

Caring for a changing Singapore

How GPs are adapting to an ageing nation

by the Agency for Integrated Care (AIC)

To meet the growing needs of our ageing population, the role of a General Practitioner (GP) has gone beyond being the customary gatekeeper, with emerging trends and technological advancements reshaping the way primary care is delivered in Singapore.

From Episodic Care to Holistic, Person-Centred Care

Traditionally focused on acute, episodic care, GPs are now central to managing chronic diseases, promoting preventive health and coordinating community-based services. There is an increased focus on personalised care plans, which are able to address a patient's multiple medical conditions, the social determinants of health, and patient empowerment.

The introduction of Healthier SG marks a pivotal shift in primary care. GPs are now expected to adopt a longitudinal approach, focusing on long-term health outcomes rather than isolated treatments.

Enhanced Role in Preventive Care

Recognising that healthcare intervention goes beyond episodic treatments, GPs in the present day

We generally see more patients with chronic illnesses, as well as those with complex conditions and multiple comorbidities. The focus of healthcare in Singapore has also shifted to being more preventive rather than reactive, resulting in us spending more time in advocating for preventive health.

- Dr Moses Lai,
Mary Medical Clinic
and Surgery



are more involved in national screening and early intervention programmes, health education, disease prevention and lifestyle prescriptions.

Collaboration with the Larger Care Community

There is also a stronger push for collaborative care as chronic disease management moves beyond hospitals to the community. Compared to the past where GPs operated largely independently from the broader healthcare structure, GPs today are integrated into regional health systems and have access to the support of multidisciplinary teams in the Primary Care Networks (PCNs).

Complementing clinical interventions, social prescriptions have also emerged as a powerful tool in managing chronic diseases. GPs are called to conduct social prescribing and refer patients to non-clinical programmes and services within the community that support physical, mental and social well-being, to improve patients' lifestyles and health outcomes.

Expanded Use of Technology and Data

Coming off the heels of the COVID-19 pandemic, the primary care sector experienced a rapid digital transformation. GPs now use electronic medical records, perform virtual consultations and issue e-prescriptions, and adopt digital health tools in their routine practice, which allow for timely interventions especially for elderly patients and those with mobility issues.

GPs' participation in the National Electronic Health Record (NEHR) also enables data sharing across institutions and enhances patient care.

Policy-shaping, Leadership and Continuing Professional Development

In the past, GPs had limited involvement in health policy and community health planning. Today, GPs have more influence in policy development, pilot programmes and community outreach. For example, as part of the primary care clinical service roadmap, the Ministry of Health (MOH) is partnering with GP leaders from SMA, College of Family Physicians Singapore, PCNs and healthcare clusters, to develop Healthier SG Care Protocols to ensure effective, consistent and well-coordinated care for patients.

Compared to the early years where formal continuing education was less structured, GPs are now required to engage in continuing medical education (CME) and professional development to maintain licencing and keep up with the latest standards. GPs also support future generations of practitioners through teaching, mentoring and training within evolving care models.

Some of the key challenges facing GPs are the rising healthcare costs and the management of increasingly complex chronic medical issues in an ageing population. To address these challenges, I have embraced governmental schemes such as Healthier SG and allied health and auxiliary services provided by the PCN. This approach enables me to offer holistic and individualised multi-disciplinary management to complex chronic patients, while simultaneously mitigating the rising healthcare costs for patients.

*- Dr Chung Wing Hong,
Chung & Ee Medical Clinic*



Family Medicine is to Medicine what Philosophy is to Life – a guiding core, with patient, family and community at its heart.

In today's evolving landscape, the GP's role has grown more complex and nuanced; shaped by technology, shifting expectations, calls for greater transparency and accountability, and collaboration with several stakeholders including community partners. Sometimes, these are strange bedfellows, from a GP's perspective.

Nonetheless, the well-being of each patient is a tapestry woven from genetics, health literacy, social ties, finances, mental resilience and cultural roots.

Therefore, amid rising challenges and stress, there is renewed purpose – learning, growth, and the chance to drive meaningful, holistic community care. This transformation demands a mindset shift for both healers and those seeking health, to embrace a broader, more connected vision of well-being.

*- Dr Mohd Baisal,
Shifa Clinic & Surgery*

Supporting GPs in Supporting Patients

As the population continues to age and the burden of chronic diseases rises, GPs will increasingly be called upon not just to treat illnesses, but also to manage long-term conditions, provide preventive care and coordinate support across multiple touchpoints in the system.

While these evolving responsibilities may appear daunting, GPs are not alone in the journey. AIC, together with MOH and the PCNs, remain committed in supporting GPs through policy, subvention, upskilling and resource sharing. Together, this collaborative ecosystem aims to ensure that GPs remain empowered to deliver accessible and comprehensive care today and in years to come.