

CME PROGRAMME FOR FAMILY PHYSICIANS

Dr Lee Kheng Hock

INTRODUCTION

The family physician is a generalist who provides personal, continuing primary care to his patients. He or she is an expert in managing undifferentiated medical problems and treat patients in a holistic manner. CME requirements are therefore different from our specialist colleagues. Breadth of knowledge and skills is required. There must be core competence in areas that are critical in the management of patients in the primary care setting. Family physicians are therefore encouraged to constantly hone a broad range of skills and knowledge that are important in their daily practice. The CFPS will identify these areas of need and organize or co-organize programmes that will enable family physicians to fulfill their core CME requirements. The following is an overview of CME programmes that would be considered to fulfill the core requirements of CME for family physicians.

OVERVIEW OF CME PROGRAMME FOR FAMILY PHYSICIANS CLASSIFIED UNDER THE SMC CME PROGRAMME

- Category 1A – Teaching sessions, workshops and tutorial sessions held in conjunction with the various academic programmes (GDFM, MMed, FMFP) run by the College are relevant to the needs of practitioners of family medicine. Doctors are encouraged to include these in their CME efforts. In addition the CFPS will organize skills courses in the first month of each quarter and update sessions in the third month of each quarter.
- Category 1B – Formal courses organized by the Graduate School of Medical Studies and the CFPS. Enrolling in such courses in subjects that are relevant to the practice of family medicine is a useful and structured way to achieve CME requirements.
- Category 1C – Overseas scientific meeting, conferences and seminars. All round the year, conferences are organized by the World Organisation of Family Doctor and the Colleges and Academies of Family Medicine of different countries. Besides providing an international outlook to the practice of family medicine, such events will be considered as relevant to the core needs of the CME requirement of family physicians in Singapore.
- Category II – Publication of original paper in journals, CFPS CME on-line programme and textbooks. Writing of papers of journals and textbooks requires dedicated self-study and research. Family physicians are encouraged to contribute to journals and textbooks that the relevant to the discipline of family medicine.
- Category III A – Self study (Journal reading). Reading of journals relevant to family medicine should be included as a staple in a family physician's CME.
- Category III B – Interactive CME on-line programme. The CFPS had produced an on-line CME programme tailored for the needs of the busy family physician. The e-learning programme has many advantages over the conventional programmes. Family physicians should take the opportunity to develop IT skills and take advantage of this enhancement of their CME.

LEE KHENG HOCK, MBBS(Sing), MMed(FM), FCFPS
Honorary Secretary, College of Family Physicians, Singapore

**REGULAR COURSES, TRAINING & CME
ORGANISED BY THE COLLEGE (Table 1)**

Table 1. Regular courses, training and CME organised by the College of Family Physicians, Singapore

Title	Nature	Organiser	Timing	Frequency	Target audience
1. Family Medicine Teaching programme Modular Course (FMMC)	Lectures/Workshops	CFPS	4 Sat afternoons per module, 2.30-5.00pm	1 module per quarter 8 modules over 2 yrs	FM Trainees for the MMed PPS Trainees Diploma in FM trainees All doctors doing CME
2. Family Medicine Workshop Mega group teaching	Workshop	CFPS	1st Fri of each mth, 5.15-6.45pm	Once a mth 10 per yr	FM Trainees for the MMed PPS Trainees
3. Family Medicine Tutorials Small group teaching	Case Presentations Meet the Expert Clinical Rounds	CFPS	Rest of Fridays 5.15-6.45pm	30 per yr	FM Trainees for the MMed PPS Trainees
4. Graduate Diploma in Family Medicine	Lectures, Seminars, Workshops, Clinical Skills Courses	College, MOH Graduate School of Medical Studies		2-yr distance learning cum workshop course leading to the Diploma in Family Medicine by examination	All GPs/FPs
5. Annual Surgical Update	Lectures & Hands-on	CFPS	1st quarter of each yr	1.5 days over a weekend	All GPs/FPs Other doctors interested in the subject
6. Bi-Annual Scientific Conference	Lectures Seminars Hands-on Workshops	CFPS	Mid yr	2 days, once every 2 yrs	All GPs/FPs Other doctors interested in the subject
7. Graduate Diploma in Ultrasonography (O&G)	Lectures, Hands-on Log Work Exam	CFPS and Graduate School of Medical Studies		Part time course to be completed in a minimum of 18 mths & a maximum of 24 mths. Intake once every 2 yrs	All GPs/FPs
8. Minor Surgical Procedures Course for Family Physicians	Lectures, Hands-on Workshops Live Surgery Viewing	CFPS, SGH & TTSH	1st quarter or each yr	1.5 days over a weekend	All GPs/FPs
9. Modular Skills Course	Lectures, Hands-on Workshops	College in collaboration with institutions	1st mth of each quarter according to FMMC theme	Saturday afternoons	All GPs/FPs
10. Modular Medical Update	Lectures, Seminars	CFPS	3rd mth of each quarter according to FMMC theme	2 days over a weekend	All GPs/FPs
11. Family Medicine Clinical Course in Ophthalmology	Lectures, Attachments to Eye Depts, Discussion & Trainee Presentations	College, SNEC & Eye Depts at various hospitals	Approx once a yr	3 days or equivalent	FM Trainees for the MMed, PPS Trainees
12. Family Medicine Clinical Course in Obstetrics & Gynaecology	Lectures, Practical Clinical Training	College & Dept of O&G at various hospitals	Approx once a yr	3 days or equivalent	FM Trainees for the MMed, PPS Trainees
13. Diabetes Training Course	Lectures, Seminars	College, MOH, Diabetic Society of Singapore	Approx once a yr	3 Saturday afternoons	All GPs/FPs

Others

Throughout the course of the year, the College receives requests from various hospital departments and societies to co-organise CME events. These are organised on a case by case basis after consideration of the relevance of the programme for Family Physicians/GPs and CME content by the College Council.

E-LEARNING – THE FUTURE OF MEDICAL EDUCATION

Dr Lee Kheng Hock

INTRODUCTION

The medical profession has a reputation of being slow adopters of technology and new ideas. Medical training has imbued in each of us a culture of waiting for evidence of effectiveness before making a decision. In practice, doing what your peers do is safe. Being a trail-blazer is hazardous for your medical insurance and increases your chance of an unexpected invitation to meet with the disciplinary committee.

Not surprising that as a profession, we lag behind when it comes to embracing information technology. Whether we jump in or get dragged in kicking, there is no escape from the tangled web of the information age.

The initial hype and unbridled enthusiasm have now given way to cynicism and disbelief. Nevertheless, information technology does present many real opportunities to improve medicine. Information technology has revolutionized the way medical data and knowledge is stored and exchanged.

Electronic learning (e-learning) is one area that can greatly enhance the teaching and learning of medicine. It is the offspring of the marriage between distance learning and information technology. Its capabilities fit the feasibility requirements of CME like a rubber glove on a powdered hand.

FEATURES OF E-LEARNING THAT COMPLEMENTS THE NEEDS OF CME

Economy of time and space

After the initial investment in time and resources to set up a platform for connectivity, what

follows is a bonanza of savings for the CME provider and participants. For the participant, there is no need for the many man-hours of travelling, and the parking of vehicles. For the provider, there is no need for booking expensive seminar rooms, refreshments and a thousand and one other logistic concerns.

E-learning can be done anytime and anywhere. It is ideal for busy doctors who work long hours and trainee doctors who work shifts and irregular hours. Distance is no longer a barrier to teacher-learner interaction. They can literally be a world apart and the lessons can still go on.

No more synchronicity problems

One of the greatest challenges in organizing events for doctors is to find a time and place where everybody can get together. As health care is an essential service, long hours and shift duties are the norm. At any point in time, a substantial portion of the doctors will be on duty. Weekends are often the only time where the greatest number of doctors are available for academic activities.

The consequence of this is that every course organizer and CME provider will converge and scramble for the 52 weekends a year and try to cram everything in. Once an event is over, the speech and visuals vaporizes like ether and what is left is often a note pad of illegible scrawlings. With e-learning, the teaching material is prepared and stored. Users can download and use the material at their own pace and pleasure. Checking something you have forgotten or did not understand the first time round is just a matter of a mouse click and a back button on a browser software.

LEE KHENG HOCK, MBBS(Sing), MMed(FM), FCFPS
Honorary Secretary, College of Family Physicians, Singapore

**Productivity savings
(reducing employee away time)**

Although it is generally given that training increases worker productivity, time away from work decreases productivity. Whether the improvement in productivity, as a result of better training, can off-set the loss in working time is often in dispute. The benefits of CME are often intangible as far as dollars and cents are concerned. Convincing policy makers and employers of doctors to allocate time away from work to participate in academic work and CME is a difficult task.

Contrary to expectation, the situation may be worse for self-employed doctors. Whilst the benefits of improvement in skills and knowledge may not be immediately apparent, the loss of income from time away from work and the fees paid to the locum are felt acutely.

As e-learning can be done anyplace and anytime, training can be done during periods of low productivity. Usage of health care facilities often peak and ebb in a fairly unexpected manner. With e-learning, a doctor can switch on his computer and catch up on his CME during lull periods. He can also use such time to search for the latest updates on difficult cases that he might have encountered earlier in the day.

Just-in-time training

We live in a world of information overload. What we carry in our resident memory is limited to what we need on a regular basis. There are always areas where we need to know less as such knowledge or skills that are not routinely used. Just as the JIT (just-in time) concept increases productivity by doing away with the need of overstocking of inventory.

JIT can also greatly enhance the effectiveness of doctors. For example a rural doctor who have

not done a Caesarean section for the past 3 years may suddenly be faced with the need to perform an emergency Caesarean section within an hour. A multi-media revision lesson with video clips will be a great help. He may even be able to get in touch with an experienced surgeon via video conferencing. At a less dramatic level, a family physician who needs to do a seldom-performed office procedure may be greatly helped if he could quickly gain access to an on-line lesson.

Active learning and interactivity

Didactic lectures with a large learner-to-teacher ratio have been shown to be one of the least effective ways of teaching and learning. Nevertheless, it remains the most widely used method of teaching because logistically it is the easiest to organize. On-line lessons allow a greater level of interactivity. The course organizers can deliver the content through a very complex interactive platform. This can range from the basic multiple choice question type of interaction to complex IT technology using the latest in virtual reality. The tools and technology used in complex interactive computer games can be easily adapted for use in e-learning. The course developer is often not limited by technology but by the lack of funding and resources.

Assessment of learning process

One major area of deficiency in conventional teaching methods is the difficulty in assessing the effectiveness of programmes. E-learning can automate the process of assessment. Likewise the assessment mode can be varied. Progress of individual learner can be easily tracked and analysed. Timely remedial and corrective training can be efficiently delivered to areas and to persons who most require it.

THE CFPS E-LEARNING STRATEGY

The College recognizes the potential of e-learning in advancing our objective of improving the standard of family medicine in Singapore. We can identify two major areas where e-learning would greatly increase the effectiveness of our academic programmes.

First, we plan to enhance the existing vocational training courses, namely the GDFM and the MMed (FM) courses. In the near future the electronic component of these courses will go beyond the simple downloading of reading materials. With the greater use of e-learning technology, the GDFM will probably evolve into a far-reaching distance-learning programme that will become the cornerstone of vocational training

for family physicians.

Second, the College is pioneering efforts in bring electronic CME to family physicians in Singapore. We have developed an electronic CME programme with on-line testing capabilities. We foresee that this programme will eventually developed into a highly interactive programme that will help to meet the needs of professional development of the busy family physicians.

We hope to be able to incorporate more complex and effective technology to our e-learning enhancements over time. The technology was already here yesterday. What we need is adaptability, commitment and resources to meet the challenges of tomorrow.