



COLLEGE OF GENERAL PRACTITIONERS SINGAPORE

**TWENTY-FIRST
ANNUAL REPORT
1991 - 1992**

CONTENTS

Agenda	2
Minutes of the 20th Annual General Meeting	3
Report of the Thirteenth Council for the period 1 April 1991 to 31 March 1992	8
Appendix I: Submission to Review Committee on National Health Policies	12
Report of the Board of Censors	20
Report of Continuing Medical Education Committee and Family Medicine Training Programme	22
Report of Undergraduate Teaching	26
Report of Research Committee	27
Report of Publications Committee	28
Report of Finance Committee	29
Report of Practice Management Committee	30
List of Donations	31
Auditor's Report	32
Balance Sheet as at 31 March 1992	34
Income and Expenditure Account for the year ended 31 March 1992	35
Notes to the Accounts – 31 March 1992	36
List of Members	41

ANNUAL GENERAL MEETING

NOTICE IS HEREBY GIVEN that the **TWENTY-FIRST ANNUAL GENERAL MEETING** of the College of General Practitioners Singapore will be held on **Sunday 19 July 1992 at 2.00 pm.**

AGENDA

1. Minutes of the Twentieth Annual General Meeting held on 7 July 1991.
2. Matters arising from the Minutes.
3. Annual Report of the Thirteenth Council for the year ended 31 March 1992.
4. Audited Accounts for the year ended 31 March 1992.
5. Constitutional Amendment
 - 5.1 Council has proposed that the name of "College of General Practitioners, Singapore" be changed to "Academy of Family Physicians, Singapore".
6. Fellowship by Assessment.
7. Any other business.

Dr Arthur Tan Chin Lock
Honorary Secretary
for Thirteenth Council 1991 – 1993
College of General Practitioners Singapore

MINUTES OF THE TWENTIETH ANNUAL GENERAL MEETING

Minutes of the 20th Annual General Meeting of the College of General Practitioners Singapore held at the College Lecture Theatre, College of Medicine Building, 16 College Road, Singapore 0316 on Sunday 7 July 1991.

The following were present:

Dr Chan Cheow Ju	Dr Lim Toan Kiaw
Dr Chang Ming Yu	Dr Alfred W T Loh
Dr Chong Kim Foo	Dr Lum Chun Fatt
Dr Choo Kay Wee	Dr Ng Chee Lian Lawrence
Dr Goh Lee Gan	Dr Ng Mong Hoo Richard
Dr Evelyn Hanam	Dr Soh Cheow Beng
Dr Huan Meng Wah	Dr Arthur Tan Chin Lock
Dr Koh Eng Kheng	Dr Tham Kok Wah
Dr Kevin Koh	Dr Reginald Tong Thean Seng
Dr Bina Kurup	Dr Moti Vaswani
Dr Lee Suan Yew	Dr Wong Heck Sing
Dr Lim Chun Choon	Dr Wong Song Ung
Dr Lim Lean Huat	Dr Yeo Khee Hong
Dr Lim Khai Liang	Dr Henry Yeo Peng Hock
Dr Lim Kim Leong	

In attendance: Sonia Fam

The meeting was called to order at 3.00 pm.

There being no quorum, the meeting was adjourned for 15 minutes and re-convened as provided for by Article VIII Section 6 of the Constitution which states: "If within one hour from the time appointed for the meeting a quorum is not present, the meeting shall be adjourned for fifteen minutes. The number of members then present at the adjourned meeting shall constitute the quorum, but they shall have no power to alter, amend or make addition to any part of the existing Constitution".

1. OPENING REMARKS

The Chairman, Dr Koh Eng Kheng, called the adjourned meeting to order at 3.15 pm. He welcomed all the members who were present.

2. MINUTES OF THE 19TH ANNUAL GENERAL MEETING HELD ON 7 JULY 1991

Dr Wong Heck Sing proposed that the Minutes be passed and Dr James Chang Ming Yu seconded.

3. MATTERS ARISING

3.1 Admission to Diplomate Membership

The Censor-in-Chief drew attention to last year's proposal that Clause (f) Article V Section 4 be removed to allow trainees in Family Medicine to qualify for the MCGP examination. He explained to the House that this proposal was not passed in the House the previous year as

there was no quorum. It was not tabled at this year's Agenda because there was no need for it since the M.Med (Family Medicine) was being considered to replace it. The Tripartite Committee on Family Medicine Training had already submitted a Memorandum to the School of Postgraduate Medical Studies for a Degree in M.Med (Family Medicine). We are awaiting its outcome.

3.2 Albert Lim Award

The House thanked the family of Albert Lim for their generosity. The Chairman will approach them for donations of funds to make 10 medals.

4. ANNUAL REPORT 1990-1991

Dr James Chang proposed that the heading of "Board of Censors" be placed immediately after the 12th Council. He also suggested that the report on the Council activities be placed before the other reports. The appendices which accompany the report should come towards the end. His points were accepted.

The Ministry of Health had incorporated part of College's views on the Control of Obesity into their Memorandum. Dr Wong Heck Sing informed the House that he was on the Committee and said that the memorandum was well received.

Dr James Chang commented that the Singapore Medical Council had high regards for the College.

With regards to item 5.3: Memorandum on Ethical Responsibilities, Dr Goh Lee Gan brought up the need for us to reconcile differences between ethical code and practice. He proposed that College formed a committee to standardize an ethical code for submission to the Singapore Medical Council. The Chairman felt that we should work with the other medical bodies. Dr James Chang said that the Singapore Medical Council was finalising the change of the Medical Registration Act and proposed that College could make recommendations and present its input.

During the discussion on the Censors Board report, Dr Koh placed on record his appreciation to Dr Lim Kim Leong who had served on the Censors Board as Censor-in-Chief.

The activities of the various Committees were discussed:

4.1 Continuing Medical Education

There was a drop in attendance for courses in the year under review. This was due to similar courses being organised by drug firms. Dr James Chang said that with the College's own lecture theatre, the committee should organise courses to accommodate our members' needs. He proposed that lunch time lectures be revived as it was popularly attended before and this could be held weekly or fortnightly.

Dr Wong Heck Sing said that lunch time talks were useful but catered to a limited number of people only. He emphasized that it was important to invite good speakers who know their content. He suggested that more updates with practical topics be conducted. The Chairman of the CME Committee explained that the committee was looking into decentralised courses. Dr Koh Eng Kheng supported the views of Dr Wong and Dr James Chang.

4.2 Family Medicine Training Programme

Dr Goh Lee Gan reported that there were three intakes of trainees for the programme since it started in 1988. The younger doctors were in a dilemma because they felt that the future was unknown. They face a problem of setting up their own clinics as HDB clinics are up for sale instead of rental. This uncertainty about their future affects the attendance at the courses. Dr Wong Heck Sing proposed that Council looked into ways to organise and prepare these younger doctors. Perhaps a working party should be formed to look at general practice, in the year 2000.

The courses were run as weekend modules, over 8 Saturdays on a quarterly basis. There was a request for a full day course but this was not feasible as it would be difficult to get general practice teachers to teach during office hours.

On the issue of M.Med (Family Medicine), a proposal was submitted to the National University of Singapore in February 1991. Presently, there was the uncertainty of whether Family Medicine should be on par with the other specialties. However, it was generally agreed that vocational training and suitable recognition like all our specialties were now due.

The Ministry of Health were supportive of the M.Med (Family Medicine). They have revised the training programme from 2 years to 3, to be in line with the other programmes. They will be forming a Family Medicine Training Committee to develop the teaching programme. This traineeship programme would continue as a tripartite effort between the College, the Ministry of Health and the University.

Dr Wong Heck Sing said that with the M.Med (Family Medicine), doctors in the public sector could be promoted.

4.3 Undergraduate Teaching Committee

Dr Goh Lee Gan informed the House that he was co-opted to be Chairman of the Committee because the College representative had resigned. He felt that the position should be held by a College representative who was not a university lecturer. Dr Goh said that the general feeling of the undergraduates towards family medicine was positive. He added that on our part, we should try to make the program as relevant as possible. He placed on record his thanks to the 39 clinical tutors who assisted in the GP posting.

4.4 Research Committee

The Research Committee would look into conducting more research projects for the following year.

4.5 Publications Committee

The Editor encouraged members to write articles and contribute to the Singapore Family Physician. Presently, the specialists were the main contributors to the journal.

4.6 Finance

There had been an increase in the number of resignations. There had also been some bad debts arising from members who failed to pay up their subscriptions. Dr James Chang wanted to know how much effort had been made by the Council to retain those who resigned. Council members have personally approached them and from the feedback obtained, resignations were not due to the increase in subscription rates. A number who resigned felt that the College was not promoting their interests. They wanted the College to take a more apolitical stand. Members were not keen to attend our courses as the drug firms were already organising them without charge.

Another problem concerned the accreditation of points. Points for lectures were also being awarded to commercial bodies who organised them and as a result, the College had become to some of its members, irrelevant. They felt that our role of and impact on general practice was not enough. Dr Loh informed the House that the newly elected Council will review the CME programmes.

4.7 3rd Annual Scientific Conference

Attendance was less than the previous year's. Dr Loh told the House that from this poor response, coupled with the fact that there were too many conferences going on, Council had

decided to hold the Scientific Conference once every 2 years. The College will explore the possibility of tying up with the Malaysian College who were keen to organise a tripartite conference.

Dr Koh Eng Kheng recorded his thanks to Dr Paul Chan Swee Mong for his contribution as chairman of the Exhibition Subcommittee.

4.8 Practice Management

The General Practice Paper No. 2 was in its final stage of preparation. Dr Lee Suan Yew said that the College was moving upwards. It now faced new competitors and challenges ahead. The generalists would have to compete with the specialists and sub-specialists. Therefore, the new Council would have to review the activities of the College, to make sure that they are useful to members.

5. AUDITED ACCOUNTS FOR THE YEAR ENDED 31 MARCH 1991

Dr Moti Vaswani proposed that the auditors' report be adopted. Dr Evelyn Hanam seconded.

Dr Lee Suan Yew proposed that the Annual Report be adopted and Dr Moti Vaswani seconded.

6. ELECTION OF HONORARY FELLOW

The Censor-in-Chief told the House that Council had nominated Dr Balasundaram as Honorary Fellow. This was unanimously accepted by the House.

7. ELECTION OF FELLOWS

Drs Soh Cheow Beng, Lim Lean Huat and Henry Yeo were nominated Fellows of the College in recognition of their contributions to the College. Their nominations were unanimously accepted by the House.

8. ELECTION OF OFFICE BEARERS FOR 13TH COUNCIL

The following were elected to the 13th Council:

<i>Position</i>	<i>Office-Bearer</i>	<i>Proposer</i>	<i>Second</i>
President	Koh Eng Kheng	Soh Cheow Beng	Lim Lean Huat
Vice-President	Alfred W T Loh	Koh Eng Kheng	Goh Lee Gan
Hon. Secretary	Arthur Tan Chin Lock	Soh Cheow Beng	Koh Eng Kheng
Hon. Treasurer	Soh Cheow Beng	Richard Ng Mong Hoo	Goh Lee Gan
Council Members	Choo Kay Wee	Soh Cheow Beng	Chan Cheow Ju
	Huan Meng Wah	Chan Cheow Ju	Richard Ng Mong Hoo
	Lim Lean Huat	Goh Lee Gan	Koh Eng Kheng
	Richard Ng Mong Hoo	Lim Lean Huat	Soh Cheow Beng
	Wong Song Ung	Goh Lee Gan	Alfred W T Loh

9. ELECTION OF HONORARY LEGAL ADVISORS

The following were re-elected legal advisors for another term:

Dr Chan Swee Teck
Mr Lim Chor Pee
Mr Amarjit Singh
Dr Thio Su Mien

10. ELECTION OF AUDITORS

Messrs V P Kumaran & Sons were re-appointed our auditors for another term.

There being no further matters, the meeting was brought to a close at 5.15 pm with a vote of thanks to the Chair.

DR ARTHUR TAN CHIN LOCK
Honorary Secretary 1991-1993
College of General Practitioners Singapore

REPORT OF THE THIRTEENTH COUNCIL

1 April 1991 to 31 March 1992

1. The composition of the Thirteenth Council was as follows:

1.1 Council

President	:	Dr Koh Eng Kheng <i>(resigned on 3/10/91)</i> Dr Alfred W T Loh <i>(Acting President since 3/10/91)</i>
Vice-President	:	Dr Alfred W T Loh
Censor-in-Chief	:	Dr Goh Lee Gan
Honorary Secretary	:	Dr Arthur Tan Chin Lock
Honorary Treasurer	:	Dr Soh Cheow Beng
Council Members	:	Dr Choo Kay Wee Dr Huan Meng Wah Dr Lim Lean Huat Dr Richard Ng Mong Hoo Dr Wong Song Ung
Honorary Editor	:	Dr Moti H Vaswani

1.2 Board of Censors

Censor-in-Chief	:	Dr Goh Lee Gan
Members	:	Dr James Chang Ming Yu Dr Lim Kim Leong

1.3 Secretariat

Admin Secretary	:	Ms Sonia Fam Chiew Mei
Asst Admin Secretary	:	Ms Sandy Ler Siew Chye
Chief Clerk	:	Ms Rose Hoon Sook Lan
Clerk	:	Ms Najmunisa Abdul Hamid

1.4 Auditors

Messrs V P Kumaran & Co

1.5 Honorary Legal Advisors

Dr Chan Swee Teck
Mr Lim Chor Pee
Mr Amarjit Singh
Dr Thio Su Mien

1.6 Standing Committees

Six Standing Committees were formed to oversee the various activities of the College:

Continuing Medical Education Committee

Chairman	:	Dr Richard Ng Mong Hoo
Secretary	:	Dr Huan Meng Wah
Ex-Officio	:	Dr Soh Cheow Beng
Members	:	Dr Goh Lee Gan Dr Hia Kwee Yang Dr Omar bin Saleh
Librarians	:	Dr Chan Cheow Ju Dr Huan Meng Wah Dr Chong Hoi Leong

Undergraduate Teaching Committee

Chairman	:	Dr Lim Lean Huat
Secretary	:	Dr Kevin Koh Tse Chuang
Ex-Officio	:	Dr Alfred W T Loh
Members	:	Dr Goh Lee Gan Dr Richard Ng Mong Hoo Dr Wong Song Ung

Publications Committee

Chairman	:	Dr Moti H Vaswani
Secretary	:	Dr Goh Lee Gan
Ex-Officio	:	Dr Alfred W T Loh
Members	:	Dr Choo Kay Wee Dr Huan Meng Wah Dr Arthur Tan Chin Lock

Finance Committee

Chairman	:	Dr Soh Cheow Beng
Secretary	:	Dr Lim Lean Huat
Ex-Officio	:	Dr Alfred W T Loh
Members	:	Dr Paul S M Chan Dr Leong Vie Chung Dr Frederick Samuel Dr Wong Heck Sing

Research Committee

Chairman	:	Dr Choo Kay Wee
Secretary	:	Dr Bina Kurup
Ex-Officio	:	Dr Alfred W T Loh
Members	:	Dr Paul S M Chan Dr Shanta Emmanuel Dr Goh Lee Gan Dr Hong Ching Ye Dr Kevin Koh Dr Lee Pheng Soon Dr Wong Song Ung

Practice Management Committee

Chairman	:	Dr Huan Meng Wah
Secretary	:	Dr Goh Lee Gan
Ex-Officio	:	Dr Koh Eng Kheng
Members	:	Dr G Balasundram Dr Choo Kay Wee Dr Tan Chek Wee

2. COUNCIL ACTIVITIES

2.1 Training of Primary Health Care Doctors in Management of Diabetes Mellitus

The Ministry of Health, together with the College and the Diabetic Society of Singapore launched a Training Program on Diabetes Mellitus for Primary Health Care doctors. Two courses were conducted one in September 1991 and one in January 1992. A nurse educator and dietitian from the International Diabetes Institute, Melbourne, were invited to teach in the first course.

2.2 Review Committee on National Health Policies

The Review Committee on National Health Policies invited Council to contribute views and suggestions on the Training of Family Medicine Practitioners in Singapore. A submission by Council is reprinted in Appendix I (pages 12 - 19).

2.3 Display of Charges by Medical Practitioners

The Ministry of Health invited Council to give its suggestions on how the display of charges by medical practitioners should be carried out and what charges should be displayed. Council deliberated on this issue and drafted a reply to the Ministry, informing them that the College was in favour of all medical practitioners displaying their basic charges voluntarily for a period of 3-5 years. Council also asked to be represented should a committee be set up to study the details on the display of charges. Dr Soh Cheow Beng was the College representative.

2.4 Conference on Family Practice organised by the College of General Practitioners, Malaysia (1991)

Our College was represented by Drs Goh Lee Gan, Huan Meng Wah and Wong Song Ung.

2.5 Domiciliary Medical Service for the Aged Sick

On the request of the Advisory Council on the Aged, the Ministry of Health formed a Working Group chaired by Dr Lam Sian Lian, Deputy Director of Medical Services (Primary Health), to study and recommend a programme to provide domiciliary medical care to the aged sick. Dr Arthur Tan Chin Lock was the College representative on the Working Group.

2.6 College Representation in Medical Organisations

2.6.1 *SMC/Specialist Register Committee*
Dr Lim Kim Leong

2.6.2 *SMC/CME Committee*
Dr Soh Cheow Beng

2.6.3 *Postgraduate Medical Library*
Dr Koh Eng Kheng
Dr Lee Suan Yew
Dr Alfred W T Loh
Dr Soh Cheow Beng

- 2.6.4 *Steering Committee on Family Medicine Training Programme*
Dr Koh Eng Kheng
Dr Lim Kim Leong
Dr Alfred W T Loh
- 2.6.5 *Community Health Education Committee, Singapore Medical Association*
Dr Arthur Tan Chin Lock
- 2.6.6 *SMA-APMPS Guideline on Fees Committee*
Dr Arthur Tan Chin Lock
- 2.6.7 *Committee for M.Med (Family Medicine) under the School of Postgraduate Medical Studies, National University of Singapore*
Dr Lim Kim Leong
- 2.6.8 *Committee on Biohazardous Waste Disposal, Singapore Medical Association*
Dr Arthur Tan Chin Lock

3. MEMBERSHIP

3.1 Existing Members

The College membership had the strength of 609 as at 31 March 1992. The membership were as follows:

Honorary	8
Fellows	17
Diplomates	66
Ordinary members	371
Associate members	140
Overseas members	7

4. BOARD OF CENSORS

The report of the Board of Censors follows this main report (pages 20 – 21).

5. ACTIVITIES OF STANDING COMMITTEES

Reports of the six standing committees follow this main report (pages 22 – 30).

6. ACKNOWLEDGEMENT

The Thirteenth Council places on record its thanks to all College members and friends who had contributed in one way or another to the success of its activities in the year under review.

DR ARTHUR TAN CHIN LOCK

Honorary Secretary

for Thirteenth Council 1991–1993

College of General Practitioners Singapore

**A SUBMISSION TO THE REVIEW COMMITTEE
ON NATIONAL HEALTH POLICIES
FROM THE COLLEGE OF GENERAL PRACTITIONERS, SINGAPORE**

PREAMBLE

A periodic review of national policies is good and necessary. It is nearly a decade since the National Health Plan was released in 1983 and a review of national health policies in Singapore is therefore timely. This submission is based on the deliberations of members of Council and two submissions from members of the College of General Practitioners.

1. GENERAL OBSERVATIONS

- 1.1 The following is the scenario that we have to address our national health policies particularly on the issues of cost containment and ethical conflicts.
 - a. The last eight years have witnessed several policy changes and innovations in the provision of health care. The most salient are the introduction of the concept of the health industry and free market forces in health care. In the public sector, hospitals are privatised/restructured. Medisave was introduced as a means of financing with the philosophy that "a small but regular saving set aside every month should ensure that most Singaporeans will be able to pay for their own hospitalisation expenses" (NHP page 10). Also the saving of 6% per month of wages was arrived at based on a computer simulation that the level to be covered was Government Class C Rates.
 - b. Today, Medisave is used to pay beyond Class C rates, for not only hospitalisation but also hepatitis B immunisation. There is now a clamouring that it should be used for primary care expenses as well. The initial philosophy of helping to pay for hospitalisation charges appears to have been forgotten as each interest group lobbies to have a piece of the cake. In the utilisation of Medisave for hospital expenses there has been abuse necessitating audit of such claims.
 - c. The idea of medical industry and free market forces has pushed costs up beyond the normal inflationary increases – doctors fees, pharmaceutical costs, and ward charges.
 - d. There is pressure to relax advertising restrictions by private hospitals and anxiety is expressed in the press about commercialisation and health care getting beyond the reach of the poor and middle income groups.
 - e. Competition is being encouraged on the notion that it will improve performance. It has led to duplication of resources in the Ministry and the University sectors and unfriendly rivalry between the two can be keenly felt.
 - f. The monetary incentive has been lavishly applied to keep doctors in the public sector with no ceiling in the professional fee scheme in privatised/restructured hospitals. Staff in such hospitals negotiate with management for salary payments. Doctors who are already salaried are given additional piece rate payments for ward rounds. This may be good for the fee earners but has driven up wage costs. Also, there are anecdotal reports that such incentive has shifted the priorities away from teaching and care for Class C patients. The present system of payment of doctors therefore is not satisfactory.

- g. In the private sector, a guideline of fees has been devised by the Singapore Medical Association (SMA) based on somewhat arbitrary ratings. Being a guideline there is no need that the fees stated be followed.
- h. The notion of a medical industry and free market forces has generated a bias towards medical procedural investigations, adoption of new technologies that have not been proven effective and a heavy emphasis on invasive procedures because these are income generating.
- i. In the privatised institutions the usual checks on purchase and use of medicines that are cost effective as well as proven technologies are being relaxed. In doing so something that is worth preserving may be lost.
- j. In the privatised atmosphere the referral system tends to be by-passed leading to direct consultation of specialists by patients.

1.2 The following are important:

- a. The developments in Singapore in recent years were similarly observed in the US in the 1980s and Relman, describing it as the "new medical-industrial complex" in the New England Journal of Medicine (New Eng J Med 1980;303:963-970) had this to say:

"This new "medical-industrial complex" may be more efficient than its non-profit competition, but it creates the problems of overuse and fragmentation of services, overemphasis on technology, and "cream-skimming", and it may exercise undue influence on national health policy. In this medical market, physicians must act as discerning purchasing agents for their patients and therefore should have no conflicting financial interests. Closer attention from the public and the profession, and careful study, are necessary to ensure that the 'medical-industrial complex', puts the interests of the public before those of its stockbrokers."
- b. The shift of the top killers today and tomorrow is to non-communicable diseases where the strategy should be disease prevention and health promotion through behaviour modification. This has been dubbed the second public health revolution. Curative medicine must be seen as a salvage for failed prevention. Training, service and research should be directed at how we can prevent disease and promote health. The Oxford Textbook of Public Health (1988) describes the strategies in the US in its Healthy People Project.
- c. The referral system should be preserved if we are to use our health care services cost-effectively and if we are to support the role of the general practitioner/family doctor.
- d. There is a need to work out a system of paying doctors that is equitable not only to the doctor but also to the patient.
- e. There is a need to restate the relevance of the philosophy of medical industry, free market forces and competition in relation to health care delivery.

2. ROLE OF PUBLIC AND PRIVATE SECTORS IN PROVIDING HEALTH CARE

- 2.1 Primary health care should **not** be entirely left to the private sector. There is a need for the public sector involvement in primary health care for the following reasons:
- [a] To set a standard of health care delivery
 - [b] To provide an alternative avenue of health care
 - [c] To provide the training ground for on the job expertise for junior and senior doctors
 - [d] To complement the services provided by the private sector; and

[e] To be a focal point for research and development.

- 2.2 Of the reasons listed, the most important is the provision of a training ground for doctors. As we seek to provide a better standard of primary health care, training is all important. The polyclinic is in a better position to provide training because of the large number of staff available in the polyclinics. The volume of patients provides the training doctor enough material to exercise his skills. Indeed in the initial stages, there may be a need to limit the number of patients that the training doctor should see. The GP clinic should also contribute to training as is now being done by some 50 general practitioners who teach our undergraduate and postgraduate students. However, due to the constraints of staffing and personal motives of the service, it is difficult to have the GP clinic be the main trainer for a long period of time.
- 2.3 A further reason why the GP clinic may not be able to be the main trainer lies in the reality that trainees of a given practice may later compete for the same patient pool if they choose to set up practice in the vicinity of the trainer. Even in UK, there is reluctance of some general practitioners to be trainers on this ground. The government polyclinic has no such fear because at any one time the number of patients attending is so big that the change in numbers due to gravitation to a general practitioner who has newly started practice in the vicinity will be inconsequential.
- 2.4 To the credit of the Ministry of Health, it has worked against odds to improve the range and quality of services in primary health care to a level that Singapore as a nation can be proud of. The new generation polyclinic should be seen by the general practitioner as an example to follow and emulate rather than an insurmountable obstacle of competition. The Ministry of Health has set an example of how primary health care can be provided. The only major problem in the government polyclinic is the workload which can be stressful to the doctors working there. If the practice norm can be reduced to 10 per hour (using the British desired average of 6 minutes per patient), it would be a good example of what primary care excellence can potentially be.
- 2.5 The concept of the polyclinic complementing the general practitioner's services is already taking place. The opening of the laboratory and x-ray facilities is a good start. General Practitioners can also send their patients to attend health education talks. Closer liaison, dialogue and participation in activities like neighbourhood talks will enhance the capability, goodwill and transfer of knowledge between the polyclinic and the general practitioner and vice versa. This is an area that should be further explored – the polyclinic as the support centre of the GP clinic.
- 2.6 The disparity in pricing between the polyclinic and the GP clinic is seen by some general practitioners as a disadvantage to them. Perhaps the consultation fee in the polyclinic could be raised in stages to \$10, and the price of medications be revised into several categories of pricing as is being done in the NHS in UK. In the same way, the general practitioners pricing could follow the same scheme both in consultation and drugs.
- 2.7 To cater to the poorer population, these patients can apply for a decrease in the consultation fee or a total waiver of the consultation fee. This option could be provided not only by the government polyclinic but by public spirited general practitioners as well. Many are already doing so in their own way. A uniform way of decrease that is dignified and practical such as 50% reduction of the consultation fee should be considered. This is better than the 10% discount that NTUC is advocating.
- 2.8 The introduction of a normal consultation fee for each visit will take care of the incentive for health promotion and disease prevention. It is therefore important that doctors be asked to state a consultation fee rather than a single fee for consultation and medicine as is currently practised by many clinics.

- 2.9 Many companies are currently exploiting the health delivery system. They either insist that only visits to polyclinics be reimbursed or they award contracts with a fee structure that is not conducive to the provision of adequate medical care. Doctors who accept such contracts try to make back the deficit by charging on drugs, so-called "special procedures" and the like. The equalisation of the consultation fee between both the sectors help solve this free riding on the polyclinic. The wide publication of a standard consultation fee and peer control by bodies like SMA and APMPS could put a stop to the present practice of doctors accepting unrealistically low contract fees. In this way the company patient can be assured of a quality of medical care that is not constrained by unrealistically low prices.
- 2.10 A working party consisting of representatives from the SMA, APMPS, CPGS and the Ministry of Health's primary health division should be formed to study the recommendations given in this section and the similar proposals put up by sister medical bodies with the view of arriving at a set of recommendations to the government for implementation.

3. HEALTH CARE FINANCING

Health care financing is a complex and emotive subject that we do not pretend to have all the answers. However the following are some observations and principles that we think are pertinent to Singapore.

- 3.1 If the government is serious on cost containment in health care, then it **cannot** be free market based. The last 5 years' experience has proven that. Health economics is different from trade economics. The biggest barrier to perfect competition is perfect knowledge of the product (service) which the patient can **never** have. Let us therefore not be deluded that free competition will bring down prices. It will not.
- 3.2 Doctors' fees should be regulated in some way. The RVRBS system proposed by Bill Shiao that has been tabled to the US Congress appears promising. The Canadian system of financing health care also merits serious study.
- 3.3 Money should not be **the** motivator for doctors to stay in the public or University sectors. There are many incentives and rewards that are more satisfying, such as recognition for good work or yeoman service. Provision of housing, education benefits for the doctor and his dependants are material benefits that are more valuable than just money. The idea of pushing more senior doctors aside to make way for young high flyers may have to be reviewed – who will want to think of a career in the public sector if there is no security of place. Perhaps the strongest motivator is the feeling of having contributed to society and making the patient well again, and team spirit. The reward system should be geared towards team work and group performance rather than individual excellence. Good medical care is never a one man job. It is the result of the whole team ranging from doctors, nurses down to the attendant. To reward only doctors individually will be to create barriers towards the medical excellence we aspire towards.
- 3.4 The basic objective of the Medisave appears to have been forgotten. It was meant to enable the patient to pay for C class treatment. This was a good principle because everybody will be able to pay for a level of care that has no frills but will get him well. The Medisave system should go back to this. In other words, there should be topping up if one chooses B class or higher. This will take away the risk of patients going to a higher class than their Medisave can afford because they cannot draw on their Medisave beyond C class. This system will also prevent unscrupulous doctors from milking the patients' Medisave accounts.
- 3.5 The debate has been whether Medisave should be extended to primary health care. Certainly there are pros and cons. The cons particularly the administrative cost of running the Medisave for its use in primary health care. By limiting the drawing of Medisave only to C

class removes Medisave from being a cash cow and the feeling that primary care providers cannot benefit from the Medisave. It makes economic sense that primary care being affordable relative to hospital fees could be financed by direct payment by the patient or his employer.

- 3.6 The capitation system of payment has been offered as a system of health care financing. There are pros and cons. There is no reason why both cannot exist side by side. The patient can choose either a fee-for-service or a capitation system. Indeed, the same health care provider can offer both in his practice.
- 3.7 Financing for the patient with chronic illness can be a problem. The need for long term medications will require continuous expenditure. A study should be made on how to alleviate the cost of care. Reducing the cost of medicines through a co-operative strategy with drug companies is one possibility.

4. UNDERGRADUATE AND POST GRADUATE TRAINING

- 4.1 National University Hospital, being the University teaching hospital has the primordial role of shaping the values and attitudes of the next echelons of doctors to care for not only the rich but also the poor. It should have Class C beds and the number of Class A beds should be kept small because Class A beds are out of reach of medical students and only serve to take away the teachers' time. To depend only on Alexandra Hospital (referred to as a one star hospital recently) for Class C beds is to suggest that the University hospital has no place for poor patients – a value that we should consciously discourage our students to have. It is therefore imperative that NUH must not be a privatised hospital. The hospital should be funded by the Government subventions and supplemented by a foundation for the Class C beds.

Its teachers are de facto role models. The primordial mission of the doctors in the University hospital should be to teach and demonstrate medical excellence for both rich and poor and not just to make money for themselves or the hospital. They should be given an equitable salary. Those University teachers whose mission is to make money should be encouraged to leave because they will not contribute their best to teaching. Neither will they be good role models. If the University hospital espouse values of excellence in teaching practice, dedication and humaneness and not the ability to make money it will attract the sort of teachers for our students to model after.

- 4.2 The University should set high ethical standards and behaviour for every professional to follow. The press publicity sought by NUH in recent years seriously questions its ethical behaviour. If we are to train ethical doctors, the University hospital should be an appropriate role model. It should urgently review its current press publicity policy.
- 4.3 With regards to undergraduate training, the Dean of the Medical Faculty, in his briefing to academic staff on recent developments in the University indicated that a review of its curriculum will soon be conducted. In this review the medical needs of our country in the next decade and beyond should be reviewed and attempts made to prepare our students to meet these needs. A paper by Christine McGuire, Professor Emeritus, Department of Medical Education, University of Illinois, College of Medicine, Chicago, Illinois, titled "The curriculum for the year 2000" focused on some of these needs. Specifically, she calls for "greater concern for professional attitudes so that patients are guaranteed compassionate, personalised care; more attention to the process of medical decision-making to assure that patients receive the most efficacious treatment no matter how or where they fall ill; and a shift in emphasis from acute care to health promotion, as the most efficient, effective and humane way of utilizing scarce resources". She also called for preparation of future graduates towards emerging needs like the aged, the AIDS epidemic, pollution and consequences, occupational changes and nuclear proliferation and its commitments. There is also the need to address

professional issues like the knowledge explosion and how to cope with it, the intensification of ethical dilemmas, the litigation crisis and the ability to assume increased managerial and leadership responsibilities to guide health policy at every level of health care. The changes outlined above will mean that medical educators must be prepared to work with students whose preparation, motivations and talents for the study of medicine may differ markedly from those of students with whom they are now familiar. Selective admissions, more imaginative programmes to help students cope with anticipated stresses, and more discerning examinations throughout the curriculum should be considered by all faculties of medicine.

- 4.4 The importance of primary medical care education has been reiterated in recent years. It includes *not only the diagnosis and treatment of illness but also the maintenance of health and prevention of illness. The orientation should be toward the patient and not just toward the disease process. This requires teaching staff who have the knowledge and skills of the biological as well as the psychological and social dimensions of health and illness so that they can help medical students understand the problems of the patient and how to approach them. Who is the best qualified to teach the basic clinical facts and methods? Generalists as well as specialists are needed; they complement each other* (Bellet, 1981).
- 4.5 With regards to postgraduate training, there is a need for more positions for middle level staff (such as Senior House Officers, Registrars and Senior Registrars) who are particularly lean in numbers in NUH. These doctors serve as teachers to the junior staff and in this way is very important to the care of the patients in the ward. They contribute to the learning experience of the junior staff through adequate supervision of their work and dealing with their difficulties. At the same time they themselves are being trained on the job of being consultants so that when they eventually do become consultants, they are experienced. Saving on these staff positions will be penny wise pound foolish in the long run.
- 4.6 With regards to continuing medical education, there is a plethora of such activities spawned by departments in privatised hospitals, no doubt to make themselves known. To maximise the usefulness of these programmes, there should be some co-ordination perhaps by the Academy of Medicine and the College of General Practitioners. They must meet the users' needs.

5 MEDICAL SPECIALISATION AND SUBSPECIALISATION

- 5.1 Towards developing Singapore into a regional centre of medical excellence, attention should be paid to developing a balanced all round excellence and not only in high technology medicine. The disparity in emoluments between high-technology specialties and less high technology ones should not be too big, or else it would be hard to attract the needed trainees to the latter disciplines (McGarty has written about this in the *New England Journal of Medicine*). Each of the specialties must be integrated with one and another horizontally and vertically. Emphasis should be given to train some broad specialists within each discipline, such as general physicians and general surgeons.
- 5.2 Priority of specialisation should be in diseases that are major killers, such as cancers, strokes and coronary heart disease and diabetes mellitus, as well as in dealing with disabilities and handicaps that may follow trauma, strokes and coronary heart disease and chronic degenerative diseases. Whilst transplantation and in-vitro fertilisation are glamorous, the number of people that can benefit is small.
- 5.3 Health services research know-how should be developed in order that we are able to evaluate the cost effectiveness of our health care delivery. Biomedical research be geared not only to basic research but also to the solution of existing and emerging major health problems in our country.

- 5.4 Family Medicine should be developed as a specialty if it is to achieve excellence. Only if it is recognised as a specialty will it stop being viewed as being irrelevant by the medical profession and the public. The College of General Practitioners recommends that a reaffirmation and definition of the family doctor's role in the context of Singapore's changing health care delivery system be made. Urgent adoption of the proposed memorandum that the School of Postgraduate Medical Studies introduces the degree of M.Med (Family Medicine) as a recognised postgraduate qualification in family medicine is advocated. The vocational training of the family doctor should continue to be a tripartite effort of the Ministry of Health, the College of General Practitioners, Singapore and the Ministry of Education through the National University of Singapore. More support from the University is needed.

6 RECOMMENDATIONS

- 6.1 Towards developing Singapore into a regional centre of medical excellence, attention should be paid to developing a balanced all round excellence and not only in high technology medicine. Training, service and research should be directed at how can we prevent disease and promote health.
- 6.2 There is a need to restate the relevance of the philosophy of medical industry, free market forces and competition in relation to health care delivery. We must be mindful of the 'medical-industrial complex' that may be developed in Singapore and the undue influence on national health policy it may exert. In this medical market, physicians must act as discerning purchasing agents for their patients and therefore should have no conflicting financial interests. Closer attention from the public and the profession, and careful study, are necessary to ensure that the 'medical-industrial complex' puts the interests of the public before parties with vested interests.
- 6.3 There is a need to work out a system of paying doctors that is equitable not only to the doctor but also to the patient. The RVRBS and the Canadian health financing systems can be considered and merit further study.
- 6.4 Primary health care should **not** be entirely left to the private sector. There is a need for the public sector involvement in primary health care. The Government polyclinic should be organised to be a support centre that complements the general practitioner's work. A working party to further define this concept and provide recommendations could be formed.
- 6.5 The referral system should be preserved if we are to use our health care services cost-effectively and if we are to support the role of the general practitioner/family doctor. Each of the specialties must be integrated with one and another horizontally and vertically.
- 6.6 The National University Hospital, being the University teaching hospital has the primordial role of shaping the values and attitudes of the next echelons of doctors to care for not only the rich but also the poor. It can only do this effectively if it is not a privatised hospital. It is therefore imperative that the National University Hospital considers alternative ways of funding such as state subventions and supplemented by an educational foundation to cover the difference between fees paid by the patient and actual patient care expenditure. It should have Class C beds and the number of Class A beds should be kept small because Class A beds are out of reach of medical students and only serve to take away the teachers' time. The University hospital should set high ethical standards and behaviour for every professional to follow. It should urgently review its current press publicity policy.
- 6.7 Family Medicine should be developed as a specialty if it is to achieve excellence. The College of General Practitioners, Singapore recommends that a reaffirmation and definition of the family doctor's role in the context of Singapore's changing health care delivery system be made. Urgent adoption of the proposed memorandum that the School of Postgraduate

Medical Studies introduces the degree of M.Med (Family Medicine) as a recognised postgraduate qualification in family medicine is advocated. The vocational training of the family doctor should be a tripartite effort of the Ministry of Health, the College of General Practitioners, Singapore and the Ministry of Education through the National University of Singapore. More support from the University is needed.

- 6.8 Health services research know-how should be developed in order that we are able to evaluate the cost effectiveness of our health care delivery. Biomedical research should be geared not only on basic research but also to the solution of major health problems in our country.

REFERENCES USED IN THE PREPARATION OF THIS SUBMISSION

1. National Health Plan 1983. Singapore: Ministry of Health; 10.
2. Relman AS. The new medical-industrial complex. *New Engl J Medicine* 1980; 303: 963-970.
3. The Oxford Textbook of Public Health, 1988; Chapter 14.
4. McGuire C. The curriculum for the year 2000. *Medical Education* 1989; 23: 221-7.
5. Bellet PS. Primary care education as an institutional endeavour. in: Knope JH and Diekelmann NL (ed). *Approaches to the teaching of primary health care*. London: Mosby, 1981; 16-18.
6. McGarty D J. Why are today's medical students choosing high-technology specialties over internal medicine. *New Engl J Medicine* 1987; 317:567-9.

Submitted by

DR KOH ENG KHENG

*President, on behalf of the
Council of College of General Practitioners, Singapore*

31 August 1991

REPORT OF THE BOARD OF CENSORS

1 April 1991 to 31 March 1992

Censor-in-Chief : Dr Goh Lee Gan
Members : Dr James Chang Ming Yu
 : Dr Goh Lee Gan

1. MEMBERSHIP

In the year under review, the membership strength was 609 as at 31 March 1992. The distribution by grade of membership are shown below.

Total Membership as at 31 March 1992

	1991	1992
Honorary Fellows	8	8
Fellows	14	17
Diplomates	68	66
Ordinary Members	387	371
Associate Members	148	140
Overseas Members	9	7
	-----	-----
	634	609
	===	===

2. 15TH COLLEGE EXAMINATION 1992

The 15th Diplomate Examination has been scheduled for September 20 and 27 and October 4, 1992. Applications to sit for the examination was opened in December 1991 and closed on 31 March 1992. A total of 20 candidates have been accepted. Appointment of examiners for the MCGP Examination was in progress at the time of writing this report.

3. FUTURE

3.1 The 15th MCGP Examination will be the last College Diplomate Examination. It will be replaced by the M.Med (Family Medicine) degree to be awarded by the School of Postgraduate Medical Studies of the National University of Singapore. In line with the other M.Med degrees, the M.Med (Family Medicine) is an entry qualification.

There is a group of general practitioners who may have completed some of the vocational training modules but for various reasons have left for general practice. There will also be doctors who left after several years in hospital. Provision is made for them to take the M.Med (Family Medicine) if they so wish.

3.2 Fellowship as the Exit Qualification

The College Council is working on a programme of Fellowship by Assessment as the exit qualification of advanced training in Family Medicine. Conceptually, the entry point for the Fellowship by Assessment will be the minimum of two years after passing the MCGP or M.Med. (Family Medicine).

The assessment will be a set of criteria on the following:

- (a) clinical competence and evidence of keeping up to date,
- (b) practice management, and
- (c) contribution to the community through voluntary work and/or teaching.

This framework of fellowship by assessment had been thoroughly debated by the College of General Practitioners, UK. From 1991, this programme is available to its diplomate members.

4. ACADEMIC STANDARDS AND FEES

A question that has been asked often is whether the M.Med (Family Medicine) degree will attract higher fees. It is important for us to separate academic standards and fees. The latter is a social and political decision. Also, the notion of specialty being equated with high fees should be re-examined, be it family medicine, internal medicine, paediatrics, etc. What is important is that academic excellence must benefit the patient and not make it beyond his reach.

5. A POSTGRADUATE QUALIFICATION AS A CRITERIA TO BE PRINCIPAL?

There is currently much anxiety amongst the younger doctors in hospitals that a postgraduate qualification in family medicine will be adopted as criterion to be a principal as is currently being practised in the United Kingdom. Some of this fear came from comments made in the newspapers. Consequently, some are leaving hospital practice to set up shop to beat the appearance of such a ruling if it is to come at all. There is a need for a policy statement on this subject from the government. At the moment, our preoccupation should be to see how we can help doctors to better themselves as family physicians rather than to use the higher degree as a criterion for eligibility to set up practice. Our mission should be to train every doctor to be a better practitioner for the benefit of the patient and not to create classes of doctors as "haves" and "have nots".

DR GOH LEE GAN

Censor-in-Chief

College of General Practitioners Singapore

**REPORT OF THE CONTINUING
MEDICAL EDUCATION COMMITTEE
1 April 1991 to 31 March 1992**

Chairman	:	Dr Richard Ng Mong Hoo
Secretary	:	Dr Huan Meng Wah
Ex-officio	:	Dr Soh Cheow Beng
Members	:	Dr Goh Lee Gan Dr Hia Kwee Yang Dr Oman Bin Saleh Talib
Library	:	Dr Chan Cheow Ju Dr Chong Hoi Leng Dr Huan Meng Wah

UPDATE COURSES

Two modules of Update Courses were organised in May 1991 and January 1992.

Update 1: General Medicine	:	50 participants
Update 2: Adult Medicine & Medico-Legal Aspects of Practice	:	52 participants

UPDATE 1

GENERAL MEDICINE

Date	Topic	Lecturer	Moderator
24.5.91	Hepatitis	Dr Ivy Yap Lian Eng Senior Lecturer Dept of Medicine NUH	Dr Richard Ng Mong Hoo
31.5.91	Drug Allergy	Dr Goh Chee Leok Sr Consultant Dermatologist National Skin Centre	Dr Moti H Vaswani
7.6.91	Peptic Ulcer Disease	Dr Ng Han Seong Head Medical Unit II	Dr Arthur Tan Chin Lock
14.6.91	Chronic Renal Failure & Dialysis	Dr Lina Choong Hui Lin Senior Registrar Dept of Renal Medicine SGH	Dr Lim Lean Huat

(cont'd)

Date	Topic	Lecturer	Moderator
21.6.91	Depression	A/Prof Kua Ee Heok Assoc. Professor Dept of Psychological Medicine, NUH	Dr Henry Yeo Peng Hock
5.7.91	Antibiotics use in Infectious Disease MU III, SGH	Dr David Allen Consultant Physician	Dr Soh Cheow Beng
12.7.91	Acute Abdomen	Mr Mohan Chellappa Sr Consultant Surgeon Dept of Surgery, SGH	Dr Soh Cheow Beng
19.7.91	Obesity	Dr Tan Yeang Tin Sr Consultant & Head Dept of Medicine I SGH	Dr Huan Meng Wah

UPDATE 2

ADULT MEDICINE AND MEDICO-LEGAL ASPECTS OF PRACTICE

Date	Topic	Lecturer	Moderator
10.1.92	Travel Medicine	Dr E S Monteiro Dr Lim Lean Huat	Dr Richard Ng Mong Hoo
17.1.92	Road & Work Accidents	Dr Anantharaman Dr Lim Swee Keng Prof Chao Tzee Cheng	Dr Goh Lee Gan
24.1.92	Sports & Sports Injuries	Dr Giam Choo Keong A/P K Satku	Dr Goh Lee Gan
31.1.92	Osteoporotic Syndromes	Mr Tan Ser Kiat Dr Chan Kong Hon	Dr Richard Ng Mong Hoo
14.2.92	Work Related Disorders	A/P Ong Choon Nam Dr Hia Kwee Yang	Dr Goh Lee Gan
21.2.92	Return to Work: Workmen's Compensation	Dr Yeong Seng Coo Dr Phoon Wai Hoong	Dr Soh Cheow Beng
28.2.92	Medical Negligence	Prof Chao Tzee Cheng Mr Choo Han Teck	Dr Huan Meng Wah
6.3.92	Confidentiality	Dr Loo Choon Yong Dr James Chang	Dr Lim Lean Huat

CERTIFICATES OF ATTENDANCE IN CME

5 members will be awarded the certificate of attendance for having attained 75% attendance for six modules of update courses over a 2-4 year period. They are:

1. Dr Lilian Chong Poh Choo
2. Dr Chong Poh Kong
3. Dr Hong Chee Boo, Allan
4. Dr Leong Kwong Lim
5. Dr Yeo Kwan Ching

AD. HOC LECTURES

Two lectures were held in the year under review. A lecture on the "Use and Abuse of Insulin in Type II Diabetes" was given by Dr Matthew Cohen from the International Diabetes Institute, Melbourne, Australia on 10 August 1991. The Singapore National Eye Centre and the College jointly organised a lecture for General Practitioners on "Office Management of Common Eye Problems and Direct Ophthalmoscopy". This was held on 25 January 1992.

SEMINARS

Four seminars were conducted with the Singapore Urological Association, the Department of Pathology of the Singapore General Hospital, the Diabetic Society of Singapore, and the National University of Singapore.

Dates

- | | |
|----------|---------------------------------------|
| 18.05.91 | Office Management – Urology/Andrology |
| 01.09.91 | Pathology Today |
| 03.11.91 | Diabetes Mellitus Foot |
| 07.11.91 | First Aid & Treatment of Poisoning |

PRACTICAL COURSES

Two Hands-on-Obstetrics Ultrasound Workshops were conducted jointly with the Obstetrics & Gynaecology Department, SGH on 26/27 September 1991 and 2/3 November 1991. A total of 33 doctors participated.

The College and the Hospice Care Association jointly organised a course on "Management of the Terminally Ill Patient at Home" on April 14, 21 and 28 in 1991. 49 doctors participated in the course.

HOME STUDY SECTION

Nine issues of Migraine Update Literature were sent to members. As a follow-up to this update, an educational newsletter entitled "News in Headache" published by the International Headache Society were sent to members on a regular basis. So far, 4 issues have been sent.

Review articles and quizzes for Home Study were published in the Singapore Family Physician:

ECG Quiz	Dr Baldev Singh Vol XVII No. 1
Management of Hyperlipidaemia	Dr Omar bin Saleh Talib
ECG Quiz	Dr Baldev Singh Vol XVII No. 2
Treatment of Chronic Heart Failure	Dr Omar bin Saleh Talib
ECG Quiz	Dr Baldev Singh Vol XVII No. 3
Non-Steroidal Anti-Inflammatory Drugs	Dr Omar bin Saleh Talib
ECG Quiz	Dr Baldev Singh Vol XVII No. 4
The Use of Insulin in NIDDM	Dr Tan Chee Eng

AUDIO DIGEST TAPES

A total of 24 Audio Digest Tapes were added to our library.

ACKNOWLEDGEMENT

I would like to thank all members of the CME Committee, the teaching faculty, moderators of Update Courses and contributors to the Home Study Section for their support.

DR RICHARD NG MONG HOO

Chairman

Continuing Medical Education Committee

College of General Practitioners Singapore

REPORT ON THE FAMILY MEDICINE TRAINING PROGRAMME

In the year under review, a fourth intake of 24 medical officers joined the Family Medicine Traineeship Programme in May 1991. Another intake of 24 medical officers will join the programme in May 1992.

Four modules of Family Medicine Teaching Programme were conducted, namely Modules 5, 6, 7 and 8. The attendance figures are shown below:

Module	GP	FM Trainees	Total
5	13	49	62
6	18	47	65
7	19	45	64
8	13	43	56

A tripartite committee on vocational training programme chaired by Dr Ling Sing Lin was set up in 1991, to fine tune and update the existing Family Medicine Teaching Programme. For each session, the learning objectives were drawn up and the reading list of articles updated, where necessary.

The 1990 intake of trainees will be completing their eight modules by May 1992, whilst the 1991 intake will have completed four modules (5, 6, 7 and 8) by the same time.

Dr Goh Lee Gan

Director

Family Medicine Training Programme

Family Medicine Vocational Training

REPORT OF THE UNDERGRADUATE TEACHING COMMITTEE

1 April 1991 to 31 March 1992

Chairman	:	Dr Lim Lean Huat
Secretary	:	Dr Kevin Koh
Ex-Officio	:	Dr Alfred W T Loh
Members	:	Dr Goh Lee Gan
		Dr Richard Ng Mong Hoo
		Dr Wong Song Ung

In the year under review, the Undergraduate Teaching Committee was chaired by Dr Lim Lean Huat.

General Practitioners were invited to be GP Clinical tutors for 3rd year MBBS students. 36 general practitioners participated in the GP Clinical Posting which was held from 22 April to 11 May 1991. The names of GP tutors are given below.

In preparation for the posting, a Tutors' Workshop was conducted on 20 January 1991 and 22 March 1992.

The Undergraduate Teaching Committee met and submitted a Memorandum to the Dean, Faculty of Medicine, National University of Singapore, to offer College's services of providing general practitioners in assisting bedside teaching at various hospitals. This was in anticipation of curricular developments in undergraduate teaching which the Dean announced in the Straits Times that Family Medicine teaching will be increased.

GP CLINICAL TUTORS FOR 1990/1991

Dr Paul S M Chan	Dr Lim Kim Leong
Dr Cheong Pak Yean	Dr Lim Lean Huat
Dr Chin Koy Nam	Dr Priscilla Lim
Dr Gabriel P K Chiong	Dr Alfred W T Loh
Dr Chong Tong Mun	Dr Loo Choon Yong
Dr Ajith Damodaran	Dr Mao Fong Hao
Dr Dohadwala Kutbuddin	Dr Neo Eak Chan
Dr B Ganesh	Dr Omar bin Saleh Talib
Dr Goh Cheng Hong	Dr Ong Cheng Yue
Dr Patrick Kee Chin Wah	Dr Soh Cheow Beng
Dr Koh Eng Kheng	Dr Suresh R Mahtani
Dr Kwan Pak Mun	Dr Moti H Vaswani
Dr John H M Lee	Dr Wong Kais
Dr Lee Suan Yew	Dr N K Virabhak
Dr Leong Chee Lum	Dr Jason S K Yap
Dr Lim Bee Geok	Dr Henry P H Yeo
Dr Lim Chun Choon	Dr Yeo Siam Yam
Dr John K L Lim	Dr Karen Yin

DR LIM LEAN HUAT

Chairman

Undergraduate Teaching Committee

College of General Practitioners Singapore

REPORT OF THE RESEARCH COMMITTEE

1 April 1991 to 31 March 1992

Chairman	:	Dr Alfred W T Loh <i>(1 April 1991 to 14 January 1992)</i> Dr Choo Kay Wee <i>(since 15 January 1992)</i>
Secretary	:	Dr Bina Kurup
Ex-Officio	:	Dr Koh Eng Kheng <i>(1 April 1991 to 3 October 1991)</i> Dr Alfred W T Loh <i>(since 15 January 1992)</i>
Members	:	Dr Paul S M Chan Dr Shanta Emmanuel Dr Goh Lee Gan Dr Hong Ching Ye Dr Kevin Koh Dr Lee Pheng Soon Dr Wong Song Ung

In the year under review, the Committee reviewed its role in the promotion of research among general practitioners and family physicians.

The following five objectives were identified:

1. To conduct relevant courses on research methodology for general practitioners and family physicians.
2. To disseminate information on research techniques in the Singapore Family Physician.
3. To initiate literature reviews of topics of current clinical importance and stimulate critical thinking through journal club activities.
4. To initiate, coordinate and support GP research.
5. To interact with international GP research bodies.

A research course for general practitioners will be organised on 26 July 1992 and 2 August 1992.

Preparation is under way to conduct the third One-day Morbidity Survey of outpatients in Singapore in 1993.

DR CHOO KAY WEE

Chairman

Research Committee

College of General Practitioners Singapore

REPORT OF THE PUBLICATIONS COMMITTEE

1 April 1991 to 31 March 1992

Chairman	:	Dr Moti H Vaswani
Secretary	:	Dr Goh Lee Gan
Ex-Officio	:	Dr Alfred W T Loh
		Dr Choo Kay Wee
		Dr Huan Meng Wah
		Dr Arthur Tan Chin Lock

With the appointment of Dr Goh Lee Gan as Censor-in-Chief of the College, Dr Moti Vaswani took over his job in the Publications Committee. "Young blood" was introduced in the form of Dr Choo Kay Wee and Dr Huan Meng Wah into the Editorial Board of the Singapore Family Physician and Dr Arthur Tan Chin Lock, the Honorary Secretary of the College into the Publications Committee.

THE SINGAPORE FAMILY PHYSICIAN

The College journal has been published regularly, albeit a little overdue. As it enters its twentieth year of publication in 1992, it takes on a new look, both in appearance and content. Instead of changing colour each year, its cover takes on a permanent blue. A new section of each issue is to consist of a few articles devoted to a particular theme, e.g. emergency medicine. This section will serve to provide educational and reference material for members. Other envisaged additions are excerpts from other Family Medicine journals, a column on Medical Ethics and perhaps an occasional sample question from the Diplomate Examination to stimulate readers.

THE COLLEGE NEWSLETTER

The monthly College Newsletter continues to keep members posted on latest developments in, or of interest to Family Medicine. It serves to disseminate details on CME programmes, new arrivals of Books and Tapes in the Library, and to welcome new College members.

DR MOTI H VASWANI

*Honorary Editor, Singapore Family Physician
and Chairman, Publications Committee,
College of General Practitioners Singapore*

REPORT OF THE FINANCE COMMITTEE

1 April 1991 to 31 March 1992

Chairman	:	Dr Soh Cheow Beng
Secretary	:	Dr Lim Lean Huat
Ex-Officio	:	Dr Alfred W T Loh
Members	:	Dr Paul S M Chan Dr Leong Vie Chung Dr Frederick Samuel Dr Wong Heck Sing

In the year under review, the Committee managed to reduce our deficit to \$41,212 in the financial year ending 31 March 1992.

Our income has risen to \$114,740 due mainly to our increased annual subscriptions. Our operating expenditure had decreased by about 4% due to cost cutting measures implemented by the Secretariat to reduce operating costs like water & electricity charges and postages.

To reduce our deficit and put our accounts in the black, an increase in course fees and addition of new continuing education courses would probably be necessary in our next financial year.

DR SOH CHEOW BENG

Honorary Treasurer & Chairman

Finance Committee

College of General Practitioners Singapore

REPORT OF THE PRACTICE MANAGEMENT COMMITTEE

1 April 1991 to 31 March 1992

Chairman	:	Dr Huan Meng Wah
Secretary	:	Dr Goh Lee Gan
Ex-officio	:	Dr Alfred W T Loh
Members	:	Dr G Balasundram Dr Choo Kay Wee Dr Tan Chek Wee

The committee met to discuss the possibility of holding lunch time talks on practice management in conjunction with other CME programmes. We feel it is timely to emphasize the importance of practice management to our members.

A General Practice Paper 4 entitled "Setting Up Practice" is being considered. We welcome contributions from members towards this publication.

A proposal to remove the partition leading to the consultation room and laboratory was made so as to have a larger seating capacity for our lecture theatre. However, as the present seating capacity is adequate for the near future and any renovations will incur extra costs, the idea was shelved for the time being.

I would like to thank the committee members and also take the opportunity to invite members who are interested in practice management to come forward and help in the Committee.

DR HUAN MENG WAH

Chairman

Practice Management Committee

College of General Practitioners Singapore

LIST OF DONATIONS
1 April 1991 to 31 March 1992

	\$
GENERAL FUND	
Professor Peter Yan	50
Dr Tan Yeang Tin	200
Dr Goh Lee Gan	1,504
Boehringer Mannheim	1,500
Abbott Laboratories	1,500
Roche (Malaysia) Sdn Bhd	1,500
Beckmon Instruments (S) Pte Ltd	1,500
Mr R B Geeves	300
Dr Patrick Tan	50
Dr Alfred Loh	50
Dr Lim Lean Huat	50
Dr James Chang Ming Yu	50
Dr Tan Ser Kiat	50
Dr Loo Choon Yong	50
Dr Gwee Hak Meng	50
	<u>8,404</u>

VICTOR LOUIS FERNANDEZ FELLOWSHIP FUND

Dr Moti M Vaswani	<u>65</u>
-------------------	-----------

V. P. KUMARAN & CO.
CERTIFIED PUBLIC ACCOUNTANTS

COLLEGE OF GENERAL PRACTITIONERS, SINGAPORE
ACCOUNTS FOR THE YEAR ENDED 31ST MARCH, 1992

COLLEGE OF GENERAL PRACTITIONERS, SINGAPORE

AUDITORS' REPORT

We have examined the accompanying Balance Sheet and the annexed Income and Expenditure Account of the College of General Practitioners, Singapore as at 31st March, 1992. We have obtained all the information and explanations which were required.

In our opinion the Balance Sheet is properly drawn up so as to give a true and fair view of the state of affairs of the College as at 31st March, 1992 and the result for the year ended on that date, to the best of our information and explanations given to us and as shown by the books of the College.

Singapore,



25th May, 1992

CERTIFIED PUBLIC ACCOUNTANTS.


.....
PRESIDENT
.....
HONORARY SECRETARY
.....
HONORARY TREASURER

COLLEGE OF GENERAL PRACTITIONERS, SINGAPORE

BALANCE SHEET AS AT 31ST MARCH, 1992

<u>GENERAL FUND</u>	<u>NOTE</u>	<u>1992</u>	<u>1991</u>
Balance at 31st March, 1991		\$ 19,638	\$ 76,621
Add: Donations		<u>8,405</u>	<u>3,745</u>
		\$ 28,043	\$ 80,366
(Less): Excess of Expenditure Over Income		<u>(41,712)</u>	<u>(60,728)</u>
		\$(13,669)	\$ 19,638
 <u>OTHER FUNDS</u>			
Journal Fund	(2)	\$ 30,000	\$ 30,000
College Development and Research Fund	(3)	611,785	583,890
'VLF' Fellowship Fund	(4)	<u>21,537</u>	<u>20,923</u>
		<u>663,322</u>	<u>634,813</u>
		\$649,653	\$654,451
		=====	=====
REPRESENTED BY:			
<u>FIXED ASSETS</u>	(5)	\$ 30,554	\$ 43,681
<u>CURRENT ASSETS</u>			
Stock	(6)	\$ 6,584	\$ 6,704
Stock of Postage Stamps		142	78
Fixed Deposit	(7)	580,000	600,000
Cash in Hand and at Bank	(8)	17,106	5,483
Sundry Receivable	(13)	23,689	11,609
Prepayments and Deposits	(10)	<u>2,249</u>	<u>1,337</u>
		\$629,770	\$625,211
		-----	-----
<u>LESS: CURRENT LIABILITIES</u>			
Subscription of Journal	(14)	\$ 360	\$ 200
Subscription Received in Advance		400	1,475
Accrued Charges	(11)	5,948	8,821
Course Fees in Advance	(12)	<u>3,963</u>	<u>3,945</u>
		\$ 10,671	\$ 14,441
		-----	-----
Net Current Assets		<u>619,099</u>	<u>610,770</u>
		\$649,653	\$654,451
		=====	=====

The notes form part of these accounts.

COLLEGE OF GENERAL PRACTITIONERS, SINGAPORE

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 1992

<u>INCOME</u>	<u>NOTE</u>	<u>1992</u>	<u>1991</u>
Subscription		\$78,550	\$54,780
Entrance Fees		600	6,850
Interest on Fixed Deposit	(9a)	938	3,966
Miscellaneous	(9b)	<u>34,652</u>	<u>35,660</u>
		114,740	\$101,256
 <u>LESS: EXPENDITURE</u>			
Salaries, Bonus and Allowance		\$ 74,400	\$ 70,319
Provident Fund and Skill Development Levy		11,755	10,522
Rent		-.-	12
Printing and Stationery		9,602	5,879
Telephone Charges		864	916
Postages		2,471	2,571
Subscriptions to WONCA		2,114	1,973
Transport		289	288
Insurance		1,293	772
Water and Electricity		4,452	5,743
14th College Examination		-.-	4,214
Repairs and Maintenance		4,259	1,524
Miscellaneous	(9c)	27,464	41,472
Audit Fee		700	700
Depreciation		<u>16,789</u>	<u>15,079</u>
		156,452	161,984
Excess of Expenditure Over Income		\$(41,712) =====	\$(60,728) =====

The notes form part of these accounts.

COLLEGE OF GENERAL PRACTITIONERS, SINGAPORE

NOTES TO THE ACCOUNTS - 31ST MARCH, 1992

1. GENERAL

The accounts of the College are expressed in Singapore dollars.

2. JOURNAL FUND

<u>1991</u>		<u>1992</u>
\$ 30,000	Balance at 31st March, 1991	\$ 30,000
<u>1,553</u>	Add: Interest on Fixed Deposit	<u>1,433</u>
\$ 31,553		\$ 31,433
<u>1,553</u>	Less: Transferred to Miscellaneous Income	<u>1,433</u>
<u>\$ 30,000</u> =====	Balance at 31st March, 1992	<u>\$ 30,000</u> =====

3. COLLEGE DEVELOPMENT AND RESEARCH FUND

<u>1991</u>		<u>1992</u>
\$555,153	Balance at 31st March, 1991	\$583,890
<u>28,737</u>	Add: Interest on Fixed Deposit	<u>27,895</u>
<u>\$583,890</u> =====	Balance at 31st March, 1992	<u>\$611,785</u> =====

4. VLF FELLOWSHIP FUND

<u>1991</u>		<u>1992</u>						
\$ 18,277	Balance at 31st March, 1991	\$ 20,923						
<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">2,500</td> </tr> <tr> <td style="text-align: center;">(800)</td> </tr> <tr> <td style="text-align: center;">946</td> </tr> </table>	2,500	(800)	946	Add/(Less): Donations Received	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">65</td> </tr> <tr> <td style="text-align: center;">(450)</td> </tr> <tr> <td style="text-align: center;">999</td> </tr> </table>	65	(450)	999
2,500								
(800)								
946								
65								
(450)								
999								
	Study Grant Given to Clinical Tutors							
	Interest on Fixed Deposit							
<u>\$ 2,646</u>		<u>\$ 614</u>						
<u>\$20,923</u> =====	Balance at 31st March, 1992	<u>\$ 21,537</u> =====						

V. P. KUMARAN & CO.
 CERTIFIED PUBLIC ACCOUNTANTS

5. <u>FIXED ASSETS</u> <u>1992</u>	AT COST AT 31.3.1992	ACCUMULATED DEPRECIATION	DEPRECIATION FOR THE YEAR	NET BOOK VALUE
Furniture and Fittings	\$ 80,705	\$ 80,280	\$ 6,577	\$ 425
Tapes and Library Books	54,688	49,624	3,065	5,064
Office Equipment	45,503	44,263	4,205	1,240
Computer	19,446	19,446	2,086	-.-
Chubb Alarm System	4,264	4,264	856	-.-
* Paintings	11,525	-.-	-.-	11,525
* Pottery	12,300	-.-	-.-	12,300
	<u>\$228,431</u>	<u>\$197,877</u>	<u>\$16,789</u>	<u>\$30,554</u>

<u>1991</u>	AT COST AT 31.3.1991	ACCUMULATED DEPRECIATION	DEPRECIATION FOR THE YEAR	NET BOOK VALUE
Furniture and Fittings	\$ 80,705	\$ 73,703	\$ 6,576	\$ 7,002
Tapes and Library Books	53,112	46,559	2,748	6,553
Office Equipment	45,503	40,058	4,203	5,445
Computer	17,360	17,360	700	-
Chubb Alarm System	4,264	3,408	852	856
* Paintings	11,525	-	-	11,525
* Pottery	12,300	-	-	12,300
	<u>\$224,769</u>	<u>\$181,088</u>	<u>\$ 15,079</u>	<u>\$43,681</u>

* No depreciation is provided for painting and pottery as the former appreciates in value and the latter will be replaced as and when the need arises.

6. STOCK

	STOCK AT 31.3.1991	PURCHASES	SALES	COST OF SALES	GIFTS	(LOSS)/ PROFIT	STOCK AT 31.3.1992
Shields	\$ 533	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 533
Cards	137	-	15	6	17	(8)	114
Gold Medals	3,400	-	-	-	-	-	3,400
Tie (Broad)	2,634	-	330	97	-	233	2,537
	<u>\$6,704</u>	<u>\$ -</u>	<u>\$345</u>	<u>\$103</u>	<u>\$17</u>	<u>225</u>	<u>\$6,584</u>

7. FIXED DEPOSIT - Represented By:

<u>1991</u>		
\$ 30,000	Journal Fund	\$ 30,000
482,485	College Development & Research Fund	511,259
20,923	'VLF' Fellowship Fund	21,537
66,592	General Fund	17,204
<u>\$600,000</u>		<u>\$580,000</u>

8. CASH IN HAND AND AT BANK

<u>1991</u>	This consist of:	<u>1992</u>
\$ 356	Cash in Hand	\$ 385
495	Cash at United Overseas Bank	-.-
-.-	Cash at Overseas Union Bank - A/c No.1	632
-.-	Cash at Overseas Union Bank - A/c No.2	14,193
<u>4,632</u>	Cash at Citibank - Maxisave	<u>1,896</u>
\$ 5,483		<u>\$17,106</u>
=====		=====

9a. INTEREST ON FIXED DEPOSIT

<u>1991</u>		<u>1992</u>
\$ 627	Citibank - Maxisave	\$ 415
<u>34,575</u>	Citibank - Fixed Deposit	<u>30,850</u>
\$35,202		\$31,265
1,553	Less: Transferred to Journal Fund	1,433
28,737	Transferred to College Development and Research Fund	27,895
946	Transferred to VLF Fellowship Fund	999
\$31,236		\$30,327
<u>\$ 3,966</u>	Shown in Income and Expenditure Account	<u>\$ 938</u>
-----		=====

9b. MISCELLANEOUS INCOME

<u>1991</u>		<u>1992</u>
\$ 2,129	Singapore Family Physician Vol.17	\$ 5,270
(68)	(Loss)/Profit on Sale of Ties	233
12	Profit/(Loss) on Sale of Greeting Cards	(8)
-	Diabetes Teaching Programme	13,297
-	CME Update Module 1 for 1992	653
2,579	Obstetrics Ultrasound Workshop	1,152
-	Induction Fees	1,500
600	Hire of Gowns	-
858	Update Course on Geriatrics, Psychiatric and Family Medicine	-
68	Sale of Medical Forms	116
9,189	Family Medicine Teaching Programme	6,664
12,166	Meditech'90 Exhibition	-
20	Sale of Photographs/G.P. Paper 1 & 2	35
800	Profit on Sale of Computer	437
-	CME Update Module (for 1991)	70
-	Sale of WONCA Conference Proceedings	1,600
1,500	Equipment Rental	-
3,054	Minor Specialties Module	1,433
1,553	Journal Fund - Singapore Family Physician	2,200
1,250	Administrative Fees	-
<u>(50)</u>	(Loss) on Sale of Shields	-
\$35,660		<u>\$34,652</u>
=====		=====

9c. MISCELLANEOUS EXPENSES

<u>1991</u>		<u>1992</u>
\$ 458	Research Fee	\$ 460
124	Undergraduate Teaching	--
100	Urology Seminar	--
25	Bank Charges	2
277	Refreshment	204
653	Sundries	798
112	Symposium on breast and ovarian cancer	--
1,833	CME seminar in Malaysia	--
1,400	Gowns	--
39	Obstetrics and Gynaecology Course	--
4,255	Cleaning Charges	4,255
--	Seminar on Pathology	6,412
--	Printing of IPA 220 Forms	320
8,473	Security Charges	9,852
38	Gifts	--
2,406	Photocopying	3,179
415	President's Crest	--
1,360	Entertainment	474
467	Medical Fees	375
1,454	Tripartite Meeting Charges at Hongkong	--
120	Office Management in Urology/Andrology Update 1991	--
120	Management of the Terminally III patient at Home Course	--
45	Staff Training Course	310
8,033	Annual Scientific Conference	--
3,422	Dinner Expenses	--
493	Fax Charges	286
5,350	Bad Debts	500
--	Symposium on First Aid and Treatment of Poisoning	37
<u>\$41,472</u>		<u>\$27,464</u>
=====		=====

10. PREPAYMENTS AND DEPOSITS

<u>1991</u>		<u>1992</u>
\$ --	College Examination	\$ 420
500	Security Deposit	500
73	Telephone Charges	--
164	Insurance	129
--	National Health Fair	900
--	CME Update Module 2 for 1992	150
600	Singapore Family Physician Journal Vol: 17	--
--	Management of the Terminally III Patient at Home Centre	150
<u>\$ 1,337</u>		<u>\$ 2,249</u>
=====		=====

11. ACCRUED CHARGES

<u>1991</u>		<u>1992</u>
\$ 548	Security Charges	\$ 555
350	Cleaning Charges	350
400	V.P. Kumaran & Co.	500
514	Water and Electricity Charges	436
4,630	Printing Charges	4,107
867	14th College Examination	--
<u>1,512</u>	3rd Annual Scientific Conference	<u>--</u>
\$ 8,821		\$ 5,948
=====		=====

12. COURSE FEES IN ADVANCE

<u>1991</u>		<u>1992</u>
\$ --	Diabetes Training Programme	\$ 350
<u>3,945</u>	Family Medicine Teaching Programme	<u>3,613</u>
\$ 3,945		\$ 3,963
=====		=====

13. SUNDRY RECEIVABLE

<u>1991</u>		<u>1992</u>
\$ 6,339	Subscription in arrears	\$ 15,739
<u>5,270</u>	Singapore Family Physician Advertisers	<u>7,950</u>
\$11,609		\$ 23,689
=====		=====

14. SUBSCRIPTION OF JOURNAL

This is the amount received in advance for the subscription of the Journal-Singapore Family Physician.

15. COMPARATIVE FIGURES

Certain comparative figures have been reclassified to conform with the current year's presentation.

LIST OF MEMBERS

MEMBERSHIP LIST

HONORARY FELLOWS

DR FABB, WESLEY E
DR HARVARD N MERRINGTON
DATUK (DR) LIM KEE JIN
PROF (DR) LIM PIN
DR RAJAKUMAR, M K
DR RICHARD B GEEVES
DR SYED MAHMOOD B SYED HUSSAIN
PROF TOCK PENG CHONG, EDWARD

FELLOWS

DR CHAN SWEE MONG, PAUL
DR CHANG MING YU, JAMES
DR GOH LEE GAN
DR HANAM, EVELYN
DR KOH ENG KHENG
DR LEE SUAN YEW
DR LEONG VIE CHUNG
DR LIM KIM LEONG
DR LIM LEAN HUAT
DR LOH WEE TIONG, ALFRED
DR MARCUS, COLIN
DR SAMUEL, FREDERICK
DR SOH CHEOW BENG
DR VASWANI, MOTI H
DR WONG HECK SING
DR WONG KUM HOONG
DR YEO PENG HOCK, HENRY

DIPLOMATE MEMBERS

- OTHER COUNTRIES -

DR CHUA CHONG TEE
DR FOO, C K
DR HO LEONG KIT
DR SOH FOOK THIEN, PHILIP
DR SOON SIEW PHENG, ROY
DR TAY THENG HUAN, MICHAEL

- MALAYSIA -

DR CHAN HENG WAI
DR CHOOI SOOI LANG
DR CHUNG SIN FAH
DR FERNANDEZ, TIBURTIUS
DR FOO MENG HOW
DR HEE WAN JANG, HENRY
DR HEW KIN SUN
DR YOONG FOH YAN

- SINGAPORE -

DR CHAN CHEOW JU
DR CHIA YUIT KEEN
DR CHIN KENG HUAT, RICHARD
DR CHIONG PECK KOON, GABRIEL
DR CHOK CHING CHAY
DR CHONG HOI LEONG
DR CHOO KAY WEE
DR CHOW YEOW MING
DR DAMODARAN, AJITH
DR FOONG CHAN KEONG
DR GOH KIAT SENG
DR GOH KING HUA
DR GOH SIEW TEONG
DR HENG SWEE KHOON, ANDREW
DR HIA KWEE YANG
DR HO GIEN CHIEW
DR HUAN MENG WAH
DR KHOO BENG HOCK, MICHAEL

DR KONG KUM LENG
DR KURUP, BINA
DR KWAN PAK MUN
DR LAU HONG CHOON
DR LEE KOK LEONG, PHILLIP
DR LEE, MICHAEL
DR LEONG WAI HIN, LINDA
DR LIM BEE GEOK
DR LIM BEE HWA, KITTY
DR LIM CHONG SING
DR LIM CHUN CHOON
DR LIM KAH CHOO, CAROL
DR LIM SHUEH LI, SELINA
DR LIM, SHYAN
DR LOO CHOON YONG
DR LOW KEE HWA
DR LUM CHUN FATT
DR MAHTANI, SURESH RAMCHAND
DR NG BAN CHEONG
DR NG MAY MEI
DR OMAR BIN SALEH TALIB
DR TAN CHEK WEE
DR TAN HENG KWANG
DR TAN KOK KHENG
DR TAN KOK YONG
DR TAN SWEE LIAN, CECILIA
DR TAN SWEE TECK, MICHAEL
DR TAY SOI KHENG
DR VIEGAS, CLAIRE MARIA
DR WEE SIP LEONG, VICTOR
DR WONG FOOK MENG, WILSON
DR WONG SIN HEE
DR WONG SONG UNG
DR YEO SIAM YAM

ORDINARY MEMBERS

- OTHER COUNTRIES -

DR MCKAY, A BRECK

- MALAYSIA -

DR CHANDRASEKARAN, R
DR FERNANDEZ, GEORGE SIXTUS
DR HONG CHING YE
DR MURUGESU, JAYARAMAN
DR NAYAR, K N
DR NEO CHUN HUAT
DR POK THAM YIEN
DR PRABAKARAN S/O K GOVINDAN
DR SAMUEL, BOB DEVADAS
DR TAN KING SUAN
DR THURASINGAM, KANDIAH
DR WOO YAM KWEE
DR YONG VOON FATT

- SINGAPORE -

DR ANG POH KIT
DR ANG YIAU HUA
DR ATPUTHARAJAH, YOGASAROJINI
DR ATTAREE, RAZIA
DR AUW TIANG MENG
DR AW LEE FHOON, LILY
DR BALASUBRAMANIAM, P
DR BALKIS BINTE AKBAR ALI
DR CALDWELL, GEORGE YUILLE
DR CHAIM HENG TIN
DR CHAN AH KOW
DR CHAN FOONG LIEN
DR CHAN HENG THYE

DR CHAN KAH KWOK, HENRY
DR CHAN KAI POH
DR CHAN KHYE MENG
DR CHAN MAN YIN
DR CHAN PENG MUN
DR CHAN WAH MEI
DR CHANG LI LIAN
DR CHEE CHAN SEONG, STEPHEN
DR CHEE CHIN TIONG
DR CHEE PHUI HUNG
DR CHEE TIANG CHWEE, ALFRED
DR CHEE TOAN YANG, DIANA
DR CHEE YUET CHING, CAROLINE
DR CHELLIAH, HELEN
DR CHEN AI JU
DR CHEN YEY WAH
DR CHENG HENG LEE
DR CHENG SOO HONG
DR CHEONG GUAT NEO, GLADYS
DR CHEONG PAK YEAN
DR CHEONG WEI LING
DR CHEW GIAN MOH
DR CHEW SWEE ENG
DR CHIA KWOK WAH
DR CHIA YUEN TAT
DR CHIANG SHIH CHEN, LYNDA
DR CHIN KOY NAM
DR CHIN SOON SIANG, PHILBERT
DR CHNG PUAY SIAN
DR CHONG KIM FOO
DR CHONG POH CHOO, LILIAN
DR CHONG TAT SEONG, ANDREW
DR CHONG TONG MUN
DR CHONG YEAN CHIONG, JOHN
DR CHOO HOCK LEONG, RAYMOND
DR CHOO TECK HONG
DR CHOONG SHEAU PENG
DR CHOW KYE KHEONG
DR CHUA BEE KOON
DR CHUA PONG KUAN
DR CHUA SENG CHEW
DR CHUA SUI LENG
DR CHUA SUI MENG
DR CHUA TEO NGENE
DR CHUA YONG HAN
DR CHUA, LEE
DR CHUNG WENG SIONG
DR DEVI, SIVAKAMI
DR DHAR, RAMES CHANDRA
DR DOHADWALA, KUTBUDDIN
DR DON, ROBERT GERARD
DR EMMANUEL, SHANTA C
DR EU YEE TAT, DAVID
DR FANG, JAMES
DR FERNANDEZ, ROSLIN MARY
DR FONG CHIU YAN
DR FONG CHONG TOO
DR FONG KHEE LENG
DR FOO YONG BOCK
DR GIN WEE KIT
DR GOH CHENG HONG
DR GOH CHING LUCK, PETER
DR GOH KONG TEK
DR GOH MYE MENG
DR GOH SOON CHYE
DR GOH SUAN CHOO
DR GOH TIEN SIONG
DR HEASLETT, ERIC A
DR HENG BEE HOON
DR HO LIN FAH, DOROTHY

DR HO MAY LING
DR HO YUEN
DR HO, PAUL
DR HONG CHEE BOO, ALLAN
DR HONG CHEE MON, MICHAEL
DR HONG LEE TIONG
DR HOO KAI MENG
DR HOW CHONG HONG
DR HOWE KAH CHONG
DR HU TSU TEH
DR JACKSON, WINIFRED YAP QUEE-LAN
DR JAYAKUMAR, LALITHA
DR JEYARATNAM, NIRMALA PATHMINI
DR KANG CHUNG MENG
DR KANG HUN HUN, HELEN
DR KEE CHIN WAH, PARTICK
DR KEE WEE, KENNETH
DR KHATOON, ZUBEDA
DR KHOO BOO YEE
DR KHOO HOW ENG
DR KHOO SORK HOON
DR KHOO SWEE SUAN, JANICE
DR KHOO SWEE TUAN, GEORGE
DR KISHAN, D
DR KOH AI PENG
DR KOH BOON WAH
DR KOH CHYE SENG
DR KOH ENG SOO
DR KOH GIN POH
DR KOH MUI NOI, BETTY
DR KOH TSE CHUNG, KEVIN
DR KULDEEP KAUR
DR KUMARAPATHY, S
DR KUNG SIANG YO
DR KWAN KAH YEE
DR KWEE LEE FUNG
DR KWEE, EDMUND
DR KWEE, IRENE
DR KWEK POH LIAN
DR LAI CHAN SEE
DR LAI JIN TEE, JOHN F
DR LAI LUNG YING
DR LAI OI LENG
DR LAM YUAN LIOU, MARTIN
DR LAU KIT WAN
DR LEE BON FA
DR LEE CHIANG TEE, FREDERICK
DR LEE CHON SHAM
DR LEE ENG HUA
DR LEE GEOK CHOO
DR LEE HOCK SENG
DR LEE KENG THON
DR LEE KHENG CHEW
DR LEE LI ENG
DR LEE MEOW YOONG
DR LEE MOH HOON
DR LEE PHENG SOON
DR LEE PING WEN
DR LEE QUEE PHIIN
DR LEE SAI KIANG
DR LEE SEE MUAH
DR LEONG CHEE LUM
DR LEONG CHOON YIN
DR LEONG KWONG LIM
DR LEONG LEE SAN
DR LEONG, LEONARD J A
DR LEOW AI MIAN
DR LEUNG YUE LAI
DR LEUNG YUET SING, LEWINA
DR LEW YIN CHOO
DR LIANG HSUEH LIN
DR LIM BAN SIONG
DR LIM CHAN YONG
DR LIM CHIN HIN

DR LIM CHOE LAN
DR LIM EANG LING, EILEEN
DR LIM EIN LAI
DR LIM GEOK LEONG
DR LIM GUEK NEE
DR LIM HAI CHIEW
DR LIM HOCK BENG, ANDREW
DR LIM HOCK KUANG, DAVID
DR LIM HOCK SIEW
DR LIM HUAT CHYE, PETER
DR LIM HUI MOEY, EVELYN
DR LIM KHAI LIANG, JOHN
DR LIM KHENG HAR, MAUREEN
DR LIM KIAN THO, JERRY
DR LIM KIM LOAN, CONNIE
DR LIM KOK KENG, VICTOR
DR LIM LIANG BOON
DR LIM SIEW HONG, PRISCILLA
DR LIM TOAN KIAW
DR LIM WAN IE
DR LIM WHYE GEOK
DR LIM YEW CHER, ALEX
DR LIM YU HER
DR LING SING LIN
DR LO HONG LING
DR LO SOOK LING, ADELA
DR LOH BAN CHYE
DR LOH HUI KEE
DR LOH KUM FONG
DR LOH MIN CHOO
DR LOH PENG YAM, MICHAEL
DR LOKE KHUA EU
DR LOO CHYE WANG
DR LOO HING PENG
DR LOW GUAT SIEW, THERESA
DR LOW SAW LEAN
DR LOW YEE SHIH
DR LOW, ADELIA
DR LUM KUAN YIN
DR MAO FONG HAO
DR MENON, INDIRA R
DR MENON, K P R
DR MOHAMED BIN ABU BAKAR
DR MOHAMED NAWAZ JANJUA
DR MUKUNDAN V S NAIR
DR NAIR, RAJALEKSHMI
DR NARASINGHAN, MEENAMBIKAI
DR NEO EAK CHAN
DR NEO, LILY TIRTASANA
DR NG BOON GIM
DR NG CHEE WENG
DR NG CHIAU GIAN
DR NG EIK TIONG
DR NG ENG CHAN
DR NG ENG LIM
DR NG FOOK LAM
DR NG KECK SIM
DR NG KOK TEOW
DR NG LEE BENG
DR NG MONG HOO, RICHARD
DR NG SENG YEUN
DR NG, MARGARET
DR OEI CHEONG CHUAN
DR OH SIEW LEONG
DR ONG CHENG YUE
DR ONG ENG CHENG
DR ONG MENG YI
DR ONG POH KHENG
DR ONG SIEW KIAT
DR ONG SIN ENG, STEVEN
DR ONG TECK THIAN
DR ONG YONG KHEE, DANIEL
DR ONG, CAROLINE
DR P'NG CHIN GUAN, JULIAN

DR PANG SEOW CHOON, WILLIAM
DR PEH ENG TECK
DR PILLAI, KUMARA PRASAD
DR POH SEOW HOON
DR PONG, HUMPHREY
DR POWELL, DAVID C
DR QUAH WEE CHAI, PARRY
DR QUEK KOH CHOON
DR QUEK MENG POO
DR QUEK PENG KIANG
DR RAJAN, UMA
DR RAMACHANDRAN, LALITHA
DR RAMANATHAN, H
DR RANGANATHAN, SUDHA
DR RAY, RILLY
DR SAID, JANJUA MOHAMED
DR SARMA, LILY S
DR SAYAMPANATHAN, S R
DR SEAH CHENG KIAH
DR SELVADURAI, VIMALA
DR SHENG NAM CHIN
DR SI-HOE KOK WAN
DR SIE, PAUL TIMOTHY
DR SIM LI YIN, DEBORAH
DR SINGH, BALBIR
DR SINGH, J CHARAN
DR SINGH, SORINDER
DR SIOW KON SANG
DR SITOE KUM FATT
DR SUBRAMANION, M B
DR SUN SEE SENG
DR SUPRAMANIAM, VIMALARANIE
DR TAN BAN KOK
DR TAN BANG LIANG
DR TAN BEE LEE, PHILIP
DR TAN BOON BEE
DR TAN BOON CHOR
DR TAN CHENG BOCK, ADRIAN
DR TAN CHIN LEONG
DR TAN CHIN LOCK, ARTHUR
DR TAN CHONG BIN
DR TAN FOH THAI
DR TAN GEK YOUNG
DR TAN HIEW KANG
DR TAN KENG CHIEW
DR TAN KENG WAH, JERRY
DR TAN KHIM KENG
DR TAN KIAN YONG
DR TAN KIAT PIAH
DR TAN KIAW KUANG
DR TAN KOK SOO
DR TAN LEA KHIM
DR TAN LEAN BENG
DR TAN MAY HUA
DR TAN PENG HONG
DR TAN SAH TEE
DR TAN SEUNG PO
DR TAN SOH CHEOK
DR TAN SOO CHENG
DR TAN SOO LIANG
DR TAN SUAN EK
DR TAN TECK HONG
DR TAN TIAN HWEI
DR TAN TIAN CHO
DR TAN TIN KIAT, ROBERT
DR TAN WAN GHEE (SUGINO)
DR TAN YONG TONG
DR TAY HOCK HUI
DR TAY KA CHOON
DR TAY KOK LING
DR TAY SIEW TEE, CELENA
DR TEO HOCK HYE
DR TEO POH CHOO
DR TEO TIONG KIAT

DR THAM KOK WAH
 DR THAM PAK ONN
 DR THEVATHASAN, IVOR G
 DR THEVATHASAN, VICTOR M
 DR THOR GUAT NGOH
 DR TJIA TJOEI SIAN, JOAN
 DR TOH KOK THYE
 DR TONG MEI LIN, PHILOMENA
 DR TONG THEAN SENG, REGINALD
 DR TSENG SEONG PHENG, WILLIAM
 DR VARMA, LEELA
 DR VARUGHESE, MARY
 DR VASANWALA, FARIDA F
 DR VIRABHAK, NAI KARIN .
 DR WALLER, PATRICIA B
 DR WAN FOOK KEE
 DR WASAN, KULDIP SINGH
 DR WEE HUAT LEONG, PETER
 DR WEE JOO LING, MARY
 DR WEE KANG CHENG, PAUL
 DR WILLIAMS, S A R
 DR WONG AH TECK
 DR WONG FOOK POH
 DR WONG KAI PENG
 DR WONG POH YEN
 DR WONG TECK CHEUNG
 DR WONG TOAN LIEN, PATRICIA
 DR WONG TOON KWOK
 DR WONG YIK MUN
 DR WONG YOKE CHEONG
 DR WU DAH WEI, DAVID
 DR WU EU HENG
 DR WU SAN SAN
 DR YANG CHIEN PAI
 DR YANG HONG PING
 DR YAO CHENG, JOHN
 DR YAP CHIEW FAH, IVY
 DR YAP SOEI KIAT
 DR YAP SOO KOR, JASON
 DR YEAP ENG HOOI
 DR YEE POH KIM
 DR YEO CHYE LUAN
 DR YEO KHEE HONG
 DR YEO KHIAN KIAT
 DR YEO KWAN CHING
 DR YEO YEE TUAN, ERIC
 DR YEOH PENG CHENG
 DR YEOW MONG OON, BATTY
 DR YIK CHOR YEONG
 DR YIM SOW TUCK, ANDREW
 DR YONG BO LING
 DR YUNG SIEW MUAY

ASSOCIATE MEMBERS

- MALAYSIA -

DR SINGH, DAYA A/L KERPAL SINGH
 DR TEH BOON KHENG
 DR VARGHESE, JOSEPH

- SINGAPORE -

DR ANG BEE KHUAN
 DR ANG BOON LEONG
 DR BALAKRISHNAN, VIDA VIMALA
 DR BALASUNDRAM, GANESH
 DR CHAN BENG LEONG
 DR CHAN HSIU MEI
 DR CHAN KAY BOON, KEVIN
 DR CHAN WAI LUP
 DR CHAN YIT MENG
 DR CHEE SEE GUAN
 DR CHEW KHEK KAH
 DR CHEW LI FOON, ANGELA
 DR CHIA SWEE HEONG, DANIEL

DR CHIN MEI LENG, JOAN
 DR CHIONH ENG HOE
 DR CHOE INN CHUAN, RAYMOND
 DR CHONG EE MEI, VIVIAN
 DR CHONG LAY HWA
 DR CHOONG SIEW FOONG
 DR CHOW KHUAN YEW
 DR CHU SIU WEN
 DR CHUA POH GEK, ANGELINE
 DR CHUI CHOW YIN
 DR EE GUAN LIANG, ADRIAN
 DR FONG CHEE HONG, DAVID
 DR FUNG MEI KENG, JANET
 DR GOH SOO CHYE, PAUL
 DR HENG KUO LENG, JOHN
 DR HO SOOK YEAN, THERESA
 DR HO YENG
 DR HO YOW CHAN
 DR HWANG TENG BEN, WINSTON
 DR KHOO TENG HOO, GEORGE
 DR KHOR CHIN KEE
 DR KIU OI NAH, JULIANA
 DR KOH CHONG CHENG
 DR KOH TEE LOCK, TERENCE
 DR KONG SUI SHING, GEORGINA
 DR KOO SENG LONG
 DR KWANG YOKE PIN
 DR KWOK YUET HAR, CYNTHIA
 DR LAU CHIN SHIOU, SHARON
 DR LAU, CAMAY
 DR LEE CHEONG CHENG
 DR LEE ENG SENG
 DR LEE GEK CHOO, JENNIFER
 DR LEE KHENG HOCK
 DR LEE PHENG LIP, IAN
 DR LEE SEE CHUNG
 DR LEE TANG YIN
 DR LEE TENG HONG
 DR LEE WOON LIN
 DR LEOW YUNG KHEE
 DR LIAO KIAN HUAT
 DR LIEN YEE WUN, VIRGINIA
 DR LIM CHEE TECK
 DR LIM CHIN YIN
 DR LIM GEOK BIN
 DR LIM HUI CHUAN
 DR LIM JOO LEE
 DR LIM SINN LING
 DR LIM SUN TAI, SHELIS
 DR LING MUN KIN
 DR LOH KOK CHI
 DR LOO CHOO CHOON, ANDREW
 DR LOW CHEE WAH, MARK
 DR LOW MUN HENG, GERARD
 DR LU, JEAN
 DR LUI WOEI SEN
 DR MATHEWS, ABRAHAM
 DR MOK LYE WAN
 DR MURUGASU, DEIRDRE
 DR NAIR, PREM KUMAR
 DR NEOH SWEE SAN, LINDA
 DR NG CHEE LIAN, LAWRENCE
 DR NG CHEE PENG, STEPHEN
 DR NG CHOON HEE
 DR NG POH HENG
 DR NITHIANANTHAN, JEEVARAJAH
 DR ONG FUNG CHIN
 DR ONG KIAN GIAP, DANIEL
 DR PARAMESVARAN, KUMARASAMY
 DR PETTIGREW, VIOLET MURIEL GRACE
 DR POON KING HOU
 DR QUEK, DINA
 DR RAMSAY, CATRIONA MARGARET
 DR SADASIVAN, RAMESH
 DR SEBASTIAN, VICTOR

DR SEET PO CHOO, CYNTHIA
 DR SI HOE YEEN LING
 DR SIM TIONG PUAY
 DR SINGAM, SAROJA BHAI
 DR SNG LI WAH
 DR SOH JOO KIM
 DR STENNERT, I M BIRGITTA
 DR SWAH TECK SIN
 DR TAM, ANTONY
 DR TAN BENG SIM, VINCENT
 DR TAN CHOOI CHOOI
 DR TAN GEK HUA
 DR TAN HUI MIEN, HELEN
 DR TAN HUNG CHAI
 DR TAN JU HOCK
 DR TAN KAY SENG, TOMMY
 DR TAN KEE CHONG
 DR TAN KIM ENG
 DR TAN KOK HIAN
 DR TAN KOK PIN
 DR TAN LAY WEE
 DR TAN SAI TIANG
 DR TAN SAU CHEW
 DR TAN TECK SHI
 DR TAN TIAH KUAN, KENNETH
 DR TAN WEE KENG, ALAN
 DR TAN YU SING, LUCIENNE
 DR TAY BOON CHYE, PETER
 DR TAY SOK HUNG
 DR THEIN, MYINT MYINT
 DR TOK CHOO BENG, VINCENT
 DR TONG CHUAN HONG
 DR TONG JUN HO
 DR VENGADASALAM, D
 DR WATTERS, RACHEL MARYANNE
 DR WEE BEE POH, DIANA
 DR WEE IAN LIN, KAREN
 DR WEE SOON HENG CHRISTOPHER
 DR WONG BOON NGIN, GERARD
 DR WONG CHEE KONG
 DR WONG MING
 DR YEAK HWEE LEE
 DR YEO LOCK PEOW
 DR YEO MAY LENE, ESTHER
 DR YEO NGAN MENG
 DR YEO SWEE LEE
 DR YII HEE SENG
 DR YIN EE-HIAN, KAREN
 DR YUNG, CHARLOTTE KIM

OVERSEAS MEMBERS

DR CHEW KEW KIM
 DR CHIA SZE FOONG
 DR CUNNINGHAM, GEOFFREY
 DR GOH KONG HAI
 DR LAI KUEN FONG
 DR LIM MENG ENG
 DR YEOH CHOON ENG

RETIRED MEMBERS

DR AARON, ALFRED O
 DR CHAN MEI LI, MARY
 DR CHAN TUCK KIN
 DR CHEN JAN THYE
 DR CHEW WAN HEONG, IVY
 DR HOE, JACK W
 DR LEOW ON CHU
 DR LIM TOAN KENG
 DR TAN ENG SENG
 DR TAN KHENG KHOO
 DR TAY LENG KONG, MOSES
 DR TEO CHEW SENG
 DR TRYTHALL, DAVID A H
 DR YEOH GUEH KWANG