MINISTRY OF HEALTH
SINGAPORE

The National Allied Health Strategy (NAHS)

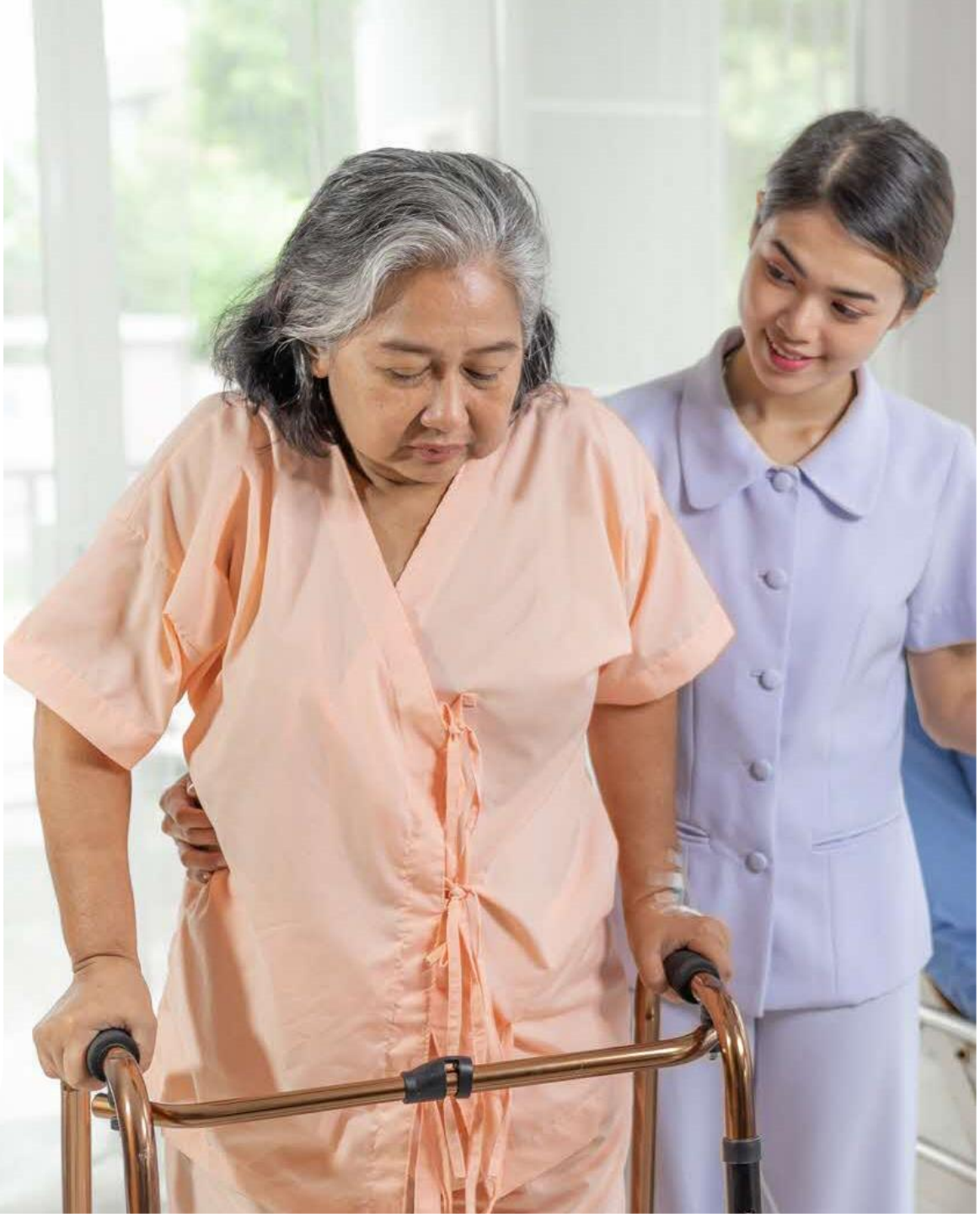
Shaping a future-ready Allied Health workforce to meet tomorrow's healthcare and social needs.

Healthier SG

NATIONAL ALLIED HEALTH STRATEGY

What tensions are we facing today?

- The Singapore health care system is evolving rapidly, driven by :
  - **Ageing Population:** placing greater, sustained demand on our healthcare system.
  - **More complex care needs** : requiring coordinated interprofessional care.
- AHPs face **real pressures** around workload, recognition, training support, career progression and cross-setting coordination.
- NAHS was initiated to **strengthen support** for AHPs through a coordinated national response.



As care needs become more complex, we need to better support AHPs in their evolving roles and enable them to practise in care models that better harness their expertise.

This involves systems level changes towards:

- Challenging traditional care models and de-implementing
- Fostering more collaborations for shared care across settings
- Optimising use of technologies
- Workforce redesign for top-of-license practice
- Empowerment of self-management in patients or clients

Today's session is...

INTRODUCTORY SHARING

What we have heard from all groups of stakeholders.

WHERE WE ARE HEADING

Our shared vision for allied health and the outcomes we are working towards.

DIRECTION BEING DEVELOPED

The strategic priorities and direction taking shape.

FIRST AREAS OF WORK

The initial focus areas and actions under the National Allied Health Strategy.

This is the beginning of our journey together, shaped by collaboration, informed by what we have heard, and focused on building a stronger, more sustainable allied health system for all.

The National Allied Health Strategy (NAHS) provides a coordinated national direction to leverage on the AHPs' diverse expertise for better patients' outcomes.

Today, approaches to allied health development vary across professions and settings. A clear, strategic direction is therefore needed to:

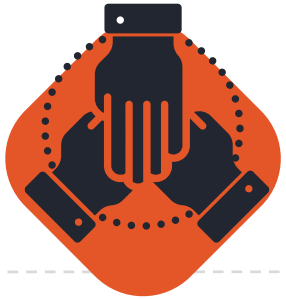
- Identify national focus areas for coordinated development
- Strengthen AHPs' readiness for evolving healthcare needs
- Align efforts across the Allied Health sector toward a common direction

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

To support the development of Singapore's first **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

Our Listening Journey

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 strategic areas under NAHS.

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)

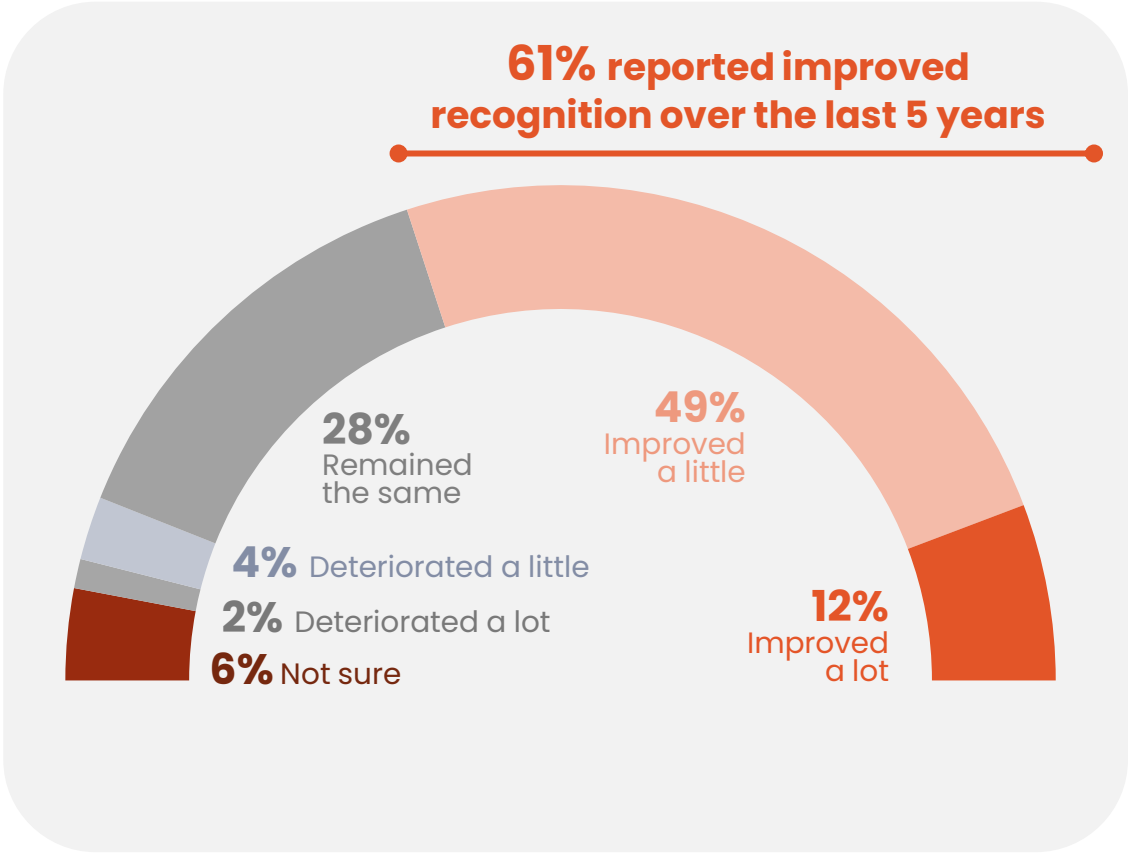
Phase 4:
NAHS Strategic Direction Mapping

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

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

BLACK BOX

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



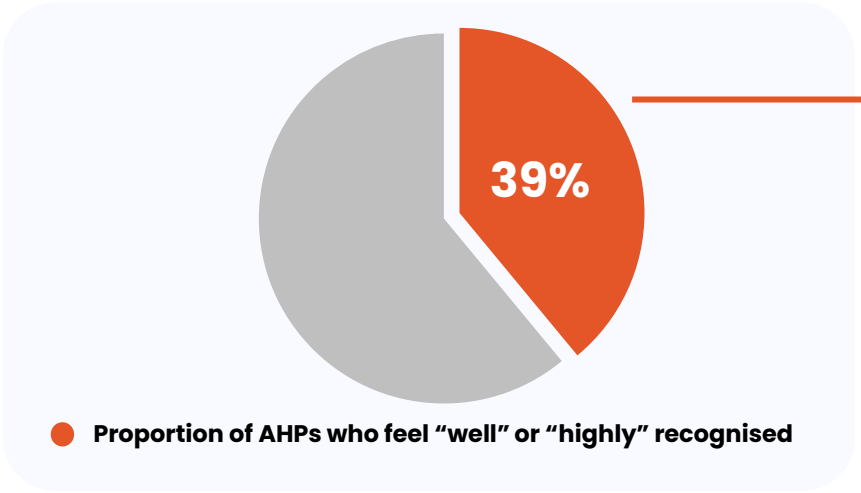
Examples:

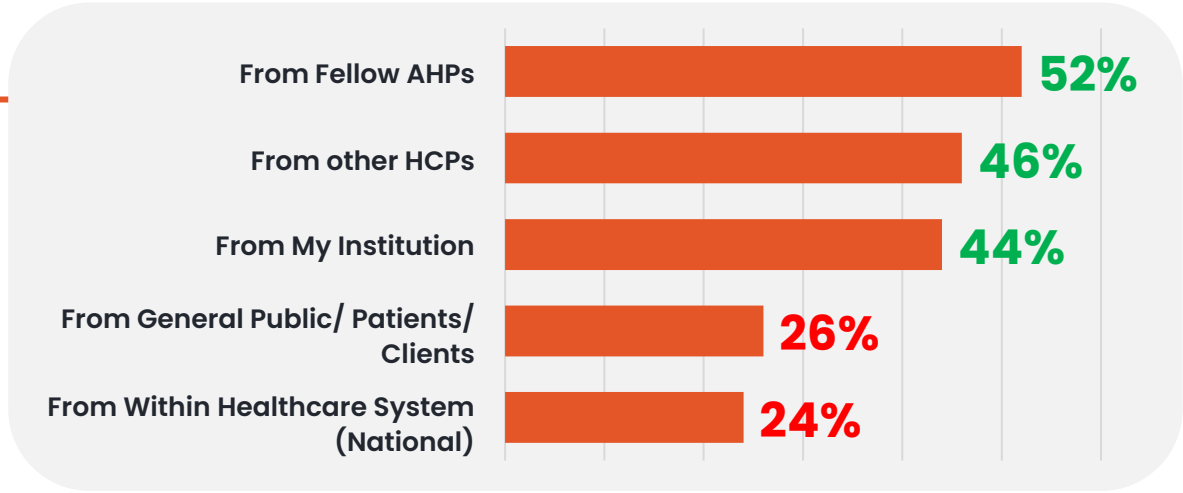
- AHPs helming **management level roles** thus being able to influence policy
- Structured **career tracks** to support AHPs' aspirations and capabilities
- **Competency based promotions**
- "**AHP Days"** boost engagement, recognition and pride
- AHP voices are heard and valued in multidisciplinary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

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

With **50% of AHPs** respondents 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

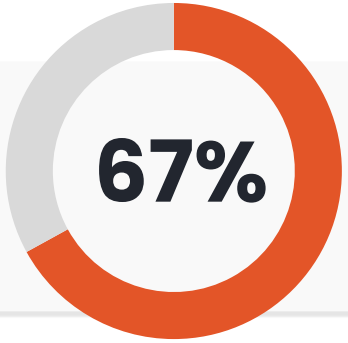
Lack of **standardised, data-driven model** to forecast AHP demand and optimise allocation of resources

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

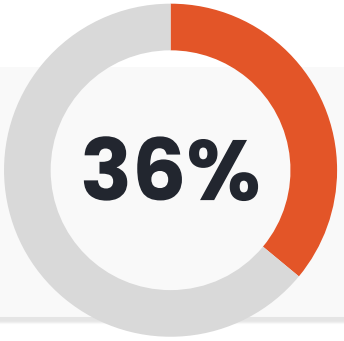
Collaboration levels are better within settings than across settings where care coordination/ continuity and information sharing is lacking. This is a real challenge in innovating a shared care model

Within setting collaboration



feel within setting collaboration being somewhat effective/ highly effective

Cross-setting collaboration



feel cross-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

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
- Support for: task sharing, structured delegation, and cross-training

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

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; **chronic 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

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

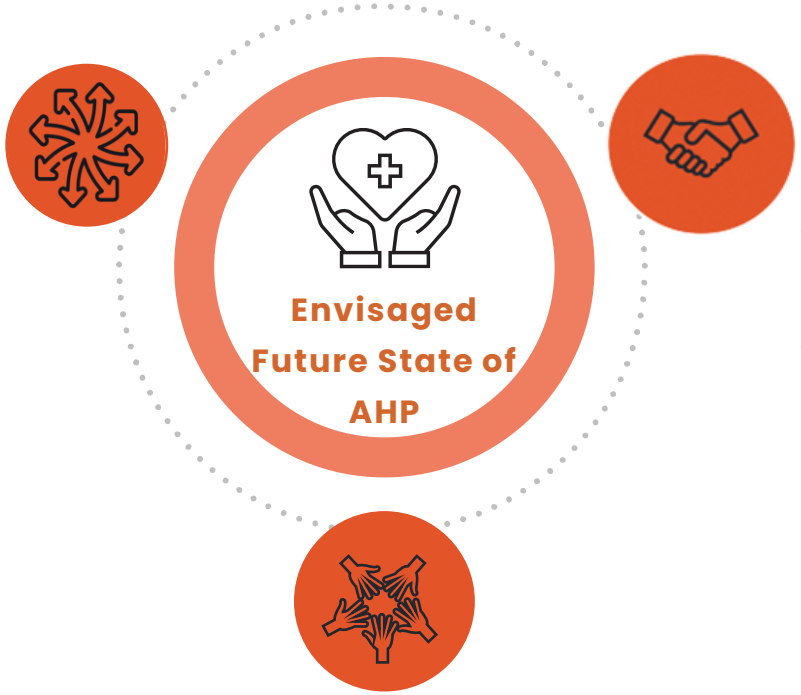
RISE

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

The National Allied Health Strategy (NAHS) at a glance

A national strategy to strengthen workforce planning, professional recognition and capability building for Allied Health Professionals (AHPs)

Three strategic areas under NAHS

1 Recognition

Clarify roles, standards and the value of AHP contributions to quality care

2 Innovation

Transform AHP practice to deliver sustainable, integrated care

3 Sustainability, Education & Professional Development

Plan manpower and diversify training pathways for an agile, versatile and responsive workforce

NAHS will work towards the defining attributes of the future AHPs, identified through stakeholder engagements:

Versatile experts

Operate across settings and adapt to evolving patient needs

Autonomous & essential partners in care

Lead care decisions with greater autonomy as essential partners in care

Innovative leaders

Shape policy and drive innovation beyond traditional boundaries

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

RISE Above, Care Beyond

More information on the development of NAHS and its strategic areas can be found here

Why NAHS begins with a defined list of AHPs in Phase 1

Today

- **No international/ national definition** of AHPs
- Cluster HR tag “healthcare professionals who are not doctors, dentists, nurses or pharmacists” as **AHPs for administrative purposes**
- The professions included as AHPs internationally also vary depending on the intended purpose and setting

The NAHS’s Phase 1 list of AHPs will

Establishes **a common starting point** for workforce planning and professional development

- This will start with 28 professions in Phase 1* and be reviewed over time
- This is based on **the readiness of existing training pathways and recognised qualification requirements**
- NAHS is **not** a professional registration framework. The need for regulation will continue to be determined by a risk-based approach to safeguard public interest

Professions outside of Phase 1 continue to be valued for their expertise and remain supported through their respective institution, professional bodies or national development efforts, where applicable

* Phase 1 is a starting point, not an exclusion list

The list identifies the Phase 1 AHPs under NAHS, where workforce development efforts will begin (in alphabetical order):

1. Art Therapist
2. Auditory-Verbal Therapist/Habilitationist
3. Audiologist
4. Clinical Counsellor
5. Clinical Exercise Physiologist
6. Child Life Therapist
7. Diagnostic Radiographer
8. Dietitian
9. Embryologist
10. Genetic Counsellor
11. Medical Laboratory Technologist/Scientist
12. Medical Technologist/Physiologist, including:
    i. Cardiac
    ii. Neuro
    iii. Pulmonary
    iv. Sleep
    v. Vascular
13. Medical Social Worker
14. Music Therapist
15. Nuclear Medicine Technologist
16. Occupational Therapist
17. Optometrist
18. Orthoptist
19. Perfusionist
20. Physiotherapist
21. Play Therapist
22. Podiatrist
23. Prosthetist & Orthotist
24. Psychologist:
    i. Clinical
    ii. Clinical Neuro
    iii. Counselling
    iv. Educational
    v. Forensic
    vi. Health, etc.
25. Radiation Therapist
26. Respiratory Therapist
27. Speech Therapist
28. Sonographer

Note: Workforce development efforts across Phase 1 AHP professions may vary according to evolving workforce requirements and readiness. Job titles may have slight variations across clusters. For regulated professions, please refer to the list of titles for use under the Allied Health Professions Act (AHPA).

What This Means for AHPs Today

Professions classified as AHPs by HR/cluster definitions today

- Phase 1 AHPs will be involved in national workforce development efforts based on the strategic areas under NAHS. More information can be found on the MOH website.
- Beyond that, all AHPs will continue to benefit from career growth, training and development, and recognition opportunities through institutional or national development efforts, where applicable.
- The HR Office may update job titles for some AHPs to more accurately reflect their professional scope of work.

From Insight to Impact: Turning the NAHS into Action

The **NAHS Implementation Committee (NAHS IC)** was formed in Q1 2026 to oversee and coordinate implementation of the strategy over a mid to long-term period, with ongoing engagement, feedback and adjustments

- Chaired by **Ms Doreen Yeo, Chief Allied Health Officer**, and co-chaired by **Mr J R Karthikeyan, Chief Executive Officer, AWWA,**
- Advised by **Professor Kenneth Mak, Director-General of Health**

Cross sector membership in the NAHS IC aims to bring together perspectives from **public healthcare, community care, academia and government**, alongside medical and nursing representation.
Ongoing consultation with AHPs and stakeholders will continue as implementation work progresses.

Implementation begins with two workstreams to establish the foundation for how AHPs practise and develop in a changing healthcare system.

Workstream 1:

Recognition

Establish common professional foundations & enable progression in professional practice

a. Establish **entry-level competencies, professional titles and scope of practice** to provide clarity on each profession's identity and practice.
b. Define **first-contact, extended and advanced practice** to provide clearer pathways for AHPs to grow and progress in their professional practice.

Workstream 2:

Education & Professional Development

Evolve education and training to build future capabilities

a. Defines the **future capabilities** needed for evolving models of care, in both **profession-specific expertise** and **shared capabilities** where these add value for collaborative practice.

b. **Review education and training pathways** to support the development of these capabilities across different professions, career stages and practice settings.

This will start with redesigning how entry-level AHPs are trained, including more modular and stackable approaches, to strengthen collaborative care, while maintaining professional-specific standards. It is not intended to merge or replace professions [New training pathway for allied health professionals | The Straits Times, more information refer to: Allied Health Training Pathways | Health Professionals Portal]

Transforming Allied Health practice needs to go hand in hand **with workforce sustainability** — and **requires partnership across the sector**. New capabilities and models of care need to be supported by the workforce capacity and system enablers required to make them sustainable. Conversely, innovation can also boost sustainability.

Hence, the NAHS is taking a phased approach, with Sustainability as an ongoing area of work and the Innovation workstream to be formed in Q1 2027.

Innovation

Innovate and scale new models of care through partnership

Work with institutions and sector partners to **identify, test, adapt and scale** promising approaches to care and service delivery.

Sustainability

Enable sustainable workforce development & transformation

Strengthens **long-term manpower sustainability** through integrated workforce planning for talent attraction and retention, workforce well-being and pipeline planning, shaped by how care will be delivered in the evolving models of care.

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Thank You

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NATIONAL ALLIED HEALTH STRATEGY