THE TRAINING OF THE FAMILY PHYSICIAN

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There are several questions that need to be revisited in the training and development of the Family Physician. The answers to these questions are important in our perception of Family Medicine (FM) training.

IS MBBS TRAINING ENOUGH?

The training received by medical students towards the MBBS is not enough for a doctor to practise FM at a level of expertise expected of primary care doctors in Singapore today. The mistaken perception that MBBS training is enough may be syllogistic – that since MBBS training is basic medical training for doctors and primary medical care deals with basic medical problems, therefore MBBS training must be adequate training for primary medical care.

With the introduction of Family Medicine into the undergraduate curriculum, some of the core concepts of FM are now taught in our medical schools such as the Principles & Practice of family medicine (P&P) and Consultation & Counseling skills (C&C) in family practice. However, as medical students lack clinical and contextual experience, undergraduate FM teaching can only provide a framework on which postgraduate vocational training can build on.

The Director of Medical Services (DMS), Professor Tan Chorh Chuan reiterated in the opening of the FM Year on 23 June 2001 that "The GP of today therefore has to realise that his professional education does not and cannot come to an end with graduation. Further training in Family Medicine is necessary as part of an overall strategy to continually improve the quality and standard of primary care physicians in Singapore"

IS FAMILY MEDICINE TRAINING SO UNIQUE?

FM is a distinct medical discipline with its own construct, world-view, doctrines and content. The presenting problems encountered by family physicians (FPs) are often an amalgam of physical, social and psychological problems, unlike the predominantly physical problems encountered by their specialists colleagues.

On top of this, primary care practice is an applied discipline that utilises the core clinical skills across a multitude of medical specialties. Some specialists therefore may mistakenly believe that FM is but an aggregate of the simpler parts of various specialist disciplines – and all that is required in FM training is for a slew of such specialists to each teach the primary care doctors the simple things in their disparate disciplines. This will not be enough because the context of practice has not been considered.

It is therefore important that FPs continue to work with specialists who understand the FPs' paradigm to develop training activities that empower the FP to deliver better care and to actively look for red-flags that mandate timely specialist referrals. More senior and experienced FPs have the responsibility of co-developing such CME that give enough emphasis on relevance and context. The FPs are the

experts of their terrain and must therefore take the active role in content development. Such organic collaboration has resulted in effective training programmes being produced.

IS AD-HOC CME EFFECTIVE?

The College has now structured post-graduate training from diploma, masters to fellowship level. Professor Tan Chorh Chuan's in his address on the 23 June 2001 said, "The Ministry fully recognises the value of FM training and in this respect, we would like more of our medical officers to obtain some form of FM training before they leave the public sector to become GPs. We realise that it is not possible for every MO who is not a specialist trainee to be given a Family Medicine traineeship to sit for the Master of Medicine in Family Medicine. However, MOH would like to encourage more public sector MOs to take up the Graduate Diploma course in Family Medicine (GDFM) while they are serving out their bonds".

The College has also launched the modular CME initiative around the themes of the quarterly FMTP modular courses. The educational sandwich of learning experience provided by updates (knowledge), patient-based workshops (cognitive skills) and skills courses (psycho-motor skills) would benefit those enrolled in the diploma and masters programmes as well as other practising FP. The College believes that such organised events should form the core CME for FPs.

OF VALLEYS, PLATEAU AND PEAKS

Specialists need to hone their knowledge and skills only in the confines of their chosen discipline. They need to worry about valleys formed by erosion through time only across a small terrain. They have the opportunities of constantly practising across the vertical extent of their discipline. FPs being generalists, have a daunting task of ensuring competency across many disciplines. They need to continually fill the proverbial valleys that form over time. Scaling peaks cannot therefore be their preoccupation. They should ensure that they know the wide practice terrain that they must constantly traverse, fill the valleys always instead of being side-tracked into peaks which should be the pre-occupation of specialists. They must achieve a high standard of primary care by consolidating high plateaus of skills and relevant knowledge.

The Graduate Family Medicine Centre that was set up in 1994 to train private FPs for the Master of Medicine examination therefore has as its motto, " Cover valleys always, consolidate plateau often, scale peaks sometimes". These dicta must be remembered in the training of the Family Physician.

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