



# FAMILY Medicine

## SETTING THE PACE AHEAD



*"Hi, Dr Leong, I have applied for family medicine residency. Could you be my character referee?"*

– **Victoria, my first LPE student**

*"Dr Leong, I have decided to apply for family medicine residency."*

– **Fei Yee, my student from family medicine (FM) elective student**

*"Oh, Dr Leong, just wondering, have you submitted the referee documents for my residency application?"*

– **Ken, my Graduate Diploma in FM trainee**

*"Dr Leong, I am thinking of switching my residency from internal medicine to family medicine, what do you think?"*

– **Shy Xian**

2015 has been an exciting year for me. I have had the joy of hosting Dr Eugene Chua, a FM resident attached to my clinic during his third year in medical school. I am also beginning to see a bountiful harvest from my years of advocating for FM among the pre-med and medical students, trainees and residents. It is especially comforting when I receive texts from students who enquire about FM residency or ask me to be their referees for their residency application. Even my son, who dreams of a medical career, wants to be a GP!

### OPTIMISING THE GP POTENTIAL

Before I get too carried away, I was reminded that Singapore GPs have much to do before we can be on par with our contemporaries overseas.

At the time of this writing, our very motivated counterparts up north were having their annual primary care research conference in Kuala Lumpur. It is their belief that, through sharpening their research skills, they can bring out the best in primary care. We face similar challenges as our Malaysian colleagues – many are solo GPs in private practice, while some work in government-funded clinics where long waiting time is not

uncommon. Yet, their passion for research is undaunted. This passion is contagious.

In November, I spent a week Down Under, giving my full attention to my family, especially the children. After watching sunsets for the third day in a row, we got bored. I decided to drive 300 km to the Wheat Belt in Bruce Rock to have lunch with my classmate, Dr Caleb Chow, who moved to Australia not long after we completed our bond. Caleb will share his story in another instalment of this column, so that we may draw lessons from his experiences.

Visiting Caleb in the Wheat Belt opened my eyes to what a GP's work is like there. I also saw real integrated care in action. Caleb is the only GP in town, and his clinic caters to everyone, from the youngest to the oldest. He performs minor surgeries, manages the hospital ward, looks after patients with dementia in the nursing home and counsels those who are stressed out. He does preventive medicine, conducts health talks to the residents of the town and administers vaccination. He exemplifies a healthy lifestyle.

Interestingly, he also started a cafe to encourage social interaction. He plants vegetables and rears chickens and fish in his backyard.

His staff even help to look after an orphaned baby kangaroo! "Is Uncle Caleb a doctor or a vet?" my daughter quipped at the sight.

## REFLECTING AND GIVING THANKS FOR 2015

So, what have we GPs done for ourselves, the fraternity and the public?

As we start a new year, it is timely for us to reflect on and give thanks for our accomplishments in 2015, and plan on what to achieve for ourselves, our family, our colleagues and the public in the year ahead.

### COLLABORATING WITH REGIONAL HEALTH SYSTEMS (RHS)

Our polyclinics and hospitals are bursting at the seams. GPs in private practice can definitely help offload their patients. Many hospitals and their respective departments are exploring and experimenting with shared care models. While it can be frustrating and slow in getting these schemes to work, it is important for us to play our part. It also gives us the chance to understand the challenges our colleagues encounter in the public institutions.

### REACHING OUT TO FOREIGN COLLEAGUES

It has been reported that Singapore faces a shortage of doctors and that an increasing pool of foreign doctors are among us. It might be a good idea for us to reach out to them and help them assimilate into our society and healthcare system in the year ahead.

### MAKING FM ATTRACTIVE

It is a sad fact that many parents prefer their doctor children to become specialists. I have even heard of colleagues whose spouses refused to talk to them after they had chosen FM as their specialty. It is really up to the GPs to make our specialty more appealing.

In my opinion, contributing more to our society may improve the public's perception of GPs. We can chip in to help at various voluntary welfare

organisations (VWOs), schools and even resident committees. My good friend, Dr Ang Seng Bin, is a fine example for us to emulate. He is the vice-president of the National Council for Social Services and chairs the Ang Mo Kio Family Service centre.

Besides VWOs, we can also consider volunteering our services at Singapore Medical Council or professional bodies such as the SMA, Academy of Medicine and College of Family Medicine.

### ESTABLISHING PRIMARY CARE RESEARCH

Research in primary care is an unexplored field, with many gems waiting to be uncovered. The results will help shape better management plans for the public. Private GPs are sitting on these gold mines.

I concede that research is the last thing on my mind as a solo private GP. However, we can always collaborate with polyclinics and the RHS to achieve this. I often dream of emulating Dr Tan Ngiap Chuan, a GP who also focuses on primary care research.

### TEACHING FM FROM YOUNG

Achieving the abovementioned will certainly help to bolster the standing of the fraternity and increase the public's confidence in their GPs. However, the most important thing is replicating this reality.

Primary care is crucial in improving our healthcare system. Besides supporting the public sector in serving the population and aiding our foreign doctors to adapt, we should also challenge the younger generation to take up FM as their lifelong career.

To do that, we must teach, shape and inspire the next generation of doctors, like my friend, Dr Teo Boon See, a GP in private practice and a professor in FM.

Hopefully, by this time next year, we can reflect and be thankful that we have inched forward and upward a tiny bit. ♦

#### PROFILE



#### TEXT BY

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*Editorial Board Member*

Dr Leong Choon Kit is a GP in the private sector. He is an advocate of the ideal doctor which is exemplified by one who is good at his clinical practice, teaching, research and leadership in the society. His idea of social leadership includes contributing back to society and lending a voice to the silent.

#### *Disclaimer:*

*The names listed in the messages are not the real names of the students.*