Original Article

Family Medicine Education in Singapore: A Long-standing Collaboration between Specialists and Family Physicians

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Abstract

In many countries, family medicine (FM) training has been conducted mainly by senior family physicians alone. However, FM training in Singapore in the last 30 years has involved specialists working in close collaboration with family physicians. The areas in which specialists are currently involved include the training of FM trainees in tertiary hospitals, the Master of Medicine in Family Medicine [MMed (FM)] and Graduate Diploma in Family Medicine (GDFM) programmes. This close relationship has been crucial in the continuing vocational and professional development of family physicians and in fostering closer collaboration between family physicians and specialists, thus ultimately benefiting patient care.

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Introduction

In the US, Canada and Australia, the postgraduate training of family physicians (FPs) involves the attachment of family medicine (FM) trainees to specialist departments, similar to the model currently employed in Singapore. Unlike Singapore, however, FM training outside these hospital attachments is largely administered by senior FPs with minimal input from specialist colleagues. In Singapore, the training of FPs has involved a close and sustained collaboration between both specialists and FPs since its inception 30 years ago.[1-3] This long-standing partnership has been beneficial to FPs as their specialists colleagues readily shared the hospital perspective of care for FM-relevant diseases and cutting-edge developments in their fields. In return, specialists have gained from understanding the challenges in diagnosis and management that FPs encounter in their practice setting. This has triggered many mutually fruitful partnerships that have enhanced patient-care locally. The publication of successful programmes in this issue of the *Annals* is a testament to this positive outcome. The aim of this commentary is to highlight the success of partnerships between specialists and FPs in FM training during its development in Singapore, the present continuing medical education (CME) programme and FM's future directions.

History of Postgraduate FM Training

From the early 1970s to the late 1980s, vocational FM training consisted of self-directed learning and lunchtime talks. The only local FM postgraduate qualification available during this period was the College Diplomate examination which was first offered in 1972. Candidates' own practices were the self-directed "training ground" and examination preparation courses were run by hospital specialist colleagues.

The idea of a structured vocational training for FPs was raised by the then Ministry of Health (MOH) Director of Manpower in 1988. A steering committee, a tripartite collaboration between the MOH, the then College of General Practitioners of Singapore (now College of Family Physicians of Singapore) and the then university Department of Social Medicine and Public Health (now Department of Community, Occupational and Family Medicine) was formed to deliberate on the details.[4] A pilot FM vocational training programme was started with participation from hospital specialists. Subsequently, a memorandum proposing the institution of a Masters degree in Family Medicine was submitted to the School of Postgraduate Medical Studies (now Division of Graduate Medical Studies) in 1991. The School's main role was to define the training standards and teaching framework for the new

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training programme. Focusing first on junior medical officers in public service, 3-monthly rotations were introduced in different hospital postings for specialists to train FM residents under this new Masters traineeship programme (termed Programme A).[5] Through these hospital rotations, FM trainees had opportunities to work under the supervision of specialists from various disciplines. These postings gave them a broad-based training which was important to their subsequent practice as family physicians. The first examination was held in 1993 and over 240 doctors have successfully obtained the Master of Medicine in Family Medicine [MMed (FM)] since then, representing about 10% of all FPs in Singapore.[6] In 1995, an alternative programme (termed Programme B) was introduced for private practitioners already in practice who were still keen to undergo further vocational training and accreditation.

Table 1. Clinical Contents of Family Medicine Modular Course (FMMC)

M1.1 – Respiratory problems	M1.2 – Ear, nose, throat and eye problems
1: Acute upper respiratory infections	1: Ear problems
2: Acute lower respiratory infections	2: Nose and throat problems
3: Chronic cough, tuberculosis and lung cancer	3: Eye symptoms and acute conditions
4: Asthma and chronic obstructive pulmonary disease	4: Eyelid problems and chronic eye conditions
M2.1 – Child health	M2.2 – Gastro-intestinal problems
1: Acute paediatric problems	1: Upper gastro-intestinal problems
2: Developmental paediatrics	2: Lower gastro-intestinal problems
3: Adolescent health	3: Hepatic problems
4: Behavioural paediatrics	4: Gallbladder and pancreatic problems
M3.1 – Chronic disease management	M3.2 – Blood, oncology and palliative care
1: Chronic disease management	1: Haematological problems
2: Hypertension	2: Prevention and early detection of cancer
3: Diabetes mellitus	3: Cancer management
4: Obesity and metabolic disorders	4: Palliative care
M4.1 – Elderly health	M4.2 – Psychiatric problems
1: Ageing, fitness and assessment	1: Psychiatric assessment, anxiety disorders
2: The frail elderly	2: Personality disorders and abnormal illness behaviour
3: Parkinsonism, stroke and transient ischaemic attacks	3: Schizophrenia
4: Prescribing for the elderly	4: Mood disorders, suicide, grief and addiction
M5.1 – Public health	M5.2 – Skin problems and sexually-transmitted infections (STIs)
1: Healthy diet and nutritional counselling	1: Approach and skin infections
2: Epidemiology and communicable diseases	2: Non-infective skin disorders
3: Non-communicable diseases	3: Pigmentation, hair and nail disorders
4: Travel medicine	4: Office management of STIs
M6.1 – Occupational health	M6.2 – Renal / endocrine problems
1: Work related health service	1: Acute urinary disorders
2: Workplace hazards	2: Chronic renal disease
3: Fitness to work and return to work	3: Male genito-urological disorders
4: Statutory medical examinations and workmen's compensation	4: Endocrine disorders
M7.1 – Women's health (gynaecology)	M7.2 – Emergencies and injuries
1: Fertility and infertility issues	1: Emergency problems
2: Common gynaecological symptoms	2: Acute cardiac problems
3: Sexual dysfunction, menopause and incontinence	3: Myocardial infarction and heart failure
4: Gynaecological cancers	4: Sports injuries, accidents and violence
M8.1 – Women's health (obstetrics)	M8.2 – Musculoskeletal and neurological problems
1: Antenatal care	1: Acute musculoskeletal problems
2: Medical disorders in pregnancy	2: Chronic musculoskeletal problems
3: Complications in pregnancy	3: Acute neurological problems
4: Postnatal care	4: Chronic neurological problems

This new programme provided yet another opportunity for hospital specialists to continue playing a part in the training of FPs.

Five years later, to meet the needs of FPs who could not afford the time required for the MMed (FM), the Graduate Diploma in Family Medicine (GDFM) programme was introduced in 2000.[7] This was targeted at FPs who wish to practice at an enhanced level and consists of distance-learning programmes and small group tutorials. However, there were only 8 tutorials within 2 years, compared to 80 for the Master's program.[8]

Throughout the history of FM training, specialists have regularly been invited to share their expertise in their various fields. This arrangement has worked out well since the inception of the MMed (FM) programme and is still in use today. Specialists are involved in the teaching of the Family Medicine Modular Course (FMMC) (Table 1 and 1a) for both the MMed (FM) and GDFM programmes. The modules are chaired by the FPs with specialist colleagues invited as domain resource persons. (further details about the FMMC are available at the College of Family Physicians of Singapore website: http://www.cfps.org.sg) A major reason for its success has been the active participation of both the specialists and FPs during the question-and-answer sessions. This method of learning has garnered good feedback compared to didactic lectures utilised prior to 1997.

Another unique feature of our MMed (FM) examinations is the inclusion of specialists as co-examiners for the clinical examinations. This is different from the Advanced Specialist Training programmes in Canada, the USA and Australia where only FPs act as examiners. The inclusion of specialist examiners has led to rigorous pedagogical assessment in the MMed (FM) and has increased the standards of FP competency. Many external examiners for the MMed (FM) have commented that the examination is one of the more rigorous family medicine examinations that they have encountered. This speaks well of the standards of FM and for the future of primary care in Singapore.

Continuing Medical Education

The Singapore Medical Council (SMC) made CME compulsory for Singaporean doctors in January 2003 in order for them to renew their practicing certificates. To address the needs of FPs, the College of Family Physicians of Singapore streamlined the MMed (FM) and GDFM training programmes into Family Practice Skills Courses. These skills courses are held on weekends and specialists are invited to provide expertise and cover the practical aspects of their particular field. Demonstration of procedures and supervision of hands-on practices are provided by specialists. Such courses provide problem-oriented training for common problems in the FM setting and the technical skills training increases the confidence and expertise level of FPs to perform some of these procedures in their own practices. They are invaluable in transferring experience, knowledge and skills and also act as a rare opportunity for specialists and FPs to interact and obtain immediate feedback on their work, improving the standard of FM practice in Singapore.

Table 1a. Skills Courses component (Family Medicine Modular Course)

Principles and Practice of FM
Units 1 and 2 – Principles of family practice
Unit 3 – Managing the practice
Unit 4 – Computer use and literature search
Unit 5 – Financial management
Unit 6 – Practice audit (quality)
Communication, Consultation and Counselling
Unit 1 – Family Practice consultation
Unit 2 – Communication and counselling skills
Unit 3 – Breaking bad news
Unit 4 – Somatisation and family conflicts
Unit 5 – Insomnia and addiction
Unit 6 – Difficult patients
Professionalism, Ethics and Law
Unit 1 – Professionalism and ethics
Unit 2 – Law and practice
Unit 3 – Medical records and confidentiality
Unit 4 – Notification and dispensing
Unit 5 – Practice issues and advertising
Unit 6 – Setting-up practice

Future Directions

Specialists and FPs sometimes approach patients' medical problems with different attitudes and perspectives.[9] Together with gaps in communication, this has led to an artificial and unnecessary divide between hospital doctors and those working in the community.[10] This has also resulted in inadequate and inappropriate transfer of care between tertiary and primary care and a low appreciation of community care. GPs in the UK have expressed that CME could be improved by increasing contact between themselves and hospital specialists.[11] Fortunately in Singapore, FM education has enjoyed close collaboration between specialists and FPs since FM became recognised as a unique medical discipline in 1987.

With an increasing emphasis on right-siting and high quality of care for chronic diseases, the need to maintain and deepen this working relationship to further improve FM education becomes increasingly crucial. A possible next step could be for FPs to contribute to specialty training programmes by providing a community perspective on diseases. Another possibility is to explore partnerships between the College of Family Physicians of Singapore and the Academy of Medicine to offer conjoined courses

that leverage each other's strengths and minimise resource duplication. With FPs working as hospitalists in tertiary hospitals, this is another area where collaboration with specialists would further improve patient care. There is also a need to emphasise the upgrading of skills for all FPs, by taking up the GDFM as a starting point for FPs. The Ministry of Health has proposed the establishment of a Family Physician Register.[12] Formal training in FM through additional, structured and directed training programmes will be needed for entry to the Register. Such programmes should lead to improving both the acute care and the long-term outcomes of patients with chronic diseases.

Every endeavour that we undertake as specialists or FPs must eventually benefit our patients. The next step could be to translate our long-standing relationship in FM education into solutions to bridge the gap between tertiary and primary healthcare in Singapore. Better integration of care between home, primary, secondary and tertiary care is desired. This requires close collaboration amongst the different providers. Training programmes involving both specialist and FPs would remain a valuable tool for creating dialogue, new better programmes for patients and ultimately benefiting our patients. This is a common goal that both specialists and FPs share and look forward to.

Conclusion

Good working and learning relationships between the FPs and hospital specialist colleagues have been cornerstones in the development of vocational training and continuing professional development programmes in FM. The sharing of professional values over time has helped both hospital specialists and FPs to understand the place of both patient-centred and disease-centred medicine in the holistic care of the patient. Looking into the future, the convergence of hospital specialist care and community-based care of the FPs will be needed as we are faced with a rapidly ageing population. Seamless care and the continued collaboration in the training of FPs will be crucial for this convergence.

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