

LEADING HEALTHCARE

The newsletter of the Healthcare Leadership College



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About The Healthcare Leadership College

The beginning of every year is always a time for introspection and reflection. What is our purpose? What do we hope to achieve? Why does it matter? What is at stake?

This issue of Leading Healthcare brings together several perspectives on these big questions. Prof Lim Pin shares his reflections from more than half a century of leadership in clinical care, academia, and research, and exhorts all of us to work for a higher purpose, not fight each other. We share some thoughts on what Beyond Quality to Value in healthcare means, and what right care might look like. A visit to Singapore Prisons by our senior milestone programme participants sheds important lessons from their transformation journey. In order to "stop the revolving door", Singapore Prisons moved beyond the traditional lock and key approach, towards rehabilitation and re-integration.

Happy New Year, and from us to you, here is a wish for the years ahead, encapsulated in the lyrics of Michael Jackson's Heal The World (1991):

*Heal the world,
Make it a better place,
For you and for me,
And the entire human race,
There are people dying,
If you care enough for the living,
Make it a better place,
For you and for me*

Dean's Message

A Broader Vision of Excellence

It is always very reassuring to observe restaurant staff eat their own food. There is probably no more convincing indicator of food safety. A good quality indicator would be the constant presence of the boss or the head chef, and their willingness to come out and meet the diners.

Healthcare is no different. In a hospital, it is similarly reassuring when the senior leaders seek care, especially surgery, from their own doctors. If the chef eats food prepared in his own restaurant, or the CMB seeks treatment from his or her own doctors, the quality and safety must be good. The chef and CMB trust the quality of their service and they are visibly and personally accountable.

This is even more true at a national level.

There are many countries which will never improve their own healthcare. These are the countries in which top officials seek treatment overseas. They do not have confidence in their own system, or in the services that they themselves are expected to provide. What they serve the people and what they consume is different.

Thankfully, in Singapore for now, it is different. Our top officials receive most of their healthcare in the public sector. This shows that they are truly accountable. What they serve Singaporeans is good enough for themselves and their families.

It must remain this way for all but the rarest of conditions. We cannot have a situation in the public sector where for key conditions, our leaders and patients with means go to the private sector or overseas.

And for the public hospitals to remain excellent, it is critical for them to continue seeing foreign patients.

There are many reasons, the most obvious being that the population of Singapore is too small to sustain excellence in many important conditions. These would include liver, heart and lung transplants, congenital paediatric conditions, rare genetic disorders, heart valve pathologies and cancers. There are many others. A minimal patient volume in these key specialized areas is critical to maintaining quality. It will make the care for ordinary Singaporeans better.

With so much talent and resources invested in healthcare, why do we not cast a larger vision? We should seek to elevate our healthcare such that it becomes a beacon of excellence, much in the way that Singapore Airlines is an internationally recognized symbol of excellence, quality and reliability. In this way, by being a blessing to others, we will be a greater blessing to Singaporeans.

A purely Singaporean focus will inexorably lead us down the path to mediocrity.



Professor Aymeric Lim
*Dean, Healthcare Leadership College
Physician-in-Chief, The National
University Health System
Group Chief Human Resource
Officer, The National University*

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Emeritus Prof Lim is Professor of Medicine at National University of Singapore (NUS) and has served in various Government committees and corporate Directorships.

Notably, Prof Lim was the former Vice Chancellor of NUS from 1981-2000, and past Chairman of the National Wage Council and the Bioethics Advisory Committee. Prof Lim, who has spent more than half a century in medicine, is still in active practice today as Senior Consultant in the National University Hospital.

Managing healthcare cost is a universal problem around the world. It is important that we do not let healthcare costs spiral out of hand. Clinicians need to be discerning, to be able to “sort out the wheat from the chaff” as not all new technologies or drugs introduced are beneficial or effective.

A Letter to our Young Leaders

Emeritus Prof Lim Pin

It was 1965 when I joined the Ministry of Health as a young Medical Officer. It was a time of great uncertainty, as Singapore had just separated from Malaysia and economically, Singapore was dangling on a string. The main priorities of the government then were national security, job creation, housing and education. Healthcare was not key, but there was emphasis on public health and preventive medicine.

Despite all the odds, Singapore was able to pull through the difficult times with good leadership, hard work and efficiency. As a result, our healthcare system has progressed to become one of the best in the world. I believe that this uniquely Singaporean culture of hard work and efficiency as espoused by our pioneer generation has prevailed till today.

What are some of the challenges and key developments that I see the younger generation of healthcare leaders having to face?

First, the rising cost of healthcare. Managing healthcare cost is a universal problem around the world. Continuous developments in science and technology have driven advancements in healthcare. However, increasing adoption of technology in healthcare has resulted in higher healthcare costs, even though the actual cost of technology has gone down. We have another challenge, with longer life expectancy and an ageing population, healthcare utilisation increases and overall healthcare costs rises correspondingly. It is important that we do not let healthcare costs spiral out of hand. We need to discipline ourselves to achieve more for less and I believe we can do it by drawing on our culture of hard work and efficiency - the same “gung-ho” attitude which saw Singapore through the early years and is still present today.

Second, rapid developments in science and technology. Technological innovations and developments in healthcare have driven many improvements in patient care and made huge impact on medical processes and practices of healthcare professionals. However, technology can also make the life of a clinician much more intense with the rapid introduction of new health technology and drugs and the quickened pace of clinical practice. Clinicians need to be discerning, to be able to “sort out the wheat from the chaff” as not all new technologies or drugs introduced are beneficial or effective. There is a need to assess not just effectiveness of new drugs and technologies but also to weigh the cost versus benefit to the patient and the healthcare system. The bottom line is that when we use technology judiciously, there can be great synergy between technology and healthcare.

Next, technological advances have also spurred increasing specialisation in medicine, providing more specialised and focused care for specific conditions. However, patients with comorbidities will find it difficult to navigate this trend of subspecialisation. While specialisation is necessary to treat very difficult and complex conditions, we need generalists – physicians and surgeons with core abilities characterised by a broad-based practice, to diagnose, manage and coordinate care for patients with clinical problems that are diverse and complex.

With the advent of the digitalisation of healthcare, we must not forget to retain the human touch when we are with our patients, especially during clinical assessment. We must always communicate with our patients with empathy and compassion, and develop a strong rapport with them and their families. Without rapport and trust between the patient and the clinician, half the battle is lost. When treatment plans do not go as planned, patients and their families may get antagonistic. In turn, clinicians start to practise defensive medicine by prescribing more diagnostic tests and procedures than necessary. When this happens, we are using technology indiscriminately just to protect ourselves, resulting in higher costs. I believe if we can use technology judiciously, we can reap the benefits while avoiding the pitfalls to enable healthcare to be more cost effective.

While specialisation is necessary to treat very difficult and complex conditions, we need generalists – physicians and surgeons with core abilities characterised by a broad-based practice, to diagnose, manage and coordinate care for patients with clinical problems that are diverse and complex.

I believe if we can use technology judiciously, we can reap the benefits while avoiding the pitfalls to enable healthcare to be more cost effective.

However, there are certain values and principles that are fundamental and which cannot be sacrificed. Our values, medical ethics, and patient welfare are prime concerns in healthcare and cannot change. We must always maintain the human face of medicine even as we reap the benefits of technology.

My wish is that all of us work together across clusters, across institutions, across professions, and not compete among ourselves. Remember, our higher purpose is to work for Singapore.

Change is inevitable, society and outlook of people will change. Priorities and expectations may shift with successive generations. The younger generation look at things differently, not necessarily in a worse-off way. For instance, the young are more open to disruptions and are more willing to accept differences. We must learn to accept and accommodate, and be prepared to change so as to make progress.

However, there are certain values and principles that are fundamental and which cannot be sacrificed. Certain fundamentals - our values, medical ethics, and patient welfare are prime concerns in healthcare and cannot change. We must always maintain the human face of medicine even as we reap the benefits of technology.

As a closing note, my wish is that all of us work together across clusters, across institutions, across professions, to secure the confidence and trust of Singaporeans, and not compete among ourselves. We need to pull together wisdom and knowledge, and share whatever resources we have to keep our competitive edge. Remember, our higher purpose is to work for Singapore.

Beyond Quality to Value

What Does It Really Mean?

Most of us are familiar with the Ministry of Health's Three Beyonds: **Beyond Healthcare to Health**; **Beyond Hospital to Community**; and **Beyond Quality to Value**. These three key shifts are important to ensure that Singaporeans can continue to have accessible, affordable and quality care for the long-term. Of these three shifts, Beyond Quality to Value may elicit the most questions and differences in interpretation. What does it really mean?

1. Is Better Value Measured by Better Outcomes or Lower Costs?

In its simplest form, value can be defined as health outcomes per dollar spent. In this day and age, value is of increased importance to patients, payers (such as insurers and employers) as well as Governments.

Value is enhanced when we improve outcomes, lower costs or even better, achieve both.

2. How Are We Driving Better Value?

Some examples of initiatives to achieve better value in our healthcare system are: Value Driven Care; Fee Benchmarks and Health Technology Assessment.

Right Care describes the seven clinical care priorities – or the 'Seven Rights' - which clinicians can think about in order to bring good value care to patients.

Value Driven Care

MOH is building a Value Driven Care dashboard for public sector doctors. This helps them see how their practices compare to their colleagues', including techniques, drugs, implants and tests used, and how these impact clinical outcomes and costs. They can then make adjustments that improve value.

Health Technology Assessment (HTA)

New healthcare technologies offer potential for improved health outcomes. However, some technologies, while costing a lot more, may not bring about significantly better health outcomes. In 2015, MOH set up the Agency for Care Effectiveness (or ACE) to develop the knowhow to assess a new technology's long term effects on health outcomes and its cost in comparison with prevailing standard of care. With this knowhow, we can make evidence-based decisions whether to subsidise a drug or device based on the value it is projected to deliver.

Fee Benchmarks

The impetus to achieve better value, is also one reason behind the development and publishing of fee benchmarks. The first tranche of Fee Benchmarks covering surgeon fees for common procedures was recently released. The fee benchmarks are not a strict cap on fees. They are meant to serve as a reference to help doctors, patients, payers and providers make better informed decisions.

- ⇒ For doctors; these benchmarks can help them in setting fees, and in explaining treatment options and costs to their patients.
- ⇒ For patients; provide useful information to help assess if the fees cited are reasonable.
- ⇒ Insurers can use them to refine their products, claims processes and panels of preferred providers to improve service to policy holders.

Please refer to [page 6](#) for further details.

This article draws from a speech delivered by PS (Health), Mr Chan Heng Kee, at the Annual College of Surgeons Lectureship Dinner, on 14 November 2018.

What is good value care?

MOH is developing a framework called 'Right Care' to describe good value care in seven aspects, and hopes to hear your feedback.

1 RIGHT CHOICE



Providing adequate information to facilitate better decision-making

2 RIGHT PERSPECTIVE



Facilitating better conversations between clinicians and patients

3 RIGHT PRACTICE

Promoting evidence-based medicine



4 RIGHT PLACE

Shifting to community care, where appropriate, to meet patients' needs better



5 RIGHT TIME

Ensuring timeliness of care for patients



6 RIGHT COST

Ensuring resources are used wisely



7 RIGHT DATA

Ensuring essential and meaningful data collection



Right Choice and Right Perspective

Patients play a proactive role in choosing tests and treatments as they are better informed.

Tools, such as patient decision aids, will be developed to facilitate better conversations between clinicians and patients on care options.

Right Practice

It is challenging for clinicians to stay abreast of ever-increasing amount of medical literature.

Programmes will be designed to support clinicians in making sense of and integrating current evidence into practice.

Right Place and Right Time

Patients should receive care in the appropriate setting at the appropriate time.

Care providers should consider if referrals are necessary, or if patients' needs can be better managed in a timely manner in the community instead.

Right Cost

Understanding and achieving good value care ensures that finite resources are used wisely.

Care providers should ensure health outcomes are commensurate with costs. Unwarranted variations in care delivery and waste should also be reduced.

Right Data

Only essential and meaningful data should be collected to inform care providers what is working and not working well.

We want to hear from you!
Please scan this QR code or provide your feedback to
ACE_HTA@moh.gov.sg



Insights on Beyond Healthcare to Health

Visit to the Wellness Kampung at Yishun Health

By Dr Ganesh Kudva, 6th SCRP participant

With an ever-growing elderly population, there has been much concern about the wellbeing of the elderly, and their caregivers. Studies such as the Wellbeing in the Singapore Elderly (WiSE) study, have highlighted the challenges faced by this population, and those who care for them. It thus isn't hard to be filled with a sense of concern given these salient demographic shifts, and the resultant burden that this shift might entail.

On the 28th of November 2018, 30 Chief residents from the Singapore Chief Residents' Program visited a center that represents a bastion of hope. Established in 2016, the Wellness Kampung represents an initiative to empower the elderly, foster a sense of autonomy, and inculcate a community spirit. The center, which is located in the residential neighborhood of Chong Pang, is a resident-run initiative where elderly residents from the vicinity can participate in activities that keep the body and mind active. The slew of activities offered, from Zumba classes, to horticulture, to board games, and to cooking, are, in the main, resident run, and emphasize group collaboration and communication. There is also a service at the center that checks in on participants' physical health.

The SCRP Chief Residents found themselves in a realm of cheer and chatter, of activity and autonomy, of independence and initiative, and ultimately, a place of hope. Brought through the center by its dedicated staff, the chief residents were enthralled by stories of tenacity and grit, and to end off the day, managed to sample a sumptuous soup made by the participants at the center. The entire event brought into clear focus that ageing need not be a unidirectional process of inexorable decline, but instead, can be a time of self-discovery and personal growth.



SCRP participants at Kampung Wellness award winning community garden.

Ageing need not be a unidirectional process of inexorable decline, but instead, can be a time of self-discovery and personal growth.

Making Real Change Happen

ADAPTIVE LEADERSHIP

When asked to define leadership, many of us may think of common sayings such as “leadership is about setting vision and direction”, or “leadership is about getting people to follow you”. However, in the current volatile, uncertain, complex and ambiguous (or VUCA) environment we live in, these ideas are no longer sufficient, or even misleading. The reality is that there are no clear answers and different people see different parts of (and have different solutions to) the larger problem.

You will see this reality manifested in situations that will sound very familiar: an ever-growing volume of patients waiting for you to fix their health issues; patients coming back time and time again with similar issues that just refuse to go away; where working harder and faster does not solve the fundamental problem.

The Adaptive Leadership framework, developed by Ronald Heifetz (1994), provides a practical tool to help individuals exercise leadership in times of uncertainty and dynamic change.

Adaptive leadership is particularly relevant for the real work and change that needs to happen in healthcare today. Adaptive leadership is anything but command and control. It helps us see behaviours differently, make sense of situations, and recognise the true problems. It calls for us to bring different perspectives and different stakeholders together, to collectively make decisions for larger systemic good. In the next few issues, we will focus on the different fundamental principles that form the framework for adaptive leadership.

Herifetz, Ronald A. (Ronald Abadian), 1951-. (1994). *Leadership without easy answers*. Cambridge, Mass.: Belknap Press of Harvard University Press.



Story from our HLC Alumnus

One of our HLC programme participants, a dietician, shared her story with her fellow programme participants. Miss A had been assigned to one of the senior activity centres to educate the seniors on healthy eating habits. After many failed attempts to “teach” these seniors through talks and brochures, she began to get involved in the cooking sessions conducted in the centre, so that she could monitor the ingredients that went into the food. However, she noticed that the seniors were annoyed by her presence and did not follow her advice. She also overheard one of the ‘regulars’ telling the staff that they found Miss A very full of herself, and had no idea what made the

dishes tasty. They felt that they were not being respected as they had more cooking experience than she had. The realisation struck Miss A hard. She had only been trying to do her job to educate these seniors on having healthier eating habits, but had not realised that her approaches provoked such strong resistance. She subsequently decided that she would rebuild relationships with the seniors, regain their trust, get them to understand and change their mindsets, and motivate them to incorporate changes into their recipes.

Today, the seniors have accepted Miss A, and she has managed to inculcate healthy habits in their cooking, and even jokingly gave her the nickname of ‘Mata’ (Policeman in Malay).

Miss A could have just continued with her original “top-down” and “authoritative” style methods, or requested for a change of environment to another day-care centre. However, she listened carefully and diagnosed the underlying issues well, chose a new approach which brought everyone to the same table, and overcame resistance so she could change the mindsets and behaviours of the seniors. This is a good example of adaptive leadership in action.

Alumni Connect

A Lesson on Transformation

Visit to Changi Prison Complex

On 23 November 2018, the Healthcare Leadership College organised a learning visit to Changi Prison Complex for alumni of our senior leadership programmes, the Effective Leaders Programme (ELP) and Strategic Leaders Programme (SLP). The ELP and SLP alumni also had an open and engaging leadership dialogue with the Commissioner of Prisons to learn about the prison industry transformation and the role of leadership in the process.



Mr Dennis Loh, Deputy Director of HLC presenting a memento to Commissioner of Prisons, Mr Desmond Chin.

The leaders knew they would not be able to convince everyone. But they found that getting the buy in of a significant majority allowed the changes to gain momentum.

Prisons Then

In the 1990s, the Singapore Prison Service (SPS) was stretched thin across 14 prisons around Singapore.

The inmate population was growing, and overcrowding was imposing strains on the prisons' infrastructure and resources. At the same time, prison officers were overworked, morale was low and turnover was high. The work's focus was on the punitive and security aspects of incarceration, with prisons officers seeing their key role as maintaining security and safety within prisons.

Prisons Now

Today, most of the SPS' operations are concentrated at its Changi Prison Complex. The compound includes their headquarters, training facilities, staff housing, and two prison clusters. The original plan for the complex included progressively building four prison clusters. But only two were completed because the inmate population has shrunk steadily and stabilized.

The forbidding image of the tough prison warden has been replaced by the positive image of Captains of Lives, who protect society by keeping offenders in safe custody and rehabilitating them. Staff morale and retention has improved dramatically. Re-offence rates have dropped significantly.

Indeed the role of the prison has now shifted from punishment to rehabilitation. The Singapore Prisons Service has come a long way in its transformation, and the journey has not been easy.

Prisons' Transformation Journey

When the decision was made in the mid-2000s to embark on this large organizational change, conscious effort was put into involving the staff in the planning process. This was done through frequent conversations and by giving them access to leaders. The leaders knew they would not be able to convince everyone. But they found that getting the buy in of a significant majority allowed the changes to gain momentum. Once leaders got a critical mass of the staff onboard, the staff themselves would help to influence the rest.

Ultimately, the changes also necessitated new functions and roles for the staff. For instance, there was an entrenched belief among prisons officers that their duty was to give inmates a hard time to deter re-offence. Some found themselves in unfamiliar terrain and there was a need to redefine purpose.

The Yellow Ribbon Project: Supportive Families, Friends, Colleagues, Employers and Community

Realizing that the rehabilitation extended beyond in-care of offenders during their time of incarceration, SPS launched the Yellow Ribbon Project in 2004 with the theme of creating awareness: “Help unlock the second prison”. It was an acknowledgement that the rehabilitation of offenders continues when they returned to the community, and that systemic community enablers were needed to ensure that those released did not fall back to their old ways.

The project gained momentum over the years, shifting its emphasis from general public education and building awareness to supporting ground-up initiatives and building networks across the community. To this end, it has been a resounding success and sparked a movement that has lasted more than a decade.

The effects of the Yellow Ribbon Project have been far reaching. It has reframed the work context of SPS staff, built confidence in inmates and their families, and helped to reduce stigmatization of ex-offenders in the community and beyond. Systemically, the Yellow Ribbon Project has made society more accepting of community based sentencing, with the view of giving offenders a second chance at restarting their lives.

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Group photo of participants with host from Singapore Prison Service.

Thoughts for Healthcare

The SPS journey holds many analogous lessons for healthcare. Similar to SPS before their transformation, in healthcare, we face a rapidly growing number of patients, high inpatient bed occupancy rates, large outpatient volumes, and looming manpower shortage issues, particularly for nurses.

Our Three Beyonds: Beyond Hospital to Community, Beyond Quality to Value, and Beyond Healthcare to Health, likewise have similarities to the Yellow Ribbon Project in seeking to strengthen post-acute care in the community setting; engaging community partners to take action; and addressing fundamental factors.

Through the Prison transformation journey, they changed their mindset from being good prison wardens to being “Captains of Lives”. What mindset do we need to change in healthcare?

Prison put in a lot of effort to engage and involve their staff in the transformation process. This resulted in a strong buy in and organizational culture. How can we better engage our people as a means of driving change?

Lastly, our exploration into the world of Prison has surely prompted more questions. After all, the SPS is but one piece of the larger social ecosystem. What else could we explore, to broaden our own perspectives, to learn and apply for ourselves?

“Good balance of culture exposure and insights into infrastructure.”

- Andre Cheah,
Senior Consultant / Director,
National University Hospital

“Opened my eyes to what is possible.”

- De Partha Pratim,
Head of Department & Senior
Consultant, Tan Tock Seng Hospital

“Never stop learning. Be humble always.”

- Png Gek Kheng,
Assistant Director Nursing,
Changi General Hospital

QASK A & A LEADER

In this issue, we have consulted **Dr Lee Chien Earn**, Chief Executive Officer of Changi General Hospital, to answer our question on the complexity of leading a multi-dimensional team.

"As a leader of an organisation with many different departments and functions, how do you get people to move together? "

As a leader, while we have to be mission-oriented, we cannot over-focus on the tasks and activities. Instead, it is important for the leader to focus on building relationships and facilitating conversations. This will allow us to work as ONE. "Breaking silos" is more than exhorting staff to work together, we need to invest time and effort to bring people together across boundaries and enable meaningful interactions. We need to have the courage to give and accept honest feedback and truthful conversations, in order to move forward for lasting and real collaboration.

In my working experience, I have found the following guiding principles (which I am still learning as a fellow traveller) to be useful :

- 1** Don't focus only on doing and activities but take time to reflect, recreate and relate.
- 2** Don't sweep problems under the carpet and hope no one will realize but acknowledge the current reality and weather the storms together.
- 3** Don't keep beating yourself up if you don't achieve perfection but use these opportunities to learn and grow individually and as a team.



Each issue, we will feature the responses from some leaders to your questions. Why wait? Post your question and send it to **hlc.alumni@mohh.com.sg** with your Name, Institution and Cluster now.



About the Healthcare Leadership College

The Healthcare Leadership College (HLC), a division of MOH Holdings, supports the building of strong leadership capacity and capabilities for our national healthcare system, in line with the Ministry of Health's vision and strategic priorities.

We develop and deliver high quality programmes and other learning platforms for public healthcare leaders, covering topics such as leadership and organisational development, public service ethos and values, and key healthcare policies and issues.

Leading Healthcare Team

Dean

Professor Aymeric Lim
Dean, HLC

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Ms Nicole Lee
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Upcoming Events

6th Singapore Chief Residency Programme (SCRП)

13 – 15 Feb 2019
Email: jared.koh@mohh.com.sg

1st Singapore Nurse Leaders Programme (SNLP)

20 – 22 Feb 2019
14 – 15 March 2019
11 – 12 April 2019
3 May 2019
Email: alicer.lim@mohh.com.sg

Dynamic Governance - A Healthcare Perspective

18 – 20 March 2019
Email: nicole.lee2@mohh.com.sg

8th Effective Leaders Programme (ELP)

4 – 12 April 2019
Email: jared.koh@mohh.com.sg

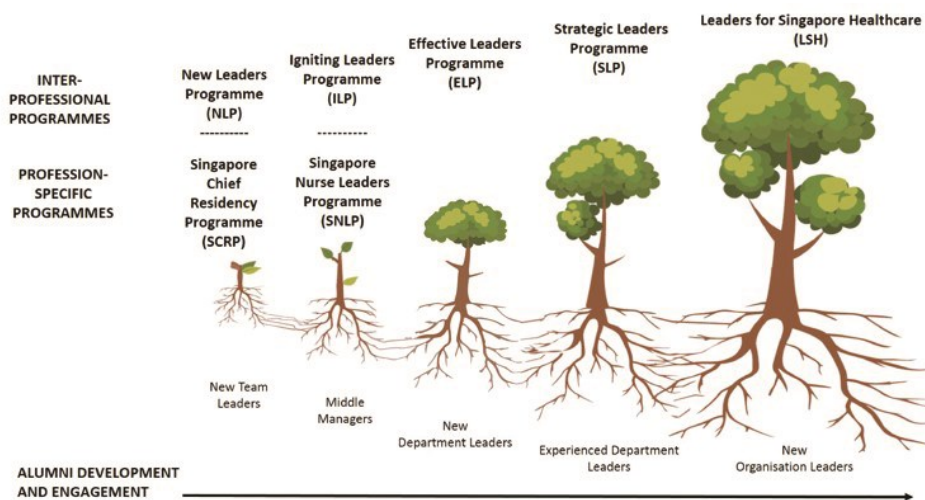
16th New Leaders Programme (NLP)

15 – 18 April 2019
Email: minlian.chu@mohh.com.sg

Post-Budget Dialogue with Minister (Exclusive to Alumni)

30 April 2019, Tue, 2.30-4.30pm
NTUC Centre @ OMB, Rm 801
Email: minlian.chu@mohh.com.sg

Leadership Milestone Programmes (Cross-Profession)



OBJECTIVES

- Foster a **one healthcare family** mindset
- Build **shared values and ethos** amongst public healthcare leaders
- Develop understanding of **key healthcare policies**, the rationale and principles behind the policies
- Strengthen **leadership capabilities** of healthcare leaders to enable change and drive strategies to transform healthcare delivery
- Nurture a **community** of healthcare leaders across professions and across the healthcare family and professions

New Leaders Programme (NLP)

PROGRAMME HIGHLIGHTS



- Affirmation of role and purpose as a leader in public healthcare
- Understand the wider healthcare system and future directions in healthcare
- Discussions with MOH policymakers and public healthcare representatives on healthcare policies – rationale and principles
- Conversations with inspiring leaders within and beyond healthcare
- One public healthcare family, inter-professional networking and community building

**Programme Manager: Ms Chu Min Lian
Ms Carol Tang**

Igniting Leaders Programme (ILP)

PROGRAMME HIGHLIGHTS

- Understanding of role as a leader in the transformation of healthcare
- Develop holistic systems perspectives and appreciation of the larger picture
- Discussions with MOH policy makers and public healthcare representatives on tensions and trade-offs in healthcare policies; nexus between policy and implementation
- Conversations with inspiring leaders within and beyond healthcare
- Shared purpose across public healthcare family and professions

**Programme Manager: Ms Carol Tang
Ms Alicer Lim**



***Please contact respective managers for more information.**

Effective Leaders Programme (ELP)



PROGRAMME HIGHLIGHTS

- Advancing of role as a leader effecting changes for the transformation of healthcare
- Develop holistic systems perspectives and understanding of leadership in change and complexity
- Discussions with Minister for Health, senior MOH and public healthcare leaders on the challenges in healthcare and shared healthcare vision
- Conversations with inspiring leaders within and beyond healthcare
- Trusted peer support network for leadership journey

Programme Manager: Mr Jared Koh

Strategic Leaders Programme (SLP)

PROGRAMME HIGHLIGHTS

- Deepening of role as a leader driving healthcare transformation
- Strengthen collective leadership across the healthcare eco-system in context of complexity and uncertainty
- Discussions with Minister for Health, senior MOH and public healthcare leaders on the challenges in healthcare and shared healthcare vision
- Conversations with inspiring leaders within and beyond healthcare
- Trusted peer support network for leadership journey
- Creative learning experiences to explore personal leadership



Programme Manager: Ms Chu Min Lian

Leaders for Singapore Healthcare (LSH)



PROGRAMME SYNOPSIS

- The Leaders for Singapore Healthcare (LSH) is HLC's new signature programme for senior healthcare leaders with organisational level responsibilities.
- As senior healthcare leaders, participants will examine their roles as leaders of and for the Singapore health eco-system, with a larger influence across institutions and clusters, and beyond public healthcare.
- The programme is conducted over four months, in four segments, and includes a study trip.

**Programme Manager: Ms Karyn Choo
Ms Alicer Lim**

***Please contact respective managers for more information.**

Profession-Specific Milestone Programmes

Singapore Chief Residency Programme (SCRP)



PROGRAMME SYNOPSIS

Singapore's healthcare landscape is evolving rapidly with new delivery systems, policies, and educational structures. In this time of transformation, effective physician leadership is essential, and the Singapore Chief Residency Programme (SCRP) prepares tomorrow's doctors to meet these challenges, promote excellence in the medical education, and advance Singapore's Public Healthcare System.

Programme Manager: Mr Jared Koh
Mr Alfred Cheong

Singapore Nurse Leaders Programme (SNLP)

PROGRAMME SYNOPSIS

The Singapore Nurse Leaders Programme (SNLP) is developed as part of the Future Nursing Career Review Committee's (FNCRC) recommendation to equip future nursing leaders with prior experience in community care before progressing to take on higher leadership positions.

With an increasingly system-level approach towards nursing at the RHS-level, the programme is designed to equip nurses with the necessary knowledge and skills to lead care across multiple facilities- acute and community sectors. The SNLP aims to groom level 2 nurse leaders to be change agents with strong leadership and policy perspectives, and this is achieved via a 2-prong approach, in-person seminars and attachment to the community care sector.



Programme Manager: Ms Alicer Lim

Alumni Events

The College also hosts events and talks for alumni of its milestone programmes, such as fireside chats with senior healthcare leaders, policy workshops, and learning journeys. Alumni events are open by invitation only, and admission fees are fully subsidised by the Healthcare Leadership College.

Programme Manager: Ms Carol Tang
Ms Nicole Lee