Healthier SG

Medical Students' Perspectives on a National Policy in Motion

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As third-year medical students, we chose to write a *Lancet Regional Health – Western Pacific* Viewpoint article about Healthier SG (HSG)[1] because we found ourselves repeatedly asking: how do we sustainably stem the unrelenting influx of patients to tertiary hospitals? While higher patient volumes may offer broader clinical exposure for medical students, they also reveal an unsettling reality: an increasing burden borne by healthcare professionals at the front-lines and an overstretched hospital-centric model.

This catalysed our interest in HSG: a national policy pivoting the locus of care from reactive treatment in tertiary institutions to proactive, preventive care in the community. We were privileged to be mentored by experienced clinicians embedded in the three Regional Health Systems (RHS), whose perspectives grounded our observations in pragmatic realities. Their insights illuminated both the promise and the perils of this transformation.

A timely policy for a growing chronic burden

Like many developed nations, Singapore is experiencing a demographic shift towards an ageing population and a rising chronic disease burden. HSG was introduced as a system-wide response to this transition. As Prof Jose Maria Valderas, Head of the Department of Family Medicine in the National University Health System (NUHS), reiterated to us, "HSG aims to turn healthcare upside down. Instead of waiting for people to fall ill and then fixing the problem, it focuses on keeping every person healthy before trouble starts. This is a bold vision for fundamental change – decisively shifting the balance of care by placing primary care, health promotion and disease prevention at the very heart of the system." At its core, this policy empowers GPs to act as gatekeepers of care, ensuring that individuals are guided through a more preventive, coordinated and person-centred healthcare journey longitudinally.

Under HSG, individuals are softly empanelled to a GP of their choice to facilitate continuity of care. These GPs are responsible for the management of chronic illnesses, preventive screenings and the delivery of services across a wider biopsychosocial spectrum, including mental health counselling, health coaching and vaccinations. For these community-based, preventive healthcare initiatives to happen, the health system building blocks must already be in place and functioning. However, fostering a conducive environment for system change and adaptation is imperative.

Indeed, as A/Prof Jason Yap, programme director of NUHS' National Preventive Medicine Residency Programme aptly remarks, "Population health management is not engineering but gardening. We prepare the ground, plant the seeds, ensure the right sun and water, pull out the worst weeds – but complex adaptive systems must be allowed to grow from within."

Partnership, participation and power

For a policy of this scale to succeed, robust cross-sectoral partnerships are indispensable. Traditionally, many private GPs in Singapore operated as solo practitioners. Now, they are expected to engage with RHS institutions, the Ministry of Health and various community partners. Unlike prior top-down healthcare reforms, HSG has adopted a more participatory governance approach. GPs are now actively invited to town halls and engaged in technical working groups alongside policymakers, enabling a more inclusive and iterative process of policy co-design.

Yet, genuine collaboration requires more than consultation – it demands parity. In every multi-stakeholder initiative, the spectre of power asymmetry often looms large. Trust cannot flourish in an ecosystem where decisions are perceived as predetermined or unequally influenced. For HSG to thrive, all stakeholders – especially GPs on the ground – must feel that their voices carry weight. Without meaningful inclusion, confidence in policy longevity wanes.

Business models, burnout and burgeoning costs

Crucially, transformation must also be financially sustainable. Without viable business models, even the most well-intentioned reforms can falter. GPs, especially those operating in high-rent locales, face immense operational pressures. Coupled with the administrative burden of HSG – including referrals, health plan formulation and HSG-required parameter inputs – many GPs find themselves stretched thin.

While there are ongoing efforts to harmonise medication pricing between private GPs and public polyclinics – such as adjustments in Community Health Assist Scheme subsidies and medication price lists – these measures may not be enough if overall financial and infrastructural support remains insufficient. Even though one-off grants are available for electronic medical record (EMR) system upgrades, adoption remains uneven. Some GPs struggle with the digital transition and, without targeted support, risk being sidelined from the broader HSG vision.

Avoiding unintended consequences

It is imperative to ensure that the pursuit of measurable targets does not come at the cost of holistic care. As HSG metrics become embedded in clinical workflows, there is a risk of reducing population health to a series of checkboxes. This could inadvertently lead to cherry-picking behaviours and compromise the equity and comprehensiveness of care, where GPs preferentially enrol lower-risk patients to meet indicators with minimal effort to generate revenue, especially with rising costs. Moreover, issues like the chronic disease medication whitelist – a subject deserving its own in-depth discussion – highlight the policy complexities GPs navigate.

Silver linings: digital health and social prescribing

Despite these challenges, several bright spots have emerged. Digital platforms such as HealthHub and Healthy 365 have markedly improved public engagement with preventive health services. These apps enable individuals to seamlessly access vaccination schedules, screening results and health promotion activities. From the GP's perspective, such platforms facilitate more efficient data exchange, patient follow-up and health coaching.

The EMR grant is another positive step, though appropriate support should be rendered while considering individual technological literacy of GPs and the unique operational constraints of smaller practices. Without this, digital tools – though potentially transformative – could exacerbate existing disparities among providers.

Importantly, HSG is also attuned to the social determinants of health. By integrating social prescribing into care plans and working with community care organisations, the policy acknowledges that wellbeing is not merely a medical outcome. As Singapore ages, strategies that enable older adults to age in place, supported by both medical and social ecosystems, are indispensable.

Reflections from the frontlines of learning

Our budding medical student perspectives are shaped not only by academic inquiry but also by lived experience. Having previously trained at the NUS Saw Swee Hock School of Public Health, I (Chuan De) bring a public health lens to this policy. To me, HSG represents both a culmination of long-standing systemic pressures and a hopeful reimagining of care delivery.

My co-author and fellow medical student, Ting Hui, brings the unique vantage of prior training in Traditional Chinese Medicine (TCM), which emphasises preventive care and holistic healing. The increasing willingness to explore synergies between biomedicine and TCM within the HSG framework is an encouraging sign that diverse paradigms of health are being considered in policy conversations.

Through our rotations, we have seen the ground realities: high hospital admission volumes, long outpatient waiting times and overburdened acute care teams. While HSG is a step in the right direction, thoughtful attention must be given to the policy's operationalisation. Potential pitfalls must be identified and mitigated early to achieve a durable health system reform.

From our years of volunteering before medical school, we have also witnessed how the most vulnerable are often left behind. Future iterations of HSG and other prospective policies will need to wear in a more equitable lens, to ensure that all Singaporeans are safeguarded. To quote Dr Teo Ken Wah, associate consultant in public health at Singapore General Hospital: "HSG is in full swing, and our healthcare clusters, GPs and com-munity care organisations have made tremendous strides. Looking ahead, our strategies must increasingly focus on the most vulnerable populations and high-frequency healthcare users to systematically improve population health."

From an educational standpoint, we are heartened by the growing emphasis on family medicine within our medical curriculum. As Singapore transitions to a primary care-led model, the need for skilled, community-based gatekeepers will only grow. But clinical skills alone will not suffice. We strongly advocate for integrating health policy, governance and health economics into medical training. Our generation of physicians must be equipped not only to treat but to lead, design and evaluate health systems.

In many ways, HSG embodies the adage of "crossing the river by feeling the stones". This slow, cautious and context-sensitive approach to reform is emblematic of Singapore's policy ethos. Whether HSG will achieve its ambitious aims of reducing healthcare costs and improving population health remains to be seen. But as aspiring physicians, we remain cautiously optimistic. ◆

Reference

1. Foo CD, Woon TH, Chia HX, et al. Healthier SG: a gateway for evolving public-private-population partnerships in population health. Lancet Reg Health West Pac 2025; 60:101606.