

# Leadership



**Susan Niam**

**Chief Allied Health Officer**

**Ministry of Health**

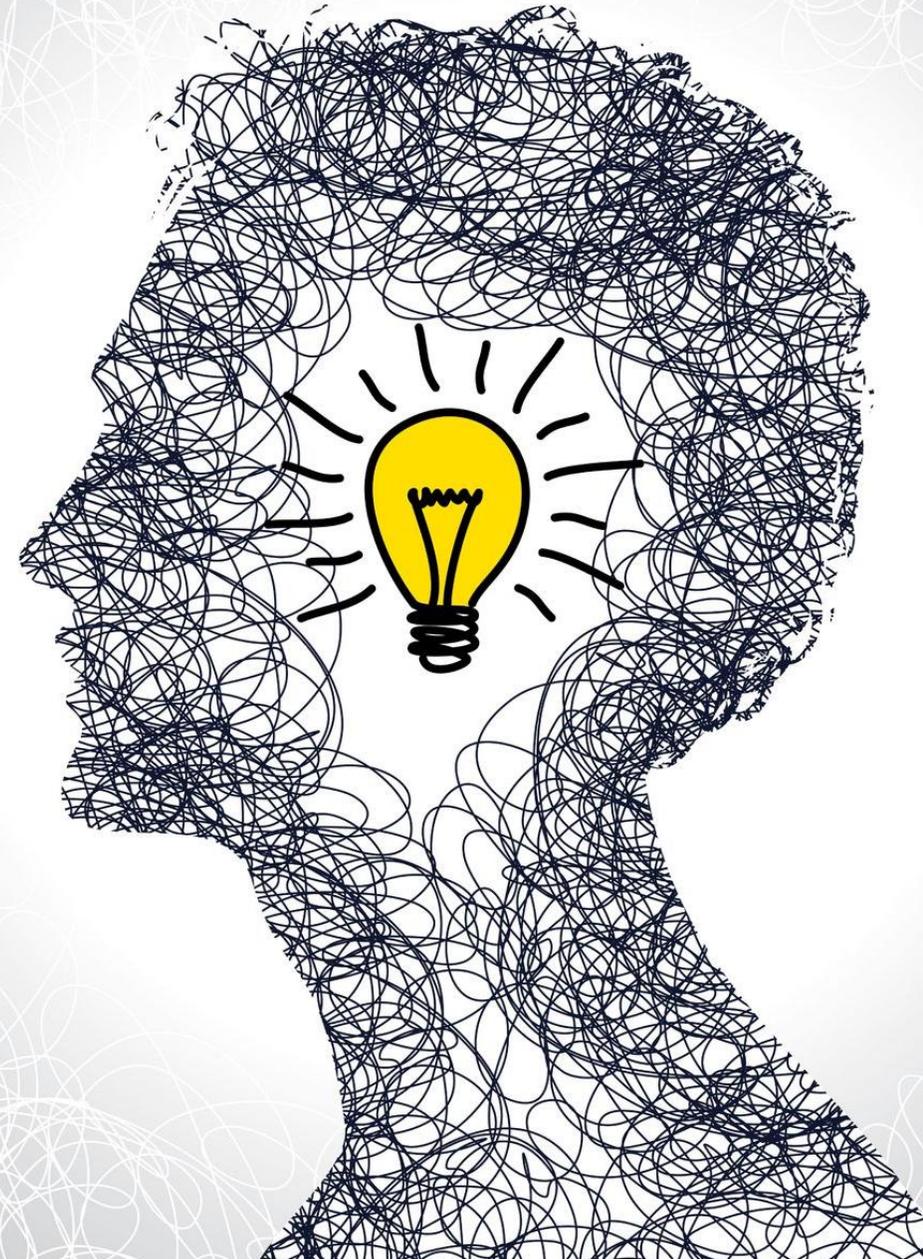
**Singapore**

**Organizer:**

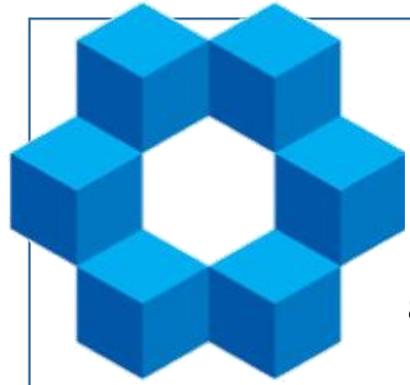
Could you touch on the aspirations for AHP leadership at a national level?

**Me:**

I would like to understand and appreciate our AHP's leadership style.



# MOH Allied Health Professionals (AHPs) Landscape



**30+**

groups in some  
Public Healthcare Institutions  
Excludes Pharmacy



**5**

groups regulated by  
Allied Health Professions Council  
DR, OT, PT, ST and Radiation T



**22**

Local AHP programmes in  
13 institutes of higher  
learning



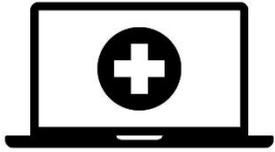
**~6,000**

Regulated AHPs (2019)



# MOH Chief Allied Health Officer's Office (CAHOO)

## The first Chief Allied Health Officer (CAHO) was appointed in 2018



Review and formulate allied health policies and strategies



Establish and design new clinical strategic capabilities and niche competencies



Oversee the development of professional capabilities



Facilitate deployment of meaningful models to catalyse more effective care

- Holds the concurrent appointment as the Registrar of the Allied Health Professions Council

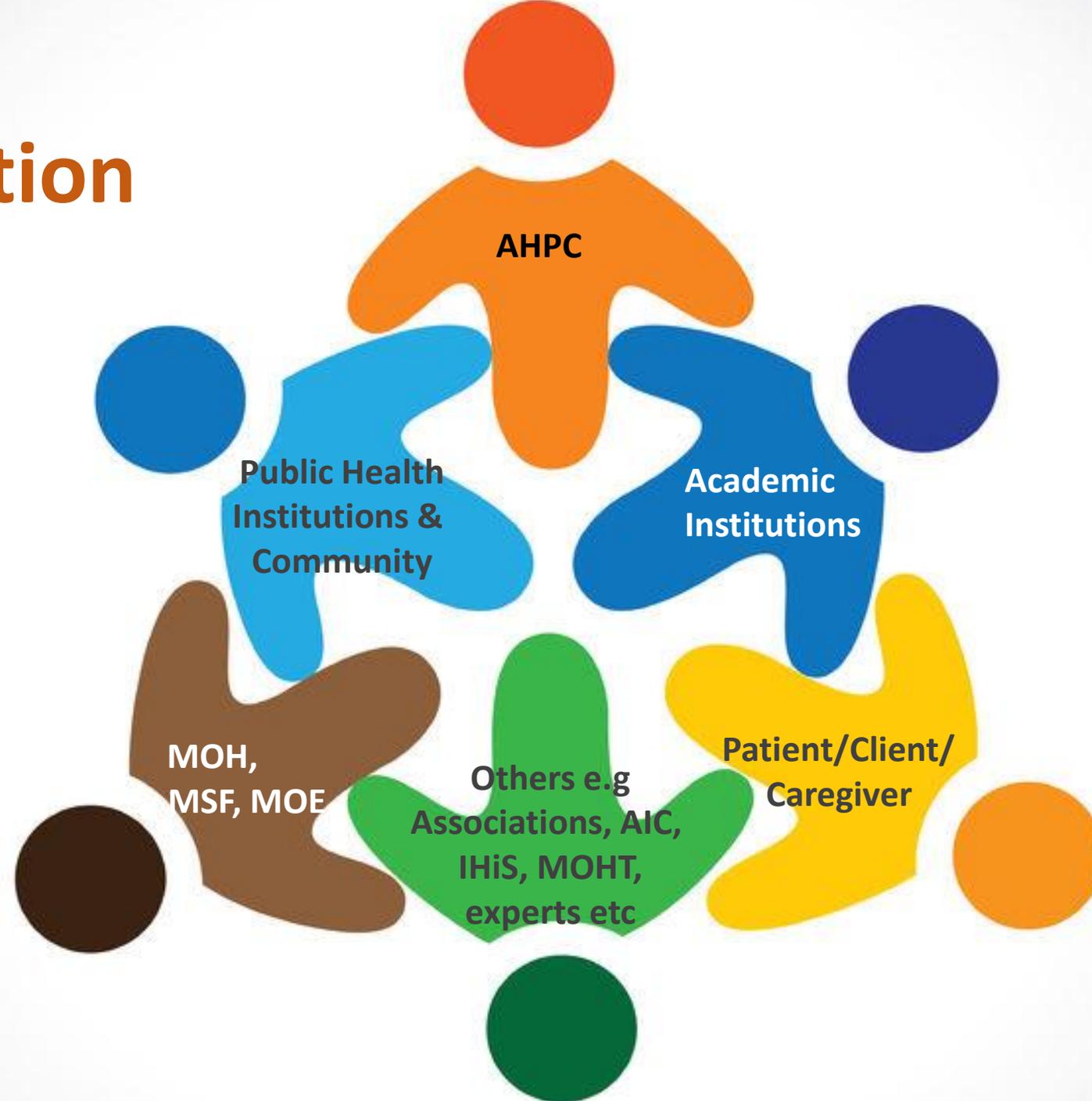
In Australia, there has been strong interest in allied health models and structure. The Mason Review of Australian Government Health Workforce Programs highlighted that allied health leadership positions were important to **integrate allied health services** into **core delivery** and for **driving innovation around new service delivery models**.

Source: A realistic review of allied health management in Queensland Health: what works, in which context and why, 2017

Australia



# Collaboration



# Engagement and contribution from all levels is needed for truly transform



Change from Individuals



Change from Top Leaders



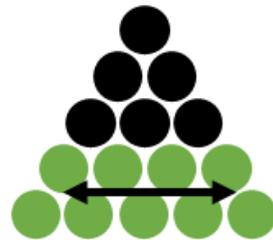
Supervisors-Mentors



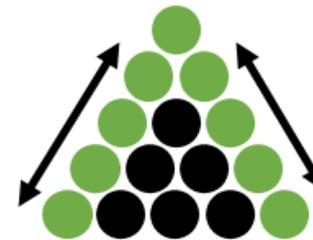
Change from Workgroups



Change from Departments/Units



Change from cross-units initiatives



Change from Strategy Deployment



Truly Transformed Organizations

Source: Van Harrison

# Leading

CHANGING

A row of seven wooden blocks spelling out the word "CHANGING". The first four blocks are "C", "H", "A", and "N". The fifth block is "G", which is tilted upwards, revealing its top face which has the letter "C" on it. The sixth block is "I" and the seventh block is "N". The blocks are arranged on a light-colored wooden surface.

*Why?*

*What?*

*Who?*

*How?*



**WhyX5?**

- Define the problem
- Understand the journeys of HCW/patient/clients/Caregiver - Go and See, Utilize data
- Identify possible causal factors e.g. care and process gaps
- Recommend and implement solutions to bridge the gap
- Test the solutions, measure and analyse results etc

**What?**

**Who?**

**How?**



**Current  
State**

**Desired  
State**

# Understanding the point to point journeys of the Patients/Clients/Caregiver/HCWs



## Emerging Leaders

Those who taking their first step into a leadership position *e.g. some junior AHP, senior AHP*

## Evolving Leaders

Those managing progressively larger teams  
*e.g. AHP Managers*

*Who?*

## Established Leaders

Leaders operating at this level will typically be leading organisations *e.g. AHP Directors*



HEALTH



Public Healthcare  
Leadership Research

# Priority Leadership Shifts



# Singapore Dysphagia Diet Standardisation Committee

Aim is to implement the  
International Dysphagia Diet Standardisation framework nationally



What needs to be standardized  
nationally and why?

Provides support and recognition  
Creates **meaningful work**  
**Collaborates and shares** information  
Able to **influence** others

**Inspires, nurtures** staff to **embrace** the future  
Grows and maintains connections  
inside and **beyond the healthcare ecosystem**  
**Inspires a collaborative spirit** in others  
Drives inter & intra-cluster/institution **collaboration**  
Works in partnership with others by **building trust**

**Encourages and empowers** junior staff to speak up  
**Influences and engages** across disciplines  
Reinforces a culture of **mutual respect**  
Finds ways to **work effectively** with others

Emerging Leader

Evolving Leader

Established Leader

# NUTURING RELATIONSHIPS



## Understanding and appreciating our AHP leadership style:

For example split team during Dorscon orange, we group members who can **synergise with each other**. I tend to **get buy-in** than telling the team what to do unless it is of critical need.

### NUTURING RELATIONSHIPS



I had **written monthly HOD Message** in 2020 to **engage** the department as COVID-19 had limited our in person interactions.

But as the days move along, I **walk the talk**, I did what my staff do, and more. I **stood by each and everyone of them through their difficulties** and stood true to each of them even under extreme pressure or prejudice from other depts.



**Social Health Integration –Social Work Practice (SWP) Workgroup, in collaboration with MSF.**

**Aim is to coordinate and operationalize the recommendations on enhancing SWP to meet the changing needs in social and health care**

# Emerging Leader

Want to **understand the wider system** and its impact  
(e.g. political, socio-economic, professional)  
Works for the **greater good** rather than personal agendas



# Established Leader

Values a **system perspective** over a silo-working one  
Has an understanding of the **wider healthcare system, policies and national issues**  
Communicates and translates policies on the ground by helping one's people **make sense of complexity**  
Is **passionate about their vision** and inspires others  
Builds a **shared purpose** with the team even within the context of uncertainty and complexity  
Mobilises others towards **organisational and public healthcare** vision

# OUTWARD FOCUS

## Evolving Leader

Thinks about what is **good for the cluster and the patient**  
Takes a wider view to understand the **needs of the community**  
Even with an **unclear picture**, provides a sense of purpose  
and direction for followers  
Challenges and energises their team **to critically evaluate services**  
Has the courage to take risks

## Understanding and appreciating our AHP leadership style:

Engagement and support AH HODs in preparedness and broker space sharing and handling staff struggling with split teams and safe distancing. Integration and coordination for homeless affected and **liaison with MSF officers** to allow and recognise MSWs social report .....

### OUTWARD FOCUS

During Covid-19, there were restrictions on outpatients .....I engaged the doctor and nurses and established a workflow for this to happen. I would **engage stakeholders** to obtain their buy in to get the work done. It is more of a **collaborative stance**.

...there was **much uncertainty and concerns** across our department and ward colleagues having to work in **small isolated groups** limited to specific ward areas.....

Feedback through thankful appreciation messages by **not only intra-departmental colleagues ... but also inter-professional team ...**

# Emerging Leader

**Harnesses** the skills of everybody

Step out of the **'expert' role**.

Demonstrates the benefits of **working collectively**

Speaks up, challenges in the right way, is able to disagree and say why

Influences beyond own immediate area of work

Able to make decisions when **there is information they do not know**



# EMPOWERED WORKING

## Evolving Leader

Has a collective view - views one's role as leader and team contributor

**Rolls up sleeves** and works alongside the team

Articulates the benefits of a collective leadership

Make decisions with **incomplete information**

Has bravery to own the decision

## Established Leader

**Effectively delivers messages upwards, downwards and across**, listens and understands level and on the ground

**Engages and influences** stakeholders towards desired outcome

Has the confidence to explore, **take calculated risks** and **learn from the outcome**

Has the courage to stop doing things that aren't working - **tackles sacred cows**

## Understanding and appreciating our AHP leadership style:

...I can see I **identified the need for change** together with my team leaders, **saw what can be done by the AHPs**, created a guide to achieve and executed the change **with my committed team** of Allied Health professionals during COVID-19 circuit breaker .



# EMPOWERED WORKING

...share, appreciate and **recognize staff for service compliments**, leadership appointments, **awards at monthly staff meeting** to motivate and uplift staff/team

Prior to the onset of COVID-19 (peacetime), I would say that my leadership style was more **towards the delegation of responsibilities and empowerment of trust** to the younger section leaders.

*Why?*

*What?*

*Who?*

*How?*



# Possible solutions to improve care for clients/patients & the population

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- **Interprofessional collaboration**
  - Role, Care and Process redesign
  - Delegation – empowering clients/others
  - Skills sharing – transdisciplinary collaboration
- **Health Data** -tracking of clinical and process outcome
- **IT/tech-** automation,blockchain,AI,telehealth,3D printing
- **Financing**
- **Professional Development/Skills Development**
  - post graduate qualification, harmonized training, EPA
- **etc**



# Leadership



Think Big

