Reflecting with Prof Tan Chorh Chuan

Interview with the former Director of Medical Services, and now Provost NUS

JL: Reflecting back, what do you think were the biggest transformations and challenges to Singapore medicine during your term as DMS?

PRO: Outside SARS, the biggest transformation and challenge was the clustering of the public healthcare institutions. Personally, I strongly support the concept of clustering as it makes it easier to achieve integrated care, and allows the system to move more swiftly, and as a whole. By bringing the hospitals and polyclinics under the same umbrella, we can achieve better clinical outcomes for our patients at an overall systems level, and healthcare delivery can stress health promotion and prevention rather than being reactive.

JL: On the ground there's been a lot of unhappiness about the whole clustering exercise. While as a concept you are strongly in favour of the clusters, but in terms of the execution, are there any other things that you feel could have been done better?

PRO: In any big change like this, there's always a lot of resistance. Communication and engagement of those involved are important. You need to spend a lot of time to work across all segments of healthcare and ensure buy-in, especially from the clinical leadership.

JL: So there were some aspects of the clinical leadership that didn't really buy into clustering or didn't execute it the way that was envisioned?

PRO: That's right. One important aspect of clustering is how to combine strengths. In the past, what you had was a hospital with many small departments. You could have a five-person department, and if three left, you would be incapacitated for a few years, and need to build up again. It's a cycle of boom and bust, and it's difficult to grow in this model. One of the major potential benefits of clustering is the ability to deploy and cross-cover across hospitals. This would help smooth out some of these shifts and also allow the discipline as a whole to grow.

JL: Would you like to see more cooperation amongst the clusters? Which areas do you think would be the most salient?

PRO: I think it should be at many levels. Cross-cluster efforts to control cost are developing quite well and the GPO (Group Procurement Office) has saved a large amount of money. Services are another area where cooperation makes sense. For example, if you wanted to have a radiologist look at every X-ray taken in the A&E department, it would not be possible for any one hospital, but by combining the pool of radiologists and using teleradiology, it might then become workable. Pathology is another area where this should be possible. In pathology, you need to have breadth, but you need to have depth also, in terms of narrow sub-specialisation because it is getting more complicated. In the ideal world, you can share and develop your expertise, with each cluster maintaining the breadth and choosing complementary areas to develop the depth of expertise. I think in some areas, cooperation has started but more could have been done.

JL: We have been trying to move toward being a regional medical hub. But this needs to be balanced against affordable healthcare for all. How do you see us moving forward?

PRO: I think the public sector must continue to maintain its focus on providing good affordable care for

Prof Tan Chorh Chuan, MBBS(S), MMed(Int Med)(S), MRCP(UK), PhD, FRCP(Edin), FAMS, FRACP, FRCP(Lond), FACP, FPAM, graduated from the National University of Singapore in 1983.

Prof Tan assumed his appointment as the Deputy President and Provost, National University of Singapore from 1 April 2004.

His other current appointments include

1. Member, Executive Committee for the Life Sciences, reporting to the Ministerial Life Sciences Committee (MLSC)
2. Deputy Chairman, Agency for Science, Technology and Research (A*STAR)
3. Deputy Chairman, Biomedical Research Council, A*STAR
4. Chairman, Finance and Budget Committee, A*STAR
5. Member, Bioethics Advisory Committee reporting to the MLSC
6. Board Member, National Environment Agency

Prof Tan was the Director of Medical Services, Ministry of Health, Singapore, from 1 June 2000 to 31 March 2004.

Prof Tan is married to an anaesthetist in private practice. They enjoy travel and seeing the world whenever they can find time away from their busy schedules.

Page 6 ►

◄ *Page 5 – Interview with Prof Tan Chorh Chuan*

Singaporeans. It can also contribute in some areas to the development of the Singapore medicine initiative. The private sector ought to be the one to lead in the development of Singapore as a regional medical hub, but because of the way that private healthcare is structured, it is not easy to have collective action. Nonetheless, I've been quite impressed with the way the private sector has been keeping up. In some areas, they have been very innovative, for example, in the adoption of new techniques, and the introduction of robotic surgery. I do agree though that when you go into private practice, it's difficult to sub-specialise because you cannot spend a large amount of your time on sub-specialty work. Otherwise, you may not be able to fully develop your practice. So this is where we need to encourage more public-private cooperation.

JL: Like Faculty Practice?

PRO: We were trying to address two sets of issues: how to mitigate the outflow of specialists from the public sector, and develop and retain the depth of expertise in sub-specialty care. We tried to ensure that the clinical leaders and administration in public hospitals had an appropriate "set of tools" to work with, and Faculty Practice was one of them. There are departments where you need to use this as a way to keep people within the institutions; the alternative would have been service disruption. In many areas, if you really want to sub-specialise, patient volume is the problem because of our small population. Really small areas of sub-specialisation require a significant level of private-public cooperation, as there will be one, or at most two, experts in the area.

JL: What are some of your more pleasant memories? What do you think is the legacy you have left?

PRO: I wouldn't say anything about my legacy. That is best left to posterity to decide.

However, I have many pleasant memories from working with various groups of doctors and nurses. And the pleasures, which I remember really, are when we are able to work with clinician champions on the ground to develop programmes. When we set about doing this in asthma, for example, and saw the obvious improvement to patients' quality of life, that was very satisfying.

Disease management is also something very close to my heart. In real terms, the amount of investment you put in is not really that big, but the amount of difference it makes on the ground is fantastic. The most satisfying thing is to be able to find very passionate clinician leaders who want to do something, and by giving them fairly modest resources, they are able to do so much more.

SMA ..... has to look at major issues, and help to positively shape the debate and the profession's response to the changing practice and societal environment.

They are happy and satisfied, and get good outcomes for the patients. This is not confined to doctors, and extends to nurses too.

Talking about nurses, I'm very glad that we've been able to create three levels for nursing. Promoting nursing and improving the career paths of nurses has been a problem, which has been talked about for many years. At that time, with the strong support of then Health Minister Lim Hng Kiang, we managed to work with the Cluster CEOs to develop a structure for nurses, from Levels 1 to 3, with salary schedules and responsibilities adjusted to reflect this. The NUS Masters Programme in Nursing has just produced its first graduates, who will show what nurse-specialists can do and also demonstrate to other nurses what they can aspire to.

The most important part to improving nursing is to work the interface between doctors and nurses and the healthcare system. If you don't do it properly, you will find that you have all these better-trained nurses coming out and no clearly defined roles for them. I would not underestimate the amount of work that needs to be done. That's why we spent quite a lot of time preparing the ground for the Masters programme so that the graduating nurses can go into positions where we can allow them to exercise and practise what they've learned. The idea of setting up this salary scheme is make sure that they are recognised for their higher training and qualifications.

In the last couple of years, an important focus has been to try to work through what is the job scope of Levels 1 to 3. In some cases, it may require some changes to existing legislation. By tradition, we more or less know what the Houseman, Medical Officer and Registrar do, so we don't need to write all this down. But when you're first starting with new levels of nurses, it's not quite so clear. What does the nurse specialist do? We need to articulate this in broad terms. And there has to be local acceptance. I'm quite optimistic because I think the hospital management and clinicians are ready to accept ever-increasing roles for nurses.

JL: What about SMA's role in healthcare here in Singapore?

PRO: For professional groups such as SMA, beyond what is currently being done, their roles may be looking at big issues that have an impact on the profession especially in the long term. While we focus a lot

Page 8 ►

◀ *Page 6 – Interview with Prof Tan Chorh Chuan*

on, say, continuing education, and guidelines for clinical treatment, what is actually needed is attention to the interface between the profession and public, and the development and maintenance of trust as these would have a much greater impact on Singapore medicine in the longer term. I think societies like SMA have made a good start so far in this respect, and are in a good position to articulate and provide guidance on these bigger issues. As doctors, a lot of things given to us are privileges, like self-regulation, trust, and autonomy of operation, which we take very much for granted. A lot of the things I was engaging the profession on as DMS centred on this whole issue of trust. The SMC may seem very harsh in reining errant doctors in, but it would not be doing its job if it did not do so. If SMA is seen to be a doctors' club, it will not keep the trust of the public. It has to look at major issues, and help to positively shape the debate and the profession's response to the changing practice and societal environment.

JL: Can you share with us some of what you have learnt and experienced from high level management and administration and how to manage people and policies?

PRO: I have learnt a lot in these four years. One key thing is being focused because there are so many things that can be done. The job of the DMS, while staying in very close touch with what goes on at the ground, is to look at the larger picture and concentrate on the systems-level issues. On the ground, people can solve issues, but it will come to some point when you can do no more because that is the system, and all of us have experienced the frustration when we try to throw ourselves at the system to make changes we feel are necessary. This is where hospital administrators and the Ministry can help facilitate necessary change by adapting our rules, processes and systems.

You need to spend a lot of time communicating with your colleagues in the Ministry, as well as your colleagues in the hospitals and in community practice. Our credibility as professional leaders is based on kno|¬ng what's happening on the ground, understanding the issues well and working out realistic means of addressing them. Coming up with an idea is very easy, how to execute it well is very difficult. It is also very important to see each major initiative through to reasonable implementation. Keeping your focus means that you will continue to be committed to it, search for and support champions who will help you to execute it and spend time nurturing it, until it's on its way.

JL: If you needed to go away and totally unwind, where are your favourite local and overseas destinations?

PRO: My wife and I do quite a lot of backpacking and trekking. For me, exercise is very important. One of the problems with this administrative job is I can't travel as much as I would like to. One of the recent things we did was trek in Kazakhstan. And the year before that, North India, where we almost froze to death and survived two weeks on naan, chickpeas and dahl. It's important to manage work in such a way that it still goes on even while you're away. Get the right people to drive things, and keep the pace of work going. ■