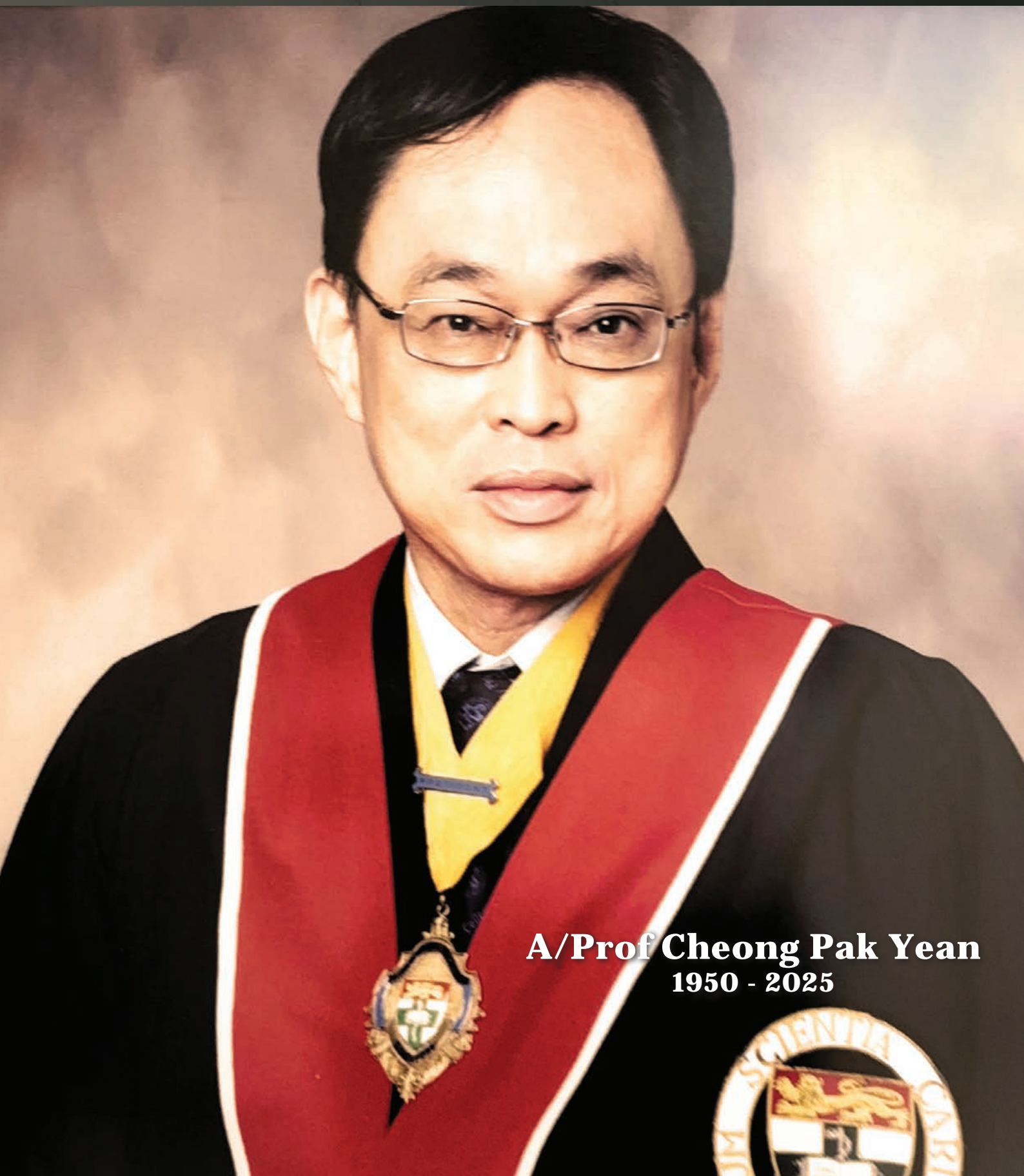




COLLEGE OF FAMILY PHYSICIANS  
SINGAPORE

# THE College Mirror

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**A/Prof Cheong Pak Yean**  
1950 - 2025



(continued from Cover Page: A Tribute to Associate Professor Cheong Pak Yean)

# A Tribute To Associate Professor Cheong Pak Yean

by Dr Victoria Ekstrom

I first met Associate Professor Cheong Pak Yean when I was a medical student, assigned to shadow a GP for my clinical attachment. I was fortunate beyond measure that it was him – the same family doctor my parents had taken me to when I was sick as a teenager. Little did I know then how profoundly this gentle, insightful physician would shape my understanding of what medicine could and should be.

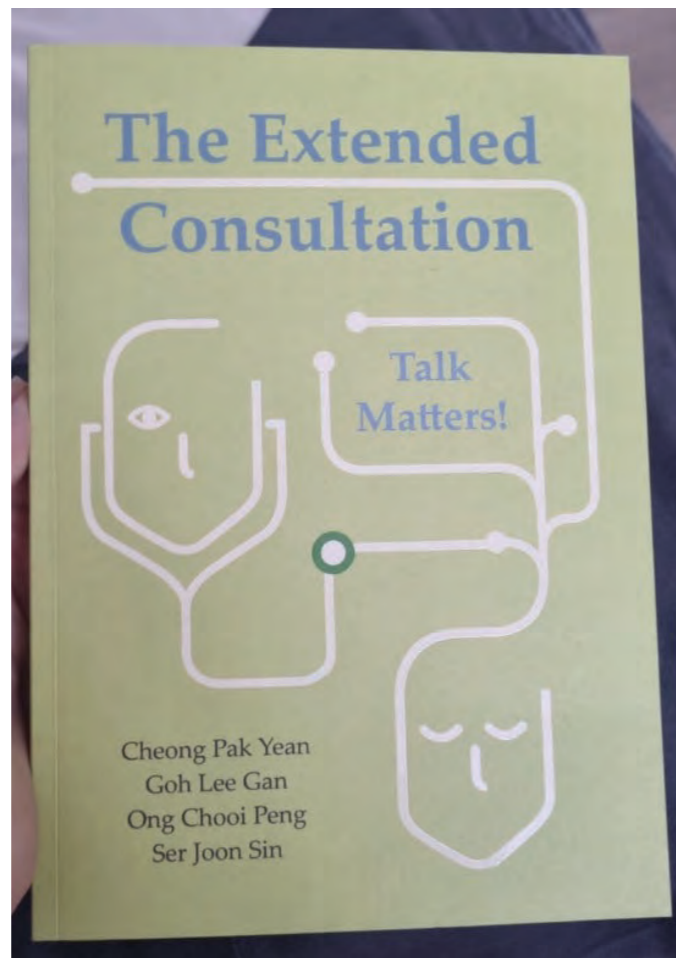
As a student, one of our assignments required following a patient home after their hospital admission. I chose a young boy struggling with Subutex addiction – someone whose life circumstances couldn't have seemed more different from mine. I was young then, carrying the naïveté that my successes were purely the product of my own hard work and determination.

It was A/Prof Cheong who gently guided me through this experience, introducing me to the concept of narratives in medicine. When I made that home visit, everything changed. I realised that this boy and I weren't so fundamentally different after all. Our divergent paths were largely shaped by the complex interplay of biological, psychological, and social factors – the biopsychosocial model that Professor Cheong so eloquently championed throughout his career.

Many years passed before our paths crossed again. By then, I had become an Associate Consultant, managing most of my minor illnesses independently, but life has a way of humbling us. During a complicated pregnancy requiring regular progesterone injections, I found myself back in his clinic, seeking his help.

What struck me most was that he not only remembered me but recalled the specific essay I had written during my student days. Despite the years that had passed and the countless patients he must have taught, he remembered. We reflected together on the evolution of patient care and medical education – me now more senior but not necessarily wiser, and him still learning, still curious after decades of practice.

It was during these visits that A/Prof Cheong shared more about the “Extended Consultation” approach he had pioneered with colleagues. This framework, which extends the traditional consultation to incorporate psychosocial dimensions, remains foundational to my clinical practice today. I treasure my copy of his book on the subject, made all the more special by his kind inscription.



My personal copy of *The Extended Consultation*

A/Prof Cheong's impact stretches far beyond his clinical acumen. He was a visionary who understood that healing often happens in the spaces between standard medical protocols – in genuine human connection, in stories shared, in the recognition of each patient's unique narrative. He embodied the Singapore Medical Association's slogan: “For Doctors, For Patients”.

As a leader-innovator, teacher-academic, and generalist physician, he helped transform family medicine in Singapore. But for those of us fortunate enough to have been his students, colleagues, or patients, his greatest gift was showing us how to see people in their full humanity – not just as cases to be solved, but as individuals with stories that matter.

My journey from that idealistic medical student to the physician I am today was profoundly shaped by Associate

*A/Prof Cheong's impact stretches far beyond his clinical acumen. He was a visionary who understood that healing often happens in the spaces between standard medical protocols – in genuine human connection, ...*

Professor Cheong's example. His legacy lives on in the countless doctors who, inspired by his approach, strive to extend our consultations beyond the physical to embrace the full human experience of our patients.

Associate Professor Cheong Pak Yean was truly a giant in his field – a visionary whose wisdom, compassion, and innovative spirit will be sorely missed, but whose influence will continue to shape medicine for generations to come.

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*Victoria Ekstrom is a consultant gastroenterologist at Singapore General Hospital and co-lead for Narratives in Medicine at SingHealth Duke Medical Humanities Institute. With a background in behavioural science, she is passionate about the intersection of medicine, communication, and the arts. Through her writing, she explores how narratives and humanities can transform patient care and medical education.*

*This eulogy was originally published on <https://heartbysdmhi.substack.com/pla-tribute-to-associate-professor>. The editors would like to thank Dr Ekstrom for generously allowing her eulogy to be published in *The College Mirror*.*

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# Editor's Words

by Dr Fok Wai Yee Rose, FCFP (S), Editor (Team A)

We begin this edition with a solemn moment of silence to remember our late father of Family Medicine, Associate Professor Cheong Pak Yean, who has been a mentor, guide, and teacher to many of his students. He has inspired multiple physicians to shape their understanding of what medicine could and should be, incorporating the biopsychosocial model to understand the complex interplay of health and sickness. As a visionary leader, he firmly supported the creation of the Family Physician Register a decade ago, despite all odds. He dared to dream, advocating strongly and fighting for the recognition of Family Physician in our healthcare system.

A big step forward was when our Health Minister Ong Ye Kung announced last year that the Ministry of Health (MOH) will be working with the Family Physician fraternity towards recognising family physicians with advanced Family Medicine training as specialists. The journey has begun with the CFPS and Chapter of FM Physicians at Academy of Medicine submitting a paper to FPAB and SAB with proposals of the training pathways and governance structure. We are honoured that Ms Lai Wei Lin, Permanent Secretary (Policy and Development) MOH, graced our 2025 WFDD celebrations and stated her support of MOH investment in the primary care sector with increased funding, providing professional support and continued capability building to transform primary healthcare in Singapore.

To bring Family Medicine training to greater heights, our GDFM faculty has developed Practice OSCE Sessions, with Simulated Patients to provide trainees with a hands-on, high-fidelity experience of the real OSCE exams. In addition, the team has launched [gdfm.sg](http://gdfm.sg), our new OSCE and notes platform with the help of generative AI. Leadership training is an important focus of Family Medicine development, with our Fellowship trainees reflecting on how planning FMRC hones their leadership, organisational, and collaborative skills.

As we continue to widen and broaden our Family Medicine Generalist skillset, this issue CM includes an interview with Dr Gary Deng, the founding Medical Director of Integrative Medicine at MSKCC, to understand what Integrative Medicine is, how the role of the Integrative Medicine professional compares to the conventional healthcare professional, and how to counsel safe use of health supplements. The American Academy of Family Physicians believes that physicians can best serve their patients when evidenced-based integrative approaches are recognised, acknowledged, and offered alongside conventional care.

Our Mount Sinai clinical observership was made possible through the collaborative efforts of the CFPS and SNF for a two-week immersion in a leading US academic medical centre, to learn from its best practices, and bring back lessons to shape primary care in Singapore. Our first batch of five family physicians share how the experience has impacted their impression of patient-centred care, quality improvement, the role of digital health, holistic education with real-time feedback, multidisciplinary care models, and seamless integration. Perhaps the greatest takeaway is the awareness that Singapore does not stand alone; we thrive in a readily connected community of like-minded primary care providers who come together to share, learn, and give back – with a common purpose to provide better care for our patients, in whole person care.



# In Memory of Associate Professor Cheong Pak Yean

by Dr Eugene Chua, Family Physician

The College of Family Physicians Singapore mourns the passing of Professor Cheong Pak Yean, a towering figure in Singapore's medical community and a steadfast advocate for Family Medicine.

Prof Cheong was more than a physician, educator, and mentor – he was a visionary who helped shape the foundations of Family Medicine in Singapore. His passion for patient-centred care, lifelong learning, and compassionate teaching inspired generations of Family Physicians. Many of us found in him not only a teacher but a role model who led with humility, wisdom, and grace.

He was instrumental in building the academic and professional standing of Family Medicine, championing its role as the bedrock of a robust healthcare system. Through his leadership, Prof Cheong nurtured a culture of excellence

and reflection, reminding us always of the art behind the science of medicine.

His legacy lives on in the hundreds of Family Physicians he taught, mentored, and inspired – each carrying forward his values in their daily practice.

We extend our deepest condolences to Prof Cheong's family and loved ones. His absence is deeply felt, but his contributions will continue to shape our profession for years to come.

Thank you, Prof Cheong, for your immeasurable gifts to Family Medicine. You will be dearly missed.

College of Family Physicians Singapore



# In Memory of Associate Professor Cheong Pak Yean

by Dr Tan See Leng

I'm not usually one for long posts, especially on social media.

But when the Hobbit broke the news to me two nights ago about the passing of Associate Professor Cheong Pak Yean overseas, I was overwhelmed with a deep aching sadness. We've lost not just a teacher, but a true giant of family medicine – a quiet icon of our medical fraternity.

Prof Cheong, as we affectionately called him, was more than an educator. He was a mentor, a guide, and a steadfast presence in the lives of many. He shaped generations of family physicians, many of whom now lead primary care groups, clinics, and public healthcare institutions across Singapore.

I first met Prof Cheong in the early nineties, as a young GP. I had started a small bus service to ferry sick workers from the far-flung factories in Tuas and Benoi to my clinic, because public transport access was not well developed in those areas back then. One day, I was summoned to his clinic. I didn't think I had done anything wrong – but Prof Cheong saw things differently. He handled the situation with firm grace, and that unexpected encounter marked the beginning of a decades-long journey of mentorship and friendship.

He was the one who nudged me toward the Masters in Medicine (Family Medicine) through the private practitioner track. I remember those Friday evening tutorials from 1996 to 1998 in his Jalan Jurong Kechil clinic – not just for the academic rigour, but for the warmth, camaraderie, and quiet wisdom that came with each session. It felt less like school and more like a gathering of kindred spirits – learning through stories, shared meals, and the art of medicine.

After we cleared the notoriously tough exams, Prof Cheong would tell others, half-jokingly, "If See Leng can pass, anyone can pass." Then he roped me into serving the fraternity, encouraging me to join the Singapore Medical Association and the College of Family Physicians. That was him – always urging others to give back, to build, to serve.

Alongside fellow pioneers like Prof Goh Lee Gan, Dr Alfred Loh, and Dr Arthur Tan, he helped lay the foundations for structured family medicine training in Singapore. Together, they developed the Graduate Diploma in Family Medicine – a programme that has since trained hundreds, if not thousands, of family physicians. These Family Physician Diplomates have now become the backbone of the medical workforce, delivering HealthierSG at the primary care level.

(continued next page)

(continued from Page 5: Eulogy for Associate Professor Cheong Pak Yean)

His legacy is deep and enduring. Many of us owe our professional paths – and our growth as human beings – to his quiet encouragement and steadfast belief in what family medicine could become.

His passing is a profound loss. But I hope his beloved wife and family find comfort in knowing how many lives he touched, and how his legacy continues to shape the practice of medicine in Singapore.

Thank you, Prof Cheong – for everything.

*This eulogy was originally published on Dr Tan See Leng's Facebook page. The editors would like to thank Dr Tan for generously allowing his eulogy to be published in The College Mirror.*

■ CM



## In Remembrance of Associate Professor Cheong Pak Yean

by A/Prof Lee Kheng Hock

As Singapore marks a historic milestone with the official recognition of Family Medicine as a specialty in 2025, we pause to honour a man whose leadership helped make this possible – Prof Cheong Pak Yean.

Prof Cheong was many things: visionary, teacher, fierce advocate, mentor, and friend. He was not quiet – in fact, he had a commanding presence, a sharp intellect, and a voice that rang clear in debates. What defined him was not just his ability to speak up, but his resolve to stand firm for what he believed in.

One memory stays with me more vividly than any other. We were pushing for the creation of the Family Physician Register – a major step towards recognition of Family Medicine as a specialty. Under Prof Cheong's leadership, we had strategised a two-pronged approach: a Graduate Diploma for new entrants, and a grandfathering pathway for existing GPs with experience and learning modules. But not everyone welcomed the change. Many doctors, entrenched in old hierarchies and paradigms, saw this as unnecessary or even threatening. Tensions boiled over at a townhall meeting organised by the Ministry to hear feedback.

The auditorium was packed. The mood was ugly. Speaker after speaker stood to criticise the proposal. I remember thinking we were losing the room.

Then a Ministry official, exasperated, asked, "I was told that the GPs wanted this register. Can those in favour of it raise your hand?"

A long pause.

No one moved.

And then, Prof Cheong – undeterred – raised his hand high.

He was the only one. That simple act of courage spoke louder than all the arguments that day. It reminded us that leadership isn't about popularity – it is about conviction.

That moment spoke volumes about who Prof Cheong was. He wasn't afraid to stand alone when it mattered. And after that meeting, he didn't retreat. He rallied us and pressed on until the Register became a reality in 2011.

Prof Cheong didn't shy away from conflict when the cause was just. He brought fire into conversations that had long grown cold with apathy. He led with clarity, moral force, and an unrelenting belief that Family Medicine mattered. Because of him, it does.

As we celebrate the recognition of Family Medicine this year, we do so standing on the shoulders of giants. And among them, Prof Cheong Pak Yean stands tall.

Thank you, Prof Cheong — for leading, for speaking out, and for never backing down.

■ CM

## Eulogy for Associate Professor Cheong Pak Yean

by A/Prof Goh Lee Gan

Mrs Irene Cheong, Mr and Mrs Shawn Cheong, Ian Cheong, and John Cheong, Friends and Colleagues,

Let me begin by thanking Mr John Cheong for inviting me to give a eulogy for my good friend, A/Prof Cheong Pak Yean. A eulogy is a tribute to someone's life. I am therefore going to say three things of tribute:

First, Pak Yean was a good person to go along with to venture into new terrains. Here I would like to refer to his work on extending the medical consultation in patients who were having problems with living. By understanding their timeline of events and the family tree, we would be in a better position to help them to resolve their problems. Together with another colleague, Dr Ong Chooi Peng, Pak Yean and I co-authored *The Extended Consultation – Talk Matters*, which in 2024 saw the publication of its second edition.

Second, Pak Yean understood the challenges of being human. He was an innovative teacher who would get his medical students to work together in clinical groups to draw a picture that depicted one aspect of patient care. The medical class of some 250 students in each cohort would form themselves into clinical groups (CGs) of 6-8 persons. Each cohort of medical students would thus comprise 30 pax plus CS. To teach effectively, each practical session had 10-12 CGs as a teaching class.

In the draw a patient problem practical class that Pak Yean innovatively designed, the students presented their pictures of patient care problems to the class. Learning points would be made.

Pak Yean published the best of these pictures in *Being Human: Stories from Family Medicine* under the College of Family Physicians Singapore in 2019, curating 70 pictures from the cohorts of 2012 to 2017. A second printing of this book was in 2021, with a special edition being published for the WONCA APR 2024 event in Singapore.

Third, *Being Human* attracted the attention of the National Library and Pak Yean was invited to make a National Library Book Club presentation that was scheduled for Thursday 15 May this year.

In conclusion, Pak Yean has lived a full and fulfilling life from my perspective.

Pak Yean, you have done your work in this world. May you rest in peace.

Thank you everyone for your attention. My deepest condolences to Mrs Irene Cheong and family.

This eulogy was delivered by A/Prof Goh Lee Gan at A/Prof Cheong's wake on 3 April 2025. It has been slightly edited for brevity.

A/Prof Goh Lee Gan was President of the College of Family Physicians from 2007 to 2011. He had worked together with A/Prof Cheong Pak Yean for over four decades, establishing Family Medicine as a core pillar of healthcare in Singapore.

■ CM



(From left) Singaporean FPs Julian Lim, Wong Tien Hua, Cheong Pak Yean and Goh Lee Gan enjoying 'Tau Huay' on 21st street at Yangon, Myanmar in 2005 with Dr Win Lwin Thein, (standing between A/Profs Cheong and Goh) then Vice-President General Practice Society, Myanmar.

*This eulogy was given by Prof Goh Lee Gan at Prof Cheong's wake. The editors would like to thank Prof Goh for generously allowing his eulogy to be published in The College Mirror.*

# A/Prof Cheong Pak Yean

## Achievements and Past College Appointments

- MBBS, 1974
- MMed(Internal Med), 1979
- Collegiate Membership, Royal Colleges of Physicians, 1979
- President, Association of Private Medical Practitioners, Singapore (APMS), 1992-1995
- Fellow, Academy of Medicine, 1993
- Fellow, Royal College of Physicians Edinburgh, 1993
- President, Singapore Medical Association (SMA), 1996-1999
- Secretary-General, Medical Association of Southeast Asian Nations, 1996-2002
- Fellowship of the College of General Practitioners, Singapore (FCGPS), 1997
- Fellow, American College of Physicians, 1999
- Member, Board of Directors, National Healthcare Group, 2000-2006
- Adjunct Associate Professor at the NUS Yong Loo Lin School of Medicine (NUS Medicine), 2000
- President, CFPS, 2001-2007
- Graduate Diploma in Dermatology, 2002
- Board of Governors, ITE, 2003
- Specialty Board Member, Chapter of General Physicians, College of Physicians of the Academy of Singapore, 2005-2007
- Master of Social Science (Counselling), 2007
- Albert and Mary Lim Award, 2010
- Adjunct Associate Professor at Duke-NUS Medical School, 2019
- SMA Honorary Membership, 2021
- President of Medical Society, NUS Faculty of Medicine

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# World Family Doctor Day (WFDD) 2025 President's Opening Address

by Dr Wong Tien Hua, President, CFPS



**M**s Lai Wei Lin, Permanent Secretary for Health, MOH  
Distinguished guests,  
Ladies and gentlemen,

Good evening and a warm welcome to all. Thank you very much for joining us tonight as we celebrate WONCA's World Family Doctor Day. We are very privileged to have with us tonight as our Guest-of-Honour Ms Lai Wei Lin, the Permanent Secretary for Health.

### Leadership in Family Medicine

This booklet entitled "Leadership in Family Medicine: From the Personal to the Policy Level" published by WONCA contains a collection of papers on leadership development in Family Medicine

Chapter I contains an excerpt from *The Classic Papers in Family Medicine*, and features a paper entitled "The Development of Family Medicine around the World", by Cynthia Haq et al published in the *Journal Academic Medicine* in 1995.<sup>1</sup> This paper mapped the global status of family medicine, and the authors argue for the need to strengthen family medicine worldwide and of the role of family doctors as cornerstones in the delivery of comprehensive primary healthcare.

In it, the authors identify a list of barriers to the global development of family practice as follows:

### Barriers to the Global Development of Family Practice

1. Failure to appreciate that family medicine is a specialty
2. Failure to understand the need to integrate clinical and community health skills and services
3. Failure to understand the need to integrate preventive with curative care
4. Preference for selective over comprehensive care
5. Historical trends toward medical subspecialisation
6. Increased dependence on tertiary care technology
7. Disproportionate funding of tertiary care
8. Preference for urban versus rural health development
9. Low intra-professional status of family physicians
10. Limited training opportunities in primary care
11. Lack of family practice leadership and role models
12. Medical education biased toward subspecialty training in hospital settings
13. Lack of commitment to comprehensive, accessible, primary healthcare

It is a busy list but allow me go through it with you. Although published in 1995, nearly 30 years ago, this paper still serves as a valuable touchstone for us today – a checklist of how far we've come, and a reminder of what remains to be done.

It is interesting to note that at the very top of the list, the "Failure to appreciate that FM is a specialty" was a significant barrier to family practice development in a country.

Indeed, if we can look beyond point number one, Singapore has made significant strides in addressing many of the global barriers to the development of Family Medicine.

Our nation's commitment to integrated, community-based care is evident in the Healthier SG initiative, which shifts the focus from hospital-centric to preventive and comprehensive primary care. This has encouraged better integration of clinical and community health services, and a better alignment of preventive and curative services. For example, the MOH Care Protocols takes into account preventive strategies for patients in the management of chronic diseases. The integration of IT systems and the use of NEHR has enabled information from tertiary care procedures and results to be available at the primary care level.

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With Healthier SG, funding is also shifting towards capitation and population health in primary care. More subsidies are now available for patients, and grants for General Practitioners, in the HSG programme. The Primary Care Networks (PCNs) scheme demonstrates a concerted effort to enhance team-based care in the community.

As a compact city-state, access to general practice is relatively equitable across the population.

Although hospital-based subspecialties continue to dominate medical education and professional status, undergraduate curricula are evolving with greater emphasis on Family Medicine in all three of our medical schools – to give students earlier and more meaningful exposure to primary care. We hope to see some reversal in the trends towards subspecialisation, as Family Medicine residency programmes continue to be popular with young doctors who see FM as a good career choice that allows a better work-life balance.

Through structured postgraduate pathways like the GDFM, MMed, and Fellowship, the College is able to provide comprehensive training for Family Physicians, helping to overcome gaps in education and raising the standard of primary care delivery, ultimately raising the professional status of Family Physicians.

The College, together with our partner professional bodies – the SMA and Academy of Medicine – and with the strong support of MOH, has indeed shown commitment to comprehensive, accessible primary healthcare.

### FM Leadership and Role Models

The College stands where it is today because it was built on the shoulders of those who came before us – leaders and role models who dared to dream, who fought for recognition, and who believed in the concept of Family Medicine long before it was widely understood.

The late A/Prof Cheong Pak Yean was one such leader and role model, and remains a towering figure in Family Medicine – not because he held formal titles, but because of his long-term vision, and his unwavering commitment to shaping the course of Family Medicine in Singapore.

He thought deeply about the humanistic aspects of FM: the art of the consultation, the centrality of the doctor-patient relationship, and the need to adopt a biopsychosocial approach in our care.

Prof Cheong was instrumental in shaping the discourse on professionalism across all three professional bodies – the SMA, the Academy of Medicine, and our College.

At SMA, he helped establish the SMA Centre for Medical Ethics and Professionalism with Dr T Thirumoorthy; at the College, he championed the development of the MMed Private Practitioners' Stream, so that it would be on par with the MOH Traineeship Programme, amongst many other achievements; and at the Academy, he was instrumental in forming the Chapter of Family Medicine Physicians at the Academy of Medicine, one of the critical steps to promoting Family Medicine as a legitimate specialty.

His leadership style was distinctive, shaped by a time when Family Medicine was still seen as a counterculture within the medical profession. Faced with limited resources and little institutional support, he relied on what he did have: a small, committed group of like-minded doctors. With a keen eye for potential, Prof Cheong had the foresight and ability to identify emerging leaders and draw them into the fold. Indeed, many of us in this room are here because he believed in us – before we believed in ourselves.

Prof Cheong left us on 28 March 2025, but he leaves behind a lasting legacy – a generation of Family Physicians shaped by his teaching, his values, and the example he set.

We're honoured to have Prof Cheong's family with us this evening. I want them to know that his portrait stands proudly among the past Presidents of the College, displayed on the wall at our Academic Training Centre at Neil Road.

### SNF CFPS Programme

In the spirit of nurturing future leaders in Family Medicine, the College, with the generous support of the Starry Night Foundation, launched the CFPS-Starry Night Foundation Leadership Programme last year. Our first batch of five doctors completed their observership at the Mount Sinai Hospital New York in Nov 2024, and a second group has just returned from their two-week attachment held from 21 April to 2 May 2025.

This second batch of participants consisted of young Family Physicians with a minimum GDFM qualification and who had passed a selection process. They are:

Dr Sze Kai Ping – Assoc Consultant and deputy head Khatib Polyclinic NHGP, and also Assoc Programme Director for the College MMed Programme.

Dr Hou Minsheng – Consultant and Clinic head at Bukit Panjang Polyclinic, NUP.

Dr Leonard Leng – Family Physician and medical director at ATA Medical clinic.

Dr Habeeb Shakila Banu – Family Physician and Medical Director at BestMed Family Clinic and HomeCare.

Dr Shariffa Syahidah Chishty – Family Physician at SATA CommHealth.

During their time in New York, our Family Physicians were embedded across the Mount Sinai Health System, from

Hospital Internal Medicine and Outpatient Primary Care to Home Care visits.

We also had College council members Dr Rose Fok and Dr Low Lian Leng joining them for discussions during week 1, and myself joining the team during week 2, where I was able to meet Dr David Reich, President of the Mount Sinai Hospital.

Beyond clinical exposure, they gained first-hand insights into team-based care, organisational design, and leadership in complex health systems. They had the opportunity to meet and engage with the leadership of Mount Sinai – including the Chiefs of the various departments.

This programme represents our commitment to investing in the next generation of Family Medicine leaders.

Let me now return to the very first barrier Cynthia Haq identified – the failure to recognise Family Medicine as a specialty.

In Singapore, we are finally closing that circle.

Health Minister Ong Ye Kung was our GOH at the WONCA Asia Pacific Regional conference in Aug 2024, and he announced that MOH (Ministry of Health) will be working with the Family Medicine fraternity towards recognising family physicians with advanced Family Medicine training as specialists.

The College, together with the Chapter of FM Physicians at Academy of Medicine, has submitted a paper to FPAB and SAB proposing how to implement Family Medicine as a specialist discipline, and the various committees are currently going through the details of the training pathway and governance structure for Advanced Family Medicine training – or AFM.

This moment will complete our professional journey, honouring our seniors who paved the way and inspiring the next generations to carry it forward.

*... Ministry of Health will be working with the Family Medicine fraternity towards recognising family physicians with advanced Family Medicine training as specialists.*

I would like to conclude this evening's address with the following insights from our past presidents (emphases all mine):

*General practice remains an unrecognised discipline and no further training is required for the practitioner apart from having a registrable medical degree. The result is a primary health care delivery that varies widely in its philosophy, in its standards and in its range. Many enter general practice by default rather than by choice.*

*We should not have to wait till a crisis develops before taking steps to improve primary care delivery. There are sufficient indications that the time is now opportune, in fact overdue, for the setting up of a structured vocational training for the future general practitioner.*

– Dr Wong Heck Sing, at The 1st Sreenivasan Oration, 1978

*There is a need to change our mind-set. All our young graduates are better trained and are capable of taking on a wider responsibility as General Physicians. As education advances so does productivity and quality of health care. The time has come to widen the scope of the Family Physician.*

– Dr Lee Suan Yew, "Dare to Dream" at the 15th Sreenivasan Oration, 1995

*Parity is the family physician being accepted as equal to the organ specialist in the eyes of the four Ps – profession, people, policy makers and the press. The journey to parity is the process of levelling up.*

– A/Prof Goh Lee Gan, "From Counterculture to Integration: The Family Medicine Story" at the 17th Sreenivasan Oration, 2001

Ladies and Gentlemen,

As we stand on the cusp of formal recognition of Family Medicine as a specialty, I leave you with these questions to reflect on:

- What does it mean to you to be a Family Medicine specialist – in your identity and professional growth?
- What will it mean for your patients, who trust you to take care of them through every stage of life?
- How will you speak up for Family Medicine amongst policymakers and help shape the future of primary care?
- And how can we, together, reshape public and media perceptions of the work that we do – as specialists in the care of the whole person?

#### REFERENCES

1. Haq C, Ventres W, Hunt V, et al. Where there is no family doctor: the development of family practice around the world. *Acad Med.* 1995 May;70(5):370-80. doi: 10.1097/00001888-199505000-00012. PMID: 7748381.

# Speech by Ms Lai Wei Lin

## Permanent Secretary (Policy and Development)

### Ministry of Health

at the World Family Doctor Day Dinner 2025, 24 May 2025, 7:00pm  
at Voco Orchard Hotel

**D**r Wong Tien Hua, President, College of Family Physicians Singapore,

Distinguished guests,

It is my privilege to be here today to join you in celebrating this day. It is a special day to recognise and honour the contributions of all family doctors across the globe and in Singapore.

#### Our growing investment in the primary care sector

Primary care is an essential part of every healthcare system. First, its key role is to meet patients' care needs throughout their different life stages. Second, it partners with the rest of the healthcare ecosystem, to ensure holistic care for the patient in the community. Finally, it is a key node in the transformation of healthcare, to achieve better health for the population.

As family doctors, the first role that you play is a very familiar one. And with Healthier SG, the second and the third roles are also increasingly important, partnering with other professionals and supporting healthcare transformation, helping to improve health span amidst an ageing population.

But partnership and transformation are not easy; they are never easy. They require work in a larger, multi-disciplinary team. They require much patience, time, and effort, as you take on new ways of working.

Over the past two years, you have shown tremendous commitment in bringing Healthier SG to life. At the Ministry, we deeply appreciate the central role that you have played. We now have 1,100 clinics and 1.2 million residents enrolled in Healthier SG. Three in four enrollees have completed their health plans.

Family doctors are the driving force behind these numbers. With your dedication, we were able to reach these remarkable milestones.

#### Increased Funding

On the Ministry's part, we have also grown and sustained our investments significantly over the past decade, not only in funding, but also professional support for the sector

Since the Community Health Assist Scheme, or CHAS, started in 2012, the amount of government funding through CHAS has grown significantly. Last year, this was \$257 million, well over double – more than double – the amount ten years ago.

Healthier SG added another 30 percent in funding, or \$74 million, through the Chronic Enrolment Grant (CEG) and the Annual Service Fee (ASF), to strengthen support for chronic disease management, and health screenings and vaccinations.

#### Professional Support

MOH has also put in place several measures to support primary care practice.

As part of Healthier SG, we developed Care Protocols to help family doctors provide consistent, evidence-based care to your patients.

We provided an IT enablement grant to support digitalisation and upgrading of IT systems for Healthier SG clinics. This is as IT can do much to help clinic operations and support quality professional practice.

“ *Primary care...  
is a key node in the  
transformation of healthcare,  
to achieve better health  
for the population.* ”



We also encouraged, and supported, the formation of Primary Care Networks, or PCNs. When a primary care practitioner works within a multi-disciplinary teamlet, it helps to improve patient outcomes and drive innovations in chronic disease management.

Today, the PCNs support GPs in many ways. First, they deliver key ancillary services, like diabetic eye and foot screening, and nurse counselling. Second, they carry out Quality Improvement initiatives with their clinics. Finally, they improve access to structured training for all PCN team members: not just doctors, but also nurses, primary care coordinators, and clinic assistants.

With all these moves, we have seen the primary care sector grow and thrive. The number of CHAS and polyclinic visits has grown by 5 percent every year over the last five years, far outpacing the growth in specialist outpatient visits in the public sector.

This is encouraging and in the right direction, for more patients to be anchored in primary care. With earlier intervention, we slow down disease progression and reduce the need for specialist care. And patients ultimately benefit, with better outcomes.

#### Continued Capability Building into the Future

Going forward, we will continue to build capacity and capabilities in primary care.

PCNs are a powerful means to improve population health outcomes. They have extensive coverage of GP clinics and are

indispensable partners to GPs and Clusters. To harness their potential, we must continue to strengthen the partnership between PCNs and Clusters' Regional Health Managers to develop a more integrated and effective primary care ecosystem for patients.

As announced recently, we are also taking that significant step forward in recognising Family Medicine as a specialty. It acknowledges the complex work that family physicians undertake daily and paves the way for enhanced professional development through advanced training.

This is a significant milestone for the community that has been many years in the making. We value the ongoing support from the College and leaders in the fraternity as the remaining details continue to be worked through.

The College has been and will continue to be an essential partner in driving professional excellence and ensuring that all family physicians, experienced and new, continue to build their knowledge and keep pace with healthcare developments.

#### Mental Health

Let me now turn to mental health which is an emerging area of focus in recent years.

Mental health and resilience are important to one's well-being. As public awareness of mental health and help-seeking behaviours rise, more primary care patients will present with both chronic diseases and mental health conditions. As family doctors, you have established meaningful relationships with

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your patients. You are more likely to detect your patients' mental health conditions early, and you can provide timely intervention.

To empower family doctors in this area, we are working on four initiatives at the Ministry.

First, the Mental Health GP Partnership Programme provides family doctors additional training to diagnose and manage complex mental health conditions. These family doctors will also have access to a wider range of affordable psychiatric medicines and also be supported by our hospitals' multi-disciplinary Assessment and Shared Care Teams, or ASCAT.

Second, we are working on two new Healthier SG Care Protocols by early 2026 for Major Depressive Disorder and Generalised Anxiety Disorder.

Third, each Healthier SG clinic has been paired with a Community Intervention Team (COMIT), which will provide complementary psychosocial interventions such as counselling, psychotherapy, and psychoeducation for both patients and caregivers.

Finally, we will launch a National Mental Health Helpline and Textline service to improve wayfinding for individuals who are distressed or have mental health needs, supplementing first-stop community-based services.

### Links to Community Resources

Beyond mental healthcare, we also recognise the vital role that social connections play in our patients' wellbeing. These relationships with family, friends, and community networks serve as pillars of support and build patients' resilience to face life's challenges. And you as Family doctors can also play a role here, to help to connect patients to these community resources, whether it's befriending programmes, medical escort services, or meal provisions. Such information is available from the Agency of Integrated Care (AIC), Family Service Centres, and Active Ageing Centres.

### Stronger Doctors, Better Outcomes

I will now turn to the mental health and mental resilience of our healthcare workers. It is the theme for this year's World Family Doctor Day and brings to focus important qualities of adaptability and embracing change in the midst of transformation and remaining steadfast in the midst of challenges. These qualities were exemplified during the COVID-19 pandemic, as our doctors, nurses, allied healthcare professionals, and support staff worked tirelessly on the frontlines.

Yet, the pandemic also revealed the importance of caring for the well-being of those who care for others. It reminded

us that, though resilient, our healthcare workers were not invincible, and they too require support systems and coping mechanisms.

Indeed, it is often our peers who most deeply understand our needs and can offer the most meaningful support. I am heartened that the College stepped forward during those challenging times to enhance support to family physicians. This included a series of four Resilience seminars conducted at the height of the pandemic, which gave primary care doctors a collective space to acknowledge their struggles and challenges, and practise mindfulness and other coping strategies to manage "COVID fatigue" and stresses.

The Ministry will continue to engage closely with you and your professional associations to enhance support systems where appropriate.

### Conclusion

As our family doctors are taking on increasingly diverse and important responsibilities, we at the Ministry remain committed to building a healthcare ecosystem that supports and values your contributions. We will need to continue partnering and collaborating with each other, to build stronger, more resilient, and robust primary care.

Thank you for your dedication and partnership. There is so much more that we can look forward to in the future.

With that, I wish all of you a happy World Family Doctor's Day.

■ CM

*As announced recently, we are also taking that significant step forward in recognising Family Medicine as a specialty. It acknowledges the complex work that family physicians undertake daily and paves the way for enhanced professional development through advanced training.*

## FAMILY PRACTICE SKILLS COURSES

### Muscles Matter: Uncovering the Role of Muscles in Health and Disease

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #127 on "Muscles Matter: Uncovering the Role of Muscles in Health and Disease", held on 8 March 2025.

#### Expert Panel:

A/Prof Lim Wee Shiong  
Dr Tham Kwang Wei  
Clin Assoc Prof Chew Teong Huang Samuel

#### Chairperson:

A/Prof Prof Goh Lee Gan

### The Essentials of Medical Documentation for the Primary Care Physician

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Mandatory Medical Ethics webinar on "The Essentials of Medical Documentation for the Primary Care Physician", held on 26 April 2025.

#### Expert Panel:

Dr Lawrence Ng  
Dr David Koot  
Dr Robert A Hendry  
Dr Sara Sreih  
Peter Mordecai  
Tham Hsu Hsien

#### Chairperson:

Dr Chua Ying Xian  
Dr Sze Kai Ping

## GRADUATE DIPLOMA IN MENTAL HEALTH

Mental Health Programme for General Practitioners and Family Physicians



Registration for  
2025/2026 intake opens from  
24 Mar – 30 Jun 2025

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 programme, into its 15<sup>th</sup> 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.

#### 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.

✉ GDMH@imh.com.sg

☎ 6389 2263/2239

Programme  
information



Hear from a  
GDMH graduate



# Behind the GDFM Scenes Into the OSCE Arena!

by Dr Eugene Chua, Family Physician

Welcome back to the second instalment of our “Behind the GDFM Scenes” series! If you enjoyed our peek into the Workshop Faculty last issue, buckle up! In this edition, we’re diving straight into the nerve centre of clinical assessment training: the Practice OSCE Sessions (POS).

Now in its third “season” since launching in 2023, POS is our response to a simple but powerful idea—how can we give every GDFM trainee a hands-on, high-fidelity experience that mirrors the pressure cooker of the real OSCE exam? How can we make that final lap of training a little less daunting and a lot more meaningful?

The answer? Recreate the OSCE experience as closely as possible—but with the safety net of guidance, feedback, and reflection. These practice sessions were designed not just as mock exams, but as immersive learning opportunities. Each case is carefully curated to cover high-yield scenarios that trainees may not often encounter in day-to-day practice. Think common knowledge gaps, nuanced communication challenges, and the kind of curveballs the OSCE loves to throw.

To dial up the realism, we brought in our much-valued Simulated Patients (SPs). These seasoned SPs have been working alongside us for years, bringing cases to life with consistency, emotional nuance, and just the right amount of dramatic flair. Their contributions make all the difference—and we are deeply grateful for their dedication.

So how do we ensure equitable training for every trainee, across a national cohort? The answer lies in decentralisation. POS sessions are conducted across six venues island-wide, spread out over four weekends. This logistical ballet allows for small-group teaching while scaling up reach. Over 30 tutors — yes, 30! — step up as examiners, with each tutor pair shepherding a group of around 8 trainees through two OSCE cases in a focused 3-hour session. Sounds like a logistical mayhem? Kudos to our GDFM secretariats, whose steadfast support and top-notch organisational skills transformed what could have been a scheduling nightmare into a seamless learning experience.

POS isn’t just “practice and pass.” What makes POS special is the debrief. After the role-play, tutors guide each trainee through a structured discussion—highlighting what went well, exploring areas for growth, and tying the case back to real-life clinical practice. These reflective touchpoints transform a nerve-racking mock into a golden learning moment.

Behind the scenes, the GDFM core team has been working tirelessly to coordinate this mammoth effort. We’d like to express our deepest thanks to our committed tutors, who sacrificed their weekends and brought their A-game to mentor, encourage, and sharpen the clinical instincts of our candidates.

That’s not all—we’ve also launched an exciting new pilot to supercharge our trainees’ revision! With the help of generative AI, the team has prepared a bank of over 500 OSCE cases hosted on gdfm.sg, our newly launched OSCE and notes platform. While these AI-generated cases are still undergoing vetting and may not match exam standards perfectly, they’re designed to give trainees that extra edge in the final stretch. Whether they are brushing up on weaker topics or drilling with a study group, we hope this bank will be a helpful buddy. It’s just one more way we’re pulling out all the stops to support our trainees on their exam journey! And there’s more on the horizon! The POS is evolving, with exciting changes planned for the next run — so stay tuned for updates. We’re always striving to make things better, and every bit of feedback helps us move forward.

To all our GDFM trainees sitting for the OSCE — we’re cheering you on. You’ve trained hard, and your faculty stands with you. Go show them what you’ve got!

■ CM

*What makes POS special is the debrief... These reflective touchpoints transform a nerve-racking mock into a golden learning moment.*

The GDFM Programme Director and Associate Programme Director leading a training session with Simulated Patients in preparation for the Practice OSCE Session (POS)



Thank you to all our enthusiastic Simulated Patients for helping to create a realistic and supportive environment for OSCE preparation!



# World Family Doctor Day 2025

24 May 2025 Voco Orchard Hotel





# Family Medicine Review Course • 31 May 2025

Ng Teng Fong Centre of Healthcare Innovation (CHI)



## Reflections of FMRC 2025

Planning the Family Medicine Review Course was a rewarding experience that honed my leadership, organisational, and collaborative skills. As chair, I navigated challenges such as securing funding, aligning stakeholders' interests, and managing logistics. With strong support from committee leads, we successfully curated relevant content, promoted sign-ups, and coordinated event execution. Despite setbacks like venue limitations and food wastage, adaptive strategies ensured smooth delivery. I learnt the importance of stakeholder engagement, timeline planning, and sustainability. Overall, I'm grateful for the opportunity and recommend that future courses expand in duration to better address the evolving scope of Family Medicine practice.

– Dr Benjamin Wong Jiann Shuenn, Family Physician

As a Scientific Committee planner for FMRC 2025, selecting a theme was a pivotal process. We aimed for a theme that was both novel and relevant – offering fresh insights while addressing real-world challenges in Family Medicine. Aligning the theme with national healthcare priorities ensured strategic relevance and system-level impact. My role felt like that of a conductor – delegating, coordinating, and harmonising the team's diverse strengths. Our tasks included liaising with sponsors, guiding speakers, scripting, managing talk flow, and handling audience queries. This collaborative effort resulted in a cohesive, meaningful course that reflected both clinical realities and forward-looking healthcare goals.

– Dr Goh Jun Heng, Family Physician

It was a privilege to serve as co-lead of the Scientific Committee for FMRC 2025. Our theme, "Empowering Family Physicians: Managing Complexity with Confidence", reflected the evolving challenges in primary care. We curated the programme, sourced speakers, and coordinated closely with them. A last-minute venue change and aligning sponsor interests with educational goals tested our adaptability. Cross-committee collaboration, clear communication, and mutual support were vital. This experience deepened my appreciation for balancing academic ambition with logistical feasibility, and underscored the value of effective delegation. FMRC 2025 was a meaningful journey, and I'm grateful to have contributed.

– Dr Kuang Silin, Family Physician

Being part of the FMRC planning committee was a valuable and eye-opening experience. Despite limited guidance, our team successfully organised a well-received programme while balancing clinical work, fellowship tasks, and personal commitments. As the sponsorship lead, I gained insight into stakeholder engagement, drafting and adapting prospectuses, and navigating sponsor negotiations with creativity and persistence. Rejections were common, but we persevered and secured meaningful support. Collaborating closely with the College, logistics team, and speakers taught me the importance of coordination and communication in meeting diverse stakeholder needs throughout the planning and execution process.

– Dr Michelle Chng, Family Physician

Organising FMRC 2025 was a meaningful experience, especially from a logistics standpoint. A key challenge was catering – despite reducing the order to 175 for 230 registrants, significant food wastage occurred. Encouraging participants to bring containers could reduce waste in future. Venue selection also posed issues, as the large NTF CHI auditorium felt underutilised, affecting atmosphere. Future planning should align venue size with past attendance. On a positive note, I enjoyed designing the course poster and banner using College colours, which added a personal touch. Overall, the experience taught valuable lessons in resource management, creative communication, and collaborative problem-solving.

– Dr Jonathan Tung, Family Physician

As a planning committee member for the Family Medicine Review Conference, my main role was coordinating sponsors – an experience that emphasised the importance of logistics, communication, and teamwork. Sponsor support was vital in covering costs and ensuring a high-quality, accessible event. I learned to align sponsor interests with the conference's educational goals through clear communication and negotiation, maintaining content integrity while meeting visibility expectations. Balancing these priorities required diplomacy and strategic thinking. Working closely with the team through regular meetings and shared problem-solving highlighted the power of collaboration. This experience sharpened my skills in planning, stakeholder engagement, and collective execution.

– Dr Jeremy He, Family Physician





COLLEGE OF FAMILY PHYSICIANS  
SINGAPORE

### FAMILY MEDICINE INDUCTION CEREMONY 2025

CFPS  
54<sup>TH</sup> AGM

26 July 2025 (Saturday)  
Shaw Foundation Alumni House  
Auditorium (Level 2)  
11 Kent Ridge Drive  
Singapore 119244

**Family Medicine  
Induction Ceremony 2025**  
2.00 - 3.30pm ♦ Auditorium

**Tea Reception**  
3.30 - 4.00pm ♦ Foyer

**CFPS 54<sup>th</sup> AGM**  
4.00 - 6.00pm ♦ Auditorium

# Whole Person Health with Integrative Medicine

## Interview with Dr Gary Deng

Interviewed by Dr Fok Wai Yee Rose, FCFP (S), Editor (Team A)

College Mirror (CM) interviews Dr Deng to understand how Integrative Medicine can enhance whole person health.

Greetings to all our readers! I am Rose, a family physician working in multi-settings in SingHealth Polyclinics and National Cancer Centre Singapore. I had the opportunity to go on a Team HMDP (Health Manpower Development Plan) to Memorial Sloan Kettering Cancer Center (MSKCC) in USA. I was mentored by Dr Gary Deng to learn Integrative Medicine; I plan to bring this new service to Singapore and welcome any interested family physicians to join me.

The American Academy of Family Physicians believes that physicians can best serve their patients when evidence-based integrative approaches to care are recognised, acknowledged, and offered alongside conventional care.<sup>1</sup>

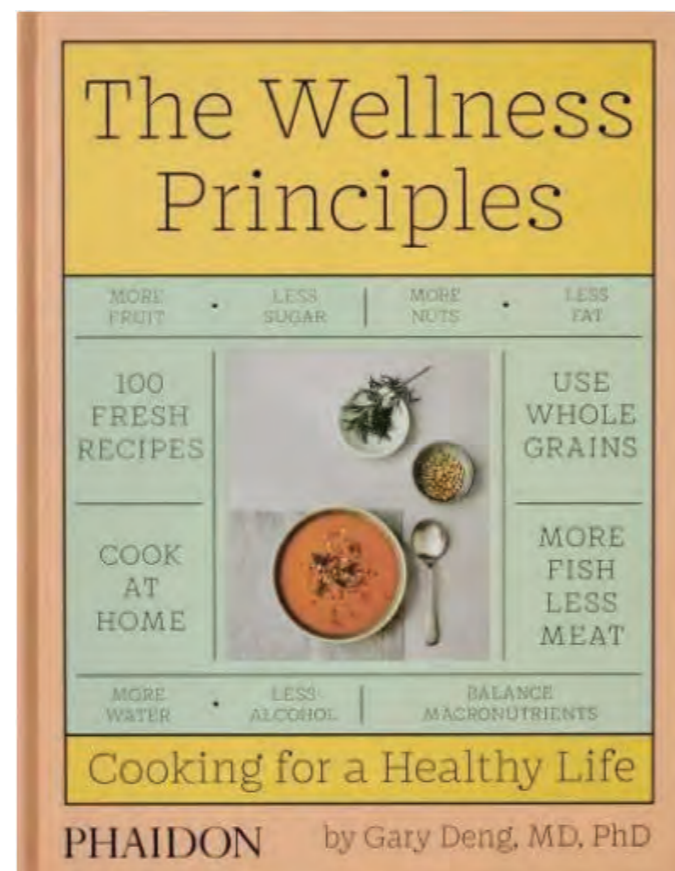
WONCA has a Special Interest Group in Integrative Medicine, which provides a forum for doctors who adopt a comprehensive approach to wellness by combining traditional/western medicine with complementary therapies, such as acupuncture, mindfulness-based stress reduction, nutritional counselling, exercise, and mind-body practices.<sup>2</sup>



Integrative Medicine Clinic Shadowing in MSKCC

Dr Gary Deng, MD, PhD is the Founding Medical Director of Integrative Medicine Service at MSKCC. He has been working there for the past 20 over years, where he has pioneered a programme based on a holistic approach to health and wellbeing. Working with cancer patients during treatment and recovery, Dr Deng combines a scientific and medical perspective with global philosophies of self-care. He has authored a book entitled *The Wellness Principles: Cooking for a Healthy Life* with a guide on balanced and

mindful eating and living. The book includes 100 recipes as well as expert advice beyond the plate. Dr Deng will be moving to UCI Health, University of California, Irvine, to develop a new Integrative Oncology Program in Spring 2025.



Dr Gary Deng's Cookbook inspired by his patients

**CM** What is Integrative Medicine?

**GD** The definition of integrative oncology (refers to integrative medicine in the cancer population), according to a published consensus statement (J Natl Cancer Inst Monogr 2017 Nov 1;2017(52)), is:

“... a patient-centred, evidence-informed field of cancer care that utilizes mind and body practices, natural products, and/or lifestyle modifications from different traditions alongside conventional cancer treatments. Integrative oncology optimises health, quality of life, and clinical outcomes across the cancer care continuum and to empower people to prevent cancer and become active participants before, during, and beyond cancer treatment.”

**CM** What are we integrating and how does this approach differ from conventional western medicine?

**GD** We are integrating western allopathic medicine and other medical systems and therapies that are supported by evidence and have a favorable benefit/risk ratio. This approach to health aims at giving the body what it needs to stay strong and avoiding anything that weakens and undermines them. It fosters the body's intrinsic ability to heal and to thrive.

**CM** How does the role of an integrative oncology professional differ from conventional Healthcare Professional (HCP)?

**GD** The conventional HCP aims to diagnose and treat diseases. However, the integrative oncology professional's role is to:

1. Inspire and motivate. We show patients that there are many things they can do to improve their own health and we motivate them to take actions.
2. Empower and guide. We give patients the tools for self-care and guide them in lifestyle changes that strengthen the foundation of their health.
3. Monitor and adjust. When patients are experiencing clinical problems that might respond to specific therapies, such as acupuncture or mindfulness practices, we provide the services, monitor for response or lack thereof, and make adjustment for optimal outcomes.

**CM** What are the key questions of an integrative medicine consultation?

**GD** The three key questions of the integrative oncology are:

1. What is status of the patient's disease?  
If the disease is benign, the aim is to prevent disease or maintain health. If it is malignant, we need to determine if the goals of care are curative or palliative. They will influence how you make decisions and what recommendations we give to the patient.

2. What does the patient want?  
Patients seek integrative oncology because they want more than regular western allopathic medicine care. They want to explore other treatments, be an active participant in their own care, improve quality of life, and promote wellness. These needs are what an integrative oncology consultation should address. This is an important part of “patient-centred” care.



NCCS Inaugural Integrative Oncology Symposium February 2025

You have to address what the patient wants before letting them go, otherwise they would feel their needs were not met. Sometimes what they want is unrealistic, but you can offer an alternative solution to the problem.

A very common “want” is the reduction of side effects with non-pharmacological management. For example, a patient is experiencing pain but does not want to take opioids. Or breast cancer patients with hot flashes where estrogen replacement therapy is not appropriate. Or a patient has difficulty staying asleep at night but doesn't want to take medications such as zolpidem or trazodone with risk of developing dependence. This is where integrative medicine has a lot to offer. Through lifestyle and behavioural changes, other modalities such as acupuncture or mind-body practice, as well as natural health products with lesser side effects, we can achieve symptom reduction without having to use prescription drugs.

3. What does the patient need?  
What a patient needs are what we think would improve the patient's health, based on our professional opinion and judgement, which can be the same as or different from what the patient wants.

This is where our professional expertise is valuable to patients. When the patient's “wants” and “needs” are aligned, it is easier for us to deliver a consultation that the patient feels productive and valuable. When the two do not align, it would take some communication skills for the patient to feel being helped. However, our disagreement with the patient in what they really need can be very much appreciated by them, when done properly, because part of what they want is to get a professional's advice on issues they are confused about.

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**CM** Can you share with us the recommended steps to discuss dietary supplements if patients desire to consume them?

**GD** Below are some steps that one can take but the conversation can flow accordingly to what the patient perceives as important and needful.

**1. What does the patient want to achieve**  
Ask the patient what they are here for, what benefits do they expect to get. This would form the foundation of the discussion on whether the supplements can or cannot meet the expectations and what would really help them. For example, if a patient is taking a supplement for weight loss for which we know there is no supportive data, that opens up the conversation about which dietary and lifestyle changes can help the patient lose weight.

**2. Demonstrate your expertise**  
Pick a supplement the patient is taking or interested in taking and we are very knowledgeable about, explain what they are, what experiments have been done, and whether the findings are relevant clinically. To do this effectively, we have to be very familiar with the existing data on the supplement and well versed in explaining science in layman's language.

**3. Improve patient's scientific literacy**  
We can show patients the "evidence pyramid" with clinical trials, meta-analysis being more relevant than animal or laboratory studies.

**4. Show how to read supplement product labels**  
Tell patients to read the back of the bottle – the "Supplement Fact" box listing the ingredients in the product and their amount per serving. Instead of focusing on the name of the product and claims made by the manufacturer, patients should focus on the substance – what is actually in the product and at what dose. Showing patients how to properly read product labels can be an eye-opener for them, making clear why they would not get the benefits they expected.

**5. Safety**  
We can then talk about how to decide which supplements to take and which not to take. We use an "ABCD" ranking system, based on 1) how confident we are with its safety and 2) how likely it actually gives the patient any benefit.

**6. Benefits**  
To evaluate whether a supplement would bring any benefit to a patient, we look at what clinical studies

have been done and how likely the findings apply to this patient's clinical scenario. We also look at the size of the benefit in the context of the patient's disease and treatment.

**7. Grading the supplements**  
After evaluation of the safety and potential benefits of a supplement, we can put it into one of four categories:

- **The As:** Those that we are confident about safety and there is fairly good evidence they can benefit. We recommend patients take them.
- **The Bs:** Those that, while we are confident about safety, there are unlikely to be any benefits. We don't recommend taking them; rather, we recommend the patient stop them. But if they are adamant in taking them or feel some benefits, we can tolerate them. Most of the supplements on the market belong to this category, simply because the dose of the ingredients are too low to have clinical effects.
- **The Cs:** They can have benefits, but also risks. Many herbal products belong to this category. They are biologically active, hence the likelihood of side effects. For these supplements, we guide patients on their proper use and also monitor for adverse reactions.
- **The Ds:** They bring no benefit, only risk. Very few supplements belong to this group.

Rating	A	B	C	D
Safety	Y	Y	?	N
Benefit	Y	?	Y	N

**A** Confidence about safety / some evidence for benefit > **recommended**  
**B** Low risk / benefit unlikely > **tolerate if patient feels strongly**  
**C** Some risk / some benefit > **cautious**  
**D** Known risk or harm / no benefit > **avoid**

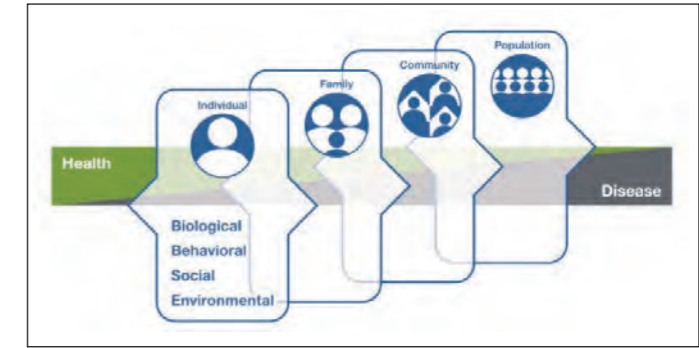
**8. Offer something**  
Offer something  
After an evaluation and grading of the supplements, we need to offer a solution for the reason that made the patient take the supplements in the first place. It is not enough to say "This doesn't work, that is harmful, don't take any". The fact a patient is taking the supplement indicates an underlying need to address a clinical problem, a desire to do more for their own health, or simply a sense of anxiety. We need to give them tools to do something in a safe and productive way, be it lifestyle changes or supplements that we feel can be safe and beneficial to them.

**9. Realistic expectations**  
When recommending an appropriate supplement to patients, we talk about the rationale, the supportive

research data, possible risks and side effects, and what it can and cannot do. For example, when a patient running out of viable treatment options want to explore supplements, hoping to treat the cancer, we must let the patient know that even if there are clinical data suggesting activity, we really cannot say definitively whether it will help shrink the tumour. Or if a patient is taking a supplement for hot flashes, we need to tell the patient that it may take weeks to feel any difference and many patients do not respond at all. In that case, the supplement should be stopped if no benefit is obvious after certain amount of time. Realistic expectations must always be part of the discussions on dietary supplements.

**CM** What is the future of Integrative Medicine/Oncology?

**GD** The next step is whole person health, which involves looking at the whole person – not just separate organs or body systems – and considering multiple factors that promote either health or disease. It means helping and empowering individuals, families, communities, and populations to improve their health in multiple interconnected biological, behavioural, social, and environmental areas. Instead of just treating a specific disease, whole person health focuses on restoring health, promoting resilience, and preventing diseases across a lifespan.<sup>3</sup>



What Is Whole Person Health?

Unhealthy behaviours such as poor diet, sedentary lifestyle, chronic stress, and poor sleep as well as social aspects of life can lead to chronic diseases. Helping patients adopt a healthy diet, active lifestyle, behavioural interventions, and optimising social aspects of life like having meaningful relationships and a supportive ecosystem might help restore health and stop the progression to disease across a person's lifespan.

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MSKCC Integrative Medicine Department Summer Gathering at Central Park, NYC

# Bridging Oceans, Building Bonds

## Our Mount Sinai Experience

by Dr Sharon Shen, Family Physician

In November 2024, five family physicians from Singapore embarked on a transformative two-week observership at the Mount Sinai Health System in New York City, made possible through the collaborative efforts of the College of Family Physicians Singapore (CFPS) and the Starry Night Foundation (SNF). The programme offered us a rare opportunity to immerse ourselves in the workings of a leading US academic medical centre, learn from its best practices, and bring back lessons to shape primary care in Singapore. Yet, beyond the structured learning, it was the camaraderie forged amongst participants and the genuine friendships built with the Mount Sinai teams that made this journey unforgettable.



Outside Mount Sinai Hospital on the first day of the programme.

### Dr Teo Cheng Rong

My observership at Mount Sinai provided an eye-opening look into both inpatient and outpatient care. I observed efficient interdisciplinary teamwork on the wards and experienced firsthand how hospitalists co-manage complex cases. In the outpatient setting, I was impressed by the emphasis on patient-centered care — longer consultations, streamlined workflows, and supportive services such as dietitians and point-of-care testing. Mount Sinai's Visiting Doctors and Hospital-at-Home programmes demonstrated how care can extend beyond clinic walls to meet patients where they are. Beyond the clinical attachments, it wasn't just all work — there was much to explore in New York City as well. From iconic sights like Hudson Yards, Central Park, and Times Square, to hidden gems like Little Island and its waterfront views, as well as world-class museums and Broadway musicals, the city offered countless cultural and leisure experiences that enriched the journey.

### Dr Lee Elin

Having missed the chance for a US attachment during medical school, this opportunity was a long-awaited dream come true. At Mount Sinai, I appreciated the nuances of the American healthcare system — its insurance-based structure, value-based care metrics, and emphasis on specialist-led primary care. Observing how cultural informality can coexist with professionalism inspired me to reflect on how we engage patients in Singapore. A key learning point was how Mount Sinai operationalises quality metrics and incentivises preventive care. I was particularly drawn to their use of patient-centred technologies and innovations such as needles with flip safety shields. Most memorable, however, was the warmth and openness with which our Mount Sinai hosts embraced us, making the experience feel less like a formal observership and more like a professional homecoming.

### Dr Shawn Goh

Mount Sinai exemplified how visionary leadership can galvanise innovation at scale. Their systems of incentivising clinicians based on value-based metrics, such as chronic disease control and patient satisfaction, were remarkable. One standout innovation was the use of “formalised informal consults”, a billing-recognised e-consultation model between primary care and specialists — an idea that could streamline care in Singapore. Their MyMountSinai app illustrated how digital health can create a more responsive and empowered patient journey. I was also impressed by their commitment to geriatrics, with structured faculty development led by experts like Dr Helen Fernandez. The experience reignited in me the potential of family medicine as a driver of systems-level change. Sharing this learning journey with peers who are equally passionate about primary care made the experience even richer.

### Dr Shen Fengli Sharon

As a clinician, educator, and council member of CFPS, I viewed this attachment through multiple lenses. I was struck by Mount Sinai's deep commitment to education — residents were assessed holistically with real-time feedback and not solely by high-stakes exams. Faculty development was a priority, with regular peer evaluations and mentorship structures. These are areas we must strengthen locally if we are to train the next generation of family medicine leaders. The respect and collegiality observed across hierarchies — from physician to administrator — was palpable. Mount Sinai modeled how healthcare institutions can be both service-driven and people-centred. My most cherished takeaway wasn't from a lecture or clinical case, but from the sincere, affirming interactions with colleagues — both local and overseas — who reminded me why we do what we do.



Group photo taken on our final day of attachment at Mount Sinai with Dr Andrew Dunn (Chief, Division of Hospital Medicine, Department of Medicine, Mount Sinai Hospital), Dr Tao Xu (Medical Director, Mount Sinai International), and Ms Bonnie Suen from the Starry Night Foundation.

### Dr Kenneth Tan

My key reflections centred around leadership and system design. Mount Sinai demonstrated transformational and ethical leadership, data-driven decision-making, and an unwavering commitment to quality improvement. Their transparent sharing of performance indicators — even on public platforms — fostered a culture of accountability and excellence. Multidisciplinary care models and seamless integration via EPIC were supported by payor alignment with quality outcomes. Importantly, Mount Sinai's competitive but collaborative healthcare landscape highlighted the role of innovation in staying ahead. I return to Singapore with new perspectives on how leadership, culture, and data can transform primary care delivery. This trip also reaffirmed the immense value of learning together — sharing meals, insights, and reflections with fellow family physicians whom I now count as close friends.

### Closing Reflections

This Mount Sinai experience was more than a medical attachment; it was a journey of growth, friendship, and shared purpose. As Singapore continues to evolve its primary care landscape through initiatives like Healthier SG, the lessons from New York — of patient-centredness, quality improvement, interdisciplinary collaboration, and educational excellence — offer both inspiration and actionable ideas.

Beyond the structured programme, what truly made this experience special was the camaraderie built among the five of us. Our bond didn't end in New York. Since returning to Singapore, we've continued to meet up — most recently for a night of laughter at Adam Kay's stand-up comedy show, which brought us full circle from clinical reflections to shared joy. We are grateful to CFPS and SNF for this opportunity,

and to our gracious hosts at Mount Sinai for their generosity and warmth. We return not only better informed but more connected and energised to shape the future of family medicine in Singapore.

CM



Group photo at Mount Sinai's main lobby during the observership.

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The Mount Sinai Visiting Doctors Programme: Following one of the doctors on a home visit.



The Mount Sinai Visiting Doctors Programme: Following one of the doctors on a home visit.



Tagging on to teaching ward rounds with Dr Eric Barna (Director of Education for the Division of Hospital medicine).



Grabbed some refreshments from the cart of a volunteer at the hospital bringing some cheer to the staff.



Group photo after Adam Kay's stand-up comedy show in Singapore.



Sky-high views from Edge at Hudson Yards.



With Dr Aida Vega and her capable team of doctors under Mount Sinai Doctors. This outpatient primary care centre provides services from the Mount Sinai Health System to patients in the neighbourhood.



Lunch Talk with Dr Brijen Shah (Associate Dean for Quality Improvement and Patient Safety for Graduate Medical Education).



Autumn hues captured across various spots in Central Park.



A sunny afternoon at Belvedere Castle, overlooking Central Park.



## Family Practice Skills Course #128 (1 Day)

### Ageing with Vitality

Sat, 28 June 2025: 2.00pm - 5.30pm

Please note that this FPSC will be conducted on the online platform "ZOOM". A Zoom registration link will be sent to participants who have registered.

#### TOPICS

Unit 1: Bridging the Risk Gaps on the Viral Threats of Shingles and RSV

Unit 2: RSVp to prevent RSV!

Unit 3: Act Now and Prevent Shingles!

#### WORKSHOP

From Awareness to Action: Turning the Tide through Effective Conversations

#### SPEAKERS

Dr Asok Kurup  
Infectious Disease Physician, Mount Elizabeth Hospital

Adj Assoc Prof See Kay Choong  
Respiratory Specialist, National University Hospital

Dr Goh Tze Chien, Kelvin  
Family Physician, United Primary Care Network

■ **SEMINAR** (2 Core FM CME points)  
DAY 1 • Unit 1 - 3: Sat, 28 June (2.00pm - 4.00pm)

■ **WORKSHOP** (1 Core FM CME point)  
DAY 1 • Sat, 28 June (4.30pm - 5.30pm)

\*Registration is on first-come-first-served basis.  
Please register by 25 June 2025 to avoid disappointment.

■ **DISTANCE LEARNING MODULE**  
(3 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)  
• Read 3 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This Family Practice Skills Course is sponsored by **GSK Singapore**, organised by **College of Family Physicians Singapore**.



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

All information is correct at time of printing and may be subject to changes.

## REGISTRATION

### Ageing with Vitality

**FREE REGISTRATION for College Members!**

Please tick (✓) the appropriate boxes

	College Member	Non-Member
Seminar 1 (Sat)	<b>FREE</b>	<input type="checkbox"/> \$32.70
Workshop 1 (Sat)	<b>FREE</b>	<input type="checkbox"/> \$32.70
Distance Learning (MCQs Assessment)	<b>FREE</b>	<input type="checkbox"/> \$87.20
	<b>TOTAL</b>	

All prices stated are inclusive of 9% GST with effect from 1 January 2024.  
GST Registration Number: M90367025C

I attach a cheque for payment of the above, made payable to: **College of Family Physicians Singapore** \*

Cheque number: \_\_\_\_\_

#### We also accept payment via PayNow

PayNow UEN: **S71SS0039J**, key in your MCR No. and Name under the UEN/Bill Reference No.

\*Registration is confirmed only upon receipt of payment. The College will not entertain any request for refund due to cancellation after the registration is closed OR after official receipt is issued (whichever is earlier).



### Online Registration Available

Scan the QR code or access the link below to register online.

<https://www.cognitofrms.com/CFPS/FPSC128>

Name: Dr \_\_\_\_\_

MCR No: \_\_\_\_\_ Clinic HCI Code: \_\_\_\_\_

Mailing Address: (Please indicate:  Residential  Practice Address)

\_\_\_\_\_

E-mail: \_\_\_\_\_ Tel: \_\_\_\_\_

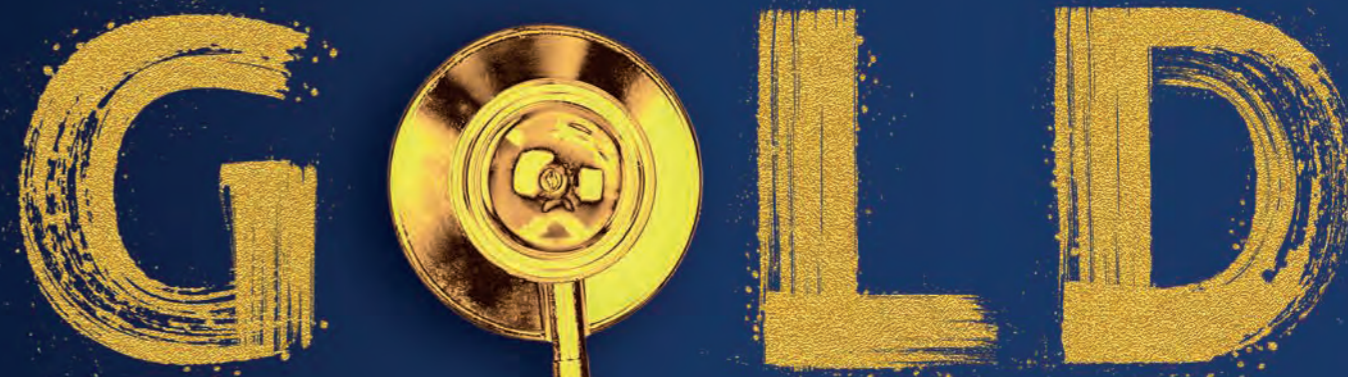
Note: Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.

Please mail the completed form and cheque payment to:  
**College of Family Physicians Singapore**  
16 College Road #01-02, College of Medicine Building, Singapore 169854

You may send your completed form to: **sfp@cfps.org.sg**  
**Successful applicants will be confirmed by email.**

College of Family Physicians Singapore  
Registration Number : S71SS0039J  
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**ENSURE® LIFE STRENGTHPRO™ IMPROVES MUSCLE MASS, STRENGTH AND IMMUNITY<sup>1,2</sup>**



**Greater calf circumference at DAY 90<sup>1,\*,^</sup>**  
 (among subgroup of patients with low ASMI)  
 n=293  
 p=0.010



**Improved leg strength at DAY 90<sup>1\*</sup>**  
 n=401  
 p=0.030



**4X fewer sick days<sup>2</sup>**  
 (at day 360, 6 months after completion of the intervention)  
 n=401  
 p=0.042

**Community dwelling older adults, 65 years old and above, at risk of malnutrition.**

ASMI: Appendicular Skeletal Muscle Mass Index.  
 \*When consuming Ensure® Life 2 serves/day in conjunction with dietary counseling (DC) compared with the control group who received placebo drink and DC.  
 ^Calf circumference is known surrogate marker of lean mass.  
 References: 1. Chew ST, et al. Clin Nutr. 2021 Apr 1;40(4):1879-92. 2. Tey SL, et al. ESPEN abstract. 2022; ESPEN22-LB-2227. 3. Zhong K, et al. Eur J Nutr. 2021;60(8):4175-4187. 4. Argilés JM, et al. J Am Med Dir Assoc. 2016;7(9):789-796. 5. Deutz et al. Clin Nutr. 2014;33 (6):929-936.

**KEEP YOUR PATIENTS† STRONG AND INDEPENDENT WITH COMPLETE AND BALANCED NUTRITION**

- HMB & Protein**  
• Builds & Protects Muscles<sup>4,5</sup>
- YBG & 12 Immunity Nutrients**  
• Reduces Incidence & Duration of Upper Respiratory Tract Infections<sup>3</sup>
- 6 Delicious Flavors**  
• Plant-based & Sucrose-free Variants



34 nutrients in every serve

HMB: β-hydroxy β-methyl butyrate; YBG: Yeast beta glucan; 12 immunity nutrients: protein, vitamin A, B6, B12, C, D, E, folate, selenium, copper, zinc, and iron that help support the normal function of the immune system.  
 †Older patients at risk of malnutrition and /or muscle loss;  
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**SUPERIOR GLYCEMIC CONTROL AND QUALITY WEIGHT LOSS WITH GLUCERNA® MEAL REPLACEMENTS<sup>1\*</sup>**

(DAY 90 RESULTS)



**-0.5% HbA1c**  
 (p<0.05)



**Preserved lean mass**



**3X decrease in visceral fat**  
 (p<0.001)

**Patients aged 21 to 65 years on oral glucose-lowering drug(s) with BMI 23.0 to <35.0 kg/m<sup>2</sup>.**

\*Compared to Standard of Care (SOC) alone (n=118) which included diabetes education on diet, exercise, smoking cessation, medication, self-care, and psychosocial adaptation to diabetes  
 In the Glucerna® group (n=117) patients received 1-2 Glucerna® partial/full meal replacements (based on BMI) in addition to SOC.

**TRANSFORM THE STANDARD OF DIABETES CARE: RECOMMEND GLUCERNA® AS A MEAL REPLACEMENT<sup>^</sup>**



**Complete & balanced Diabetes-Specific Formula**  
 • Nutraceutical blend (228 kcal) to support diabetes control



**Unique Slow-Release Carbohydrate blend (low GI)**  
 • Triggers GLP-1 & Insulin production<sup>2</sup>



**800mg Inositol**  
 • Improves insulin sensitivity<sup>3,4</sup>



**High-quality protein**  
 • Supports muscle mass building

**Tastes like a treat, but doesn't act like one**



GI: Glycemic Index; GLP-1: Glucagon-like Peptide 1; ^ For overweight & obese patients with type 2 diabetes.  
 References: 1. Tey SL, Chee WSS et al. Front Nutr. 2024 Jul 15;11:1400580. 2. Devitt et al. Journal of Diabetes Research & Clinical Metabolism. 2012;1(1):20. 3. Bevilacqua A et al. Int J Endocrinol. 2018;2018:1968450. 4. Dang NT, et al. Biosci Biotechnol Biochem. 2010;74(5):1062-1067.  
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# TAILORED NUTRITION CARE PATHWAY FOR PATIENTS OF ALL BMI CATEGORIES



**UNDERWEIGHT**

BMI < 18.5 kg/m<sup>2</sup>



**NORMAL**

BMI 18.5 – 22.9 kg/m<sup>2</sup>



**OVERWEIGHT**

BMI ≥ 23 kg

## A. OPTIMISE NUTRITION

### STEP 1

For all patients:  
Build the nutrition foundation



Educate on a healthy plate

Refer to <https://www.healthhub.sg/>

### STEP 2

For patients at risk of under, unbalanced & overnutrition and / or with 'possible sarcopenia':  
Make an easy-to-adopt nutrition prescription

**SUPPLEMENT IN BETWEEN MEALS**  
2 serves/day



OR



Diabetes

**REPLACE "UNHEALTHY" CALORIES**  
1-2 serves/day



OR



Diabetes

**REPLACE A MEAL, ACHIEVE CALORIE DEFICIT**  
1-2 serves/day



OR



Diabetes

## B. PROMOTE PHYSICAL ACTIVITY



Limit sedentary time

+



Aerobic exercise\*  
Moderate-intensity  
150-300 min/week

+



Strength training\*  
2 days per week

## UNLOCK FULL FLAVOR & BENEFITS WITH PROPER PREPARATION#

**Ensure**

Build Muscle Mass, Strength and Immunity



**Glucerna**

Achieve Glycemic Control & Quality Weight Loss



BMI: Body Mass Index

^Diagnosis of Possible Sarcopenia is sufficient to start intervention;

\*Perform exercise pre-participation assessment before starting any exercise more vigorous than walking in case the patient has a chronic condition;

#Recommend Ensure® or Glucerna® as part of a healthy and well balanced diet.

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