

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



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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.

