



COLLEGE OF FAMILY PHYSICIANS
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Sreenivasan Oration 2024

*Speech by Prof Tan Chorh Chuan,
PS (NRD) and Chairman ASTAR*



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Dr Wong Tien Hua, President, College of Family Physicians Singapore, Council members, Distinguished guests, colleagues and friends, Ladies and Gentlemen.

It is a great honour for me to deliver the Sreenivasan Oration this year.

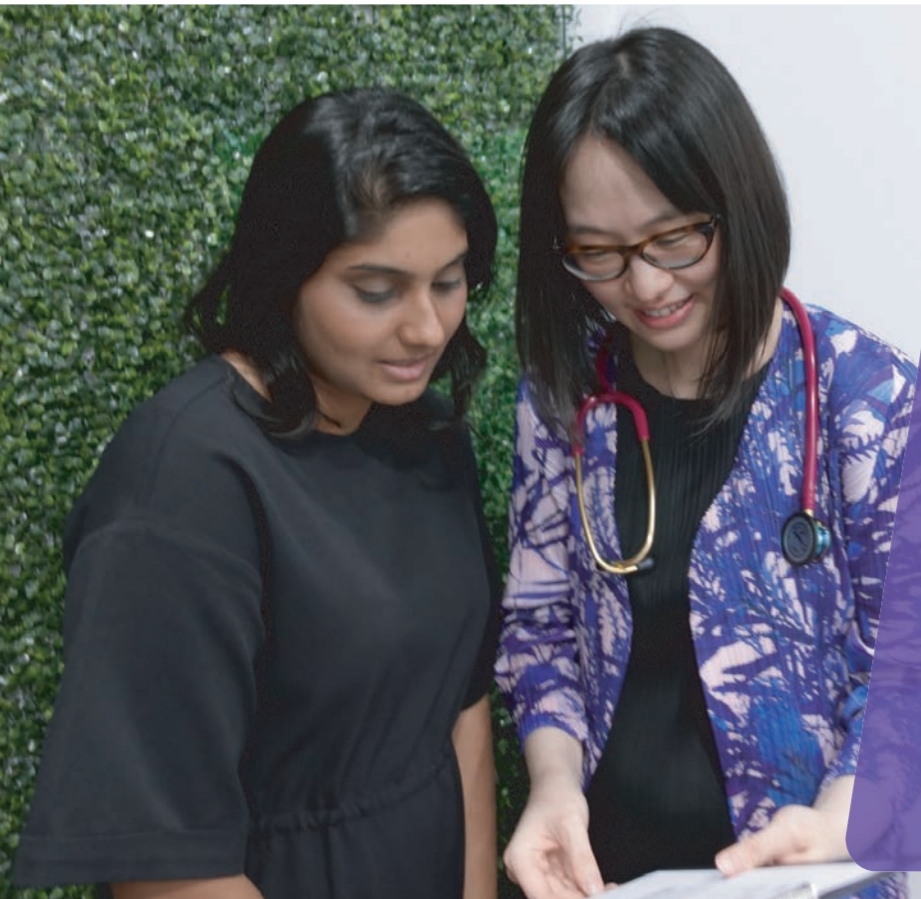
Dr Sreenivasan's leadership contributions were broad, deep, and enduring. They ranged from battling infectious diseases like TB, to advancing medical and postgraduate education, to key leadership roles as the first Singaporean Vice Chancellor of the

University of Singapore and as one of the co-founders of the College of Family Physicians.

Dr Sreenivasan focused on the central health issues of his time and his work has had a lasting impact. It is very fitting and important that the College of Family Physicians and our primary care leaders have continued this tradition of contributing to healthcare innovation. In particular, I would like to highlight the crucial roles that you are playing in the development and implementation of Healthier SG.

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The launch of the National Mental Health and Well-Being Strategy in 2023 underscores the importance of increasing mental health care accessibility and support in the community. Family Physicians (FPs) and General Practitioners (GPs) are positioned to play a pivotal role in this initiative, as they are often the first point of contact for individuals seeking help. By equipping themselves with the necessary skills and knowledge, FPs and GPs can better identify and manage mental health conditions, ensuring that patients receive timely and appropriate care, in the community.

The **Graduate Diploma in Mental Health (GDMH)** is jointly offered by IMH and the Division of Graduate Medical Studies, National University of Singapore. The course, into its 15th year and conducted by mental health specialists, aims to enhance the knowledge and skills of GPs and FPs to assess, identify and manage less severe psychiatric conditions.

Dr Sreenivasan focused on the central health issues of his time and his work has had a lasting impact.

Healthier SG

GP leaders and colleagues have contributed significantly to co-designing key parts of this national initiative – from the development of care protocols to the streamlining of workflows to the IT and data-enablement needed.

These greatly facilitated the work of the Healthier SG Implementation office that I chaired and allowed the smooth rollout of the programme. To date, more than 1,100 GP clinics and about 1.1 million residents above the age of 40 have enrolled in Healthier SG. I would therefore like to take this opportunity to thank our primary care leaders, the entire GP and primary care community, and the College, for your strong support and partnership.

Healthier SG is a transformative initiative that is anchored by primary care and community services and support. This evening, I would like to highlight four of its key features.

First, the enrolment of residents to primary care clinics will help build the trusted, long-term doctor-patient relationships that are central to care continuity. This is especially important as our population ages and multi-morbidity becomes more of the norm.

Second, we are introducing primary care protocols and improving linkages between GPs and healthcare clusters, and between GPs and community resources and services. These should help primary care doctors and care teams better facilitate care coordination.

Third, the introduction of the Healthier SG Chronic Tier framework provides more subsidies for drugs commonly used to manage chronic conditions, to make them more affordable at GP clinics. Our common goal is for patients with chronic diseases such as hypertension, diabetes, and asthma to achieve good control of their conditions, and avoid serious medical sequelae.

Fourth, we are placing a very strong emphasis on prevention. A key feature of Healthier SG is the formulation and use of Health Plans, which help patients and care teams focus on the preventive and care issues that are relevant to each patient.

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Editor's Words

by Dr Lim Khong Jin Michael, Family Physician, Editor (Team B)

In today's hyper-connected world, where our phones never cease their beeping and inboxes never sleep, taking time to relax or engage in activities we enjoy may come across to some as idleness. Technology, once hailed as a liberator, has tethered us to a cycle of perpetual responsiveness. Our society, in many ways, has elevated busyness to a badge of honour – a signal that one is highly sought after. In this environment, pausing to enjoy a favourite pastime or to savour a quiet moment becomes an indulgence that we don't feel we can afford.

Society has taught us to equate self-worth with output. Hustle culture is a mindset that glorifies relentless work and constant productivity, often to the point where long hours and sacrifice of personal time become the norm. It is the idea that success is achieved by grinding non-stop, working through breaks, weekends, and that downtime is wasted time. However, while hustle culture can drive productivity, it can also lead to burnout, stress, and a diminished quality of life if not balanced with self-care and rest.

There's a profound irony in this mindset. The very things that society dismisses as trivial or superfluous – reading a book, painting, gardening, or simply taking a walk – are often the activities that recharge our minds and rejuvenate our spirits. Embracing moments of leisure is not merely a break from the grind; it's a deliberate, necessary act of reclaiming our mental space. The human brain is not wired for endless, unbroken labour. It thrives on rhythm, a dance between the task-oriented focus mode (activated when we concentrate) and the reflective default mode (engaged during downtime). Consider the artist who steps back from a canvas to see the bigger picture, or the writer who solves a plot hole while swimming. Creativity flourishes when the mind meanders, free from the pressure to perform.

Dedicating time to activities that we enjoy allows us to cultivate a deeper sense of self. We affirm that our well-being is not solely defined by our professional output, but by the joy we allow ourselves to experience. Immersing in our hobbies reconnects us to ourselves, grounding us in the present and reminding us of who we are beyond our job titles and responsibilities.

Within these pages, you will meet individuals who have dared to prioritise rest, hobbies, and sports that they enjoy, from travelling with families, to long-distance cycling with friends, to open sea diving with sharks, to weightlifting and preparing for half-marathon with fiancées. In the words of poet Mary Oliver, "Tell me, what is it you plan to do with your one wild and precious life?"

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To facilitate preventive care, recommended screening tests and vaccinations are provided free of charge for enrolled patients. Additional measures will be added over time. For example, we are planning to provide timely reminders to alert patients and care teams when recommended screening tests and vaccinations are due. We are also working to make it easier for GPs to make more tailored lifestyle prescriptions for their patients.

The Transformative Potential of Healthier SG

The rollout of Healthier SG is still in progress, and it will be some time before its new workflows and practices are bedded down, but its potential to improve health is substantial. Healthier SG can play a crucial role in maintaining and extending the health of our population even as it ages rapidly.

Let me outline two important ways in which it can do so.

First, Healthier SG can be a major driver in reducing ill health and disability through preventive care.

In 2019, the Ministry of Health released an analysis of "The Burden of Disease in Singapore, 1990-2017".¹ The report showed that Singaporeans are living longer and healthier lives than most people globally. Between 1990 and 2017, life expectancy at birth in Singapore rose 8.7 years, to 84.8 years. During this period, premature deaths fell significantly but ill health as measured in years lived with disability, remained relatively unchanged.

Hence, healthy life expectancy at birth only rose to 74.2 years in 2017. In other words, despite the increase in our life expectancy, there is still a persistent 10-year period spent in ill health and disability.

The challenge and opportunity for us, therefore, is to become as good in preventing ill health as we are in averting premature death. Healthier SG provides us a major platform for doing so.

If through Healthier SG, we are better able to promote healthy lifestyles and keep our patients and population physically active and socially engaged, we can reduce the prevalence of chronic diseases. If we can substantially raise the uptake of recommended screening tests and vaccinations, we can prevent infectious diseases and detect and treat chronic conditions and cancers early. If patients achieve good control of their chronic conditions like hypertension and diabetes, this will markedly reduce severe medical complications such as stroke, eye disease, and renal failure. The aspiration, the goal, is for Healthier SG to be an effective platform to promote and support such interventions and reduce the burden of ill health and disability in our population.

*Healthier SG provides
the foundation for
future healthcare
innovation waves*

The second way in which Healthier SG can enhance health outcomes in our population is by enabling cohesive care and reducing care fragmentation. As our population ages, our patients will have an increasing number of chronic conditions. A cross-sectional study by SingHealth reported that more than half of the population had multimorbidity, defined as having two or more chronic diseases, by the age of 60 years.²

We are interested in multimorbidity as it has an outsized impact on healthcare systems. A study from the UK reported that multimorbidity increases healthcare utilisation and costs of primary, secondary, and dental care.³ Multimorbidity is also associated with care fragmentation. These could involve multiple appointments with different clinicians both primary care and specialists, as well as polypharmacy and higher rates of inappropriate medication. A study from Denmark suggested that frequent contact with the usual provider and better coordination were associated with better patient outcomes.⁴

This points to another major role that Healthier SG can play.

The key features of Healthier SG I had earlier highlighted will support in new ways Barbara Starfield's four Cs that undergird high performing primary care, namely, first Contact access, Continuity, Comprehensiveness, and Coordination. These would help our whole healthcare system to be more ready for the needs of our rapidly ageing population.

Healthier SG provides the foundation for future healthcare innovation waves

Healthier SG is a very important initiative in of itself. It also lays the essential foundations for future waves of healthcare innovation.

Here, I would like to share some personal thoughts on three such innovation waves that are relevant for primary care.

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The first is effective Clinical Decision Support systems for primary care doctors and teams. Medical knowledge is growing exponentially across all disciplines. There are about 37 million papers in PubMed and over a million are being added every year. It is already hard for specialists who work within a narrower medical scope to keep up. It will be even more challenging for primary care doctors who have to treat a very broad spectrum of patients and conditions. Yet keeping up to date with relevant medical advances is vital for high quality care.

This is one of the reasons why Healthier SG has developed simple, primary care protocols for GPs that will be regularly updated and contextualised to our local practice. These are being supplemented by Clinical Calculators like the CVD 10-Year Risk calculator, which help GPs to assess the risk profile of patients with more complex conditions, and to tailor treatment accordingly.

Going forward, the thoughtful application of machine learning and generative AI hold much promise. Tools are emerging that can help prepare good medical summaries and referral letters that doctors can vet and then use. AI could be leveraged to help primary care doctors tailor lifestyle prescriptions for their patients and to make it easier for the patients to follow them.

Generative AI has remarkable abilities to summarise knowledge from the medical literature or health records, and these could be very helpful for busy clinicians if they can be well integrated into regular clinical workflows.

While we certainly have to use these tools with great care and put in place guardrails to mitigate the risks, their potential power is becoming clearer, opening up the prospect of a new kind of AI-assisted medicine in the future.

The second potential innovation wave is the scaled adoption of predictive preventive care. Let me explain what I mean by this.

At one level, we can use anonymised health data and AI methods to develop risk prediction algorithms for common chronic diseases and multimorbid conditions. When a GP sees a patient with chronic disease, the GP can use such validated predictive algorithms to determine the patient's greatest risk and therefore the best "next clinical action". This will increase the GP's ability to prevent or delay progression to more serious medical sequelae.

Beyond this, there is the exciting potential of truly proactive care. For example, for residents enrolled in Healthier SG, data analytics and AI could proactively identify individuals who are at very high risk of specific severe conditions such as hip fracture if they fall or premature heart attacks due to familial hyperlipidaemia. With this knowledge, the primary care doctors to whom these patients are enrolled could invite the patients to come to the clinic for assessment and confirmatory tests. This would allow appropriate treatment to be started proactively, to prevent these serious conditions from occurring.

“Some things must not change. These include the pillars of our medical ethics ...”

The third potential innovation wave is new and better ways of empowering patients to increase adherence to treatment.

As physicians, we know that our patients' adherence to their treatment regimes is central to good health outcomes. However, it is estimated that more than 50 percent of patients are non-adherent.⁵

We clearly need more effective ways to empower patients so as to increase treatment adherence. Several approaches are being applied and tested in Singapore. I would like to share an example from the MOH Office for Healthcare Transformation.

The general model developed by MOHT involves patients sending in measurements such as blood pressure, blood sugar, or digital data through their smartphones. The patients then receive timely reminders, feedback, and exchanges with an AI-bot supplemented by engagements with care professionals that help promote adherence. The care team is also provided with a dashboard that prioritises the patients who require attention.

More than 15,000 patients are on such a system for the management of hypertension in our polyclinics, achieving better and sustained blood pressure control.

A similar system is being used in a clinical study of patients with acute myocardial infarction, which seeks to increase patients' adherence to treatment and optimise post-AMI management to achieve better long-term clinical outcomes.

A more complex digital phenotyping system developed by MOHT has been adopted by the Institute of Mental Health for the management of severe mental illness.

The focused application of AI, data analytics, and technology will underpin solutions and approaches that will fuel future innovation waves in primary care. For successful adoption, however, it is crucial that these are co-developed with the primary care leaders and community. This will help ensure that the solutions can fit well into the clinical and regular workflows of busy GP clinics and their business models.

“Some Things Must Not Change”

Even as we look with anticipation to how future technologies and innovation waves might reshape medicine and health outcomes, it is crucial that we remain anchored in our primary duty as doctors and health professionals.

Here I quote from Dr Chew Chin Hin who delivered the Sreenivasan Oration in 2015. In his masterly speech, Dr Chew highlighted that “Some things must not change. These include the pillars of our medical ethics: beneficence, non-maleficence, justice, and autonomy, holding fast to our values of care and compassion, and never abandoning our patient-centric fundamentals.”

This is an apt and timely reminder to all of us in the age of AI and technology, to always remember that the ultimate purpose of the innovations that we work towards is for the benefit of our patients, the improvement of health, and the overall advancement of society.

Dr Sreenivasan himself would have reminded us thus, through the example of his life and work.

Thank you.

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Finding Joy in What We Do

Interviews with Dr Wymann Tang and Dr Richard Hui

Interviewed by Dr Lim Khong Jin Michael, Family Physician, Editor (Team B)

Interviews with Dr Wymann Tang (WT), a medical officer and Dr Richard Hui (RH), a family physician



Dr Richard Hui with his two old friends



Dr Wymann Tang and his fiancée

CM Hello! Please tell us about your work.

WT I am currently a junior medical officer working in a hospital. My work revolves around management of acute and subacute medical conditions under the guidance of specialists and family physicians.

RH As Director of NUHS Primary Care Partnerships, my team and I provide a key link between NUHS cluster and GPs, who are our key partners in improving population health in the Western part of the country. We aim to raise the capabilities of GPs through training and education, enhance communication and coordination with NUHS institutions, and increase access to NUHS resources. I also provide clinical care as a family physician in Chua Chu Kang Polyclinic, after handing over the role of Polyclinic Head more than four years ago.

CM Do you feel that you have more free time now or five years ago?

WT I feel that I have more free time now. Five years ago, I was still a medical student. As a student, I felt that the line between class/office hours and personal free time was often blurred. During those years there was always often pressure to seek out cases after tutorials to practise our exam skills, or to spend whatever extra time we had studying

and preparing for examinations. There were also extracurricular community projects that many of my peers and myself were involved in.

Since starting work upon graduation, I do feel that I am generally more able to consciously demarcate personal time from my working hours. Nonetheless this is still dependent on work load, or any other ongoing academic pursuits like exams or research.

RH I do enjoy more free time now in my current admin role compared to five years ago when I was heading CCK polyclinic, with more flexibility in arranging meetings, and a larger team to delegate and distribute duties, as well as having a 5-day rather than a 5.5-day work week.

CM What did you previously enjoy doing in your free time five years ago as compared to now?

WT I generally enjoy sports and exercise. However, I realised that I had the tendency to lead a very sedentary lifestyle when I was preoccupied with my studies or when I was preparing for exams. With whatever free time I had back then, I would have simply spent it on watching shows online or hanging out with my classmates.

Nowadays I try to be more consistent with an exercise regime. I aim to visit the gym before or after work around twice a week. I've also signed up for a half-marathon and am preparing for it together with my fiancée as a means to motivate ourselves to be more active. Nonetheless, I still do enjoy

CM What was the most stressful thing that happened in your life over the last few years?

WT I think the most stressful thing(s) that happened in recent years of my life was probably the MBBS examinations towards the end of my final year of



Dr Wymann Tang in the gym



Holidays with Richard and his wife Chiew Lian

watching shows and playing video games when time permits!

CM What are your job and work-life balance expectations?

WT I think an adequate work-life balance involves not just having sufficient time for our pursuits or interests outside of work, but also includes a healthy relationship with work. This might include being meaningfully engaged at work, opportunities to learn and grow, as well as platforms to advance in one's career. I do think that the work environment in my recent placements do endeavour to provide these to the medical officers rotating through!

RH RH: I aim to stop work activities by 6pm every weekday, with minimal events on weekends. This would permit time to spend with family, friends, exercise, and spiritual activities after work. However, I find that travelling time and mental and physical fatigue affect my ability to relax and rest fully.

undergraduate studies, and the initial period of adjusting towards life as a house officer, which was vastly differently from life as a medical student.

RH Preparing for and launching Healthier SG over the past 2.5 years has added more grey hairs!

CM Did the stress affect your routine such as doing the things you enjoy during your free time?

WT Definitely. I do remember feeling quite mentally drained to the extent that I would rather spend whatever free time I had resting than to pursue my usual hobbies. I tried to continue staying active by exercising in small pockets of time I could find in between study sessions or shortly after work. This involved finding convenient avenues to exercise – such as at the hospital's staff gym, or using simple equipment at home.

RH I often did not have time or energy to enjoy activities during my free time. Having weekends to recharge spiritually and physically allowed me to focus on the most important things: my family, my faith, and my own health.

(continued next page)

(continued from Page 9: Finding Joy In What We Do)

CM Did you ever feel that what you are going through at work is too tough, and if yes, how did you cope?

WT Yes, I have definitely felt so, as there is still much for me to learn and improve on as a junior MO. Entering and dealing with unfamiliar conditions and patient encounters have definitely been daunting. However, I have been fortunate to have had kind and helpful seniors and colleagues to seek advice from when faced with such scenarios. There are definitely still days when I feel discouraged and inadequate. I think that turning to my hobbies helps me take my mind off these stressors, and finishing a workout helps me feel slightly more empowered. A good and early night's sleep to start the next day afresh helps too.

RH I would recall that God led me to my current role, and I would trust Him for strength and wisdom to get me through. My supportive colleagues were also a great help.

CM How does doing things that you enjoy help you to cope with stress?

WT I am a very simple-minded person – immersing myself in my hobbies serves as a pretty good distraction from my stressors and provides an outlet to vent any frustrations. I do derive some sense of accomplishment by keeping on track with my exercise goals, which makes me feel just a little more confident tackling the challenges or difficulties I encounter at work.

RH It reminds me that there is more to life than work.

CM How do your family and friends play a role in bringing joy into your life?

WT My family and friends provide a lot of support and encouragement. My family's pet dog is the latest addition to our family and she has definitely brought in lots of energy and joy within the household. Spending time with her does seem to give us a boost of serotonin! My fiancée has also been a very consistent pillar of support who provides a listening ear to my struggles and sound advice with a refreshing point of view. We hold each other accountable to our fitness goals too!

RH They provide emotional and spiritual support, as well as provide laughter and fun.

CM How do your goals and values in life enable you to press on when the going gets tough?

WT I do hope to improve my knowledge and clinical acumen as a medical practitioner, and I think that viewing challenges at work as an opportunity to learn and grow helps me put things in perspective.

RH I always remember that I serve God, who loves and guides me, even as I serve the people around me at work and at home. This motivates me to do my best to please Him, regardless of the disappointments and challenges I face.

CM What are you looking forward to doing in your free time in the next five years?

WT I would probably be in quite a different life stage then. I will definitely want to prioritise spending quality time with my family. However, I hope to still be able to continue living an active lifestyle!

RH I hope to exercise more, start a new hobby, and spend more time with family and friends, as well as trust God for a new direction in my work that would allow more free time.

CM Thanks much for sharing with us about your lives.

■ CM

Under the Sea

by Dr Ng Liling, Family Physician, Editorial Team Member (Team B)

Learning to dive has always been an item on my bucket list. Recently I decided to take action in making this particular bucket list item a reality. I enrolled in the open water course in 2023 and learnt many new things like how to breathe to control my buoyancy and techniques in entering the water. What was challenging for me was the weight of the buoyancy compensator (diving) (BCD) and weights that I had to carry on my body for the diving course. I could feel my joints creak under the weight.

In 2024, I decided to upskill myself and egged my brother to go for the Advanced Open Water Course with me in Malapascua from 30 Dec 2024 to 2 Jan 2025. This time I was more prepared and went to the gym to do strength training to prepare my body.

A fellow diver had mentioned to me that Malapascua waters are very beautiful, with lots of thresher sharks to see. My only knowledge of sharks were Great White Sharks, known for their aggressions. I was very curious as to the thresher shark and wanted to have a firsthand experience near a one.

The journey to Malapascua started with a 4-hour flight to Cebu. We then took 4-hour car journey and transferred to a 45-min boat ride to reach the island of Malapascua. It is a small island with sandy beaches and blue waters. Most of the islanders were fishermen.

We started on the Advance Open Water Course the next day. We were taught techniques in buoyancy and navigation and had to accomplish five dives, which included deep diving and advanced buoyancy. My brother and I also chose navigation drift diving and night diving for our adventure dives. Our instructor took us through the compulsory skills we needed to learn for the course.

The world under the sea was different altogether. The seabed was filled with soft and hard corals, fishes, starfish, and sea urchins. Our instructor told us to be careful as the soft corals could sting. I was very excited as we had the chance to dive to see the thresher sharks on New Year's Day. After I did a back roll from the boat into the water, our instructor took us down using a line.

I was thrilled to see thresher sharks swimming close to us. This was my first time having such a close encounter with not just one but several sharks. Thresher sharks are large mackerel sharks of the Alopiidae family. They have big eyes, small mouths, and large pectoral fins with the characteristic long whip-like tail that the sharks use to stun their prey.



A thresher shark

We also had the opportunity to see a thresher shark jump out of water when we were on the boat!

Another memorable moment was when our instructor pointed out mandarin fish to us during the night dive. It was a small fish with patterns resembling a mandarin duck. There were plenty of hermit crabs crawling on the seabed. It was an exciting experience learning to dive in the dark.

At the end of the course, I felt sad that it was time to leave the beautiful island. But no worries; I will definitely be back again for more diving and exploring of the island!



Malapascua, a beautiful island in the Philippines, north of Cebu

■ CM

From Rain Rides to Steep Slopes

What Cycling Taught Me About Resilience

by Dr Aziz Noordin, Family Physician, Editorial Team Member (Team B)

First of Many...

I'll never forget my Johor race – my first 120 km nonstop ride, drenched in rain from start to finish. It was my test of endurance, grit, and balance. Oddly enough, it reminded me of my work in primary care: unpredictable, challenging, but ultimately rewarding. Like being a doctor, cycling is about resilience, adaptability, and finding joy in the journey.

The Start...

My cycling journey started with a Brompton – understated, practical, and designed to fold neatly into a small footprint package. It wasn't flashy, but it was dependable. At first, I thought of it as a convenient way to ride for fitness. But somewhere along the line, it became so much more.

One Sunday morning, I tested myself with a 50-km ride. As the kilometres ticked by, I realised how much effort it takes to push a Brompton over long distances. Halfway through, my legs screamed, "Why are we doing this again?" But when I finally rolled into my favourite coffee shop, exhausted but triumphant, it felt like I had overcome an insurmountable mental barrier.

Brompton or foldies usually do not trigger the emotion of speed; they're built for persistence. Riding one over long journeys reminded me of managing chronic diseases in primary care. There's no rushing to the finish line – it's about steady progress, consistency, and showing up, even when the road ahead feels endless. My grey Brompton taught me that slow and steady can win the race or, at the very least, get you to where you need to be.

Embracing Speed

Eventually, I decided to try a road bike. The difference was exhilarating – the speed, precision, and ability to quickly tackle steep climbs. It was like trading in a reliable family car for a sleek sports car. The road bike demanded a completely different approach, with quick adjustments, bursts of energy, and a willingness to push beyond my limits.

In primary care, it felt like managing acute cases or emergencies. A sudden chest pain or a rapidly deteriorating, breathless patient demands speed and decisive action. The road bike reminded me that primary care isn't just about endurance – sometimes, you need to shift gears and respond swiftly.

Dual Joys

Despite the differences between the two bikes, I found myself unable to part with my Brompton. Each bike brings their respective joys – the Brompton's slow, steady explorations and the road bike's sheer speed and efficiency. Both serve a purpose and have their place in my cycling journey.

It's the same in primary care. We thrive on variety – the deep, long-term satisfaction of managing chronic conditions alongside the rush of tackling acute cases. Both are essential and create the balance that makes this work so fulfilling. Just like my bikes, I wouldn't want to choose just one.

Resilience

Cycling isn't without its fair share of challenges. I've ridden through relentless rain, dealt with unexpected flats, and even taken a few tumbles. But each moment taught me something – how to push through discomfort, adapt when things don't go as planned, and keep moving forward.

It's the same in primary care. Complex patients, an overwhelming workload, and unexpected outcomes are our "rain rides". The key is to stay steady, take the lessons as they come, and keep sight of the bigger picture. Just like cycling, it's not about a lousy stretch but about finishing the ride.

Reflections

The versatility of switching bikes mirrors the adaptability required in primary care. As different terrains call for other bikes, our patients' needs require us to shift seamlessly between roles – educator, detective, cheerleader, and sometimes, bearer of bad news. Both cycling and primary care require the same core qualities: patience, endurance, and the willingness to adapt.

Pedalling Onward

Cycling is not just a hobby for me; it's a teacher, a stress reliever, and a reflection of my work as a primary care physician. Whether cruising on my Brompton or pushing the pace on my road bike, each ride reminds me to embrace the struggles and the small victories. The ups, downs, and unexpected detours are all part of the ride, just like in medicine.

■ CM



Rain or shine, every journey is a story worth telling

Mental Health First Aid

A GP's Perspective

by Dr Eugene Chua, Family Physician

Have you ever wondered what you would do if a friend, colleague, or even a stranger were in mental distress? We often hear about the importance of knowing first aid – how to perform CPR, manage a wound, or stabilise a fracture. But what about mental health first aid? If someone in distress reaches out, would we know how to respond?

That curiosity led me to take up a Mental Health First Aid (MHFA) certification course, and it turned out to be an insightful and humbling experience. While we, as Family Physicians, are already familiar with managing mental health conditions in clinical practice, helping someone in emotional distress in an everyday setting requires a different skill set – one that can be learnt and applied.

Key Takeaways from MHFA

One of the core principles I took away from the course is that helping someone with mental health challenges is not about taking control, but about guiding them towards options. In a medical consultation, we might be used to giving direct recommendations. But in a crisis situation, dictating what to do can be counterproductive – instead, the emphasis should be on offering choices and respecting autonomy.

Another powerful lesson was in the role of personal experience in fostering connection. While sharing one's own struggles can create a bridge of empathy, the course also emphasised that if we do not have a similar experience, it is important to be honest about it rather than attempting to relate superficially. Simple statements like "I can't imagine what you're going through, but I'm here to listen" can go a long way in providing comfort and validation.

... when someone is in distress, one of the first and most accessible healthcare professionals they should turn to is their GP.



"I may not fully understand what you're going through, but I'm here to listen and support you. You don't have to go through this alone."

The Role of GPs in Mental Health First Aid

One particularly interesting takeaway from the course was the significant mention of General Practitioners as key figures in mental health first aid escalation. The training emphasised that when someone is in distress, one of the first and most accessible healthcare professionals they should turn to is their GP. It is a great honour to see our profession recognised in this way – we are increasingly acknowledged as trusted providers of mental health support in the community.

Building a Stronger GP Community for Mental Health

With this growing role comes responsibility. As a GP community, it is important for us to strengthen our capabilities in mental health management – not just in diagnosis and treatment, but also in how we communicate and support our patients with empathy. The MHFA course reinforced that mental health support is not just about clinical knowledge; it is also about creating a culture of understanding and compassion.

Much like physical first aid, mental health first aid should be something we all strive to be equipped with. After all, in our daily practice, we often encounter patients in distress – and sometimes, the simplest words or gestures can make a world of difference.

Would I recommend this course to fellow GPs? Absolutely. It was a timely reminder that while we might be comfortable managing mental health in the consultation room, learning to provide first aid for the mind is just as important.

CM

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CHAPTER OF FAMILY
MEDICINE PHYSICIANS
ACADEMY OF MEDICINE, SINGAPORE

Dear Family Physicians,
Welcome to FMRC 2025!

We believe this year's theme of 'Empowering Family Physicians: Managing Complexity with Confidence' would resonate with all FPs in navigating consults with Singapore's aging population, burdened with multimorbidity.

Please join us for an afternoon of fellowship as we share relevant updates and practical tips in your day-to-day practice



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PROGRAMME

TIME	DETAILS
	Lunch and Registration
1:20 - 2:20pm	Updates on Vaccine-Preventable Respiratory Infections in Adults – RSV & Pneumococcal Dr Ling Li Min, Senior Consultant Infectious Diseases Physician, Rophi Clinic
2:20 - 2:30pm	Welcome Address President, College of Family Physicians Singapore & Chairman, Chapter of Family Medicine Physicians, Academy of Medicine
2:30 - 3:10pm	Cracking the Complexities: Managing Complex CKD Patients in Primary Care Dr Chua Yan Ting, Consultant, Division of Nephrology, Department of Medicine, National University Hospital
3:10 - 3:30pm	Bridging the Gaps in CKD Care: A GP's Role in Early Intervention and Optimisation of Co-morbidities Dr. Behram Ali Khan, Senior Consultant, Department of Medicine, Ng Teng Fong General Hospital
3:30 - 4:00pm	Tea Break
4:00 - 4:40pm	Inhalers and Beyond: Navigating Therapeutic Advances and Holistic Care in Asthma & COPD Management Adj Assoc Prof See Kay Choong, Senior Consultant, Division of Respiratory & Critical Care Medicine, Department of Medicine, National University Hospital
4:40 - 5:20pm	Common Dermatoses in the Elderly Dr Lester Juay, Consultant, Division of Dermatology, Department of Medicine, National University Hospital
5:20 - 5:30pm	Conclusion

Programme subjected to changes

Ng Teng Fong Centre of Healthcare
Innovation Auditorium Level 4
18 Jalan Tan Tock Seng
Singapore 308443

GDFM Workshop Faculty

Behind the Scenes with Dr Ng Liling

Interviewed by Dr Eugene Chua, Family Physician

Ever wondered what goes on behind the scenes of our Graduate Diploma in Family Medicine (GDFM) programme? In this episode, we sit down with the newly minted GDFM Workshop Faculty, led by Dr Ng Liling (LL), to find out how they are revolutionising the way GDFM trainees learn.

CM Hello Liling, thanks for taking the time to chat with us about the Workshop Faculty! Let's start with the big question: what kind of "work" are you "shopping" for?

LL Haha! No, unfortunately, our work doesn't involve any retail therapy. But if you're asking what's in our "cart", we're stocking up on better learning experiences, more OSCE practice, and an upgraded training approach!

The core team previously set up the Workshop Faculty to revamp how workshops are conducted so that they can better meet the needs of GDFM trainees. As you know, modular workshops are one of the core training components of the programme, with four workshops per module.

When I was a GDFM trainee, workshops were conducted as in-person lectures, where trainees would present answers to a set of questions and receive feedback from specialists. Then COVID came along, and suddenly, everything moved online – which really put interaction on clearance sale!

Many trainees gave us feedback that they wanted more OSCE-style practice and hands-on engagement. More importantly, we realised that not all trainees have had prior exposure to clinical practice in a primary care setting before joining GDFM. This meant that many were missing out on real-world applications of new guidelines, such as the Healthier SG (HSG) Care Protocols.

That's why we felt it was time to take stock and refresh our training model – to make workshops more relevant, engaging, and up to date with real-world primary care needs.

CM Wow, that does sound like a major haul! What are some of the biggest changes?

LL The first big step was setting up the Workshop

Faculty itself. We are immensely grateful that many like-minded Family Physicians stepped up to drive this change together.

From there, we reviewed past workshop materials and converted presentation guides into OSCE-style scenarios. The OSCE format allows us to:

- Make training more relevant to current clinical practice by integrating real-world primary care scenarios.
- Ensure trainees are familiar with the latest guidelines, including the HSG Care Protocols and other recent updates.
- Simulate the actual OSCE exam environment, giving trainees an opportunity to experience the exam setting first-hand – so that when the real OSCE comes around, they won't be caught in an "out-of-stock" situation!

We also introduced hybrid workshops, where assigned trainees attend in-person OSCE sessions at the College Training Centre to receive directly observed feedback from our experienced chairpersons – seasoned Family Physicians who guide them through best practices. These sessions were broadcast live so that other trainees can join in the learning real-time and better interact with the speakers.

To support this, the College Training Centre has been transformed into a live broadcast studio, bringing a whole new level of interactivity to our workshops!

CM That must be a sight to behold! What was the biggest challenge you and the team faced in this "revolution"? Was it... shopping for equipment?

LL Haha! You could say that! Setting up the hybrid workshops was definitely a checkout-worthy challenge. The technical expertise required – from selecting the right equipment to configuring a high-quality live-streaming setup – was no small feat.

We are incredibly grateful to our GDFM secretariat team, who worked tirelessly behind the scenes to ensure every workshop runs smoothly. Of course, there's always room for improvement – we're always open to customer feedback from tutors

and trainees, so we can continue refining the experience!

Another challenge was crafting the OSCE cases – ensuring that they were relevant to the module's content, able to update trainees on clinical practice in a primary care context, and aligned with OSCE exam standards. This would not have been possible without the collective efforts of everyone in the Workshop Faculty. I would like to take this opportunity to thank Candice, Ming Hann, Todd, Clarence, and Bryan for their dedication and contributions.

CM Thank you so much Liling, for this insightful sharing – and for the immense contributions of the Workshop Faculty! Before we wrap up, what advice would you give to juniors considering Family Medicine as a specialty?

LL Family Medicine is one of the most dynamic and fulfilling specialties out there. It's about journeying with patients through different stages of life, managing a broad spectrum of conditions, and making a real impact in the community.

What makes Family Medicine so special is its versatility – you're not just a clinician, but also an educator, mentor, and advocate for better primary care.

For those considering GDFM, my advice is simple: just add to cart and check out! The journey may be challenging, but you'll never be alone. We're constantly evolving the programme to ensure you receive the best possible training, equipping you with the skills to provide holistic, patient-centred care.



And who knows? One day, you might find yourself on the other side, helping to shape the future of Family Medicine education!

CM Wise words indeed! The passion and dedication of you and your team are truly inspiring. Thank you for taking the time to chat with us today. We look forward to seeing how the Workshop Faculty continues to innovate and transform Family Medicine education in Singapore!



CM



A Review of Telemedicine Practice

by Dr Wong Tien Hua, President, CFPS

Singapore is renowned for its high standards of healthcare, consistently ranking among the best in the world for patient outcomes, medical innovation, and accessibility. Our healthcare system is built on a strong foundation of well-trained medical professionals, rigorous regulatory frameworks, and investment in medical technology and innovation.

Public and private healthcare institutions work in tandem to provide comprehensive, evidence-based care, ensuring that patients receive timely and effective treatment. With initiatives such as Healthier SG and the integration of electronic records, Singapore continues to enhance its healthcare ecosystem while maintaining strict clinical governance and patient safety standards. This commitment to excellence is critical to fostering public trust and confidence that our healthcare system is able to deliver high quality healthcare that is safe and reliable.

Benefits of Telemedicine

The adoption of telemedicine over the past few years has increased the accessibility of healthcare in Singapore. National health initiatives, such as Healthier SG, allow for teleconsultation as an option for follow-up for patients with chronic conditions. With virtual consultations, patients can seek medical advice without the need for commuting or waiting in crowded clinics. This convenience is especially beneficial for certain populations such as elderly individuals and those with mobility issues, as they can receive medical attention from the comfort of their own homes.

Beyond accessibility, telemedicine offers time and cost savings for both patients and healthcare providers.

Beyond accessibility, telemedicine offers time and cost savings for both patients and healthcare providers. Telemedicine platforms operate with low overheads and some do not even have physical clinics, which means that these cost savings can potentially be passed on to patients. For healthcare providers, telemedicine helps to optimise clinic workflows, enabling them to manage their daily caseloads more efficiently. Multi-doctor practices can utilise telemedicine to share workload between branches during peak periods. These efficiencies also extend to medication delivery, as prescriptions can be issued electronically and sent directly to online pharmacies.

The widespread adoption of telemedicine during the COVID-19 pandemic cemented its role in primary care as it enabled safe and effective medical consultations while minimising the risk of virus transmission. Chronic disease management also benefited from virtual follow-ups, as physicians were able to monitor conditions such as diabetes and hypertension remotely during periods of lockdown. With digital medical records and remote monitoring tools, patients can actively participate in their own healthcare, fostering better long-term health outcomes.

While telemedicine is suitable for minor ailments and chronic disease follow-ups, many medical conditions necessitate face-to-face consultations to ensure accurate diagnosis and appropriate treatment.



Quality of Care

Despite its advantages, telemedicine comes with inherent limitations, particularly regarding the quality and safety of care provided. The absence of physical examinations can sometimes result in missed diagnoses, especially for conditions that require in-person assessment, such as abdominal pain, respiratory distress, or injuries. While telemedicine is suitable for minor ailments and chronic disease follow-ups, many medical conditions necessitate face-to-face consultations to ensure accurate diagnosis and appropriate treatment. Moreover, as different telemedicine platforms vary in their service quality, concerns have arisen about the consistency of care across these providers.

Expected Standard of Care When Conducting Teleconsultations

The National Telemedicine Guidelines issued in 2015 states the following in Section 1.2a:

“Any Telemedicine service must be provided as part of a structured and well-organised system and the overall standard of care delivered by the system must not be any less compared to a service not involving Telemedicine ... Where face-to-face consultations are reasonably practical, the delivery of care via Telemedicine must not compromise the overall quality of care provided as compared with non-Telemedicine care delivery.”

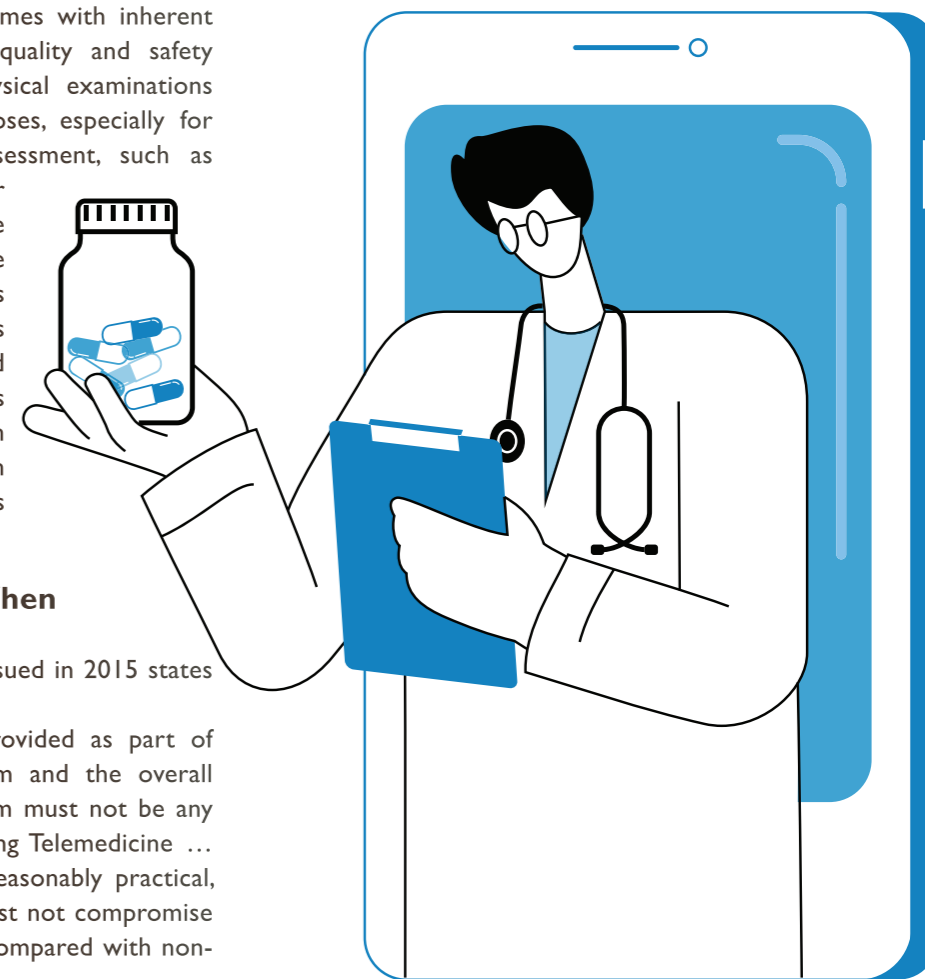
Similarly, Section A6 of the Singapore Medical Council (SMC) Ethical Code and Ethical Guidelines (ECEG) 2016 states:

“If you engage in telemedicine, you must endeavour to provide the same quality and standard of care as in-person medical care.”

It is therefore very clear and explicit that the standard of care for telemedicine is expected to be on par with, if not equivalent to, that of in-person consultations.

Telemedicine providers must meet the same clinical and ethical standards as all other healthcare services. Such key principles include accurate diagnosis, patient safety, informed consent and proper documentation. Telemedicine consultations must be conducted by Singapore-registered medical practitioners, and doctors are expected to exercise sound clinical judgement in determining whether a patient's condition is suitable for remote video assessment or requires escalation to an in-person visit. Additionally, all telemedicine platforms must ensure data security, confidentiality, and proper medication management.

Doctors must always uphold the same duty of care as in face-to-face consultations, act in the best interests of their patients, and maintain the high standards expected as part of the medical profession.



Telemedicine providers must meet the same clinical and ethical standards as all other healthcare services.

The Issue with Ultra-Short Consultations

Not all patients require a long and tedious consultation at every visit, as many patients present with straightforward medical conditions that do not require too much time to assess. However, the principles and practice of family medicine require a family physician to make full use of each consultation to explore other areas beyond the primary complaint, such as chronic conditions, opportunistic health screening, lifestyle issues, and modifying health-seeking behaviours. A consultation that is brief and concluded within a few seconds or minutes is a wasted opportunity and is not consistent with good clinical practice.

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(continued from Page 17: A Review of Telemedicine Practice)

Moreover, a teleconsultation that lasts only a few seconds raises serious concerns about the provided quality of care, as doctors are required to conduct thorough clinical assessments regardless of whether a consultation is in-person or virtual. A proper medical review involves taking the patient's history, assessing symptoms, and making an informed diagnosis before recommending treatment. If a doctor rushes through this process, he/she risks misdiagnosing or overlooking serious conditions, which could compromise patient safety.

The SMC ECEG emphasises that doctors must provide competent, compassionate, and appropriate care, and failing to do so breaches professional and ethical standards. Beyond clinical inadequacy, ultra-short consultations violate key ethical principles such as beneficence (acting in the patient's best interest) and proper patient communication. Doctors are expected to explain diagnoses, discuss treatment options, and obtain informed consent, ensuring that patients understand their condition and care plan. If a consultation is too brief, patients would not have the opportunity to ask important questions, and necessary precautions – such as reviewing pre-existing conditions or potential drug interactions – might be overlooked. This lack of due diligence can lead to inappropriate prescriptions or unsafe medical advice, further endangering the patient.

Medical Records

The SMC ECEG states in Section B3 that “You must maintain clear, legible, accurate and contemporaneous medical records of sufficient detail to enable a high quality of continuing care”. Ultra-short consultations are incompatible with good clinical care, and the medical records would likewise reflect the brevity of the encounter. Short consultations are incompatible with keeping good medical records.

Conversely, if the records entered are found to be incongruous, and turns out to be too detailed and comprehensive despite an ultra-short consultation, it would cast doubt on the integrity of the doctor who entered the records. Entering information into the medical records that did not take place is a form of falsification and is a significant breach of the ECEG. These actions reflect dishonesty, violating the ethical standards expected of medical practitioners.

SMC emphasises that doctors must act with integrity and honesty in all professional interactions. Falsification of records not only breaches this trust but also jeopardises the credibility of the medical profession.

Issuance of MCs

Regarding medical certificates (MCs), the SMC ECEG states in Section B4 that “MCs must be issued to patients only on proper medical grounds arrived at through good clinical assessment”. A doctor who conducts ultra-short consultations and engages in poor record-keeping breaches

Any Telemedicine service must be provided as part of a structured and well-organised system and the overall standard of care delivered by the system must not be any less compared to a service not involving Telemedicine ... Where face-to-face consultations are reasonably practical, the delivery of care via Telemedicine must not compromise the overall quality of care provided as compared with non-Telemedicine care delivery.

the ECEG by failing to ensure that MCs are issued only on proper medical grounds based on a thorough clinical assessment.

The SMC ECEG clearly states that an MC should be granted only after a doctor has properly evaluated a patient's condition to determine whether he/she is medically unfit for work or daily activities. If a consultation lasts only a few seconds, it is highly unlikely that the doctor conducted an adequate assessment, raising serious concerns about the validity of the MC issued. Furthermore, poor record-keeping compounds the breach, as medical records must accurately reflect the consultation, including the history taken, clinical

findings, diagnosis, and justification for issuing an MC. This not only violates the duty of care owed to the patient but also undermines public and employer trust in the integrity of MCs, potentially leading to misuse and abuse of the system.

Patients who take multiple MCs in a short duration of time or on multiple occasions should be flagged for concern, and the reasons for the frequent sickness and work or school absence explored. Chronic absenteeism from work or school may indicate stress, mental health concerns, workplace bullying, or academic struggles, rather than a purely medical condition. The doctor should explore whether the patient is facing such personal, social, or psychological issues, and consider referring him/her to an appropriate specialist or counsellor. Telemedicine platforms that enable cheap and easy access to obtaining MCs feed the cycle of MC abuse and undermine public trust in the medical profession.

The Ministry of Health (MOH), Health Sciences Authority (HSA), and SMC have previously issued the Joint MOH-HSA-SMC Circular on Regulations and Professional Standards for Telemedicine Services and Advertisements on 22 Nov 2024, providing additional regulatory requirements for telemedicine providers. Regarding the issuance of MCs, licensees are advised to perform regular documented reviews of the telemedicine services provided by their medical practitioners, and that medications and MCs are to be prescribed and issued with appropriate clinical assessment and on proper medical grounds. In addition, the circular stipulates that “Cases with short consultations and multiple issuances of MCs over a short period of time to the same patient (e.g., three or more MCs within a 30-day period) are (to be) escalated and reviewed internally.”

Cases with short consultations and multiple issuances of MCs over a short period of time to the same patient (e.g., three or more MCs within a 30-day period) are (to be) escalated and reviewed internally.

Additionally, all telemedicine platforms must ensure data security, confidentiality, and proper medication management.

Final Notes

Below are some other important points to note from the Joint MOH-HAS-SMC Circular on the ethical and professional standards of care expected of every medical practitioner during teleconsultation:

- That practitioners should practise within the limits of their own competence, and to refer cases to specialists where appropriate.
- That practitioners have to ascertain that telemedicine is the appropriate mode of service delivery for each case, and that there is a need to inform the patient of the limitations of teleconsultation.
- That practitioners should be aware of the professional standards and regulatory restrictions that need to be adhered to when prescribing medications with high risk of addiction, such as controlled drugs, codeine-containing products, opioids, benzodiazepines, and hypnotics.
- That MCs and medications are only issued based on adequate clinical assessment.

In conclusion, telemedicine is an emerging field and is still at a nascent stage. The practice of telemedicine is likely to evolve over time and adopt newer methods or technologies. Doctors are advised to keep abreast of these changes and consider undergoing appropriate training before embarking on being a provider of telemedicine services.

■ CM

Maintaining Our Mental Health

When Facing a Complaint

by Dr Lim Khong Jin Michael, Family Physician, Editor (Team B)

Singapore's healthcare system is fast-paced and high-pressure, with doctors often facing heavy workloads, long hours, and emotionally charged interactions with patients. Complaints can compound stress, leading to burnout, anxiety, or resentment.

This article aims to get doctors to think about how they can try to maintain their mental health when facing complaints. It provides some applications from a faith perspective. The applications here are from a Christian perspective though readers of other faiths and atheists can reframe and apply them to their own context. This article focuses on mental well-being and does not cover the complaint management process from a medicolegal standpoint. It is written with help from DeepSeek (web version).

I. Concept of Self

The concept of self, your understanding of your identity, values, strengths, and limitations, plays a critical role in how you process and respond to complaints. A well-developed sense of self acts as an anchor, helping you navigate criticism constructively rather than reactively. The concept of self acts as a framework through which individuals process feedback. If someone has a stable self-concept, they're less likely to take complaints personally. They can separate their actions from their identity. For example, instead of thinking "I'm a failure", they might think "I made a mistake this time. Let me see how I can overcome and learn from this." You recognise that a complaint targets a specific behaviour or outcome, not your entire worth. It reduces defensiveness and shame, enabling problem-solving. Understanding and accepting our human nature enables us to exercise kindness and compassion towards ourselves when we make mistakes. After receiving feedback, you remind yourself, "I'm human, and I'm working on this." This helps to sustain confidence and motivation despite setbacks. A clear self-concept also helps you assess whether a complaint is valid or irrelevant (stemming from the critic's biases). It helps you distinguish between constructive criticism (meant to help) and toxic criticism (meant to harm). With good self-awareness, criticism feels less destabilising and you can respond appropriately.

A well-defined concept of self acts as a filter, stabilizer, and guide when facing complaints. It allows you to learn without crumbling, discern without dismissing, and grow without losing your core identity.

Christian Perspective: Concept of Self

Christians' core identity is that of being God's children, dearly loved by God. A Christian perceives that his or her status as



When we immerse ourselves in art, we shift our attention from stressful thoughts to the process of creating such as selecting and mixing colours

God's child is secure, not based on performance, appearance, or social approval. This helps combat shame, insecurity, and comparison. Their role as God's child includes stewarding gifts to serve others, fostering a sense of contribution and significance. Many Christian doctors see their work as God's intended purpose for their lives, allowing them to serve other people. This gives them a sense of purpose beyond themselves. This can strengthen their resolve when facing complaints. Even amid criticism or failure, Christians rest in God's acceptance, reducing anxiety about "proving" themselves. When facing hardship, Christians believe and trust in God's care, preventing despair. When criticised, they lean into God's approval over human judgement. When feeling weak, Christians believe that God's strength is perfected in their vulnerability, reframing their limitations as opportunities for reliance on God. Trials and setbacks are perceived as temporary, while their eternal inheritance as God's children fuels hope. Recognising their dependence on God fosters humility without degrading self-worth.

The Christian understanding of being a child of God profoundly shapes and strengthens their concept of self by anchoring their identity in a transcendent, unconditional, and eternal relationship with God. This theological understanding provides a framework for self-worth, purpose, and resilience. If someone sees themselves as a child of God, it provides unconditional love and acceptance. Unlike worldly validation, which can be fickle, this belief offers a stable foundation.

Christians believe in grace as a key understanding of their identity as God's children, so mistakes don't define them.

A well-developed sense of self acts as an anchor, helping you navigate criticism constructively rather than reactively.

This reduces shame and promotes a growth mindset, viewing challenges as opportunities to grow, knowing they are loved despite imperfections. Mistakes are met with repentance and grace, not self-condemnation. They embrace sanctification as a lifelong journey, not a demand for flawlessness.

The Christian practice of singing, worship, and music plays a vital role in helping believers cope with complaints, criticism, or adversity. Worship music often centres on truths about God's character and the believer's identity as His child. Rooted in Scripture and tradition, these spiritual disciplines provide emotional, psychological, and theological grounding, enabling Christians to process challenges while reaffirming their identity in God. For example, singing about God's love might remind them their worth isn't based on others' opinions. Worship can also be a form of emotional expression and release. When dealing with complaints, which can be stressful, music provides an outlet for emotions like sadness or frustration. The act of singing might help them process these feelings in a healthy way. Psalms and hymns model crying out to God in raw honesty, transforming pain into prayer. Uplifting worship shifts focus from complaints to gratitude, releasing stress and renewing hope. Singing about God's sovereignty calms anxiety, fostering trust in His control over difficult situations. Worship acknowledges human frailty and God's sufficiency, reframing complaints through thanksgiving. Songs such as "In His Time" surrender outcomes to God, reducing the urge to retaliate or despair. Christians often sense God's presence through worship, hearing His affirmation over human criticism.

Corporate worship brings believers together, offering a sense of belonging. If someone is facing complaints, being part of a worshiping community can provide encouragement and perspective, reminding them they're not alone.

For Christians, worship is far more than a ritual – it is a lifeline. Christians believe God inhabits the praises of His people. In His presence, complaints lose their sting, and the soul finds strength to rise like eagles' wings, experiencing God's peace, which transcends understanding, turning even criticism into a testimony of God's sustaining grace.

2. Understanding our Minds, Thoughts, and Emotions

Understanding the interplay between our mind, thoughts, and emotions equips us with critical tools to navigate complaints constructively. For example, if we know that our mind might automatically take complaints personally, perhaps we could take a step back and not react immediately. If we understand that our thoughts aren't always accurate or helpful, we can challenge negative thoughts that arise from complaints. We can begin by objectively analysing complaints, asking questions such as "Is this valid? How can I grow?" Metacognition refers to thinking about our thinking. By being metacognitive, we can monitor our thought processes when faced with a complaint and adjust them should they be unhelpful.

Awareness of thought patterns allows us to identify cognitive distortions such as catastrophising or personalisation.

Awareness of thought patterns allows us to identify cognitive distortions such as catastrophising ("This complaint will ruin my career") or personalisation ("They're attacking me"). This allows us to replace distortions with balanced thinking such as "I've handled feedback before; I can do this". Adopting a growth mindset, a person views their abilities as malleable. It reduces defensiveness and fosters adaptability. Complaints become opportunities to learn rather than indictments of their character. For example, a coworker complains about your patient management. Instead of shutting down, you think, "How can I improve my clinical skills?"

Empathy – understanding the complainer's perspective – might reduce defensiveness. Considering the complainer's viewpoint, we ask, "Are they stressed? Do they want better outcomes?" Complaints might reflect others' needs, not our inadequacy. Imagine a patient's son complaining against a doctor. We ask ourselves, "Are they questioning my ability, or are they concerned for their father?" We begin by regulating our emotions: Take a breath to calm anxiety. Understanding the patient's son's concerns, we can reframe the narrative: "The son is concerned. He is not attacking my ability. This is a chance to improve communication." We can respond with "I understand you are very concerned about your father. Let's discuss how we can take care of your father together" instead of "your father is very ill despite our best efforts. There is nothing we can do."

Understanding emotions would involve recognising what we're feeling when faced with a complaint, for example, anger, shame, or anxiety. If we can name the emotion, perhaps we can manage it better. Emotional regulation strategies like deep breathing, grounding, or brief pauses to regain composure could help prevent emotional overreaction. After receiving

.. setting boundaries and seeking professional support are not signs of weakness but pillars of sustainable practice.

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Emotional regulation strategies like deep breathing, grounding, or brief pauses to regain composure could help prevent emotional overreaction.

harsh feedback, you acknowledge frustration but delay responding until emotions settle. Grounding is a therapeutic technique designed to help individuals stay connected to the present moment during periods of emotional distress, anxiety, dissociation, or overwhelming thoughts. By reconnecting to the physical world and interrupting distressing thought patterns, it empowers individuals to regain control, reduce suffering, and navigate challenges with greater resilience. Whether through sensory focus, movement, or mindful self-talk, grounding is a simple yet powerful way to say: “I am here, and I am okay.” Grounding attempts to interrupt distress (halts intrusive thoughts, flashbacks, or panic attacks), regulate emotions (calms the nervous system to reduce anxiety, anger, or dissociation), enhance focus (redirects attention to the “here and now” instead of past regrets or future worries), and prevent escalation (stops emotional reactions from intensifying into harmful behaviours such as self-harm or aggression).

Being kind to oneself or self-compassion serves as a shield against complaints. Acknowledge our humanity. Instead of being hard on ourselves, we can think “It is only human to err. Everyone faces complaints whether reasonable or unreasonable; this is part of growth.” Self-compassion helps us maintain self-worth while addressing feedback.

Understanding the mind, thoughts, and emotions transforms complaints from threats into catalysts for growth. By interrupting automatic reactions, reframing narratives, regulating emotions, and embracing learning, we cultivate resilience, empathy, and self-awareness. This holistic approach not only mitigates the sting of complaints but also propels personal and professional development.

Christian Perspective: Understanding our Minds and Thoughts, and Emotions

The renewal of the mind through the Word of God equips Christians to cope with complaints by transforming their perspective, identity, and response. By consistently engaging with the Bible, Christians can internalise God’s perspectives, which replace worldly or negative thought patterns. When

faced with complaints, instead of spiralling down negative thought cycles of insecurity or anger, they can recall biblical truths that promote peace and constructive responses. Furthermore, Biblical teaching reframes the narrative to trials as light and momentary, shifting focus from earthly complaints to eternal purpose.

When facing complaints, a renewed mind recalls that I am a beloved child of God, fearfully and wonderfully made, God’s masterpiece, countering feelings of inadequacy with God’s affirmation. If someone remembers they are loved, accepted, and valued by God, complaints might not shake their self-worth as much or trigger shame or cause them to feel crushed. In addition, the Bible teaches about integrity, humility, and patience. When facing unjust, harsh, or exaggerated complaints, Christians whose consciences are clear before God receive peace. They might also find it easier to forgive, exercising mercy and grace, relying on God’s justice, instead of becoming defensive, vindictive, or bitter. On the other hand, when faced with valid complaints, the renewed mind recalls that whoever heeds life-giving correction gains wisdom, reframing valid complaints as growth opportunities, seeing trials also as tools for spiritual maturity. Responding with integrity to valid complaints minimises fear of exposure and anxiety.

In summary, the renewal of the mind through the Word of God helps by providing a transformed perspective rooted in biblical truth, which helps to combat negative self-perceptions, reinforcing a secure identity as God’s children, which stabilises self-worth beyond human complaints, shifting focus from temporary trials to eternal purpose, offering practical wisdom for handling complaints, promoting godly responses like humility, forgiveness, and peace. This renewal empowers believers to face complaints not as threats, but as opportunities to reflect godly character, grow in grace, and trust in God’s sovereign care in all circumstances. The process of renewing the mind is ongoing. It is not a one-time event but continuous practice. Regular engagement with scripture as it applies to everyday life builds godly character and resilience over time.

3. Defining our Core Values and Incorporating Them into Our Daily Life

Defining your core values such as integrity, compassion, fairness, creativity, or growth, reflecting on what matters most to you (e.g., faith and family), and intentionally aligning your daily actions with them acts as a psychological anchor, fostering resilience, clarity, and emotional stability when navigating complaints. Core values act as guiding principles that influence behaviour and decision-making. When someone is clear on their core values, they have a framework to assess situations, which can reduce anxiety and provide a sense of purpose. Incorporating core values into daily life means consistently aligning actions with those values. This consistency can build self-esteem and resilience. When facing

a complaint, this alignment might help in responding calmly and constructively instead of reacting impulsively. It also provides a sense of control, which can improve mental health.

Clear core values help you discern valid criticism from toxic or irrelevant feedback. You will be able to address constructive complaints but reject abusive language or behaviour, conserving mental energy and preventing burnout from over-engagement with negativity. Complaints can trigger insecurity, e.g., “Am I good enough? Will my job or bonus be affected?” Core values remind you of your intrinsic worth and purpose, separating your identity from external judgements or disincentives. It protects self-esteem and prevents shame spirals. At times, your core values may even guide you to step away from a particular job due to the long-standing toxic environment that unfortunately cannot be transformed or improved upon, especially when your health is compromised.

By anchoring your identity and decisions in what matters most, you reduce anxiety as clarity replaces chaos, strengthen self-worth as your values become validated, and navigate conflict with integrity, enabling you to make responses rooted in purpose, not fear. This practice not only safeguards mental health but also builds a life of authenticity and resilience. Living by values simplifies complexity by focusing on principles over fleeting emotions, builds psychological coherence, and aligning actions with beliefs, thereby reducing inner conflict and empowering agency, helping you respond intentionally rather than react impulsively. Ultimately, values are not just ideals – they are tools for navigating life’s storms with courage, clarity, and unshakable self-respect.

Christian Perspective: Defining our Core Values and Incorporating Them into Our Daily Life

Practical ways to live Christian values daily include scripture meditation and journal writing, internalising verses that affirm identity and purpose, prayerful reflection, asking daily, “How can I honour God in my words of gratitude, praise and encouragement, and actions today?”, accountability partnerships, regularly meeting with mature believers to align choices with biblical values, and service. Serving others shifts focus from self to God and others.

When Christian doctors receive complaints, they can fall back on their identity: “My worth is not tied to this complaint, how the complaint is handled, or its outcome, but to my identity as a child of God. They can choose to respond with humility: “Lord, show me if I acted in error;” choose forgiveness: “I release resentment towards those who spoke harshly, unjustly, or with ill intentions;” and maintain eternal focus: “My goal is to glorify God, not please everyone.” Peace replaces anxiety and the doctor is able to address feedback with grace and wisdom.

4. Importance of Community

The importance of community, including our families, in coping with complaints lies in its ability to provide emotional support, perspective, accountability, and collective resilience. A strong community acts as a buffer against isolation, shame, or defensiveness that complaints can trigger, fostering growth and healing. Sharing struggles with trusted individuals reduces feelings of loneliness and shame. Community members can empathise, validate your emotions, and remind you of your worth. After receiving harsh criticism at work, venting to a friend or support group helps you process feelings without judgement. This can lower stress and prevent emotional overwhelm by distributing the burden.

A community offers diverse viewpoints to help you see complaints objectively. Others can help discern whether feedback is valid, biased, or situational. A mentor or faith group might point out, “this complaint reflects their expectations, not your failure;” or “there’s truth here worth addressing.” This reduces cognitive distortions (e.g., catastrophising) and fosters clarity.

Communities can help brainstorm solutions, share resources, or mediate conflicts. Collective wisdom often yields better strategies than navigating alone. A team facing patient complaints can collaborate to identify systemic issues and implement fixes, transforming complaints into opportunities for systemic improvement.

Communities remind you of your core values and identity when criticism shakes your confidence. This stabilises self-worth and aligns responses with principles. Hearing about or observing how others in your community handle complaints provides a blueprint for resilience. This is especially powerful in faith communities that model forgiveness, humility, and grace.

Communities can also advocate for you when facing unjust complaints, offering solidarity or practical help, e.g., speaking up on your behalf. This reduces helplessness and restores confidence in fairness. Communities normalise mistakes and complaints as part of the human experience, reducing stigma. For example, a support group shares stories of overcoming complaints, helping you think, “I’m not alone – this happens to others too.” This lowers shame and fosters self-compassion. Over time, community support strengthens your ability to handle criticism with grace, knowing you have a “safety net” of care and wisdom. Years of participating in a tight-knit community teach you to view complaints as temporary challenges, not existential threats. This cultivates enduring mental and emotional resilience.

Community transforms complaints from isolating experiences into opportunities for connection, growth, and

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healing. By providing emotional shelter, wise counsel, and collective strength, communities help us navigate criticism with humility and clarity, preserve self-worth amid external judgement, and turn conflicts into catalysts for personal and relational renewal. Whether through a faith group, family, or trusted friends, leaning into community ensures we never face life's challenges alone. As the African proverb goes, "If you want to go fast, go alone. If you want to go far, go together."

5. Living Happily with Contentment

Living happily with contentment equips individuals to navigate complaints with resilience, clarity, and emotional balance. Contentment is being satisfied with what you have and where you are in life. It's not about having everything inch-perfect but being at peace with the present moment.

Contentment cultivates inner peace, reducing the urge to respond defensively or impulsively to criticism. A content person might acknowledge a complaint calmly, asking, "What can I learn here?" instead of reacting with anger or self-doubt. Contentment lessens the need for external validation, allowing complaints to be assessed without personalising them. Instead of thinking, "They are attacking me," one might reflect, "Is this feedback valid or a reflection of their perspective?" Contentment could lead to a more stable emotional state. If you are secure in yourself, you don't feel the need to defend your ego as much.

Contentment also fosters gratitude. If you are focused on what you're grateful for, complaints might seem smaller in comparison. You don't dwell on the negative because you appreciate the positive aspects of your life. This could help in not overreacting to complaints.

Living contentedly transforms complaints from destabilising critiques into manageable feedback. By fostering emotional stability, gratitude, and self-assuredness, contentment allows individuals to respond thoughtfully, grow constructively, and maintain inner peace amid external challenges.

6. Practical Health Tips

Engaging in practices like getting sunshine, spending time in nature, prioritising rest, eating well, laughing, receiving encouragement, and exercising is akin to giving your mental health a full-system upgrade. These elements work synergistically to nourish your brain, body, and spirit. Make new friends and regularly meet with old friends, especially encouraging, non-judgemental ones, journeying through life together. Sunshine improves sleep quality by aligning your body clock. Spending time in nature reduces anxiety. Getting enough rest helps to prevent burnout and emotional reactivity. It also sharpens decision-making and resilience. Laughing reduces tension and fosters connection. It reframes challenges with lightness. It is important to surround

yourself with supportive people. Encouragement counters isolation and self-doubt, and strengthens motivation. Exercise reduces symptoms of anxiety and enhances self-esteem and emotional regulation. These practices are like daily mental health vitamins – small, consistent doses create compounding benefits. By nourishing your body, mind, and relationships, you build a buffer against stress and cultivate joy, clarity, and resilience. Start with one habit, then layer others over time.

7. Setting Boundaries and Seeking Professional Help

For doctors in Singapore, setting boundaries and seeking professional help when required are critical strategies in safeguarding mental health, maintaining professional efficacy, and sustainably navigating the challenges of patient complaints. The stigma around mental health in many Asian cultures, including Singapore, can deter doctors from acknowledging struggles. However, unaddressed stress from complaints risks impairing judgement, empathy, and patient safety. Early intervention lowers the risk of progression to depression or substance abuse, safeguarding career longevity and personal health.

In 2022, the Singapore Medical Council (SMC) announced that the Academy of Medicine Singapore, College of Family Physicians Singapore, and Singapore Medical Association ("the Professional Bodies") had jointly established a support programme for doctors who face disciplinary proceedings. When a doctor receives notice from the SMC that a complaint has been lodged against him/her, he/she will be provided with information about the support programme from the Professional Bodies and how to contact the staff in the Professional Bodies for this support. The Professional Bodies will jointly match the requesting doctor with a volunteer support doctor to advise on SMC's disciplinary processes to address any anxieties on his/her part. The volunteer support doctor's role is to support, reassure, and provide information on the disciplinary process. The support doctor does not provide advice specific to the requesting doctor's case, nor legal or psychiatric advice, which are addressed by his/her solicitors and other trained professionals.

Other than the professional bodies, some healthcare clusters and individual hospitals have also set up helplines, support, and counselling services for healthcare staff who are emotionally drained, including those feeling stressed by complaints.

For doctors in Singapore, setting boundaries and seeking professional support are not signs of weakness but pillars of sustainable practice. By protecting their mental health, doctors ensure they can continue delivering compassionate, high-quality care, even in the face of complaints.

■ CM

FAMILY PRACTICE SKILLS COURSES

Extended Consultation

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #125 on "Extended Consultation", held on 11-12 Jan 2025", held on 11-12 Jan 2025.

Expert Panel:

A/Prof Cheong Pak Yean
A/Prof Goh Lee Gan

Chairperson:

Dr Andrew Wong
Dr Donna Tan

Chronic Disease Management 2025

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #126 on "Chronic Disease Management 2025", held on 18-19 Jan 2025.

Expert Panel:

A/Prof Goh Lee Gan
Dr Jeremy Hoe
Dr Benjamin Lam
Dr Richard Lee
Dr Desmond Wai
Dr Rohit Khurana

Chairperson:

Dr Goh Jun Heng

GRADUATE DIPLOMA IN FAMILY MEDICINE (GDFM)

REGISTRATION OPENS
10 March 2025 to
28 March 2025



Prospective GDFM trainees **must not** be concurrently enrolled in other residency training programmes.

**In order to be eligible for the Member rate fee: Applicants would need to sign up for 3-year membership of \$643.10 upfront (Financial Year Apr 2025 to Mar 2028)*

Please refer to the college website for more information.

Programme Fee: \$11,984.75 (Member) *

Programme Fee: \$14,369.34 (Non-Member) *

**Inclusive of GST*

GDFM is a structured training certification programme organised by the College of Family Physicians Singapore (CFPS). This 2-year programme consists of 8 Family Medicine Modular Courses (FMMC), 3 Practice Management Courses (PMC) and 4 Family Practice Skills Course (FPSC) electives. The aim is to equip doctors to practice family medicine at a competent level to meet the healthcare needs of children, adolescents, adults and the elderly in the primary care setting.

To be eligible for the GDFM programme, candidates must:

- Possess a basic degree in medicine (MBBS or an equivalent qualification) that is registered with the Singapore Medical Council (SMC).
- Hold full or conditional registration with the SMC. Practitioners with temporary registration must include a letter of recommendation from their Head of Department (HOD). Doctors with provisional registration are not eligible to apply.
- Have one full year of working experience in Singapore at the point of course registration.
- Hold a current and valid practising certificate.
- Practice at least 20 active clinical hours per week.

For enquiries or details, please contact College Secretariat at 6223 0606 or email qiying@cfps.org.sg

Integrating Social Health into Primary Care

by the Agency for Integrated Care (AIC)

Social prescribing is a transformative approach in healthcare, where General Practitioners (GPs) refer patients to non-clinical services such as active ageing community activities, social services, and support programmes. By engaging with their personal interests and values, this holistic approach, which is grounded in the biopsychosocial model of care, addresses the broader social determinants of health including lifestyle, social interaction and mental health, to improve overall well-being.

The Role of Social Prescribing in Healthier SG

Healthier SG recognises the importance of social prescribing in improving public health. GPs are encouraged to incorporate social prescriptions as part of their enrollees' Health Plans, enabling them to access programmes and services within the community to adopt more active and healthier lifestyles, thereby improving health outcomes.

Social prescribing within Healthier SG focuses on three main components:

1. Lifestyle Prescriptions

Enrollees can be referred to programmes under the Health Promotion Board (HPB), People's Association (PA) and Sport Singapore (SportSG) that support active lifestyles, weight management, and smoking cessation. GPs can also refer enrollees to nurse counsellors at their respective Primary Care Networks (PCN), who are able to further support enrollees in making lifestyle modifications as part of their Health Plans.

2. Referrals to Active Ageing Centres (AACs)

These centres provide vital services for enrollees aged 60 and above. These include social befriending and health monitoring, which help maintain independence and foster social connections.



AACgowhere

AACs are conveniently located in the heartlands, making enrollees more likely to join in active ageing activities such as arts and crafts and physical fitness activities.

3. Referrals to Community Care Services

These services provide a range of support, including home help, medical escorts, Meals-on-Wheels, mental health services and caregiver support, all aimed at improving patients' social, emotional, spiritual and physical well-being.

Supporting GPs with Social Prescribing: The Role of PCNs

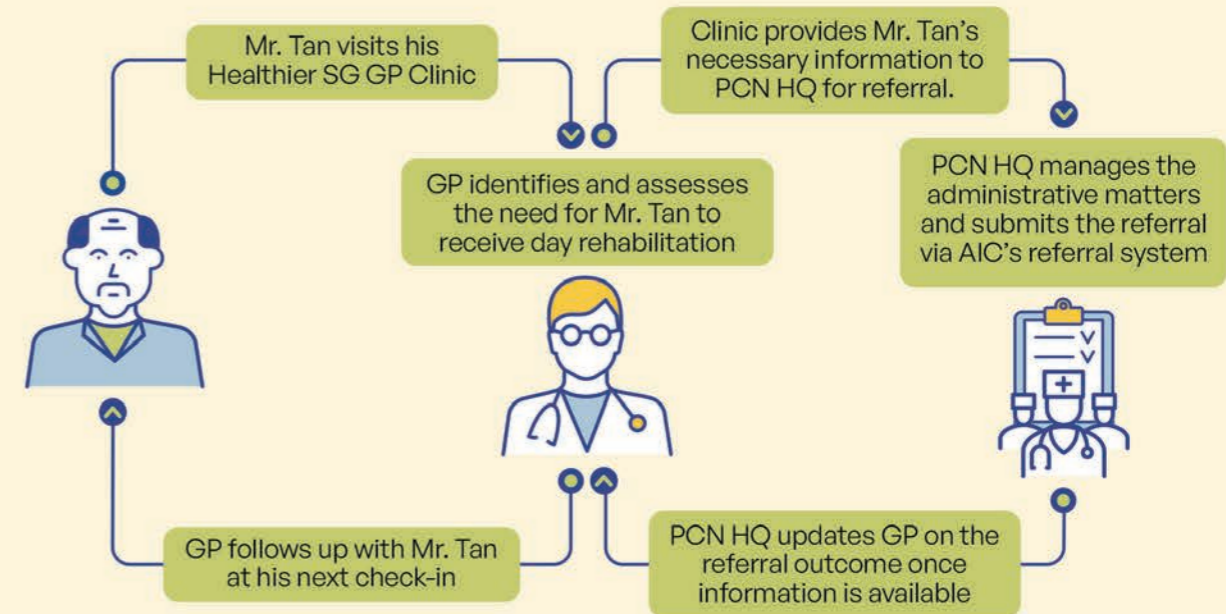
PCNs are integral to the implementation of social prescribing – offering crucial support to GPs, assisting with enrollee referrals and ensuring that the correct community-based resources are matched with the needs of the enrollee.

The referral process is designed to be straightforward, allowing GPs to work collaboratively with PCNs to provide a seamless experience for enrollees.



Case Study: Mr. Tan's Referral Process

77-year-old Mr Tan visited his Healthier SG GP for an assessment regarding his need for day rehabilitation to improve his mobility and preserve his independence. Due to his medical history, which included a stroke in 2012, hypertension, hyperlipidemia and chronic kidney disease, Mr Tan was deemed by the GP to have experienced functional decline and is reliant on a walking stick for mobility.



For assistance with referrals to programmes and services within the community, please contact your respective PCN HQ. Here are some programmes and services that may be useful for your patients.

Programme / Service	Target group*
Lifestyle Programmes	
Smoking Cessation	All smokers, especially patients with cardiovascular disease, respiratory disease (asthma/COPD), chronic kidney disease
Manage Obesity with Exercise (SportSG)	Well patients with Pre-Diabetes Mellitus and well-controlled chronic conditions
Manage Diabetes with Exercise (SportSG)	Well patients with Type 2 Diabetes Mellitus and well-controlled chronic conditions
Manage Hypertension with Exercise (SportSG)	Well patients with Pre-Diabetes Mellitus, Hypertension, and well-controlled chronic conditions
Manage Osteoarthritis with Exercise (SportSG)	Well patients with Osteoarthritis
Tertiary-Based Weight Management Programmes in Public Healthcare Institutions (PHIs)	Patients with chronic conditions and moderate to "severe-risk" BMI of ≥ 23.0
Active Ageing Centres (AACs)	
Active ageing programmes and befriending services at AACs	Patients aged 60 and above, regardless of housing type and socio-economic status
Community Care Services	
Home Medical / Nursing / Therapy	Patients who require help with medical needs (e.g. physical examination), nursing care (e.g. wound dressing) and/or rehabilitation (e.g. physiotherapy) at home
Medical Escort and Transport	Patients who require transport and/or companion to and from medical appointments such as to the hospital, specialist clinic or polyclinic
Meals on Wheels	Patients who are unable to buy or prepare their meals or do not have a caregiver
Home Personal Care	Patients who require personal services at home or whose caregivers need help with caregiving duties
Day Care	Patients who need company and/or supervision while caregivers are at work
Community Rehabilitation	Patients who require speech or physiotherapy to regain their abilities
Centre-Based Nursing	Patients who require basic nursing care such as wound management or assistance with nasogastric tubes and other equipment
Caregiver Support	Patients whose caregivers need support with care duties
Mental Health Support	Patients with mental health conditions, dementia

* Prevailing eligibility criteria for each programme/service apply.

For a comprehensive selection of healthy lifestyle programmes organised by various agencies, AACs and other community partners, please visit the [HealthierSGEventsGoWhere](#) portal.



HealthierSG EventsGoWhere

This is US.

WE GREW THIS...

In SingHealth Community Hospitals (SCH), teamwork truly goes beyond just working together. We prioritize checking in on one another, fostering a strong sense of collaboration and mutual support.

Working with my ward team has been incredibly fulfilling. Our team consists of professionals from various domains, each bringing unique expertise to the table. Together, we work closely to ensure patient safety and continuously improve the quality of care for our patients. Working alongside such committed team has not only strengthened my leadership skills but also given me a broader understanding of collaborative healthcare.

A big part of this collaborative spirit is our commitment to Just Culture, which promotes transparency and safety across the organisation. Its goal is to encourage open reporting and the freedom to speak so that staff will be able to learn and grow.

One of the things I love most about SCH is its effort in promoting continuous learning. From workshops to mentorships, we are always growing. This keeps my role dynamic and our passion alive. Together, we are not just advancing careers—we are shaping future, one inspired day at a time.



Featuring: Dr Lai Wei Na,
Associate Consultant

This is our Workplace Culture.

THE SUPPORT

During my earlier days as Staff Registrar, I was given the opportunity to contribute to the falls workgroup – a role that was both empowering and rewarding.



I was entrusted with the responsibility to actively enhance patient safety initiatives and implement strategies aimed at improving the quality of care. This role allowed me to make a meaningful impact on patient outcomes, working towards safer, and more effective healthcare practices and supporting the well-being of those we care. SCH has consistently supported my professional growth, and encouraged me to take on new challenges and responsibilities.

One of the most valuable aspects of working here is the mentorship and guidance from senior leaders. They have invested genuinely in my career development, supporting my goals by providing access to resources and encouraging me to pursue further education and certifications.

Their regular performance evaluations are not only constructive but also tailored to help me improve and achieve the best in my role.

Beyond individual guidance, SCH promotes a culture of continuous learning. This culture has inspired me to seek out new avenues for advancement and skill development, whether through in-house workshop, leadership training, or specialised courses that enhance critical core skills like communication and team leadership. This environment of growth and support has been invaluable, allowing me to develop my strengths while building a well-rounded skill set.



Do you prefer catch you if you fall or catch you when you almost fall...?

Working at SCH isn't just a job—it's a life affirming choice. Here, we cherish the balance between healing others and nurturing our own lives. I am able to spend my weekends which are filled with the laughter of family and friends. But the magic doesn't end there. At work, we are more than colleagues; we are a family bound by compassion and trust. Every day, we lift each other up, and turning challenges into triumphs. In this haven of care and camaraderie, we don't just work—we thrive, making a difference in our community while enriching our own lives.

The camaraderie doesn't end with my immediate team. I've built friendships with team members from different departments and allied health, creating a broad network of support across the hospital. Participating in various company-organized activities has helped strengthen these bonds and foster a real sense of community and teamwork.

Written by : Dr Lai Wei Na



For more information about career opportunity, email to
schrecruitment@singhealthch.com.sg

CMS SUTRA

GPCONNECT

CONNECT. INTEGRATE. TRANSFORM.



REFLECTING A GP PERSPECTIVE

in collaboration with MOH Office for Healthcare Transformation (MOHT), CMS Sutra is specially curated by the College of Family Physicians Singapore (CFPS) through a panel of expert reviewers as well as surveying the GP Population in Singapore. CMS Sutra is By GPs, For GPs.



FIND OUT MORE

[HTTPS://CFPS.ORG.SG/PUBLICATIONS/CMSSUTRA](https://cfps.org.sg/publications/cmssutra)

WHAT IS CMS SUTRA?

As Singapore embarks on HealthierSG as well as then upcoming Health and Information Bill, there will be increasing adoption of Smart Clinic Management systems (CMSes) by primary care physicians (PCPs) in private practice. The CMS Sutra project seeks to provide a progressive series of independent reviews with the current state and functionalities of the major commercially available CMSes so as to assist PCPs in making an informed decision on the adoption of a suitable CMS.

