

Graduate Diploma in Family Medicine (GDFM) FAQs

1. Why is there a need for further vocational training of family doctors?

Over the years, disease pattern had changed from mainly infectious diseases to mainly chronic diseases. In Singapore, as in many developed countries, the burden of disease arises from cardiovascular diseases, diabetes, asthma (and chronic obstructive lung disease), as well as cancers. Management of these diseases & their risk factors requires medical knowledge that crosses specialties & good individualised & personalised counselling skills.

Today, market driven forces has resulted in greater emphasis on specialisation and thus has little development on the role of the generalist. Medical (super)specialisation also has its side effects of fragmentation of care and deterioration of patient-doctor relationship. A well-trained family physician can take the role of the new generalist and help coordinate care for the patient and family.

2. Are we the only country requiring further vocational training of family doctors?

In many developed countries like United Kingdom, USA, Canada & Australia, vocational training for family doctors beyond basic medical degree has become the norm. These vocational training are usually 2-3 yrs long & requires passing of various examinations. In fact, in 1996 in Australia & in 1998 in UK, it has become mandatory for doctors to have additional vocational training before they can practice as general practitioners.

3. Does taking the GDFM course really make me a better family doctor?

The training programme consists of 8 modules & 5 skills courses. The modules cover whole person medicine, disease management by body system & practice management. Workshops & tutorials are also conducted to provide the interactive learning on the more important the topics in each module. There are also various

skill courses covering a wide range of topics, including principles & practice of family medicine, communications & counselling courses.

Thus the GDFM course covers the spectrum and the depth, from the perspective & principles of family medicine, which emphasises holistic, continuity personalised and preventive care.

GDFM in brief

- 2-years part-time course
- Face-to-face sessions outside usual clinic hours
- Training programme by College & Exam by NUS
- 8 quarterly GDFM modules & 5 Skills Courses
- Each module consists of 8 topics and 1 small group tutorial
- 2 topics covered in Sat afternoon workshops i.e. 4 workshops every 3 months
- 5 Family Practice Skills Courses - 3 mandatory
- Exam held in one weekend, written & OSCE
- Objective Structured Clinical Exam on 10 common/important scenarios seen in GP clinics

4. What are the benefits of better trained family doctors?

A better trained family doctor is a strong health advocate, a good resource manager & a good personal counsellor. He will be able to advise & treat a wide range of medical problems for the whole person, with strong emphasis on preventive medicine & holistic care. He would also be in better position with work closely with hospital doctors to manage some complex patients. In the long term, we can look forward to better trained family doctors playing a greater role in the healthcare system & a healthier population.

5. I am so busy in my practice that I do

not have time to do the GDFM course, what should I do?

The materials for GDFM are available online. Lectures are mainly held on Saturday afternoons and tutorials are arranged mutually between tutor and tutees.

6. If I do not have GDFM, will my practice be affected if the proposal is eventually implemented?

CFPS's main aim for this proposal is to raise the future standard of family medicine in Singapore. It remains committed to its members' interest. College in making its proposal to MOH to make GDFM the national standard, will also gather feedback from its members about current doctors who do not have the necessary qualifications & make the necessary recommendations to MOH. The basic working principles that college is working on is that no existing doctors' will have to stop practising as a result of our proposal. We will also work out a recommendation that is consistent with the years of experience of doctors who have been practising family medicine & consider an alternative route for GPs who have been practising for some time to achieve the same standard.

7. With this recommendation, does it mean that new doctors with basic medical degree can no longer practice if they do not take up vocational training?

New doctors will have to decide if they wish to pursue a specialty or family medicine. However, even if they do not wish to, there are many other career options other than family practice like nursing homes, emergency room, residency, research, teaching or administrative work.

8. Does it mean patients have to pay more to see family doctors?

Currently, vocationally trained GPs are not charging more than their fellow colleagues. CFPS will also not be recommending any changes to the current SMA fee guidelines.