

COLLEGE OF GENERAL PRACTITIONERS SINGAPORE

**TWENTIETH
ANNUAL REPORT
1990-1991**

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ANNUAL GENERAL MEETING

NOTICE IS HEREBY GIVEN that the **TWENTIETH ANNUAL GENERAL MEETING** of the College of General Practitioners Singapore will be held on Sunday 7 July 1991 at 2.00pm.

AGENDA

1. Minutes of the Nineteenth Annual General Meeting held on 20 May 1990.
2. Matters arising from the Minutes.
3. Annual Report of the Twelfth Council for the year ended 31 March 1991.
4. Audited Accounts for the year ended 31 March 1991.
5. Election of Honorary Fellow.
6. Election of Fellows.
7. Election of Office Bearers for the 13th Council (1991-1993).
8. Appointment of Honorary Legal Advisor.
9. Appointment of Auditors.
10. Any other business.

DR. SOH CHEOW BENG

*Honorary Secretary
for Twelfth Council
College of General Practitioners Singapore*

TWELFTH COUNCIL 1989 - 1991

President	: Dr Koh Eng Kheng
Vice-President	: Dr Alfred W T Loh
Censor-in-Chief	: Dr Lim Kim Leong
Honorary Secretary	: Dr Soh Cheow Beng
Honorary Treasurer	: Dr Lim Lean Huat
Council Members	: Dr Chan Cheow Ju
	: Dr Huan Meng Wah
	: Dr John Lim Khai Liang
	: Dr Richard Ng Mong Hoo
	: Dr Arthur Tan Chin Lock
Honorary Editor	: Dr Goh Lee Gan

BOARD OF CENSORS

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

SECRETARIAT

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

AUDITORS

M/S V P Kumaran & Co.

HONORARY LEGAL ADVISORS

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

MINUTES OF THE NINETEENTH ANNUAL GENERAL MEETING

Minutes of the Nineteenth 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 20 May 1990 at 2.00pm.

The following were present:

Dr Chan Swee Mong Paul	Dr Lim Kim Leong
Dr James Chang Ming Yu	Dr John Lim Khai Liang
Dr Chee Phui Hung	Dr Lim Lean Huat
Dr Chua Pong Kuan	Dr Lim Toan Kiaw
Dr Chua Sui Meng	Dr Neo Eak Chan
Dr Goh Lee Gan	Dr Richard Ng Mong Hoo
Dr Huan Meng Wah	Dr Humphrey Pong
Dr Koh Eng Kheng	Dr Sorinder Singh
Dr Koh Eng Soo	Dr Soh Cheow Beng
Dr Lau Hong Choon	Dr Arthur Tan Chin Lock
Dr Lee Suan Yew	Dr Wong Heck Sing
Dr Leonard J A Leong	Dr Henry Yeo Peng Hock
Dr Leong Vie Chung	

In attendance: Sonia Fam

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 3.15pm. He welcomed all the members who were present.

The Chairman drew the attention of the House to typographical errors in the Annual Report and the corrections to be made. However, Dr Chee Phui Hung remarked that it was not proper to make corrections or amendments to the annual report at the meeting. Dr Goh Lee Gan explained that it was in order since it was the Council who prepared the report. The Chairman clarified that he was not altering the substance of the report.

2. MINUTES OF THE 18TH ANNUAL GENERAL MEETING HELD ON 14 MAY 1989

With regards to item 4.1, Dr Chee pointed out that what he actually said was not recorded in the minutes and this should be done. It was accepted.

Dr Chua Sui Meng proposed that the Minutes be passed and Dr Chee Phui Hung seconded.

3. MATTERS ARISING

No issues were brought up for discussion by the House.

4. ANNUAL REPORT 1989-1990

Dr Wong Heck Sing made reference to item 4.2 of the Annual Report. He wanted to know why 7 trainees have left the programme in 1989. Dr Goh Lee Gan explained that of the 7 trainees, 6 were from the National University Hospital and they belonged to a different scheme from the Ministry of Health. They were not happy with the attitude of the trainers and have since resigned from the hospital.

Dr Lee Suan Yew wanted to know how the College could prevent trainees from leaving. Dr Chee proposed that this matter be discussed under "Any Other Business". This was agreed.

On the report of the Continuing Medical Education Committee, Dr Chee objected to the reason being given for organising only two of the three update courses as being due to heavy bookings of the auditorium. His point was accepted.

Dr Chee sought clarification on paragraph 2 of page 24 concerning "general practitioners having been accepted" as tutors. Dr Goh Lee Gan explained that when part-time lecturers were nominated by the College, the names were submitted to the whole academic staff in the Faculty of Medicine, comprising 31 departments for their acceptance. Dr Chee questioned the College's stand on this: Dr Wong Heck Sing explained that the appointment of GP tutors for medical undergraduates was the prerogative of the University. The college was invited annually to submit names to the university which has the final say in the appointments. Dr Chee felt that the college should negotiate on this matter. He proposed that the word "accepted" be replaced by "appointed". This was adopted.

Dr Chee thanked Council for their year of hard work. He added that whatever remarks or criticisms he had made should be taken constructively.

Dr Chee Phui Hung proposed that the Annual Report be adopted and this was seconded by Dr Lee Suan Yew.

5. AUDITED ACCOUNTS FOR THE YEAR ENDED 31 MARCH 1990

Dr Chee sought clarification on interests in fixed deposit. He informed the Council that where there was a deficit for operating expenses, it should be reflected in the Annual Report so that members will know about it. His point was agreed and accepted by all.

Dr Chee Phui Hung proposed that the accounts be adopted. This was seconded by Dr Chua Sui Meng. There were no objections.

6. CONSTITUTIONAL AMENDMENTS

6.1 Increase in Subscription Fees

Dr Chee pointed out that when an amendment is to be made to the Constitution, the full paragraph of Article 7 Section 2 must be quoted. The Chairman informed the House that the College is running a deficit due to operational expenses, hence the need to increase subscription. Dr Wong Heck Sing said that current expenditure must come from subscriptions and not from the Research and Development Fund.

Dr Chee wanted to know why the increase was only marginal. He proposed that the subscription be raised by \$50 for Ordinary members/Diplomates and Fellows and \$25 for Associate members. This was seconded by Dr James Chang. A show of hands was requested. This was accepted by the House except for 2 Associate Members.

6.2 Admission to Diplomate Membership

The Censor-in-Chief proposed that Clause [f] of Article V Section 4 be removed to allow trainees in Family Medicine to qualify for the MCGP examination on a yearly basis. As there was

no quorum, this will be tabled again at the next Annual General Meeting.

7. ANY OTHER BUSINESS

7.1 Albert Lim Award

Dr James Chang wanted to know why no award has been given of late. Dr Wong Heck Sing pointed out that the award [donated by him and his wife] was meant to be given annually, originally for 10 years. Due to an oversight, no request for renewal was made. Council will consider whether there should be further awards.

7.2 Ordinary Members

Dr James Chang brought up the point of specialists being admitted as Ordinary Members of the College. After a brief deliberation, it was agreed that specialists will be admitted as Associate Members.

7.3 The Censor-in-Chief sought the House's opinion on whether the College should accept foreign doctors into ordinary membership. It was generally felt that if they had fulfilled the conditions of membership, they should be allowed to be ordinary members. Dr Lee Suan Yew reiterated that the Singapore College has always had close relations with the sister Colleges.

Dr Wong Heck Sing said that the College should rethink and restate its targets. It has been in existence for 20 years and the earlier objectives of establishing the College, gaining acceptance and recognition have largely been realised. The College should now direct its energy and attention to vocational training and research — proper vocational training to produce a competent and caring family doctor, research to add to the body of medical knowledge. Only by actively pursuing these objectives can the College stand on equal footing with our sister academic bodies here and elsewhere. The Chairman thanked Dr Wong for his statements.

Dr Lee Suan Yew said that the College would not be where it is today if it were to remain in low profile. He went on to say that it was Dr Wong Heck Sing's vision that has brought the College to its present position. Had it not been his idea to have general practice taught, the College would not have achieved so much. We cannot do research if we do not have a role in the university. Dr Lee also added that the number of trainees who have left the programme was not important as there was an increase in the intake. He supported Dr Wong's opinion that the College should concentrate on research.

Dr Lee also proposed that the Vocational Training steering committee come up with proposals on how to improve the programme. The Chairman informed the House that the Council will be meeting various hospital trainers.

7.4 Dr Leong Vie Chung observed that 8 out of 14 Fellows were present at the Annual General Meeting and the proportion of Diplomates present were pathetic. He felt that Council should look into the possibility of making sure that future Diplomates see it an obligation to attend Annual General Meetings once they are made Diplomate members. The point was well taken.

There being no further matter, the meeting was brought to a close at 4.45pm with a vote of thanks to the Chair by Dr Chee Phui Hung.

DR SOH CHEOW BENG

Honorary Secretary

College of General Practitioners Singapore

REPORT OF THE TWELFTH COUNCIL

1 April 1990 to 31 March 1991

TWELFTH COUNCIL

The Twelfth Council met regularly at monthly intervals. A total of 11 Council meetings were convened. The following is the composition of the Council as at 31 March 1991.

<i>President:</i>	:	Dr Koh Eng Kheng
<i>Vice-President</i>	:	Dr Alfred Loh Wee Tiong
<i>Censor-in-Chief</i>	:	Dr Lim Kim Leong
<i>Honorary Secretary</i>	:	Dr Soh Cheow Beng
<i>Honorary Treasurer</i>	:	Dr Lim Lean Huat
<i>Council Members</i>	:	Dr Chan Cheow Ju
	:	Dr Huan Meng Wah
	:	Dr John Lim Khai Liang
	:	Dr Richard Ng Mong Hoo
	:	Dr Arthur Tan Chin Lock
<i>Honorary Editor</i>	:	Dr Goh Lee Gan

1 REPORT ON STANDING COMMITTEES

The Council consists of six Standing Committees to oversee the various activities of the College:

CONTINUING MEDICAL EDUCATION COMMITTEE

<i>Chairman</i>	:	Dr Soh Cheow Beng
<i>Secretary</i>	:	Dr Richard Ng Mong Hoo
<i>Ex-Officio</i>	:	Dr Alfred W T Loh
<i>Members</i>	:	Dr Goh Lee Gan
	:	Dr Hia Kwee Yang
	:	Dr Omar bin Saleh Talib
<i>Librarian</i> (books)	:	Dr Chan Cheow Ju
	:	Dr Choo Kay Wee
	:	Dr Chong Hoi Leong
<i>Librarian</i> (tapes & video cassettes)	:	Dr Richard Ng Mong Hoo

UNDERGRADUATE TEACHING COMMITTEE

<i>Chairman</i>	:	Dr Goh Lee Gan
<i>Secretary</i>	:	Dr Kevin Koh Tse Chung
<i>Ex-Officio</i>	:	Dr Koh Eng Kheng
<i>Members</i>	:	Dr Goh Lee Gan
	:	Dr Patrick Kee Chin Wah
	:	Dr Lim Lean Huat

PUBLICATIONS COMMITTEE

<i>Chairman</i>	:	Dr Goh Lee Gan
<i>Secretary</i>	:	Dr Chan Cheow Ju
<i>Ex-Officio</i>	:	Dr Alfred W T Loh
<i>Members</i>	:	Dr Patrick Kee Chin Wah
	:	Dr Leong Vie Chung
	:	Dr Moti Vaswani

RESEARCH COMMITTEE

<i>Chairman</i>	:	Dr Chan Cheow Ju
<i>Secretary</i>	:	Dr Bina Kurup
<i>Ex-Officio</i>	:	Dr Alfred W T Loh
<i>Members</i>	:	Dr Choo Kay Wee
		Dr Shanta Emmanuel
		Dr Goh Lee Gan
		Dr Kevin Koh
		Dr Paul S M Chan
		Dr Lee Pheng Soon
		Dr Lim Lean Huat

PRACTICE MANAGEMENT COMMITTEE

<i>Chairman</i>	:	Dr Huan Meng Wah
<i>Secretary</i>	:	Dr Henry P H Yeo
<i>Ex-Officio</i>	:	Dr Koh Eng Kheng
<i>Members</i>	:	Dr G Balasundram
	:	Dr Goh Lee Gan
	:	Dr Kwan Kah Yee
	:	Dr Tan Chek Wee

FINANCE COMMITTEE

<i>Chairman</i>	:	Dr Lim Lean Huat
<i>Secretary</i>	:	Dr Paul S M Chan
<i>Ex-Officio</i>	:	Dr Koh Eng Kheng
<i>Members</i>	:	Dr Leong Vie Chung
	:	Dr Frederick Samuel
	:	Dr Wong Heck Sing

3. 3RD ANNUAL SCIENTIFIC CONFERENCE/MEDITECH EXHIBITION

The College's Third Annual Scientific Conference was held on 20 and 21 October 1990 at the College of Medicine Building. The theme was "General Practice towards the year 2000". A total of 130 participants attended the conference.

The Meditech Exhibition was also held in conjunction with the conference.

The Conference and Exhibition were opened by Dr Tay Eng Soon, Senior Minister of State for Education.

The Thirteenth Sreenivasan Oration was delivered by Prof James Knox, Professor of General Practice, University of Dundee. He spoke on "Whither General Practice?"

4. ANNUAL DINNER

The Annual Dinner was held on 21 October 1990 at the Hyatt Regency Singapore. Our guest-of-honour was Dr Evelyn Hanam, past Censor-in-Chief of the College.

5. COUNCIL ACTIVITIES

5.1 **Professor J H Barber's visit as HMDP Expert**

Prof JH Barber, Professor of general practice, University of Glasgow, was invited to Singapore as MOH's visiting expert under the Health Manpower Development Programme from 17 September to 30 September 1990. During his stay, he met with members of the Steering Committee on Family Medicine Training, the Censors Board, Polyclinic trainers and undergraduate clinical tutors. He was also the external examiner for our 1990 MCGP Examination.

5.2 **Report on Prevention and Control of Obesity**

The Ministry of Health sought College's views on the problem of obesity in Singapore. A National Committee on Prevention & Control of Obesity was formed, chaired by Dr Kwa Soon Bee, Permanent Secretary (Health)/Director of Medical Services. This Committee comprises representatives from the Ministry of Health, the Ministry of Defence, the Ministry of Education and the Singapore Sports Council. The objective is to study the prevention and control of obesity. An adhoc committee with Dr Huan Meng Wah as Chairman was formed. A report was drawn up and submitted to the Ministry of Health on 13 July 1991 [see Appendix I].

5.3 **Memorandum on Ethical Responsibilities**

The Singapore Medical Council sought College's comments on ethical responsibilities of doctors owning expensive equipment and of hospitals and doctors advertising. Council came up with a memorandum which was submitted to the Singapore Medical Council on 13 September 1990 [see Appendix II].

5.4 **Training of Primary Health Care Doctors in Management of Diabetes Mellitus**

The Ministry of Health initiated discussion towards organising a training course for doctors in diabetic care with the help of Lyons Institute. The course programme is being finalised and the administration of running the course has been given to our College.

5.5 **Wonca Conference in Bali**

Our College was represented by Drs Alfred Loh, Goh Lee Gan, Arthur Tan, Chan Cheow Ju and Kevin Koh. Dr Goh presented a Plenary Paper on Strategies in Vocational Training. Free papers were presented by Dr Kevin Koh [Using of role play to teach consultation skills], Dr Chan Cheow Ju [Elderly incontinence in Singapore] and Drs Fong Ngan Phoon and Goh Lee Gan [Continuing medical education of general practitioners in Singapore].

5.6 **Visit of Dr Cindy Lam**

Dr Lam, a Lecturer of the General Practice Department, University of Hong Kong and Chief Editor of the HK Practitioner Journal, visited our College and the Primary Care polyclinics from 21-23 June 1990.

5.7 **Overcharging by doctors**

The Ministry of Health held a meeting on 24 November 1990 with representatives from the

College, the Singapore Medical Association and the Association of Private Medical Practitioners Singapore to discuss the issue of doctors over-charging for their services.

5.8 Visit of President of Royal College of General Practitioners

The President of the Royal College of General Practitioners, Dr Stuart Carne, was in Singapore from 8 June to 12 June 1990. He visited our College premises.

5.9 Report on Vocational Training in the United Kingdom

Dr Richard Ng Mong Hoo who was the recipient of the travel fellowship award by the Royal College of General Practitioners submitted a report on Vocational Training in the United Kingdom.

5.10 College Representation on Committees

5.10.1 SMC/Specialist Register Committee
Dr Lim Kim Leong

5.10.2 SMC/CME Committee
Dr Soh Cheow Beng

5.10.3 Postgraduate Medical Library
Dr Koh Eng Kheng
Dr Lee Suan Yew
Dr Alfred W T Loh
Dr Goh Lee Gan

5.10.4 Steering Committee on Family Medicine Teaching
Dr Koh Eng Kheng
Dr Lim Kim Leong
Dr Goh Lee Gan
Dr Alfred W T Loh

5.10.5 SAF Training Faculty Committees.
Dr Goh Lee Gan

5.10.6 Singapore Cancer Society Hospice Care Group
Dr Leong Vie Chung

5.10.7 3rd Asia Pacific Symposium on Cardiac Rehabilitation
Dr Chan Cheow Ju

5.11 National Smoking Control Campaign 1990

College participated in the National Smoking Campaign by organising a Seminar on the Use of the Stop Smoking Kit on 17 June 1990 at our Lecture Theatre.

5.12 Continuing Medical Education Seminar

Two Council members, Drs Goh Lee Gan and Huan Meng Wah, attended the CME Seminar held in Kuala Lumpur on 5 November 1990 to 11 November 1990. A report was submitted to Council.

5.13 Memorandum Proposing the Institution of the Degree of Master of Medicine in Family Medicine [M.Med (FM)]

The Steering Committee on Family Medicine Training submitted a Memorandum on the institution of the degree of Master of Medicine in Family Medicine, in the School of Postgraduate Medical Studies in February 1991.

5.14 **3rd Asia Pacific Symposium on Cardiac Rehabilitation**

The College was a joint sponsor for the 3rd Asia Pacific Symposium on Cardiac Rehabilitation held from 15 March to 17 March 1991. Our College representative, Dr Chan Cheow Ju, was a member of the Organising Committee. Dr Chan also chaired 2 symposia on "Education of Cardiac Patient in the 21st Century" and "Family systems behaviour modification and Coronary Artery Disease". Among the registered participants were family medicine trainees sponsored by the Ministry of Health.

6. **MEMBERSHIP**

6.1 **Existing Members**

The College Membership stands at 634 as at 31 March 1991. The Categories of membership are as follows:

Honorary	8
Fellows	14
Diplomates	68
Ordinary Members	387
Associate Members	148
Overseas Members	9

7. **BOARD OF CENSORS**

The report of the Board of Censors follows this main report.

8. **ACTIVITIES OF STANDING COMMITTEES**

Reports of activities of standing committees follow this main report.

9. **ACKNOWLEDGEMENT**

The Twelfth Council expresses its deep appreciation to all the College members who have served on the various standing committees or who have contributed in one way or another, to the College activities. We would also like to thank our Administrative Secretary and her staff for their help and support.

DR SOH CHEOW BENG

Honorary Secretary

for Twelfth Council 1989-1991

College of General Practitioners Singapore

MEMORANDUM TO THE MINISTRY OF HEALTH ON PREVENTION AND CONTROL OF OBESITY

PREAMBLE

To date, there has been no national study on factors contributing to obesity in Singapore. However, we understand that a study is now being conducted. This is a step in the right direction as it will yield useful information and verify the following perceived factors that we have gathered in the course of managing our patients.

PERCEIVED FACTORS

Our perceived factors are as follows:

I Singapore factors

1 Cultural preference for chubby babies/children

Many of our Singaporean parents have the notion that chubby babies and children are more healthy. Only grossly obese children are frowned upon.

2 Local favourites

A number of food outlets in Singapore serve fried foods like mee goreng, char kuay teow, carrot cake, kambing soup and chow fun which are high in calories.

3 Abundance and accessibility of food

There is an abundance of relatively cheap food available. There are many food outlets operating long hours so that food is readily available.

4 Eating out

A large number of Singaporeans eat out regularly at least once a day. Since hawker foods tend to be high in calories, the amount of calories consumed is excessive.

5 Eating as a major social activity

Eating is a national past-time in Singapore. It acts as a social lubricant and icebreaker. One has to witness the many dinner functions in Singapore.

6 Lack of disciplined eating

We tend to eat more than we need. This can be seen during buffets and multiple course dinners.

7 Preference for sedentary activities & past-time

Sedentary activities like watching TV, listening to the numerous radio stations available, playing computer games, shopping and snacking are preferred to sports. There is an undue emphasis on skills like piano playing and computer use, resulting in the relative neglect of sporting activities.

8 Social affluence

Increasing social affluence means that more money can be spent on food.

9 Food as a substitute

The working mother may use food as a substitute to giving attention and time to her children. The magnitude of such a problem is unknown and should be studied.

10 Small families

Small families have more money to spend per head. There is no need to ration food.

II **Nutritional ignorance**

- 1 Lack of knowledge of body energy requirements

This often results in excessive intake.

2. Lack of knowledge of food calorie values

This results in less healthy choice of foods as for example, fried food in place of soups or steamed food.

- 3 Lack of knowledge of food choice

This results in over-representation of high calorie low nutritional foods in the diet. Protein foods for example, are more costly than starchy foods/animal fats and therefore the latter may be purchased as "value for money".

III **Genetic factors**

It is possible that there may be a genetic predisposition in obesity since obese parents often have obese children. However, the contribution of nature or nurture is not easily quantifiable.

IV **Racial factors**

Obesity appears to be more prevalent amongst Indians. This may be related to the type of food consumed like ghee, curries and starchy foods.

ACTION PLAN

Many of the factors described above may be modified to correct obesity in our country.

1 **Food knowledge**

There is a need for education of food values, food choice and balanced diet NOT only amongst school children but also amongst parents, adults and food caterers.

2. **Modification of eating lifestyles**

Education of desired eating lifestyles of all population groups should continue until every one is conversant with these lifestyles.

3. **Promote active lifestyles and give sports a high profile.**

Promotion of regular physical exercise in all sectors of the population will hopefully reduce the number resorting to only passive past-times.

4. **Down play food as a centre of social activities.**

Foods should not be used as the icebreaker. The caloric quality of foods served on banquets and functions should be estimated.

5 **Food caterers**

Food caterers should be motivated to produce healthier quality foods, as for example, foods with less salt, oil, and monosodium glutamate; vegetable oil to replace animal fat. Towards this, our Government could perhaps consider studying how food caterers can be motivated to produce more healthy foods.

6 **Food intervention programmes**

Production of health education materials, labelling of food values, inspection of food stalls and having food advisory teams for food handlers.

7 **Obesity clinics**

For the obese, doctors should be well versed in nutritional counselling and behavioral modification strategies.

8 **Health education of parents**

Educating parents on the correct weight for height/age will be necessary to correct the mistaken impression that obese children are healthier.

Submitted by Adhoc Committee on Obesity
College of General Practitioners, Singapore.

Dr Huan Meng Wah - Chairman
Dr Goh Lee Gan
Dr Arthur Tan Chin Lock
Dr Chan Cheow Ju
Dr Kevin Koh

13th July 1990

MEMORANDUM ON ETHICAL RESPONSIBILITIES OF DOCTORS ON OWNERSHIP OF EQUIPMENT AND SERVICES; RESPONSIBILITIES OF HOSPITALS AND DOCTORS ON ETHICAL ADVERTISING

PREAMBLE

With the rise of private medicine, the number of doctors who will want to own equipment, to own treatment facilities [such as laboratories, hospitals] either in part or whole will be increasing.

Two moral hazards that hitherto have not been widely experienced will come to the fore. The first is the creation of unnecessary demand directly by the doctors and staff to use the inhouse equipment or owned health care facilities. The second is the temptation to resort to advertising either directly or indirectly to increase the patronage of the available equipment and services. A third hazard which is technical incompetence and wrong representation of results to the patient, arises with the use of equipment.

It is therefore timely that the Singapore Medical Council (SMC) reviews the ethical responsibilities of doctors and hospitals in relation to the patient's welfare and it should be congratulated.

ETHICAL RESPONSIBILITIES OF DOCTORS ON OWNERSHIP OF EQUIPMENT AND HEALTH FACILITIES AND PATIENTS' WELFARE

EQUIPMENT

Ownership of medical equipment carries with it three ethical responsibilities. The first is the technical competence in its use that must be ensured by the operator, be it the owner of the equipment or staff assigned by the owner to make use of it.

The second ethical responsibility is the correct interpretation of results and transmission to the patient or the patient's doctor.

The third ethical responsibility is the responsibility that the equipment should not be used to generate unnecessary demand either to recover cost or as an object for enhancing undeserved profits.

The cost of the equipment is of secondary importance for two reasons. First, the ethical responsibility should be common to all equipment owned or used by the doctor irregardless of cost and second, what is expensive today may not be so in the future. It is conceded that difficulties with competent use and the desire to recover capital cost will be greater for equipment that are costly.

An important caveat is that the restriction of ownership or use of equipment should be based not only on qualification but also on technical competence in operating that equipment.

Some amplification of this statement is in order. A specialist qualification does not automatically qualify the person to use sophisticated equipment. He must show proof of competency in the operation of it and the interpretation of the results generated from it. Conversely, a general practitioner should not be automatically disqualified because the operation and interpretation of the results generated from it may be more dependent on technical competence and psychomotor skills than erudite book knowledge.

Also doctors should not be precluded from owning equipment or health facilities provided they are willing to operate within any guidelines the SMC may draw up in this context.

There is no doubt that we have to safeguard the patients' welfare against being subjected to unnecessary ordering of tests from equipment owned by doctors as well as to safeguard his interests from the incorrect interpretation of test results.

Our recommendations to SMC to consider are:

- [a] Establish a system that requires a justification of need for the use of expensive equipment where the recovery of capital cost may be difficult. The Americans have such a system in place for equipment and hospitals and reference to such guidelines is recommended.
- [b] Make it mandatory that operators of sophisticated equipment [whether they are owners or assigned users] have a certificate of Technical Competence and where necessary a recertification of competence be considered. In this context, SMC will have to draw up technical competence guidelines, accredited courses and evaluation mechanisms. Examples where such guidelines and certification are required include the use of ultrasound, CAT scan, NMR machine and endoscopic equipment.
- [c] Make it mandatory that a report of the results be given to the patient for onward transmission of another doctor or for reference. This will discourage to some extent incorrect interpretation of the results.
- [d] Make it mandatory that the patient is given a list of health facilities where the requested test can be done, apart from the centre that owns the equipment.
- [e] Make it mandatory that doctors owning sophisticated equipment ensure that their staff do not subtly promote the use of the inhouse equipment by alluding to its sophistication or the expertise of the operator.

OWNERSHIP OF EQUIPMENT AND HEALTH FACILITIES

Ownership of equipment and health facilities, either in part or whole, carries with it the moral risk of encouraging patronage to the exclusion of other similar or even better points of service.

It is difficult to enforce doctors to be completely altruistic although there is no loss in exhorting doctors to be mindful of the welfare responsibilities to the patients they are serving. Perhaps, if we can ensure that the patient is not coerced and is given alternative avenues to the use of required services, that would be enough.

Our recommendations to SMC to consider are:

- [a] Make a statement that doctors owning equipment and health care facilities in part or whole should be mindful of their ethical responsibilities to the welfare of their patients. Thus, they should not order unnecessary tests, or advertise their services but they should provide the patient with alternative avenues for getting the necessary services.
- [b] Make it mandatory that doctors owning equipment and facilities declare their ownership and show a list of similar services that the patient could use. In this context, SMC should undertake to compile a list of service venues where expensive equipment or hospital services are available.
- [c] Set up an administrative machinery for reporting of coercion to patients and investigation of such complaints.
- [d] Draw up a set of guidelines on the ownership of sophisticated and expensive equipment and health care facilities and have it circulated to all practising doctors and potential owners of equipment, hospitals and laboratory facilities.

ETHICS OF ADVERTISEMENT OF SERVICES BY HOSPITALS AND IMPACT ON DOCTORS WORKING IN OR EMPLOYED BY HOSPITALS

THE HOSPITAL

Privately run [and for that matter, restructured] hospitals have the pressure of ensuring a healthy bottom line. Hence, it is likely that they will put pressure on the government to liberalise advertising of their services. They can resort to advertising through several means:

- 1 Direct advertisement of their services, with or without laudatory remarks.
They may draw attention to
 - [a] the up-to-date equipment or state of the art equipment they may possess
 - [b] the calibre of the staff that they have in their hospitals
 - [c] the creature comforts of their hospital beds and services, and
 - [d] the range of services that they may have, e.g. one-stop medical care
- 2 Indirectly through their staff announcing break-throughs which may or may not be true or unique and in this way create a positive image for their hospitals.

In recent years, with the rise in private medicine, several examples of both [1] and [2] have appeared in Singapore. The American Hospital had a radio breakfast advertisement about their hospital some years ago. The National University Hospital had various doctors on their staff reporting in the newspaper about "firsts" and SGH reported recently about its heart transplant patient. Indirect advertising is the thin end of the wedge, in that it may be argued that what is reported is news. Nevertheless, the advertising impact cannot be ignored. Whether this should be allowed is a matter to be decided.

Direct advertising with laudatory remarks on their services, staff or equipment is the easiest to be pinned down as unethical.

What then should the pragmatic stand be? The ethical rules must be such that all potential users of the hospitals are given a true picture of what services are available in each of them so that he can make a rational choice.

The Ministry of Health has indeed drawn up a set of rules for advertising by private hospitals and these could form the basis for review.

Our recommendations for the SMC to consider are:

- [a] Information on services, bed facilities including prices be allowed. This could be in the form of a pamphlet given to each patient. Better still a directory of services, bed facilities and fees for each hospital be published yearly or more frequently.
- [b] Only "generic" non-laudatory terms for staff and equipment be used to inform the public. Thus, the hospital can advertise that it has an oncologist on the staff but not a "centre trained oncologist". Similarly, it can advertise that it has CAT, lithotripsy and NMR services but not a description of the equipment as such details will be beyond the comprehension of most lay people and only serve to confuse and impart a false sense of value. This is one area which the Council feels important to insist upon and which private hospitals will want to negotiate a concession on being allowed to advertise.

DOCTORS

It is likely that doctors will be pressured indirectly to promote the image of the hospital by promoting themselves as has already been done in the recent history of Singapore hospital services. Control of this area of indirect advertising is not easy because of the borderline nature between news worthiness and advertising. One solution is a vetting committee for all press conferences or newspaper reporting on new treatment or

successes. The doctors themselves also form a "line of defence" that must be strengthened. Thus, if they object on ethical grounds they should not be coerced.

Our recommendations for SMC to consider are:

- [a] An operating statement that indirect advertising by doctors announcing their services or expertise or breakthroughs without being given prior approval is regarded as ethical infringement and action will be taken against the hospital and the individual doctor concerned. In this context, the rule should apply to every hospital: private, government or restructured.
- [b] The operating statement that each doctor has an ethical responsibility to report what he perceives to be unethical behaviour in their place of work or employment. This will strengthen the first "line of defence" against medical behaviour by hospitals.
- [c] A vetting Committee be set up consisting of representatives from the private, government and restructured hospital sectors, GPs, government primary care division and the public.
- [d] A administrative machinery be set up to police and take action on errant behaviour. This is the crucial element in that unless the system is policeable, it will not be effective.
- [e] A set of guidelines developed be circulated to all hospitals and doctors and sufficient copies made available for those who want to refer to them.

REPORT OF THE BOARD OF CENSORS

1 April 1990 to 31 March 1991

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

1 MEMBERSHIP

New Members

Ordinary Members 8
Associate Members 52

Resignation 11 Ordinary Members
3 Associate Members

Retirement 3 Ordinary Members

Death 1 Honorary Fellow

Upgrading of Membership

Associate to Ordinary 27
Overseas to Associate 1
Ordinary to Diplomate 3
Associate to Diplomate 8

TOTAL MEMBERSHIP AS AT 31 MARCH 1991

	<u>1990</u>	<u>1991</u>
Honorary Fellows	9	8
Fellows	14	14
Diplomates	57	68
Ordinary Members	369	387
Associate Members	133	148
Overseas Members	10	9
Total :	<u>592</u>	<u>634</u>

2. 14TH COLLEGE EXAMINATION 1990

The Examination was held over three Sundays as follows:

		Venue
16.9.90	Essay Paper MCQ 1 MCQ 2	College Lecture Theatre
23.9.90	Short Consultation Practice Log Visual Interpretation	SGH Outpatient Clinic "E"
30.9.90	Long Consultation Viva Voce Results	SGH Outpatient Clinic "E"

The format of the Examination remained the same as in 1988, with Practice Log being an integral part of the examination.

There were 15 candidates for the 14th Examination of whom 7 were in private general practice, 3 in government service and 5 were trainees in Family Medicine. These trainees were from the first batch of medical officers who have undergone 2 years of Family Medicine Teaching Programme.

The following were successful in the Examination:

Dr Chong Hoi Leong
Dr Choo Kay Wee
Dr Bina Kurup
Dr Lau Hong Choon
Dr Linda Leong Wai Hin
Dr Lim Bee Geok
Dr Carol Lim Kah Choo
Dr Low Kee Hwa
Dr Ng May Mei
Dr Cecilia Tan Swee Lian
Dr Wong Song Ung

The Board extends its congratulations to all of them.

The Board of Censors would also like to thank the following for helping to make the Examination a success:

Dr Chew Chin Hin, D.D.M.S. [Hospital]
Dr Chen Ai Ju, D.D.M.S. [Primary Health]
Dr Chee Yam Cheng, Director [Medical & Nursing Manpower]
Dr Daniel Leong, Chairman, Medical Executive Committee, SGH
Dr Koh Eng Kheng, President, College of General Practitioners Singapore
Prof J H Barber, Professor of General Practice, University of Glasgow
Dr Tan Yeang Tin
Prof Tan Cheng Lim
Dr Tan Keng Wee
Dr William Chew Loy Soong
Dr Tan Ser Kiat
Dr K Puvanendran
Dr Leong Yuet Yow
Dr Yap Lip Kee
Dr Y Atputharajah
Dr Wong Heck Sing
Dr Lee Suan Yew
Dr Leong Vie Chung
Dr Alfred W T Loh
Dr Henry P H Yeo

The Secretariat, and all others who have helped in one way or another.

3. **PROFESSOR J H BARBER**

Prof J H Barber, Professor of General Practice, University of Glasgow, was invited by the Ministry of Health to come as the HMDP Expert in Family Medicine from 17 to 28 September 1990. During his stay in Singapore, he was invited to be the external examiner for our College Diplomate Examination.

The Council and the Board of Censors met Professor Barber on a few occasions and had fruitful discussions on family medicine in general and the future of the Diplomate Examination.

Prof Barber had discussions with the Ministry of Health's officials as well as trainers and trainees in the Family Medicine Training Programme. He has since written a paper to the Ministry and the College on his impressions and his recommendation regarding the future direction, training and examination in Family Medicine.

DR LIM KIM LEONG

Censor-in-Chief

College of General Practitioners Singapore

REPORT OF THE CONTINUING MEDICAL EDUCATION COMMITTEE

1 April 1990 to 31 March 1991

<i>Chairman</i>	:	Dr Soh Cheow Beng
<i>Secretary</i>	:	Dr Richard Ng Mong Hoo
<i>Ex-Officio</i>	:	Dr Alfred W T Loh
<i>Members</i>	:	Dr Goh Lee Gan
		Dr Hia Kwee Yang
		Dr Omar bin Saleh
<i>Librarian (books)</i>	:	Dr Chan Cheow Ju
		Dr Chong Hoi Leong
		Dr Choo Kay Wee
<i>Librarian (tapes & video cassettes)</i>	:	Dr Richard Ng Mong Hoo

UPDATE COURSES

Two modules of Update Courses were organised in April 1990 and September 1990. They were:

Minor Specialities Modules	:	104 participants
Geriatric, Psychiatric & Family Medicine Module	:	50 participants

The declining participation in our Update Courses was probably due to the large number of lectures and seminars organised by various sister medical bodies and pharmaceutical firms. A review of the CME programme was held and it was decided to reduce the number of update courses to two per year. The full programme of these courses is given below :

MINOR SPECIALTIES: ENT, DERMATOLOGY & OPHTHALMOLOGY

Date	Topic	Lecturer	Moderator
6.4.90	Head and Neck Lumps and You!!	Dr C T CHEW Head, Dept of Otolaryngology Singapore General Hospital	Dr Moti H Vaswani
20.4.90	Doc, I have "SINUS"!!	Dr C T Chew Head, Dept of Otolaryngology Singapore General Hospital	Dr Huan Meng Wah
27.4.90	Exanthem in Children	Dr Giam Yoke Chin Consultant Dermatologist, National Skin Centre	Dr Hia Kwee Yang
4.5.90	Eczematous Dermatitis/ Papulosquamous disorder in children	Dr Giam Yoke Chin, Consultant Dermatologist, National Skin Centre	Dr Henry Yeo
11.5.90	Skin Infections	Dr Goh Chee Leok Consultant Dermatologist, National Skin Centre	Dr Cheong Pak Yean
18.5.90	Squint and Amblyopia	Dr Cheah Way Mun Consultant Ophthalmologist, Mount Elizabeth Medical Centre	Dr Richard Ng

(cont'd)

Date	Topic	Lecturer	Moderator
25.5.90	Glaucoma	Dr Victor Yong Head, Dept of Ophthalmology Singapore General Hospital	Dr Soh Cheow Beng
1.6.90	Cataracts, Diabetic Retinopathy	Dr Richard Fan Head, Eye Department Tan Tock Seng Hospital	Dr Yeo Siam Yam

UPDATE COURSE ON GERIATRIC, PSYCHIATRIC & FAMILY MEDICINE

SEMINAR

Date	Topic	Lecturer	Moderator
30.9.90	Common Presentations of Illness in the Elderly	Dr Philip Choo Senior Registrar Dept of Geriatric Medicine, Tan Tock Seng Hospital	
	Common Illness/Problems in the Elderly	Dr K S Lee Registrar Dept of Geriatric Medicine, Tan Tock Seng Hospital	
	Drugs and The Elderly	Dr Y Y Ding Registrar Dept of Geriatric Medicine, Tan Tock Seng Hospital	
	Chairman: Dr Hia Kwee Yang		
2.11.90	Medico-Legal Implications of Laboratory and other Investigations in Office Practice	Prof Chao Tzee Cheng Medical Director Institute of Science & Forensic Medicine	Dr Alfred Loh
11.11.90	SYMPOSIUM ON INSOMNIA	Dr Douglas Kong Consultant Psychiatrist Mount Elizabeth Medical Centre	
	Assessment: Child & Adult		
	Assessment: The Elderly	A/Prof Kua Ee Heok Dept of Psychological Medicine, National University Hospital	
	Management: Drug Treatment	A/Prof Kua Ee Heok	
	Management: Non-Drug Treatment	Dr Douglas Kong	
	Chairman: Dr Richard Ng Mong Hoo		
16.11.90	Death Certification and Coroner's Cases	Prof Chao Tzee Cheng	Dr Soh Cheow Beng

CERTIFICATES OF ATTENDANCE IN CME

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

1. Dr Cheng Heng Lee
2. Dr Cheong Wei Ling
3. Dr Hia Kwee Yang
4. Dr Khoo Boo Yee
5. Dr Ng Chee Weng
6. Dr H Ramanathan
7. Dr Wong Yoke Cheong
8. Dr Wong Yuen Poh
9. Dr Yeo Siam Yam

LECTURES

Two lectures were held. A gynaecological lecture was given by Dr Maurine Tsakok, Head, Obstetric & Gynaecology Department, Singapore General Hospital on 12 May 1990. A lecture on "Anxiety: Quest for Improved Therapy" was delivered by Prof. Malcolm H Lader, Professor of Clinical Psychopharmacology, University of London on 17 September 1990.

SEMINARS

Five seminars were conducted jointly with Singapore General Hospital, National University Hospital, the Endocrine & Metabolic Society of Singapore and the Training & Health Education Department, Ministry of Health. The topics covered in these seminars are appended below:

Dates

- | | |
|---------|---|
| 7.4.90 | Symposium on Diabetes Management. |
| 8.4.90 | Symposium on Common Otolaryngology Emergencies |
| 27.5.90 | Practical approach to O & G Problems in General Practice |
| 17.6.90 | Seminar on Use of Stop Smoking Kit |
| 4.8.90 | Update on General Surgical Topics relevant to General Practice. |

PRACTICAL COURSES

Two Hands-on Obstetrics Ultrasound Workshops were conducted jointly with the Obstetrics & Gynaecology Department, Singapore General Hospital on 1-2 September 1990 and 8-9 September 1990 at the Singapore General Hospital. A total of 40 doctors participated in the two workshops.

HOME STUDY SECTION

To promote home study, the college has been mailing at regular intervals, series of Migraine Update Literature to members. The following four issues have been sent to members :

- | | |
|-----------|---|
| Issue 1 : | Is migraine a psychological or organic disorder |
| Issue 2 : | Ten worst fears of the migraine patient |
| Issue 3 : | "How migraine affects my life." |
| Issue 4 : | Current Opinion on migraine pathogenesis |

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

ECG Quiz	Dr Baldev Singh Vol XVI No.1
Theophylline in Bronchial Asthma	Dr Omar bin Saleh Talib
ECG Quiz	Dr Baldev Singh Vol XVI No.2
Calcium-Channel Blockers	Dr Omar bin Saleh Talib
ECG Quiz	Dr Baldev Singh Vol XVI No.3
Use of drugs in the Elderly	Dr Omar bin Saleh Talib
ECG Quiz	Dr Baldev Singh Vol XVI No.4
Pelvic Inflammatory Disease	Dr Omar bin Saleh Talib

AUDIO TAPES & VIDEO CASSETTE LIBRARY

A total of 24 Audio Digest Tapes and 3 Video Cassette 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 of the Home Study Section for their support.

DR SOH CHEOW BENG

Chairman

Continuing Medical Education

REPORT ON THE FAMILY MEDICINE VOCATIONAL TRAINING PROGRAMME

TRAINEE INTAKES

1st Intake [1988-1990]

The 1st intake of Family Medicine trainees has since completed the course.

2nd Intake [1989-1991]

With the completion of Module 4, the Family Medicine Programme will have completed its second course of 2 years [May 1989 to May 1991]. Of the 32 trainees who joined the course in May 1989, 15 were left at the end of the course in May 1991. The trainees will be taking the MCGP in 1992.

3rd Intake [1990-1991]

In the 3rd intake, 29 trainees joined the course. Of these trainees 4 were left as of May 1991. These trainees will be attending the second year of the two year course from May 1990 to May 1991. They will sit for the MCGP Examination in 1992.

Future Intake [1991-1994]

The 4th intake of Family Medicine trainees will be in May 1991 and this will be for three years [May 1991 to May 1994]. The change from a 2 year programme to a 3 year programme was implemented by the Steering Committee in Family Medicine Training after discussions with the HMDP Expert for Family Medicine, Prof J H Barber, from the University of Glasgow, who was in Singapore in 1990. He was also the external examiner for the 1990 MCGP Examination.

FAMILY MEDICINE TEACHING PROGRAMME COURSES

In the year under review, three modules were conducted in the Family Medicine Teaching Programme [Modules 1, 2 and 3]. The following table shows the breakdown of attendance at the 3 modules.

Module	GP	FM Trainees		Total
		2nd Intake	3rd Intake	
1	20	25	23	68
2	21	23	29	73
3	28	21	27	76

MASTER OF MEDICINE [FAMILY MEDICINE]

With more doctors in the public sector being trained to be family physicians, there is a need for a higher qualification that is eligible for promotion. Towards this objective, a memorandum was submitted by the Steering Committee on Family Medicine training in February 1991 to the School of Postgraduate Medical Studies, National University of Singapore. The memorandum is reprinted in Annex 1 of this Report.

DR GOH LEE GAN

Director

Vocational Training Committee

MEMORANDUM PROPOSING THE INSTITUTION OF THE DEGREE OF MASTER OF MEDICINE IN FAMILY MEDICINE IN THE SCHOOL OF POSTGRADUATE MEDICAL STUDIES

EXECUTIVE SUMMARY

- 1 A proposal for the institution of the degree of Master of Medicine in Family Medicine [MMed(FM)] by the School of Postgraduate Medical Studies is tabled.
- 2 There is a need for a higher qualification in Family Medicine that is on par with the other recognised higher qualifications in Singapore.
- 3 The Ministry of Health's plan for the training of newly qualified doctors is that 25% of each cohort of doctors is to be trained as family physicians. With 150 to 200 new graduates a year, it is expected that about 40 candidates will be presenting themselves for examination leading to the proposed MMed (FM) qualification each year.
- 4 In line with the existing specialist programmes in the School, it is proposed that the postgraduate Family Medicine training programme be of three years duration leading to the award of MMed(FM) by the School for successful candidates.
- 5 The training requirements and examination format of the MMed(FM) are detailed in Annex A.
- 6 The administration of the Degree of MMed(FM) will be carried out by a Committee under the Board of Postgraduate Medical Studies whose membership will include representatives from family physicians/primary care doctors from the Ministry of Health, the College of General Practitioners, Singapore, and the Department of Community, Occupational and Family Medicine in the National University of Singapore.
- 7 It is proposed that the MMed(FM) be implemented in 1991 and the first Examination be conducted in 1994.
- 8 It is proposed that the MMed(FM) be an entry qualification to specialty training in Family Medicine and that supervision of advanced training be the joint responsibility of the School of Postgraduate Medical Studies, the College of General Practitioners, Singapore and the Academy of Medicine. The exit certification can be the AM/FCGP(S).

Submitted by the Steering Committee on Family Medicine Training
11 Feb 1991

1 PREAMBLE

A proposal is made to the School of Postgraduate Medical Studies by the Steering Committee for Family Medicine Training (consisting of representatives from the Ministry of Health, the College of General Practitioners, Singapore (CGPS), and the Department of Community, Occupational and Family Medicine (COFM), National University of Singapore) for the School to institute a degree of Master of Medicine in Family Medicine [MMed(FM)].

2 NEED FOR THE DEGREE OF MASTER OF MEDICINE IN FAMILY MEDICINE

There is a need for higher qualification in Family Medicine that is on par with the other recognised higher qualifications in Singapore. Family Medicine as a post-graduate speciality is now well recognised in the USA, Canada, UK, countries in the European Community, Australia and New Zealand. The important role that Family Medicine plays in the total health care in the country is beyond doubt. To implement a good family medicine service in the country there is a need to have well trained family physicians.

The College of General Practitioners, Singapore has since its inception in 1971, been running a continuing medical education programme and has also, since November 1972 been conducting a postgraduate family medicine programme leading to the MCGP(S) Diplomate Examination.

In 1988, the Ministry of Health jointly started a training programme in Family Medicine with the College of General Practitioners, Singapore and the Dept of Community Occupational and Family Medicine of NUS. The pilot training programme was a 2-year one. The first batch of trainees have just recently completed their traineeship.

It is timely now to institute a formal Degree of Master of Medicine in Family Medicine by School of Post-Graduate Medical Studies. In this context the MCGP(S) Examination can be considered as the forerunner of the proposed M.Med (F M) examination. Further, to be in line with the existing Master of Medicine programmes of the School and to strengthen Family Medicine training further, it is proposed that the Family Medicine training programme be of 3 years' duration, 2 years being spent in specific hospital rotating postings and 1 year in the primary care setting.

3 PROJECTED NUMBERS OF FAMILY PHYSICIANS TO BE TRAINED

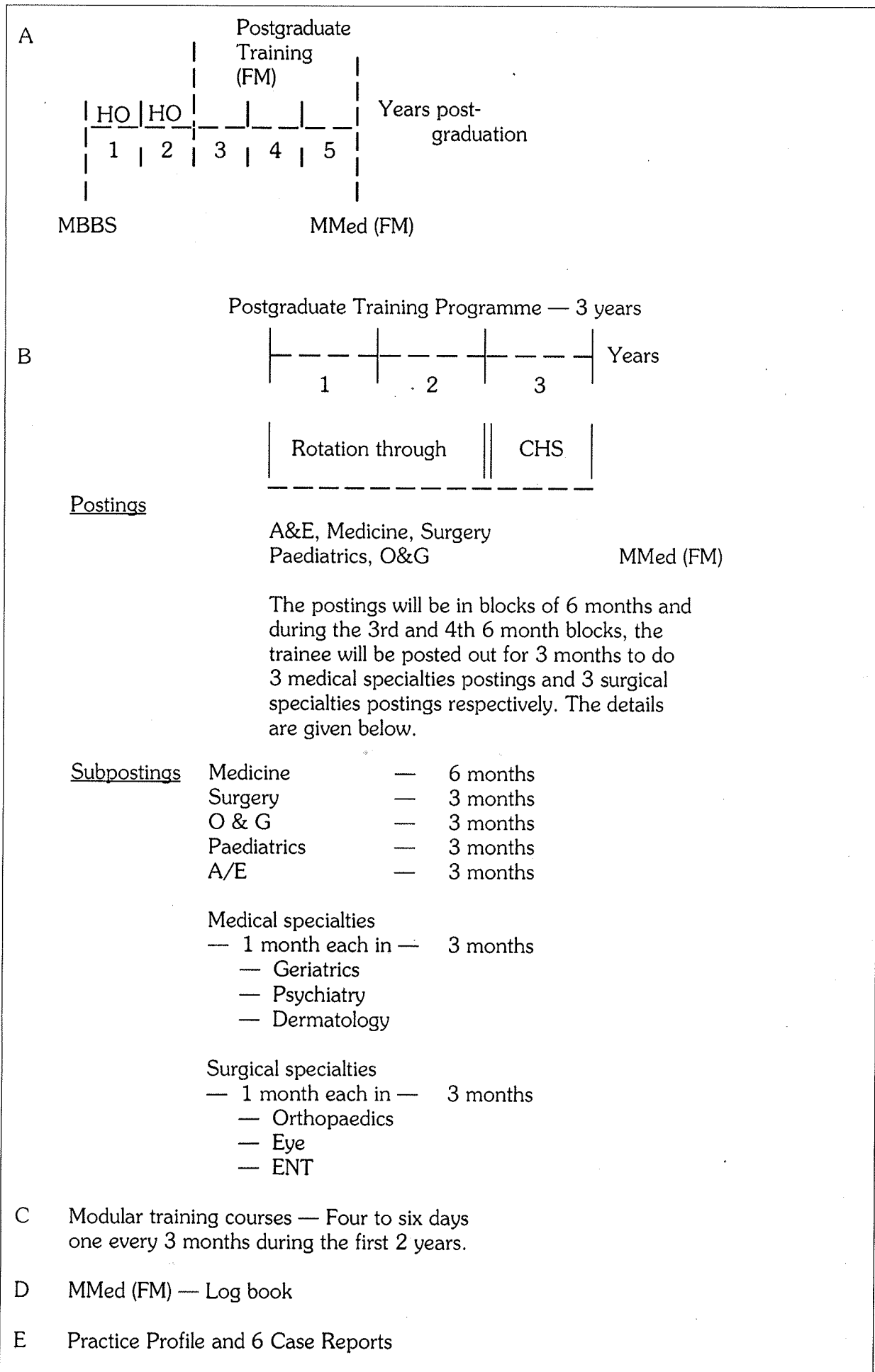
The Ministry of Health's plan for the training of newly qualified doctors is that 25% of each cohort of doctors is to be trained as family physicians. With 150 to 200 new graduates a year, it is expected that about 40 candidates will be presenting themselves for examination leading to the proposed MMed (FM) qualification each year.

4 TRAINING PROGRAMME & SUPERVISION

Fig 1 gives the salient features of the proposed training programme for Family Medicine as a specialist qualification. It will consist of three years of training leading to the proposed MMed(FM) to be awarded by the School.

The first two years will consist of hospital postings to provide the trainee with adequate grounding in clinical knowledge and skills. The focus on family medicine will be provided through a scheme of eight

Fig 1: Salient features of the training requirements for Family Medicine.



modular training courses, each of which will be 4-6 days in duration and be conducted once every three months.

The third year of the training programme will be spent in the government polyclinic or a general practice clinic accredited by the School. During the third year of training, each trainee will have an assigned Clinical Tutor who will supervise his training, conduct tutorials, random case analysis periodically and assess the trainee's progress. During this period, the candidate has to complete written assignments of documenting his practice profile and six case studies. Candidates will be examined on these written assignments.

A log book will be given to each trainee to document the postings completed, courses taken and certification of their satisfactory completion by their trainers and course organisers. In the log book will be checklists on what should be learnt in each hospital posting and at the primary care setting. The log books will be inspected before the candidate is admitted to the MMed(FM) Examination at the end of the third year.

5 TRAINING REQUIREMENTS

The training requirements for the degree of MMed(FM) are given in Annex A which sets out the Requirements, Form Of Examination, Guide to the Examination, and Preparatory Courses. Annex B lists the training facilities, supervision and evaluation of Family Medicine learning.

6 ADMINISTRATION

The administration of the Degree of MMed(FM) will be carried out by a Committee under the Board of School of Postgraduate Medical Studies whose membership will include representatives from family physicians/primary care doctors from the Ministry of Health, the College of General Practitioners, Singapore, and the Department of Community, Occupational and Family Medicine in the National University of Singapore. Clinical Tutors on the programme and other Teaching Faculty required to conduct preparatory courses will be appointed by the Committee.

7 TIMETABLE OF IMPLEMENTATION

It is planned that the MMed(FM) programme be introduced with the 1991 cohort of Ministry of Health trainees in Family Medicine and the first MMed(FM) Examination be conducted in 1994.

8 ADVANCED TRAINING

It is proposed that the MMed(FM) be an entry qualification to specialty training in Family Medicine and that supervision of advanced training be the joint responsibility of the School of Postgraduate Medical Studies, the College of General Practitioners, Singapore and the Academy of Medicine. The exit certification can be the AM/FCGP(S). The details can be worked out later once the MMed(FM) Examination is established. With the implementation of this, the postgraduate training in family medicine would be at the same level as that for other medical disciplines.

PROPOSED TRAINING AND EXAMINATION REQUIREMENTS FOR THE DEGREE OF MASTER OF MEDICINE IN FAMILY MEDICINE [MMed(FM)]

Requirements

- 1 A candidate for the degree of Master of Medicine in Family Medicine is required to pass an Examination consisting of written, clinical and oral parts.
- 2 A candidate may be admitted to the Examination provided he has:
 - either
 - (a) held a medical qualification for at least five years; and
 - (b) completed at least two years full-time appointments in hospitals approved by the Board of the School, of which at least three months to six months have been spent in medicine, surgery, obstetrics & gynaecology, paediatrics and accident & emergency for purposes of accreditation. Appointments in other disciplines may be approved by the Board of the School on a case to case basis.
 - or
 - (c) spent six years in general practice. This period may be shortened if requirement in sub-paragraph above has been partially fulfilled.
 - (d) completed a year of supervised training in a primary care setting, either in Government polyclinic or in a family physician clinic, accredited by the School.
- 3 For requirement (b), during each 6 months of training, a candidate should not be on leave for more than 14 days, excluding Sundays and public holidays.
- 4 A log book of the postings should be kept and the candidate must submit together with his application for the Examination, this log book and other material pertinent to the postings to the School for inspection.
- 5 During the one year of supervised training in the primary care setting, in preparation for the examination, the candidate is required to submit:
 - (a) a one week practice profile with statistics to show the case mix and nature of practice. The practice profile should be commented upon with regards to practice and health care delivery issues; and
 - (b) the records and case commentaries of six cases personally managed by the candidate. Each case must be discussed in detail and wherever applicable with appropriate references appended. Cases chosen should be varied, reflecting the range of problems normally encountered in general practice. Each record shall describe the presentation, illness, the biomedical, social and psychological problems encountered, investigation and management of the patient.
- 6 A candidate must submit testimonials from two referees with regard to character and professional experience, one of whom must be a primary care doctor recognised by the Board of the School and who has acted as Clinical Tutor to the trainee for at least a year to be able to certify his/her active participation in the training programme.

Form Of Examination

The Examination will consist of:

- (a) A Written Examination - There will be three papers.
 - Essay Paper - to test clinical knowledge, patient management ability, knowledge of patient education techniques and counselling in the Family Practice setting;
 - MCQ1 - to test core knowledge in clinical medicine as required in family medicine; and
 - MCQ2 - to test clinical reasoning, diagnosis and patient management.

- (b) Visual interpretation - Xrays, ECGs, laboratory results, diagrams, charts, audiograms and photographs may be given to test clinical knowledge and interpretative skills.
- (c) A Clinical Examination on two long consultation cases and four short consultation cases drawn from the following disciplines: medicine; surgery; obstetrics & gynaecology; paediatrics; geriatrics, psychiatry, dermatology; orthopaedics; Eye; and ENT. The short consultation cases will test one or more of the following: history taking, examination, patient management, patient education and counselling in Family Practice;
- (d) An Oral Examination on the Practice Profile and Case Reports; and
- (e) A Viva Voce - candidates who obtain a borderline grade and those who are being considered for distinction grade will be required to appear for a viva voce with the Examination Panel.

Guide to the Examination

The syllabus of the MMed(FM) covers the following areas of knowledge, clinical skills and their application in Family Medicine:

Holistic medicine

- (a) Clinical skills required of the Family Physician;
- (b) Continuing care, terminal care, acute care and emergency care;
- (c) The individual, family and community in relation to Family Medicine.
- (d) Care of specific groups of patients:
 - the child and adolescent
 - the adult
 - the pregnant patient
 - the elderly

Disease management

- (a) cardiovascular disorders,
- (b) respiratory disorders,
- (c) gastrointestinal disorders,
- (d) urinary tract disorders,
- (e) hematological disorders
- (f) oncology,
- (g) psychological disorders,
- (h) skin disorders,
- (i) communicable diseases; travel medicine,
- (j) collagen, bone and joint disorders,
- (k) neurological, eye and ENT disorders, and
- (l) endocrine & metabolic disorders.

Practice management

- (a) medical records,
- (b) notification, certification, dispensing,
- (c) practice administration,
- (d) law and medical ethics, and
- (e) quality assurance.

Preparatory Courses

Modular training courses to be conducted over four to six days once every three months during the two years of hospital posting will be available for candidates preparing for the Examination.

TRAINING FACILITIES, SUPERVISION AND EVALUATION OF FAMILY MEDICINE LEARNING

Training facilities

These will include:

- (1) hospital departments of medicine; surgery; obstetrics & gynaecology; paediatrics; Accident & Emergency; geriatrics; psychiatry; dermatology; orthopaedics; eye and ENT.
- (2) Government polyclinics
- (3) Accredited family physician clinics

Supervision and evaluation of Family Medicine Learning

- (1) Log Book

This will be given to each trainee and each part of the training should be recorded and signed by the tutor or supervisor.

- (2) Trainees' Handbook

This handbook provides general information, details of the training programme and Examination requirements.

Appointment of Clinical Tutors and Teaching Faculty

Clinical Tutors and the Teaching Faculty on the training programme will be appointed by the Committee on Family Medicine Training.

REPORT OF THE UNDERGRADUATE TEACHING COMMITTEE

1 April 1990 to 31 March 1991

Chairman : Dr Goh Lee Gan
Secretary : Dr Kevin Koh Tse Chung
Ex-Officio : Dr Koh Eng Kheng
Members : Dr Patrick Kee Chin Wah
Dr Lim Lean Huat

In the year under review, the Undergraduate Teaching Committee continued to be chaired by Dr Goh Lee Gan who is also the Undergraduate Co-ordinator in the Department of Community, Occupational and Family Medicine, National University of Singapore.

General Practitioners were invited as external lecturers in the introductory Family Medicine Module given to the 3rd year MBBS students. 39 general practitioners participated in the GP clinical Posting held from 23 April 1990 to 12 May 1990. The names of GP tutors are given in the next page. Teaching materials for the posting were completed and this included a handbook on "Common symptoms seen in ambulatory care".

DR GOH LEE GAN

Chairman

Undergraduate Teaching Committee

**UNDERGRADUATE TEACHING MODULE
GP LECTURE MODULE**

Title	Lecturer
Knowledge, Skills and Attitudes in General Practice	Dr Goh Lee Gan
Disease Patterns and Problem Solving in General Practice	Dr Moti Vaswani
Communication, Consultation and Counselling in General Practice	Dr Ajith Damodaran
Family Structure,-Dynamics and Dysfunction	Dr Koh Eng Kheng
Continuing Care	Dr Lee Suan Yew
Terminal Care	Dr Lim Kim Leong
The Law and The General Practitioner	Dr Loo Choon Yong
Emergency and Housecalls	Dr Chan Cheow Ju

GP CLINICAL TUTORS FOR 1990/1991

Dr Chan Swee Mong, Paul	Dr Lim Chun Choon
Dr Chang Ming Yu, James	Dr John Lim Khai Liang
Dr Cheong Pak Yean	Dr Lim Kim Leong
Dr Chew Gian Moh	Dr Lim Shyan
Dr Chin Koy Nam	Dr Alfred W T Loh
Dr Chong Hoi Leong	Dr Loo Choon Yong
Dr Chong Tong Mun	Dr Mao Fong Hao
Dr Ajith Damodaran	Dr Neo Aik Chan
Dr Dohadwala Kutbuddin	Dr Richard Ng Mong Hoo
Dr Goh Cheng Hong	Dr Omar bin Saleh Talib
Dr Goh Kiat Seng	Dr Ong Cheng Yue
Dr Huan Meng Wah	Dr Soh Cheow Beng
Dr Patrick Kee Chin Wah	Dr Suresh Mahtani
Dr Koh Eng Kheng	Dr Moti Vaswani
Dr Kong Kum Leng	Dr Victor Wee Sip Leong
Dr Kwan Pak Mun	Dr Henry Yeo Peng Hock
Dr Lee Keng Thon	Dr Yeo Siam Yam
Dr Lee Suan Yew	Dr Karen Yim
Dr Leong Chee Lum	Dr Wong Wee Nam
Dr Lim Chan Yong	Dr Jason Yap Soo Kor

REPORT OF THE RESEARCH COMMITTEE

1 April 1990 to 31 March 1991

Chairman : Dr Chan Cheow Ju
Secretary : Dr Bina Kurup
Ex-officio : Dr Alfred W T Loh
Members : Dr Choo Kay Wee
Dr Shanta Emmanuel
Dr Goh Lee Gan
Dr Kevin Koh
Dr Paul S M Chan
Dr Lee Pheng Soon
Dr Lim Lean Huat

Three projects were explored:

1. A study on sleep disorders in primary care, explored with a psychiatrist from the National University of Singapore. The study would have been able to document the incidence of sleep disorders and neurosis in primary care in Singapore, but difficulties were expected in trying to document management outcomes and the proposal was abandoned.
2. A study on dyspepsia in general practice was proposed by a pharmaceutical company, to document the pattern of dyspepsia in general practice and to demonstrate the efficacy of a new drug. Our committee pointed out some flaws in the study methodology and also raised the possibility of supporting an industry wide study of dyspepsia. Nothing more was heard of the proposal.
3. A Study on the notification of Sexually Transmitted diseases by general practitioners in Singapore will be carried out in May 1991.

DR CHAN CHEOW JU

Chairman
Research Committee

REPORT OF THE PUBLICATIONS COMMITTEE

1 April 1990 to 31 March 1991

Chairman : Dr Goh Lee Gan
Secretary : Dr Chan Cheow Ju
Ex-officio : Dr Alfred W T Loh
Members : Dr Patrick Kee Chin Wah
 Dr Leong Vie Chung
 Dr Moti Vaswani

SINGAPORE FAMILY PHYSICIAN

For the year under review, Volume XVI Nos. 3,4 and Vol XVIII Nos. 1 and 2 were published. The papers published included papers from the Wonca Bali Conference and the Third Annual Scientific Conference.

NEWSLETTER

The monthly newsletter continues to keep members updated on meetings and other College activities.

Thanks are also due to members of the Publications Committee and the Secretariat staff especially Sonia Fam and Rose Hoon for their contributions.

DR GOH LEE GAN

Honorary Editor

Publications Committee

REPORT OF THE FINANCE COMMITTEE

1 April 1990 to 31 March 1991

Chairman : Dr Lim Lean Huat
Secretary : Dr Paul S M Chan
Ex-Officio : Dr Koh Eng Kheng
Members : Dr Leong Vie Chung
Dr Frederick Samuel
Dr Wong Heck Sing

For the financial year 1990 - 1991, the College had to make various adjustments to cope with the loss of income from the more than significant number of members who either have left the country or failed to pay their subscriptions in spite of repeated reminders.

The College also suffered a loss of income from poor attendance at our Continuing Medical Education programmes. This is due to drug firms organising free lectures, seminars and talks. In spite of such setbacks, College managed to maintain the year's expenditure within a limited budget without having to dip into our fixed deposit which remained at \$600,000.

Finally, I wish to thank Dr Koh Eng Kheng, Dr Alfred Loh and members of the Finance Committee for their help and advice.

DR LIM LEAN HUAT

*Honorary Treasurer & Chairman
Finance Committee*

REPORT OF THE PRACTICE MANAGEMENT COMMITTEE

1 April 1990 to 31 March 1991

Chairman : Dr Huan Meng Wah
Secretary : Dr Henry P H Yeo
Ex-Officio : Dr Koh Eng Kheng
Members : Dr G Balasundram
Dr Goh Lee Gan
Dr Kwan Kah Yee
Dr Tan Chek Wee
Dr Arthur Tan Chin Lock

A General Practice Paper 3 entitled "Medical Conditions in General Practice" is in its final stages. It includes common conditions seen in our daily practice like hypertension, diabetes mellitus, headache, asthma and dermatological problems. It hopes to present the general practice approach to these problems as seen by the family physicians. We welcome any views as to other topics that are of interest to our members.

We have approached several computer vendors on the possibility of clinic computerisation at a special rate for members. To date, we have yet to get a good offer.

I would like to take this opportunity to thank the committee members and contributors to General Practice Paper 3.

DR HUAN MENG WAH

Chairman

Practice Management Committee

REPORT OF THE THIRD ANNUAL SCIENTIFIC CONFERENCE

CONFERENCE ORGANISING COMMITTEE

<i>Chairman</i>	:	Dr Lim Lean Huat
<i>Co-Chairman</i>	:	Dr Alfred W T Loh
<i>Secretary</i>	:	Dr Goh Lee Gan
<i>Ex-Officio</i>	:	Dr Koh Eng Kheng

CHAIRMEN OF SUB-COMMITTEES

<i>Scientific Programme</i>	:	Dr Goh Lee Gan Dr Huan Meng Wah [Co-chairman]
<i>Meditech Exhibition</i>	:	Dr Paul Chan Swee Mong
<i>Social & Dinner</i>	:	Dr Arthur Tan Chin Lock
<i>Facilities</i>	:	Dr Richard Ng Mong Hoo

The Third Annual Scientific Conference was held on 20 and 21 October 1990. The theme of the Conference was "General Practice towards the year 2000". It consisted of four Seminars, namely, Recent Advances in Diagnostic Techniques, Your National Service Patient - Fit to serve?, Coping with Orthopaedic Problems in the Elderly and the Hospitalised Patient: The General Practitioner's Role.

The Conference was officially opened by Dr Tay Eng Soon, Senior Minister of State for Education, who also opened the Meditech Exhibition. The Sreenivasan Oration was delivered by Professor James Knox, Professor of General Practice, Department of General Practice, University of Dundee. He spoke on "Whither General Practice?"

Although 130 doctors attended the Conference, it was the first time that health problems encountered by our national servicemen were addressed, especially the relationship between General Practitioners and the Ministry of Defence' Medical Services Department. The Seminar was fruitful and there was gainful exchange of information between both parties.

The role of General Practitioners in the management of hospitalised patients was given a better perspective by Dr Chee Yam Cheng from the Ministry of Health, Dr Charles Toh representing the Credentials Committee, Mt Elizabeth Hospital and Dr Lim Lean Huat, representing the general practitioners.

The Conference highlighted an increase in the aged population in Singapore and it was appropriate that the management of orthopaedic problems in the elderly were presented.

DR LIM LEAN HUAT

Chairman

Organising Committee

3rd Annual Scientific Conference

REPORT ON MEDITECH EXHIBITION '90

Dr Paul Chan Swee Mong (*Chairman*)
Dr Chan Cheow Ju
Dr Lim Lean Huat
Dr Goh Lee Gan

The 4th Meditech Medical Trade Exhibition was held in conjunction with the 3rd Annual Scientific Conference of the College on 20 and 21 October 1990. The venue was the Exhibition Hall of the College of Medicine Building.

A total of 18 pharmaceutical companies took part in the Exhibition.

As usual, Pico Art Pte Ltd, did a good job on the construction of booths. However the attendance by doctors to the exhibition was below expectation. It is hoped that for future exhibitions, more of our members will come forward to show their support.

DR PAUL CHAN SWEE MONG

Chairman

4th Medical Trade Exhibition

College of General Practitioners Singapore

LIST OF DONATIONS
1 April 1990 to 31 March 1991

GENERAL FUND

Non-Members

Dr Michael W Booker	50	
Dr Giam Choo Keong	50	
Dr Heng Lee Kwang	50	
Dr Low Cheng Hock	50	
Dr June Lou	50	
Dr Edmund Hugh Monteiro	50	
Mr Tan Ser Kiat	200	
A/Prof Peter Yan	50	550

Members

Dr James Chang Ming Yu	50	
Dr Eric A Heaslett	30	
Dr Koh Eng Kheng	915	
Dr Lim Kim Leong	100	
Dr Alfred Loh Wee Tiong	50	
Dr Soh Cheow Beng	50	
Dr Arthur Tan Chin Lock and family	2,000	\$3,195
		<u>\$3,745</u>

VICTOR LOUIS FERNANDEZ FELLOWSHIP FUND

Roche Singapore Pte Ltd	<u>\$2,500</u>
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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, 1991. 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, 1991 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,



3rd June, 1991

CERTIFIED PUBLIC ACCOUNTANTS.



.....
PRESIDENT



.....
HONORARY SECRETARY



.....
HONORARY TREASURER

COLLEGE OF GENERAL PRACTITIONERS, SINGAPORE

BALANCE SHEET AS AT 31ST MARCH, 1991

<u>GENERAL FUND</u>	<u>NOTE</u>	<u>1991</u>	<u>1990</u>
Balance at 31st March, 1990		\$ 76,621	\$118,898
Add: Donations		<u>3,745</u>	<u>6,380</u>
		\$ 80,366	\$125,278
(Less): Excess of Expenditure Over Income		<u>(60,728)</u>	<u>(48,657)</u>
		\$ 19,638	\$ 76,621
 <u>OTHER FUNDS</u>			
Journal Fund	(2)	\$ 30,000	\$ 30,000
College Development and Research Fund	(3)	583,890	555,153
'VLF' Fellowship Fund	(4)	<u>20,923</u>	<u>18,277</u>
		634,813	603,430
		\$654,451	\$680,051
		=====	=====
REPRESENTED BY:			
<u>FIXED ASSETS</u>	(5)	\$ 43,681	\$ 52,496
 <u>CURRENT ASSETS</u>			
Stock	(6)	\$ 6,704	\$ 7,000
Stock of Postage Stamps		78	147
Fixed Deposit	(7)	600,000	600,000
Cash in Hand and at Bank	(8)	5,483	15,014
Franking Machine Deposit		-	156
Sundry Receivable	(13)	11,609	13,490
Prepayments and Deposits	(10)	<u>1,337</u>	<u>4,757</u>
		\$625,211	\$640,564
		-----	-----
 <u>LESS: CURRENT LIABILITIES</u>			
Subscription of Journal	(14)	\$ 200	\$ 440
Subscriptions Received in Advance		1,475	1,200
Accrued Charges	(11)	8,821	6,719
Course Fees in Advance	(12)	<u>3,945</u>	<u>4,650</u>
		\$ 14,441	\$ 13,009
		-----	-----
Net Current Assets		<u>610,770</u>	<u>627,555</u>
		\$654,451	\$680,051
		=====	=====

The notes form part of these accounts.

COLLEGE OF GENERAL PRACTITIONERS, SINGAPORE

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 1991

<u>INCOME</u>	<u>NOTE</u>	<u>1991</u>	<u>1990</u>
Subscription		\$ 54,780	\$ 50,625
Entrance Fees		6,850	2,650
Interest on Fixed Deposit	(9a)	3,966	5,302
Miscellaneous	(9b)	<u>35,660</u>	<u>35,110</u>
		\$101,256	\$ 93,687
 <u>LESS: EXPENDITURE</u>			
Salaries, Bonus and Allowance		\$ 70,319	\$ 60,895
Provident Fund and Skill Development Levy		10,522	8,817
Rent		12	36
Printing and Stationery		5,879	8,589
Telephone Charges		916	1,037
Postages		2,571	2,539
Subscriptions to WONCA		1,973	796
Transport		288	444
Insurance		772	1,259
Water and Electricity		5,743	6,187
14th College Examination		4,214	-
Repairs and Maintenance		1,524	2,189
Miscellaneous	(9c)	41,472	31,149
Audit Fee		700	700
Depreciation		<u>15,079</u>	<u>17,707</u>
		<u>161,984</u>	<u>142,344</u>
Excess of Expenditure Over Income		\$(60,728)	\$(48,657)
		=====	=====

The notes form part of these accounts.

COLLEGE OF GENERAL PRACTITIONERS, SINGAPORE

NOTES TO THE ACCOUNTS - 31ST MARCH, 1991

1. GENERAL

The accounts of the College are expressed in Singapore dollars.

2. JOURNAL FUND

<u>1990</u>		<u>1991</u>
\$ 30,000	Balance at 31st March, 1990	\$ 30,000
<u>1,338</u>	Add: Interest on Fixed Deposit	<u>1,553</u>
\$ 31,338		\$ 31,553
<u>1,338</u>	Less: Transferred to Miscellaneous Income	<u>1,553</u>
\$ 30,000 =====	Balance at 31st March, 1991	\$ 30,000 =====

3. COLLEGE DEVELOPMENT AND RESEARCH FUND

\$526,672	Balance at 31st March, 1990	\$555,153
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5,000 23,481</div>	Add: Donations Received Interest on Fixed Deposit	<div style="border: 1px solid black; padding: 2px; display: inline-block;">- 28,737</div>
\$ 28,481		\$ 28,737
<u>555,153</u> =====	Balance at 31st March, 1991	<u>583,890</u> =====

4. VLF FELLOWSHIP FUND

<u>1990</u>		<u>1991</u>
\$ 18,560	Balance at 31st March, 1990	\$ 18,277
<div style="border: 1px solid black; padding: 2px; display: inline-block;">315 (1,425) 827</div>	Add/(Less): Donations Received Study Grant Given to Clinical Tutors Interest on Fixed Deposit	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2,500 (800) 946</div>
\$ (283)		\$ 2,646
<u>18,277</u> =====	Balance at 31st March, 1991	<u>20,923</u> =====

5. FIXED ASSETS

<u>1991</u>	<u>AT COST AT</u> <u>31. 3.1991</u>	<u>ACCUMULATED</u> <u>DEPRECIATION</u>	<u>DEPRECIATION</u> <u>FOR THE YEAR</u>	<u>NET BOOK</u> <u>VALUE</u>
Furniture & 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>
	=====	=====	=====	=====

<u>1990</u>	<u>AT COST AT</u> <u>31. 3.1990</u>	<u>ACCUMULATED</u> <u>DEPRECIATION</u>	<u>DEPRECIATION</u> <u>FOR THE YEAR</u>	<u>NET BOOK</u> <u>VALUE</u>
Furniture & Fittings	\$ 80,025	\$ 67,127	\$ 6,440	\$ 12,898
Tapes & Library Books	49,528	43,811	2,032	5,717
Office Equipment	44,203	35,855	3,943	8,348
Computer	17,460	17,460	4,440	-
Chubb Alarm System	4,264	2,556	852	1,708
Paintings	11,525	-	-	11,525
Pottery	12,300	-	-	12,300
	<u>\$219,305</u>	<u>\$166,809</u>	<u>\$17,707</u>	<u>\$ 52,496</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

	<u>STOCK AT</u> <u>31.3.1990</u>	<u>PURCHASES</u>	<u>SALES</u>	<u>COST</u> <u>OF SALES</u>	<u>GIFTS</u>	<u>(LOSS)/</u> <u>PROFIT</u>	<u>STOCK AT</u> <u>31.3.1991</u>
Shields	\$ 613	\$ -	\$ 30	\$ 16	\$ 64	\$ (50)	\$ 533
Cards	180	-	55	22	21	12	137
Gold Medals	3,400	-	-	-	-	-	3,400
Tie (Broad)	2,807	-	105	47	126	(68)	2,634
	<u>\$7,000</u>	<u>\$ -</u>	<u>\$ 190</u>	<u>\$ 85</u>	<u>\$211</u>	<u>\$(106)</u>	<u>\$6,704</u>
	=====	=====	=====	=====	=====	=====	=====

7. FIXED DEPOSIT - Represented By:

<u>1990</u>		<u>1991</u>
\$ 30,000	Journal Fund	\$ 30,000
450,109	College Development & Research Fund	482,485
18,277	"VLF" Fellowship Fund	20,923
101,614	General Fund	66,592
<u>\$600,000</u>		<u>\$600,000</u>
=====		=====

V. P. KUMARAN & CO.
 CERTIFIED PUBLIC ACCOUNTANTS

8. CASH IN HAND AND AT BANK

<u>1990</u>	This consist of:	<u>1991</u>
\$ 362	Cash in Hand	\$ 356
3,800	Cash at United Overseas Bank	495
<u>10,852</u>	Cash at Citibank - Maxisave	<u>4,632</u>
\$ 15,014		\$ 5,483
=====		=====

9a. INTEREST ON FIXED DEPOSIT

<u>1990</u>		<u>1991</u>
\$ 667	Citibank - Maxisave	\$ 627
<u>30,281</u>	Citibank - Fixed Deposit	<u>34,575</u>
\$ 30,948		\$ 35,202
<u>1,338</u>	Less: Transferred to Journal Fund	<u>1,553</u>
23,481	Transferred to College Development and Research Fund	28,737
<u>827</u>	Transferred to VLF Fellowship Fund	<u>946</u>
\$ 25,646		\$ 31,236
<u>\$ 5,302</u>	Shown in Income and Expenditure Account	<u>\$ 3,966</u>
=====		=====

9b. MISCELLANEOUS INCOME

<u>1990</u>		<u>1991</u>
\$ 808	Singapore Family Physician Vol.16	\$ 2,129
378	(Loss)/Profit on Sale of Ties	(68)
24	Profit on Sale of Greeting Cards	12
931	'Management of the Terminally Ill Patient at Home' Course	-
-	Obstetrics Ultrasound Workshop	2,579
2,249	Internal Medicine Module	-
-	Hire of Gowns	600
-	Update Course on Geriatric, Psychiatric and Family Medicine	858
56	Sale of Medical Forms	68
9,608	Family Medicine Teaching Programme	9,189
9,507	Meditech'90 Exhibition	12,166
150	Sale of Photographs/G.P. Paper 1 & 2	20
700	Profit on Sale of Computer	800
3,902	Family Practice, Paediatrics and O & G Module	-
3,241	Surgical & Orthopaedic Module	-
990	Equipment Rental	1,500
-	Minor Specialties Module	3,054
1,338	Journal Fund - Singapore Family Physician	1,553
1,200	Administrative Fees	1,250
<u>28</u>	(Loss)/Profit on Sale of Shields	<u>(50)</u>
\$ 35,110		\$ 35,660
=====		=====

9c. MISCELLANEOUS EXPENSES

<u>1990</u>		<u>1991</u>
\$ -	Research Fee	\$ 458
-	Undergraduate Teaching	124
-	Urology Seminar	100
50	Bank Charges	25
161	Refreshment	277
1,634	Sundries	653
-	Symposium on breast and ovarian cancer	112
-	CME seminar in Malaysia	1,833
-	Gowns	1,400
-	Obstetrics and Gynaecology Course	39
4,260	Cleaning Charges	4,255
2,656	Stamp duties for Tenancy Agreement	-
753	Advertisement	-
8,400	Security Charges	8,473
349	Gifts	38
2,287	Photocopying	2,406
-	President's Crest	415
1,715	Entertainment	1,360
476	Medical Fees	467
-	Tripartite Meeting Charges at HongKong	1,454
-	Office Management in Urology/Andrology Update 1991	120
-	Management of the Terminally Ill patient at Home Course	120
-	Staff Training Course	45
627	Annual Scientific Conference	8,033
7,277	Dinner Expenses	3,422
504	Fax Charges	493
-	Bad Debts	<u>5,350</u>
<u>\$31,149</u>		<u>\$41,472</u>
=====		=====

10. PREPAYMENTS

<u>1990</u>		<u>1991</u>
\$ -	Security Deposit	\$ 500
73	Telephone Charges	73
444	Insurance	164
2,240	Rental of Auditorium	-
2,000	Deposit for Dinner 1991	-
-	Singapore Family Physician Journal Vol: 17	<u>600</u>
<u>\$ 4,757</u>		<u>\$ 1,337</u>
=====		=====

V. P. KUMARAN & CO.

CERTIFIED PUBLIC ACCOUNTANTS

11. ACCRUED CHARGES

<u>1990</u>		<u>1991</u>
\$ 36	Rent	\$ -
700	Security Charges	548
350	Cleaning Charges	350
400	V.P. Kumaran & Co.	400
723	Water and Electricity Charges	514
4,510	Printing Charges	4,630
-	14th College Examination	867
-	3rd Annual Scientific Conference	<u>1,512</u>
<u>\$ 6,719</u>		<u>\$ 8,821</u>
=====		=====

12. COURSE FEES IN ADVANCE

<u>1990</u>		<u>1991</u>
\$ 1,725	Minor Specialties Module	\$ -
<u>2,925</u>	Family Medicine Teaching Programme	<u>3,945</u>
<u>\$ 4,650</u>		<u>\$ 3,945</u>
=====		=====

13. SUNDRY RECEIVABLE

\$ 8,250	Subscription in arrears	\$ 6,339
430	Other Debtors	-
<u>4,810</u>	Singapore Family Physician Advertisers	<u>5,270</u>
<u>\$13,490</u>		<u>\$11,609</u>
=====		=====

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 BIN 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 LOH WEE TIONG, ALFRED
DR MARCUS, COLIN
DR SAMUEL, FREDERICK
DR VASWANI, MOTI H
DR WONG HECK SING
DR WONG KUM HOONG

DIPLOMATE MEMBERS -

Other countries

DR FOO, C.K.
DR HO LEONG KIT
DR LIM, SHYAN
DR SOH FOOK THIN, 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, GARBRIEL
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 LEAN HUAT
DR LIM SHUEH LI, SELINA
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 SOH CHEOW BENG
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 PENG HOCK, HENRY
DR YEO SIAM YAM

ORDINARY MEMBERS -

Other countries

DR MCKAY, A. BRECK
DR WONG LEUN HENG, DANIEL

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 KAH POON
DR CHAN KAI POH
DR CHAN KHYE MENG
DR CHAN MAN YIN

DR CHAN MEI LI, MARY
DR CHAN PENG MUN
DR CHAN WAH MEI
DR CHANG LI LIAN
DR CHANG, BENETY PAUL
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
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