

ETR/PPO/FT/05/2015

Office of Deputy Director General (Education Training and Research),  
385, Ministry of Health, Nutrition and Indigenous Medicine,  
Ven, Baddegama Vimalawansa thero Mw,  
Colombo 10.

19/02/2016

The Provincial Directors of Health Services,  
Directors-Teaching Hospitals, Directors- PGH/DGH of the line Ministry

### Healthcare leadership training programme – Singapore 2016

The Ministry of Health Nutrition and Indigenous Medicine is pleased to inform you that a Healthcare Leadership Training Programme is arranged as part of the human resource development plan.

It will be conducted as a collaboration between the Education Training and Research Unit and a leading healthcare institution in Singapore and will be funded by the Temasek foundation of Singapore and Second Health Sector Development Project II.

Applications are invited from teams of healthcare personnel who are working in health care institutions for the above training program. It will be conducted in 2 stages comprising of 24 (12 x 2) teams and expected to commence in March 2016.

You are requested to bring this letter to the notice of relevant officers and forward duly filled application forms on or before **4<sup>th</sup> of March 2016** to the Education, Training and Research Unit, Ministry of Health, Nutrition and Indigenous Medicine.

The teams will be selected by an independent panel considering the importance of the project as depicted in the justification, feasibility of implementation and innovativeness in the application.

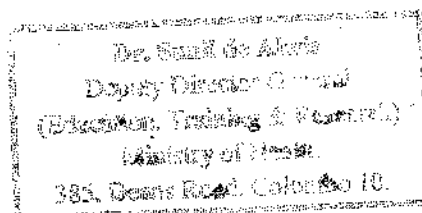
Your corporation in this regard will be highly appreciated.

  
**Dr. Vinday Kumarapeli**  
Director-Training

**Signed by: Dr. Sunil De Alwis**  
DDG- (Education,  
Training and Research)

Copy to: DGHS  
DDG/Planning  
Project Director – SHSDP II

Vindya Kumarapeli  
BSc, MSc, MD (Gen Med)  
Director (Training)  
Ministry of Health



## **Application form for the Healthcare Leadership Training Programme – Singapore**

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Applications are invited from teams of healthcare personnel who are working in health care institutions for the above training program. It will be conducted in 2 stages comprising of 24 (12 x 2) teams and expected to start from March 2016.

### **Selection criteria**

1. One application form (stated below) must be sent for a **3 member** team from a single hospital/unit.
2. The team should comprise of 3 members representing 3 different working categories and should be headed by the hospital administrator. Ex:
  - a. Member 1 (Team leader): Hospital Administrators
  - b. Member 2: Specialist/Grade Medical Officers
  - c. Member 3: Nursing Officers or PSM/Paramedical staff)
3. The team must identify a problem within the hospital and phrase it into a project and provide justification for selecting the problem.

Ex. Problems/projects that aim to improve patient care processes, patient-flow processes, healthcare professional workflow processes etc. are highly encouraged.

4. The team must agree to implement the project within 6 months of completion of the initial phase of training in Singapore. Therefore it is recommended that the team members to be selected from personnel who will stay within the institution for at least 6 months from the date of completion of the training in Singapore.
5. Applications should be sent on or before **4<sup>th</sup> March 2016**, to below address or following email addresses;

Dr. Sunil De Alwis

Deputy Director General (Education, Training and Research)

Education, Training and Research Unit,

Ministry of Health and Indigenous Medicine,

No. 385, Rev. Baddegama Wimalawansa Thero Mawatha,

Colombo 10

Email – [ddgetr@health.gov.lk](mailto:ddgetr@health.gov.lk) and/or [neranga.liyanaarachchi@gmail.com](mailto:neranga.liyanaarachchi@gmail.com)

6. Applications will be evaluated by an independent panel considering the importance of the project as depicted in the justification, feasibility of implementation and innovativeness.
7. Decision of the independent panel will be final and no appeals will be entertained.

**Specimen Application Form (Please fill in Block Capitals)**

<b>01</b>	Name of the Institution		
<b>02</b>	Corresponding Address		
<b>03</b>	Institution contact number		
<b>04</b>	<b>Team Leader and Members</b>		
<b>a)</b>	<b>Team Leader</b> Name as in passport (Underline the surname)		
	Gender		
	Age		
	Passport Number		
	NIC number		
	Service confirmation date		
	Corresponding Address		
	Contact Number	Mobile	
		Office	
		Residence	
Email address			
<b>b)</b>	<b>Team Member 1</b> Name as in Passport (Underline the surname)		
	Gender		
	Age		
	Passport Number		
	NIC number		
	Service confirmation date		
	Corresponding address		
	Contact Number		
	Email address		
<b>c)</b>	<b>Team Member 2</b> Name as in Passport (Underline the surname)		
	Gender		
	Age		
	Passport Number		
	NIC number		
	Service confirmation date		
	Corresponding address		
	Email address		

05	Details of the project	
a)	Problem (briefly state the problem your team is going to address in maximum of 50 words	(e.g.: increase waiting time in Emergency Treatment Unit)
b)	Objectives of the project of your team – Maximum 75 words (better to have data for current state and target)	(e.g.: To reduce waiting time from 45 minutes to 30 minutes within 6 months in Emergency Treatment Unit of Hospital A)
c)	Justification for conducting the project (describe the importance of the problem in maximum of 250 words: suggest to have data for outcomes due to the problem e.g.: No. of deaths)	(e.g.: Number of deaths within 24 hours of admission in Emergency Treatment Unit of Hospital A has increased from 20 per 1000 admissions to 30 from 2010 to 2015)

<b>06</b>	<b><u>Signatures of each team members with dates</u></b>		
	We are hereby agree for the above stated terms and conditions of the training program and to complete the above improvement project within 6 months of the completion of the training.		
	a) Signature 1 <b>(Administrator )</b>		Date
	b) Signature 2		Date
	c) Signature 3		Date
	<b>Approval of the application and the improvement project</b> (e.g.: Provincial Council hospitals from Provincial Director of Health Services and Line Ministry Institutions from Director General of Health Services)		
	Recommended / Not Recommended and forwarded for necessary actions.		
	(Signature)	(Date)	(Official Stamp)