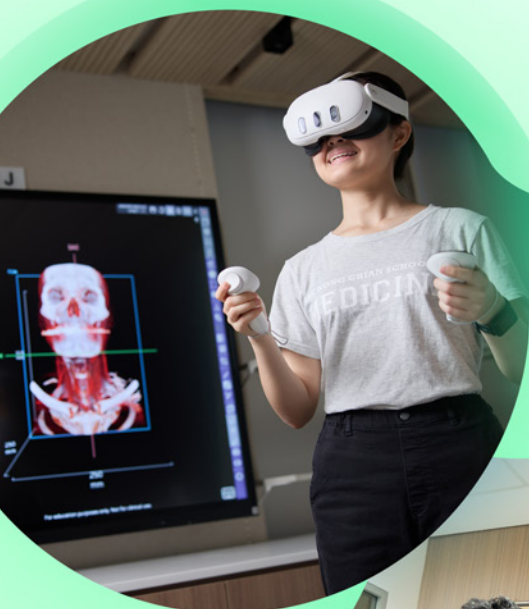


SMA



VOL. 58 NO. 1 | JANUARY 2026 | MDDI (P) 022/12/2025

Where Doctors *Take Shape*



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Inside the
**Modern Medical
Curriculum**

From Lectures
to Clinics



DukeNUS
Medical School

Dr Kizher Buhary
*Consultant, Orthopaedic Surgery,
Singapore General Hospital
Duke-NUS Class of 2012*

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Email: news@sma.org.sg

URL: <https://www.sma.org.sg>

UEN No.: S61SS0168E

DESIGN AGENCY

Oxygen Studio Designs Pte Ltd

PRINTER

Midas Asiapac Pte Ltd

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The Editors' Musings

DR TINA TAN

Editor

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



In my recent months of scrolling through social media, I came across reels of doctors and medical students teaching their audience about certain topics in preparation for examinations. Watching these content creators led me to wonder, "How has medical learning changed in these times?" and "How does it look like for educators and for the students being educated?"

You will see that we have obtained answers to both questions in our Feature and Doctors-in-Training articles, respectively – one response each from our three medical schools. The takeaway message is that learning is a lifelong process. Even the way learning is conducted has to adapt to changing times, and our schools have made remarkable efforts to keep up.

As such, Prof Thomas Coffman's article fits in nicely with our issue, where he reflects on his tenure as dean of Duke-NUS Medical School and the lessons he has learnt along the way.

Lastly, I read with amusement the snippet from Gunjan Agarwal (who would be considered a junior of mine from Duke-NUS) where she states, "One week. Fifteen pre-recorded lectures. Two readiness assessment tests. Countless tutorials. Repeat for 52 weeks – that was the life of a first-year Duke-NUS student."

Well, the times may have changed and medical education may have evolved (and is still evolving) in accordance with those changes, but some things... don't change.

A/PROF DANIEL FUNG

Guest Editor

A/Prof Fung is a father of five and grandfather of five, which are experiences that have taught him to live with stress, uncertainty and joy in equal measure. A lifelong supporter of Tottenham Hotspur, he has learnt resilience and the discipline of hope. His tenure as CEO of the Institute of Mental Health prepared him well for his current role as chief wellness officer at NHG Health.




Medical education does not begin on the first day of medical school, nor does it end with graduation, examinations or specialist accreditation. If the practice of medicine is "doing good", then its education is "learning good" across one's professional life span. The science evolves, systems change and our understanding of patients deepens with every encounter. More importantly, medicine is a profession where what we do, or fail to do, can have profound consequences for others.

Professional education therefore holds a special place in medicine. It is not merely about acquiring knowledge or skills, but

about shaping judgement, ethics, humility and a commitment to service. As this issue of *SMA News* explores medical school curricula, reflections from academic leaders and the voices of students themselves, we are reminded that education must keep pace with changing societal needs, digital realities and emerging models of care, while remaining grounded in compassion and professionalism.

Medical education is about developing doctors who are not only competent but curious, genuine, sincere and committed to learning for the sake of their patients, their profession and society. ♦



Inside the Modern Medical Curriculum

The landscape of Singapore's medical education has flourished over the years, resulting in the three local medical schools we know today: NUS Yong Loo Lin School of Medicine (NUS Medicine), National University of Singapore (NUS), Duke-NUS Medical School and Lee Kong Chian School of Medicine (LKC Medicine), Nanyang Technological University, Singapore (NTU). In appreciation of the continuing development of local medical education and the progress made, *SMA News* invites representatives from the three medical schools to share and reflect on their respective curricula.

As healthcare grows in complexity, medical education must adapt to prepare doctors for current and future demands. NUS Medicine has undertaken a comprehensive curriculum transformation aligned with Singapore's national priorities. This reform is anchored in two Ministry of Health (MOH) initiatives:

- Healthier SG, which advances preventive care, community-based services and holistic patient management; and
- The Entrustable Professional Activities (EPA) framework, which defines the workplace-based clinical tasks expected of junior doctors at graduation.

Embedding these standards ensures NUS Medicine graduates are clinically competent, person-centred and ready to contribute to the health system from day one.

The transformation is guided by clearly defined graduate outcomes that shape every aspect of the curriculum. Beyond knowledge acquisition, the school's vision cultivates a holistic professional identity through the "six roles of a well-rounded doctor". These six roles form a comprehensive definition of the modern physician, which drives the curriculum's tangible innovations. Graduates are expected to be:

1. Safe and effective clinicians who exercise sound judgement and deliver person-centred care;
2. Critical thinkers, scientists and scholars grounded in the social and scientific foundations of medicine;
3. Kind and compassionate professionals who communicate clearly, respond sensitively to patients and act with integrity;
4. Partners and team players who collaborate effectively and show leadership in clinical care, education and research;
5. Dynamic learners and educators who are adaptable, committed to lifelong learning and comfortable with emerging technologies such as artificial intelligence (AI); and

6. Advocates for health improvement who positively and responsibly impact individual, community and population health.

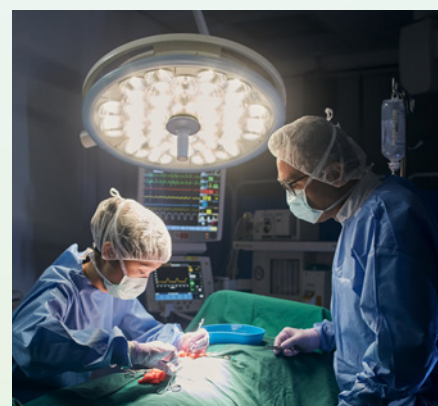
Redesigned from the ground up

To turn this philosophy into practice, NUS Medicine has redesigned medical training through interprofessional education, greater clinical relevance and integrated technology.

A new cornerstone is the Common Curriculum for Healthcare Professional Education (CCHPE), launched in August 2023 for undergraduates in medicine, nursing, dentistry and pharmacy. Delivered over the first two years, it comprises five courses: Socio-Ecological Determinants of Health; Professional Practice 1 and 2; Data Literacy for Healthcare; and Digital Literacy for Healthcare. The CCHPE breaks down professional silos early, fostering mutual respect, shared language and a collaborative mindset essential for preventive, person-centred, team-based care aligned with the Healthier SG initiative. This is reinforced by the Longitudinal Patient Experience programme, where interdisciplinary student groups visit patients in their homes over a year, applying classroom concepts in real-world community contexts and deepening patient-centred care.

Preclinical education has shifted from traditional subject-based teaching to a clinically integrated, organ-system model. Instead of learning anatomy, physiology and pathology in isolation, students study systems such as cardiovascular and neurological, connecting normal biology to disease in a cohesive, clinically relevant context. Each year culminates in a multi-system block capstone, challenging students to apply foundational science to complex clinical problems affecting multiple systems and sharpening clinical reasoning.

Clinical training in Phases III to V has been refined to ensure consistent quality and progressive competence.



From classroom to clinical hands-on practice in a simulated OT

EPA milestones are embedded to guide performance and assessment, and postings are standardised for clarity and consistency. The final year has been restructured into two courses. The first comprises revision postings preparing students for the Final Professional MBBS examination. The second is a revamped Student Internship Programme (SIP) that shifts away from high-stakes summative examinations, emphasising workplace-based assessments and EPA-aligned tasks. SIP concludes with a multi-station objective structured clinical examination focused on practical skills essential for a first-year postgraduate doctor, aligning assessment with real-world responsibilities.

Technology and simulation are integrated throughout the curriculum to enrich learning and develop adaptable, self-directed clinicians. High-fidelity tools such as the Harvey cardiopulmonary simulator and SimMan manikins provide hands-on practice in a safe environment. Home-grown virtual reality programmes include PASS-IT for patient safety in surgery, VRAM in psychological medicine, a VR delivery suit programme and RESCUE VR for trauma training. Gamified tools make complex topics engaging. For example, HEALING teaches healthcare economics and PRESCRIBE develops safe prescribing skills. These resources mirror technologies in modern clinical practice and build comfort with digital innovation, fostering lifelong learning.

To future-proof graduates, the curriculum offers structured pathways for specialisation in data-driven discovery and research. The new Minor in Biomedical Informatics equips students to use and innovate with data and technology, improving patient outcomes, operational efficiency and research. In parallel, the Beyond Medicine programme nurtures research capability and curiosity, including a one-day research festival that connects students with research groups and shows how bedside questions can drive impactful projects. Guided opportunities encourage students to pursue inquiry that translates into improved health outcomes.

This transformation is both structural and developmental, designed to meet Singapore's evolving healthcare needs while preparing graduates to excel as clinicians, collaborators and innovators. Its success rests on strong stakeholder engagement, ongoing faculty

development and rigorous evaluation to identify areas for improvement. NUS Medicine remains committed to continuous refinement, with an ambition to train the doctors of the future and be "the best medical school in the world, for Asia".

Shelvi is a senior assistant manager from the NUS Yong Loo Lin School of Medicine Dean's Office, leading the Curriculum Planning and Development team. In her free time, she enjoys learning new skills such as baking and dressmaking, while also keeping her two kids alive.



Acknowledgements

Special thanks to A/Prof Alfred Kow Wei Chieh, A/Prof Marion Aw, A/Prof Chen Zhi Xiong and Dr Dujeepta D. Samarasekera for their guidance and constructive feedback on this article.

Adj Prof Lau is a senior consultant rheumatologist at the National University Hospital and holds various positions in the fields of medicine and education, including vice-dean (education) of NUS Yong Loo Lin School of Medicine and group director of the National University Hospital System Education Office. In his free time, he enjoys photography, singing, cooking, jogging and Tai Chi.



Text by Asst Prof Suzanne Goh | Photo by Duke-NUS Medical School

Duke-NUS Medical School was born not out of convenience, but out of conviction. In the early 2000s, Singapore set out to develop a robust biomedical ecosystem. We thus saw a need for individuals who could contribute to scientific advancement while caring for patients – doctors who would not only practise medicine but also improve the practice of medicine. From these national ambitions emerged the vision for a graduate-entry, research-intensive medical school that would nurture clinicians with a focus on integrating scientific inquiry with clinical practice. That vision became Duke-NUS.

Our students arrive from many different countries, having completed a first degree, with some even holding Masters or PhDs. Each cohort brings a rich mix of professional and cultural backgrounds. Engineers, scientists, allied health professionals, lawyers, bankers and philosophers all learn alongside one another. Drawing strength from this

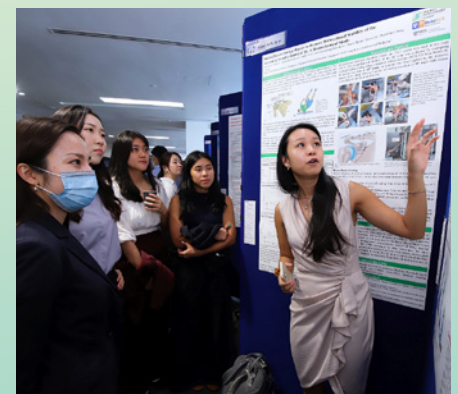
diversity, we cultivate a collaborative learning environment where maturity, lived experience and interdisciplinary thinking enrich student learning.

Structure of the curriculum

Our curriculum follows a four-year structure that blends scientific foundations, clinical immersion, research training, mentorship and professional identity formation.

In Phase I, students begin with an integrated systems-based grounding in basic and applied medical sciences and learn foundational clinical and communication skills from the first day. In Phase II, students progress through core clinical clerkships, which are organised into two halves for stronger scaffolding and spiral learning, progressively deepening their clinical reasoning and patient care skills. They also complete the Research and Critical Thinking course, equipping them with essential skills for scientific inquiry and evidence-based practice.

A dedicated, immersive research period of up to nine months follows, during which students are embedded in teams led by scientists, clinicians and health system leaders addressing real problems that matter to real patients. This is not coursework, but meaningful participation in authentic scientific and clinical problem-solving: identifying needs, generating evidence, testing ideas and contributing to work that



Student-presented research project

aims to improve patient care. Students gain firsthand experience of how leaders frame problems, make decisions, navigate uncertainty and integrate discovery with the realities of clinical and health system priorities, where stakes are real and the impact is immediate.

The final phase prepares students for clinical practice by exposing them to the full spectrum of patient care. In addition to their inpatient rotations, students undertake a posting in a community hospital, where they will encounter subacute, rehabilitative and transitional care. They also spend time in outpatient clinics, gaining insight into ambulatory and chronic care.

Our longitudinal integrated programme, CARE (which stands for connect, assimilate, reflect and explore), develops students across multiple threads, including ethics and professionalism, population health, procedural skills and simulation-based learning, communication, and reflective practice. Mentorship is intentionally embedded throughout the curriculum: Clinical Skills Foundation mentors are present in Phase I, CARE tutors in Phase II, research mentors in Phase III, and ambulatory care mentors in Phase IV. The four Duke-NUS colleges, led by senior clinicians serving as college masters, provide additional personal guidance, pastoral support and career advice.

Shaping identity

While the curriculum provides the structure, the heart of Duke-NUS lies in how it shapes identity. Guided

by the school's mission to develop clinicians who can advance care through leadership, research and service, we recognise that becoming a doctor requires more than mastery of knowledge or technique. It requires becoming the kind of person who will serve patients, teams and society with integrity and purpose. Students engage deeply with reflection, ethics, communication, teamwork and advocacy, and these elements are woven throughout the curriculum as core educational pillars.

A particularly distinctive expression of this philosophy is the Longitudinal Ambulatory Programme, a 36-week work attachment in which students are embedded biweekly in the same outpatient clinic with the same preceptors. This model provides longitudinal mentorship and allows them to follow patients across visits, observing how conditions evolve over time, how management plans are refined and how trust is built in ambulatory care. For many, the sustained experience deepens their confidence and participation, enabling them to contribute more meaningfully to patient care and also explore a potential career path, reinforcing their growth as developing clinicians.

Threaded across the curriculum is a commitment to developing clinician-advocates. Students learn to analyse systems, recognise inequities and identify opportunities for improvement. Advocacy is expressed through clinical work, research, leadership opportunities,

quality improvement and community engagement. Graduates leave with strong clinical foundations and a readiness to contribute meaningfully to the healthcare system they serve.

Today, as medicine evolves with demographic shifts, chronic disease burdens, digital transformation and AI, Duke-NUS continues to adapt. We refine how we prepare students to work responsibly with technology, navigate uncertainty, collaborate in teams and innovate thoughtfully. Our students arrive as biologists, engineers, artists and analysts, and graduate as clinicians who also contribute through research, innovation, leadership, education and service. In all these ways, we continue to pursue the Duke-NUS vision of transforming medicine and improving lives.

Asst Prof Goh is associate dean of the Doctor of Medicine programme at Duke-NUS Medical School and practises paediatric endocrinology at KK Women's and Children's Hospital. She oversees curriculum and assessment design and implementation, and has strong interests in professional identity formation, clinical reasoning and shaping clinicians who think critically, lead boldly and serve with compassion.



Text by A/Prof Faith Chia | Photo by LKCMedicine

"If we teach today's students as we taught yesterday's, we rob them of tomorrow." – John Dewey

This quote, attributed to the great educationalist John Dewey almost a century ago, is more salient than ever in our current healthcare landscape. The

rapid progress in medicine, exponential growth of technology, changing disease epidemiology and evolving patient expectations make it imperative that we not only constantly review our medical curriculum, but also equip our students with skills to allow them to be future-ready.

A reformed curriculum

LKCMedicine's foundation, built with Imperial College London, provided a strong base for curricular reform when our partnership concluded. This allowed the school to retain the best elements of the joint NTU-Imperial degree while



LKCmedicine student Muhammad Ra'uf and Silver Generation Ambassador Doris Cheong visiting a resident as part of the community experience partnership with the Agency for Integrated Care

including contemporary programme outcomes and ensuring that training is grounded in Singapore's needs, enabling graduates to be competent, adaptable and ready for future practice. The reformed curriculum also meets the requirements of MOH's National Outcomes for Medical Graduates Framework and aligns with the Healthier SG initiative and other key national healthcare shifts.

New areas of focus in the NTU Bachelor of Medicine and Surgery (MBBS) include areas of swift advancement such as digital health and AI, precision medicine, multi-morbidity and minimally disruptive medicine, preventive medicine, value-based care and health equity, to name a few. Some of these represent entirely new modules, while others strengthen or extend existing content.

The curriculum reflects Singapore's shift toward community-based care, giving students exposure to diverse community and social service settings. A longitudinal community experience developed with the Agency for Integrated Care emphasises the needs of the ageing population, nurturing doctors who understand patients' lived realities and the broader determinants of health, not just illness.

There will also be more opportunities for students to learn research skills and engage in scholarly work, culminating in a scientific symposium that allows all students to be exposed to the research

journey, from planning to presentation of their work. LKCmedicine will also be introducing cadaveric dissection in Years 3 and 4 of the MBBS programme, co-led with surgeons and tying it in with surgical postings so that students will gain a greater appreciation of anatomy through the clinical lens and will be able to practise surgical skills.

Technology-enhanced learning continues to be a core feature of the NTU MBBS. Students will benefit from improved digital tools, virtual reality platforms and diverse simulation experiences. AI-powered chatbots, virtual patients and communication simulators enrich learning and provide low-stakes environments for practice. Innovative platforms also allow students to hone skills in evidence-based medicine through dynamic and interactive "sparring" opportunities.

Importantly, the NTU curriculum not only prepares students to care for patients but also has a strong focus on the learner. We are cognisant that our students will be graduating to work in a demanding healthcare system, underscoring the need to equip them for transition to practice, as well as the importance of physician well-being. Clinical teaching has more focus on realistic tasks, such as emergencies and prescribing, to better prepare students for independent practice. We identified critical transition points – especially the shift from campus to clinic and from student to practising physician – and strengthened the curriculum to better support students through these phases.

New vertical themes on professional growth and medical humanities address topics such as dealing with uncertainty, professional identity development, interprofessional teamwork, burnout and moral distress. Students will be taught practical strategies to support resilience, well-being and reflective growth – skills essential for sustaining long and meaningful medical careers. Our shift towards programmatic assessment and the Learning Progress Dashboard will allow students greater clarity regarding their learning journey, and enhance self-directed learning

while being supported by their faculty and house tutors who act as coaches.

Shared vision for our learners

The journey through the curricular reform brought together over a hundred clinicians, faculty, students and alumni from LKCmedicine, partner healthcare institutions and other NTU colleges. It was heartening to see how invested the alumni and students were in building the new curriculum for their juniors, returning after clinical work on weekends to contribute, encapsulating the ethos of paying it forward. This collective process helped shape a shared vision of the ideal LKCmedicine graduate and broke down silos across themes, enabling modules to be streamlined or replaced to make space for new, relevant content.

While there is much to be excited about in the new curriculum, we also want to remember that robust clinical skills, humility, integrity and authentic compassion should be the bedrock of every physician. We want to produce strong clinicians who are rooted in values and social responsibility and support them to flourish in different areas of medicine, so that we can truly say that the LKCmedicine graduate is the doctor you and I would like to have caring for us. ♦

A/Prof Chia is a senior consultant at Tan Tock Seng Hospital and serves as vice-dean (education) at Lee Kong Chian School of Medicine and cluster education director at NHG Health. Formerly designated institutional officer of NHG Residency and assistant dean (curriculum lead), she led the NTU Bachelor of Medicine and Surgery curricular reform and implementation. She is an award-winning educator, including the ACGME International Physician Leader Award.



Aligning



Private

and

Public



Resource Allocation

Text by Dr Ng Chee Kwan

In Singapore, patients can opt to get medical treatment in either public or private healthcare institutions. Costs are generally lower in the public sector, but due to heavy workload, wait times can be long. On the other hand, the private sector wait times tend to be considerably shorter, but the costs of treatment are higher.

Based on data from the Singapore Department of Statistics for the period between 2020 and 2024, there was an 18% increase in the number of acute public hospital admissions, and a 23% increase in the number of patients at public hospital specialist outpatient clinics.¹ In comparison, there was only a 6% increase in the number of acute private hospital admissions over the same period. While there is no data available for private specialist outpatient clinics, it is likely that the number of attendances has likewise not increased significantly.

Active collaboration

Recent changes to private health insurance that reduce the coverage of riders will lead to reduced insurance payouts for private hospital admissions,² and this could steer even more patients to the public sector. The public sector would be under further strain, while the private sector would be underutilised. It would be logical for the Government to collaborate with the private sector to optimise the use of healthcare resources.

The COVID-19 pandemic provided an extraordinary impetus for such collaboration. During the pandemic, private hospitals contributed medical staff, nurses and operational support towards the running of COVID-19 treatment facilities across the island. Stable non-COVID-19 patients were diverted to private hospitals for management of their chronic conditions. Over

970 private GP clinics were designated as Public Health Preparedness Clinics to provide COVID-19 testing and treatment.

Outside of the pandemic, the most sustainable government collaboration with the private sector has been at the primary healthcare level. Since 2012, the Community Health Assist Scheme (CHAS) has allowed some 1.2 million patients to obtain subsidised primary care at participating GP clinics.³ More recently, the Healthier SG initiative has allowed 1.3 million enrollees to potentially receive health screenings and selected common chronic medications at subsidised rates.⁴

However, collaborations at the hospital level have been few and far between. The Ministry of Health and Raffles Hospital have had an ongoing collaboration since 2015, whereby Singapore Civil Defence Force ambulances may send patients with non-life-threatening conditions to Raffles Hospital for emergency treatment at subsidised rates. There were also collaborations with a few private hospitals to receive dengue patients, but I am not sure if they are still ongoing.

As for private specialist outpatient clinics, there is no such collaboration to date. When I first started private practice, I thought that since benign prostatic hyperplasia (BPH) was among the 23 chronic conditions covered under CHAS, some of my patients would be able to get subsidies for BPH treatment. However, I soon realised that the CHAS scheme did not extend to specialist outpatient clinics.

There are advantages to having government collaboration with private specialists and hospitals – on the whole, wait times for patients would shorten and workloads would be more evenly distributed between the public and private sector. Doctors' fee expectations will need to be moderated

for such a scheme to be viable. Costs of implementation may come down if plans for a new not-for-profit private hospital come to fruition.⁵

The COVID-19 pandemic has clearly shown that government collaboration with the private sector is possible and beneficial. Why not have a similar collaboration in "peacetime"? It would optimise the utilisation of the public and private healthcare sector and improve the delivery of healthcare to Singaporeans. ♦

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



HIGHLIGHTS

From the Honorary Secretary

Report by Clinical Asst
Prof Benny Loo Kai Guo

2026 SMA Annual General Meeting

Please see below details of SMA's upcoming Annual General Meeting (AGM). Members can attend in person or via Zoom.

- Date: 26 April 2026, Sunday
- Time: 2 pm to 4 pm (Lunch at 1 pm)
- Venue: SMA Office or Zoom
166 Bukit Merah Central
#04-3531
Singapore 150166

Please send an email to szeyong@sma.org.sg if you wish to:

- Confirm your attendance (please indicate if you are attending in person or via Zoom, and provide your MCR number and full name as it appears in the Singapore Medical Council register);
- Submit resolutions and/or proposed constitution amendments; or
- Submit nominations to fill the nine vacancies in the SMA Council.

Members who wish to move any resolution or raise amendments to the Constitution and Rules at the AGM are to give notice in writing to the Honorary Secretary by 12 pm on 27 March 2026, in accordance with SMA Constitution Article XI, Section 1, Sub-Section (iii) and Article XII, Section 2, respectively.

Members are invited to submit nominations of candidates to fill the nine vacancies in the Council, in accordance with Article VIII, Section 3a of the SMA Constitution.

Nominations must be signed by two Ordinary/Life/Spouse Members and contain a consent to act, if elected, signed by the person nominated.

All completed forms should reach us by 12 pm on 27 March 2026.

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



SMJ Editorial Fellowship 2026

Following a successful inaugural run in 2025, the *Singapore Medical Journal (SMJ)* launched the second edition of the SMJ Editorial Fellowship on 1 January 2026. This one-year programme continues SMJ's commitment to nurturing early clinician researchers through structured mentorship in manuscript review, peer review and editorial processes.

Applications opened on 1 September 2025 and closed on 30 October 2025, with selections made by a committee comprising the editor-in-chief, deputy editors and specialty editors.

The successful candidates for the SMJ Editorial Fellowship 2026 are:

- Dr Brian Chan Yuan-Lang, Neurosurgery Resident, National Neuroscience Institute
- Dr Isaac KS Ng, Senior Resident, Division of Rheumatology, Department of Medicine, National University Health System (NUHS)
- Dr Grace Chan Ming Fen, Senior Resident, Department of Obstetrics and Gynaecology, NUHS
- Dr Huang Juncheng, Senior Resident (Clinician-Scientist Track), Department of Diagnostic Radiology, NUHS ♦

Solidarity and Unity

76TH WMA GENERAL ASSEMBLY

Text and photo by Dr Chow Chiu Leung Peter

Dr Chow is a senior consultant in geriatric medicine at Changi General Hospital. Apart from clinical practice, he focuses on medical law and ethics. Through the SMA Centre for Medical Ethics and Professionalism, he has gained vast experience in teaching and organising events in medical ethics and law for healthcare professionals.



It was a wonderful pleasure to participate in the 76th General Assembly of the World Medical Association (WMA) in Porto, Portugal from 8 to 11 October 2025 on behalf of SMA. SMA is a Constituent Member of WMA and was invited to attend the General Assembly together with the national medical associations of the world.

WMA organises multiple committee meetings annually across the globe to foster discussion among nations with diverse economic and cultural backgrounds. National representatives play a vital role in giving their voices on international issues in relation to health and human suffering. Issues discussed in committee meetings are put up in the Assembly for attending members to review and refine. WMA has released numerous significant documents over the years, such as the International Code of Medical Ethics and the Helsinki Declaration of Research Ethics. Meanwhile, contemporary pressing issues, like international conflicts and infectious disease outbreaks, are tabled at each General Assembly.

The main Assembly spanned four days, during which representatives heard the concerns and opinions raised by the Medical Ethics Committee, Financial Committee, and Social and Welfare Committee. Representatives have equal rights to present their support and worries, and every speech was translated into English, French, Chinese, Spanish and Japanese. Despite differing viewpoints, the discussions were generous, constructive and, above all, full of compassion and empathy for humans around the globe.

After addressing the meeting agenda, a ceremony of great significance began. Representatives of all national medical associations were called upon to show their participation and involvement in WMA. It demonstrated a great sense of unity and the collective will to maintain the mission of WMA – to serve humanity by endeavouring to achieve the highest international standards in medical education, medical science, medical art and medical ethics, and health care for all people around the world. Dr Jacqueline Kitulu of Kenya, the 2026 WMA President, then took the baton from Dr Ashok Philip, 2025 WMA President. Dr Kitulu is the first ethnic African to be WMA president.

An afternoon was allotted for a scientific conference on the governance of artificial intelligence (AI) in healthcare, delivered by speakers from WMA and the Portuguese Medical Association (PMA). Dr Ramin Parsa-Parsi of the WMA Medical Ethics Committee reminded us that the use of new technology should align with the basic ethical principles held by WMA: autonomy, beneficence, non-maleficence,

justice, dignity and respect for human life. The talk was both insightful and fundamental to the application of AI in healthcare.

Connecting with the global community

Porto, the second-largest city in Portugal, is not only famous for being the origin of port wine but also for being a major port in the era of the Age of Discovery. Our host, the PMA, arranged many dinners for the attendees, including a great boat trip on the Douro river. On that lovely sunny evening, we enjoyed fish, port wine and fado music.

Alongside the serious ethical and social issues discussed in the Assembly, we had amazing chats, beautiful photos and warm friendships with doctors from around the world. As someone who was born and raised in Hong Kong and has lived in Singapore for nearly 20 years, it was an especially wonderful time meeting the big team of delegates from the Hong Kong Medical Association. We shared not only the different challenges faced by doctors in both cities, but also our many similarities and, most of all, we shared a great deal of fun!



WMA JUNIOR DOCTORS NETWORK

Text by Dr Maxz Ho | Photos by WMA

Dr Ho is an Air Force medical officer and will commence his A&E residency training in 2027. He is a member of the SMA Doctors-in-Training Committee and serves as the secretary for the Medical Association of South East Asian Nations Junior Doctors Network. He believes that every junior doctor we invest in today becomes the mentor someone else needs tomorrow.



The WMA Junior Doctors Network (JDN) Fall Meeting was held in conjunction with the WMA General Assembly in Porto, Portugal, from 6 to 7 October 2025 at the PMA's office.

I had the privilege to represent the SMA Doctors-in-Training Committee for this occasion. The discussions centred on "Junior Doctors' Working Conditions", where representatives from 14 countries shared data and perspectives on working hours and current challenges that junior doctors face. The conversations took place against the backdrop of two multicentre research studies with similar objectives to gather global data on junior doctors' working hours, rest periods and satisfaction levels – the WMA JDN's Global Working Time Study and the European Junior Doctors Association's REST-JD Report.

Reflections on the world

It was truly an eye-opening experience to learn more about the different working conditions that junior doctors around the world face. For example, the junior doctors in Europe have a legal limit of 48 working hours per week (albeit in practice, compliance is not optimal). Yet in Asian countries such as Korea, Thailand and Singapore, the guideline is set at 80 hours per week. Through these conversations, I distilled three key reflections.

Firstly, the challenges that junior doctors face transcend geographical boundaries. Although there are systemic

differences between healthcare systems, the broader issues we struggle with are fairly similar. Prolonged working hours, remuneration and access to postgraduate training opportunities were some of the common recurring themes across the sharings. These issues cumulate in an overall increased burden on junior doctors, with clear downstream effects on individuals' mental health.

Second, I was reminded that we must never take our sociopolitical stability for granted. Speaking with friends from countries facing political unrest, economic instability or conflict was humbling. Many of them shared about the security concerns junior doctors live with, the frequent disruptions to their training and the constrained resources that they have to work with. Singapore's sociopolitical stability is built on a cohesive social fabric with strong governance. We must never allow complacency to erode this foundation. Additionally, the tripartite partnership between the Ministry of Health, MOH Holdings and SMA underscores the need for a collaborative approach in addressing challenges faced by junior doctors.

Thirdly, I got to witness firsthand the importance of in-person connections. In my role as the Medical Association of South East Asian Nations (MASEAN) JDN Secretary, connecting with our MASEAN counterparts at this international forum

has been a meaningful and well-timed opportunity. It was a joy to reconnect with familiar faces from the previous MASEAN meeting, and to forge new friendships with passionate doctors from all over the world. More importantly, through this meeting, we connected with representatives from Philippines and Myanmar and invited them to join MASEAN JDN. With their inclusion, we now have eight of 11 MASEAN members represented. This is an encouraging milestone towards achieving full representation across the region.

The WMA JDN Fall Meeting concluded with the election of the new WMA JDN management team, followed by a smooth transition into the WMA General Assembly – where a JDN alumnus was elected as the WMA's Associate Members Chairperson. It is heartening to see members of WMA JDN continue to contribute actively to the wider WMA community. I wish nothing but the best for this dedicated network and offer my advance congratulations as JDN approaches its 15th anniversary in 2026. ♦

Legend

1. Dr Chow Chiu Leung Peter and Dr Maxz Ho with World Medical Association President Dr Jacqueline Kitulu

2. Members at the World Medical Association Junior Doctors Network Fall Meeting 2025





FROM
LECTURES TO CLINICS:



Reflections on Curricula

Text and photo by Donovan Lim Wei Xuan

Studying at NUS Medicine has been a journey that surprised me in ways I did not expect. When I first entered medical school, I imagined a curriculum full of only lectures, tutorials and examinations. Even though Years 1 and 2 have traditionally been reserved for the teaching of basic sciences, the curriculum has since evolved to allow for hands-on clinical training outside the hospital.

An aspect I have grown to deeply appreciate about my pre-clinical years is the emphasis on early clinical exposure, despite the need for basic training in clinical sciences. Learning how to take a comprehensive history and perform a thorough physical examination were taught right alongside physiology, pathology and pharmacology. Having the opportunity to learn from both standardised patients and patients in the wards from Year 1 was both intimidating and exciting. I still remember my first time speaking to a patient in the hospital; I was trying to recall the “correct” sequence of questions while also genuinely listening to the patient’s story. These early experiences taught me that clinical medicine is as much about

understanding people as it is about understanding disease.

In my clinical years thus far, I have grown to appreciate the apprenticeship model, where we are embedded in the teams we are attached to. Seniors allow us to clerk independently and try our hand at presenting the patient, with our opinions on further investigations and management. The guidance and feedback from our seniors, which is always tailored to the patient we have just met, has been one of the most meaningful parts of the curriculum for me. Learning on the job allows for less structured learning but more real-world experience, and I believe learning has more impact when it is applicable to actual patients.

Of course, there are parts of the curriculum that could be improved. The sheer volume of knowledge and fast pace of learning can be too much to handle, pushing many of us to examination-focused studying rather than attaining genuine understanding. Clearer learning outcomes and more protected time for self-directed learning may help students digest material more

meaningfully. Assessment is another area that often feels overwhelming. While Objective Structured Clinical Examinations and written examinations definitely have their place, they sometimes fail to capture the nuances of clinical work. The school’s move toward more workplace-based assessments and narrative feedback has been encouraging, and I hope this trend continues.

A growing part of my learning has also taken place outside formal teaching, specifically on social media. Platforms like Instagram, YouTube and even Telegram have become spaces where students share resources, clinicians post clinical pearls, and educators simplify difficult concepts. Social media has made learning more accessible and, at times, more enjoyable. However, it has also taught me to be cautious; not everything online is accurate, and it is easy to mistake well-designed posts for reliable information.

Looking back, what stands out most about the curriculum is how it has shaped what being a good doctor means to me. As the curriculum continues to evolve, I hope it keeps nurturing both competence and compassion. For me, these past years have been challenging, but they have also affirmed why I chose medicine in the first place. For that, I am grateful to be part of this journey.

Donovan is a Year 4 medical student at NUS Yong Loo Lin School of Medicine and is passionate about serving others and making an impact in his community. Outside of medicine, he is an avid animal lover and a wildlife guide at the Mandai Wildlife Reserve.



My year 4 clinical group during our paediatrics posting at National University Hospital with Prof Loke Kah Yin

The three local medical schools – NUS Yong Loo Lin School of Medicine (NUS Medicine), Duke-NUS Medical School and Lee Kong Chian School of Medicine (LKCMedicine) – are jewels of the medical profession and continue to produce professional, competent and caring doctors of all specialties. In this collection, we invite students from the three medical schools to comment on their experiences and share their thoughts on their respective curricula.

Text and photo by Gunjan Agarwal

Duke-NUS Medical School – what comes to mind when you first hear this name? A world-renowned research institute that helped advance the development of a novel mRNA vaccine for COVID-19, or the second youngest among Singapore's medical schools? Your answer might very likely have been the former – and so today, I hope to share more about this relatively young medical school from the lens of a second-year medical student.

Before I joined medical school, I simply could not fathom how a usual five- to six-year curriculum could be compressed into four; how three years of pre-clinical content could possibly be learnt in just one. Now, as someone who is supposedly qualified enough to begin clinical year, I still fail to understand how I managed to learn all of that in the first year while also adjusting to an entirely new phase in my life.

One week. Fifteen pre-recorded lectures. Two readiness assessment tests. Countless tutorials. Repeat for 52 weeks – that was the life of a first-year Duke-NUS student.

Despite the immense stress and relentless studying that comes with Year 1, I would not change a thing about it. I say this now because I have experienced the magic of the clinical years. After a year of mundane studying with little opportunity to apply our knowledge, many of us began to lose motivation. But the moment you step into the ward and see that chronic obstructive pulmonary disease patient with a barrel chest and pursed-lip breathing, everything comes alive – our textbook comes alive. That moment reignites our drive and reminds us why we are doing this. So, despite the fast-paced nature of Year 1, I believe it gave us sufficient grounding to move into the clinical years, where we can learn on the job rather than solely from a book.



Another unique aspect of Duke-NUS is the fact that each student has a different background, a different *past life* that has shaped who we are today. In my case, it was an engineer's problem-solving mindset; for others, it might be the attention to detail honed as a pharmacist or the analytical precision of a scientist. When all these past lives come together, we learn to approach a case from different angles and we begin to understand what holistic patient care truly means. I experienced this first-hand during our weekly TeamLEAD (which stands for learn, engage, apply and develop) sessions in Year 1, where we worked through patient cases and used practical problem-solving to guide our discussions. The varied perspectives of our small groups made these sessions one of the richest parts of the curriculum.

While I promised to write mainly about this relatively young medical school, it would be a shame not to acknowledge the world-renowned research institute that Duke-NUS also is, because these two identities are not mutually exclusive. Dedicating nine months of our already packed four-year curriculum to research may seem like a lot, but this is exactly what many of us

came for: to be Clinicians First, Clinicians Plus – clinician-scientists, innovators, educators and leaders. Our diverse past lives help define our "Plus". In turn, the research year helps us hone those skills so we can contribute meaningfully as clinician-scientists in the future.

I hope this short write-up helped you learn a little more about this young medical school and why I am proud to be part of it.

Gunjan holds a Bachelor of Engineering from the Singapore University of Technology and Design and is currently a medical student at Duke-NUS Medical School. She hopes to practise as a clinician while applying her systems engineering training to enhance healthcare efficiency and innovate within Singapore's medical landscape.





Year 3 team hands-on learning session as part of LKCMedicine curriculum

The most transformative curriculum is one that evolves through changing times without losing the essence of its beginning, while embracing the relentless evolution of the future. In 2021, my first year started in an unusual setting: in the comfort of my home, behind my laptop screen.

It was the COVID-19 period, and behind the screen, my teammates and I were deeply engaged in our discussions – sharing knowledge, providing perspectives and refining each other's ideas. In the Application Exercise segment of LKCMedicine's Team-Based Learning (TBL) lessons, we exchanged our pre-reading insights with one another to formulate a unified solution for real-world scenarios. I am privileged to have experienced the TBL curriculum throughout my five years in medical school. As an introvert, TBLs gave me the courage and safe space to express my thoughts while learning to mingle with other personalities. I could gauge my retention of pre-TBL lectures and learning materials through the individual assessment segment, which helps me reinforce and ingrain the content into my mind. As I sat in various multidisciplinary team meetings and preoperative rounds through nearly every specialty during my clinical attachments, I realised how pertinent TBL has been in preparing us for our responsibilities and professionalism as clinicians. Doctors, nurses, physiotherapists, occupational therapists and other healthcare professionals came together to collaborate on treatment goals and management plans, each contributing

expertise from their own fields tailored specially to every individual patient.

Having faced uncertainty together with the school through COVID-19 times and achieving a milestone together through gaining curricular independence after its partnership with Imperial College of London, being in LKCMedicine felt like growing and learning with a friend. Being the youngest child among three children, I grew up observing my older brothers, learning from their experiences, adapting their advice and finding my own identity. In many aspects, LKCMedicine's development resembles this journey. As Singapore's youngest medical school, LKCMedicine has the unique advantage of learning from the strengths of local and international curricula. It has evolved its own distinct education approach, one that is innovative, dynamic and fine-tuned to the needs of Singapore's healthcare scene. This forward-looking curriculum extends beyond essential medical content and emphasises the need to understand and integrate ever-changing technology into medicine and distinctive patient contact experiences. I had opportunities to conduct clinical communications for various groups of patients. The most memorable events for me were communicating with children, navigating a history-taking session with a third language and exploring telemedicine.

With social media just a tap away, it has become a valuable adjunct to our medical education, from student-

run Instagram accounts and Telegram quizzes to engaging high-yield content by global healthcare professionals. These snippets of humour and freshness help me absorb medical content seamlessly while having a guilt-free recharge, with the added benefit of bringing worldwide healthcare providers together. On the topic of well-being, one of my favourite aspects of LKCMedicine's curriculum is our protected Wednesday afternoons. This dedicated time offers me the freedom to explore interests outside medicine, whether discovering a new hobby in basketball, exploring research or catching up with studies. It is a reminder that personal growth, rest and balance are integral to becoming a compassionate clinician. With the wide variety of community involvement projects and co-curricular activities in LKCMedicine to choose from, it is so easy to enjoy the journey of learning medicine. LKCMedicine's curriculum prepares me to learn proactively, think critically and integrate knowledge through an evidence-based lens while caring for my well-being. Following LKCMedicine's footsteps, I am confident that I too can evolve through the changing healthcare landscape, retaining the essence of my beginnings while growing alongside an advancing medical field. ♦

Xin Yi is a final-year medical student from Lee Kong Chian School of Medicine (LKCMedicine). She is passionate about medicine, public service and healthcare. She served as the 12th president of the LKCMedicine Students' Medical Society. For six months, she was part of the National Mental Health Office at MOH Holdings. She continues to contribute to the community through volunteering and service while maintaining an active interest in sports and musculoskeletal health.





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AN UNEXPECTED JOURNEY FROM DURHAM TO OUTRAM

Text by Prof Thomas Coffman

Photo by Duke-NUS Medical School

Before coming to Singapore, I had spent my entire professional life at Duke University School of Medicine and Medical Center in Durham, North Carolina, USA – first as a medical resident and nephrology fellow, then later as a faculty member and eventually as chief of the Duke Division of Nephrology. When I left Durham 15 years ago to come to Duke-NUS Medical School, I had no idea that I was stepping into the most fulfilling chapter of my professional life.

In fact, when my friends heard I was moving to Singapore, halfway around the world, they asked with both scepticism and concern: “Are you sure you know what you’re signing up for?” The honest answer was “no”. But that leap of faith led to something remarkable: a journey of purpose, partnership and discovery in a place that continues to surprise me with its dynamism and heart.

As I prepare to step down as dean, I have been reflecting on how this journey began, what we have built together at Duke-NUS, and why I remain so optimistic about the school and Singapore’s academic medicine community.

Starting in Singapore

When Prof Victor Dzau, Chancellor of Duke Health, first approached me years ago about taking on a new position, his pitch was simple: help build a new cardiovascular research centre at Duke and, at the same time, go to Singapore to help grow the Duke-NUS Cardiovascular and Metabolic Disorders (CVMD) Programme.

At the time, the CVMD Programme had “two-and-a-half” faculty members – the “half” being Prof Shirish Shenolikar, who was splitting his effort with the neuroscience programme. Accordingly, my main job as programme director was

to recruit new faculty. I thought that this might be a difficult task, but by working closely with Prof Patrick Casey – then Vice-Dean for Research – and capitalising on the remarkable talent, bold ideas and outstanding environment in the school and the Singapore biomedical sector, it turned out to be surprisingly easy.

Before I started the job, Prof Christopher Newgard, longstanding director of the Duke Molecular Physiology Institute and frequent visitor to Singapore, told me: “Unlike in the US, your ability to build a thriving research programme in Singapore depends much more on your imagination than on resource availability.” I actually used that line often while recruiting faculty... because it was true. And it worked! Over the next three years, we were able to recruit an outstanding cadre of faculty who became among the most productive in the School.

My vision as dean

In 2014, when there was an opening for a new dean, I put my hat in the ring. Becoming a dean had never been part of my career plan, much less doing it 15,000 kilometres from home. However, it turned out to be the best professional decision I had ever made.

My predecessors, Prof Robert “Sandy” Williams and Prof Ranga Krishnan, had built an extraordinary foundation at Duke-NUS, creating a new medical school that dared to challenge assumptions about how clinicians could be trained and how discovery science could be organised and executed. When I took over, Duke-NUS was viewed as a successful start-up, a disruptor in the domains of medical education and research. Therefore, I considered the question: what was next for Duke-NUS? How could we take this innovative,

high-energy venture and transform it into a mature, trusted institution, woven into Singapore’s medical community and national landscape?

To accomplish these goals, I began with a focus on three areas.

Strengthening clinical education

I had heard murmurs – which were occasionally louder than murmurs – about whether a four-year, American-style medical curriculum could produce capable clinicians in Singapore, compared to the existing five-year programme at the National University of Singapore’s other medical school, which had been in place for 100 years (as well as a similar programme in the third medical school at Nanyang Technological University, which was then just getting started). Coming from the US, I knew that the curriculum could be effective, but I listened to the feedback as there were legitimate questions about whether our curriculum could be effective in the Singapore context. Moreover, our programme was different and not necessarily comfortable for the majority of our clinical instructors, who had been brought up in the Singapore system.

Nonetheless, thanks to the commitment and hard work of our education leaders, and with the flexibility, patience and understanding of our clinical faculty, we reshaped the curriculum, modifying and strengthening clinical rotations, ensuring that our graduates would enter postgraduate training with competence and confidence. Today, it seems clear that our graduates bring something distinctive to the ecosystem, complementing the skills and outlook of their peers trained at the other Singaporean medical schools.

Deepening the academic medicine partnership

Playing a role in building the Singapore Health Services (SingHealth) Duke-NUS Academic Medical Centre (AMC) has been a highlight of my term as dean. Growing up within the academic health system at Duke, I understood the power of a strong academic partnership between the medical school and the health system. I had seen up close and personal how embedding education and research with clinical care benefitted patients, while creating a wonderful atmosphere of curiosity and innovation for clinicians and staff.

When I started as dean in 2015, the Academic Medicine Memorandum of Understanding between Duke-NUS and SingHealth had just been signed and we were still learning each other's rhythms. The success of this venture required forging trust between two independent institutions, each with its own complexities, imperatives, boards and cultures. This process necessitated patience, candour and countless face-to-face conversations. With Prof Ivy Ng and later Prof Ng Wai Hoe, we developed a genuine and durable partnership: honest when things were hard, aligned when it mattered most and always focused on the shared purpose of building a world-class AMC. This alliance stands today as one of Duke-NUS' greatest strengths.

Translating research into impact

To accomplish the long-term vision of Duke-NUS of "Transforming medicine and improving lives", we built strong basic discovery programmes focused on critical public health problems in Singapore. But we also realised that for discoveries to truly impact human health, they must emerge from the laboratory and broadly enter the public domain. To facilitate this process, we created an Office of Innovation and Entrepreneurship, led first by Adj A/Prof David Epstein and then A/Prof Christopher Laing, building infrastructure to protect intellectual property, foster an entrepreneurial spirit among our research faculty and guide innovations into the commercial sector to reach patients. Despite the relatively small size of our research group, the transformation in our translational ecosystem has been remarkable, producing a generous number of

licences and spin-off companies, and I believe this will only accelerate in the coming years.

The COVID-19 pandemic

No reflection on these past ten years would be complete without acknowledging the COVID-19 pandemic, which certainly impacted my experience as dean!

Like every institution involved in healthcare and medical education, we faced fear, uncertainty and relentless pressure. Personally, I spent two years in Singapore alone without my family, but I was fortunate to have my team, Jenne and Alina, who became my surrogate family and kept me grounded, organised and out of trouble.

But the true story of COVID-19 at Duke-NUS was about how our students, educators, scientists and clinical faculty rose to meet the moment. Our students stepped up with maturity beyond their years, while our education team and clinical faculty worked creatively to keep the students safe and their learning on track. Despite the constraints of the lockdown and difficult working conditions, our researchers prospered and helped shape our understanding of SARS-CoV2 transmission and immunity globally. Everyone worked together and looked out for one another during this difficult time.

Despite the crisis, we continued building: expanding research programmes, strengthening our AMC work and deepening our international collaborations. Going far beyond a matter of leadership, that progress is a testament to the overall strength of our community.

What I have learnt along the way as dean

A few lessons stand out:

- Nothing of consequence happens because of just one person. Everything moves because of partnerships – between individuals, schools, departments, hospitals and ministries. Academic medicine, education and research are truly team sports.
- Trust is built through conversations, clarity and showing up – not through perfectly crafted emails.

- Humour and optimism are essential.
- Imagination still matters. Indeed, the role of a leader is to create space for imagination and creativity to flourish.

As I step down, I do so feeling very grateful and confident. Grateful for the people I have worked with (especially my vice-deans and the Dean's Office team) and confident because Duke-NUS is in exceptionally capable hands with my successor, Prof Patrick Tan.

Patrick has the vision, energy and clarity to effectively lead the school into its next chapter. Watching him take the helm will be one of the great pleasures of my "post-dean" life.

Happily, I will remain in Singapore for now, still cheering for the school, and I remain deeply invested in the success of Singapore's academic medicine and research communities. This ecosystem has been generous to me and I am very grateful to all of my colleagues: scientists, educators, clinicians, staff, hospital partners and, of course, our students.

And last but not least, I am very thankful for my family's love, patience, understanding and support during these years away from home.

This unexpected journey has indeed delivered many treasures! ♦

Legend

1. Prof Thomas Coffman and Prof Ivy Ng, then Group CEO of Singapore Health Services, at the launch of the bridge linking Duke-NUS and Academia in 2018 – a symbol of the strengthened Academic Medicine partnership

Prof Coffman served as dean of Duke-NUS Medical School from 2015 to 2025 and is the James R. Clapp Professor of Medicine at Duke University School of Medicine. An international leader in nephrology, he has championed the power of academic medicine and strengthened the partnership between Duke-NUS and Singapore Health Services.





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A Night to Remember

MOHH X SMA JUNIOR DOCTORS' DINNER 2025

Text by Joanne Ng, Deputy Manager, Membership Services

On 14 November 2025, MOH Holdings (MOHH) and SMA came together to host the MOHH x SMA Junior Doctors' Dinner 2025 at the Emerald Ballroom of Novotel Singapore on Kitchener. The lively and heartwarming evening was dedicated to celebrating the commitment and resilience of Singapore's junior doctors, and brought together young medical professionals for a night of relaxation, camaraderie and appreciation, with a total of 280 people in attendance.

The evening began with a warm welcome by emcee Feng Yi, followed by an inspiring opening address by Dr Calvin Tjio, Chairperson (Designate) of the SMA Doctors-in-Training (DIT) Committee and SMA Council member. Guests were treated to a sumptuous East-meets-West buffet featuring live stations, including Peking duck, alongside interactive booths such as a Crocs booth (with merchandise sales at 30% off), a photobooth and an education booth, where attendees could learn about upcoming initiatives and increase their chances in the evening's lucky draw.

Participants enjoyed games such as bingo and a scavenger hunt, winning prizes ranging from chocolates to mobile fans. The highlight of the evening was the grand lucky draw, with prizes presented by Dr Ivan Low, Chairperson of the SMA DIT Committee and SMA Council member, and Dr Liem Yew Kan,

Executive Director (Healthcare Manpower), MOHH. The prizes featured Apple Watches, iPads and, for the top three winners, luxury travel experiences including a Bali getaway, a Phuket retreat and a Mandai Rainforest Resort staycation.

Before the evening concluded, attendees were reminded to take home their goodie bags, which included Hakubaku Organic Cha Soba, Gluet Apple Cider Vinegar, Fruit of the Earth Aloe Vera Gel, a Crocs VIP card, and customised stickers and shoe charms – all thanks to our generous sponsors.

The night ended with heartfelt thanks to all participants and partners, recognising the invaluable contributions of junior doctors to Singapore's healthcare system. It was a meaningful reminder that behind every white coat stands a dedicated individual deserving of celebration and support. ♦

Legend

1. United in care, united in passion
2. The heartbeat of healthcare
3. Prescribing a plate of goodies!
4. Uniting for better healthcare
5. Compassionate, dedicated and vigorous!



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1.30 pm to 3.30 pm

VENUE

Webinar via Zoom



In the Asian context, the family remains important in the overall care of the patient in both primary and tertiary settings. In most situations, the patient is the primary decision-maker. However, engaging the broader family is necessary, particularly in paediatric and geriatric practice. This symposium explores the ethical issues surrounding informed consent and shared decision-making when families are involved in the process.



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For enquiries, please **email cme@sma.org.sg**.

KEY SPEAKER

Dr Jonathan Choo

*Head & Senior Consultant
KK Women's and Children's Hospital*

Organised by



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SMA SERVES, SWINGS AND SCORES AT IPG 2025!

Text by Joanne Ng,
Deputy Manager, Membership Services



EVENT



Squashing the competition, one serve at a time!

The Inter-Professional Games (IPG) 2025 came to a successful conclusion, celebrating the spirit of camaraderie and healthy competition between Singapore's professional bodies. Teams from the Institution of Engineers, Singapore (IES), Institute of Singapore Chartered Accountants (ISCA), Law Society of Singapore (LSS), Singapore Institute of Architects (SIA), Singapore Institute of Surveyors and Valuers (SISV) and SMA participated in eight sporting events held over several weekends.

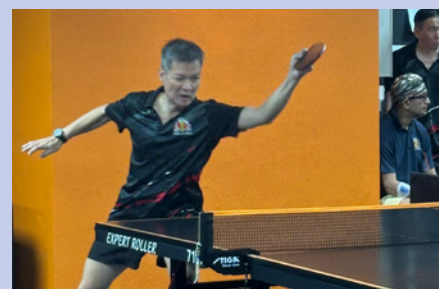
This year's IPG was organised by SISV and showcased impressive performances and strong teamwork across all games. SMA delivered a commendable showing, achieving podium finishes in bowling (third), chess (first), golf (third), squash (second) and volleyball (third) – a testament to the enthusiasm and sporting spirit of our Members.

After tallying the total points, ISCA and LSS emerged joint champions with 23 points each, while IES secured second runner-up with 18 points. SMA finished in fourth place with 14 points, demonstrating consistent effort across multiple sports.

The Games concluded with a closing dinner and prize presentation ceremony on 15 November 2025 at



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Red Velvet, Village Hotel Bugis. The evening brought together participants from all associations to celebrate their achievements, forge new friendships and honour the true spirit of inter-professional collaboration.

SMA extends its appreciation to the organisers, participants and supporters for making IPG 2025 a success. We look forward to even stronger participation and performance in the next edition of the Games. ♦

Games	1st Place	2nd Place	3rd Place
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Basketball	ISCA	IES	LSS
Bowling	IES	LSS	SMA
Chess	SMA	LSS	IES
Golf	LSS	SIA	SMA
Squash	ISCA	SMA	LSS
Table Tennis	ISCA	IES	LSS
Volleyball	ISCA	LSS	SMA



Navigating the Modern Clinical Record: HIGHLIGHTS FROM ANMLS 2025

Text by Dr Chow Chiu Leung Peter



Dr Chow is a senior consultant in geriatric medicine at Changi General Hospital. Apart from clinical practice, he focuses on medical law and ethics. Through the SMA Centre for Medical Ethics and Professionalism, he has gained vast experience in teaching and organising events in medical ethics and law for healthcare professionals.



The Annual National Medico-Legal Seminar (ANMLS), held from 13 to 14 September 2025, brought together an illustrious faculty to address a cornerstone of professional practice: Medical Record Keeping in an Evolving Technological and Regulatory Landscape. Jointly organised by the SMA Centre for Medical Ethics and Professionalism and the Medico-Legal Society of Singapore, the seminar provided a timely forum to discuss the intersection of clinical care, law and emerging technology.

The clinical foundation: what defines a good record?

Clin A/Prof Gerald Chua opened the proceedings by defining the dual nature of medical records as both a vehicle for clinical communication and a legal document of record. He emphasised that good records must be clear, objective and contemporaneous. A critical challenge highlighted was the “copy and paste” culture prevalent in handling electronic medical records (EMRs). He reminded audience that documenting

medical records should focus on content, context, complexity, concision, checking (or accuracy), and the conversation and consent with the patients.

Judicial perspective: records in the courtroom

Ms Kuah Boon Theng provided a sobering look at how the judiciary perceives medical documentation. She discussed the impact of Section 37 of the Civil Law Act, which shifts the focus of informed consent toward what a “reasonable patient” would want to know. In the eyes of the court, the absence of a record often suggests that an event did not occur. She highlighted the case of *Ang Yong Guan v SMC*, where the court emphasised that while doctors have clinical latitude, any departure from standard guidelines must be supported by objective justification clearly documented in the notes.

Digital shift

Prof Teo Eng Kiong addressed the rising complexities of record keeping in the age of EMRs. He highlighted that the unique challenges of the burden of high information volume and the liability of inaccurate data should be addressed by the sensible use of good clinical practice and legal reasonableness. Furthermore, he touched on the challenges of evolving technology regarding EMRs and noted that it is necessary to establish the clarity of various stakeholders’ roles and responsibilities.

The NEHR framework: access, use and ethics

A major highlight was the discussion on the National Electronic Health Record

(NEHR) and the then upcoming Health Information Bill (HIB). Dr Peter Chow discussed the guidelines for contributing to and accessing patient information. Ms Rebecca Chew elaborated on the ethical principles and professional standards required when using patient data within the NEHR framework. Key takeaway points included:

- Access is strictly for the “purpose of patient care”.
- Clinicians should only access information relevant to the current clinical context.
- Using NEHR data for employment screening or insurance assessments is strictly forbidden and carries heavy penalties under the HIB.

While patients can opt-out of sharing their records, the HIB ensures that critical data is still contributed to the national system for emergencies.

The day ended with a high-level panel discussing the potentials and challenges of NEHR, featuring members of the Ministry of Health (MOH) Workgroup for the Guideline for Appropriate Access and Use of NEHR and representatives from MOH and the Health Sciences Authority, including A/Prof Thomas Lew, Dr Sumytra Menon, Dr Goh Min Liong and Adj Prof Raymond Chua.

The AI frontier: redefining documentation

The seminar’s second day focused on the “black box” of artificial intelligence (AI) technology, exploring how it will affect the creation and use of medical records.

Promises and pitfalls of AI

Prof Joseph Sung discussed the transformative potential of AI in alleviating

“documentation burnout”. AI systems can assist by automating routine tasks, yet Prof Sung warned of significant pitfalls, including the risk of algorithmic bias and the loss of the human touch in clinical narratives. He questioned whether AI would make the process more effective or simply more “problematic and clumsy”. The shift from pen-and-paper to AI-assisted records represents a major milestone that requires a balance between technological efficiency and clinical accuracy.

Ethical frameworks for AI

A/Prof Liu Nan introduced an ethical framework specifically for using AI in medical record keeping. He emphasised that AI should not be viewed as a replacement for clinical judgement but as a supportive tool. Key ethical considerations, summarised in Table 1, include:

- **Transparency and explainability:** Clinicians must understand how an AI arrived at a summary or recommendation to avoid “black box” reliance.
- **Data privacy:** The use of large language models (LLMs) raises concerns about patient data being used to train external models without explicit consent
- **Accountability:** A/Prof Liu suggested that the final responsibility for the accuracy of an AI-generated note rests with the signing clinician.

Practical implementation and strategies

Prof Ngiam Kee Yuen provided practical tips for healthcare professionals navigating this transition. He illustrated the use of LLMs and chatbots that listen to the doctor-patient conversation and draft clinical notes in real-time. This allows clinicians to focus on the patient rather than the screen. However, Prof Ngiam cautioned on the following points:

- **Verification is mandatory:** AI can “hallucinate” or misinterpret clinical nuances; therefore, every AI-drafted note must be meticulously reviewed.
- **Bias awareness:** AI models trained on specific populations may not translate accurately to Singapore’s diverse demographic, necessitating

local validation.

- **Continuous learning:** As AI evolves from a “clumsy” tool to an efficient partner, clinicians must stay updated on the latest guidance to face these challenges confidently.

Lessons from legal defence and cybersecurity

Speakers from our two sponsors, Medical Protection Society (MPS) and CyberSafe, also contributed great insights regarding medical records. Dr Robert Hendry of MPS used real-world cases to demonstrate how medical records serve as a strong defence. He reminded the audience that records can assist with good practice and accurate record of the consent process is important if one is subsequently questioned. The doctors should also be aware of other sources of records: nursing records and videos.

As records are increasingly stored in the cloud, cybersecurity has become a clinical necessity. Mr Dave Gurbani of CyberSafe highlighted that many cyber attacks target small and medium enterprises, including private clinics. Referring to MOH circular No. 13/2025, he reassured fellow doctors that to

mitigate cybersecurity legal liability, the healthcare centre/institution is required to exercise due diligence in choosing a white-listed clinic management system or EMR system and to ensure their clinic processes and staff are able to meet the Cyber and Data Security requirements.

Conclusion

ANMLS 2025 concluded with a clear message: while the tools of our trade have changed from pens to pixels, the underlying professional duty remains the same. Proper record keeping is not simply an administrative burden but an act of patient safety and professionalism. As we transition into a mandatory NEHR environment under the HIB, the principles of clinical relevance, transparency and data security will be the pillars that sustain the trust between the medical profession and the public. Clinicians should not be “scared” of these developments. By adhering to fundamental principles and up-to-date guidance, we can harness technology to improve both our practice and patient outcomes. ♦

Table 1: The key ethical values in using artificial intelligence for medical documentation

Principle	Description	Clinical Application
Accountability	Doctors remain legally and professionally responsible.	Always personally sign off on notes generated by artificial intelligence (AI); never allow “auto-save” without review.
Transparency	Understanding the “how” and “why” behind AI outputs to avoid “black box” reliance.	Use approved institutional AI tools that offer explainability features.
Fairness	Guarding against algorithmic bias that may disadvantage specific patient groups.	Be aware of AI hallucinations or misinterpretations of local dialects.
Data Privacy	Ensuring patient confidentiality is maintained when processing data through large language models.	Ensure AI tools are compliant with the Personal Data Protection Act and do not use patient data for external training.

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