

# College of Public Health and Occupational Physicians

## Newsletter Issue 7

December 2015

### President's message

Dear Fellows of the College of Public Health and Occupational Physicians,

Following our AGM on 15 May 2015, those who attended the AGM participated in a mini-retreat to discuss and formulate the Vision, Mission and Values of our College. Thereafter, the College Council held several meetings to develop our Vision, Mission and Values based on the ideas derived from the mini-retreat. The College's aspirational goals are encapsulated in the Vision of our College while the Mission statement guides the working and decision-making of our College. Values are our fundamental beliefs and form the ethical foundation for our College. The College Council is currently in the process of finalizing the Vision, Mission and Values statements of our College.

Why is it important that our College develops Vision, Mission and values statements? Firstly, these statements can help us focus on what really is important. Although we know that the College aims to improve our community, it is easy to lose sight of this objective when dealing with the day-to-day challenges that plague all organizations, including our College. Our Vision, Mission and Values statements serves as a reminder on what is important as we go about doing our daily work. Secondly, our Vision, Mission and Values statements provides other individuals and organizations with a snapshot of who we are and what our College aims to do. When our Vision, Mission and Values statements are visible and transparent, people can easily understand and learn more about our College. This visibility helps to promote networking between our College Fellows and others with common interests. Finally, our Vision, Mission and Values statements are very helpful in setting a common purpose for, and in binding all Fellows together in the common purpose.

The 49th Singapore-Malaysia Congress of Medicine, organized by the Academy of Medicine, Singapore, was held from 31 July to 2 August 2015 in Singapore. The theme of the Congress was "Greater Integration for Better Patient Care". One challenge facing the medical community today is sub-specialization of knowledge. This has led to specialists becoming too focused in a narrow area of expertise and losing focus of the holistic approach to patient care. Such 'fragmentation' of care may result in specialists treating a part of the patient and not addressing the patient's total well-being.

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Dr Benjamin Ng, College President giving his welcome address at the 10th PHOM conference



Members of the College Council and Mr Davil Allen, CEO of UK Faculty of Public Health (FPH)



## President's message (Con't)

There is therefore a need for the integration of our expertise and resources. Whilst we strive to improve our professional expertise, we also need to know when and how to address wider issues, so that our patient will be well looked after. During the Congress dinner on 1 August 2015, our College hosted Datuk Dr Lokman Hakim Bin Sulaiman, President of the College of Public Health Medicine of the Academy of Medicine of Malaysia, and Professor Fung Hong, President of the Hong Kong College of Community Medicine of the Hong Kong Academy of Medicine. There was a good exchange of ideas on how the three Colleges can collaborate with each other.

The 10th Singapore Public Health & Occupational Medicine Conference was held from 20 August to 21 August 2015. This year is a special year for our nation as Singapore turns 50. In line with the national SG50 celebrations, the Conference aimed to celebrate our progress in healthcare for the past 50 years and to highlight challenges to be embraced in the next 50 years. Hence, the theme for this year was "The Health of a Nation: Celebrating our Past, Embracing the Future". At the conference, we heard from various pioneers in public health (PH) and occupational medicine (OM) reflecting upon their past experiences that helped to shape the current health and healthcare landscape of Singapore, and sharing insights with the next generation of PH and OM practitioners. Others spoke on the emerging challenges facing PH and OM practitioners in Singapore as well as new tools, technologies and approaches that could be used to address these challenges. This year also marked the first conference for Aviation Medicine fellows since Aviation Medicine was formally accredited by the Ministry of Health's Specialist Accreditation Board as a subspecialty, and granted approval to be recognised as a subspecialty under our College.

Mr David Allen, CEO of UK Faculty of Public Health (FPH), was in Singapore in September this year. Our College organized a dinner meeting with him on 7 September 2015. We discussed the possibility of the UK FPH providing us with information on the various public health interest groups they had started for circulation to our Fellows, so that those in Singapore who are interested to participate could connect directly with the respective UK FPH interest groups. Mr Allen also shared with us their recently formulated 5-year strategic visions, global health strategy and Faculty manifestos.

Lastly, I would like to take this opportunity to announce that our College and the NUS Saw Swee Hock School of Public Health are jointly organizing the 2nd Singapore International Public Health Conference and 11th Singapore Public Health & Occupational Medicine Conference to be held from 29 September to 30 September 2016. Please mark these dates on your 2016 calendar.

Thank you.

Dr Benjamin Ng  
President (2014-2016)

# A Strategy for the College

## Mission, Vision and Values

By A/Prof Dr Jason Yap

It is easy to get confused when developing or reviewing an organization's Values, Mission and Vision. Many organizations go through the strategic planning process, but some do it without a clear understanding of how the processes and steps link up.

On websites and posters, an organisation's Vision is often presented first, but this does not really make sense. Is it possible for any organization to dream of what it hopes to be one day (its **vision**) without a clear understanding of what it does today (its **mission**)? Making it more personal, can one aspire to be the best doctor in Singapore (whatever being the "best doctor" means) without first deciding to be a doctor? Similarly, how can an organization decide to save the world without first deciding to get into the rescue business?

Taking this further, can an organization decide what its mission is without a clear understanding of what really matters to it (its **values**)? Do doctors choose to be compassionate after they graduate from medical school and become doctors, or do they choose to become doctors so that they can be compassionate and help others? "Vision, Mission, Values" does not reflect the real dependency of meaning.

To be sure, there are some who hold the position that a vision helps us to define our mission but such a vision (say, "to be the best healthcare provider") necessarily presumes a specific role in society ("to provide healthcare") which is in fact the mission. What they would call their "mission" is not "what they do" (which is how a dictionary defines a mission), but "how they will do it", that is, either as components or as strategies.

So the working sequence should logically be "VALUES => MISSION => VISION". Organisations exist for specific purposes – their *raison d'être* – which are predicated on a set of foundational values, both from which they then articulate their vision. In other

words, people come together for a reason (their mission) based on a common understanding (their values) and hope to get somewhere together (their vision).



A/Prof Dr Jason Yap facilitating the brainstorming process.

### A Strategy for the College

When the College Council decided to elucidate our own set of corporate strategic statements, we knew it had to more than just something everyone does, or a branding exercise. These statements will guide our College for years to come, and it has to undergo a logical, robust and well thought through process with wide engagement of our Fellows. The development process was hence thoughtfully designed, thoroughly deliberated, and deeply consultative.

- We agreed that College motto of **Populi Salus Summa** ("Advancing the Health of Populations") would be a good starting point and a firm foundation to build our strategic identity. For Public Health and Occupational Medicine physicians to focus on the health of the population was appropriate and very timely as Singapore faces the challenge of an ageing population.
- Next, we discussed the missional roles we should consciously adopt to make an impact. The College is an educational institution and a scion of the Academy of Medicine, Singapore, and should focus on the capabilities and character of our professional community. In addition, it also has a



A/Prof Dr Jason Yap

responsibility to society and may be called to more direct action. We agreed that four elements are critical for the College's mission: that we **equip practitioners** to do their jobs well, **enrich our community** for collaboration and synergy, and **exemplify excellence** in practice and ethics, to prepare our professionals and Singapore to **engage the challenges** facing the population.

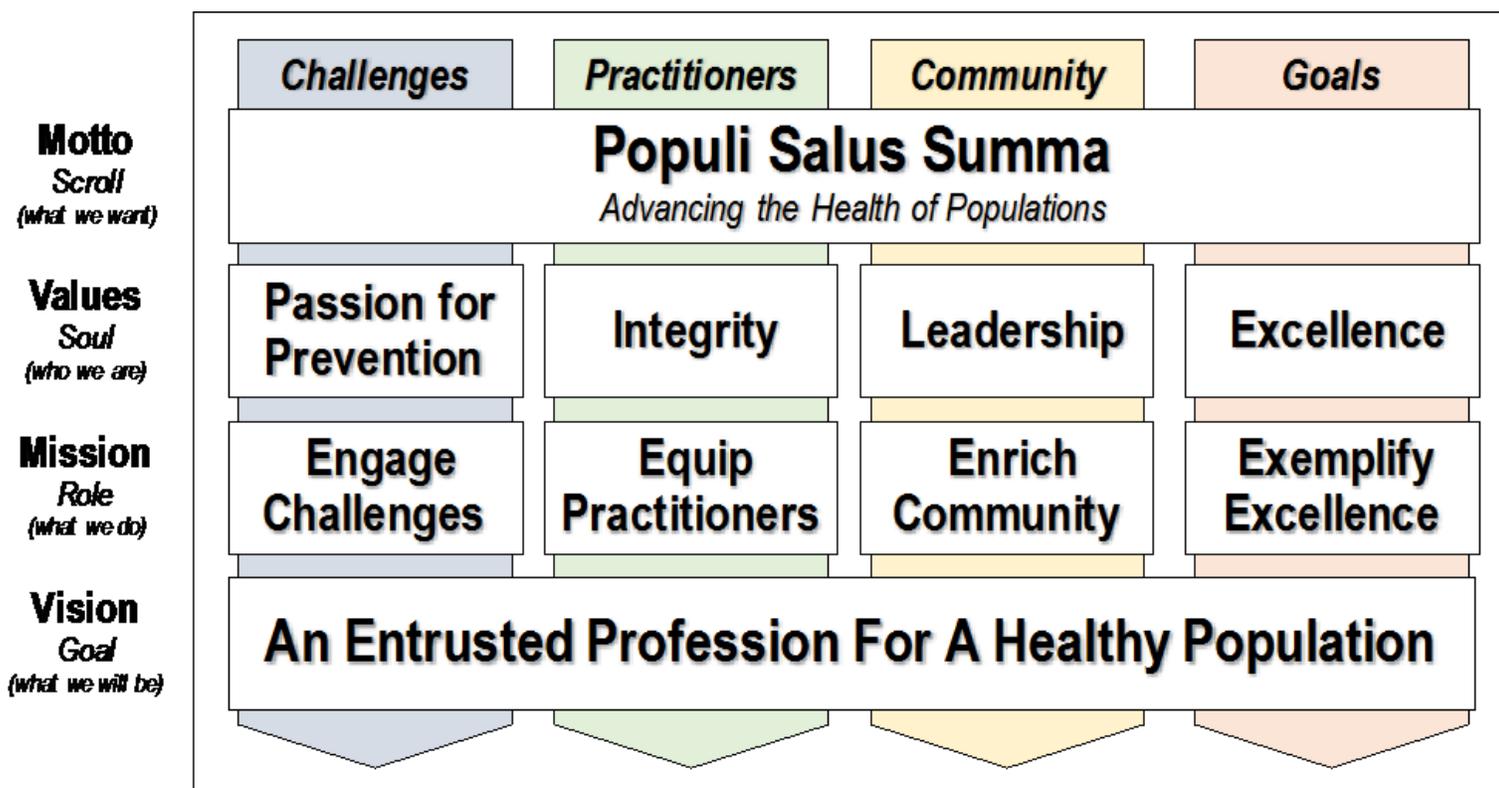
- With these roles in healthcare and in Singapore, the long term goal of the College could then be summed up as helping our specialties become "**An Entrusted Profession for a Healthy Population**", a phrase which is both aspirational and practical for the College and the profession.



Dr Benjamin Ng and members of the College came together to review its vision, mission and values.

- Our motto inherently presumes certain values but we held off discussing values in depth until the last because we wanted to shape their articulation, not just as foundation for our mission but also to guide how we go about achieving the vision. After much discussion, the consensus was for **Passion for Prevention, Integrity, Leadership and Excellence**. We found that these four values align strongly with our four missional roles. Our passion for prevention fuels and directs the challenges we engage; integrity speaks not only of character but also of completeness of training and competencies; leadership is needed to create synergy and value in enriching communities; and ultimately our professionals must exemplify excellence in practice and significance.

The above is summarised in the diagram below. We hope that these Values, Mission and Vision will serve as the comprehensive framework to guide the College into the future.



# A Glimpse into the workings of WHO – Health Systems Strengthening

By Dr Clive Tan

*Dr Clive Tan is currently with the World Health Organization's Western Pacific Regional Office, based in Manila, working on health systems strengthening, health policy and healthcare quality.*

*With invited comments by Dr Lee Chien Earn*

The World Health Organization works at 3 levels – global affairs are led by Headquarters, based in Geneva, and are guided by decisions made at the annual World Health Assembly. The health issues facing different parts of the world are diverse and require customized assessments and solutions. To address this diversity, WHO has 6 regional offices that work on regional health issues that countries in their geographic area are concerned about. At the local level, WHO has country offices that work closely with their respective government counterparts and Ministry of Health to provide close country support.

One of WHO's core functions is to provide leadership on matters critical to health. At the WHO's Western Pacific Regional Office (WPRO), the Division of Health Systems is responsible for supporting countries to achieve Universal Health Coverage (UHC). Access to safe and high quality health services is a fundamental cornerstone of UHC. However strengthening health systems and improving the safety and quality health services is a complex task. Many countries in the Western Pacific Region have listed achieving UHC as a key priority and have made significant progress towards this goal. However, there is no single universal solution for health system strategic planning and policy decisions in all countries. Each country's background, history, culture, current health system design and challenges are often unique, and solutions that work in one country often cannot be replicated in its entirety in another country. Decisions made in the past, shape the present features in the health system, which creates path dependencies that favour or restrict certain future policy options.

WPRO's Division of Health Systems closely supports countries in the region on the topic of quality in health services, and the activities are shaped by their specific needs and key concerns. To advance the agenda, WPRO convened a regional Policy Roundtable on Quality in Health Services in Hong Kong on 28 to 29 September 2015, in conjunction with the International Forum on Quality and Safety in Healthcare: Asia, with co-organizers the British Medical Journal and Institute for Healthcare Improvement. The policy roundtable was convened to identify policy trends and critical issues in assuring the quality of health services, and to share good practices and lessons learnt in the implementation of quality improvement measures.



Dr Clive Tan, with Dr Donald Berwick, past President and CEO of the Institute for Healthcare Improvement (IHI).

## **WPRO Policy Roundtable on Quality in Health Services in Hong Kong (28 to 29 September 2015)**

### **Country sharing: Key developments in Quality and Patient Safety**

- China highlighted strong progress on its public hospital reform plans. However, the challenge of improving quality and safety of health services remained. To address this, China recently established a Medical Service Management and Guidance Center to promote standards for quality and safety in hospitals.
- Mongolia has established a National Committee for Quality Assurance and has mandated that every hospital is required to have a quality assurance unit, but faced the challenge of underreporting of hospital medical errors to the Ministry of Health and Sports.
- Philippines' national health insurance agency performed accreditation for healthcare facilities as the criteria for receiving insurance reimbursements, but has shared that its quality and safety issues in its accreditation criteria could be further strengthened.
- With Vietnam, the rapid expansion of the private healthcare sector has led to high variability in quality of health services, and the Vietnam Ministry of Health planned to strengthen efforts on developing and implementing strict licensing standards for its healthcare facilities and providers.



**Policy Roundtable on Quality in Health Services**  
28–29 September 2015 Hong Kong SAR (China)



Dr Lee Chien Earn moderating the group discussion for the session on "Overcoming challenges to improving quality in health services".

The Policy Roundtable successfully brought together policy-makers from several low- and middle-income countries in the region for an open discussion on challenges their countries face in improving quality in health services and patient safety. Experts from countries in the region were invited to share their experiences. Dr Lee Chien Earn, CEO of Changi General Hospital, and Chairman of the Singapore Healthcare Improvement Network (SHINe) was invited as an expert on the panel "Clinical guidelines, professional standards, quality committees – what works", and to share on how SHINe brings together clinical quality committee experts from all across Singapore to collaborate and share experiences.

"Participating in the policy roundtable provided an opportunity to practice and share SHINe's operating philosophy of "All Teach, all Learn, All Share", which I found to be particularly suitable, with our counterparts from other countries in the Western Pacific region. Singapore has a healthcare system that is highly regarded, and regional meetings such as this policy roundtable provide an opportunity for us to share our experience and expertise. We need to take care to contextualize our recommendations so that they are applicable and relevant to others. It is important to share not just successes, but also areas which, on hindsight, could have been done better. These can help other jump-start their quality improvement journey, and avoid mistakes that others have made.

While participants gave feedback that SHINe's development journey and experience provided them with several useful lessons and insights, we also have much to learn from others. It is thus essential to come to these discussions with an inquisitive mind, a high curiosity quotient and a humble attitude as innovations and/or ideas that can be adapted for our local context can come from the most unexpected places.

I found the policy roundtable to be highly fruitful, meaningful and gave me several new ideas for SHINe. On a more personal note, it gave me the opportunity to grow new friendships and renew ties with old friends."

**- Dr Lee Chien Earn, Chairman SHINe, Temporary Advisor at the Policy Roundtable on Quality in Health Services, and CEO of Changi General Hospital**

More about SHINe: The Singapore Healthcare Improvement Network (SHINe) is a voluntary 'consortium', of nearly 30 healthcare institutions, that is committed to meeting the needs of patients and families, through collaboration and learning from one another. SHINe seeks to enable system-wide, transformation of healthcare provision and design, to better address our patients' needs. Our operating philosophy is "All Teach, All Learn, All Share" – we believe that every member institution has something meaningful to contribute, as long as we are prepared to ask, listen and reflect.

The roundtable discussed four key policy instruments to address quality and patient safety issues:

### (1) Adverse event reporting and monitoring

Several countries that have established a national adverse event reporting and monitoring platform and system shared insights on their development journey. Common challenges included:

- A. The culture of open reporting requires trust. Trust takes time and effort to build but can be easily breached and undone. This form of culture-building needs to start at the institutional level, using a bottom-up approach.
- B. Lack of a good information management system to help ensure anonymity of professionals who report errors, and to separate the two processes of corrective investigation and disciplinary investigation.

### (2) The utility of clinical guidelines, professional standards and quality committees

Of the variety of tools available to ensure quality in clinical services, clinical guidelines are amongst the most widely used. The impact of these guidelines varies. While a lot of effort could have been spent in developing guidelines, they might subsequently not be used or referred to. Other tools include professional standards set by professional councils or healthcare institutions, and quality committees within hospitals or large primary care providers that can set context-specific standards. Quality committees can serve as a useful second level check to review cases where quality of care is poor. Some key takeaways from the discussion were:

- A. Development of clinical guidelines requires investment of expertise, time and resources. These should be preferably undertaken by professional associations, with support of professional councils and endorsement by the Ministry of Health.
- B. Professional and ethical standards serve a licensing function, and are different from guidelines. When developing guidelines, committees should consider the legal status of these documents, and whether the guidelines can be used in legal proceedings.
- C. Quality committees are useful in hospitals and large group practices. However, the quality of these committees needs to be strengthened through training and system-level changes. At the national level, a platform for sharing among institutional quality committees can help more quickly diffuse good practices and lessons learnt.

### (3) Regulation of quality in health services

Quality in healthcare services can be regulated at various levels and through various means, from national regulation to co-regulation by professional councils, internal workplace regulations and regulation by national insurance agencies. Regulations, if implemented at various levels, need to be coherent and aligned. Licensing and accreditation of health faculties and providers are important tools in regulation.

Key themes of the discussion were:

- A. Governments need to develop and strengthen regulations, increase regulatory capacity, and improve coordination and collaboration with a wide range of regulatory stakeholders, for an efficient and effective framework, with improved compliance and changed practices.
- B. Accreditation can be done by national agencies or independent organizations, and is a versatile tool to raise the benchmark for quality.
- C. Establishing clear standards and regulatory processes aids regulatory monitoring and enforcement.



#### (4) The use of financial incentives to improve quality

The use of financial incentives to improve quality is a difficult decision. Poorly designed financial incentives can lead to unintended consequences and the misuse, overuse or underuse of clinical services. Where financial incentives exist, but were not deliberately introduced into the system, a situational analysis might be needed to effect change. Key discussion points:

- A. At the institutional level, the use of financial incentives to reward performance can work well if the performance indicators are well-designed and sufficiently balanced to take into account the many facets of a professional's work. These duties can include clinical duties, research, administration and education.
- B. Designing financial incentives for institutions and groups of providers is efficient, and can be effective if there are good and transparent measures of performance and a strong information management system.

The meeting agreed on the need to improve the quality of health services. While commonalities were identified across countries, especially those at similar stages of development, countries must ground their assessments based on their specific local context and challenges, their population profiles, the human and financial resources available, priorities for health and determine their own national quality agenda. The WHO's mandate and mission to improve health for all, and its strengths in bringing together a wide range of stakeholders and experts to discuss a wide array of health related issues makes it possible for it to convene these regional and global meetings and policy roundtables to advance the agenda and discussion on these health issues.

## Insights & Perspectives Interview with Dr Chew Pin Kee

*Recipient of College of Public Health & Occupational Physicians Achievement Award 2014*

### Dr Chew Pin Kee

Dr Chew was a pioneer doctor qualified in both public health and occupational medicine, and had significant contributions towards establishing and nurturing public and occupational health in Singapore. He was actively involved in the beginnings of "Keep Singapore Clean" movement and instrumental in the setting up and developing the industrial health unit in Ministry of Labour in 1967. He also was the Editor of the "Guide to the assessment of permanent incapacity resulting from traumatic injuries for workmen's compensation" in 1978, a book that is still widely used today.



### CPHOP, AMS: What is the biggest challenge facing Public Health & Occupational Physicians today?

**PCK:** Some of the biggest challenges in public health may be epidemics like SARS [Severe Acute Respiratory Syndrome], MERS [Middle East Respiratory Syndrome], Ebola, dengue. Not forgotten too is the resurgence of age-old communicable diseases that had previously caused past epidemics like tuberculosis as well as other possible emerging viral diseases.

A major challenge in occupational medicine is the use of new chemicals used in manufacturing, especially those affecting large groups of workers. These chemicals need to be investigated first and sustainable solutions developed for protection of

worker and the environment before widespread use.

### CPHOP, AMS: What was your most vivid memory of public health / occupational medicine intervention in action & what was your response to it?

**PCK:** In public health, some of the past events that had the greatest impression on me were the effective control and reduction of vector borne diseases like malaria and disappearance of small pox cases in the 1950-1960s. Also memorable was the poliomyelitis cases in the sixties and the dedicated leadership of the scientists in the then University of Singapore's Bacteriological Department who stemmed the unexpected epidemic that

occurred. The widespread improvement efforts to “KEEP CLEAN” an environment due to the dedicated workers, environmental health personnel who worked hard to dispose rubbish from streets and cluttered wastes from the Singapore River has benefited our community today. For Occupational Medicine, the complete control and disappearance of silicosis from the island which had debilitated many granite quarry workers in the fifties was the most significant event for me.

**CPHOP, AMS: What, in your opinion, is the most important contribution to public health / occupational medicine in Singapore, and why?**

**PCK:** The most important contribution since the 1950s is the foundation laid through the introduction of comprehensive occupational and public health laws. This is an important first step - the setting the health standards and enforcement, so that the different workplace sectors involved became aware of the impact of contributory factors on workers’ health, and of their duty to implement the safety standards.

Old colonial factory laws were revised and improved in a new Factory’s Act with subsidiary legislation. There was a pre-war Workmen’s Compensation Act which was also revised. “A Guide to the Assessment of Traumatic Injuries for Workmen’s Compensation” was also eventually published.

**CPHOP, AMS: If you had to change one thing in public health/ occupational medicine or its practice, what would it be?**

**PCK:** As most of the standards and governing practices at present are in place and comprehensive, a better understanding in the aetiology of prevalent occupational health conditions could be focused on. More research could be done on the molecular bases of certain prevalent diseases which seemed intractable to control, such as noise induced deafness (NID), so that sustainable solutions could be developed.

**CPHOP, AMS: What is the most important piece of advice to public health/ occupational medicine students or practitioners just starting out today?**

**PCK:** The primary aim is to be constantly aware that long-standing, difficult to eradicate diseases like tuberculosis, which may have a resurgence years later and newer solutions would be needed to treat the victims. We should also be alert to the emergence of new epidemic diseases like SARS and MERS, which occurred in recent years.

**CPHOP, AMS: What is the most rewarding aspect of being a Public Health/ Occupational Medicine practitioner?**

**PCK:** The old adage: “Prevention Is Better Than Cure” holds true even in the current technological age. But when the country suffers from serious and devastating epidemics like small pox or SARS, and when appropriate control measures are successfully implemented to control the epidemic, the exhilaration and high feeling of success is something that exceeds even financial rewards.



Dr Chew Pin Kee presenting during the 10th PHOM conference

# 10th Singapore Public Health and Occupational Medicine Conference

## *“The Health of a Nation : Celebrating Our Past, Embracing the Future”*

By Tan Xin Quan

We were delighted to have Dr Lam Pin Min, Minister of State for Health, grace the 10th Singapore Public Health and Occupational Medicine (PHOM) Conference and deliver a very interesting and insightful opening address. Dr Lam touched on a few key areas in his opening address, including communicable disease control, non-communicable diseases, workplace health and emerging technologies in healthcare, and we will share the key takeaways in this article.

disease prevention is more important than ever. He commended the success of health education and screening programmes that contributed towards the reduction of incidence of cancers and smoking in Singapore. He was also pleased with new techniques used by the Health Promotion Board (HPB) in their health promotion programmes such as behavioural economics and design thinking. In this regard, Dr Lam felt that we should continue to think of new ways to engage the population, including harnessing the vast potential of social media and the digital ecosystem.



Dr Lam Pin Min, MOS (Health) giving his opening address

Dr Lam recounted how Singapore's life expectancy had increased from 65 years at independence to 83 years in 2015. He attributed this to the sound public health policies in Singapore's early years, as well as a robust healthcare system and dedicated healthcare workforce.

Communicable disease control was cited as one of the key successes that had vastly improved the health of Singaporeans. He outlined how Singapore successfully eliminated malaria and poliomyelitis, as well as reduced the incidence of tuberculosis, Hepatitis B and measles through effective public health initiatives such as vaccination programmes. He pointed out that our healthcare system benefited from the lessons learnt from the 2003 SARS outbreak, and was able to respond more nimbly and efficiently in the 2009 H1N1 outbreak. While we celebrate our achievements, he urged Singapore not to rest on its laurels, but to continue to improve her capability in communicable disease control given that with increasing global connectivity,

*“... the biggest challenge in our next 50 years will be in non-communicable diseases...”*

Workplace health was another area that Dr Lam felt that the PHOM community should focus on. He recapped the collaboration between HPB, the Ministry of Health and the Ministry of Manpower in redefining workplace health through the implementation of “Total Workplace Safety and Health” (T-WISH), which moves the focus from “occupational diseases” to “well-being and health promotion”. In doing so, he urged the community to continue to tap on this opportunity to improve the health of Singaporeans through workplaces, since most Singaporeans are gainfully employed.

Finally, Dr Lam touched on the need to look to new tools and technologies in our quest to improve the health of our population, and used precision medicine as an example. Through precision medicine, healthcare is tailored to the unique characteristics of each individual, using tools such as molecular diagnostics, big data and analytics to study differing individual susceptibility to diseases, prognosis of diseases, and response to specific treatments.

*“Public health is a complex interplay of biological, social and environmental determinants, and addressing such issues requires the deliberate engagement of multiple sectors. I am glad to see many familiar faces here today from wide-ranging backgrounds – healthcare practitioners, policy makers, academics, community leaders and industry players.”*

*“... Singapore implemented environmental and vector control measures, set up effective surveillance and outbreak response systems, and through these, eliminated malaria by 1982... Singapore has eliminated poliomyelitis, Hepatitis B among children, and is on the verge of eliminating measles through successful vaccination programmes... The implementation of effective public health policies to enable early diagnosis, effective treatment and prevention has been pivotal in this regard.”*

the next novel infectious disease could be just a plane ride away.

Dr Lam emphasized that non-communicable diseases would pose the biggest challenge to Singapore in the coming years. The prevalence of preventable diseases such as cardiovascular diseases, cancers, and diabetes will continue to increase due to lifestyle factors and our ageing population, making chronic



Members of the College Council and the 10th PHOM conference organizing committee with MOS(Health) Dr Lam Pin Min.

# Moving Towards a Society of Longer Lives

## 10<sup>th</sup> PHOM Conference: Perspectives of a Public Health Practitioner

By Tan Xin Quan

As Singapore celebrates its 50th Birthday, we have much to be thankful for as we look back on our past achievements. The theme of the conference “Celebrating our Past, Embracing the Future” aptly encapsulates the ambivalence I have when I think of healthcare in Singapore – I feel pride when I reflect on the achievements of the public health community, but this pride is tempered with slight trepidation as I contemplate the challenges that Singapore faces in the years to come.

Even as we honour the heroes of the past and draw important lessons from their mistakes, many persons in this conference have challenged the healthcare and public health community to look at the phenomenon of a rapidly ageing Singapore and consider the challenges, opportunities and implications. (I have used the word ‘phenomenon’ very deliberately here, in line with the speakers’ supposition that ageing is not a problem but a demographic change societies should adapt to).

### Rapid Growth on Local Ageism

How rapidly Singapore will age is no secret to us – the number of residents above 65 years of age will triple between 2010 and 2030! We often hear reports in the media of how our hospitals are filled to the brim, bursting at the seams under the weight of our ageing population’s healthcare needs. While somewhat true, it may be too simplistic to equate ageing with illness and healthcare consumption. Some of our speakers have suggested ways to reframe this narrative, and there are points worth considering.

At 62 years (the traditional retirement age), many Singaporeans can expect an additional 20 more years to live. Should we then retire and spend our days sitting under a coconut tree (or a void deck in the local context)? It was proposed that we challenge the paradigm of spending the first third of our lives studying, the next third of our lives working, and the last third of our lives in retirement – perhaps we could do this by interspersing learning, working and leisure throughout our lives, thus avoiding burn out in school or at work. Adopting this outlook may afford us more gainful employment, greater opportunities to learn, and increased flexibility to pursue our interests. This idea is not new, and has been strongly mooted by Professor Ursula Staudinger, Director of the Robert N. Butler Columbia Aging Center. I find this idea refreshing. Would I like for enlightenment from our policy makers and human resource departments to make it possible? Yes! But realistically, the shift in mindset required is tremendous, and it is unlikely that we see this

materializing anytime soon.

The reality of an ageing population is that companies would need to accept, if not embrace, hiring older workers. Employers should prepare for this eventuality now, rather than struggle when reality hits them. This involves a fundamental mindset shift to one where investment in the person is key – for example, keeping your employee healthy so less time is lost to illness, ensuring workplace safety so there are less injuries, and changing work processes to facilitate an older workforce by leveraging technology. Ageism in the workplace may be prevalent now, and this short-sightedness will certainly blind companies to the necessary culture change and preparation needed in ‘futurising’ their workplace and workforce.



### Preventive Health Investments

Living longer should not mean spending an equivalent proportion of years – that is to say, MORE years – in ill health. Investment in preventive health is a key strategy that the Health Promotion Board and Ministry of Health are already pursuing to add to our healthy years of life. The school health service delivers preventive health and health education in an efficient and systematic manner to our youths. An equivalent system for adults was proposed for Singapore’s graying population and its “society of longer lives” – an investment in the health of our adult population, much like how our school health service is an investment in the health of our youths. Mobile health solutions, community health programmes, the regional health system and work place health initiatives were all proposed as ways to expand the reach of preventive health initiatives to the adult population (e.g. screening, vaccination, lifestyle changes). Multi-sectorial collaborations, shifts to adopt new tools in behavioral change, and leveraging partnerships to build awareness in preventive health were also suggested as strategies to increase awareness and uptake of preventive health initiatives. With increasing



Dr Tan Xin Quan

awareness in the value of preventive health and more tools available to practitioners, the potential to keep our population healthy appears promising if we are able to dedicate the necessary resources towards this objective.

Finally, there exists the perennial concern over health and healthcare. Healthcare workers need to look beyond just physical health when delivering healthcare. Numerous studies have shown that mental health, connectedness and active functioning play an equally, if not a more important role, in a senior’s wellbeing. While understandably a healthcare worker ought to focus on improving the physical aspects of health, these other crucial aspects cannot be neglected, as they too are determinants of health. I was glad to hear speakers highlight the importance of social aspects, urban infrastructure and design in a senior’s wellbeing. The envisioned ‘Kampong for All Ages’, where communities of care are fostered seems like a panacea for many of the challenges faced. These are communities where health, aged care and social services are weaved into the community, where abler community members engage and help care for less independent individuals, and where housing and transport enable seniors to live and move within the community. These communities, if they materialize, will truly facilitate ageing in place.

While demographic change is inevitable, there is still time to prepare Singapore for this inevitability. It is encouraging that there are many champions for this cause, and I think it is time the public health community is galvanized into action as well.

# A Conference of Reflection and Embracement

## 10<sup>th</sup> PHOM Conference: Perspectives of an Occupational Medicine Practitioner

By Jeff Hwang

This year's 10th Singapore Public Health and Occupational Medicine Conference followed right after the celebration of Singapore's 50th birthday, and the theme of the conference, "Celebrating our Past, Embracing the Future", could not be more apt as we reflected on our experiences and achievements, and welcomed the challenges ahead. Being a trainee in Occupational Medicine, it was a delight to listen to Dr Chew Pin Kee and Lee Hock Siang sharing the challenges they faced in managing traditional occupational diseases such as silicosis and lead poisoning in the opening lecture. This was then followed by the sharing session from Dr Robin Low on his training experience, which gave us great tips for our own journeys ahead. Er. Ho Siong Hin, the Commissioner for Workplace Safety and Health, then painted a thought-provoking picture of how workplace health would be like in the future, before we gained insights into Aviation Medicine, our new subspecialty. The conference was a great success, and it gave me great pleasure to share some of the thoughts and reflections I had from there.

By looking at our past and future together in the same conference, I realise that the lessons we gained in the past are very much still applicable now. Dr Chew Pin Kee in the opening lecture brought up rapid changes, new developments and technological advancements as the challenges that were faced during his time. This will remain true now as new and emerging hazards continue to surface, such as nanotechnology and emerging infectious diseases. Dr Chew Pin Kee also mentioned the introduction of laws such as Factories Act and its subsidiary legislations, and in this age, laws such as the Workplace Safety and Health Act are necessary to provide all workplaces a standard of occupational health to adhere to. Such laws may also be used to get all employers, including the Small and Medium-sized Enterprises, to recognize the importance of protecting and promoting the health of their employees.

Since its inception, the Singapore Public Health and Occupational Medicine Conference has brought Public Health and Occupational Medicine practitioners together to share issues from their respective fields. The lines between these two fields have never been more blurred as we look to the future for Occupational Medicine. From the conference, we learnt that the number of Singapore residents aged above 65 years of age will triple from 2010 to 2030, and the number of people with Type 2 Diabetes will nearly double during the same time period. These trends in

ageing and non-communicable diseases have significant implications for occupational health, as employees' health conditions can impact on their work ability and performance, while their work may affect their health too. It was therefore heartening to listen to Dr. Toni Ryan share on the ways older workers could be supported to continue in employment, including the importance of facilitating employees' return to work after injuries or illnesses. This point was also emphasized by Er. Ho Siong Hin, who shared also that Return to Work coordinators will be introduced to help injured employees return to their jobs. This is an example how a challenge can also become an opportunity for new and innovative ways to be introduced to further enhance the health of our workers.



Medical practitioners conducting screening during the Ebola outbreak

Another challenge brought up during the conference was that of emerging infectious diseases, with Infectious Disease experts such as Profs Dale Fisher and Goh Kee Tai sharing on their experiences during the SARS [Severe Acute Respiratory Syndrome] and Ebola outbreaks. Workplaces are also at risk of such infectious diseases as well, such as our healthcare workers, and workers who travel overseas. During these outbreaks, much attention is paid on infectious disease control, both among healthcare workers and many companies who formulate their own business continuity plans. I find that these outbreaks can also serve as opportunities for at-risk workplaces to review their own infectious disease risk assessment and non-crisis management plans, as having a good tried-and-tested system in place will definitely help in their response during an outbreak.

This year's conference has also provided a stage for participants to find out more about Aviation Medicine after it was formally accredited by the Ministry of Health's Specialist Accreditation Board as a subspecialty. Participants had a more complete picture of Aviation Medicine, from the military, civil and research angles. What I find is,



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having an additional subspecialty adds a new layer of complexity: public health, occupational medicine and aviation medicine practitioners need to have adequate knowledge of all these fields, and must not be compartmentalised in their own area. There are also different aspects which we can learn from one another. During the conference, Dr Jarnail Singh shared on fatigue risk management in the aviation industry, and the knowledge in this field can be applied by Occupational Health practitioners to many other industries, including those with shift work or long working hours. Continuous information exchange and collaboration between these subspecialties is something that we should strive for.



10th PHOM conference's Aviation Medicine Team

As we reflect upon our past and look forward to the challenges in the future, this conference has also allowed everyone to catch up with old friends and make new ones. It has indeed been a fruitful two days of conference, and similar platforms as the conference are useful in our pursuit for both public health and workplace health.

# 10<sup>th</sup> PHOM Conference Appreciation Dinner

19<sup>th</sup> November 2015



## Get Together

2<sup>nd</sup> December 2015



Fellows and Residents gathered on the 2<sup>nd</sup> December 2015 for a great time of food and networking amongst the Public Health and Occupational Physicians.



From left to right: Dr Benjamin Ng, Dr Matthew Yee, Dr Wong Chiang Yin



From left to right: Dr Nokuthula Kitikiti, Dr Namrata Hange, Dr Goh Jit Khong, and Dr Jeff Hwang

# 2<sup>nd</sup> SIPHC & 11<sup>th</sup> PHOM Conference



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### About the Conference



The 2nd Singapore International Public Health Conference and 11th Singapore Public Health and Occupational Medicine Conference 2016 (SIPHC 2016) is jointly organised by the College of Public Health and Occupational Physicians of the Academy of Medicine, Singapore, and the NUS Saw Swee Hock School of Public Health.

The Conference is held every four years. It brings together a multi-national, multi-sector and multi-disciplinary panel of public health professionals and practitioners, academics, researchers, policy-makers and international stakeholders from around the world. It allows participants to share their insights on a plethora of issues ranging from the use of novel technologies for surveillance of emerging infectious diseases, and improvement in healthcare delivery, workplace health and safety, and aviation safety to the employment of novel strategies for the promotion of well-being and mental health, and the development of innovative health financing models. This two-day event will enable the discussion of successes, barriers and opportunities in tackling existing and emerging public health challenges and exchange knowledge about effective policies, programmes, best strategies, practices and methodology.

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