Graduate Diplomas for Continuing Education
What 3 Doctors Say

In the updated guidelines on Continuing Medical Education (CME) which the Singapore Medical Council (SMC) published in January this year, the concept of core CME requirements for family physicians (FPs) was announced. When CME is made compulsory next year, all FPs must attain at least 50% of the minimum requirement of 25 CME points from core CME events.

There are many ways to achieve core points, such as attending CME events, completing distance learning programmes and reading journals accredited by the College. A novel way of both achieving the new CME requirements and attaining SMC-recognised graduate diplomas from NUS at the same time, is to enrol in diploma programmes such as the Graduate Diploma in Family Medicine (GDFM). There are presently more than 70 doctors attending the GDFM programme. The SMA News interviewed three of these pioneers, Dr Colin Tey (MBBS, 1995), Dr Murali Dharan (MBBS, 1990) and Dr Lily Aw (MBBS, 1980) as their experience would be of interest to other doctors who may wish to take this route by enrolling for the next GDFM programme starting July 2002. *(For further information, contact Emily Lim of the College at Tel: 223 0606 or Email: emily@cfps.org.sg).*

Q1: What make you enrol for the GDFM programme at this juncture of your professional career?

Dr Tey: I studied abroad and therefore had the option of going into private general practice without having to serve out a bond, which is exactly what I did. This seemed a good idea at the time as it had less impact on my lifestyle, but it did not provide a framework for reinforcing my medical knowledge and furthering my clinical acumen. This programme allows me to preserve my lifestyle and further my professional skills at the same time.

Dr Murali: Our patients' expectations of doctors, including FPs, are increasing tremendously. In order to meet these expectations and deliver with confidence, we have to upgrade. I am looking forward to the day when FPs are not just seen as "cough & cold" doctors but as medical professionals who can take on greater responsibilities to provide all-rounded holistic medical care.

Dr Aw: There is no time limit to the acquisition of knowledge. I wanted to update my knowledge to what is current in the medical field so that I could manage my patients not only with more competence, but also with more confidence.

Q2: Do you think the GDFM programme is relevant to your daily practice?

Dr Tey: Yes, as an undergraduate, there was no context for what was learnt and I did not think about the "how" of practising. Now, the GDFM helps by giving me contextual experience which I can directly relate to in my practice.

Dr Murali: The lecturers conducting the GDFM workshops are very practical and comprehensive in their approach to the various case studies that were discussed during the workshops. This approach helps us a lot in our day-to-day clinical practice as we have only a limited amount of time to spend with our patients.

From left:
Dr Colin Tey, Dr Lily Aw, Dr Murali Dharan.

Dr Aw: The difference between undergraduate and postgraduate courses is that with the latter, the re-learning of information is done in a practice context. This becomes a form of integrative learning.

Q3: How do you compare this programme with just attending ad-hoc CME events?

Dr Tey: I have attended "ad-hoc" CMEs sponsored by drug companies and conducted by people who may have biased opinions or vested interests in various medical products or treatment modalities. Sometimes, it seemed that those attending were more interested in collecting freebies, and suffered from post-prandial somnolence minutes into the talks. Also, we tend to attend events on topics which interest us and which we are already good at. There is no compulsion to address areas of weakness which may be important in clinical practice but appears utterly uninteresting (e.g. psycho-geriatrics). This is where GDFM comes in.

Dr Murali: Most ad-hoc CME lectures have to cater to different groups of doctors. Thus, the lecturers may present

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About the interviewees:

Dr Colin Tey (MBBS, NSW, 1995) graduated from and did his housemanship in New South Wales, Australia, after which he returned in 1996 to serve his National Service. In 1997, Dr Tey set up his own clinic in a group practice. His wife, Dr Yan, works as a doctor with the school health services.

Dr Murali Dharan (MBBS, S'pore, 1990) joined the NHG Polyclinics as Resident Doctor last year, after working four years in a group practice. He is actively involved in volunteer medical counselling and service, and organising health fairs and talks for the community.

Dr Lily Aw (MBBS, S'pore, 1980) is a family physician who started one of the first clinics in Pasir Ris New Town in 1990. She is also a qualified acupuncturist registered with the TCM Board of MOH, and a designated factory doctor. Last year, she completed her Graduate Diploma in FP Dermatology. In her leisure, she enjoys visits to the spa, nature walks/ jogs with her husband and two daughters, and photography.

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a lot of facts and figures, some of which unfortunately may not have much relevance to the practice of family physicians. Also, I feel that there is a lack of continuity in learning for these ad-hoc events.

Dr Aw: A structured programme will cover most of the useful and relevant topics and ensure discipline in attendance compared to ad-hoc CMEs. This is very important to us as our knowledge and skills must span the breadth of medical practice.

Q4: How are you coping between family and work on one hand, and the regular demands on your time of this two-year course even though most sessions are held outside clinic hours?

Dr Tey: Not very well. This is more a consequence of my own practice hours than the course per se. I put in long hours at my practice essentially seven days a week. A typical Saturday when there is a lecture or workshop would be spent working in the morning and evening, and attending the GDFM in the afternoon. As my wife is also a GDFM trainee, I still get to be with her, but this is hardly quality time! The programme becomes quite a hassle during the two GDFM courses, conducted on Saturday afternoon and night, that overlap with my night practice; this is where locums become crucial.

Dr Murali: The modules are spaced out fairly well over a period of two years (i.e. one module per quarter with four Saturday afternoon workshops in the middle of the month). This allows us to have sufficient time to prepare for the workshops and tutorials. If we have been reading up on our own on a regular basis, preparation for the workshops becomes a form of reinforcement of our clinical practice and as such, does not become a chore.

Dr Aw: Time management is important, and I have to decide on my priorities. Last year was more stressful because I was also attending the GDFP Dermatology course. However, we still managed to fit in three holidays, including three weeks in Las Vegas! I also have full support from my family – husband, children and parents, and a great team of locums and nurses. All these have made it easier for me to cope.

Q5: Finally, any suggestions as to how the programme could be further improved?

Dr Tey: It has a good breadth of topics which suits me fine. However, I had much difficulty understanding the way of structuring the course into tutorials, workshops, lecture modules, etc. I also had to spend much time churning out lecture notes as some of the course materials were delivered through e-mail.

Dr Murali: More practical sessions could be incorporated into the programme e.g. in the fields of orthopaedics, eye, etc. I am aware of some good CME sessions outside the programme, why not incorporate them in?

Dr Aw: The course syllabus covers a wide variety of useful topics, especially the updates and skills courses. The networking has been excellent and I have made some wonderful friends, a few of whom are now my locums! ■