Allied Health leadership at SingHealth – the journey

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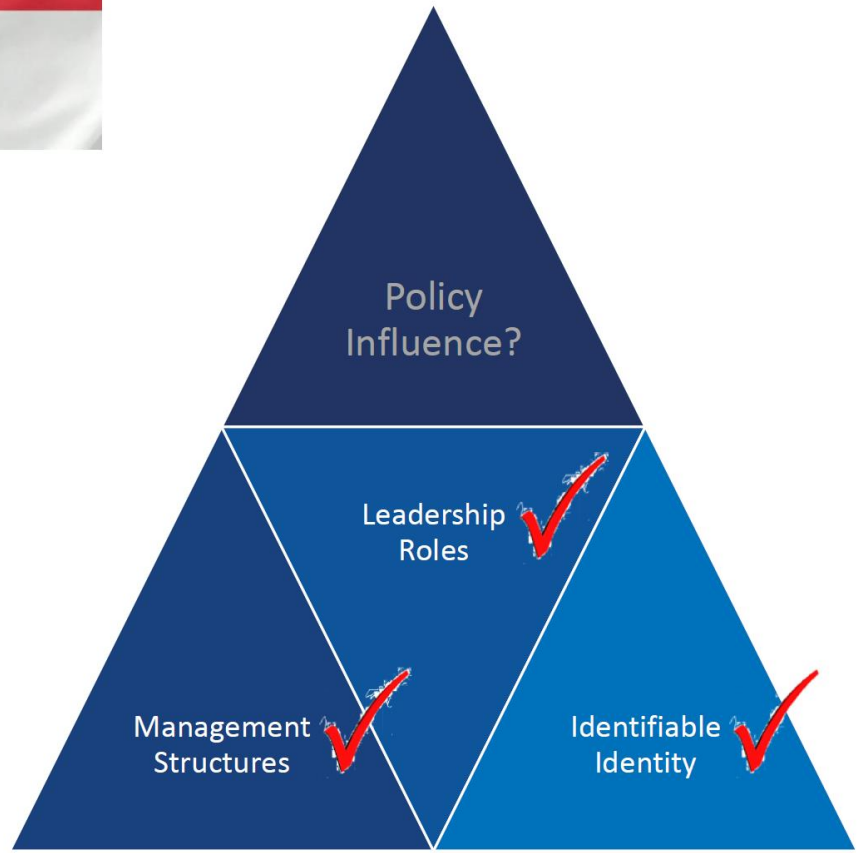
Policy Influence?
Leadership Roles
Management Structures
Identifiable Identity

Outline

- Leadership model in SingHealth – Group Allied Health journey
  - Which healthcare professions are listed as Allied Health Professions?
  - How do we move the different professions forward together?
- Benefits and challenges of the Group Allied Health Office
  - Professional and leadership limitations
- Going forwards – new models of professional and administrative leadership

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Benefits and Challenges with the AH leadership structure across the SHS cluster

Benefits

- At cluster level with Group AH office, we started to close the gaps in professional and administrative needs for Allied Health profession
  - Identifying and defining ourselves

SingHealth Allied Health Professionals Classification List

Allied Health Professionals (SingHealth)	Allied Health Support (SingHealth)
1. Audiologist / Auditory-Verbal Therapist 2. Dietitian 3. Lab Technologist / Clinic Biochemist / Scientific Officer / Research Scientist / Embryologist / Med Technologist [which includes Cardiac & Vascular] / Ophthalmic Investigation Technologist / Pulmonary Physiology Technologist / Audiological Technologist / Neuro Technologist 4. Medical Social Worker 5. Music Therapist / Art Therapist / Play Specialist / Play Coordinator 6. Occupational Therapist 7. Optometrist 8. Oral Health Therapist 9. Orthoptist 10. Pharmacist / Pre-Registration Pharmacist 11. Physiotherapist / Exercise Physiologist 12. Perfusionist 13. Podiatrist 14. Radiographer (Diagnostic / Nuclear Med) 15. Imaging Technologist / Sonographer 16. Radiation Therapist / Radiation Physicist / Dosimetrist 17. Respiratory Therapist 18. Prosthetist / Orthotist 19. Psychologist 20. Speech Therapist	• Audio Technician / Audiometrician • Dental Technician • Laboratory Technician • Mould Room Technician • Neuro Technician • Operating Theatre Technician • Anaesthetic Technical Officer • Hyperbaric Technician • Ophthalmic technician • Orthopaedic Technician • Pharmacy Technician / Executive • Pharmacy Assistant • Phleobotomist • Photographic Technician • Pulmonary Physiology Technician • Rehabilitation Technician • Renal Dialysis Technician • Research Assistant / Research Coordinator • All Therapy Assistants • Others (e.g. Technician, Transplant Coordinator, Social Work Assistant / Coordinator, Technical Assistant – Assist Medical Technologist in Lab, Sleep Technologist, Respiratory Technologist)

Standardise 'Allied Health' definition and professions

- There is no common standard or agreed definition of 'Allied Health' internationally.
- Professions recognised as 'Allied Health' differ across countries, and in some countries, it differs across states or organisations.

Country	Clear definition and grouping of professions nationally
UK	Yes – the NHS has a pre-defined list of AHPs and clear classification of professions
Australia	No – differs across the 8 states / territories
USA	No – differs across healthcare organisations
Hong Kong	Yes – the Hospital Authority (statutory body managing all public hospitals) has a pre-defined list of AHP; no information on groups of professions outside 'Allied Health'
Japan	No – the term Allied Health is not commonly used except at educational institutions
Thailand	No – the term Allied Health is not commonly used except at educational institutions

Group Allied Health Journey @ SingHealth

2010

Group Allied Health Office (SHS)

20 AHP groups

2017

28 AHP groups – differentiate the different groups that were clustered together e.g. Lab Technologist – MLS, Cardiac Tech, Clinical Tech, Nuclear Medicine Tech etc

2019

31 AHP groups – including smaller groups of AHPs Educational Therapists, Transplant Coordinators, Clinical Counsellors

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SingHealth Allied Health Professionals

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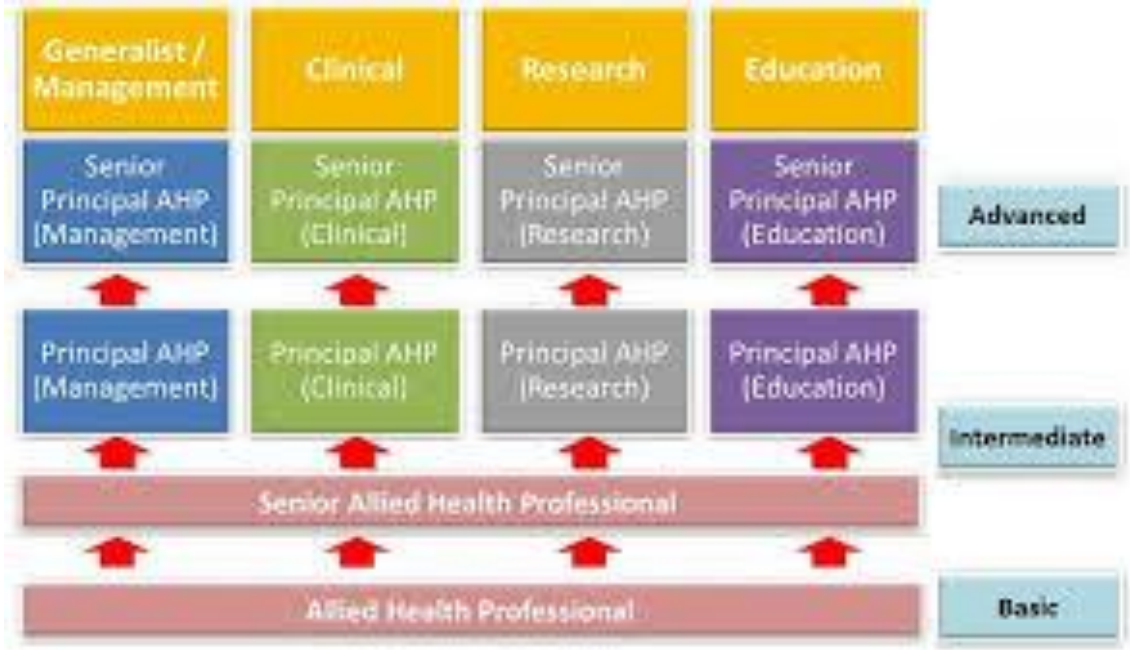
Benefits of the group AH leadership structure across the SHS cluster

Benefits

Finding synergies and optimizing our resources so that the different AHPs can leverage each other's experience

– competency framework, value driven care, screening projects, inter-disciplinary diabetic and frailty projects



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Benefits of the AH leadership structure across the SHS cluster

Benefits

- Formed entities that harnessed our strengths – Postgraduate Allied Health Institute, College of Allied Health, SHS Allied Health Research Committee, SHS IT and Digital Innovation Committee.

- Better recognition of the needs of Allied Health in clinical, research and education office – representations in SHS cluster education and research councils, ringfenced funds and resources to seed fund and support special grants to kick start projects.

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SingHealth Academy | College of Allied Health

SGH PGAHI
POSTGRADUATE ALLIED HEALTH INSTITUTE

Allied Health Residency Programmes

Allied health residency programmes incorporate both direct patient care and practice leadership.

The residency programmes provide allied health professionals with advanced clinical and skills training. Through a structured

LEVERAGE DATA AND TECHNOLOGY

Augmenting Allied Health services using intelligent solutions

An overview of the touchpoints of Patient Care which can be automated

New

Inpatient

Deploy **robots** to alert care providers to prevent patient falls in the wards so as to design and devise a safe care environment for our patients

PT

OT

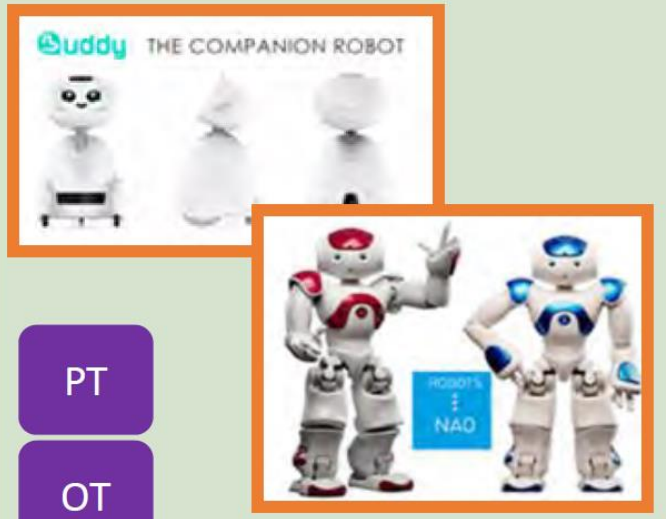
Outpatient

Leveraging on **Artificial Intelligence (AI) and Predictive Data Analytics** optimize staffing levels & limited manpower resources

RG | Diet | Med Physic | Pharm | PT

Community

Providing patients with the tools to become active partners in their own care - Adopt the use of **personal robot companions** at home that will support management of care post discharge



PT

OT

LEVERAGE DATA AND TECHNOLOGY

Augmenting Allied Health services using intelligent solutions

COMMUNITY | **VALUE** | HEALTH | ENABLERS

An overview of the touchpoints of Patient Care which can be automated

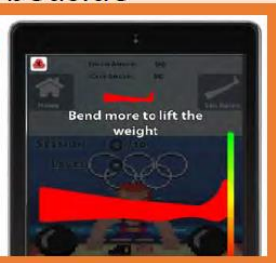
Existing

Inpatient

Interactive software solutions designed with evidence-based clinical inputs from therapists to deliver rehabilitation by the bedside

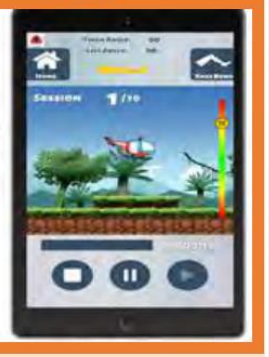
Game 1: Weightlifting

–Knee bending exercise



Heli Rescue

–Knee lifting exercise
(Lifting the leg with the knee straight)



PT

Outpatient

Deploy **robotic arms** to manage manual and repetitive work to:

1) Optimise productivity & patient volume
2) Reduce work-related musculoskeletal disorders (WRMSD)

PT

RG

ROBUST: **RO**Botic assisted **U**ltra**S**onography sys**T**em for radiographers in the healthcare industry

Community

Chatbots as an interactive communication tool between healthcare staff & caregivers/patients to empower parents/patients with care information , thereby reducing the number of ad-hoc out-of-clinic enquiries

Diet

Dietetic counselling

Exercise gaming initiatives to encourage exercise and rehab in community and at home

PT

Challenges

- Need for clear AH leader in each institution ie Director or Chief AHP for strategic AH leadership

  - Not all institutions have an overall Director, AHPs report to different leaders, some are doctors, administrators etc.

  - Identification of AHPs could be standardized with HR but the reporting structure was diverse because of the scope and nature of work for the different AHPs

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Challenges

- Lack of clear professional and administrative lines of reports for AHPs
  - not always easy to translate one profession's achievements to another group due to the nature and scope of work. Some are diagnostic, some are interventional etc.
  - Different professions are at different levels of professional maturity and size, hence may not be ready to participate in some strategic directions and initiatives (e.g. advanced scope practice, advanced skills residency training).
  - Needs were also varied across the different large and small groups of AHPs.

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Impact from a lack of clear AH leadership structure

Inconsistent strategy development and execution

- No go-to person to develop and drive strategic AH initiatives, leading to fragmentation and inconsistent implementation of strategies.
- Lack of clear authority and leadership to realise the full potential and capability of the AHP for service transformation.

Lack of recognition and professional identity

- Larger groups are more visible; groups that are small in numbers are in isolation.
- For some professions – members are spread out under different clinical departments; the individual or small cohort face the same problem of professional isolation.

Limited staff engagement and development

- Engagement is important for employee satisfaction, retention and to drive high work performance, however some AHP groups may not be reached out to.
- Difficulty in identifying the next level of AH leaders to groom for succession planning.

Need for a clearer leadership structure for AHPs – study trip in 2019 to NHS, UK

A 2018 study by the NHS Improvement on the status of AHP leadership in the NHS found that organisations with senior AHP leaders (ie. at Band 8c and above) were able to impact through:

- Improving visibility and influence between the senior management and the AHP workforce
- Greater engagement and recognition of the AHP workforce
- Improving the ability of the AHP workforce to contribute to service improvement

All trusts in the NHS are now encouraged to establish a Chief AHP role within the organisation.

Above findings reported in:

1. '***Leadership of allied health professions in trusts: what exists and what matters.***' *An evaluation summary and self-assessment for trust boards (NHS, June 2018)*
2. '***Investing in chief allied health professionals: insights from trust executives.***' *A guide to reviewing AHP leadership for trust boards and clinicians (NHS, July 2019)*

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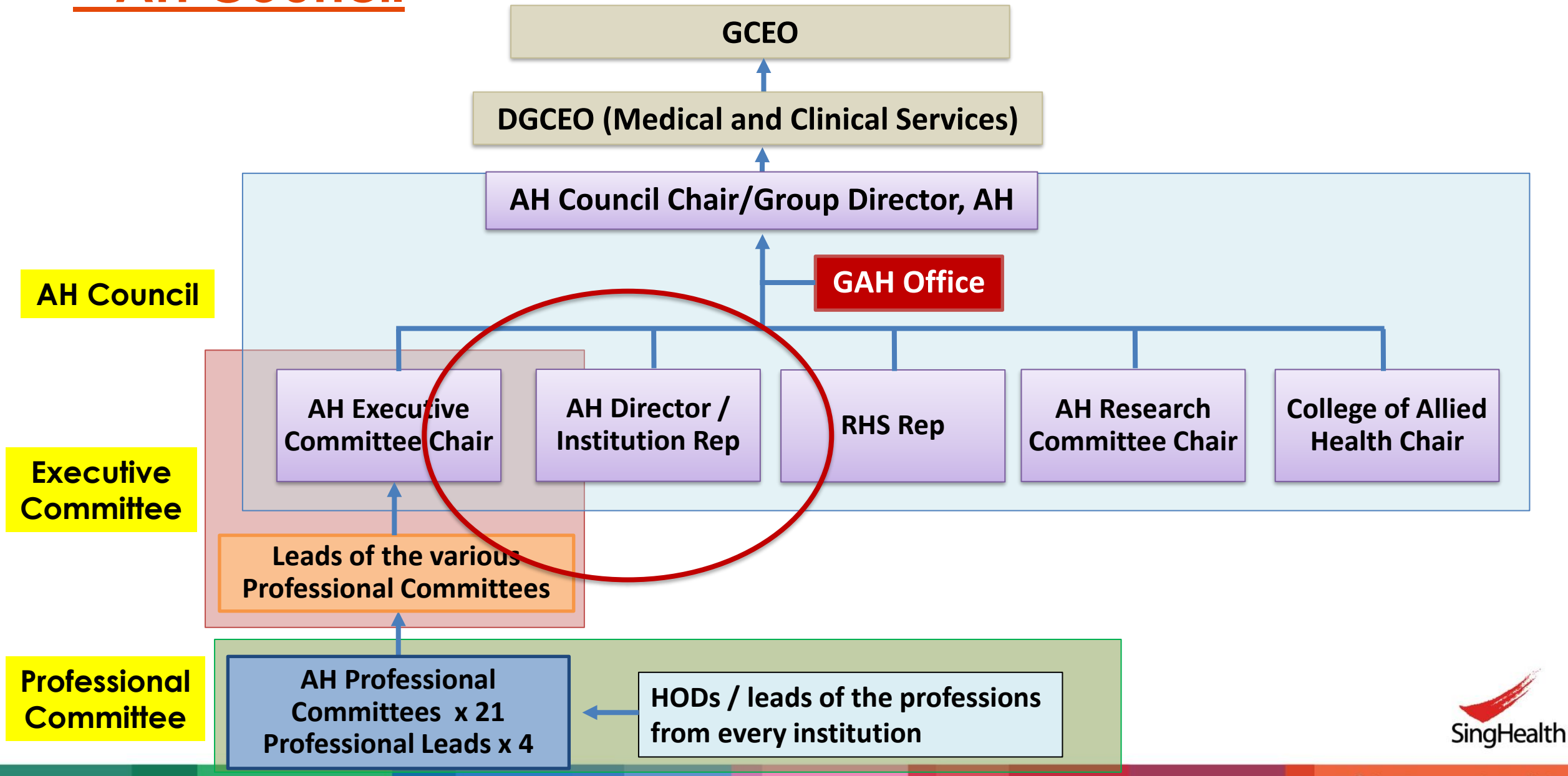
Option 1
Formalise a new AH leadership structure consisting of an overall AHP lead role at each institution

2018 Allied Health Leadership Structure – AH Council



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Identify the go-to person - AH leadership Structure

- To have an **apex AHP lead role** within the institution to serve as the institution professional custodian that oversees all AHPs within the institution – ie Chief or AH Director
  - AHPs may still report to medical HODs for operational / service needs, but to report to the institution AHP lead for professional matters.
  - Apex AHP lead role to be helmed by an Allied Health Professional, wherever possible or eventually.

- AHP lead to **report to institution CEO**, with matrix reporting to Group AHP lead.

- AHP lead to be on a **term appointment** basis
  - Allows for other high potential leaders to take on the role when they are ready

Option 2
Grouping of AH Professions and Community of Practice

Advantages of grouping AHPs

Engagement

- Allow for more targeted engagement and interventions for common concerns and issues
- More effective engagement due to the smaller number of staff in each group (between 400 to 900)

Synergy

- Facilitate collaboration across a smaller group of professions that have common clinical attributes (e.g. diagnostic, therapeutic, rehabilitation)
- Minimise duplication and leverage on efforts or services to facilitate relevant interprofessional team discussions

Learning

- Encourage cross learning across relevant AHPs
- Provides support for the smaller / niche professions that share common clinical attributes

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Proposed ideas

Re-group AH professions into smaller subgroupings for more effective engagement of AHPs and management of strategic services

References for grouping of professions

There is limited work nationally and internationally that can be referenced to look at grouping of AHPs.

Below are the relevant references used:

1. NHS's grouping of professions

2. Allied, Scientific and Complementary (ASC) health professionals model
   - Model was published in the Australian Health Review (2009)

Turnbull, C., Grimmer-Somers, K., Kumar, S., May, E., Law, D., & Ashworth, E. (2009). Allied, scientific and complementary health professionals: a new model for Australian allied health. *Australian Health Review, 33, 27-37.* doi:10.1071/AH090027

SingHealth vs NHS classification of professions

2. Grouping of AHPs

Singapore	UK					Remarks
SingHealth AHP	AHP	Healthcare Scientist	Psychological professions	Pharmacy	Dental	
Art / Child Life / Music Therapist	Y		Y			Art & Music Therapist – AHP; Child Life (Play Therapy) - Counsellor
Audiologist		Y				
Auditory – Verbal Therapist						Role is taken on by Speech Therapists
Cardiac Technologist / Physiologist		Y				
Clinical Counsellor			Y			
Dietitian	Y					
Embryologist		Y				
Exercise Physiologist		Y				Some of the role is under Respiratory Physiologist in UK
Genetic Counsellor		Y				
Imaging Technologist / Sonographer	Y	Y				Healthcare scientist in non-ionising imaging
Medical Laboratory Technologist / Scientist		Y				
Medical Physicist		Y				
Medical Social Worker						no grouping - mainly under the social care sector
Neuro / Sleep / Pulmonary Function Technologist		Y				
Nuclear Medicine Technologist		Y				
Occupational Therapist	Y					
Optometrist						no grouping - possibly under Medical
Oral Health Therapist					Y	
Orthoptist	Y					
Perfusionist		Y				
Pharmacist				Y		
Physiotherapist	Y					
Podiatrist	Y					
Prosthetist / Orthotist	Y					
Psychologist			Y			
Radiation Therapist	Y					
Radiochemistry Technologist		Y				
Radiographer	Y					
Respiratory Therapist						Role is taken on by Physiotherapists and Nurses
Speech Therapist	Y					
Transplant Coordinator		Y				Occasionally Healthcare Assistants but can be Healthcare Scientist

SingHealth vs ASC health professionals model

Singapore	Allied, Scientific and Complementary (ASC) health professionals model				Remarks
SingHealth AHP	Therapy	Diagnostic and Technical	Scientific	Complementary Services	
Art / Child Life / Music Therapist	Y				
Audiologist		Y			
Auditory – Verbal Therapist					
Cardiac Technologist / Physiologist			Y		
Clinical Counsellor				Y*	*Counsellor; at Assistant level
Dietitian	Y				
Embryologist					
Exercise Physiologist	Y				
Genetic Counsellor					
Imaging Technologist / Sonographer		Y			
Medical Laboratory Technologist / Scientist			Y		
Medical Physicist					
Medical Social Worker	Y				
Neuro / Sleep / Pulmonary Function Technologist					
Nuclear Medicine Technologist			Y		
Occupational Therapist	Y				
Optometrist		Y			
Oral Health Therapist	Y*				*Dental Therapist; at Assistant level
Orthoptist		Y			
Perfusionist			Y		
Pharmacist			Y		
Physiotherapist	Y				
Podiatrist	Y				
Prosthetist / Orthotist		Y			
Psychologist	Y				
Radiation Therapist		Y			
Radiochemistry Technologist					
Radiographer		Y			
Respiratory Therapist					Role is taken on by Physiotherapists
Speech Therapist	Y				
Transplant Coordinator					

Turnbull, C., Grimmer-Somers, K., Kumar, S., May, E., Law, D., & Ashworth, E. (2009). Allied, scientific and complementary health professionals: a new model for Australian allied health. *Australian Health Review, 33, 27-37.* doi:10.1071/AH090027

Grouping of AHPs according to scope of practice or needs

Subgroup	Professions		No. of AHPs
Care & Social Sciences	• Art/Child Life/Educational/Music Therapist • Clinical Counsellor • Genetic Counsellor	• Medical Social Worker • Psychologist • Transplant Coordinator	
Diagnostic & Laboratory Sciences	• Cardiac Technologist / Physiologist • Medical Laboratory Technologist / Scientist	• Embryologist • Technologist (Neuro, Sleep, Pulmonary Function)	
Radiation Sciences	• Medical Physicist • Nuclear Medicine Technologist • Radiation Therapist	• Radiochemistry Technologist • Radiographer • Sonographer	
Rehabilitation Sciences	• Art/Child Life/Music Therapist • Exercise Physiologist • Occupational Therapist • Physiotherapist	• Podiatrist • Prosthetist & Orthotist • Speech Therapist	
Therapeutic Sciences	• Audiologist • Auditory-Verbal Therapist • Dietitian • Optometrist • Orthoptist	• Oral Health Therapist • Perfusionist • Pharmacist • Respiratory Therapist	

Establishing Communities of Practice to facilitate ground up efforts

"Communities of Practice are groups of people who share a concern, a set of problems, or a passion about a topic and who deepen their knowledge and expertise in this area by interacting on an ongoing basis."

Wenger, E., McDermott, R. & Synder, W.M. (2002). *Cultivating communities of practice*. Boston, MA: Harvard Business Press, p.4

Why focus on CoPs?

	SHORT TERM VALUE	LONG TERM VALUE
MEMBERS	• Help with challenges • Access to expertise • Confidence • Fun with colleagues • Meaningful work	• Personal development • Reputation • Professional identity • Network • Marketability
ORGANISATION	• Problem solving • Time saving • Knowledge sharing • Synergies across units • Reuse of resources	• Strategic capabilities • Keeping abreast • Innovation • Retention of talents • New strategies

Cultivating communities of practice: a quick start-up guide by Etienne Wenger (https://wenger-trayner.com/quick-cop-start-up-guide/)

- Each of the 31 professions to set up their own CoP, with an appointed Professional Lead
- CoPs are to:
  - identify their own areas of needs and focus within the profession
  - develop strategies and workplans to address their needs
  - update on their progress, and highlight issues / challenges to the AH Council / GAH leaders so that support can be made available

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