

**P R E S I D E N T ' S C O L U M N****Core CME for the Family Physician Defined****The Work Of The Family Physician**

The Singapore Medical Council has reiterated the definition of the family physician in the Guide For Doctors And CME Organisers 2002 as "The family physician is a generalist who provides personal continuing primary care to his patients. He or she is an expert in managing undifferentiated medical problems and treats patients in a holistic manner. Breadth of knowledge and skills are required. There must be core competence in areas that are critical in the management of patients in the primary care setting. Family physicians are therefore encouraged to constantly hone a broad range of skills and knowledge that are important in their daily practice."

**Fifty Percent of Core CME**

Like the other disciplines, the CME of the Family Physician (FP) also has a core and non-core component. At least 50% of the CME points must be acquired from core CME activities as defined by the College.

**Core CME defined**

Core CME may be defined operationally as CME that fulfill all the following 5 requirements:

1. Have scientific and clinical content with a direct bearing on patient care;
2. Have a direct bearing on family physicians' ability to deliver patient care including, but not limited to, laboratory investigations, practice management, and quality assurance;
3. Demonstrate high educational, ethical and medical standards, with proven theory and techniques, and generally accepted by the medical community;
4. Have active input and/or participation by family physicians designated by the CFPS in the planning, organisation and/or delivery of the programme; and
5. Be organised, co-organised or endorsed by the CFPS to be core CME programmes.

**I. Have scientific and clinical content with direct bearing on patient care**

Core CME fundamentally has to be an activity that has a direct bearing on patient care in the FP setting. It should be as learning objectives aimed at improving one or more aspects of the FP's work of personal, primary, continuing and comprehensive care to the individual or the family or the community or combination of these people groupings. The details of personal, primary, continuing and comprehensive care will be elaborated later. The advisor assigned by the College's CME Assessor Board will provide the necessary input and assistance for the prospective CME provider to fulfill this core CME requirement.

**II. Have a direct bearing on family physicians' ability to deliver patient care including, but not limited to, laboratory investigations, practice management, and quality assurance**

The second requirement of core CME is that the activity must contribute to building up the abilities of the FP to deliver patient care. Such skills are problem-solving skills, communication skills, therapeutic skills and procedural skills.

**III. Demonstrate high educational, ethical and medical standards, with proven theory and techniques, and generally accepted by the medical community**

The third requirement of core CME is that it must demonstrate the desirable standards – educational, ethical and medical standards. This is where the CME activity will be scrutinized to ensure it is free of commercial influence in the planning and program content in these areas: (a) commercial product bias; and (b) design and production of education activities.

CME sponsors and CME activity directors have the responsibility for ensuring:

1. Content of slides and reference materials which do not enhance the specific proprietary interests of the commercial supporter;
2. Determining what information, if any, provided by the commercial supporter will be included in program planning/production; use of such information may not be a condition of support;
3. Content of course promotions/materials are authorised by sponsor and will identify the educational activity as produced by the sponsor;
4. Ensuring that the content of repeated programs is the same as previously approved programs; and
5. When educational activities consisting of concepts or materials prepared by proprietary entities are used, they must adhere to independence in planning, designing, delivering, and evaluating such activities.

The proposed CME programme must give a balanced view of therapeutic options, uses generic drug names and/or trade names of the products of several companies, is objective in reporting of research, and discloses unlabelled use of commercial products.

**IV. Have active input and/or participation by family physicians designated by the CFPS in the planning, organization and/or delivery of the programme**

This Core CME requirement is important to ensure that the CME activity is really relevant to the FP audience. CME organisers should have an advisor from the list accredited by the College CME Assessor Board to fulfill this core CME requirement.

**V. Be organised, co-organised or endorsed by the CFPS to be core CME programmes**

This fifth and final requirement to be fulfilled by the CME provider is important from a quality assurance viewpoint. This task of organising, co-organising or endorsement by the CFPS is necessary extra work for the College to ensure that the delegated responsibility of the SMC-CME Committee for quality assurance of the FP's CME programme is adequately met.

## **The core work of the Family Physician elaborated**

The core work of the family physician can be remembered as “PPCC”.

### **Primary care (P)**

The FP provides first contact care. Besides mastering the diagnosing and treatment of common ailments, he must be trained in the undifferentiated presentation of early disease. He has to be well versed in the natural history and evolution of illness and to detect early symptoms and signs of diseases. He needs to spot ‘red flags’ which are the harbingers of serious problems, for example: ectopic pregnancy and to refer them promptly for hospital’s management.

### **Personal care (P)**

The patient is more than collection of organs and biological systems. The patient is a person with his unique ICE (Ideas, Concerns and Expectations) of health and diseases that has to be addressed in the context of the family and society. Skills of communication and empathy are important to forge a therapeutic and health seeking doctor-patient relationship to help the individual navigate the complex maze of healthcare services needed over his lifetime.

### **Continuing care (C)**

Affluence and the graying of Singapore society have made continuing care even more important. The FP has got to be an expert in disease management of chronic medical conditions to ensure long-term CCC (Compliance and Control of Complications). Unlike the episodic management of the acute phases in hospitals by specialists where a great degree of patient compliance can be mandated, the FP need to forge a mutual investment company with the patient to prevent diseases, treat complications and to forestall disabilities in the community over a life-time.

### **Comprehensive care (C)**

With increasing sub-specialisation and the fragmentation of care, the role of the family physician to provide comprehensive care for many of the patient’s healthcare problems and to provide integrative care for other more complex problems handled by sub-specialists become even more important. This is to ensure that the most appropriate healthcare is provided to ensure a cost-effective healthcare system.

## **SMC’s Mandate And College Infrastructure**

The College accepts the SMC mandate to appoint the College as the Core CME assessor for its CME Programmes. The College views this mandate as a recognition of the College leadership over the past three decades of relentlessly promoting post-graduate FM training and CME. The College also has a dedicated team of Fellows and Collegiate members to accord professional stewardship of the CME accreditation process.

The College has built up the infrastructure of the Family Medicine Training Programme (FMTP), Master of Medicine in FM and the Graduate Diploma in FM programmes. The tribal and practical experience of conducting effective structured training programmes and CME has given us the experience of what the core should be. We would also tap the experience of sister colleges throughout the world.

We have designed an accreditation system to take care of the CME Assessor Role. A College CME Assessor Board has been formed. The outcome of this collaborative initiative of the College and the SMC on CME will be a landmark in developing medical excellence in every medical practitioner. It will result in the levelling up of family practice. More importantly, it will help to ensure the accessibility, appropriateness and cost-effectiveness of healthcare for our people and society through the contributions of trained Family Physicians.

A/Prof Cheong Pak Yean

President, College of Family Physicians, Singapore

## F R O M   T H E   E D I T O R ' S   D E S K

2002! Now we are seriously into the new millennium. The novelty of writing 20 instead of 19 had worn off. The millennium doomsday prophets had kept their placards, gone back to workaday reality only to find the economy is no longer what it was at the turn of the century. Fortunately when it comes to family medicine, it is not all doom and gloom. At least not on the academic front, that is.

This year will see the graduation of the first batch of the GDFM (Graduate Diploma in Family Medicine) trainees. The trainees are feverishly preparing for the examinations. Many had forgotten the ecstasy and the agony of such a past time since they last did the MBBS thing many years ago.

At the other end of the stick, things are not nice and peachy either. The Censors Board and advisors had been busy preparing the gauntlet. A delegation will be flying to Australia to study the OSCE (Objective Structured Clinical Examination, acronym pronounced as "AussKie") technique of examining candidates. This is used increasingly in professional medical examinations. It is used in the FRACGP examinations and will be used in the GDFM examinations.

This year will also see a flurry of CME activities as everyone is geared up to prepare for 2003 when CME becomes compulsory.

2002 certainly looks set to be an eventful year for family physicians.

Dr Lee Kheng Hock  
Honorary Secretary

## NEWS FROM THE COLLEGE



### **Official Opening of WONCA World Secretariat**

In commemoration of the official opening of the WONCA World Secretariat, the College hosted a dinner on 8th November 2001 at the Conrad International Hotel. This was also to honour the visit to the College by the WONCA Executive Committee.

The event was attended by WONCA Council members, College Council members and prominent members of the healthcare industry.

The WONCA World Secretariat is now located at:  
College of Medicine Building, 16 College Road #01-02, Singapore 169854  
Tel: 65 6224 2886, Fax: 65 6324 2029, Email: [admin@wonca.com.sg](mailto:admin@wonca.com.sg)  
Website: <http://www.globalfamilydoctor.com>

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# **A N N O U N C E M E N T S**

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**College of Family Physicians, Singapore  
6<sup>th</sup> Annual Surgical Update for Family Practice**

**11-12 May 2002**

Saturday, 11 May 2002

Update On Non-Orthopaedic Trauma & Interactive Demonstrations

Sunday, 12 May 2002

Advances In Minimal Access Gynaecological Surgery

Organised in conjunction with

**3<sup>rd</sup> SGH-CFPS Minor Surgical Procedures Course for Family Physicians**

**18-19 May 2002**

Programme Highlights:

- κ Progressive Modular Course
- κ Live Surgery Demonstration
- κ Intensive Hands-On Practice

For more details, visit the College's website at <http://www.cfps.org.sg/news/index.html>.

# Graduate Diploma in Family Medicine

## NEW DIRECTIONS AND A BRIGHTER FUTURE

The College of Family Physicians Singapore launched the Graduate Diploma in Family Medicine in July 2000 as a vocational training certification for doctors working in family practices in Singapore. It is a watershed development in the advancement of family medicine as a distinct discipline in medicine.

The days when a fresh graduate after housemanship can practice as a family doctor without supervision or further training are long over. In developed countries, for a fresh graduate from medical school to practice independently in a family practice is unthinkable. Under the present system in Singapore, many doctors are still thrown into the deep end of family medicine without any formal training. As a remedy to the situation, the College decided that it is time to introduce a Graduate Diploma course in Family Medicine that will allow new doctors to rapidly gain the skills necessary to be an effective family doctor. Practicing family physicians will also find it useful training to "sharpen the saw". It is also an opportunity for them to reaffirm their commitment to their chosen discipline.

The third intake for this course will commence in July 2002. The first cohort of GDFM graduates will be sitting for their examinations this year. With the College's meager resources, it would be impossible to start the course without the help of many fellow doctors who volunteered their time and energy to help out as tutors, resource persons and programme developers. Using the model of the Masters of Medicine Family Medicine, the College had approached the Graduate School of

Medical Studies to help conduct the examinations.

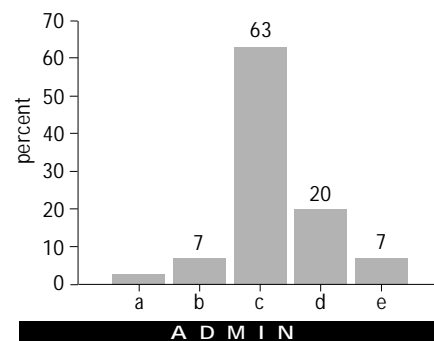
To find out how the course is doing, the College conducted a survey of 41 trainees on the 17th November 2001. They were asked to grade the various aspects of the course. The following were the results: Key: A=Excellent, B=Above Expectation, C=Within Expectation, D=Below Expectation, E=Poor

### Administrative Support

Administration is one weak area of the course. 27% of the trainees felt that the administrative support was below expectation. Staff changes at the Secretariat probably compounded the problem. During certain times of the year, the Secretariat was actually running with just one clerical officer. Compared to commercially managed schools or even public funded institutions we may appear to be inadequate in this area. Looking from another perspective, that 73% of the trainees were satisfied with the administrative support from an under-staffed and under-funded Secretariat speaks well of the efficiency of our staff. Nevertheless, the present state of affairs is unacceptable and the College had undertaken measures to improve the staffing of our Secretariat. Efficiency will be further improved by streamlining the work processes. We are also considering implementing an electronic learner management system when our resources permit us to do so.

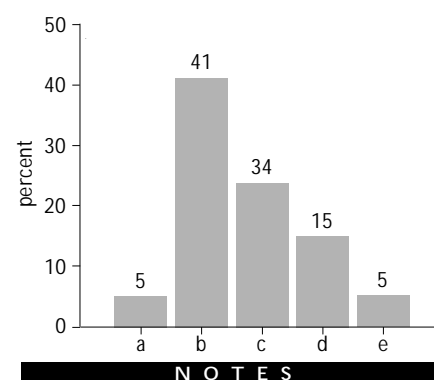
### Course Materials

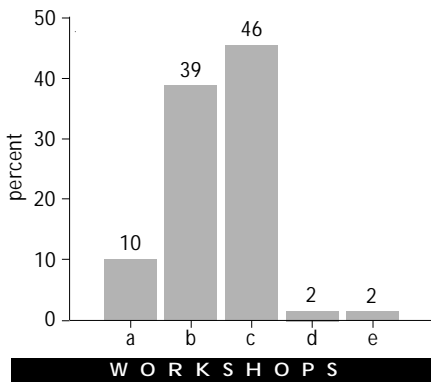
Reading materials and notes was the weakest component of the course. Up to 30% gave it the thumbs down. For



those who gave poor scores in this area, the common complaint was that the notes were often given late, sometimes even after the workshops of the modules had commenced. Another common complaint was the difficulty encountered when downloading the notes from our website. This problem was contributed in part by the frequent change of email addresses of trainees and mailbox quota limits. On the other hand there are many who gave high scores in this area. 5% of the trainees actually gave an excellent rating. Many gave high marks to this component, notwithstanding the lack of punctuality because they felt that the content was very good and relevant to their practice as family doctors.

The College is now considering deploying an e-learning platform to support all our courses and CME activities. When introduced, it will not





only solve the problem of course material delivery but will also greatly enhance the learning experience. Hopefully the College can raise sufficient funds to make this happen soon.

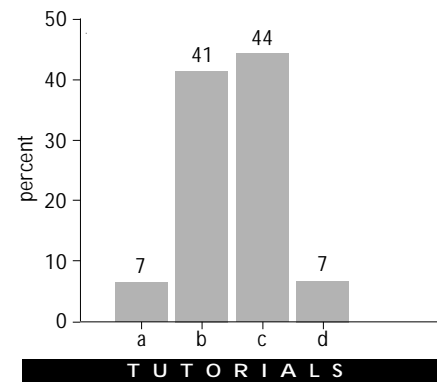
#### Clinical Workshops

The Saturday afternoon clinical workshops were a hit with the trainees. 95% of the trainees gave their approval. 10% gave it an excellent grading. Credit goes to the course developers who crafted the realistic case scenarios. Our specialist colleagues who rendered their unstint-

ing support as resource persons for these sessions must be commended. Many had to shuttle between two concurrent classes. Senior family physicians also sacrificed their precious weekends to help as chairpersons for such sessions to give it a family medicine perspective. It is heartwarming to know that many in our profession are still committed to our creed and are prepared sacrifice time and money to teach their fellow doctors.

#### Tutorials

Quarterly tutorials where family physician tutors meet up with trainee



tutorial groups are very well received. Most of the trainees were very appreciative of the efforts of their tutors. They also enjoyed the interaction with their peers. Many followed up their tutorials with email communications to exchange knowledge and information. 92% of the trainees were satisfied with the tutorials. 48% found the experience to be above their expectations.

#### Conclusion

One and half year down the road, this new course is about to bear fruit. The first batch of trainees will leave their mark in local medical history as the first of many to obtain a Singaporean diploma in the discipline of family medicine. It was predicted that within a decade, the majority of family physicians in Singapore would have undergone structured and formalized training in the discipline of family medicine. In the meantime the College and the volunteer teachers will be facing an uphill task, struggling to find strength and resources to keep this new wave rolling.

**The Graduate Diploma in Family Medicine (GDFM) is a vocational training certification for primary care doctors. The aim of this programme is to train primary care doctors to practise Family Medicine at an enhanced level to meet the needs of the child, the adolescent, the adult and the elderly.**

#### PROGRAMME DETAILS

This is a 2-year part-time programme conducted by the College of Family Physicians Singapore (CFPS) commencing in July of each year.

The programme is planned to accommodate the busy doctor's

schedule; the majority of candidates will not need to take leave or time off from their regular work. It is to be completed within 24 months. The GDFM training programme consists of: 8 GDFM Modules 5 GDFM Courses

#### GDFM Modules

Each GDFM module consists of 1 FMMC (FMTP Modular Course) and 1 tutorial based on the theme of the FMMC module of that particular quarter. 1 module would be covered per quarter. Trainees are required to attend all the 8 modules.

The FMTP Modular Course (FMMC) consists of distance learning, 4 Saturday afternoon workshops and

formative assessment. Attendance of the tutorial and at least 3 of the 4 workshops is mandatory for each FMMC module to be certified. The structure of each module consists of 8 sub-modules, 4 in whole person medicine, 3 in body systems and 1 in practice management. (Refer to Appendix A – FMMC Structure)

#### GDFM Courses

The GDFM Courses emphasize on basic clinical diagnostic and management skills essential to general practice and will be conducted in the two years. Each GDFM course consists of 6 training hours conducted over one or two days in the weekend.

The 5 GDFM courses are:

κ Principles & Practice of FM (P & P)

Under the P & P course, there are 4 modules each of 90 minutes duration. Each module consists of 4 parts: Lecture, Workshop, Discussion/Presentation, and Evaluation. The 4 modules are:

*Module 1:* Disease Management

*Module 2:* General Practice Audit

*Module 3:* Clinical Practice Guidelines

*Module 4:* Legal Ethic & Practice

κ Communication & Counselling (C & C)

Under the C & C course, there are 4 modules, each of 90 minutes duration. Each module consists of 3 parts: Case-based panel discussion, Expert Overview, and Skills Enabling Workshop. The 4 modules are:

*Module 1:* Breaking Bad News

*Module 2:* Insomnia & Addiction

*Module 3:* Somatisation & Family Conflicts

*Module 4:* Difficult Patients

κ GDFM Clinical Revision Course

This is a 6 hours course to prepare the trainees for the GDFM examinations. There are 2 modules each of 3 hours duration in this course:

*Module 1:*

The GDFM Written Examination

- Applied Knowledge Test (MCQ), Key Features Problems
- Mock Written Exam

*Module 2:*

The GDFM OSCE Examination

- The Objective Structured Clinical Exam
- Mock OSCE Examination

Trainees are required to complete this course in the same year which they will be taking the GDFM exam.

κ Elective Short Clinical Courses

A short clinical course for GDFM is a 6-hour or more training programme organized by the College of Family Physicians Singapore. It may consist of more than one module or session under a common theme that are recognised by the College as being GDFM short clinical course. These courses emphasize on basic clinical diagnostic and management skills essential to general practice.

Participants are expected to attend at least 1 elective short clinical course a year in the area of his or her choice from those accredited by the College for the GDFM programme.

At the end of the 2 years training period in early June, trainees may apply for a letter of attendance from

the College. Trainees who have completed all the components may submit this letter to the GSMS, NUS to qualify to sit for the examinations.

For those who did not complete all the components, they may apply to the College for an extension of up to 2 years to attend the components that they have missed and hence forfeited in the 2-year programme. A cheque for the fees of the courses and modules applied for must accompany such an application for the extension to be considered. Once the extension is approved and on completion of the remainder of the components, a revised letter of attendance would then be issued at the end of the period.

### GDFM EXAMINATION

The examination is conducted by the Graduate School of Medical Studies NUS and successful candidates would be awarded the Graduate Diploma of Family Medicine (GDFM) by NUS. The examination held on a weekend consists of:

Written Paper	○ Applied Knowledge Test (MCQ) paper (2 hours)	25%
	○ Key Features Problems paper (1 hour)	25%

Skills Assessment by OSCE (Objectively Structured Clinical Examination) (2 hours) 50%

Candidates must apply to GSMS NUS with the letter of completion from the College by the 15<sup>th</sup> June of the second year for the examination to be held in July.

### ELIGIBILITY

The candidate must possess the following to be eligible to register for the GDFM programme:

- κ a basic degree of the MBBS or equivalent qualification registrable with the Singapore Medical Council
- κ 1 year as a medical officer or general practitioner

### FEES

GDFM Programme Fee (payable to CFPS)

College member : S\$ 3570 (covers registration fee of \$50, 8 GDFM Modules & 5 GDFM Courses)

Non-College member : S\$ 3870

Examination Fees (payable to GSMS NUS): S\$ 360.50



**COLLEGE OF FAMILY PHYSICIANS SINGAPORE  
GRADUATE DIPLOMA IN FAMILY MEDICINE  
PROGRAMME 2002-2004**

Recent  
Passport-sized  
Photo x 2

Please U the appropriate boxes accordingly. \*Please delete where not appropriate.

**(A) PERSONAL PARTICULARS**

- 1a. Family Name : \_\_\_\_\_ 1b. Given Name : \_\_\_\_\_ (Mr/Mrs/Miss/Mdm)\*  
 2a. PP/NRIC No : \_\_\_\_\_ 2b. Type of NRIC : Singapore Pink/Singapore Blue/Malaysia Blue/Malaysia Pink\*  
 2c. Race : Chinese/Malay/Indian/Others\* please specify:  
 2d. Sex : Male/Female \* 2e. Citizenship: | Singaporean | Others, please specify: \_\_\_\_\_  
 3. Date of Birth : \_\_\_\_\_ (dd/mm/yyyy)  
 4a. Type of Practice: | NHG | Singhealth | Private | Group | Solo | Locum | Not working  
 4b. MCR No : \_\_\_\_\_ 4c. Year of SMC Registration: \_\_\_\_\_  
 5. Address : \_\_\_\_\_  
 \_\_\_\_\_ Postal Code \_\_\_\_\_  
 6. Tel No : \_\_\_\_\_ 7. Handphone : \_\_\_\_\_ 8. Pager : \_\_\_\_\_  
 9. Email Address : \_\_\_\_\_

**(B) MEMBERSHIP TO COLLEGE OF FAMILY PHYSICIANS SINGAPORE**

1. Year of Joining : \_\_\_\_\_

**(C) YEAR AND DEGREES/DIPLOMAS AWARDED** (Attach a separate sheet if necessary)

- Year : \_\_\_\_\_ Qualification : \_\_\_\_\_  
 Year : \_\_\_\_\_ Qualification : \_\_\_\_\_

**(D) APPOINTMENTS** (Attach a separate sheet if necessary)

- From : \_\_\_\_\_  
 To : \_\_\_\_\_  
 Department/Hospital or Medical Practice/Group : \_\_\_\_\_  
 Remarks if any : \_\_\_\_\_

Please send completed application form together with payment, before 30 April 2002, to:

**College of Family Physicians Singapore  
College of Medicine Building, 16 College Road  
#01-02 Singapore 169854**

Tel: 6223 0606 Fax: 6222 0204 Website <http://www.cfps.org.sg/>

**FOR OFFICIAL USE ONLY**

1. Fee paid : S\$ \_\_\_\_\_ 2. Cheque/draft no. : \_\_\_\_\_  
 3. Acknowledgement date : \_\_\_\_\_ 4. Official receipt no : \_\_\_\_\_  
 5. Checked by : \_\_\_\_\_