

4 Oct 2020	COVID-19 RESILIENCE II: Webinar 1 The Present State of the Pandemic
	<ul style="list-style-type: none"> • Disruptions of Epic Proportions • Present State of COVID-19 Pandemic • Economic Impact on Medical Practice & Nation
11 Oct 2020	COVID-19 RESILIENCE II: Webinar 2 State of Disruptions & Coping
	<ul style="list-style-type: none"> • Psychological Impact on Singapore Healthcare Workers & Coping Strategies • Dancing with COVID-19 • PHPC Clinic; Migrant Workers' Dormitories; Connectivity in the Frontline
18 Oct 2020	COVID-19 RESILIENCE II: Webinar 3 State of the Doctor
	<ul style="list-style-type: none"> • It's Not a Sprint! • The Doctor as the Therapeutic Agent in The Pandemic • Human Dimension -Attending to Loss
25 Oct 2020	COVID-19 RESILIENCE II: Webinar 4 State of Family Practice
	<ul style="list-style-type: none"> • "Where Have All the Patients Gone?" • Reinventing FM Practice • Round Table: Family Practice Post-COVID-19

▲ Figure 2: College Covid-19 Resilience Webinars II

which include Public Health measures, pandemic effects, patient behaviour and practice profile. Dr Wong Chiang Yin related an on-line survey conducted during the CB period that showed 77% of respondents saw their incomes decrease by more than 50% due to COVID-19. This number decreased to 72.8% after taking into account various grants, rebates and assistance schemes. 44.3% of respondents experienced more than 75% loss in incomes; after grants, rebates and assistance schemes, this number dropped into 38.3%. About 60% of respondents are GPs.

Adj Prof Thiru then spoke about the need for family practitioners to reinvent themselves in the 'New

Normal'. Webinars Series II concluded with a round table chaired by Dr Wong Tien Hua with Adj. Asst. Prof Tan Tze Lee, Dr Nelson Wee, Dr Kenneth Tan and other participating.

'Collegiality, professionalism and trust amongst colleagues and staff became the defining weapons against the SARS virus'. Like SARS, like Covid-19, 'it is the collective human spirit that triumphs over deadly microbes on the march, not just medicine, and not just technology'^{iv}. The sharing and active participation in the two series of Resilience Webinars harnessed that collective spirit.

■ CM

ⁱ <https://www.cfps.org.sg/publications/the-singapore-family-physician/issue/188>

ⁱⁱ <https://tomaspueyo.medium.com/coronavirus-the-hammer-and-the-dance-be9337092b56>

ⁱⁱⁱ <http://www.cfps.org.sg/publications/the-singapore-family-physician/article/1543>

^{iv} Being Human: stories from Family Medicine' Chapter 2.15 The Plague of Epidemics page 50-51

UPCOMING CHANGES

to Graduate Diploma in Family Medicine (GDFM) Examination

GDFM trainees who have completed all course components at the end of the 2-year training are eligible to apply and sit for the GDFM examination conducted by National University of Singapore, Division of Graduate Medical Studies (NUS, DGMS).

With effect from Y2022, the following changes will be applied to the GDFM examination.

	Existing Format	Year 2022
Part I: Written Paper (Applied Knowledge Test)		
Items:	100 MCQs + 10 Key Featured Problems	150 MCQs
Duration:	120 mins + 60 mins	180 mins
Passing Mark:	50% Pass in part I not a pre-requisite to part 2	Criterion Referenced There will be no 50% pass mark. Standard setting will be done using modified angoff method to determine the passing standard for the MCQ A pass in GDFM part I is pre-requisite to part 2
Part 2: Clinical Examination (OSCE)		
No. of Stations:	10	10
Test Time:	3 mins reading + 8 mins assessment (11 mins)	3 mins reading + 10 mins consultation (13mins)
Passing Mark:	6 out of 10 stations	Criterion Referenced Candidates would need to pass 6 out of 10 stations and obtain <u>minimum total</u> pass mark to pass the exam. Borderline regression will be used to determine the minimum pass mark per station

(continued on the next page)

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Should a candidate pass the MCQ (Part 1) and fail OCSE (Part 2), the candidate does not need to retake the MCQ next year. They would only need to attempt part 2 of the exam.

Written Paper (Applied Knowledge Test)

The objective of this test is to assess the candidate's breadth and depth of applied knowledge of medicine relevant to the practice of Family Medicine in Singapore. The level of applied knowledge to be assessed in this paper is required to enable family physicians to practice Family Medicine at an enhanced level to meet the needs of the child, the adolescent, the adult and the elderly.

Skills Assessment by OSCE (Objectively Structured Clinical Examination)

The objective of the GDFM OSCE is to assess applied knowledge, clinical skills, communications skills and professional attitudes in the context of office consultation and patient examination in the family practice setting.

There will be a series of 10 OSCE stations, each station lasting 13 minutes. Each OSCE station is designed to simulate an office consultation and will focus on one of several aspects of a consultation (e.g. communication, counselling, clinical reasoning, data interpretation, management, therapeutics, ethics etc.) They are, however, not designed to represent whole consultation compressed into 13 minutes. Therefore, there is no intention to promote 'ten minutes medicine'.

The candidate is expected to exhibit a 'whole patient' approach by demonstrating family practice skills during the examination. One examiner and a standardised patient will be involved in the assessment. A station specific checklist will be used to assess candidate performance and a standardised marking sheet will be used for marking.

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Locations

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