PRIMARY CARE SURVEY 2014

MINISTRY OF HEALTH
SINGAPORE

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Director
Health Information Division
Ministry of Health
College of Medicine Building
16 College Road
Singapore 169854
Republic of Singapore

Fax : (65) 6325 – 9137
Email : moh_info@moh.gov.sg

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KEY FINDINGS FROM THE PRIMARY CARE SURVEY 2014

Introduction

1. The Primary Care Survey (PCS) is a national survey conducted to collect information of the primary care sector in Singapore. Its aim is to assess market share in primary care provision between polyclinics and private general practitioners (GP). PCS 2014, conducted between 22 September 2014 and 16 November 2014, was a cross-sectional survey on all 18 polyclinics, six Family Medicine Clinics (FMCs) and a random sample of 522 private GP clinics representative of the geographical zones of Singapore.

Increase in Primary Care Utilisation

2. Comparing single-day attendances across the survey years, the demand for primary care appears to have increased. Between 2010 and 2014, surveyed attendances increased by 1% each year (increase of around 5% in 2014 compared to 2010).

3. This increase was largely due to Singapore's rapidly ageing population with increasing chronic disease prevalence. More elderly had sought care at our primary care providers i.e. polyclinics, GPs and FMCs in 2014, as compared to 2010. Out of the overall primary care attendances, the proportion of attendances attributed to chronic disease management increased from 18% in 2010 to 27% in 2014. This trend was observed in both polyclinics and private GP clinics. Diabetes, Hypertension (high blood pressure), and Hyperlipidemia (high cholesterol) were among the top chronic conditions seen at both polyclinics and GP clinics.

4. Private GP clinics' single-day surveyed attendances increased by 0.6% per year (increase of around 3% in 2014 compared to 2010). Their casemix was also observed to have changed. Based on the survey findings, GPs had seen more elderly patients, with their proportion of patients who were 65 years and above almost doubling from 6% in 2010 to 11% in 2014. They had also seen an increase in patients with chronic conditions, from 12% of total attendances in 2010 to 20% in 2014.

5. The polyclinics had similarly experienced an increase in single-day surveyed attendances[1]; at 3% per year (increase of around 13% in 2014 compared to 2010), despite the number of polyclinics remaining constant at 18 polyclinics. This was not surprising as 29% of patients in polyclinics were elderly and 52% of their patients were patients with chronic conditions. Hence, the utilization of polyclinics is expected to grow.

Improving Accessibility and Affordability of Primary Care

6. To cope with the growing need for primary care services, the Community Health Assist Scheme (CHAS) was introduced in 2012 to improve accessibility and affordability of primary care. Under CHAS, Singaporeans from lower- to middle-income households can enjoy government subsidies when they seek treatment at participating GP clinics for common illnesses, chronic diseases and undergo recommended health screening, and at participating dental clinics for selected dental procedures. With the introduction of the Pioneer Generation Package (PGP) in September 2014, all Pioneers can also receive subsidies at CHAS-registered GPs and dental clinics.

7. The PCS 2014 showed that an increasing number of Singaporeans are benefitting from CHAS and PGP. In 2014, 10% of patients at GP clinics used their CHAS subsidies. This was a significant increase from 2010 when less than 1% of patients at GP clinics enjoyed government subsidies under the Primary Care Partnership Scheme (PCPS).[2] Patients were also able to access care at GP clinics conveniently, with the majority of them having to travel less than one km to the clinics. Patients travelling more than 5km to visit polyclinics also declined from 14% in 2010 to 12% in 2014.

Moving Ahead

8. Based on the PCS 2014 findings, private GP clinics served close to 80% of the total primary care attendances and accounted for 80% of primary care doctor manpower. The survey showed that CHAS at GP clinics has served us well, enabling more patients to access affordable care with their regular family doctor near their homes. Where necessary, GPs participating in CHAS are also able to make subsidised referrals for their CHAS patients to Specialist Outpatient

[1] These figures are cited for direct comparison with single-day surveyed data from private GPs. Based on annual polyclinic attendances data collected by MOH, polyclinic attendances grew by 8% from 2010 to 2014, at an annualised rate of 2% per year.

[2] The PCPS was enhanced and re-named as CHAS in 2012.

Clinics (SOCs) in the public hospitals. When their conditions stabilise, patients can be referred back to their GPs for continued care in the community, nearer their homes.

9. Given their significant market share, the GP sector should be supported to play an increasing role in chronic disease management. Patients with chronic diseases should be closely monitored by their regular family doctor, with an increasing shift towards team-based approach for more holistic care. MOH will continue to resource and equip GPs to do so. One initiative is through primary care networks whereby GPs organise themselves into networks and pool resources (such as nurse counsellors and primary care coordinators) and ancillary services (such as Diabetic Foot Screening (DFS) and Diabetic Retinal Photography (DRP)). This would facilitate team-based and holistic chronic care management, particularly for solo GPs and also enable the GPs to achieve economies of scale.

10. The PCS 2014 findings also reflected that the adoption of information technology (IT) by GP clinics remained low with only 29% of them fully adopting Electronic Medical Records (EMR) applications for patient records, and 40% of GP clinics still using paper records. IT is an important enabler necessary to integrate primary care with the rest of our healthcare system. The Ministry of Health (MOH) will continue to work with GPs to enhance their IT adoption, and to better support care delivery and clinic operations.

Concluding Remarks

11. With an ageing population and a rising chronic disease burden, our healthcare system has to evolve to meet the needs of Singaporeans. Our primary care providers are the first and continuous line of care for Singaporeans. MOH will continue to invest in resources to develop and strengthen primary care in Singapore.

CHAPTER 1

SURVEY BACKGROUND & OBJECTIVES

Survey Background

1.1 The Primary Care Survey (PCS) 2014 was a cross-sectional survey on licensed General Practitioner (GP) clinics in the public and private sectors.

1.2 PCS 2014 was the sixth in its series. The earlier five surveys were conducted in 1988, 1993, 2001, 2005 and 2010 respectively.

1.3 PCS 2014 was conducted by the Ministry of Health (MOH) between 22 September and 16 November 2014, with support from the College of Family Physicians and the Singapore Medical Association.

Survey Objectives

1.4 The main survey objectives of PCS 2014 were to:

(a) study the market share in primary care provision between the public and private sectors;

(b) gather the morbidity and biographic profile of patients seeking primary care in the public and private sectors;

(c) draw insights from patients' bill payment modes; and

(d) understand the operating and care model of primary care clinics in terms of manpower, workload and consultation time, medical services for home care and nursing homes provided by Private GP Clinics, and Private GP Clinics' IT capabilities and deployment.

CHAPTER 2

TARGET POPULATION, SAMPLE SELECTION, SURVEY FIELDWORK & RESPONSE RATE

Target Population

2.1 The target population was GP clinics licensed under the Private Hospitals and Medical Clinics (PHMC) Act, with at least one practising GP. Specialist clinics, dental clinics, dental mixed specialist clinics, charity clinics, inaccessible clinics located in off-shore islands/ Changi Airport Transit areas and clinics which see prisoners or lock-up cases were excluded.

2.2 There were a total of 18 Polyclinics (9 polyclinics each under the National Healthcare Group Polyclinics and SingHealth Polyclinics), 6 Family Medicine Clinics (FMCs) and 1,406 Private GP Clinics in Singapore in 2014. The clinic manager of the polyclinics, FMCs and private GP clinics were the target respondents.

Sample Selection

2.3 The survey covered all 18 polyclinics, 6 FMCs and a randomly selected sample of 522 Private GP Clinics.

2.4 Proportionate stratified random sampling was used to select the 522 Private GP Clinics. The Private GP Clinics were first stratified by the 7 geographical zones of Singapore, namely Central, East, North, Northeast, South, Southwest and West. The number of clinics selected for each geographical zone was proportionate to the number of CHAS (Community Health Assist Scheme) clinics and non-CHAS clinics in the respective zones (Table 1). For each zone, systematic random sampling was used to select the clinics.

Survey Fieldwork

2.5 The private GP Clinics were surveyed for one randomly-assigned day in the week of 22 to 28 September 2014. Those clinics who were unable to participate on the assigned survey day for various reasons (e.g. clinic closed or clinic manager was away) were invited to take part on another randomly-assigned day in the make-up week of 10 to 16 November 2014. FMCs and polyclinics were surveyed for 1 week; from 22 to 28 September 2014 and from 29 September to 4 October 2014 respectively.

Table 1: Geographical Distribution of Private GP Clinics in Population and Sample

Region	Population				Sample			
	CHAS		Non-CHAS		CHAS		Non-CHAS	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Central	168	*28%*	233	*29%*	64	*28%*	86	*29%*
East	120	*20%*	92	*11%*	44	*20%*	34	*11%*
North	57	*10%*	60	*7%*	22	*10%*	21	*7%*
Northeast	27	*5%*	11	*1%*	11	*5%*	4	*1%*
South	72	*12%*	234	*29%*	28	*12%*	87	*29%*
Southwest	52	*9%*	84	*10%*	20	*9%*	32	*11%*
West	94	*16%*	102	*13%*	35	*16%*	34	*11%*
Total	590	*100%*	816	*100%*	224	*100%*	298	*100%*

2.6 For Private GP Clinics, a notification letter informing on the survey was sent to the clinic manager of the selected clinics about two weeks before the assigned survey day. About 1 week before the survey day, fieldworkers from QS-First Pte Ltd, an independent research firm commissioned by MOH to undertake the fieldwork, contacted and visited the clinics to brief them on the information required as well as how to fill in the survey questionnaire. Instructions on how to fill in the survey questionnaire and the survey questionnaire were then provided to the clinic manager. Generally, the fieldworkers visited the clinics one week after the assigned survey day to collect the completed questionnaires. Clinics who expressed that they needed more time were given up to three weeks to return the completed questionnaires to the fieldworkers.

2.7 For Polyclinics and Private GP Clinics from selected medical groups, the questionnaires were sent to their Headquarters for co-ordination and completion. The required patient data was generated from their respective IT databases. The required survey data and completed questionnaires, either in hardcopy or softcopy, were subsequently collected or received by fieldworkers from QS-First Pte Ltd.

2.8 For FMCs, temporary staff recruited by MOH were deployed to the 6 clinics to undergo the necessary on-the-job training and thereafter complete the questionnaires on patients who visited the clinics during the survey week. The required survey data and completed questionnaires were collected or received by fieldworkers from the research company.

Response Rate

2.9 All 18 Polyclinics, all 6 FMCs and an eventual sample of 420 Private GP Clinics in the private sector participated in the survey. Unlike the Polyclinics and FMCs who provided full returns, some Private GP Clinics submitted partial returns in which information on patients' profile such as demographics, diagnoses and mode of payment was not provded.

2.10 The overall response rate, including respondents with partial returns was 82.2%. The response rate of respondents with full returns was 56.3% (Table 2). Table 3 shows the response rates of Private GP Clinics by geographical zone.

Table 2: Overall Response Rates

Primary Care Provider	Target No.	No. Responded	Response Rate	
			All Returns (Full and partial)	Full Returns
Polyclinics	18	18	100.0%	100.0%
FMCs	6	6	100.0%	100.0%
Private GP Clinics^	516	420	81.4%	54.3%
Total	540	444	82.2%	56.3%

^ 6 clinics out of 522 clinics were found to be ineligible during the fieldwork e.g. specialist clinics.

Table 3: Response Rates of Private GP Clinics

Geographical Zone	Target No.	No. Responded	Response Rate	
			All Returns (Full and partial)	Full Returns
Central	149	126	84.6%	60.4%
East	78	61	78.2%	46.2%
North	43	38	88.4%	65.1%
Northeast	15	15	100.0%	73.3%
South	110	82	74.5%	44.5%
Southwest	52	45	86.5%	61.5%
West	69	53	76.8%	49.3%
Total	516	420	81.4%	54.3%

Survey Design Changes

2.11 In PCS 2005 and PCS 2010, all Polyclinics and Private GP Clinics in the sample were surveyed on 1 day (a Wednesday) in September. In PCS 2014, the survey design was fine-tuned to enhance data robustness. All Polyclinics were surveyed for 1 week starting in September (up from one day) to capture day-of-the-week variations. FMCs which appeared for the

first time in PCS were similarly surveyed for 1 week starting in September.

2.12 As a week-long survey would be too onerous on the Private GP Clinics and likely result in lower response rates, clinics in the sample were randomly assigned a day over a week (i.e. Monday, Tuesday, etc), starting in September, to be surveyed on.

Sample Weight

2.13 This survey covered all 18 Polyclinics, all 6 FMCs and an eventual sample of 420 Private GP Clinics. In the data analysis stage, sample weighting was applied to the Private GP Clinics so that the findings for the Private GP Clinics could be meaningfully extrapolated to the population.

Survey Result Presentation

2.14 The Polyclinics and FMCs were surveyed for 1 week while the selected Private GP Clinics were surveyed for 1 day across the week with different clinics surveyed on different days of the week. To facilitate presentation of survey results on Polyclinics, Private GP Clinics and FMCs on the same time scale, the Polyclinic and FMC data was normalised to 1 day using a factor of 5.5.

2.15 In the subsequent chapters, PCS 2014 survey results are presented based on normalised 1-day data unless stated otherwise. For PCS 2005 and PCS 2010 where Polyclinics and Private GP Clinics were surveyed for 1 day, their 1-day survey results were presented.

CHAPTER 3

MARKET SHARES IN PRIMARY CARE PROVISION BETWEEN PUBLIC AND PRIVATE SECTORS

3.1 This chapter provides information on the overall attendances, sick and well visits, and acute and chronic visits at the Polyclinics and Private GP Clinics which include FMCs in PCS 2014.

Shares of Overall Attendances

3.2 Table 4 shows the number of primary care clinic attendances (patient attendances seen by doctor) by sector for the survey years.

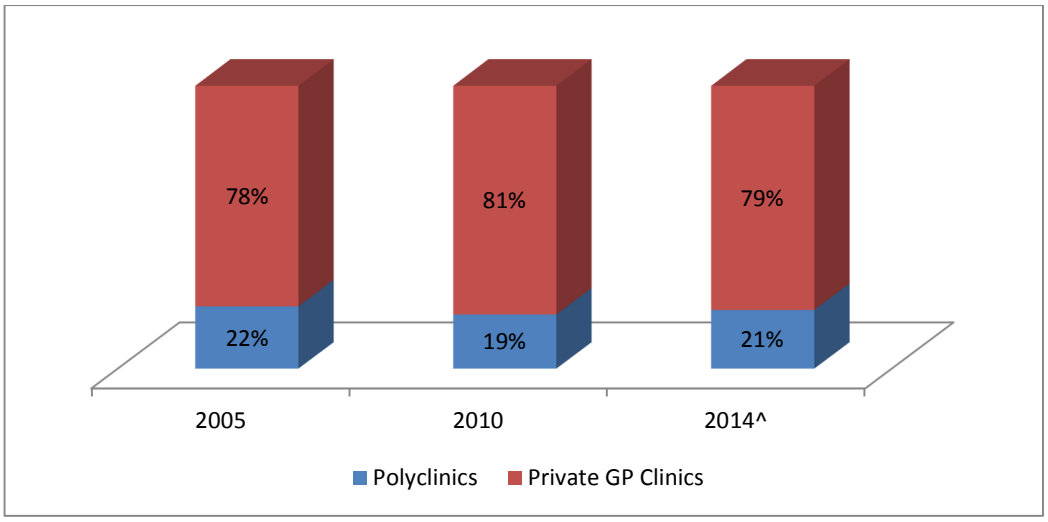
Table 4: Overall Attendances by Sector

	ALL Clinics			Polyclinics			Private GP Clinics		
	2005	2010	2014	2005	2010	2014~	2005	2010	2014^
Number of attendances (1 survey day)	50,596	59,687	62,413	11,244	11,553	13,067	39,352	48,134	49,346
Annualised % change	-	3.4%	1.1%	-	0.5%	3.1%	-	4.1%	0.6%

Polyclinics and FMCs open for 5 ½ days per week.
~ 1-week survey data of Polyclinics is divided by 5.5 to obtain 1-day data.
^ Includes FMCs. 1-week survey data of FMCs is divided by 5.5 to obtain 1-day data and added to 1-day survey data of GPs.
Annualised % change refers to the computed year-on-year percentage change between the survey years.

3.3 Chart 1 shows the market shares of overall attendances by sector. Private GP Clinics continue to have the majority share of about 80% of the attendances. Polyclinics' share of attendances is about 20%.

Chart 1: Shares of Overall Attendances by Sector



^ Private GP Clinics include FMCs in 2014

Type of Visit

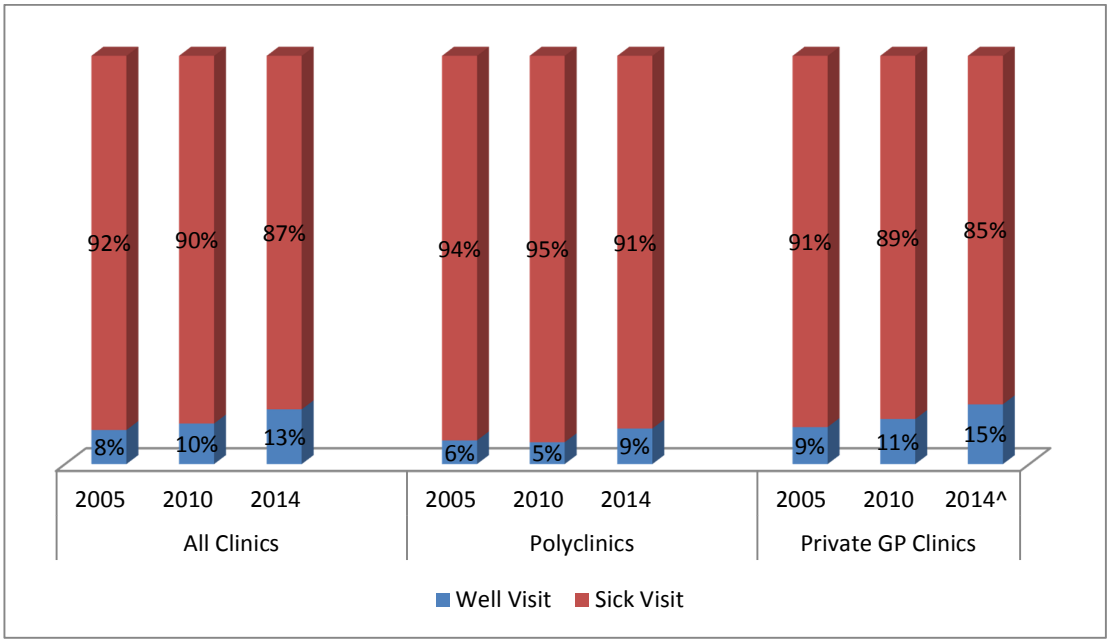
3.4 Attendances at primary care clinics seen by doctor are classified into two groups: "Sick" visits and "Well" visits based on principal diagnosis[3].

i. "Sick" visits refer to visits made by patients who have medical complaints.

ii. "Well" visits refer to visits made by patients who come for immunisation, pre-employment medical check, preventive care for females, developmental assessments for children, family planning visits, etc.

3.5 Chart 2 shows the distribution on type of visits by sector. Sick visits continue to account for the majority of the total patient attendances. However, the proportion of sick visits has dipped with a concomitant rise in the proportion of well visits.

Chart 2: Distribution on Type of Visits by Sector



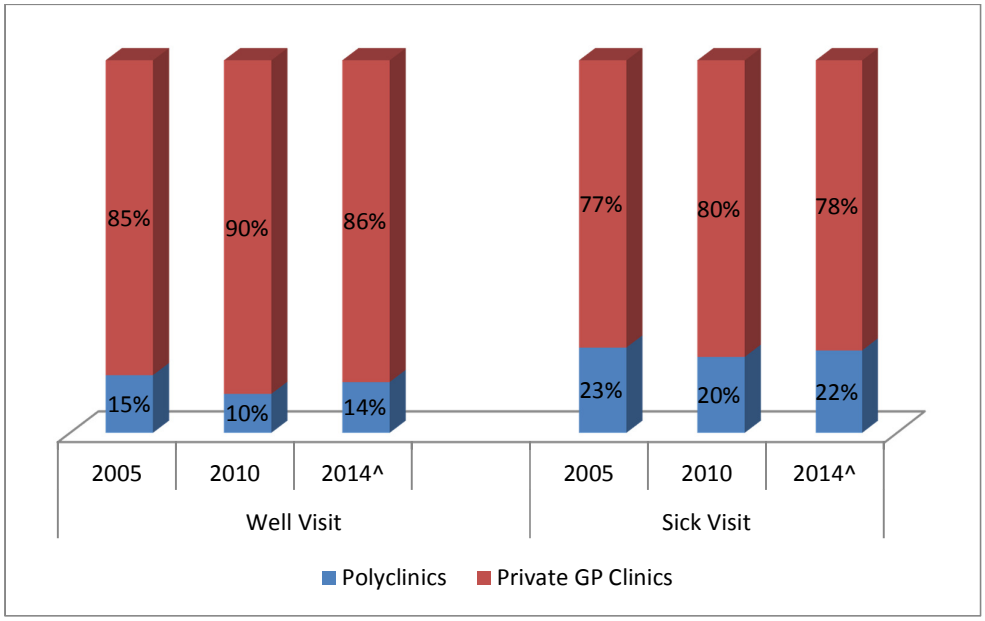
^ Private GP Clinics include FMCs in 2014

Shares of Well and Sick Visits

3.6 Private GP Clinics have the majority shares of well visits (about 90%) and sick visits (about 80%) (Chart 3).

[3] Principal diagnosis refers to the main reason for clinic visit.

Chart 3: Shares of Type of Visits by Sector



^ Private GP Clinics include FMCs in 2014

Disease Type

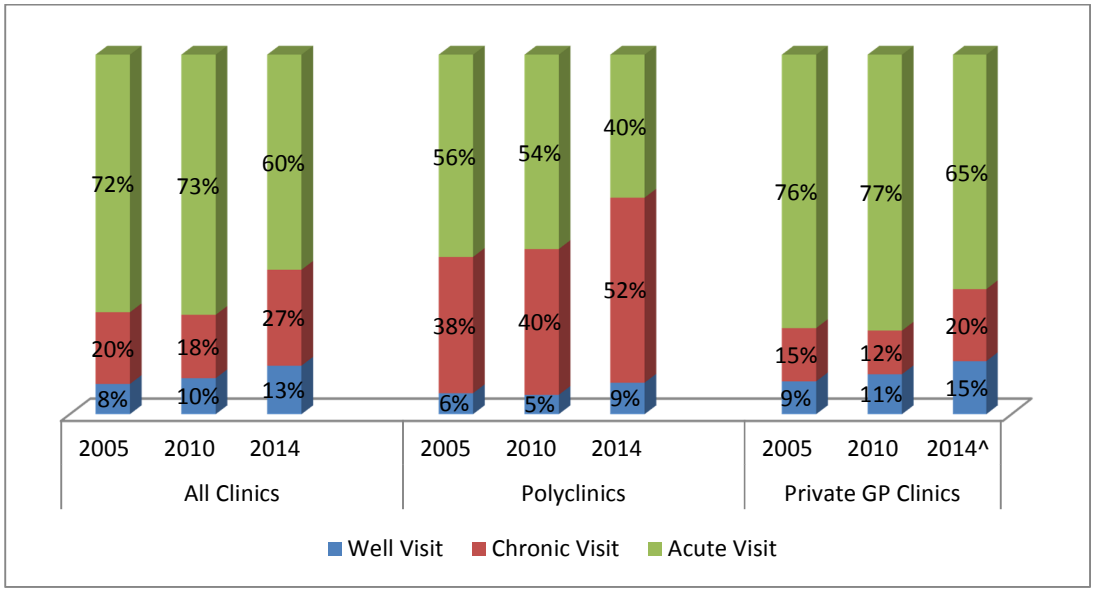
3.7 The disease conditions of patients coming for "Sick" visits are further classified into two categories: Acute and Chronic conditions.

i. "Acute" conditions refer to medical conditions with relatively rapid onset, likely to be self-limiting and lasting for a short duration such as upper respiratory tract infections, diarrhoeal diseases and sprains.

ii. "Chronic" conditions refer to medical conditions where the natural history of the condition is likely to be long-standing and continuous or episodic with recurrences that require regular follow ups and in general, regular medications and management of risk factors. Examples are hypertension, asthma and chronic obstructive lung disease, diabetes and cancers.

3.8 The distribution on well visits, acute visits and chronic visits by sector is shown in Chart 4. Acute visits continue to form the majority of the total patient visits to all primary care clinics. However, the proportion of acute visits has substantially declined between 2010 and 2014. Conversely, the proportions of chronic and well visits to all clinics have noticeably increased. The trend occurred in both Polyclinics and Private GP Clinics.

Chart 4: Distribution on Attendances* by Disease Type by Sector



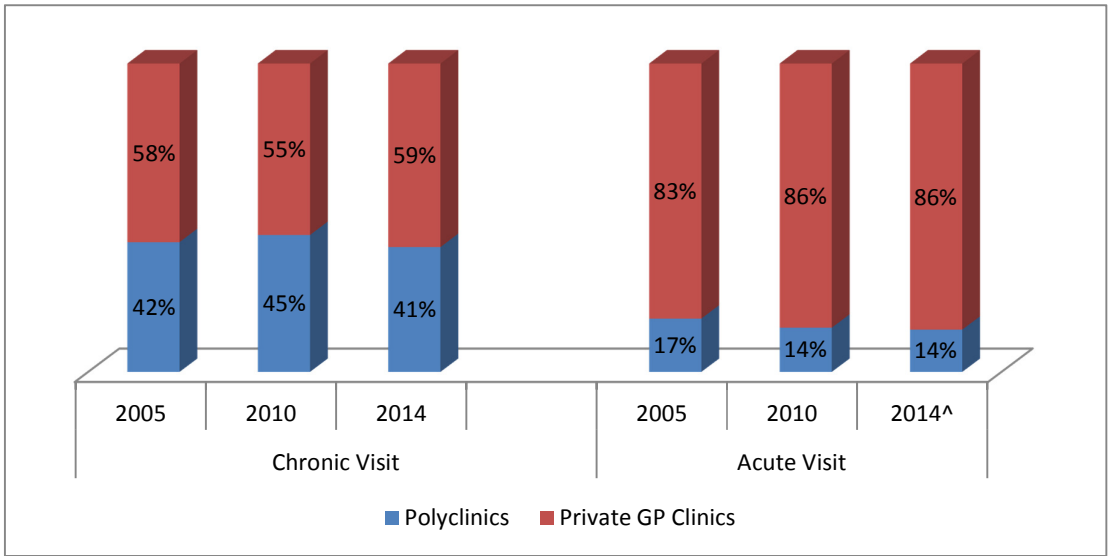
* Attendances were classified based on principal diagnosis
^ Private GP Clinics include FMCs in 2014

Percentages may not add to 100% due to rounding for some years

Shares of Acute and Chronic Visits

3.9 The shares of acute visits and chronic visits by sector are shown in Chart 5. Private GP Clinics had the majority shares of acute visits (about 90%) and chronic visits (about 60%).

Chart 5: Shares of Attendances^ by Disease Type by Sector



* Attendances were classified based on principal diagnosis
^ Private GP Clinics include FMCs in 2014

CHAPTER 4

MORBIDITY & BIOGRAPHIC PROFILE OF PATIENTS

4.1 This chapter provides information on the profile of patients visiting Polyclinics and Private GP Clinics which include FMCs in 2014.

Demographic Profile

4.2 The demographic profile of patients (in terms of gender, race, age, house type and residential status) who sought primary care is presented in Table 5.

Table 5: Demographic Profile of Patients by Sector

	ALL Clinics			Polyclinics			Private GP Clinics		
	2005	2010	2014	2005	2010	2014	2005	2010	2014^
Gender									
Male	47%	49%	49%	49%	49%	50%	47%	49%	48%
Female	53%	51%	51%	51%	51%	50%	53%	51%	52%
Race									
Chinese	70%	67%	67%	67%	64%	70%	70%	68%	65%
Malay	14%	13%	12%	17%	19%	16%	14%	12%	11%
Indian	9%	10%	10%	11%	11%	9%	8%	10%	11%
Others	7%	10%	11%	5%	6%	5%	8%	11%	13%
Age (years)									
0-4	5%	5%	5%	6%	5%	7%	5%	4%	3%
5-19	13%	11%	8%	14%	12%	7%	13%	11%	8%
20-39	38%	41%	36%	22%	20%	17%	42%	46%	43%
40-64	33%	34%	36%	36%	40%	40%	32%	32%	35%
65 & above	11%	10%	15%	21%	22%	29%	8%	6%	11%
House Type									
HDB 1-3 room	22%	21%	29%	26%	26%	32%	21%	19%	24%
HDB 4-5 room/ multi-generation/ executive/ HUDC	58%	60%	63%	61%	61%	63%	57%	60%	63%
Private apartment/ house	16%	17%	7%	8%	12%	5%	19%	18%	11%
Others	4%	2%	1%	5%	1%	1%	3%	2%	2%
Residential Status									
Singapore citizens/ PRs	87%	81%	81%	93%	93%	96%	85%	78%	76%
Foreigners working/ living in Singapore	12%	16%	18%	7%	6%	4%	13%	19%	22%
Foreigners not working/ living in Singapore	1%	3%	1%	1%	0.2%	0%	2%	3%	2%

^ Private GP Clinics include FMCs in 2014

4.3 Polyclinics had a higher proportion of elderly patients, compared to Private GP Clinics. Private GP Clinics had a higher proportion of adult patients aged 20 to 39 years old, compared to Polyclinics in 2014. In addition, Polyclinics had a higher proportion of patients living in HDB 1-3 room flats whilst Private GP Clinics had a higher proportion of patients residing in private apartment/house. Private GP Clinics also had a higher proportion of patients who were foreigners working or living in Singapore.

Leading Conditions

4.4 This section presents the diagnoses of the disease conditions for which medical attention was being sought, including both sick and well visits. Findings are presented for both the principal diagnosis, as well as for all diagnoses.

Leading Conditions in 2014 (Principal Diagnosis & All Diagnoses)

4.5 Upper respiratory tract infections (URTI) which constituted 24% of all principal diagnosis and 20% of all diagnoses, was the top leading condition in 2014. In a distant second position were musculoskeletal, soft tissue & joint conditions at 7% of all principal diagnosis and hypertension at 9% of all diagnoses (Table 6).

4.6 For Polyclinics, Diabetes was the leading principal diagnosis at 13% whereas for all diagnoses, Hyperlipidemia was the most common condition (Table 7).

4.7 For Private GP Clinics, URTI was ranked top for principal diagnosis and for all diagnoses (Table 8).

Table 6: Top 10 Leading Conditions in 2014 – All Clinics

Principal Diagnosis			All Diagnoses		
Rank	Disease/ Conditions	%	Rank	Disease/ Conditions	%
1	URTI	24%	1	URTI	20%
2	Musculoskeletal, soft tissue & joint conditions (Include SLE)	7%	2	Hypertension, essential, benign	9%
3	Hypertension, essential, benign	6%	3	Musculoskeletal, soft tissue & joint conditions	7%
4	Infectious conditions (exclude HIV, dengue, chicken pox)	6%	4	Hyperlipidemia	7%
5	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	4%	5	Infectious conditions (exclude HIV, dengue, chicken pox)	5%
6	Dermatological conditions	4%	6	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	4%
7	Injuries & Trauma (exclude factures & foreign bodies)	3%	7	Dermatological conditions	4%
8	Gastritis & peptic ulcer diseases	2%	8	Injuries & Trauma (exclude factures & foreign bodies)	2%
9	Eye & eyelid structural conditions	2%	9	Gastritis & peptic ulcer diseases	2%
10	Hyperlipidemia	2%	10	Eye & eyelid structural conditions	2%
	Other disease conditions	40%		Other disease conditions	38%

Table 7: Top 10 Leading Conditions in 2014 – Polyclinics

Principal Diagnosis			All Diagnoses		
Rank	Disease/ Conditions	%	Rank	Disease/ Conditions	%
1	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	13%	1	Hyperlipidemia	15%
2	Hypertension, essential, benign	12%	2	Hypertension, essential, benign	15%
3	URTI	10%	3	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	9%
4	Musculoskeletal, soft tissue & joint conditions (include SLE)	7%	4	URTI	6%
5	Hyperlipidemia	4%	5	Musculoskeletal, soft tissue & joint conditions (include SLE)	6%
6	Infectious conditions (exclude HIV, dengue, chicken pox)	4%	6	Infectious conditions (exclude HIV, dengue, chicken pox)	3%
7	Injuries & Trauma (exclude factures & foreign bodies)	2%	7	Ischaemic heart disease, IHD	2%
8	Dermatological conditions	2%	8	Renal conditions	2%
9	Neonatal jaundice, NNU	1%	9	Injuries & Trauma (exclude factures & foreign bodies)	2%
10	Asthma & acute bronchitis	1%	10	Dermatological conditions	1%
	Other disease/ conditions	44%		Other disease/ conditions	39%

Table 8: Top 10 Leading Conditions in 2014 – Private GP Clinics^

Principal Diagnosis			All Diagnoses		
Rank	Disease/ Conditions	%	Rank	Disease/ Conditions	%
1	URTI	29%	1	URTI	25%
2	Infectious conditions (exclude HIV, dengue, chicken pox)	7%	2	Musculoskeletal, soft tissue & joint conditions (include SLE)	7%
3	Musculoskeletal, soft tissue & joint conditions	7%	3	Infectious conditions (exclude HIV, dengue, chicken pox)	6%
4	Dermatological conditions	5%	4	Hypertension, essential, benign	6%
5	Hypertension, essential, benign	5%	5	Dermatological conditions	5%
6	Injuries & Trauma (exclude factures & foreign bodies)	3%	6	Hyperlipidemia	3%
7	Gastritis & peptic ulcer diseases	2%	7	Injuries & Trauma (exclude factures & foreign bodies)	2%
8	Eye & eyelid structural conditions	2%	8	Gastritis & peptic ulcer diseases	2%
9	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	2%	9	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	2%
10	Neurological conditions (exclude CVA, stroke & TIA)	1%	10	Eye & eyelid structural conditions	2%
	Other disease/ conditions	37%		Other disease/ conditions	40%

^ Private GP Clinics include FMCs in 2014

Leading Conditions in 2014 & 2010 (Principal Diagnosis)

4.8 Tables 9 to 11 below present the comparative figures of the top 10 leading diseases/conditions in Singapore based on principal diagnosis. URTI, accounting for 24% of all principal diagnosis in 2014 and 29% in 2010, remained the most dominant disease/condition (Table 9).

Table 9: Top 10 Leading Conditions (Principal Diagnosis) in 2014 & 2010 – All Clinics

ALL Clinics in 2014			ALL Clinics in 2010		
Rank	**Principal Diagnosis**	**%**	**Rank**	**Principal Diagnosis**	**%**
1	URTI	24%	1	URTI	29%
2	Musculoskeletal, soft tissue & joint conditions (Include SLE)	7%	2	Hypertension, essential, benign	7%
3	Hypertension, essential, benign	6%	3	Musculoskeletal, Soft Tissue & Joint Conditions (Include SLE)	5%
4	Infectious conditions (exclude HIV, dengue, chicken pox)	6%	4	Diarrhoeal Diseases	5%
5	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	4%	5	Dermatological conditions	5%
6	Dermatological conditions	4%	6	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	5%
7	Injuries & Trauma (exclude factures & foreign bodies)	3%	7	Injuries & Trauma (exclude factures & foreign bodies)	3%
8	Gastritis & peptic ulcer diseases	2%	8	Gastritis & peptic ulcer diseases	3%
9	Eye & eyelid structural conditions	2%	9	Fever & Pyrexia of unknown origin (PUO)	2%
10	Hyperlipidemia	2%	10	Other gastro-intestinal conditions	2%

Table 10: Top 10 Leading Conditions (Principal Diagnosis) in 2014 & 2010 – Polyclinics

Polyclinics in 2014			Polyclinics in 2010		
Rank	**Principal Diagnosis**	**%**	**Rank**	**Principal Diagnosis**	**%**
1	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	13%	1	URTI	20%
2	Hypertension, essential, benign	12%	2	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	16%
3	URTI	10%	3	Hypertension, essential, benign	15%
4	Musculoskeletal, soft tissue & joint conditions (include SLE)	7%	4	Musculoskeletal, soft tissue & joint conditions (include SLE)	6%
5	Hyperlipidemia	4%	5	Hyperlipidemia	4%
6	Infectious conditions (exclude HIV, dengue, chicken pox)	4%	6	Dermatological conditions	4%
7	Injuries & Trauma (exclude factures & foreign bodies)	2%	7	Diarrhoeal Diseases	3%
8	Dermatological conditions	2%	8	Injuries & Trauma (exclude factures & foreign bodies)	3%
9	Neonatal jaundice, NNU	1%	9	Eye & eyelid structural conditions	2%
10	Asthma & acute bronchitis	1%	10	Gastritis & peptic ulcer diseases	2%

Table 11: Top 10 Leading Conditions (Principal Diagnosis) in 2014 & 2010 – Private GP Clinics

Private GP Clinics in 2014^			Private GP Clinics in 2010		
Rank	Principal Diagnosis	%	Rank	Principal Diagnosis	%
1	URTI	29%	1	URTI	32%
2	Infectious conditions (exclude HIV, dengue, chicken pox)	7%	2	Diarrhoeal Diseases	6%
3	Musculoskeletal, soft tissue & joint conditions	7%	3	Dermatological conditions	5%
4	Dermatological conditions	5%	4	Musculoskeletal, soft tissue & joint conditions (include SLE)	5%
5	Hypertension, essential, benign	5%	5	Hypertension, essential, benign	5%
6	Injuries & Trauma (exclude factures & foreign bodies)	3%	6	Injuries & Trauma	3%
7	Gastritis & peptic ulcer diseases	2%	7	Gastritis & peptic ulcer diseases	3%
8	Eye & eyelid structural conditions	2%	8	Fever & Pyrexia of unknown origin (PUO)	2%
9	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	2%	9	Other gastro-intestinal conditions	2%
10	Neurological conditions (exclude CVA, stroke & TIA)	1%	10	Eye & eyelid structural conditions	2%

^ Private GP Clinics include FMCs in 2014

Leading Conditions in 2014 & 2010 (All Diagnoses)

4.9 Tables 12 to 14 below present the comparative figures of the top 10 leading disease conditions in Singapore based on all diagnoses. The top 4 leading conditions in 2010 remained unchanged in 2014 (Table 12).

Table 12: Top 10 Leading Conditions (All Diagnoses) in 2014 & 2010 – All Clinics

ALL Clinics in 2014			ALL Clinics in 2010		
Rank	All Diagnoses	%	Rank	All Diagnoses	%
1	URTI	20%	1	URTI	25%
2	Hypertension, essential, benign	9%	2	Hypertension, essential, benign	8%
3	Musculoskeletal, soft tissue & joint conditions	7%	3	Hyperlipidemia	6%
4	Hyperlipidemia	7%	4	Musculoskeletal, Soft Tissue & Joint Conditions (Include SLE)	5%
5	Infectious conditions (exclude HIV, dengue, chicken pox)	5%	5	Dermatological conditions	5%
6	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	4%	6	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	4%
7	Dermatological conditions	4%	7	Diarrhoeal Diseases	4%
8	Injuries & Trauma (exclude factures & foreign bodies)	2%	8	Gastritis & peptic ulcer diseases	3%
9	Gastritis & peptic ulcer diseases	2%	9	Injuries & Trauma (exclude factures & foreign bodies)	3%
10	Eye & eyelid structural conditions	2%	10	Eye & eyelid structural conditions	2%

Table 13: Top 10 Leading Conditions (All Diagnoses) in 2014 & 2010 – Polyclinics

Polyclinics in 2014			Polyclinics in 2010		
Rank	All Diagnoses	%	Rank	All Diagnoses	%
1	Hyperlipidemia	15%	1	Hyperlipidemia	17%
2	Hypertension, essential, benign	15%	2	Hypertension, essential, benign	15%
3	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	9%	3	URTI	12%
4	URTI	6%	4	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	10%
5	Musculoskeletal, soft tissue & joint conditions (include SLE)	6%	5	Musculoskeletal, soft tissue & joint conditions (include SLE)	5%
6	Infectious conditions (exclude HIV, dengue, chicken pox)	3%	6	Dermatological conditions	3%
7	Ischaemic heart disease, IHD	2%	7	Ischaemic heart disease, IHD	3%
8	Renal conditions	2%	8	Diarrhoeal Diseases	2%
9	Injuries & Trauma (exclude factures & foreign bodies)	2%	9	Renal conditions	2%
10	Dermatological conditions	1%	10	Injuries & Trauma (exclude factures & foreign bodies)	2%

Table 14: Top 10 Leading Conditions (All Diagnoses) in 2014 & 2010 – Private GP Clinics

Private GP Clinics in 2014^			Private GP Clinics in 2010		
Rank	All Diagnoses	%	Rank	All Diagnoses	%
1	URTI	25%	1	URTI	29%
2	Musculoskeletal, soft tissue & joint conditions (include SLE)	7%	2	Dermatological conditions	6%
3	Infectious conditions (exclude HIV, dengue, chicken pox)	6%	3	Hypertension, essential, benign	6%
4	Hypertension, essential, benign	6%	4	Musculoskeletal, soft tissue & joint conditions (include SLE)	5%
5	Dermatological conditions	5%	5	Diarrhoeal Diseases	5%
6	Hyperlipidemia	3%	6	Gastritis & peptic ulcer diseases	3%
7	Injuries & Trauma (exclude factures & foreign bodies)	2%	7	Injuries & Trauma	3%
8	Gastritis & peptic ulcer diseases	2%	8	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	2%
9	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	2%	9	Hyperlipidemia	2%
10	Eye & eyelid structural conditions	2%	10	Fever & Pyrexia of unknown origin (PUO)	2%

^ Private GP Clinics include FMCs in 2014

Leading Acute and Chronic Conditions in 2014 (Principal Diagnosis)

4.10 URTI was the top acute condition seen in both Polyclinics and Private GP Clinics. The 2 leading acute conditions seen in Polyclinics were the same as that seen in Private GP Clinics. (Table 15).

4.11 Diabetes was the top chronic condition seen at Polyclinics, while it ranks 3rd for Private GP Clinics. Musculoskeletal, soft tissue & joint conditions was the top chronic condition for Private GP Clinics. Hypertension was the 2nd leading chronic condition seen at both Polyclinics and Private GP Clinics (Table 16).

Table 15: Top 10 Acute Conditions (Principal Diagnosis) in 2014

Polyclinics			Private GP Clinics^		
Rank	**Principal Diagnosis**	**%**	**Rank**	**Principal Diagnosis**	**%**
1 (1)	URTI	30%	1 (1)	URTI	44%
2	Infectious conditions (exclude HIV, dengue, chicken pox)	9%	2	Infectious conditions (exclude HIV, dengue, chicken pox)	11%
3 (5)	Injuries & Trauma (exclude factures & foreign bodies)	7%	3 (3)	Dermatological conditions	6%
4 (2)	Musculoskeletal, soft tissue & joint conditions (include SLE)	6%	4 (5)	Injuries & Trauma (exclude factures & foreign bodies)	4%
5 (3)	Dermatological conditions	5%	5 (9)	Eye & Eye Lid Structural Conditions	3%
6 (8)	Neonatal jaundice, NNJ	5%	6 (6)	Gastritis & Peptic Ulcer Diseases	3%
7	Complication of surgical care	4%	7	Asthma & Acute Bronchitis	2%
8	Asthma & Acute Bronchitis	3%	8 (7)	Fever & Pyrexia of Unknown Origin (PUO)	2%
9 (10)	Other Respiratory Conditions	2%	9	Renal Conditions	2%
10 (7)	Gastritis & peptic ulcer diseases	2%	10 (4)	Musculoskeletal, soft tissue & joint conditions (include SLE)	2%

^ Private GP Clinics include FMCs in 2014. Numbers in brackets refer to 2010 ranking.

Table 16: Top 10 Chronic Conditions (Principal Diagnosis) in 2014

Polyclinics			Private GP Clinics^		
Rank	**Principal Diagnosis**	**%**	**Rank**	**Principal Diagnosis**	**%**
1 (1)	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	32%	1 (5)	Musculoskeletal, soft tissue & joint conditions (include SLE)	28%
2 (2)	Hypertension, essential, benign	30%	2 (1)	Hypertension, essential, benign	23%
3 (6)	Musculoskeletal, soft tissue & joint conditions (include SLE)	11%	3 (2)	Diabetes (Exclude DM Neuropathy/ Nephropathy & Venous Ulcers, Include Other Cx)	8%
4 (3)	Hyperlipidemia	10%	4	Dermatological conditions	8%
5	Infectious conditions (exclude HIV, dengue, chicken pox)	3%	5 (3)	Hyperlipidemia	5%
6	Vision Problems (Exclude Cataract & Glaucoma)	2%	6	Neurological Conditions (Exclude CVA, Stroke & TIA)	5%
7 (5)	Ischaemic Heart Disease, IHD	1%	7	Gastritis & Peptic Ulcer Diseases	3%
8 (7)	Hypothyroidism	1%	8 (7)	Psychiatric Conditions	3%
9	Gastritis & Peptic Ulcer Diseases	1%	9	Colorectal & Perianal Conditions	2%
10	Gynaecological Conditions (Exclude Fibroids)	1%	10	Eye & Eye Lid Structural Conditions	1%

^ Private GP Clinics include FMCs in 2014. Numbers in brackets refer to 2010 ranking.

CHAPTER 5

BILL PAYMENT MODES

5.1 This chapter provides information on the various modes of bill payment by patients who visited Polyclinics and the Private GP Clinics for primary care consultation.

Payment Modes

5.2 The payment modes for Polyclinic and Private GP Clinic patients are classified differently.

5.3 For Polyclinic patients, the payment modes are as follows:

i. "*Government subsidy for Singapore citizens and Permanent Residents"* which includes subsidy for patients who hold the Pioneer Generation (PG) card;

ii. *"Civil Service Benefits"* for patients who are covered under their Civil Service employment, including retired civil servants (pensioners) and their dependants;

iii. *"SAF Personnel"* for patients who are covered under SAF;

iv. *"Baby Bonus CDA"* which refers to payment using Baby Bonus Development Account;

v. "*Medisave (Own)*" which refers to withdrawal from patient's Medisave to pay for approved treatment;

vi. "*Medisave (Family)*" which refers to withdrawal from patient's family member's Medisave to pay for approved treatment;

vii. "*Cash Out of Pocket*" which refers to all payment made in cash by patient (include patients who are required to make cash co-payment after other forms of payment have been deducted i.e. Civil Service Benefits, SAF Personnel, Baby Bonus CDA, Medisave); and

viii. *"Others"* which includes partial or full waivers for blood donors and patients on Public Assistance Scheme.

5.4 For Private GP Clinic patients, the payment modes are:

i. "*CHAS Subsidy*" which refers to subsidy for patients who hold the Blue or Orange Community Health Assist Scheme (CHAS) or Pioneer Generation (PG) or Public Assistance cards(s);

ii. *"Insurance Company"* which refers to payment made directly by insurance company for patient's personal or employer insurance;

iii. *"Company Contract"* which refers to payment made directly by patient's company (does not include patients who enjoy corporate rates but are required to pay upfront and seek reimbursement on their own);

iv. *""Baby Bonus CDA"* which refers to payment using Baby Bonus Development Account;

v. *"MBS@Gov"* which refers to payment made directly by PSD for patients who are civil servants (does not include cash co-payment made by patients);

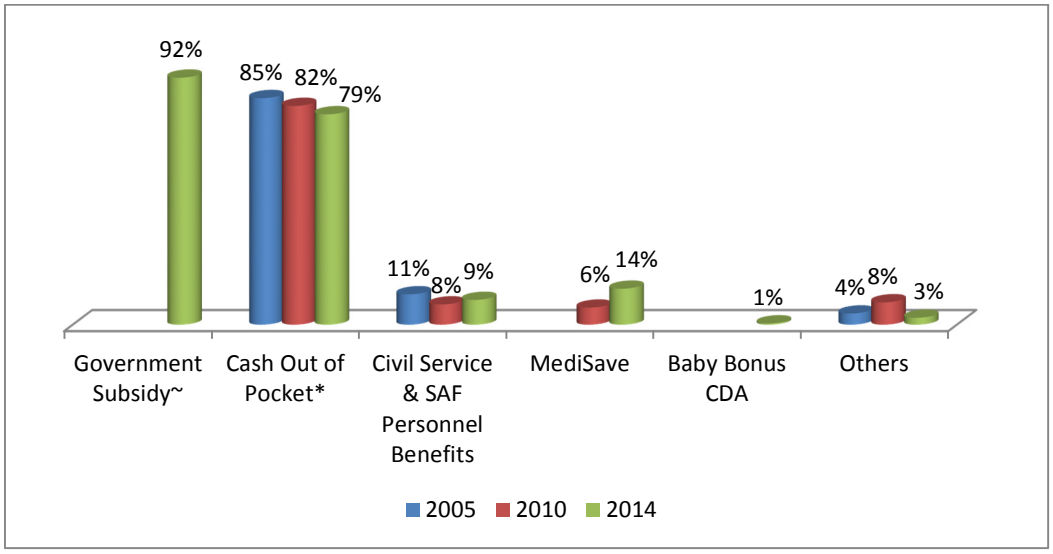
vi. "*Medisave (Own)*" which refers to withdrawal from patient's Medisave to pay for approved treatment;

vii. "*Medisave (Family)*" which refers to withdrawal from patient's family member's Medisave to pay for approved treatment; and

viii. "Cash *Out of Pocket"* which refers to all payment made in cash by patient (include patients who are required to pay upfront and seek reimbursement on their own from insurance company / employer, and those required to make cash co-payment after other forms of payment have been deducted / subsidies have been applied i.e. CHAS subsidy, insurance company and company contract payment, MBS@Gov, Baby Bonus CDA, Medisave).

5.5 Chart 6 shows the payment modes of Polyclinic patients. Patients could incur 1 or more modes of payment. For example, a patient who is a Singapore citizen or Permanent Resident and qualifies for government subsidy would use it to offset his/her bill. The patient could also tap on his/her Medisave for partial bill payment and finally use some cash out of pocket as a co-payment to settle the remaining bill balance. In 2014, 9 in 10 patients (92%) made use of government subsidy. 1 in 7 patients (14%) tapped on Medisave, more than doubled from the 6% proportion in 2010. There was a declining proportion of patients who used cash out-of-pocket as payment/co-payment for their bills over the survey years; dropping from 85% in 2005 to 79% in 2014.

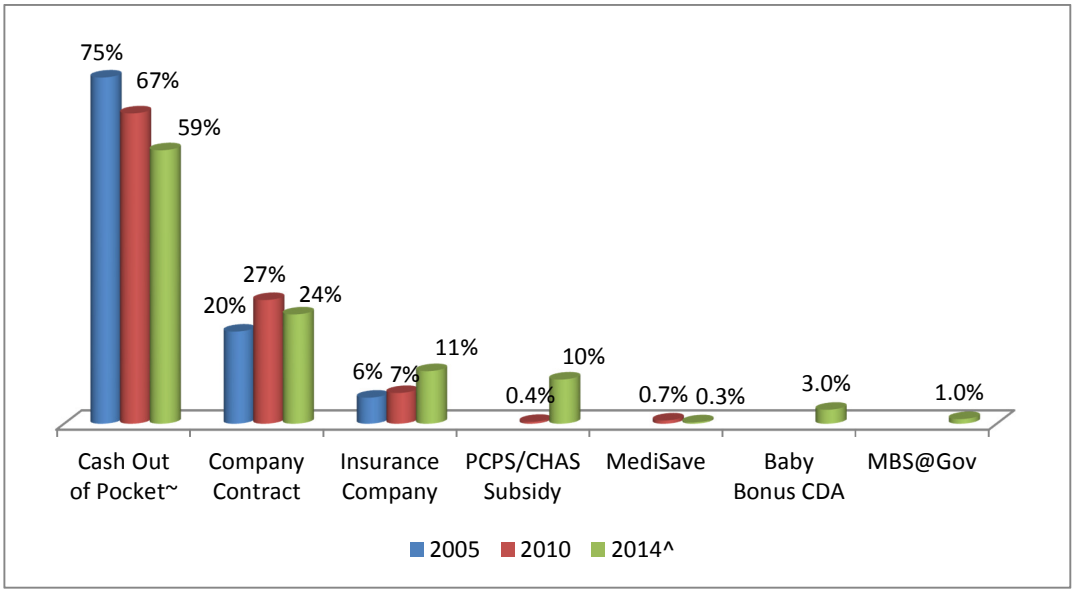
Chart 6: Payment Modes of Polyclinic Patients



~ For Singapore citizens and Permanent Residents (captured for the first time in 2014)
* 2005 and 2010: Included Baby Bonus CDA which could not be differentiated from cash payment over the two surveys

5.6 Chart 7 shows the payment modes of Private GP Clinic patients. Similar to Polyclinic patients, Private GP Clinic patients could incur 1 or more modes of payment. The proportion of patients who used cash out of pocket as payment/co-payment for their bills dropped from 75% in 2005 to 59% in 2014. 10% of patients tapped on CHAS subsidy in 2014, higher than the proportion of 0.4% who tapped on PCPS in 2010. The proportion drawing payments from insurance companies also increased from 7% in 2010 to 11% in 2014, while those seen on company contract fell from 27% in 2010 to 24% in 2014. The proportion who tapped on Medisave for payment remained relatively insignificant at less than 1%.

Chart 7: Payment Modes of Private GP Clinic Patients



PCPS: Primary Care Partnership Scheme, CHAS: Community Health Assistance Scheme
~ 2005 and 2010: Included Baby Bonus CDA and MBS@Gov which could not be differentiated from cash payment over the two surveys
^ Private GP Clinics include FMCs in 2014

CHAPTER 6

CLINIC OPERATING & CARE MODEL

6.1 This chapter presents information on manpower resource, workload of doctors, care delivery, accessibility of clinics, provision of medical services to resident homes and nursing homes and use of information technology (IT).

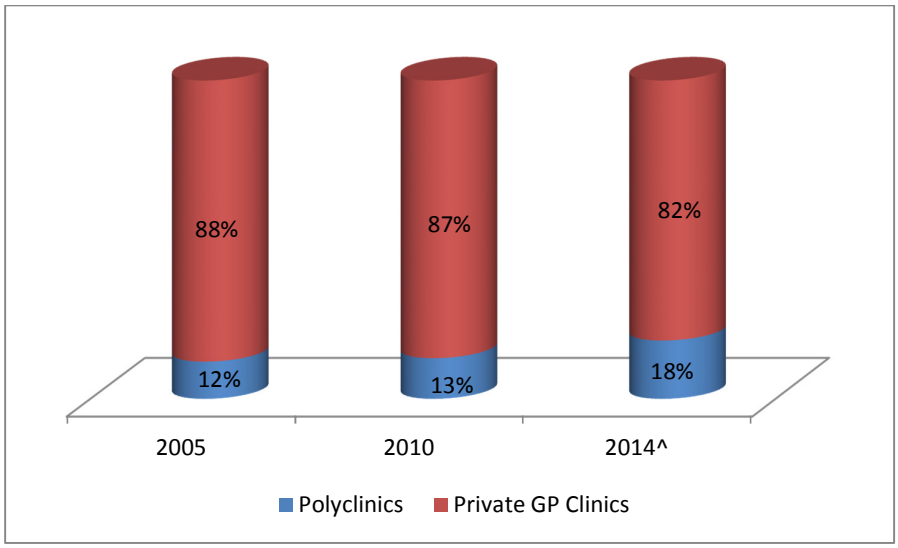
A. Manpower Resource

Primary Care Manpower by Sector

Shares of All GPs by Sector – Headcount

6.2 GPs in Singapore predominantly practised in Private Clinics, accounting for 82% of doctors in all clinics in 2014. This proportion has declined, compared to 2010 (87%) and 2005 (88%) (Chart 8).

Chart 8: Distribution of Primary Care Manpower~ by Sector (All GPs)

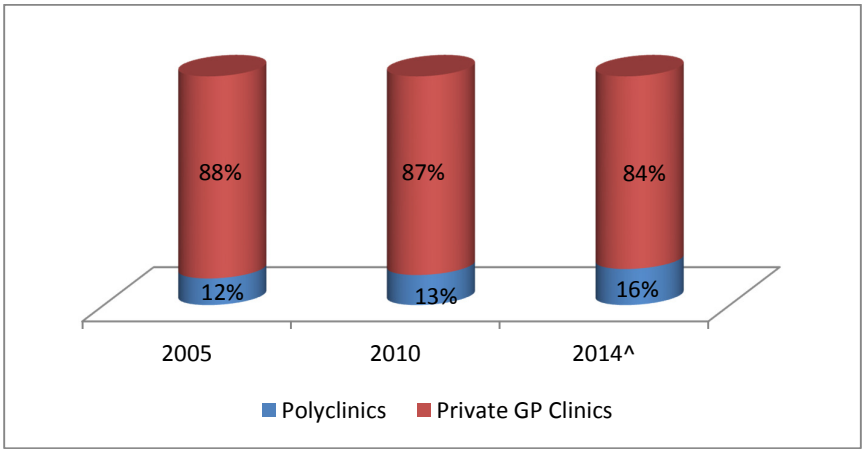


~ Refers to GPs who worked on one survey day
^ Private GP Clinics include FMCs in 2014

Shares of Resident GPs (excluding Locums, Residents/Trainees) by Sector – Headcount

6.3 Resident GPs in Singapore mostly practised in Private Clinics, comprising 84% of resident doctors in all clinics in 2014. This proportion had dipped, compared to 2010 (87%) and 2005 (88%) (Chart 9).

Chart 9: Shares of Primary Care Manpower~ by Sector (Resident GPs)

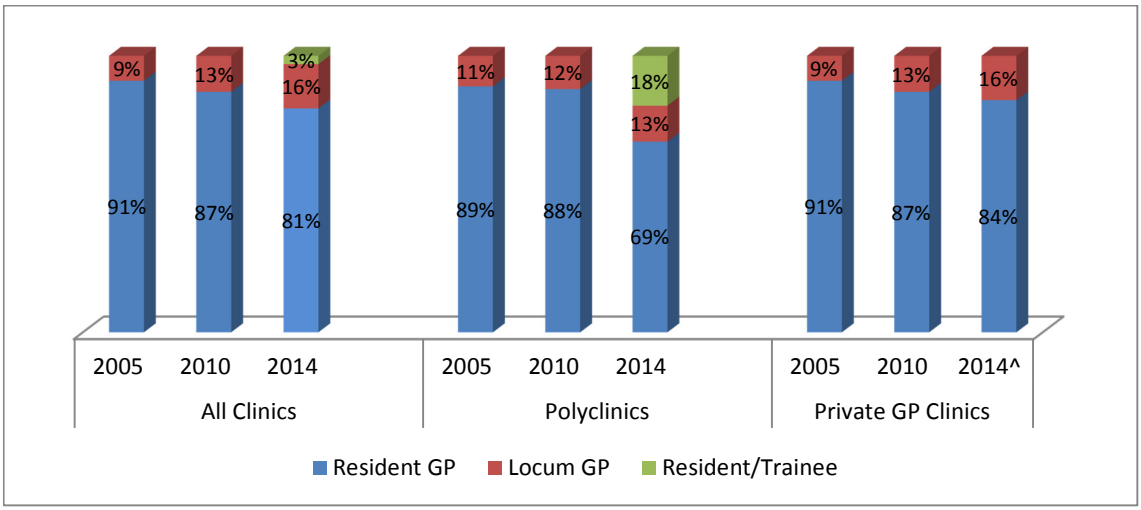


~ Refers to GPs who worked on one survey day
^ Private GP Clinics include FMCs in 2014

Distribution of Resident GPs, Locum GPs and Residents/Trainees – Headcount

6.4 The proportion of resident GPs by headcount progressively declined over the survey years with a concomitant rise in the proportion of locum GPs. The decline in proportion of resident GPs was seen in both Private GP Clinics and Polyclinics, and was markedly evident in the Polyclinics in 2014 (down to 69% from 88% in 2010). In 2014, data on residents/trainees under the residency programme was collected for the first time. Residents/trainees made up 18% of the manpower headcount in Polyclinics in 2014, more than locum GPs which comprised 13% of the headcount (Chart 10).

Chart 10: Distribution of Resident GPs~, Locum GPs~ and Residents/Trainees~ By Sector



~ Refer to GPs who worked on one survey day.
For PCS 2014, data on residents/trainees was collected separately from resident GPs and locum GPs. The residency programme for residents/trainees began in 2011 and no data on residents/trainees was available for earlier surveys.

^ Private GP Clinics include FMCs in 2014

Private GP Clinics: Distribution of FTE GPs

6.5 A higher proportion of Private GP Clinics (47%) had less than 1 Full-Time Equivalent[4] (FTE) GPs working in their clinic in 2014, compared to previous survey years (23% in 2005 and 26% in 2010). Correspondingly, a lower proportion of Private GP Clinics (48%) had 1 to less than 2 FTE GPs in 2014, compared to 67% in 2005 and 2010. The average number of FTE GPs fell from 1.3 in 2010 to 1.1 in 2014 although the median number remained the same (Table 17).

Table 17: Distribution of All FTE Private GPs

Number of FTE GPs	Private GP Clinics		
	2005	2010	2014^
< 1	23%	26%	47%
1 to < 2	67%	67%	48%
2 to < 3	7%	4%	2%
3 to < 4	1%	2%	1%
4 to < 5	1%	0.3%	1%
5 or more	0.6%	0.6%	0.7%
Mean	1.3	1.3	1.1
Median	1.1	1.1	1.1

^ Private GP Clinics Include FMCs for 2014

[4] Number of FTE GPs = Sum of hours worked in a week by all GPs in the clinic divided by 42 hours

B. Workload of Doctors

Clinical Hours Worked

6.6 In Private GP clinics, majority or close to one-third of the resident GPs (31%) worked over 16 to 32 clinical hours per week in 2014, with significant proportions working longer hours, including 19% who worked over 48 hours. In Polyclinics, half of the resident GPs (46%) worked over 40 to 48 hours per week, while another one-third (31%) worked over 16 to 32 clinical hours. A higher proportion of them worked shorter hours of over 16 to 32 hours now; from 15% in 2010 to 31% in 2014. On average, resident GPs in Polyclinics worked 33.5 clinical hours per week in 2014, down from 38.7 hours in 2010 and 39.9 hours in 2005[5]. Resident GPs in Private GP clinics worked on average 37.5 clinical hours per week, up from 33.2 hours in 2010 (Table 18).

Table 18: Clinical Hours Worked Per Week of Resident GPs by Sector

Clinical Hours Worked Per Week	Polyclinics			Private GP Clinics		
	2005	2010	2014	2005	2010	2014^
1-8 hours	--	2%	3%	8%	14%	1%
Over 8 to 16 hours	--	--	5%	7%	7%	1%
Over 16 to 32 hours	12%	15%	31%	18%	21%	31%
Over 32 to 40 hours	--	3%	15%	19%	18%	17%
Over 40 to 48 hours	88%	81%	46%	30%	23%	31%
Over 48 hours	0.4%	--	--	18%	17%	19%
Mean (hours)	39.9	38.7	33.5	36.1	33.2	37.5

^ Private GP Clinics Include FMCs for 2014

6.7 Table 19 shows the range of working hours served by Locum GPs by sector. Generally, locums in Private GP Clinics worked longer clinical hours with 56% of them working over 16 to 32 hours in 2014. In contrast, locums in Polyclinics worked shorter clinical hours with 46% working 16 hours and below. On average, Locum GPs in Private GP clinics worked 28.6 hours per week while those in Polyclinics worked 20.2 hours per week.

Table 19: Clinical Hours Worked Per Week of Locum GPs by Sector

Clinical Hours Worked Per Week	Polyclinics			Private GP Clinics		
	2005	2010	2014	2005	2010	2014^
1-8 hours	30%	12%	29%	62%	73%	3%
Over 8 to 16 hours	20%	3%	17%	23%	18%	10%
Over 16 to 32 hours	30%	35%	32%	7%	7%	56%
Over 32 to 40 hours	7%	9%	6%	3%	2%	7%
Over 40 to 48 hours	13%	41%	16%	1%	1%	17%
Over 48 hours	--	--	--	4%	--	7%
Mean (hours)	19.6	30.6	20.2	11.3	7.8	28.6

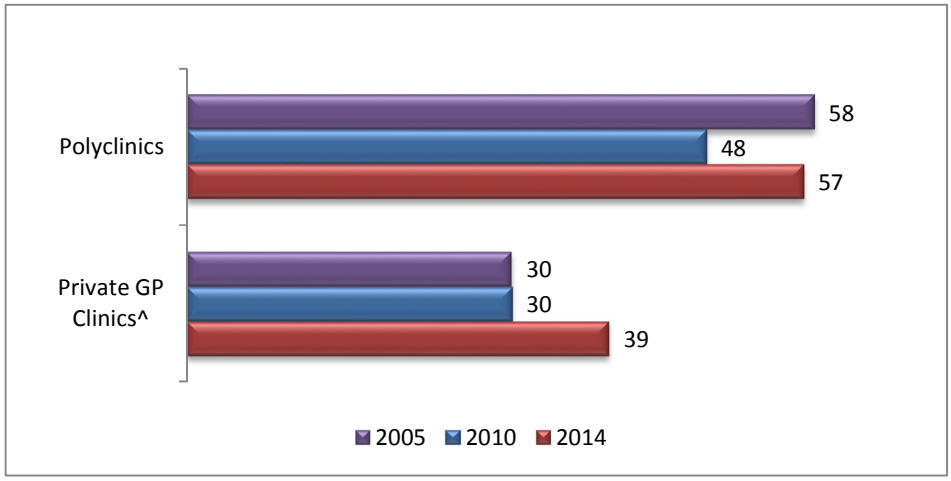
^ Private GP Clinics Include FMCs for 2014

[5] The clinical hours worked excludes hours spent on administrative duties, training and research.

Number of Patients Attended Per Day

6.8 A FTE GP[6] in Polyclinics attended to a higher number of patients per day (57) in 2014, compared to his counterpart in Private GP Clinics (39) (Chart 11).

Chart 11: Number of Patients Attended Per Day by a FTE GP by Sector



^ Private GP Clinics Include FMCs for 2014

Workload of Resident GPs in Private GP Clinics

6.9 Table 20 shows the patient load and working hours of Resident GPs working in Private GP Clinics.

Table 20: Private Resident GPs' Workload and Working Hours

Description	2005	2010	2014^
(i) Number of patients seen on survey day • Median • Mean (standard deviation)	 23.0 26.9 (17.8)	 25.0 28.3 (20.2)	 25.2 24.2 (12.6)
(ii) Number of clinical hours worked on survey day • Median • Mean (standard deviation)	 7.0 6.7 (2.3)	 7.0 6.9 (2.4)	 7.0 6.3 (2.6)

^ Private GP Clinics Include FMCs for 2014

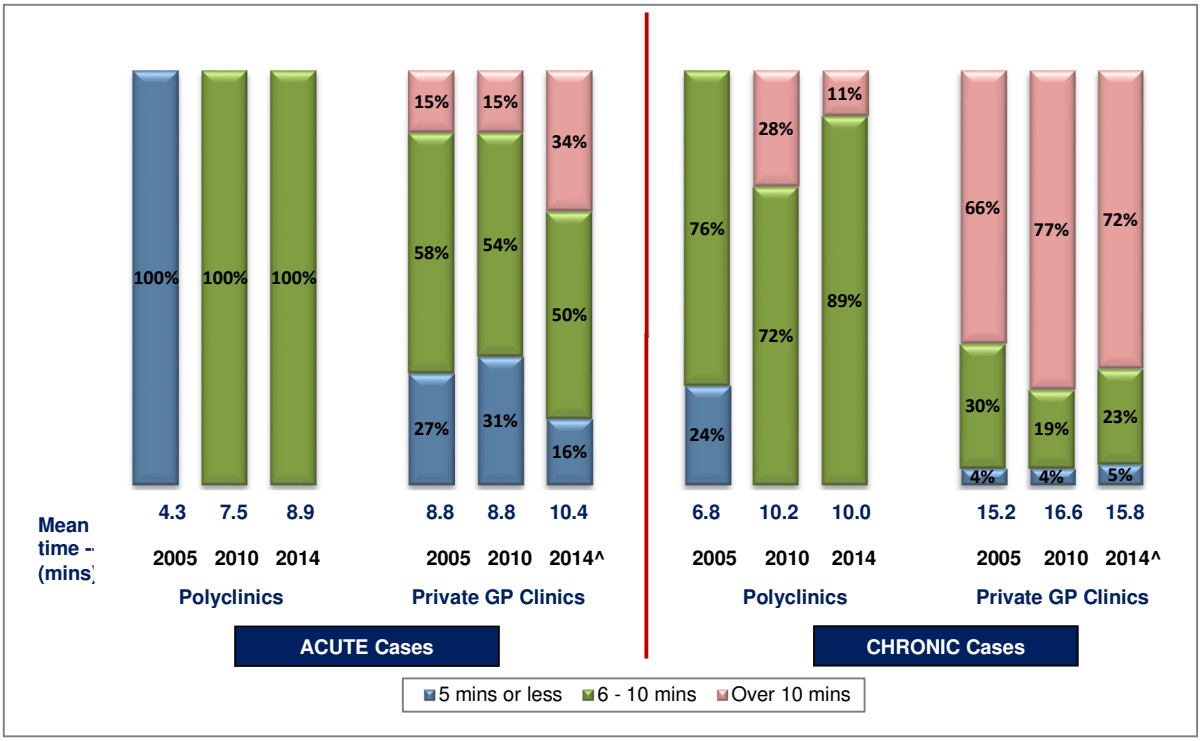
[6] 1 FTE GP is equivalent to 1 GP who has worked 7.5 hours per day

C. Care Delivery

Estimated Length of Consultation Time

6.10 GPs providing primary care generally spent longer consultation time on chronic cases relative to acute cases. On average, GPs in Private GP Clinics spent longer consultation time[7] with their patients than those working in Polyclinics, regardless of acute or chronic cases (Chart 12).

Chart 12: Estimated Length of Consultation Time by Disease Type by Sector



^ Private GP Clinics Include FMCs for 2014

[7] Consultation time is based on the estimated average consultation time of patients seen for acute and chronic conditions respectively, and provided on a per-clinic basis.

D. Accessibility of Clinics

Opening Hours of Private GP Clinics

6.11 Among Private GP Clinics that opened 50 hours or less a week, an increasing proportion of them tended to operate shorter number of opening hours. The median number of opening hours declined from 47 hours in 2010 to 44 hours in 2014 (Table 21).

Table 21: Opening Hours (Per Week) of Private GP Clinics

Opening Hours Per Week	Private GP Clinics		
	2005	2010	2014^
Less than 30 hours	6%	8%	13%
Over 30 to 40 hours	16%	17%	23%
Over 40 to 45 hours	21%	19%	17%
Over 45 to 50 hours	24%	22%	12%
Over 50 to 60 hours	18%	19%	19%
Over 60 hours	15%	14%	15%
Mean (hours)	50.0	49.0	48.0
Median (hours)	47.0	47.0	44.0

^ Private GP Clinics Include FMCs for 2014

Proximity of Residence to Clinic Visited

6.12 This section provides information on the distance of patients' homes to the clinics they visited. Distance was calculated using the postal codes of the residential addresses[8] of the patients as provided by the clinics.

6.13 Foreigners neither working nor living in Singapore, and patients staying in non-residential addresses and patients whose postal codes were not available or invalid were excluded from analysis.

6.14 Private GP Clinics had the highest proportion (51%) of patients who lived within 1km or less, relative to Polyclinics (31%) in 2014. Polyclinics had the lowest proportion of patients (12%) who lived over 5 km away. The trends were similar in 2010 and 2005 (Table 22).

Table 22: Distribution of Patients by Distance to Clinic Visited and Sector

Distance to Clinic	Polyclinics			Private GP Clinics		
	2005	2010	2014	2005	2010	2014^
1 km or less	31%	31%	31%	53%	51%	51%
Over 1 km to 5 km	55%	56%	57%	24%	28%	25%
Over 5 km	15%	14%	12%	23%	22%	24%

^ Private GP Clinics Include FMCs for 2014

[8] Note: Distance was calculated based on residential postal codes of patients to the clinic postal codes, hence there is a limitation as patients may or may not have travelled to the clinic from their residence.

E. Medical Services for Homes and Nursing Homes

Provision of Home Medical Services by Private GP Clinics

6.15 Half of the Private GP Clinics (51%) indicated that they provided home medical services in 2014 (Chart 13). Up to 98% of Private GP Clinics which provided home medical services charged for the services. Up to 14% provided the service on a pro-bono basis (whereby all charges were waived, including consult and drugs) (Chart 14).

Chart 13: Proportion of Private GP Clinics Providing Home Medical Services

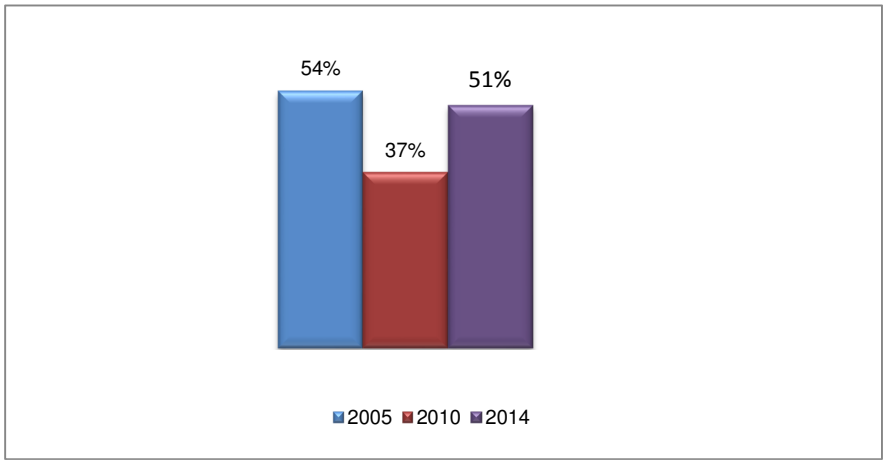
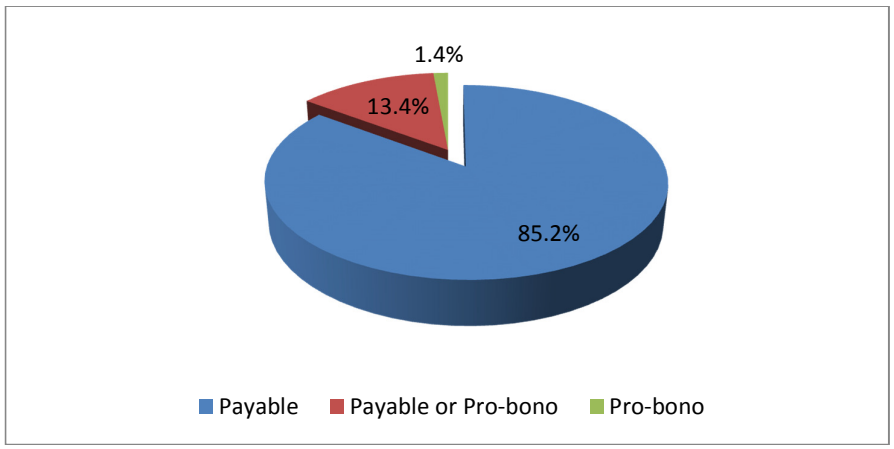


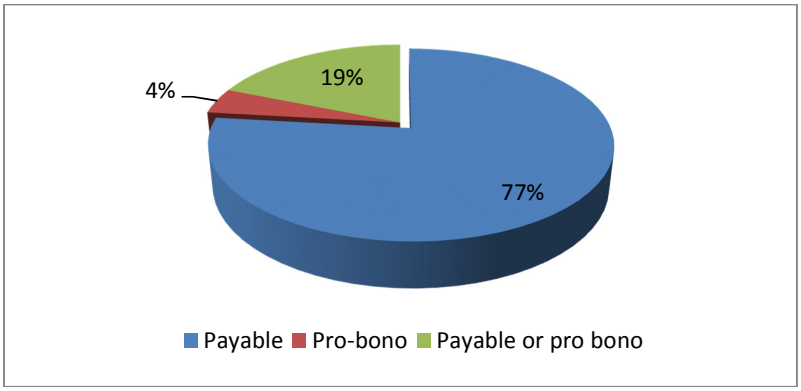
Chart 14: Home Medical Services by Private GP Clinics (Payable or Pro-bono), 2014



Provision of Medical Services for Nursing Homes by Private GP Clinics

6.16 1 in 10 Private GP Clinics (10%) reported that they provided medical services for nursing homes in 2014. Of those who did so, up to 96% charged for the services and up to 23% provided the services free of charge (Chart 15).

Chart 15: Medical Services for Nursing Homes by Private GP Clinics (Payable or Pro-bono), 2014



F. IT Capabilities and Deployment

6.17 As a whole, 4 in 10 Private GP Clinics (40%) maintained patient medical records using Paper Cards. 3 in 10 (29%) maintained patient records using Electronic Medical Record (EMR) applications such as Clinic Assist, Medi2000, Gloco, CLEO and Clinic Manager. 3 in 10 (31%) used both. (Table 23).

Table 23: Paper and Electronic Maintenance of Patient Medical Records, 2014

Type of Patient Medical Records	All GP Clinics
Paper cards only	40%
EMR^ only	29%
Paper and EMR	31%
	100%

^ Electronic Medical Records (EMR) applications such as Clinic Assist, Medi2000, Gloco, CLEO, Clinic Manager, InfoCare, freeware, shareware of GP self-developed software

ANNEX A QUESTIONNAIRES

A-1: Questionnaire for Polyclinics

PRIMARY CARE SURVEY 2014
- Polyclinics -

For Office Use

Clinic ID : | | | | | | | |

CHAS: Yes / No

CDMP: Yes / No

SECTION A : PARTICULARS OF POLYCLINIC

Name of Polyclinic : _____

Name of Contact Person : _____

Contact Number : _____

SECTION B : INFORMATION ON CLINIC PRACTICE

1. What is the estimated shortest, longest and average consultation time for acute and chronic cases seen by your clinic doctors?

Consultation Time	Shortest mins per case	Longest mins per case	Average mins per case
a. Acute case *refer to cases with short onset such as upper respiratory tract infections, diarrhoeal diseases, sprains.*			
b. Chronic case *refer to conditions that requires long term follow-up and in general, regular medications and management of risk factors. Examples are hypertension, asthma and chronic obstructive lung disease, diabetes & cancers.*			

2. On average, what is the number of hours your clinic is open per week?

| | | hours per week

3. Does your clinic provide the following services? If yes, please indicate with a tick whether it is conducted (a) within your clinic and by whom; and/or (b) outsourced. Please specify which institution(s) the service is outsourced to.

		No	Yes, Within clinic **(Where procedures involve more than 1 professional, please tick all that applies)**			Yes, Outsourced **[Please specify the institution(s)]**	
I. Diagnostic Test			Doctor	Nurse	Allied Health		
a.	Blood test for fasting glucose and fasting lipids	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
b.	On-site Haemoglobin A1c (HbA1c) test	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
c.	Hepatitis A & B (Adult)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
d.	HIV screening	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
e.	Nephropathy assessment	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
f.	Pap smear taking	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
g.	Renal function – creatinine and/or eGFR	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
h.	Serum cholesterol level (LDL-C) test	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
i.	Urine dipstick test	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
j.	Urine protein – urine protein: creatinine ratio	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	

II. Clinical Assessment/ Physical Examination					
a.	Ankle Brachial Index	☐1	☐2 ☐3 ☐4	☐5	
b.	Asthma Control Test (ACT)	☐1	☐2 ☐3 ☐4	☐5	
c.	Clinical thromboembolism risk assessment	☐1	☐2 ☐3 ☐4	☐5	
d.	Diabetic retinal photography	☐1	☐2 ☐3 ☐4	☐5	
e.	Elderly functional assessment	☐1	☐2 ☐3 ☐4	☐5	
f.	Eye assessment	☐1	☐2 ☐3 ☐4	☐5	
g.	Foot assessment	☐1	☐2 ☐3 ☐4	☐5	
h.	Hearing test	☐1	☐2 ☐3 ☐4	☐5	
i.	Smoking cessation programme	☐1	☐2 ☐3 ☐4	☐5	
j.	Spirometry	☐1	☐2 ☐3 ☐4	☐5	
III. Assessment using the following scales:					
a.	Assessment of memory (MMSE or CMMSE testing or other validated instruments)	☐1	☐2 ☐3 ☐4	☐5	
b.	Clinical Global Impression (CGI) Scale	☐1	☐2 ☐3 ☐4	☐5	

c.	International Prostate Symptom Score (I-PSS)	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
d.	Schawb and England Activities of Daily Living Scale	☐ 1	☐ 2 ☐ 3	4 ☐ 5	
e.	Unified Parkinson's Disease Rating Scale (falls)	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
IV. Vaccination					
a.	Childhood vaccination	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
b.	Influenza vaccination	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
c.	Travel Vaccination	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
V. Education & Counselling					
a.	Education & Counselling to promote self-care	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
b.	Family Planning advice	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	

		No	**Yes, Within clinic** **(Where procedures involve more than 1 professional, please tick all that applies)**	**Yes, Outsourced** **[Please specify the institution(s)]**	
VI. Allied Health Services			Doctor Nurse Allied Health		
a.	Dietetic counselling services	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
b.	Occupational therapy services	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	

c.	Physiotherapy services	☐1	☐2 ☐3 ☐4	☐5	
d.	Podiatry services	☐1	☐2 ☐3 ☐4	☐5	
e.	Speech therapy services	☐1	☐2 ☐3 ☐4	☐5	
VII. Procedures					
a.	Ear syringing	☐1	☐2 ☐3 ☐4	☐5	
b.	Incision and drainage	☐1	☐2 ☐3 ☐4	☐5	
c.	Intralesional injection for trigger finger	☐1	☐2 ☐3 ☐4	☐5	
d.	IUCD insertion and removal	☐1	☐2 ☐3 ☐4	☐5	
e.	Nail avulsion / Wedge resection	☐1	☐2 ☐3 ☐4	☐5	
f.	Naso-gastric tube insertion	☐1	☐2 ☐3 ☐4	☐5	
g.	Relieve of subungal haematoma	☐1	☐2 ☐3 ☐4	☐5	
h.	Urinary catheterisation	☐1	☐2 ☐3 ☐4	☐5	
i.	Wound desloughing and removal of foreign body	☐1	☐2 ☐3 ☐4	☐5	
j.	Wound dressing	☐1	☐2 ☐3 ☐4	☐5	

VIII. Other procedure(s) and service(s), please specify:				
a.		[ ]2 [ ]3 [ ]4	[ ]5	
b.		[ ]2 [ ]3 [ ]4	[ ]5	
c.		[ ]2 [ ]3 [ ]4	[ ]5	
d.		[ ]2 [ ]3 [ ]4	[ ]5	
e.		[ ]2 [ ]3 [ ]4	[ ]5	
f.		[ ]2 [ ]3 [ ]4	[ ]5	
g.		[ ]2 [ ]3 [ ]4	[ ]5	
h.		[ ]2 [ ]3 [ ]4	[ ]5	
i.		[ ]2 [ ]3 [ ]4	[ ]5	
j.		[ ]2 [ ]3 [ ]4	[ ]5	

4. Please provide the following information for ALL doctors who perform clinical work in your clinic during the survey week.

(Exclude (a) doctors who are doing only administrative work (b) Specialists and (c) Dentists)

S/N of Doctor	**Doctor MCR no.** (Doctor MCR no. to correspond to Doctor MCR No. provided in Section C)	**Resident physician[*1], Locum doctor[*2] Or Resident/Trainee[*3] of Clinic** TICK ONE BOX			**Scheduled No. of Clinical Hours to work during the Survey Week (in hrs)**	**Actual No. of Clinical Hours worked on each day of the Survey Week (in hrs)**					
		Resident physician	Locum doctor	Resident/ Trainee		Mon 22 Sep	Tue 23 Sep	Wed 24 Sep	Thu 25 Sep	Fri 26 Sep	Sat 27 Sep
01.		1	2	3							
02.		1	2	3							
03.		1	2	3							
04.		1	2	3							
05.		1	2	3							
06.		1	2	3							
07.		1	2	3							
08.		1	2	3							
09.		1	2	3							
10.		1	2	3							

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[*1] Resident physicians refer to doctors who are permanently employed in your clinic, including those who work on fixed days in a week or on rotational basis to various clinics in the same group and MOPEX MOs.

[*2] Locum doctors refer to doctors who are on non-permanent employment, typically called in to supplement/ substitute/ stand in temporarily for the resident physicians.

[*3] Residents/Trainees refer to doctors on the residency programme or on training.

S/N of Doctor	Doctor MCR No. (Doctor MCR no. to correspond to Doctor MCR No. provided in Section C)	Resident physician[*1], Locum doctor[*2] Or Resident/Trainee[*3] of Clinic TICK ONE BOX			Scheduled No. of Clinical Hours to work during the Survey Week (in hrs)	Actual No. of Clinical Hours worked on each day of the Survey Week (in hrs)					
		Resident physician	Locum doctor	Resident/ Trainee		Mon 22 Sep	Tue 23 Sep	Wed 24 Sep	Thu 25 Sep	Fri 26 Sep	Sat 27 Sep
11.		1	2	3							
12.		1	2	3							
13.		1	2	3							
14.		1	2	3							
15.		1	2	3							
16.		1	2	3							
17.		1	2	3							
18.		1	2	3							
19.		1	2	3							
20.		1	2	3							
21.		1	2	3							
22.		1	2	3							
23.		1	2	3							
24.		1	2	3							
25.		1	2	3							

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S/N of Doctor	Doctor MCR No. (Doctor MCR no. to correspond to Doctor MCR No. provided in Section C)	Resident physician[*1], Locum doctor[*2] Or Resident/Trainee[*3] of Clinic TICK ONE BOX			Scheduled No. of Clinical Hours to work during the Survey Week (in hrs)	Actual No. of Clinical Hours worked on each day of the Survey Week (in hrs)					
		Resident physician	Locum doctor	Resident/ Trainee		Mon 22 Sep	Tue 23 Sep	Wed 24 Sep	Thu 25 Sep	Fri 26 Sep	Sat 27 Sep
26.		☐ 1	☐ 2	☐ 3							
27.		☐ 1	☐ 2	☐ 3							
28.		☐ 1	☐ 2	☐ 3							
29.		☐ 1	☐ 2	☐ 3							
30.		☐ 1	☐ 2	☐ 3							
31.		☐ 1	☐ 2	☐ 3							
32.		☐ 1	☐ 2	☐ 3							
33.		☐ 1	☐ 2	☐ 3							
34.		☐ 1	☐ 2	☐ 3							
35.		☐ 1	☐ 2	☐ 3							
36.		☐ 1	☐ 2	☐ 3							
37.		☐ 1	☐ 2	☐ 3							
38.		☐ 1	☐ 2	☐ 3							
39.		☐ 1	☐ 2	☐ 3							
40.		☐ 1	☐ 2	☐ 3							

5. Please provide the following information for **ALL Nurses** who perform clinical work in your clinic during the survey week.
(Exclude **Nurses** who are doing only administrative work outside of clinical setting.)

S/N of Nurse	Registered Nurse, Enrolled Nurse, Advanced Practice Nurse Or Registered Midwife TICK ALL THAT APPLIES				Scheduled No. of Hours to work during the Survey Week (in hrs)	Actual No. of Hours worked on each day of the Survey Week (in hrs)					
	Registered Nurse	Enrolled Nurse	Advanced Practice Nurse	Registered Midwife		Mon 22 Sep	Tue 23 Sep	Wed 24 Sep	Thu 25 Sep	Fri 26 Sep	Sat 27 Sep
01.	☐ 1	☐ 2	☐ 3	☐ 4							
02.	☐ 1	☐ 2	☐ 3	☐ 4							
03.	☐ 1	☐ 2	☐ 3	☐ 4							
04.	☐ 1	☐ 2	☐ 3	☐ 4							
05.	☐ 1	☐ 2	☐ 3	☐ 4							
06.	☐ 1	☐ 2	☐ 3	☐ 4							
07.	☐ 1	☐ 2	☐ 3	☐ 4							
08.	☐ 1	☐ 2	☐ 3	☐ 4							
09.	☐ 1	☐ 2	☐ 3	☐ 4							
10.	☐ 1	☐ 2	☐ 3	☐ 4							

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S/N of Nurse	Registered Nurse, Enrolled Nurse, Advanced Practice Nurse Or Registered Midwife TICK ALL THAT APPLIES				Scheduled No. of Hours to work during the Survey Week (in hrs)	Actual No. of Hours worked on each day of the Survey Week (in hrs)					
	Registered Nurse	Enrolled Nurse	Advanced Practice Nurse	Registered Midwife		Mon 22 Sep	Tue 23 Sep	Wed 24 Sep	Thu 25 Sep	Fri 26 Sep	Sat 27 Sep
11.	☐1	☐2	☐3	☐4							
12.	☐1	☐2	☐3	☐4							
13.	☐1	☐2	☐3	☐4							
14.	☐1	☐2	☐3	☐4							
15.	☐1	☐2	☐3	☐4							
16.	☐1	☐2	☐3	☐4							
17.	☐1	☐2	☐3	☐4							
18.	☐1	☐2	☐3	☐4							
19.	☐1	☐2	☐3	☐4							
20.	☐1	☐2	☐3	☐4							
21.	☐1	☐2	☐3	☐4							
22.	☐1	☐2	☐3	☐4							
23.	☐1	☐2	☐3	☐4							
24.	☐1	☐2	☐3	☐4							
25.	☐1	☐2	☐3	☐4							

6. Please provide the following information for **ALL Allied Health Professionals (AHPs)** who perform clinical work in your clinic during the survey week. (Exclude **AHPs** who are doing only administrative work outside of clinical setting.)

S/N of AHP	**Registered Allied Health Professionals** Please fill in the job title in the box below			**Scheduled No. of Hours to work during the Survey Week (in hrs)**	**Actual No. of Hours worked on each day of the Survey Week (in hrs)**					
	Occupational Therapy[*1] (or Ergomedicine or Ergotherapy)	Physiotherapy[*2]	Speech-Language Pathology[*3] (Speech Language Pathology)		Mon 22 Sep	Tue 23 Sep	Wed 24 Sep	Thu 25 Sep	Fri 26 Sep	Sat 27 Sep
01.										
02.										
03.										
04.										
05.										
06.										
07.										
08.										
09.										
10.										

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[*1] Occupational Therapist, Ergotherapist

[*2] Physiotherapist, Physical Therapist

[*3] Speech Language Therapist (or Speech-Language Therapist), Speech Language Pathologist (or Speech-Language Pathologist), Speech and Language Therapist (or Speech-and-Language Therapist), Speech and Language Pathologist (or Speech-and-Language Pathologist), Speech Therapist (or Speech-Therapist), Speech Pathologist (or Speech-Pathologist)

S/N of AHP	Registered Allied Health Professionals Please fill in the job title in the box below			Scheduled No. of Hours to work during the Survey Week (in hrs)	Actual No. of Hours worked on each day of the Survey Week (in hrs)					
	Occupational Therapy[*1] (or Ergomedicine or Ergotherapy)	Physiotherapy[*2]	Speech-Language Pathology[*3] (Speech Language Pathology)		Mon 22 Sep	Tue 23 Sep	Wed 24 Sep	Thu 25 Sep	Fri 26 Sep	Sat 27 Sep
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										
24.										
25.										

SECTION C: PATIENTS' PROFILE

1. For Section C, please provide the following information listed below for all patients who visit your clinic on EACH day of the survey week in softcopy Excel format. Please include patients seen by GPs, Nurses and Allied Health Professionals in your clinic but exclude patients seen by Specialists and Dentists. The explanations on the data items required and the codes to be used are provided below. For e.g. for Race, the codes to be used are: 1=Chinese, 2=Malay, 3=Indian, 4= Others, 8=Unknown.
2. Please provide the information in accordance to the sequence specified below.

Data Items Required	**Explanations/ Code To Use**
a. Date of Survey	Please provide the date in DDMMYYYY format e.g. 22092014
b. Name of Clinic	Please provide name of clinic e.g. ABC Clinic
c. Address of Clinic	Please provide address of clinic e.g. 123, ABC Road, #05-06
d. Postal Code of Clinic	Please provide postal code of clinic e.g. 654123
I. Patient Profile	
a. Queue No / Registration No	Please provide Queue No / Registration No. of patient (This number uniquely identifies the patient. Please do not provide patient's NRIC)
b. Year of Birth	This is a 4-digit field e.g. 1945, 2001
c. Sex	1=Male 2=Female 8=Unknown
d. Race	1=Chinese 2=Malay 3=Indian 4=Others 8=Unknown
e. Residential Status	1=Singapore Citizen/PR (i.e. patients with NRIC starting with S or T) 2=Foreigner Working/Living in Singapore (i.e. patients with FIN starting with F or G) 3=Others 8=Unknown
f. House Unit Number (#xx-___)	Pls fill in Unit No. if available. For any address without '#" (S'pore Landed property), pls fill in '0' For patients not living in S'pore, pls fill in '999999' and if address is unknown, pls fill in '888888'
g. Road Name	Pls specify only for those living in S'pore Landed Property
h. Postal Code	For patients living in S'pore HDB/Pte Apt/Condo, please fill in the 6-digit postal code. For those living in S'pore Landed Property, please fill in only the first 2 digits of the 6-digit postal code. For patients not living in Singapore, please fill in '999999' and if address is unknown, please fill in '888888'
II. Doctor Consult	
a. Doctor Serial No. or MCR no. (Please use same MCR no. as in Section B, Q4)	Please provide Doctor Code (This code uniquely identifies the doctor e.g. MCR No, System Generated Doctor Code)
b. Doctor Consultation Time Segment	1=Morning (6.00am to 12.00pm) 2=Afternoon (12.00pm to 6.00pm) 3=Evening (6.00pm to 12.00am) 4=Night (12.00am to 6.00am)
c. Doctor Diagnosis (Up to 5)	
Doctor Principal Diagnosis Code	Please provide Principal Diagnosis and Principal Diagnosis Code
Doctor Other Diagnosis 1 Code	Please provide Other Diagnosis 1 and Other Diagnosis 1 Code
Doctor Other Diagnosis 2 Code	Please provide Other Diagnosis 2 and Other Diagnosis 2 Code
Doctor Other Diagnosis 3 Code	Please provide Other Diagnosis 3 and Other Diagnosis 3 Code
Doctor Other Diagnosis 4 Code	Please provide Other Diagnosis 4 and Other Diagnosis 4 Code

Data Items Required	Explanations/ Code To Use
d. Medical Certificate (MC) issued? If yes, how many days?	1=Yes 2=No No. of days
III. Nurse Consult	
a. Nurse Serial No. (Please use same S/N no. as in Section B, Q5)	Please provide Nurse Code
b. Nurse Consultation Time Segment	1=Morning (6.00am to 12.00pm) 2=Afternoon (12.00pm to 6.00pm) 3=Evening (6.00pm to 12.00am) 4=Night (12.00am to 6.00am)
c. Nurse Procedures (Up to 4) Nurse Procedure 1 Nurse Procedure 2 Nurse Procedure 3 Nurse Procedure 4	 Please provide Procedure 1 Please provide Procedure 2 Please provide Procedure 3 Please provide Procedure 4
IV. AHP Consult	
a. AHP Serial No. (Please use same S/N no. as in Section B, Q6)	Please provide AHP Code
b. AHP Consultation Time Segment	1=Morning (6.00am to 12.00pm) 2=Afternoon (12.00pm to 6.00pm) 3=Evening (6.00pm to 12.00am) 4=Night (12.00am to 6.00am)
c. AHP Procedures (Up to 4) AHP Procedure 1 AHP Procedure 2 AHP Procedure 3 AHP Procedure 4	 Please provide Procedure 1 Please provide Procedure 2 Please provide Procedure 3 Please provide Procedure 4
V. Bill and Payment Information	
a. Mode of Payment 1. Government subsidy for Singapore Citizens and Permanent Residents[*1] 2. Civil Service Benefits[*2] 3. SAF Personnel[*3] 4. Baby Bonus CDA accounts[*4] 5. Medisave (Own)[*5] 6. Medisave (Family)[*6] 7. Cash out of Pocket[*7] (received by Polyclinic) 8. Others[*8] 9. Total Bill (Summation of Items 1 to 8)	 $ $ $ $ $ $ $ $ $ $
b. Bill Size Components [To fill in $ amount of components as shown in the patient's bill. The $ amount should (i) exclude GST; and (ii) before deduction of any form of payment, waiver of fees or subsidies] 1. Consultation Fees 2. Medication/ Drugs 3. Laboratory/ Diagnostic Tests 4. Procedures (To itemise the procedures if available from the bill) i. ii. iii. iv. 5. Others 6. Total Bill (Summation of Items 1 to 5)	 $ $ $ $ $ $ $ $ $ $

Footnotes:

[*1] Government subsidy for Singapore Citizens and Permanent Residents:	Includes subsidy for patients who hold the following cards: Blue or Orange Community Health Assist Scheme (CHAS) or Pioneer Generation card(s).
[*2] Civil Service Benefits:	Patients who are covered under their Civil Service employment, including retired civil servants (pensioners) and their dependants.
[*3] SAF Personnel:	Patients who are covered under SAF.
[*4] Baby Bonus CDA accounts:	Payment using Baby Bonus Child Development Account.
[*5] Medisave (Own):	Amount withdrawn from patient's Medisave to pay for approved treatment.
[*6] Medisave (Family):	Amount withdrawn from patient family member's Medisave to pay for approved treatment.
[*7] Cash out of Pocket:	All payment made in cash by patient. Include patients who are required to make cash co-payment after other forms of payments have been used (i.e. Baby Bonus CDA, Medisave, Civil Service Benefits, SAF personnel).
[*8] Others:	Include partial or full waivers for blood donors and patients on Public Assistance Scheme.

A-2: Questionnaire for Family Medicine Clinics

PRIMARY CARE SURVEY 2014
- Family Medicine Clinics -

For Office Use

Clinic ID :

CHAS: Yes / No

CDMP: Yes / No

SECTION A: INFORMATION ON CLINIC PRACTICE

1. What is the estimated shortest, longest and average consultation time for acute and chronic cases seen by your clinic doctors?

Consultation Time	Shortest mins per case	Longest mins per case	Average mins per case
a. Acute case *refer to cases with short onset such as upper respiratory tract infections, diarrhoeal diseases, sprains.*			
b. Chronic case *refer to conditions that requires long term follow-up and in general, regular medications and management of risk factors. Examples are hypertension, asthma and chronic obstructive lung disease, diabetes & cancers.*			

2. Is your clinic participating in the GP Partnership/ Shared Care Programme with Restructured Hospitals (e.g. Delivery on Target (DOT), Mental Health GP Partnership Programme, GP Empowerment Programme)?

☐ 1 Yes, please specify the name of the restructured hospital, and type of programme:

	Restructured Hospital	Type of Programme
a.		
b.		
c.		

☐ 2 No

3. Does your clinic provide the following medical services? If your clinic is not providing the service, please share the reason(s) why.

		Yes			No
		Payable	Pro-bono	Both	If No, why does your clinic not provide the service?
a.	Home medical services	☐ 1	☐ 2	☐ 3	
b.	Medical services for Nursing Homes	☐ 1	☐ 2	☐ 3	

4. Please indicate the number of hours that your clinic is operating in the morning, afternoon, evening and night for each day of a typical calendar week, and during public holidays (PH). If your clinic is not open for consultation for a particular time segment, please indicate '0' hours in that segment.

   Note: The maximum number of hours in each segment is 6 hours.

	Mon (in hrs)	**Tue** (in hrs)	**Wed** (in hrs)	**Thu** (in hrs)	**Fri** (in hrs)	**Sat** (in hrs)	**Sun** (in hrs)	**PH** (in hrs)
Morning (6.00am to 12.00pm)								
Afternoon (12.00pm to 6.00pm)								
Evening (6.00pm to 12.00am)								
Night (12.00am to 6.00am)								

5. Does your clinic provide the following services? If yes, please indicate with a tick whether it is conducted (a) within your clinic and by whom; and/or (b) outsourced. Please specify which institution(s) the service is outsourced to.

		No	**Yes, Within clinic** **(Where procedures involve more than 1 professional, please tick all that applies)**			**Yes, Outsourced** **[Please specify the institution(s)]**	
I. Diagnostic Test			Doctor	Nurse	Allied Health		
a.	Blood test for fasting glucose and fasting lipids	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
b.	On-site Haemoglobin A1c (HbA1c) test	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
c.	Hepatitis A & B (Adult)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
d.	HIV screening	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
e.	Nephropathy assessment	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
f.	Pap smear taking	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
g.	Renal function – creatinine and/or eGFR	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
h.	Serum cholesterol level (LDL-C) test	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
i.	Urine dipstick test	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
j.	Urine protein – urine protein: creatinine ratio	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	

II. Clinical Assessment/ Physical Examination					
a.	Ankle Brachial Index	☐1	☐2 ☐3 ☐4	☐5	
b.	Asthma Control Test (ACT)	☐1	☐2 ☐3 ☐4	☐5	
c.	Clinical thromboembolism risk assessment	☐1	☐2 ☐3 ☐4	☐5	
d.	Diabetic retinal photography	☐1	☐2 ☐3 ☐4	☐5	
e.	Elderly functional assessment	☐1	☐2 ☐3 ☐4	☐5	
f.	Eye assessment	☐1	☐2 ☐3 ☐4	☐5	
g.	Foot assessment	☐1	☐2 ☐3 ☐4	☐5	
h.	Hearing test	☐1	☐2 ☐3 ☐4	☐5	
i.	Smoking cessation programme	☐1	☐2 ☐3 ☐4	☐5	
j.	Spirometry	☐1	☐2 ☐3 ☐4	☐5	
III. Assessment using the following scales:					
a.	Assessment of memory (MMSE or CMMSE testing or other validated instruments)	☐1	☐2 ☐3 ☐4	☐5	
b.	Clinical Global Impression (CGI) Scale	☐1	☐2 ☐3 ☐4	☐5	
c.	International Prostate Symptom Score (I-PSS)	☐1	☐2 ☐3 ☐4	☐5	
d.	Schawb and England Activities of Daily Living Scale	☐1	☐2 ☐3 ☐4	☐5	

e.	Unified Parkinson's Disease Rating Scale (falls)	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
IV. Vaccination					
a.	Childhood vaccination	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
b.	Influenza vaccination	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
c.	Travel Vaccination	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
V. Education & Counselling					
a.	Education & Counselling to promote self-care	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
b.	Family Planning advice	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	

		No	**Yes, Within clinic** **(Where procedures involve more than 1 professional, please tick all that applies)**	**Yes, Outsourced** **[Please specify the institution(s)]**	
VI. Allied Health Services			Doctor Nurse Allied Health		
a.	Dietetic counselling services	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
b.	Occupational therapy services	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
c.	Physiotherapy services	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
d.	Podiatry services	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
e.	Speech therapy services	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	

VII. Procedures					
a.	Ear syringing	☐1	☐2 ☐3 ☐4	☐5	
b.	Incision and drainage	☐1	☐2 ☐3 ☐4	☐5	
c.	Intralesional injection for trigger finger	☐1	☐2 ☐3 ☐4	☐5	
d.	IUCD insertion and removal	☐1	☐2 ☐3 ☐4	☐5	
e.	Nail avulsion / Wedge resection	☐1	☐2 ☐3 ☐4	☐5	
f.	Naso-gastric tube insertion	☐1	☐2 ☐3 ☐4	☐5	
g.	Relieve of subungal haematoma	☐1	☐2 ☐3 ☐4	☐5	
h.	Urinary catheterisation	☐1	☐2 ☐3 ☐4	☐5	
i.	Wound desloughing and removal of foreign body	☐1	☐2 ☐3 ☐4	☐5	
j.	Wound dressing	☐1	☐2 ☐3 ☐4	☐5	
VIII. Other procedure(s) and service(s), please specify:					
a.			☐2 ☐3 ☐4	☐5	
b.			☐2 ☐3 ☐4	☐5	
c.			☐2 ☐3 ☐4	☐5	
d.			☐2 ☐3 ☐4	☐5	

e.		☐2 ☐3 ☐4	☐5	
f.		☐2 ☐3 ☐4	☐5	
g.		☐2 ☐3 ☐4	☐5	
h.		☐2 ☐3 ☐4	☐5	
i.		☐2 ☐3 ☐4	☐5	
j.		☐2 ☐3 ☐4	☐5	

SECTION B: INFORMATION ON GENERAL PRACTITIONERS, NURSES AND ALLIED HEALTH PROFESSIONALS

6. Please provide the following information for **ALL GPs** who perform clinical work in your clinic during the survey week.
(Exclude (a) **GPs** who are doing only administrative work (b) Specialists and (c) Dentists)

S/N of Doctor	**Doctor MCR no.** (Doctor MCR no. to correspond to Doctor MCR no. provided in Section C)	**Resident doctor[*1], Locum doctor[*2] Or Resident/Trainee[*3] of Clinic** TICK ONE BOX			**Scheduled No. of Clinical Hours to work during the Survey Week (in hrs)**	**Actual No. of Clinical Hours worked on each day of the Survey Week (in hrs)**						
		Resident doctor	Locum doctor	Resident /Trainee		Mon 22 Sep	Tue 23 Sep	Wed 24 Sep	Thu 25 Sep	Fri 26 Sep	Sat 27 Sep	Sun 28 Sep
01.		☐ 1	☐ 2	☐ 3								
02.		☐ 1	☐ 2	☐ 3								
03.		☐ 1	☐ 2	☐ 3								
04.		☐ 1	☐ 2	☐ 3								
05.		☐ 1	☐ 2	☐ 3								
06.		☐ 1	☐ 2	☐ 3								
07.		☐ 1	☐ 2	☐ 3								
08.		☐ 1	☐ 2	☐ 3								
09.		☐ 1	☐ 2	☐ 3								
10.		☐ 1	☐ 2	☐ 3								

7. Please provide the following information for **ALL Nurses** who perform clinical work in your clinic during the survey week.
(Exclude **Nurses** who are doing only administrative work outside of clinical setting.)

S/N of Nurse	Registered Nurse, Enrolled Nurse, Advanced Practice Nurse Or Registered Midwife TICK ALL THAT APPLIES				Scheduled No. of Hours to work on Survey Day (in hrs)	Actual No. of Hours worked on each day of the Survey Week (in hrs)						
	Registered Nurse	Enrolled Nurse	Advanced Practice Nurse	Registered Midwife		Mon 22 Sep	Tue 23 Sep	Wed 24 Sep	Thu 25 Sep	Fri 26 Sep	Sat 27 Sep	Sun 28 Sep
01.	☐ 1	☐ 2	☐ 3	☐ 4								
02.	☐ 1	☐ 2	☐ 3	☐ 4								
03.	☐ 1	☐ 2	☐ 3	☐ 4								
04.	☐ 1	☐ 2	☐ 3	☐ 4								
05.	☐ 1	☐ 2	☐ 3	☐ 4								
06.	☐ 1	☐ 2	☐ 3	☐ 4								
07.	☐ 1	☐ 2	☐ 3	☐ 4								
08.	☐ 1	☐ 2	☐ 3	☐ 4								
09.	☐ 1	☐ 2	☐ 3	☐ 4								

*1 Resident doctors refer to doctors who are permanently employed in your clinic, including those who work on fixed days in a week or on rotational basis to various clinics.

*2 Locum doctors refer to doctors who are on non-permanent employment, typically called in to supplement/ substitute/ stand in temporarily for the resident doctors.

*3 Residents/Trainees refer to doctors on the residency programme or on training.

8. Please provide the following information for **ALL Allied Health Professionals (AHPs)** who perform clinical work in your clinic during the survey week. (Exclude **AHPs** who are doing only administrative work outside of clinical setting.)

S/N of AHP	**Registered Allied Health Professionals** Please fill in the job title in the box below			**Scheduled No. of Hours to work during the Survey Week (in hrs)**	**Actual No. of Hours worked on each day of the Survey Week (in hrs)**						
	Occupational Therapy[*1] (or Ergomedicine or Ergotherapy)	Physiotherapy[*2]	Speech-Language Pathology[*3] (Speech Language Pathology)		Mon 22 Sep	Tue 23 Sep	Wed 24 Sep	Thu 25 Sep	Fri 26 Sep	Sat 27 Sep	Sun 28 Sep
01.											
02.											
03.											
04.											
05.											
06.											
07.											
08.											
09.											
10.											

[*1] Occupational Therapist, Ergotherapist

[*2] Physiotherapist, Physical Therapist

[*3] Speech Language Therapist (or Speech-Language Therapist), Speech Language Pathologist (or Speech-Language Pathologist), Speech and Language Therapist (or Speech-and-Language Therapist), Speech and Language Pathologist (or Speech-and-Language Pathologist), Speech Therapist (or Speech-Therapist), Speech Pathologist (or Speech-Pathologist)

For Office Use: ☐☐☐☐☐☐☐

SECTION C : PATIENT'S PROFILE (To be completed on EACH day of the Survey Week)

SURVEY DAY: D D M M 1 4 **Total number of patient seen** ☐☐☐☐

Please provide the required information for each patient by writing in the space provided or by ticking ☑ the appropriate box(es).

I. Patient Profile				
a. **Queue No /Registration No**	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐
b. **Year of Birth** (e.g. 1945, 2001)	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
c. **Sex:** 1. Male	☐1	☐1	☐1	☐1
2. Female	☐2	☐2	☐2	☐2
d. **Race:** 1. Chinese	☐1	☐1	☐1	☐1
2. Malay	☐2	☐2	☐2	☐2
3. Indian	☐3	☐3	☐3	☐3
4. Others	☐4	☐4	☐4	☐4
e. **Residential Status:** 1. S'pore Citizen/PR (Pink IC/Blue IC)	☐1	☐1	☐1	☐1
2. Foreigner Working/Living in S'pore (FIN)	☐2	☐2	☐2	☐2
3. Others	☐3	☐3	☐3	☐3
f. **House Unit No.** Pls fill in Unit No. if available. For any address without '#' (S'pore Landed property), pls fill in '0' For patients not living in S'pore, pls fill in '999999' and if address is unknown, pls fill in '888888'	#xx- _____	#xx- _____	#xx- _____	#xx- _____
g. **Road Name** (Pls specify only for those living in S'pore Landed Property)				
h. **Postal Code** For patients living in S'pore HDB/Pte Apt/Condo, pls fill in the 6-digit postal code. For those living in S'pore Landed Property, pls fill in only the first 2 digits of the 6-digit postal code. For patients not living in S'pore, pls fill in '999999' and if address is unknown, pls fill in '888888'	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐
II. Doctor Consult				
a. **Doctor Serial No. or MCR no.** (Please use same S/N or MCR no. as in Section B, Q6)	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐
b. **Consultation Time Segment**	SELECT ONE OPTION	SELECT ONE OPTION	SELECT ONE OPTION	SELECT ONE OPTION
1. Morning (6.00am to 12.00pm)	☐1	☐1	☐1	☐1
2. Afternoon (12.00pm to 6.00pm)	☐2	☐2	☐2	☐2
3. Evening (6.00pm to 12.00am)	☐3	☐3	☐3	☐3
4. Night (12.00am to 6.00am)	☐4	☐4	☐4	☐4
c. **Diagnosis** (Up to 5) **Principal Diagnosis** (PLS INDICATE ONE ONLY) (Main reason for clinic visit)				
Other Diagnosis 1 (PLS INDICATE ONE ONLY)				
Other Diagnosis 2 (PLS INDICATE ONE ONLY)				
Other Diagnosis 3 (PLS INDICATE ONE ONLY)				
Other Diagnosis 4 (PLS INDICATE ONE ONLY)				
d. **Medical Certificate (MC) issued?** If yes, indicate how many days. 1. Yes	☐1 ___ days	☐1 ___ days	☐1 ___ days	☐1 ___ days
2. No	☐2	☐2	☐2	☐2
III. Nurse Consult				
a. **Nurse Serial No.** (Please use same S/N as in Section B, Q7)	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐
b. **Consultation Time Segment**	SELECT ONE OPTION	SELECT ONE OPTION	SELECT ONE OPTION	SELECT ONE OPTION
1. Morning (6.00am to 12.00pm)	☐1	☐1	☐1	☐1
2. Afternoon (12.00pm to 6.00pm)	☐2	☐2	☐2	☐2
3. Evening (6.00pm to 12.00am)	☐3	☐3	☐3	☐3
4. Night (12.00am to 6.00am)	☐4	☐4	☐4	☐4
c. **Procedure 1** (PLS INDICATE ONE ONLY)				
Procedure 2 (PLS INDICATE ONE ONLY)				
Procedure 3 (PLS INDICATE ONE ONLY)				
Procedure 4 (PLS INDICATE ONE ONLY)				

IV. AHP Consult				
a. **AHP Serial No.** (Please use same S/N as in Section B, Q8)				
b. **Consultation Time Segment**	SELECT ONE OPTION	SELECT ONE OPTION	SELECT ONE OPTION	SELECT ONE OPTION
1. Morning (6.00am to 12.00pm)	☐1	☐1	☐1	☐1
2. Afternoon (12.00pm to 6.00pm)	☐2	☐2	☐2	☐2
3. Evening (6.00pm to 12.00am)	☐3	☐3	☐3	☐3
4. Night (12.00am to 6.00am)	☐4	☐4	☐4	☐4
c. **Procedure 1** (PLS INDICATE ONE ONLY)				
Procedure 2 (PLS INDICATE ONE ONLY)				
Procedure 3 (PLS INDICATE ONE ONLY)				
Procedure 4 (PLS INDICATE ONE ONLY)				
V. Bill and Payment Information				
a. **Mode of Payment**	TICK ALL THAT APPLY	TICK ALL THAT APPLY	TICK ALL THAT APPLY	TICK ALL THAT APPLY
1. CHAS Subsidy*1	☐1	☐1	☐1	☐1
2. Insurance Company*2	☐2	☐2	☐2	☐2
3. Company Contract*3	☐3	☐3	☐3	☐3
4. MBS@Gov*4	☐4	☐4	☐4	☐4
5. Baby Bonus CDA*5	☐5	☐5	☐5	☐5
6. Medisave (Own)*6	☐6	☐6	☐6	☐6
7. Medisave (Family)*7	☐7	☐7	☐7	☐7
8. Cash out of Pocket*8	☐8	☐8	☐8	☐8
b. **Bill Size Components** [To fill in $ amount of components as shown in the patient's bill. The $ amount should (i) exclude GST; and (ii) before deduction of any form of payment, waiver of fees or subsidies]	AMOUNT	AMOUNT	AMOUNT	AMOUNT
1. Consultation Fees	$	$	$	$
2. Medication/ Drugs	$	$	$	$
3. Laboratory/ Diagnostic Tests	$	$	$	$
4. Procedures (To itemise the procedures if available from the bill)	$	$	$	$
(i).	$	$	$	$
(ii).	$	$	$	$
(iii).	$	$	$	$
(iv).	$	$	$	$
5. Others	$	$	$	$
c. **Total Bill** [The $ amount should (i) Include GST but (ii) before deduction of any form of payment, waiver of fees or subsidies]	$	$	$	$
d. **Cash out of Pocket***8 (received by clinic)	$	$	$	$

Footnotes:

*1 CHAS Subsidy: Subsidy for patients who hold the following cards: Blue or Orange Community Health Assist Scheme (CHAS), Pioneer Generation or Public Assistance card(s).

*2 Insurance Company: Include personal or employer insurance, actual payment made by insurance company.

*3 Company Contract: Amount paid directly by patient's company. Does not include patients who enjoy corporate rates but are required to pay upfront and seek reimbursement on their own.

*4 MBS@Gov: Amount received from PSD. Does not include cash co-payment made by patients.

*5 Baby Bonus CDA: Payment using Baby Bonus Child Development Account.

*6 Medisave (Own): Amount withdrawn from patient's Medisave to pay for approved treatment.

*7 Medisave (Family): Amount withdrawn from patient family member's Medisave to pay for approved treatment.

*8 Cash out of Pocket: All payment made in cash by patient. Include patients who are required to pay upfront and seek reimbursement on their own from insurance company/ employer, and those required to make cash co-payment after other forms of payments have been deducted / subsidies have been applied (i.e. CHAS subsidy, insurance company and company contract payment, MBS@Gov, Baby Bonus CDA, Medisave).

A-3: Questionnaire for Private GP Clinics (Non-Medical Group)

PRIMARY CARE SURVEY 2014
- Private GP Clinics -

For Office Use:

Clinic ID : | | | | | | | |

CHAS: Yes / No

CDMP: Yes / No

SECTION A: INFORMATION ON GROUP PRACTICE

1. Do you consider your clinic as a group practice?

   ☐ 1 Yes - **GO TO Q2**

   ☐ 2 No - **GO TO Q4**

2. Altogether, how many clinics are there in your group, including your own clinic?

   | | | clinics

3. Altogether, how many Doctors, Nurses and Allied Health Professionals (AHPS) are there in your group, including your own clinic?
   (Exclude (a) GPs who are Specialists (b) Dentists; and (c) GPs, Nurses and AHPs who are doing only administrative work.)

   | | | Doctors | | | Nurses | | | AHPs

SECTION B: INFORMATION ON CLINIC PRACTICE

4. What is the estimated shortest, longest and average consultation time for acute and chronic cases seen by your clinic doctors?

Consultation Time	Shortest mins per case	Longest mins per case	Average mins per case
a. Acute case *refer to cases with short onset such as upper respiratory tract infections, diarrhoeal diseases, sprains.*			
b. Chronic case *refer to conditions that requires long term follow-up and in general, regular medications and management of risk factors. Examples are hypertension, asthma and chronic obstructive lung disease, diabetes & cancers.*			

5. Is your clinic participating in the GP Partnership/ Shared Care Programme with Restructured Hospitals (e.g. Delivery on Target (DOT), Mental Health GP Partnership Programme, GP Empowerment Programme)?

   ☐ 1 Yes, please specify the name of the restructured hospital, and type of programme:

	Restructured Hospital	Type of Programme
a.		
b.		
c.		

   ☐ 2 No

6. What is the type of patient medical records used by your clinic? (TICK ALL THAT APPLY)

   ☐ 1 Paper Cards

   ☐ 2 Electronic Medical Records using Clinic Management System (CMS) from Clinic Assist

   ☐ 3 Electronic Medical Records using Clinic Management System (CMS) from Medi2000

   ☐ 4 Electronic Medical Records using Clinic Management System (CMS) from Gloco

   ☐ 5 Electronic Medical Records using Other Commercial IT system
   (Please specify: _____)

   ☐ 6 Electronic Medical Records using Freeware/ Shareware/ GP Self-developed Software

   ☐ 7 Others (Please specify: _____)

7. We would like to obtain feedback from your clinic regarding the use of Electronic Medical Records and IT (Information Technology) within your clinic. May we seek your consent to provide us with a contact person from your clinic for participation in such feedback sessions?
   The particulars of your clinic and the contact person will be provided to MOH Holdings (MOHH) for follow-up.

   ☐ 1 Yes, my clinic would be willing to participate in the feedback sessions (Please specify name and telephone of contact person: _____)

   ☐ 2 No, my clinic would not be willing to participate in the feedback sessions

8. Please indicate the average amount of IT expenditure spent by your clinic during the past 3 years.
   (PLEASE INDICATE $0 IF NIL)

	Average Amount of IT Expenditure
a. During the past 3 years, how much did your clinic spend on purchasing new computers and printers on average per year?	$ _____ per year
b. During the past 3 years, how much did your clinic spend on purchasing new software on average per year?	$ _____ per year
c. During the past 3 years, how much did your clinic spend on IT software subscriptions and IT-related consumables on average per month?	$ _____ per month

9. Please indicate the name and address of the primary provider that your clinic uses for laboratory services.

Name:		
Address:		Postal Code:

10. Please indicate the name and address of the primary provider that your clinic uses for radiological services.

Name:		
Address:		Postal Code:

11. Does your clinic provide the following medical services? If yes, please indicate whether payable or pro-bono or both. If no, please share the reason(s) why.

		Yes			No
		Payable	Pro-bono	Both	If No, why does your clinic not provide the service?
a.	Home medical services	☐ 1	☐ 2	☐ 3	
b.	Medical services for Nursing Homes	☐ 1	☐ 2	☐ 3	

12. Does your clinic offer the following aesthetic treatments and procedures? (TICK ALL THAT APPLY)
(Please exclude those offered by Specialists/ Dentists in your clinic)

IF YOUR CLINIC DOES NOT OFFER ANY OF THE FOLLOWING LISTED, PLEASE TICK THE LAST OPTION "None of the above".

☐ 1 Botulinum toxin injection

☐ 2 Carboxytherapy

☐ 3 Chemical or pressurized gas/ liquid peels

☐ 4 Dermabrasion (mechanical)

☐ 5 External Lipolysis (heat/ ultrasound)

☐ 6 Filler injection

☐ 7 Free fat grafting

☐ 8 Hair transplantation

☐ 9 Intense pulsed light

☐ 10 Lasers (Ablative e.g. CO2/ YAG) for skin resurfacing

☐ 11 Lasers (Non-ablative) for hair removal

☐ 12 Lasers (vascular lesions, skin pigmentation and skin rejuvenation)

☐ 13 Liposuction

☐ 14 Mechanised massage (e.g. "slidestyler", "endermologie" for cellulite treatment)

☐ 15 Mesotherapy

☐ 16 Microdermabrasion

☐ 17 Microneedling dermaroller

☐ 18 Negative pressure procedures (e.g. Vacustyler)

☐ 19 Photodynamic/ Photopneumatic therapy

☐ 20 Radiofrequency, Infrared and other devices (e.g. for skin tightening procedures)

☐ 21 Sclerotherapy

☐ 22 Skin whitening injections

☐ 23 Stem cell treatment (topical/ injections)

☐ 24 Thread lifts

☐ 25 None of the above

13. In the past one month, what percentage of your clinic's patient visits is for the aesthetic treatments and procedures listed in Q12? (PLEASE INDICATE 0% IF NIL)

☐☐☐ %

14. Please indicate the number of hours that your clinic is operating in the morning, afternoon, evening and night for each day of a typical calendar week, and during public holidays (PH). If your clinic is not open for consultation for a particular time segment, please indicate '0' hours in that segment.

Note: The maximum number of hours in each segment is 6 hours.

	Mon (in hrs)	**Tue** (in hrs)	**Wed** (in hrs)	**Thu** (in hrs)	**Fri** (in hrs)	**Sat** (in hrs)	**Sun** (in hrs)	**PH** (in hrs)
Morning (6.00am to 12.00pm)								
Afternoon (12.00pm to 6.00pm)								
Evening (6.00pm to 12.00am)								
Night (12.00am to 6.00am)								

15. Does your clinic provide the following services? If yes, please indicate with a tick whether it is conducted (a) within your clinic and by whom; and/or (b) outsourced. Please specify which institution(s) the service is outsourced to.

		No	**Yes, Within clinic** **(Where procedures involve more than 1 professional, please tick all that applies)**			**Yes, Outsourced** **[Please specify the institution(s)]**	
I. Diagnostic Test			Doctor	Nurse	Allied Health		
a.	Blood test for fasting glucose and fasting lipids	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
b.	On-site Haemoglobin A1c (HbA1c) test	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
c.	Hepatitis A & B (Adult)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
d.	HIV screening	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
e.	Nephropathy assessment	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
f.	Pap smear taking	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
g.	Renal function – creatinine and/or eGFR	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
h.	Serum cholesterol level (LDL-C) test	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
i.	Urine dipstick test	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	

j.	Urine protein – urine protein: creatinine ratio	☐1	☐2 ☐3 ☐4	☐5	
II. Clinical Assessment/ Physical Examination					
a.	Ankle Brachial Index	☐1	☐2 ☐3 ☐4	☐5	
b.	Asthma Control Test (ACT)	☐1	☐2 ☐3 ☐4	☐5	
c.	Clinical thromboembolism risk assessment	☐1	☐2 ☐3 ☐4	☐5	
d.	Diabetic retinal photography	☐1	☐2 ☐3 ☐4	☐5	
e.	Elderly functional assessment	☐1	☐2 ☐3 ☐4	☐5	
f.	Eye assessment	☐1	☐2 ☐3 ☐4	☐5	
g.	Foot assessment	☐1	☐2 ☐3 ☐4	☐5	
h.	Hearing test	☐1	☐2 ☐3 ☐4	☐5	
i.	Smoking cessation programme	☐1	☐2 ☐3 ☐4	☐5	
j.	Spirometry	☐1	☐2 ☐3 ☐4	☐5	
III. Assessment using the following scales:					
a.	Assessment of memory (MMSE or CMMSE testing or other validated instruments)	☐1	☐2 ☐3 ☐4	☐5	
b.	Clinical Global Impression (CGI) Scale	☐1	☐2 ☐3 ☐4	☐5	
c.	International Prostate Symptom Score (I-PSS)	☐1	☐2 ☐3 ☐4	☐5	

d.	Schawb and England Activities of Daily Living Scale	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
e.	Unified Parkinson's Disease Rating Scale (falls)	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
IV. Vaccination					
a.	Childhood vaccination	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
b.	Influenza vaccination	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
c.	Travel Vaccination	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
V. Education & Counselling					
a.	Education & Counselling to promote self-care	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
b.	Family Planning advice	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	

		No	**Yes, Within clinic** **(Where procedures involve more than 1 professional, please tick all that applies)**	**Yes, Outsourced** **[Please specify the institution(s)]**	
VI. Allied Health Services			Doctor Nurse Allied Health		
a.	Dietetic counselling services	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
b.	Occupational therapy services	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
c.	Physiotherapy services	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
d.	Podiatry services	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	

e.	Speech therapy services	☐1	☐2 ☐3 ☐4	☐5	
VII. Procedures					
a.	Ear syringing	☐1	☐2 ☐3 ☐4	☐5	
b.	Incision and drainage	☐1	☐2 ☐3 ☐4	☐5	
c.	Intralesional injection for trigger finger	☐1	☐2 ☐3 ☐4	☐5	
d.	IUCD insertion and removal	☐1	☐2 ☐3 ☐4	☐5	
e.	Nail avulsion / Wedge resection	☐1	☐2 ☐3 ☐4	☐5	
f.	Naso-gastric tube insertion	☐1	☐2 ☐3 ☐4	☐5	
g.	Relieve of subungal haematoma	☐1	☐2 ☐3 ☐4	☐5	
h.	Urinary catheterisation	☐1	☐2 ☐3 ☐4	☐5	
i.	Wound desloughing and removal of foreign body	☐1	☐2 ☐3 ☐4	☐5	
j.	Wound dressing	☐1	☐2 ☐3 ☐4	☐5	
VIII. Other procedure(s) and service(s), please specify:					
a.			☐2 ☐3 ☐4	☐5	
b.			☐2 ☐3 ☐4	☐5	
c.			☐2 ☐3 ☐4	☐5	

d.		☐ 2 ☐ 3 ☐ 4	☐ 5	
e.		☐ 2 ☐ 3 ☐ 4	☐ 5	
f.		☐ 2 ☐ 3 ☐ 4	☐ 5	
g.		☐ 2 ☐ 3 ☐ 4	☐ 5	
h.		☐ 2 ☐ 3 ☐ 4	☐ 5	
i.		☐ 2 ☐ 3 ☐ 4	☐ 5	
j.		☐ 2 ☐ 3 ☐ 4	☐ 5	

16. Please provide the following information for **ALL GPs** who perform clinical work in your clinic on the survey day. (Exclude (a) **GPs** who are doing only administrative work (b) Specialists and (c) Dentists)

S/N of Doctor	**Doctor MCR no.** (Doctor MCR no. to correspond to Doctor MCR no. provided in Section C)	**Resident doctor[*1] Or Locum doctor[*2] of Clinic** TICK ONE BOX		**Scheduled No. of Clinical Hours to work on Survey Day** (in hrs)	**Actual No. of Clinical Hours worked on Survey Day** (in hrs)
		Resident Doctor	Locum Doctor		
01.		1	2		
02.		1	2		
03.		1	2		
04.		1	2		
05.		1	2		
06.		1	2		
07.		1	2		
08.		1	2		
09.		1	2		
10.		1	2		
11.		1	2		
12.		1	2		
13.		1	2		
14.		1	2		
15.		1	2		

[*1] Resident doctors refer to doctors who are permanently employed in your clinic, including those who work on fixed days in a week or on rotational basis to other clinics.

[*2] Locum doctors refer to doctors who are on non-permanent employment, typically called in to supplement/ substitute/ stand in temporarily for the resident doctors.

17. Please provide the following information for **ALL Nurses** who perform clinical work in your clinic on the survey day. (Exclude **Nurses** who are doing only administrative work outside of clinical setting.)

S/N of Nurse (To be used in Section C)	**Registered Nurse, Enrolled Nurse, Advanced Practice Nurse Or Registered Midwife** TICK ALL THAT APPLIES				**Scheduled No. of Hours to work on Survey Day** (in hrs)	**Actual No. of Hours worked on Survey Day** (in hrs)
	Registered Nurse	Enrolled Nurse	Advanced Practice Nurse	Registered Midwife		
01.	☐ 1	☐ 2	☐ 3	☐ 4		
02.	☐ 1	☐ 2	☐ 3	☐ 4		
03.	☐ 1	☐ 2	☐ 3	☐ 4		
04.	☐ 1	☐ 2	☐ 3	☐ 4		
05.	☐ 1	☐ 2	☐ 3	☐ 4		
06.	☐ 1	☐ 2	☐ 3	☐ 4		
07.	☐ 1	☐ 2	☐ 3	☐ 4		
08.	☐ 1	☐ 2	☐ 3	☐ 4		
09.	☐ 1	☐ 2	☐ 3	☐ 4		
10.	☐ 1	☐ 2	☐ 3	☐ 4		
11.	☐ 1	☐ 2	☐ 3	☐ 4		
12.	☐ 1	☐ 2	☐ 3	☐ 4		
13.	☐ 1	☐ 2	☐ 3	☐ 4		
14.	☐ 1	☐ 2	☐ 3	☐ 4		
15.	☐ 1	☐ 2	☐ 3	☐ 4		

18. Please provide the following information for **ALL Allied Health Professionals (AHPs)** who perform clinical work in your clinic on the survey day. (Exclude **AHPs** who are doing only administrative work outside of clinical setting.)

S/N of Allied Health Professional (To be used in Section C)	**Registered Allied Health Professionals** Please fill in the job title in the box below			**Scheduled No. of Hours to work on Survey Day** (in hrs)	**Actual No. of Hours worked on Survey Day** (in hrs)
	Occupational Therapy[*1] (or Ergomedicine or Ergotherapy)	Physiotherapy[*2]	Speech-Language Pathology[*3] (Speech Language Pathology)		
01.					
02.					
03.					
04.					
05.					
06.					
07.					
08.					
09.					
10.					

[*1] Occupational Therapist, Ergotherapist

[*2] Physiotherapist, Physical Therapist

[*3] Speech Language Therapist (or Speech-Language Therapist), Speech Language Pathologist (or Speech-Language Pathologist), Speech and Language Therapist (or Speech-and-Language Therapist), Speech and Language Pathologist (or Speech-and-Language Pathologist), Speech Therapist (or Speech-Therapist), Speech Pathologist (or Speech-Pathologist)

For Office Use: | | | | | | | |

SECTION C : PATIENT'S PROFILE (To be completed on Survey Day)

SURVEY DAY: D D M M 1 4 **Total number of patient seen** | | | | |

Please provide the required information for each patient by writing in the space provided or by ticking ☑ the appropriate box(es).

I. Patient Profile				
a. **Queue No /Registration No**				
b. **Year of Birth** (e.g. 1945, 2001)				
c. **Sex:** 1. Male	☐1	☐1	☐1	☐1
2. Female	☐2	☐2	☐2	☐2
d. **Race:** 1. Chinese	☐1	☐1	☐1	☐1
2. Malay	☐2	☐2	☐2	☐2
3. Indian	☐3	☐3	☐3	☐3
4. Others	☐4	☐4	☐4	☐4
e. **Residential Status:** 1. S'pore Citizen/PR (Pink IC/Blue IC)	☐1	☐1	☐1	☐1
2. Foreigner Working/Living in S'pore (FIN)	☐2	☐2	☐2	☐2
3. Others	☐3	☐3	☐3	☐3
f. **House Unit No.** Pls fill in Unit No. if available. For any address without '#" (S'pore Landed property), pls fill in '0' For patients not living in S'pore, pls fill in '999999' and if address is unknown, pls fill in '888888'	#xx- _____	#xx- _____	#xx- _____	#xx- _____
g. **Road Name** (Pls specify only for those living in S'pore Landed Property)				
h. **Postal Code** For patients living in S'pore HDB/Pte Apt/Condo, pls fill in the 6-digit postal code. For those living in S'pore Landed Property, pls fill in only the first 2 digits of the 6-digit postal code. For patients not living in S'pore, pls fill in '999999' and if address is unknown, pls fill in '888888'				
II. Doctor Consult				
a. **Doctor Serial No. or MCR no.** (Please use same S/N or MCR no. as in Section B, Q16)				
b. **Consultation Time Segment**	SELECT ONE OPTION	SELECT ONE OPTION	SELECT ONE OPTION	SELECT ONE OPTION
1. Morning (6.00am to 12.00pm)	☐1	☐1	☐1	☐1
2. Afternoon (12.00pm to 6.00pm)	☐2	☐2	☐2	☐2
3. Evening (6.00pm to 12.00am)	☐3	☐3	☐3	☐3
4. Night (12.00am to 6.00am)	☐4	☐4	☐4	☐4
c. **Diagnosis** (Up to 5) **Principal Diagnosis** (PLS INDICATE ONE ONLY) (Main reason for clinic visit)				
Other Diagnosis 1 (PLS INDICATE ONE ONLY)				
Other Diagnosis 2 (PLS INDICATE ONE ONLY)				
Other Diagnosis 3 (PLS INDICATE ONE ONLY)				
Other Diagnosis 4 (PLS INDICATE ONE ONLY)				
d. **Medical Certificate (MC) issued?** If yes, indicate how many days. 1. Yes	☐1 ___ days	☐1 ___ days	☐1 ___ days	☐1 ___ days
2. No	☐2	☐2	☐2	☐2
III. Nurse Consult				
a. **Nurse Serial No.** (Please use same S/N as in Section B, Q17)				
b. **Consultation Time Segment**	SELECT ONE OPTION	SELECT ONE OPTION	SELECT ONE OPTION	SELECT ONE OPTION
1. Morning (6.00am to 12.00pm)	☐1	☐1	☐1	☐1
2. Afternoon (12.00pm to 6.00pm)	☐2	☐2	☐2	☐2
3. Evening (6.00pm to 12.00am)	☐3	☐3	☐3	☐3
4. Night (12.00am to 6.00am)	☐4	☐4	☐4	☐4

c. **Procedure 1** (PLS INDICATE ONE ONLY)				
Procedure 2 (PLS INDICATE ONE ONLY)				
Procedure 3 (PLS INDICATE ONE ONLY)				
Procedure 4 (PLS INDICATE ONE ONLY)				

IV. AHP Consult				
a. **AHP Serial No.** (Please use same S/N as in Section B, Q18)				
b. **Consultation Time Segment**	SELECT ONE OPTION	SELECT ONE OPTION	SELECT ONE OPTION	SELECT ONE OPTION
1. Morning (6.00am to 12.00pm)	☐1	☐1	☐1	☐1
2. Afternoon (12.00pm to 6.00pm)	☐2	☐2	☐2	☐2
3. Evening (6.00pm to 12.00am)	☐3	☐3	☐3	☐3
4. Night (12.00am to 6.00am)	☐4	☐4	☐4	☐4
c. **Procedure 1** (PLS INDICATE ONE ONLY)				
Procedure 2 (PLS INDICATE ONE ONLY)				
Procedure 3 (PLS INDICATE ONE ONLY)				
Procedure 4 (PLS INDICATE ONE ONLY)				
V. Bill and Payment Information				
a. **Mode of Payment**	TICK ALL THAT APPLY	TICK ALL THAT APPLY	TICK ALL THAT APPLY	TICK ALL THAT APPLY
1. CHAS Subsidy*1	☐1	☐1	☐1	☐1
2. Insurance Company*2	☐2	☐2	☐2	☐2
3. Company Contract*3	☐3	☐3	☐3	☐3
4. MBS@Gov*4	☐4	☐4	☐4	☐4
5. Baby Bonus CDA*5	☐5	☐5	☐5	☐5
6. Medisave (Own)*6	☐6	☐6	☐6	☐6
7. Medisave (Family)*7	☐7	☐7	☐7	☐7
8. Cash out of Pocket*8	☐8	☐8	☐8	☐8
b. **Bill Size Components** [To fill in $ amount of components as shown in the patient's bill. The $ amount should (i) exclude GST; and (ii) before deduction of any form of payment, waiver of fees or subsidies]	AMOUNT	AMOUNT	AMOUNT	AMOUNT
1. Consultation Fees	$	$	$	$
2. Medication/ Drugs	$	$	$	$
3. Laboratory/ Diagnostic Tests	$	$	$	$
4. Procedures (To itemise the procedures if available from the bill)	$	$	$	$
(i).	$	$	$	$
(ii).	$	$	$	$
(iii).	$	$	$	$
(iv).	$	$	$	$
5. Others	$	$	$	$
c. **Total Bill** [The $ amount should (i) Include GST but (ii) before deduction of any form of payment, waiver of fees or subsidies]	$	$	$	$
d. **Cash out of Pocket***8 (received by clinic)	$	$	$	$

Footnotes:

*1 CHAS Subsidy: Subsidy for patients who hold the following cards: Blue or Orange Community Health Assist Scheme (CHAS), Pioneer Generation or Public Assistance card(s).

*2 Insurance Company: Include personal or employer insurance, actual payment made by insurance company.

*3 Company Contract: Amount paid directly by patient's company. Does not include patients who enjoy corporate rates but are required to pay upfront and seek reimbursement on their own.

*4 MBS@Gov: Amount received from PSD. Does not include cash co-payment made by patients.

*5 Baby Bonus CDA: Payment using Baby Bonus Child Development Account.

*6 Medisave (Own): Amount withdrawn from patient's Medisave to pay for approved treatment.

*7 Medisave (Family): Amount withdrawn from patient family member's Medisave to pay for approved treatment.

*8 Cash out of Pocket: All payment made in cash by patient. Include patients who are required to pay upfront and seek reimbursement on their own from insurance company/ employer, and those required to make cash co-payment after other forms of payments have been deducted / subsidies have been applied (i.e. CHAS subsidy, insurance company and company contract payment, MBS@Gov, Baby Bonus CDA, Medisave).

A-4: Questionnaire for Private GP Medical Groups

PRIMARY CARE SURVEY 2014
- Private GP Medical Groups -

For Office Use:

Clinic ID : | | | | | | | |

CHAS: Yes / No

CDMP: Yes / No

Name of Clinic : _____

Address of Clinic : _____

SECTION A: INFORMATION ON GROUP PRACTICE

1. Do you consider your clinic as a group practice?

   ☐ 1 Yes - **GO TO Q2**

   ☐ 2 No - **GO TO Q4**

2. Altogether, how many clinics are there in your group, including your own clinic?

   | | | clinics

3. Altogether, how many Doctors, Nurses and Allied Health Professionals (AHPS) are there in your group, including your own clinic?
   (Exclude (a) GPs who are Specialists (b) Dentists; and (c) GPs, Nurses and AHPs who are doing only administrative work.)

   | | | | Doctors | | | | Nurses | | | | AHPs

SECTION B: INFORMATION ON CLINIC PRACTICE

4. What is the estimated shortest, longest and average consultation time for acute and chronic cases seen by your clinic doctors?

Consultation Time	**Shortest mins per case**	**Longest mins per case**	**Average mins per case**
a. Acute case *refer to cases with short onset such as upper respiratory tract infections, diarrhoeal diseases, sprains.*	| |	| |	| |
b. Chronic case *refer to conditions that requires long term follow-up and in general, regular medications and management of risk factors. Examples are hypertension, asthma and chronic obstructive lung disease, diabetes & cancers.*	| |	| |	| |

5. Is your clinic participating in the GP Partnership/ Shared Care Programme with Restructured Hospitals (e.g. Delivery on Target (DOT), Mental Health GP Partnership Programme, GP Empowerment Programme)?

☐ 1 Yes, please specify the name of the restructured hospital, and type of programme:

	Restructured Hospital	Type of Programme
a.		
b.		
c.		

☐ 2 No

6. What is the type of patient medical records used by your clinic? (TICK ALL THAT APPLY)

☐ 1 Paper Cards

☐ 2 Electronic Medical Records using Clinic Management System (CMS) from Clinic Assist

☐ 3 Electronic Medical Records using Clinic Management System (CMS) from Medi2000

☐ 4 Electronic Medical Records using Clinic Management System (CMS) from Gloco

☐ 5 Electronic Medical Records using Other Commercial IT system
(Please specify: _____)

☐ 6 Electronic Medical Records using Freeware/ Shareware/ GP Self-developed Software

☐ 7 Others (Please specify: _____)

7. We would like to obtain feedback from your clinic regarding the use of Electronic Medical Records and IT (Information Technology) within your clinic. May we seek your consent to provide us with a contact person from your clinic for participation in such feedback sessions?
The particulars of your clinic and the contact person will be provided to MOH Holdings (MOHH) for follow-up.

☐ 1 Yes, my clinic would be willing to participate in the feedback sessions (Please specify name and telephone of contact person: _____)

☐ 2 No, my clinic would not be willing to participate in the feedback sessions

8. Please indicate the average amount of IT expenditure spent by your clinic during the past 3 years.
(PLEASE INDICATE $0 IF NIL)

	Average Amount of IT Expenditure
a. During the past 3 years, how much did your clinic spend on purchasing new computers and printers on average per <u>year</u>?	$ ☐ per year
b. During the past 3 years, how much did your clinic spend on purchasing new software on average per <u>year</u>?	$ ☐ per year
c. During the past 3 years, how much did your clinic spend on IT software subscriptions and IT-related consumables on average per <u>month</u>?	$ ☐ per month

9. Please indicate the name and address of the primary provider that your clinic uses for laboratory services.

Name:		
Address:		Postal Code:

10. Please indicate the name and address of the primary provider that your clinic uses for radiological services.

Name:		
Address:		Postal Code:

11. Does your clinic provide the following medical services? If yes, please indicate whether payable or pro-bono or both. If no, please share the reason(s) why.

		Yes			No
		Payable	Pro-bono	Both	If No, why does your clinic not provide the service?
a.	Home medical services	☐ 1	☐ 2	☐ 3	
b.	Medical services for Nursing Homes	☐ 1	☐ 2	☐ 3	

12. Does your clinic <u>offer</u> the following aesthetic treatments and procedures? (TICK ALL THAT APPLY)
(Please exclude those offered by Specialists/ Dentists in your clinic)

IF YOUR CLINIC DOES NOT OFFER ANY OF THE FOLLOWING LISTED, PLEASE TICK THE LAST OPTION "None of the above".

- ☐ 1 Botulinum toxin injection
- ☐ 2 Carboxytherapy
- ☐ 3 Chemical or pressurized gas/ liquid peels
- ☐ 4 Dermabrasion (mechanical)
- ☐ 5 External Lipolysis (heat/ ultrasound)
- ☐ 6 Filler injection
- ☐ 7 Free fat grafting
- ☐ 8 Hair transplantation
- ☐ 9 Intense pulsed light
- ☐ 10 Lasers (Ablative e.g. CO2/ YAG) for skin resurfacing
- ☐ 11 Lasers (Non-ablative) for hair removal
- ☐ 12 Lasers (vascular lesions, skin pigmentation and skin rejuvenation)
- ☐ 13 Liposuction
- ☐ 14 Mechanised massage (e.g. "slidestyler", "endermologie" for cellulite treatment)
- ☐ 15 Mesotherapy
- ☐ 16 Microdermabrasion
- ☐ 17 Microneedling dermaroller
- ☐ 18 Negative pressure procedures (e.g. Vacustyler)
- ☐ 19 Photodynamic/ Photopneumatic therapy
- ☐ 20 Radiofrequency, Infrared and other devices (e.g. for skin tightening procedures)
- ☐ 21 Sclerotherapy
- ☐ 22 Skin whitening injections
- ☐ 23 Stem cell treatment (topical/ injections)
- ☐ 24 Thread lifts
- ☐ 25 None of the above

13. In the <u>past one month</u>, what percentage of your clinic's patient visits is for the aesthetic treatments and procedures listed in Q12? (PLEASE INDICATE 0% IF NIL)

☐☐☐ %

14. Please indicate the number of hours that your clinic is operating in the morning, afternoon, evening and night for each day of a typical calendar week, and during public holidays (PH). If your clinic is not open for consultation for a particular time segment, please indicate '0' hours in that segment.

Note: The maximum number of hours in each segment is 6 hours.

	Mon (in hrs)	**Tue** (in hrs)	**Wed** (in hrs)	**Thu** (in hrs)	**Fri** (in hrs)	**Sat** (in hrs)	**Sun** (in hrs)	**PH** (in hrs)
Morning (6.00am to 12.00pm)								
Afternoon (12.00pm to 6.00pm)								
Evening (6.00pm to 12.00am)								
Night (12.00am to 6.00am)								

15. Does your clinic provide the following services? If yes, please indicate with a tick whether it is conducted (a) within your clinic and by whom; and/or (b) outsourced. Please specify which institution(s) the service is outsourced to.

		No	Yes, Within clinic (Where procedures involve more than 1 professional, please tick all that applies)			Yes, Outsourced [Please specify the institution(s)]	
I. Diagnostic Test			Doctor	Nurse	Allied Health		
a.	Blood test for fasting glucose and fasting lipids	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
b.	On-site Haemoglobin A1c (HbA1c) test	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
c.	Hepatitis A & B (Adult)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
d.	HIV screening	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
e.	Nephropathy assessment	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
f.	Pap smear taking	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
g.	Renal function – creatinine and/or eGFR	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
h.	Serum cholesterol level (LDL-C) test	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
i.	Urine dipstick test	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
j.	Urine protein – urine protein: creatinine ratio	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
II. Clinical Assessment/ Physical Examination							
a.	Ankle Brachial Index	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	

b.	Asthma Control Test (ACT)	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
c.	Clinical thromboembolism risk assessment	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
d.	Diabetic retinal photography	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
e.	Elderly functional assessment	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
f.	Eye assessment	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
g.	Foot assessment	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
h.	Hearing test	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
i.	Smoking cessation programme	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
j.	Spirometry	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
III. Assessment using the following scales:					
a.	Assessment of memory (MMSE or CMMSE testing or other validated instruments)	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
b.	Clinical Global Impression (CGI) Scale	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
c.	International Prostate Symptom Score (I-PSS)	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
d.	Schawb and England Activities of Daily Living Scale	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	

e.	Unified Parkinson's Disease Rating Scale (falls)	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
IV. Vaccination					
a.	Childhood vaccination	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
b.	Influenza vaccination	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
c.	Travel Vaccination	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
V. Education & Counselling					
a.	Education & Counselling to promote self-care	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
b.	Family Planning advice	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
		No	**Yes, Within clinic** **<u>(Where procedures involve more than 1 professional, please tick all that applies)</u>**	**Yes, Outsourced** **[Please specify the institution(s)]**	
VI. Allied Health Services			Doctor Nurse Allied Health		
a.	Dietetic counselling services	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
b.	Occupational therapy services	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
c.	Physiotherapy services	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
d.	Podiatry services	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	
e.	Speech therapy services	☐ 1	☐ 2 ☐ 3 ☐ 4	☐ 5	

VII. Procedures					
a.	Ear syringing	☐1	☐2 ☐3 ☐4	☐5	
b.	Incision and drainage	☐1	☐2 ☐3 ☐4	☐5	
c.	Intralesional injection for trigger finger	☐1	☐2 ☐3 ☐4	☐5	
d.	IUCD insertion and removal	☐1	☐2 ☐3 ☐4	☐5	
e.	Nail avulsion / Wedge resection	☐1	☐2 ☐3 ☐4	☐5	
f.	Naso-gastric tube insertion	☐1	☐2 ☐3 ☐4	☐5	
g.	Relieve of subungal haematoma	☐1	☐2 ☐3 ☐4	☐5	
h.	Urinary catheterisation	☐1	☐2 ☐3 ☐4	☐5	
i.	Wound desloughing and removal of foreign body	☐1	☐2 ☐3 ☐4	☐5	
j.	Wound dressing	☐1	☐2 ☐3 ☐4	☐5	
VIII. Other procedure(s) and service(s), please specify:					
a.			☐2 ☐3 ☐4	☐5	
b.			☐2 ☐3 ☐4	☐5	
c.			☐2 ☐3 ☐4	☐5	

d.		☐2 ☐3 ☐4	☐5	
e.		☐2 ☐3 ☐4	☐5	
f.		☐2 ☐3 ☐4	☐5	
g.		☐2 ☐3 ☐4	☐5	
h.		☐2 ☐3 ☐4	☐5	
i.		☐2 ☐3 ☐4	☐5	
j.		☐2 ☐3 ☐4	☐5	

16. Please provide the following information for **ALL GPs** who perform clinical work in your clinic on the survey day. (Exclude (a) **GPs** who are doing only administrative work (b) Specialists and (c) Dentists)

S/N of Doctor	**Doctor MCR no.** (Doctor MCR no. to correspond to Doctor MCR no. provided in Section C)	**Resident doctor[*1] Or Locum doctor[*2] of Clinic** TICK ONE BOX		**Scheduled No. of Clinical Hours to work on Survey Day** (in hrs)	**Actual No. of Clinical Hours worked on Survey Day** (in hrs)
		Resident Doctor	Locum Doctor		
01.		1	2		
02.		1	2		
03.		1	2		
04.		1	2		
05.		1	2		
06.		1	2		
07.		1	2		
08.		1	2		
09.		1	2		
10.		1	2		
11.		1	2		
12.		1	2		
13.		1	2		
14.		1	2		
15.		1	2		

[*1] Resident doctors refer to doctors who are permanently employed in your clinic, including those who work on fixed days in a week or on rotational basis to various clinics in the same group.

[*2] Locum doctors refer to doctors who are on non-permanent employment, typically called in to supplement/ substitute/ stand in temporarily for the resident doctors.

17. Please provide the following information for **ALL Nurses** who perform clinical work in your clinic on the survey day. (Exclude **Nurses** who are doing only administrative work outside of clinical setting.)

S/N of Nurse (To be used in Section C)	**Registered Nurse, Enrolled Nurse, Advanced Practice Nurse Or Registered Midwife** TICK ALL THAT APPLIES				**Scheduled No. of Hours to work on Survey Day** (in hrs)	**Actual No. of Hours worked on Survey Day** (in hrs)
	Registered Nurse	Enrolled Nurse	Advanced Practice Nurse	Registered Midwife		
01.	☐ 1	☐ 2	☐ 3	☐ 4		
02.	☐ 1	☐ 2	☐ 3	☐ 4		
03.	☐ 1	☐ 2	☐ 3	☐ 4		
04.	☐ 1	☐ 2	☐ 3	☐ 4		
05.	☐ 1	☐ 2	☐ 3	☐ 4		
06.	☐ 1	☐ 2	☐ 3	☐ 4		
07.	☐ 1	☐ 2	☐ 3	☐ 4		
08.	☐ 1	☐ 2	☐ 3	☐ 4		
09.	☐ 1	☐ 2	☐ 3	☐ 4		
10.	☐ 1	☐ 2	☐ 3	☐ 4		
11.	☐ 1	☐ 2	☐ 3	☐ 4		
12.	☐ 1	☐ 2	☐ 3	☐ 4		
13.	☐ 1	☐ 2	☐ 3	☐ 4		
14.	☐ 1	☐ 2	☐ 3	☐ 4		
15.	☐ 1	☐ 2	☐ 3	☐ 4		

18. Please provide the following information for **ALL Allied Health Professionals (AHPs)** who perform clinical work in your clinic on the survey day. (Exclude **AHPs** who are doing only administrative work outside of clinical setting.)

S/N of Allied Health Professional (To be used in Section C)	**Registered Allied Health Professionals** Please fill in the job title in the box below			**Scheduled No. of Hours to work on Survey Day** (in hrs)	**Actual No. of Hours worked on Survey Day** (in hrs)
	Occupational Therapy*1 (or Ergomedicine or Ergotherapy)	Physiotherapy*2	Speech-Language Pathology*3 (Speech Language Pathology)		
01.					
02.					
03.					
04.					
05.					
06.					
07.					
08.					
09.					
10.					

*1 Occupational Therapist, Ergotherapist

*2 Physiotherapist, Physical Therapist

*3 Speech Language Therapist (or Speech-Language Therapist), Speech Language Pathologist (or Speech-Language Pathologist), Speech and Language Therapist (or Speech-and-Language Therapist), Speech and Language Pathologist (or Speech-and-Language Pathologist), Speech Therapist (or Speech-Therapist), Speech Pathologist (or Speech-Pathologist)

SECTION C: PATIENTS' PROFILE

1. For Section C, please provide the following information listed below for all patients who visit your clinic on the designated survey day in softcopy Excel format. Please include patients seen by GPs, Nurses and Allied Health Professionals in your clinic but exclude patients seen by Specialists and Dentists. The explanations on the data items required and the codes to be used are provided below. For e.g. for Race, the codes to be used are: 1=Chinese, 2=Malay, 3=Indian, 4= Others, 8=Unknown.
2. Please provide the information in accordance to the sequence specified below.

Data Items Required	**Explanations/ Code To Use**
a. Date of Survey	Please provide the date in DDMMYYYY format e.g. 22092014
b. Name of Clinic	Please provide name of clinic e.g. ABC Clinic
c. Address of Clinic	Please provide address of clinic e.g. 123, ABC Road, #05-06
d. Postal Code of Clinic	Please provide postal code of clinic e.g. 654123
I. Patient Profile	
a. Queue No / Registration No	Please provide Queue No / Registration No. of patient (This number uniquely identifies the patient. Please do not provide patient's NRIC)
b. Year of Birth	This is a 4-digit field e.g. 1945, 2001
c. Sex	1=Male 2=Female 8=Unknown
d. Race	1=Chinese 2=Malay 3=Indian 4=Others 8=Unknown
e. Residential Status	1=Singapore Citizen/PR (i.e. patients with NRIC starting with S or T) 2=Foreigner Working/Living in Singapore (i.e. patients with FIN starting with F or G) 3=Others 8=Unknown
f. House Unit Number (#xx-___)	Pls fill in Unit No. if available. For any address without '#" (S'pore Landed property), pls fill in '0' For patients not living in S'pore, pls fill in '999999' and if address is unknown, pls fill in '888888'
g. Road Name	Pls specify only for those living in S'pore Landed Property
h. Postal Code	For patients living in S'pore HDB/Pte Apt/Condo, please fill in the 6-digit postal code. For those living in S'pore Landed Property, please fill in only the <u>first 2 digits</u> of the 6-digit postal code. For patients not living in Singapore, please fill in '999999' and if address is unknown, please fill in '888888'
II. Doctor Consult	
a. Doctor Serial No. or MCR no. (Please use same MCR no. as in Section B, Q16)	Please provide Doctor Code (This code uniquely identifies the doctor e.g. MCR No, System Generated Doctor Code)
b. Doctor Consultation Time Segment	1=Morning (6.00am to 12.00pm) 2=Afternoon (12.00pm to 6.00pm) 3=Evening (6.00pm to 12.00am) 4=Night (12.00am to 6.00am)

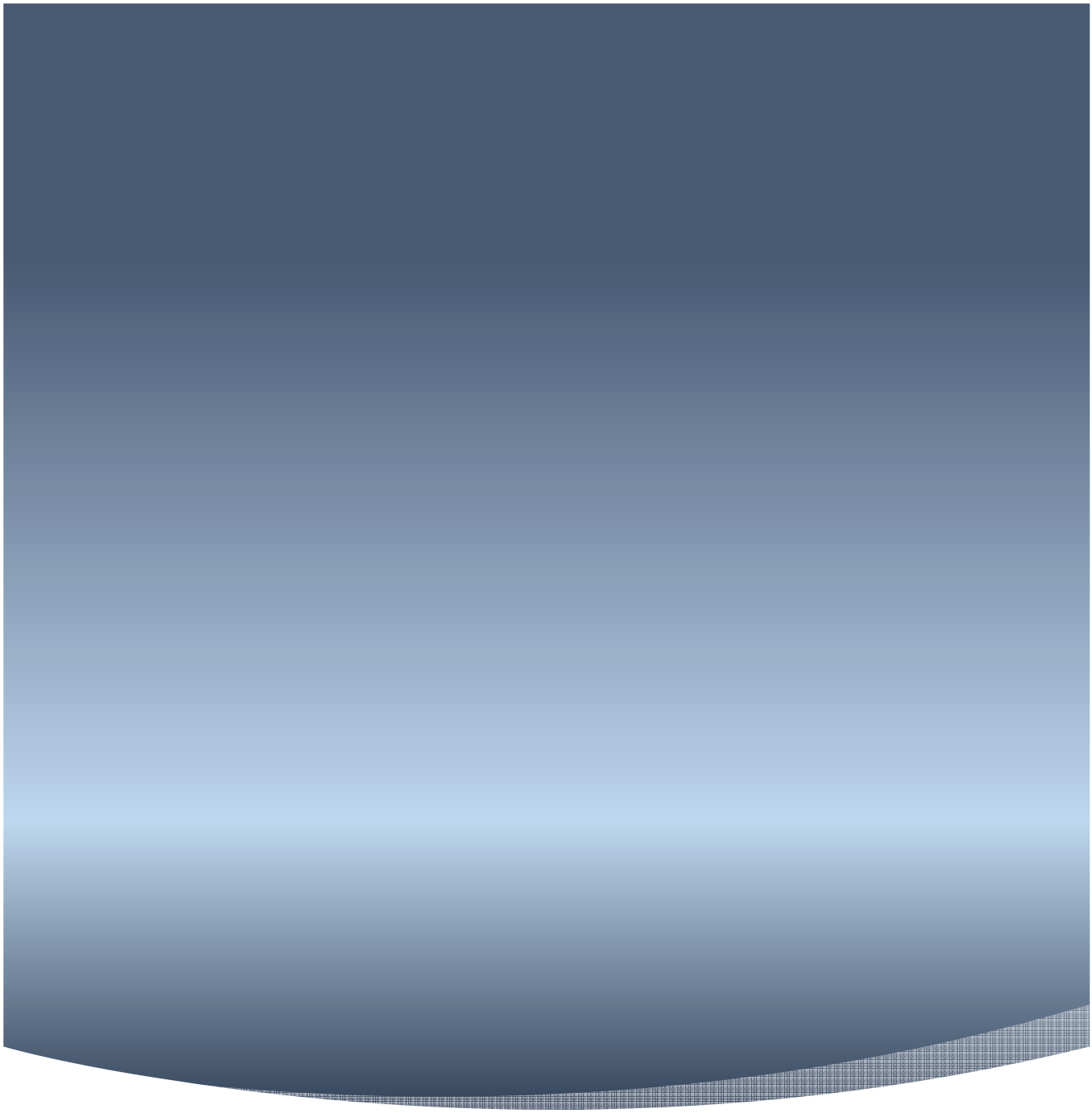
c. Doctor Diagnosis (Up to 5)	
Doctor Principal Diagnosis Code	Please provide Principal Diagnosis and Principal Diagnosis Code
Doctor Other Diagnosis 1 Code	Please provide Other Diagnosis 1 and Other Diagnosis 1 Code
Doctor Other Diagnosis 2 Code	Please provide Other Diagnosis 2 and Other Diagnosis 2 Code
Doctor Other Diagnosis 3 Code	Please provide Other Diagnosis 3 and Other Diagnosis 3 Code
Doctor Other Diagnosis 4 Code	Please provide Other Diagnosis 4 and Other Diagnosis 4 Code

Data Items Required	**Explanations/ Code To Use**
d. Medical Certificate (MC) issued?	1=Yes 2=No
If yes, how many days?	No. of days
III. Nurse Consult	
a. Nurse Serial No. (Please use same S/N no. as in Section B, Q17)	Please provide Nurse Code
b. Nurse Consultation Time Segment	1=Morning (6.00am to 12.00pm) 2=Afternoon (12.00pm to 6.00pm) 3=Evening (6.00pm to 12.00am) 4=Night (12.00am to 6.00am)
c. Nurse Procedures (Up to 4)	
Nurse Procedure 1	Please provide Procedure 1
Nurse Procedure 2	Please provide Procedure 2
Nurse Procedure 3	Please provide Procedure 3
Nurse Procedure 4	Please provide Procedure 4
IV. AHP Consult	
a. AHP Serial No. (Please use same S/N no. as in Section B, Q18)	Please provide AHP Code
b. AHP Consultation Time Segment	1=Morning (6.00am to 12.00pm) 2=Afternoon (12.00pm to 6.00pm) 3=Evening (6.00pm to 12.00am) 4=Night (12.00am to 6.00am)
c. AHP Procedures (Up to 4)	
AHP Procedure 1	Please provide Procedure 1
AHP Procedure 2	Please provide Procedure 2
AHP Procedure 3	Please provide Procedure 3
AHP Procedure 4	Please provide Procedure 4
V. Bill and Payment Information	
a. Mode of Payment	
1. CHAS Subsidy[*1]	1=Yes 2=No
2. Insurance Company[*2]	1=Yes 2=No
3. Company Contract[*3]	1=Yes 2=No
4. MBS@Gov[*4]	1=Yes 2=No
5. Baby Bonus CDA[*5]	1=Yes 2=No
6. Medisave (Own)[*6]	1=Yes 2=No
7. Medisave (Family)[*7]	1=Yes 2=No
8. Cash out of Pocket [*8]	1=Yes 2=No
b. Bill Size Components [To fill in $ amount of components as shown in the patient's bill. The $ amount should (i) exclude GST; and (ii) before deduction of any form of payment, waiver of fees or subsidies]	
1. Consultation Fees	$
2. Medication/ Drugs	$

3. Laboratory/ Diagnostic Tests	$
4. Procedures (To itemise the procedures if available from the bill)	$
i.	$
ii.	$
iii.	$
iv.	$
5. Others	$
c. Total Bill [The $ amount should (i) Include GST but (ii) before deduction of any form of payment, waiver of fees or subsidies]	$
d. Cash out of Pocket*8 (received by clinic)	$

Footnotes:

*1 CHAS Subsidy:	Subsidy for patients who hold the following cards: Blue or Orange Community Health Assist Scheme (CHAS), Pioneer Generation or Public Assistance card(s).
*2 Insurance Company:	Include personal or employer insurance, actual payment made by insurance company.
*3 Company Contract:	Amount paid directly by patient's company. Does not include patients who enjoy corporate rates but are required to pay upfront and seek reimbursement on their own.
*4 MBS@Gov:	Amount received from PSD. Does not include cash co-payment made by patients.
*5 Baby Bonus CDA:	Payment using Baby Bonus Child Development Account.
*6 Medisave (Own):	Amount withdrawn from patient's Medisave to pay for approved treatment.
*7 Medisave (Family):	Amount withdrawn from patient family member's Medisave to pay for approved treatment.
*8 Cash out of Pocket:	All payment made in cash by patient. Include patients who are required to pay upfront and seek reimbursement on their own from insurance company/ employer, and those required to make cash co-payment after other forms of payments have been deducted / subsidies have been applied (i.e. CHAS subsidy, insurance company and company contract payment, MBS@Gov, Baby Bonus CDA, Medisave).



Ministry of Health
College of Medicine Building
16 College Road
Singapore 169854
http://www.moh.gov.sg