

Prata, Kaya Toast or CME By Dr Ho Jee Meng

It was a Sunday morning. My 3 and 5-year olds crawled under my blanket and snuggled up next to me at their usual waking time of 7am. I wished they could let me sleep in a little longer. I didn't have to go into the clinic that morning since it was my partner's turn to take the Sunday morning session. My better half suggested I get up soon or I would be late for my Surgical Skill Instructional Course which I had signed up for. My son then requested for a prata. He was disappointed that he did not have his prata last week due to a painful bout of tonsillitis. As a result, I had to miss my CME session on 'Surviving Managed Care' that afternoon, even though I think CME is a topic which every GP should know, every HR Manager ought to know and Managed Care groups pretend not to know.

At that moment, I hesitated. If we were to go for his prata, I would definitely be late because the prata queue is usually quite long. I recalled reading the Minister's speech at the CFPS Anniversary Dinner, calling the GP to "constantly update his knowledge and keep up with the latest medical developments" and that "by pursuing advanced training can the family physician truly be in a position to advise his patient appropriately".

Looking at the kids' pathetic faces pleading for prata, I felt a tense dilemma I'm sure other GPs face about attending CMEs on weekends. Finally, we compromised that we would have prata next week and go for kaya toast with kopi instead.

Just the day before, when I left the swimming pool with my kids to prepare for the evening clinic, my engineering friend who was with us asked, "You mean you are going to work now? Didn't you just come back from work a couple of hours ago?"

He was even more disappointed when I told him I couldn't join our golf kakis the next day as I had a workshop. He has long wanted to seek revenge, having lost twenty bucks the last time we played. And he knew I usually can't

play on weekends because of work. He added, "On a Sunday? You work almost 7 days a week, including weekday nights and still must go for lectures?"

He then kindly offered me his bottle of Red Bull. To him, skills upgrading and vocational training in most professions occur during office hours. He was also shocked that I have to pay for a locum each time I go for CMEs, so that the clinic can remain open.

"Close the clinic, lah," he added.

"Easier said than done," I mumbled to myself.

But it did make sense. Cost of skills upgrading and vocational training is usually budgetted for in most companies. Hmm, maybe I should also factor in the locum costs and loss of earnings into the running costs of the clinic when my partners and I go for CMEs. But I'm also very thankful I have partners to roster the weekend clinic sessions. I have at least half day to a day of the weekend off every other month.

"...you mean you must go for updates, ah? Why?";

"...my daughter refused to open her mouth for your locum to see yesterday";

"...make big money already, huh. No need to work on Saturday and Sunday now, I see. Always get locums nowadays";

"...went for holiday huh? So shiok and lucky"; etc.

These were comments made by patients the following Monday when other partners and I all went for the 8th Scientific Conference by CFPS a couple of weeks ago. Can't blame them as I was also away for 2 weeks of reservist training recently, and before me, my partner was gone for 10 days of in-camp training.

"... thought you were in reservist during February early this year?" boomed a patient, still sore that a locum caused him pain during the second Hepatitis B jab. He made sure I gave him the third shot.

"...you mean doctor also must do reservist. Must be very relax and can eat snake, hoh?" quipped an elderly patient. "...why you young doctors not

like my previous doctor. Always around when I walked into his clinic, no locums," she added.

Suddenly I felt guilty planning the family trip to the Gold Coast later this month, even though it was just for a week, and it had been a good one and a half years since the last family vacation. And I certainly dread telling my patients of the coming 4-day endocrinology conference in Bali the following month. My partners and I are all for continual education. But are our patients prepared for it?

Good thing CME is not compulsory for licence renewal, yet. Otherwise, my other half would have lost her licence 6 years ago when the kids came along. But that doesn't make her any less competent. She has her own ways of updating herself without attending CME accredited programmes. I like going for lectures even though it means always meeting the same familiar faces and usually more senior colleagues. Having more points on the other hand, doesn't make a doctor any more credible. But the sad fact remains that there is no other benchmark so far to prove our continual education if we are put to a test.

I believe there is no need to make CME compulsory. Otherwise, the whole purpose of CME would be a futile exercise, ie. going for accredited CME programmes only for the purpose of accumulating the minimum points required and forsaking other enriching lectures without points.

Attending CMEs is only one of the many ways to improve ourselves. We owe it to our patients. It shouldn't be seen as a chore or a sacrifice. But must it be during weekends? I may sound a little self-centred. Anyway, many thanks to CME co-ordinators and lecturers for giving up your weekends for us.

This being said, we have to take it on ourselves and commit as professionals in "pursuit of life-long learning and upgrading". We have to adopt a new mindset and seriously consider a different approach on how to keep ourselves

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abreast with the explosion of medical information for the next 10 to 20 years or more.

For our own sanity, we need that miserable little time-out to rejuvenate ourselves after a gruelling week at work, and to feel the passion to heal again. Anyway, is there a help hotline for a stressed-out GP? How long can he last when he sees no difference between a Monday and a Sunday? It is all about work and meeting the bottom line. I'm sure colleagues who choose to close on weekends do so because they want to rest and for other commitments. CMEs

would be lower in priority. Also, a tired doctor would do injustice to his patients, family and community if he is not able to offer his best. Worse, he may make mistakes and get sued. We are only human, just like any guy next to us.

When I saw my daughter chomp up the last piece of toast, with kaya stains on her cheeks, I felt at least, for that half hour, what the other loving fathers in the kopi tiam look forward to on weekends with their children. Even though I was not able to spend the whole Sunday with my kids like other fathers do (for some it is both Saturday and Sunday),

I looked forward to be home for dinner after the workshop. And if time permitted, do next week's groceries, wash the car, fix its blown brake lights and get my kids' Gameboy cartridges or CD-Rom games before the end of this precious Sunday. I gulped my last mouthful of kopi, kissed my kids and wife goodbye and sped off along the deserted PIE for my CME, hoping not to be late. And I must remember to call my buaya friends informing them, yet again, that I can't join them next Sunday for a fix of golf. I would be eating prata, with egg and onions. ■