The Journey to the Fellowship

The College academic year begins this year on 29th July with the FM Commencement 2017. Many family doctors enrol in one of the training routes offered by the College viz. the GDFM programme, the College Masters programme or the Fellowship programme. This issue of the Mirror interviewed Dr Tan Tze Lee, Vice President of the College, who shared his own journey to finally taking the fellowship..

College Mirror (CM):

You obtained your post-graduate MRCP from the Royal College of Physicians, United Kingdom in 1992 and have practised as a family doctor in the heartlands for over 20 years. Yet you saw the need to sign up for the GDFM programme in 2010, why so?

Dr Tan Tze Lee (TTL):

It has been a long, challenging but most satisfying journey!

It began in 2009 when I joined the council as a council member. At the first council meeting, I was appointed Honorary Editor and given the responsibility of taking care of the College's Journal the Singapore Family Physician (SFP). The SFP was undergoing a revamp at the time, and my first task then was to prepare it for admission to the Western Pacific Region Index Medicus. I had also much to learn about how the SFP was published. My mentor was none other than Prof Goh Lee Gan, who spent much time showing me the scholastic ropes of FM. When I look back, it is clear to me that Prof Goh was gently nudging me towards formal family medicine (FM) training.

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Many of my colleagues in the College Council had already attained the Masters and the Fellowship in FM. Even though I had already the MRCP, I was told that internal medicine (IM) formed only a component of FM, and in order to qualify for the Fellowship programme, I had to jump some hoops. These were first the GDFM (Graduate Diploma of Family Medicine), and after that the Collegiate Membership of the College of Family Physicians Singapore [MCFP(S)] by assessment.

CM:

A year after you registered for the GDFM in 2010, you were admitted to the Family Physician Register. Yet you continued to complete the 2-year GDFM course to qualify to sit for the examination...

TTL:

At the time the Ministry of Health had also just instituted the Accredited Modular Course (AMC), where senior family doctors like myself with many years of experience could qualify for inclusion in the Family Physician Register (FPR) after attending the required modules.

Having already done many of the modules, I applied and was admitted to the FPR in November 2011.

By then I was already in the GDFM training programme and pleasantly surprised that the curriculum and course were indeed very useful for family practice. Though I practiced in Choa Chu Kang for over 20 years, the refreshed knowledge helped in my continuing professional development. The tutorial group discussions held at the end of each module were an excellent platform to discuss the simulated cases and practice the OSCE (Objective Structured Clinical Examination). The GDFM course comprises 4 weekends of FM lectures each quarter. That meant a commitment of 32 weekends over 2 years for the 8 modules! This was on top of running my clinic and the College activities. The long road ahead was sufficiently onerous to make me re-think many times about continuing the journey but by God's grace I persevered.

CM:

And you took the GDFM examination in 2014 \dots

TTL

By the end of the 2-year programme, I was reluctant to sit for the GDFM exam as I was swamped with clinical work and other organisational responsibilities. Not only that, I was already registered in the FPR via the AMC route. Was it necessary for me to clear this hurdle? After some humming and hawing, I finally relented and signed up for the GDFM exam in 2014. It was much more challenging than I had anticipated. The theory paper was very difficult. Thankfully, I managed to pass that. The OSCE component was the real challenge. A dinosaur like me had never taken a real OSCE examination before and even though I had some practice it did not really prepare me for the actual thing. I failed this attempt and felt rather let down. Honestly by then I felt like giving up. However, my friends and colleagues at the

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college were of great support and encouraged me to carry on the journey. So, I swallowed my pride and applied to take the GDFM again in June 2015. For this attempt I was better prepared, with help from friends like Suraj and Soo Kiang who helped me fine hone my deficient OSCE skills. This time round, I passed!

CM:

INTERVIEW

And next stop was Collegiate Membership..

TTL:

With the GDFM under my belt, and the MRCP, I was able to apply to take the MCFP by assessment in February 2016. There are two components to the assessment. I had to write up 40 cases and face two very senior fellows of the college for a robust discussion! The clinical component consisted of two cases that I had to clerk and present. In this component, they observed my interviewing and examination of the patients, after which I was subjected to a viva. I passed muster and in March 2016, was conferred the Collegiate membership, MCFP(S) by assessment.

CM:

And at last you qualify for the fellowship programme. Tell us about your experience.

TTL:

There were around 30 doctors in my fellowship batch - many younger doctors from the polyclinic clusters, the SAF and public hospitals. Some like us were in private practice. There were five of us in the 'senior' group, having been in practice for over 20 years; the others in this group had gone through the MMed(FM) route. I was the odd one out.

The programme was rigorous! We were introduced to the world of research, and learnt how to appraise the quality of research evidence. We had a mini-course on medical pedagogy, and had separate programmes on OSCE question setting, as well as methodologies on setting multiple-choice questions. Prof Goh Lee Gan and Dr David Ng were my tutors for the OSCE segment and they were excellent teachers - giving us insight and advice on how best to set the OSCEs and avoid pitfalls. For the MCQ setting component, we had none other than Dr Ong Chooi Peng, who is simply amazing! Never could I have imagined the rigor and discipline required to set an MCQ, and Dr Ong's excellent guidance got us through.

CM:

How was the training?

TTL:

We had regular monthly meetings, where we gathered to present our cases, research findings, review papers. All these presentations were critiqued by the group. We also worked "What stands out (in the fellowship class) is the friendship and camaraderie that was so fantastic to behold"

together to organise the medical pedagogy workshop in 2015. This was a supreme effort where everyone contributed. It was a great success. What stands out is the friendship and camaraderie that was and still is so fantastic to behold.

Every 6 months we had a review by our supervisors on our progress. Prof Cheong Pak Yean and Dr Chng Shih Kiat supervised the senior group and they were most encouraging and kept us on track.

Towards the end of the 2 years, there was the usual mad scramble to complete the logbook which is an integral part of the final assessment. Many of us were sharing tips on how to put it together; some of us were very efficient and had the final logbook ready weeks before. People like me managed to get it in just before the deadline!

CM

And the summative fellowship examination came ...

TTL:

No one enjoys taking exams, and neither do I. I was all nerves on the day. During the final assessment, we had to make a vigorous defence of my logbook. I was not confident of the outcome. So it came as a bit of a shock and surprise to me when I found out that I passed!

People ask me whether the fellowship course was worth taking; Indeed it was. The skills that I acquired during the 2 years are quite frankly incredible. Is it useful for a normal FP like myself in private practice? Yes it is. I can now look at clinical papers and spot the flaws. I can do research. I have better knowledge on ethical issues.

CM:

Your road was indeed rocky but you arrived.

TTL

We learnt so much. Yet what stands out is the camaraderie and unity that was imbued in all of us. We had gone through thick and thin, supporting each other as we struggled with our research and logbooks. We were all amazed at the dedication of our tutors, all of whom went the extra mile to help us get ready for our exit viva. Words cannot fully describe our gratitude to them! Having now been conferred the fellowship, it's time to give back to our fraternity by teaching and I hope to see many family doctors joining the College programmes this year.

CM

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