The Academy of Medical Sciences

Mainstreaming genomics for precision population health

4–5 February 2025

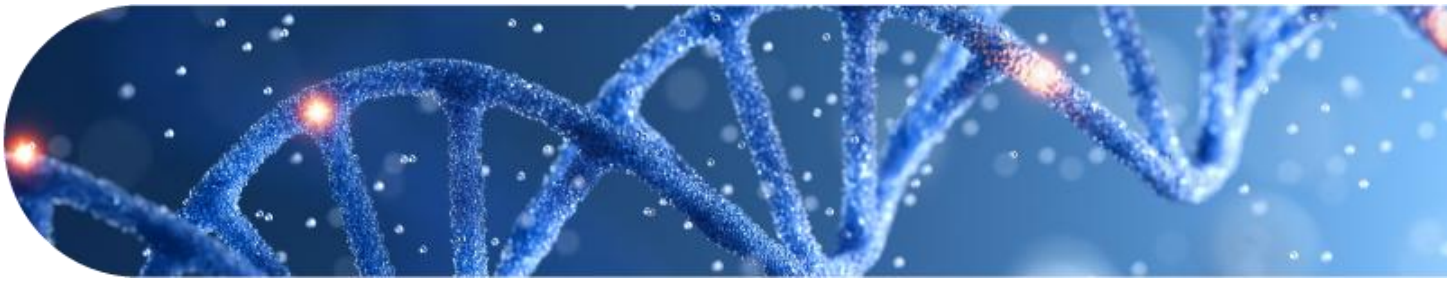
Academy of Medical Sciences' policy workshop, held in partnership with the College of Clinician Scientists under the Academy of Medicine, Singapore.

acmedsci.ac.uk

Mainstreaming genomics for precision population health

Contents

Executive summary



On 4–5 February 2025, the UK Academy of Medical Sciences and the College of Clinician Scientists under the Academy of Medicine, Singapore, co-hosted a two-day workshop to explore how genomics can be effectively integrated into precision population health. The workshop brought together stakeholders from across the UK and Singapore, including researchers, clinicians, policymakers, regulators, industry and patient and public representatives. The workshop aimed to identify challenges and opportunities in mainstreaming genomics, establish research and policy priorities and strengthen collaboration between the two countries.

Discussions centred on three core questions:

1. How can Singapore and the UK provide genomic testing at the population level without exacerbating health inequalities?
2. What are the ethical considerations and implications of genomic testing on a population level?
3. What are the opportunities for collaboration between the UK and Singapore?

Key themes and next steps that emerged from the workshop included:

- Building and maintaining public understanding and trust through clear and culturally appropriate communication and meaningful patient involvement in the development of genomic research, policies and strategies;
- Creating a regulatory environment that balances innovation with public trust;
- Investing in equitable national infrastructure for genomic testing;
- Embedding genomics education and training across all levels of the healthcare workforce;
- Supporting cross-sector collaboration to streamline and align efforts;
- Developing national test directories that promote equitable access;
- Strengthening protections against genomic discrimination;

Both Singapore and the UK were encouraged to continue joint efforts through research funding schemes, shared competency frameworks and national centres of excellence. Insights from the workshop will inform future policy, research and implementation strategies to support the equitable and sustainable integration of genomics into healthcare systems.

Introduction

Precision population health aims to deliver the *right* intervention to the *right* population at the *right* time by leveraging genomics, as well as big data and artificial intelligence, to predict health risks, guide clinical decisions and improve outcomes at scale. It promises more targeted, effective and equitable healthcare strategies that can improve the health of entire populations.

On 4–5 February 2025, the UK Academy of Medical Sciences, together with the College of Clinician Scientists under the Academy of Medicine, Singapore, co-hosted a workshop to explore and discuss how genomics can be effectively integrated into precision population health. The workshop convened a diverse group of stakeholders from the UK and Singapore, including researchers, clinicians, patient and public representatives, industry representatives, policymakers, regulators.

The workshop was co-chaired by Associate Professor Joanne Ngeow Yuen Yie and Professor Sir Munir Pirmohamed FMedSci. The overarching aim of the workshop was to identify barriers to implementing genomics in precision population health, agree on priority areas for research and policy, identify opportunities for collaboration and provide a platform for knowledge exchange between the two countries. Insights and outcomes from the discussions will inform ongoing policy and research efforts related to genomic medicine.

In their opening remarks, the co-chairs invited attendees to consider the following core questions:

4. How can Singapore and the UK provide genomic testing at the population level without exacerbating health inequalities?
5. What are the ethical considerations and implications of genomic testing on a population level?
6. What are the opportunities for collaboration between the UK and Singapore?

Over the course of the two-day meeting, four structured sessions explored different facets of implementing genomics for precision population health:

Session 1: Ambitions and expectations of patients and the public

Co-chaired by Ai Ling Sim-Devadas and Adam Clatworthy, this session explored and discussed the role of patient and public involvement (PPI) in shaping genomics strategies, and explore approaches to enable meaningful and sustained engagement.

Session 2: Genomic infrastructure

Co-chaired by Professor Sir Mark Caulfield FMedSci and Associate Professor Joanne Ngeow, this session considered the current state of genomics infrastructure in the UK and Singapore, highlighting key enablers, existing gaps and future ambitions.

Session 3: Policy, adoption and implementation

Co-chaired by Professor Dame Anna Dominiczak and Associate Professor Joanne Ngeow, this session discussed current policy frameworks, barriers to adoption and challenges related to scaling and integrating genomics into healthcare systems.

Session 4: Governance and regulation

Co-chaired by Professor Sir Pirmohamed and Dr Lim Su Chi, this session reviewed the regulatory frameworks guiding genomic medicine in both counties, with particular focus on medicines regulation and health technology assessment.

Key policy considerations and opportunities

The discussions at the workshop explored a range of considerations for mainstreaming genomics in precision population health. Participants reflected on both the shared challenges facing Singapore and the UK, and the unique contexts in which each country operates. Across the discussions, there was a strong emphasis on delivering equitable and sustainable access to genomic testing, underpinned by robust ethical frameworks and opportunities for collaboration.

The following themes capture the key areas identified for action, framed around the three guiding questions posed to participants.

How can Singapore and the UK provide genomic testing at the population level without exacerbating health inequalities?

Patients and the public must be actively involved in shaping genomic research, policies and strategies

Mapping the end-to-end patient journey — including primary care, which is often neglected — can help identify key gaps and influence policy development. Improving genomic literacy in the general population, for which academics have a key role, can facilitate this in practice.

Singapore and the UK should recognise the opportunity presented by adopting innovative solutions, prioritising effectively and ensuring actions reduce health inequalities

Regardless of funding models for genetic testing – publicly funded, through insurance or patient-paid – each system will face similar demands and they must innovate and prioritise to meet the growing demand for services.

Regulations around genomic testing should be proportionate to not inhibit innovation and proactively address inequalities

The regulatory environment should allow for seamless translation of research into clinical practice. A principles-guided approach in regulating genomic medicine could be beneficial to avoid piecemeal progress. Funding structures must ensure consent frameworks anticipate the transition from research findings to clinical applications. It should promote proactive inclusion of diverse populations in clinical trials to ensure that genomics-driven healthcare benefits *all* communities equitably.

Adopting a structured framework approach to genomic testing can ensure a level playing field

Health systems do not have the resources and data available to do health technology assessments (HTAs) for every genetic test. A framework can counteract genetic exceptionalism that may hinder equitable access.

Meeting communities where they can help to engage populations who would not normally participate in genomic initiatives

Targeted outreach efforts, culturally sensitive communication and learnings from national initiatives such as *Our Future Health* (UK) and *PRECISE* (Singapore) can help provide practical insights to overcome barriers. Awareness of local cultural, religious and social factors is crucial to understanding factors that may encourage or impede genetic testing.

Communication should begin at the outset of genomic programs to create and maintain public understanding and trust

Patients and their families should have easily accessible information for clarity. This can help develop trust in genomics and enable patient participation.

Investing in education and training for a skilled workforce is key to implementing genomics at scale

As well as technical training, education around the soft skills needed such as communication should also be included for healthcare professionals, including clinicians, nurses, GPs and genetic counsellors. Not adding to an already extensive training requirement should also be considered to avoid training fatigue.

Collaboration between multiple sectors including academia, policy, industry, patients and the public, and the third sector is needed

Trust between all parties is crucial for knowledge and data sharing to enable collaboration. There is also an opportunity for cross border, government-government partnerships. Large funding organisations, such as the Wellcome Trust, can facilitate international collaborations. The important role of the third sector should also not be ignored and they should be involved in shaping future genomic strategies.

What are the ethical considerations and implications of genomic testing on a population level?

Clarity of information, consent and trust are all key for mainstreaming genomics ethically

Before obtaining consent, there must be clear, simple and accessible information available explaining what genomic testing aims to achieve. Consent must be obtained early — particularly in cases where research findings may likely transition into clinical practice. Reiterated numerous times throughout the workshop, *trust* is ultimately the bedrock of genomic medicine.

Genomic testing must be accessible to all patients, regardless of geographic or socioeconomic barriers

Whether an individual lives in a small or large country, an urban or rural setting should not affect their access to testing and care. An equitable distribution of genomic services is crucial to avert geographic disparities in service delivery.

A well-structured national test directory

Developed through multidisciplinary collaboration among policymakers, clinicians and patients, a national test directory can help democratise access to genomic testing so that patients and families can access the most up-to-date testing and appropriate genetically-directed treatments. National test directories must be structured to avoid exclusions. For example, adopted individuals and those with limited or unknown family history may be disadvantaged under current models.

Policies must safeguard against genomic discrimination in insurance and employment

Legal and liability concerns, such as the fear of litigation, can impede the implementation of genomic testing. A key next step is to develop clear national standards and guidelines that enable faster, more equitable implementation of genomic programmes while addressing concerns about medical liability and ethical responsibility.

What are the opportunities for collaboration between the UK and Singapore?

While healthcare systems differ, both countries face similar challenges in sustaining and innovating genomic healthcare. Genomic healthcare should be built around patient needs, with shared best practices between the two countries.

These include:

- Jointly develop education and competency frameworks to train healthcare professionals in genomics.
- Align regulatory frameworks so both countries can share lessons learned about how regulation can be proportionate to balance innovation with ethical oversight.
- Share lessons learned in how Singapore and the UK can ensure genomic testing is accessible to all patients, regardless of geography or socioeconomic status. Singapore and the UK can learn from each other's experience of the three healthcare clusters in Singapore and the four UK nations.
- Healthcare systems should be enablers, not barriers — collaborative efforts should focus on streamlining genomic implementation.
- Collaborative research programs should include joint funding schemes, fellowship opportunities for early-career researchers and co-funded initiatives between Singapore and the UK.
- Shared research programmes can tackle specific clinical scenarios, ensuring that findings benefit both populations.
- Sharing lessons learned from establishing networks of excellence in genomics in the UK. Developing national genomic infrastructure can reduce reliance on overseas testing services and established National Centres (or Networks) of Excellence for genomics could serve as foundational hubs for ongoing research, workforce development and best practice sharing. These centres could standardise genomic testing frameworks to ensure that innovation remains locally driven and internationally competitive.

In addition to the structured discussions, participants highlighted several cross-cutting themes that warrant further attention. These included the potential of emerging technologies to address workforce and access challenges, and the importance of expanding the focus of precision medicine beyond diagnostics to include prevention. Importantly, these perspectives reinforce the need for future genomic strategies to remain dynamic and forward-looking.

- The latest digital innovations, such as artificial intelligence (AI), automation and cloud-based genomic databases, can be leveraged to help address disparities in access to testing while also reducing administrative and clinical burdens on the workforce. AI-driven decision-support tools could improve diagnostic accuracy, streamline patient stratification and enhance efficiency in genomic service delivery.
- While much of the discussion around genomics focuses on disease detection (for example, cancer genomics), precision medicine could also prioritise preventive interventions. Epigenomics, lifestyle genomics and predictive risk modelling could be integrated into national strategies to shift the focus from treatment to prevention, which could substantially reduce the burden on healthcare systems.

Conclusions

The workshop reaffirmed the shared ambition of Singapore and the UK to mainstream genomics in precision population health — grounded in equity, public trust and sustainable implementation. Central to this is the need for patient-centred approaches, clear and accessible communication and proportionate regulatory frameworks that enable innovation while protecting against inequities and discrimination. Participants also stressed the importance of investing in education and workforce development, building robust national infrastructures and strengthening cross-sector collaboration.

Key recommendations include making genomic testing accessible to all, particularly underserved communities; embedding trust and clarity in consent processes; ensuring that national test directories are inclusive and up to date; and aligning regulation to balance ethical oversight with the need for timely access to genomic innovations. Building shared research programmes and fostering the development of joint competency frameworks were highlighted as opportunities to deepen UK–Singapore collaboration.

Moving forward, stakeholders across both countries are encouraged to translate these discussions into concrete action. This includes developing clear policy frameworks, securing sustainable funding for genomic initiatives, supporting the training and upskilling of healthcare professionals and investing in shared infrastructure and research capacity. The two Academies enjoyed working closely on this workshop and will proactively seek opportunities for future partnership. More broadly, collaboration between Singapore and the UK should be strengthened to maintain momentum, share best practices and ensure that the benefits of genomics reach all segments of the population.

Annex 1: agenda

Tuesday 4 February

Time	Item
09:30-09:50	**Introduction to the CCS and UK Academy** Professor Sir Munir Pirmohamed FMedSci – The UK Academy of Medical Sciences and its Medical Sciences Policy work Professor Roger Foo, President Elect, The College of Clinician Scientists
09:50-10:00	**Opening and Welcome** Professor Kenneth Mak, Director-General of Health, Ministry of Health Singapore
10:00-10:15	***Welcome from co-chairs and overview of the workshop*** Workshop co-chairs: Associate Professor Joanne Ngeow Yuen Yie and Professor Sir Munir Pirmohamed **Key Workshop questions:** • How can Singapore and the UK provide genomic testing at the population level without exacerbating health inequalities? • What are the ethical considerations and implications of genomic testing on a population level?
10:15-11:05	***Session 1: Ambitions and expectations of Patients and the Public*** *Session chairs:* Ai Ling Sim-Devadas and Adam Clatworthy Aims of the session: • Embed Patient and Public Involvement (PPI) voices in the workshop • Understand the PPI expertise present • Ensure PPI voices are listened to throughout and what allows good PPI in this workshop Speakers**:** Adam Clatworthy (UK), Ai Ling Sim-Devadas (Singapore) Panellists: Laura Melles (UK), Carol Tsang (Singapore), Ritu Jain (UK)
11.05 - 11.30	**Break**
11:30-12:20	***Session 2: Genomic Infrastructure*** *Session co-chairs: Professor Sir Mark Caulfield FMedSci and A/Prof Joanne Ngeow* This session will provide an overview of the supporting infrastructure for genomic medicine and research in Singapore and the UK. Talks will highlight known challenges and gaps, success stories as well as the ambition for the future in both countries. Overview from Singapore – Professor Patrick Tan, Senior Vice Dean, Office of Research, Duke NUS Medical School Overview from the UK – Michaela John, NHS Wales.

12:20-13:20	***Session 2 breakout: Genomic infrastructure*** Participants will be split into groups to discuss the questions below. Questions to consider: 1. What infrastructure gaps and challenges currently exist in Singapore and the UK? 2. What ambitions and opportunities currently exist to address these? 3. Where do opportunities lie to work together? Please highlight differences and commonalities between Singapore and the UK and reflect on whether proposed solutions are achievable ion the near future (1-2 years) or longer term (2-10 years).
13.20 - 14.20	**Lunch**
14:20 - 14:50	***Feedback Session*** *Workshop co-chairs*
14:50 - 15:50	***Session 3: Policy, adoption and implementation*** *Session co-chairs: Professor Dame Anna Dominiczak FMedSci and Associate Professor Joanne Ngeow* This session will provide an overview of the current policies for genomics and precision population health in each country and how these are and will be implemented. The speakers will highlight where some of the challenges lie in adoption and implementation, any known gaps in existing policies to support the adoption of genomics for precision population health. • Overview from Singapore – Dr Ho Kaiwai, Deputy Secretary (Services) MOH Singapore • Overview from the UK – *Professor Dame Anna Dominiczak FMedSci* • Questions
15:50 - 16:20	**Break**
16:20 - 17:20	***Session 3 Breakout: Policy, adoption and implementation*** Participants will be split into groups to discuss: 1. Where do some of the challenges lie in implementing policy to support genomic testing on a population level? 2. Are there any knowledge gaps and what additional policies are needed? 3. How do we ensure policies do not exacerbate existing inequalities?
17:20 - 17:50	***Feedback Session*** *Workshop co-chairs*
17:50 - 18:00	***Reflections on Day 1*** *Workshop co-chairs*
19:00 - 20:30	***Networking Dinner***

Wednesday 5 February

Time	Item
09:00 - 09:10	***Welcome to Day 2*** *Workshop co-chairs*
09:10 - 09:50	***Session 4: Governance and Regulation*** *Session co-chairs: Professor Sir Munir Pirmohamed FMedSci and Dr Lim Su Chi* This session will provide a background to the current regulatory framework for genomic medicine in Singapore and the UK particularly considering medicines regulation and health technology assessment guidance. • Overview from Singapore – Denise Goh • Overview from the UK – Professor Tim Aitman FMedSci, The University of Edinburgh • Questions
09:50 - 11:00	***Session 4 Breakout: Governance and Regulation*** Participants will be split into groups to discuss 1. Where do gaps lie in the governance and regulation of genomic testing? 2. Are there any research or knowledge gaps? 3. How can governance and regulation be proportionate to enable innovation? • How can we ensure the regulatory and governance structure helps to address inequalities?
11:00 - 11:30	***Refreshment Break***
11:30 - 12:00	***Feedback Session*** A presenter from each group will be asked to summarise their groups discussions. After every group has fed back there will be time to reflect on this and ask questions.
12:00 - 12:45	***Final session: Identifying key next steps*** *Session co-chairs: Tai E Shyong and Anna Dominiczak* During this session, participants should discuss and reach consensus on what actions need to be taken and by whom locally, regionally and nationally both in the short- (1-2 years) and long- (2-10 years) term. Participants should highlight where opportunities lie to work together.
12:45 - 13:00	***Conclusions from across the two days and workshop outputs*** *Workshop co-chairs*

Annex 2: attendee list

Steering Committee

- **Associate Professor Joanne Ngeow Yuen Yie FAMS**, Senior Consultant, Division of Medical Oncology at the National Cancer Centre Singapore and Associate Professor, Lee Kong Chian School of Medicine, Nanyang, National Cancer Centre Singapore and Nanyang Technological University
- **Professor Sir Munir Pirmohamed FMedSci**, Chair in Medicine, University of Liverpool and NHS Chair of Pharmacogenetics, and a Consultant Physician, Royal Liverpool University Hospital
- **Professor Dame Anna Dominiczak DBE FRSE FMedSci**, Chief Scientist (Health), Scottish Government; Regius Professor of Medicine, University of Glasgow
- **Dr Antonio Pardinas**, Reader in Psychiatric Genetics, Cardiff University
- **Ai Ling Sim-Devadas**, Patient Advocate and Deputy Director, Office of Patient Engagement (OPEN), Lee Kong Chian School of Medicine, NTU Nanyang Technological University
- **Jillian Hastings Ward**, Independent Chair of the Participant Panel, Genomics England
- **Professor Sir Mark Caulfield FMedSci**, Professor of Clinical Pharmacology, Queen Mary University of London
- **Professor Roger Foo**, Vice Dean of NUS Medicine; Director of the Cardiovascular-Metabolic Disease Translational Research Programme, National University of Singapore
- **Associate Professor Dr Su Chi Lim**, National University of Singapore; Senior Consultant Clinical Director (Unit), Clinical Research Unit, Khoo Teck Puat Hospital
- **Associate Professor Ee Shien Tan**, Head of SingHealth-Duke Genomic Medicine Centre, Senior Consultant for Genetics Service, KK Women's and Children's Hospital
- **Dr Hui Lin Chin**, National University of Singapore

Participants

- **Adam Clatworthy**, Vice Chair for Rare Conditions, Genomics England
- **Dr Alexandra Murray**, Consultant Clinical Geneticist & Clinical, NHS Wales
- **Dr Alison Cave**, Medicines and Healthcare products Regulatory Agency
- **Aloysius Chen**, Synapxe
- **Dr Benedict Yan**, Head of the Molecular Diagnosis Centre (MDC), National University Hospital (NUH)
- **Breana Cham**, Senior Principal Genetic Counsellor, KK Women's and Children's Hospital
- **Dr Carol Tsang**, Patient Partner, Open Voices
- **Chew Kim Soon**, SingHealth Patient Advocacy Network Co-Chair, PRECISE Consumer Panel member
- **Adjunct Assistant Professor Chiang Jianbang**, Consultant in Medical Oncology, National Cancer Centre Singapore
- **Associate Professor Chow Wai Leng**, Director, Epidemiology and Disease Control Division at the Ministry of Health, Singapore
- **Chua Ying-Hong**, Director, Healthtech Policy Division, Ministry of Health Singapore
- **Professor Deborah Williamson**, Dean of the Faculty of Medicine and Head of the School of Medicine, The University of St Andrews
- **Associate Professor Denise Goh**, Head and Senior Consultant, Division of Genetics and Metabolism, Department of Paediatrics, Khoo Teck Puat - National University Children's Medical Institute, National University Hospital; National University of Singapore
- **Adjunct Assistant Professor Dr Max Lam**, Chief Scientific Officer Office, PRECISE-SG100K, National Precision Medicine Program; Lee Kong Chian School of Medicine, NTU; Senior Research Fellow, Institute of Mental Health
- **Professor Emma Baple**, Professor of Genomic Medicine, University of Exeter
- **Dr Francis O'Neill**, Clinical Reader, School of Medicine, Queen's University Belfast
- **Dr Fu-Meng Khaw**, National Director of Health Protection and Screening Services and Medical Director, Public Health Wales
- **Gloria Tan Wan Hui**, Senior Specialist, ACE (Health Tech Evaluation, Adoption Utilisation and Review), Ministry of Health Singapore
- **Dr Goh Khean Teik**, Director Hospital Services Division, Ministry of Health Singapore
- **Hannah Lau**, ACE (Health Tech Evaluation, Adoption Utilisation and Review), Ministry of Health Singapore
- **Dr Hywel Williams**, Cardiff University

- **Irenaeus Chia**, Consortium for Clinical Research and Innovation, Singapore
- **Ivan Koh**, Director, Ministry of Health Singapore
- **Jahara Ibrahim**, Director, Hospitals, Ambulatory Care and Research Regulations, Ministry of Health Singapore
- **Dr Jeannette Goh**, Clinical Lead, Paediatrics, SingHealth Duke-NUS, Genomic Medicine Centre; Consultant, KK Women's and Children's Hospital
- **Joel Chiew**, Department of Occupational and Environmental Medicine, Singapore General Hospital
- **Professor John Chambers**, Chief Scientific Officer, PRECISE
- **Dr Kaavya Narasimhalu**, Consultant, Clinician Scientist at National Neuroscience Institute
- **Dr Kaiwei Ho**, Ministry of Health Singapore
- **Dr Karen Lim**, Consultant, Division of Maternal Fetal Medicine, Department of Obstetrics & Gynaecology, National University Hospital
- **Professor Kenneth Mak**, Director-General of Health, Ministry of Health Singapore
- **Lai Yingqi**, Assistant Director, National Programmes Planning Office - HealthierSG, Precision Medicine, Synapxe
- **Laura Melles**, Patient Advocate
- **Dr Lee Guan Hui,** Deputy Director, Subsidy and Subvention Division, Ministry of Health Singapore
- **Associate Professor Lee Haur Yueh**, Adjunct Associate Professor, Duke-NUS Medical School; Clinical Senior Lecturer, NUS Yong Loo Lin School of Medicine; Member, Residency Advisory Committee (Dermatology), Ministry of Health
- **Leon Wong**, Policy Deputy Director of Health Science, Welsh Government
- **Associate Professor Leong Khai Pang**, Rheumato, CIP lead in pharmacogenomics
- **Lucy Pearse**, Patient Advocate
- **Maggie Cai**, Senior Science, Innovation and Technology Adviser, Science & Innovation Network, Singapore
- **Dr Michael Cook**, Executive Director, Our Future Health
- **Michaela John**, Head of Programme, Genomics Partnership Wales, Genomics Partnership Wales (NHS Wales)
- **Assistant Professor Mustak Ibn Ayub**, Associate Professor at the Department of Genetic Engineering and Biotechnology, University of Dhaka
- **Associate Professor Ng Kar Hui**, National University of Singapore
- **Nur Diana Bin Ishak**, Genetic counsellor, National Cancer Centre Singapore
- **Professor Patricia Roxburgh**, Consultant Clinical Scientist, Laboratory Director, Honorary Senior Research Fellow, Cardiff University; All Wales Medical Genomics Service, University of Glasgow
- **Professor Patrick Tan**, Professor and Senior Vice Dean, Office of Research, Duke-NUS
- **Associate Professor Jo-Anne Manski**, Academic Director of Primary Care and Family Medicine, Lee Kong Chian School of Medicine
- **Rebecca Caeser**, Translational Cancer Researcher, Memorial Sloan Kettering Cancer Center
- **Dr Resham L Gurung**, Khoo Teck Puat Hospital
- **Dr Richard Turner**, Senior Director, Translational Genetics & Phenomics, GSK
- **Ritu Jain**, President, DEBRA International
- **Dr Sophie Harding**, Consultant Pharmacist for Genomics and Pharmacogenomics for Wales, NHS Wales
- **Dr Taariq Afzal Chew**, Medical Officer, Hospital Services Division, Ministry of Health Singapore
- **Professor Tai E Shyong**, Senior Consultant at National University Hospital's Endocrinology Division; Joint Professor, Saw Swee Hock School of Public Health.
- **Tay Yi Pei**, Deputy Director, Hospital Services Division, Ministry of Health Singapore
- **Professor Tim Aitman FMedSci**, The University of Edinburgh
- **Dr Troy Puar**, Senior Consultant Endocrinologist, Changi General Hospital
- **Associate Professor Wee Hwee Lin**, Domain Leader (Health Systems & Policy), Director, Centre for Health Intervention and Policy Evaluation Research, NUS Saw Swee Hock School of Public Health
- **Dr Yvonne Semple**, Chief Pharmaceutical Adviser, Scottish Medicine Consortium
- **Zhang Yue**, Assistant Manager, Population Health Division, Ministry of Health Singapore

The Academy of Medical Sciences

Follow us on social media:

/company/acmedsci
@acmedsci
/acmedsci
@acmedsci.bsky.social
/acmedsci

Academy of Medical Sciences
41 Portland Place
London W1B 1QH

Registered Charity number: 1185329
Incorporated by Royal Charter
Registration number: RC000905

Follow us on social media:

/company/academy-of-medicine-singapore
@AnnalsSG
@annals_singapore
/collegeofclinicianscientists
/academyofmedicinesingapore728

College of Clinician Scientists
Academy of Medicine, Singapore
81 Kim Keat Road
#11-00 NKF Centre
Singapore 328836

https://www.ams.edu.sg/co

Email: ccs@ams.edu.sg
Tel: (65) 65937800
Fax: (65) 65937880