

COLLEGE OF FAMILY PHYSICIANS
SINGAPORE

THE College Mirror

VOL. 52 NO. 1 APR 2026

A Time to Remember, A Time to Renew

Reaffirming Who We Are as Family Physicians



Editor's Words

by Dr Eugene Chua, Editor, College Team A

A Time to Remember, A Time to Renew

As we begin a new year, we find ourselves in a significant season for Family Medicine in Singapore. The formal recognition of Family Medicine as a speciality marks an important milestone—one that affirms the value of our discipline and the contributions of those who have built and sustained it over the years.

Yet, beyond celebration, this moment also invites reflection.

What does it truly mean to be a Family Physician today?

Who are we, as a fraternity, beyond titles and qualifications?

What values must we hold on to, even as our roles continue to evolve?

Renewal is often misunderstood as change for its own sake. But in Family Medicine, renewal is something quieter and more deliberate. It is not about becoming something new, but about returning to what has always mattered—while learning how to carry these values forward in a changing world.

In this issue of the *College Mirror*, we invite you to journey with us through this reflection.

We begin by hearing from our newly appointed 30th CFPS Council, not simply in their official capacities, but through their personal reflections on what Family Medicine means to them. In doing so, we hope to renew our shared sense of purpose and reconnect as a fraternity—recognising that our leaders are not distant figures but fellow Family Physicians, grounded in the same calling to serve.

We then pause to remember those who have shaped our roots—whose lives and work continue to nourish the growth of Family Medicine today. Like branches drawing life from a common vine, our practice is sustained by the values, relationships, and convictions passed down through generations. Their stories remind us that our identity is not built on structures alone, but formed through service, mentorship, and community.

From there, we turn our gaze outward and inward—rediscovering the heart of Family Medicine through shared experiences, and considering how these enduring values continue to be nurtured through training and education. Finally, we listen to the voices of Family Physicians across different settings and generations, each offering their reflections on the past, present, and future of our profession.

Together, these voices form a collective reflection—one that reminds us that while our paths may differ, our calling remains shared.

As we move forward, may we do so not only with a sense of progress, but with clarity of identity. May we continue to build, grow, and innovate—while remaining grounded in the values that define who we are as Family Physicians.

This is, indeed, a time to remember, and a time to renew.

■ CM

GRADUATE DIPLOMA IN MENTAL HEALTH

Enhancing Mental Health Competencies of General Practitioners and Family Physicians

As Singapore's healthcare landscape evolves under Healthier SG and the National Mental Health and Well-being Strategy, General Practitioners (GPs) and Family Physicians (FPs) are increasingly becoming the crucial first point of contact for mental health support across the nation. This strategic shift also signals a fundamental reimagining of how mental healthcare is delivered in Singapore, moving away from a traditionally specialist-centred model towards a more accessible, community-based approach that prioritises early intervention and preventive care.

To better support GPs and FPs in this expanded role of recognising, diagnosing, and managing mental health conditions in their communities, there is a critical need for specialist knowledge in recognising early symptoms and delivering appropriate treatment.

The **Graduate Diploma in Mental Health (GDMH)** programme has been shaping the mental health competencies of GPs and FPs for 16 years.

Jointly offered by the Institute of Mental Health and the Division of Graduate Medical Studies, National University of Singapore, GDMH has shown remarkable success in building clinical confidence and competency amongst primary care providers, with 97% of Cohort 13's respondents reporting increased confidence in diagnosing and managing mental health conditions six months after programme completion.

✉ imh.GDMH@nhghealth.com.sg

☎ 6389 2263/2239

Early Bird Rate ending on 1 June

Registration period: **23 March - 30 June 2026**
Course Duration: **September 2026 - October 2027**

The programme is conducted by mental health specialists and includes opportunities for clinical exposure.

PARTICIPANTS WILL LEARN MORE ABOUT:

- ✓ Identifying and diagnosing common psychiatric disorders;
- ✓ The principles of different treatment approaches;
- ✓ Applying assessment methodology to different mental health disorders; and
- ✓ Managing and prescribing basic psychiatric medications.

CME eligibility: **50 CME points** will be awarded upon successful course completion
Subsidy: 80%* course fee subsidy from MOH for eligible participants who complete the programme
*Subject to terms and conditions.



Course information



Hear from a GDMH graduate

(continued from Cover page: The 30th CFPS Council)

The 30th CFPS Council What Family Medicine Means To Us

As we reflect on who we are as a fraternity, we begin by listening to those who serve among us—our colleagues, our leaders, and fellow Family Physicians.



Dr Wong Tien Hua
President, College of Family Physicians Singapore

Dr Wong Tien Hua is a Family Physician practising in Sengkang, with a keen interest in patient communication, medical ethics, and issues affecting primary care.

What Family Medicine means to me:
Family Medicine is the privilege of walking alongside patients through every stage of life, integrating the art and science of Medicine over a longitudinal “Space-Time” continuum spanning the course of many years.



Dr S Suraj Kumar
Vice-President, College of Family Physicians Singapore

Dr S Suraj Kumar is a Family Physician in private practice with more than 35 years of experience. He remains actively involved in professional service and medical education, with a strong belief in giving back to the profession. Passionate about medical education through the college, and professional development in Family Medicine (FM).

What Family Medicine means to me:
Family Medicine (FM) especially identifies with the principles of patient-centered care and the holistic treatment of the person as a “whole”. It is therefore the bedrock of primary care, which is the answer to all challenges and questions asked of the evolving healthcare system.



Dr Seah Ee-Jin Darren
Censor-in-Chief, College of Family Physicians Singapore

Dr Darren Seah is a Senior Consultant Family Physician at the National Healthcare Group Polyclinics (NHGP). He leads medical education and clinical training as Director of Family Medicine Development and the Primary Care Academy.

What Family Medicine means to me:
Family Medicine is uniquely positioned to enable our health system to meet the growing challenges of ageing, non-communicable disease, and mental health issues. As Family Physicians, we also need to be responsible for individual patients we care for, support the health goals of the broader community, and be an active advocate for the environment we live in.

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**Dr Wee Wei Chieh Nelson***Honorary Secretary, College of Family Physicians Singapore*

Dr Nelson Wee Wei Chieh is the Deputy Chief Medical Officer of Healthway Medical Group and a practising Family Medicine specialist. He also serves as Programme Director of the CFPS MMed(FM) Programme. Outside medicine, he has a keen interest in collecting art and antiques.

What Family Medicine means to me:

Family Medicine, to me, is the art of caring for the whole person across every stage of life. It is about building a unique, long-term relationship with patients and their families that spans all aspects of health. As an educator, it also means training and nurturing future doctors so that primary care remains the cornerstone of healthcare.

A/Prof Low Lian Leng*Honorary Treasurer, College of Family Physicians Singapore*

A/Prof Low Lian Leng is Chairman of the Division of Population Health and Integrated Care at Singapore General Hospital, and Director of the SingHealth Centre for Population Health Research and Implementation. He plays a key role in advancing integrated care and population health initiatives across the healthcare system.

What Family Medicine means to me:

For me, Family Medicine means being intimately close to patients and their stories and being their trusted partner through every stage of life. It is also a vital platform for leadership and systems change, where I champion integrated care, population health, and community-based innovation to shape a healthier, more connected Singapore healthcare.

**Dr Chua Lee Lea Im Elaine***Honorary Assistant Secretary, College of Family Physicians Singapore*

Dr Elaine Chua is a Family Physician and Director at Bedok Medical Centre. She is a firm believer of holistic and progressive perspectives, especially with regards to opportunities in primary care. As a mother of two, she learns to find rest whenever she can.

What Family Medicine means to me:

Family Medicine is more than treating acute illness episodically. It is about caring for the whole person by providing holistic, preventive care that considers each person's family, work, and future preferences, to support their long-term well-being.

Outside the clinic, I continue to upgrade my skills while caring for my elderly mother and two preschoolers, so I deeply understand the demands of living and working in fast-paced Singapore. Yet, I remain convinced that joy can be found in life's small daily blessings.

Adj A/Prof Tan Hsien Yung David*Honorary Assistant Treasurer, College of Family Physicians Singapore*

Adj A/Prof David Tan is a Family Physician and strong advocate for primary care transformation. He describes himself as "one of those people who just want to watch the world learn".

What Family Medicine means to me:

Career, Calling, Coming together of like-minded passionate folks.

**Dr Chiang Shu Hui Grace***Honorary Editor, College of Family Physicians Singapore*

Dr Grace Chiang is a Family Medicine specialist practising at Alexandra Hospital. She is passionate about medical education, actively involved in both undergraduate and postgraduate teaching. She is an avid reader and struggles with an ongoing dilemma in life: Too many books! Too little time! She also loves traveling too!

What Family Medicine means to me:

To me, the practice of Family Medicine is multifaceted. I hope that when it's time to look back on my life after medicine, I will be able to view that journey as a culmination of a life's work in staying true to the essence of being a Family Physician. This signifies building authentic relationships with my patients and their families that are centred on compassion, empathy, and trust. Practising at the pinnacle of my craft as a physician. Contributing to the Family Medicine fraternity by nurturing the next generation of family physicians, and advancing Family Medicine through research and innovation. This is what being a Family Physician means to me.

Dr Cheong Siew Meng James*Council Member*

Dr James Cheong is a Family Physician who values maintaining an active lifestyle despite a busy schedule, believing that consistency is key to staying healthy.

What Family Medicine means to me:

Family Medicine, to me, is about being the steady anchor of care for patients and their families across life's stages. As a Family Physician, I am a trusted communicator and a broad-based clinician who helps patients navigate complexity, find paths forward, and make informed choices. Beyond treating illness, I walk alongside them as a long-term healthcare partner and adviser.



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(continued from Page 7: The 30th CFPS Council)



Dr Fok Wai Yee Rose
Council Member

Dr Rose Fok is a Family Physician practising in multi-settings: at the National Cancer Centre Singapore providing family medicine services and at Outram Polyclinic co-developing community cancer survivorship and palliative care programmes. She advocates for lifelong learning and professional development of the family physician. She loves to write inspiring stories in the College Mirror and develop ethics teaching in Family Medicine.

What Family Medicine means to me:

Passionate about inspiring and nurturing the next generation of critical thinkers to explore new frontiers and break new ground.

Clin A/Prof Goh Soo Chye Paul
Council Member

Clin A/Prof Paul Goh is Director, Polyclinics Development and Senior Consultant in SingHealth Polyclinics. He is an active clinician with a keen interest in Medical Education, as well as in Medical Law, Clinical and Research Ethics. He has a passion for classical music and enjoys playing the piano.



A/Prof Lee Meng Kam Richard
Council Member

A/Prof Richard Lee is a family physician by training, an educator by passion, and a coach because "someone has to do it". By day he sees patients; by night he worries about assessments, curricula, and whether students will forgive another formative exercise. He believes good medicine—and good teaching—starts with listening.

What Family Medicine means to me:

Family Medicine to me is the privilege of walking alongside my patients, supporting them and embracing their uncertainties while gently nudging them to change.

Dr Meykkumar S/O Meyappan
Council Member

Dr Meykkumar Meyappan is Deputy Director at Pasir Ris Polyclinic and Programme Director of the GDFM. He is committed to advancing primary care through education and teamwork.

What Family Medicine means to me:

Family Medicine isn't just a specialty to me—it's the heart of medicine. It's being the family doctor who journeys with patients from cradle to grave, and the village doctor who can manage most things, knows when to refer, and is trusted not just for prescriptions, but for the familiar face in an increasingly complex health system.



Dr Shen Fengli Sharon
Council Member

Dr Sharon Shen is a Family Physician with EH Medical Clinics and a full-time aunty whose work in heartland practices allows her to interact with people from various walks of life, keeping her excited and fulfilled. She is also a part-time adventurer who believes in having a passion for life, going on exciting escapades with family & friends—exploring Singapore and the world!

What Family Medicine means to me:

A: Anyone! Any Age! All patients!

B: Breadth of Practice—Broad clinical scope covering preventive health, acute illnesses, and chronic issues.

C: Continuity of Care—Connecting with an individual throughout various stages of life.



Dr Tan Kian Wee Kenneth
Council Member

Dr Kenneth Tan loves to figure out how things work and explore new and old technologies. He is currently exploring both OpenClaw and Grand Piano actions.

What Family Medicine means to me:

Family Medicine is the practice of medicine to keep our people and communities healthy. It continues to exist by the continued effort of our colleagues over generations.



CI Asst Prof Xu Bangyu
Council Member

CI Asst Prof Xu Bangyu loves Gundam and Japan as always. He is now doing Crossfit regularly to prevent sarcopenia.

What Family Medicine means to me:

Caring for people, not problems, while holding the healthcare system together.



Renewal Through Legacy

Remembering Dr Victor Louis Fernandez

by Dr Eugene Chua
with inputs from A/Prof Goh Lee Gan and Dr Suraj Kumar, Vice President CFPS

As we enter a new season for Family Medicine in Singapore, marked by formal recognition as a specialty, we find ourselves not only celebrating progress, but also reflecting on our identity. Who are we as a fraternity? What defines us beyond titles and qualifications? What values must we safeguard as we move forward?

In remembering Dr Victor Louis Fernandez, we are reminded that our identity has always been shaped not merely by structures or milestones, but by people and by our shared calling to serve.

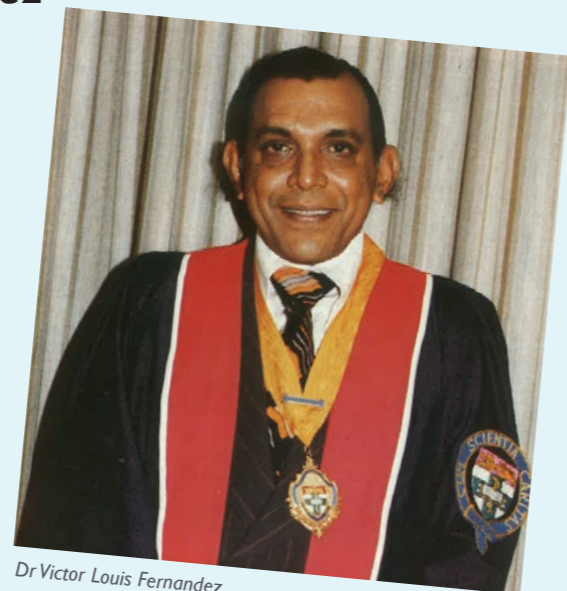
Dr Suraj Kumar remembers him as his family doctor in Serangoon Gardens during his childhood right up to his medical student days:

“To many in the Serangoon Gardens community, Dr Fernandez was the familiar, reassuring presence at the neighbourhood clinic. I remember his warmth, his laughter, and the way he always put me at ease—even when delivering the dreaded ‘injection’. His consultations were efficient but never hurried, his manner calm yet attentive. He embodied that quiet mastery that patients instinctively trust: competence anchored in compassion. His clinic would often be filled before the day had properly begun. What many did not see were the house calls he made before opening his doors, tending to the elderly, the frail, and families who depended on him. His work was not driven by spectacle, but by service. He understood that General Practice was built on relationships sustained over years, sometimes across generations.”

Yet Dr Fernandez’s influence extended far beyond his practice.

In the formative years of the College of General Practitioners Singapore, he stepped forward to serve, eventually leading the College as President during a pivotal period of growth and consolidation. These were years when General Practice was striving to define itself more clearly as a discipline, seeking stronger educational standards, structured training pathways, and a coherent professional voice.

He believed deeply that the General Practitioner was not merely a gatekeeper of specialist care, nor simply a provider of episodic treatment. The GP was, in his view, the



Dr Victor Louis Fernandez

physician closest to the community, uniquely positioned to understand family context, offer continuity, and integrate prevention with care. Long before “Family Medicine” became the formal term we use today, he was already practising and advocating for its principles.

Under his leadership and alongside his peers, the College strengthened continuing medical education, enhanced undergraduate exposure to General Practice, and advanced discussions on vocational training. These efforts were foundational. They contributed to the growing understanding that General Practice required not only experience, but scholarship, mentorship, and structured development.

In many ways, he helped shape the academic and professional foundations of Family Medicine in Singapore.

Those who encountered him personally speak of more than leadership. They speak of character. He was generous with advice, encouraging to younger doctors, and quietly firm in his convictions. He modelled what it meant to hold together clinical excellence and humanity—the art and science of practice intertwined.

It is therefore fitting that his legacy continues through the Victor Louis Fernandez Fellowship Fund. Established to honour his memory, the Fund supports the development of Family Physicians, particularly in strengthening teacher training and continuing professional education within the discipline. To invest in teachers is to invest in identity. It is through educators that values are transmitted, standards are upheld, and professional culture is sustained.

Every FP supported, every educator strengthened, every training opportunity enabled through the Fund represents more than individual advancement. It represents the renewal of our discipline.

As our profession matures and expands, we are reminded that identity is not static. It must be continually shaped and reaffirmed. Recognition as a speciality affirms our place within the healthcare landscape, but it is the daily practice of mentorship, service, and lifelong learning that defines who we truly are.

Dr Victor Louis Fernandez exemplified a form of practice deeply rooted in community, committed to education, and guided by integrity. His life reminds us that our shared identity rests not only on policy milestones, but on the character of those who practise and teach within our ranks.

As we reflect on renewal, may we carry forward that spirit, strengthening one another, investing in future colleagues,

and serving our communities with the same steadiness and grace.

In doing so, we do more than honour his memory. We renew our calling—and reaffirm who we are.



Mrs Mavis Fernandez receiving the Albert Lim Award on behalf of the late Dr Fernandez

CM

From Roots to Branches

The Legacy of the Albert & Mary Lim Award

Family Medicine in Singapore stands at a pivotal juncture. With formal recognition as a specialty, rapidly changing community needs, and the advancement of AI in healthcare, we are called to re-examine and renew our professional identity in response to an evolving healthcare landscape.

Renewal is not reinvention. It is the careful tending of roots even as branches grow in new directions.

Long before Family Medicine was formally defined in Singapore, physicians such as Dr Albert Lim Liat Juay were already practising medicine in ways that anticipated many of its enduring values.

Born in 1890 and trained at the University of Edinburgh, Dr Lim obtained his medical qualifications and an MD in haematology before returning to Singapore in the early twentieth century to enter private practice. In an era before formal subspecialty structures were established locally, physicians in private practice bore wide clinical responsibility. They assessed, managed and followed through on a broad spectrum of medical conditions, often with limited referral pathways and few institutional supports.

Dr Lim practised medicine in a manner we would now describe as holistic, long before the term gained currency. He was recognised for professional discipline, careful



clinical reasoning and a deep sense of responsibility to those under his care. His postgraduate training reflected academic distinction, yet his daily work required breadth of competence—navigating uncertainty, managing diverse conditions and providing continuity of care. These qualities would later become central to the identity of Family Medicine.

Beyond the consultation room, Dr Lim contributed actively to public and institutional leadership, serving on civic and healthcare bodies during a formative period in Singapore’s development. He understood that medical practice was inseparable from community life. In his view, the responsibility of the physician extended beyond diagnosis and treatment to stewardship of the systems and structures that sustained public health—an instinct that continues to shape the identity of Family Medicine today.

The structured discipline of Family Medicine—with defined competencies, postgraduate pathways, and formal recognition—would only take shape decades later. Yet the instincts demonstrated by physicians of Dr Lim’s generation laid important foundations: accountability to patients, breadth of practice, and engagement with community structures.

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It is in this spirit that the Albert & Mary Lim Award was established.

In 1974, Dr Lim's children instituted the Albert Lim Award in memory of their father. In 1999, it was reconstituted as the Albert & Mary Lim Award, honouring both Dr Albert Lim and his wife, Mary Lim. Today, the award stands as College's highest accolade, recognising individuals who have made significant and sustained contributions to the College and to the advancement of Family Medicine in Singapore.

Through its recipients, the Albert & Mary Lim Award reflects the steady growth of Family Medicine in Singapore. Those honoured over the decades have strengthened postgraduate training, refined standards of assessment, guided professional governance, and mentored successive generations of Family Physicians. Their contributions have shaped not only structures, but culture—fostering integrity, collegiality, and commitment within the profession.

The award is not conferred as a matter of routine, but with deliberation. It recognises individuals whose work has left a lasting imprint on the discipline's direction and identity. In doing so, it affirms that the advancement of Family

Medicine rests not only on systems and policies, but on the conviction and leadership of those who serve faithfully.

Continued support from Dr Lim's family has ensured that this recognition remains meaningful and enduring. Through their generosity, the Albert & Mary Lim Award has been sustained across decades, enabling the College to honour those who have strengthened the identity and standards of Family Medicine in Singapore. The College remains deeply grateful for the Lim family's steadfast support, which continues to inspire future leaders to serve with the same breadth, integrity and sense of responsibility that characterised Dr Lim's life and work.

In remembering Dr Albert and Mary Lim through the Albert & Mary Lim Award, we honour a lineage of service that continues to shape our discipline. Family Medicine has evolved, our responsibilities have expanded, and the way we practise has changed. Yet at our heart remains the same calling—to serve our patients and community with knowledge and love.

Cum Scientia Caritas.

CM



FAMILY MEDICINE REVIEW COURSE 2026

*Primary Care for a Changing World :
Addressing Global Trends in the Evolving Landscape of Family Medicine*

DATE 9th May 2026 **TIME** 12.45 PM – 5.30PM

VENUE SINGPOST AUDITORIUM
10 EUNOS RD 8, #05-30 SINGPOST CENTRE, SINGAPORE 408600
Entrance via Centre Lobby lift

LIMITED SEATS AVAILABLE

*Kindly scan the QR code below to register early and secure your seat

Dear Family Physicians,

We warmly welcome you to the 2026 Family Medicine Review Course (FMRC). Primary care is rapidly evolving – with changing disease patterns, rising chronic and mental health needs, and new technologies shaping everyday practice.

Anchored on the theme “Primary Care for a Changing World,” we bring you practical, evidence-based updates to strengthen clinical confidence and support person-centred care.

For the first time at FMRC, this year's programme will also include a talk that fulfils MME requirements. See you there!

FMRC organizing committee,
FCFP(S) batch 2025-2027

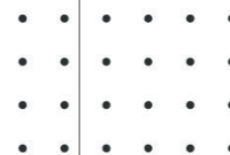


CME and MME points pending SMC approval. Please scan the QR code to register early!

TIME	PROGRAMME
1245 - 1345	Lunch and Registration Lunch Talk: Tirzepatide for Obesity and Its Co-morbidities Dr. Kevin Tan Consultant Endocrinologist Farrer Park, Mount Alvernia and Thomson Medical Centres
1345 - 1400	Welcome Address President, College of Family Physicians Singapore Chairman, Chapter of Family Medicine Physicians, Academy of Medicine
1400 - 1430	Advances in Dyslipidaemia and Familial Hypercholesterolaemia Management Dr Yong Thon Hon Senior Consultant Cardiologist Forte Cardiology Clinic
1430 - 1510	The Role of GLP-1 and GIP in Managing Type 2 Diabetes Mellitus Dr. Kevin Tan Consultant Endocrinologist Farrer Park, Mount Alvernia and Thomson Medical Centres
1510 - 1530	Tea break
1530 - 1600	Connected yet Disconnected: Youth Mental Health in the Digital Generation Dr David Teo Choon Liang Senior Consultant Psychiatrist Deputy Medical Director, Connections MindHealth
1600 - 1630	Palliative Care in Primary Care Dr Jennifer Guan Huey Chen Consultant Palliative Medicine Physician Head, Dover Park Hospice Home Care
1630 - 1720	Beyond the Algorithm: Ethical AI in Family Medicine Asst Prof Teo Hui Ying Valerie Senior Consultant Family Medicine Specialist Head, National Healthcare Group Kallang Polyclinic
1720 - 1730	Conclusion

programme subject to change

Sponsored by:



Beyond Borders

Rediscovering the Heart of Family Medicine at WONCA World 2025

by Dr Shariffa Syahidah Chishty, Family Physician



WONCA World 2025: Proud to be part of the Singapore delegation with these folks!

Attending WONCA World 2025 in Lisbon for the first time as a young doctor's representative for the College was nothing short of a phenomenal experience. Beyond the academic sessions and cultural connections, it became a journey of learning, self-reflection, and rediscovery.

Between thought-provoking workshops and meaningful conversations, I found myself reconnecting with the deeper meaning of being a Family Physician. What struck me most was how, despite differences in geography and healthcare systems, many of the challenges we face and the values we hold are universal across borders. For example, during a session on “heart-sink” patients, I listened as colleagues from vastly different healthcare systems described experiences that felt strikingly familiar. Despite our differing resources, there was a profound sense of unity and shared purpose. I realised their stories were, in many ways, my own. Lisbon became more than a backdrop for a conference venue; it was a powerful reminder that the heart of our profession—rooted in empathy, community, and humanity—transcends culture and context.



WONCA Young Doctors' Movement 2025—Representatives from around the world

This heart of connection naturally spilled into the winding hills and cobblestone alleys of Alfama—one of Lisbon's oldest and most soulful neighbourhoods. Guided by my friend Carla, we wandered through its narrow streets filled with the scent of grilled sardines, the sound of Fado music spilling from tucked-away cafes, and the quiet beauty of everyday life unfolding around us.



Carla showing me around the city



The historic Jerónimos Monastery, where monks used to make the famous Pastel de Belém in 1837, before selling the recipe to a local sugar refinery

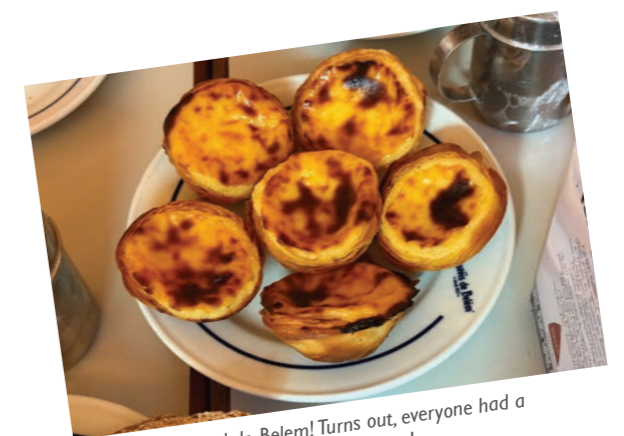


Walking the narrowed streets of the old neighbourhood, Alfama



Eagerly awaiting our baked pastries and famous pastel for breakfast on our last day together

Just as Carla showed me the soul of her city, the conference opened my eyes to the soul of our practice. I was inspired by the many ways Family Medicine lives within communities—from promoting planetary health through sustainable prescribing to the simple, transformative power of everyday spaces in becoming hubs for art, education, and connection through initiatives such as “Walk With a Doc”. Conversations on gender-inclusive care reminded me how profoundly language shapes trust and belonging. These experiences reinforce how healing often begins with being seen and accepted for who we are.



The famous Pastel de Belém! Turns out, everyone had a favourite pastel and wasn't shy to say so!

At the Maritime Museum, I felt transported through Portugal's history as a naval power, while in Sintra, I descended the mystical initiation well of the Quinta da Regaleira, a spiral staircase that felt like stepping into a medieval legend. We eventually found our way to the historic Jerónimos Monastery, where monks first crafted the famous Pastel de Belém in 1837. Sharing those warm pastries with friends was one of many highlights of my journey, a sweet moment of camaraderie amidst a busy schedule.

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(continued from Page 15:WONCA World 2025)



One of many packed workshops. Here, this discussion centred around lifestyle interventions for people living with diabetes

As the heading aptly describes, this primary care practice in Lisbon became a school for seniors to read and write. Imagine the heartfelt handwritten notes the staff received after!



With my GP friends from Canada, South America, and the Netherlands on our last day of the conference. Beautiful women with beautiful hearts as we shared stories about our families

Perhaps most importantly, the discussions on physician well-being hit home with a quiet intensity. The idea that we can be immersed daily in suffering and not be touched by it is unrealistic. In the rhythm of caring for others, it is easy to lose sight of our own need for rest and renewal. I found my own moments of quiet at the Miradouro das Portas do Sol, while overlooking the panoramic view of red-tiled roofs and the sparkling Tagus River below. While I cherished the time to pause and reflect in Lisbon, this act is not merely indulgent; it is the very thing that sustains the compassion that drew me to this calling.



Enjoying the panoramic view of red-tiled roofs and the sparkling Tagus River below, from Miradouro das Portas do Sol, Alfama

Global gatherings like WONCA offer spaces not only for learning, but also deep reflection and genuine connection. Looking back, Lisbon reminded me that medicine is as much an art of humanity as it is a science. It is the practice of recognising our shared connection to one another and to the world we inhabit. I return home with a fresh sense of belonging to a profession that, at its core, reclaims the human connection. I am immensely grateful for the opportunity to have represented the College, and for the friendships and insights that will continue to shape my journey as a Family Physician.



My newfound young-doctor buddies from Spain and the Philippines at the Pre-Conference



Drinks with my Singaporean friends, organised by the College. It was thrilling to meet old faces and new, and try out Lisbon-style sardine toast!

Bringing Purpose to Every Day

How the Cognitive Intervention Programme Supports Community Living with Dementia

by the Agency for Integrated Care (AIC)



For families navigating the challenges of dementia, each day can feel like a repetition of the last, marked by uncertainty, isolation and emotional strain. Such can be said for Mdm Grace Puah after her husband, Mr Vijaya Raghavan, was diagnosed with the condition.

"I think our lives were quite boring," Mdm Puah shares. "We would do the usual – morning walks when the weather permits, lunch, and then watch television. Nothing spectacular. There was nothing to look forward to."

However, that changed when Mr Vijaya joined the Cognitive Intervention Programme (CIP) upon the referral of his family doctor. On programme days, three guided hours of movement, conversation and tailored cognitive activities now give structure and purpose.

Bridging dementia care within the community

Beyond medication management and safety planning, there have been limited structured, evidence-based interventions available within the community for persons living with dementia and their families. Currently, they may choose Dementia Day Care, a full-day custodial service typically used to complement care at home.

For those who retain many independent abilities and prefer not to spend their time in a day care setting, CIP offers an answer to meaningful cognitive and social engagement. The programme provides structured activity that aims to maintain cognitive function or delay decline, whilst easing caregiver strain.



Participants exercising with staff during a CIP session.
Photo credit: Dementia Singapore.

Why cognitive stimulation works

Cognitive stimulation is a form of "mental exercise" developed specifically for persons living with dementia, including a variety of activities to stimulate thinking and memory. A Cochrane review of 34 randomised controlled trials demonstrates that cognitive stimulation interventions show consistent improvements in cognition, with twice-weekly frequency associated with clinically meaningful gains (Woods et al., 2023).

Multi-domain interventions that combine physical activity with cognitive tasks demonstrate synergistic effects and prove feasible in community settings (Ahn et al., 2022). Beyond clinical scores and objective outcomes, this approach supports intangible benefits that families value: maintaining autonomy, preserving sense of self, and creating meaningful time spent with loved ones.

What CIP offers

Currently running island-wide until July 2028, CIP delivers 14 sessions over seven weeks. Adapted from the United Kingdom's Cognitive Stimulation Therapy (implemented there as the most evidence-based non-pharmacological intervention for dementia (NICE, 2018)), CIP follows this model and contextualises it within Singapore's community setting. The programme operates across seven sites, with small groups enabling optimal engagement.

Beyond participation, caregiver support is embedded throughout. Through regular engagements, service providers update caregivers on the progress of their loved ones and offer a channel for caregivers to share their challenges and obtain necessary resources for support. Transport is available for clients who require it, and means-tested subsidies help manage out-of-pocket costs.

The caregiver's perspective

Mdm Puah describes the programme as bringing enjoyment and renewed engagement to Mr Vijaya's daily life. "This programme sparked something in my husband. He looks forward to it. He wants to go."

The benefits reach beyond programme days. Some afternoons after sessions, Mr Vijaya would share with Mdm Puah what happened: discussions or activities that caught his interest. These moments create natural opportunities for engagement at home.

Beyond this meaningful impact, Mdm Puah also highlights practical considerations that other families may recognise.

The programme's phased approach helps families adapt. During the initial seven weeks, Mdm Puah managed the twice-weekly schedule by handling drop-offs and pick-ups herself, working around weather and traffic. Once Mr Vijaya transitioned to the maintenance phase, the once-weekly schedule offered more flexibility whilst sustaining benefits.

Her advice to other caregivers considering the programme is straightforward: "Go and try it out with an open mind even if you are doubtful or suspicious. You have got nothing to lose and may be pleasantly surprised."

The couple has already recommended CIP to another family, whose loved one has similarly enjoyed the experience.

CIP at a glance

- Running island-wide until July 2028
- Programme structure:
 - 14 sessions over 7 weeks (twice weekly, 3 hours per session)
 - Optional 26-week maintenance phase (once weekly)
 - Small group setting
 - Difficulty-appropriate multimodal activities: physical exercise, cognitive tasks, social engagement
 - Overseen by dementia practitioners
 - Monthly caregiver engagement platforms with resources
- Financial support:
 - Means-tested subsidies available
 - Transport subsidies are available for Singapore citizens and permanent residents within 5km of CIP venues

REFERENCES: [1] Woods, B., Rai, H.K., Elliott, E., Aguirre, E., Orrell, M., & Spector, A. (2023). Cognitive stimulation to improve cognitive functioning in people with dementia. Cochrane Database of Systematic Reviews 2023(1). <https://doi.org/10.1002/14651858.CD005562.pub2> [2] Ahn, S., Chung, J.W., Crane, M.K., Bassett, D.R., & Anderson, J.G. (2022). The Effects of Multi-Domain Interventions on Cognition: A Systematic Review. *Western Journal of Nursing Research*, 44(12), 1134-1154. <https://doi.org/10.1177/01939459211032272> [3] National Institute for Health and Care Excellence. (2018, June 20). Dementia: assessment, management and support for people living with dementia and their carers (NG97). NICE. <https://www.nice.org.uk/guidance/ng97/chapter/Recommendations#interventions-to-promote-cognition-independence-and-wellbeing>

A practical step forward

Looking back at life before CIP, the contrast is clear. Days that once felt repetitive now have rhythm and purpose. The three-hour sessions provide structure, and the once-weekly maintenance phase proves sustainable for families managing other commitments.

While the programme does not promise to reverse decline, it offers something valuable: sustained function, preserved dignity, and meaningful time together.

For GPs, this represents a tangible intervention to recommend when families ask what comes next. CIP complements conventional management, fits alongside existing routines, and supports both cognitive function and caregiver wellbeing. Early referral, as part of the initial management plan, maximises benefit for both persons living with dementia and caregivers.

How to refer participants

Who is eligible?

Individuals with mild to moderate dementia diagnosis can be referred. Upon referral, service providers assess participants' suitability to join the programme. If a participant's condition changes or the programme proves unsuitable, service providers facilitate connection to other relevant programmes and services.

For referrals by GPs



Submit referrals via FormSG:
<https://for.sg/cip-referrals>

For referrals by public healthcare institutions

For referrals through BRIGHT, please reach out to contact.cip@aic.sg for more information

For self-referrals

Individuals may contact their preferred service provider directly when ready.

NTUC Health (Bukit Batok West, Jurong Central, Chai Chee, Kampung Admiralty, Marsiling)
Care@ntuhealth.sg | 6715 6715

Dementia Singapore (Bendemeer)
eunice.tan@dementia.org.sg | 8333 4080 / 6389 5385

Yong En Care Centre (Chinatown)
shirkhim-go@yong-en.org.sg | 9851 8501 / 6225 1002



For more information on CIP, visit for.sg/aicays-CIP or scan the QR code.

Behind the GDFM Scenes

The Curriculum Faculty

Over the past few issues, the *College Mirror* has taken you behind the scenes of the Graduate Diploma in Family Medicine (GDFM) programme—meeting the people who quietly shape the learning journeys of our trainees. In this fourth instalment, we shine the spotlight on a team whose work often goes unseen, yet quietly forms the very backbone of the programme—the GDFM Curriculum Faculty.

If teaching is the heart of Family Medicine (FM), then the curriculum is its steady pulse.

We sat down with Dr Andrew Wong (AW), Head of the Curriculum Faculty, and Dr Devasena (DV), Deputy Head, to find out what it really takes to keep the GDFM curriculum relevant, rigorous, and rooted in the realities of primary care.

CM: Hi Dr Andrew and Dr Devasena. Thank you for taking the time to chat with us. Could you share with us the role of the Curriculum Faculty in the GDFM programme?

AW: Thank you for the interview. Fundamentally, our role is to design and maintain the curriculum that guides how aspiring Family Physicians (FP) are trained. Our hope is that the training will enable them to practise safely and competently in primary care, grounded in FM core values. This involves reviewing content, updating materials, aligning with current guidelines, and ensuring what is taught truly reflects real-world practice.

DV: We often joke that we are the “behind-the-scenes crew”. Much of our work isn’t very visible, but it’s foundational. We curate the notes, structure the topics, and ensure consistency across teaching blocks. The aim is always the same: to make learning clear, relevant, and practical for busy working clinicians.

AW: It’s more than preparing trainees for examinations. We really want to pass on the baton of knowledge, skillsets, and the rich ethos of Family Medicine to the next generation of FPs.

CM: That sounds like a humongous task. How do you manage it all?

DV: Definitely not alone! It is very much a team effort. We have colleagues who volunteer their time after clinics, on weekends, sometimes late into the night. Everyone brings their own strengths—some excel at synthesising evidence, others contribute expertise in IT and videography, while some focus on simplifying concepts or structuring notes.

AW: I totally agree with Devasena about teamwork and tapping on the strengths of our faculty. Moreover, if we

don’t keep renewing the curriculum and reviewing the best way to teach them, the current materials quickly become irrelevant. Primary care evolves rapidly—guidelines change, the needs of the population evolve, the healthcare system changes. The learning pattern of trainees also changes. So we really have to constantly review, refine, and refresh the content and mode of curriculum delivery through feedback of all stakeholders.

DV: It can be tiring but also very meaningful work.

When you know that hundreds of trainees will benefit from a clearer or better-designed set of notes, it feels worthwhile.

CM: Was there a moment when you both had a sense of “Wow, we did it”?

AW: Yes. The first major milestone was when we shifted from dense, text-heavy materials towards a more structured and learner-friendly digital format on Gdfm.sg—clearer summaries, tables, and flow charts with the capacity for trainees to give feedback. The second is that we were able to update the teaching material to align fully with the latest GDFM exam syllabus. That process took about two years.

DV: Yes, and hearing candidates say “The notes actually help me think like an FP” was very affirming. That was when we realised it wasn’t just about making notes shorter—it was about making them more meaningful.

AW: That felt like a real shift. Not just updating content, but improving how GDFM trainees learn.

CM: The theme of this CM issue is “Renewal—Reaffirming Our Shared Identity”. How does curriculum work connect with that idea?

DV: Teaching is renewal. Every cohort that comes through brings fresh energy and new perspectives. At the same time, we pass on the values that define FM—continuity, whole-person care, compassion, advocacy.

AW: In many ways, the curriculum is where our professional identity is shaped. What we choose to emphasise signals what we believe matters. When we prioritise communication, ethics, community-based care, and patient-centred practice, we’re saying these are core to who we are as Family Physicians.

DV: Renewal isn’t about changing everything. It’s about holding on to our values while adapting to the needs of our patients today.

CM: Lastly, what would you like to say to juniors considering Family Medicine?

AW: I started off as a GDFM trainee, unsure if I would ultimately choose FM as a career. Being able to bring



knowledge to real-life practice in each step of training helped me to derive great meaning in practising as a generalist—in caring for a breadth of conditions across the lifespan, specialist—specialising in the patient himself/herself, eventually developing specialist-level clinical and non-clinical competencies, and versatile—stretching one’s capacity in various care settings and models. Come jump on the bandwagon! The journey is never a dull moment! No regrets so far 😊

DV: And you’re never alone. There’s a whole community behind you—mentors, teachers, peers—all invested in helping you grow. The GDFM is part of that journey.

AW: If you’re looking for a specialty grounded in relationships, purpose, and service to the community, this is home.

The work of the GDFM Curriculum Faculty may rarely make headlines, but their quiet, consistent efforts keep the programme current, coherent, and deeply rooted in the realities of primary care. In many ways, they embody renewal itself—faithfully passing on not just knowledge, but the shared identity of Family Medicine.

Because every generation of Family Physicians is built on the shoulders of those who came before.

Stay tuned as we continue meeting the people behind the GDFM scenes.

■ CM

Voices of Family Medicine

by Dr Eugene Chua, Family Physician, Editorial Team Member (Team B)

As we reflect on our shared journey—past, present, and future—we are reminded that Family Medicine is ultimately lived out in the everyday experiences of its practitioners.

We sat down with five Family Physicians practising across different settings and spanning different generations. Each brings a unique perspective, yet all are bound by a shared calling.

We now listen to the voices of Family Medicine.



Dr Chia Lingyi

CM: Looking back: What first drew you to Family Medicine, or what early experience shaped your journey as a Family Physician?

Dr Chia Lingyi: An hourlong heartfelt conversation with my GP was the final nudge that led to this career path. Family Medicine was where I believed I could best contribute to my patients and colleagues.

CM: Looking at the present: What keeps you grounded or motivated in Family Medicine today?

Dr Chia Lingyi: I know that a chasm still exists between where I am now and my vision of a perfect FM doctor. Amidst the busyness and stress of the daily grind, patience, kindness, and grace sometimes escapes me. But I am thankful to have role models that anchor and inspire me. For every setback, they give me strength to tell myself, “I can do better. Try again.”

CM: Looking ahead: What is one hope or dream you have for the future of Family Medicine in Singapore?

Dr Chia Lingyi: I dream of a day where everyone in all sectors and levels of healthcare feel empowered to improve things and become equipped with skills to make effective change. I hope to see healthcare become more efficient and effective without increasing working hours or strain. May we be a united front making a consolidated push towards better healthcare!



Dr Eunice Wong

CM: Looking back: What first drew you to Family Medicine, or what early experience shaped your journey as a Family Physician?

Dr Eunice Wong: When I was a house officer, I met two family physicians at church who encouraged me to consider Family Medicine. What struck me was how contented they were with their jobs: treating patients of all ages with various presenting complaints, while getting ample opportunities to pursue their interests including research and education. Beyond their professional responsibilities, they were also able to be present for their families and remained rooted in their faith and personal lives. These family physicians embodied the physician—and the person—I wanted to become.

CM: Looking at the present: What keeps you grounded or motivated in Family Medicine today?

Dr Eunice Wong: There is something profoundly rewarding about seeing my 90-year-old patient walk independently into the clinic—still active, still engaged in life. Their vitality feels like tangible evidence of the quiet, consistent work we do over time. I also love how the breadth of the discipline keeps me intellectually engaged and continually learning. Beyond the clinic, my training has equipped me to navigate family illnesses and raise a baby with greater confidence.

CM: Looking ahead: What is one hope or dream you have for the future of Family Medicine in Singapore?

Dr Eunice Wong: My hope is for a practice environment where administrative demands are reduced and workflows are streamlined, leveraging technology and artificial intelligence thoughtfully, so that consultation time can be spent truly understanding patients' physical, social, and psychological needs.

Dr Kaymond Yang



CM: Looking back: What first drew you to Family Medicine, or what early experience shaped your journey as a Family Physician?

Dr Kaymond Yang: During a trip to India caring for orphans living with HIV, I realised how little I understood beyond the disease itself. Nutrition, preventive health, mental wellbeing, stigma, and continuity of care shaped their outcomes far more than any single prescription. That experience reframed medicine for me. Back home, I began to see similar layers of stigma in mental health, chronic disease, and among marginalised communities—and I knew Family Medicine was where these complexities belonged.

CM: Looking at the present: What keeps you grounded or motivated in Family Medicine today?

Dr Kaymond Yang: Today, my work in hospital-at-home challenges traditional boundaries of Family Medicine. Caring for acutely unwell patients in their homes forces us to rethink resource constraints, risk tolerance, and continuity. It is deeply humbling to bridge hospital care back into the community—from acute to transitional to longitudinal care. It reminds me that Family Medicine is not confined to clinics; it follows patients wherever healing is needed.

CM: Looking ahead: What is one hope or dream you have for the future of Family Medicine in Singapore?

Dr Kaymond Yang: As our healthcare landscape moves into what has been described as the next level of ambition—shifting care beyond hospitals and clinics into communities and residential homes—I quietly hope for something both future-facing and rooted in our beginnings. I hope we rediscover the spirit of our first-generation family physicians, who ran clinics yet made home visits, walking with families across generations. With redefined parameters, perhaps we can reclaim that breadth. Our health system's future will be written in homes and communities—and family physicians will help author that story.

Adj A/Prof Dr Lawrence Ng Chee Lian



CM: Looking back: What first drew you to Family Medicine, or what early experience shaped your journey as a Family Physician?

Adj A/Prof Dr Lawrence Ng Chee Lian: My earliest impression of a Family Doctor was formed from the visits to my own GPs: one in the polyclinic and another two GPs in HDB shophouses. I was deeply impressed by their compassion, breadth of knowledge, and their work ethic. As a youth, like most young people of today I was drawn more towards psychological medicine. However, I was not attracted to the idea of seeing “mental” cases all day every day. The “total” medicine of Family Medicine was what really drew my interest and I applied for the FM traineeship.

During the earlier days of the 1990s, we FM trainees underwent the rigorous 2-year FM Vocational Training Programme, FMTP, consisting of hospital wards and outpatient clinics postings as well as weekend lectures (which has since been absorbed into the GDFM and MMed(FM) programmes). The FMTP confirmed my choice was correct as, with better training, I could competently and confidently combine psychosocial aspects of care with biomedical science. It was the best of both worlds. To me, this was what Medicine (with a capital M) was all about.

CM: Looking at the present: What keeps you grounded or motivated in Family Medicine today?

Adj A/Prof Dr Lawrence Ng Chee Lian: Life as a solo GP in private sector is certainly not all roses but I am able to maintain some balance between family, personal, and work life. I have also been my own boss for the past 30 years, which has its pros and cons. More pros than cons, thankfully! I find new things to learn every day and teaching medical students is a real joy. We learn together and we laugh a lot.

Increasingly, we are all more aware that FM is the bedrock of any healthcare system. With the implementation of the government-led Healthier SG initiative, the preventive and health maintenance role of the family physician that we play is entrenched in Singapore's primary healthcare landscape and has finally been affirmed by the Government in concrete ways, which is very encouraging. I find new impetus to do what I have been doing all along but with greater support and zest.

CM: Looking ahead: What is one hope or dream you have for the future of Family Medicine in Singapore?

Adj A/Prof Dr Lawrence Ng Chee Lian: It is wonderful that FM has finally achieved specialist recognition as of end-2025. It was long overdue. My one hope is that FM will continue to flourish as a discipline and as an attractive career option for the younger doctors who choose to specialise in FM. Not all will culminate in the pinnacle of Fellowship of the CFPS and attain the specialist status, but all can aspire to have a fruitful and rewarding career.

(continued from Page 25:Voices of Family Medicine)

Adj Asst Prof Tan Eng Chun



CM: Looking back: What first drew you to Family Medicine, or what early experience shaped your journey as a Family Physician?

Adj Asst Prof Tan Eng Chun: In the 1990s as a student, I took up the Family Medicine elective programme where I was rotated to various community services/ health organisations. The dedications of the doctors serving in Family Medicine impressed me. At TOUCH Community Services, I was attached to a family doctor who brought me on a visit to a one-room flat in which an elderly lady resided. I was gently reminded not to sit down as there were bedbugs crawling on the floor. At St Luke's Hospital, I was inspired by the community hospital doctors who taught me about meticulous lifelong anticipatory care. I chose St Luke's Hospital as my first MO posting.

CM: Looking at the present: What keeps you grounded or motivated in Family Medicine today?

Adj Asst Prof Tan Eng Chun: I derive immense pleasure and satisfaction taking care of my patients. Many of them come from multi-generational families.

During one home visit to certify death for one of my patients, I realised that the 20-30 family members who came to the house were all our patients.

Over the years, I have humbly learnt about many life lessons from my patients even as I treated their illnesses.

CM: Looking ahead: What is one hope or dream you have for the future of Family Medicine in Singapore?

Adj Asst Prof Tan Eng Chun: As a solo GP clinic with two doctors running the clinic, it is my hope and dream that solo GP clinics can continue to serve the community through various support networks like GP+ co-op and primary care network.

I hope there is a role for small solo GP clinics to continue practising "cradle to grave" family medicine in the community. Many of us are aware of the familiar adage "to cure sometimes, to relieve often, to comfort always". As family doctors who have walked alongside the patients and their families for years, through minor sniffles and major diagnosis, we are privileged to be there to "comfort always".



FAMILY PRACTICE SKILLS COURSES

The Art and Science of Prescribing Lifestyle Changes in Primary Care: Implementing Lifestyle Medicine in your Daily Practice

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #131 on "The Art and Science of Prescribing Lifestyle Changes in Primary Care: Implementing Lifestyle Medicine in your Daily Practice", held on 24 & 25 Jan 2026.

Expert Panel:

- Dr Ng Lee Beng
- Dr Koh Li Wearn
- Dr Leonard Leng
- Dr Shariffa Syahidah
- Ms Susan Tan
- Dr David Teo
- Dr Leonard Eng
- A/Prof Lee Kheng Hock

Chairperson:

- Dr Suraj Kumar

Persons with Intellectual Disabilities 4

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #132 on "Persons with Intellectual Disabilities 4", held on 31 Jan & 1 Feb 2026.

Expert Panel:

- Dr Chen Shiling
- Dr Wei Ker-Chiah
- Ms Deborah Quek
- Dr Vivien Lee
- Dr Chew Bao Li
- Ms Joy Teo

Chairperson:

- Dr Vivien Lee
- Dr Chen Shiling

Chronic Disease Management 2026

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #133 on "Chronic Disease Management 2026", held on 7 & 8 Mar 2026.

Expert Panel:

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

Chairperson:

- Dr Shaina Neo
- Dr Soon En Loong

Chronic Kidney Disease: Early Action, Better Outcomes

by the Agency for Integrated Care (AIC)



Over the years, the burden of chronic kidney disease (CKD) and end-stage kidney disease (ESKD) has risen steadily in Singapore. National data shows that about six individuals are diagnosed with ESKD each day, with diabetes being the most common underlying cause. This ranks Singapore among countries with the highest incidence of ESKD requiring treatment.¹

Cardiovascular risk increases significantly with worsening CKD, with cardiovascular causes accounting for an estimated 40% to 50% of deaths among those with CKD stages 4 to 5. This strong cardiorenal relationship underscores the need for early identification, appropriate risk stratification and sustained management in primary care, complemented by timely referral to specialist care when required.²

In conjunction with World Kidney Day in March, this article examines CKD management in primary care within Healthier SG, and highlights how team-based care supports protocol-guided, long-term management.

Systematic screening and diagnosis

CKD is often asymptomatic in its early stages, making proactive screening vital. National clinical guidance recommends regular assessment of kidney function in persons with diabetes, hypertension, cardiovascular disease or other risk factors such as advancing age.³

For CKD to be diagnosed, patient must present persistent abnormalities of kidney structure or function such as reduced estimated glomerular filtration rate (eGFR) and/or albuminuria, for at least three months. Regular monitoring helps general practitioners (GPs) detect early disease, track progression and distinguish CKD from acute kidney injury.³ Serial trends in eGFR and urine albumin-creatinine ratio (uACR) are often more informative than isolated values.

Within Healthier SG, the Primary Care Network (PCN) teams can support patient recall and follow-up, helping to ensure that individuals with CKD risk factors receive timely screening or repeat testing.

Core clinical strategies for CKD management

According to the Agency for Care Effectiveness (ACE), CKD management in primary care focuses on four key areas: optimising blood pressure, glycaemic control for persons with diabetes, lipid management and lifestyle modification². In practice, these areas work together in slowing disease progression and reducing cardiovascular risk.

• Blood pressure and glucose control

Optimising blood pressure to guideline-recommended targets is essential, particularly in persons with albuminuric CKD. Renin-angiotensin system blockade is recommended to be used where indicated, with appropriate monitoring following initiation or dose adjustment.

For persons with both CKD and diabetes, achieving appropriate glycaemic targets helps slow kidney decline and reduce cardiovascular risk. Medication regimens may require review as kidney function changes.²

• Lipid management and lifestyle modification

Given the strong link between kidney disease and cardiovascular morbidity, lipid management is an important component of cardiovascular risk reduction in CKD. Lifestyle interventions, including dietary changes, sodium restriction, physical activity and smoking cessation, complement pharmacological management and support long-term disease control.²

• Medication safety and complication monitoring

National guidance highlights the need to avoid nephrotoxic agents such as nonsteroidal anti-inflammatory drugs (NSAIDs) where possible and to adjust drug dosing as kidney function changes. Monitoring for complications such as anaemia and mineral-bone disorders becomes increasingly important in advanced CKD.² Consistent patient education also reinforces adherence, especially among individuals managing multiple chronic conditions.

Team-based care in CKD management

CKD requires long-term monitoring and ongoing education beyond episodic consultations. PCN teams can support GPs in delivering coordinated and sustained care.

- **PCN nurses** reinforce education on home blood pressure monitoring, medication adherence and lifestyle changes, and help patients recognise abnormal readings and escalation thresholds.
- **Care coordinators** support appointment scheduling, recall systems and referral navigation, strengthening continuity of care.
- **Outsourced pharmacists** (e.g. locum pharmacists) may assist with medication review and optimisation, especially for patients with polypharmacy or declining kidney function.

By distributing care responsibilities across the primary care team, this model supports more consistent monitoring and enables earlier identification of deterioration, particularly for persons living with CKD and multiple comorbidities. It also allows GPs to focus consultations on decision-making while PCN teams support monitoring between visits.

Timely referral to specialised care

Timely collaboration with specialist services is essential when renal function deteriorates or complications emerge. The Healthier SG CKD care protocol outlines referral indications, which may include:¹

- Significant or rapid decline in eGFR
- Persistent heavy albuminuria despite optimal therapy
- Complications such as anaemia or mineral-bone disorders

Early collaboration ensures continuity of care across settings and supports optimal long-term outcomes.

Implications for primary care practice

As CKD becomes increasingly prevalent in Singapore, GPs play a central role in early detection, risk stratification and sustained management. The Healthier SG care protocol provides a structured framework for evidence-informed care, supported by PCN teams and community partners.

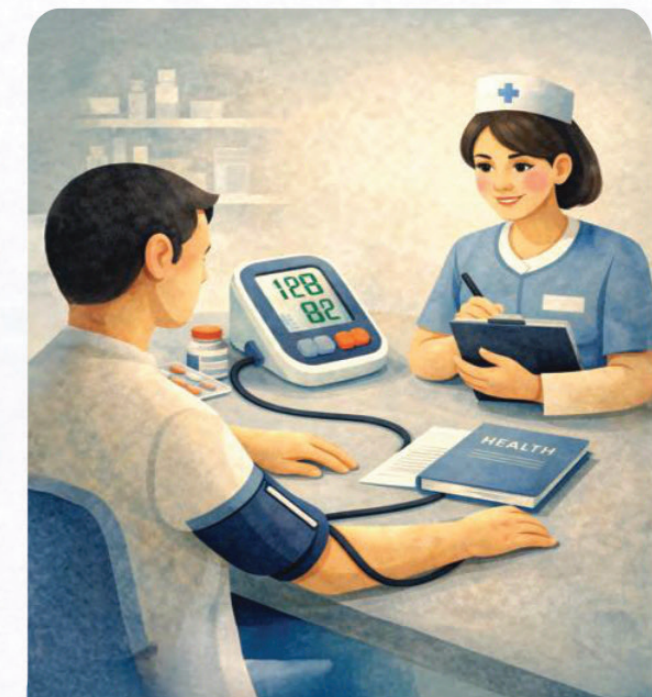


GPs may refer to the Healthier SG care protocol on Primary Care Pages for detailed guidance on diagnosis, management and referral pathways.

We would like to express our thanks to Dr Aziz Noordin for providing his professional inputs.

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Q: What if my patient needs help with monitoring their blood pressure at home?

A: GPs are encouraged to tap on their PCN care team. PCN nurses can teach patients correct measurement techniques, how to recognise abnormal readings and when to seek care.

For seniors, GPs may also refer them to a Community Health Post at the nearest Active Ageing Centre (AAC) for blood pressure and vital signs monitoring.



Click or scan the QR code to find the nearest AAC

Resources for patient education

For patients who can self-manage, GPs may refer them to NKF Singapore's Healthy Lifestyle Tips, which contain information that could help them better manage their condition.

Alternatively, GPs may refer patients to PCN nurses who would be able to support through patient education and counselling. Speak to your PCN HQ for more details.



Click or scan the QR code to access the resources

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ºLimits apply to a small number of obstetric, gynaecology and paediatric members.

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FPSC 134: Maybe it's Multiple Myeloma? - Role of Family Physicians in Improving Patient Outcomes

Multiple myeloma is the world's second most common hematological cancer. It was once thought to be incurable but advances in treatment have been made in the last 20 years. Remission rates can be above 90%, doubling patient survival rates.

In this CME, you will learn:

- 1) What signs and symptoms increase suspicion of myeloma
- 2) How to diagnosis myeloma
- 3) What can be done for patients with myeloma

2 May 2026 (SAT)

2:00pm - 5:15pm [via ZOOM]



TOPICS

Who to suspect having Myeloma

[Speaker: Dr Cinnie Yentia Soekojo

Consultant, Division of Haematology, Department of Haematology-Oncology, National University Cancer Institute, Singapore]

How do we confirm someone has Myeloma

[Speaker: Dr Sanjay De Mel

Senior Consultant, Division of Haematology, Department of Haematology-Oncology, National University Cancer Institute, Singapore]

Why does it matter, what can we do for Myeloma patient

[Speaker: Prof Chng Wee Joo

Senior Consultant, Division of Haematology, Department of Haematology-Oncology, National University Cancer Institute, Singapore]

Case Studies (Workshop)

All Speakers

REGISTER HERE

This FPSC [Seminar, Workshop and MCQs] will be accredited for a total of 3 Core CME points (Family Medicine) - pending SMC approval.

Note: The accredited Core CME points will meet the requirements for both Family Physicians and Family Medicine Specialists.

Scan the QR code or access the link below to register online.
<https://www.cognitofrms.com/cfps/fpsc134>



Chairperson: Prof Chng Wee Joo

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