

**P R E S I D E N T ' S C O L U M N****Core CME for the Family Physician Defined****The Work Of The Family Physician**

The Singapore Medical Council has reiterated the definition of the family physician in the Guide For Doctors And CME Organisers 2002 as "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 treats patients in a holistic manner. Breadth of knowledge and skills are 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."

**Fifty Percent of Core CME**

Like the other disciplines, the CME of the Family Physician (FP) also has a core and non-core component. At least 50% of the CME points must be acquired from core CME activities as defined by the College.

**Core CME defined**

Core CME may be defined operationally as CME that fulfill all the following 5 requirements:

1. Have scientific and clinical content with a direct bearing on patient care;
2. Have a direct bearing on family physicians' ability to deliver patient care including, but not limited to, laboratory investigations, practice management, and quality assurance;
3. Demonstrate high educational, ethical and medical standards, with proven theory and techniques, and generally accepted by the medical community;
4. Have active input and/or participation by family physicians designated by the CFPS in the planning, organisation and/or delivery of the programme; and
5. Be organised, co-organised or endorsed by the CFPS to be core CME programmes.

**I. Have scientific and clinical content with direct bearing on patient care**

Core CME fundamentally has to be an activity that has a direct bearing on patient care in the FP setting. It should be as learning objectives aimed at improving one or more aspects of the FP's work of personal, primary, continuing and comprehensive care to the individual or the family or the community or combination of these people groupings. The details of personal, primary, continuing and comprehensive care will be elaborated later. The advisor assigned by the College's CME Assessor Board will provide the necessary input and assistance for the prospective CME provider to fulfill this core CME requirement.

**II. Have a direct bearing on family physicians' ability to deliver patient care including, but not limited to, laboratory investigations, practice management, and quality assurance**

The second requirement of core CME is that the activity must contribute to building up the abilities of the FP to deliver patient care. Such skills are problem-solving skills, communication skills, therapeutic skills and procedural skills.

**III. Demonstrate high educational, ethical and medical standards, with proven theory and techniques, and generally accepted by the medical community**

The third requirement of core CME is that it must demonstrate the desirable standards – educational, ethical and medical standards. This is where the CME activity will be scrutinized to ensure it is free of commercial influence in the planning and program content in these areas: (a) commercial product bias; and (b) design and production of education activities.

CME sponsors and CME activity directors have the responsibility for ensuring:

1. Content of slides and reference materials which do not enhance the specific proprietary interests of the commercial supporter;
2. Determining what information, if any, provided by the commercial supporter will be included in program planning/production; use of such information may not be a condition of support;
3. Content of course promotions/materials are authorised by sponsor and will identify the educational activity as produced by the sponsor;
4. Ensuring that the content of repeated programs is the same as previously approved programs; and
5. When educational activities consisting of concepts or materials prepared by proprietary entities are used, they must adhere to independence in planning, designing, delivering, and evaluating such activities.

The proposed CME programme must give a balanced view of therapeutic options, uses generic drug names and/or trade names of the products of several companies, is objective in reporting of research, and discloses unlabelled use of commercial products.

**IV. Have active input and/or participation by family physicians designated by the CFPS in the planning, organization and/or delivery of the programme**

This Core CME requirement is important to ensure that the CME activity is really relevant to the FP audience. CME organisers should have an advisor from the list accredited by the College CME Assessor Board to fulfill this core CME requirement.

**V. Be organised, co-organised or endorsed by the CFPS to be core CME programmes**

This fifth and final requirement to be fulfilled by the CME provider is important from a quality assurance viewpoint. This task of organising, co-organising or endorsement by the CFPS is necessary extra work for the College to ensure that the delegated responsibility of the SMC-CME Committee for quality assurance of the FP's CME programme is adequately met.

## **The core work of the Family Physician elaborated**

The core work of the family physician can be remembered as “PPCC”.

### **Primary care (P)**

The FP provides first contact care. Besides mastering the diagnosing and treatment of common ailments, he must be trained in the undifferentiated presentation of early disease. He has to be well versed in the natural history and evolution of illness and to detect early symptoms and signs of diseases. He needs to spot ‘red flags’ which are the harbingers of serious problems, for example: ectopic pregnancy and to refer them promptly for hospital’s management.

### **Personal care (P)**

The patient is more than collection of organs and biological systems. The patient is a person with his unique ICE (Ideas, Concerns and Expectations) of health and diseases that has to be addressed in the context of the family and society. Skills of communication and empathy are important to forge a therapeutic and health seeking doctor-patient relationship to help the individual navigate the complex maze of healthcare services needed over his lifetime.

### **Continuing care (C)**

Affluence and the graying of Singapore society have made continuing care even more important. The FP has got to be an expert in disease management of chronic medical conditions to ensure long-term CCC (Compliance and Control of Complications). Unlike the episodic management of the acute phases in hospitals by specialists where a great degree of patient compliance can be mandated, the FP need to forge a mutual investment company with the patient to prevent diseases, treat complications and to forestall disabilities in the community over a life-time.

### **Comprehensive care (C)**

With increasing sub-specialisation and the fragmentation of care, the role of the family physician to provide comprehensive care for many of the patient’s healthcare problems and to provide integrative care for other more complex problems handled by sub-specialists become even more important. This is to ensure that the most appropriate healthcare is provided to ensure a cost-effective healthcare system.

## **SMC’s Mandate And College Infrastructure**

The College accepts the SMC mandate to appoint the College as the Core CME assessor for its CME Programmes. The College views this mandate as a recognition of the College leadership over the past three decades of relentlessly promoting post-graduate FM training and CME. The College also has a dedicated team of Fellows and Collegiate members to accord professional stewardship of the CME accreditation process.

The College has built up the infrastructure of the Family Medicine Training Programme (FMTP), Master of Medicine in FM and the Graduate Diploma in FM programmes. The tribal and practical experience of conducting effective structured training programmes and CME has given us the experience of what the core should be. We would also tap the experience of sister colleges throughout the world.

We have designed an accreditation system to take care of the CME Assessor Role. A College CME Assessor Board has been formed. The outcome of this collaborative initiative of the College and the SMC on CME will be a landmark in developing medical excellence in every medical practitioner. It will result in the levelling up of family practice. More importantly, it will help to ensure the accessibility, appropriateness and cost-effectiveness of healthcare for our people and society through the contributions of trained Family Physicians.

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