care from acute hospitals and bridged care of patients to community GP colleagues – some of which have been written in PRISM articles in the Singapore Family Physician. I ran BVH CTF under the guidance of Dr Luke Low and Prof Lee Kheng Hock from 2020-2023, and many of the locums who helped out had day jobs as family doctors in the heartland (e.g., running family medicine clinics). I saw up close their commitment to patient care, despite the heavy load (patients, PPE).

2024 and beyond: I had the privilege to be invited to the joint development of eLearning training modules on Evidence-Based Medicine for primary care physicians in Singapore and Malaysia (Jet-EBM) collaboration by Prof Ng Chirk Jenn – by the way, he's our next author! 😊 Using the ASPIRE framework, we aspire (pardon the tautology) to provide our GP colleagues in the community (for whom we developed this first and foremost in mind), as well as family doctors across settings, reusable learning objects they can use in their journey to upskill/refresh themselves in Evidence-Based Medicine. This is of course just the start! If the RLOs are well utilised, we can certainly expand this to more topics! We have completed our storyboarding and are now reviewing and developing our RLOs iteratively (please feel free to PM me if you wanna see them and give feedback!).

It was great to see the unity of Family doctors across settings, on both sides of the causeway, coming together for the common purpose of upskilling all family doctors (in EBM).

And now it remains for myself to hand over to CJ, with regards what we can aspire to in the future as one united FM discipline, across settings, and even across causeways. 😊

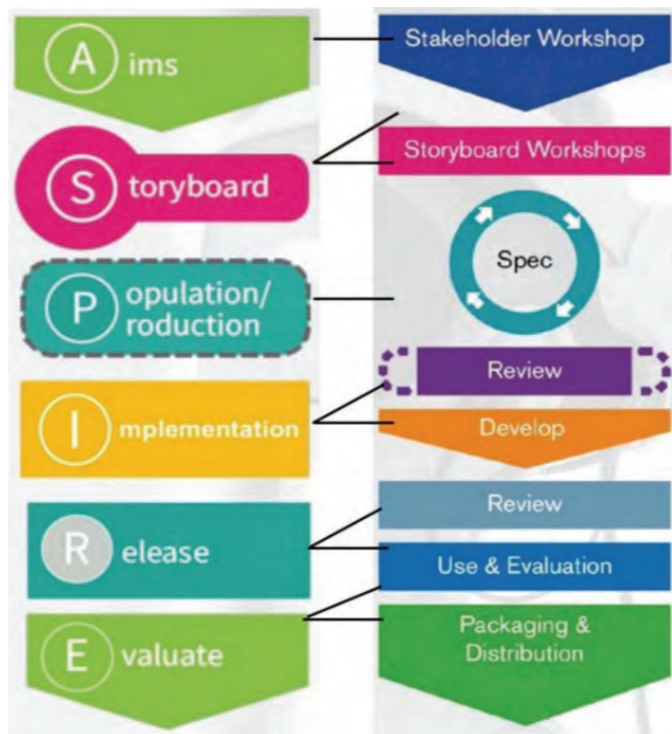


Figure 2: The ASPIRE framework



Figure 3: Cross-straits, Cross-setting collaboration in FM for EBM – an exciting future awaits!

REFERENCES  
1. Yee GWJ. I'd like to write another book – Integrated Primary Care for an At-Risk Elder (IPCARE) Requiring Expedited Peritoneal Dialysis from Rapid Progression of End-Stage Renal Failure. Singapore Fam Physician. 2021;47(8):1-5.

**Unity in the Future**

By Dr Ng Chirk Jenn, Clinical Professor, Duke-NUS Medical School

The discipline of Family Medicine has come a long way in Singapore. While we have been growing from strength to strength, there are undercurrents that can potentially undermine our past and present efforts (private vs public, AMS vs CFPS, practitioners vs academics, primary care vs community hospital). However, these challenges are also great opportunities for us to unite and become stronger. It's (the right) time for us to grab the bull by the horns as we move into the future.



Figure 4. RAISE webinars

There are already ongoing cross-sector, cross-cluster, and cross-border initiatives happening on the ground. The Primary Care Research Alliance in Singapore (RAISE) was established in April 2024 with the aim of sharing primary care academic activities conducted by Family Medicine departments and polyclinics across three medical schools and health clusters. So far, four webinars have been conducted (contact: fammednetwork@ntu.edu.sg) (refer to Figure 4). In early 2023, Family Medicine academicians and practitioners joined forces under the auspices of the Chapter of Family Medicine, Academy of Medicine Singapore, to form the Healthier SG Outcome Workgroup (HSGOW). The group meets regularly to critique and propose outcomes that matter to patients and public, and propose pragmatic ways to achieve these end goals. In August 2023, SingHealth Polyclinics launched the Primary Care Research Institute (PCRI), which aims to enhance collaboration between public and private primary care. This led to the first PCRI Symposium in June 2024, which saw primary care stakeholders coming together to discuss and debate HealthierSG implementation.

Uniting Family Medicine, which has diverse stakeholders with varied historical backgrounds, is a challenge we look forward to conquering. While we can't change the past, we can shape our future by creating a conducive platform for our Family Medicine community to build trust, collaborate, and work towards a common goal. To achieve this, we need Family Medicine leaders to come together to decide what Family Medicine in Singapore (and the world!) should look like in the mid- and longer-terms. Through education, we bring the next generation of Family Physicians closer together, regardless of sector and cluster, to strengthen our professional identity. Finally, we can unite through research, which builds strong evidence to benefit our patients and their family. This is what makes us proud to be who we are – a Family Physician.

*“The Primary Care Research Alliance in Singapore (RAISE) was established in April 2024 with the aim of sharing primary care academic activities conducted by Family Medicine departments and polyclinics across three medical schools and health clusters.”*

# My Family Medicine Transition from London to Singapore

by Dr Chung Chi Way, Resident Physician Senior Staff

It has been an incredible year. I was born and brought up in the United Kingdom and worked hard for the last 25 years in London as an NHS doctor, 17 of those years as a general practitioner in a busy London GP surgery. Who would have thought that one day I would move from London to Singapore! It was not an easy decision to relocate to another country, but it was one that me and my family had thought long and hard about.

The first thing that greets you when you land in Singapore is the beautiful Changi Airport. It has a stunning design full of elegance, lush greenery, serenity (as there are no announcements), retail, and dining, giving you a flavour of what Singapore has to offer. You cannot help but get drawn to the beautiful vortex waterfall, which is the largest indoor waterfall in the world, before heading outside and that is when you are met with the sweltering heat and humidity of Singapore, which is vastly different from the cool autumnal streets of London!

I spent the next week arranging all the necessary paperwork and pre-employment medicals before getting clearance to start work. As with any new job, you have many unanswered questions in your head, but this time it was different as I would now also have to learn about a different healthcare system and culture at the same time. I knew that my experience in the UK had taught me many skills along the way, skills that I hoped to share with my new colleagues in Singapore. On entering the polyclinic on my first day, I was struck by the buzz of the registration area. Uniformed staff were busy helping patients register for their appointments at the electronic kiosks and registration counters. I soon learnt that these machines can help you book future appointments as well as make payments, something I had not seen before in the UK.

I was introduced to the medical directors who were extremely welcoming and have guided me every step of the way since I joined. I am so impressed by their patience and understanding, intuitively knowing what support I need to transition to another country and culture.

They had very kindly arranged a full induction process for me. This was invaluable to get me oriented and acquire an understanding of the patient polyclinic journey. I spent a little time with each department, and I am extremely grateful



My team mates and I at the SingHealth Walk-a-jog 2024

to all the doctors, nurses, and allied staff who spent time with me to help me settle down. What impressed me most was the Polyclinic model of care. In addition to medical consultations, patients can also have phlebotomy, radiology, physiotherapy, podiatry, diabetic retinal photography, diabetic foot screening, dietetics, and dentistry consultations. They have individual rooms for emergency triage, isolation, minor surgery, dressings, childhood vaccinations, childhood development checks, travel vaccinations, and women's health, each room run by a small team of dedicated nurses. There is also a Medical Social Worker and an on-site pharmacy, which has a large team of pharmacists and technicians to dispense medications and counsel patients. One must not forget the dedicated team of cleaners on each floor, working all day long, greeting everyone with a smiling face every day. Having been in a small GP clinic for the last 17 years, I am not used to such a large workforce in just one clinic. I soon learnt that this clinic alone has around 150 members of staff working every day.

Over the last year, I was sent on various training courses such as BCLS, cardiology, dermatology, women's health, minor surgery, communication skills, and medical humanities to name but a few.

When I started seeing patients, I learnt very quickly that being multilingual here is particularly important. I cannot speak Mandarin or Malay so sometimes I need to ask the lovely Patient Service associates to translate for me. Fortunately,

I do speak Cantonese and Hakka and have been able to attend to many patients in these dialects. My British accent is sometimes difficult for patients to understand, and this is why you always make sure what you are communicating to a patient is fully understood. When I first started telling patients that their liver or kidney tests were normal, some would have a look of alarm on their faces, followed by them asking me if they are okay. I quickly realised they thought I was telling them their kidneys or liver were "no more" and quickly reassured them!

There are about 18 doctors seeing patients every day, running a wide variety of clinics for prebooked appointments, same-day walk-ins, or even a hybrid mix. Most are face-to-face, although more patients are now being encouraged to book video consultations. I will typically see 6-8 face-to-face patients per hour over eight hours, ranging from newborn babies to the very elderly, but this can change from day to day, which is more than what I used to see in the UK. The range of cases here is similar to London, but there are several noticeable differences. For example, in the UK, I managed palliative care and severe mental health disorders in the community. This involved the initiation, titrating, and monitoring of medications such as controlled drugs, palliative care drugs, antipsychotic drugs, or injections. In Singapore, these types of conditions are usually managed by expert hospital specialists. Something I am not used to but so appreciative of now is being able to send patients off to have a blood test (such as FBC, HbA1c, glucose, INR) or X-ray during my consultation, then reviewing them with the results within the hour, something which was not possible for me in London. This makes for a much more efficient model of care.

Something hugely different to the UK is that I spend about 90 percent less time completing administrative duties, such as reviewing laboratory test results and hospital letters. This is due to the efficient roster system where everyone is allocated time to do their various duties and the numerous support staff in the clinic. There is a dedicated lunch hour so that staff can have lunch with their team or attend the various lunchtime meetings such as Peer case reviews or multidisciplinary team meetings. I now finish work at 5.00pm every day, which is the biggest change I have experienced since working here and am incredibly grateful that I am now able to see more of my family and friends.

Indeed, having a fulfilling work-life balance is crucial when you are working in a demanding job and I am very thankful for all the events that my employer arranges for its staff, such as walks, jogs, fitness challenges, community cleaning, badminton, 10-pin bowling, and corporate discounts.

One year has flown by in the blink of an eye, and I look forward to continuing my new journey in Singapore over the next year!

*Something hugely different to the UK is that I spend about 90 percent less time completing administrative duties ...*

CM

## Healthcare Career Switch Family Medicine from a New Perspective

by Dr Edeeson G Rayray, MD

The decision to embark on a journey from my home country, the Philippines, to Singapore to practise family medicine was a crucial step and one of the biggest decisions I've made in my life.

This all started in September 2023, when I decided to take the pre-employment examination and interview conducted by SingHealth Polyclinics. At that time, I had no expectations because of the high number of applicants and limited vacancies. I just gave my all, and left the odds to fate.

It was a long eight months of preparation and patient waiting. There were a lot of required documents for submission for my transition from the Philippines to Singapore. The thought of traveling overseas for work made me anxious. I wondered if I could adapt to Singapore, given that I had lived my whole life in the Philippines. I wondered about the potential differences in the work culture and cost of living.

(continued next page)

(continued from Page 11: Healthcare Career Switch: Family Medicine from a New Perspective)

Starting my career as a new doctor at Tampines Polyclinic was exciting yet nerve-wracking. I didn't know what to expect. I had doubts if my knowledge and experience as a doctor in the Philippines were sufficient to provide my new patients with the best possible care.

Back home, we don't have polyclinics. Rather, we have health centres and private clinics that provide primary care services to the community. Health centres in the Philippines are part of the public health system and are designed to offer accessible healthcare to communities, especially in rural and underserved areas. They are operated by the Department of Health and local government units. Many health centres are subsidised by the government, and healthcare is often free or low-cost for those in need. However, patients may be required to pay for certain services and medications. There are also programmes that help subsidise healthcare costs for the poor such as PhilHealth, the country's national health insurance programme. Some challenges are that, while there are many health centres, access can still be limited in remote areas due to geographical, financial, and infrastructure constraints and there are often shortages of medical staff, facilities, and resources, which can affect the quality and availability of care.



SingHealth Polyclinic Tampines – My Home away from Home



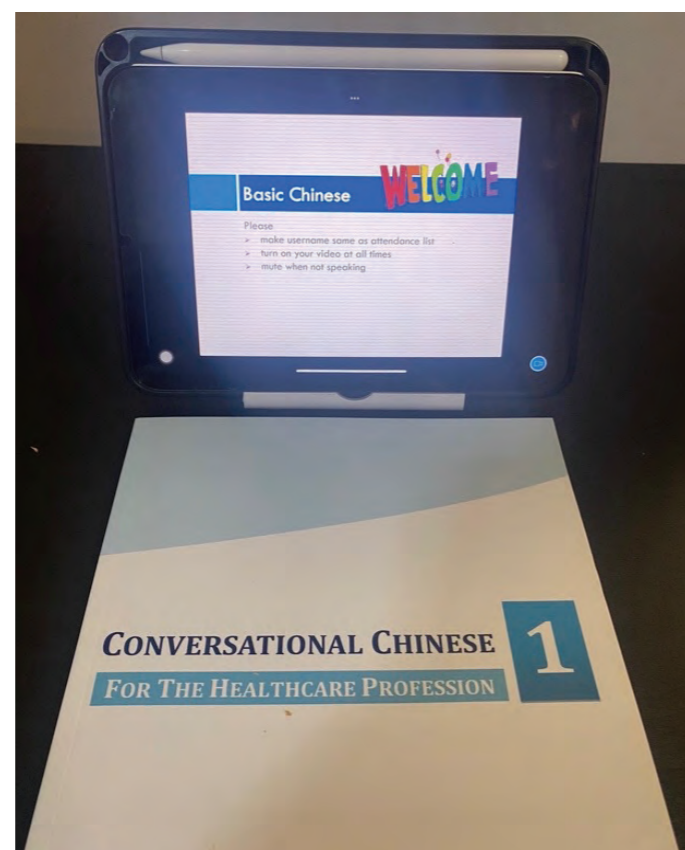
Me on the left with my fellow Filipino Doctors from other Singhealth Polyclinics

Private clinics provide an alternative to public healthcare, offering a range of medical services that cater to patients who seek more specialised services and shorter waiting times. Many private clinics are equipped with modern medical technology and facilities, offering more services compared to public health centres. The fees are higher compared to government-run health centres. However, some private clinics may offer flexible payment options, and some may accept PhilHealth insurance for certain services. These private clinics play an important role in the country's healthcare system, particularly in urban areas where demand for healthcare services is high. However, this might limit accessibility for some, particularly from individuals without comprehensive insurance coverage or money to spare.

Another big transition was getting used to the polyclinic computer electronic health records. I am beyond grateful that all my supervisors were helpful and guided me along.

Singapore is a multicultural society and patients come from diverse backgrounds. While English is the primary language used in the polyclinic, knowing other languages like Mandarin, Malay, or Tamil is helpful in communicating better with patients who prefer to speak in their respective native languages.

I was grateful to have been given an opportunity to be enrolled in a basic conversational Chinese course for two months. I learnt basic Mandarin words that help me to communicate effectively with my patients.



Conversational Chinese Course

Other than seeing patients, I have also participated in the clinic's medical education activities. I presented an interesting case during a peer case discussion session. This was certainly one of the highlights since it was my first time presenting outside of my home country.

The support system given to me during the transition has been immense. All my supervisors and colleagues are helpful and approachable, and I also have support from my fellow Filipino doctors embarking on the same journey with me.

I am happy where I am now, working alongside a multidisciplinary team. There has been a high standard of teamwork and collaboration within the team that enables us to give comprehensive care to our patients. Working in the polyclinic generally offers a good work-life balance, with manageable hours. However, I find the high patient load challenging, with some days busier than others. It requires me to manage my time effectively. I was reassured by my supervisors that through experience, I would become more confident and efficient. I accept this as part of my job being a doctor and doing my best for my patients. I balance work with after-hours self-care. During my time off work, I like to explore Singapore, especially its world-class attractions, and enjoy local cuisine at the hawker centres.



Usual consultation with a patient in rural areas in the Philippines

*Working in the polyclinic generally offers a good work-life balance, with manageable hours. However, I find the high patient load challenging ...*



Barangay Health Centre in the Philippines

Family Medicine in Singapore is a vital component of the healthcare system. The government has programmes that help provide comprehensive, continuous, and accessible primary care to individuals and families across their lifespan. Polyclinics play a vital role in providing essential care services to the community. Working in the field of Family Medicine here in Singapore offers excellent career prospects, a high quality of life, and a well-structured framework for international doctors.

Looking back, this has been one of the best decisions in my life. Being part of the Singapore healthcare system has broadened my knowledge and insight into what I can offer to my patients. I am very privileged to be practising Family Medicine in SingHealth Polyclinics.

*Family Medicine here offers excellent career prospects, a high quality of life, and a well-structured framework for international doctors.*

# FAMILY MEDICINE CONVOCAATION CEREMONY & DINNER

30 NOVEMBER 2024 • ONE FARRER HOTEL



## CFPS-STARRY NIGHT FOUNDATION INNOVATION AWARD



Dr Sze Kai Ping



Dr Foo Jyh Shyang, Joel



Dr Lee Jun Hwee, Benjamin



Dr Leow Chee Yong



Dr Lim Yi Hern, Ansel

# FAMILY MEDICINE CONVOCAATION CEREMONY & DINNER

30 NOVEMBER 2024 • ONE FARRER HOTEL



### 2024 GDFM Graduands

**Standing (3<sup>rd</sup> row; from left):** Dr Bey Shimin, Dr Shuy Yao Jie, Dr Chia Wei Ming, Dr Derek Christian Verhoeven, Dr Seow Kai Cong, Dr Chan Yu Fung, Dr Lester Jonathan Lee Kwok Leong, Dr Ang An Xuan, Dr Shaik Ahmad Ali Bin Nizar.

**Standing (2<sup>nd</sup> row; from left):** Dr Wu Lin Chieh, Dr Wang Lin, Dr Tho Ee Hunck, Dr Choo Han Jun, Dr Ng Wan Qi, Sandra, Dr Ho Han Zhuo, Colin, Dr Lee Mei Sung, Dr Nur Aisyah Binte Mohamed Yusri, Dr Lee Jia Le\*, Dr Chang Fang Yu, Dr Khoo Wan Thien.

**Seated (from left):** Dr Li Jing, Dr Lee Jia Li, Dr Chen Jimou, Dr Luah You Min (Lai Youmin), Dr Seah Ee-Jin Darren, Dr Wong Tien Hua, Dr S Suraj Kumar, Dr Gurvinderjeet Kaur Sarjit Singh, Dr Li Tingfang, Dr Goh Shi Min, Shermin, Dr Ezlyn Binti Izharuddin.

\*2024 GDFM Book Prize Winner



### 2024 MMed(FM) College Programme Graduands

**Standing (from left):** Dr Wong Jinquan, Dr Zhao Runfeng, Dr Lee Chee Sean, Dr Liew Wei Chee, Dr Loraine Yeo, Dr Chen Sixian, Dr Kor Michelle, Dr Ng Yu Ping Darice Jill, Dr Wai Joey Hon Tong, Dr Leow Chee Yong, Dr Soon En Loong.

**Seated (from left):** Dr Ong Poh Wei, Dr Su Jiarui, Dr Seah Ee-Jin Darren, Dr Wong Tien Hua, Dr S Suraj Kumar, Dr Apurva Thanju, Dr Wong Jia Hao, Max.



### Graduands of Collegiate Programme MCFP(S) Recipients

**Standing (from left):** Dr Xiong Mengfei, Dr Sun Jingfeng, Dr Lee Jun Hwee Benjamin, Dr Gabriel Wong Liang Jie, Dr Tan Pei Zheng.

**Seated (from left):** Dr Seah Ee-Jin Darren, Dr Wong Tien Hua, Dr S Suraj Kumar.



### Graduands of Fellowship Programme FCFP(S) Recipients

**Standing (3<sup>rd</sup> row; from left):** Dr Poon Beng Hoong, Dr Ian Koh Jan Ming, Dr Teo Hon Wei, Dr Siau Kai Rong, Dr Foo Shao Rong Jonathan, Dr Hareesh Singaraju.

**Standing (2<sup>nd</sup> row; from left):** Dr Lam Teck Meng Lawrence, Dr Foo Jong Yi, Dr Lim Li Cui Rachel, Dr Chie Zhi Ying, Dr Teo Jia Hui, Dr Esther Lee Cui Wei, Dr Park Yae Sol, Dr Chen Tongyuan, Dr Yeap Youwen.

**Seated (from left):** Dr Felicia Clara Tan Jun Hui, Dr Lai Wei Na, Dr Seah Ee-Jin Darren, Dr Wong Tien Hua, Dr S Suraj Kumar, Dr Amelia Ahmad Hatib, Dr Tan Yu Quan.

# Pre-Fellowship, Fellowship, and Post-Fellowship

## The Journey Continues

by Dr Foo Jong Yi, Associate Consultant, Outram Community Hospital; Dr Felicia Tan, Registrar, Singapore General Hospital, Department of Family Medicine and Continuing Care

Interviewed by: Dr Gabriel Yee, Editor, CM Team C

**CM:** Hi Jong Yi and Felicia, congratulations once again on passing your fellowship! It is truly a momentous milestone. I'm sure our readers are wondering how you are feeling right now? Have you done anything to celebrate?

**Jong Yi:** Thank you, Gabriel! I feel so relieved. This exam was incredibly challenging, and I am just glad that I managed to get through it. Over the years, many tutors and seniors have supported me with guidance, encouragement, and numerous tutorials. I am happy that I didn't let them down this time. To celebrate, I enjoyed a wonderful dinner with my family.

**Felicia:** I'm mostly relieved that I can move on to other exams and the rest of life! I celebrated by bringing my daughter out to indoor playgrounds and shopping to make up for all the time she spent stuck indoors with me studying.

**CM:** I too remember the euphoria I felt! I literally went to a LAN shop right away to celebrate (photo in previous edition), complying with the safe distancing restrictions during COVID! But enough about me, I'm sure the readers are wondering – what do you all have planned moving forward?

**Jong Yi:** I am also planning a long-awaited vacation with my family. After dedicating so much time to studies in recent years, it is time to reconnect and spend more quality time with my loved ones. As for my work, I look forward to expanding my role as Deputy Head of Infection, Prevention and Control, guiding the juniors and supporting their growth in their career.

**Felicia:** Indulging in hobbies (chiefly foreign languages and ballet) – now I can plan to sit for the DELE in Spanish and C1-C2 exams in German. Plus spend more time training for ballet to prepare for Advanced Foundation exams.



Dr Foo Jong Yi's family fellowshiping with him

**CM:** Wow, that sounds super exciting! Was it worth all the sacrifice? What did you sacrifice to pass Fellowship? Was it worth it?

**Jong Yi:** I recall going to the library almost every evening, studying for 3-4 hours since it was difficult to concentrate at home with the kids around. Thanks to my wife's support in looking after them, I could study peacefully in the library. I am grateful for the incredible seniors who shared their insights and advice from their Fellowship journeys, helping me to pass this exam.

**Felicia:** Playtime with my daughter and being able to vegetate on the sofa after coming home every day – but no pain, no gain, and what I learnt during Fellowship was definitely worth every minute I spent.

**CM:** So of course, our readers would want to learn what's the secret recipe to passing the vaunted Fellowship?

**Jong Yi:** It truly has been a long journey – a marathon. Consistency and perseverance are crucial. While the exam is tough, it's not impossible. Staying humble, open to advice, and being willing to learn can make all the difference. Forming a study group with friends and practising together is also invaluable. Practice really does make perfect.

# My MMed(FM) Journey

## Taking the Journey Together

by Dr Cecilia Chen, M.Med (FM)

Going through the MMed(FM) programme was challenging. Exam preparation requires months of consistent hard work in order to cover the breadth and depth of FM. Despite putting in many hours of hard work, there were still times where I feared that I fell short of standard, which can be rather stressful and overwhelming. Thankfully, I was fortunate to have many people supporting me during this period – including my family, friends/colleagues and mentors. Often when I return home late from staying behind to study after work, I find a hot meal (prepared by my family) waiting for me. When I needed to take time away from work to study, my colleagues were more than willing to help and stepped in to cover my duties. Despite their busy schedules, the seniors in my department also took time to arrange numerous practice sessions with me.

Outside of work hours, my study group met frequently to practise and exchange words of encouragement to keep us going. On special days, we treated ourselves to nice lunches to boost our morale. Because of all the support I received, I was encouraged to continue giving my best.

Despite the stress and challenges, I was still grateful for the opportunity to take MMed. The process allowed me to develop good clinical practices and approaches to manage a patient holistically. It also honed my clinical acumen and made me more confident in managing patients. In addition, I am heartened to witness my fellow colleagues improve their skills and knowledge within such a short span of time.

Post-MMed, I am keen to pay forward the kindness I've received during my exam period. Just as the seniors have taken their time to schedule additional practice sessions, I hope to guide my juniors in their journey towards MMed. Although the road ahead appears to be daunting, I would advise them to believe in themselves, help one another, and take one step at a time.

■ CM

**Felicia:** Practise the same way you are tested – critique journal articles under exam conditions, actually speak and be present, even if you're talking to an empty room.

**CM:** Fellowship is such a tough journey. Could you share with me your sources of support through this?

**Jong Yi:** I am deeply thankful for the unwavering support from my department, SingHealth Community Hospital. Nearly everyone contributed to my success in some way, whether by covering my duties during study leave or providing invaluable practice sessions. I owe this achievement to my colleagues and seniors who sacrificed their time to help me succeed.

**Felicia:** I'm grateful for super supportive friends from SingHealth Community Hospitals who practised EBM with me in journal clubs and took me to see their own patients to practise for CFA. In fact, Jong Yi was one of those who mentored me for CFA.

**CM:** Wise words indeed. Any sagely words/quotes from our new Fellows regarding Fellowship?

**Jong Yi:** Do your best and hard work will always pay off.

**Felicia:** Never give up! I nearly wanted to quit after having to re-sit my CFA but I stuck it out. If I had quit, I wouldn't be where I am today.



Dr Felicia Tan's bundle of joy, critiquing her bundle of criticisms in an evidence-based manner



Figure 1: Cecilia with her batch mates rejuvenated by a window of time

# My MMed(FM) Journey A Marathon

by Dr Shafiqah Binte Shahrin

The path to becoming a Family Physician is a rewarding yet challenging journey, and for me, pursuing the Master's in Family Medicine (MMed(FM)) through the Singhealth Residency Programme was nothing short of transformative. My MMed journey felt like a marathon – three years of continuous learning, exposure, and practice – with a final sprint towards the finish line.

During my first two years of Residency, I gained invaluable insights through hospital rotations across General Surgery, Orthopaedics, Paediatrics, Geriatrics, Emergency Medicine, Obstetrics and Gynaecology, and Otolaryngology. These rotations broadened my understanding of medical practices beyond primary care, and strengthened my ability to integrate a multidisciplinary approach – a crucial skill for any Family Physician.

The most demanding phase of the MMed journey was, of course, the preparation for the MMed exams. That final year in Residency required adapting to daily Family Medicine practice whilst juggling with the demands of this exam, which pushed me into staying up-to-date with the latest medical guidelines and constantly refine my clinical skills. Regular study sessions and continuous practice were key to staying sharp, both in knowledge and in developing the communication skills required for complex patient interactions. The experience taught me to see beyond the physical ailments of my patients, and to address their social, emotional, and psychological needs in order to provide holistic, well-rounded care.

## Overcoming Challenges: A Balancing Act

The journey wasn't without its challenges. Balancing work, exam preparation, and family life often felt overwhelming, and at times, I doubted my ability to succeed. With the wide breadth of knowledge expected of a Family Physician, the content seemed endless. To manage this, I created a schedule that aided me in covering various topics, focusing on my areas of weaknesses. It was also the daily patient interactions that kept me motivated, whether it was when my patients expressed sincere gratitude for my efforts, or when I struggled to manage certain cases, which motivated me to reflect and improve on my care. However, what truly helped me push through were the strong support systems I had in place.

My senior Family Physicians at Tampines Polyclinic were an incredible source of guidance and encouragement.

The additional practice sessions helped me refine my skills and cover gaps in my knowledge. Their collective support made the challenging journey feel more manageable and rewarding. Equally important was the camaraderie with my fellow residents and study groups. Sharing the experience of studying together, discussing topics, and providing emotional support definitely made me feel less alone in this journey. These friendships have become invaluable to me, as lasting sources of strength and unity.

I also had incredible support from my friends and family. Their understanding, especially during times when I had to make personal sacrifices, kept me grounded and ensured that I never lost sight of the bigger picture, which allowed me to navigate the pressures of the exam with greater resilience. With their unwavering encouragement, I was able to stay focused – and I even managed to get married just three months before the exam!

## Moving Forward: Lifelong Learning and Making a Difference

As I look to the future post-MMed, I am eager to expand on the skills I've gained. One of my goals is to run subspecialised clinics, particularly in mental health and complex chronic disease management. The MMed has instilled in me a passion for continuous learning, and I'm keen to grow further as a Family Physician. This title is not the end of the journey; it's a stepping stone that pushes me to improve not just for myself, but for the patients and the community I serve.

To those embarking on this journey, my advice is to enjoy the process and not stress too much about the destination. The MMed exam is not just about passing – it's about becoming a better primary care physician. Focus on building good habits from the start, and remember that it's the daily practice that will ultimately shape you into the Family Physician you aspire to be.

In conclusion, while the MMed journey is long and demanding, the skills, knowledge, and mindset gained from this experience will continue to shape my practice for years to come.

■ CM



# My MMed(FM) Journey Just Start!

by Dr Yang Kaymond, MMed(FM)

Preparing for MMed is like writing this article – how does one, with limited time and space, crystallise the most important aspects of Family Medicine?

At the beginning of this journey, the thought of marrying the best parts of each specialty was exhilarating to me. I had the chance to learn about Emergency Medicine, Internal Medicine, Paediatrics, ENT – just to name a few – and each was no less important than the other. However, the closer it grew to the examination, the more the excitement turned to apprehension. It struck me how vast and wide the field of knowledge of Family Medicine was; there was no shortcut here, nor question spotting.

Everything was a possibility, and how could I possibly know everything?

Thankfully, I didn't have to do it alone. I was privileged enough to be part of a community that not only prepared me for examinations, but also for real life. My preceptors and seniors in Marine Parade and Eunos Polyclinic spent precious time guiding me through approaches and cases, and allowed me the opportunity to question and grow. I found a safe space within my study group to make mistakes and to learn from their strengths. While less than a year ago we would have shied away from critiquing each other, we grew comfortable enough to offer sometimes harsh but insightful comments on each other's flaws. After all, what's some psychiatric interviewing techniques between friends?

Apart from preparing for examinations, I was also preparing for an even greater challenge – my newborn. Despite stern warning, she decided to make an appearance on the morning of the slides examination. To this day, my wife and I talk about how we were both in pain at the same time; the jury is still out on who had it worse.



Dr Yang Kaymond with his family

What this journey has taught me is simple:

1. You can't plan for everything – much like my daughter, anything can come out at any time.
2. The best way to start preparing is to just start. There are a million ways to study for examinations, but paralysing oneself with overthinking the process is destructive.
3. This is not the end. The knowledge and the skills we glean from the examination are meant to echo our abilities in real life and for real patients, and not the other way round.

With that, preparation for MMed(FM) and this article draws to a close, and what a joy it is that the rest of life awaits!

■ CM

# For Love of Family Medicine

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

I must be hungry. For when I saw the subtitle “puff”, the image of a delicious curry puff floated into my mind. On closer inspection, the words read “knowledge puffs up, but love builds up”. Further down, the subtitles continued to say that “behind each of the works... there are many stories of love to be discovered... of professionals... sincerely engaged in their various roles and tasks.”

How true. Indeed, there are so many stories of love in Family Medicine, that I can only write about those nearest and closest to me, stories that I know, of love in the family, clinic, community, and fraternity.

## Love in the Family

It is no exaggeration that Mum and Dad set up the clinic out of love for us, my sister and I. As a means to earn income, provide for us, and put us through university. In the early days when it was quiet, I am sure it was love that kept Mum and Dad going (in the clinic). In actuality, the clinic was formed around the time I was born, and it has since been over four decades.

Joining Mum’s and Dad’s practice is also an act of love. Other than being a practical choice, I often wondered what if I had run off to Australia, do my own thing and la la la. After all, our College and the Royal Australian College have some kind of reciprocal arrangement. Joining the practice is not easy; it is a shift from polyclinic practice, which was my comfort zone. Initially, patients just want to see the “old doctor” not the youngster. But love sustains, and I persevered until such time enough patients did not mind seeing me.

## Love in the Clinic

Within the clinic, we are blessed that many of Mum’s and Dad’s old guard, our clinic assistants, have stayed with us. Many have seen me grow up, and know me very well, my strengths and otherwise. I am grateful for their support, advice, and care. In fact, they are a bit like the auntie and big sister who care for me and I for them. It creates the very family atmosphere that makes each workday so positive and happy. I must also give a shoutout to our locums, who have provided us with critical coverage in times of need and crisis. Thanks!

## Love for the Community

Mum, and my late Dad, often remark that our regular heartland clinic is not just a commercial enterprise. We are there to serve and care for the general community. We try to put in as much heart as head when serving our patients. Year on year, as we grow older with our patients, we gradually come to know them better and hopefully help

*... knowledge puffs up,  
but love builds up ...*

them solve their medical issues better. The converse is true, as the General Practitioner is sustained by the community’s love and support. Hopefully, the community is a bit better because we are around.

## Love for the Fraternity

Today, our College of Family Physicians Singapore enjoys a strong reputation and is respected by other specialists and the government. But it was not always like this. This was due to the hard work, vision, determination, love, and passion for Family Medicine by successive College leaders.

When Dad recalled his days in College council, he would always share with me the challenges faced by the College and General Practitioners in general. Whenever he spoke of the College, there was always this passion and love in his eyes and tone of voice. And from his descriptions, the same can be said of many College pioneers. In fact, listing their names here would far exceed the word limit.

It is not just the College leaders; there is also an army of dedicated members, volunteering their time to teach in the various training programmes like the Graduate Diploma in Family Medicine (GDFM) and Master of Medicine (MMed). There are also members who volunteer their time to represent the fraternity in various workgroups and committees. These efforts actively improve the skill sets of our Family Physicians, while raising our profile nationally, internationally, and among all other medical specialties.

Then, there are the colleagues who pioneer initiatives like the Health Maintenance Office Pte Ltd. First set up around the 1980s, it sought to unify General Practitioners (GP) by pooling resources. Today, these efforts have morphed into the modern-day Primary Care Networks, and this time, there is some government support. Colleagues who lead these initiatives too have that love and burning passion to help GP colleagues practise better and be more effective and efficient in caring for the community.

## Doctors at SMC

I pondered on the role of Family Physicians serving in the Singapore Medical Council (SMC), as well as those writing medical expert reports to assist the Complaints Committee and the Disciplinary Tribunal. I think I can say these colleagues

also love Family Medicine deeply and want to preserve the right of doctors to self-regulate.

Imagine if these colleagues decided not to help with the medical justice system. Would persons outside our profession be able to render proper justice, not knowing the complexities, subtleties, and specific context of medical practice? I suspect not. Thus, for the system to move, we are blessed to have these colleagues dedicate time and effort.

Keeping the medical profession pure and free of greed and selfishness allows the profession to preserve our reputation. This in turn allows us to practise sincerely in truth and love, with the public confident in our ability to self-regulate fairly.

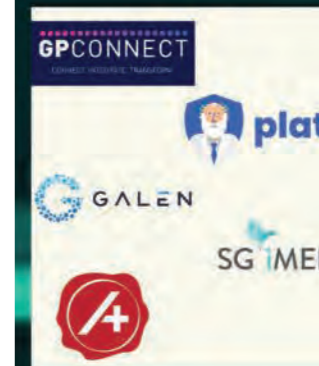
## Conclusion – A Fam Med built on Love

Together, with love of Family Medicine and determined action, our fraternity has progressed much over the years. Yes, Family Medicine in Singapore is built on the edifice of love.

*It is not just the College leaders; there is also an army of dedicated members, volunteering their time to teach in the various training programmes like the Graduate Diploma in Family Medicine (GDFM) and Master of Medicine (MMed).*

CM

# CMS SUTRA



## 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.



## CMS SUTRA CYCLE 2 REPORT



OUT NOW!

## FIND OUT MORE

<https://www.cfps.org.sg/publication/cms-sutra>

<https://www.sma.org.sg/act/press-release/2024>

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# An Interview with New FM Leaders Across Settings

by Dr Xu Bangyu (XBY), Medical Director, Sengkang Community Hospital; Dr Loo Yuxian (LYX), Medical Director, Outram Community Hospital; Dr Christopher Chang (CC), Head of Department, Changi General Hospital, Care and Health Integration

Interviewed by: Dr Yee Wenjun Gabriel Gerard, Editor, CM Team C

**CM:** Hi Yuxian, Bangyu, and Chris! First and foremost, biggest congratulations on your appointments as medical directors (LYX, XBY) and head of department (CC)! It must have been exciting and challenging to transition in! Could I get you to briefly introduce yourselves for the benefit of those whom have not had the pleasure of knowing you beforehand?

**XBY:** Hi everyone! I am Bangyu, Consultant Family Physician working in Sengkang Community Hospital. (SKCH) I am also the cohort Programme Director for our CFPS Fellowship Programme.

**LYX:** I am Yu Xian, Consultant and Family Physician based in Outram Community Hospital (OCH). I also serve as the Director for the Supportive and Palliative Care Service in SingHealth Community Hospitals (SCH).

**CC:** Hi everyone! Thanks for the opportunity, Gabriel. I am Christopher, Senior Consultant and Family Physician, currently working in Changi General Hospital (CGH).

**CM:** What will your new heavy responsibilities entail?

**XBY:** As Medical Director, I will oversee the entire operation of SKCH. I have to work very closely with the various domain leads to ensure SKCH is able to provide the highest level of care and services to our patients. I will monitor the key performance indicators together with the domain leads, and develop strategies and Quality Improvement (QI) works to continuously improve SKCH care services. For direct patient care, I have to schedule my ward rounds so that I can achieve a balance between clinical and administrative duties.

**LYX:** Bangyu has essentially spoken for me as well since he is my counterpart in a different hospital. For me, the biggest responsibility change is the shift from looking after a department to a larger hospital unit comprising many departments and stakeholders. The perspective and mindset needed is on a different level.

**CC:** My department is involved in transiting and right-siting our patients back into the community. We are involved in consolidation of our SOC patients' care into our clinics from their various specialist reviews, taking care of our patients in their home under the CGH@Home (Mobile Inpatient Care@Home) programme, and the Hospital to Home

(Transitional Care) programme to help patients to transit back to the community after their inpatient stay. In addition, I am involved as the Programme Director with the SUTD-Duke-NUS Clinician Innovator programme for Singapore University of Technology and Design (SUTD) students who have an interest in medical studies in Duke-NUS after their undergraduate studies.

**CM:** That was inspiring! I'm sure our readers would benefit from your wealth of experience! Could you share with us your journeys and how you got here?

**XBY:** I was with SKCH right from the start. I started my journey in 2016 as a Senior Staff Registrar, promoted to Associate Consultant in 2018 after passing my FCFP. 2018 also the year SKCH began operations in its new campus. I became the Head of Service in 2021, and earlier this year, I was appointed Medical Director. Throughout this journey, I was heavily involved in various workgroups/committees, e.g., Medication Safety Committee, Pharmacy & Therapeutics Committee, Mortality and Morbidity Quality Assurance Committee, Peer Review Learning Quality Assurance Committee. I also attended relevant Leadership courses such as Team & Organisation Leadership Programmes. All these significantly helped me in my leadership journey. I am still learning and currently I am enrolled in the SMU Graduate Diploma in Healthcare Leadership.

**LYX:** After completing the SingHealth FM Residency, I joined SGH FMCC in 2015 and then SCH in 2018. I mostly served at Bright Vision Community Hospital until I transferred to OCH in Feb 2020, a day before Singapore transitioned to DORSCON Orange for COVID-19. In OCH, I had the fortune of setting up the palliative ward in the same year and two years later becoming the Head of Service for the medical team. Since then, I had been partnering with Dr Low Lian Leng (then Medical Director of OCH) to serve in whatever capacity was required of me. With Lian Leng's promotion to Chairman of the Division of Population Health and Integrated Care in SGH, I was blessed to take over and continue the journey he had started the OCH team on.

**CC:** I embarked on my Family medicine journey after being inspired by Dr Ruth Lim and Dr Derek Tse, who were my Director and Deputy Director respectively, during my first Medical Officer posting in Sengkang Polyclinic in 2005. I underwent my training with SingHealth Polyclinics and attained my FCFP in 2013. In 2012, I was given the opportunity to embark on the leadership journey as Deputy Director, Sengkang Polyclinic.

In 2014, an opportunity arose for me to help set up the department with Dr How Choon How, Chairman, Division of Continuity Care, at CGH. It has been an interesting journey working with our specialist colleagues, GP partners, and community partners to help our patients transit back to the community safely. Just like Bangyu, I have been given opportunities to develop as a leader both from courses as well as mentors in the hospital to help guide me along this leadership journey.

**CM:** Having worked with all of you, I too am inspired by your boundless energy and enthusiasm for both patient care as well as operational matters and improving the system for all! What inspires and motivates you daily?

**XBY:** The work I am currently doing involves processes at a more macro level, e.g., value-driven care initiatives and collaboration with community partners. The impact of this work is wider and involves a bigger population of patients. This really motivates me as I feel that I can still do more to help more patients.

**LYX:** For me, it has and will always be about people. SingHealth's mantra of "Patients. At the Heart of All We Do" always resonates with me because it reminds me that our hard work goes towards creating a high quality of care and safe experience for the patients that we serve. Since all of us and our loved ones will inevitably age and become patients one day, nothing hits home closer than that.

Besides patients, it is also about each colleague I serve on the frontline and in the trenches with. I am motivated to improve processes to enable our staff to be able to deliver their best care.

**CC:** I have always been inspired by helping my patients recover and journey through their health-seeking process. The work I do helps more than just the individual patient and hopefully the impact on the community will be a fruitful one. In addition, I have always had an interest in Medical Education; I was Associate Programme Director with SingHealth Family Medicine Residency for the past 11 years before taking up my current portfolio as Head of Department. I have always felt that inspiring fellow colleagues and learning from them has been what motivates me.

**CM:** How do you plan to engage and work with the existing primary health landscape including our polyclinics, general practitioner colleagues, community nurses, primary care networks and beyond?

**XBY:** The Place-Based Care (PBC) model is something that is trying to connect all the dots. Running in tandem with all the HSG efforts, PBC will hopefully allow Family Physicians in all settings to come together to work closely with community partners to help patients achieve their care goals. Social prescribing incorporated into the patient care journey is something to be viewed positively as well.

**LYX:** Adding on to what Bangyu mentioned, continuity of care is an important priority to me and my team as we recognise that care doesn't just stop the borders of our hospital. Hence we will spare no efforts to collaborate with providers downstream in a bid to make their work and patient outcome the best they can be. We are all part of the same team under HealthierSG.

**CC:** We will continue to collaborate with our community partners to help our patients transit better to the community. This will involve increasing support with our community partners and GP colleagues as well as PCNs on top of what we have already been doing so far.

**CM:** Wow this sounds really exciting! Are there any areas for collaboration between SingHealth Community Hospitals and CGH Care and Health Integration (CHI) that we can foresee? Especially with the new Eastern Community Hospital (ECH) coming up?

**XBY:** The One SingHealth concept will allow for collaboration works among all SingHealth institutions. EGH-ECH is an exciting space as we will be seeing EGH adopting digitalisation to the traditional model of care and how ECH, being part of SingHealth Community Hospitals (SCH), can be a partner in driving digitalisation and innovation to new heights.

**LYX:** Since I am part of the planning team for ECH, I can reveal that we are already in deep discussions with many colleagues from CGH. There is a huge population that SingHealth serves in the eastern part of Singapore, hence it will be vital for our teams to work closely together to divide and conquer!

**CC:** Of course! With the drive towards population health and HealthierSG, we cannot work alone and need to collaborate to make the patient's journey a smoother and seamless one. We also look forward to working with both the Eastern General Hospital (EGH) as well as the ECH team since CGH, EGH, and ECGH will be close neighbours helping take care of our patients in the east of Singapore.

(continued next page)

(continued from Page 21: An Interview with New FM Leaders Across Settings)

**CM:** Do you have any aspiring hopes and dreams for your respective hospitals and department?

**XBY:** SCH is seen as a centre of excellence for all aspects. I hope that our people will come to feel that SKCH is their second home and they would want to fight to preserve the culture we have built and feel motivated to build their careers with us.

**LYX:** I hope that OCH will gradually progress over time to be known as a beacon of excellence and a steadfast provider of person-centred care in line with our core Family Medicine values. I dream that every staff in OCH will feel supported in a nurturing work environment where we look out for one another.

**CC:** CGH has been a place where Family Medicine has made a mark and continues to contribute to the community. I hope that CGH can become a place where we continue to do our best for our patients and to innovate ways in which Family Medicine can continue to evolve.

■ CM



CGH CHI Department at CGH 88th Anniversary Dinner and Dance 2023



SKCH PACC Department WFDD 2024 celebration



OCH staff joining in for SCH Service Award celebration event in 2024. This photo showcases the multidisciplinary team in full force and highlights our united spirit.

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**References:** 1. Spikevax JN.1 product information (Singapore): [www.modernacovid19global.com](http://www.modernacovid19global.com) (accessed October 2024). 2. Ministry of Health. Update On Covid-19 Situation. <https://www.moh.gov.sg/news-highlights/details/update-on-covid-19-situation> (assessed 1 October 2024). 3. Bausch-Jurken M, Dawson RS, Ceddia F, Urdaneta V, Marks MA, Doi Y. A descriptive review on the real-world impact of Moderna, inc. COVID-19 vaccines. Expert Rev Vaccines. 2024 Sep 13. doi:10.1080/14760584.2024.2402955. Epub ahead of print. PMID: 39269429.

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Singapore 048619.  
SG-COV-2400140. 11/2024.

# Nurse Counselling: Partnering Healthier SG GPs in Patient-Centred Care

by the Agency for Integrated Care

*As we gear up for the implementation of the 6 additional Healthier SG Care Protocols in January 2025, let us take a look at how Primary Care Network (PCN) nurse counsellors can support General Practitioners (GPs) in reinforcing GPs' recommendations, enhancing patient education, and improving care coordination.*

To support Healthier SG GPs in delivering consistent, evidence-based care for enrollees, the Ministry of Health (MOH) has worked closely with GP leaders from the College of Family Physicians Singapore (CFPS), Primary Care Networks (PCNs), and the healthcare clusters, to develop the Healthier SG Care Protocols. These protocols aim to standardise care, reduce variability, improve outcomes for chronic conditions and preventive health measures.

Since the launch of Healthier SG in 2023, 12 care protocols have been introduced, covering areas such as diabetes, hypertension, lipid disorders, smoking cessation, and weight management. In January 2025, 6 more protocols will be added:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Kidney Disease (CKD)
- Gout
- Stable Ischaemic Heart Disease (IHD)
- Stable Stroke

## Role of PCN nurses

PCN nurse counsellors play a key role in the implementation of these protocols and support GPs by addressing the behavioural, practical, and educational needs of patients. This collaboration enables GPs to focus on medical management while nurses provide patient education, counselling, and follow-up.

Nurse counsellors use the biopsychosocial model (BPS) and motivational interviewing techniques based on the OARS framework by:

- asking open-ended questions that explore the patient's motivations and concerns,
- affirming the patient's efforts and strengths to build trust and confidence,
- reflecting on and clarifying concerns to enhance understanding and insight, and
- summarising key points to ensure alignment with health plans and supporting the GP's recommendations.

A nurse counsellor's work spans several areas:

## Disease-specific education and support

Nurse counsellors educate patients on

pathophysiology of the disease, risk factors, complications, treatment strategies and options, triggers and avoidances, medications and side effects, healthy choices, balanced diet and self-management. The nurse counsellors also guide patients with gout on dietary guidance according to the 3L2A principles (Limit sugar-sweetened beverages, Lose weight through healthy eating, Limit purine rich foods, Adequate fluid intake and Abstain from alcohol/limit intake) and self-management during flare-ups.

## Medication adherence and use of devices

Nurse counsellors also educate patients on their prescribed medications such as the correct dosage, timing, storage, route and side effects, to optimise treatment efficacy and medication adherence. They teach practical techniques for insulin injections, proper inhaler use, and steps for home glucose or blood pressure monitoring. Additionally, nurse counsellors would request for patients to do a return demonstration to verify patient's proficiency and provide tailored advice based on the individual challenges.

## Lifestyle and preventative health counselling

Nurse counsellors guide patients on balanced diet, regular physical activity, smoking cessation, and the importance of vaccinations to improve overall health. They also advocate for sustainable changes such as reducing sedentary behaviours and adopting stress management techniques, tailored to each patient's unique needs.

## Care Coordination

Nurse counsellors serve as a vital link between patients, GPs and community resources. To ensure continuity of care, nurse counsellors would monitor patients' progress and provide regular feedback to GPs. Nurse counsellors also reinforce regular follow-ups with GPs and emphasise on the importance of visiting their doctors first if patients feel unwell or need further explanation on their condition. Additionally, nurses facilitate seamless referrals to community services, such as community rehabilitation centres, home therapy, home nursing, Meals on Wheels and other community programmes.

## Real-life impact of collaboration between nurses and GPs

The following case studies highlight the vital role of the nurse counsellor in team-based care, working collaboratively with the doctor and improving patient care.

### Addressing Non-Adherence to Insulin Therapy

Madam K was referred to see a nurse counsellor after her physician was puzzled by her poor blood glucose control despite increasing her insulin dosage. Although Madam K claimed adherence, the nurse discovered that Madam K was not administering the insulin, as she feared that starting insulin therapy meant that her condition was worsening. The nurse counsellor addressed Madam K's fears and concerns and reassured her on the role of insulin in diabetes management. The nurse counsellor also gave practical training in insulin administration which she found Madam K was lacking in. The nurse then informed Madam K's doctor who adjusted the insulin dosage, noting prior non-adherence. Madam K successfully administered her first dose of insulin therapy, resulting in improved blood glucose control at the follow-up visit.

### Rebuilding confidence in asthma management

Madam S stopped administering her son's asthma medication, as she was concerned about its safety when she saw a lizard die after her son playfully sprayed the medication on it. The PCN nurse counsellor realised the misconception and educated her about the medication, demonstrated its safe use, and emphasised the importance of adhering to the GP's plan. This restored her confidence, which led to better asthma management for her son. The nurse also then informed the doctor of the conversation, and the doctor further reassured both mother and son, reinforcing the treatment plan.

### Optimising medication use for COPD

Bruce, a 55-year-old COPD patient, struggled with inhaler use despite adhering to his medication schedule. Following a return demonstration, the nurse counsellor identified poor coordination during inhaler use, informed the doctor and recommended a spacer to improve medication delivery. With aid of a spacer, Bruce was able to fully inhale the medication and expressed great satisfaction and relief.

The nurse counsellor then informed the GP of the positive outcome and patient's increased confidence in managing his condition. This case underscores how nurse counsellors enhance medication efficacy, complementing the GP's treatment plan and team-based care.

### Enhancing dietary awareness in gout management

Mr L, a 60-year-old patient with gout, was referred to the nurse counsellor due to a recurring joint pain and redness, characteristic of gout flares. He was under the impression that his condition was "under control" because of normalised urate levels and began consuming organ meats and seafood, which he had previously avoided.

The nurse counsellor took the opportunity to provide targeted dietary education. Using the 3L2A principle, she explained to Mr L that although his urate levels were within the normal range, the deposition of tophi in his joints and that excessive intake of purine rich foods could trigger acute gout flares and worsen his condition over time. She emphasised that ongoing dietary moderation was a crucial part of managing gout, complementing the GP prescribed urate-lowering therapy to prevent further tophi formation and reduce the risk of future flares.



**GPs who join Healthier SG, gain access to a robust team-based model of care. PCN HQs offer comprehensive support, from patient education and lifestyle interventions to seamless referrals and care coordination. Nurse counsellors ensure patients receive holistic, evidence-based care while reinforcing GPs' recommendations and promoting behavioural change.**

**Contact your PCN HQ today to refer patients for nurse counselling and ancillary services. For GPs not yet on-boarded Healthier SG, you may reach out to your AIC Account Manager via [for.sg/amfinder](https://for.sg/amfinder) or scan the QR code, for more information.**





## Family Practice Skills Course (FPSC#125) (2-Day)

# Extended Consultation

Sat, 11 January 2025: 2.00pm - 5.30pm  
Sun, 12 January 2025: 2.00pm - 5.30pm

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

Rising patients' expectations for quality holistic care require doctors to integrate psychosocial into biomedical management. An extended consultation model provides clinical tools to explore both body and mind, diagnose the diseases and formulate the psychosocial issues to provide brief psychological interventions to augment usual treatment.

### TOPICS

- Unit 1: Overview and Extended History
- Unit 2: Extended Examination and Extended Investigation
- Unit 3: Formulation
- Unit 4: Problem Work
- Unit 5: Pattern Work
- Unit 6: Presence Work and Positive Work

### WORKSHOPS

Day 1 & 2: Case studies

### SPEAKERS

A/Prof Cheong Pak Yean  
A/Prof Goh Lee Gan

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

■ **SEMINARS** (2 Core FM CME points)  
DAY 1 • Unit 1 - 3: Sat, 11 Jan (2.00pm - 4.00pm)  
DAY 2 • Unit 4 - 6: Sun, 12 Jan (2.00pm - 4.00pm)

■ **WORKSHOPS** (1 Core FM CME point)  
DAY 1 • Sat, 11 Jan (4.30pm - 5.30pm)  
DAY 2 • Sun, 12 Jan (4.30pm - 5.30pm)

\*Registration is on first-come-first-served basis.  
Please register by 8 January 2025 to avoid disappointment.

■ **DISTANCE LEARNING MODULE**  
(6 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)  
• Read 6 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

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



COLLEGE OF FAMILY PHYSICIANS  
SINGAPORE

## REGISTRATION

Extended Consultation

Please tick ( ✓ ) the appropriate boxes

**FREE  
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for College  
Members!**

	College Member	Non-Member
Seminar 1 (Sat)	<b>FREE</b>	<input type="checkbox"/> \$32.70
Workshop 1 (Sat)	<b>FREE</b>	<input type="checkbox"/> \$32.70
Seminar 2 (Sun)	<b>FREE</b>	<input type="checkbox"/> \$32.70
Workshop 2 (Sun)	<b>FREE</b>	<input type="checkbox"/> \$32.70
Distance Learning (MCQs Assessment)	<b>FREE</b>	<input type="checkbox"/> \$87.20
<b>TOTAL</b>		

*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** \*

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The College will not entertain any request for refund due to cancellation after the registration is closed **QR** after official receipt is issued (whichever is earlier).



### Online Registration Available

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

<http://www.cognitofrms.com/CFPS/FPSC125>

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](mailto: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

## FAMILY PRACTICE SKILLS COURSES

### COVID-19 Insights 2024: Pandemic to endemic, Myths, Long COVID, and Vaccine Hesitancy

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #123 on "COVID-19 Insights 2024", held on 5 Oct 2024.

#### Expert Panel:

Adj A/Prof See Kay Choong  
Dr Barnaby Young  
Dr Leong Hoe Nam

#### Chairperson:

Prof Nick Sevdalis

### Office Spirometry and Lung Cancer Screening Guidelines

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the CME webinar on "Office Spirometry and Lung Cancer Screening Guidelines", held on 19 Oct 2024.

#### Expert Panel:

Dr Tan Geak Poh  
Dr Jansen Koh

#### Chairperson:

Dr Chai Gin Tsen

#### Workshop Volunteer:

Dr Kelvin Goh  
Dr Ng Huiyu

### Basic Obesity Management Accreditation 4

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #124 on "Basic Obesity Management Accreditation 4", held on 2-3 November 2024.

#### Expert Panel:

Dr Tham Kwang Wei  
Dr Benjamin Lam  
Dr Lee Yingshan  
Dr Amanda Lim  
Ms Jessica Ong  
Dr Ivy Lim  
Dr Kim Guowei  
Dr Elaine Chew  
Dr Lee Phong Ching  
Dr Leong Choon Kit  
Dr Donna Tan  
Dr Suraj Kumar  
Ms Mabel Yum



## Family Practice Skills Course (FPSC#126) (2-Day)

# Chronic Disease Management 2025

Sat, 18 Jan 2025: 2.00pm - 5.30pm  
Sun, 19 Jan 2025: 2.00pm - 5.30pm

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

### TOPICS

- Unit 1: Hypertension, and proteinuria: with and without Diabetes Mellitus
- Unit 2: Insulin Therapy in Type 2 Diabetes Mellitus
- Unit 3: Obesity Updates: Understanding Obesity as a Disease and Intermittent Fasting
- Unit 4: Initiation of Urate Lowering Therapy (ULT)
- Unit 5: Assessment and Management of Non-alcoholic Fatty Liver Disease
- Unit 6: Heart failure with normal and reduced ejection fraction – assessment and shared care management

### WORKSHOPS

Day 1 & 2: Case studies

### SPEAKERS

- A/Prof Goh Lee Gan
- Dr Jeremy Hoe
- Dr Benjamin Lam
- Dr Richard Lee
- Dr Desmond Wai
- Dr Rohit Khurana

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

- **SEMINARS** (2 Core FM CME points)  
DAY 1 • Unit 1 - 3: Sat, 18 Jan (2.00pm - 4.00pm)  
DAY 2 • Unit 4 - 6: Sun, 19 Jan (2.00pm - 4.00pm)

- **WORKSHOPS** (1 Core FM CME point)  
DAY 1 • Sat, 18 Jan (4.30pm - 5.30pm)  
DAY 2 • Sun, 19 Jan (4.30pm - 5.30pm)

\*Registration is on first-come-first-served basis.  
Please register by 15 Jan 2025 to avoid disappointment.

- **DISTANCE LEARNING MODULE**  
(6 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)  
• Read 6 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

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



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## REGISTRATION

Chronic Disease Management 2025

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
Seminar 2 (Sun)	FREE	<input type="checkbox"/> \$32.70
Workshop 2 (Sun)	FREE	<input type="checkbox"/> \$32.70
Distance Learning (MCQs Assessment)	FREE	<input type="checkbox"/> \$87.20
<b>TOTAL</b>		

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/FPSC126>

Name: Dr \_\_\_\_\_

MCR No: \_\_\_\_\_ Clinic HCl 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](mailto: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