

# LEVERAGING FAMILY MEDICINE TO BETTER SERVE THE NATION



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

**TUMULTUOUS CHANGES** are taking place in the Singapore healthcare scene as the nation gears up to meet the triple challenges of the increase in non-communicable diseases, the rise in the elderly population, and the estimated growth of the whole population in the future. With a projected population upsurge of 1.6 million people between 2012 and 2030, and using the 2012 figures of 1.9 doctors per 1,000 population, we will need 3,040 more doctors by 2030. Working on the norm that 60% of doctors are non-hospital-based, another 1,824 family doctors will be necessary, in addition to the existing numbers (not counting attrition from retirement). In short, we will have to train 100 family doctors per year till 2030 to serve a projected population of 6.9 million then.<sup>1</sup>

To ameliorate the aforementioned problems, many measures have been introduced, such as: building more hospitals and specialist outpatient clinics, introducing pump-priming subsidies to ramp up care delivery, and implementing the residency training system. This article dwells on the discourse of Family Medicine (FM) training, with the ends in mind for three particular areas. The first area is that FM as a discipline is now practised in many clinical settings locally; the second, the vision that every doctor in Singapore should be a valued physician; and the third, the further steps that should be taken to leverage FM to meet the challenges confronting healthcare delivery in our country.

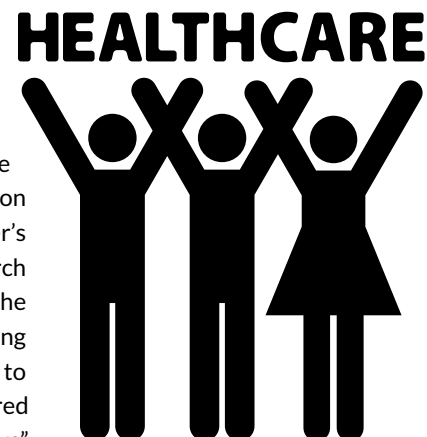
Looking at the estimated numbers of family doctors needed to serve the country, there is now considerable interest in FM education and training. Two papers on this subject were published in last month's edition of the *Singapore Medical Journal* (SMJ). The first was a review of FM development and a proposed national vision by A/Prof Goh Lee Gan and Dr Ong Chooi Peng;<sup>1</sup> and the second, a commentary by A/Prof Cheong Pak Yean.<sup>2</sup>

The need for advanced FM training leading to the Fellowship of the College of Family Physicians Singapore

(FCFPS) has been highlighted. Prof Lim Shih Hui, Master of the Academy of Medicine, Singapore (AMS), weighed in on this topic in his Master's Message, dated 10 March 2014.<sup>3</sup> He noted that the advanced FM training programme leading to FCFPS is "structured and comprehensive" and "from the specialty training perspective, Family Medicine is a specialty". He also proposed that AMS could give recognition to family doctors who have completed advanced training by admitting them as Fellows of the Academy.

## FM – one discipline in many settings

In an *Annals of Family Medicine* paper titled "The Changing World of Family Medicine" published in January this year, a distinguished panel of FM leaders in the US described the "ideal family physician as a pluripotent stem cell; (their) generalist inclination, diverse training, and range of meta-skills (listening, systems thinking, team-building, advocacy, etc) allow family physicians to pursue a wide range of careers both in and out of medicine, and even change careers within family medicine". It also asserted that the FM specialty "has demonstrated the ability to not only adapt to a rapidly changing health care ecosystem, but to thrive in ... a wide range of settings and modalities, and when practiced in ways that promote patient-centeredness and physician well-being, (it delivers) health care that improves health, lowers cost, and enhances the patient experience".



So it is in Singapore as well. Our well-trained family physicians have also distinguished themselves in many sections of our healthcare system. They have built upon their broad-based competencies, empowered by the holistic vision that FM is based upon, to serve in many clinical and leadership fields. We can and should leverage on their versatility, our de facto advantage, recognising that national issues are above the clinical silos of tradition and territories, and train family physicians to serve in these settings with capacity and confidence. Future generations of family doctors, equipped with formalised training and the offer of fair remuneration, would be more likely to choose these presently underserved settings.

### **“Every doctor a valued physician”**

The US panel of distinguished family physicians bemoaned that the “industrialization (of healthcare has) accelerated, ... becoming almost an arms race between the various segments of the health care system; clinicians were trying to maximize revenue by any means possible, and payers were instituting complex mechanisms to control costs. The economic boom ... allowed medical costs to balloon without consequence, pushing high-tech rather than high-touch as the best form of health care, even as health outcomes worsened”. In addition, family physicians “were dragged further and further away from (their) core: whole-person, whole-family, and whole-community-centered care”.<sup>4</sup>

In adopting elements of the American healthcare system, we would do well to heed this warning – that doctors resisting economic imperatives may soon become a dying breed of “missionaries” in their own land, doing yeoman service of providing holistic care, but are unrecognised and unrewarded.

In their SMJ review paper, Goh and Ong mentioned “disfranchised physicians within and without the established system. There is much coffee-shop talk of work load, work-life balance of doctors and changes in the practice landscape”.<sup>1</sup> Medical students and young doctors are cognizant of the situation and have begun to vote with their feet. This trend has raised concerns among our medical leaders. In his Master’s Message, Prof Lim wrote: “It is therefore not surprising to hear that many local medical students and junior doctors do not choose Family Medicine as their career of first choice.”<sup>3</sup>

*Our nation must take steps to ensure that every doctor is a valued physician in whatever environment he or she works in. Singaporean doctors should be incentivised to take up the*

challenges of FM. For example, more generous funding for career development could be given. Such schemes have been instituted in the US as well, in an effort to shift the equilibrium to achieve sustainability of national healthcare provision. There is an uncanny resemblance between the healthcare problems in both the world’s most powerful nation and the little red dot.

A case in point is the so-called Programme B track of the Master of Medicine (FM), which caters to older doctors in private practice who want to embark on further FM education. The course began in 1995 as a response to the higher education training needs of such doctors, yet has never received public funding. 20 years on, the programme’s original vision and labour have been vindicated – today, more than 100 trained family physicians from this track are serving as leaders, including chief executive officers of healthcare institutions, leaders in academic and clinical institutions, as well as consultants and senior consultants in the many settings we have described.

Moving forward, we need a bigger pipeline to meet national healthcare needs. There is a limit to what a self-funded enterprise can do: public recognition and funding are now needed to train increasing numbers of family physicians beyond the three local FM residency programmes, to the vision and capacity of serving in the many settings that family doctors of today and tomorrow will find themselves in. Some of us have calculated that this government investment to increase training capacity for the Graduate Diploma in FM, residency, Masters and Fellowship trainings, will only be a small quantum compared to the large sums poured into the local and overseas training of hospital-based high-tech specialists.

### **Steps to be taken**

The two recent March SMJ papers proposed steps that could be taken to leverage FM, and they are usefully summarised here.<sup>1,2</sup>

#### **1. Think systems and dismantle silos**

There is a need to think systems and dismantle clinical silos. The turfs of individual medical disciplines are guarded by ideology and tradition, and are tripping points to the unwary. There is a danger of groups of doctors (in organised Medicine) demarcating silos, even for clinical care across the entire spectrum of severity. Each silo of today needs to be integrated with the rest of the healthcare landscape by some common concepts, common actions and health literacy. Family physicians need new rules of engagement for this integration of care. The underlying assumption is that there

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must be *adequate training and remuneration* to do the right thing, and to do the right thing rightly all the time.

## 2. Re-emphasising person-centredness

The core value of FM is person-centredness. We need a person-centred approach in order to deal with the biopsychosocial components of ill health and wellness in every person. In this context, a central paradigm of FM that has emerged in recent years is the patient-centred medical home. This concept lends form and structure to the discipline as a counterculture to the increasing fragmentation and specialisation of medical care into different parts of the body. FM, if you like, comes of age seeking to create a medical home where whole-person care can take place over time.

## 3. Public-professional perceptions, expectations, policy, and healthcare cost sustainability

Public and professional perceptions, expectations, policy decisions, and healthcare cost sustainability need to be revisited. No nation can sustain a fragmented health system based on body parts functioning in silos. A new financing compact of paying integratively and equitably based on cost-effectiveness and timeliness will need to be worked out soon, if not urgently, based on the person-centred paradigm. The idea of a one-payer system with merged clinical and financial governance can be further explored. Additionally, there is a need to include in the FM vision the development of health literacy in every citizen, in order to align all stakeholders (physicians, patients, policymakers and the public, or the four Ps) to what needs be done, in terms of optimisation of health and well-being, as well as the appropriate use of healthcare services.

## Family physicians' remuneration beyond the episodic care rate as healthcare reform

With the changing landscape of healthcare delivery, primary care funding as a function of acute illness management may no longer be equitable, as additional units of time and resources are needed to adequately deal with continuing problems of chronic diseases and complex conditions. A recognition of this situation is needed to drive the creation of a funding system that allows the family physician to work in less of a sweatshop, not in poor regard, and away from being financially underpowered to do the needful. A method of arriving at the enhanced consultation fees needed for such care can be found in an SMJ paper by Goh et al.<sup>5</sup>

The Americans are facing a dwindling number of doctors signing up as family physicians because of inequitable returns. We have no wish for Singapore to follow suit. By paying family doctors fairly for work done to prevent and control chronic non-communicable diseases adequately, our country will consequently reap individual, family, and national savings from the healthcare burdens avoided. Person-centred care

paid equitably will reduce readmissions, the bed crunch, and high healthcare costs in caring for the older population. This is food for serious thought for the four Ps that make up the society we live in.

## Conclusion

We now have some clarity of our future healthcare needs and the way ahead, thanks to coffee shop talk, boardroom debates, and documentation of what needs to be done to contain healthcare costs. There is awareness among medical leaders that FM must be leveraged to meet the triple challenges we are facing in Singapore – the rise in the elderly population, the rise in non-communicable diseases, and the increase in the total population. We need to walk the talk.

*(Pictures speak louder than words. So do turn the page for a photographic essay which highlights the many clinical contexts which now exist in this country and which family physicians are needed in. The current state of Singapore's healthcare industry is not unique among developed nations, as emphasised in the essay, which also shows that our nation is keeping up with changing population needs, in tandem with experience and world population changes.) ■*

## References

1. Goh LG, Ong CP. Education and training in family medicine: progress and a proposed national vision for 2030. *Singapore Med J* 2014; 55(3):117-23. DOI: 10.11622/smedj.2014031.
2. Cheong PY. Education and training in family medicine: looking ahead. *Singapore Med J* 2014; 55(3):124-5. DOI: 10.11622/smedj.2014028.
3. Lim SH. Master's message. Available at: <http://ams.edu.sg/master-message>. Accessed 2 April 2014.
4. Steiner E. The changing world of family medicine: the new view from Cheyenne Mountain. *Ann Fam Med* 2014; 12(1):3-5. DOI: 10.1370/afm.1621.
5. Goh LG, Cheong PY, Phua KH. Calculating the GP consultation fee in Singapore: towards a rational costing approach. *Singapore Med J* 1993; 34(6):496-99.



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