



COLLEGE OF FAMILY PHYSICIANS  
SINGAPORE

# THE College Mirror

VOL. 50 NO. 3 OCT 2024



Guest-of-Honour, Mr Ong Ye Kung, Minister for Health

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## WONCA APR 2024

*Speech by Mr Ong Ye Kung, Minister for Health  
at the World Organisation of Family Doctors  
Asia Pacific Regional Conference (22 August 2024)*

Dr Wong Tien Hua, President of the  
College of Family Physicians Singapore,

Associate Professor Karen Flegg,  
President of the World Organisation of  
Family Doctors,

Ladies and gentlemen.

With a room full of doctors, I am very tempted to talk about mpox, because the world is, I think, very likely on the verge of having a very significant outbreak. There is one thing I think is worth repeating to everyone: We have to understand the characteristics of this disease because our memory is COVID-19, and during COVID-19, our memory was SARS. But every disease is different. The virus has different characteristics. It is extremely important that we understand what we are dealing with, but that is for another day.

It has been 17 years since a global World Organisation of Family Doctors (WONCA) Conference was held in Singapore. Congratulations to the College of Family Physicians Singapore for bringing this conference back to Singapore, especially at a time when family medicine has taken on new importance, against the backdrop of an ageing world. Thank you very much for all the hard work.

### Universal Healthcare in the Region

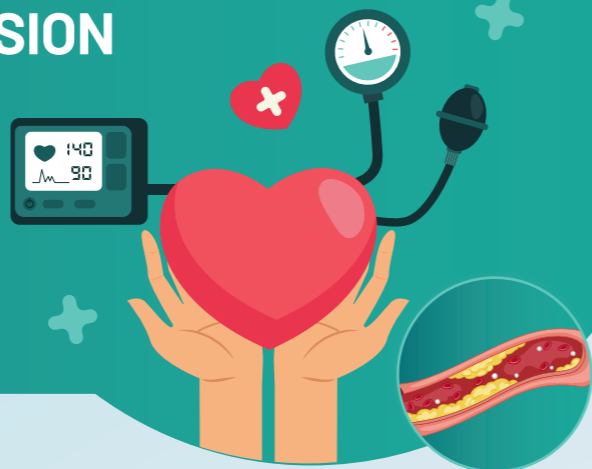
Professor Karen Flegg talked about universal healthcare (UHC). This has become a key priority for many governments in the world and also in our region. The foundation of UHC is accessible and affordable primary care, delivered by family doctors.

*(continued on Page 3)*

# ARE YOU UP TO DATE WITH THE LATEST CLINICAL RECOMMENDATIONS ON HYPERTENSION AND LIPIDS MANAGEMENT?

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- New guidance on the role of beta-blockers and low-dose dual therapy



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### Lipid management: focus on cardiovascular risk

- Updated LDL cholesterol targets
- New recommendations on the use of PCSK9 inhibitors for patients with atherosclerotic cardiovascular disease and/or familial hypercholesterolaemia

## HEAR FROM OUR USERS

“ I find the ACG totally practical. The tables are succinct and informative without being too prescriptive, and the information is logically laid out in a flow which is intuitive. I particularly like how information is organised, with snippets to call out attention to some parts. I especially like the BP targets table, and the simplicity of the guide on what combinations of drugs can be used together.

**A/Prof Doreen Tan Su-Yin**  
Cardiology Specialist Pharmacist  
National University Heart Center, Singapore

“ The ACG is relevant to the local context and presents information in a concise manner, making it easy to understand. It also highlights important considerations when dealing with the various causes of hyperlipidaemia. I use it as a reference and believe patient care for hyperlipidaemia should start from this ACG.

**Dr Ong Guan Hong**  
Senior Resident Physician  
PanCare Medical

## COVER STORY

(continued from Cover Page: WONCA 2024)

I was in Beijing only recently. I visited two of their community health centres. These are outpatient centres, with many services integrated into one setting, but they also provided some inpatient beds for step-down care.

The Chinese government has been building many such centres in Beijing, and probably in other cities as well, over the past decade. I was told there is one centre for every 50,000 residents. This is a massive effort to bring primary care into communities. Residents are encouraged to register and enter into primary care contracts with the health centres. In other words, it is an enrolment programme. In Beijing alone, millions have joined the scheme.

Likewise, Indonesia has expanded its network of community health centres, called “Pusat Kesehatan Masyarakat”, throughout the archipelago of 18,000 islands.

Places like Thailand and Australia have very strong traditions of good UHC, which is highly respected. In both countries, healthcare professionals, newly graduated doctors, and doctors doing their residency are regularly deployed to rural areas to practise, and that ensures UHC. It is a most admirable practice.

I was just in Manila last week and found that the government in the Philippines has also been building community primary care centres, called BUCAS (Bagong Urgent Care and Ambulatory Service). They studied different models around the world, including Singapore, and decided that our polyclinic model is probably most suitable for them.

This is a scan of what different countries in our region are doing.

### Primary Care in Singapore

Indeed, in Singapore, a key pillar of primary care is our polyclinics, which have improved drastically over the years. The key in this lies in upgrading the competencies of our healthcare professionals, especially the family doctors.

*“The great majority of patients are attended to by the other key pillar of primary care, which comprises about 1,600 private clinics”*

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Published by  
**College of Family Physicians Singapore**  
Registration Number: S71SS0039J  
Registration Period: 7 August 2023 to 6 August 2029  
College of Medicine Building  
16 College Road #01-02, Singapore 169854  
Tel: (65) 6223 0606 Fax: (65) 6222 0204  
GST Registration Number: M90367025C  
E-mail: [information@cfps.org.sg](mailto:information@cfps.org.sg)  
MCI (P) 064/11/2023

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# Editor's Words

by Adj Asst Prof Tan Eng Chun, Family Physician, Editor (Team A)

In a recent article by South China Morning Post titled “Singapore touts AI-powered medical system that can flag health risks to doctors”, Health Minister Ong Ye Kung highlighted that our “city state would adopt data-led AI models to revolutionise predictive preventive care” at the Milken Institute Asia Summit 2024. I was particularly impressed by the idea that, just like the precision medicine often employed by our oncologist colleagues in their patients’ management, neighbourhood general practitioners like myself will, in the near future, be able to leverage on AI-driven diagnostic methods to warn patients of future health risks, prescribe relevant medicine, and encourage them to make lifestyle changes.

It would seem that Family Medicine is on the verge of a transformative leap that might impact the way we practise Family Medicine for our patients.

In this September 2024 issue of *The College Mirror*, we highlight the important speeches and articles that were presented during the WONCA (World Organisation of Family Doctors) Conference. The conference was a success and underlies the growing importance of family medicine in the face of global healthcare challenges.

In his speech, Health Minister Ong highlighted the twin pillars of our primary care, namely, our polyclinics and private clinics. Our polyclinics have consistently striven to improve the competencies of the family physicians, and included team-based care in their treatment plans. Our 1,600-strong private clinics, helmed by our general practitioners/family physicians, have been involved in major transformative changes in joining the Primary Care Networks (PCNs) as well as Healthier SG.

More importantly, Minister Ong outlined the broad plan and policies that will be transforming the primary healthcare landscape of Singapore in the coming years. He listed 5 Ps – Professionalism, Practice, Platforms, Partnerships and Policies – as

the keys to the continual development of primary care. On professionalism, the increased curriculum time in family medicine and preventive care is already bearing fruit with more students passionate about family medicine and enrolling in the FM Residency. Two weeks ago, one of my students, whom I mentored throughout her undergraduate years, approached me to recommend her for residency in Family Medicine. She consistently topped the class during her undergraduate years, and recently informed me of her interest and passion in Family Medicine.

Additionally, plans are underway to recognise family doctors with advanced training as specialists. This is welcome news for our esteemed colleagues, who have distinguished themselves and been conferred with the title of “Fellows of CFPS”.

Beyond the WONCA conference, there is an article by Dr Meykumar/Dr Eugene Chua and the new team on the new initiatives for GDFM (Graduate Diploma of Family Medicine), to improve the core competencies of our primary care doctors. The team has put in immense efforts over the past year to help shape, improve, and support the professional development, and meet the “real world demands of FM” for both the candidates and tutors. As a GDFM tutor, I had the privilege of attending the workshops, which were useful in equipping the tutors with the important soft skills needed to mentor and supervise our candidates.

Lastly, the speech by Dr Wong Chiang Yin, during the CFPS commencement ceremony, was particularly thought-provoking and insightful. He provided words of wisdom that the roots of FM and CFPS lies in the community, and it was important that CFPS’ initiatives should be ground up, enabling and equipping FPs to better serve patients and the community in the most practical of ways.

In conclusion, the September 2024 issue of *The College Mirror* provides a comprehensive look at this imperative and decisive period of

transformation for Family Medicine and Primary Healthcare in Singapore.

I am a family physician running a solo neighbourhood clinic with a partner. We belong to those Minister Ong alluded to who are in urgent need for skills upgrade. Over the years, our clinic has joined various programmes such as CHAS, Public Health Preparedness Clinics (PHPC), and Primary Care Network (PCN). With the training, partnership, and camaraderie within the PCN, our patients have benefitted

from our clinic’s improved competencies and participation in various MOH schemes. In the near future, I look forward to upgrading my clinical skills in “Precision Preventive Medicine” and to continue to provide the 3 Ps (Personal, Primary, Preventive) and 3 Cs (Comprehensive, Continuing and Coordinated care) for our patients and their families, from cradle to grave.

CM

(continued from Page 3: WONCA 2024)

“Almost 80% of the eligible private primary care clinics came onboard Healthier SG ...”

In fact, this was the objective in setting up the College of Family Physicians Singapore in 1971. Then we took a further step to upgrade the skills of family doctors in the 1990s, when the Master of Medicine (Family Medicine) training programme and Fellowship programme were introduced. In 2011, our public hospitals started Family Medicine Residency Programmes.

At the polyclinics, we organise doctors, nurses, administrators and social workers together to form a team so that they deliver more holistic and effective care. We also invested heavily to improve the facilities and infrastructure of polyclinics. From the first polyclinic established in 1963, we now have 26, and the network is set to grow to 32 by 2030. These efforts have transformed the quality of care at polyclinics. Today, our polyclinics attend to almost seven million outpatient visits a year – this is about 40 percent of all chronic patient load and about slightly over 20 percent of total outpatient load.

The great majority of patients are attended to by the other key pillar of primary care, which comprises about 1,600 private clinics, if we exclude the clinics that provide aesthetics services.

Private clinics have also undergone major changes over the years. Increasingly, the private clinics have become members of Primary Care Networks (PCNs) that have become an integral part of our national primary care system. They

deliver subsidised primary care as well, help manage chronic patients, and help coordinate care with polyclinics, hospitals as well as social agencies.

Last year, Singapore launched our long-term preventive health strategy, called Healthier SG. Almost 80 percent of the eligible private primary care clinics came onboard voluntarily. With private clinics and polyclinics now working in concert, we have in slightly over a year enrolled more than one million residents. This is about half of our targeted population of residents 40 years and above. This is actually beyond our expectations.

## Continual Development of Primary Care

Primary care and the practice of family medicine will continue to evolve in Singapore. The journey will continue. The developments will cut across several aspects, if I may list a few – Professionalism, Practice, Platforms, Partnerships, and Policies – five P’s. Let me talk about them in turn.

First, professionalism. We will continue to invest in the competencies of our family doctors. This will happen in our medical schools, which will have to devote more curriculum time to family medicine and preventive care. It will also be carried out through continuing training and education, through the College of Family Physicians and the polyclinics.

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*(continued from Page 5:WONCA 2024)*

## Ministry of Health will be working with the family medicine fraternity towards recognising Family Physicians with advanced Family Medicine training as specialists.

Jurisdictions such as the UK, Denmark, Sweden, Australia, Malaysia, and Hong Kong recognise family physicians who have undergone the necessary training as specialists. In Singapore, family doctors can be recognised as Fellows of the College after attaining their postgraduate qualifications, but they are not recognised as specialists by the Specialists Accreditation Board.

Given the rising importance and impact of family medicine, the Ministry of Health (MOH) will be working with the family medicine fraternity towards recognising Family Physicians with advanced Family Medicine training as specialists. We will announce the details when ready.

Second, practice. Competencies can translate into health impact as far as the practice of family medicine enables it. In the public health sector, our polyclinics are working closely with social organisations to expand primary care into communities and homes, reaching out especially to seniors and those who are vulnerable.

For private clinics, their patient profile is shifting, to achieve a better balance between preventive, acute, and chronic care. Most private clinics are also run by a single doctor. This is no longer ideal, because as our population gets older, medical conditions are more complex and the clinic may need more expertise, including health screening, rehabilitation or physiotherapy work, etc. Private clinics will need to upgrade. One immediate way is to work with and support each other by joining Primary Care Networks, and for Primary Care Networks to invest in upgrading their competencies. There may be other methods, and we will talk about them when the time is right and we have some details.

Third, platforms. Many clinicians greatly appreciate how better flow of patients' data drives higher quality of care. Whether it is a family doctor, a specialist, or a surgeon, when they see a patient for the first time, it helps a great deal when they have, at their fingertips, the medical history, drug allergies, and recent diagnostic images of the patient.

With this information, they don't have to repeat tests; they don't have to waste time, and they can make better and faster decisions, for the good of the patient.

Such information would need to be gathered, accumulated, and then shared by clinicians who attended to the patient earlier. Many countries are therefore trying to develop a national medical record system for this purpose.

But it is not easy. There are many technical and legal impediments. Fortunately, Singapore has gone quite far in this effort. We have been operating our system – called the National Electronic Health Record (NEHR) system – for some years now. I must say not all doctors like it but it is actually very important. It holds the essential health data of patients, which can be accessed by clinicians across different care settings when they attend to patients.

I would say the great majority of doctors in Singapore are already on NEHR. Take primary care: public sector polyclinics, which attend to over 20 percent of the patient workload, are 100 percent on NEHR. As for private clinics, which attend to the other 80 percent of patients, if we exclude those providing aesthetics services, about 70 percent are already on NEHR. Add the two together and the great majority in primary care are already on NEHR, thanks to Healthier SG.

As for secondary and tertiary care in hospitals, our public hospitals, which manage about 90 percent of hospital workload, already use the NEHR. However, practically all private hospitals, which attend to the remaining 10 percent patients, are not on NEHR.

We intend to pass legislation, likely early next year, to require all remaining private healthcare providers to come onto NEHR. This will bring the minority of private clinics and all private hospitals onto the platform.

Some patients are understandably more sensitive about their medical records and do not want to share that with other clinicians. They can continue to opt out of sharing access of their data if they want to. From a quality-of-care point of view, MOH does not encourage this, but we will have to respect the patient's choice.

Fourth area is partnerships. For a family doctor to be most effective, they will need strong partnerships – downstream and upstream. Downstream, with secondary and tertiary care in hospitals, in order to escalate cases. Upstream, to

community resources, so that social prescriptions, such as better diet and more exercise, can be followed up on. Through the Healthier SG programme, we are now facilitating this, weaving them into one system.

In Singapore, the primary role of family doctors in a programme like Healthier SG is not to be gatekeepers to inpatient care. Instead, they are pathfinders to community support. This is a unique strength of our Healthier SG system. Family doctors can and should leverage the support of various agencies, such as the Health Promotion Board, People's Association and SportSG, which have numerous touchpoints on the ground, established over decades, to engage and mobilise residents.

### Policy to Promote Healthier Eating

Finally, policies. Good primary care needs to be supported by policies that promote healthy lifestyles. Doctors can do some preventive care, but most of your work is still restorative. For example, Singapore has implemented various tobacco control measures such as raising the Minimum Legal Age for smoking to 21 years, and graphic health warnings for tobacco products have been introduced.

As a result, our annual National Population Health Survey (NPHS) for 2023 showed that over the past year, the prevalence of daily smoking has dropped further from 9.2 to 8.8 percent, our lowest level ever since the survey was conducted. I hope we can drive it down further.

We also grant incentives for physical exercises. The National Steps Challenge uses smart wearables and gamification to incentivise individuals to achieve at least 150 to 300 minutes of moderate- to vigorous-intensity physical activities every week. If you walk 10,000 steps every day for a whole month, my understanding is that you get about \$10 to \$20 of vouchers for shopping. This is quite a unique policy. The NPHS results for 2023 also showed that 78.5 percent of Singapore residents had sufficient physical activity, up from 74.9 percent in 2022, and we hope to generate a trend.

So we have done well in smoking and are seeing some good signs of more people moving and exercising, but we can probably do better in encouraging a healthier diet. Singaporeans are very passionate about our food. This probably originated from the fact that Southeast Asia is a mosaic of interesting culinary cultures, with masterful use of spices and cooking methods.

That also means many dishes contain significant amounts of sugar, sodium, and saturated fats – the three most problematic nutrients in our diet.

We have done reasonably well to moderate the consumption of sugar. We found out that the major source of sugar consumption is packaged drinks, but we also recognised that consumers value choice and autonomy where it comes to

what they consume. So we decided not to impose a sugar tax, and instead labelled packaged beverages – from “A”, which has the lowest sugar content, to “D”, which has the highest – and let consumers look at the label and exercise their choice.

We call this Nutri-Grade labelling, and it has worked quite well. I think Singaporeans are quite grade conscious; we don't like “C”s and “D”s; we like “A”s and “B”s. So we gravitated to all the beverages with “A”s and “B”s. Many producers have reformulated their beverages to support and also to suit the newly evolved taste. Labelling, I believe, has shaped the palate of the population with regard to sugar. Last year, over two-thirds of pre-packaged beverages in the market were graded “A” or “B”, up from less than a third five years ago.

To complement the Nutri-Grade measures, we also called on our coffee shops and hawker centres to serve fresh coffee and tea with low or no sugar (what we colloquially call “Siu Dai”) by default. Today, within the local brew sector, nine in 10 of outlets (i.e. coffee shops, food court, café chains) are on board the “Siu Dai or less sugar by default” movement.

Due to all these efforts, the average sugar intake has been on a gradual but steady decline. Based on the latest NPHS data, the prevalence of diabetes has decreased slightly from 8.8 to 8.5 percent over the last five years. Again, we hope to create a trend.

However, the picture is not rosy where it comes to hypertension and hyperlipidaemia. The prevalence of hypertension in Singapore is rising, from 24 to 37 percent over the last five years. Amongst the seniors, it is much higher. The prevalence of hyperlipidaemia is also worryingly high, with about a third of Singapore residents having the condition. Both are significant risk factors for heart disease.

Two key nutrients that can lead to these diseases are sodium and saturated fat, which we are over-consuming. In fact, Singapore residents are consuming almost twice the daily limit of sodium.

## Investment in primary care therefore has become an imperative, especially given an ageing population.

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*“This conference shows a global resolve to enhance primary care and elevate the practice of family medicine.”*

We should therefore also try to moderate our consumption of sodium and saturated fats. Learning from our experience in moderating sugar consumption, consumer choice, and industry buy-in are key factors for success.

For consumers, our starting point is to again target the key sources of intake. For sodium, these include salt, sauces, and seasonings added in food preparation, and instant noodles. As for saturated fat, it largely comes from cooking oil.

Since healthier alternatives for all these ingredients and foods are already available, and we should label them. This means that we should expect, in time to come, soya sauce, chili sauce, sambal, cooking oil, instant noodles etc that are sold in supermarkets to carry Nutri-Grade labels, but instead of Nutri-Grade labels "A" to "D" for sugar, it will indicate the level of sodium or the level of saturated fat, for that particular ingredient, just like packaged drinks.

For the industry, over the last few months, MOH and the Health Promotion Board have been conducting a series of dialogues with over 80 industry leaders across the food supply chain on our approach to label ingredients for sodium and saturated fat.

Generally, the industry supports this and agree that more can be done. In anticipation of possible policy changes, many players have already begun their reformulation journey and are committed to doing more. We will conduct further consultation with the industry, define the nutrient thresholds for different ingredients, and will provide ample time for the industry to adjust to the new labelling rules.

However, there is a major difference between labelling for sodium and saturated fat and labelling for sugar. Packaged beverages that contain sugar are consumed directly. Sauces and oil that contain sodium and saturated fats are used as ingredients for cooking, before being consumed.

This additional step makes all the difference. A chef can use regular salt instead of low-sodium salt, but he is careful in

using it, and still produces a healthy dish. The converse can be true when a cook is over-generous in adding low sodium soya sauce to his dish, making it an unhealthy dish. The range of recipes and ways of cooking add variability to how much sodium or saturated fat ends up in the dish.

Hence, beyond labelling the ingredients, we should also help consumers identify eateries and stalls that produce healthy dishes. We should adopt a voluntary approach, at least as a start. Eateries that practise healthier cooking, either by using healthier ingredients or by using less salt or sauces, can apply to HPB to display store-front labels to inform consumers. This will be useful information to consumers.

These are our broad plans. We will announce the details when ready.

### Closing

In closing, health ministries all over the world are focused more on acute hospital care, because sickness is where there is most public expectations and scrutiny, and where political pressures are most felt.

However, hospital care is often restorative. If we take a longer-term perspective, the area that needs more urgent investment is preventive care, delivered through primary care and family doctors, which are the foundation of health. Investment in primary care therefore has become an imperative, especially given an ageing population.

We have made good progress in placing more importance on family medicine and building primary care, but a lot more needs to be done and can be done. I thank you for your strong support in this journey. This conference shows a global resolve to enhance primary care and elevate the practice of family medicine.

I wish all of you an enriching and rewarding conference. Thank you.

■ CM

# The Art and Science of Medicine:

## From the President, WONCA 2024

by A/Prof Karen Flegg, WONCA President



Panel discussion from left to right - Dr Suraj Kumar (CFPS Vice President), A/Prof Karen Flegg (WONCA President), Dr Brian Chang (WONCA APR President), and Dr Wong Tien Hua (CFPS President)

## WONCA APR Conference Singapore 2024

The WONCA Asia Pacific Region conference held at the end of August in Singapore provided the chance to reflect on both the “art and the science of medicine” – the conference theme.

I had the honour of participating in a panel on this theme chaired by the College of Family Physicians Singapore (CFPS) Vice President Dr Suraj Kumar who sums up the discussion: “The art and science of medicine” has different meanings for different individuals. The ‘science’ of telemedicine and artificial intelligence have their advantages in advancing the practice of medicine. However, this must be balanced against the potential pitfalls such as the erosion of the doctor-patient relationship and compromise of medical ethics, which will put a damper on the ‘art’ of medicine.

WONCA and its member organisations certainly have a role in the moderation of this delicate balance through education, engagement, and advocacy of the maintenance of the core values of family medicine.”

### Planetary Health Keynote

Dr Catherine Pendrey delivered a keynote on planetary health. Three key points that she would highlight for actions GPs can take are:

- Invest in high-quality preventative health, particularly focusing on healthy lifestyle interventions that result in ‘co-benefit’ emissions reductions – including promoting active transport and plant-forward diets.
- Reduce low-value care. It is estimated that 40 percent of healthcare that is delivered is low value or harmful and that contributes to 30 percent of healthcare’s emissions.
- Promote green asthma and COPD care. Pressured metered dose inhalers (pMDI) are a carbon hotspot containing a propellant that is 1,300-3,350 times more potent than CO<sub>2</sub> as a greenhouse gas. Ensuring adequate preventer therapy and changing individuals from a pMDI to a DPI where clinically appropriate can improve patient outcomes and reduce emissions.



Dr Catherine Pendrey

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(continued from Page 9: The Art and Science of Medicine)

### The Rajakumar (Young Doctors) Movement Enthusiasm

I was privileged to be invited to speak to the young doctors at the Rajakumar Movement preconference. I continued my planetary health theme and challenged our younger colleagues to consider what can be done in their prescribing and in their practices. Some very enthusiastic discussions resulted.



### APR Awards

The Awards ceremony included acknowledgment of the 5 Star Doctor award winners. Congratulations to both recipients for their dedicated work and for meeting the demanding criteria of a 5 Star Doctor.



5 Star Doctor award winners, from left to right – Dr Brian Chang (WONCA APR President), Dr Karin Estepa-Garcia (2024 winner from the Philippines), WONCA President, Prof Hwang Shinn-Jang (2023 winner from Taiwan), and his wife.



Young Doctor Marshall Tomotius and his Family Medicine Resident Gabrielle Glenis from Pellita Harapan University Medical Faculty Tangerang, Indonesia.



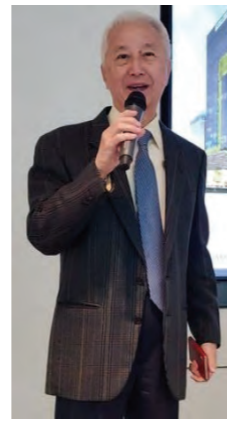
With delegates from Mongolia: Drs Ulziikhutag Janchiv and Tselgelmaa Bayanzul.



With CFPS VIPs: President Wong Tien Hua and Immediate Past President Tan Tze Lee.

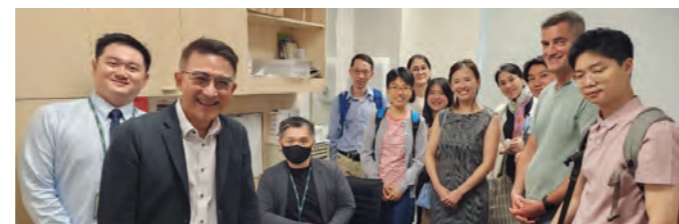
### Practice visit to Raffles Medical Group

Before the conference in Singapore, I was lucky to do a practice visit to the Raffles Medical Group, which was certainly a fantastic example of both the art and science of medicine in action. This is a large multifaceted Private Health Service, which was started as a small practice by previous WONCA CEO, Dr Alfred Loh (pictured). Alfred was CEO from 2001 – 2012 – read his final report here. The practice is based on the principles of compassion, commitment, excellence, and team-based care. It is a physician-led group of facilities with Evidence-Based Medicine (EBM) driving protocols and where case notes are electronic and can be shared between clinics and other integrated specialty services.



Dr Alfred Loh

WONCA visitors were warmly greeted and then we split into groups for a facility tour followed by refreshments. I joined Director of the facility Dr Chng Shih Kiat on a tour. The centre boasts a health screening unit that is unusual in that it operates an appointment system, a transitional care facility for those whose care level is between hospital and community – these began during the COVID pandemic but have an ongoing use. Perhaps the most interesting thing was that there was a private emergency facility, but one that is approved by the Singapore Government so Government ambulances do bring patients in. An interesting service fact is that during COVID, the centre operated a telemedicine service 24 hours a day, seven days a week, and did 5,000 to 6,000 consultations per month.



WONCA President, A/Prof Karen Flegg (left) and RNZCGP President, Dr Samantha Murton (right) in ceremonial dress



Dr Wairepo (right).

### Remembering the 70s in New Zealand

The 50th anniversary conference of the Royal New Zealand College of General Practitioners (RNZCGP), of which I am a Fellow, was in true 70s style. Geometric designs in orange, long-haired hippies, and sweet treats from the era. One of the formal aspects was the Fellowship and Awards ceremony – an affair for academic gowns and ceremonial chains.

Wearing a traditional Maori korowai (cloak) was Fellowship recipient Dr Tipene Wairepo. Dr Wairepo started his medical journey in Orthopaedic surgery where he missed the opportunity to connect with people and their wider story. After a general practice placement, he found his place. He says, "I love working in the community amongst my people. These korowai (cloak) are worn traditionally by Maori and represent 'Mana', which is power inherited from our forebears. With this Mana, I carry an obligation to care for my people.

To this end, I work full-time in the Maori health rural general practice and urgent care space. We have opened a clinic in Hamilton, New Zealand called Taakiri Tuu, which is a joint partnership with the secondary health system to ensure our patients' health needs are being met and that every possible barrier is removed. We have diagnostics and specialist clinics operating alongside general practice services to ensure our patients have the best chance of accessing the care they need."

Congratulations Dr Wairepo (pictured above with WONCA President) and all new Fellows of the RNZCGP.

More travels to come next month.

A/Prof Karen Flegg  
WONCA President

# WONCA APR 2024

## Opening Address

by Dr Wong Tien Hua – President, CFPS

Minister Ong Ye Kung, Minister for Health, A/Prof Karen Flegg, President, World Organisation of Family Doctors (WONCA), Dr Brian Chang, President, WONCA APR, organising committee, distinguished guests, friends and colleagues, ladies and gentlemen.

It is my great pleasure to welcome you to the WONCA Asia Pacific Regional Conference 2024, hosted by the College of Family Physicians Singapore. We are truly honoured to bring together over 1,100 delegates from across the region – leaders and teachers, practitioners and researchers of Family Medicine. I would like to acknowledge the large delegations and support from the following countries and national colleges (in alphabetical order) – Australia, China, Hong Kong, Indonesia, Japan, Korea, Malaysia, New Zealand, Philippines, Taiwan, and Thailand.

Singapore welcomes you with all our heart, and we are delighted to be hosting this conference in our vibrant city. May our dynamic and innovative spirit provide an inspiring backdrop for you to take part in the dialogue and discussions, and to connect with the international primary care community over the next few days.

This year's theme, "The Art and Science of Family Medicine", speaks to the very essence of our profession. Family Medicine is a unique discipline that integrates the principles of the scientific method with the compassionate Art of Care for our individual patients. As Family Physicians, we are not just clinicians; we are also partners in our patients' health journeys.

The College of Family Physicians Singapore, established in 1971, is committed to nurturing generations of Family Physicians through advocacy, education, and innovation. Our mission is to uphold the standards of Family Medicine, ensuring that our patients receive the highest quality of care.

We celebrated our 50th anniversary three years ago during the Covid pandemic, with our Family Physicians at the frontlines of the national healthcare response. The College worked closely with the Ministry of Health to assist in the dissemination of information to primary care providers. We were literally the first to hold a Zoom webinar for healthcare professionals with MOH Director of Medical services from our office, and we worked with Temasek to roll out the swab booth pilots. We also held webinars to help our general practitioners manage stress and burnout.



We continue to work closely with MOH on the HealthierSG initiative, which was launched a year ago in July 2023. HealthierSG is a major transformation of our healthcare system in Singapore, focused on promoting good health and preventing chronic diseases, anchored by our primary care services. It mobilises our network of family doctors who will develop personalised health plans for patients who register with the clinic. To date, we have almost 1 million residents who have enrolled in HealthierSG. Our college was involved with the training of our family physicians on the care protocols for chronic diseases. We held a series of webinars that were anchored by our College council members and led by Family Physicians. We remain involved in the planning of new care protocols that will be progressively introduced in the coming months.

Hosting the WONCA APR conference here in Singapore means a lot to us, and it marks a significant moment for our College. As we navigate the complexities of healthcare in a rapidly changing world, the importance of Family Medicine has never been clearer. The challenges we face—from an ageing population to the rise of chronic diseases and the need for more integration—demand a renewed focus on the principles that guide us. These principles—comprehensive care, continuity, coordination, and community—are what make Family Medicine the cornerstone of an effective healthcare system.

I would like to take this opportunity to extend my immense gratitude to all those who have worked tirelessly to make this conference possible. Our organising committee and partners, and our many volunteers have shown immense dedication in bringing this event to our shores. I would also like to express my gratitude to our esteemed speakers and participants for their contributions and for traveling from near and far to be with us.

Once again, welcome to the WONCA Asia Pacific Region Conference 2024. Let us remember that our work is not just about the science of medicine; it is also about the art of caring for people. It is about the human connection that lies at the heart of everything we do.

Thank you.

■ CM

# CFPS Commencement 2024

## Speech by Guest-of-Honour

by Dr Wong Chiang Yin, Master, Academy of Medicine, Singapore

President of CFPS, Dr Wong Tien Hua, CFPS Council members, colleagues, inductees, guests. Thank you for inviting me to this year's CFPS Commencement Ceremony.

First, I would like to say that, for the record, I am an unusual Master of the Academy of Medicine, Singapore. This is because before I was a fellow of the Academy, I volunteered my services to CFPS quite a bit, in addition to being an SMA Council member. I hung around many eminent GPs in my younger days. I seriously considered becoming a family physician before I stuck it out with Public Health and I also really enjoyed my polyclinic posting, which was largely spent in Ang Mo Kio Polyclinic. I also did a fair bit of locum.

I remember being part of the CFPS committee that went to Ireland in 1998 to bid to host the 2004 WONCA Conference. We were holed up in a hotel for a few days in Killarney, Cork County. The bidding team was led by Chairman Tan See Leng. The rest of the young guns included Kwan Yew Seng, the late Tan Chee Beng, and myself. We were accompanied and advised by senior family physicians who had won Singapore the rights to host the 10th WONCA World Conference in Singapore in 1983, including Prof Goh Lee Gan, Dr Alfred Loh, Dr Richard Ng, Dr Arthur Tan, just to name a few. We were unfortunately not successful in our bid and the 2004 Conference went to Orlando, USA.

After the meeting was over in Killarney, we then proceeded to Dublin for the actual World Conference that year. I remember sharing the same hotel room with Prof Goh Lee Gan to save costs. Yes, in those days, we shared rooms. I doubt any doctor today will do that for a medical meeting unless it is with your close friend or classmate or spouse.

Undeterred by failure, and with a few reinforcements, the core team regrouped in 2001 in Durban to bid to host the World Conference in 2007. This time, CFPS was successful, and thus the 18th WONCA World Conference was held in Singapore. We clinched the hosting rights by just one vote.

The Conference was highly successful both academically and financially. The surplus from the Conference contributed a fair bit to funding the purchase of CFPS' property a few years later. I have jokingly told Tien Hua that my WONCA efforts contributed to funding a few bricks in the Neil Road Property!



I also spent quite a bit of time in the Graduate Family Medicine Centre on the second floor of 78 Jalan Jurong Kechil, where past CFPS and SMA President Cheong Pak Yean's clinic is located. I count many of the past CFPS Presidents and Council members of CFPS as my mentors and dear friends.

As I recall all these in my old age now, I realise I have been fortunate to be able to witness the development of Family Medicine in the last 25 years or so from a front row seat that afforded a great view. As an outsider with this perhaps insider vantage point, I would like to offer you three observations this afternoon for your consideration.

Firstly, the development of Family Medicine is different from many other disciplines. It is evident from my conversations as a young man with Family Medicine legends such as the late Dr Wong Heck Sing, Dr Lee Suan Yew, and Dr Lim Lean Huat, the origins and development of FM is ground-up, community-driven. A few good men and women came together and formed CFPS in 1971, formerly known as the College of General Practitioners Singapore or CGPS, and they drove the development of FM from the perspective of meeting the professional needs of fellow GPs and to improve the training of Family Medicine so that their patients could be better served – from the perspective of FPs working in clinics deeply embedded in the community.

This is different from, say, many hospital-based disciplines, where development and evolution of specialty disciplines is driven from the top, often in tertiary hospitals and from university medical schools, where full-time academics call the shots and everyone has to follow.

Hence, while the pursuit of academia is important, we must never forget that FM and CFPS' roots lie in the community. While academic aspirations are definitely important, CFPS' purpose remains enabling and equipping FPs to better serve patients and the community in the most practical of ways, on a needs-based basis. This is the secret sauce that makes CFPS and Family Medicine stay relevant in healthcare and society.

(continued on Page 18)

# WONCA APR 2024

World Organisation of  
Family Doctors Asia Pacific  
Regional Conference

22 - 24 August

Raffles City Convention Centre, Singapore





*Family Medicine*  
**COMMENCEMENT CEREMONY & AGM**

*The Ngee Ann Kongsi Auditorium, Academia  
27 July 2024 (Saturday)*



(continued from Page 13: Speech by Guest of Honour – Commencement 2024)

The second observation I wish to make is that while we may not have homogenous unity, we need to remain focused and achieve unity in purpose.

CFPS membership currently consists broadly of three groups: the private sector FPs working in usually small clinics; the polyclinics FPs; and FPs working in the hospitals and continuing care institutions.

There is more diversity and career opportunities now, which is a good thing. But with diversity brings challenges. The diversity in the leadership and general membership of CFPS currently reflects this reality on the ground, which in turn translates into homeostatic equilibrium. As doctors, we know this is a good thing.

I hope the three groups can remain united and stay focused on what is important to FM and CFPS, which is to ensure that the FPs we produce are relevant to the needs of the community. Perhaps the College could work with university academia to ensure that not just the training but also the assessment process stay relevant to the needs of the community as well.

In summary, the entire milieu of training and assessment must not just produce FPs that some of us desire to have, but also what the community wants and truly needs. Both in quality and in quantity, and the two are intertwined. Indeed, the imperative of Healthier SG means CFPS and the academia need to have unity in purpose and remain focused on this target.

Which brings me to my third and last point: Why do we not have more inductees today? I am told that for this commencement, there are 164 doctors enrolled for GDFM, 26 for MMed(FM), and 25 for FCFP.

Currently, the medical profession's ranks increase by about 700 a year. Five hundred come from our three local medical schools and another 200 from overseas.

Each year, about 40 percent of this 700 or about 280 to 300 doctors are given training positions for specialties. This 40 percent cap is by design because we really do not want too many specialists.

That leaves another 400 doctors in each cohort unaccounted for. Today, we have 190 doctors commencing either their GDFM or MMed training journey. Using today's numbers as a guide, it would mean that about another 200 doctors are neither training to be specialists nor FPs. If this is the steady state of affairs, then it is deeply troubling.

We must ask ourselves, why are there not more doctors taking up Family Medicine as a career?

We also have to be honest with ourselves, going by past record, not all of the inductees present will finish what they set out to do today. There will be attrition, unfortunately.

Where will these 200 doctors who are not training to be either FPs or specialists end up? Will many of them become aesthetic doctors, and is that where we want them to be? And where will those who do not finish their FP training end up?

It is clear that Singapore needs more FPs. There is no lack of government support; indeed, Minister Ong Ye Kung's remark earlier this year that he hopes to see Family Medicine become an SAB-recognised specialty underscores his commitment to the cause of Family Medicine. So we need to ask again: Why aren't more doctors in each cohort taking up FM as a career?

Are people deterred from taking up FM because of poor prospects? Are the sky-high rents of HDB shop-lots a deterrent? Are the training requirements too exhausting? Or the assessment and examination outcomes too discouraging?

These are tough questions that FM leaders need to face and answer.

But I digress. Today is a happy occasion. We are here to celebrate the beginning of a journey that many have found to be rewarding beyond measure, perhaps not necessarily in monetary terms, but certainly in intellectual, social, and emotional fulfilment.

Trust me on this. In two weeks' time, my NUS medical school class will be celebrating our 30th Anniversary since graduation. I have come to realise that most of the happiest, most fulfilled, and at-peace classmates I have now are FPs. And perhaps that is reason enough to be a Family Physician.

It leaves me to offer my best wishes to the inductees who are commencing their GDFM, MMed(FM), and FCFP training journeys.

Thank you for your forbearance in hearing an old man ramble and may you have a wonderful evening of convivial fellowship.

*... most of the happiest, most fulfilled, and at-peace classmates I have now are FPs.*

■ CM

## Reflecting on the Graduate Diploma in Family Medicine (GDFM) Programme: Evolving Together to Shape the Future of Family Medicine

by Dr Meykkumar, Dr Eugene Chua, Dr Kenneth Tan, Ms Anica Goh, Ms Zhang Qiyin

The Graduate Diploma in Family Medicine (GDFM) programme was inaugurated by the College of Family Physicians Singapore on 1 July 2000, marking a significant milestone in the journey of Family Medicine in our nation. The establishment of the GDFM was driven by a clear and urgent need—to equip primary care doctors with the necessary skills, knowledge, and professional values to excel in the evolving landscape of healthcare. At its core, the GDFM programme was designed to inspire excellence in Family Medicine through practice-based training, fostering a strong foundation in comprehensive patient care.

Over the past two decades, the GDFM programme has undergone significant evolution, responding adeptly to the dynamic needs of our healthcare system and the growing complexity of patient care. What began as a small, passionate team of tutors has now blossomed into a robust faculty of over 100 dedicated tutors, many of whom are distinguished alumni of the GDFM programme. This growth is a testament to the unwavering commitment of our faculty and the enduring appeal of Family Medicine as a specialty that is both challenging and deeply rewarding. At the heart of this programme remains our steadfast hope—to bridge the gap between knowledge acquisition and practical application, and to nurture a community of Family Physicians who are not only skilled clinicians but also compassionate advocates for their patients.

### Current Challenges

As we look back with pride, we must also acknowledge the challenges we face today. The new team, which took the helm in 2023, inherited the programme at a critical juncture—just as our nation was emerging from the grip of the COVID-19 pandemic. The pandemic brought unprecedented disruptions to our training processes, forcing us to adapt rapidly. Traditional face-to-face interactions were replaced with online learning, which, while necessary, posed significant challenges in maintaining the hands-on, interactive nature of Family Medicine training. The shift to virtual platforms, though beneficial in many ways, also highlighted the limitations of remote learning, particularly in areas that require practical and experiential knowledge.

Compounding these challenges is the shifting healthcare landscape. The release of the Healthier SG White Paper in September 2022 signalled a new phase in our national healthcare strategy, with an intensified focus on preventive

*What began as a small, passionate team of tutors has now blossomed into a robust faculty of over 100 dedicated tutors ...*

health. This policy direction underscores the crucial role of primary care in the coming years, placing greater demands on Family Physicians to not only manage illness but also to actively engage in disease prevention and health promotion.

Amidst these developments, the GDFM Examination Board introduced changes to the exam structure, notably the Applied Knowledge Test (AKT). The AKT, known for its rigour, has posed significant hurdles for our trainees, with AKT pass rates hovering around 50 percent. While the emphasis on passing exams is necessary, it should not overshadow our primary goal: to inspire excellence in Family Medicine. Our challenge is to ensure that our trainees are not just exam-ready, but also well-prepared to meet the real-world demands of Family Medicine.



First GDFM hybrid workshop

(continued from Page 17: *Evolving Together to Shape the Future of Family Medicine*)

Concurrently, there is a need to meet the demands of Family Medicine training nationally. Today, we have around 500 medical students graduating annually from our medical schools, and 200 foreign doctors enter the workforce each year. There are 280-300 specialist positions available annually. In the 2024 College Commencement, there were 164 GDFM candidates, 26 Programme B candidates, and 25 fellowship candidates. Thus there is a gap of around 200 doctors who might be entering primary care without Family Medicine training. Similarly, of the approximately 3,500 non-specialists in the private sector, only 60 percent are currently Family Physicians. Keeping the GDFM programme accessible, flexible, and scalable to a large number of doctors keen to pursue Family Medicine will be critical to enhancing our primary care development.

### Changes Implemented

In response to these challenges, we have undertaken several initiatives to enhance the GDFM programme, ensuring it remains relevant, rigorous, and responsive to the needs of our trainees.

First, we have instituted regular post-workshop surveys, allowing trainees to provide feedback on the training they receive. This feedback loop is crucial in ensuring that our programme remains aligned with the evolving needs of our trainees.

Recognising the need for robust exam preparation, we have subscribed all trainees to an online question bank, providing them with a valuable resource to practise Multiple Choice Questions (MCQs). We have meticulously reviewed the content of this question bank, removing irrelevant questions and ensuring that the material is directly applicable to the FM curriculum. The bank was incorporated into the training programme, such that modular MCQs were updated to the bank's latest set of questions.

There are also six monthly formative assessments, which aim to replicate the AKT exam standards. These checkpoints were designed to help trainees understand where they stand with respect to readiness for the AKT exams, and have insight into their weaker areas of knowledge. Additionally, a local question bank is being developed and tailored specifically to our training context. These developments have been under the purview of Dr Kenneth Tan.

We have also undertaken a comprehensive review of the course notes, led by Dr Andrew Wong, with the aim of making them more accessible and useful. Our goal is to provide notes that are readable, relevant, and regularly updated, incorporating more visuals, roadmaps, and alignment with the latest guidelines.

To address the limitations of purely online learning, we introduced hybrid workshops. These workshops, which

combine online learning with in-person sessions, allow trainees to engage in OSCE cases and MCQs, interact with guest speakers, and benefit from the practical, hands-on training that is so crucial in Family Medicine. We are fortunate to have Dr Ng Liling lead the OSCE team in developing the workshops to optimise learning.

Given the necessary expertise for OSCE development, notes review, and MCQ creation, we formed smaller focused faculty groups to helm the review of the respective training modalities such as notes, OSCE, and MCQ. We are immensely blessed and thankful for the many colleagues who have volunteered their time and energy to support these groups.

Finally, we developed a Practice OSCE Session (POS), which allows trainees the opportunity to undergo a simulated OSCE station that mimics the actual examination format. This session also highlights common pitfalls and weaker areas that trainees can address before the actual exam.

### Future Developments

Looking ahead, we are committed to further refining and enhancing the GDFM programme. One of the key initiatives we plan to introduce is Milestone Checks, which will provide tutors with regular opportunities to review trainees' progress and offer constructive feedback. This will not only help trainees stay on track but also ensure that they receive the support they need at each stage of their training journey. Trainees in the new intake will now be assigned to a tutor who will be able to follow them through the two-year journey. Additionally, we have reviewed the compulsory components of the course, ensuring that each element contributes meaningfully to the overall training objectives and the development of competent and confident Family Physicians, while removing those that are redundant. The modular MCQs will serve to be competency-based assessment checkpoints, guiding trainees in attaining adequate competency for each module.

In partnership with the Primary Care Academy-National Healthcare Group Polyclinics and Prime-SingHealth Polyclinics, all trainees will have the opportunity to participate in a mock OSCE, providing them with a full circuit of cases within a workshop. This will create a realistic and supportive environment in which to practise their clinical skills.

We also recognise the importance of listening more closely to our trainees and tutors. Their experiences, challenges, and suggestions are invaluable in guiding the continuous improvement of our programme. By fostering open, supportive dialogue, we can better understand the trainee's needs and better support our tutors to help our trainees.

### A Heartfelt Thank You

As we draw to a close, we want to extend our sincere gratitude to all the faculty members who have steadfastly supported the GDFM programme over the years. Your dedication, passion,

and unwavering commitment to nurturing our trainees have been the bedrock of our success. You have not only shared your knowledge but also been exemplary role models and sources of inspiration for countless Family Physicians. It is through your tireless efforts that we have been able to build and sustain a programme that continues to flourish and evolve.

We are deeply humbled by the support, guidance, and encouragement we have received from our mentors, trainees, and the wider Family Medicine fraternity. As we look towards the future, we remain devoted to working together as a community to overcome challenges, seize new opportunities, and advance the practice of Family Medicine in Singapore.

The future of Family Medicine in Singapore is undoubtedly bright, but it demands the collective effort of all stakeholders—trainees, tutors, and the broader Family Medicine community. Only as a united fraternity can we continue to raise the standard of care and inspire the next generation of Family Physicians to strive for excellence.

Thank you for being an indispensable part of this journey. Together, we can achieve even greater heights!

CM

... a new phase in our national healthcare strategy, with an intensified focus on preventive health.



Sincere gratitude to the dedicated GDFM extended core faculty

# Faculty Development Workshop

by Dr Eugene Chua and Dr Tan Kee Tung

The College hosted its inaugural Faculty Development Workshop on 9th March 2024. Over 20 Family Medicine (FM) educators from various training programmes participated in the event. They delved into diverse feedback models and explored the multifaceted roles educators assume, including coaching, supervising, and mentoring.

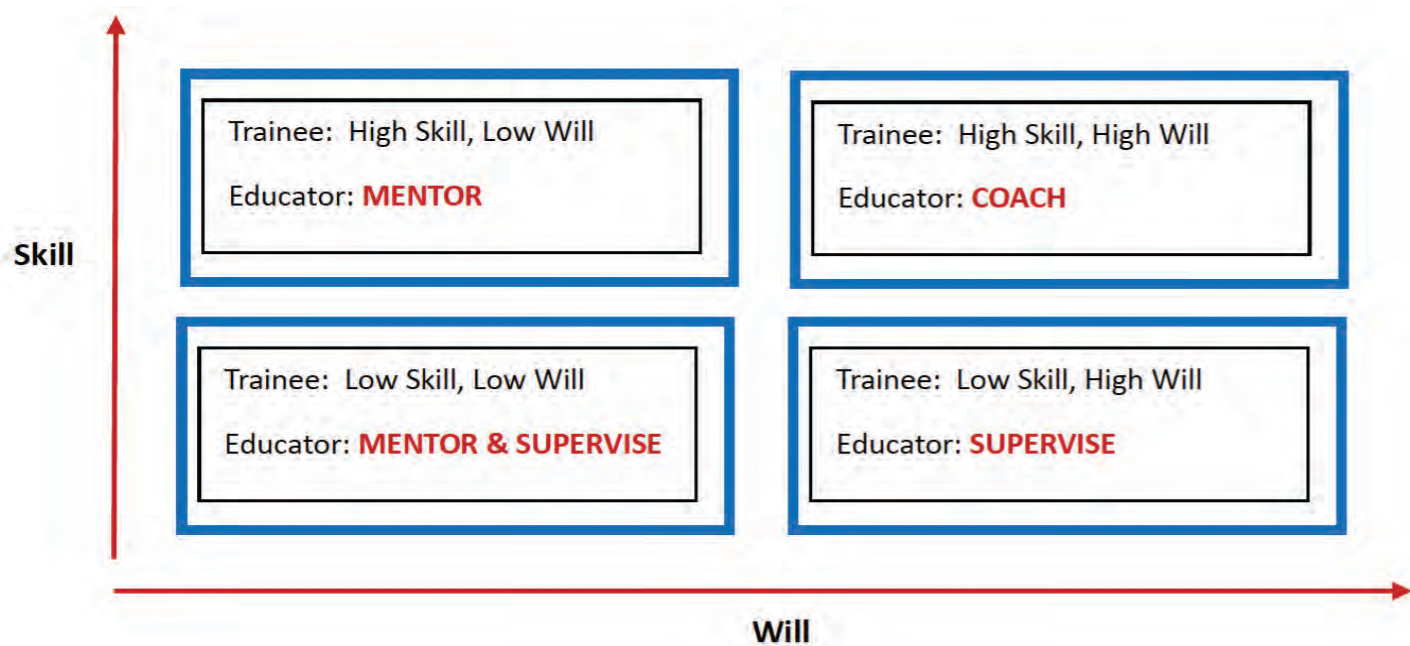
The session fostered interactive engagement, particularly on nuanced subjects such as feedback versus criticism. Tutors candidly discussed the challenges they routinely encounter in FM training, sharing strategies for motivating trainees with low willpower and assisting those with deficiencies in skills to acquire essential knowledge.

Attendees were organised into small groups to analyse three pertinent case scenarios, facilitating intimate exchanges of experiences and suggestions for improvement.

The workshop culminated in FM educators reaffirming their shared passion and commitment to advancing FM education, expressing a collective desire for more opportunities akin to this train-the-trainers initiative.

How should feedback be provided to FM trainees? An effective approach is STOP: Specific, Sensitive, Small doses; Timely; Observation-based; Plan for action.

The Skill/Will Matrix model (Max Landsberg, 2009) is one of the models FM educators can use to assess our trainees:



*... delved into diverse feedback models and explored the multifaceted roles educators assume, including coaching, supervising, and mentoring.*

In a coaching relationship, the coach thinks alongside the client and guides him/her towards solutions and action-driven outcomes. A feasible coaching model is GROW: Goal – establish the goal; examine the current Reality; explore the Options; and establish the Will (or way forward).

The mentoring relationship is a supportive and advising one with an element of hierarchy in it. It aims to help the person develop professionally and personally. The process involves sharing experiences and expertise, offering answers. This process is long-term.

The supervision relationship is akin to that of reportee-manager, which aims to direct skills and actions towards performance improvement. The time frame is often short-term and the educator ensures work is done in accordance to organisational rules.

■ CM

Sneak preview

# The Extended Consultation – Skills Course 2025

11-12 January 2025, 2-6 pm

- Perceived need: We often may need to extend a consultation to deal with psychosocial issues that the patient, siblings, children or other members of the family may be trying to cope with.
- Aims of the course: The extended consultation skills course aims to equip our family physicians, as well other healthcare providers who are keen to include the extended consultation in their practice.
- This is a two-afternoon course 2.00pm to 6.00pm.

### DAY 1

#### How to extend the consultation when needed

- Unit 1 – 30 min: Extending the medical history
- Unit 2 – 30 min: Extending the clinical assessment with time line and genogram
- Unit 3 – 30 min: Formulation of the strategy: Understanding the predisposing, perpetuating, precipitating, and protecting factors that need to be modified.

- Questions and answers – 30 min.
- Short break
- Case studies – 60 min

### DAY 2

#### Approaches to help patients resolved their psychosocial problems

- Unit 4 – 30 min: Problem work
- Unit 5 – 30 min: Pattern work
- Unit 6 – 30 min: Presence work and Positive Work
- Questions and answers – 30 min.

- Short break
- Case studies – 60 min

Contact us at [fpssc@cfps.org.sg](mailto:fpssc@cfps.org.sg) for further details.

■ 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/publications/cms-sutra>  
<https://www.synapse.sg/partners-us/smartcms>

**JOIN OUR CYCLE 3 USER SURVEY BELOW**

# PROTECTING OUR COMMUNITY AGAINST COVID-19 THROUGH THE NATIONAL VACCINATION PROGRAMME (NVP)

To support the nationwide efforts in safeguarding against COVID-19, the National Vaccination Programme (NVP) was introduced in 2020 to provide fully subsidised COVID-19 vaccinations to eligible populations as a first line of defence. The NVP aims to protect residents against severe disease, minimise the risk of transmission, and sustain Singapore's healthcare system by reducing the burden of COVID-19.

From 1 April 2024, clinics participating in the NVP may offer multiple COVID-19 vaccine brands, such as Pfizer and Moderna, to different age groups. General Practitioners (GPs) are encouraged to participate in the NVP to support national efforts in providing COVID-19 vaccination to residents.

With the integration of the NVP under Healthier SG, GPs can encourage their Healthier SG enrollees to keep up-to-date with their COVID-19 vaccination. With effect from 1 July 2024, COVID-19 vaccinations administered to eligible enrollees will also be recognised for the Healthier SG Annual Service Fee.

Moving forward, the full suite of information on the NVP will also be made available on the Primary Care Pages, such as:

- Operational Instructions
- Vaccination Guides
- COVID-19 Vaccination Recommendations and Precautions
- NVP Frequently Asked Questions
- ... and more!



Interested clinics can indicate via the NVP interest form [here](#) or scan the QR code.



Please feel free to approach your AIC account manager (<https://for.sg/amfinder>) for further queries.

## COVID-19 VACCINATION RECOMMENDATIONS AND PRECAUTIONS

The prevailing COVID-19 vaccination recommendations and precautions (with effect from 1 March 2024) are as follows:

1. Individuals aged 6 months and above who have not been vaccinated against COVID-19 are recommended to receive 2 initial vaccine doses at an interval of 8 weeks apart, using one of the NVP vaccines.
2. An additional dose of vaccine is recommended to be administered around 1 year (and no earlier than 5 months) after the last dose received to keep up-to-date with the COVID-19 vaccination.
3. Advice to avoid strenuous physical activity after vaccination with Moderna/Spikevax, Pfizer-BioNTech/Comirnaty or Novavax/Nuvaxovid applies to only male vaccinees aged 12-29 years, for a duration of 1 week.
4. COVID-19 vaccines can now be administered together with other vaccines, to eligible individuals across all ages.
5. There is no stipulated period of observation after a COVID-19 vaccination, except for individuals at increased risk of anaphylaxis who should be observed for 30 minutes.
6. Emergency drugs and equipment requirements for COVID-19 vaccine providers are to be aligned with the prevailing regulatory requirements relevant to the licensable healthcare service which the licensee is licensed for. This is stipulated in the "**Licence Conditions for Providing or Intending to Provide Emergency Life Saving Measures**" as per MOH Circular No. 39/2023.
7. There is no need to restrict the use of non-steroidal anti-inflammatory drugs (NSAIDs) after COVID-19 vaccine administration.

Further information on the updated recommendations and precautions can be found in MOH Circulars No. 12/2024 and 39/2024. You may access these [circulars](#) on Primary Care Pages by logging in to your account.



## FAQs

Here are some FAQs on the vaccination types, patient eligibility, and recommendations under the NVP. NVP clinics should check the patient's eligibility before administering the COVID-19 vaccination. More details can be found on [www.moh.gov.sg/covid-19/vaccination](http://www.moh.gov.sg/covid-19/vaccination) or you may refer to the latest MOH Circular No. 39/2024 for information on COVID-19 vaccination recommendations.



### 1. Which vaccines are approved for use in Singapore? Which of these vaccines are included in the NVP?

Pfizer-BioNTech/Comirnaty, Moderna/Spikevax and Novavax/Nuvaxovid\* are vaccines that are authorised by the Health Sciences Authority (HSA) for use in Singapore.

From 1 October 2024, the Sinovac-CoronaVac vaccine will no longer be included under the NVP<sup>^</sup>. Individuals who wish to take a non-mRNA vaccine may receive the Novavax/Nuvaxovid vaccine by 31 December 2024.

\* As Novavax is updating their vaccine formula, we foresee a potential supply gap once current stocks of the Novavax/Nuvaxovid XBB.1.5 vaccine expire on 31 December 2024. We will update in due course when more information on the updated version of Novavax/Nuvaxovid is available.

<sup>^</sup> Under the NVP, the vaccination is free for all eligible Singaporean Citizens, Permanent Residents, Long-Term Visit Pass holders and certain Short-Term Visit Pass holders.

### 2. What is the recommendation for persons who are unable to receive the mRNA vaccines (i.e., Pfizer-BioNTech/Comirnaty or Moderna/Spikevax vaccines)?

Persons aged 12 years and above who are unable to receive the mRNA vaccines are recommended to receive the Novavax/Nuvaxovid vaccine\*, except for those who had an allergic reaction (including anaphylaxis) (1) to a prior dose of a Novavax/Nuvaxovid vaccine, or (2) to any ingredients in the Novavax/Nuvaxovid vaccine.

Persons aged 18 years and above who are medically ineligible to complete the primary vaccination series with the mRNA vaccines or Novavax/Nuvaxovid vaccine may receive the Sinovac-CoronaVac<sup>^</sup> vaccine to complete their primary series. These persons should receive a total of 2 doses of vaccines (inclusive of the mRNA vaccines or Novavax/Nuvaxovid vaccine) to complete their primary vaccination series.

\* As Novavax is updating their vaccine formula, we foresee a potential supply gap once current stocks of the Novavax/Nuvaxovid XBB.1.5 vaccine expire on 31 December 2024. We will update in due course when more information on the updated version of Novavax/Nuvaxovid is available.

<sup>^</sup> From 1 October 2024, the Sinovac-CoronaVac vaccine will no longer be included under the NVP.

### 3. Who are the groups that are eligible to receive COVID-19 vaccine under the NVP?

Singapore Citizens, Permanent Residents, Long-Term Visit Pass holders, and Short-Term Visit Pass holders who have a pass validity period of at least 60 days, are eligible.

Short-Term Visit Pass holders whose pass validity is lesser than 60 days should be referred to the Private Vaccination Programme (PVP).

### 4. Can a GP administer another (non-COVID-19) vaccine at the same time as COVID-19 vaccine? How long does the patient have to wait before getting other vaccines?

The vaccines can be administered together with other non-COVID-19 vaccines, to eligible individuals across all ages and should be given in different limbs, if administered together.

Doctors should nevertheless continue to apply their clinical judgement where there are issues with respect to individual suitability for vaccine co-administration, such as vaccine-specific considerations and the reactogenicity of the other vaccines administered.

### 5. My patient has received one or more additional dose(s) as recommended previously. Does he/she still need to receive another additional dose in 2024?

Regardless of the number and composition (monovalent/bivalent) of previous additional doses received, an additional dose of the updated vaccine around 1 year (and no earlier than 5 months) after the last dose received is:

(a) Recommended for all persons aged 60 years and above, medically vulnerable individuals, and residents of aged care facilities;

(b) Encouraged for all individuals aged 6 months and above, particularly healthcare workers, and household members and caregivers of medically vulnerable individuals.

Immunocompromised persons can be considered to receive the additional dose of COVID-19 vaccine from 5 months after their last dose, in consultation with their treating physician, for better protection.



## Family Practice Skills Course #123 (1 Day)

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

Sat, 5 October 2024: 2.00pm - 5.30pm

Please note that 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: COVID-19: Where are we now?

Unit 2: Long COVID: Facts, Knowledge and Experience

Unit 3: COVID-19 Facts and Myths

#### WORKSHOP

Demo: Addressing Vaccine Hesitancy

#### SPEAKERS

Adj Assoc Prof See Kay Choong  
Respiratory Specialist, National University Hospital

Dr Barnaby Young  
Senior Consultant, Infectious Diseases department  
Tan Tock Seng Hospital

Dr Leong Hoe Nam  
Infectious Disease Specialist,  
Mount Elizabeth Novena Hospital, Singapore

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

■ SEMINAR (2 Core FM CME points)  
DAY 1 • Unit 1 - 3: Sat, 5 Oct (2.00pm - 4.00pm)

■ WORKSHOP (1 Core FM CME point)  
DAY 1 • Sat, 5 Oct (4.30pm - 5.30pm)

\*Registration is on first-come-first-served basis.  
Please register by 2 Oct 2024 to avoid disappointment.

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

This Family Practice Skills Course is sponsored by Moderna Singapore, organised by College of Family Physicians Singapore.

moderna



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

## FAMILY PRACTICE SKILLS COURSES

### Combatting Common Respiratory Illnesses: Vaccination Strategies in Singapore

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #120 on "Combatting Common Respiratory Illnesses: Vaccination Strategies in Singapore", held on 6 July 2024.

#### Expert Panel:

Dr Jade Soh  
Dr Louisa Sun  
Prof See Kay Choong

#### Chairperson:

Dr Leong Choon Kit

### Persons with Intellectual Disabilities 3

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #121 on "Persons with Intellectual Disabilities 3", held on 20-21 July 2024.

#### Expert Panel:

Dr Vivien Lee  
Dr Chen Shiling  
Ms Joy Teo  
Mr Tang Wei Kiat  
Dr David Lim  
Chole Huang

#### Chairperson:

Dr Chen Shilinga

### Lifestyle Medicine: Prescriptions for Better Health

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #122 on "Lifestyle Medicine: Prescriptions for Better Health", held on 21 September 2024.

#### Expert Panel:

Mr Ryan Ong  
Dr Fadzil Hamzah  
Dr Wee Xue Ting

#### Chairperson:

Dr Kenneth Tan  
Ms Susan Tan

## REGISTRATION

### COVID-19 Insights 2024

Please tick (✓) the appropriate boxes

FREE REGISTRATION for College Members!

	College Member	Non-Member
Seminar 1 (Sat)	FREE	<input type="checkbox"/> \$32.70
Workshop 1 (Sat)	FREE	<input type="checkbox"/> \$32.70
Distance Learning (MCQs Assessment)	FREE	<input type="checkbox"/> \$87.20
	<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/FPSC123>

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 Course (FPSC#124) (2-Day)

# Basic Obesity Management Accreditation 4

Sat, 2 November 2024: 2.00pm - 5.30pm

Sun, 3 November 2024: 2.00pm - 5.00pm

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

### DAY 1 TOPICS

- Understanding Obesity: How and Why?
- Starting the Conversation on Obesity
- Approach to the Patient with Obesity
- Dietary Interventions for Weight Loss
- Moving it for Weight Loss
- Intensifying Treatment: Bariatric Surgical Interventions
- Approach to Childhood and Adolescent Obesity

### DAY 2 TOPICS

- Sarcopenic Obesity: What, When, and How
- From the Lens of the Patients
- Pharmacotherapy and Novel Therapeutics in Obesity Management
- Putting it to Practice: Case discussions on Pharmacotherapy in Obesity Management

### WORKSHOPS

Panel Discussion and Case studies

### SPEAKERS

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

- **SEMINARS** (2 Core FM CME points)  
DAY 1 • Sat, 2 Nov (2.00pm - 4.00pm)  
DAY 2 • Sun, 3 Nov (2.00pm - 4.00pm)

- **WORKSHOPS** (1 Core FM CME point)  
DAY 1 • Sat, 2 Nov (4.00pm - 5.30pm)  
DAY 2 • Sun, 3 Nov (4.00pm - 5.00pm)

\*Registration is on first-come-first-served basis.  
Please register by 31 October 2024 to avoid disappointment.

### ■ DISTANCE LEARNING MODULE

(6 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)

- Read 8 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This Family Practice Skills Course is sponsored by **Novo Nordisk Pharma Singapore Pte Ltd** and organised by **College of Family Physicians Singapore and Singapore Association for the Study of Obesity**. (For avoidance of doubt, Novo Nordisk shall have no direct influence over the contents of the topics discussed / presentation materials.)



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

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

## REGISTRATION

### Basic Obesity Management Accreditation 4

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

All prices stated are inclusive of 9% GST. 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

<http://www.cognitofrms.com/CFPS/FPSC124>

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