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TRAINING OF OUR DOCTORS

CONTINUING MEDICAL EDUCATION — THE FAMILY PHYSICIAN

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In 1865, Karl Marx was quoted as saying, "The education of most people ends on graduation; that of the physician means a life-time of incessant study". This is still true to-day.

The World Health Organisation considers Continuing Medical Education as "a group of teaching/learning activities directed to the physician in his practice for the purpose of improving and incrementing his abilities for the practice of medicine without seeking a new degree or diploma".

Continuing education is the process that the professional in medicine must carry out in an ongoing and systematic form in order to obtain new knowledge, to evaluate existing knowledge and to complement areas of deficiencies so that his service to society results in maximum efficiency. It is a life long process of acquiring knowledge, skills and attitudes that can be applied in practice and it is essential for maintaining competence. Many of us learned within a few weeks after we entered practice, that at least one of the doctrines that was preached in medical school was true; i.e. that we really do not know as much as we thought we did and that we will need to keep on learning for the rest of our professional lives. Being a physician indeed, is not a state or level of achievement, but a dynamic process. It is a dynamic process whether or not we wish it to be. The field work we have chosen is a rapidly moving one. Either we are learning and growing or our knowledge and skills are falling behind; it is not possible to remain still and hover.

Continuing Medical Education is the term chosen to apply to the method of increasing our skills and knowledge. We usually apply this term to the formal process of learning — seminars, courses, specific reading, etec. But we all know that we also learn a great deal from our colleagues informally, from our own observations and most of all from our patients. It is an accepted fact that new knowledge in medicine leads to obsolescence of a high percentage of knowledge, up to 50% in five years. The natural evolution of the mental procèss on the other hand makes one forget acquired knowledge which in turn reduces the capacity of the professional in daily practice. Both factors come together to give priority to an educational system that maintains the capacity of physicians for the benefit of society.

The situation of physicians who have formally studied in postgraduate programmes to become specialists is less of a problem because of the structure of the specialties the discipline acquired in years of study, in well organized medical units, professional practice that is carried out in a similarly well organized way, often working in a group, and the periodic attendance at seminar courses and congresses with conditions that favour the updating of knowledge.

But the situation is different for the family physician/general practitioner who uses only the knowledge acquired during medical school, who has no access to postgraduate courses and who is dedicated to private practice, often working isolated for long hours and lacking facilities for association with colleagues who can increase their knowledge. Finally, when all this is accompanied by the lack of scientific and educational methodology, it becomes mandatory to set up mechanisms for the faculty of medicine to help this type of medical graduates improve their ability to function as doctors. The School of Postgraduate Medical Studies should in the years ahead, make every effort to update the knowledge of the primary care doctor by organizing a system of continuing education, thereby improving the quality of medical care.

I will now describe the many aspects of Continuing Medical Education and then describe formal continuing education (as regards my own field of Family Medicine) envisaged by the College of General Practitioners Singapore — its current activities and the problems of the future.

MOTIVATION FOR CONTINUING MEDICAL EDUCATION

Continuing Medical Education aims to improve the quality of patient care: consequently it must be relevant. For the family physician it must be useful in areas such as preventive medicine, counselling and rehabilitation.

Motivators for Continuing Medical Education

- Desire to be up to date (competence).
- Individual patient needs.
- Stimulation from students.
- Unusual medical problems.
- Desire to learn a new skill.
- Curiosity.
- Requirement for membership in professional organisations (e.g. Canada, United States, New Zealand)

The family physician's own standard and his or her desire to learn and grow are common motivators. Exposure to unusual problems is another stimulus. Involvement in learning that can be related directly to practice is a satisfying experience and provokes further involvement. Another motivator comes from the requirement of certain professional family medicine societies — College of Family Physicians of Canada, American Academy of Family Physicians, Royal New Zealand College of General Practitioners.

What to Learn and How to Learn

Learning Experience from which to choose:

- Reading
- Small group discussions
- Workshops
- Lectures
- Video cassettes
- Audio Tapes
- Consulting
- Journal Clubs
- Individualized programmes
- Intensive short courses

The physician can choose from among the many different forms of Continuing Medical Education available.

MAKING TIME

The biggest inhibitor of Continuing Medical Education is time. The wise family physician will incorporate time for organized Continuing Medical Education into his or her work schedule. If Continuing Medical Education is left for "when there's time" it will be low on the list of priorities and the time may never become available. By building Continuing Medical Education into the regular work schedule, a physician avoids infringement on personal and family time. Devoting relaxtion time to Continuing Medical Education may lead to resentment and the effectiveness of learning will be impaired.

HOW TO LEARN

Identifying Learning Needs

- Feedback from patients
- Inability to solve patient problems — remedy
- Practice audit, including people, e.g. what do I spend most time doing?
- Peer review
- Consultants
- Reading

Although the lecture is generally accepted as the most instructional method of Continuing Medical Education, many family physicians find listening to lectures too passive a learning method and find that small group discussions offer more active involvement.

WHAT TO LEARN

How do we determine what we need to know?

(a) Keep your ears open — patient dissatisfaction offers a simple way of identifying possible areas of deficiency.

(b) Peer review — participate in audits of medical performance. Patient care appraisal allows the family physician to identify clinical areas and conditions in which the care he or she is giving is less than ideal.

(c) Self-assessment-programmes are available to family physicians through their professional societies. Identify the patient care problems you

deal with frequently, and this should influence the direction of your Continuing Medical Education.

Learning at Home Base

(a) Building and Updating a Library
(b) The Role of Medical Journals
(c) Tapes and Television
(d) Informal Learning
(e) Learning through teaching

(a) While in training and in practice, physicians are exposed to an enormous number of texts and journals. In addition we build our own libraries of core medical texts during training. These libraries should, however, be revised and expanded yearly after entering practice. Family physicians in Singapore have a library in their College, well stocked with latest journals and text-books and providing a loan service as well.

(b) *Journals* provide the most up-to-date information, something even the newest text is often unable to do. For the busy physician, it is important to decide what to expect from a journal — updating practicability, stimulating controversy, or relaxation — to determine which journal can best meet our needs. As time goes on, needs and tastes change, and it is necessary to revaluate journal subscriptions. It is usually impossible to keep back copies of journals, but many physicians find it useful to remove and retain special articles which can be housed in an indexed office file for handy reference during daily practice.

(c) *Tapes and Television* — Audio tapes are often used by family physicians to keep up to date. In recent years, video-cassettes are also becoming increasingly available, and will profoundly effect the learning habits of the family practitioners.

(d) *Informal Learning* goes on constantly. Sharing professional concerns and frustrations is not only a healthy aspect of medical practice, but also are excellent learning opportunities. The official consultation is also a learning experience for the family physician. Working up a patient for a consultation and subsequent discussion with the consultant are active forms of Continuing Medical Education. Most family physicians in Singapore do not participate in organized rounds or workshops in our hospitals with our local expert as a resource person. This is an effective learning method for the family physician but interferes with his own practice responsibilities.

(e) *Learning through Teaching* — to be an effective learner he or she should consider teaching medical students. The stimulation of being challenged by an inquiring medical student is constantly cited as one of the main rewards of teaching and may be a strong motivation of further Continuing Medical Education.

FORMAL CONTINUING MEDICAL EDUCATION

I will now describe the background of formal continuing education as regards family medicine in Singapore, the current state and the requirements of the future.

Fifteen years ago, a group of general practitioners united to form the College of General Practitioners Singapore. They recognized that to achieve the goal of better health care for patients, continuing education is a necessity and must be properly planned, organized and evaluated. The College was founded to raise and maintain the standards of general practice and its major role is continuing medical education.

Over the years the College has planned, organized and made available.

(i) *Update courses* — lectures and clinical meetings in internal medicine, paediatrics, obstetrics and gynaecology, surgery, psychological medicine and geriatrics.
(ii) Home Study programmes
(iii) Library
(iv) Audio Digest Tapes and Video Cassettes
(v) College Journal

There seems to be several educational opportunities for the practising family physicians but the College must in the years ahead address itself to some critical questions.

— Does continuing medical education improve patient care?
— Are our programmes focussed on the needs of the community — not just to-day's needs but those of tomorrow's, e.g. preventive care, health promotion and health education? Does it satisfy the needs of individual doctors?

The College must define a model of continuing education which parallels the clinical process, namely, define the educational problem, determine the aims of remedial education, plan and apply the remedial education and assess the outcome. We should define the education needs of family physicians/general practitioners before offering continuing education. The needs can be determined by contrasting the doctor's knowledge, skills and attitudes with those appropriate for the community being served. Practice surveys or audit followed by group discussion — the peer review process — is a promising new method for it links what is happening in daily practice with continuing education. Aspects of practice which can be readily surveyed include prescribing patterns, repeat prescriptions, investigation habits, referrals, repeat visits, home visits, night calls, methods of management of common illnesses and practice morbidity. Protocols for managing clinical problems can be developed and is an effective and efficient learning method in continuing education if it is coupled with educational resources such as journals, self-assessment programmes, books, audio-visuals and video-tapes. Lectures convey information but are of doubtful value in changing behaviour patterns.

The College recognizes both the need for continuing education and the value of establishing standards. Every family physician/general practitioner should establish his own goals and meet them without any external reward or punishment system. The College should institute a system of awarding continuing education credits on a three year basis for continuing membership. This is a requirement in the Canadian College of Family Physicians and the American Academy of Family Physicians where 150 hours of continuing education credits every three years is a requirement in order to continue membership. Each family physician/general practitioner registers when attending an accredited course. The registration cards are sent to the College and entered into a computer. Records are maintained automatically and periodic printouts would inform members of their status and eligibility for continuing membership. In summary, the principal functions of the College of General Practi-

tioners Singapore as regards continuing education in the years ahead should be:-

1. To accredit programmes in continuing medical education.
2. To serve as motivator of Family Physician/General Practitioner by requiring continuing medical education for continued membership.
3. To motivate these activities.
4. To provide direct education through scientific meetings, educational programmes and home study courses.
5. To define our field as a basis of education in family medicine.
6. Certification and recertification should depend on demonstrated continuing education credits.
7. To evaluate crticially the results of its educational efforts.

Education and Self-Control

The challenge in the next twenty-five years is to provide good clinical care on the average in family medicine/general practice as the consultants do in theirs. The solution lies first and foremost with education and training. Compulsory postgraduate training is essential followed by a life-time of continuing education. Education is the key — the fulcrum on which the future of general practice turns. Education is the counter to catastrophe, and education for the generalist does not mean specialization.

The world does not owe general practice a living. If we choose education — both postgraduate training and continuing education — then we can lead ourselves in groups to clinical standards, and through professional self-control we can retain clinical and professional freedom. In this our era of destiny, we can still choose between education and catastrophe. I am optimistic that we would make the right choice. Generalists are more flexible than specialists and have a long tradition of adaptability.

In conclusion, I must emphasize that there is more to continuing education than the acquisition of facts and the mastery of technique. Many qualities will be demanded of the young physicians entering general practice to-day. Among these will be the capacity for continuing intellectual growth, the spirit of candid self-criticism, and the ability to adapt in response to the great changes that medicine and society will undergo in the next 25 years. The crucial test of a physician's education will not be only what he is thinking and doing to-day, but what he is thinking and doing in 15 or 25 years' time. Our aim should be to educate family physicians who will meet this challenge.