

GP INCUBATING BUILDING THE NEXT GENERATION OF GPs



In the past three years, I have had the privilege of helping several younger colleagues while they set up their respective private medical practices. As I walked them through the process, I also revised the principles behind primary healthcare and family medicine. I have since learnt many new lessons and relearnt old ones. I am also forced to reflect deeply the issues we face in the private world that we were sheltered from when we were still serving in the public institutions.

Below, I would like to showcase and feature four of these GPs who have taken the plunge in the past 12 months.

DR ANG TENG SOON PAUL OF ZENITH MEDICAL CLINIC

“Remember you said you can take me as your *tu di* (徒弟 — Mandarin for disciple)?” This WhatsApp message from Paul, who was attending the Graduate Diploma for Family Medicine (GDFM) when we met in 2014, started our relationship.

Paul is a very hardworking and diligent doctor. He is academically sound, exudes confidence, yet very humble and teachable. He is also a diehard believer in the core principles of family medicine.

While guiding Paul through the initial months, much was relearnt from going through the individual patients he had seen in the week. It was an intense online tutorial; he would present the patient to me while I share how I would have managed the case. Soon, he gained sufficient confidence in managing various types of patients, adding to his strong repertoire of cases.

Now, we have a chat group to facilitate that kind of healthy exchange. The beauty of a chat group is that it allows several physicians to share their perspectives on the same patient. Of course, that also helps to share the load.

DR JEREMY CHAN OF DR JEREMY CHAN MEDICAL CLINIC

"Just got Community Health Assist Scheme (CHAS) in today and saw the first two CHAS patients. Saw a MBS@Gov patient yesterday." One can easily sense the excitement from Jeremy's message.

When I first opened my clinic, there was a galore of company contracts and managed care contracts. We were often advised to lower or waive our consultation fees to attract walk-in patients. However, that is not an ideal situation; it was a real struggle with the reduced income. Things were made worse when we receive payment late, adversely affecting cash flow. Quality of care is suspect and patient safety can also be an issue.

One standard recommendation for new clinics these days is to sign up for all the government schemes available, such as CHAS, Chronic Disease Management Programme by the Ministry of Health (MOH), MBS@Gov administered by the Accountant-General's Department for public service servants, and the Baby Bonus scheme administered by the Ministry of Social and Family Development.

"What is the one most important feedback about CHAS?" Prof Chee Yam Cheng, chairman of the National GP Advisory Panel, asked at one meeting. I remember answering with much conviction that it is a lifeline for many young aspiring GPs who have opened their clinics in the heartland.

DR K OF MISSION CROSS FAMILY CLINIC

"Hi Kit, I can work something out. I am just behind them. As a new start-up, my load will not be too heavy, so can do their follow-up." This was the reply I received from a classmate who has just opened his clinic when I solicited his help in right-siting for Khoo Teck Puat Hospital.

It is a well-known fact that there is a glaring mismatch in our healthcare system. The MOH often quotes that 80% of the Singapore population with chronic conditions are seen by the

20% of family physicians in the public institutions and vice versa. This phenomenon was examined earlier in February issue's "GP Matters" (<https://goo.gl/yqu4mS>).

Many established GPs have survived through various means and might now be too busy with their practices to help out with right-siting programmes. The same is not true for young start-ups. My classmate is a good example. Although his clinic load has picked up, there is still capacity for him to help. In addition, he is a GP keen on reaching out to the families in his community. His preference to instil personal touch, treat the family as a whole and his passion for the continuity of care puts him in the best position to do right-siting.

One of the main hurdles cited by our public institutions for right-siting is the quality of the GPs. Young aspiring GPs who have recently completed their GDFM or Master of Medicine in family medicine will be reassuring to the Regional Health System to right-site.

DR CARLISTA CHONG OF HOLLAND MEDICAL CLINIC

"Hi Dr Leong, will u be free next week for a run through?" This is a frequent request from our aspiring young GPs. To be fair, the inspectors from MOH have always been nice, friendly and helpful, but the first clinic inspection always carries more stress.

Without the licence, the clinic cannot operate and any delay will add financial stress to the new set-up. After all, each day the clinic opens, it brings in more patients and builds up the patient base.

A basic clinic run-through is very helpful and nerve-calming. Infrequently, the younger colleague will miss out on details such as the equipment drugs for resuscitation. Sometimes, the cold chain maintenance is also not up to expectation.

Many clinics now use clinic management software and some also use electronic medical records. Embracing innovation and

information technology is always the way to go. However, one may not be familiar enough at the clinic inspection and it is always good to have a trial run.

PERSONAL THOUGHTS

There is still much for me to learn as a GP "incubator". I am enjoying this role very much and hopefully more GP colleagues can also do the same for the next generation of GPs. Similarly, should there be any of us who wish to open their clinics and are looking for a GP incubator, please do not hesitate to contact me. ♦

PROFILE



TEXT BY

DR LEONG CHOON KIT

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. He believes that our dreams and vision for family medicine will be fulfilled in the next generation of GPs.