

By Dr Oh Jen Jen

In the Fast Lane

Photo credit: Singapore GP Pte Ltd

Dr Oh Jen Jen catches up with Dr Kelvin Chew, Deputy Chief Medical Officer from the medical team for this year's FORMULA 1™ SingTel Singapore Grand Prix

OJJ: The 2008 FORMULA 1™ SingTel Singapore Grand Prix promises thrills and spills on a massive scale, with close to 100,000 tickets sold to date. Where medical cover planning is concerned, what challenges have you faced so far, and how have you addressed these?

KC: The greatest challenge must be in putting together a medical team and bringing them up to speed on issues regarding race operations, medical extrication, medical response codes and clinical field protocols within a short period of time. Thankfully, we had a ready pool of experienced doctors and nurses who volunteered their services, so recruitment was done fairly quickly which allowed us to execute the necessary training programmes on schedule.

OJJ: What are the various scenarios your team anticipates for this highly charged event – from the race itself, the fans, and so on?

KC: Given the high-speed nature of FORMULA 1™ racing and the presence of tens of thousands of spectators, we have to plan and prepare for

medical situations both on and off the track. Scenarios range from major incidents on the track or in the spectator gallery, to relatively minor ones such as a cut or an ankle sprain sustained by a spectator.

OJJ: As it will be the first FORMULA 1™ street race to be held in Asia, not to mention the first night race ever, how do you prepare for something which has no precedent? Have you sought advice from any local/foreign experts in this area? Did you study similar events held in other countries?

KC: We are fortunate to have Dr Carl Le as the Chief Medical Officer (CMO) for our race and he is not only a very experienced emergency physician, but is also well-versed in providing medical coverage for FORMULA 1™ and other motoring events around the world, including Australia and New Zealand.

Dr Le helped design the race medical plan based on the Fédération Internationale de l'Automobile's (FIA) international sporting

About the interviewer



Dr Oh is an Associate Consultant with the Singapore General Hospital's A&E. A TV and film addict, she vents through writing.



Dr Kelvin Chew (right) at the Melbourne Grand Prix. (Photo credit: Singapore GP Pte Ltd.)

code. As the Deputy CMO, I will be assisting Dr Le and will be responsible for clinical governance and administrative operation of the circuit medical service.

As part of my preparations, I recently attended FORMULA 1™ races in Melbourne and Bahrain where I was attached to the CMO of these races to observe first-hand the set-up and operations of the medical team.

OJJ: How large is the medical field team? What specialities do its members hail from? Who are the main leaders?

KC: The track medical team comprises about 100 medical personnel which includes doctors, nurses and other allied health staff. The doctors and nurses hail from private practice as well as SingHealth and the National Health Group. The doctors for the track medical team are mainly specialists such as emergency physicians, trauma surgeons, anaesthetists and orthopaedic surgeons. The spectator medical team comprises another 100 to 150 members, including first-aiders and a team of doctors and nurses.

OJJ: How is the training programme structured? What key areas will be highlighted? Will there be practical simulations?

KC: The medical team we have is made up of medical staff who may have had experience in medical coverage for sporting events such as the Singapore marathon, though most have never been involved in a FORMULA 1™ race. The high speeds of FORMULA 1™ cars make the track a dangerous place to be in, so we had to ensure that the training programme for the medical team incorporated the various aspects of personal safety, familiarisation of race operations and clinical field protocols.

The key areas to be highlighted depend on the team members' roles. For example, the medical extrication team will receive training to extricate drivers safely from the cockpit, so they must be very familiar with the car, while drivers of the Fast Intervention Vehicles (FIVs) must have a good understanding of circuit access and evacuation routes.

OJJ: Will there be any cutting-edge medical equipment on hand for use at the race?

KC: The track medical team will have at their disposal 6 FIVs which will be located strategically around the circuit. The FIV is a high-performance vehicle capable of travelling at high speeds and functions to help deliver advanced medical resources anywhere on the circuit. The FIV is

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equipped with medical resuscitation, monitoring and immobilisation equipment.

OJJ: I understand there was a medical field team at the recent FORMULA Drift Singapore. Did this 'trial run' emphasise any areas that need special attention?

KC: The medical team's involvement at the FORMULA Drift event provided the volunteers with invaluable first-hand experience in the function of the medical team, and allowed them to put their training to use in an actual motoring event. It gave everyone in the team a good understanding about planning and executing medical coverage in a motorsport context and served to emphasise all the knowledge they have gathered through training.

OJJ: Are most – or perhaps all – the medical field team huge FORMULA 1™ fans? Which team/driver is a hot favourite?

KC: I know some of the ladies are rooting for McLaren because of Lewis Hamilton while some of the guys are supporting Ferrari because they aspire to own a Prancing Horse one day!

On a serious note, whether they are fans of FORMULA 1™ or not, it is not relevant to their roles and capabilities as a medical staff.

OJJ: What lessons/skills do you hope to glean from this experience?

KC: The biggest benefit of being involved with the race is the enhancement of operational capabilities and readiness. The medical team will gain firsthand experience in planning and executing medical coverage at an international-scale sporting event. It also provides a good grounding in coming up with a medical plan that can be applied to future events on a similar scale. ■



Vodafone McLaren Mercedes Driver Lewis Hamilton at the Turkish Grand Prix 2008. (Photo credit: www.mclaren.com)