

**SPEECH BY MR AMRIN AMIN, SENIOR PARLIAMENTARY SECRETARY,  
MINISTRY OF HEALTH, AT THE ACADEMY OF MEDICINE, SINGAPORE  
INDUCTION COMITIA ON SATURDAY, 22 SEPTEMBER 2018, 2PM AT HEALTH  
PROMOTION BOARD AUDITORIUM**

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Dr Sayampanathan, Master of the Academy of Medicine, Singapore

Council Members

Fellows

Distinguished Guests

Ladies and Gentlemen

Good afternoon. It gives me great pleasure to join you at the Induction Comitia of the Academy of Medicine, Singapore, and to witness the induction of the Academy's Fellows and Associates. I wish to congratulate all who will be inducted today as members of the Academy in your respective Colleges or Chapters, and the recipients of the Singapore-Maastricht Master of Health Professions Education degree and Staff Registrar Scheme Diplomas. It was not an

easy journey. You have worked very hard and done yourselves proud.

## **ROLE OF THE ACADEMY**

Postgraduate medical training and education in Singapore has changed a lot in the past few years. With the introduction of residency, postgraduate training is now more structured and includes a robust accreditation system with time for resident learning, as well as faculty development. Institutions have also been given more autonomy in training, and are also more responsible for their residents. It is very encouraging to see that many doctors have benefited from these improvements to postgraduate medical training, since the implementation of residency.

The Ministry of Health (MOH) regularly engages the Academy and its Fellows on clinical practice guidelines, professional standards, adoption and utilisation of new technologies, and the development and practice of specialties. An example is the recent collaboration between the Academy and the Agency for Care Effectiveness (ACE) for the 'Appropriateness Criteria for Use of Imaging Technology (ACUITY)' project, which seeks to formulate a local set of guidelines in three important clinical domains: Magnetic Resonance Imaging (MRI) of low back pain, Computed Tomography (CT) and MRI of headache, and chest radiographs in asymptomatic local individuals. The Academy also participates in consultation sessions held by the fee benchmark advisory committee, the review of the Table of Surgical Procedures (TOSP) and the Critical Medication Information Store (CMIS) Medical Alerts. The Academy has also been conducting

regular continuing medical education and professional development activities, including scientific conferences, to enhance the clinical competencies of doctors in Singapore.

## **THE CHANGING HEALTHCARE LANDSCAPE IN SINGAPORE**

Singapore has a rapidly ageing population, driven by falling fertility rates and increased longevity. By 2030, 1 in 4 Singaporeans will be aged 65 years and above. This is up from 1 in 7 today. We are seeing more chronic diseases, more patients with multiple comorbidities, and a rising trend of mental illnesses and new infectious diseases. The complexity of patient care is therefore increasing, and the demands on our healthcare system will continue to increase. Our National Health Expenditure has increased by more than 60% in five years, from \$10.9 billion in 2010 to \$18.9 billion in 2015.

How do we meet these growing demands? In 2012, we announced the Healthcare 2020 Masterplan, which outlined our efforts to add capacity, improve access and affordability, and enhance the quality of healthcare services. More recently, we highlighted three key shifts to prepare our healthcare system for the changing needs of Singaporeans: Beyond healthcare to health, Beyond hospital to community, and Beyond quality to value.

Beyond healthcare to health describes our strategies to move upstream and focus on health promotion and disease prevention, to help our population stay as healthy as possible and to reduce the incidence of and complications arising from chronic diseases, thus reducing the demand on the healthcare system.

Beyond hospital to community emphasises the shift of the centre of gravity of our healthcare system away from hospital based, specialist provided acute care, to community based care, so that we can help our population manage as much of their health needs in the community as possible. This will include enhancing the integration of care across primary, community and tertiary settings, as well as social care sectors.

Beyond quality to value describes our aim to develop a value-based healthcare system. It is therefore important to ensure that treatments and services provided are cost-effective so that our healthcare system is sustainable in the long term. This can be achieved by firstly, reducing fragmentation of care. With more patients with multiple co-morbidities, doctors will need broad-based competencies to better coordinate care and minimise duplication of

clinic visits, referrals and investigations. Whilst there will be a continued need for specialists, generalist disciplines like Family Medicine, Advanced Internal Medicine, Rehabilitation Medicine and Geriatric Medicine will gain prominence.

Secondly, with so many new advancements in medical technologies, it is more important now than ever to be critical about the effectiveness of various tests, novel and expensive medications, and consider alternatives where available. Doctors will also need to be aware of new areas such as Artificial Intelligence, data science and behavioural insights to find fresh ideas and new ways we can deliver appropriate and cost-effective care to our patients.

## **CONCLUSION**

In closing, I would like to convey my heartiest congratulations to all the inductees and award recipients. This milestone in your career marks the beginning of an exciting journey. Be adaptable and embrace lifelong learning to ensure that you are well-equipped to serve the changing needs of the people. I hope that you will step into your future with resolve, resourcefulness and resilience, and make your own distinguishing mark.

Thank you.