

[Singapore]

Task Shifting

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Background

Task shifting aims, in the short-term, to ameliorate the issues of a shortage of healthcare human resources, equipment and medications by shifting healthcare tasks from highly-trained to less highly-trained health workers.

In Singapore, there is an under-investment in long-term healthcare capabilities as well as a relative shortage of doctors and trained nurses.

Improving Long-term Healthcare Structure

The Ministry of Health set aside S\$1.5 billion to recruit 7,700 more healthcare personnel over 5 years since 2007. Physical expansion of acute care facilities have commenced such as the setting up of the Khoo Teck Puat Hospital and Jurong General Hospital.

Home nursing care is being improved to cope with patients who need transitional care to aid recuperation. In addition, the number of specialist geriatricians is set to increase by 30–40% over the next three years.

Singapore faces a shortage of doctors in the public sector, in part due to long working hours. Many tend to leave for private practice once their 5-year bond ends.

Singapore's rapidly graying and enlarging population exacerbates the problem of the short-

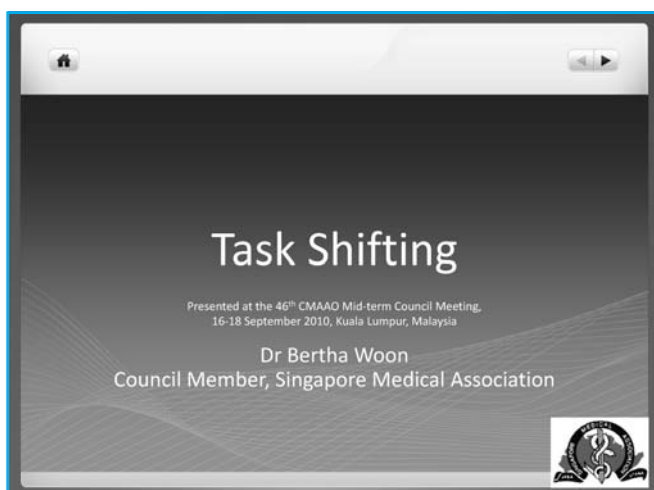
age of doctors, particularly in less popular specialties such as Geriatrics and Renal Medicine. To counter this, the National University of Singapore's medical school increased the number of places per year, a second medical school—the Duke-NUS Graduate School of Medicine—has been opened, and a third medical school is in the pipeline. The residency programme has also been implemented to streamline specialty training. In addition, the Singapore Medical Council has allowed temporary registration of doctors without registrable qualifications to work under supervision in areas of need. More graduates with foreign medical degrees are being allowed to practice. Advanced Practice Nurses have also been inducted into the system to enhance primary healthcare, patient education and facilitate healthcare in the acute care setting.

Challenges

Professionals are usually hesitant to turn over traditional roles to less highly-trained personnel. It is important to retain patient-centricity. The influx of foreign doctors has resulted in cultural differences in clinical practice and necessitated the use of translators in the care of non-English speaking patients, particularly the elderly. This is not desirable in the long term. There is a pressing need to convince local medical students studying abroad to return home to practice.

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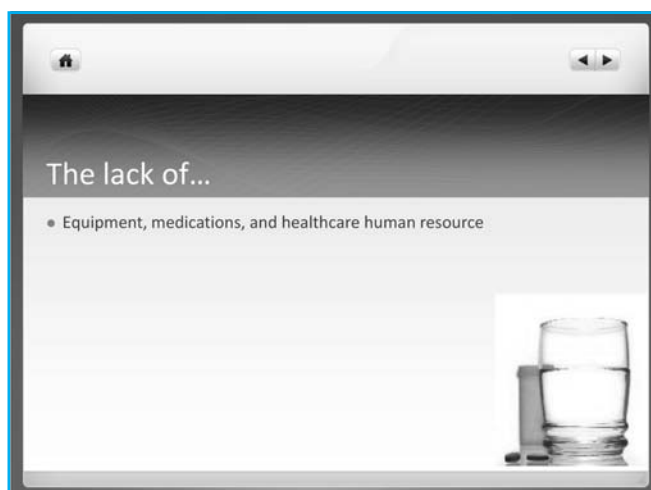
This article is based on a presentation made at the Symposium themed "Task Shifting and Medical Profession" held at the 46th CMAAO Mid-term Council Meeting, Kuala Lumpur, Malaysia, on September 18, 2010.



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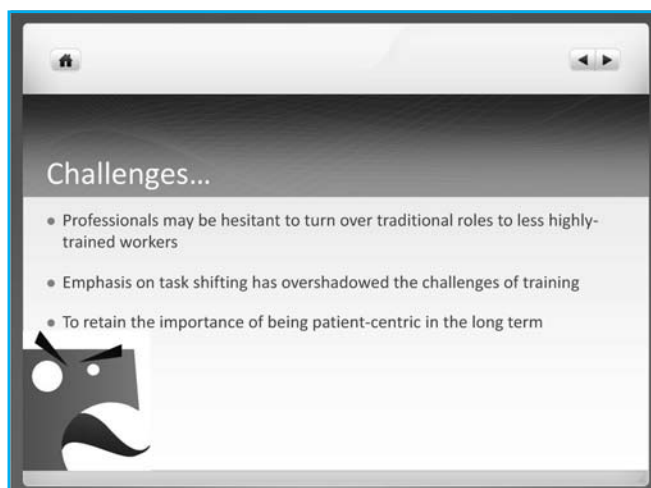
The lack of...

- Equipment, medications, and healthcare human resource






What it is...

- Shifting healthcare tasks from higher-trained health workers to less highly-trained workers to deliver healthcare in resource-poor settings
- 4 main cadres are:
 1. Medical doctors
 2. Nonphysician clinicians
 3. Nurses
 4. Community Health Workers

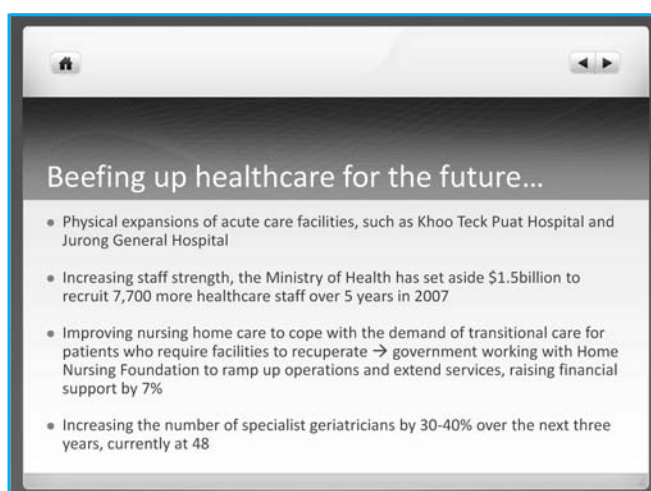
Challenges...

- Professionals may be hesitant to turn over traditional roles to less highly-trained workers
- Emphasis on task shifting has overshadowed the challenges of training
- To retain the importance of being patient-centric in the long term

The Singapore context...

- Under-investment in long-term healthcare capabilities
- Dealing with the shortage of doctors
- The introduction of Advanced Practice Nurses (APNs)





Beefing up healthcare for the future...

- Physical expansions of acute care facilities, such as Khoo Teck Puat Hospital and Jurong General Hospital
- Increasing staff strength, the Ministry of Health has set aside \$1.5 billion to recruit 7,700 more healthcare staff over 5 years in 2007
- Improving nursing home care to cope with the demand of transitional care for patients who require facilities to recuperate → government working with Home Nursing Foundation to ramp up operations and extend services, raising financial support by 7%
- Increasing the number of specialist geriatricians by 30-40% over the next three years, currently at 48

Why the shortage of doctors...

- Shortage in the public sector due to low pay and long working hours – many leave for private practice once their 5-year bond ends
- Certain hospital specialities shunned by Singapore doctors, such as Geriatrics, General Medicine, and Renal Medicine, as well as medical officers in polyclinics
- Rapidly enlarging and aging population



Steps taken...


- Increasing the number of places to 250 at the National University of Singapore for medical students
- More foreign-trained doctors working in Singapore as the number of medical degrees recognised increases, now making up 40-50% of doctors in Singapore polyclinics
- Singapore Medical Council allowing temporary registration of doctors without registrable qualifications to work in areas of need (AON) under supervision e.g. rehabilitation Medicine, with a cap of 40% per AON department
- Second medical school, Duke-NUS Graduate Medical School
- Implementation of the residency programme
- Third medical school to start up

Issues we face...

- Compromise in the quality of medical care, exacerbated by heavy workload, language problems and different training in the case of foreign doctors
- Many have to depend on translators when they see non-English speaking patients, in particular the elderly → local patients prefer local doctors!
- Need to convince local medical students to return from abroad – pre-employment grant for overseas medical students

Why we need Advanced Practice Nurses...

- Small number of expert nurses
- Good clinical nurses promoted to become managers or educators, and moved further away from direct patient care and clinical roles
- Capitalise on nursing strengths, to complement the physician's role




The role of APNs...

- To enhance primary healthcare, and nurse-led follow-up clinic services for patients with chronic diseases
- To conduct patient education and counseling sessions that include reinforcement of self-management skills, emphasising on medication adherence and evaluation of treatment
- To facilitate the flow of healthcare in the acute care setting, as part of the healthcare team

The job scope of APNs...

- 65% of time in direct patient care management
- 15% in teaching
- 10% in research
- 10% in project work



The Outcomes...

- In an appropriate setting, patient care and outcomes were of equivalent quality to that provided by physicians
- Improved quality indicators
 1. greater patient independence
 2. compliance with treatment
 3. decreased length of stay
 4. fewer hospital admissions and re-admissions
 5. decreased healthcare costs
 6. etc.



The challenges...

- New in Singapore's landscape – how will other nurses and the medical profession feel?



The future...

- To map out and expand the scope of APNs, and to measure the impact of APN interventions on the healthcare processes
- The need to reduce role ambiguity and promote understanding through defining, integrating and articulating the role of the APN, as well as emphasise the objectives to relevant stakeholders
- Healthcare should not be profession-centric, but patient-centric to deliver quality care

Resources...

- Task Shifting: A Solution for the Health Worker Human Resource Crisis? Larry W. Chang <http://www.medscape.com/viewarticle/705727>
- International Nursing Conference on Advanced Nursing Practice, 30 Mar 2005
Speech by Prof K Satsunanatham, DMS
- The Quest For Nursing Excellence
C Ang, Singapore Med J, 2002, Vol 43(10): 493
- Advanced Practice Nursing in Singapore
Dr Premarani K
- Expanding Singapore's long-term care capabilities
Claire Huang, http://www.938live.sg/News/Singapore/EDC100309-0000272/Expanding_Singapore_s_long-term_care_capabilities
- Singapore Medical Council, Temporary Registration for Medical Practitioners in Areas of Need
<http://www.smc.gov.sg/html/1278643225066.html>