



SINGAPORE MEDICAL COUNCIL



ANNUAL REPORT 2025

ABOUT US

The Singapore Medical Council (SMC), a statutory board under the Ministry of Health, maintains the Register of Medical Practitioners in Singapore, administers the compulsory continuing medical education programme and also governs and regulates the professional conduct and ethics of registered medical practitioners.

Secretariat Support

Since 1 January 2020, the SMC has been supported by the Secretariat of healthcare Professional Boards (SPB) for its secretariat and operational functions. The registration and regulation of medical practitioners continue to be governed by the SMC, which retains autonomy and independence in all professional and statutory matters, as provided for under the *Medical Registration Act 1997*.

SPB supports the SMC and 10 other healthcare professional councils and boards, with a staff strength of 106 as at 30 September 2025.

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President's Foreword

Registration of Medical Practitioners

The Singapore Medical Council (SMC) saw continued increase in the number of registered medical practitioners from 18,316 in 2024 to 19,292 in 2025. There were 16,275 doctors on full registration, 1,931 on conditional registration, 329 on temporary registration and 757 on provisional registration. Of the provisionally registered doctors, 542 were local graduates from the three medical schools.

A total of 479 new specialists were added to the Register of Specialists in 2025, representing a 6.0% increase from 2024, bringing the total number of specialists to 7,634.

Since 1 November 2025, Family Medicine has been recognised as the 36th specialty in Singapore. This recognition affirms the contributions of family physicians in our healthcare system, provides a clear pathway to specialist accreditation for family physicians with advanced training and raises the standards of primary and community care. As at 31 December 2025, there were 148 Family Medicine Specialists.

Practising Certificate Renewal and Mandatory Medical Ethics CME

In 2025, 10,714 fully and conditionally registered medical practitioners successfully renewed their practising certificates (PCs), representing a renewal rate of 98.5%. Of the 167 doctors who did not renew their PCs, the majority (68%) did not meet the requirements for renewal, while 20% had retired or stopped practising medicine.

The Council processed a total of 42,847 accreditation applications and credit claims across all CME categories in 2025. It continued to implement the Mandatory Medical Ethics (MME) CME requirements for full-fee PC renewals due in 2026.

Physician's Pledge Affirmation Ceremonies

Two Physician's Pledge Affirmation Ceremonies were held in 2025, with a total of 756 doctors taking the Physician's Pledge. The Council was honoured to have Minister of State for Health, Mdm Rahayu Mahzam, grace the February ceremony as Guest-of-Honour, and Minister for Health Mr Ong Ye Kung, for the September ceremony.

SMC Disciplinary Processes

On the disciplinary front, the Council received 101 complaints against 122 medical practitioners in 2025. A total of 172 complaints were reviewed by the Inquiry Committees, Complaints Committees, and Review Committees, including those carried over from previous years. Of these, 95 inquiries were completed.

Eight inquiries were concluded by the Disciplinary Tribunals, Health Committee and Interim Orders Committee.

The Council wishes to thank our colleagues in the Complaints Panel which includes many doctors, other healthcare professionals, and lay members who have contributed and sacrificed much of their time and effort to investigate the complaints and sit in the disciplinary hearings. We remain committed to ensuring that the inquiries are conducted thoroughly to ensure fair and just outcomes for all parties.

Council and Committees

In 2025, we welcomed new Council members — Dr Asok Kurup, Adj A/Prof Chong Yew Lam, Adj Prof Lau Tang Ching, Prof Kwek Tong Kiat, Dr Ng Chee Kwan, A/Prof Tai Hwei Yee, A/Prof Tan Choon Kiat Nigel, and Dr Wong Tien Hua. I would also like to welcome back Dr Tan Yia Swam, who was elected to the Council in October 2025 following the conclusion of her initial term as an appointed member in June 2025.

I would like to extend my heartfelt gratitude to A/Prof Chen Fun Gee, Dr Chuang Wei Ping, Prof Chan Choong Meng, Dr Lee Yee Mun, Dr Lim Ah Leng, Prof Sung Jao Yiu Joseph, Adj A/Prof Tan Tze Lee, and Prof Teo Eng Kiong, for their dedicated service and invaluable contributions during their term.

The SMC's work would not be possible without the dedication of our medical colleagues and professionals from across disciplines who serve on our various Committees. Their tireless contributions and willingness to give their time and expertise are deeply valued, and I am grateful for their continued support. I also extend my appreciation to the Secretariat of healthcare Professional Boards for their steadfast administrative support. Together, we remain committed to safeguarding patient safety and upholding public trust in the medical profession.

Professor Chee Yam Cheng
President
Singapore Medical Council

Members of the Singapore Medical Council

(as at 31 December 2025)



Prof Chee Yam Cheng
(President)



Prof Kenneth Mak
(Registrar)



**A/Prof Ang Bee Leng
Sophia**



Dr Asok Kurup
(wef Jul 2025)



**A/Prof Marion
Margaret Aw**



**Prof Chan Choong
Meng**
(till Dec 2025)



**A/Prof Chen
Fun Gee**
(till Feb 2025)



**Dr Chen Suet Ching
Jeanette**



**Adj A/Prof Chong
Yew Lam**
(wef Oct 2025)



Dr Chua Jun Jin



Dr Chuang Wei Ping
(till Oct 2025)



Dr Ho Kok Sun

Members of the Singapore Medical Council

(as at 31 December 2025)



Prof Kwek Tong Kiat
(wef Nov 2025)



Dr Lai Siang Hui



Adj Prof Lau Tang Ching
(wef Oct 2025)



Adj A/Prof Lee Cheng



Dr Lee Yee Mun
(till Oct 2025)



Dr Leong Choon Kit



Dr Lim Ah Leng
(till Oct 2025)



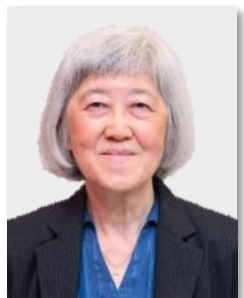
Prof Lim Chien Wei John



Dr Lim Khong Jin Michael



Dr Ng Chee Kwan
(wef Jul 2025)



A/Prof Ng Suah Bwee Agnes



A/Prof Ng Wei Keong Alan



Dr Subramaniam Surajkumar



Prof Sung Jao Yiu Joseph
(till Nov 2025)



A/Prof Tai Hwei Yee
(wef Mar 2025)

Members of the Singapore Medical Council

(as at 31 December 2025)



**A/Prof Tan Beng Hoi
Agnes**



**A/Prof Tan Choon
Kiat Nigel**
(wef Dec 2025)



Prof Tan Puay Hoon



**Adj A/Prof Tan Tze
Lee**
(till Jun 2025)



Dr Tan Yia Swam*



Prof Teo Eng Kiong
(till Jun 2025)



Dr Wong Chiang Yin



Dr Wong Tien Hua
(wef Jul 2025)

Note:

*Dr Tan Yia Swam was elected in October 2025, after her initial term as appointed member ended in June 2025.

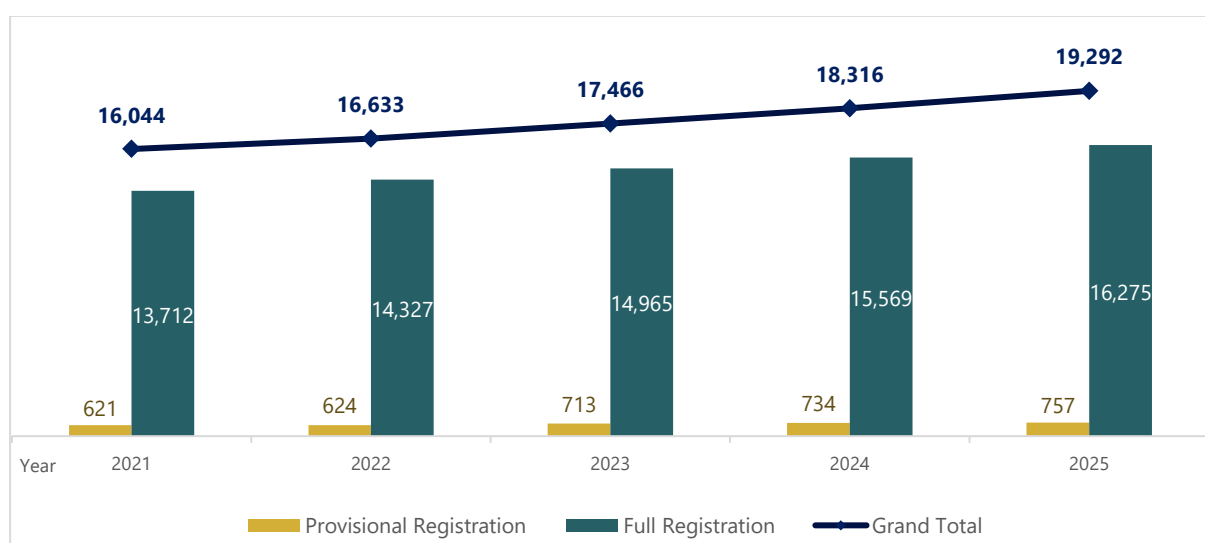
MEDICAL REGISTRATION

Number of Registered Medical Practitioners in 2025

As at 31 December 2025, the number of medical practitioners with full, conditional and temporary¹ registration in Singapore was 18,535. This translates to a medical practitioner-to-population ratio of 1:330². There were 19,292³ registered medical practitioners holding valid practising certificates (PCs) as at 31 December 2025, including 757 medical practitioners on provisional registration.

Figure 1 provides a snapshot of the total number of medical practitioners holding full and provisional registration, from 2021 to 2025.

Figure 1: Number of Medical Practitioners on Full and Provisional Registration and Total Number of Registered Medical Practitioners (Years 2021 to 2025)



Note: Breakdown of Conditional and Temporary registration types are not shown on this chart.

¹ Refers to temporary registration (service) only. Does not include temporary registration for the purpose of teaching, research or postgraduate study.

² This is based on a total population size of 6,111,175 (correct as at September 2025) (source: [Department of Statistics Singapore](#)).

³ This number includes all medical practitioners on full, conditional, provisional and temporary registration (service) with valid PCs.

Table 1 shows the total number of medical practitioners who were holding valid PCs as at 31 December 2025, by type of registration and employment sector.

Table 1: Total Number of Medical Practitioners with Valid PCs – by Type of Registration and Employment Sector

Registration Type	Public Sector	Private Sector	Total
Full Registration	9,937	6,338	16,275
Conditional Registration	1,826	105	1,931
Provisional Registration	757	-	757
Temporary Registration*	322	7	329
Total	12,842	6,450	19,292

* Refers to temporary registration (service) only. Does not include temporary registration for the purpose of teaching, research or postgraduate study.

Table 1-1 shows the breakdown of the total number of medical practitioners by residential status and place of training in the public and private sectors. Table 1-2 shows the breakdown of the total number of medical practitioners by employment sector and specialist status. Table 1-3 shows the breakdown of the total number of medical practitioners by employment sector and registered family physician status.

Table 1-1: Number of Medical Practitioners by Residential Status, Training and Employment Sector

Legend
Residential Status: Singapore Citizens - SC, Permanent Residents - PR, Non-Residents - NR
Training (based on basic medical qualification): Local trained - LT, Foreign trained - FT

Registration Type	Public Sector						Public Sector Total	Private Sector						Private Sector Total	Total
	SC		PR		NR			SC		PR		NR			
	LT	FT	LT	FT	LT	FT		LT	FT	LT	FT	LT	FT		
Full Registration	6,473	1,952	237	1,043	54	178	9,937	3,951	1,454	165	652	13	103	6,338	16,275
Conditional Registration	20	668	2	528	3	605	1,826	1	20	-	35	-	49	105	1,931
Provisional Registration	519	110	11	6	17	94	757	-	-	-	-	-	-	-	757
Temporary Registration*	1	3	-	13	-	305	322	-	-	-	5	-	2	7	329
Total	7,013	2,733	250	1,590	74	1,182	12,842	3,952	1,474	165	692	13	154	6,450	19,292

* Refers to temporary registration (service) only. Does not include temporary registration for the purpose of teaching, research or postgraduate study.

Table 1-2: Number of Medical Practitioners by Employment Sector and Specialist Status

Registration Type	Medical Practitioner (excludes specialist)			Specialist			Total
	Public	Private	Total	Public	Private	Total	
Full Registration	4,866	3,920	8,786	5,071	2,418	7,489[#]	16,275
Conditional Registration	1,689	97	1,786	137	8	145	1,931
Provisional Registration	757	-	757	-	-	-	757
Temporary Registration[*]	322	7	329	-	-	-	329
Total	7,634	4,024	11,658 (60.4%)	5,208	2,426	7,634 (39.6%)	19,292 (100%)

^{*} Refers to temporary registration (service) only. Does not include temporary registration for the purpose of teaching, research or postgraduate study.

[#] 190 specialists are also registered family physicians. Amongst them, 143 are in the public sector and 47 are in the private sector.

Table 1-3: Number of Medical Practitioners by Employment Sector and Registered Family Physician Status

Registration Type	Registered Family Physician		Registered Family Physician Total
	Public	Private	
Full Registration	843	1,986	2,829[#]
Conditional Registration	13	8	21
Total	856	1,994	2,850

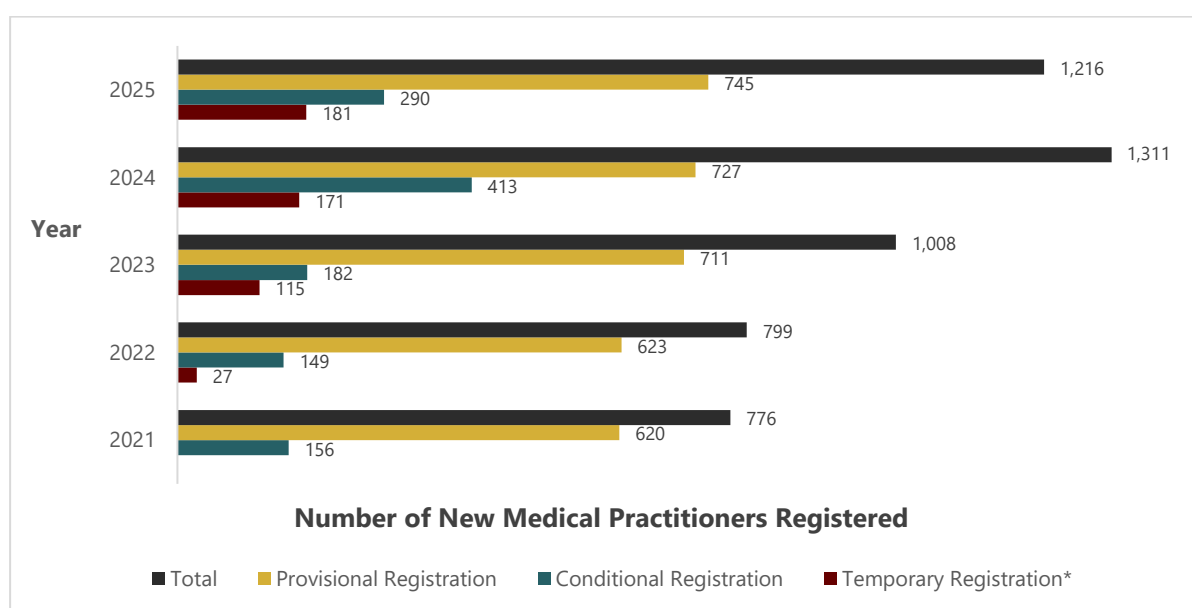
[#] 190 specialists are also registered family physicians.

New Medical Registrations in 2025

In 2025, the SMC processed 3,003 applications for registration. Of these, 1,664 applications were for new registrations, and the remaining 1,339 applications were for other purposes, such as for change of employer and conversion to different categories of registration.

Figure 2 shows the number of new registrations by type of registration between 2021 and 2025.

Figure 2^: Number of New Medical Practitioners Registered# by Type of Registration (Years 2021 to 2025)



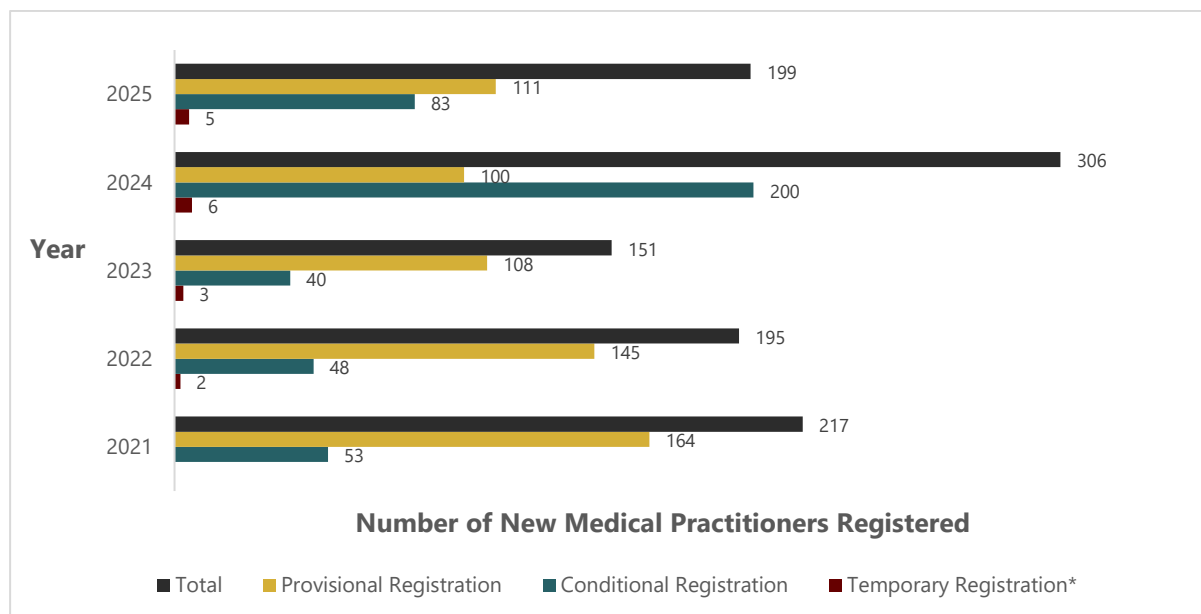
[^] In past annual reports, Figure 2 chart title was "Number of New Registrations by Type of Registration". From 2025, the chart title is changed to "Number of New Medical Practitioners Registered by Type of Registration (Years 2021 to 2025)" which reflects the same data.

[#] Does not include conversion cases (e.g. a medical practitioner who converted from provisional to conditional would not be considered a new registrant).

^{*} Refers to temporary registration (service) only. Does not include temporary registration for the purpose of teaching, research or postgraduate study.

Figure 2-1 shows the number of foreign-trained Singapore Citizens (SCs) and Permanent Residents (PRs) who had returned to Singapore to practise by type of registration.

Figure 2-1^: Number of New Medical Practitioners Registered (Foreign-trained SCs and PRs)



^ In past annual reports, Figure 2-1 chart title was “New Registrations of Foreign-trained SCs and PRs”. From 2025, the chart title is changed to “Number of New Medical Practitioners Registered (Foreign-trained SCs and PRs)” which reflects the same data.

* Refers to temporary registration (service) only. Does not include temporary registration for the purpose of teaching, research or postgraduate study.

Provisional Registration

Of the 745 new medical practitioners granted provisional registration in 2025, 303 were medical graduates from the Yong Loo Lin School of Medicine, National University of Singapore; 78 were Duke-NUS Medical School graduates; and 161 were graduates from the Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore. There were 203 graduates from foreign universities who were granted medical registration to undergo Postgraduate Year 1 training in the public hospitals for one year.

Conditional Registration

In 2025, 290 foreign-trained medical practitioners were given conditional registration and among these, 39 (13%) were specialists. Out of the 290 medical practitioners, 69 were Singapore Citizens (24%), 14 were Permanent Residents (5%) and 207 were Non-Residents (71%).

Temporary Registration

Among the 452 new medical practitioners registered under temporary registration in 2025, 181 were employed to work under supervision for service provision in public hospitals or institutions to ease manpower issues. 216 were foreign-trained medical practitioners accepted for postgraduate training/research in Singapore, and they comprised 197 Clinical Fellows and 19 Clinical Observers. 12 were visiting experts who were invited by the hospitals and medical organisations to provide short-term training and consultancy. When Singapore hosted the World Aquatics Championships 2025, 43 foreign medical practitioners were temporarily registered to provide medical services to their respective countries' athletes and officials.

Family Medicine as a Specialty

The Specialists Accreditation Board (SAB), with support from the Ministry of Health, recognised Family Medicine (FM) as the 36th specialty in Singapore from 1 November 2025. This was a significant step to affirm the contributions of family physicians in Singapore.

Family physicians with advanced clinical competencies already play a pivotal role in integrated care, coordinating multi-disciplinary care in the community. This recognition provides a clear pathway to specialist accreditation for family physicians with advanced training, and raises the standards of primary and community care to meet the emerging needs of our healthcare system.

The SMC will register Family Medicine Specialists (FMS) after SAB has approved their specialist accreditation. Recognising FMS will enhance the contribution of FM to our healthcare system and bring about the following benefits:

- Enable FMS to practise at the level of consultants who can lead teams and networks to improve the care of patients and support population health initiatives.
- Enable FMS to manage patients with multi-morbidities and complex care needs, allowing them to provide comprehensive care within the community and reduce the unnecessary use of expensive hospital resources.
- Enable collaboration with other specialists as peers to design comprehensive care plans that continue seamlessly into the community and patients' homes.
- Allow specialists in other disciplines to focus on their areas of expertise and confidently hand over care to FMS when patients no longer need care at their respective levels of specialisation.

As at 31 December 2025, the SMC registered 148 Family Medicine Specialists.

Specialists Register

There were 7,634⁴ specialists on the Register of Specialists as at 31 December 2025. They represented 39.6% of the 19,292 medical practitioners registered in Singapore. The number of new specialists registered during the year was 479. The total number of specialists had increased by 6.0% from 2024.

The breakdown of new specialist registrations by place of training⁵ and employment sector in 2025 is shown in Table 2.

Table 2: New Specialist Registrations by Residential Status, Location of Training and Employment Sector in 2025

Location of Training ⁶	Public Sector			Public Sector Total	Private Sector			Private Sector Total	Total
	SC	PR	NR		SC	PR	NR		
Local-Trained	342	57	2	401	29	1	-	30	431
Foreign-Trained	8	2	33	43	2	1	2	5	48
Total	350	59	35	444	31	2	2	35	479

Of the 7,634 specialists, 6,882 (90%) had been registered in a single main specialty while 82 (1%) had a sub-specialty without a main specialty. Table 3-1 shows the distribution of specialists registered across specialties, and/or sub-specialties. Table 3-2 shows the breakdown of the total number of specialists including those who have registered in two or more specialties/sub-specialties by employment sector.

Table 3-1: Distribution of Specialists Registered in Single or Multiple Specialties, Including Sub-Specialties

Number of Specialty / Specialties	Number
1 specialty only	6,882
1 sub-specialty only	82
2 specialties only	99
3 specialties only	1
1 specialty + 1 sub-specialty	536
1 specialty + 2 sub-specialties	6
2 specialties + 1 sub-specialty	28
Total	7,634

⁴ This number includes all medical practitioners on full and conditional registration.

⁵ Based on specialty training.

Table 3-2: Number of Specialists by Specialties (including those registered in two or more Specialties or Sub-Specialties) by Employment Sector

Registered Specialty [36]	Public Sector		Private Sector		Total
	Number	Percentage	Number	Percentage	
Anaesthesiology	434	66.16%	222	33.84%	656
Cardiology	209	65.52%	110(1)	34.48%	319(1)
Cardiothoracic Surgery	44	67.69%	21	32.31%	65
Dermatology	93	53.14%	82	46.86%	175
Diagnostic Radiology	395	76.55%	121(2)	23.45%	516(2)
Emergency Medicine	290	93.55%	20	6.45%	310
Endocrinology	125(2)	77.64%	36(1)	22.36%	161(3)
Family Medicine	119	80.41%	29	19.59%	148
Gastroenterology	151	67.41%	73(2)	32.59%	224(2)
General Surgery	284	58.20%	204	41.80%	488
Geriatric Medicine	172(1)	90.53%	18(1)	9.47%	190(2)
Haematology	80	80.81%	19(2)	19.19%	99(2)
Hand Surgery	44	68.75%	20(1)	31.25%	64(1)
Infectious Diseases	96(2)	83.48%	19	16.24%	115(2)
Internal Medicine	217(69)	84.77%	39(18)	15.23%	256(87)
Medical Oncology	113(1)	66.47%	57	33.33%	170(1)
Neurology	123	79.87%	31	20.13%	154
Neurosurgery	48	66.67%	24	33.33%	72
Nuclear Medicine	18(5)	62.07%	11(2)	37.93%	29(7)
Obstetrics & Gynaecology	142	37.08%	241	62.92%	383
Occupational Medicine	30	69.77%	13	30.23%	43
Ophthalmology	202	59.06%	140	40.94%	342
Orthopaedic Surgery	204(1)	55.89%	161	43.99%	365(1)
Otorhinolaryngology	99	53.51%	86	46.49%	185
Paediatric Medicine	354	66.67%	177	33.33%	531
Paediatric Surgery	17(2)	65.38%	9	32.14%	26(2)
Pathology	178	81.65%	40	18.35%	218
Plastic Surgery	49	50.00%	49(1)	50.00%	98(1)
Psychiatry	211	68.06%	99	31.94%	310
Public Health	82(4)	60.74%	53	38.13%	135(4)
Radiation Oncology	48	68.57%	22	31.43%	70
Rehabilitation Medicine	60(1)	84.51%	11	15.28%	71(1)
Renal Medicine	121(2)	77.07%	36	22.64%	157(2)
Respiratory Medicine	158(1)	81.44%	36(1)	18.56%	194(2)
Rheumatology	63(5)	76.83%	19(1)	23.17%	82(6)
Urology	75	57.25%	56	42.75%	131
Sub Total (Specialties)	5,148 (96) [†]	68.17%	2,404 (33)	31.83%	7,552 (129) [†]

Registered Sub-Specialty [10]	Public Sector		Private Sector		Total
	Number	Percentage	Number	Percentage	
Aviation Medicine	3(13)	50.00%	3(11)	50.00%	6(24)
Intensive Care Medicine	3(222)	100.00%	(103)	0.00%	3(325)
Neonatology	2(42)	100.00%	(29)	0.00%	2(71)
Palliative Medicine	(9)	0.00%	(9)	0.00%	(18)
Sports Medicine	(13)	0.00%	(3)	0.00%	(16)
Paediatric Cardiology	(16)	0.00%	(2)	0.00%	(18)
Paediatric Gastroenterology	(23)	0.00%	-	0.00%	(23)
Paediatric Haematology & Oncology	(10)	0.00%	(3)	0.00%	(13)
Paediatric Intensive Care	34(44)	77.27%	10(7)	22.73%	44(51)
Paediatric Nephrology	18(4)	66.67%	9(7)	33.33%	27(11)
Sub Total (Sub-specialties)	60 (396) ^φ	77.20%	22 (174) ^φ	22.80%	82 (570)
Total (Specialties + Sub-specialties)	5,208 (492)[^]	67.70%	2,426 (207)[^]	32.30%	7,634 (699)[^]

Note: This table includes all medical practitioners on full and conditional registrations.

() Figures in parentheses indicate practitioners who registered the specialty/sub-specialty as their second specialty. For example, 125(2) for Endocrinology means that 125 practitioners registered Endocrinology as their first specialty, with another 2 practitioners registering it as their second specialty. Where only a figure in parentheses is shown, it indicates the number of practitioners registered the specialty/sub-specialty as their second specialty.

† There was 1 specialist with three registered specialties.

φ There were 6 specialists with one registered specialty and two registered sub-specialties. 3 were in the public sector and 3 were in the private sector.

^ There were 28 specialists with two registered specialties and one registered sub-specialty. 25 were in the public sector and 3 were in the private sector.

In addition, Table 4 shows the total number of specialists in each specialty, including those who were registered in more than one specialty or sub-specialty as at 31 December of each year, from 2021 to 2025. Previously, if a specialist had multiple specialties registered (e.g. respiratory medicine and intensive care medicine), only his first specialty (respiratory medicine) was included.

Over the past five years, the top three specialties with the largest increase in numbers, besides Family Medicine⁶, were Anaesthesiology, Emergency Medicine and Diagnostic Radiology. In terms of percentage, Emergency Medicine, Rehabilitation Medicine and Neurosurgery saw the biggest percentage growth in the number of specialists registered.

⁶ The Family Medicine specialty was introduced in 2025

Table 4: Total Number of Specialists in each Specialty including those who have registered in more than one Specialty or Sub-Specialty (Years 2021 to 2025)

Registered Specialty [36]	2021	2022	2023	2024	2025	Comparison between 2021 and 2025	
						Increase	Percentage
Anaesthesiology	566	591	606	627	656	90	15.9%
Cardiology	276	286	295	307	319	43	15.6%
Cardiothoracic Surgery	63	65	64	65	65	2	3.2%
Dermatology	148	155	163	171	175	27	18.2%
Diagnostic Radiology	441	446	469	490	516	75	17.0%
Emergency Medicine	234	253	268	287	310	76	32.5%
Endocrinology	145	151	158	160	161	16	11.0%
Family Medicine	-	-	-	-	148	148	100.00%
Gastroenterology	180	190	202	214	224	44	24.4%
General Surgery	428	447	465	473	488	60	14.0%
Geriatric Medicine	152	162	169	182	190	38	25.0%
Haematology	86	89	92	97	99	13	15.1%
Hand Surgery	54	56	60	63	64	10	18.5%
Infectious Diseases	92	99	104	109	115	23	25.0%
Internal Medicine	288	297	310	326	256	-32	-11.1%
Medical Oncology	148	155	161	166	170	22	14.9%
Neurology	123	134	140	148	154	31	25.2%
Neurosurgery	56	57	64	69	72	16	28.6%
Nuclear Medicine	34	35	38	37	29	-5	-14.7%
Obstetrics & Gynaecology	359	366	375	375	383	24	6.7%
Occupational Medicine	42	40	42	41	43	1	2.4%
Ophthalmology	307	314	322	333	342	35	11.4%
Orthopaedic Surgery	318	341	351	357	365	47	14.8%
Otorhinolaryngology	167	171	173	177	185	18	10.8%
Paediatric Medicine	465	488	508	522	531	66	14.2%
Paediatric Surgery	25	26	26	26	26	1	4.0%
Pathology	184	189	198	212	218	34	18.5%
Plastic Surgery	85	86	90	92	98	13	15.3%
Psychiatry	277	287	298	301	310	33	11.9%
Public Health	132	132	134	134	135	3	2.3%
Radiation Oncology	65	66	67	69	70	5	7.7%
Rehabilitation Medicine	55	62	65	71	71	16	29.1%
Renal Medicine	132	140	140	147	157	25	18.9%
Respiratory Medicine	163	173	181	189	194	31	19.0%
Rheumatology	81	82	82	85	82	1	1.2%
Urology	120	125	129	129	131	11	9.2%
Registered Sub-Specialty [10]							
Aviation Medicine	27	28	29	30	30	3	11.1%
Intensive Care Medicine	266	283	301	320	328	62	23.3%
Neonatology	69	68	70	72	73	4	5.8%
Palliative Medicine	75	78	82	88	95	20	26.7%
Sports Medicine	29	32	36	37	38	9	31.0%
Paediatric Cardiology	16	18	18	18	18	2	12.5%
Paediatric Gastroenterology	11	13	13	14	16	5	45.5%
Paediatric Haematology & Oncology	19	19	19	18	18	-1	-5.3%
Paediatric Intensive Care	22	22	24	22	23	1	4.5%
Paediatric Nephrology	12	12	12	12	13	1	8.3%

Table 5 shows the breakdown of specialists by residential status in public and private sectors. About 68.2% of specialists were practising in the public sector, while 31.8% were in private practice.

Table 5: Number of Specialists by Registration Type, Residential Status and Employment Sector

Registration Type	Public Sector			Public Sector Total	Private Sector			Private Sector Total	Total
	SC	PR	NR		SC	PR	NR		
Full Registration	4,055	869	147	5,071	2,021	346	51	2,418	7,489
Conditional Registration	30	38	69	137	4	2	2	8	145
Total	4,085	907	216	5,208	2,025	348	53	2,426	7,634

Family Physicians Register

Registered medical practitioners were considered for entry into the Family Physicians Register through the degree/diploma route. Table 6-1 shows the breakdown of registered family physicians by the routes of entry and employment sectors.

Table 6-1: Registered Family Physicians by Route of Entry and Employment Sector in 2025

Routes of Entry	Public Sector	Private Sector	Total
Degree / Diploma Route	824	1,301	2,125
Practice Route[^]	32	693	725
Total	856	1,994	2,850[#]

[^] Entry into the Register of Family Physicians through the practice route was closed with effect from 31 December 2013.

[#] 190 specialists were also registered family physicians.

Table 6-2 shows the breakdown of registered family physicians by employment sectors as at 31 December of each year, from 2021 to 2025.

Table 6-2: Registered Family Physicians by Employment Sector (Years 2021 to 2025)

Employment Sector	2021	2022	2023	2024	2025	Comparison between 2021 and 2025	
						Increase	Percentage
Public Sector	696	746	773	830	856	160	23.0%
Private Sector	1,616	1,707	1,794	1,864	1,994	378	23.4%

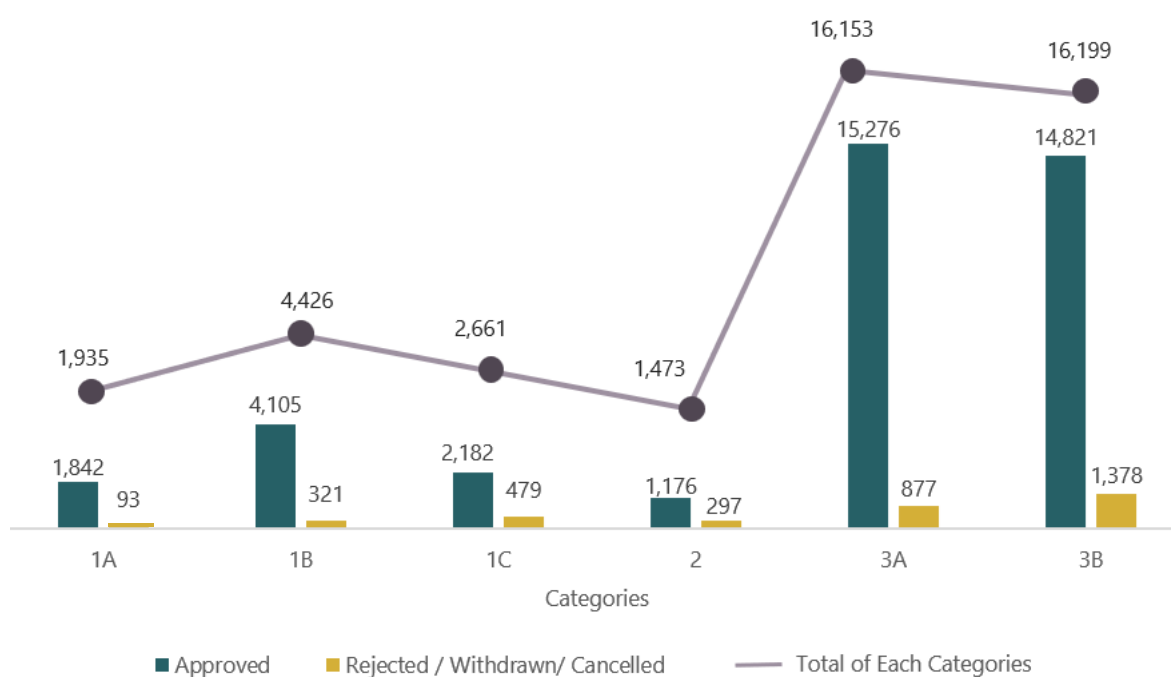
CONTINUING MEDICAL EDUCATION

Number of Processed Applications and Credit Claims for 2025

In 2025, the SMC processed a total of 42,847 accreditation applications and credit claims from Categories 1A, 1B, 1C, 2, 3A and 3B.

Figure 3 shows the breakdown of CME activities by categories.

Figure 3: Total Number of Processed Applications and Credit Claims by Categories



<i>Approved</i> 39,402	<i>Rejected / Withdrawn</i> 3,445	<i>Total Applications</i> 42,847
-------------------------------	--	---

Cat 1A: Pre-approved established programmes such as grand ward rounds and teaching / tutorial sessions.

Cat 1B: Locally held events such as scientific meetings, conferences, seminars and workshops.

Cat 1C: Overseas events such as scientific meetings, conferences, seminars and workshops.

Cat 2: Publication / editorial work / presentation of original paper or poster.

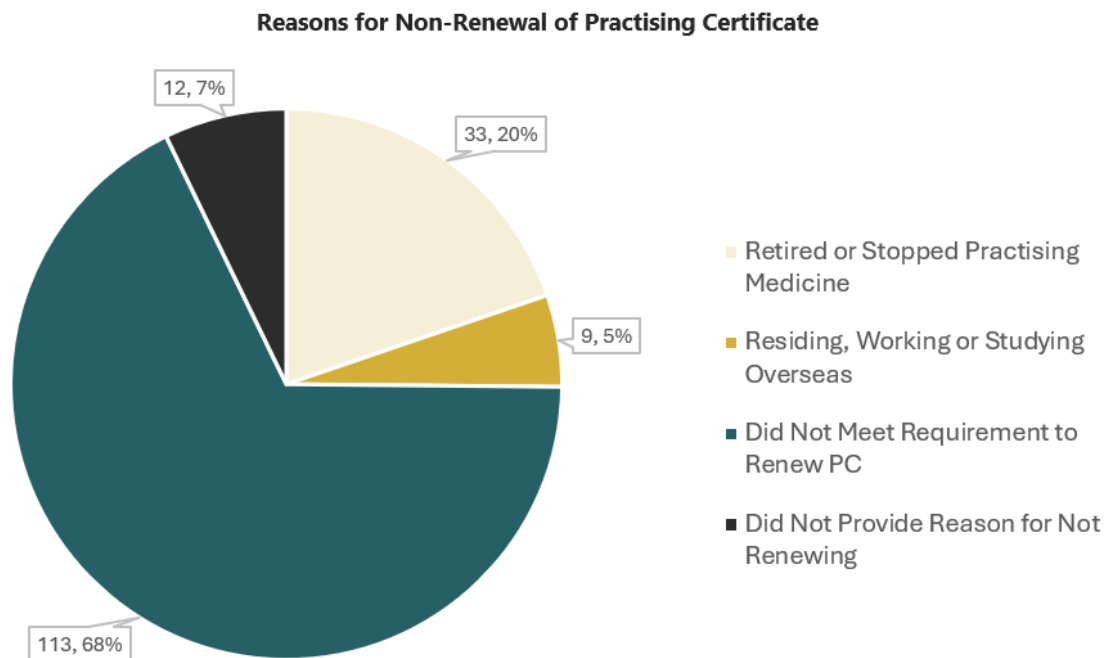
Cat 3A: Self-study from refereed journals, audio-visual media and online education programmes.

Cat 3B: Distance learning through interactive structured CME programme with verifiable self-assessment.

Renewal of Practising Certificate

10,714 (98.5%) of the 10,881 fully and conditionally registered medical practitioners who were due to renew their practising certificates (PCs) by 31 December 2025 renewed them successfully. There were 167 (1.5%) medical practitioners who did not renew their PCs. The reasons for non-renewal of PC are summarised in the chart below.

Figure 4: Reasons for Non-Renewal of Practising Certificate



SUPERVISION OF CONDITIONALLY AND TEMPORARILY REGISTERED DOCTORS

To practise medicine in Singapore, foreign-trained doctors must be registered under conditional or temporary registration, and they require direct on-site supervision by an SMC-approved, fully registered senior doctor. The SMC Supervisory Framework outlines the practice conditions, restrictions and progressive supervision levels governing these doctors. In addition to regular supervisor assessments, SMC also obtains multi-rater feedback from colleagues and peers of the supervisee doctor in the early stages of registration, providing a more comprehensive evaluation of a doctor's performance.

Assessment Process

Conditionally registered doctors must be assessed by more than one SMC-approved supervisor to achieve full registration. All supervisors receive standardised training to effectively evaluate these doctors. Primary supervisors solicit feedback from secondary and on-site supervisors across practice locations to complete SMC's assessment forms. A comprehensive assessment draws on input from various colleagues across critical performance domains, and is not limited to feedback from other doctors. Any borderline or not satisfactory ratings must be accompanied by clear justifications.

Supervision Levels

Supervision begins at the intensive Level 1 to identify performance issues early. If performance and safety are satisfactory after six months, employers can request progression to Level 2. Level 3 supervision offers minimal supervision for doctors practising safely and competently. Employers/Institutions should initiate progression requests based on their in-depth knowledge of the doctor's performance. However, SMC may proactively advance doctors to Level 2 if employers consistently fail to submit progression requests for satisfactory performers. Eligible doctors may apply for full registration upon completing the stipulated period of supervision at Level 2 supervision or above, and taking the SMC Physician's Pledge.

Addressing Not Satisfactory Performance

The SMC Assessment Report guides decisions on a doctor's progression to full registration. Doctors who have consistently not satisfactory performance, often corroborated by peers or patient feedback, may receive letters of advice from SMC. Employers must implement performance improvement plans and submit follow-up reports to SMC. These doctors will need to work with their supervisors to improve their skills and competencies under SMC's ongoing monitoring.

PROFESSIONAL CONDUCT

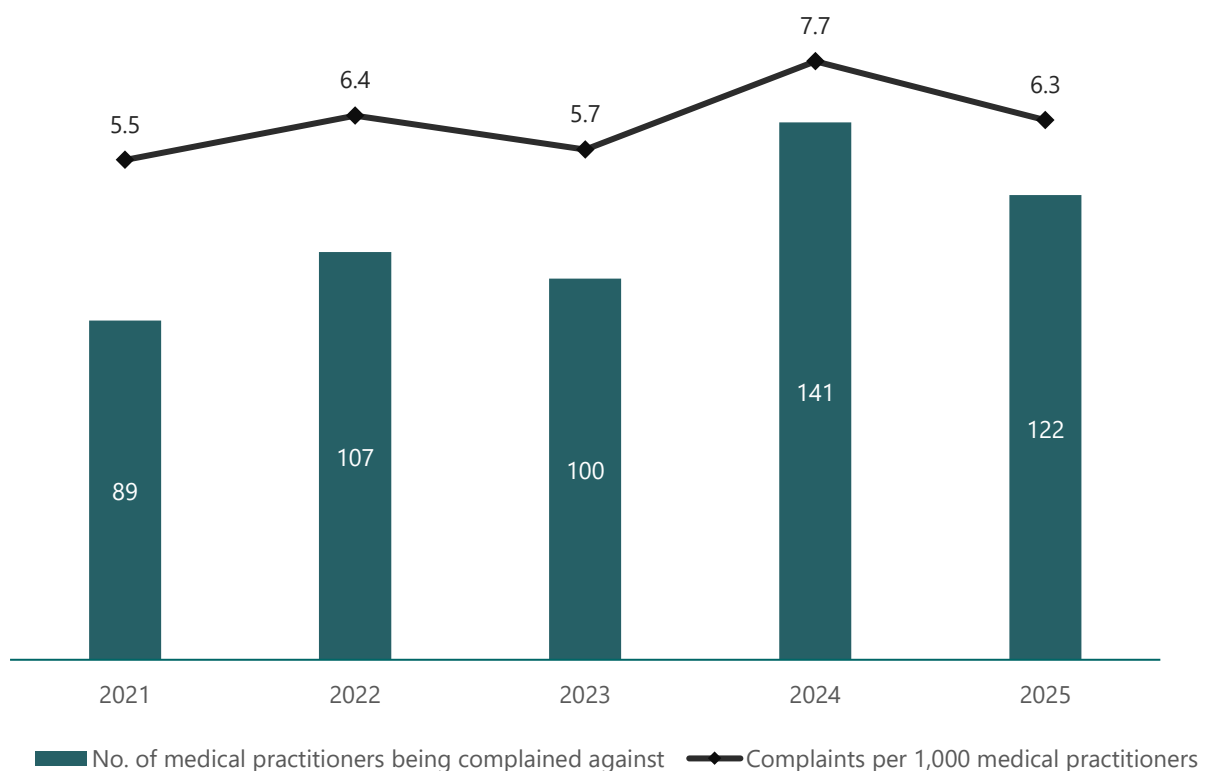
Complaints Lodged with the Medical Council

The Medical Council received 101 new complaints against 122 medical practitioners in 2025.

In addition to the new complaints, 71 ongoing inquiries into complaints received in previous years were processed. In total, the Medical Council handled 172 complaints in 2025.

Figure 5 shows the number of medical practitioners who received complaints during the period from 2021 to 2025.

Figure 5: Number of Medical Practitioners complained against from 2021 to 2025



In 2025, the Inquiry Committees (ICs), Complaint Committees (CCs) and Review Committees (RCs) reviewed a total of 172 complaints.

Status of complaints reviewed in 2025:

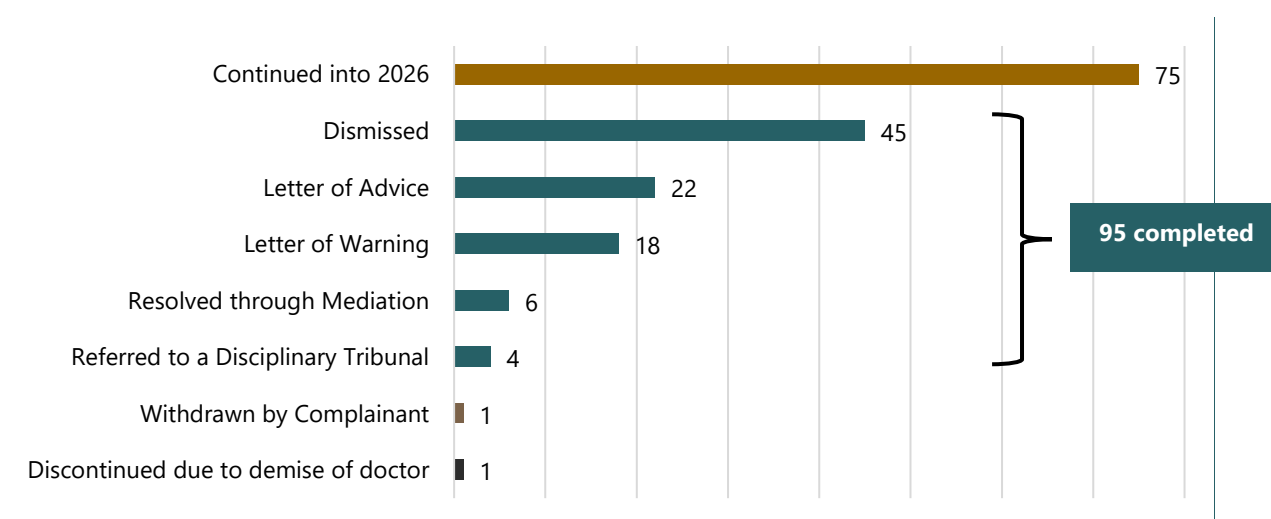
- Inquiries into 95 complaints were completed.
- One complaint was discontinued due to the demise of the doctor, and one was withdrawn by the complainant.
- 75 inquiries are ongoing and will continue in 2026.

Disposition of 95 completed inquiries:

- 45 complaints were dismissed.
- 22 complaints resulted in Letters of Advice ("LOAs").
- 18 complaints resulted in Letters of Warning ("LOWs"). Among the 18 medical practitioners issued with LOWs, four were additionally directed by CCs to undertake and complete specific further education or training, and one was directed to seek and undergo medical or psychiatric treatment or counselling if necessary and to report the status of treatments to SMC.
- Six complaints were successfully resolved through mediation.
- Four complaints were referred to Disciplinary Tribunals ("DTs") for formal inquiries.

Figure 6 shows the detailed breakdown of the 172 complaints reviewed by CCs and ICs in 2025.

Figure 6: Breakdown of Complaints Reviewed by CCs and ICs in 2025



Please see Table 7 for the detailed categories and outcomes of complaints processed by the Medical Council in 2025.

Table 7: Categories of Complaints Processed in 2025

Categories of Complaints based on Key Allegations ⁺	Past year complaints carried over to 2025	Complaints received in 2025	Total number of complaints received from 2021 to 2025	IC, CC & RC Outcomes									
				No formal inquiry								Referred / Recommended for referral to a DT for formal inquiry	Continued into 2026
				Withdrawn / Discontinued	Dismissed	Resolved through Mediation	Letter of Advice	Letter of Warning	Direct doctor to undertake and complete specific further education or training	Direct doctor to seek and undergo medical or psychiatric treatment or counselling	Direct doctor to report physical / mental status to CC		
(A) Breach of Guidelines on Aesthetic Practice	0	2	2	0	1	0	0	0	0	0	0	0	1
(B) Breach of medical confidentiality	1	4	5	0	2	0	0	0	0	0	0	1	2
(C) Delay in treatment	0	13	13	0	2	1	3	0	0	0	0	0	7
(D) Excessive / Inappropriate prescription of drugs	7	8	15	0	2	0	2	2	0	0	0	1	8
(E) False / Inappropriate certification	18	14	32	1	5	0	1	8	4	0	0	0	17

Categories of Complaints based on Key Allegations ⁺	Past year complaints carried over to 2025	Complaints received in 2025	Total number of complaints received from 2021 to 2025	IC, CC & RC Outcomes									
				No formal inquiry								Referred / Recommended for referral to a DT for formal inquiry	Continued into 2026
				Withdrawn / Discontinued	Dismissed	Resolved through Mediation	Letter of Advice	Letter of Warning	Direct doctor to undertake and complete specific further education or training	Direct doctor to seek and undergo medical or psychiatric treatment or counselling	Direct doctor to report physical / mental status to CC		
(F) Misdiagnosis	8	8	16	0	5	1	3	0	0	0	0	0	7
(G) No / Inappropriate / Inadequate Informed consent	10	14	24	1	5	1	2	2	0	0	0	1	12
(H) Non-evidence-based practices / Practices not generally accepted by the profession	3	0	3	0	0	0	0	0	0	0	0	0	3
(I) Outrage of modesty / Sexual relationship with patient / Other sexual offences	1	4	5	1	0	0	2	0	0	0	0	0	2
(J) Overcharging / Improper charging	3	2	5	0	1	0	1	1	0	0	0	0	2

Categories of Complaints based on Key Allegations ⁺	Past year complaints carried over to 2025	Complaints received in 2025	Total number of complaints received from 2021 to 2025	IC, CC & RC Outcomes									
				No formal inquiry								Referred / Recommended for referral to a DT for formal inquiry	Continued into 2026
				Withdrawn / Discontinued	Dismissed	Resolved through Mediation	Letter of Advice	Letter of Warning	Direct doctor to undertake and complete specific further education or training	Direct doctor to seek and undergo medical or psychiatric treatment or counselling	Direct doctor to report physical / mental status to CC		
(K) Professional negligence / Incompetence	3	22	25	0	12	1	2	1	0	0	0	0	9
(L) Providing false or misleading information / False declaration / Fraudulent claims	4	4	8	0	2	0	1	0	0	0	0	1	4
(M) Other forms of dishonesty (e.g. practising without valid practising certificate)	1	1	2	0	0	0	0	1	0	1	1	0	1
(N) Rudeness / Attitude / Communication issues	12	29	41	0	16	5	7	1	0	0	0	0	12

Categories of Complaints based on Key Allegations ⁺	Past year complaints carried over to 2025	Complaints received in 2025	Total number of complaints received from 2021 to 2025	IC, CC & RC Outcomes									
				No formal inquiry								Referred / Recommended for referral to a DT for formal inquiry	Continued into 2026
				Withdrawn / Discontinued	Dismissed	Resolved through Mediation	Letter of Advice	Letter of Warning	Direct doctor to undertake and complete specific further education or training	Direct doctor to seek and undergo medical or psychiatric treatment or counselling	Direct doctor to report physical / mental status to CC		
(O) Unnecessary / Inappropriate treatment	20	11	31	0	6	1	7	5	2	0	0	1	11
(P) Traffic-related offences (e.g. drink driving, reckless driving)	0	2	2	0	0	0	0	1	0	0	0	0	1
(Q) Refusal to provide emergency attention while on duty	0	1	1	0	0	0	1	0	0	0	0	0	0
Total	91⁺	139⁺	230⁺	3⁺	59⁺	10⁺	32⁺	22⁺	6⁺	1⁺	1⁺	5⁺	99⁺
Percentage	-	-	-	1.3%	24.8%	4.2%	13.4%	9.2%	2.5%	0.4%	0.4%	2.1%	41.6%

⁺ Includes complaints involving allegations belonging to two or more different categories. For the number of unique cases, please refer to Figure 6.

Inquiries by DTs, HCs and Interim Orders Committees

In 2025, a total of eight inquiries⁷ were concluded by DTs, Health Committee ("HC") and Interim Orders Committee ("IOC"). Separately, one appeal against the decision of a DT was heard and concluded by the Court of Three Judges ("C3J").

Table 8 provides an overview of the nature and outcomes of the inquiries and appeal concluded in 2025.

Table 8: Summary of Inquiries and Appeals in 2025

Nature of Complaint	Appeal to C3J concluded in 2025	Inquiries concluded in 2025					
		Total	Charges Withdrawn / Disciplinary Proceedings Discontinued	Restricted Practice / Conditional Registration	Censure & Suspension	Removal of Name from the Register	Ongoing Appeal to C3J against DT's decision
(A) Conviction in Court		1		1			
(B) Conviction in Court (Outrage of Modesty)		1			1		
(C) Excessive / Inappropriate Prescription of Drugs		1			1		
(D) Providing False or Misleading Information / False Declaration		2			1		1
(E) Other Complaints	1	2	1		1		
(F) Fitness to Practise		1				1	
Total	1	8	1	1	4	1	1
Percentage	-	100%	12.5%	12.5%	50%	12.5%	12.5%

The six inquiries and appeal⁸ concluded in 2025 are briefly summarised below. The summaries of two cases are not provided as (a) one IOC inquiry was discontinued; and (b) one case is pending decision by the C3J as at end-2025.

⁷ Out of the eight cases concluded, six inquiries were concluded by DTs, one inquiry was held by a HC and one inquiry was held by an IOC. Of the six concluded DTs - one case is pending decision by C3J. Due to medical confidentiality, HCs' Grounds of Decisions are not published.

⁸ The C3J's written judgments were published on the LawNet by the Singapore Academy of Law.

The detailed Grounds of Decision for the DT inquiries can be found on the SMC's [website](#).

(A) Conviction in Court

Case 1 | Dr LKCD

Dr LKCD was referred to a DT pursuant to section 46(6)(b) of the Medical Registration Act 1997 ("**MRA**") for consuming Methamphetamine and having in possession of not less than 2.45g of Methamphetamine as well as drug-taking utensils. A single charge of improper act or conduct which brings disrepute to the medical profession under section 59D(1)(b) of the MRA was preferred against Dr LKCD, to which he pleaded guilty.

DT's decision:

- Dr LKCD be de-registered as a fully registered medical practitioner under Part I of the Register of Medical Practitioners ("**Register**")
- Should Dr LKCD wish to apply for registration under Part II of the Register, he is (i) to provide the SMC with a Letter of Undertaking in accordance with the Supervisory Framework; (ii) to engage in clinical practice under the equivalent of Level 3 supervision of a supervising medical practitioner under the Supervisory Framework for a period of 12 months from the date of commencement of his registration under Part II of the Register; (iii) to attend drug rehabilitation and treatment with an SMC approved addictions specialist or counsellor ("**Relevant Person**") for a period of 12 months from the date of commencement of his registration under Part II of the Register; (iv) to submit periodic reports from the Relevant Person on the sixth and twelfth month from the date of his registration under Part II of the Register; and (v) to submit any other report that may be required by the SMC from time to time
- Dr LKCD be censured
- Dr LKCD to submit an undertaking to SMC that he will not engage in the conduct complained of or any similar conduct in the future
- Dr LKCD to pay the costs and expenses of and incidental to the proceedings, including the costs of the solicitors to the SMC
- Grounds of Decision be published

(B) Conviction in Court (Outrage of Modesty)

Case 2 | Dr MSJ

Dr MSJ was referred to the President of the Disciplinary Commission under section 40(7) of the MRA for the appointment of DT in relation to his conviction by the State Courts for committing an offence of voyeurism under section 377BB(3) of the Penal Code and sentenced to 13 weeks' imprisonment. A single charge under section 59D(1)(a) of the MRA was preferred against Dr MSJ, to which he pleaded guilty.

DT's decision:

- Dr MSJ be suspended from practice for a period of six months
- Dr MSJ be censured
- Dr MSJ to submit an undertaking to SMC that he will not engage in the conduct complained of or any similar conduct in the future
- Dr MSJ to pay the costs and expenses of and incidental to the proceedings, including the costs of the solicitors to the SMC
- Grounds of Decision be published

(C) Excessive / Inappropriate Prescription of Drugs

Case 3 | Dr KBP

Dr KBP was referred to a DT for a formal inquiry into his care and management of a patient, for prescribing Azathioprine to the patient without ensuring the patient's safety and failing to carry out close monitoring of the patient and proper management of the patient's side effects after starting the patient on Azathioprine. Three main charges and three alternative charges were preferred against Dr KBP in relation to his care and management of the patient.

Dr KBP pleaded guilty to an amended First Charge and a new Second Charge for professional misconduct under section 53(1)(d) of the Medical Registration Act 1997 (Cap. 174, 2014 Rev Ed) ("**MRA 2014 Rev Ed**").

DT's decision:

- Dr KBP be suspended from practice for a period of 14 months
- Dr KBP be censured
- Dr KBP to submit an undertaking to SMC that he will not engage in the conduct complained of or any similar conduct in the future
- Dr KBP to pay the costs and expenses of and incidental to the proceedings, including the costs of the solicitors to the SMC
- Grounds of Decision be published

(D) Providing False or Misleading Information / False Declaration

Case 4 | Dr YCYC

Dr YCYC was referred to a DT for inquiry in relation to the deliberate creation and submission of two forged medical certificates to her employer on two separate occasions. Two charges of improper act or conduct which brings disrepute to the medical profession under section 59D(1)(b) of the MRA were preferred against Dr YCYC, to which she pleaded guilty.

DT's decision:

- Dr YCYC is to be suspended from practice for a period of 36 months in respect of each of the First and Second Charges, with both periods of suspension to run concurrently
- Dr YCYC be censured
- Dr YCYC to submit an undertaking to SMC that she will not engage in the conduct complained of or any similar conduct in the future
- Dr YCYC to pay the costs and expenses of and incidental to the proceedings, including the costs of the solicitors to the SMC
- Grounds of Decision be published

(E) Others

Case 5 | Dr WYM

Dr WYM was referred to a DT for a formal inquiry for inappropriate prescriptions of Hormone Replacement Therapy and inadequate keeping of medical records. 40 charges (including alternative charges) were preferred against Dr WYM in relation to the 22 patients he treated.

Dr WYM claimed trial to all 40 charges, including the alternative charges preferred against him under section 53(1)(d) of the MRA 2014 Rev Ed, for (i) failing to provide appropriate care, management and treatment by inappropriately prescribing medications to 18 patients, in breach of Guideline 4.1.3 of the SMC's Ethical Code and Ethical Guidelines 2022 ("**2022 ECEG**"); and (ii) failing to keep medical records that are clear, accurate, legible and of sufficient detail for 22 patients, in breach of Guideline 4.1.2 of the 2022 ECEG.

Having fully considered all the facts and circumstances, as well as the respective submissions of the parties, the DT convicted Dr WYM on the main charges and found him guilty of professional misconduct under section 53(1)(d) of the MRA 2014 Rev Ed.

DT's decision:

- Dr WYM be suspended from practice for a period of 36 months
- Dr WYM be censured
- Dr WYM to submit an undertaking to SMC that he will not engage in the conduct complained of or any similar conduct in the future
- Dr WYM to pay the costs and expenses of and incidental to the proceedings, including the costs of the solicitors to the SMC
- Grounds of Decision be published

(F) Fitness to Practise

Case 6 | Dr A

The HC inquiry arose out of information obtained by a CC inquiring into a complaint against Dr A and referred the matter to a HC for a formal inquiry to determine whether Dr A's fitness to practise was impaired by reason of her physical and/or mental condition.

Having considered all the information received and having taken into account all the circumstances of the case, the HC determined that Dr A's fitness to practise medicine was impaired by reason of her mental condition and recommended that Dr A's name be removed from Part 1 of the Register of Medical Practitioners and the Register of Specialists (the Registers). The Medical Council accepted the HC's recommendation and Dr A's name was removed from the Registers accordingly.

C3J Appeal Case | Dr Lee Pheng Lip Ian

DT inquiry

Dr Lee was referred to the DT for a formal inquiry for (i) breach of guidelines 4.1.3 and 4.1.4 of the 2022 ECEG in his management of 11 patients as he had prescribed bio-identical hormone replacement therapy ("**BHRT**"), a non-evidence-based treatment not generally accepted by the medical profession, to these patients without appropriate indications; (ii) breach of guidelines 4.1.3 and 4.1.4 of the 2002 ECEG in his management of 14 other patients for prescribing testosterone inappropriately to these patients without indications; and (iii) breach of the undertaking he had provided to MOH which was tantamount to professional misconduct by not providing evidence that the MOH's pre-conditions for the continuance of BHRT had been complied to when he prescribed BHRT to his patients.

Following the CC's referral to the DT, Dr Lee applied to the High Court for a Judicial Review ("**JR**") seeking for various quashing orders in respect of the CC's orders, including the CC's order for the matter to be further considered by the DT.

Dr Lee's application was dismissed by the Court on 4 March 2019. Subsequently, Dr Lee lodged an appeal to the Court of Appeal ("**CA**") against the dismissal. His appeal was dismissed on 10 February 2020 by the CA.

Following the dismissal of his JR application and appeal, the DT inquiry resumed. A total of 21 charges were preferred against Dr Lee under section 53(1)(d) of the MRA 2014 Rev Ed, to which he claimed trial. Having considered all the facts and parties' submissions on sentencing and mitigation, the DT convicted Dr Lee of 17 charges, acquitted him on one charge, and the SMC withdrew the remaining three charges.

DT's decision:

- Dr Lee be suspended from practice for a period of 18 months
- Dr Lee to submit an undertaking to the SMC that he will not, outside of a formal clinical trial (i) prescribe, dispense, supply, or offer Erfa, Biest and Triest to any patient; (ii) prescribe, dispense and/or supply Progesterone to hysterectomised female patients henceforth; (iii) prescribe, dispense and/or supply Testosterone to female patients in the absence of a diagnosis of Hypoactive Sexual Desire dysfunction; (iv) prescribe, dispense and/or supply Testosterone to male patients with free testosterone in the normal range henceforth
- Dr Lee to pay the SMC's costs and disbursements in these proceedings, and that unless the SMC's costs and disbursements are agreed to by the parties, the SMC's costs and expenses are to be taxed pursuant to section 53(6) of the MRA 2014 Rev Ed with Dr Lee bearing 80% of the SMC's costs and 100% of its disbursements including the fees of its expert witnesses
- Grounds of Decision be published

Appeal against DT's decision

Dr Lee appealed to the High Court against the DT's decision on conviction and sentence. The appeal was heard on 21 January 2025, wherein the C3J reserved judgment.

On 8 July 2025, the C3J dismissed Dr Lee's appeal against the DT's decision on conviction and sentence and awarded costs of \$50,000 for the appeal to the SMC. The C3J upheld the DT's decision on suspension order and costs of the DT proceedings.



FINANCIAL STATEMENTS

**FOR THE FINANCIAL YEAR
ENDED 31 MARCH 2026**

SINGAPORE MEDICAL COUNCIL

(Statutory Board constituted under the Medical Registration Act 1997)

FINANCIAL STATEMENTS

For the financial year ended 31 March 2026

CA Assurance LLP

Public Accountants and Chartered Accountants Singapore

SINGAPORE MEDICAL COUNCIL

(Statutory Board constituted under the Medical Registration Act 1997)

FINANCIAL STATEMENTS

For the financial year ended 31 March 2026

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SINGAPORE MEDICAL COUNCIL

Constituted under the Medical Registration Act 1997

STATEMENT BY THE MEMBERS OF THE COUNCIL

For the financial year ended 31 March 2026

In the opinion of the Members of the Council,

- (a) the financial statements of the **SINGAPORE MEDICAL COUNCIL** (the "Council") together with the notes thereto are properly drawn up in accordance with the provisions of the Public Sector (Governance) Act 2018, Act 5 of 2018 (the "PSG Act"), Medical Registration Act 1997 (the "Act") and Statutory Board Financial Reporting Standards ("SB-FRS") so as to give a true and fair view of the financial position of the Council as at **31 March 2026**, and of the financial performance, changes in fund, and cash flows of the Council for the financial year ended on that date;
- (b) at the date of this statement, there are reasonable grounds to believe that the Council will be able to pay its debts as and when they fall due;
- (c) the receipts, expenditure, investment of moneys and the acquisition and disposal of assets by the Council during the financial year ended **31 March 2026** have been in accordance with the provisions of the Act, the PSG Act and the requirements of any other written law applicable to moneys of or managed by the Council; and
- (d) proper accounting and other records have been kept, including records of all assets of the Council whether purchased, donated or otherwise.

The Members of the Council have, on the date of this statement, authorised these financial statements for issue.

The Members of the Council:



Prof. Chee Yam Cheng
President



Prof. Lim Chien Wei John
Chairman, Finance Committee

Singapore

Date: **24 JUN 2026**

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF SINGAPORE MEDICAL COUNCIL

For the financial year ended 31 March 2026

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of **SINGAPORE MEDICAL COUNCIL** (the "Council"), which comprise the statement of financial position as at **31 March 2026**, and the statement of other comprehensive income, statement of changes in fund and statement of cash flows for the financial period then ended, and notes to the financial statements, including material accounting policy information.

In our opinion, the accompanying financial statements are properly drawn up in accordance with the provisions of the Public Sector (Governance) Act 2018, Act 5 of 2018 (the "PSG Act"), the Medical Registration Act 1997 (the "Act") and Statutory Board Financial Reporting Standards ("SB- FRS") so as to present fairly, in all material respects, the state of affairs of the Council as at **31 March 2026** and the results, changes in fund and cash flows of the Council for the year ended on that date.

Basis for Opinion

We conducted our audit in accordance with Singapore Standards on Auditing ("SSAs"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Council in accordance with the Accounting and Corporate Regulatory Authority ("ACRA") Code of Professional Conduct and Ethics for Public Accountants and Accounting Entities ("ACRA Code") together with the ethical requirements that are relevant to our audit of the financial statements in Singapore, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ACRA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

The management is responsible for the other information. The other information comprises the Statement by the Members of the Council included in page 1 but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not and will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF SINGAPORE MEDICAL COUNCIL

For the financial year ended 31 March 2026

Responsibilities of Members of the Council for the Financial Statements

The Members of the Council are responsible for the preparation of financial statements that give a true and fair view in accordance with the provisions of the Public Sector (Governance) Act 2018, Act 5 of 2018 (the "PSG Act"), the Medical Registration Act 1997 (the "Act") and Statutory Board Financial Reporting Standards ("SB- FRS"), and for devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguarded against loss from unauthorised use or disposition; and transactions are properly authorised and that they are recorded as necessary to permit the preparation of true and fair financial statements and to maintain accountability of assets.

In preparing the financial statements, Members of the Council are responsible for assessing the Council's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Council or to cease operations, or has no realistic alternative but to do so.

The Members of the Council's responsibilities include overseeing the Council's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SSAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SSAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
SINGAPORE MEDICAL COUNCIL**

For the financial year ended 31 March 2026

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Council to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Members of the Council regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Report on Other Legal and Regulatory Requirements

In our opinion:

- (a) the receipts, expenditure, investment of moneys and the acquisition and disposal of assets by the Council during the financial year are, in all material respects, in accordance with the provisions of the PSG Act, the Act and the requirements of any other written law applicable to moneys of or managed by the Council; and
- (b) proper accounting and other records have been kept, including records of all assets of the Council whether purchased, donated or otherwise.

The engagement partner on the audit resulting in this independent auditor's report is Zhai Guangsheng.


CA Assurance LLP
Public Accountants and
Chartered Accountants

Singapore **24 JUN 2026**

STATEMENT OF COMPREHENSIVE INCOME
For the financial year ended 31 March 2026

	Note	2026	2025
		S\$	S\$
Income			
Application fees		1,080,850	874,150
Interest income		99,185	148,425
Practising certificate fees		9,361,417	8,396,710
Other income		89,682	69,073
Other fees		168,420	131,377
Total income		10,799,554	9,619,735
Less: Operating Expenses			
Computer operations and maintenance		492,399	719,288
Depreciation of property, plant and equipment	4	248,765	212,392
Employee compensation	12	9,013,973	7,092,992
Legal expenses for disciplinary proceedings (net)	13	712,653	1,017,541
Shared service cost		782,956	743,809
Other operating expenses	14	4,970,072	4,634,650
Total operating expenses		16,220,818	14,420,672
Less: Finance cost			
Interest expense on lease liabilities	15	32,677	86,662
 Deficit before grant and contribution to consolidated fund		(5,453,941)	(4,887,599)
Grants			
Grants received from Ministry of Health		6,574,342	6,474,836
Less: contributions to consolidated fund		(190,468)	-
 Net surplus for the financial year, representing total comprehensive income for the financial year		929,933	1,587,237

The accompanying notes form an integral part of these financial statements.

STATEMENT OF FINANCIAL POSITION
As at 31 March 2026

	Note	2026 S\$	2025 S\$
ASSETS			
Non-current assets			
Property, plant and equipment	4	<u>2,662,710</u>	<u>1,788,091</u>
		<u>2,662,710</u>	<u>1,788,091</u>
Current assets			
Prepayments		176,230	13,299
Other receivables	5	10,047,026	7,898,919
Cash and cash equivalents	6	<u>16,398,087</u>	<u>11,732,219</u>
Total current assets		<u>26,621,343</u>	<u>19,644,437</u>
TOTAL ASSETS		<u>29,284,053</u>	<u>21,432,528</u>
FUNDS AND LIABILITIES			
Funds			
Accumulated fund		<u>6,852,608</u>	<u>5,922,675</u>
Total funds		<u>6,852,608</u>	<u>5,922,675</u>
Non-current liabilities			
Fees received in advance	7	4,283,141	2,226,243
Lease liabilities	9	<u>-</u>	<u>398,088</u>
		<u>4,283,141</u>	<u>2,624,331</u>
Current liabilities			
Fees received in advance	7	8,831,281	6,913,396
Other payables	8	7,065,495	5,163,377
Lease liabilities	9	398,088	808,749
Deferred capital grant	10	1,662,972	-
Provision for consolidated fund	11	<u>190,468</u>	<u>-</u>
		<u>18,148,304</u>	<u>12,885,522</u>
Total liabilities		<u>22,431,445</u>	<u>15,509,853</u>
TOTAL FUNDS AND LIABILITIES		<u>29,284,053</u>	<u>21,432,528</u>

The accompanying notes form an integral part of these financial statements.

SINGAPORE MEDICAL COUNCIL
Constituted under the Medical Registration Act 1997

STATEMENT OF CHANGES IN FUND
For the financial year ended 31 March 2026

	2026	2025
Accumulated fund	S\$	S\$
Beginning of the year	5,922,675	4,335,438
Surplus for the year	<u>929,933</u>	<u>1,587,237</u>
End of the year	<u>6,852,608</u>	<u>5,922,675</u>

The accompanying notes form an integral part of these financial statements.

STATEMENT OF CASH FLOWS
For the financial year ended 31 March 2026

	Note	2026 S\$	2025 S\$
Cash flows from operating activities			
Deficit before grant and contribution to consolidated fund		(5,453,941)	(4,887,599)
Modification of lease liability and ROU		-	11,156
Adjustment for:			
Depreciation for property, plant and equipment	4	1,054,957	840,924
Disposal of property, plant and equipment		(1)	-
Interest income		(99,185)	(148,425)
Interest expense		32,677	86,662
Operating cash flows before working capital changes		(4,465,493)	(4,097,282)
Changes in working capital:			
Prepayments		(162,931)	146,619
Other receivables		(2,148,107)	(79,194)
Fees received in advance		3,974,783	(977,961)
Other payables		1,902,118	1,598,938
Deferred capital grant		1,662,972	-
Cash generated from/ (used in) operations		763,342	(3,408,880)
Interest received		99,185	148,425
Net cash flows generated from/ (used in) operating activities		862,527	(3,260,455)
Cash flows from investing activities			
Acquisition of property, plant and equipment	4	(2,307,362)	-
Fixed deposits		(114,513)	(162,362)
Pledged deposit		(2,956)	(2,884)
Changes in renovation		377,787	11,279
Net cash used in investing activities		(2,047,044)	(153,967)
Cash flows from financing activities			
Interest paid		(32,677)	(86,662)
Grant received from Ministry of Health		6,574,342	6,474,836
Grant received in advanced		-	(162,202)
Payment of principal portion of lease liabilities		(808,749)	(775,155)
Net cash generated from financing activities		5,732,916	5,450,817
Net changes in cash and cash equivalents		4,548,399	2,036,395
Cash and cash equivalents at beginning of financial year		6,373,935	4,337,540
Cash and cash equivalents at end of financial year	6	10,922,334	6,373,935

The accompanying notes form an integral part of these financial statements.

SINGAPORE MEDICAL COUNCIL

Constituted under the Medical Registration Act 1997

NOTES TO THE FINANCIAL STATEMENTS

For the financial year ended 31 March 2026

These notes form an integral part of and should be read in conjunction with the accompanying financial statements.

1. Corporate information

The SINGAPORE MEDICAL COUNCIL (the "Council") is a statutory board under Ministry of Health in Singapore and was constituted under The Medical Registration Act 1997 (the "Act"). The Council's registered office is located at 16 College Road #01-01 College of Medicine Building, Singapore 169584 and its principal place of business is located at 81 Kim Keat Road, Level 10 NKF Centre, Singapore 328836.

The functions of the Council, as stated in Section 5 of the Act are the following;

- (a) to keep and maintain registers of registered medical practitioners;
- (b) to approve or reject applications for medical registration under the Act or to approve any such application subject to such restrictions as it may think fit;
- (c) to issue practising certificates to registered medical practitioners;
- (d) to make recommendations to the appropriate authorities on the courses of instructions and examinations leading to the Singapore degree;
- (e) to make recommendations to the appropriate authorities for the training and education of registered medical practitioners;
- (f) to determine and regulate the conduct and ethics of registered medical practitioners within medical profession;
- (g) to determine and regulate standards of practice and the competence of registered medical practitioners within the medical profession;
- (h) to provide administrative services to other bodies (whether corporate or unincorporate) responsible for the regulation of healthcare professionals; and
- (i) generally do all such acts and matters and things as are necessary to be carried out under the Act.

2. Material accounting policy information

2.1 Basis of preparation

The financial statements have been prepared in accordance with the provisions of the Act and Statutory Council Financial Reporting Standards in Singapore ("SB-FRS"). The financial statements have been prepared under the historical cost convention, except as disclosed in the accounting policies below.

NOTES TO THE FINANCIAL STATEMENTS
For the financial year ended 31 March 2026

2. Material accounting policy information (continued)

2.1 Basis of preparation (continued)

The financial statements are presented in Singapore Dollars (“S\$”), which is the Council’s functional currency. All financial information presented in Singapore Dollars has been rounded to the nearest one dollar, unless otherwise indicated.

The financial statements of the Council have been prepared on the basis that it will continue to operate as a going concern.

2.2 Adoption of new and amended standards and interpretations

The accounting policies adopted are consistent with those of the previous financial period except that in the current financial year, the Council has adopted all the new and amended standards which are relevant to the Council and are effective for annual financial periods beginning on or after 1 April 2025. The adoption of these standards did not have any material effect on the financial performance or position of the Council.

2.3 Standards issued but not yet effective

A number of new standards and amendments to standards that have been issued are not yet effective and have not been applied in preparing these financial statements.

The Council expects that the adoption of these new and amended standards will have no material impact on the financial statements in the year of initial application.

2.4 Property, plant and equipment

All items of property, plant and equipment are initially recorded at cost. Subsequent to recognition, property, plant and equipment other than freehold land and buildings are measured at cost less accumulated depreciation and any accumulated impairment losses. The cost of property, plant and equipment includes its purchase price and any costs necessary to bring the asset to the location and condition necessary for it to be capable of operating in the manner intended by management. Dismantlement, removal or restoration costs are included as part of the cost of property, plant and equipment if the obligation for dismantlement, removal or restoration is incurred as a consequence of acquiring or using the property, plant and equipment.

Depreciation is calculated using the straight-line method to allocate depreciable amounts over their estimated useful lives. The estimated useful lives are as follows:

Computer systems and software	3 years
Office equipment	3 years
Furniture and fittings	8 years
Leased premises	36 months

The residual values, useful lives and depreciation method are reviewed at each financial year-end, and adjusted prospectively, if appropriate.

NOTES TO THE FINANCIAL STATEMENTS
For the financial year ended 31 March 2026

2. Material accounting policy information (continued)

2.4 Property, plant and equipment (continued)

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected from its use or disposal. Any gain or loss on derecognition of the asset is included in profit or loss in the year the asset is derecognised.

Fully depreciated assets are retained in the financial statements until they are no longer in use and no future charge for depreciation is made in respect of these assets.

2.5 Impairment of non-financial assets

The Council assesses at each reporting date whether there is an indication that an asset may be impaired. If any indication exists, or when an annual impairment testing for an asset is required, the Council makes an estimate of the asset's recoverable amount.

An asset's recoverable amount is the higher of an asset's or cash-generating unit's fair value less costs of disposal and its value in use and is determined for an individual asset, unless the asset does not generate cash inflows that are largely independent of those from other assets or groups of assets. Where the carrying amount of an asset or cash-generating unit exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

Impairment losses are recognised in profit or loss.

A previously recognised impairment loss is reversed only if there has been a change in the estimates used to determine the asset's recoverable amount since the last impairment loss was recognised. If that is the case, the carrying amount of the asset is increased to its recoverable amount. That increase cannot exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised previously. Such reversal is recognised in profit or loss.

2.6 Financial assets

Initial recognition and measurement

Financial assets are recognised when, and only when the entity becomes party to the contractual provisions of the instruments.

At initial recognition, the Council measures a financial asset at its fair value plus, in the case of a financial asset not at fair value through profit or loss ("FVPL"), transaction costs that are directly attributable to the acquisition of the financial asset. Transaction costs of financial assets carried at FVPL are expensed in profit or loss.

Trade receivables are measured at the amount of consideration to which the Council expects to be entitled in exchange for transferring promised goods or services to a practitioner, excluding amounts collected on behalf of third party, if the trade receivables do not contain a significant financing component at initial recognition.

NOTES TO THE FINANCIAL STATEMENTS
For the financial year ended 31 March 2026

2. Material accounting policy information (continued)

2.6 Financial assets (continued)

Subsequent measurement

Investments in debt instruments

Subsequent measurement of debt instruments depends on the Council's business model for managing the asset and the contractual cash flow characteristics of the asset. The three measurement categories for classification of debt instruments are amortised cost, fair value through other comprehensive income ("FVOCI") and FVPL. The Council only has debt instruments at amortised cost.

Financial assets that are held for the collection of contractual cash flows where those cash flows represent solely payments of principal and interest are measured at amortised cost. Financial assets are measured at amortised cost using the effective interest method, less impairment. Gains and losses are recognised in profit or loss when the assets are derecognised or impaired, and through the amortisation process.

Derecognition

A financial asset is derecognised where the contractual right to receive cash flows from the asset has expired. On derecognition of a financial asset in its entirety, the difference between the carrying amount and the sum of the consideration received and any cumulative gain or loss that had been recognised in other comprehensive income for debt instruments is recognised in profit or loss.

2.7 Financial liabilities

Initial recognition and measurement

Financial liabilities are recognised when, and only when, the Council becomes a party to the contractual provisions of the financial instrument. The Council determines the classification of its financial liabilities at initial recognition.

All financial liabilities are recognised initially at fair value plus in the case of financial liabilities not at FVPL, directly attributable transaction costs.

Subsequent measurement

After initial recognition, financial liabilities that are not carried at FVPL are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in profit or loss when the liabilities are derecognised, and through the amortisation process.

Derecognition

A financial liability is derecognised when the obligation under the liability is discharged or cancelled or expires. On derecognition, the difference between the carrying amounts and the consideration paid is recognised in profit or loss.

NOTES TO THE FINANCIAL STATEMENTS

For the financial year ended 31 March 2026

2. Material accounting policy information (continued)

2.8 Offsetting of financial instruments

A financial asset and a financial liability shall be offset and the net amount presented in the statement of financial position when, and only when, an entity:

- (a) currently has a legally enforceable right to set off the recognised amounts; and
- (b) intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously.

2.9 Impairment of financial assets

The Council recognises an allowance for expected credit losses (“ECLs”) for all debt instruments not held at FVPL. ECLs are based on the difference between the contractual cash flows due in accordance with the contract and all the cash flows that the Council expects to receive, discounted at an approximation of the original effective interest rate.

ECLs are recognised in two stages. For credit exposures for which there has not been a significant increase in credit risk since initial recognition, ECLs are provided for credit losses that result from default events that are possible within the next 12 months (a 12 month ECL). For those credit exposures for which there has been a significant increase in credit risk since initial recognition, a loss allowance is recognised for credit losses expected over the remaining life of the exposure, irrespective of timing of the default (a lifetime ECL).

The Council considers a financial asset to be in default when internal or external information indicates that the Council is unlikely to receive the outstanding contractual amounts in full before taking into account any credit enhancements held by the Council. A financial asset is written off when there is no reasonable expectation of recovering the contractual cash flows.

2.10 Cash and cash equivalents

Cash and cash equivalents comprise cash at bank, demand deposits, and short-term highly liquid investments that are readily convertible to known amount of cash and which are subject to an insignificant risk of changes in value.

2.11 Provisions

Provisions are recognised when the Council has a present obligation (legal or constructive) as a result of a past event, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and the amount of obligation can be estimated reliably.

NOTES TO THE FINANCIAL STATEMENTS

For the financial year ended 31 March 2026

2. Material accounting policy information (continued)

2.11 Provisions (continued)

Provisions are reviewed at the end of each reporting period and adjusted to reflect the current best estimate. If it is no longer probable that an outflow of resources embodying economic benefits will be required to settle the obligation, the provision is reversed. If the effect of the time value of money is material, provisions are discounted using a current pre-tax rate that reflects, where appropriate, the risk specific to the liability. When discounting is used, the increase in the provision due to the passage of time is recognised as finance cost.

2.12 Income

Revenue is measured based on the consideration to which the Council expects to be entitled in exchange for transferring promised goods or services to a practitioner, excluding amounts collected on behalf of third parties.

Revenue is recognised when the Council satisfies a performance obligation by transferring a promised good or service to the practitioner, which is when the practitioner obtains control of the good or service. A performance obligation may be satisfied at a point in time or over time. The amount of revenue recognised is the amount allocated to the satisfied performance obligation.

Fees

Application fees, late application fees for practising certificate renewal and other fees are recognised upon receipt at point in time.

Practising certificate fees are recognised over time on an accrual basis over the validity period of the certificate.

Other income

Other income is recognised upon receipt at point in time.

Interest income

Interest income is recognised on accrual basis using effective interest method over a period of time.

2.13 Government grants

Government grants are recognised as a receivable where there is a reasonable assurance that the grant will be received and all attaching conditions will be complied with. Where the grant relates to an asset, the fair value is recognised as deferred capital grant on the balance sheet and is amortised to income and expenditure statement over the expected useful life of the relevant asset by equal annual instalments.

NOTES TO THE FINANCIAL STATEMENTS

For the financial year ended 31 March 2026

2. Material accounting policy information (continued)

2.13 Government grants (continued)

Where loans or similar assistance are provided by governments or related institutions with an interest rate below the current applicable market rate, the effect of this favourable interest is regarded as additional government grant.

2.14 Leases

The Council assesses at contract inception whether a contract is, or contains, a lease. That is, if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

As lessee

The Council applies a single recognition and measurement approach for all leases, except for short-term leases and leases of low-value assets. The Council recognises lease liability representing the obligations to make lease payments and right-of-use asset representing the right to use the underlying leased asset.

Right-of-use asset

The Council recognises right-of-use assets at the commencement date of the lease (i.e. the date the underlying assets are available for use). Right-of-use assets are measured at cost, less accumulated depreciation and impairment losses, and adjusted for any remeasurement of lease liability. The cost of right-of-use assets include the amount of lease liability recognised, initial direct costs incurred, and lease payments made at or before the commencement date less any lease incentives received. Right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the assets.

If ownership of the leased assets transfer to the Council at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the assets. The right-of-use assets are also subject to impairment.

The Council's right-of-use assets are presented in property, plant and equipment (Note 4).

Short-term leases and leases of low-value assets

The Council applies the short-term lease recognition exemption to its short term leases of building (i.e. those leases that have a lease term of 12 months or less from the commencement date and do not contain a purchase option). It also applies the lease of low-value assets recognition exemption to leases of office equipment that are considered to be low value. Lease payments on short-term leases and leases of low value assets are recognised as expense on a straight-line basis over the lease term.

NOTES TO THE FINANCIAL STATEMENTS
For the financial year ended 31 March 2026

2. Material accounting policy information (continued)

2.15 Employee benefits

Defined contribution plans

Defined contribution plans are post-employment benefit plans under which the Council pays fixed contributions into separate entities such as the Central Provident Fund on a mandatory, contractual or voluntary basis. The Council has no further payment obligations once the contributions have been paid.

2.16 Related parties

SB-FRS 24 defines a related party as a person or entity that is related to the reporting entity, and it includes a person or a close member of that person's family if that person:

- (i) has control or joint control over the reporting entity;
- (ii) has significant influence over the reporting entity; or
- (iii) is a member of the key management personnel of the reporting entity or of a related entity.

For the purpose of the financial statements, related parties are considered to be related to the Council if the Council or Members of Council has the ability, directly or indirectly, to control or exercise significant influence over the party in making financial and operating decisions or vice versa, or where the Council and the party are subject to common control or common significant influence.

Related parties of the Council include all government ministries, departments, other statutory Councils, Organs of the State and individuals who are key management personnel or close member of their families.

3. Significant accounting judgements and estimates

The preparation of the Council's financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts of revenues, expenses, assets and liabilities, and the disclosure of contingent liabilities at the end of each reporting year. Uncertainty about these assumptions and estimates could result in outcomes that require a material adjustment to the carrying amount of the asset or liability affected in the future periods.

Management is of the opinion that there are no significant judgements made in applying accounting estimates and policies that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

SINGAPORE MEDICAL COUNCIL*Constituted under the Medical Registration Act 1997***NOTES TO THE FINANCIAL STATEMENTS***For the financial year ended 31 March 2026***4. Property, plant and equipment**

	Computer systems and software	Office equipment	Furniture and fittings	Furniture and fittings - Office renovation	Renovation in progress	Lease premises	Total
	S\$	S\$	S\$	S\$	S\$	S\$	S\$
<u>Cost</u>							
At 1 April 2024	5,370	29,923	417,540	-	389,066	2,372,366	3,214,265
Disposals	-	-	(668)	-	-	-	(668)
Adjustment	-	-	-	-	(11,279)	-	(11,279)
At 31 March 2025	5,370	29,923	416,872	-	377,787	2,372,366	3,202,318
Addition	-	-	472,358	1,835,004	-	-	2,307,362
Disposals	(1,400)	(6,952)	(118)	-	-	-	(8,470)
Adjustment	-	-	-	-	(377,787)	-	(377,787)
At 31 March 2026	3,970	22,971	889,112	1,835,004	-	2,372,366	5,123,423
<u>Accumulated depreciation</u>							
At 1 April 2024	5,370	29,923	126,894	-	-	411,784	573,971
Depreciation	-	-	50,135	-	-	790,789	840,924
Disposals	-	-	(668)	-	-	-	(668)
At 31 March 2025	5,370	29,923	176,361	-	-	1,202,573	1,414,227
Depreciation	-	-	92,136	172,032	-	790,789	1,054,957
Disposals	(1,400)	(6,952)	(119)	-	-	-	(8,471)
At 31 March 2026	3,970	22,971	268,378	172,032	-	1,993,362	2,460,713

SINGAPORE MEDICAL COUNCIL*Constituted under the Medical Registration Act 1997***NOTES TO THE FINANCIAL STATEMENTS***For the financial year ended 31 March 2026***4. Property, plant and equipment (continued)**

	Computer systems and software	Office equipment	Furniture and fittings	Furniture and fittings - Office renovation	Renovation in progress	Lease premises	Total
	S\$	S\$	S\$	S\$	S\$	S\$	S\$
<u>Carrying amount</u>							
At 31 March 2025	-	-	240,511	-	377,787	1,169,793	1,788,091
At 31 March 2026	-	-	620,734	1,662,972	-	379,004	2,662,710

Leased premises is disclosed in Note 17(a).

The cash outflow on acquisition of property, plant, and equipment amounted to S\$2,307,362 (2025: S\$ Nil).

	2026	2025
	S\$	S\$
Depreciation for the year	1,054,957	840,924
Modification of lease premises	-	(9,241)
Less: Shared expenses to related parties in relation to leased premises	(806,192)	(619,291)
Depreciation in statement of comprehensive income		
- operating expenses	248,765	212,392

The Council has lease contracts that have not yet commenced as at 31 March 2025. The future lease payments for these non-cancellable lease contracts are S\$255,845 within one year and S\$511,690 within five years.

NOTES TO THE FINANCIAL STATEMENTS
For the financial year ended 31 March 2026

5. Other receivables

	2026	2025
	S\$	S\$
Amount due from related parties	2,264,475	1,802,264
Other receivables	180,543	269,633
Deposits	7,586,829	5,793,558
Interest receivables	15,179	33,464
	10,047,026	7,898,919

The carrying amounts of other receivables approximate their fair value.

Amount due from related parties are non-trade, unsecured, non-interest bearing, repayable on demand and to be settled in cash.

6. Cash and cash equivalents

	2026	2025
	S\$	S\$
Cash at banks	10,922,334	6,373,935
Fixed deposits	5,367,193	5,252,680
Pledged deposit	108,560	105,604
	16,398,087	11,732,219

Fixed deposits were placed with banks for a period of 12 months (2025: 12 months) and bear interest ranging from 0.90% to 1.50% (2025: 1.87% to 2.88%) per annum.

The banker has the right to set-off against the bank facilities provided to the Council which amounted to S\$102,166 (2025: S\$105,604).

For the purpose of presenting the statement of cash flows, cash and cash equivalents comprise the following at the end of the financial year:

	2026	2025
	S\$	S\$
Cash and fixed deposits	16,398,087	11,732,219
Less: Short-term deposits with maturity more than 3 months	(5,475,753)	(5,358,284)
	10,922,334	6,373,935

SINGAPORE MEDICAL COUNCIL*Constituted under the Medical Registration Act 1997***NOTES TO THE FINANCIAL STATEMENTS***For the financial year ended 31 March 2026***7. Fees received in advance**

	2026	2025
	S\$	S\$
Practising certificate fees received:		
- due within 12 months	8,831,281	6,913,396
- due more than 12 months	4,283,141	2,226,243
	<u>13,114,422</u>	<u>9,139,639</u>

Fees received in advance relates to payment received from practitioners for unearned portion of the practising certificate fee.

8. Other payables

	2026	2025
	S\$	S\$
Accruals	5,100,834	3,443,448
Sundry payables	1,964,661	1,719,929
	<u>7,065,495</u>	<u>5,163,377</u>

Other payables are unsecured, non-interest bearing and recognised at their original invoice amounts which represent their fair values on initial recognition.

Amount due to related party is non-trade, unsecured, non-interest bearing, repayable on demand and to be settled in cash

SINGAPORE MEDICAL COUNCIL*Constituted under the Medical Registration Act 1997***NOTES TO THE FINANCIAL STATEMENTS***For the financial year ended 31 March 2026***9. Lease liabilities**

	2026	2025
	S\$	S\$
Current	398,088	808,749
Non-current	-	398,088
	398,088	1,206,837

A reconciliation of liabilities arising from financing activities excluding bank overdraft is as follows:

	1 April 2025	Cash flows	Acquisition	Non-cash changes Accretion of interests	Other	31 March 2026
	S\$	S\$	S\$	S\$	S\$	S\$
Lease liabilities						
- current	808,749	(841,426)	-	32,677	398,088	398,088
- non-current	398,088	-	-	-	(398,088)	-
	1,206,837	(841,426)	-	32,677	-	398,088

	1 April 2024	Cash flows	Modification of lease liability	Non-cash changes Accretion of interests	Other	31 March 2025
	S\$	S\$	S\$	S\$	S\$	S\$
Lease liabilities						
- current	781,244	(841,426)	(26,480)	86,662	808,749	808,749
- non-current	1,202,578	-	4,259	-	(808,749)	398,088
	1,983,822	(841,426)	(22,221)	86,662	-	1,206,837

The “other” column relates to reclassification of non-current portion of lease liabilities due to passage of time.

SINGAPORE MEDICAL COUNCIL*Constituted under the Medical Registration Act 1997***NOTES TO THE FINANCIAL STATEMENTS***For the financial year ended 31 March 2026***10. Deferred capital grant**

	2026	2025
	S\$	S\$
At 1 April	-	-
Grant received	1,835,004	-
Grant amortised	(172,032)	-
Surplus for the financial year	1,662,972	-
At 31 March	1,662,972	-

Funding received from MOH for the renovation project is recognised as a deferred capital grant. Following the completion and capitalisation of the renovation works in FY2025, the related renovation expenditure was transferred to fixed assets, while the grant funding received continues to be recognised as deferred capital grant and amortised over the useful lives of the related assets.

11. Provision for consolidated fund

Non-charitable statutory boards that generate accounting surpluses are required to make contributions to the consolidated fund. The contribution rate is pegged to the prevailing corporate tax rate. Accordingly, the provision for contribution to the consolidated Fund for FY2025 has been computed using the FY2025 corporate tax rate of 17%.

12. Employee compensation

	2026	2025
	S\$	S\$
Wages and salaries	8,621,823	6,572,902
Employer's contribution to Central Provident Fund	390,476	501,691
Other short-term benefits	1,674	18,399
	9,013,973	7,092,992

NOTES TO THE FINANCIAL STATEMENTS
For the financial year ended 31 March 2026

13. Legal expenses for disciplinary proceedings (net)

	2026	2025
	S\$	S\$
Legal proceeding costs recovered	(602,218)	(220,208)
Legal expenses for disciplinary proceedings incurred	1,314,871	1,237,749
	<u>712,653</u>	<u>1,017,541</u>

14. Other operating expenses

	2026	2025
	S\$	S\$
Expert witness fees incurred for disciplinary proceedings	165,239	247,224
Honorarium	89,860	225,852
Insurance expenses	1,478	299
Legal assessor fee expenses	163,594	55,522
Mediation expenses	11,772	5,232
Other inquiry-related expenses	301,396	185,531
Office maintenance	15,424	12,214
Physician's Pledge ceremony	129,965	100,625
Professional bodies expenses	3,739,260	3,508,162
Publication and printing	18,137	16,609
Rental of office equipment	89,201	82,277
Transcripts	5,706	84,777
Utilities	18,767	7,085
Miscellaneous expenses	220,273	103,241
	<u>4,970,072</u>	<u>4,634,650</u>

15. Finance cost

	2026	2025
	S\$	S\$
Interest expense on lease liabilities	<u>32,677</u>	<u>86,662</u>

SINGAPORE MEDICAL COUNCIL*Constituted under the Medical Registration Act 1997***NOTES TO THE FINANCIAL STATEMENTS***For the financial year ended 31 March 2026***16. Leases**Council as a lessee

The Council has lease contracts for office premises. The Council is restricted from assigning and subleasing the leased assets.

(a) Carrying amounts of right-of-use assets classified within property, plant and equipment

	Leased premises
	S\$
At 1 April 2024	1,973,568
Modification of lease premises	(12,986)
Depreciation	(790,789)
At 31 March 2025	1,169,793
Modification of lease premises	-
Depreciation	(790,789)
At 31 March 2026	379,004

(b) Lease liabilities

The carrying amounts of lease liabilities and the movements during the year are disclosed in Note 9 and the maturity analysis of lease liabilities is disclosed in Note 20(b).

(c) Amounts recognised in profit or loss

	2026	2025
	S\$	S\$
Depreciation of right-of-use assets	790,789	790,789
Interest expense on lease liabilities	32,677	86,662
Rental expenses (included in operating expenses)	89,201	82,277
Total amount recognised in profit or loss	912,667	959,728

(d) Total cash outflow

The Council had total cash outflow for leases of S\$930,627 (2025: S\$923,703).

SINGAPORE MEDICAL COUNCIL*Constituted under the Medical Registration Act 1997***NOTES TO THE FINANCIAL STATEMENTS***For the financial year ended 31 March 2026***17. Significant related party balances and transactions**

The Council is a statutory board incorporated under the Ministry of Health. As a statutory board, all government ministries, departments, other statutory boards and Organs of State are deemed related parties of the Council.

In addition to the information disclosed elsewhere in the financial statements, the following transactions with related parties took place at terms agreed between the parties during the financial year:

	2026	2025
	S\$	S\$
Balances with related parties		
- Amount due from related parties	<u>2,264,475</u>	<u>1,802,264</u>
	S\$	S\$
Transactions with related parties		
- Grants received/receivables from a related party	6,574,342	6,474,836
- Shared service cost charged by a related party	782,956	743,809
- Shared service fees received from related parties	<u>8,888,860</u>	<u>8,033,080</u>

18. Fund management

The primary objective of the Council's fund management is to ensure that the funding from government grants and members' fees are properly managed and used to support its operations.

The Council manages its fund structure and makes adjustments to it, in light of changes in economic conditions. No changes were made to the objectives, policies or processes during the financial year ended 31 March 2026 and 31 March 2025 respectively.

The Council is not subjected to externally imposed capital requirements.

19. Fair value of assets and liabilitiesAssets and liabilities not measured at fair value*Other receivables, cash and cash equivalents and other payables*

The carrying amounts of these balances approximate their fair values due to the short-term nature of these balances.

Lease liabilities

The carrying amounts of lease liabilities approximate their fair values as they are subject to interest rates close to market rate of interests for similar arrangements with financial institutions.

NOTES TO THE FINANCIAL STATEMENTS

For the financial year ended 31 March 2026

20. Financial risk management

The Council is exposed to financial risks arising from its operations and the use of financial instruments. The key financial risks include credit risk and liquidity risk. The Members of the Council reviews and agrees on policies and procedures for the management of these risks.

(a) Credit risk

Credit risk refers to the risk that the counterparty will default on its contractual obligations resulting in a loss to the Council. The Council's exposure to credit risk arises primarily from other receivables. For other financial assets (including cash and cash equivalents), the Council minimises credit risk by dealing exclusively with high credit rating counterparties.

The Council has adopted a policy of only dealing with creditworthy counterparties. The Council performs ongoing credit evaluation of its counterparties' financial condition and generally do not require a collateral.

The Council considers the probability of default upon initial recognition of asset and whether there has been a significant increase in credit risk on an ongoing basis throughout each reporting period.

The Council determined that its financial assets are credit-impaired when:

- There is significant difficulty of the debtor
- A breach of contract, such as a default or past due event
- It is becoming probable that the debtor will enter bankruptcy or other financial reorganisation
- There is a disappearance of an active market for that financial asset because of financial difficulty

(b) Liquidity risk

Liquidity risk refers to the risk that the Council will encounter difficulties in meeting its short-term obligations due to shortage of funds. The Council's approach to manage liquidity is to ensure, as far as possible, that it will always have sufficient liquidity to meet its liabilities when due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Council's reputation. In the management of its liquidity risk, the Council monitors and maintains a level of cash and cash equivalents deemed adequate by the management to finance the Council's operations and mitigate the effects of fluctuations in cash flows.

Analysis of financial instruments by remaining contractual maturities

The table below summarises the maturity profile of the Council's financial assets and liabilities at the reporting date based on contractual undiscounted repayment obligations.

NOTES TO THE FINANCIAL STATEMENTS
For the financial year ended 31 March 2026

20. Financial risk management (continued)

(b) Liquidity risk (continued)

	Carrying amount S\$	Contractual cash flows S\$	One year or less S\$	One to five years S\$
2026				
<u>Financial assets</u>				
Other receivables	10,047,026	10,047,026	10,047,026	-
Cash and cash equivalents	16,398,087	16,454,389	16,454,389	-
Total undiscounted financial assets	26,445,113	26,501,415	26,501,415	-
<u>Financial liabilities</u>				
Other payables	7,065,495	7,065,495	7,065,495	-
Lease liabilities	398,088	398,088	398,088	-
Total undiscounted financial liabilities	7,463,583	7,463,583	7,463,583	-
Total net undiscounted financial assets	18,981,530	19,037,832	19,037,832	-
2025				
<u>Financial assets</u>				
Other receivables	7,898,919	7,898,919	7,898,919	-
Cash and cash equivalents	11,732,219	11,816,225	7,608,473	4,207,752
Total undiscounted financial assets	19,631,138	19,715,144	15,507,392	4,207,752
<u>Financial liabilities</u>				
Other payables	5,163,377	5,163,377	5,163,377	-
Lease liabilities	1,206,837	1,244,457	841,426	403,031
Total undiscounted financial liabilities	6,370,214	6,407,834	6,004,803	403,031
Total net undiscounted financial assets	13,260,924	13,307,310	9,502,589	3,804,721

21. Financial instruments by category

At the reporting date, the aggregate carrying amounts of financial assets and financial liabilities at amortised cost were as follows:

	2026	2025
	S\$	S\$
Financial assets measured at amortised cost		
Other receivables	10,047,026	7,898,919
Cash and cash equivalents	16,398,087	11,732,219
Total financial assets measured at amortised cost	26,445,113	19,631,138
Financial liabilities measured at amortised cost		
Other payables	7,065,495	5,163,377
Lease liabilities	398,088	1,206,837
Total financial liabilities measured at amortised cost	7,463,583	6,370,214

NOTES TO THE FINANCIAL STATEMENTS

For the financial year ended 31 March 2026

22. Grants received/receivables from Ministry of Health

During the financial year, grants received/receivables from Ministry of Health ("MOH") amounting to S\$6,574,342 (2025: S\$6,474,836).

The grants cover operational costs for Singapore Medical Council. The grants also cover the expenses incurred to carry out administrative functions of 6 Professional Bodies in accordance with Memorandum of Understanding ("MOU") signed with MOH.

SINGAPORE MEDICAL COUNCIL
Constituted under the Medical Registration Act 1997

CORPORATE DATA
For the financial year ended 31 March 2026

SINGAPORE MEDICAL COUNCIL

Auditor

CA Assurance LLP
Public Accountants and Chartered Accountants
6001 Beach Road, #14-03 Golden Mile Tower
Singapore 199589

Registered Office

16 College Road
#01-01 College of Medicine Building
Singapore 169584

Principal Bankers

DBS Bank Limited



SINGAPORE MEDICAL COUNCIL

c/o Secretariat of healthcare Professional Boards (SPB)

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