



From FM Residency to Sports Medicine

By Dr Wang Mingchang

Why FM in NUHS?

Family medicine (FM) was not the initial choice for my first medical officer posting exercise (MOPEX). I had applied for anaesthesia but got a polyclinic posting instead. Though I struggled with the polyclinic workload, I found myself enjoying the variety of cases that spanned different body systems, age groups and genders, as well as the continuity of care and relationships forged with patients.

After rotating through other MOPEX postings, I realised that shift work and overnight calls are not for me. All things considered, I decided on FM as a specialty. My application under the old basic specialist training programme in 2010 was rejected. Fortuitously, I reapplied the following year and was accepted into the inaugural intake of the FM residency.

I chose National University Health System (NUHS), as it offered a unique programme, including block postings to private GP clinics. I was also bowled over by the sincerity of its faculty, especially when the programme director, A/Prof Tan Boon Yeow, telephoned personally to address my concerns point-by-point. Later on, the faculty also supported my intention to subspecialise in sports medicine.

FM residency journey

The inaugural batch of NUHS FM residents experienced many teething problems. The learning curve for inpatient rotations was steep. Even though the postings were short, the residents were expected to get up to speed fast and to perform like other members of the department in order to fulfil service needs.

Also, the style of assessment of the Accreditation Council for Graduate Medical Education (ACGME) and the concept of hosting FM residents were new to most departments, leading to confusion on the ground regarding how best to manage our learning needs. In departments with high service loads and manpower shortages, educational needs sometimes took a back seat and taking time off to attend FM continuity clinics and teaching sessions was often difficult. In 2011, the programme failed the ACGME audit, leading to uncertainty over our future.

I am glad to say that all that is in the past now. The programme has since gone on to achieve full ACGME accreditation. Host departments have also become more mindful of FM residents' unique learning needs

and are thus more accommodative towards us. They also recognise FM residents' contribution to their teams, for instance in ensuring holistic patient care beyond the focus of a specialty on a specific organ system or region.

Why sports medicine?

Having served as an instructor in the health and fitness club during my junior college days, I had found it rewarding to teach about exercise safety, to give injured students rehabilitation advice, and to help others meet their weight loss and fitness goals. During my university days, I continued to do so and cherished the hope that I could someday incorporate this aspect in my career.

I first heard about sports medicine in my second year of medical school, and subsequently did my electives at the Changi Sports Medicine Centre (CSMC) and Singapore Sports Council, and also served six months as a medical officer at CSMC. One of the routes to subspecialisation in sports medicine was via the Master of Medicine in Family Medicine examination. This was a natural choice for me since I have an interest in both family and sports medicine.

Meeting Dr Lingaraj Krishna

My first rotation in National University Hospital (NUH) in 2011 was with the orthopaedics department. At that time, I did not work directly with Dr Lingaraj Krishna (current director of NUH Sports Centre), but he had found out about my interest in sports medicine. Three years later, towards the tail-end of my residency training, Dr Lingaraj, having been tasked to set up the NUH Sports Centre, invited me to be a part of it and I agreed without hesitation.

Building up the service

Dr Lingaraj worked tirelessly to engage staff within and outside of NUH, and to put together a multidisciplinary sports medicine

and surgery team comprising orthopaedic surgeons, sports physicians, physiotherapists, podiatrists, radiologists, sports scientists and others. He also liaised with senior management, administrative staff and contractors to set up the physical premises of the Sports Centre, as well as implement operational and billing protocols.

My roles included setting up pre-participation screening protocols for events supported by the Sports Centre and drafting disclaimer statements on the advice of the hospital's legal counsel. I also had the opportunity to network with National University of Singapore's (NUS) staff and partner institutions on projects jointly organised with the Sports Centre, as well as assist with article requests from the mainstream media.

The biggest challenge was getting NUH accredited as a sports medicine training site. Upon rejection by the Joint Committee for Specialty Training (JCST) on the first attempt, we sought the advice of other successfully accredited sports medicine departments, to come up with a training programme that met JCST training requirements. Personally, the process was challenging as the above responsibilities were in addition to my pre-existing FM work commitments at St Luke's Hospital and the NUH Transitional Care Team. You can imagine the amount of free time I had left over!

All our efforts finally came to fruition when NUH received its accreditation as a sports medicine training site. As for me, I will be starting full-time sports medicine training



Above Dr Wang Mingchang (right) with Dr Lingaraj Krishna, the director of NUH Sports Centre Facing Faculty and residents of NUHS FM residency programme at an orientation dinner in July 2014

from July 2015. Clinics have already started at the Sports Centre, and we hold regular multidisciplinary team meetings to discuss challenging cases. We are also collaborating with Team NUS in looking after NUS athletes with sports injuries and coming up with injury prevention programmes for high-risk sports.

Final thoughts

From the family medicine's point of view, sports and exercise play a vital role in chronic disease management. Knowledge of sports medicine is also important, as more Singaporeans are participating in exercises, resulting in increasing rates of sports injury. As we manage a rapidly ageing population, physical exercise will play a key role in functional and healthy ageing. ■



Dr Wang Mingchang is a family physician and sports medicine registrar with the NUH Sports Centre. He is hydrophobic but is trying hard to overcome this, and hopes to complete a 1.5-km open water swim someday.