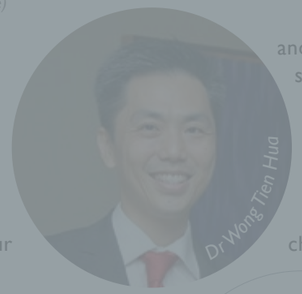
(continued from Page 15:The GDFM Programme)

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.

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.

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 needs 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,

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.

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.

Programme Director (PD), Dr Surajkumar (SK):

The MMed(FM) College Programme has gone through some refinements this past year and has now been extended to 16 months. This was based on the feedback that the previous courses were crammed and too tight. The extension period will comprise more practice and mock sessions to help the trainees better prepare for the exams. We will be reviewing the effect of these changes and make further adjustments along the way based on the result of the MMed examinations.

CM:
What has been done well and which are the areas for improvement?

NW:
We are very much encouraged by the major improvements in passing rates for both trainees of the College Programme and the candidates re-attempting the examination in both the written and clinical components of the recent MMed (FM) Examination. We are also heartened by the fact that many of our graduates have moved on to leadership roles in the family medicine community and are contributing to the development of the next generation of doctors.

The College Programme already admits doctors from various Family Medicine (FM) settings consisting of private sector practitioners, public institution (polyclinic) doctors, community hospital physicians and many more. One area for improvement would be to attract more doctors from this diversity to take up further higher training in FM to help meet the increasing needs of our society.

SK:
One of the main strengths of our College Programme is the great camaraderie and strong sense of 'family' among our trainers and trainees. This helps the trainees get through the challenges faced during the course.

Doctors that come through the programme not only pass the examinations but also become better trained doctors in the process, rising up to the challenges brought on by the aging population and the increasing complexity of care. One area where we hope to do better is to increase the visibility and awareness of what FM is about among our undergraduates and post-graduates such that more doctors will choose this as their career path.

CM:
Can you share the vision going forward?

NW:
Going forward, we hope to grow the programme into one big community of trainers and trainees that identify with the College and work together regardless of the FM settings they come from to provide a positive learning experience for our trainees and foster strong lasting bonds among our graduates.

SK:
The course will have to evolve and keep pace as FM itself changes. The College will also have to strategise and prepare for a ramp up in numbers to meet the needs of the community. For that we will not only need more trainers and operational support, but we hope to get more of the fresh graduands to return as trainers to 'give back' to the college programme. These new trainers will be able to use their recent experiences to better help the trainees with new perspectives and ideas on training.

CM

Q&A with *FCFP(S)* Programme Directors

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

College Mirror (CM):
What are the goals and strengths of the FCFP and achievements of the programme?

Programme Director (PD), Dr Ng Lee Beng (NLB):

The main goal of the Family Medicine (FM) Fellowship (Advanced specialty programme) programme is to carry on FM training from MMed(FM) level, to produce family physicians to be experts in FM practice and manage the many patients with multiple co-morbidities and psychosocial factors affecting outcomes of medical conditions in diverse settings.

The arena of FM practice extends beyond the ambulatory care domain as family physicians are called upon to not only be the primary care doctors of patients needing complex care in the polyclinic clusters and general practice, but

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