

health, Every Doctor. I got a copy, and once I started reading it I could not put it down. Page after page, it touched me in so many ways, on many of the problems we face as doctors on a daily basis in our professional and personal lives. Coauthored by Prof Kidd and Dr Leanne Rowe, it addressed many of the issues we now face in our practice in the 21st century. We may not like to admit it, but burnout, stress, mental illness, suicide, harassment, bullying, medicolegal challenges; all these are now part and parcel of our lives as medical doctors.

In his book he shared that self care is "essential". I quote "It is simply not possible to offer consistent high-quality patient care unless we prioritize adequate time outside office hours to rejuvenate and replenish ourselves." I could not agree more. Even Sir William Osler alluded to this over a 100 years ago in his quip "The young doctor should look about early for an avocation, a pastime, that will take him away from patients, pills and potions." I suspect such challenges as we face now were also faced, in one form or another, by clinicians in ages past. Perhaps it is just the nature of our vocation. As it is, it is fortunate that we are now able to recognise these issues early, and address them in a timely fashion. This book offers some solutions. There are sections in the book that cover various aspects of self care, and creating healthier working environments and medical leadership. A thoughtful read, a very timely reminder for all of us to reflect, make time for ourselves, for self care.



I am very amazed at the stamina of our family medicine trainees, some of whom have literally climbed mountains and crossed rivers to complete their courses. We interviewed several of our MMed(FM) and fellowship graduands in this issue, and they gave candid accounts of the training that they went through. Some of them had attempted the MMed (FM) several times, finally succeeding in clearing the rigorous examination on the final try. Some have been pregnant and had a baby during the course, some have had to deal with illness and manage hospitalizations. Despite all these challenges, they stayed the course and reached their goal! We are very proud of all of them, and celebrate their perseverance and success.

This issue has several articles of great interest. Dr Jean Jasmin Lee shares with us advice on sexual medicine. Something that we often find hard to discuss with our patients, Jean breaks the ice for us and gives us much needed insight. We have an article on COPD in the community, as well as an article on guitar building by Dr Terence Tan. Dr Luke Low gives us a glimpse of the new Sengkang Community Hospital, which just recently opened. Apparently it "Feels like Home"!

The College is very privileged to have many talented members who contribute to the fraternity. We are grateful for the dedication and commitment, and will continue to support these activities that strengthens our College family. Unity is strength, and by staying united, our family medicine community can only become stronger.

■ CM

## The GDFM Programme

by Dr Wong Tien Hua, FCFP(S), Council Member, Team C Editorial Member

The Graduate Diploma of Family Medicine programme is currently the most subscribed course run by CFPS. This reflects the changing attitudes towards primary care amongst our doctors -that it is important to receive post graduate training in primary care above and beyond the basic medical degree. It also reflects the changing needs in society, with government policies in recent years gearing towards supporting the development of a strong primary care sector in Singapore, in order to deliver cost effective care in an ageing population.

I was recently appointed as Programme Director of Graduate Diploma of Family Medicine Programme, and together with my fellow programme director Dr Lawrence Ng, did a review and rethink of the GDFM course, in order to give more clarity to what we hope to achieve.

The statement of course intent is very important and is as follows:

*The GDFM course aims to provide a comprehensive vocational training in Family Medicine, to produce a competent family physician in Singapore.*

Vocational training means that the course has to be very practical in approach, with emphasis on what are the competencies that are expected of doctors practising in primary care. Not only are basic clinical skills important, such as the ability to communicate effectively, make a proper assessment and manage cases in the context of primary care, but also the ability to perform procedures such as giving injections, respond to emergencies, and

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writing proper prescriptions.

In the statement, I think that the key word is “Singapore”. The GDFM course is designed to produce a competent family physician for the nation, practising primary care in the local context, as part of our healthcare delivery system.

This means that the course will give emphasis and importance to our national clinical guidelines, our local protocols, and the various laws and acts that govern the practice of primary care in Singapore. For example, the vaccination schedule recommended by our Health Promotion Board, the reportable infectious diseases in Singapore, and the requirements to pass the driving licence medical examination.

### Areas of improvement

We have been running the course for many years and the College has benefitted from the help of our tutors, resource persons, and content experts. We have gathered a large amount of material and content over the years. These materials need to be constantly updated and we have 2 excellent teams to review the modules, and tutorial notes on a regular basis, but they need extra help from our college membership. Our tutors have also worked tirelessly to ensure the group tutorials are run smoothly and on time,



Dr Wong Tien Hua

and they are passionate about teaching primary care and sharing their knowledge with the trainees. Our tutors need more support and I think they should also have more say in the overall assessment of the GDFM trainee.

Planning for the module sessions continues to be a challenge as the GDFM cohort has become very large in the past few years, which presents a logistic problem to find the right venue in good locations across the island. There are actually not that many suitable venues that fit our requirements, and these have to be booked way in advance. We hope to be able to use technology to track attendances and have a more transparent system of dealing with appeals.



Dr Lawrence Ng

### GDFM in the future

We hope to be able to integrate the GDFM course into the overall training programme that CFPS offers. It should be a first step to MMED, MCFP and eventually the FCFP qualifications. In this respect we hope to be able to align the course content to allow it to dovetail with the MMED course for example by having more emphasis on clinical and practical components, and a common training material.

■ CM

## Q&A with MMed(FM) Programme Director & Associate Programme Director

Interviewed by Dr Fok Wai Yee Rose, MCFP(S), Editor (Team A)

### College Mirror (CM):

What are the new initiatives that you will be starting?

### Associate Programme Director (APD), Dr Nelson Wee (NW):

We will be focusing our efforts on three major initiatives: the development and strengthening of our teaching faculties, the consolidation and digitalisation of teaching resources, as well as, the customization of training for our trainees.

Over the past year, we have re-grouped our teaching staff into faculties, or rather what we would like to call as small communities. Each of these communities focus on their area of interests which covers a major aspect of family medicine training. This allows for better faculty retention and development of their own special skill sets.



Dr Nelson Wee

In terms of teaching resource management, we hope to move ahead with the times and utilise more new technologies to update and consolidate our teaching resources. We are currently digitalizing our teaching resources and exploring the use of mobile-based applications in selected classes. We aim to balance didactic teaching with more interactive and experiential learning through the use of technology and innovative teaching methods.

Last but not least, we recognize that our trainees work in diverse environments and have different skill sets, strengths and weaknesses. We are currently implementing a system which enables us to monitor the progress of our trainees more closely both individually and as a cohort and allows for adjustments and refinements in the training programme. We also identified the need for our trainees to develop the soft skills that would prepare them to be future leaders and will incorporate these elements into their training.