

# Revisions in the MMed(FM) College Programme

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The MMed Family Medicine (FM) College Programme is a structured training programme that trains an echelon of family physicians to be on par with specialists in other disciplines and to prepare them as future leaders in Family Medicine. The programme undergoes regular reviews and enhancements to ensure that training provided is up-to-date and relevant. Following a wide-ranging review and comprehensive consultation process, the programme will undergo structural changes that will come into effect with the next course. These changes will enhance the current programme structure to allow for more effective training and better learning.

## **Programme Extension and Start Date**

The current 16-month programme will be extended to a 22-month enhanced programme. This extension will now allow more evenly-paced learning as well as a gradual build-up of intensity in the preparation for the MMed(FM) examinations.

The programme will now follow the calendar year with the next course commencing in January 2021 and ending in October 2022. There will be an annual enrolment with 2 classes running simultaneously. There will thus be no intake in July 2020.

## **Programme Structure**

The academic course itself is largely unchanged. It is designed for working doctors wishing to pursue further higher training in FM after their Graduate Diploma in FM (GDFM). The teaching sessions are conducted fortnightly in the evenings or Saturday afternoons, comprising tutorials, workshops, clinical bedside teaching, preceptorship and mock sessions with role play. These can be either centralised large group sessions or decentralised small group teaching with discussions and case based learning (see the table below). The log book of 40 cases examined during the viva examination and audit project are also unchanged.

	Components	Special remarks
1.	Centralised large group teaching	<ul style="list-style-type: none"> <li>• Tutorials, Workshops, Clinical and Mock Sessions.</li> <li>• At least 75% attendance required</li> </ul>
2.	Decentralised small group teaching	<ul style="list-style-type: none"> <li>• Discussions, Mock Sessions</li> <li>• At least 75% attendance required</li> </ul>
3.	Skills Courses	<ul style="list-style-type: none"> <li>• To improve competence in various clinical skills</li> <li>• To revise the clinical and patient clerking skills</li> <li>• At least 75% attendance required</li> </ul>
4.	Self-directed learning	<ul style="list-style-type: none"> <li>• Learning through practice, homework assignments and on-line reading</li> <li>• Portfolio - based learning recorded in a logbook</li> <li>• The logbook forms part of the formative assessment</li> </ul>
5.	Written Work	<ul style="list-style-type: none"> <li>• 40 Cases – Submitted for the MMed examination</li> <li>• Audit Project – Assessed as part of the final formative assessment</li> </ul>
6.	Preceptorship Sessions	<ul style="list-style-type: none"> <li>• Observation of consultation by supervisors in the trainees own practice setting</li> </ul>
7.	Practice audit	<ul style="list-style-type: none"> <li>• To assess the trainee's practice management standard</li> </ul>
8.	Clinic attachments	<ul style="list-style-type: none"> <li>• May be necessary to make for the shortfall in prior experience in some specialties</li> <li>• To be arranged personally by the trainees and recorded in the logbook</li> </ul>

## **Enrolment**

To enhance the learning efficiency of the programme and to maximise teaching quality, the course will have a limited capacity each year. There will continue to be a selection process with pre-entry screening and interview.

## **More than Just Examination Preparation**

The MMed(FM) programme is not just about preparations for the MMed examinations. Trainees passing through the programme, become better trained family physicians,

learning new skills and enhancing their existing ones. There is great emphasis on upholding the principles and practice of family medicine encompassing proper duty of care, ethics and professionalism and treating patients holistically with empathy and compassion. Through the long hours of learning, practice and preparation, these skills become ingrained in our trainees as lifelong traits that will remain with them throughout their career.

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