

At the 33rd College Annual General Meeting

By Dr Jeff Tay, MCFP



(L-R): Dr Lee Kheng Hock, A/Prof Goh Lee Gan, A/Prof Cheong Pak Yean, Dr Arthur Tan & Dr Yii Hee Seng

In his opening address, A/Prof. Cheong Pak Yean reported that the College membership has increased by 200 in the past year and now stands at 1074 members. He also highlighted that several academic programmes such as the Collegiate membership & Fellowship programmes are well established to nurture academic & professional leadership.

approved by the Singapore Medical Council (5 core FM CME points per module). Currently, 4 modules are available in the e-learning website.

The **Family Practice Skills Course** (Category 3B) comes in the form of distance learning programme coupled with MCQs. Optional workshops over a weekend complete one module. Past

for family doctors and SARS posters, which were made widely available. Singapore's first live webcast, at a time when it was difficult to organise CME activities, was made possible with help from sponsors – Merck Sharp & Dhome, StarHub, and ST Teleport.

Manning the **Hotline for Frontline** were key members Dr Cheng Heng Lee, Dr Tan See Leng, Dr Lawrence Ng, A/Prof Goh Lee Gan and Dr Jonathan Pang, who provided much needed support to doctors both professionally and emotionally. In the first 8 weeks of service, they received 239 calls.

The College also aided the **trainers' training for SARS preventive measures course**. In recognition of its national contributions, the College received a commendation award from the President of the Republic of Singapore.

"The meeting.....unanimously supported the motion to endorse the Council's Memorandum to the Ministry proposing that GDFM be the minimum standard for general practice in Singapore."

Censors' Report

Convocation 2003 was held on 16th November 2003 and graced by Dr Lily Neo, Member of Parliament, to celebrate the fruits of hard work of the many graduates who attended.

A/Prof Goh Lee Gan noted that **membership** has crossed the 1,000 mark to 1,074 members possibly aided by SMC's imposed compulsory CME.

Academic Programmes & CME

Dr Lee Kheng Hock reported that the now established **Graduate Diploma of FM programme** may evolve into a national programme for all family physicians. The 2004 (5th intake) has 50 participants, so we still have much ground to cover before the College's hope of structured training for all family doctors can be realised.

In 2003, 15 College members (with MMed family medicine) were elected and awarded the **MCFPS**. From 2004, the MCFPS will also be opened to GDFM graduates by assessment. The **FCFPS** remains as a 2 year training programme, followed by an exit interview.

There is at present no Family Medicine department in NUS. However, a unit within the COFM department which focuses on **family medicine research** has been planned.

For **CME**, new programmes, such as the e-learning programme, had been

courses include Home Health Care, Asthma, Hypertension, Musculoskeletal, Hyperlipidemia, Men's Health and Pain Management. Another 4 to 5 such courses are in the pipe line and will cover chronic illnesses like Diabetes.



Annual General Meeting 2004 held at College Lecture Room

Community Service Activities

Dr Lee thanked everyone involved in the College SARS activities. The SARS workgroup was probably the first in the world to come up with the SARS advisory

14 doctors were successful in the 2003's GDFM examination. This year, about 60 doctors are expected to sit for the GDFM examination. For MMed FM examination, 15 doctors have graduated making a total

Page 7 ►

◀ Continue from Pg 6

of 195 doctors with MMed FM qualification to date. 15 doctors were awarded the MCFPS and 14 doctors have been awarded the FCFPS.

Undergraduate Medical Education

A/Prof Goh Lee Gan noted that 130-over **tutors** are required to teach each of the three batches of medical students in their 4-week posting viz. about 40 GP tutors, 40 polyclinic tutors, 13 teachers in palliative care and 11 private paediatricians. The number of students trained per year now is about 240 to 250. A/Prof Goh recorded a word of thanks to all GP tutors for the work done.

On **undergraduate Family Medicine education**, Dr Lau Hong Choon past Censor-in-Chief commented that only 4 weeks of clinical posting in Family Medicine seem grossly inadequate compared to other specialities. As Family Medicine is an important clinical discipline and most of the medical students' cohort would be generalists, more intensive exposure is necessary.

Minimum National FM Standards

Past President, Dr Alfred Loh proposed a motion in support of the Council's Memorandum to the Ministry to make the **Graduate Diploma in Family Medicine** to be the **national standard for family doctors in Singapore** (see side story). The meeting unanimously supported the motion and noted that the College has also recommended that a 'grandfather' clause be adopted for older doctors and that the implementation be measured.

A/Prof Cheong Pak Yean informed the meeting that a special interest group (SIG) on **Practice & Quality** has been set up. Dr Lau Hong Choon speaking as a senior College Fellow suggested that accreditation for practice and quality should come from the College which should also be the body to set the criteria. We should also communicate to the health care providers and the public and explain to them how we define quality.

The Meeting ended at 6.25pm with a vote of thanks to the Chair.

Memorandum to the Ministry of Health

Proposal for Graduate Diploma In Family Medicine (GDFM) as The National Standard For Family Doctors in Singapore

The College memorandum was presented to the Ministry of Health on 3rd June 2004 for GDFM to be made the minimum vocational standard for family doctors. This landmark paper states the benefits of having doctors vocationally trained in family medicine and the steps that must be taken to achieve these objectives. The full text is published in the 2004 Annual Report. (Available on the online version of *College Mirror* from the College website)

IS TRAINING IN FAMILY MEDICINE NECESSARY?

- Undergraduate education is not enough. In Singapore, a registered medical practitioner presently does not need any vocational training in family medicine/general practice to practice as a GP whilst postgraduate vocational training is mandatory in developed countries such as Australia and the United Kingdom.
- The increasing numbers of chronic medical problems and geriatric patients in developed countries require a model for patient-centred and community based continuing care.
- Medical specialization and sub-specialisation have created the need for community based, generalist doctors who are able to fill in the gaps of care and to integrate the management of the patient.

BENEFITS OF BETTER TRAINING OF FAMILY DOCTORS?

- Freeing up costly resources. Well-trained primary care doctors will be able to manage conditions without wasteful and unnecessary referrals to hospitals. The national emphasis on prevention and management of risk factors will also help to keep people healthy and minimize the use of expensive interventional care.
- Implementing national health care policies and quality assurance initiatives. A primary care that is staffed by well-trained doctors who are committed to the values of family medicine will be more effective in carrying out national health policies and quality assurance initiatives.
- Imparting principles and values of family medicine. The emphasis on communication, preventive care, continuing care and patient centeredness will promote personalized primary care.
- Nurturing functional groups and teamwork. A national training structure will provide opportunities to form functional groups and encourage co-operation and peer interaction.

ACTIONS REQUIRED OF THE MINISTRY

- Ministry of Health adopt the GDFM as the minimum required vocational standard for independent primary care practice.
- A Joint Committee of Family Medicine Training be set up to mobilise all the available training resources.
- MOH mandate non-specialist trainee doctors be trained in Family Medicine so that in effect a young doctor chooses either to be a specialist trainee or a Family Medicine trainee.