MINISTRY OF HEALTH
SINGAPORE

A First Look at the National Allied Health Strategy (NAHS)

Agenda

01 The Impetus for National Allied Health Strategy

02 Research Design

03 Current Sentiments vs. The Envisaged State of AHPs

04 Strategic Areas to Shape the Future of AHPs

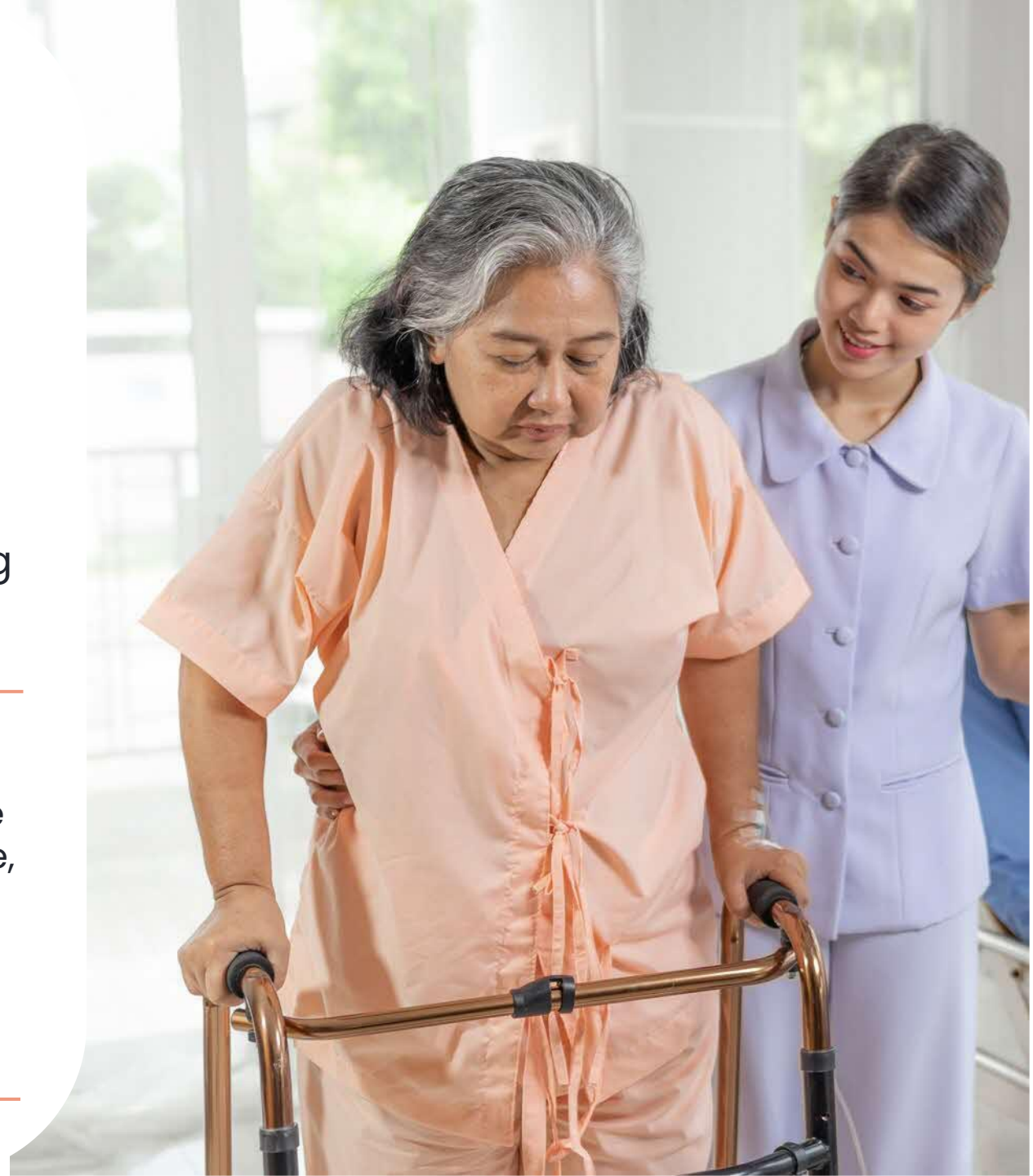
05 Next Steps

01
The impetus for the National Allied Health Strategy

The Singapore healthcare system is evolving rapidly

- **Aging Population:** placing greater, sustained demand on our healthcare system.
- **Chronic Disease Burden**: requiring coordinated interprofessional care.
- **Workforce Constraints:** aging and shrinking workforce.

> Layered upon (the ageing population) is the second trend, which exacerbates the first, which is the rising prevalence of chronic diseases. That is why when we came up with the name for this national programme, we chose Healthier SG and not Healthy SG because we are not really healthy. Our health is actually deteriorating.
>
> **Mr Ong Ye Kung**, Minister for Health, 2022



Allied Health Professionals (AHPs) will need to lead care and not just deliver care.

This involves

- Challenging traditional care models
- Breaking down siloed practices
- Embracing emerging technologies
- Integrating care across settings

National Allied Health Strategy (NAHS) is needed to harness the collective value of the AHPs' diverse expertise for better patients' outcomes.

Today, inconsistent standards and fragmented development limits AHP's full potential. A clear, strategic direction is therefore needed to:

- Unify the Allied Health sector toward a common direction
- Ensure AHPs are future-ready amidst rising healthcare demands
- Identify national focus for coordinated development

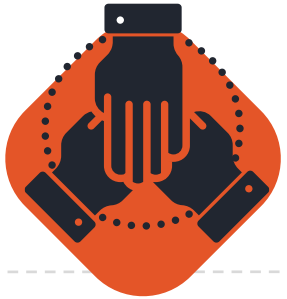
Mr Masagos Zulkifli, 2024, Second Minister for Health, at an international conference for AHPs

02 Research Design

To support the development of Singapore's first **National Allied Health Strategy (NAHS)**, a research study was conducted by Blackbox in close partnership with the **Chief Allied Health Officer's Office (CAHOO)**, with the following objectives:

Identify gaps and challenges in AHP service delivery

Define the envisaged future state and key enablers for transformation.



Develop strategic focus areas to build future ready AHPs

Outline actionable initiatives for further deliberation

C-Suites, AHPs across various settings, educators, heads of human resource, other healthcare professionals, patients/Clients, MOH Divisions, AIC, MOHH, MSF have been engaged to inform the development of NAHS.

An Iterative Research process

A structured process was deployed — from early discovery to stakeholder co-creation and validation. The themes are refined with the findings in each phase, arriving at the 3 focus areas in this report.

Phase 1
Planning & Understanding

Key topics were identified and explored

Through Desk research and **5** Pilot In-Depth Interviews

Phase 2:
Collecting Stakeholder insights

Gain deeper understanding of key themes and define an envisaged state for AHPs

Through **35** In-depth interviews with C-Suite; **5** Workshops with AHPs, Doctors, Academia, Patients & Caregivers

Phase 3:
Quantification & Measurement

Assess current performance and future readiness across key areas, and validate priority themes

Online surveys: 2,560 AHPs, 354 Allied Health Support staff & 144 healthcare professionals (HCPs)

Phase 4:
NAHS Strategic Direction Mapping

Ideate and explore solutions, consolidate findings into 3 actionable strategic focus areas

N = 2 Ideation workshops with AHPs, HCPs, Academia and agencies' reps (MOH, MSF, AIC)

BLACK BOX

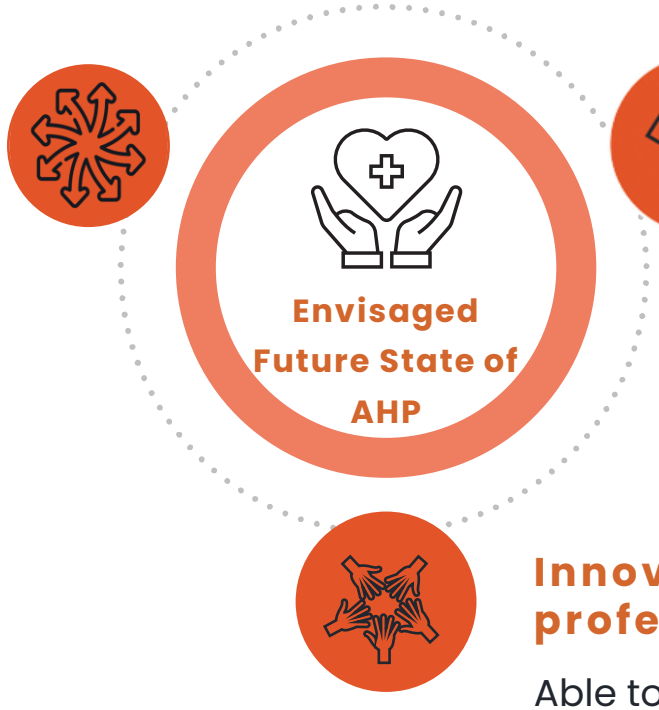
03 Current Sentiments vs. The Envisaged State of AHPs

Envisaged Future State of AHPs: 3 Defining Attributes

A stakeholder-driven vision of how AHPs will shape and lead future care

Versatile experts in their domains, with broad spectrum skill sets

Able to operate across settings and adapt to evolving patient needs



Autonomous and essential partners in care

- Able to lead care decisions and have greater autonomy
- Critical member of interprofessional care teams

Innovative leaders beyond traditional professional boundaries

Able to shape healthcare policy and drive innovation

From the NAHS landscape study[1], 1 in 2 interviewed AHPs feel prepared to meet future healthcare demands, 2 in 3 interviewed AHPs are satisfied with their job.

This sense of preparedness and satisfaction are driven by several interrelated factors

Only **61%** feel their leadership is adequately preparing them for future challenges.

Demand for **training to broaden skillsets** beyond clinical skills e.g. leadership, innovation, technology proficiencies, to meet emerging needs.

45% struggle with work-life balance; c**hronic staffing shortages and heavy workloads** limit capacity to develop capabilities to meet emerging needs.

The **lack of well-defined roles** and **limited career progression** limit ability to develop advanced competencies and confidence to meet future needs.

While there is greater recognition for AHPs, **representation in policy, leadership and public visibility** is limited yet essential.

Adoption of technology remains fragmented, with limited success in scaling successes.

[1] The NAHS landscape study engaged stakeholders including C-Suites, AHPs across various settings, educators, HRs, other healthcare professionals, patients/Clients, MOH Divisions, AIC, MOHH, MSF through qualitative and quantitative methods to explore current issues and define the future state of AHPs.

04 Strategic Areas to Shape the Future of AHPs

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Three Strategic Areas

To close the gaps between current and envisaged state, taking into consideration the inter-related factors in the earlier slide that drive future preparedness and job-satisfaction.

3 Stategic areas

for future ready AHPs

01

Strengthen Workforce Development

Equipping AHPs to thrive in future healthcare landscapes.

02

Drive Workforce Transformation

Redesigning roles and care models, strengthening collaborations.

03

Elevate Professional Recognition

Boosting morale, public trust, and professional identity.

BLACK BOX

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BLA CK BOX

Developing a sustainable, versatile, and motivated AHP workforce is essential but there are challenges

With **50% of AHPs** having over 10 years of experience, there is a strong foundational core — yet many face stagnant progression, inadequate support, and burnout. Multiple interlocking barriers are identified:

Talent attraction

Limited **awareness of AHP careers** and impact

Transition into workforce

New AHPs feel **underprepared and uncertain** about their professional growth

Talent retention

Systemic barriers **hindering growth and retention**:

- Lack of protected time (44%)
- High training costs (40%)
- Limited institution support (41%)

Pipeline sustainability

Lack of **standardised, data-driven model** to forecast AHP demand and optimise allocation of resources

AHPs remain highly motivated to grow, but their growth needs differ, hence, tailored development plans are important

Rank	Areas of professional development for addressing evolving healthcare needs	More Prioritised by
1	**Clinical expertise within your professional scope**	Across AHPs
2	**Leadership and management skills**	Across AHPs
3	**Innovation and quality – knowledge and skills**	AHPs with ≥10 years
4	Technology proficiencies – Selection & Impact assessment	PHIs & Polyclinics; AHPs with ≥10 years
5	Cross-training i.e., knowledge across different professions	Community Service Providers (CSPs); AHPs with ≤3 years
6	Singapore's healthcare systems and policies	Across AHPs
7	Self-management skills	AHPs with ≤3 years
8	Population Health related skills	Community Hospitals (CHs)
9	Data-driven decision-making and analytical capabilities	Across AHPs

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BLA CK BOX

Systemic gaps in current models are holding AHPs back from delivering high-impact care

Lack of clear workforce structures limit task flexibility and prevent AHPs from contributing fully to team-based care. Without formal delegation frameworks or clear role definitions, AHPs are often pulled into administrative or lower-value tasks instead of focusing where their expertise delivers the most impact.

Restricted mobility across settings due to differing protocols, regulations, and training requirements.

Ongoing workforce shortfalls limit the system's ability to redesign roles, scale services, and respond to emerging care needs — reinforcing the status quo and delaying care transformation.

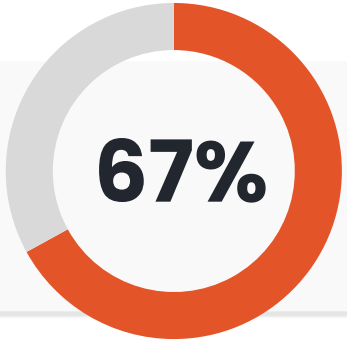
Over-dependence by patients and caregivers, placing strain on AHPs for tasks that could be self-managed.

Fragmented technology systems, which reduce collaboration and hinder productivity.

"We have to be very selective about which services to expand. Even if we know there is demand, we don't have enough AHPs to support new programs, so we just maintain the status quo."

– AHP Management (IDI)

Collaboration levels are better within settings than across settings where care coordination/ continuity and information sharing is lacking.

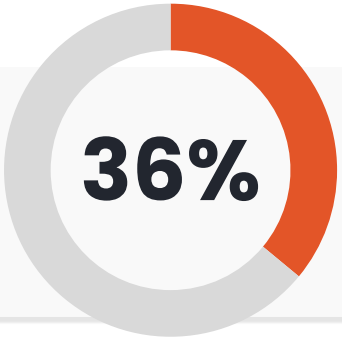


Within setting collaboration

feel within setting collaboration being somewhat effective/ highly effective

AHPs are meaningfully integrated into clinical teams within institutions.

E.g. audiologists and speech therapists work in tandem in ENT departments, or AHPs participate in daily rounds.



Cross-setting collaboration

feel cross-setting collaboration being somewhat effective/ highly effective

However, collaboration across settings remains fragmented.

E.g. poor coordination when patient moves from hospital to community, or across clusters.

Base: All AHPs – 2,560, All AHS – 354, All Healthcare Professionals – 144; B2a1_a: Please rate the effectiveness of your professions' collaboration with other healthcare professionals on the following aspects. Please rate on a scale of 1 to 10, with 1 being 'Highly Ineffective' and 10 being 'Highly Effective?; * marks low samples – Less than 30 samples and advise to read with caution; ^ marks multiple response question – total will not add to 100%; Due to decimal places total will not add to 100%; NA is excluded from the above data; # Large proportion chose 'Not Applicable' for these aspects.

AHPs see a clear path forward, but transformation requires the right system enablers

Despite challenges, AHPs see potential in technology, agile models, and patient empowerment.

Key enablers AHPs identified to drive transformation:

Workforce optimisation

- **72%** highlight flexible staffing as critical.

Technology integration

- **54%** support tools like AI documentation, mobile health apps.

Patient activation

- **43%** in favour of patient/client education to shift from “doctor will fix me” to self-management.

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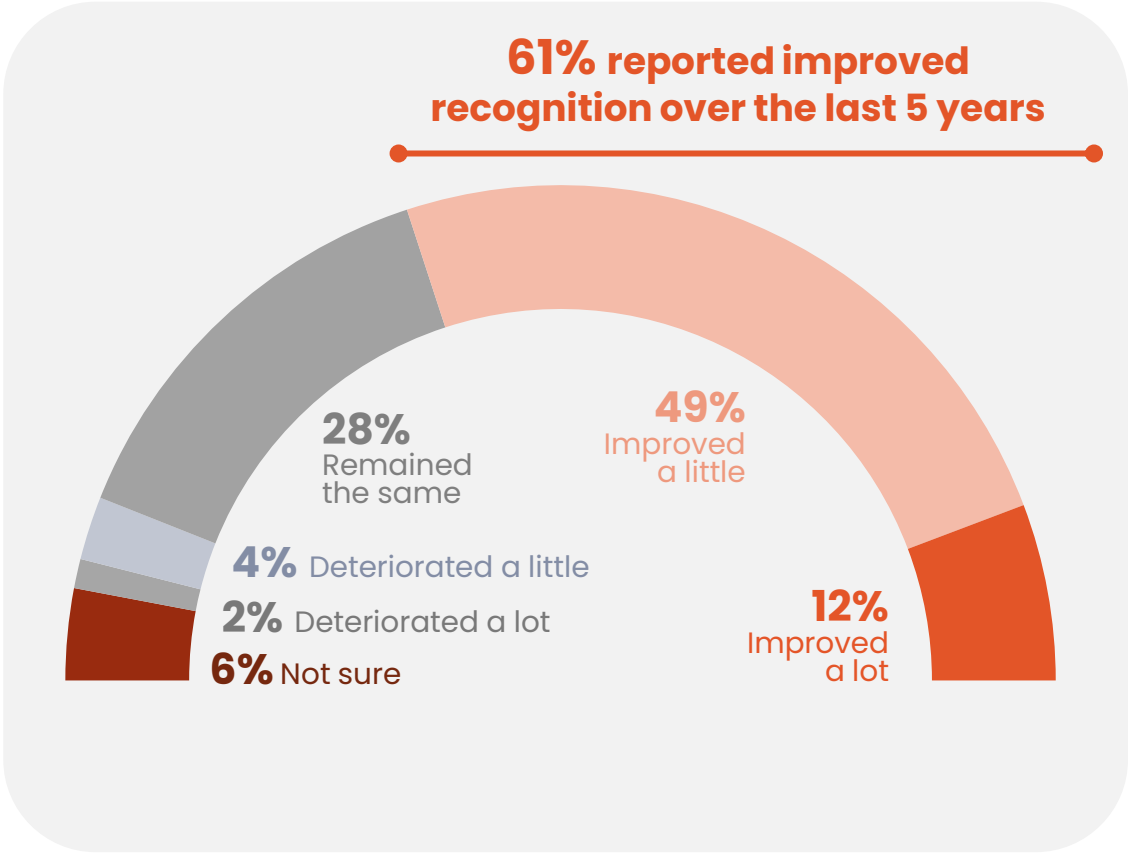
Boosting morale, public trust, and professional identity

BLACK BOX

Recognition of AHPs Has Grown, with over 60% of AHPs reporting improvement over the last 5 years.



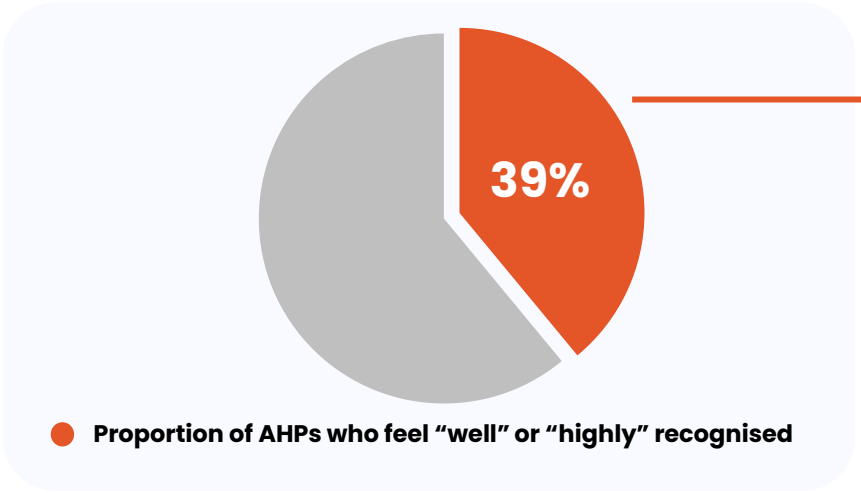
Examples:

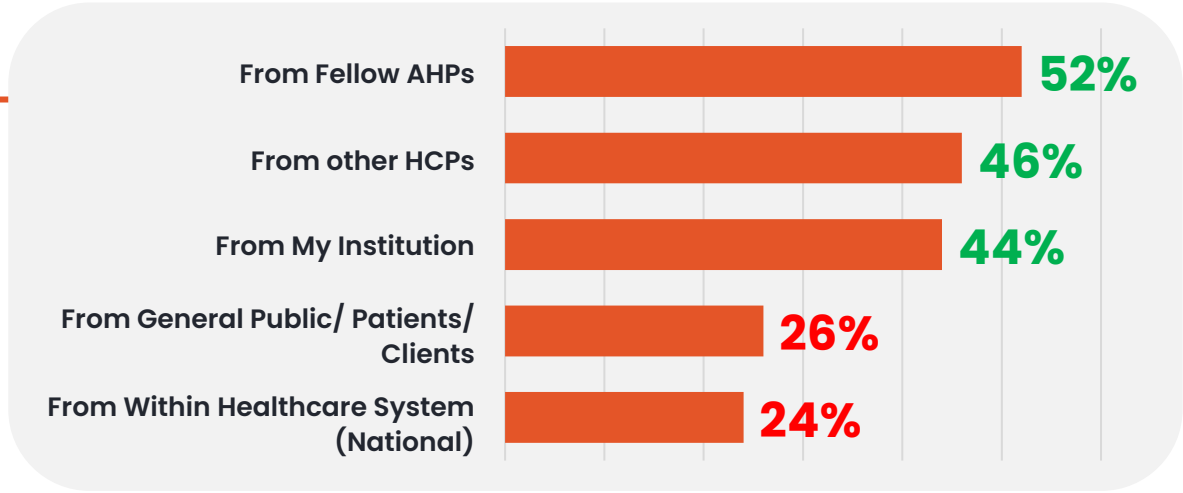
- AHPs helming **management level roles** thus being able to influence policy
- Structured **career tracks** to support AHPs' aspirations and capabilities
- **Competency based promotions** & removal of salary ceilings
- "**AHP Days"** boost engagement, recognition and pride
- AHP voices are heard and valued in multidisciplinary care teams

Base: All AHPs – 2,560, All AHS – 354, All Healthcare Professionals – 144
A5b_a: To your knowledge, how has the level of recognition for your profession changed over the last 5 years?;

However, recognition remains inadequate and inconsistent across stakeholders

Current Level of Recognition





Overall recognition of AHP contribution remained low, especially from external parties (national, general public/ patients/ clients), highlighting **the need to increase public awareness and external visibility**.

Base: All AHPs – 2,560, All AHS – 354; All Healthcare Professionals – 144; A5a_a: Please select the level of general recognition you receive for your contributions an d value to healthcare from the following, on a scale of 1 to 10, with 1 being 'Poorly Recognised' and 10 being 'Highly Recognised'?; ~ overall score is computed as an average of rating from different stakeholders; # Range computed as Mean +/0% 1 Standard deviation

Significantly higher/lower than Overall

AHPs' Desire for Increased Autonomy Varies with Context and Care Model

>40% of AHPs were uncertain if they would like more autonomy.

AHPs define autonomy through three key themes

1. **Clinical decision-making:**
   Ability to order tests or start treatments without waiting for doctor sign-off.

2. **Referral authority:**
   Ability to refer patients to other AHPs or services, reducing bottlenecks.

3. **Expanded legal scope:**
   Formal recognition to carry out procedures they are trained in—such as advanced assessments or interventions

Base: All AHPs – 2,560;
A8_a: Please answer the following questions keeping this definition of autonomy in mind. "Being trusted to exercise clinical autonomy within scope of practice to make independent and impactful clinical decisions for patient/ client care.". In your opinion, does your profession require more autonomy?

05 NEXT STEPS

These factors were then mapped to the future state envisioned by stakeholders to derive NAHS Strategic Areas

Strategic Area 1:

Recognition

Elevate professional recognition through better clarity on roles, standards, value and contribution to quality care

Strategic Area 2:

Innovation

Advancing and transforming AHP practice to provide sustainable and integrated care.

Strategic Area 3:

Sustainability, Education & Professional Development

Building a sustainable and responsive AHP workforce through strategic manpower planning and diversified training pathways.

NAHS strategic areas will chart the path towards realising the vision[1] of how AHPs will shape and lead future care

Versatile experts in their domains, with broad spectrum skill sets

Able to operate across settings and adapt to evolving patient needs

Autonomous and essential partners in care

Able to shape healthcare policy and drive innovation

Innovative leaders beyond traditional professional boundaries

- Able to lead care decisions and have greater autonomy
- Critical member of interprofessional care teams

To shape a future-ready Allied Health workforce to meet tomorrow's healthcare and social needs.

Recognition
Innovation
Sustainability
Education & Professional Development

RISE Above, Care Beyond

[1] The vision was derived from NAHS landscape study findings where stakeholders describe what AHPs was envisioned to be. Stakeholders included C-Suites, AHPs across various settings, educators, HRs, other healthcare professionals, patients/Clients, MOH Divisions, AIC, MOHH, MSF.

What to Expect Next: From Insight to Implementation

As the NAHS moves into implementation, expect a **phased approach over a mid to long term period**, supported by feedback loops, **periodic evaluations**, and adjustments based on system-wide learning.

Staff Engagement

A series of townhalls will be conducted to share the findings and future direction of the National Allied Health Strategy

Forming the NAHS Implementation Committee in Q1 2026

The Ministry of Health will work with/empower the stakeholders to **implement key initiatives**, aligning resources, timelines, and leadership support.

Development of Workstreams & Action Plans in Q2-4 2026

Stakeholder-generated solutions/ opportunities from interviews, workshops, and surveys will be considered by the members of the **workstreams** to shape defined action items, success indicators, and accountability mechanisms.

Thank you.

Make Decisions that *Matter*.

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