

SMA

news



For Doctors, For Patients

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Family Medicine *Comes of Age*

Wishes for the
Family Medicine
Journey

Milestone for
Primary Care



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The Editors' Musings

DR TINA TAN

Editor

Dr Tan is a psychiatrist in private practice and an alumnus of Duke-NUS Medical School. She treats mental health conditions in all age groups but has a special interest in caring for the elderly. With a love for the written word, she makes time for reading, writing and self-publishing on top of caring for her patients and loved ones.



One thing I have noticed as a psychiatrist in private practice is how much patients trust their family doctors. Such a therapeutic relationship is usually brought up in the first couple of sessions when I am getting to know a patient and is often accompanied by a statement to this effect: "My GP referred me to you/recommended you, and I trust my GP. If he/she says I should see you, then I will listen."

Putting aside the honour that the referring GP trusted me enough to care for his/her patient's mental health needs, there is also the fact that the patient and their family have what must be a deep and enduring connection with their family doctor. I can attest to the same, for my family has one or two doctors whom we entrust our care to. One, in particular, has vaccinated my kids as babies, seen them through their countless coughs and colds, and

even ingrown toenails. This doctor has watched me "grow up" from my days as a medical student to the day I popped by his clinic and handed him my new clinic business card. (If you are reading this, you know who you are.)

Therefore, the recent move by the Ministry of Health to recognise family medicine (FM) as a specialty is something I welcome. Family doctors are the backbone of medicine in the community. And if I feel this way, I can only imagine the sense of accomplishment that my primary care colleagues are experiencing at this news. Therefore, I wish all FM practitioners the best in the coming years as they make strides in this arena.

Finally, as we end the year, please join me as we welcome Dr Lim Ing Ruen and Dr Tan Chin Yee to the SMA News Editorial Board. We look forward to their contributions here at SMA News.

See you in 2026.

DR CHIE ZHI YING

Deputy Editor

Dr Chie is a consultant family medicine specialist working in NHG Polyclinics. She also holds a Master of Public Health from the National University of Singapore and is a Fellow of the Royal Society for Public Health. She enjoys freelance writing and has written for Chinese dailies *Lianhe Zaobao*, *Shin Min Daily News* and health magazine *Health No. 1*.



As the season of year-end festivities is in full swing, it is the time of the year for everyone to come together to celebrate joy and happiness, reflect on the past year, and look forward to new beginnings with excitement and hope.

With FM attaining the golden milestone of being recognised as a specialty, we celebrate this historic moment and give thanks to the many generations of healthcare leaders, whether from the FM community or the various professional bodies, for advancing FM as a specialty. This moment underscores the pivotal role that FM plays in delivering the three Ps (personal, primary and preventive care) and three Cs (comprehensive, continuing and coordinated care) to our patients and their families as the cornerstone of our robust healthcare system.

We are honoured to have two prominent senior leaders of our FM fraternity share with us their invaluable insights and thoughts on FM attaining specialty status and what lies ahead, in this December edition on "Family Medicine Comes of Age".

We have Dr Wong Tien Hua, President of the College of Family Physicians Singapore who practises at Mutual Healthcare Medical Clinic, sharing his perspectives of the journey of FM as it grew from humble beginnings to having structured training and professional accreditation, to recognition as a specialty over the years and beyond.

We also have A/Prof Karen Ng, Chief, Primary Care, Population Health, NHG Health and CEO, Family Physician and Senior Consultant, NHG Polyclinics, sharing her thoughts on the impact of FM as a specialty on primary care and our healthcare system as well as her personal journey on embarking on FM postgraduate training.

As we enter the new year, we are delighted to include a collection of hopes and wishes from family physicians and GPs practising in various institutions from both the private and public sectors on their aspirations for FM, patient care and the year ahead.

On this note, here is wishing everyone and your loved ones a bountiful, healthy and joyous New Year! ♦

WELCOME ON BOARD

Dr Lim Ing Ruen is an otorhinolaryngologist with fellowship training in rhinology and advanced sinus surgery from the Hospital of the University of Pennsylvania. She was also a clinical lecturer involved in the teaching of medical students during her fellowship year. Upon her return, she built up an ENT and rhinology service in Alexandra Hospital and was on the Hospital Planning Committee for Khoo Teck Puat Hospital. She is currently practising in Mount Elizabeth Hospital.

She has served on the Medical Advisory Board of Mount Elizabeth as the ENT specialty representative, the Operating Theatre Committee, the Tissue Committee, the Transplant Committee and the Proton Therapy Tumor Board Committee.

She enjoys being part of the teaching faculty involved in endoscopic sinus surgery workshops. She also volunteers on medical mission trips with A Call to Share Singapore. Always devoted, always committed. She is a mother of two boys, an avid traveller and a gastronomist.



Dr Tan Chin Yee is an internal medicine junior resident in Singapore Health Services. He has interests in basic science research especially in the domains of microbiology, immunology and genetics/genomics. He is an alumnus of Duke-NUS Medical School and the Duke University School of Medicine. Outside of work, he enjoys running, doing research and drinking beer on his balcony with his wife. He does not enjoy completing MedHub assessments.

"Dear readers, Chin Yee here. Medicine and science have been intertwined since the very beginning. It took about two decades for the basic science of checkpoint blockade immunotherapy to make its way from Allison's and Honjo's labs to breathe hope for cancer patients today. This observation highlights the patience and resilience required to transform medicine through studying basic biology. In my writing, I hope to discuss seminal discoveries in today's science that will improve the health of our children and generations to come."

The SMA News Editorial Board, led by Editor Dr Tina Tan and Deputy Editor Dr Chie Zhi Ying, meets regularly to discuss the latest topics relevant to the profession and how best to invite and publish articles on these topics to inform, educate and update our Members. To find out more about our Editorial Board members and our work, visit <https://www.sma.org.sg/page/About-SMA-News> or scan the QR code. ♦



Thoughts and Wishes

for the Family Medicine Journey

As family medicine (FM) comes to be recognised as the 36th specialty with effect from 1 November 2025, SMA News invites primary care practitioners to share their hopes and wishes for this latest specialty, and what they may wish to impart to their current and future juniors in FM.

Text by Dr Rachel Lim, Family Physician, SingHealth Polyclinics

I am really glad to see FM being recognised as a specialty, which is testament to the hard and heart work put in by primary care physicians day in day out. A robust primary healthcare system is the foundation for a healthy community and healthcare ecosystem. Though our duty to patients goes beyond any quest for name and fame, increased recognition can play a part towards increasing the prestige of FM and hopefully drive the quest for family physicians to be of a standard equivalent to our specialist colleagues, albeit in a generalist field.

With the Healthier SG initiative and the increased centrality of the family doctor, I hope the envisioned continuity of care and comprehensive care that FM is characterised by can truly take place to bring healthcare upstream and result in a healthier Singapore!

Text by Dr Lee Pheng Soon, GP, private practice

Easier to start, easier to retire.

The young family physicians wishing to provide basic primary care in his/her local community should have a fairer way to start, and – after a life of service – an easier way to close, his/her practice than at the present. Needing to pay tens of thousands of dollars for monthly rental is too heavy a burden at start.

Similarly, needing to hold the records of his/her patients for at least six years is a very heavy responsibility on retiring. My dream is for a more practical way for them, both on entry and at exit, so they can just focus on the community that needs them.



Text by Dr Anandan Gerard Thiagarajah, Senior Consultant Family Physician, National University Polyclinics

If a restroom has two sensor taps, would you use the left or the right? You might say, "It depends on where the door is, where the hand dryer is", and so on.

Well, who said that you cannot use both at the same time?

FM is full of "by-left" ways of solving problems that no textbook will prepare you for. From gently guiding a worried parent from denial to acceptance that their developmentally delayed child needs investigation to reassuring a call-centre staff that he/she is not a bad person for obtaining frequent medical certificates but is in need of help for the underlying depression, the skills needed in general practice are quite specialised indeed.

You are a detective, friend, finance-counsellor, mentor and leader all rolled into one. When facing complex situations, remember that you are much more than your MBBS, because who said that FM cannot be a specialty?

Text by Dr Tan Su-Ming, Family Physician, private practice

FM, when practised well, is actually really hard, because you will need tremendous breath and some depth. A family physician may also become a jack of all trades and master of one if you have a special interest in, say, the management of gout or diabetes.

Practise your craft and art with compassion, care, curiosity and a deep and genuine interest in your patient and you will be rewarded richly. The trust you gain from your patients over time is hard earned and sacred, and then you will have a genuine opportunity to influence, guide and sometimes heal.

And if you do it right, your inner life will be very, very rich.

Text by Dr Chie Zhi Ying, Family Physician, NHG Woodlands Polyclinic

As a family physician, it brings me great joy and pride that FM has attained recognition as a specialty. Hats off and a big thank you to the many generations of senior leaders of the FM community for championing tirelessly for us! This golden milestone marks a significant step highlighting the essential role of FM in providing comprehensive, holistic, personalised and relationship-based care, and it reinforces the importance of FM as the cornerstone of a strong healthcare system.

With specialty recognition, family physicians are better poised to provide coordinated, preventive and patient-centred care for our ageing population with increasingly complex healthcare needs. Ultimately, it is my hope that the FM community will continue to strive for excellence in clinical care, education and research, and care for patients and their families with compassion and dedication. Together with patient empowerment, close collaboration with other healthcare professionals and community partners, we can make a meaningful difference in the lives of the communities we serve.



Text by Dr Ho Xin Qin, Resident Physician, Lakeside Family Medicine Clinic

As a primary care physician looking after both clinic and home care patients, I believe in the adage: "prevention is better than cure". It has been mind-opening to learn about the six pillars of lifestyle medicine: whole-food, plant-forward nutrition, physical activity, restorative sleep, stress management, social connection and avoidance of risky substances. The evidence-based tools in lifestyle medicine have great potential to improve the chronic disease control in Singapore, as well as decrease the population's risk of contracting the three highs and other chronic diseases.

In 2026, I hope that more can be done in the realm of lifestyle modifications using the tools of lifestyle medicine, to benefit more patients. The Tzu Chi Food Farmacy focusing on food as medicine is a first in Singapore, as well as the Culinary Medicine Academy. I hope such ground-up initiatives can create an impact in preventive care in Singapore.

Text by Dr Gopal E-Wei Pamela, Associate Consultant, Sengkang Community Hospital

FM in Singapore stands at an important inflection point. As our population ages and care needs grow more complex, I am reminded daily – through conversations with my patients and their families – of how essential the family physician is as the first point of contact and trusted care coordinator. These encounters reinforce that our specialty is grounded not only in clinical expertise, but in the continuity, empathy and understanding built over years of shared journeys.

I hope to see FM further strengthened as it evolves and refines its professional identity as a specialisation in its own right – one recognised for its breadth, depth and unwavering commitment to person-centred, value-based and longitudinal care. With the Healthier SG initiative, we have an unprecedented chance to reshape how primary care anchors preventive health, empowers patients and connects care across diverse settings.

Looking ahead, my aspiration is for every family physician to feel supported by robust training pathways, strong teams and digital tools that enhance – not replace – the human touch that defines our work. Ultimately, our specialty will continue to thrive and reach greater heights if we remain grounded in what has always mattered most: holistic care, trusted relationships and a steadfast dedication to the communities we serve.

We congratulate and celebrate the achievements of the field of family medicine and welcome GPs and family physicians to write in and share your stories. Be it reflections on your journey, patient anecdotes, hopes for the future, or wisdom you may wish to share with colleagues and juniors, we look forward to carrying your writings in our pages. Email us at news@sma.org.sg for more information or to submit your stories. ♦

FAMILY MEDICINE

Receives Due Recognition

Text by Dr Ng Chee Kwan

The Ministry of Health (MOH) has recently announced that family medicine (FM) will be recognised as a specialty. According to MOH, this recognition will "provide a clear pathway to specialist accreditation for family physicians with advanced training and raise the standards of primary and community care."¹

It is important to note that there are strict criteria laid out for doctors to become FM specialists. Becoming an FM specialist is not easy and I salute those who qualify. Currently, only those who have attained Fellowship of the College of Family Physicians (Singapore) (FCFP[S]) can be accredited as FM specialists. The FCFP(S) programme is the College of Family Physicians Singapore's flagship advanced training route, designed to turn an already capable family physician into someone who can teach, do research and manage complex problems. There are currently over 200 registered family physicians who have attained FCFP(S) and are thus eligible to register as FM specialists.

Moving forward, it seems that the future pathway for doctors to become

FM specialists would be to enrol in a new advanced FM programme, and I expect the programme to be equally rigorous.

Not everyone who is a family physician will choose to become an FM specialist. However, those who choose the path to do so will benefit from enhanced professional status, career options and the capacity to lead in primary and community care.

As a specialist in urology, why would I be writing this in support of FM as a specialty? It could be because I have always thought that the family physician is the very embodiment of a doctor, having the breadth of knowledge and expertise to provide primary care for patients with a wide range of medical conditions. The family physician has the potential to become a pillar of the community and touch lives in many ways. Recognising FM as a specialty is an acknowledgment of the role of the family doctor in providing holistic healthcare.

Regardless of whether family doctors choose to take up specialty training, I hope having FM recognised

as a specialty will encourage family physicians to continue to better themselves, for the benefit of their patients and the community.♦

Reference

1. Ministry of Health. *Recognition of Family Medicine as a Specialty*. 31 October 2025. Available from: <https://bit.ly/44eoEUo>.

Dr Ng is a urologist in private practice and current President of the SMA. He has two teenage sons whom he hopes will grow much taller than him. He has probably collected too many watches for his own good.



HIGHLIGHTS

From the Honorary Secretary

Report by Clinical Asst
Prof Benny Loo Kai Guo

Dr Loo is a paediatrician in public service with special interest in sport and exercise medicine. He serves to see the smiles on every child and athlete, and he looks forward to the company of his wife and children at the end of every day.



Continued advocacy on HIB

The proposed Health Information Bill (HIB) mandates the contribution of data to the National Electronic Health Record (NEHR).

SMA has been meeting with and providing feedback to Ministry of Health (MOH) officials regarding the proposed law and the Cyber and Data Security (CSDS) Guidelines. Together with the Academy of Medicine, Singapore and the College of Family Physicians Singapore, SMA provided feedback in writing on 22 May 2025 and 13 October 2025, and we also met with MOH on two occasions to discuss these matters, on 2 July 2025 and 30 October 2025.

SMA's key concerns include the following:

- Many of the CSDS requirements require the support of a white-listed vendor. Simplification of the CSDS Guidelines is key to reducing the burden and cost of implementation.
- If recurring costs are not supported, they may have to be passed on to patients. These costs may be significant for low-volume clinics.
- It is critical to come up with a plan to support legacy clinics which are not computerised.

SMA will continue to advocate for CSDS Guidelines that clinics will be better able to fulfil.

Family medicine recognised as medical specialty

From 1 November 2025, the Specialists Accreditation Board (SAB) will start receiving grandfathering applications for specialist accreditation for family medicine.

For more details, please read the SAB announcement available at: <https://bit.ly/494AKmz>.

Modification of licence conditions for remote provision of OMS

MOH issued a circular on 10 October 2025 highlighting additional requirements relating to remote service kiosks. Licensees who are providing outpatient medical services (OMS) via remote provision should take note of the changes.

Please read the MOH circular, and the Annex, in full at the following link: <https://bit.ly/4ot0TQN>.

SMA acquires office space at Paya Lebar Square

The SMA Secretariat office, which supports the needs of close to 12,000 SMA Members, has never had a stable office location. We have always rented, and the instability of this situation is reflected in our needing to relocate twice in the last ten years. We are currently unsure whether we can remain in our present location beyond another two to three years, subject to lease renewal.

Therefore, we are pleased to inform Members that SMA has acquired two adjacent office units at Paya Lebar Square (60 Paya Lebar Road), with the purchase completed on 27 October 2025 under SMA Pte Ltd. Part of a mixed-use development next to Paya Lebar MRT station these units are currently leased to a single tenant. We plan to continue with the current arrangement until it no longer makes financial sense to do so, or until we can no longer economically rent office space for our own use.

More details will be available at the next Annual General Meeting. We thank Members for your continued support as SMA works to sustain and strengthen our ability to serve the profession. ♦



Illuminating Connections: SMACF Bursary Recipients' Engagement Event 2025

Text by Sharmilah Banu, Executive, SMA Charity Fund

At SMA Charity Fund (SMACF), we believe that no aspiring doctor should face financial obstacles alone. Since our founding, this mission has guided every bursary awarded, every student supported and every story of perseverance we have had the privilege to witness. This spirit of care culminated in a gathering of like-minded people at our Bursary Recipients' Engagement Event 2025, held on 30 October.

This year, through the generous donations from our donors, we disbursed \$276,000 in bursaries to 46 deserving medical students across all three local medical schools. Each bursary, valued at \$6,000, provided students with critical financial relief, allowing them to focus on their rigorous training rather than worry about day-to-day expenses.

The event began with a playful segment of "Ask Me Anything", where Board members and legacy donor Dr Ong Eng Kang had to blind pick and answer questions submitted by students, sparking spontaneous moments of connection. From reflections on medical journeys to words of wisdom about resilience, the game revealed the shared humanity that ties everyone in the room together – mentors, donors and students alike.

The bursary event is a meaningful gathering that bridges SMACF Board members, legacy donors and bursary recipients, fostering connections that inspire and uplift the next generation of medical professionals. Students had the chance to meet and share a meal with the generous individuals behind their bursaries, learning not only the stories of giving that make their education possible but also insights from senior colleagues that will serve as guiding stars through the challenges and triumphs of their medical school journeys.

The evening also marked a new milestone in SMACF's journey: the filming of our first-ever corporate video. The video captured the beating hearts behind our mission, featuring interviews with SMACF Board members, SMA President Dr Ng Chee Kwan, our legacy donor Dr Ong Eng Kang and the bursary recipients themselves.

We extend our heartfelt thanks to everyone who took the time to share their stories and insights on camera. Your sincerity and warmth will soon come together to paint a living portrait of SMACF, celebrating the generosity, hope and belief that sustain our cause.

While the night eventually came to an end, we hope the spirit it kindled – of giving, gratitude and growth – continues to shine brightly in our hearts.

To our students, donors and members of the SMACF community, thank you for being part of this enduring story. We look forward with excitement to unveiling our corporate video – a reflection of the shared light that guides us all. Together, we continue to build a lasting ripple of care and compassion in Singapore's medical community, one student at a time. ♦



Students beam with laughter while bonding with legacy donor Dr Ong Eng Kang



A cheeky pose, symbolising a brief pause of fun amid the medical school hustle

FAMILY MEDICINE AS A SPECIALTY:

A Milestone for Primary Care

Text by Dr Wong Tien Hua

The College of Family Physicians Singapore (CFPS) had the privilege of hosting the 2024 World Organization of Family Doctors' Asia-Pacific Regional Conference, which was held from 21 to 24 August. At the opening ceremony attended by some 1,300 family physicians from around the region, Minister for Health Mr Ong Ye Kung announced that the Ministry of Health (MOH) would work with the family medicine (FM) fraternity towards recognising family physicians (FPs) with advanced training as specialists.

A long-awaited recognition

This landmark announcement signalled that the inclusion of FM under the Specialists Accreditation Board (SAB) framework was no longer a question of "if", but "when".

After several rounds of internal papers, proposals and meetings, the SAB has from 1 November 2025 invited those who have attained the Fellowship of the College of Family Physicians Singapore (FCFP[S]) by Assessment to apply for specialist accreditation in FM.

These FPs will constitute the first batch of specialists in FM – a historic milestone for the profession and a professional coming of age for FM in Singapore.

From humble beginnings to structured training

FM training in Singapore began as far back as 1971, when medical students

first undertook undergraduate general practice attachments. By 1987, FM was incorporated into the formal medical curriculum.

The first Master of Medicine in Family Medicine (MMed [FM]) examination was conducted in 1993, followed by the inauguration of the Graduate Diploma in Family Medicine (GDFM) course in 2000, and the FCFP(S) in 2001.

Today, the GDFM, MMed (FM) and the FCFP(S) programmes are conducted by CFPS, while FM residency programmes run by Singapore Health Services, NHG Health and National University Health System also prepare trainees for the MMed (FM) examinations.

These structured training pathways have produced a highly qualified cadre of FPs with the knowledge and skills to deliver comprehensive, patient-centred care across all life stages.

Professional accreditation and the FP register

In 2011, the Register of Family Physicians was instituted under the Family Physicians Accreditation Board (FPAB). Doctors with a minimum GDFM qualification and sufficient practice experience are recognised as FPs and listed in this register.

As of 2024, there were 2,694 doctors registered as FPs. The register has ensured that those entering FM practice possess formal training and currency of practice. However, it was never intended

to recognise physicians functioning at the consultant level or leading system-wide primary care initiatives.

Why specialty training matters

The future of healthcare in Singapore lies in the community. With the Healthier SG initiative, the shift from hospital-based care to primary and preventive care has gained pace. The complexity of care has also grown, driven by an ageing population, multi-morbidity and rising expectations for continuity and comprehensiveness.

Modern FPs are no longer "cough and cold doctors". They coordinate care teams, manage chronic diseases, provide mental health support and guide patients through complex health systems.

To equip younger doctors to meet these evolving demands, structured and progressive training is essential. A formalised specialist track in FM enables accelerated skill development, leadership training and stronger career pathways, ensuring that FPs can meet the growing needs of an ageing, complex population.

The de facto specialists among us

Many FPs are already practising as de facto specialists in FM. The FCFP(S) programme, recognised as equivalent to an advanced specialist training pathway, equips doctors with competencies in advanced clinical care, healthcare



“

The inclusion of FM within the specialist accreditation framework is not about creating exclusivity, but about recognising excellence that already exists.

”

administration, medical education and research, and leadership.

Fellows of the CFPS currently lead major divisions and institutions including the Primary and Community Care Division of MOH, polyclinic clusters, community hospitals and academic departments of FM.

They also serve as programme directors, examiners and mentors in postgraduate FM training, shaping the next generation of FPs. In the private sector, FCFP(S)-trained doctors lead Primary Care Networks, group practices and professional associations, and contribute to MOH committees guiding policy and standards.

Beyond their leadership in education and healthcare delivery, many FCFP(S) holders also contribute to the governance and integrity of the medical profession. Several Fellows serve on the Singapore Medical Council, Complaints Committees and Disciplinary Tribunals, where they uphold professional standards and ensure fair peer review. Others are frequently called upon to provide expert medico-legal opinions in complex cases, reflecting the depth of clinical judgement and ethical insight developed through advanced FM training.

Will specialty recognition fragment primary care?

A common concern is that recognising FM as a specialty might create divisions within the fraternity, especially between “specialist” and “non-specialist” FPs.

While this worry is understandable, it must be made clear that the aim of specialty recognition is not to create hierarchy, but to raise the professional standing of all FPs.

FM being seen as a specialty raises public trust by reassuring patients that

FPs meet training benchmarks. This recognition will also clarify training pathways and professional expectations, ensuring younger doctors have clear progression routes and mentorship opportunities. It strengthens, rather than fragments, the discipline.

It is important to emphasise that specialty recognition will not exclude or disadvantage existing practitioners. There will be no new barriers imposed on doctors currently practising in primary care, whether in private or public settings. Those who are already providing FM services will continue to do so as before. The intent is not to restrict or ring-fence practice to a select few, but to create a pathway for professional advancement through training and formal recognition.

A step towards parity

“Parity is the FP being accepted as equal to the organ specialist in the eyes of the four Ps – profession, people, policy makers and the press. The journey to parity is the process of levelling up.” – A/Prof Goh Lee Gan, 2001 Sreenivasan Oration, “From Counterculture to Integration: The Family Medicine Story”

In 2001, A/Prof Goh Lee Gan described the goal of FM as achieving parity with organ-based specialists in the eyes of the profession, the people, policymakers and the press.

Specialty recognition brings us closer to that vision. It acknowledges that the depth of skill required to deliver comprehensive, continuous and coordinated care is on par with any organ-based specialty, and that primary care excellence is the cornerstone of population health.

Advanced FM training

The Advanced FM (AFM) training framework, currently being refined by the FPAB and SAB, will provide the formal structure for training and assessment for specialty-level recognition. CFPS and the Chapter of Family Physicians at Academy of Medicine, Singapore continue to work closely with MOH to ensure a smooth transition from the current residency programme to AFM training.

This development will complete a professional journey that began more than fifty years ago – honouring our pioneers and inspiring the next generation to carry the discipline forward.

The specialist in FM

The inclusion of FM within the specialist accreditation framework is not about creating exclusivity, but about recognising excellence that already exists.

It will strengthen the voice of FPs in policy, training and leadership. It will enhance the quality and continuity of care for our patients. And most importantly, it will affirm what we have always known – that FPs are specialists in the care of the whole person. ♦

Dr Wong is the President of the College of Family Physicians Singapore. He practises at Mutual Healthcare Medical Clinic and has been actively involved in advancing family medicine training, leadership and professional development in Singapore.



A Milestone for Family Medicine: STRENGTHENING CARE FOR PATIENTS

Text by A/Prof Karen Ng

A few months ago, I received a hand-written card from the son of my long-time patient, Mr C. He thanked me for caring for his father over the years. The last few years were difficult, as Mr C became increasingly frail with multiple chronic conditions. Together, we managed to keep most of his care within the polyclinic, reducing repeated hospital visits and minimising stress for the family. This simple gesture encapsulated what family medicine (FM) is truly about: the privilege of journeying alongside patients through life's complexities.

To me, the relationship with the patient is at the core of FM. Relationship-based care anchors care within NHG Polyclinics, with its teamlet care model encompassing trust, continuity and holistic support for the patient. It is this alignment with my personal values and conviction that motivated me to serve in public primary healthcare, joining NHG Polyclinics as a young medical officer in year 2000.

When I first chose FM as my career path nearly 25 years ago, I remember the raised eyebrows. "You're not specialising?" friends asked with genuine surprise. Yet I never saw it as a lesser choice. What drew me to FM was the aspect of humanity it offered – the privilege of caring for patients and their families, building trust over time through life's ups and downs.

The strategic imperative

Primary care forms the cornerstone of Singapore's healthcare system. With our rapidly ageing population, we are faced with a corresponding increase in

healthcare demand and multi-morbidity. By 2026, Singapore will become a super-aged nation. This demographic reality has driven strategic shifts towards strengthening primary care, emphasising preventive care and anchoring treatment in the community. Our goal is clear: enable our seniors to remain active and independent for as long as possible, visiting hospitals only when necessary.

FM has always responded to the healthcare needs of our society. Today, as we see our healthcare landscape move to one that caters to a super-aged society challenged with ageing, frailty and end-of-life care needs, FM is ready to respond.

The Ministry of Health's formal recognition of FM as Singapore's 36th specialty with effect from 1 November 2025 reflects both the rising importance and proven impact of FM. This recognition acknowledges what we have long known – that family physicians with advanced training possess both the breadth to manage diverse clinical conditions and the depth of expertise to care for patients with multiple medical conditions and complex needs.

The growth of FM in Singapore

Since the 1990s when the Master of Medicine (Family Medicine) and fellowship programmes were established, and 2011 when the FM residency programme began, generations of family physicians have been trained and equipped to care for patients with a wide spectrum of clinical conditions, multi-morbidity and complex needs. These family physicians combine clinical excellence with the relational skills essential for comprehensive patient care. We can all

do our part to further the field of FM. In addition to my roles at NHG Health and NHG Polyclinics, I serve as adjunct associate professor at the NTU Lee Kong Chian School of Medicine, advocating for and mentoring the next generation of healthcare professionals in FM research and education.

FM leadership in transforming care

Our family physicians practise in the communities they serve. Enriched with this perspective, family physicians lead many of the advances to transform primary care, including areas of patient-centred care, evidence-based practice, quality of care, patient safety, competency-based training, clinical practice guidelines and research.

Clinical leadership in complex care

An ageing population presents increasingly complex care needs, including psychosocial challenges that require coordinated, multidisciplinary care. Family physicians serve as clinical leaders, managing complex problems while coordinating care across hospitals and community partners. In NHG Polyclinics, the teamlet care model – comprising family physicians, nurses and care coordinators – forms the foundation of comprehensive care. When needed, teamlets can also tap on our broader multidisciplinary team, including allied health professionals and care coaches. Similarly, through NHG Health's role as a regional health manager, we support more than 200 GP clinics in the Central-North Primary Care Network, connecting GPs with community health teams for enhanced multidisciplinary support.





Care consolidation and coordination

Patients benefit significantly from having one trusted doctor and/or team manage their conditions, which results in fewer hospital visits and reduced healthcare fragmentation. Family physicians can order hospital investigations and, through shared protocols, consolidate care pathways and continue managing patients within their clinics. This approach delivers care that is comprehensive, coordinated and accessible close to home for the patients.

Community connection and social prescribing

Family physicians also serve as vital connectors between clinical care and community resources. Through NHG Polyclinics' social prescribing initiatives like ENRICH (ENgaging and empoweRIng our Community for better Health), our care teams have linked patients with community support systems that address social determinants of health. This upstream approach recognises that health extends beyond clinical interventions to encompass social, economic and environmental factors that influence well-being. It also supports the national Age Well SG initiative to enable our seniors to age actively, stay socially connected and be cared for within their communities.

Preventive health advocacy

Family physicians are ideally placed to drive personalised preventive care initiatives. From health screening programmes to genomics-based family health assessments, family physicians are well-positioned to champion proactive health management. For vulnerable populations, programmes like NHG Polyclinics' EMBRACE+ (Enhanced Maternal Baby ToddleR And Child SurvEllance) provide targeted interventions for both mother and child. In NHG Polyclinics, family physicians lead proactive care for elderly patients through frailty and dementia screening, while integrating mental health support with accessible primary care. This aligns with the Healthier SG initiative, the national shift towards preventive care.

Innovation and evidence-based practice

Family physicians drive quality improvement through enhanced data utilisation, expanded primary care research, and educational innovation. NHG Polyclinics co-developed PRIME-CXR, an artificial-intelligence (AI)-powered chest X-ray (CXR) triage solution leveraging AI for prioritisation of CXR reporting. By leveraging advanced digital health technologies and remote monitoring capabilities, care delivery can be improved while maintaining the personal touch that defines FM.

FM in primary care: delivering value to the system

International evidence consistently demonstrates that health systems with robust primary care achieve better outcomes at lower costs, with less hospital burden and more integrated patient experiences. Health systems with a strong FM as the cornerstone of care delivery facilitate timely access to care and enable a wider range of services and treatments to be delivered in primary care, thus reducing hospital utilisation.

Capability building for the future

The recognition of FM as a specialty necessitates continued investment in capability building. Medical schools are already devoting increased time to FM education, while FM residency programmes will expand into advanced specialty training pathways.

Equally important is the strategic pivot towards funding models that support proactive, preventive care. Under capitation funding models, public healthcare clusters have strong incentives to invest in primary and preventive care, strengthening community-based services to maintain population health.

A personal reflection

When I first embarked on FM postgraduate training, I was drawn to its humanity-driven focus and breadth. Today, I remain proud to be a family physician. The formal recognition of

FM as a specialty in 2025 demonstrates that family physicians play a pivotal role in the care of the population with increasingly complex health and social needs, and it affirms the importance of FM in both primary care and the Singapore healthcare system.

I encourage more doctors to pursue advanced FM training. As our population ages and health needs grow increasingly complex, family physicians are uniquely positioned to lead care transformation. We stand ready for this future – grounded in relationships, guided by evidence and inspired by purpose.

The handwritten card from Mr C's son reminds me daily why this recognition matters profoundly. It represents not just professional acknowledgement, but the validation of a care philosophy that places patients and families at the heart of our work. FM has always been about more than treating diseases – it is about caring for residents and their families in the communities we serve.

Acknowledgement

The author acknowledges the assistance of Pair, an AI assistant created by Open Government Products, in refining and editing this article. ♦

A/Prof Ng is the chief of Primary Care, Population Health, NHG Health as well as CEO, family physician and senior consultant at NHG Polyclinics. A strong advocate in nurturing the next generation of medical professionals, she also serves as an adjunct associate professor at NTU Lee Kong Chian School of Medicine. In her leisure time, she enjoys taking long walks with her dog.



An Exclusive Evening with Audi

Text by Joanne Ng, Deputy Manager, Membership Services

There was much excitement in the air as Members gathered at the Audi House of Progress Singapore on 24 October 2025 for an exclusive showcase of innovation, performance and style.

Guests were welcomed with a warm reception accompanied by opportunities to test drive Audi's latest car models ranging from the A3 Sedan and RS3 to the all-new Q6 e-tron. A total of ten car models were available, and Members could each test-drive up to seven during the evening – a rare chance to experience firsthand the precision engineering that defines the Audi brand. Dinner was served in a stylish cocktail format, with waiters circulating among the tables and a selection later laid out on a buffet table for guests to help themselves. The thoughtfully curated menu featured a wide selection

including corn tartlets, smoked burrata bruschettas, pork belly burnt ends, and pulled pork/brisket sliders accompanied by free-flowing red and white wines, as well as San Pellegrino sparkling juices in orange and lemon flavours.

Guests also enjoyed an insightful 20-minute talk by Audi's German designer, Richard Sorensen, Manager of Regional Training, whose background as a designer, race driver and engineer makes him a true all-round car enthusiast. His talk offered a closer look at the brand's design philosophy and innovative approach.

Adding to the excitement, Members competed in friendly matches with the Audi Sport Racing Simulators and the Golfing Simulator challenge, showcasing both skill and camaraderie.



The event was a perfect blend of lifestyle and innovation, embodying Audi's philosophy of "*Vorsprung durch Technik*" – progress through technology. As the evening ended, each attendee left with a keepsake wristband and a door gift set from Audi comprising an Audi tote bag, lanyard and umbrella – a perfect reminder of a night where performance, style and luxury came together. Everyone left impressed and inspired, having experienced not just the drive, but the dynamic spirit that fuels the Audi brand. It was truly an evening to remember; one where passion met performance, and every moment was powered by progress. ♦



Love that lasts



Networking with great food



Making memories

Pathways of Life

Text by Benjamin Ong, Editorial Executive
Photos by TriMedSoc Alliance

On the early Saturday morning of 23 August 2025, students from the three medical schools gathered at the Clinical Sciences Building on the Lee Kong Chian School of Medicine campus in eager anticipation of the SMA National Medical Students' Convention (NMSC). Hosted by the TriMedSoc Alliance, this year's convention was themed "The Roads Ahead: Well-Trodden and Less Familiar Paths" and showcased a variety of potential career paths for medical students.

The TriMedSoc Alliance is a gathering of students from each of Singapore's three medical schools' medical societies, for the purpose of unifying and representing the voices of the local medical student community. The SMA NMSC is the Alliance's flagship event, providing opportunities for medical students to connect with one another.

Kicking off with an opening address from Eugene Chua, NMSC project director, and Aravind Madabhushi, NUS Medical Society president and outgoing TriMedSoc Alliance chairman, attendees dispersed to the different sessions headed by seniors, educators and professionals. These sessions covered a wide swathe of specialties and career paths, including radiology,

internal medicine, medical innovation and becoming a clinician scientist. One session also included a more unconventional path, featuring medical students who balanced their academic pursuits with their personal pursuits in art and national-level athletics.

Over the course of the day, attendees mingled and got to make new friends and connections, culminating in a dinner and social night. A lucky draw was also held during the evening, with a Kodak Ektar H35N Half Frame Camera as the grand prize.

We would like to thank all participants and guests for making this event a success and the TriMedSoc Alliance for their hard work. We look forward to seeing you at the next SMA NMSC! ◆

Legend

1. The general surgery session combined sharings on residency with a suture workshop
2. Hands-on experience on how to conduct and interpret ultrasounds
3. Group photo of the radiology masterclass participants

We thank the many educators and professionals who set aside their precious time to share their wisdom with the participants.

Dr Rachael Chen	Asst Prof Rena Dharmawan	Prof Ong Biauw Chi
Dr Dorinda Chew	Dr Ho Jun Kiat	Dr Akshay Padki
Dr Grace Chew	Dr Lee Jia Ying	Dr Jeremy Soon
Dr Chew Yi Cong	Dr Samantha Lee	Asst Prof Teo Wan Yee
A/Prof Faith Chia	Dr Gwyneth Joy Lim	Asst Prof Kenneth Wong
Dr Mindy Choong	Dr Joseph Martin Lim Cho-Ren	Dr Edwin Yang
Dr Ken Chua	Dr Liu Ren Wei	Dr Yang Sin Yee
Dr Chua Wei Ming	Clin Asst Prof Benny Loo Kai Guo	



Succession Planning for Doctors – Planning for the Unexpected

Text by Joanne Ng, Deputy Manager, Membership Services

On 19 September 2025, SMA hosted an exclusive Succession Planning Talk at the AIA Wealth Centre, generously sponsored by Precepts Trustee and RISE (representative of AIA). Forty-five SMA Members and their guests attended, keen to learn how they can prepare for the unexpected while protecting their respective practices, assets and legacy.

The talk underscored the importance of forward planning, with speakers sharing practical strategies such as the use of standby trusts to ensure seamless clinic succession, minimise disruption and provide peace of mind. The highlight of the evening was a series of real-life case studies, which brought the topic to life and illustrated the complexities of succession planning in practice. These examples offered relatable scenarios, sparked lively discussion and gave participants a clearer sense of how to structure their own succession plans.

The session also addressed pressing questions faced by many practitioners, such as what would happen to their clinics in the event of their unexpected passing, and whether a clinic could be passed on to non-doctor children and have its operations continued with an engaged medical professional.



Beyond the insights, the evening was also a chance for fellowship. Guests enjoyed a buffet dinner, a unique sake tasting experience and the opportunity to reconnect with colleagues they had not seen in some time. The blend of practical learning and warm camaraderie made the event both thought-provoking and enjoyable.

In response to overwhelmingly positive feedback and special requests, a rerun is planned for January 2026 for those who could not attend this session. Members who wish to reserve a spot may email joanneng@sma.org.sg.

SMA extends its heartfelt thanks to Precepts Trustee and AIA for their generous support. Their contributions made it possible for Members to gain valuable knowledge, practical insights and fresh perspectives on succession planning and legacy protection. ◆

Legend

1. "Expert guidance for a smooth succession" by Jenny Ng
2. A legacy of love and care
3. "Planning for the future, protecting your legacy" by Bruce Lam



Finding Wholeness in the Human Condition

Text by A/Prof Daniel Fung, Editorial Advisor

Some years back, I had lunch with a family physician who was also a devout Christian. She spoke passionately about her discovery of healing beyond medicine. As a psychiatrist, I have spent many years listening to young people and their families share their inner struggles – confusion, self-doubt, exhaustion, loss. While modern psychiatry provides valuable tools to support recovery, I have found that healing does not always come from medications or structured forms of therapy alone. Sometimes, what truly makes a difference is the return of something harder to define: a sense of meaning, hope or connection. This reflection is both professional and personal. Over time, I have come to see that mental healthcare, while essential, must also make space for the deeper questions people carry about identity, purpose and what makes life worth living.

Much of our clinical work is focused on helping patients cope, manage anxiety, regulate mood or restore function. These goals are important. But some individuals come to us not asking only "How do I feel better?", but also "Why should I keep going?" One young man I have known, who came to me at 16, chose to stop attending school. He was not unwell in the clinical sense. He told me, simply, "I can't keep up with my classmates, and I don't think this path is for me." Instead, he began working part-time, trying to figure out what really gave him a sense of direction. For him, the issue was not illness, it was

the weight of expectations, and the need to feel his life had meaning beyond academic achievement. This kind of struggle is not captured by diagnostic criteria, yet it reflects a growing reality for many young people. In such moments, we need to see beyond symptoms and understand the person's search for significance.

In my own life, I have found that the person of Jesus speaks to these human questions, not with easy answers, but with presence. For me, Jesus offers a way of understanding brokenness and healing that connects deeply with what I see in my work. He meets people where they are, not just in strength, but in uncertainty and weakness. That has shaped how I try to sit with my patients: not as someone with all the answers, but as someone who sees value in every person's journey.

I believe strongly in evidence-based medicine. Medications and therapy are life-changing for many. But I also believe in the human capacity for meaning making, and that sometimes, healing requires us to draw on resources beyond the clinical setting. Spirituality is one of those resources. It is not about religion alone, but about how people make sense of their experiences, how they hold on to hope, how they find peace and what gives them strength. I have seen how spiritual beliefs help people endure, recover and reconnect. As professionals, we often refer to the "biopsychosocial" model of care. I would suggest adding

one more dimension: the spiritual. Not to impose belief, but to recognise that many of our patients already bring this dimension into the room. To ignore it is to miss a part of their reality.

I offer these thoughts not as a prescription, but as a personal reflection. Each of us finds our own way to understand suffering and resilience. For me, faith has been a source of grounding and clarity, not separate from science, but alongside it. Ultimately, whether through therapy, relationships, service, reflection or belief, I think we are all seeking wholeness. And as clinicians, it is our privilege to walk alongside those who are searching, not only for relief from illness, but for meaning amid being human. ♦

A/Prof Fung is a father of five grown-up children and grandfather to five toddlers. He has worked as part of NHG Health for 25 years and has been married to his wife Joyce for 33 years. He will celebrate 55 years of child psychiatry in Singapore this year, and he counts it as a blessing that he can still give back as a volunteer in Singapore and globally.



In Memory of Dr Teo Seng Hock: A Life of Quiet Leadership and Unwavering Dedication

Text by Dr Giles Tan Ming Yee, President, College of Psychiatrists, Academy of Medicine, Singapore

Dr Teo Seng Hock passed away peacefully on 30 November 2025. In Singapore's mental health history, Dr Teo stands as a towering figure whose contributions shaped not only an institution, but an entire generation of psychiatrists. His passing marks the end of an era, yet his influence continues to resonate with those he has touched.

A builder of institutions

Dr Teo shouldered extraordinary responsibilities throughout his career. He served as the longest-tenured medical superintendent of Woodbridge Hospital for 17 years, effectively combining roles that would today require separate positions for CEO, chairman of medical board and various chief officer functions.

His visionary leadership extended beyond daily operations. He played an instrumental role in building the current Institute of Mental Health (IMH), undertaking overseas trips with colleagues and architects to study different psychiatric hospitals. His emphasis was on maximising patient spaces, especially for day care and rehabilitation services. This patient-centred vision reflected his fundamental belief that psychiatric care must prioritise dignity and well-being.

The master clinician and teacher

Dr Teo's dedication to patient care was legendary. He arrived at the wards very early each morning, already rounding with the ward nursing sister before junior doctors appeared. Colleagues consistently described him as an unwavering source of calm during challenging clinical circumstances.

Doubly qualified with a Diploma in Psychological Medicine and Membership of the Royal College of Physicians (Glasgow), Dr Teo also served as director and chief examiner of the National University of Singapore's postgraduate psychiatry course in the early 1980s, ensuring that training standards met international benchmarks.

Trainees remember him as an astute, meticulous consultant with exceptional clinical acumen. Though soft-spoken and gentle, he commanded respect without raising his voice. He created an atmosphere that put trainees at ease, asking questions designed to clarify understanding rather than intimidate, always focusing on better evaluating and helping patients.

He emphasised that patient records must be comprehensive yet precise for optimal subsequent management. With impeccable handwriting himself, he insisted on legible records with proper punctuation. Trainees fondly recall learning not just psychiatry, but life lessons from him, including diplomacy, humility in success, standing strong through adversity and mastering oneself before guiding others.

The compassionate administrator

Dr Teo exemplified compassionate leadership. As medical superintendent, he knew staff by name, remembered family details and engaged warmly with everyone regardless of rank.



Opening of the Institute of Mental Health Heritage Garden in 1996 (L to R: Dr Teo Seng Hock, Dr Luisa Lee and Dr Kwa Soon Bee)

Many remember him as a regular presence at the hospital entrance each morning. Yet he maintained firm standards, believing in being resolute when necessary while understanding to those facing genuine difficulties.

He consistently reminded staff that their work centred on dignity, compassion and understanding the person behind the symptoms. Even in administrative matters, he never lost sight of patients, shaping Woodbridge Hospital and IMH's culture throughout his stewardship.

The enduring legacy

Dr Teo's final years brought multiple health challenges, all of which were overcome to his physicians' amazement, bringing him precious time to spend

with family and friends. His family reflects that his life represented love and triumph – an indomitable will prevailing over hardship, with his legacy living on through hearts touched and deeds inspired.

History will remember Dr Teo for his contributions to psychiatry. But those who knew him will remember the mentor who treated them like family; the calm presence in storms, the teacher who

led by example, and the compassionate clinician administrator who never forgot that behind every patient and staff member were human beings deserving of dignity and respect.

Through the psychiatrists he trained, the systems he built, and the culture of care he fostered, Dr Teo Seng Hock's influence endures and extends far beyond his lifetime. ♦



Dr and Mrs Teo Seng Hock



Group staff photo at Woodbridge Hospital

SLEYING the REED



Text by Christic Moral

The days grow shorter, trees senesce, yellow and shed as autumn fades into winter. As the initial buzz of a new academic year subsides, it becomes easy to fall into routine and be rapt in the rhythm of studying. Yet this monotony can be broken by meaningful connections, unexpected encounters and new experiences, which are all the more important as winter arrives. Studying overseas offers unique opportunities to do just that and it invites us to find community in new places. With the seasons drifting, Wildon recounts the experiences he is grateful for in the UK, from being welcomed into the fold by some veteran football supporters to discovering purpose in a community that matters to him.

Christic is a second-year medical student at King's College London and is the Editor of the 31st SMSUK executive committee.



Text and photos by Wildon Tan

I have contributed a few articles to this column now, initially with the intention to practise my creative writing and to share my experiences and what they mean to me. It is only when a reader reached out to me by email about his son having secured a place in Bristol that I realised just how far my personal reflections have reached our medical fraternity in Singapore. I am always happy to hear about a fellow Singaporean joining Bristol; I have been very grateful to my seniors who welcomed me into this unfamiliar city with open arms and hope to extend it to my juniors too. Coming to an overseas university for the first time can be a daunting experience!

Having gone through the "first-year" experience twice at two different universities (one at medical school in Bristol, and another to do my master's degree in Cambridge), what stood out is the importance of a community. At both institutions, building a community was not easy, and I had my fair share of difficulties finding the right circle. Though I do not sew, I know that handling threads may not come together nicely

on the first try. But once it falls into place, the pattern begins to take shape. In the same way, once I found my community, it became my anchor, and this act of sleying the reed must be important.

My inspiration for this article came from a recent interview. Seniors had advised that there might be some small talk at the beginning. However, even with that knowledge, the first question took me aback.

"Wildon... so you study in Bristol. Is it true that there's nothing to do in Bristol?"

Already nervous, I was caught off guard. Having spent a year in Cambridge the year before and having absolutely loved it, I was compelled to defend the city where I started my medical degree. I gave a generic answer about the Cotswolds (*stunning place, mind*) but did not do Bristol any justice. Sensing my nervousness, the interviewer clarified that he wondered if all students outside London do is study as he observed good academic performances. What followed was probably 30 minutes of disappointing him and crushing this assumption.*

Finding my community

The funny thing about community is that you find them in the places you least expect to, and anyone who knows me well knows that I am a loyal Bristol Rovers supporter. How I came to support "the Gas" (as they are known) is odd. I used to play football in Singapore for the AC Milan scouting plant in Singapore, and I remember how rich investors bought over the club and my Italian coach, whom I looked up to, lost his job overnight. It was then that I swore not to support a rich club, but a local one. When I arrived in Bristol, there were two football teams to pick from. I will not mention the other one out of pettiness, but I did not like the atmosphere there. When I watched the Rovers, I was hooked from the first game. The football was (and is still) not great, but the people there were passionate about football, and they regularly burst into songs. It kept me going back.

Once when I was at the football, singing along to one of the chants, an old man tapped me on the shoulder. "Excuse me, young man. I don't want to put you off from your lovely support, but you can't sing."

A bit harsh, I thought, but in all fairness, my low, monotonous voice could probably kill a bird when I sang. After some back-and-forth banter, I found out that this man's name was Andrew. Along with Geoff, Ian, Adrian and Dave, they have given me the apt nickname, "Mono". Every home game, you can expect to see them at the same spot, rain or shine. I have also been added to their WhatsApp group where we talk about football, and it is great to be able to ask about their weeks or talk about their jobs before they retired and the nice holidays they go on.

When I asked Geoff why I was accepted into their little crew, given that I was the "new kid", he shared how he noticed that I went to the games alone, and in his 66 years of following the Gas, he knew what that was like.

On the footballing side, the fanbase of Bristol Rovers is known to be very tribal, formed by people who are local to the area. Everyone has a West Country accent and is very passionate about the team. In fact, if you go to the local hospital, Southmead Hospital, a good proportion of both patients and staff support the Gas. There are some amazing football stories I have witnessed, from winning 7-0 on the

final day to secure promotion and seeing the likes of Elliot Anderson and Jarrell Quansah play before they rose to Premier League fame. I have experienced the lows of the football club as well, having a long drive back home after losing an "away day", and seeing the club get relegated last season, yet it is still the only football team that I would ever think to support.

Home at Bristol

I must admit that Bristol was hardly my first choice, but when it came to putting four universities in the Universities and Colleges Admissions Service form, it was done with much prayer. Many of my smarter peers had the luxury or dilemma of choosing between different universities. My path was quite clear – I only had the option of Bristol, and that was where I went. For me, finding a Christian community when I moved to England was important. It is, after all, a country with a rich Christian heritage. I started going to a small, reformed church slightly north of the city. It did not have a full-time pastor and I was the only student in attendance, but I think that helped me to contribute to the community better. By helping to set up and pack away the halls before and after the service,

and to record and upload the sermons online, I felt that I could contribute to that community in my small effort. In Cambridge, I went to a reformed church an hour's drive outside of Cambridge and met another Singaporean student, whom I offered to drive every week. It was largely a big farming community in that town, and besides the good spiritual encouragement, they exposed me to the world of farming, from building fences to combine harvesters. I would have never had this experience in Singapore. Ultimately, I am glad to have formed these communities where I can chat about my problems, and they can encourage me with both practical and spiritual advice.

Being on the ward daily, I enjoy getting to know the patients, and having knowledge of the locality has benefitted me in building rapport with most of them.[#] Even after having spent four years here, I doubt I sound anything like a Brit. I have picked up the vocabulary, but still butcher the intonation of certain words, and most patients are still surprised to find out that I am from Singapore.

Recently, I had some setbacks in medicine, but my community and best friend reminded me that I am in Bristol for a reason – a call to work faithfully and diligently no matter where I am placed. Looking back, these years abroad have shown me what it means to be held by a community, be it in faith, friendship or shared purpose. I have been a recipient of kindness, patience and care, and hope that at the end of my degree, I will return to Singapore and extend it to others. ◀

**I promise that I study hard during the week. I am in the wards/library from 9 am to 5 pm, and my clinical teaching fellows will vouch for me.*

#Not just football, many patients do like to talk about the Cotswolds in the area I am working in now. Horses, gilet and tweed sometimes get brought up in conversation.



Geoff (left), Andrew (middle), and me at a recent Rover's game



Farewell lunch with my church family in Baldock (near Cambridge). I miss them very much

Wildon is a fourth-year medical student from the University of Bristol, who has completed a Master of Philosophy in Medical Science (Medicine) at the University of Cambridge.



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Date	Courses
28 th MAR 2026	Botulinum Toxin <ul style="list-style-type: none">◦ Dr Evelyn Tay◦ Dr Angeline Yong
23 rd MAY 2026	Intense Pulse Light <ul style="list-style-type: none">◦ Dr Heng Jun Khee◦ Dr Sophie Cai
27 th JUNE 2026	Pigment Lasers <ul style="list-style-type: none">◦ Dr Paul Chia◦ Dr Heng Jun Khee

Time:
Saturday, 2 - 6pm

Venue:
National Skin Centre
(NSC)

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Dr. Chua Wei Liang

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3 Mount Elizabeth #16-03 Singapore 228510

+65 6235 8755

ORTHOPAEDIC ASSOCIATES MOUNT ELIZABETH NOVENA SPECIALIST CENTRE

38 Irrawaddy Road #11-49/50/51 Singapore 329563

+65 6334 0622



WE ARE HIRING!

- Progressive career with partnership opportunities
- Competitive benefits such as clinic profit sharing

Seeking passionate family physicians to join ProHealth family and make positive impacts on patients' lives in a supportive environment.

Full time/ Part-time work arrangement available

<input checked="" type="checkbox"/> Resident Family Physicians	<input checked="" type="checkbox"/> Resident Medical Officer
<input checked="" type="checkbox"/> Part-time Doctors	<input checked="" type="checkbox"/> Telemedicine Doctors

Locations:



Interested applicants can contact us at **8428 1850** or email your detailed resume to hr@prohealth.sg

APPLY NOW

and be a key player in transforming healthcare excellence!



minmed

We Are Hiring

Designated Workplace Doctors

Designated Workplace Doctors

Home Team Medical Centres in the West
Attractive remuneration offered
Minimum requirement: GDOM qualification
Collaborate with clinic operations team to ensure excellent patient care

Resident Physicians

GP Clinic Locations:	Health Screening Centres:
Jurong West	Woodlands
Boon Lay	
Bukit Panjang	
Punggol Coast	
Pasir Ris	
Novena	
Floater	

Telemedicine Doctors

Competitive remuneration packages	Terms of partnership are open to discussion
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Paediatrician

Interested? Contact us at: doctor@minmed.sg

Sell and lease your clinic

THE AWARD EXTRAORDINAIRE WAY

TRANSACTED MORE THAN \$280M IN THE MEDICAL INDUSTRY!

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Call / WhatsApp: 9626 7607

Let's make it happen

Limited Medical Suites available at Mt E Orchard, Mt E Novena, Gleneagles, Connexion, Novena Medical, Royal Square & Novena Specialist.

GP clinics across Singapore.

For sale/lease.

New units available

Connexion - 775/915 sqft beautifully renovated for sale
Gleneagles - 980 sqft, unit or rooms rental (Newly renovated)

MENH - 90 sqft rental

MEO - 160 & 110 sqft rental

GP - AMK located at the junction. Heavy traffic. Sale/rental

111 Somerset - 2,002 sqft sale &/or takeover Diagnostic Imaging & Endoscopy Center

Upper Serangoon - GP clinic for takeover. Est 1,300 sqft. Ground floor only

9626 7607

Prunella Ong Lay Foon
ERA Senior Marketing Director
CEA No.: RO26368D

“
Prunella, a personal note of thank you that the sale has been completed today. No regrets getting you to handle the transaction. Your service has been nothing short of being professional, outstanding and beyond expectations. Once again, thank you! May God bless you abundantly!
- Dr David Fong

Your Trusted Partner in Medical Practice Transitions

With 16 years of proven success in medical real estate and a strong healthcare background, I provide fast, confidential results for Doctors making important career decisions. My focus is on helping you succeed in every transition.

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Wide range of staff benefits

Exclusive scrubs, staff discounts and rewards

Competitive remuneration

Annual remuneration package includes base pay, bonuses, and attractive benefits

Excellent mentoring culture

Nurturing teachers and mentors in NUP

Continuing education

Regular CME sessions conducted; potential sponsorships for local / overseas conferences

Career growth

Potential sponsorships for GDFM, MMed, and FCFP



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NYP NANYANG

THE INNOVATIVE POLYTECHNIC

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LECTURER IN MEDICAL SCIENCE

What the role is

You will be working in the School of Health & Social Sciences to plan, develop and teach Medical Science modules such as anatomy, physiology, pharmacology and pathophysiology for Nursing, Paramedic and Oral Health Therapy learners at Diploma, Specialist Diploma and Advanced Diploma levels.

What you will be working on

- Conduct lectures, tutorials, lab sessions, project supervision for Pre-Employment Training (PET) or Continuing Education and Training (CET) learners.
- Plan and develop course curricula.
- Perform mentoring duties to assigned group of learners.
- Participate in committees/workgroups within NYP or with external stakeholders as assigned.
- Lead/co-lead overseas educational and learning programmes, immersion trips or events etc. to develop students as global citizens.

If you share our vision in building a premier polytechnic of global distinction and are dynamic, innovative, highly resourceful and self-motivated, we invite you to join us.

For more details and application, please log on to Careers@Gov@

<https://tinyurl.com/NYPCareersMedical-Science.>

HMI

ONECARE CLINIC



We're Hiring Family Doctors at 38 Clinics Islandwide

Requirements

- Full Medical Registration with SMC
- Sincere & Caring nature — Good bedside manners — Enjoys holistic & evidence-based family practice

Responsibilities

- Provide Acute & Chronic care consultations in the GP setting (On a Full-time or Part-time basis)
- Health screenings & reviews — Pre-employment checkups & other statutory examinations



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Next Chapter
In Primary Care**

Become part of a practice built by doctors, for doctors.

Established in 2013 and now a key pillar of HMI Medical, HMI OneCare Clinic (formerly OneCare Medical) has grown into a leading GP group in Singapore.

With 38 clinics islandwide, we provide a robust platform for you to deliver comprehensive primary care — from acute & chronic management to minor procedures & health screenings.

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joinusdoctor@onecaremedical.com.sg

Benefits

- Be part of a collegial & cohesive team of doctors within HMI OneCare Clinics, as well as the wider HMI Medical ecosystem.
- Focus on clinical care with responsive & efficient administrative support for clinicians.
- Opportunities for career progression & development for motivated & well-performing individuals.
- Competitive remuneration with annual leave & performance bonuses.
- Comprehensive medical benefits covering doctor, spouse & children.
- Flexible clinic schedules in various clinics available.



- **The Best Experts** – Detail-oriented, seamless and available at your convenience. Visit us in Raffles Place, or we come to you
- **More Value** – Close relationships with top leaders at global quality suppliers who know the value of beCuriou customers. We prepare every trip carefully so that you get VIP status, priority on upgrades, and other perks
- **More Time** – Enjoy a 24/7 concierge service and fewer clients per expert for a more personalized experience
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MEDICINE, DOCTORS AND THE LAW 2026

Registration Fees (inclusive of GST):

SMA Members: \$109 | Non-Members: \$218

Registration and lunch will be held from **1 pm to 2 pm**. Participants are encouraged to arrive early to complete registration, enjoy a light lunch and network with fellow attendees prior to the commencement of the session.

MDL 1: MEDICAL PROFESSIONALISM

How the law and ethics regulate our practice and influence professional standards?

14 March 2026, Saturday
2 pm to 4 pm

2 MME points

MDL 2: PROFESSIONAL ACCOUNTABILITY

What are the routes to bring doctors to account, and how do we respond effectively?

16 May 2026, Saturday
2 pm to 4 pm

2 MME points

MDL 3: MEDICAL NEGLIGENCE

Understanding the concepts, processes and defence

15 August 2026, Saturday
2 pm to 4 pm

2 MME points

MDL 4: RISK MANAGEMENT FOR DOCTORS

Know the legal statutes for practice and how to avoid or manage complaints

03 October 2026, Saturday
2 pm to 4 pm

2 MME points

MDL 5: UNDERSTANDING CONSENT

The key elements which protect patients and doctors

07 November 2026, Saturday
2 pm to 4 pm

2 MME points

Faculty



Dr Chow Chiu Leung Peter
SMA Centre for Medical Ethics and Professionalism and Changi General Hospital



Dr Charmain Heah
Tan Tock Seng Hospital



Dr Benjamin Lee
Ang Mo Kio Polyclinic



Mr Hong Qibin
Coleman Street Chambers LLC



Ms Mak Wei Munn
Allen & Gledhill LLP



A/Prof Seow Wan Tew
National Neuroscience Institute



Mr Tham Hsu Hsien
Allen & Gledhill LLP



Ms Michelle Wee
National Neuroscience Institute

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To register, please visit
our website at
https://linktr.ee/SMA_MDL2026
or scan the QR Code.

