Policy Leadership & Development

Physiotherapy Policy and Leadership in Singapore

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**SINGAPORE**

Land: 704 sq km

Composition: 1 main island and 63 offshore islands

**Location: 1° N of Equator**

Temperature: 25.0°C – 31.5°C

Mean Relative Humidity: 73%

**Population: 5,183,900 million**

Languages: English, Chinese, Malay, Tamil

Religions: Buddhism, Taoism, Islam, Christianity, Hinduism, Sikhism

Currency: S$

Inflation rate: 2.1%

**No of Hospitals: 29 with 11,527 beds**

**Doctors-population ratio: 15:10,000**

**Physiotherapy population ratio 1: 7,500**

Source: 2007 Yearbook of Statistics, Singapore
PUBLIC HEALTHCARE DELIVERY

- NHG Polyclinics (Primary Care Clinics)
- SingHealth Polyclinics (Primary Care Clinics)

Institute of Mental Health
National Neuroscience Institute
National Skin Centre
Changi General Hospital
KK Women’s & Children Hospital
Alexandra Hospital
National University Hospital

- Singapore General Hospital
- National Heart Centre
- National Cancer Centre
- National Dental Centre
- Singapore National Eye Centre
- National Neuroscience Institute
PUBLIC HEALTHCARE SYSTEM

Primary Care

Secondary Care

Tertiary Care

Quaternary Care

Community Care
SINGHEALTH @ OUTRAM CAMPUS

LARGEST CONCENTRATION OF MEDICAL SERVICES & FACILITIES

Singapore General Hospital

National Cancer Centre
National Dental Centre
Singapore National Eye Centre
National Heart Centre
National Neuroscience Institute
SINGAPORE. A VIBRANT CITY TO LIVE, WORK AND PLAY

the only 360° view of Singapore not to be missed!
SINGAPORE. A VIBRANT CITY TO LIVE, WORK AND PLAY

First-ever night race in FORMULA 1™ history

The first street race in Asia
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Marina Bay Sands

Hand of Singapore – An Art & Science Museum
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RESORTS WORLD @ SENTOSA
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SPORTS HUB

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Songs of the Sea
Singapore's Multi-Sensory Extravaganza
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Attractions

Singel Buloh
wetland Reserve

Jurong bird park

Singapore zoo

Safari

Night

Creatures of the night show

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Outline

• History of Physiotherapy in Singapore and factors affecting its growth
• Policies or Factors influencing Direct Access and Advanced Scope Practice
• Challenges for Physiotherapists in Singapore in the next decade
Background of the profession

- 1 Association with 500 members out of approx 700 PTs (70% locals and 30% foreigners)
- 1 School of Physiotherapy with a 3 year Diploma programme – evolving into a hybrid Bachelors programme in 2011 (merged with a one year curriculum to offer a Bachelors from U of Queensland, Australia)
- No registration yet
  - Tabled for parliament in 2010
  - Qualifying examination for foreign physiotherapists
- Member of the AWP and WCPT
History of Physiotherapy in Singapore

- 1941 – started by an expat ortho surgeon providing guidance to a male nurse
- 1947 – post war, UK PT was engaged to start the Physiotherapy services in Singapore, assisted by the nurse, who was later sent to London for a one year formal training (Remedial Gym course)
- In early 1960s – Overseas trained Physiotherapists and replaced the nurses
- Association formed in 1964

- Introduction of exercise and massage services
- Services interrupted by the WW II
- Overseas trained indigenous Physiotherapists
1974 to 94 (22 members)

- Membership into WCPT in Stockholm in 1982
- Organised first Austral-Asian Physiotherapy Congress in Singapore
- Shortage in 1988 – closure of PT Depts in 4 hospitals
- First school of PT in 1992 in the Polytechnic (Diploma but ‘A’ level entry) set up by U of Sydney
- Plugged into the international PT community – provided the vision and impetus for directed strategy for professional growth- resulting in the collaboration with Australia.
- As PT scope of services expanded however the slow increase in PT manpower, resulted in a shortage crisis, with the govt inviting U of Sydney to start the first School of PT in Singapore in 1992
1995 - 2004

- First contact practitioners with growth of private practitioners
- Hosted inaugural AWP-WCPT congress in Singapore
- SARS outbreak in 2003 created a need for Tele physiotherapy services
- First 2 PhD graduates from Australian University in 2004
- Direct access was possible due to lack of govt regulation.
- Greater numbers resulted in greater strength to participate in major PT events internationally
- Disease epidemiology strengthened the PT role in respiratory and ICU care
- Increasing interest in research with return of PTs with higher post-graduate qualification and training.
2005 – 2009 (500/700 members)

- Govt realised the need to regulate and took over the screening exam from SPA
- Continued shortage of allied health care workers created an increasing need for foreign PTs
- Review of career paths to include education and research appointments and remuneration for Physiotherapists
- Shortage also due to high attrition - 30% of allied health professionals leave the workforce hence govt started task force to review remuneration & career paths for public hosp PTs.
- Full time researchers in the clinical setting appointed for the first time
- Formation of Allied Health Branch in MOH Manpower Standards and Development Division – first official representation of Physiotherapy and Allied Health needs.
- In 2008 MOH initiated discussions with some allied health professionals for registration (PT, OT, Psy and Med Lab)

PT Registration task force led by Dr Wong Wai Pong
Summary of factors influencing growth of the profession

- Advanced scope practice
- Emerging IT/cell bio & Robotics
- Recognition
- Contribute & collaborate with other countries

- Advanced skills & knowledge
- Disease trends
- Research

- Specialisation
- Education/Training
- Funding

- PT Growth & recognition
- Govt/ MOH
- School of PT

- Employers
- Service standards
- Accreditation/privileging

- Patient/public
- Private/public/community

- WCPT/International partners
- Postgrad qualifications

- Shortage of Manpower
- Retention/career paths

- Medical colleagues
Policy on growth of Physiotherapy Practice

• Government – MOH
  – Disease demographics – increase demand for PT services
  – Hosp subsidy tied to Physician referrals but not private payers with or without health insurance (private practice not affected by govt subsidy which was only for low income groups)
  – **Shortage of Manpower – pushed for School of PT and Regulation of foreign PTs**
  – Increasing private practitioners and the need to ensure public safety also pushed for a need to regulate PT
  – In order to reduce cost of education and training and to produce competent PTs within 3 years, the MOE created a hybrid 3 plus1 Bachelors PT programme
Entry level qualifications of PT

MOH/SPA Recognised Physiotherapists in Singapore

Overseas Bachelors/Masters/Doctorate from recognised list of schools (Traditional source)

Local Diploma Physiotherapists

3 yrs

MOH qualifying examinations

Overseas Bachelors/Diploma from non-recognised list of schools (Non-Traditional source)
Postgraduate Clinical skills and knowledge/Researchers (15% of membership)

- PhD or Doctorates
  - PG Certs / Masters
    - 1 yr
    - Local Foreign University Degree conversion
  - Overseas Bachelors/Masters/Doctorate from recognised list of schools
    - 3 yrs
    - Local Diploma Physiotherapists
Manpower projections resulted in increase
PT student intake from 45 to 80 in 2008

- Estimated 2009: 1: 7,500 (5 million pop) 700 PT
- Projected Ideal: 1: 2,500 (Aust ratio) 1,600 PT
- Govt projection: 1: 1,000 (?) Year 5,000 PT
Policy on growth of Physiotherapy Practice

• Association
  – Prepared with appropriate skills and initiatives for direct access, however not ready with advanced scope practice skills for the Registration Act in 2010
  – Close collaboration between Association, PT School, Employers & MOH – helped overcome various manpower & practice issues
  – Internationally connected leadership and membership that took steps to upgrade and update PT skills and knowledge
  – Assisted the MOH with screening of foreign PTs and the formulation of the Registration task force

• Collaboration with Medical (MOH) colleagues
  – Provided access to advanced scope practice through clinical privileging (privilege not fully utilised)
Policy on Direct Access

• Outpatient and Community Services
  – In the absence of government regulation (self regulation)
  – Started mainly with private practice in 1970s, also practice by other alternative traditional medicines
  – Hospital started direct access in 2002 – self referral rate increased to 20% of 600 workload of over the last 7 years

• Funding for PT services
  – Funding for chronic disease management and govt subsidy with or without Physician referral
  – Private patients and some health insurance companies provide reimbursement that are not tied to physician referral
Policy on Direct Access

• Inpatient – partial Direct access
  – PTs in ICU and critical care areas do not require physician referral for PT treatment but not for other clinical areas
  – Funding for PT services esp govt subsidy is tied to Physician referral but not for private patients

• Registration Act in 2010
  – Responsible first contact practitioners (ie close working relationship and communication with primary physicians where appropriate)
Policy on Advanced Scope Practice

• Early stages and probably will be affected by Regulation Act in 2010?
  – Recommended protected interventions for PT
    • Iontophoresis requesting for prescription rights
    • Local corticosteroid injection
    • Dry needling – probably difficult bec of overlap with existing Acupuncture legislation
    • Referral for diagnostic images
    • Intramuscular EMG
Policy on Advanced Scope Practice

• Clinical Privileges in the hospitals
  – ESWT for tennis elbow and plantar fascitis
  – Limited services due to lack of experience although a number have post-grad masters qualification

• Special Competency Training
  – May require clinical specialist accreditation or special competency training for advanced scope practice

• Shortage of manpower – focus on core PT services
2010 – 2014
– What are the future concerns?

• Registration of Physiotherapy
  
  Need to set up disciplinary board and start CPE monitoring for renewal of registration
  
  Will it limit advanced scope practice for PT in the future?
  
  Will it reduce the authority, relevance, role and function of the Association amongst its members vs Registration Board?
  
• Advocate to MOE to move the PT programme to University vs hybrid Bachelors programme in the polytechnic
  
  Is there a difference in competency from the hybrid vs the University programme?
2010 – 2014

– What are the future concerns?

• Set up Specialist Accreditation Board or College

• Advanced Scope practice in public and private PT services

• What are the steps needed to embark on this registry?

• How to encourage more PTs to take up privileging rights in the hospitals for extended scope of practice?

• What type of training is needed to develop PTs for advanced scope practice?
Factors that may shape policy in the next 10 years in Singapore

• Advancement of IT and sharing of medical records and clinical information
• Robotics and virtual or tele-medicine
• Global research collaborations
• Increased demand for post-graduate training and specialised skills
• Introduction of Academic medical Centers with greater emphasis on research and education
• Increasing demand for & hence shortage of health care workers – increasing global mobility of health care workers
• Increase in medical facilities especially community health sector
• Change in medical practice with the introduction of the Hospitalist – primary care internist – a doctor case manager
Factors that may shape policy in the next 10 years in Singapore

• Health care competition locally and regionally
• Changes in health care leadership hence policies
• Greater integration of health care services between acute, tertiary and community hospitals
• Pandemics
• World disasters
• Aging workforce and population
• Increasing chronic disease
• Financial constrains
Complacency has a cost

“You can and you should shape your own future; because if you don’t, somebody else surely will”

Joel Barker
Leadership and Business Futurist Guru
Lead by example

“If your actions inspire others to dream more, learn more, do more and become more, you are a leader.”

John Quincy Adams
Sixth US President
Bibliography

Thank You!