Over the past 10 years, biomedical sciences R&D in Singapore has made dramatic progress. Today, we have a critical mass of excellent basic biomedical science researchers and state-of-the-art infrastructure. Our research output is competitive at a very high international level. The government’s additional focus on translational and clinical research, since 2006, is boosting our capabilities in this key area through a slew of new funding programmes and the strengthening of academic medicine at the Kent Ridge and Outram campuses.

This afternoon, I am delighted to join you for this ceremony because it marks the substantial enhancement of yet another critical capability for healthcare and for biomedical sciences R&D in Singapore.
The critical role of the IMU

Let me explain why I say this.

A central question for the biomedical sciences effort is this: How can we realize the full potential and value from the outstanding basic science discoveries being made in Singapore and world-wide? Can we be “better, faster and cheaper” in our ability to bring basic science discoveries from the lab to clinical application? This is a complex and difficult issue. However, I would like to highlight 3 areas where the National University Health System (NUHS) and its Investigational Medicine Unit (IMU), could play an important role.

First, develop deep understanding and expertise in the biology of selected diseases.

Second, grow the critical mass of physician thought-leaders and establish outstanding capabilities to design, carry out and learn deeply from proof-of-concept and early phase studies in man, which seek to validate new diagnostics and treatments.

Third, be a preferred site in Asia that attracts and excites talented young people, and nurtures them into excellent clinician-investigators and scientists.
These 3 thrusts are closely interlinked.

If scientists and clinicians work closely together to develop a deep understanding of the biology of a disease, it improves the likelihood of identifying key points in the disease process where interventions can yield the best benefits. Close linkage to physician thought-leaders and IMUs will facilitate the design of studies to validate the potential usefulness of these interventions. At the same time, the results from these studies will give us fresh insights into disease biology. Such a set up and environment would provide a stimulating learning environment for young clinicians and scientists. The presence at one site of these different types of talent and capabilities would also make it attractive for pharmaceutical and biotech companies to bring diagnostic and therapeutic candidates for study in Singapore.

The good news is that within Singapore, we have all the capabilities necessary to achieve this. The challenge is how we would bring it all together. The opportunity for NUHS and the IMU is to be a major driver for this effort.

What will it take for NUHS and the IMU to excel in this thrust?

I would like to offer 3 suggestions.
First, achieve a remarkable level of cooperation and teamwork. The willingness and ability of clinicians, scientists, engineers, and researchers from disciplines as diverse as mathematics to psychology to work very closely together, should differentiate us from other centres. NUHS and the IMU should take the lead to collaborate closely with Biopolis, other hospitals, universities and with pharmaceutical, biotech and medical device companies to develop peaks of excellence for Singapore.

Second, focus. Focus on quality. Focus on nurturing, retaining and recruiting high quality talent. Focus on sustained support and effort to grow the cluster of capabilities necessary to be internationally competitive.

Third, strategic coordination. The complexities of bringing so many different groups to work together are great. It cannot be achieved without strategic oversight and robust mechanisms for coordination.

**Shaping medicine for the future**

Personally, I am very optimistic that NUHS and the IMU will be able to seize this wonderful opportunity, to excel and to contribute to Singapore and to medicine. The IMU is currently housed in the Kent Ridge Wing of NUH. By 2011, it will move to its permanent home in the new Centre for Translational Medicine building being built adjacent to NUH. The new home will have expanded facilities
with the latest equipment and a full complement of in-patient beds. The IMU is therefore set to grow not just in scale but in the breadth and depth of expertise. Similarly, the dramatic trajectory of growth of basic and clinical research programmes in NUHS and NUS, and of critical capabilities such as imaging, create many possibilities to develop synergies and collaborative programmes that will stand out internationally. Finally and most importantly, you have a great opportunity to pull all these together, so as to expedite the process of bringing novel diagnostic tests, treatments and medical devices to clinical practice, for the benefit of patients and public health.

In other words, to help shape medicine for the future.

Congratulations and thank you.