

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



DIPLOMA CURRICULUM

FACULTY OF FAMILY MEDICINE

APPROVED BY THE SENATE ON 3RD JUNE, 2021

A handwritten signature in blue ink, consisting of several loops and flourishes, is positioned above the name of the Registrar.

DR F. A. AROGUNDADE, MD FMCP
COLLEGE REGISTRAR



NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA.
FACULTY OF FAMILY MEDICINE

PICTURE (GRAPHIC)

CURRICULUM AND SYLLABUS FOR THE DIPLOMA IN FAMILY
MEDICINE TRAINING PROGRAMME

[DATE]

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**NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA
FACULTY OF FAMILY MEDICINE**

SECTION ONE: INTRODUCTION

A. Introduction

The Family Physician is a multi-competent specialist who is trained to provide comprehensive health care both at first contact and in continuity.

The number of Family Physicians in Nigeria is grossly inadequate

A critical number is needed to provide optimal clinical care for the huge and rapidly expanding population. There are thousands of general duty doctors providing clinical care at primary care level.

Only few have formal training in general practice.

Fewer still engage in continuous updating of knowledge and skills.

Referrals from them tend to be inappropriate (too few or too much).

Discerning patients avoid them to visit multi-specialist hospitals.

This tends to increase cost of care and make patients poorer.

The DFM programme is the Faculty's strategic response to this need.

B.1: Vision of the Faculty

The vision of the Faculty of Family Medicine of the National Postgraduate Medical College of Nigeria is to achieve improved health and quality of life of the Nigerian people through fostering and maintaining high standards in Family Medicine training, practice, and research.

B.2: Mission of the Faculty

To produce Diplomates Family Physicians in Nigeria, who are of international standards, and are equipped with the knowledge, skills and attitudes needed to practice and play key leadership roles in providing comprehensive health services that meet the needs of individuals and families, within the context of the communities they serve. It is hoped that in the nearest future, Diplomates in Family Physicians will develop interest in the Specialty and eventually acquire Postgraduate training to become Specialist Family Physicians.

C. Goal of the Diploma Programme

The Goal of the training programme is to produce Family Medicine Generalists of international standard, who can meet the peculiar health needs of the Nigerian people, and stand competently in the medical arena anywhere in the world. At the end of the training, the graduate of the programme will be able to Practice competently at the primary and secondary levels of care.

D. General overview of the training

The curriculum for training Diplomates Family Physicians is designed to represent realistically the skills and body of knowledge that the physicians will require in practice.

The curriculum is based on an analysis of the current problems seen and the skills used by Family Physicians in their practices, as well as a projection into the kinds of problems they are likely to encounter in the future.

Entry requirements:

- Possess an MBBS, MBChB or equivalent from approved Universities.
- Have completed a minimum of 12 months rotatory internship in an accredited hospital
- Possess valid full Registration as Medical Practitioners with the Medical and Dental Council of Nigeria (MDCN), or necessary temporary registration with the MDCN, if foreigners.
- Completed the mandatory one (1) year National Youth Service Corp Scheme (NYSC) or valid evidence of exemption.

COURSE CONTENT:

The course is divided into 6 quarters with a total of 18 modules.

Three modules are covered every quarter with a terminal test after each quarter. The scores from these previous assessments will contribute to the final exam scores.

Lectures are given using power points.

Practical consist of demonstrations and hands-on skills acquisition at designated centres.

Candidates are expected to make a minimum of 75% attendance at lectures and 75% attendance at the practical/clinicals during each quarter.

During the 18-month period, s/he is expected to attend 3 workshops (Quality Care Assurance, BLS and ALSO) and 1 revision course.

After qualifying from the Diploma programme and the Diplomate decides to join the Residency training in Family Medicine on passing the Primaries, such a resident will be exempted from some courses earlier taken during the Diploma programme to a period not exceeding six (6) months. This is applicable to those that had done such postings in an accredited Residency training centre under the supervision of a trainer in the Faculty.

Section Two: Core Curriculum

A. Course contents / Modules, Codes and Credit Units

S/ N O	COU RSE COD E	MODULE	CRE DIT UNIT	TOPICS
1	DFM 801	INTRODUCTIO N TO FAMILY MEDICINE	2	<ol style="list-style-type: none"> 1. History of the Specialty 2. Scope of Family Medicine 3. Systems theory 4. Practicing bio- psychosocial medicine 5. Core principles of Family Medicine 6. Models of care 7. Psychosocial influences 8. Risk factors for illnesses and diseases
2	DFM 802	FAMILY DYNAMICS IN HEALTH AND DISEASE	2	<ol style="list-style-type: none"> 1. The Family 2. Family cycle 3. Family Genogram 4. Family and Health 5. The family physician in

				<p>acute and chronic care</p> <ol style="list-style-type: none"> 6. Family Functioning 7. Primary Health Care 8. Primary care in Practice/community oriented clinical care
3	DFM 803	COMMUNICATION IN FAMILY MEDICINE	2	<ol style="list-style-type: none"> 1. Establishing rapport – communication in family medicine 2. Patient Adherence 3. Patient Education 4. Interviewing techniques 5. Team work concept 6. Breaking bad news 7. Referral
4	DFM 804	GENERATIONAL CARE	2	<ol style="list-style-type: none"> 1. Overview of Generational care 2. Common childhood illnesses

				<ul style="list-style-type: none"> 3. Child and adolescent mental health 4. Child and Elder abuse 5. Adolescent Health 6. Intimate partner abuse 7. Care of the elderly 1&2 8. Lifestyle medicine
5	DFM 805	UNDIFFERENTIATED CLINICAL CONDITIONS	2	<ul style="list-style-type: none"> 1. Cough and breathlessness 2. Syncope 3. Constipation/abdominal pain 4. Blood in urine, dysuria and urethral discharge 5. Menopause, Andropause and Erectile dysfunction 6. Headache, Insomnia and dizziness 7. Medically unexplained symptoms

6	DFM 806	COMMON MEDICAL EMERGENCIES	2	<ol style="list-style-type: none"> 1. Principle of management of medical emergencies 2. The unconscious patient 3. Cardiovascular emergencies 4. Respiratory emergencies 5. Gastrointestinal emergencies 6. Neurological/mental health emergencies 7. Others, eg, bites, stings, etc
7	DFM 807	SURGICAL EMERGENCIES	1	<ol style="list-style-type: none"> 1. Principle of surgical care/care of the surgical patient 2. Paediatric surgical emergencies 3. Common adult surgical emergencies 4. Domestic Accidents 5. Common anaesthetic

				techniques in family medicine
8	DFM 808	SPECIAL PROBLEMS IN PRIMARY CARE	2	<ol style="list-style-type: none"> 1. Clinical problem solving in family medicine 2. Sexual health care by the family physician 3. Crises intervention in office practice 4. Alcohol and substance abuse 5. Ethics in Family medicine 6. Travel Health 7. Clinical genetics and genetic counselling 8. Stress
9	DFM 809	MANAGEMENT IN MEDICAL PRACTICE	2	<ol style="list-style-type: none"> 1. Principles of management 2. Process of management 3. Financial management and investment decisions 4. Personnel management 5. Management and Health financing

				<ul style="list-style-type: none"> – NHIS, Stock inventory. 6. Risk Management in primary care 7. Quality assurance, quality improvement and safety 8. Rural and remote practice 9. Partnership.
10	DFM 810	LEADERSHIP AND ENTREPRENEURSHIP IN MEDICAL PRACTICE	1	<ul style="list-style-type: none"> 1. Principle of effective leadership & Leadership style 2. Mentoring 3. The entrepreneur 4. Establishing a business in Nigeria 5. Models of partnership in medical practice.
11	DFM 811	INFORMATION TECHNOLOGY IN FAMILY MEDICINE	1	<ul style="list-style-type: none"> 1. Basics of computer and internet 2. Evidenced based medicine 3. Medical software and electronic gadgets

				<ul style="list-style-type: none"> 4. Electronic medical records 5. Literature search and review 6. Critical appraisal of a research paper
12	DFM 812	PALLIATIVE CARE	1	<ul style="list-style-type: none"> 1. Home based care 2. Hospice 3. Care of the terminally ill patient
13	DFM 813	OFFICE PROCEDURE	2	<ul style="list-style-type: none"> 1. Rectal examination; PAP smear; Vaginal examination 2. Evacuation of retained products of conception 3. Cut down; lumbar puncture; Venepuncture 4. Catheterization 5. Male circumcision 6. Intra-articular/Intralesional injections

				7. Minor surgical procedures (foreign body removal from ear, nose, eye , ear syringing)
14	DFM 814	DIAGNOSTICS	2	<ol style="list-style-type: none"> 1. Point of care testing 2. Appropriate investigations 3. Urine testing 4. Blood tests 5. ECG, ULTRASOUND 6. BASIC RADIOLOGICAL TESTING 7. Setting up a small laboratory
15	DFM 815	USE OF INSTRUMENTS FOR BEDSIDE PROCEDURE AND DIAGNOSIS	4	<ol style="list-style-type: none"> 1. Ventolin inhalers 2. Tuning forks 3. Patella hammer 4. Ophthalmoscopy 5. Nebulization 6. Sphygmomanometer 7. Stadiometer/Scale/Height 8. Foetal stethoscope/sonic aid, auroscope. Visual

				<p>acuity/colour charts, proctoscope 9. Glucometer 10. Basic ECG – Demonstration and interpretations 11. Use of pathograph 12. Vital signs chart 13. Head injury charts 14. Road to health charts 15. Preventive medicine: Different vaccines</p>
16	DFM 816	CLINICAL AND VIDEO DEMONSTRATI ON	2	<ol style="list-style-type: none"> 1. Chest intubation 2. Venus cut down 3. Suprapubic cystostomy 4. Phlebotomy techniques with various bottles 5. Ear Syringing 6. Video demonstrations on antenatal care 7. Video demonstration on examination and

				care of the newborn; resuscitation of the newborn 8. Video demonstrations on common dermatological conditions
17	DFM 817	BASIC LIFE SUPPORT WORKSHOPS	2	
18	DFM 818	ADVANCED LIFE SUPPORT IN OBSTETRICS WORKSHOPS	2	
19	DFM 819	QUALITY CARE UPDATE COURSE	2	
		TOTAL	36	

B. Assessment/Examination Method

The candidate is awarded a Postgraduate Diploma in Family Medicine by the National Postgraduate Medical College of Nigeria after satisfying the requirements of the continuous assessments and qualifying final examinations of the Faculty of Family Medicine. This certificate is registrable with the Medical and Dental Council of Nigeria.

The course is an 18-month part-time programme consisting of six quarters.

Candidates are expected to make a minimum of 75% attendance at lectures and 75% attendance at the practical/clinicals during each quarter to be eligible to write the terminal test at the end of each quarter.

Assignments are given on completion of each module and the candidate must pass these assignments.

Every candidate must attend and participate fully in the 3 workshops and one revision course mentioned above.

There is a terminal test at the end of each quarter which constitutes the continuous assessment.

The continuous assessment at the end of each quarter consists of 60 Multiple Choice Questions (Best Single Answer Format). The summative scores from all the continuous assessments constitute 40% of the final theory examinations.

The final theory examination at the end of the programme consist of 100 Multiple Choice Questions (Best Single Answer Format) and constitute 60% of the final theory examination.

The score for the clinical examinations (Objective Structured Clinical Examinations) is 100%.

There shall be an oral examination to assess the Logbooks on the gaps and documented cases recorded. This shall constitute a total mark of 50 and will add up to the total marks of the examination.

50% of the total of 250 (Theory, Clinicals and Orals) is required for a PASS but a pass in the clinical examination is mandatory.