

Family Medicine Training in Singapore

Where We Are Now &
Where We Should We
Go From Here?

Dr Gerald C H Koh
Assistant Professor
Division of Family Medicine
National University Health System

National University Health System

Yong Loo Lin School of Medicine • National University Hospital • Faculty of Dentistry



National
University
Hospital



NUS
National University
of Singapore

What is Family Medicine?

- Internationally:
 - Wonca defines FM as primary, personal, comprehensive and continuing care of individuals in the context of the family and the community,
- Locally:
 - FM is undergoing significant changes:
 - FPs entering non–traditional areas of FM:
 - Administration (e.g. NHG HQ, NUH, MOH FMPH Prog)
 - Intermediate care (e.g. community hospitals)
 - Hospitalist service (e.g. SGH FMCC, ?NUHS)
 - Diversification or Fragmentation of FM?

Family Medicine Training

- Undergraduate (e.g. NUS)
- Post-Graduate
 - Informal (e.g. FM CME)
 - Formal (e.g. JCFMT)

Family Medicine Training

Undergraduate

- YLLSoM
 - FM Posting (4 months)
 - New Undergraduate Medical Curriculum
- Duke's GMS
 - Where does FM fit into their curriculum (if at all)?
 - In *U.S. News & World Report's* "America's Best Graduate Schools 2009," Duke's medical school ranked 6th for research but 41st for primary care.*

* <http://grad-schools.usnews.rankingsandreviews.com/grad/mdr/search>

Family Medicine Training

Post-Graduate

- FM CME
 - CFPS organized (e.g. linked to FM Modular Course)
 - Non-CFPS organized
- Trg Progs (-> NUS accredited qualifications)
 - Graduate Diploma in Family Medicine [GDFM]
 - Masters of Medicine (Family Medicine) [MMed FM]
- Trg Progs (-> CFPS accredited qualifications)
 - Fellowship of College of Family Medicine [FCFP]

Components of Training

- Learning
 - Outcomes
 - ... which define content / syllabus
 - Process: pedagogical modality, learner-centeredness
- Assessment
 - Validity & reliability
- Accreditation
 - ≠ Assessment (e.g. FM Register)
 - Entails privileges and also responsibility
 - Involves regulatory bodies
- Re-certification
 - ≠ Accreditation
 - Currently practiced in US.

Hard Questions We Need to Ask Ourselves

- What is the current & future climate of FM practice in Singapore?
 - Can practice climate be dissected from training?
- What roles do patients (government, colleagues) expect FPs to (be able to) play?
 - Are these roles in synchrony or conflict?
- Do current trg progs meet these expected outcomes?

Hard Questions We Need to Ask Ourselves

- YLLSoM now recognizes the need for UG medical curriculum to be more community/primary care focused.
 - Does the FM fraternity support this new agenda?
 - If yes, are the resources available
- Does FM in Singapore want to be considered a “specialty” (e.g. like in US)?
 - Has implications for post-graduate trg & accreditation
 - What constitutes BST and AST?
 - Do we want FCFP to be recognized by AM?

Hard Questions We Need to Ask Ourselves

- Are our training methods learner-centered?
- Are our assessment systems:
 - Over-summative & under-formative?
 - Valid and reliable?
- Do we want a FP Register?
 - Pros & cons
 - What are the implications anyway?

Question 1

What is the climate of
FM practice in Singapore?

Where Are We Now?

- Imbalance in the healthcare system
 - 80% of healthcare is provided by primary care
 - ... but 80% of healthcare subsidies allocated to non-primary care
 - > affects health-seeking behavior of patients
 - > affects the practice of family physicians

(Consider the offering aesthetic medicine by many FPs)

Where Are We Now?

- Imbalance in the healthcare system
 - Proportion of primary healthcare provided by public and private FPs is 20%:80% (= 1:5) but the ratio of public to private FPs in Singapore is 200: 2000 (= 1:10)
- Singaporeans go to polyclinics for chronic disease mgt because of heavily subsidized meds & lab tests.
- Govt subsidy for chronic disease mgt recently extended to pte GPs.

Where Do We Go From Here?

- We need to address our imbalanced national funding system.
- How much of this is within our control?
- What does the government want family medicine to be?

Gerald CH Koh, Jeremy FY Lim. Bridging the Gap between Primary and Specialist Care: Formidable Challenges Ahead. *Ann Acad Med Singapore* 2008;37(2):89-90.

What Ministry of Health Wants

- Our Ministry of Health has:
 - declared that strong primary care is critical for a successful healthcare system: “A FP for every Singaporean” *
 - invited private GPs to discuss strategies to play a greater role in wellness, disease prevention, pt education, and chronic disease management.**
 -
- What does the public want from the FPs?

* Eight health priorities for Singapore. College Mirror 2003; 29:1-4.

** Critical role of family physicians. College Mirror 2007; 33:1-7.

What Singaporeans Want

- 1,783 respondents were interviewed via telephone.*

Institution	% who agreed / strongly agreed that they could receive good med Rx at...
Pte GP	65.7%
Restructured hospitals	65.5%
Polyclinics	55.9%
Private hospitals	46.7%

* Lim JFY, Joshi VD. Public perceptions of healthcare in Singapore. Ann Acad Med Singapore 2008;37:91-5.

What Singaporeans Want

Institution	% who agreed / strongly agreed that the cost of healthcare by institution was affordable
Polyclinics	78.0%
Restructured hospitals	50.0%
Pte GP	45.8%
Private hospitals	11.9%

* Lim JFY, Joshi VD. Public perceptions of healthcare in Singapore. Ann Acad Med Singapore 2008;37:91-5.

What Singaporeans Want

- Combining polyclinics and private GP as **primary healthcare**, and restructured and private hospitals as **tertiary healthcare**, there was little difference in the perception of quality of care between the two categories ($p=0.62$).

* Lim JFY, Joshi VD. Public perceptions of healthcare in Singapore. Ann Acad Med Singapore 2008;37:91-5.

So what is the current/future climate of FM practice in Singapore?

- Both government and Singaporeans value FM & FPs.
- So should we continue with FM Training?
 - YES
- Which brings us to our next question...

Question 2

What roles do patients, government & colleagues expect FPs to (be able to) play?

Where Are We Now? - Government

“As specialists in the provision of *comprehensive, continuing and co-ordinated* care, family physicians are equipped with core *broad-based medical skills* that allow you to deliver *holistic and continuing* care where tertiary specialists cannot.”

Ms Yong Ying-I
Permanent Secretary, MOH

Conversations with MOH: Making Primary Care Work. College Mirror
2007;33(4):8-9.

Where Are We Now?

- Singaporeans & Colleagues

- Never studied.
- Guesses:
 - Singaporeans: Affordable, competent, personal, long-term first-line care.
 - Specialist colleagues:
 - Public: Reduce public sector workload by 'right siting' stable pts.
 - Private: Refer patients for '2nd-line' care.

What roles should FPs play?

*Provide comprehensive,
coordinated, broad-based
& holistic care*

- So where do we go from here?
- ...Which brings us to our 3rd question...

Question 3

Do current training programmes meet these expectations?

Where Are We Now?

- UG: Exposure to FM
 - Future specialists: This may be their only exposure to primary care before specialization.
 - Future FPs: To inspire them.
- PG: Depends on qualification FP is aiming for
 - No PG: FM CME only. No assessment.
 - GDFM: To work independently as an FP?
 - MMed FM: To be a leader of FM in an organization?
 - FCFP:
 - To be a leader of FM on a national level?
 - ?Recognition for advanced trg in sub-area in FM (e.g. intermediate care, palliative care)?

Where Are We Now?

UG: Exposure to FM

- Future specialists: This may be their only exposure to primary care before specialization.
- Future FPs: To inspire them.

Where Are We Now?

PG: Depends on qualification aimed for?

- No PG: FM CME only. No assessment.
- GDFM: To work independently as an FP?
- MMed FM: To be a leader of FM in an organization?
- FCFP: - To be a leader of FM on a national level?
- ? Recognition for advanced trg in sub-area in FM (e.g. intermediate care, palliative care)?

Where Are We Now?

PG:

- Hard questions to ask ourselves:
 - Does UG medical school today prepare to practice as a FP for the rest of one's career?
 - Do we need further training post-graduation to practice as a FP?
 - Do you want to be recognized for receiving further FM training?
 - Is renewal of SMC Practicing Certificate good enough (i.e. attended enough CME)?
 - Do you want to be recognized that you **are well-trained** by your peers (i.e. involves objective unbiased assessment)?
 - How much esteem do you desire? Is GDFM good enough?

Where Are We Now?

PG:

- Harder questions to ask ourselves:
 - What is the minimum PG FM qualification required to practice independently?
 - Should PG FM qualifications be linked to privileges and responsibilities?
 - Should MOH become involved (e.g. FP Register)?
 - Should FM be considered a specialty?
 - What does it mean to be a ‘specialty’?

Where Are We Now?

PG:

- Accreditation ≠ Re-certification
- Hard questions to ask ourselves:
 - Does a PG FM qualification obtained when you are 28 years old guarantee that you will remain competent till you are 67 years old?
 - Is bi-annual CME without peer assessment (i.e. current SMC re-certification process) sufficient to ensure that we remain competent to practice?
 - Are we ready for re-certification?

Where Do We Go From Here?

UG:

- The new UG medical curriculum has greater emphasis on community/primary care.
 - Do we have enough trained FPs to train medical students?
 - If yes, are the (financial) resources available?
 - Will FPs support this new agenda?

Where Do We Go From Here?

PG:

- If Singapore's healthcare system is to be recognized as world-class, we have to embrace:
 - Need for PG Trg in FM (UG Trg is no longer sufficient)
 - Demand for assurance for competency by public and government
 - > Qualifications, accreditation and re-certification
- As FPs, it'll be better to regulate ourselves rigorously than to be regulated by others.
- It is also our professional duty to assure patients that we will demand the best from ourselves so that we can provide the best to them.

Question 4

Does FM in Singapore want to be considered a “specialty”

Medical Registration Act (2004 Revised Edition)

Registration of specialists

22. —(1) Subject to the provisions of this Act, any person who —

- (a) holds such postgraduate degrees or qualifications;
- (b) has gained such special knowledge of and skill and experience in a particular branch or branches of medicine; or
- (c) has both such postgraduate degrees or qualifications and experience,

may apply to the Medical Council to be registered as a specialist in that branch or branches of medicine in the Register of Specialists.

Medical Registration Act (2004 Revised Edition)

Functions of Specialists Accreditation Board

35. —(1) The functions of the Board shall be —

- (a) to determine the qualifications, experience and other conditions for registration as specialists under this Act;
- (b) to define specialties in medicine for the purposes of maintaining and keeping the Register of Specialists;
- (c) to determine the training programmes to be recognised for persons who intend to qualify for registration as specialists under this Act;
- (d) to grant to persons who have the qualifications for registration as specialists under this Act certificates to that effect;
- (e) to recommend to the Medical Council programmes for the continuing medical education of persons who are registered as specialists under this Act; and
- (f) to advise the Medical Council on matters affecting or connected with the registration of specialists under this Act.

Where Do We Go From Here?

- **Should we become ‘specialists’?**
- **What does it mean to be a ‘specialist-generalist’?**
- **Is it an issue of recognition?**
- **Is it an issue of prestige?**
- **Should specialists be simply defined by higher training and qualifications rather than area of expertise (e.g. family medicine specialists)?**

Question 5

Can our Current FM Training Programmes Improve?

Quality of FM Training

- Are our training methods learner-centered?
- Are our assessment systems:
 - Reflective of demands of actual FM practice (i.e. outcomes-based)?
 - Over-summative & under-formative?
 - Valid and reliable?

Conclusions

- FM Training in Singapore is intimately inter-linked with:
 - Our local family practice climate
 - Demands of government & society
 - Evolutionary changes in society, medicine and consequently medical curricula
 - Professional standards within FM fraternity

Conclusions

The future of FM training in Singapore does not lie in hands of a few individuals;

It lies in the hands of medical schools, CFPS, MOH, society AND most importantly (& often forgotten) **OURSELVES.**

Remember: If we as FPs do not regulate ourselves, someone else will do it for us.