

2	President's Forum – New Initiatives in Healthcare
3	Report – Two New Primary Healthcare Schemes
4	Report – Dinner for the Retirement of Dr Chen Ai Ju
6	Garfield – Under One Roof
8	Ethics & Professionalism – Informed Consent to Medical Treatment
10	Practice Matters – Dispensing and Sale of Spectacles in Clinics to Patients
11	Book Review – To Err is Human

SMA Meets with Prof Tan Chorh Chuan, the New Director of Medical Services, Ministry of Health

The President and members of the SMA Council met with Professor Tan Chorh Chuan, the new Director of Medical Services, Ministry of Health on 11 July 2000. Prof Tan shared with SMA three initiatives of the Ministry. These are the integrated disease management plans, comprehensive schemes for the postgraduate training of all doctors and priorities in clinical quality assurance.

DISEASE MANAGEMENT PLANS

Prof Tan said that the MOH is developing integrated disease management plans for the major causes of mortality and disability in Singapore. These include coronary heart disease, stroke, cancer, diabetes, hypertension, end-stage renal disease (ESRD), psychiatric diseases and myopia. The Epidemiology and Disease Control Division (EDC) of MOH will be responsible for driving the development of these disease management plans.

Each plan will incorporate strategies for primary prevention, early detection and screening, clinical management and rehabilitation. These will be implemented in a systematic integrated manner and evaluated by means of various process and outcome indicators. He said that MOH will be starting with management plans for hypertension and diabetes which are major risk factors for other diseases and for which much information on optimal management is already available. A key component of these plans is a structured, shared-care programme in the polyclinics that will be extended to GPs over time.

For diseases such as stroke, coronary heart disease, cancer, myopia and end-stage renal failure, the respective National Committees have been requested to formulate draft plans, which are expected to be ready by the last quarter of this year. These will be discussed with the Chairmen of Medical Boards and other major stakeholders, and the final plan implemented in the clusters and relevant agencies.

DMS projected the timeframe for implementation as follows: shared-care programmes for diabetes, hypertension and hypercholesterolaemia in the polyclinics will start from 1 Oct 2000; stroke and major mental illnesses will be targeted for implementation at the end of 2000. MOH will play an active role in coordinating the implementation in partnership with the relevant hospitals, centres and professional organisations. Selected progress indicators will also be monitored. An integral part of the process would be the establishment of specific disease registries to monitor long-term outcomes.

TRAINING OF DOCTORS

Prof Tan said that MOH is reviewing the training of doctors in the public sector and the Professional Standards and Development Division (PSD) of MOH is working with the appropriate

agencies to strengthen the following:

- training of house officers (with Faculty of Medicine, NUS)
- specialist training programmes for basic and advanced specialty trainees (with Academy of Medicine and Graduate School of Medical Studies, NUS)
- preparation for non-trainee MOs to enter general practice after completion of their bonds (with College of Family Physicians).

He added that the Ministry is also continuing the drive to improve the provision of and participation in Continuing Medical Education (CME) activities. The PSD Division will be working with:

- the Singapore Medical Council to monitor and support the implementation of the Online CME System.



Professor Tan Chorh Chuan was appointed as the Director of Medical Services from 1 June 2000 after Dr Chen Ai Ju retired on 31 May 2000.

Prof Tan joined the National University of Singapore in 1987 as a Lecturer in the Department of Medicine and subsequently became Senior Lecturer and Associate Professor in July 1991 and July 1995 respectively. Prof Tan who is a renal physician by training, has obtained several postgraduate degrees in Medicine and was conferred the PhD in Medicine in 1993. He won the Youth Award for medical research in 1996. He was appointed as the Dean of Faculty of Medicine, National University of Singapore in September 1997.



EDITORIAL BOARD

Editor

A/Prof Cheong Pak Yean

Members

Dr Chan Kah Poon

A/Prof Chee Yam Cheng

Dr Daniel Fung

Dr Lee Pheng Soon

Dr Terence Lim

Dr Kenneth Lyen

Dr Tan Hooi Hwa

Dr Wong Chiang Yin

Ex-Officio

A/Prof Goh Lee Gan

Executive Secretary

Ms Chua Gek Eng

Editorial Assistant

Ms Tan Hwee Ping

The views and opinions expressed in all the articles are those of the authors. These are not the views of the Editorial Board nor the SMA Council unless specifically stated so in writing. The contents of the Newsletter are not to be printed in whole or in part without prior written approval of the Editor.

Published by the Singapore Medical Association, Level 2, Alumni Medical Centre, 2 College Road, Singapore 169850.
Tel: 223-1264
Fax: 224-7827
Email: news@sma.org.sg
URL: <http://www.sma.org.sg>

Two New Primary Healthcare Schemes

The Ministry of Health has just announced its new primary healthcare initiatives. It consists of 2 new schemes, firstly the Comprehensive Chronic Care Programme at selected Polyclinics and secondly the Primary Care Partnership scheme which will commence from 1 October 2000.

COMPREHENSIVE CHRONIC CARE PROGRAMMES

The three programmes to be launched are the 'Diabetes Care Programme', the 'Blood Pressure Care Programme' and the 'Blood Cholesterol Care Programme'.

Under these programmes, the Ministry announced that a three-pronged approach would be taken viz.

- (1) Each polyclinic will establish dedicated clinics for these programmes run by teams, each comprising medical officers, diabetic care nurses, nurse educators and other healthcare professional with hospital specialists as advisors;
- (2) Standard management protocols based on cost-effective treatment would be adopted including home glucose monitoring for diabetics; and

- (3) A database would be set up to consolidate the efforts of various organisations conducting mass screening for these diseases.

Subsidies would be given depending on age and income level. The scheme would be piloted at Tampines and Chua Chu Kang Polyclinic on 1 October 2000 and rolled out to all polyclinics six months later and would cost the government an additional \$24.5 million a year.

PRIMARY CARE PARTNERSHIP SCHEME

In the Primary Care Partnership Scheme which will be piloted for the residents in 4 areas – Kreta Ayer Division of Kreta Ayer-Tanglin GRC, Jalan Besar Division of Jalan Besar GRC, Simei estate and Bukit Panjang New Town. The aim is to provide responsive primary healthcare to elderly Singaporeans needing subsidised care.

This Scheme will be a tripartite collaboration among the private sector GPs, the people sector CDCs (Community Development Councils) and the public sector, to reach those who are in need of low-cost and convenient medical

outpatient services.

Singaporeans aged 65 years and above with per capita household income of \$700 and below are eligible for the scheme. Those under the Public Assistance Scheme can also access such services. Similar to the polyclinic services, patients under the scheme have to pay \$4 per attendance and 70 cents per drug item per week.

Private GPs will be contracted to serve the elderly needy who do not live within close proximity to the polyclinics. GPs are invited to provide medical services for "common simple illnesses" such as, cold and flu, diarrhoea, headache, sore eyes, ear infections, abdominal pain/piles, urine infection, simple skin problems e.g. infections, rash, pimples, menstrual problems and muscle, bone, joint pains.

The MOH press release also states that patients with chronic illnesses will continue to be managed by polyclinics. SMA hopes that once the pilot Primary Care Partnership Scheme with the GPs looking after acute condition is found to be workable, it can be extended to GPs managing chronic illnesses as well. ■

◀ Page 1 – SMA Meets with Prof Tan Chorh Chuan

- the AM, CFPS and SMA to facilitate and drive the review of CME programmes and syllabi for specialists and GPs
- the AM, CFPS and SMA to develop expanded Continuing Professional Development (CPD) programmes for the future. CPD programmes will incorporate other elements beyond CME, such as QA measures, participation in teaching and/or research activities and credentialling.

CLINICAL QUALITY ASSURANCE

The former Medical Audit & Accreditation Unit (MAAU) has been expanded and renamed as the Health Regulation Division of MOH. It would focus on licensing and

accreditation, legislative enforcement, surveillance, clinical audit and quality assurance programmes.

The division's major priorities will be to:

- develop suitable clinical audit indicators and credentialling mechanisms for Singapore
- streamline the process of managing and responding to complaints about medical practice
- implement the Maryland Quality Indicator Project.

The Ministry has already announced on 18 August 2000 pilot schemes for the "Chronic Care Programme" in selected polyclinics and the "Primary Care Partnership Scheme" for selected GP for treating indigent elderly patients.

In response, the SMA briefed the DMS on the developments of the SMA Centre for Medical Ethics and Professionalism (CMEP). CMEP would be running an intensive two-and-a-half days course in medical negligence to be held in conjunction with the SMA Ethics Convention and the SMA Lecture in November. The Course Director is Professor Tan Siang Yong who is the Professor of Medicine and Adjunct Professor of Law of University of Hawaii. The intensive course is targeted at doctors as well as healthcare administrators and lawyers. (Please see announcement in the inside back cover of this issue).

Plans for regular CME programmes in medical ethics have been finalised and will be rolled out from Jan 2001. ■