

SMA



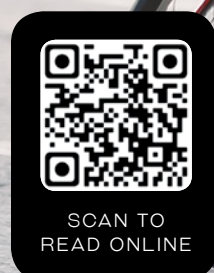
For Doctors, For Patients

news

VOL. 55 NO. 6 | JUNE 2023 | MCI (P) 063/12/2022

Hobbies and Interests:

OUR MEN OFF-DUTY



SCAN TO
READ ONLINE

Life Outside Work

Fathering:
Let's Journey Together

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URL: <https://www.sma.org.sg>

UEN No.: S61SS0168E

DESIGN AGENCY

Oxygen Studio Designs Pte Ltd

PRINTER

Sun Rise Printing &

Supplies Pte Ltd

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CORRECTION

On page 7 of the April 2023 issue, an error has been made in the table. It has since been clarified that the MOH policy referred to remains unchanged, ie, NS reservist leave is still counted towards the days of absence from training beyond which a resident's posting should be remediated/repeated.

Instead, following SMA raising the issue to ACCORD and Sponsoring Institutions, NSmen were reminded to notify their Programme Directors (PDs) about their ICTs earlier. This would allow the PDs to try to arrange their schedules, thus avoiding the need to remediate or repeat the affected posting.

This has been corrected in the online version. We sincerely apologise for any confusion or misunderstanding that this error has caused.



The Editors' Musings

DR TINA TAN

Editor

Dr Tan is a psychiatrist in private practice and an alumnus of Duke-NUS Medical School. She treats mental health conditions in all age groups but has a special interest in caring for the elderly. With a love for the written word, she makes time for reading, writing and self-publishing on top of caring for her patients and loved ones.



Last month's issue of *SMA News* focused more on mothers and daughters in medicine. This month, we are happy to let the men shine. I will let the snippets we gathered tell the stories of the male doctors among us who have managed to forge an identity that is not solely limited to being "a doctor". While the latter is undoubtedly one of the most crucial aspects of how we all identify ourselves, I am always a proponent of the view that other identities (in other words, passions or hobbies) outside of medicine are just as important for our mental and emotional well-being.

Similarly, I am delighted to highlight Dr Theodric Lee's article on his struggles

in balancing his career with being a father, and how he and other doctor-fathers have come together to support each other. I hope his article strikes a chord with each of us, because it did with me.

Last but not least, we have published the results of the 2022 SMA Integrated Shield Plan Providers' Ranking Survey (see page 14). It was duly noted that there were slight improvements in certain ongoing areas of friction related to healthcare insurance. Do have a read for more detailed conclusions as well as SMA's stance on this perennial hot topic.

DR CLIVE TAN

Guest Editor

Dr Tan is a member of the *SMA News* Editorial Board and a public health specialist working in the public sector. He recently went on a diet and lost five kilograms in four months.



I am glad that *SMA News* chose to have this issue featuring men in the medical profession. Discussions about gender equality have gained significant momentum in recent years, and it is important to recognise that men also face unique challenges and struggles. Men can often be under-appreciated and at times invisible in many aspects of life.

I am heartened to read the stories by our men in the medical profession – sharing interesting stories that reflect their dedication to their causes, challenging societal norms, and in many cases just shining a spotlight on the good work that they do. Society often places pressure on men to be strong, stoic and unemotional – and these articles help reveal the softer side of our men and their pursuit of their passions. Many men also tend to neglect their health – both physical health and mental wellness. Dr Hing Siong Chen's and Adj Prof Lau Tang Ching's sharing on

their experiences with staying healthy are inspirational and set good examples.

Another area where men's contributions are frequently overlooked is in family dynamics. While mothers are rightfully celebrated for their nurturing and caregiving roles, fathers often receive less recognition. Involved and supportive fathers play a vital role in the development and well-being of their children. Yet, society often underestimates the impact of a father's presence and the positive influence they can have on their children's lives. Dr Theodric Lee's sharing on the important role of fathers in the lives of their children and his journey on learning to be a good father will no doubt strike a chord with many fathers in the medical profession. As a father of three children attending primary school myself, the challenges and situations that Theodric shared resonated with me.

I hope you will enjoy this special issue. ♦



Pursuing Passions: *Life Outside Work*

Featuring men from our profession who put on a different “robe” when they take off their doctor’s gown for the day. These doctors share the extra mile they go in leading enriching and fun-filled lives while pursuing their passions outside of work.

Text and photo by Dr Hing Siong Chen

I first took up recreational cycling in 2005. As I recall, my initial motivation was that I had a body mass index over the healthy range, with a touch of hypertension and hypercholesterolaemia. This later led to my foray into triathlons and racing, and I have not looked back since. Four Ironman triathlons later, I finally settled into a love for competitive cycling and bicycle-touring around the world with my better half. I continue to race in road and gravel bike events and have raced competitively with local and regional teams like the Lapierre Asia Racing Team. On weekends, I ride with local cycling club Team Cycledelic.

Cycling has become part of my life and has given me immense freedom and a sense of being with nature. It has helped me to connect with people from all walks of life and cultures. In fact, what I really look forward to are the coffee sessions after my ride – there are so many wonderful spots in Singapore and around the world to explore. Apart from the obvious health and social benefits, I also wanted to see the world on my trusty bicycle with my wife Lynette, who is an oncologist. Over the past few years, we have toured many exotic and out-of-the-way locations on our two wheels.

Beyond an athlete

My involvement with the Singapore Cycling Federation (SCF) was a decision made on the spur of the moment. In 2015, I was approached by the former honorary secretary of SCF and invited to be part of a team of volunteers to help manage this national sports association. At that time, I did not know much about what the task entailed. I remember offering to go on a weekly Friday afternoon ride with the two full-time staff of the SCF, thinking that apart from organising a few local cycling competitions annually, there was not much else for me to do. I also did not know much about the complexities of the local and international sporting ecosystems then and had even wrongly assumed that the appointment would allow me to cycle on a more regular basis! My first two years leading the Federation were eye-opening and presented a steep learning curve for me. In today’s world, managing a not-for-profit organisation like the SCF is a full-time job and it must be run professionally with clear long-, mid- and short-term measurable objectives.

Eight years on, SCF has grown into a large family with fifteen full-time staff and as many part-time coaches. We also have over 100 national development athletes (athletes enrolled in our high

performance programmes, including the national riders, national training squad and national development squad riders), and a diverse and dynamic Board leading the Federation.

From the beginning, teamwork, caring and sharing have been the pillars upon which we have built our foundations.

Cycling for a greater purpose

There continue to be immense growth opportunities for cycling as a sport to inspire the Singapore spirit, as a healthy lifestyle pursuit and as an eco-friendly mode of transport. Cycling has also brought our community together to rouse hope and raise funds for charitable causes. As a charity, we feel that it is important to support other charities in need. This year, SCF will be organising our second edition of the Cycle for Hope fundraiser to raise awareness of cancer and funds for needy patients and their families. You can find out more at <https://www.cycleforhope.sg>. I would like to take this opportunity to thank all the medical groups and doctors in our fraternity who have been supporting our cause.

I hope that through my sharing, I have in some way ignited a spark of curiosity in all of you to explore and dedicate a small part of life to chasing your own passions and making a positive impact with the people you will connect with.



Teaching cycling as a life skill and nurturing our future talents at our SCF Children’s Academy

Dr Hing is a family physician working for Healthway Medical in Ang Mo Kio. As part of SCF’s succession planning, he hopes to find an inspired colleague to continue his work in the national sports association to develop the future of cycling.



Text and photos by Lim Yun Xue

I took my first official dance class in 2019 when I was still in National Service (NS). As NS life became more routine over time, I started thinking about picking up a new skill to pass the time. Having always wanted to try dance, I felt it was opportune then to give it a shot. I started off with hip-hop dance, but nowadays I have moved towards open choreography dancing.

Perks of dancing

Dance is a great way to make new friends and get to know people from all walks of life. The people I have met in dance are generally very friendly and encouraging. I also find dance to be a safe space to make mistakes and grow, and an avenue to build your confidence. There are many opportunities during class to perform a small-group choreography in front of a crowd.

To me, dancing is an enjoyable form of exercise and I have continued to see dance as my main form of exercise. After standing for long hours during ward rounds or sitting at my desk for extended study periods, dancing is a great way to loosen up all the stiff muscles and get blood flowing to all parts of the body. But beyond that, when studying gets a little overwhelming, dance becomes my stress reliever. It breaks the monotony of clinicals every day, and it gives me more motivation to get through the week.

Having the right mindset

Without a doubt, there were many dance opportunities I have had to forgo as

I had to prioritise medical school. At the end of the day, the ability to commit to both medical school and dance requires planning. As we students receive our academic calendars at the start of the year, we have a general gauge of when our busier and freer periods are. From there, I can determine which periods in our academic year I can better commit to dance in. Also, the proportion of time allocated between dance and medical school does not have to be static, nor does it have to be equal. Going for one or two one-hour open classes per week is an acceptable balance for me. During busy periods, I might reduce this frequency to one class fortnightly. The frequency then increases during times such as the post-examination period. With early planning (and a little bit of luck, as different studios have different production schedules), it is very possible to commit to dance recitals as well.

Within the academic year 2022/2023, I took part in two dance recitals from external studios, the first being with STEP Studio in September 2022 and the second being with O School in March 2023. Depending on the studio, trainings could happen around once to twice a week, lasting around two to three hours each. The choreographer might also call for more self-practice sessions in addition to the usual schedule when the performance date is around the corner. Closer to the actual performance date, we would also be required to commit more time for the full-dress rehearsals and stage-blocking sessions.



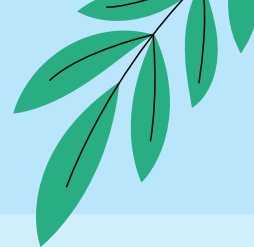
Participating in the NUS RAG Day 2019

I think one important thing to have is the ability to toggle our mindsets well, as we move between our commitments. When I enter a dance class, I try to put aside the stressors from medical school and really enjoy that hour or two in class. The converse is true with focusing during the medical curriculum. Overall, it is very possible to pursue interests outside of medical school so long as we have proper planning and the right mindset when going into them.

Yun Xue is 24 years old this year. He is currently a fifth year medical student in NUS Yong Loo Lin School of Medicine, and will be graduating in 2024.



Performing as part of the Step Recital 2022



Text and photo by Adj Prof Lau Tang Ching

From an early age, I developed a profound connection with Tai Chi exercise, or 太极拳 in Chinese. My father, an ardent Tai Chi practitioner, introduced me to this traditional Chinese martial art at the Kallang Community Centre when I was in Primary 4. This pivotal moment not only ignited within me a lifelong passion for Tai Chi but also kindled a keen interest in other martial arts like Shaolin, Xing Yi Quan (形意拳) and Tan Tui, which I diligently pursued until my enlistment in National Service.

Holistic self-care

Tai Chi offers valuable benefits that complement the busy lifestyle of practising doctors. It provides stress relief, promotes physical health, enhances mindfulness and focus, and facilitates self-care. The gentle movements and mindfulness techniques of Tai Chi can help doctors on a holistic level and foster personal well-being. Incorporating Tai Chi into our lives can help us find a sense of balance, manage stress and maintain physical health amid our hectic work. As a rheumatologist with a special interest in osteoporosis management, falls and fracture prevention, I also recognise the significance of Tai Chi's advantages in my field.

One of the key benefits of Tai Chi is its positive impact on muscle strength, balance and flexibility. By improving muscle tone and balance, Tai Chi helps reduce the risk of falls,¹ a crucial concern for doctors dealing with injury and fracture prevention. Additionally, Tai Chi aids in relieving joint pain and improving joint function in cases of osteoarthritis,² a condition caused by weakened muscles that leaves joints susceptible to damage and accelerated wear and tear. Strengthening muscles and enhancing flexibility through Tai Chi exercise can contribute to healthier joints and mitigate the onset of osteoarthritis.

Passing on the art

With the significant scientific evidence, the National Arthritis Foundation collaborated with Dr Paul Lam, a Tai Chi

expert and GP in Sydney, Australia, to introduce Tai Chi exercise to the Singaporean public from 2008. I began to teach this exercise weekly in Bishan Park, online via webinars during the COVID-19 pandemic, and also conduct continuing education and training courses in the National University of Singapore. Through these courses, I share my passion for Tai Chi and train others to become instructors to promote this exercise and spread its benefits to more people.

In conclusion, Tai Chi is a useful exercise that complements the busy lifestyle of practising doctors. Its benefits align closely with the demands and challenges doctors face in their profession. My personal journey with Tai Chi and subsequent dedication to sharing its benefits through education and training programmes reflect the significant impact it can have on the well-being and effectiveness of medical professionals. By embracing this ancient practice, doctors can enhance their overall

well-being and approach their profession with renewed energy and fulfilment.

"Exercise is the best medicine, and Tai Chi is one excellent form of exercise." ♦

PS: For readers who are interested in learning Tai Chi exercise via online videos, please refer to the following link: <https://naf.org.sg/taichi-lessons/>.

For readers who are interested in being trained as Tai Chi instructors, please refer to the following link: <https://bit.ly/3O3g8jy>.

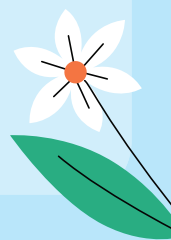
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Adj Prof Lau is a senior consultant rheumatologist at the National University Hospital and holds various positions in the fields of medicine and education, including Vice-Dean (Education) of NUS Yong Loo Lin School of Medicine and group director of the National University Health System Education Office. Additionally, he serves as the chairperson of the National Arthritis Foundation.



Dr Paul Lam (left) and Prof Lau (right) leading a mass Tai Chi exercise session in 2010





Implementation of IP Panels: *Has It Improved?*

Text by Dr Ng Chee Kwan

The landscape of private specialist practice in Singapore has changed dramatically since the Integrated Shield Plans (IP) insurers' decision to implement preferred panels of specialists.

The SMA has voiced specialists' concerns about these panels through the press and expressed its views in a position paper in 2021 (<https://bit.ly/3uVgpKr>). This culminated in the Ministry of Health (MOH) establishing the Multilateral Health Insurance Committee (MHIC), in which SMA actively participates. It is thus timely to assess whether SMA's concerns have been adequately addressed and how the situation can be improved moving forward.

I will give a brief background of the problems that arose due to the implementation of IP panels, as well as my views for areas of improvement. Do also refer to the findings of the second SMA Integrated Shield Plan Providers' Ranking Survey, published in this issue of *SMA News* on page 14.

Exclusivity, standardisation and fee restriction

Three major concerns stood out to me. Firstly, when the IP panels were initiated, they were highly exclusive, with between 200 to 300 private specialists on each panel, and with each panel including only about 20% of all private specialists. Many doctors were unable to join the

panels, and some patients were unable to continue receiving care from their usual specialists who were not on their respective IP insurers' panels.

Secondly, panel specialists were imposed with an increased administrative burden as they have to submit patients' information for pre-authorisation. The pre-authorisation form was not standardised across the IP panels, and the information requested included information not relevant to the case on hand. Sometimes, it would take several email exchanges between the specialist and the IP insurer before the approval was granted.

Lastly, panel specialists were restricted in the fees that they could

“ Some degree of claims scrutiny is to be expected; however, insurers should be ready to take on liability and responsibility if they disagree with the doctors’ decision for a procedure or propose treatments different from the doctors’ recommendations. ”

charge. For some IP insurers, the charges were pegged at the lower bound of the MOH Fee Benchmarks.

With regard to the first issue of exclusive panels, the Life Insurance Association (LIA) announced in 2022 that the IP insurers would commit to having at least 500 specialists on each panel. Specialists on at least one insurer’s panel can also be enrolled in the extended panels (EPs) of other IP providers, allowing patients access to more specialists. Furthermore, the LIA announced that all IP insurers had agreed to streamline and adopt a standardised pre-authorisation form.

Survey findings

Has there been objective improvement since these measures were implemented? We have conducted two surveys to rank the IP insurers (based on 2021 and 2022 experiences), and they would be representative of the time periods before and after the IP providers’ measures for panel expansion were implemented.

The recent survey showed an improvement in the inclusiveness of panels, with four out of seven insurers scoring above the midpoint. The ease of the pre-authorisation process remained unchanged, with only three out of seven IP insurers scoring above the midpoint. There was a slight improvement in the appropriateness of fee scales. However, only two out of seven IP insurers scored above the midpoint.

While there has been some improvement in the inclusiveness of panels, my concern is that it may have reached a plateau. The word on the ground is that some IP insurers have already stopped accepting new specialists onto their panels.

What can be done?

I believe that all specialists should be able to join IP panels without restriction. It would be even better if we could remove the need for these panels, since the MOH Fee Benchmarks are already in place.

Some steps, which can be implemented immediately, can help in achieving this ideal. One such step could be to open the EPs for all specialists to enrol in – this would be helpful to the newer generation of specialists who are just starting out and are unable to get onto the main IP panels. Specialists on EPs could also be allowed to join the main panel after being on the EP for six to 12 months. Another step would be to improve the website visibility of EP specialists; at present, four out of seven IP providers do not even mention the EPs on their websites. Lastly, any additional deductible payments imposed on policyholders who undergo treatment from EP specialists should be removed.

With regard to the concern of administrative hurdles, there is a lack of improvement in the ease of the pre-authorisation process, despite all insurers

having implemented the standardised pre-authorisation form. This could be due to further claims scrutiny and questioning by some insurers after the form is submitted. There is no easy solution to this problem. Some degree of claims scrutiny is to be expected; however, insurers should be ready to take on liability and responsibility if they disagree with the doctors’ decision for a procedure or propose treatments different from the doctors’ recommendations.

Lastly, while there has been a slight improvement in the appropriateness of fee scales, insurers should take reference from the full range of the MOH Fee Benchmarks and remunerate fairly – in my view, at least at the midpoint of the benchmarks. ♦

Dr Ng is a urologist in private practice and current President of the SMA. He has two teenage sons whom he hopes will grow much taller than him. He has probably collected too many watches for his own good.





2023

SMA Membership Renewal

Thank you for your unwavering support of SMA as we continue to advocate for and raise awareness of crucial issues impacting the medical profession to the relevant authorities. These endeavours are only possible because of your continuous support!

It is with great pleasure that we announce the **20 winners*** of the SMA Membership renewal lucky draw.

MCR numbers of winners:

- | | |
|-------------|-------------|
| 1. M00142B | 11. M07178A |
| 2. M01794I | 12. M08038A |
| 3. M04649C | 13. M08040C |
| 4. M04888G | 14. M08129I |
| 5. M05250G | 15. M09115D |
| 6. M06219G | 16. M10038B |
| 7. M06370C | 17. M11750A |
| 8. M06527G | 18. M17509I |
| 9. M06872A | 19. M61527G |
| 10. M07173J | 20. M66692J |



* Please note that **winners** will be contacted via email

To find out more about Membership activities and privileges, visit <https://www.sma.org.sg/sma-membership>, scan the following QR code or follow us on Facebook (<https://www.facebook.com/groups/singaporemedicalassociation/>).



HIGHLIGHTS

From the Honorary Secretary

Report by Clinical Asst
Prof Benny Loo Kai Guo

Dr Loo is a paediatrician in public service with special interest in sport and exercise medicine. He serves to see the smiles on every child and athlete, and he looks forward to the company of his wife and children at the end of every day.



Parliament motion on supporting healthcare

On 9 May 2023, Nominated Member of Parliament (NMP) and SMA 1st Vice President Dr Tan Yia Swam, together with two other NMPs, Mr Abdul Samad and Dr Shahira Abdullah, introduced a motion in Parliament titled "Supporting Healthcare", stating "[t]hat this House commits to supporting healthcare beyond the COVID-19 pandemic and the whole-of-Government efforts for consistent and sustainable support." The motion was agreed to without amendments.

Members can view Dr Tan's speeches at the following links:

- <https://bit.ly/3q0LXQo>
- <https://bit.ly/3OFe8yH>

SMA's response to *Straits Times* Forum letter on rising healthcare costs

On 5 May 2023, SMA published a response to a letter in the *Straits Times* Forum about cancer care costs. The SMA Council is of the opinion that the writer of the letter had simplified the issue of rising healthcare costs and insurance premiums by an unsubstantiated isolation of their causes to doctors' fees.

There are many factors that determine the fee charged by a doctor. It is unsubstantiated to attribute insurance premium increases to doctors' fees when other factors that contribute to rising healthcare costs remain unchecked. These include the cost of drugs, hospital facility fees and the distribution costs of insurance plans.

SMA's letter in the *Straits Times* Forum may be accessed via the following link: <https://bit.ly/3q92mT3>.

Acquiring medical ethics core CME points

Doctors will need to obtain five medical ethics core continuing medical education (CME) points under the Singapore Medical Council's (SMC) mandatory medical ethics programme in order to renew their practising certificates by December 2025. Doctors will be able to start accumulating these medical ethics core CME points from January 2024 onwards.

SMA wishes to inform all Members that:

1. By January 2024 or soon thereafter, a list of modules conducted by SMA that qualify for such medical ethics core CME points will be posted on the SMA website (<https://www.sma.org.sg>). We expect there to be ample options to satisfy all doctors' differing interests.
2. Some of these options will be online self-learning modules. Upon successful completion of each module, one medical ethics core CME point will be awarded. These online self-learning modules will be open to all SMA Members in good standing, with no additional fees charged. There will be adequate modules to ensure the acquisition of five medical ethics core CME points.

This preliminary announcement is meant to assure all SMA Members that you will be able to earn the necessary CME points in a convenient and timely way, already paid for by your annual subscription. The SMA is working hard to ensure that you will be able to meet this requirement without hassle. More details will be made available later.

For SMC's circular on the medical ethics CME points, please visit <https://bit.ly/3OVTNVS>. ♦



Trainers and participants

Fathering

Let's Journey Together

Text and photos by Dr Theodric Lee

"Okay, I hope your kid gets well soon," I wrapped up an acute paediatric consultation as I ushered the parents and child out of the consultation room. But they were not exiting the room, I realised. "By the way, doctor, our toddler keeps throwing tantrums; how should we manage this?" A thought bubble formed: "Another one of those by-the-way parenting questions." Nevertheless, as a seasoned practitioner, I continued smiling and employed my exit strategy: "Try using time-outs. Here is a pamphlet from a parenting resource." I said as I reached for the door. Don't get me wrong – the question the parents asked is relevant and profound. Unfortunately, the appropriate avenue to address it is not a busy acute paediatric clinic. Parenting is a journey and not a series of quick fixes.

My own journey

I did not start off in a good place myself. My firstborn son was born in 2012 and second-born daughter in 2014 – both when I was a registrar in paediatric medicine. My teacher in fathering was not paediatrics; rather, my wife was the first to tutor me: "You need to discipline that two-year-old son of yours. He keeps throwing tantrums, especially when grandma is around." I put up a muted defence that "our son is not that bad",

but I soon realised that she was right and I had to discipline the little guy, otherwise he would be well on the way to becoming *spoilt*.

I believe many doctor-parents can identify with this crazy phase. Calls were tough and frequent, and I often felt like a zombie at the dinner table post-call. "Your body is around but not your soul," my wife would lament, then add that she needed a doctor's wife support group. On the work front, I had to contend with clinical duties, subspecialty training, research, teaching junior trainees and medical students, attending medical conferences, clearing the exit examinations, etc. In the pursuit of work, my role at home gave way. Fathering duties were subcontracted to grandparents. However, a father's role is not easily replaceable, and as grandparents tend to be more permissive, conflicts inevitably occurred, and you can bet my kids were smart enough to maximise our daily battles for control to their advantage. When I reflect on this period, I am amazed that our family survived, mainly through the grace of God and the love of the extended family.

I left for private practice relatively early in my career, but it is not the career choice that makes a father – it is a "whole-of-life" approach. I carried my workaholic attitude into private practice,

and still often relegated my fathering duties to my wife and the grandparents. Things were not too pretty at home and came to a head in 2017 when I had to re-order the priorities of my life. My wife wisely said, "Your patients can have other doctors; your children only have one **father**." I began to grasp that parenting is not about fixing the kids – it is about starting with myself first. It is about our relationship, not merely about rules. It is about intimacy, time, laughter and so much more.

Learning to be a good father

Wise men have said that "the best thing a man can do for his children is to love their mother", and that is what I had to relearn. With the help of a counsellor, I apologised to my wife and repented of the times I had been absent in my children's early years. Thankfully, the parenting journey is filled with grace and do-overs. I began to willingly pay the **cost** of being an active father, which translated into making decisions big and small: taking leave for their first day in a new school (yes, there were many other fathers there too!); cutting down on night clinics even though it could mean a drop in revenue; politely turning down A&E call-backs on Sundays because that is protected family time, etc. A miracle happened – I not only enjoyed my family more, I also enjoyed

my work more, for I no longer lived for busyness' sake.

Things were not always smooth sailing. When my eldest child started primary school in 2019, there were upper primary students in the school bus verbally bullying him and others regularly with a sexual vocabulary so colourful it would make a seasoned army *encik* blush! When he told me about it only months later, I had a rush of emotions swell within me – guilt, anger and grief. Although the school did mete out appropriate discipline to the perpetrators eventually, we still went through a grieving and regrouping process as we transited from the pre-school to primary school ages. But such “valley experiences” (or times of difficulties) have made us more resilient as a family. We welcomed our youngest son in 2020 during the COVID-19 years. It is with a mix of healthy fear and excitement that we approach our older children's teenage years.

DADs for Life

A passion for fathering stirred in my heart when I heard Mr Yuen Chee Onn from the DADs for Life movement speak at one of the National University Hospital paediatrics Zoom continuing medical education events in November 2022. His aim was to get us paediatricians to promote fathering workshops to our patients' fathers. I met up with him for lunch one day and shared that doctors too are at risk of neglecting our fathering duties due to work. We decided that it

was good for doctor-fathers to attend the ICAN Fathering workshop ourselves, which would also serve as a support group in our fathering journeys. What better way to teach our patients than to first experience transformation ourselves?

I am so privileged to work with the Centre for Fathering and DADs for Life in organising and attending the first doctor-oriented ICAN Fathering workshop on 13 May 2023. It was a light-hearted session, and our trainers Mr Edwin Choy and Mr Stephen Say set the tone by sharing candidly about their own struggles and successes. It was a safe space to share the challenges we faced, and I appreciate that the trainers motivated us to share our own little success stories. There was content to be learnt, but we soon realised that the heartbeat of DADs for Life was not only content, but a movement – dads sharing with other dads about fathering and journeying with each other.

By the end of the session, our trainers had helped us narrow our discussions into practical steps. One of mine was simply to read more to my youngest son – there is evidence that fathers reading to children improve their cognitive outcomes.¹ In fact, since the 1990s, there has been growing evidence that fathers' involvement in their children's lives predicts better developmental outcomes for the children.² I certainly hope that SMA can partner DADs for Life to organise future workshops as well. In fact, several participants have already

expressed interest in the Parenting: The Teen Years workshop. Perhaps we can even organise father-child adventure activities (such as rock climbing, navigating a dark maze and traversing a high elements rope course) at the Dads Adventure Hub in Woodlands! ♦

PS: This article was reviewed by my children!

“Very heartfelt and meaningful. Feels like it is taken out of a book.”
– ZH Lee, age 11

“Very interesting and well written. I like reading it.”
– ZW Lee, age nine

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Dr Lee is a paediatrician in private practice. His wife, Jas, is a dentist in private practice. ZH is 11 years old and wishes to be a doctor like Papa. ZW is nine years old and wishes to be a dentist like Mama. ZS is two years old and knows how to make us laugh.



SMA Integrated Shield Plan Providers' Ranking Survey 2022

SMA conducted the second iteration of a survey to rank the Integrated Shield Plan (IP) providers (namely, AIA, AXA, Great Eastern, NTUC Income, Prudential, Raffles Health Insurance, and Singlife [formerly Aviva]). Respondents were asked to provide their views for the time period of January 2022 to December 2022.

The survey opened on 17 February 2023 and, at the closing of the survey on 16 March 2023, a total of 152 complete responses were received. A response is considered complete when all questions are answered, including selecting N/A (ie, Not Applicable) as a response. Respondents were required to submit their unique Medical Registration Number (MCR number) for verification purposes and to prevent a doctor from responding to the survey more than once.

The survey sought to obtain respondents' opinions on their experience with the various IP providers, in terms of inclusiveness of panels, transparency of doctor selection criteria for panels, and more (visit <https://bit.ly/IPsurvey2022> for the full survey form).

A new question was added to the list of questions used in the latest edition of the survey:

In terms of likelihood of you recommending your family members, friends and relatives to buy a IP policy from these IP providers, please rate the following IP providers, 1 being the least likely and 5 being the most likely.

All other questions were left unchanged to allow for comparison across the two surveys. The report of the first survey can be found at <https://bit.ly/5404-Survey>.

For most of the questions, a weighted average system was used, with the total scores divided by the number of responses. Respondents were asked to respond using a scale of 1 to 5, with 1 being the lowest, 3 being the midpoint, and 5 being the highest. An N/A option was also available to respondents. The answers from respondents who selected the N/A option were

not factored into calculating the weighted average. An example of how the weighted average was tabulated is as follows:

53 respondents rated IP X "1" (53 x 1)

21 respondents rated IP X "2" (21 x 2)

30 respondents rated IP X "3" (30 x 3)

42 respondents rated IP X "4" (42 x 4)

43 respondents rated IP X "5" (43 x 5)

5 respondents selected N/A

Total score = 568

Total respondents (excluding those who chose N/A for the question) = 189

Weighted average = $568 / 189 = 3.005$, rounded off to 3.01

Results

The survey asked respondents for their names, MCR numbers and email addresses for verification purposes. Following which, respondents were asked to indicate if they were a GP/ Family Physician/Locum, a Specialist, or Others (eg, medical administrators working in hospitals, healthcare companies, insurance companies, third-party administrators, Ministry of Health [MOH], statutory boards, medical schools), as well as whether they worked in the private or public sector.

As IP contracts are usually signed on by specialists in the private sector, we had expected the majority of respondents to be represented by them – of the 152 respondents, 82% were specialists and 97% were from the private sector. This is similar to the 2021 survey where 87% of respondents were specialists and 98% were from the private sector.

Respondents were then surveyed on an array of questions with respect to their experience with the seven IP providers. The summary and discussion of the results are as follows:

In terms of inclusiveness of panels, please rate the following IP providers for the period Jan-Dec 2022, 1 being least inclusive and 5 being most inclusive

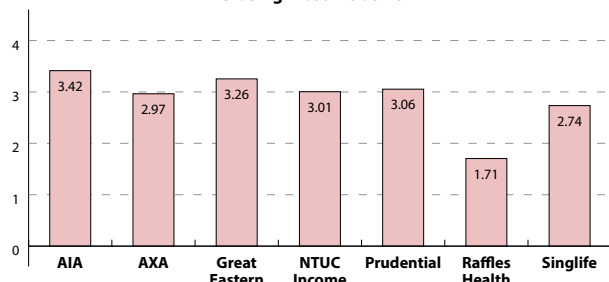


Figure 1

In terms of transparency of doctor selection criteria for panels, please rate the following IP providers for the period Jan-Dec 2022, 1 being least transparent and 5 being most transparent

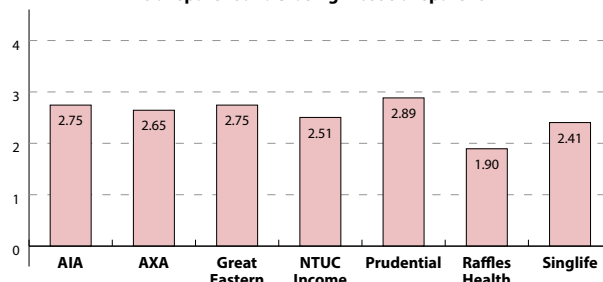


Figure 2

In terms of ease of pre-authorisation process, please rate the following IP providers for the period Jan-Dec 2022, 1 being least easy and 5 being most easy

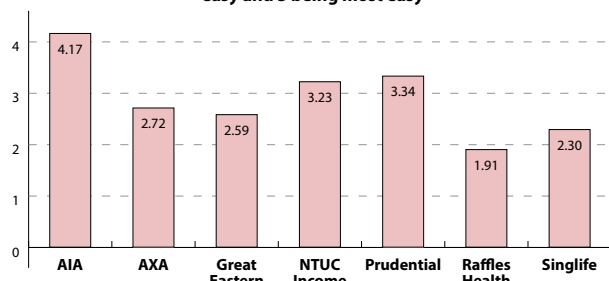


Figure 3

In terms of timeliness of pre-authorisation approval by the insurer, please rate the following IP providers for the period Jan-Dec 2022, 1 being least timely and 5 being most timely

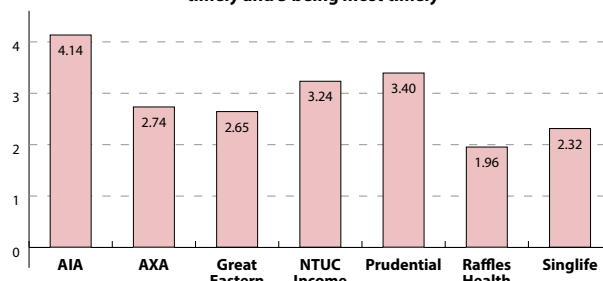


Figure 4

In terms of timeliness of payment, please rate the following IP providers for the period Jan-Dec 2022, 1 being worst and 5 being best. As a guide, payment within 1 month = score of 5, payment within 3 months = score of 3

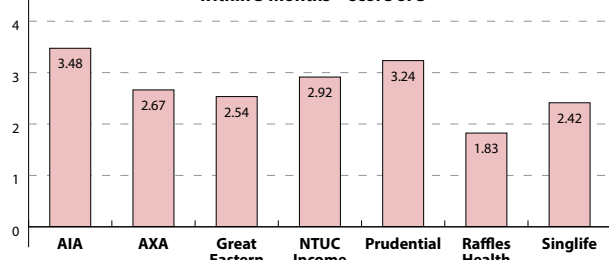


Figure 5

In terms of appropriateness of fee scales with respect to MOH Fee Benchmarks, please rate the following IP providers for the period Jan-Dec 2022, 1 being most fees below fee benchmarks and 5 being most fees towards upper tier of fee benchmarks

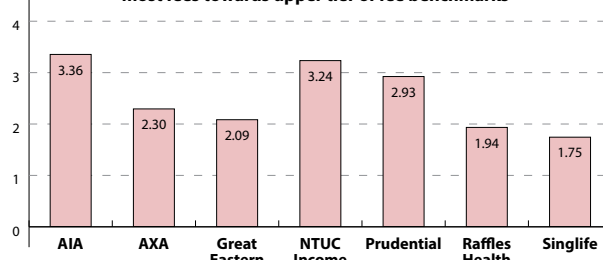


Figure 6

In terms of obstacles put in place by IP provider to dissuade patients from seeing you or continuing to see you because you are not a panel doctor, please rate the following IP providers for the period Jan-Dec 2022, 1 being most obstacles and 5 being least obstacles

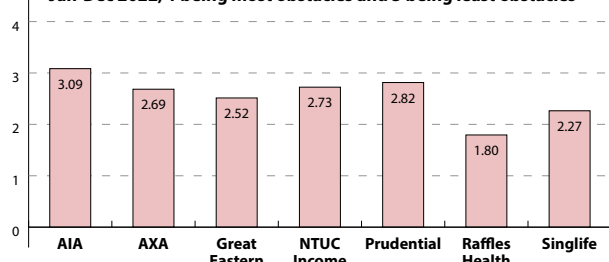


Figure 7

In terms of overall rating, please rate the following IP providers for the period Jan-Dec 2022, 1 being worst and 5 being best

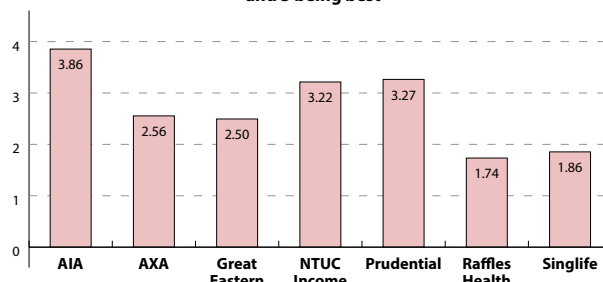


Figure 8

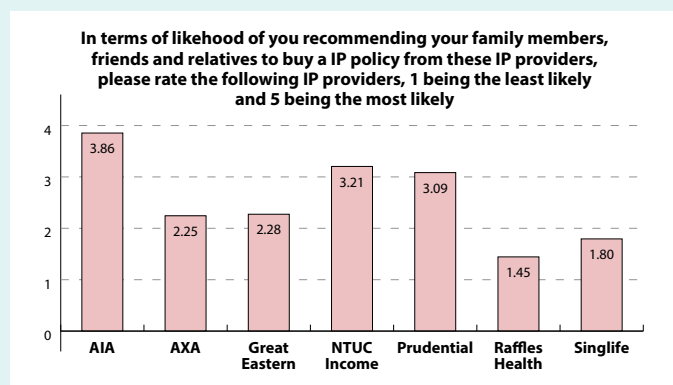


Figure 9

- IP providers were rated in terms of inclusiveness of panels, with the majority scoring above the midpoint of 3 (see Figure 1). This is an improvement over the previous surveyed period of January to December 2021, which had only one provider scoring above the midpoint.
- In terms of the transparency of doctor selection criteria for panels, none of the providers passed the midpoint (see Figure 2). This is similar to the responses received for the previous surveyed period.
- Three out of the seven IP providers scored above the midpoint in terms of ease of their pre-authorisation process (see Figure 3). This is similar to the results for the previous surveyed period.
- Similarly, three providers scored above the midpoint in terms of timeliness of pre-authorisation approval (see Figure 4). This was the same for the responses received for the previous surveyed period.
- Respondents were asked to rate the IP providers in terms of timeliness of payment, with the score of 5 indicating payment within one month and 3 being within three months. Two out of the seven providers were able to pay within an average of three months, with no provider paying within one month (see Figure 5). This is similar to the results for the previous surveyed period.
- When IP providers were rated in terms of appropriateness of fee scales with respect to the MOH Fee Benchmarks, with a score of 1 being most fees below fee benchmarks and 5 being most fees towards upper tier of fee benchmarks, two providers passed the midpoint (see Figure 6). This is a slight improvement over the previous surveyed period, where respondents indicated that only one provider passed the midpoint.
- In terms of obstacles put in place by the IP provider to dissuade patients from seeing the respondent if he/she was not a panel doctor, only one provider was able to reach the midpoint (see Figure 7). This is a slight improvement for responses over the previous surveyed period, where none of the providers were able to reach the midpoint.
- Three out of the seven providers scored above the midpoint in regard to their overall rating (see Figure 8). This is similar to the results for the previous surveyed period with the

same number of providers scoring above the midpoint. For comparison, the change in weighted average scores for the IP providers over the two surveys are highlighted below.

IP provider (in alphabetical order)	2021 score	2022 score
AIA	3.50	3.86
AXA	2.37	2.56
Great Eastern	2.36	2.50
NTUC Income	3.19	3.22
Prudential	3.17	3.27
Raffles Health	1.69	1.74
Singlife (formerly Aviva)	2.07	1.86

- Finally, on the question of the likelihood of respondents recommending their family members, friends and relatives to buy a IP policy from the listed providers, three of the seven providers scored above the midpoint (see Figure 9).

Conclusions

In the first survey, we obtained a total of 210 complete responses. In this latest survey, we obtained 152 complete responses.

As had been previously announced, IP providers who had less than 30 responses to any question were excluded in the results. However, no IP provider fulfilled this exclusion criterion for any question.

Notwithstanding the above, based on responses received, we see slight improvements in three areas:

- Inclusiveness of panels.
- Appropriateness of fee scales with respect to the MOH Fee Benchmarks.
- Obstacles put in place by the IP provider to dissuade patients from seeing the respondent if he/she was not a panel doctor.

While we see several initiatives arising from the Multilateral Healthcare Insurance Committee, of which SMA is a member, there is a risk of momentum slowing down as policymakers start to focus on other initiatives while regulation continues to be inadequate.

SMA's stance remains the same: As long as doctors follow the fee benchmarks, there should not be a need for panels. The current setup still results in unnecessary friction, if not obstacles, to the delivery of good medical care for patients.

In the meantime, insurance premiums continue to rise, and patient access to care remains a concern. SMA will continue to scrutinise the health insurance industry, to help both patients and doctors alike. ♦



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| 3. M03572F | 13. M61311H |
| 4. M03582C | 14. M63224D |
| 5. M03944F | 15. M63483B |
| 6. M04438E | 16. M65122B |
| 7. M05100D | 17. ****2297 |
| 8. M06355Z | 18. ****7102 |
| 9. M06828D | 19. *****231L |
| 10. M07389Z | 20. *****310L |

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Time & Telos: One Year On

Text by Gabriel Kwok

Gabriel is a London-based medical student whose writing explores questions of being, identity, place and embodiment. He hopes to marry these passions with long-standing interests in epistemology and evidence-based medicine. Gabriel studies at Barts and The London School of Medicine and Dentistry, and he is the outgoing 28th Editor at SMSUK.



Telos (n.) – “ultimate object or aim”, from Greek *telos*: “the end, limit, goal, fulfilment, completion”¹

There is an inevitable circularity in trying to peer through time. No matter how far or profitably we journey, one must eventually return to spring and mid-autumn, bearing witness to the recurrence of life's seasons, each end telescoping into another beginning. Delineate any given time and one inevitably finds new unknowns – both known and unknown – collected moments that we did not anticipate shaping us into who we are today. Likewise, I cannot truly know whether these experiences will have given me enough for tomorrow's provocations, though I should expect to find many deemed sufficient by virtue of having made it through (or perhaps I succeeded *despite* the preparation?).

I am not, of course, discussing issues of causality here – and I am happy to let the historians debate the *necessary* and *sufficient* causes of events – but rather, deeply intimate questions of purpose and purposefulness as they unfold in and through time. We routinely use the past to account for what we are today, but were our actions purposefully goal-directed when we did not know the outcomes? I have packed my London flat

with curated relics of home, but did they really mean something back then, or are these mere contrivances of liminality, resonant only in hindsight?

Paths through London

Amid such impossible portents, I have often found affable companionship on solitary walks through the City's well-trodden paths. TS Eliot also “journeyed to London / to the time-kept city”,² and I retrace his steps “along the Strand, up Queen Victoria Street”,³ *The Waste Land* of a long-forgotten epoch. Standing by the crossroad of the ancient paths, the poet seems to offer his own astute observations:

“... Either you had no purpose
Or the purpose is beyond the end
you figured
And is altered in fulfilment. There are
other places
Which are also the world's end, some at
the sea jaws,
Or over a dark lake, in a desert or city—
But this is the nearest, in place and time,
Now and in England.”⁴

Drawing heavily on classical *mythos*, Eliot's semi-autobiographical remembrances can be deeply counterintuitive, recalling a parallel way of knowing based more on the construction of personal and shared narrative than the strict linear flow of cause and effect. Though certainly a sharp contrast with contemporary *scientia*, this approach can paradoxically appear more *scientific* in an older sense of the word, being far more attuned to how our psyches are built to seek out meaning, and thus allowing for a deeper, more resonant knowledge of self. This is another circular argument, of course, premised on our basic psychology being basic psychology, but there are other teleological implications too: for if we cannot escape our own psychology, then we cannot fully know what a moment

can, would or perhaps necessarily has to mean, even long after it has passed. Accessed through memory, the future can inform the past as much as the past causes the future. Perhaps we should not leave this unexamined. The poet both reveals and undertakes this pivotal endeavour as “words strain, / crack and sometimes break, under the burden”.⁴ Perhaps we too can see all writing as an act of memory, an imperfect but propitious calibration in and through time. Indeed, facing these questions so far from home, it has truly meant so much having this space for the explication and exchange of ideas.

Closing the circle

Now coming to the end of the academic year, spring returns as snow turns to brilliant lilac, just as they have done before. Marked by both renewal and transition, the season is likewise suffused with an accentuated sense of circularity, as we hand the reins over at the Singapore Medical Society of the United Kingdom to our next executive committee. It has been our privilege journeying with you over the past year, and we hope that you have enjoyed reading our column as much as we have enjoyed curating it. I cannot wait to see where the next one will take us.

“What we call the beginning is often the end
And to make an end is to make a beginning.
The end is where we start from.”⁴

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Text by Charlene Kok

Charlene is a first-year medical student at Imperial College London.



Once, in another life, my life had infinite possibilities. My relatives thought I would become a lawyer, remnants of a time when they loved to torture all the kids with the question, "What do you want to be when you grow older?". My friends thought I would end up studying mathematics, because I used to sleep during my papers and still do pretty alright. My cousins thought I would be an artist, seeing my bedroom walls covered in all sorts of sketches and paintings when they came over. Truth is, I have always known that I wanted to do medicine, and maybe, as literary critic William Empson once said, there *is* more in a child than a man is able to keep. I now have a life, stories and a world surrounding them – I am me, not the person others thought I would become, whoever she might have turned out to be.

Lives unlived

Truth be told, it is tempting to think about all the lives unlived. When I finished season 3 of the television series *Better Call Saul*, I laid in bed thinking if there was anything the characters could have done to prevent the finale. As the writer Doc Luben put it, "How do we forgive ourselves for all of the things that we did not become?" Maybe the saying is true that art imitates life, because such questions do come up time and time

again, whenever I look into my past or future: who would I have become had I gone to another school? What different lives would I live if I chose to stay in the UK or go back home to Singapore?

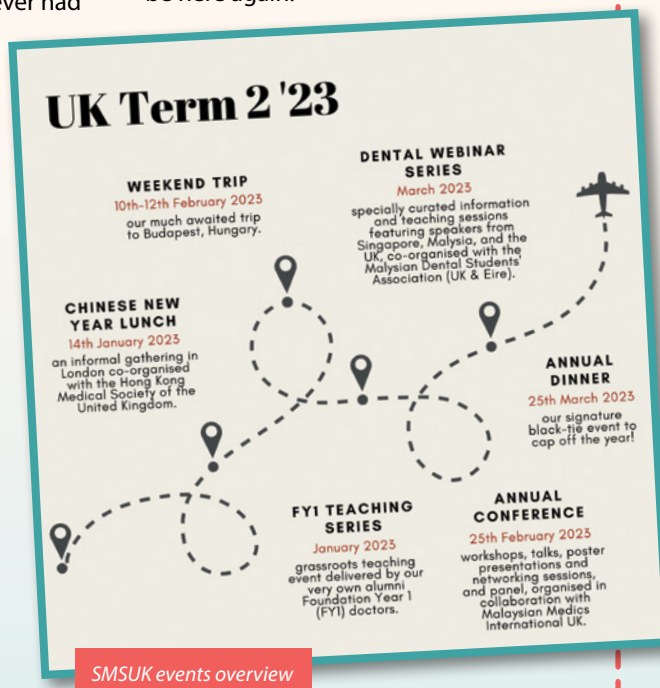
In the *Iliad*, Achilles chooses between two clearly defined fates, ones designed by the gods and foretold in advance: either fight at Troy or live a long, ordinary life. (Spoiler alert: he chooses to fight.) As I grow older, I become more acutely aware of these forking paths in life where I have to make decisions, never quite knowing which choice is the right one, because the world we live in is not so clearly laid out for us. Each decision is an alternate fate dissolved, and I will never truly know what my life will be or could have been. Achilles never had to wonder whether he should return home or practise in the UK, and he never had the uncertainty of which choice was the fate with a long, ordinary life.

Our lives to be

What I am trying to say is that, since moving, I have been gripped with much accountability about the actions I have taken and will take. Choosing to study overseas was not a frivolous decision and choosing whether to return home or stay in the UK will be another weighty decision to make. Either way, much will be left unsaid and unlived – our self-portraits do hold a lot of negative space. Still, there is a certain beauty in not knowing about our unlived lives. They represent so many

possibilities of the things that could happen, and the joys and triumphs we could fill our lives with, and so much hope for the person that we could become.

To quote Virginia Woolf's quiet lines of poetry from her book *To the Lighthouse*: "And all the lives we ever lived and all the lives to be are full of trees and changing leaves." Whichever lives we choose for ourselves, living in the space between who we were and who we will become relieves the pressure and remorse from all the lives unlived. Everything is loveliest in the current moment. As Achilles says (in the 2004 movie *Troy*), "The Gods envy us. They envy us because we're mortal, because any moment may be our last. Everything is more beautiful because we're doomed. You will never be lovelier than you are now. We will never be here again." ♦



Gearing Up for the Career of a Lifetime



Text by Benjamin Ong, Editorial Executive
Photos by TriMedSoc Alliance

Medicine is not just a profession, but a calling. In recognition of this enduring dedication, the TriMedSoc Alliance, in collaboration with SMA, conducted the SMA 5th National Medical Students' Convention (NMSC), focused on the theme of "A Lifetime Career in Medicine".

The TriMedSoc Alliance is a gathering of students from each of Singapore's three medical schools' medical societies, for the purpose of unifying and representing the voices of the local medical student community. SMA is pleased to work with the TriMedSoc Alliance in hosting the SMA NMSC, which is the TriMedSoc Alliance's flagship event. This year's NMSC took place on Saturday, 6 May 2023, with a total of 66 attendees.

The convention was held in the Academia building on the Singapore General Hospital campus and was organised into two tracks. Track A was designed for junior medical students, to provide insight into and discussion about issues pertinent to their schooling and medical journeys. Track B on the other hand was designed to provide senior medical students with practical hands-on experiences. Attendees could choose to move between the tracks and attend whichever electives caught their eye. The organisers also provided a live-stream option for those joining in from overseas.

Beginning the day

Participants arrived early for the day's activities and the event began with a keynote address by Guest of Honour



Prof Kenneth Mak, Director-General of Health. Prof Mak praised the meticulous curation of the programme, noting the wide scope of topics, and that all local medical schools and all three healthcare clusters were represented in the line-up. He emphasised the commonality of issues medical students face, both local and overseas, and was glad that the TriMedSoc Alliance works to champion these concerns and promote a sense of cohesion between the schools.

Following Prof Mak's address, the attendees played an icebreaker game. They needed little encouragement, quickly mingling and engaging in lively conversation. While most attendees were medical students, there were also several tertiary students at the convention

who were eager to find out more about medical studies. Regardless of age or seniority, participants continued their spirited interactions and struck up fast friendships through the day.

Track A began with a hearty back-and-forth panel discussion comprising one faculty member and one student from each of the three local medical schools. The six speakers compared the medical schools' various pedagogies and approaches, and listeners quickly became engrossed in how aligned principles could nevertheless result in varied learning focuses. The speakers did not restrict themselves to top-down pedagogy, but also talked about organic student-led learning initiatives, the propensity for teachers to learn from their

“ I think these events are the sort that all [medical] students should attend. It may not seem immediately or directly relevant to many, but these topics will be important over the run of our medical careers.”

– Nathan Lee, M1, NUS Medicine (SMA 5th NMSC participant)



students, and even the educational role of generative artificial intelligence. Beyond academic learning, all agreed that the human touch was essential to caring for one's patients.

Track B was no less energetic, kicking off the morning with a game of “internal medicine Jeopardy”. In groups of three and four, the attendees competed to answer questions across many categories, from gastroenterology to cardiology and even medical history. Tough questions did not deter the attendees and instead spurred on vigorous discussion among themselves and the moderators. The moderators also shared numerous tips and tricks on how to better learn and recall medical facts.

Afternoon and beyond

After a filling buffet lunch, the two tracks continued to impart meaningful knowledge, share veteran doctors' experiences, and provide a wide range of hands-on activities. From a fun-filled backslab workshop to discussing burnout management, to a philosophical discussion of medical humanities and a suturing class, the convention covered a whole breadth of medical life. One elective even had volunteer doctor Dr Audrey Tan from *Medicins Sans Frontieres* (MSF, also known as *Doctors Without Borders*) give a talk about her intense one-year stint in Kunduz, Afghanistan.

Attendees rounded off the convention with a convivial dinner and lucky draw for a pair of Apple AirPods at the social

night, amid much joy and laughter among newfound friends. We would like to thank all participants and guests for making this event memorable and the TriMedSoc Alliance for their hard work.

We look forward to the the next SMA NMSC, and hope to see you there! ♦

Legend

1. Faculty and student panellists from the three medical schools having a lively discussion
2. A practical demonstration of suturing techniques
3. Participants learning how to apply a backslab on the leg
4. The TriMedSoc Alliance presents Prof Kenneth Mak with a token of appreciation

We thank the many educators and professionals who set aside their precious time to share their wisdom with the participants.

Prof Kenneth Mak	Dr Ian Koh	Akshay Padki
Dr Gerard Bong	Dr Jonathan Koh	Dr Clement Sim
A/Prof Chen Zhi Xiong	Lai Yu Ming	Dr Audrey Tan
Cheong Wei Lun	Adj Asst Prof Leow Wei Qiang	Asst Dean Emmanuel Tan
Adj A/Prof Angie Chew	Dr Vanessa Lim	Camelia Tang
Dr Ken Chua	Dr Jarret Ng	Dr Alex Xie
Dr Ignasius Jappar	Dr Ong Eng Koon	Dr Edwin Yang
Prof Khoo Xiao Juan	Dr Ong Thun How	Dr Yap Leong Gen



Caring for Children: Consent and Decision-making

Text by Clinical A/Prof Jonathan Choo Tze Liang

In recent years, cases of disputes arising between parents and medical professionals on the appropriateness of the care of children have come to the attention of the media and courts.^{1,2} When a child is critically ill, the decision on whether to continue life-sustaining treatment is often particularly emotive.³ Even in the primary care setting, there may be tensions that disrupt the attending medical professionals' relationship with the family or which result in quarrels within the family.⁴ The crux of the matter is to provide holistic care that is evidence-based and morally sound to the family and the child.

Concerning children and adolescents

On 15 April 2023, the SMA Centre for Medical Ethics and Professionalism organised a symposium titled "Decision-Making in the Care of Children – Who Decides?". It was well attended by 49 family physicians and paediatricians. The first talk titled "Consent in Children and Adolescents – Who Decides?" outlined the ethical underpinnings of consent and decision-making in the paediatric context. There was a consideration of how the medical care of children is typically a "triadic relationship", compared to a "dyadic relationship" in the care of an adult patient.

The "best interests" test was then examined as the orthodox position within the therapeutic relationship in the care of the child. The "significant harm" test was also suggested as a reasonable supplementary test and a lower bar, below which harm to the child would be unacceptable. The zone between the higher bar of "best interests" and the lower bar of "significant harm"

was explored as the "zone of parental discretion" within which parental wishes may be acceded to,⁵ particularly when shared therapeutic aims and goals have been agreed upon. The talk concluded with a discussion on the process of shared decision-making in the care of children.

Next was a combined lecture titled "Engaging Children and Adolescents in the Decision-Making Process", delivered by Clinical A/Prof Chan Mei Yoke, a paediatric haematologist/oncologist and palliative care physician, and Dr Kumudhini Rajasegaran, paediatrician and adolescent medicine physician. A/Prof Chan spoke on the rights of the child and the current landscape and processes for child protection in Singapore. Dr Rajasegaran then delivered an interesting lecture with advice on how medical professionals could better engage adolescents in their care.

The final segment of the symposium was a discussion of paediatric cases with ethical issues presented to primary care physicians in attendance. This discussion was led by Dr Lim Hui Ling from the International Medical Clinic. Both the attendees and faculty had a lively discussion around Gillick competence and COVID-19 vaccination as the symposium concluded.⁶

Conclusion

When parents and medical professionals disagree, it is often a matter of perspective on the value of treatment and quality of life. Within the therapeutic relationship, communication is key.⁷ It is in only a small number of cases that an agreement cannot be reached, and these are the cases that come to the attention of the courts.⁸ ♦

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3.00 pm	Regulations You Need to Know
3.30 pm	Finance and Grants
4.00 pm	Digital Healthcare Playbook – Private Practice
4.40 pm	Experience Sharing and Pitfalls to Note
5.00 pm	End of Seminar



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