

FM as a Specialty

by Dr Chan Hian Hui, Vincent, FCFP(S), Council Member, College Mirror Editorial Board

The College and the Chapter of Family Medicine (FM) Physicians at the Academy of Medicine Singapore jointly organised an annual tea reception on 08 September 2018 at the Holiday Inn Singapore Orchard City Centre. The event was to symbolise the strong relationship between the 2 bodies as we discussed the subject of “Advancing Family Medicine as a Specialty.” The event was graced by many heavy weights in our fraternity, including College former presidents Dr Lee Suan Yew, A/Prof Cheong Pak Yean and A/Prof Lee Kheng Hock and FM professors, Prof Doris Young of NUS Yong Loo Lin School of Medicine (YLLSoM) and Prof Helen Smith of NTU Lee Kong Chian (LKC). Dr Sayampanathan, Master of the Academy of Medicine (AMS) also addressed the gathering and contributed to the dialogue.

Many points were raised, and here are some key themes covered:

1 Family Medicine is a unique and distinct specialty

The CFPS constitution defined Family Medicine as a discipline practiced in many clinical settings with expertise in the following six elements of care in the context of the patient, family and society: namely personal care, primary care, preventive care, comprehensive care, continuing care and co-ordinated care.” Prof Doris Young also pointed out that “the complexity of general practice/Family Medicine” may not be fully appreciated by other doctors and policy makers, yet our discipline has its own “unique scholarship.” Prof Helen Smith agreed and stated that “our (Family Medicine) speciality is generalism, the management of all problems in all ages, all genders.”



2 We have in place a rigorous training programme

Dr Ng Lee Beng, in her opening address on behalf of College President and council, had remarked that “the birth of the Chapter was largely due to massive effort from family physicians working under the College banner to ensure rigorous advanced specialty training via the College Fellowship Programme. That earned us the invitation to start the Chapter of Family Medicine Physicians in the Academy

of Medicine. You may say that Chapter is a kind of offshoot of the College.” Today, our College education programmes are well established and respected, from GDFM to MMed College Programme to our Family Medicine Advance Specialty Training programme (Fellowship programme).

3 The power of branding

Dr Lee Suan Yew recalled why in 1993, the decision was made to change our name from the College of General Practitioners Singapore (CGPS) to our current name of the College of Family Physicians Singapore (CFPS). This was so as the public and government had come to regard the word “general practitioners”, as referring to all doctors without formal postgraduate training. The name change was thus to signify to society and government that Family Medicine is a specialty that requires formal training, and that College is committed to providing this training for all colleagues, regardless of which setting they chose to work in and whenever they are ready to start.

On this matter, Dr Lee made a comment that resonated with me. He said that as a General Practitioner working in the community, he is quite happy and comfortable to be called “a GP”. But this is not about himself. The drive to make Family Medicine a specialty is for the fraternity and

our younger doctors. Dr Lee believes that such a move would make Family Medicine more attractive to younger doctors. Prof Doris Young agrees, commenting that the “discipline of Family Medicine (FM) has to be

supported by MOH (Ministry of Health) and be granted a specialist status if it were to attract future medical students to choose FM as a career.”

4 The other specialists and countries have already recognise Family Medicine as a specialty

Dr Sayampanathan, as Master of the Academy of Medicine, stated in his address that AMS recognises Family Medicine as a medical specialty. This is the clearest statement of support from our specialist colleagues. As A/Prof Cheong Pak Yean said “Family Medicine has been

(continued on the next page)

(continued from Page 13: FM as a Specialty)



accepted by the profession and peers as a specialty. The Specialist Accreditation Board (SAB) now need to be engaged to accept well trained Family Physicians as medical specialists. Many countries as mentioned by the panelists have already done so.”

Examples of countries that recognise Family Medicine as a specialty include,

- United States of America, where in 1969, the American Board of Family Medicine was approved as a member board of the American Board of Medical Specialties.¹
- Japan, where Family Medicine was recognised as a medical specialty in 2015, with a new “certified training system” due to start in 2018.²
- Indonesia, whose parliament passed the Medical Education Act No. 20/2013, one of the provisions being to “create a new specialist called ‘primary doctor’ in support of JKN (Jaminan Kesehatan Nasional, their form of universal health coverage).”³

5 Family Medicine as the answer to cost effective health care

A/Prof Cheong said that “Primary and community care can be a solution to harness the escalating health care burden only if there is discipline within the whole healthcare system, it can better play its role if both clinical and financial governance be undertaken in a vertically integrated system of care with person-based instead of service provided funding from public coffers.⁴ Enough financial resources can then be allocated appropriately to primary care to provide care currently delivered in specialist outpatient clinics and stays in hospitals. Recognition of well-trained family physician as specialists to implement this clinical and financial governance compact is important to build capacity and to booster the recognition of competence by patients.”

Prof Young also reiterates that “strengthening GP led primary care is a value proposition indeed and will deliver the ‘3 beyonds’ espoused by MOH.” The “3 beyonds”⁵ are “beyond hospital to community”, “beyond quality to value” and “beyond healthcare to health.” In all 3 areas, Family Medicine is the specialty uniquely positioned to support these goals.

Conclusion

It was a fun and exciting afternoon of fellowship among friends and colleagues within our Family Medicine fraternity. To end off, a quote from A/Prof Lee Kheng Hock that “we should be united to advance our common objective of delivering better care through the practice of Family Medicine at the highest possible level for the sake of our patients and our community.”

REFERENCES

- ¹ ABMS Guide to Medical Specialties, 2018, page 28
- ² The new era of postgraduate certified general practice training in Japan. By Akiteru Takamura. Education for Primary Care, Volume 27, 2016, issue 5
- ³ The Republic of Indonesia Health System Review. Medical Education Reform. Yodi Mahendradhata et al. Asia Pacific Observatory on Health Systems and Policies. WHO 2017. Page 187-188
- ⁴ Cheong PY Education and training in family medicine: looking ahead SMJ 2014 55(3) 124-125. <http://www.smj.org.sg/sites/default/files/5503/5503col.pdf> (accessed 8th Sept 2018)
- ⁵ Speech by Mr Gan Kim Yong, Minister of Health, Committee of Supply Debate, 07 March 2018