

Family Medicine Postgraduate Education to Meet the Nation's Needs

By A/Prof Cheong Pak Yean and A/Prof Goh Lee Gan

INTRODUCTION

A revisit of family medicine postgraduate education is done in the light of recent developments in the medical education scene. The making of a family physician has three phases: undergraduate, vocational, and continuing professional development. The latter is the longest phase and is a lifelong process of skills training to sharpen clinical skills and continuing medical education to maintain competency.

UNDERGRADUATE MEDICAL EDUCATION AS THE STARTING POINT

Undergraduate medical education in family medicine is focused on knowing the roles of the family doctor – care provider, decision maker, health care manager, community leader, and communicator. The medical student is also introduced into the settings where the family doctor plays these roles. This introduction lays the roadmap for his vocational and continuing professional development to meet the nation's needs.

The current medical curriculum review in the National University of Singapore (NUS) aims to link basic sciences with clinical practice for core medical topics to meet the people's needs – the top ten reasons for admissions, the top ten chronic conditions, the top ten acute medical problems, the top ten causes of death, and the top ten important other topics e.g., HIV and AIDS.

THE NATION'S NEEDS IN AMBULATORY HEALTHCARE

The nation's needs in ambulatory healthcare are: responsive care for acute problems, continuing care of chronic problems, population specific care namely, care of the child, the working

adult, the elderly, and women's health. Of these, the future areas of need will be in chronic problems and care of the elderly.

Perhaps, the biggest contribution of the family doctor will be in the area of prevention. It has been estimated that the control of the metabolic syndrome (obesity, hypertension, diabetes, and hyperlipidemia) will reduce untimely deaths by half. The solution is not through medications alone but through lifestyle changes in dietary, exercise, and weight control measures. There are of course other clusters of medical conditions where prevention is key. For example, sexually transmitted illnesses, accidents, and chronic respiratory diseases.

VOCATIONAL TRAINING

Family Medicine vocational training in Singapore is marked by four milestones: Graduate Diploma in Family Medicine (GDFM), Master of Medicine in Family Medicine (MMed (FM)), Collegiate Membership of the College (MCFP), and Fellowship of the College (FCFP). A summary of the vocational programmes is given in Figure 1.

The awards marking completion of the first two milestones are conferred by NUS, while the postgraduate qualifications of MCFP and FCFP are from the College of Family Physicians Singapore (CFPS). All vocational training programmes leading to these milestones are coordinated by the College except aspects of the Masters that are undertaken by the polyclinics, accredited private clinics and NUS.

The College envisages that GDFM would be a suitable reference standard for family physicians in Singapore when the proposed Family Physician Register is in place. There are also presently plans to make successful completion of GDFM a

FIGURE 1: OVERVIEW OF FAMILY MEDICINE VOCATIONAL TRAINING PROGRAMMES IN SINGAPORE

GDFM	MMed (FM)	MCFP	FCFP
Requirements			
Full registration with SMC	GDFM plus designated primary care & hospital postings	GDFM for MCFP by assessment; MMed (FM) for MCFP by election	MCFP
No posting requirement	1-year supervised primary care	Primary care practice, FM teaching appointments & evidence of professional development	
Programme Details			
2-year FMTP	Primary care clinical programme final year	2-year MCFP by assessment programme	2-year FM fellowship programme
8 quarterly modules of distance learning & workshops	20 small group tutorials	Video consultation assignments	Clinical coursework
5 skills courses	10 clinical sessions, ward rounds	Audit project	FM seminars e.g. teaching & audit
8 small group tutorials	10 FM seminars	College leadership project	Research activity – course & project
Examinations & Exit Interviews			
100 MCQs	Case commentaries & audit project	Exit interview	Exit interview
KFP (Key Feature Problems)	Oral interview & written examination	Completed MCFP by assessment trainee logbook	Completed FCFP advanced trainee logbook
OSCE (Objective Structured Clinical Examination)	Clinical examination		



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requirement before a doctor can take the MMed (FM) examination, which is the second milestone for some who aspire to go beyond the Diploma level. These would be the qualifications expected of trainers and family medicine leaders.

The third milestone, the MCFP is the professional benchmark for recognition as Senior Family Physicians. It may be attained via one of two routes. Family physicians with GDFM must undergo the two-year MCFP by assessment programme, while those with MMed (FM) and the required professional attainments for at least a year post-Masters may be elected by interview.

The fourth vocational milestone, FCFP is awarded to family physicians with MCFP who have successfully completed the two-year Family Medicine Fellowship Programme (FMFP). A total of six years of vocational training (structured as three periods of two years each) is hence required to attain the fellowship, the milestone for recognition as a Consultant in Family Medicine. However, intervals are allowed between the three periods to gain further experience in family practice and develop other aspects of professional and family life. So, in reality, FCFP is usually attained more than eight years post-MBBS.

One can choose to attain one or more of these milestones through his professional career. GDFM will be the milestone that all family doctors need to pass eventually. Over time, it is hoped that many will set their sights on the other three milestones.

CONTINUING PROFESSIONAL DEVELOPMENT

Further clinical skills can be learnt through short clinical skills courses and courses leading to graduate diplomas in whole person medicine. Family Practice Skills Courses (FPSC) impart specific skills through three strategies. Firstly, there is a distance-learning component, both paper and web-based to impart core knowledge. Secondly, cognitive skills are honed through weekend seminars. Thirdly, psychomotor skills are learned through small group hands-on workshops or clinical attachments. Certificates are awarded if all three components are completed.

More broad-based competencies in domains of whole person medicine are attained through graduate diploma programmes. The Graduate Diploma in Geriatric Medicine is a good example of further training to care for the elderly. A proposed model of required training in this area for the various vocational milestones has been drawn up in Figure 2.

All registered medical practitioners are required by law to achieve 50 Continuing Medical Education (CME) points every two years with 10 of the points from CME designated as core. The College assists the Singapore Medical Council (SMC) in the award of core points for family physicians, and encourages all family physicians to go beyond the minimum required to achieve most of their CME points through events that are accredited as core for family medicine.

LIFE-LONG INTEGRATED LEARNING

In reality, vocational training and continuing professional development are intertwined and integrated. Successful completion of a number of skills courses is a requirement of the GDFM programme. In turn, all the vocational training programmes are awarded core FM CME points by SMC.

Family physicians also have the option of pursuing the other vocational milestones after their GDFM at their own pace or not at all. Some may also choose to move on first to continuing professional development (CPD) by further skills training through graduate diplomas. Others may continue to sharpen their skills through short skills courses. Depending on personal inclination and career choices, family physicians can thus plan their postgraduate education by attending vocational and CPD programmes of their choice, at their own pace and be recognised each step of the way.

CONCLUSIONS

The potential for the family doctor to meet the nation's needs is there. The Graduate Diploma is seen as the reference vocational certification for recognition as a family physician to meet the nation's needs. Beyond that are other vocational milestones and continuing professional development through skills training, graduate diplomas and other CME to consolidate and enhance skills needed by the people. ■

Note:

To apply for GDFM and other vocational training programmes (except the Masters), please contact CFPS at Tel: 6223 0606 or Email contact@cfps.org.sg. All programmes commence in July each year and applications may be submitted from March. For enquires about the Masters and diplomas other than GDFM, please contact the Division of Postgraduate Medicine, NUS at Tel: 6874 3353 or Email: dgms@nus.edu.sg.

Details of Family Practice Skills Courses are given in the College website www.cfps.org.sg and in the College Mirror which is circulated quarterly to College members and other doctors.

FIGURE 2: PROPOSED MODEL OF CARE PROVISION FOR ELDERLY BY MEDICAL PROFESSIONALS*

Type of Care	Acute Care	Sub-acute Care	Rehabilitation	Chronic Care	End-of-Life Care
Settings	RH	RH, CH, NH & Home Care	RH, CH, NH, Day Rehabilitation & Home Care	GP/Polyclinic, NH & Home Care	RH, CH, NH, Hospice & Home Care
Geriatrician (FAMS) College of Physicians	+++	+++	++	++	++
Special Interest Family Physicians (GDFM or MMed (FM) + GDGM) (CFPS)	+	+++	+++	++	++
Family Physicians (GDFM) (CFPS)	NA	+	+	+++	++

Key:

+++ major involvement; ++ some involvement; + minor involvement; NA not applicable

GDGM: Graduate Diploma in Geriatric Medicine; GDFM: Graduate Diploma in Family Medicine;

CFPS: College of Family Physicians; RH: Regional Hospital; CH: Community Hospital; NH: Nursing Home

* Reproduced from College Mirror 4th Qtr 2004, page 8 – report of consensus in interview with Dr Pang Weng San, President, Geriatric Society of Singapore, by A/Prof Goh Lee Gan.

