

Sreenivasan Oration Text

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Observations on the Development of Family Medicine in the world and in Singapore.

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Past Presidents of the College present here tonight

Council Members of the College

Distinguished Guests, Ladies and Gentlemen

Let me first thank the College Council for giving me this honor of delivering the Distinguished Sreenivasan Oration for 2014

When I first agreed to give the oration, I was at quite a loss as to the appropriate topic to speak on as I noted the extensive range of topics that had been covered by earlier Sreenivasan Orators. I also realized the very rapid progress this College has made these past years in getting Family Medicine recognized firstly as a distinct discipline and now a specialty and also now a Chapter in the Academy of Medicine, Singapore. I hence approached the College Council for suggestions. Knowing that I've had exposure to both international and local family medicine developments, the Council wisely proposed the topic that you now see in the program.

My involvement in the College began in 1978, when I first joined the College Council as a Council Member. In the following 20 plus years, I held various appointments within the College Council and eventually resigned as Council Member in 2001 when I was appointed as Chief Executive Officer of the World Organization of Family Doctors - or Wonca for short. I held the appointment of Wonca CEO for the next 11 years and completed my term in 2012. Having served in the College for over 20 years and in Wonca for 11 years, I have had the privilege of observing the growth of Family Medicine both locally and internationally, and hence today, shall be looking to address the topic "Observations in the Development of Family Medicine in the World and in Singapore."

Let us first look at the global development of Family Medicine:

In 1963, an Expert Committee of the World Health Organization in its report entitled “The training of the Physician for Family Practice”, stressed the need for the training of family doctors in every country in the world regardless of its state of economic development. 10 years later in 1973, a Working Group of WHO again emphasized the importance of Primary Care and identified the general medical practitioner as a key player in the healthcare of a population. In 1978, the WHO and UNICEF sponsored an International Conference on Primary Health Care at Alma Ata, now Almaty in Kazakhstan during which the now famous Declaration of Alma Ata was made, articulating a vision of ‘Health For All’ by the year 2000.

As these developments were taking place on the world stage, a significant evolution in the training of generalist physicians was occurring in various countries around the world. Instead of being educated in an undifferentiated manner as in the past, generalist physicians, termed family doctors, were provided with post graduate training specifically designed to prepare them to diagnose and treat the majority of peoples’ health problems within the context of families and communities. These initiatives received substantial reinforcement at the 5th World Conference on General & Family Practice in Melbourne, Australia in 1972. There, 23 representatives from 23 countries established the World Organization of National Colleges, Academies and Academic Associations of General Practitioners / Family Physicians, or in short, The World Organization of Family Doctors; now commonly known by its acronym Wonca. It may interest this audience to know that our then fledgling College in Singapore was represented among the 23 founding members of Wonca, thanks to the wisdom of the early pioneers of our College.

Family Medicine had evolved at different rates in different areas of the world. As early as 1966, the United Kingdom started a general practice vocational training program. During the same decade, Canada and the United States and several other European countries also initiated programs specifically designed to train family doctors. The acceptance of Family Medicine as a distinct discipline grew quickly from that point on. By 1995, about 20 odd years later, 56 countries had developed specialty training programs in the discipline of family medicine. Many of these family practice training programs were established through partnerships with medical schools, community hospitals, and practicing physicians. You will all note that very similar developments took place in the Singapore context – which I will later touch on in the section about the development of family medicine locally.

How did family medicine organizations and the development of family medicine as a discipline in most parts of the world get started, you might ask? The leadership of family and general practice organizations is usually drawn from family doctors themselves, as has been repeatedly shown by the experiences of the many colleges and academies of

family medicine that have been set up in these past three decades. This demonstrated significant professional independence and also created a cadre of family medicine leaders who served as role models. Typically, the leadership is assumed by a group of charismatic, service-oriented family doctors with a clear vision and a strong sense of purpose. Studies have shown that establishing departments or organizations of family medicine required the participation of many leaders who understood and supported the important functions and roles of family doctors. These leaders included government authorities, medical association representatives, health ministry officials, practicing family doctors in the community, staff from medical schools and teaching hospitals, and leaders of other national and international family medicine organizations like Wonca.

Historically, it has been shown that collaboration took place in several ways:

1. Members of a steering or protem committee keen to introduce the discipline and start an organization would go on a study tour to other countries with established family medicine colleges and organizations to learn about the best ways to set up a viable entity as well as the pitfalls to avoid.
2. In some cases, attendance at a Wonca Regional or World Conference would provide that vital spark of interest, links and contacts to start liaison between a mature organization and the fledgling one. In some cases, partnership programs may be established for one to aid the growth of the other.
3. Visits by the leadership of Wonca and the meeting between this leadership and the Ministry of Health officials of some countries have helped propel the development of family medicine. For example, the Indonesian College of Family Physicians was given a boost after a Wonca Regional Conference was held in Bali in the mid-1990s, followed by a meeting of the Wonca leadership with the Indonesian Health Minister. In recent years, this approach had proven most useful especially in the developing countries of South East Asia (for example Vietnam & Myanmar), Central Asia (Kyrgyzstan & Khazakstan), and countries of South America.
4. The recent improved liaison between WHO and Wonca have been very useful in introducing the concept and training of family doctors to countries keen to introduce the discipline as one key aspect of their health care system. This was especially noticeable following the past two WHO World Health Assemblies where Wonca had the opportunity to address the assembly on the importance and role of family doctors.

As a result of these various approaches, family medicine / general practice concepts have become more widely accepted globally and family medicine colleges, academies and organizations have sprung up at a faster rate in the past two decades. The growing recognition of Family Medicine as a distinct discipline and practice expanded significantly during the 1990s and the first decade of this millennium as

reflected by the increase in the membership of Wonca, which now has 128 member organizations in 105 countries covering almost every continent on the globe. Wonca's member countries today represent collectively over 90% of the world's total population.

WONCA had such an increase in membership to the extent that it was able to create the two new regions of Wonca Iberoamericana-CIMF and Wonca East Mediterranean. There are now seven WONCA Regions mirroring closely the WHO Regions globally, namely Africa, Asia-Pacific, East Mediterranean, Europe, Iberoamericana-CIMF, North America and South Asia. Of special significance was the development of family medicine in the countries in Central Asia such as Kyrgyzstan, Kazakhstan and the Republic of Mongolia.

A study of the spread of WONCA membership globally will reveal that there are however still a significant number of countries in the Central Asia and Africa regions that have yet to formally accept family medicine concepts. These are mostly developing countries that are likely to benefit most from the introduction of Family Medicine into their health care system.

Let us now look briefly at the development of Family Medicine in Singapore.

Broadly speaking the development of family medicine in Singapore very much mirrors what has been observed to occur in most other countries with well established family medicine concepts, training and practice. It usually starts with the commitment and endeavors of a core of dedicated local family doctors with a vision, which then leads to the formation of an organization and introduction of family medicine as a health care concept. This in time receives support from health authorities and institutions of higher learning. All these then finally results in family medicine becoming an accepted discipline initially and later a specialty in its own right in the country.

I would broadly divide the growth of family medicine in Singapore into 3 phases:

1. The Infancy Phase
2. The Adolescent Phase
3. The Adult or Mature State

The Infancy Phase

In Singapore, family medicine began as a discipline with the formation of the then College of General Practitioners, Singapore in 1971. This was the result of efforts by the far sighted pioneers of this College like Drs Sreenivasan, Wong Heck Seng, Wong Kum Houg and Victor Fernandez to name a few. These were wise men who saw the need then for the discipline to be established, set and strengthened with the tripod of a) a prescribed curriculum of training, b) a vigorous assessment process and c) research.

Formal training in family medicine leading to Membership of the College of General Practitioners, Singapore (MCGP) began the following year in 1972. In those early days, the going was not easy as little support was forthcoming from the health authorities and local higher institutions of learning. The curriculum planning, training and assessment in those early days had to be done by our pioneers who were aided to some extent by visiting consultants from the Royal Colleges of the UK and Australia.

As a result of their persistence and perseverance in doing what they believed was right and timely, the MCGP diploma was recognized as an additional qualification by the Singapore Medical Council in 1974

During the period of the mid-70s to the mid-80s, the College continued with its MCGP diploma program driven mainly by training on the job, by self study and lunch time talks and teaching sessions. This was the phase of the infant growing into early childhood.

In the mid-1980s, as result of a joint memorandum between the College and the National University of Singapore's Department of Social Medicine and Public Health, family medicine began to be taught as a formal discipline in the undergraduate curriculum.

This was very much in line with trends that were already prevalent in the other developing countries. The exposure of medical undergraduates to family practice gradually increased from the initial one week to two and later four weeks in 2001 and eight weeks in 2007.

Next came the Adolescent Phase

In 1991, with the blessings of the University of Singapore and the Ministry of Health, the first batch of trainees was selected for the Master of Medicine (Family Medicine) Program – a post graduate training program. This marked the beginning of a structured Ministry of Health sponsored and hospital based training program with clinical specialty rotations relevant to family medicine. In 1993, the first batch of candidates was presented for the inaugural MMed (FM) Examination. Two years later, in 1995, the College initiated the private practice arm of the specialty training leading to the same MMed (FM) examination. This firmly established the formal recognition of family medicine as a distinct discipline and specialty with its own prescribed curriculum and training requirements. As of December 2013, there are about 400 family doctors with the MMed (FM) specialist qualification.

To ease the passage towards the MMed qualification for already practicing family doctors, in the year 2000, the College introduced the Graduate Diploma in Family Medicine (GDFM) as the entry level vocational training program for family medicine. The GDFM graduand may present himself or herself for the MMed examination upon completion of an additional period of training. It was the hope of the College that this two-step pathway would encourage more who are in private practice to offer themselves up for the MMed examination. Today, the GDFM is the minimal standard required for entry into the Register of Family Physicians

The Adult State

Finally, let us look at the Adult Stage of the development of Family Medicine in Singapore

This coming of age witnessed two significant developments.

Firstly, having the MMed (Family Medicine) firmly established as the entrance portal for the specialty, the College introduced the Fellowship by Assessment in 2001. This required the MMed(FM) holders to undergo an additional two years of training in clinical practice, pedagogy and research methodology. On passing the assessment, these candidates finally exit as Fellows of the College of Family Physicians, Singapore

Secondly, and most significantly this recognition and acceptance of family medicine as a distinct discipline and specialty culminated in the formation of a Chapter of Family Medicine in the Academy of Medicine of Singapore in June this year

Ladies and Gentlemen, it has been a long haul of over 40 years for the College. Much is owed to the early pioneers of the College with their far sighted vision. Much is also owed to the many Council Members over the past many years who believed in the visions of our pioneers and were prepared to persevere and strive for the ultimate goal of having family medicine recognized as a distinct discipline and specialty. That precious goal has been achieved today. I salute and say thanks to all those who had played one role or another in this long saga

Thank you and enjoy the rest of this evening of fellowship.