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In the pink of health

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SingHealth works to attract and retain doctors in Singapore's public health sector

According to a 2006 World Health Organization (WHO) report, there is a global shortage of 4.3 million health workers which includes doctors, nurses, and other related professions such as midwives and physiotherapists. The most acute shortage is in Africa, where there are 2.3 such health workers per thousand population; the Americas have the highest concentration of health professionals with a figure of 24.3 per thousand population.

South-East Asia (4.3 per thousand) is relatively underserved by medical professionals, due in large part to its largest country, Indonesia, which has only 0.13 physicians per thousand population. Even in affluent Singapore, there are only 1.90 doctors and 7.1 nurses per thousand population (2012 figures). That's an increase from 1.40 doctors and 4.24 nurses back in 2001, but it still pales in to Switzerland's figures of 3.28 doctors and 10.24 nurses (2002 figures) and the U.S.'s 2.56 doctors and 9.37 nurses (2000 figures).

“Like many healthcare organisations, SingHealth faces the rising need to hire more doctors due to changes in Singapore’s demography and the projected increase in demand for healthcare,” says Ivy Ng, Group Chief Executive Officer of SingHealth, Singapore’s largest healthcare group which operates the bulk of the country’s public healthcare system in the form of two tertiary hospitals along with five specialty centres, nine polyclinics and a community hospital.

Attracting medical talent

The physician shortage in Singapore is perhaps not difficult to understand. For over a hundred years, The Yong Loo Lin School of Medicine at the National University of Singapore (NUS) was the only medical school in the country. The 300 doctors that it churns out annually are now complemented by another 50 from the Duke-NUS Graduate Medical School which opened in 2007 and minted its first graduates in 2011. A third medical school, the Lee Kong Chian School of Medicine, formed by a partnership of Nanyang Technological University (NTU) and Imperial College London, accepted its first batch of 54 students in August 2013.

However, the attrition rate has been high: between 2006 and 2010, it was six to eight percent according to a 2012 report in The Straits Times. In 2010, 310 doctors including 103 specialists quit the public health sector.

Inadequate pay was a key factor in the exodus. A recent employment study by job search site Jobstreet.com found that new graduands started with an average pay of S\$3,095. Given that tuition fees at NUS cost about S\$20,000 a year, there is very little incentive to stay in the public sector. Exacerbating the shortage is the cost of a foreign medical education, which can cost up to S\$500,000 in the UK; in such a case, a Singaporean medical graduate is unlikely to return to embark on a medical career in the public sector.

“We have to ensure that our recognition and rewards commensurate,” says Ng. “In March 2012, the Ministry of Health (MOH) announced the introduction of a new and more competitive pay framework for doctors (as well as nurses and allied health professionals). This is a boost to the public healthcare sector because while pay is not everything, it is an important factor to retain and attract talent who embodies the public service ethos and values.”

The revised pay scale amounts to about a 20 percent pay rise, which narrows the pay gap between private and public medical institutions. While it will not stop public sector doctors from following in the footsteps of some, Ng says it better recognizes “public sector doctors for the complexity of their clinical work (which includes) roles in education, research, administration and leadership on top of their clinical duties.”

Retaining medical talent

In addition to the pay adjustment, the MOH and SingHealth offer scholarships and development awards for doctors to upgrade and acquire new skills. However, the fact remains: public sector doctors see substantially more patients compared to their private sector counterparts. All things being equal,

working in private hospitals represents a better work-life proposition. How does SingHealth prevent a junior doctor from leaving the public healthcare system the moment that is possible?

“We have started to see improvements with the move towards the Residency System (RS) in 2010 at the national level,” says Ng. “The SingHealth Residency Program is a departure from the traditional system of training junior doctors in that it has a formalised structure and is characterised by ongoing assessments which enable progress to be regularly tracked.”

“It also offers a prescribed framework for faculty development which was not as well established in the old system, to recognise the teaching contributions of faculty staff. Our doctors undergo teaching competencies training, and are given protected time for teaching as far as possible. This is critical as we continue to build a strong pool of medical educators who are passionate to nurture and mentor our junior doctors into well - rounded clinicians.”

As of 2012, there were a total of 10,225 doctors, of which over 6,000 are in the public sector. This is the result of aggressive recruiting by the Ministry of Health, which hired about 1,000 foreign-trained doctors annually from 2009 when there were only 8,323 doctors registered in Singapore. More than 20 percent of doctors currently working in Singapore are foreign-trained.

The MOH has also expanded its list of recognised foreign medical schools from 24 to 159 in 2007, effectively reversing a 1993 law that reduced the number of recognised medical degrees from 176 to 24. It has led to successful hiring of doctors for the public sector healthcare, but it remains to be seen if efforts to retain work out just as well.