

A Model of care for the older person in Singapore

By Dr Tan Boon Yeow, FCFP, Chairman of Eldercare SIG

The following is a special report of the development of the Eldercare SIG with the visit of Dr Forsyth & subsequent meet up with geriatricians & various stakeholders. College hosts Dr Duncan Forsyth, a UK geriatrician who was involved in the setup of SIG for older persons.



(L-R) Dr Fong Ngan Phoon, A/P Goh Lee Gan, Dr Duncan Forsyth, Dr Ong Jin Ee & Dr Tan Boon Yeow

Dr Duncan Forsyth visited the College of Family Physicians on the 11 Sept 2004 at the invite of the President and College's eldercare SIG. Here is an abstract of the discussion we had with him.

A/P Goh: "Duncan, can you tell us a little more about yourself."

Dr Forsyth: "I am currently Senior lecturer & consultant Geriatrician at Addenbrookes Hospital, Cambridge. My specialist interest is in Parkinson's Disease & cognitive problems in the elderly. I am actively involved in the Royal College of Physician & examine for the diploma of geriatric medicine. I also recently spent 1 mth in Malaysia visiting local hospitals & establishing links for training & service development for geriatrics in Malaysia."

A/P Goh: "Could you give us some reasons why you see a need for GP SIG (GP with Special Interest) to be set in the UK?"

Dr Forsyth: "There are various reasons. Some of the more important ones include:
 a. Long waiting time to see specialists.
 Some GPs took on extra training to provide this expertise at the primary care level.
 b. GPs wanting to do more than their routine practice and to develop some form of special interest.
 c. The lack of appropriate structure for

career development and training for areas of special interest.

d. Government policies. (eg. NHS removed long term care(LTC) facilities and rehabilitation beds from the purview of geriatricians and hence these came under the jurisdiction of the GPs) Geriatricians are therefore made to cater to acute care and do not manage much chronic disease."

A/P Goh: "How do you ensure that these GPs with special interest have adequate training to look after the elderly?"

Dr Forsyth: " We have tried to do this by implementing the following 'criteria':

- i. GPs must be interested.
- ii. There must be some standardization of the training process. (e.g. Diploma in Geriatric Medicine)
- iii. They must have a good track record (i.e. have been doing the job satisfactorily, e.g. member of department of geriatrics/hospital practitioners)
- iv. 'Grandfather' clause of those who have worked in 2 previous postings in a geriatric setting.

Currently, this special interest group is an initiative of the British Geriatric Society. This development is led by the SIG(Special Interest Group) in primary care and home care which has representatives from the Royal College of General Practitioners (RCGP) and geriatricians.

A/P Goh: "The UK system & issues in care for the older person as well as setup of SIG is similar in many ways to the situation in S'pore. We will work with the various stakeholders to develop a system of care that will best suit the nation."

Following the meeting with Dr Forsyth, College representatives met up with Dr Pang Weng Sun, President of the Society of Geriatric Medicine, Singapore to discuss further the role of GPs/Family physicians with special interest in the older person/eldercare.

A/P Goh: "...We recently had Dr Forsyth visit us and he had suggested a model of care of the elderly involving family physicians. What are your thoughts on this matter?"

Figure 1 : CARE PROVISION FOR ELDERLY BY MEDICAL PROFESSIONALS

Type of Care	Acute Care	Subacute Care	Rehabilitation	Chronic Care	End of Life Care
Settings	RH	RH, CH, NH Home Care	RH, CH, NH Day rehab Home Care	GP/Polyclinic NH Home Care	RH, CH, NH Hospice Home care
Geriatrician (FAMS) College of Physicians	+++	+++	++	++	++
Special Interest FPs (GDFM or MMedFM + GDGM) (College of Family Physicians)	+	+++	+++	++	++
FPs (GDFM) College of Family Physicians	NA	+	+	+++	++

Key: +++ major involvement, ++ some involvement, + minor involvement, NA not applicable

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Dr Pang: "I think that family physicians/GPs, as well as those with special interest in eldercare, have a major role to play in the care of the elderly. I have drawn up a chart (Figure 1) that I think may work for us caring for the elderly in S'pore."

In this model of care, the two colleges [College of Physicians (COP) - under the Academy of Medicine & the College of Family Physicians (COFP)] will oversee the different professionals in the care of the elderly. Academy (through JCST) will accredit geriatricians (MRCP, FAMS) & COFP accredit family physicians, & family physicians with additional training in geriatrics.

A/P Goh: *Yes, this is a good way to build capacity. I see that a possible accreditation system would be attaining the status of family physicians first by obtaining either Graduate Diploma in Family Medicine (GDFM) or Masters in Medicine [MMed (FM)]. Further training through relevant attachment/posting & completing additional training in geriatrics [Graduate Diploma in Geriatric Medicine (GDGM) or equivalent] for those who want to be accredited as family physicians with special interest in the care of the elderly. [FP SIG (eldercare)]*

Community eldercare in Singapore is at the cross-roads for development to greater heights. The discussions with Dr Forsyth and with Dr Pang were illuminating in showing the way on what can be organised into our healthcare system drawing into their experiences and insights. In a nutshell, we need to talk, to train, and to build a seamless healthcare system for the Singapore elderly that will provide the appropriate levels of care that can effectively manage the elderly's problems and needs at any particular point of their illness-wellness spectrum. Dr Pang's table gives a good insight into the role that each of the stakeholders - Geriatrician, Special interest GPs, and the other GPs - can contribute in the total care of the elderly infirm. Let us make things happen in 2005.

Eldercare SIG update

By Dr Tan Boon Yeow, FCFP, Chairman of Eldercare SIG

The eldercare SIG held her final grand-round of the year on 2nd Nov '04. We were honored to have Dr Ding Yew Yong, Head & Senior consultant, Geriatric Medicine Department, Tan Tock Seng Hospital share on clinic assessment of the elderly. Dr Ding emphasized that, armed with correct tools and expectations, many physicians will find that caring for older people can be gratifying rather than frustrating.

He went on to define what geriatric assessment comprises of and also reviewed the evidence for its effectiveness. He concluded that we could consider supplementing our traditional medical assessment of our patients with a brief screening for common geriatric problems and perform a comprehensive evaluation only on those who have problems identified by screening.

Dr Ong Jin Ee, Collegiate member and home care physician, shared her experience on the care of her elderly patients in their homes. A survey of her patients showed that the majority of them had stroke or dementia. She spoke on the essentials in conducting home visits & illustrated with a few case studies.

The eldercare SIG core group also took the opportunity to review our activities for the year. We felt that we had made a good start but would like to reach out to more college members and interest all towards the care of the elderly. We hope to conduct feedback on how we can improve our activities as well as ways to make it more relevant for family physicians. Some initiatives that we will be taking include:

- a. Asking members to submit questions or difficult cases which they encounter that is relevant to the topic of the grand-round. Questions and cases that are not directly relevant to the upcoming grand-round are also welcomed and will be brought up for future discussions.
- b. Organizing college skills courses that will be relevant to family physicians. These skills courses will provide more in depth discussion and review of the topic concerned. We hope to do a skills course on dementia at the end of next year.

Finally, we would like to take the opportunity to wish all members a most refreshing year-end holidays as well as a very blessed Christmas and New Year. We also hope to see more of you join our activities in the coming year.



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