Competency Assessment & Supervisory Framework for Primary Care Network Nurses and Primary Care Coordinators

CONTENTS

INTRODUCTION 2

ROLES AND RESPONSIBILITIES 4

LEVELS OF SUPERVISION 6

ASSESSMENT METHODS 7

ASSESSMENT FREQUENCIES 9

COMPETENCY CHECKLIST TEMPLATES 10

COMPETENCY LOG TEMPLATES 11

OVERVIEW OF COMPETENCY ACTIVITIES 12

APPENDIX 13

REFERENCES 17

ACKNOWLEDGEMENTS 19

INTRODUCTION

Background
A Primary Care Network (PCN) is a network of General Practitioners (GPs) supported by nurses and primary care coordinators (PCCs), working together in a team-based care model. In this setting, PCN nurses support chronic disease management and preventive health measures through the provision of ancillary services, including nurse counselling, diabetic eye and foot screenings, and the supervision of PCCs. PCCs, in turn, manage administrative aspects of patient care and assist nurses by supporting less complex cases.

To promote the delivery of safe and effective person-centred care in the PCN setting, the Competency Assessment and Supervisory Framework for PCN Nurses and PCCs [CASF-PCN] was developed by the PCN Nursing Committee. It outlines a structured approach to competency assessments for nurses and PCCs and provides guidance on supervision to ensure patient care standards are consistently aligned and maintained across all PCNs.

The Competency Framework for PCN Nurses and PCCs is also available to support role clarity and professional development. It serves as a useful reference alongside the CASF-PCN, and we encourage referring to both frameworks in tandem to ensure a comprehensive understanding of role expectations and supervisory practices.

Access the competency framework document via the following link:
https://www.nna.gov.sg/resources/competency-frameworks/competency-framework-for-primary-care-network-nurses-and-primary-care-coordinators

INTRODUCTION

Uses

- Conduct objective evaluation of the competencies of PCN nurses and PCCs to ensure they have the necessary skills and knowledge to perform their roles, identifying areas where additional training or support may be needed.
- Monitor the performance of PCN nurses and PCCs on a regular basis and track progress in achieving competency goals.
- Ensure accountability in competency assessment and supervision by clarifying roles and responsibilities of key PCN members and recommended levels of supervision.

Recommendations by the PCN Nursing Committee to ensure safe and effective implementation of the CASF-PCN

A

A **clear structure** that outlines the supervisory and clinical governance relationships among team members within each PCN should be established.

B

The **roles and responsibilities** of each team member should be clearly defined to promote accountability and ensure the continued provision of standardised quality care.

C

All **delegation of clinical tasks** should be conducted in accordance with the *Ministry of Health (MOH) Guidelines on the Governance of the Delegation of Clinical Tasks from Nurses and Allied Health Professionals to Support Care Staff (2023).*

Disclaimer

- The *CASF-PCN* is intended to function as a guiding framework and should be adapted to meet the specific needs of individual PCNs. It is applicable to tasks that are within the defined scope of practice or approved scope of delegation for PCN nurses and PCCs. Supervisors and assessors are encouraged to exercise professional judgement when evaluating staff competency and to adjust the level of supervision, as necessary.

ROLES AND RESPONSIBILITIES

The roles and responsibilities below apply only within the context of the CASF-PCN and are intended to support PCNs in the safe and effective implementation of the framework.

PCN Clinical Lead*

- Appoint suitable assessors and supervisors who will oversee staff performance and conduct competency verification.
- Ensure nurses and PCCs are trained and competent to perform their tasks.
- Ensure nurses and PCCs are adequately trained in other areas as deemed necessary by the organisation.
- Maintain overall oversight of clinical task delegation process.
- Oversee competency documentation audits and clinical documentation reviews.

* Assisted by PCN sub-leads for sub-regional matters

PCN Administrative Lead / Programme Manager

- Implement the competency assessment and supervisory framework.
- Ensure all relevant personnel understand their roles and responsibilities in the implementation of the competency assessment and supervisory framework.
- Provide continuous professional development to ensure nurses' and PCCs' competencies are up to date.
- Assist in implementation of competency log audits and clinical documentation reviews.

PCN GP

- Support the supervision structure by providing remote or indirect supervision to nurses and PCCs where necessary.
- May be requested by the PCN Clinical Lead to provide direct supervision in exceptional cases, such as during staff's on-the-job training (OJT) period, when a nurse fulfilling PCN trainer / assessor criteria is not available.

PCN Nurse

- Supervise PCCs and junior nurses, determining the appropriate level based on experience, competencies, and case complexity.

PCN PCC

- Seek support and guidance from the delegating healthcare professionals when in doubt.
- Turn down any delegation that is beyond their scope of practice and escalate concerns to a nurse or GP as appropriate.

PCN Trainer / Assessor

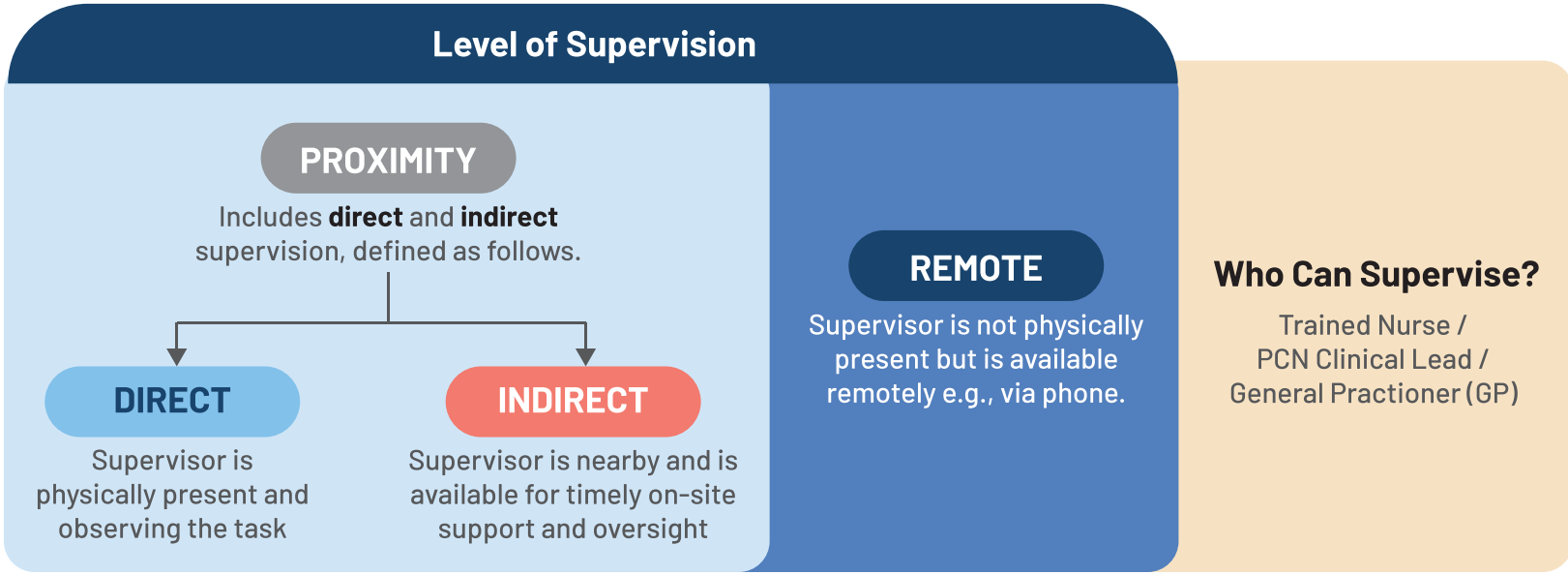
- Determine and provide appropriate level of supervision to nurses and PCCs.
- Assess nurses' and PCCs' competencies and provide feedback.
- Review and sign off competency logs.
- Evaluate and monitor whether nurses and PCCs maintain the relevant standards at appropriate intervals.
- Participate in competency log audits and clinical documentation reviews.

Criteria for PCN Trainer / Assessor

- Registered Nurse (RN) with at least 2 years of experience in the PCN setting, demonstrated competency in area of assessment and successful completion of relevant trainings such as clinical preceptorship or teaching and assessment skills.
- In the absence of an RN fulfilling the above, the PCN Clinical Lead or any suitable personnel appointed by the PCN Clinical Lead (e.g., GP or nurse) may temporarily fulfil this role.

LEVELS OF SUPERVISION

Definition of Levels of Supervision and Recommendations for Appointment of Supervisors



Level of Supervision Required based on Complexity of the Patient's Medical Conditions*

Patient Category (PC)		During OJT		After OJT	
		Nurse	PCC	Nurse	PCC
PC-1	Well	DIRECT	DIRECT	REMOTE	REMOTE
PC-2	With care needs that can be delegated in accordance with stipulated care protocols and governance framework	DIRECT	DIRECT	REMOTE	INDIRECT
PC-3	With more complex care needs and/or situational circumstances	DIRECT	N/A	REMOTE	N/A

* Adapted from slide deck on "Set up of PCN Care Team" by MOH-CNOO (14 Apr 2023)

ASSESSMENT METHODS

Considerations in the Selection of Assessment Methods

Assessment methods should effectively build and evaluate various levels of cognitive skills, aligned with Bloom's Taxonomy. They should be both robust and manageable, streamlining requirements where possible to suit the PCN setting.

Legend

KT: Knowledge test
CA: Competency assessment
CDR: Clinical documentation review
SBA: Simulation-based assessment
CEA: Clinical encounter assessment
SA: Self-assessment

BLOOM'S TAXONOMY - COGNITIVE DOMAIN (2001)

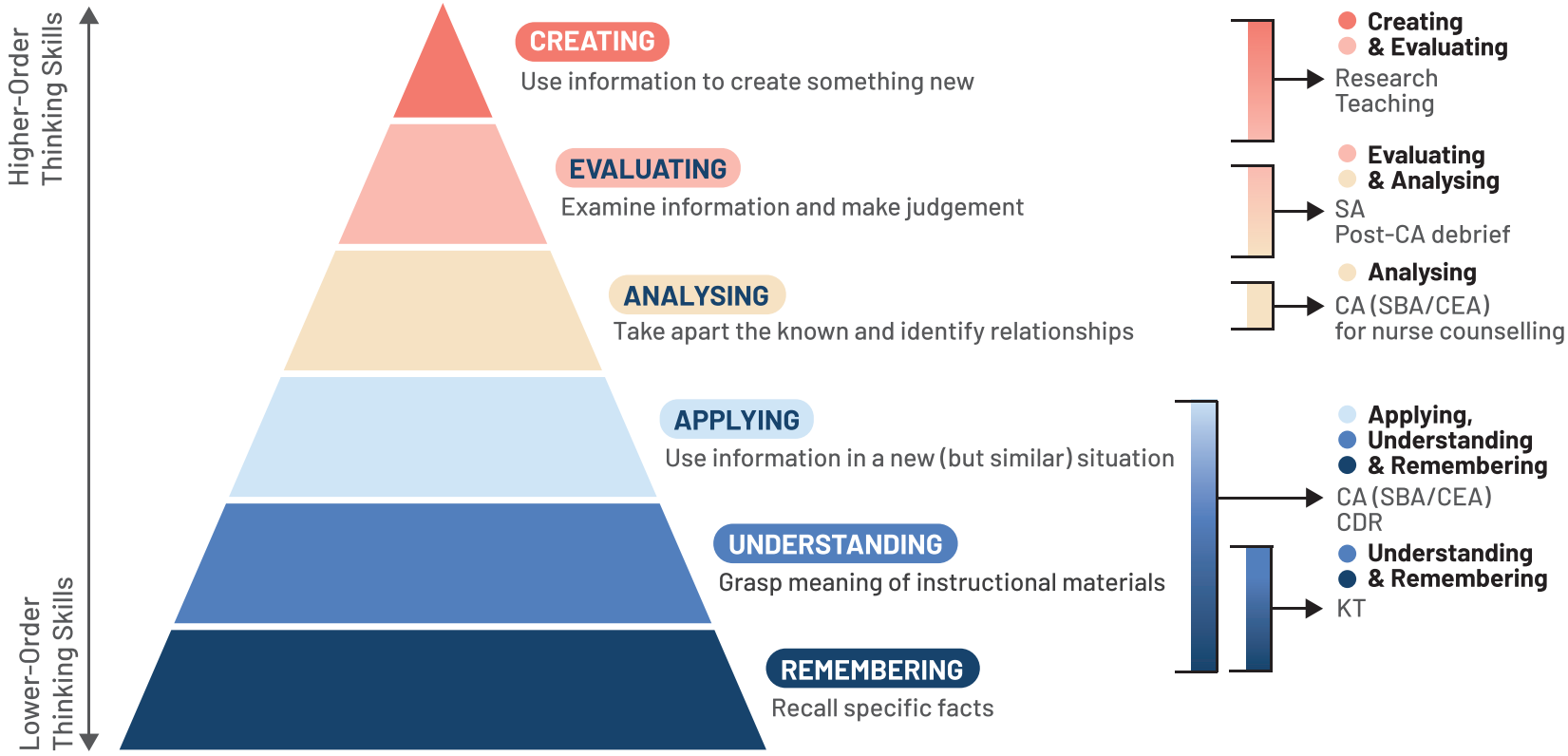


Image adapted from *Bloom's Taxonomy Graphic Description* by University of Florida Center for Instructional Technology and Training, n.d., https://citt.ufl.edu/resources/the-learning-process/designing-the-learning-experience/blooms-taxonomy/blooms-taxonomy-graphic-description.

Method	Description	Required Resources	Frequency	Requirements
Self-Assessment (SA)	Perform competency mapping through identification of the competencies required for a job role and mapping them against self-assessed competencies	• *Competency Framework for PCN (2024)* • *Community Nursing Competency Framework (2019)* • Professional Development Plan (template available for download on page 11)	Staff may perform self-assessments regularly and discuss with supervisor to co-formulate Professional Development Plan annually	Based on competency standards in the competency frameworks
Knowledge Test (KT)	Evaluate understanding of theoretical concepts and clinical guidelines through MCQs / short answer questions	• Questions to be developed by PCNs based on training materials, clinical guidelines, SOPs, WIs • Download sample questions via QR or https://for.sg/casf-pcn-kt-sample-qns	Used in conjunction with competency assessments as appropriate. Repeated as and when necessary	≥80% score recommended
Competency Assessment (CA) • Simulation-Based Assessment (SBA) • Clinical Encounter Assessment (CEA)*	**SBA:** Evaluate skills, knowledge, and abilities of staff through realistic simulated clinical scenarios and environments	• Competency checklists (template available for download on page 10) • Performance and Assessment logs (template available for download on page 11)	Dependent on risk assessment matrix score and staff category To re-assess if requirements are not met. Recommended to allow up to 2 attempts, and to log 10 supervised cases before re-attempting	≥80% score + fulfilment of all critical steps
	CEA: Observe and evaluate the competencies of staff in delivering patient care during actual patient encounters			
Clinical Documentation Review	Retrospectively review clinical documentation by PCCs, to ensure appropriate care escalation in accordance with established SOPs when required	Process and requirements to be determined by PCNs. For instance, PCNs may consider reviewing 5 cases every 6 months.		

* PCNs may choose either SBA or CEA based on considerations such as the type of competency being assessed, feasibility, manpower and resource availability.

ASSESSMENT FREQUENCIES

Guide for PCNs

Based on the volume of skill practice per staff, refer to the "Recommended Competency Assessment Frequency" table below, to identify corresponding risk category and recommended assessment frequency.

Skill to be assessed	**Recommended Competency Assessment Frequency** (Risk category)		
	Volume of skill practice per staff		
	At least once a week	**Less than once a week – once a month**	**Less than once a month**
1. Blood Pressure Monitoring	**2-yearly assessment for nurses, yearly assessment for PCCs** (Low Risk)	**Yearly assessment for both nurses and PCCs** (Medium Risk)	
2. Blood Glucose Monitoring			
3. Diabetic Foot Screening			
4. Diabetic Retinal Photography			
5. Spirometry			
6. Education on Insulin Administration			
7. Education on Inhaler Techniques			
8. Nurse Counselling			
9. PCC Basic Patient Education			

Note: The skills listed above are non-exhaustive. Refer to the Appendix for detailed methodology. For new skills not covered in this framework, apply the same methodology to determine the recommended assessment frequency.

COMPETENCY CHECKLIST TEMPLATES

CHECKLIST TEMPLATES

A set of 13 checklist templates is provided to support competency assessments across the following areas:

- Diabetic Foot Screening (DFS)
- Diabetic Retinal Photography (DRP)
- Spirometry
- Blood Pressure Monitoring
- Blood Glucose Monitoring
- Education on Insulin Administration (Pen / Vial)
- Education on Inhaler Techniques (Metered Dose Inhaler / Inhaler with Spacer)
- Nurse Counselling
- PCC Basic Patient Education (Chronic Diseases / Smoking Cessation / Weight Management)

Scan to download

https://for.sg/competency-checklist-templates

Guide to Checklists

- 1 point is awarded to each step.
- Steps marked with * are considered critical. Failure to meet any of the critical steps will result in failure of the competency assessment.
- The minimum passing score is 80% and meeting all critical steps.
- Checklists are built to dynamically exclude "NA" values, compute scores based on applicable items and derive assessment outcomes.

How to use:

- Assessor to indicate ✓ for "Met", ✗ for "Not Met" and **NA** if a step is not applicable or not tested.
- For assessment of PCCs for DFS and DRP, the assessor may select the staff group before starting assessment to pre-set the non-applicable steps to "NA".

Note: PCNs may adapt or modify these templates as needed. The retention period for all checklists and supporting documents should be established by each PCN in alignment with its organisational policies.

COMPETENCY LOG TEMPLATES

For Each New Skill / Competency Area

Performance Log (OJT):
- Record of cases performed under direct supervision
- Completed log to be signed off

Initial Assessment Log (OJT):
- Record of knowledge test & competency assessment outcomes
- Completed log to be signed off
- Copies of completed knowledge tests and competency checklists to be kept as supporting documents

Scan to download
https://for.sg/competency-log-templates-new

For Each Nurse / PCC

Professional Development Plan:
- Template to facilitate discussion and monitoring of professional development
- Updated annually with mid-point check-ins as needed throughout the year

Assessment Log:
- Record of recurring assessments
- Copies of completed competency checklists to be kept as supporting documents

Practice Hours Log:
- Record of the number of hours spent in clinical practice

Training Log:
- Record of completed training activities for self-reference

Scan to download
https://for.sg/competency-log-templates-ongoing

Note: PCNs may adapt or modify these templates as needed. The retention period for all checklists and supporting documents should be established by each PCN in alignment with its organisational policies.

OVERVIEW OF COMPETENCY ACTIVITIES

	Recommended Activities	Level of Supervision	Relevant Competency Logs
1 TRAINING	Satisfactory completion of required training courses		• Training Log

2 ON-THE-JOB (OJT) TRAINING	• Logging of **20 cases** under direct supervision
	  ▪ Simulation-based / clinical encounter
	  ▪ Timeframe for completion: 3 months
	• **KT** (Passing score: **80%**)
	• **CA** (Passing score: **80%** + no omission of critical steps)
	  ▪ Assessment Method: CEA / SBA
	  ▪ Scoring system: Competency checklists
		• Direct	• OJT Performance Log
			• OJT Initial Assessment Log

3 TASK PERFORMANCE	• **PCCs**: Initial 5 cases after completing OJT training to be logged and reviewed • **Nurses & PCCs**: ▪ Ongoing monitoring: Re-assessment based on recommended frequency (refer to Page 9), Self-assessment using competency framework	• **PCCs**: Indirect/ Remote (depending on patient category, refer to Page 6) • **Nurses:** Remote	• [PCCs only] Post-OJT Performance Log • Assessment Log • Practice Hours Log • Training Log • Professional Development Plan

4 PROCESS REVIEW*	• **Competency log review**
	  ▪ Ensure proper records and maintenance of competency logs and supporting documents
	• **Clinical documentation review** (for PCCs):
	  ▪ E.g., Review of 5 cases every 6 months to ensure appropriate case escalation		

Legend

KT: Knowledge test
CA: Competency assessment
SBA: Simulation-based assessment
CEA: Clinical encounter assessment

* Workflow for process review to be established by PCNs.

APPENDIX

Methodology for determining competency assessment frequency

Using the *NHG Nursing Competency Risk Matrix (2024),*

1. Calculate the overall risk assessment matrix score by following the steps outlined on pages 18-20:
   - *Risk of the skill **(R score)**: Based on consequence and frequency of occurrence.
   - *Complexity of procedure **(C score)**: Based on pre-defined criteria.
   - Volume of skill practice per staff **(V score)**: Based on how frequently it is performed by each staff in the PCN.

*Current scores were discussed and collectively decided by the PCN Nursing Committee members

2. Use the overall risk assessment matrix score to categorise the skill into its appropriate risk category (low, medium or high) and determine the assessment frequency accordingly.

For new skills not covered in this framework, apply the same methodology to determine the recommended assessment frequency.

At each PCN, whenever there is a change in the procedure that impact the level of risk, complexity or volume of practice, adjustments should be made to determine if changes to the frequency of assessment are needed.

Step 1

Risk Matrix: Assign the **risk score (R)** for the skill to be assessed [Minimum Score 1, Maximum Score 25]

Consequences	**Rare** (Score: 1)	**Unlikely** (Score: 2)	**Possible** (Score: 3)	**Likely** (Score: 4)	**Almost Certain** (Score: 5)
	Frequency: Occurs every **5 years**	Frequency: Occurs every **2-5 years**	Frequency: Occurs every **1-2 years**	Frequency: Occurs **bi-monthly**	Frequency: Occurs **monthly**
	Probability: **~1%**	Probability: **10%**	Probability: **50%**	Probability: **75%**	Probability: **99%**
Incident leading to death or permanent incapacity. Event which impacts on large number of patients or members of the public. Permanent psychosocial functioning incapacity. **(Score: 5)**	5	10	15	20	25
Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and counselling. Impaired psychosocial functioning greater than 6 months. **(Score: 4)**	4	8	12	16	20
Significant injury requiring medical treatment e.g., fracture, >3 days of absence, 3-8 days of extended stay. Impaired psychosocial functioning greater than 1 month, less than 6 months. **(Score: 3)**	3	6	9	12	15
Minor injury or illness, first aid treatment requiring <3 days of absence, <3 days of extended hospital stay, impact on psychosocial functioning <3 days **(Score: 2)**	2	4	6	8	10
Adverse event leading to minor injury not requiring first aid, no impact on psychosocial functioning **(Score: 1)**	1	2	3	4	5

Step 2

Complexity Matrix: Determine the **total complexity score (C)** for the skill to be assessed [Minimum Score 7, Maximum Score 21]

	Items	Complexity Score
1	**Number of Steps**	
	More than 40 steps	3
	21 – 40 steps	2
	1 – 20 steps	1
2	**Time Taken to Learn/Unlearn/Relearn**	
	More than 4 hours	3
	2 – 4 hours	2
	Less than 2 hours	1
3	**Requires Critical Thinking**	
	Yes	3
	No	1
4	**Requires Problem Solving**	
	Yes	3
	No	1
5	**Invasive Procedure**	
	Yes	3
	No	1
6	**Requires Invasive Monitoring**	
	Yes	3
	No	1
7	**Have Prior Knowledge**	
	Yes (Optimal)	3
	No (Minimal)	1
Total Complexity Score (C)		____ / 21

Step 3

Volume Matrix: Establish the **volume score (V)** for the skill to be assessed, based on how frequently it is performed by each staff in the PCN [Minimum Score 1, Maximum Score 3]

Volume (per staff)	**Volume Score** (V)
At least once a week	1
Less than once a week – once a month	2
Less than once a month	3

Step 4

Calculate the **overall risk assessment matrix score**

Formula **[(R/25)+(C/21)+(V/3)]x100x33.33%**

Step 5

Identify the **risk category** based on the overall risk assessment matrix score

Overall Risk Assessment Matrix Score	Risk Category
< 44%	**Low Risk**
44 - 72%	**Medium Risk**
>72%	**High Risk**

Step 6

Using the risk category, determine the **assessment frequency**

For Nurses	For Clinical PCCs	Risk Category
Every 2 years	Every year	**Low Risk**
Every year	Every year	**Medium Risk**
Twice a year	Twice a year	**High Risk**

1. This table shows the tailored risk, complexity, volume and overall risk assessment matrix scores for key skills to be assessed in the PCN setting.
2. The Nursing Committee reviewed and discussed these scores in January 2025.
3. PCN Clinical Leads should maintain oversight of the scores, review any changes to individual components (risk, complexity and volume), and adjust the overall risk category and assessment frequency if necessary.

Skill To Be Assessed	Risk Score (R)	Complexity Score (C)	Volume Score (V)	Risk Assessment Matrix Score
Diabetic Foot Screening	4	13	1	37
			2	48
			3	59
Diabetic Retinal Photography	4	13	1	37
			2	48
			3	59
Spirometry	6	12	1	38
			2	49
			3	60
Blood Pressure Monitoring	2	11	1	31
			2	42
			3	53
Blood Glucose Monitoring	8	13	1	42
			2	54
			3	65
Education on Insulin Administration	9	13	1	44
			2	55
			3	66
Education on Inhaler Techniques	10	11	1	42
			2	53
			3	64
Nurse Counselling	6	14	1	41
			2	52
			3	64
PCC Basic Patient Education	4	12	1	35
			2	47
			3	58

REFERENCES

1. Al Jabri, F.Y.M., Kvist, T., Azimirad, M., & Turunen, H. (2021). A Systematic Review of Healthcare Professionals' Core Competency Instruments. *Nursing & Health Sciences*, 23, 87-102.

2. Anim-Boamah, O., Christmals, C.D., & Armstrong, S.J. (2021). Clinical nursing competency assessment: a scoping review. *Frontiers of Nursing,* 8(4), 341-356.

3. Erfani Khanghahi, M., & Ebadi Fard Azar, F. (2018). Direct observation of procedural skills (DOPS) evaluation method: Systematic review of evidence. *Medical Journal of the Islamic Republic of Iran*, 32, 45.

4. Kisut, R., Sulaiman, H.D.J.H.A., Rahman, H.A., & Abdul-Mumin, K.H. (2022). Competency assessment for community health nurses: a focus group expert panel discussion. *BMC Nursing*, 21, 134.

5. Ministry of Health. (2019). *Community Nursing Competency Framework*.

6. Ministry of Health (2023). *Guidelines on the Governance of the Delegation of Clinical Tasks from Nurses and Allied Health Professionals to Support Care Staff.*

7. NHG Health. (2019). *Community Nursing Clinical Portfolio For Registered Nurses who are New to Community Nursing (Preceptor Guide).*

8. NHG Health. (2024). *NHG Nursing Competency Risk Matrix*.

9. National University Polyclinics. (n.d.). *Overview of Revised Care Manager Competency Framework and Structured OJT Training*.

10. National University Polyclinics. (2023). *Nursing Staff Performance Assessment Matrix*.

11. Nursing and Midwifery Board of Ireland. (2015). *Competence Assessment Tool for Nurses*.

12. Nursing Council of New Zealand. (2019). *Guidelines for Competence Assessment*.

13. PCN Nursing Committee. (2024). *Competency Framework for PCN Nurses and Primary Care Coordinators*.

14. Ritchie, A., Pacilli, M., & Nataraja, R. M. (2023). Simulation-based education in urology – an update. *Therapeutic Advances in Urology*, 15, 1-15.

15. Singapore General Hospital. (2022). *Nursing Competency Management*. (NU-POL-009).

16. Singapore Nursing Board. (2018). *Core Competencies and Generic Skills of Registered Nurses.*

17. Singapore Nursing Board. (2018). *Core Competencies and Generic Skills of Enrolled Nurses*.

18. Singapore Nursing Board. (2016). *Guidelines for determining when return-to-nursing program is mandatory*.

19. Singapore Pharmacy Council. (2011). *Competency Standards Framework for Pharmacists in Singapore (Entry to practice).*

20. SingHealth Polyclinics. (2022). *Nursing Competency Assessment Record Form.*

21. SingHealth Regional PCN. (2023). *Nursing Competency Matrix (Integrated Care Team).*

22. SingHealth Regional PCN. (2020). *Orientation and Performance Log.*

23. Stenov, V., Wind, G., Skinner, T., Reventlow, S., & Hempler, N. F. (2017). The potential of a self-assessment tool to identify healthcare professionals' strengths and areas in need of professional development to aid effective facilitation of group-based, person-centered diabetes education. *BMC Medical Education*, 17, 166.

24. University of Central Florida. (n.d.). *Bloom's Taxonomy*. Faculty Center for Teaching and Learning. Retrieved October, 2024, from https://fctl.ucf.edu/teaching-resources/course-design/blooms-taxonomy.

25. Zhang, W., Peng, Y., Zhuang, H., Yu, H., Liu, Q., Gu, Y., & Yao, J. (2023). Application of direct observation of operational skills in nursing skill evaluation of pressure injury: A randomized clinical trial. *International Wound Journal*, 21, e14498.

ACKNOWLEDGEMENTS

Advisors:

Dr Chong Chin Kwang
Clinical Lead
Frontier PCN

Dr Kelvin Goh
Clinical Lead
United PCN

Co-Chairpersons:

Ms Tan Soh Chin
Senior Director (Special Projects)
SingHealth Services
Senior Advisor [Part-time Professionals (PTPS)]
Ministry of Health (MOH)

Ms Marine Chioh
Assistant Director
Primary & Community Care Development Division (PCDD)
Agency for Integrated Care (AIC)

Workgroup Leads:

Ms Chen Yee Chui
Director
Primary Care Nursing Development
National Healthcare Group Polyclinics

Ms Stephanie Teo Swee Hong
Director
SingHealth Community Nursing
Director (Special Projects)
SingHealth Polyclinics
Deputy Group Chief Nurse
SingHealth, Care Integration & Community Nursing

Workgroup Co-Leads:

Mr Ethan Chong Yu Hsiin
Programme Manager
Class PCN

Ms Evon Oh
Senior Nurse Clinician
National University Polyclinics

Ms Sam Pei Fen
Assistant Director of Nursing
National University Hospital

Ms Susie Wong Ling Yii
Senior Staff Nurse
Frontier PCN

Members:

Ms Audrey Toh
Staff Nurse
Central-North PCN

Ms Florence Chua
Programme Manager
Raffles Medical PCN

Ms Haslinda Binti Abdullah
Nurse Counsellor
United PCN

Ms How Ai Xin
Senior Nurse Clinician
Tan Tock Seng Hospital

Ms Kwok Liwen Juliana
Senior Staff Nurse
Parkway Shenton PCN

Ms Lim Mei Tong
Nurse Clinician
Changi General Hospital

Ms Lim Xin Li
Nurse Counsellor
i-CARE PCN

Ms Nanthini Rasandran
Nurse Counsellor
Assurance PCN

Ms Rose Wong
Senior Staff Nurse
National University Health System PCN

Ms Tay Hui Yuan
Nurse Clinician
SingHealth Regional PCN

Ms Teo Rui Ying
Senior Staff Nurse
SingHealth DOT PCN

Secretariats:

Ms Germaine Ong
Senior Manager
PCDD
AIC

Ms Cally Chew
Assistant Manager
PCDD
AIC

Ms Irene Ng
Assistant Manager
PCDD
AIC

Ms Peh Kah Yee
Assistant Manager
PCDD
AIC

Ms See Chue Win
Assistant Manager
PCDD
AIC

The PCN Nursing Committee would also like to thank the following for their guidance throughout the framework development:
Ms Paulin Koh [Chief Nursing Officer (CNO), MOH] and team from the CNO Office, Dr Ruth Lim [Director, Primary and Community Care (PCC), MOH] and team from the PCC Division, and members of the PCN Council.

The above information is accurate as at time of writing, 31/05/2025.

NOTES

NOTES

aic
agency for integrated care

Primary Care Network

MINISTRY OF HEALTH
SINGAPORE