



REPORT

Health Care Governance & Leadership Executive Programme In Collaboration With SingHealth, Singapore

Government of India
Ministry of Health & Family Welfare

परिवार कल्याण प्रशिक्षण तथा अनुसंधान केंद्र

FAMILY WELFARE TRAINING & RESEARCH CENTRE

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• Table of Contents •

1.	Preface	1
2.	Background	3
3.	Inaugural Programme	4
4.	Panel Discussion	10
5.	Building effective teams.....	13
6.	Case study: Rittenhouse Medical Centre	14
7.	Patient safety and building patient safety culture in Singapore General Hospital	15
8.	Air crash survival: Group exercise	17
9.	Leadership	19
10.	Valedictory Programme	21

1. Preface

Family Welfare Training & Research Centre (FWTRC), Mumbai is a Central Training Institute established by the Ministry of Health & Family Welfare, Government of India in June 1957. The centre conducts in-service trainings for Medical and Para-medical personnel of the country in key Public Health Issues to enhance their knowledge and skills for better delivery of health care services.

Over the years, FWTRC has expanded to become a national level institution conducting flagship programs of **Diploma in Health Promotion Education (DHPE)** affiliated to IIPS (Deemed University) and **Post-graduate Diploma in Community Health Care (PGDCHC)**. Thousands of students, nationally and internationally have been trained by FWTRC.

Governance in health is being increasingly regarded as important aspect for the overall development of a country. Leadership and governance in building a health system involve ensuring that strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system design and accountability. Accountability is therefore an intrinsic aspect of governance that concerns the management of relationships between various stakeholders in health, including individuals, households, communities, firms, governments, nongovernmental organizations, private firms and other entities that have the responsibility to finance, monitor, deliver and use health services.

India is one of the signatory to World Health Assembly which has endorsed Sustainable Development Goals (SDGs) as framed by the United Nations General Assembly for 2030. From the set of 17 Sustainable Development Goals (SDGs), Goal 3 of SDGs is regarding Good Health & Wellbeing.

India is embarking on an ambitious target of achieving Universal Health Coverage (UHC) under which everybody will be entitled for comprehensive health security in the country. It will be obligatory on the part of the State to provide appropriate medical care for good health to all its citizens. The State will be responsible for ensuring and guaranteeing UHC for its citizens. Apart from financial protection, it was recognised that the delivery of UHC also requires the availability of adequate healthcare infrastructure, skilled health workforce and access to affordable drugs and technologies. Further, the design and delivery of health programmes and services call for efficient management systems as well as active engagement of empowered communities. To achieve highest level of health of citizens in India, it is imperative to provide quality framework of hospitals which will be governed by robust policies and able leadership.

Family Welfare Training & Research Centre, Mumbai in association with SingHealth, Singapore Health Services, and supported by National Health Mission, Maharashtra Government, organized two days training programme on 7th & 8th September 2018 in Mumbai for the Health Administrators & Leaders working at district level from government sector of Maharashtra State e.g. Civil Surgeons, Deputy Civil Surgeons, Medical Superintendents and Senior Health Administrator to enhance their understanding of healthcare governance, healthcare delivery models & frameworks, healthcare quality & sustainability and leadership in healthcare.

2. Background

FWTRC was established in June 1957 under the Union Ministry of Health & Family Welfare, Government of India and was identified as the first Central Training Institute of MoHFW to conduct in-service trainings for Medical and Para-medical personnel of the country in key Public Health Issues to enhance their knowledge and skills for better delivery of health care services. FWTRC also conducts community based research studies in Key Public Health Issues. FWTRC completed glorious 60 years and celebrated its Diamond Jubilee in 2017. On this occasion FWTRC organized National Conference on **“Developing Quality Essential Health Care Services: Opportunities and Challenges to achieve SDGs” on 5th & 6th May 2017.**

Governance in health is being increasingly regarded as important aspect for the overall development of a country. Leadership and governance in building a health system involve ensuring that strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system design and accountability. Accountability is therefore an intrinsic aspect of governance that concerns the management of relationships between various stakeholders in health, including individuals, households, communities, firms, governments, nongovernmental organizations, private firms and other entities that have the responsibility to finance, monitor, deliver and use health services.

The United Nations General Assembly adopted the 2030 Agenda for Sustainable Development, along with a set of 17 Sustainable Development Goals (SDGs). India is a signatory to World Health Assembly which has endorsed Sustainable Development Goals. Goal 3 of SDGs- Good Health & Wellbeing, has committed itself to a global effort to eradicate disease, strengthen treatment and healthcare, and address new and emerging health issues. It calls for innovation, and research in these areas to further enhance public policy efforts. A holistic approach to better health will require ensuring universal access to healthcare and to making medicine and vaccines affordable.

India is embarking on an ambitious target of achieving Universal Health Coverage (UHC). Everybody will be entitled for comprehensive health security in the country. It will be obligatory on the part of the State to provide appropriate medical care for good health to all its citizens. The State will be responsible for ensuring and guaranteeing UHC for its citizens. Apart from financial protection, it was recognised that the delivery of UHC also requires the availability of adequate healthcare infrastructure, skilled health workforce and access to affordable drugs and technologies. Further, the design and delivery of health programmes and services call for efficient management systems as well as active engagement of empowered communities. To achieve highest level of health of citizens in India, it is imperative to provide quality frame work of hospitals which will be governed by robust policies and able leadership.

Family Welfare Training & Research Centre, Mumbai in association of SingHealth, Singapore organized two days training programme (7th& 8th September 2018) in Mumbai for the Health Administrators & Leaders from government sector of Maharashtra State to enhance their understanding of Healthcare Governance and Leadership.

3. Inaugural Program-

In the inaugural function of “Health Care Governance & Leadership Executive Programme”, the following dignitaries were present:

1. Chief Guest: Dr. Deepak Sawant, Minister of Public Health & Family Welfare, Maharashtra State
2. Honourable Guest: Dr. Adesh Gadpayle, Addl. DG (Hospitals), MoHFW, GOI
3. Special Invitee: Dr. Srinivas, Head, Health Sir Dorabji, Tata Trust & Allied Trust, Mumbai
4. Invited Guest: Ms. Vijaya Rao, Senior Director, SingHealth, Singapore
5. Prof. (Dr.) Deepak Raut, Director, FWTRC, MoHFW, GOI, Mumbai

The inaugural function was started by lighting of lamp by the Chief Guest Dr. Deepak Sawant, Minister of Public Health & Family Welfare, Maharashtra State and other dignitaries.



Chief Guest Dr. Deepak Sawant, Minister of Public Health & Family Welfare, Maharashtra State Inaugurating the Program by Lamp lighting in Presence of Dr. Adesh Gadpayle, Addl. DG (Hospitals), MoHFW, GOI; Ms. Vijaya Rao, Senior Director, SingHealth, Singapore, and Prof. (Dr.) Deepak Raut, Director, FWTRC, MoHFW, GOI, Mumbai.

Prof. (Dr) Deepak Raut, Director, FWTRC, MoHFW , GoI, Mumbai

Prof. (Dr.) Deepak Raut in his welcome address said to the participants that this a great moment for FWTRC, Mumbai organizing an international programme in collaboration with SingHealth for senior health officials of Maharashtra. Dr. Raut further added that we are planning this programme from last 7 to 8 months, discussed with Mr. Sanjiv Kumar, former MD-NHM, MH, and Dr. Deepak Sawantji. MoHFW and other officials in the Maharashtra Health Ministry all agreed in principle to organise this programme in Mumbai. Dr. Raut said that this programme was organised for the middle level managers to know the new approaches in Healthcare Governance & Leadership to incorporate the good practices of SingHealth care and also to utilise our available resources optimally to improve the quality of our healthcare services.

Discussing the health system of Maharashtra, Dr. Raut said that in Maharashtra, Health Services are well planned from sub-centres to state level tertiary care hospitals. Maharashtra is well ahead in implementation of various National Health Programmes. Dr. Raut further added that as per the National Health Policy, it is suggested that, accessible health services at affordable prize should be made available to all citizens.



**Prof. (Dr.) Deepak Raut,
Director, FWTRC, MoHFW ,
GoI, Mumbai delivering the
welcome address**

Talking about hospital management, Dr. Raut told that there are various challenges like shortage of trained manpower, availability of infrastructure and managerial skills among senior doctors. There is need to strengthen health care governance and leadership skills among Civil surgeons and Medical Superintendents to facilitate them to bring down the morbidity and mortality of communicable and non-communicable diseases in Maharashtra. Dr. Raut further explained that our district hospitals and tertiary care hospitals should function as Health Promoting Hospitals. He appealed to all participants that despite the difficult and multitasks performed by health officials they should develop leadership skills and act as mentors to junior level health officials to teach and guide them in providing quality health care.

Dr. Srinivas, Head, Health Sir Dorabji, Tata Trust & Allied Trust, Mumbai:

Dr. Srinivas in his speech said that he was pleased to be invited for this programme and hoped that many more such programmes will be organised by FWTRC and TATA Trust will support in every possible way.

Talking about leadership, Dr. Srinivas told that great leaders can change the destiny of a country. In India there is constrain of infrastructure, manpower and money so good leaders are required. He further added that innovations by people and technology we can expect efficient outcome. He also told that in India from ages medical people considered next to God but now this scenario has changed, that's why we need visioning/ motivational leaders for better Health in India.



Mr. Srinivas, (Head, Health Sir Dorabji, Tata Trust & Allied Trust, Mumbai) Special Invitee addressing the participants.

Talking about SingHealth, Dr. Srinivas told that they are giving very good services for their people and expressed need to follow or exchange with SingHealth the areas of Exchange could be Health Financing, quality of Health Care and Health Management. In India there are new innovations like 108 services but we should exchange ideas / practices which help to go ahead doing things in right way. He Wished organisers and participants for great success of this programme.

Dr. Adesh Gadpayle, Additional Director General of Health Services, Ministry of Health & Family Welfare, Government of India.

Dr. Gadpayle explained his views on “Good Governance of India in Health Care”, said that Central government gives financial and technical support to the state governments for delivering health care to the population. We have limitations of infrastructure & manpower, however we made very good policies. He further added that in India 70 % of the health care services were provided by private sectors and only 30 % by government hospitals, Poor people only goes to Government hospital and wants free treatment. Dr. Gadpayle further emphasized that though India is a third world country; we still manage to achieve the desired public health goals by meticulous innovations with the efforts of doctors, Nurses, paramedics, private practioners and people of this country. Further he added that there is need to educate people for promotive and preventive health care with available resources and it does not require any cost. Only few good words to the relatives regarding health education is required by the mid-level managers.



**Dr. Adesh Gadpayle,
Additional Director General
of Health Services, MoHFW,
GoI delivering his speech**

Dr. Gadpayle also informed that Prime Minister of India has launched Health Insurance scheme “Aayushman Bharat” on 25th September 2018 for the marginalized people of this country. He further stressed that there is still lot to do in the health care as many people cannot pay for their treatment due to poor economic conditions. He wished this programe a great success.

Dr. Deepak Sawant, Minister of Public Health & Family Welfare, Maharashtra State:

Minister of Public Health & Family Welfare Government of Maharashtra, Dr. Deepak Sawant highlighted the practical aspects of working pattern in public health in Maharashtra and congratulate his workforce especially Civil Surgeons and term them as “Health Soldiers” for the fact that they absorb enormous pressure from common people, political leaders and RTI while providing the health services. He further added that Civil Surgeons, District Health Officer even Deputy Directors are versatile personality but does not have enough knowledge about administration hence they go through self-education. Dr. Sawant addressed the need of empowering doctors with skills such as basic management, hospital administration, multitasking and dealing with people’s expectations while performing their duties.

Dr. Sawant said that Maharashtra face new challenges every year and shared a success story of swine flu in Pune and handled by allowing N95 masks only for patient, paramedics, doctors and relatives only as there were issues related to disposal of N95 masks if given to all. He further added that Maharashtra have taken a bold decision to introduce sewing Flu vaccine in the state. He also gave examples of KFD and Leptospirosis and told that Maharashtra do learn from experiences, bold decisions which gave very good results. Dr. Sawant further said that they have started “Tele Radiology” for Trauma care centres due to lack of Neurophysicians and neurosurgeons at the health care facilities. Another initiative taken by Maharashtra is that they have started CPS courses to produce specialised doctors in various specialization of Medicine so which that it will lead to the holistic health goals where Maharashtra government is trying to achieve he added that Union Minister Shri. J. P. Naddaji, MoHFW has congratulated about these innovations taken by government of Maharashtra.



Inaugural address by Dr. Deepak Sawant, Minister of Public Health & Family Welfare, Maharashtra State.

Talking about other innovations Dr. Sawant said that simple innovations without spending a single penny by them has decreased IMR in Maharashtra. Further Dr. Sawant said that such new innovations they required from SingHealth like virtual classroom for MCH and Non-Communicable diseases and appealed SingHealth to develop modules in collaboration with FWTRC, Mumbai.

Mrs. Rosy Joseph, PHNO proposed vote of thanks to all the dignitaries on dias, experts, participants, faculty members and other supporting staff at the end of the programme.

4. Panel Discussion: Leadership and Quality Journey- A sharing of Singapore and India experience.

Speakers-

1. Dr. Kwa Chong Teck, Senior Adviser, National Dental Centre, Singapore.
2. Prof. Ng Han Seong, formerly Chairman, Medical Board, Singapore Government Hospital.
3. Dr. A.K. Gadpayle, Additional Director General of Health Services, Ministry of Health & Family Welfare, Government of India.
4. Dr. Ulhas Marulkar, Deputy Director (Hospital), Directorate of Health Services, Maharashtra.

Moderator-

Ms Vijaya Rao, a Senior Director, Programme Development, ICO Division with the Singapore Health Services (SingHealth), Singapore.



Panel Discussion : Prof. Kwa Chong Teck, Senior Adviser, Dr. A.K. Gadpayle, Additional Director General of Health Services, Prof. Ng Han Seong, formerly Chairman, Ms Vijaya Rao, Senior Director, Dr. Ulhas Marulkar, Deputy Director (Hospital) Maharashtra.

Panel discussion started with introduction of all participants from various districts of Maharashtra. Ms. Vijaya Rao urged participants to ask questions for the panel discussion. Following points were discussed-

1. Neonatal Mortality-

Ms Vijaya Rao informed that big policy decision was taken by the Singapore government to tackle neonatal mortality. Enormous training of medical & para-medical personnel, strengthening of ANC check-up at the district hospital level and health promotion of entire population was carried out. Proper mechanism for dealing with high risk pregnancy and following proper protocols was done. This led to reduction of neonatal mortality to very low level. Late age of marriage, upgradation of labour rooms and call system for ANC check-up were some other important factors leading to reduction in neonatal mortality.

Dr. Han Seong informed that in Singapore the obstetricians, physicians, surgeons and nurses work in teams. The general education level/ awareness level of the people is high. Every patients has only one centralised health record which makes follow up easy. These factors has also led in reduction in neonatal mortality in Singapore.

Dr. Kwa Teck stressed that multi-disciplinary care is very important in reducing neonatal mortality. He gave the example of Cambodia where doctors had gone to far away districts with less health services and emphasised on nutrition, hygiene and self-care which led to reduction in neonatal & maternal mortality. He also informed that mothers having periodontal diseases have greater risk of preterm baby. Hence, they have started dental screening in pregnant women.

Dr. A.K. Gadpayle informed that government of India has already implemented the policy of institutional delivery and payment of incentive to ASHA for providing maternal & child services as per the National Health Mission (NHM) policy. He further informed that GoI has decided to have one functional dental unit at every district hospital.

2. Doctor patient ratio-

Dr. Han Seong informed that there are 12,000 registered doctors for 5.5 million population in Singapore, out of these 60% are specialists. Traditional Chinese practices & Chinese medicines are also registered by the Singapore government. However, though Indian health practices are registered by Singapore government, Indian medicines are not registered.

3. Health infrastructure in Singapore-

Ms Vijaya Rao said that Singapore do not have rural population. Hence, they have polyclinics (22) for primary health care services. About 80% of primary health care services are rendered by public sector. Singapore has a very regulated system through the Singapore Medical Council.

Dr. Kwa Teck said that in Singapore, people do not worry about health cost. 80% people attending private sector pay from their pocket or through insurance scheme. For poor patients, hospital waive off the bills or they are covered under government health schemes.

Dr. Han Seong informed that all health records of patients are available on-line under the clinical pathway co-ordinated care which make the infrastructure stronger.

4. Salary of doctors-

Dr. Kwa Teck said that it is not appropriate to compare the salaries of doctors in Singapore and India. The basic pay of Senior Registrar in Singapore is 1,60,000 and Consultant is 2,00,000 and allowances are given separately. Allowances varies depending upon the speciality of the doctor.

5. Maintenance of health records-

Digital Health cards are generated for all people in Singapore. All health information is available on-line. Due to availability of information lot of analysis on population health can be done by the Singapore ministry. Artificial Intelligence is also coming up due to which requirement of doctors is decreasing.

Dr. Gadpayle informed that Health Management Information System (HMIS) has been started by the ministry in India which will become a part of Nation Health Mission. No compensation is given to the family if the patient dies in government hospital.

6. Referral system-

Dr. Han informed that the entire Singapore is divided into west, north and east clusters. There are polyclinics in each cluster to cater to the health of the population. If the patient is not manageable at the polyclinic, they are referred to tertiary hospital.

7. Disease profile-

Dr. Han informed that in Singapore infectious diseases are decreasing. Degenerative diseases especially diabetes is increasing. About 1% of total population in Singapore is affected by diabetes. The government has shifted from the policy of providing health care to the policy of promoting health, so that people are empowered to take care of their own health. Five year plans are formulated by the government and they are strictly followed to achieve the target. Judicial usage of antibiotics is given utmost importance to avoid antibiotic resistance.

Dr. Deepak Raut, Director, FWTRC informed that a study on health promoting hospitals was carried out in Safdarjung Hospital, New Delhi. The study findings showed that 65% of indicators were not followed. The observation of the report was taken seriously by the hospital administration and took measures to improve them.

5. Building effective teams:

Speaker: Prof. Kwa Chong Teck, Senior Adviser, National Dental Centre, Singapore

In his lecture on building team, Prof. Kwa very beautifully initiated on the fact that **“Success has many parents” and “Failure is an Orphan.** To make the participants understand the fact that success has many parents he explained the success story of Singapore Athlete who won the gold medal, After his success in swimming, there was a huge list of contributors right from his school to his coach ,dietician etc. for his grand success.

Further Prof. Kwa discussed the reasons for the failure of the team like resources, diversity, flexibility, potential for synergy, opportunities etc. The group of people should not be confused with the team for this he has given the example of building the playground and restaurant where the group of people works with individual skill. Prof. Kwa elaborated on how team works for the common purpose, interdependence, bounded, relative stability etc. along with it he has also mentioned the reasons of team failure like some tasks better performed by the individual than the team. Further Prof. Kwa had a very interactive discussion on Hackman J R model of enabling structure (what we want to do & why) this enabling structure gives us the clarity of thought while working in team.

While discussing on supporting organizational context, vision, skill, incentive, resource and action plan are the basic components on which the organization brings the expected change. Gap right from vision to action needs to be filled if this gap is not filled then there could be confusion, anxiety, frustration, false start etc. which will definitely reflect on the organization as team.

While explaining about the situation where there is no conductor, no leader Prof. Kwa showed one film on Orpheus chamber orchestra in which active participation, humour, direct communication complementary skill, flexibility, mutual respect, engaged bonded which are the behaviour norms seen at every stage , while on the other hand it is also seen that organizational behaviour observes adequate engagement, punishment coercion, difficulty of implementation, assumption intuition etc. both the situations may lead to lack of expected outcome. Prof. Kwo also explained some art efacts of team e.g. behaviour, values, rituals, belief, myths etc present in a team and its effects on the performance of the team. While discussing the team building he described the model of sociability and solidarity both the models reflects team work. Culture reflects leader’s behaviour and belief. There was a discussion on very important point i.e. holes organization could be organization, technical, provider, team and the reason



Prof. Kwa Chong Teck, Senior Adviser, National Dental Centre, Singapore delivering his lecture on Team building

could be inadequate funding, resources, deficient policies, poor design etc. the solution for this as he mentioned is psychological safety and the accountability. If the psychological safety is high and accountability is low then there is comfort and learning and if the psychological safety is less and accountability is high then there is apathy and anxiety which reflects on a team.

6. Case study: Rittenhouse Medical Centre

Speaker: Prof. Kwa Chong Teck, Ex- Medical Director, National Dental Centre Singapore.

Director Dr Deepak Raut welcomed Prof. Kwa Chong Teck for session. Prof. Kwa briefed about the exercise given to the participants on case study and started with question answer session. Based on case study some participants have given feedback in favour of Dr Booth & some were against what Dr Booth demanded from Rittenhouse Medical Centre. Prof. Kwa also discussed about role CEO of RMC, as it is still a specialty-based solution shop with orthopedics in multiple separate musculoskeletal centres. For service operation some issues like good results, training of staff, quality of service, efficiency of service provider etc. were discussed.

During the session Prof. Kwa talked about Service Operation, Team Dynamics and Leadership. He also added that what Dr. Booth doing was favorable selection and not operational efficiency because he only select the patients with total knee replacement and also have selected dedicated staff and resources. He also added that for service operation should we separate the services or integrate the services. As the separation will cause the reduction of potential for interference, economies of scale and economies of integration and so diversified, operation need to be focused to improve the productivity. While talking on integration he said integration is the process by which one will be able to returns to quality economies of scale. He also discussed the possible approaches for integration of services.

Prof. Kwa also discussed about the modern healthcare trends usually in Silos i.e. having separate healthcare institute for various health related problems and it works well when patient care confined to single institution or discipline. He also explained how these healthcare institution works in community in better coordination. He further added that these services are now transiting from specialty based to patient focused and discussed the challenges and possible solutions for patient focused healthcare.

Prof. Kwa also discussed about the various opportunities to improve the health care which should be based on the best available evidence, patients need. He also added different SingHealth-Duke NUS disease centres and how they work and various tools for their success. While concluding he explained how the traditional and collaborative leadership works.

7. Patient Safety and building a Patient Safety Culture in Singapore General Hospital.

Speaker: Prof. Ng Han Seong, Ex-Chairman Medical Board of Singapore


Director Dr Deepak Raut welcomed Prof. Ng Han Seong for session. Prof. Ng Han Seong discussed various issues related to patient safety like identifying the patient correctly, effective communication, medication, infection control, diagnostic errors etc. For building Patient Safety Culture he said good governance is required which involves corporate governance, clinical governance and accreditation. In clinical governance education and training, clinical audit, clinical effectiveness, research and development, openness and risk management all are involve. He also said the biggest hurdle to patient safety is Human factors and deviation. He also added that for patient safety good hand hygiene and zero harm culture should be adapted. Further he added that staff engagement should be adapted for patient safety which involves various aspects like knowledge, culture, communication and structure. In order to keep change in patient safety culture he said repeated awareness is required that may created through case presentations, publications, reports etc.

Prof. Ng Han Seong further listed the multiple human factors that acted as barriers to speaking up (Authority gradient) i.e. a high reporting threshold, lack of being listened to, fear of retribution and disrespect, shy personality etc. He also added that medicine is a continuum that is from prevention to acute and chronic care and also referral & transfer, shift & handover is involve.



Prof. Ng Han Seong, Ex-Chairman Medical Board delivering a session on Patient Safety and building a Patient Safety Culture in Singapore.

Prof. Ng Han Seong also added to build Patient Safety Culture we have to learn from other service operations like nuclear power which are High reliable organizations (HROs) which operates under very trying conditions all the time and yet manage to have fewer than their fair share of accidents. Prof. Ng Han Seong also added for patients safety Sing Health is having various workgroups like medication safety, procedural safety, falls prevention, operation & environmental safety, infection control & prevention workgroup etc. He also added Medicine ACP Funds are provided for quality improvement (QI) projects in which priority is given to good Practice for patient safety, new model of care for holistic management of complex and chronic diseases and resource lean care (e.g. Virtual Monitoring Clinic).



Prof. Ng Han Seong further listed audit & indicators for infection control like hand hygiene, environmental audit, multidrug resistance organisms indicators, Methicillin-resistant Staphylococcus aureus (MRSA) indicators, sharps and injury exposure indicators. He further stated that medication error is leading cause of preventable deaths and also told five rights to prevent medication errors e.g. right drug, right patient, right dose, right route and right time. Prof. Ng Han Seong further explain how patients fall is managed at SinghHealth in every hospital and also depicted the journey of patients in general hospitals and specialized hospitals.

While concluding Prof. Ng Han Seong talked about Human Resource Audit which involves uniformity of personnel policies and practices, timely compliance with legal requirements and job description, qualifications and competency.

8. Air crash survival

Speaker: Prof. Kwa Chong Teck, Ex- Medical Director, National Dental Centre Singapore


This session was a group exercise. The name of the exercise was “Air crash survival” where the participants were told that their airplane had crashed in the forest glacier region and they were shown a list of objects and asked to prioritize in order of preference as a group. The list of items were given as follows:



Prof. Kwa Chong Teck, Ex- Medical Director, National Dental Centre Singapore discussion of group exercise on Air crash survival.

- A ball of steel wool
- A compass
- A family size bar of chocolate
- A bottle of whiskey
- A sectional air map made of plastic
- 20 x 20 ft. piece of heavy duty canvas
- Extra shirt & pants for each survivor
- A cigarette lighter (without fuel)
- Newspapers (one per person)
- A can of Crisco shortening
- A small axe
- A loaded 9mm pistol.

Family size chocolate bars (one per person): Chocolate will provide some food energy. Since it contains mostly carbohydrates, it supplies the energy without making digestive demands on the body.



Newspapers (one per person): These are useful in starting a fire. Use these as insulation under clothing when stuffed around a person's arms and legs. Roll these up into a megaphone-shape to use as a verbal signalling device. It also provides reading material for recreation.

Loaded .45-caliber pistol: The pistol provides a sound-signalling device. (The international distress signal is three shots fired in rapid succession). There have been numerous cases of survivors going undetected because they were too weak to make a loud enough noise to attract attention. Use the butt of the pistol as a hammer, and the powder from the shells will assist in fire building. By placing a small bit of cloth in a cartridge emptied of its bullet, one can start a fire by firing the gun at dry wood on the ground. The pistol also has some serious disadvantages. Anger, frustration, impatience, irritability, and lapses of rationality may increase as the group awaits rescue. The availability of a lethal weapon is a danger to the group under these conditions. Beware, it would take an expert marksman to kill an animal with a medium calibre pistol. Transporting the animal to the campsite will prove difficult to impossible depending on its size.

Quart of 100 proof whiskey: The only uses of whiskey are as an aid in fire building and as a fuel for a torch (made by soaking a piece of clothing in the whiskey and attaching it to a tree branch). Use the empty bottle for storing water. Use the whiskey as an antiseptic for a wound. The danger of whiskey is that someone might drink it, thinking it would bring warmth. Alcohol takes on the ambient temperature and a drink of minus 30 degrees Fahrenheit whiskey will freeze a person's oesophagus and stomach. Alcohol also dilates the blood vessels in the skin, resulting in chilled blood being carried back to the heart, resulting in a rapid loss of body heat. Hypothermia will set in.

Compass: Because a compass might encourage someone to try to walk to the nearest town, it is a dangerous item. Its only redeeming feature is as a reflector of sunlight (due to its glass top).

Sectional air map made of plastic: This is among the least desirable of the items. It will encourage individuals to try to walk to the nearest town. Its only use is for ground cover to keep someone dry.

Small axe: Survivors need a constant supply of wood in order to maintain the fire. Use the axe also for clearing a sheltered campsite, cutting tree branches for ground insulation and constructing a frame for the canvas tent.

9. Leadership.

Speaker: Prof Kwa Chong Teck ex Medical Director National Dental Centre Singapore.


Prof. Kwa spoke about the role of a modern leader which is much more than that of the lobbyist. “Leadership” is about realising new and (generally) unwelcome realities, communicating this and bringing about successful adaptation to it. He has to realise that change is the way to move ahead. Prof gave examples of different MNCs who forged ahead because they adapted to changing times and those who didn’t in spite of being market leaders at one time were overtaken by others because of their failure to foresee ahead. Low cost, poor performance, filling an unmet need are some of the reasons cited by him as to why these companies moved ahead. The speaker then cited examples for why the failure to keep invested in the developing technology and living in ones comfort zone is not good for intellectual or professional development. One has to be constantly aware of the newer technologies and adapt to changes to stay as a leader.

Then he talked about Tools of Cooperation which depends upon degree of engagement and difficulty of implementation which is dependent upon power, artefacts and culture. He then spoke in-depth about motivation and said it should not be confused with incentivising. Incentivization is done a) to gain a reward b) to avoid punishment c) to induce interest where as motivation is 'For its own sake' either because the task is enjoyable ,challenging, interesting



**Senior faculty from Directorate
of Health
Services, Maharashtra**

Meritocracy is a system built on the maximisation of individual talents. At times there may be exaggerated faith in intelligence or diversity for its own sake. Narcissism which is misplaced notion of “self” may be evident at individual, organisational or national level. There is a need to develop a new civic consciousness, sense of debt to community & nation which should manifest ones view to others, ones selection processes, understanding of special roles and how to narrate a common purpose.



Then the Prof talked about key performance indicators (KPIs) which influence behaviour, process & outcomes. He said that not everything that can be counted counts and not everything that counts is counted. The attendances, revenue, wait times, turnover times etc indicate process. The outcomes are measured as morbidity & mortality / adverse outcomes, cases from / for multidisciplinary management, cases for multidisciplinary management cases for residents / auxiliaries, cases to support research, revenue from joint consultations indirect revenue from teaching etc. The values refer to importance given to the above which are actually taken up from time to time.

He said Leadership' is about mentoring people which is different from coaching. whereas coaching is task orientated line manager role, concerned with skills & performance of current job and short term needs. Mentoring is about long term relationship and concerns developing capability and potential, personal issues & blockages, here the agenda is set by learner. aceo really inspires, motivates, builds culture, set example develops vision and mission, implements and is in tune with the change and periodically evaluates the functioning of the organisation and the direction in which its headed.

Then he spoke about Leadership Styles which may be traditional leadership where he works in structured hierarchical silos, with limited access to shared services, human resource. Then there is collaborative leadershipn where people share knowledge, power, credit contextual intelligence complementary skills "passion for a cause" prepared minds. A leader should earn his followers. He should have vision, direction, authority, knowledge, and energy, have compassion & empathy and being honest about his weaknesses. He should be humble by not thinking less of yourself, but thinking of yourself less.

Then he said one should make wise choices like to take care of your health, to do what's right, to be accountable, to be happy, and to give As it is not about what you have or what you have accomplished, it is about who you have helped, lifted up, made better It is about what you have given back. PLEASURE comes with a 'price' whereas HAPPINESS comes from your relationships and knowing your purpose in life. Leadership is a gift and one should make a difference.

10. Valedictory Programme-

Valedictory session was held on completion of all technical sessions. Shri J. P. Dange, Ex- Chief Secretary, Government of Maharashtra was the Chief Guest. Other speakers on this occasion were Dr. Adesh Gadpayle, Additional Director General, Ministry of Health & Family Welfare Government of India, Ms. Vijaya Rao, Senior Director, Singh Health, Prof. Ng Han Seong, Prof. Kwa Chong Teck, Prof. Wayan Tsai faculty, Singh Health and Dr. Deepak Raut, Director, FWTRC, Mumbai.

Participants were asked to give their feedback about the programme. Two participants presented their views on behalf of the group mentioned below -

1. All sessions were informative and all faculties from Singhealth as well as all participants were motivated to discuss and share their experiences.
2. There is difference between Singapore and Maharashtra with regard to population, infrastructure, resources etc. but participants said that they shall try and motivate our health team to bring about changes and provide quality health care.
3. As most of the participants are senior level officers due for their retirement, it was suggested to hold such programmes for junior officers too.
4. One of the officer in the group said that he will take up a research topic on “Periodontal abscess leads to premature delivery” for his PhD student.
5. A junior officer present said that she had 13 years to retire and this programme was very helpful to motivate her and help her to manage the hospital in better way.
6. Senior officers should be called to Singapore to see the Health Infrastructure facility and for advanced training

Ms. Vijaya Rao was delighted by the participants views and said that she hopes that all participants will share whatever they gained in the two days training programme with their juniors. She praised the steps taken in the past to reach the current Health states & said we all learn from experiences in own way. Also share success with Dr. Deepak Raut, make quality statements and believe in doing. Even if five of you implement and succeed our efforts are fruitful. Do send us your experiences.



Feedback and views about the programme expressed by Ms. Vijaya Rao

Ms. Vijaya Rao thanked Dr. Deepak Raut and his team for a well organised two days training programme, comfortable stay, food and all other arrangements made with utmost care and detail. She expressed to continue collaboration in future.

Dr. Adesh Gadpayle said he was pleased to be the part of two days training programme and observed a two way dialogue between participants and SingHealth faculties. This is a great achievement. India is a large country having variation between states, manpower, resources as compared to Singapore. We have political will but technical persons needs much to be achieved. This two days training is like trainers training and when participants return they can make a team and disseminate to juniors.

Prof. Kwa Chong Teck from Sing Health expressed their happiness to come and share their knowledge and experiences with participants. They gained as much as they shared with participants. They thanked for the good hospitality and said they looked forward to coming again for such training programmes.

Dr. Deepak Raut appreciated full involvement of experts and all participants working at a senior positions and coming in spite of their busy schedule. He added that the discussions at the panel discussion on first day set the precedent as both participants and speakers were clear as to what is going to be taught, discussed and shared with them.

Director's Concluding Address



**Prof. (Dr.) Deepak Raut, Director, FWTRC
in his concluding Speech**

Dr. Raut suggested that he would like them to be "Motivational Guru" as our intention is to bring good health. Maharashtra population has to be healthy and so you all need to work at how patients should be treated, He desired that they will be-

- **motivational leader**
- **be a changed leader**
- **believe in mentoring and not coaching their juniors**

Mentoring is understanding their limitations and strengthening their potential. He wished that participants will convert knowledge gained into practice.

Certificates were distributed by the chief guest and other guests on the dais to all participants.

Shri J.P. Dange in his speech said he was pleased to be invited as chief guest at the valedictory programme and such interactions are required for senior officers in public health. He also narrated his experiences years back of working in collaboration by beaurocrats and health officials. India being a federal structure and health a state subject it is necessary to utilize limited resources at urban and rural levels with utmost care. He appreciated the training programmes conducted by FWTRC Mumbai.

A token of appreciation in the form of plaques were presented to all dignitaries followed by vote of thanks. On behalf of the Director FWTRC Mumbai Ms. Rosy Joseph thanked the following for making the training programme successful. SingHealth and Temasek foundation for organising the training and funding it. Dr. Adesh Ganpayle for sparing his valuable time. National Health Mission, Maharashtra for sending the participants and supporting the programme. Expert faculties Prof. Ng Han Seong, Prof. Kwa Chong Teck, Prof. Wayan Tsai coming all the way from Singapore. YMCA International Centre for comfortable hall, stay arrangements and food. participants for their enthusiasm and participation.

Certificate Distribution



Valedictory function and Certificate distribution in the presence of Chief Guest Shri. J. P. Dange, Chief Secretary (Formerly) Govt. of Maharashtra, Prof. Kwa Chong Teck, Senior Adviser, National Dental Centre, Singapore, Prof. Ng Han Seong, Formerly Chairman, Medical Board, Singapore Government Hospital, Prof. (Dr.) Deepak Raut, Director, FWTRC, MoHFW , GoI, Mumbai.