MOH DIRECTIVE 01/2014

DIRECTIVES FOR PEER REVIEW LEARNING FOR PRESCRIBED HEALTHCARE INSTITUTIONS: REGULATION 12A(1)(b) OF THE PRIVATE HOSPITALS AND MEDICAL CLINICS REGULATIONS (CAP 248, RG 1)

Healthcare institutions and medical professionals are jointly responsible for delivering the highest standards in quality, safety and appropriateness of care to patients.

Each medical doctor is expected to keep current with general developments in medicine and in specific areas relevant to his clinical practice. Avenues for self-learning through the continuing medical education system enable doctors to enhance their clinical knowledge and to regularly upgrade their professional skills and levels of performance.

Requirements for healthcare institutions to establish peer review learning platforms that will augment such individual self-learning efforts are detailed in the Directives for Peer Review Learning for Prescribed Healthcare Institutions. The peer review learning framework allows for practice-based learning and improvement to take place through regular and structured meetings during which specialist doctors review and learn from one another’s clinical practice and performance within a collegial and protected quality assurance environment.

By integrating peer review learning with institutional credentialing, re-credentialing and privileging processes, healthcare institutions can better ensure the appointment of appropriately qualified and competent medical staff. Together, these institutional learning and self-regulatory mechanisms work synergistically to achieve the strategic objectives of the Ministry of Health to ensure Singaporeans receive healthcare that is of good quality, appropriate, accessible and affordable.

Purpose of Directives

These Directives are issued under Section 11 of the Private Hospitals and Medical Clinics (“PHMC”) Act and Regulation 12A(1)(b) of the PHMC Regulations. They set out the requirements for prescribed healthcare institutions to establish quality assurance committees (“QACs”) for peer review learning (“PRL”).
Intent of Directives

2 The intent of these Directives is to ensure that specialist doctors provide care and perform procedures that are of high quality, safe and appropriate.

3 They aim to:
   a) enhance current medical practice based on best clinical knowledge;
   b) improve patient safety and quality; and
   c) improve appropriateness\(^1\) and outcomes of care.

4 The PRL activities described in these Directives are to be integrated into the prescribed healthcare institutions’ credentialing, re-credentialing and privileging processes.

5 For purposes of credentialing, re-credentialing and privileging, a specialist shall demonstrate, through regular participation in PRL QAC meetings, that he maintains and continually develops his professional competencies and performance by:
   a) keeping up-to-date thereby ensuring and enhancing the quality of his professional work;
   b) having his practice regularly reviewed and evaluated for the quality of his professional work; and
   c) seeking, reviewing and acting upon feedback from his colleagues and patients, including complaints and compliments, as appropriate.

6 These Directives serve a risk management function by eliminating or reducing the likelihood of harm. However, they are not intended to be used as part of or as a substitute for disciplinary action by the healthcare institution where warranted.

Definition of Key Terms

7 In this document, unless otherwise specified:

   a) **appropriateness** of clinical care is determined by the extent to which the relevant and required clinical care plans and procedures are executed properly; patients are subject to healthcare resources and procedures based on evidence that such resources and procedures can help the patients subjected to them; and, healthcare practices with proven benefits to patients are employed, as required.

   In this context:

   - **misuse** refers to a failure to execute the relevant and required clinical care plans and procedures properly;

---

\(^1\) Appropriateness can be evaluated using clinical utilisation management which examines the frequency, intensity, duration and clinical relevance of services ordered.
- **overuse** refers to the use of healthcare resources and procedures in the absence of evidence that such resources and procedures can help the patients subjected to them; and
- **underuse** refers to a failure to employ healthcare practices with proven benefits, as required.

b) **credentialing** refers to a process by which an institution determines, by verifying the relevant documents, whether a specialist meets the eligibility requirements set by the institution, by reviewing such matters as the specialist’s registration, experience, qualifications, certification, education, training, malpractice, adverse clinical occurrences, clinical judgment and character.

c) **clinical service** refers to any service that is provided by a specialist, either directly, as part of or, in support of patient care, whether or not the service is publicised or advertised.

d) **error** refers to the failure to carry out a planned action as intended or the application of an incorrect plan.

e) **external peer review** refers to the documented review and evaluation of an individual specialist’s performance in practice and professional competencies by appropriate and qualified professional peers from another prescribed healthcare institution, i.e. those who are not from the prescribed healthcare institution for which the specialist is being reviewed.

f) **harm** refers to any impairment of bodily structure or function and/or any deleterious effect arising as a result. It includes suffering, disease, injury, disability and death.

g) **peer review** refers to the documented review and evaluation of an individual specialist’s performance in practice and professional competencies by appropriate and qualified professional peers and includes the identification of opportunities to improve care.

h) **privileging** refers to the process of determining the scope of each specialty and what individual specialists accredited in that specialty will be allowed to do in a prescribed healthcare institution.

i) **professional peer** of a specialist refers to any other specialist within the same specialty with comparable or greater training and experience as the specialist in question.

j) **specialist** refers to a doctor accredited by the Specialist Accreditation Board and registered with the Singapore Medical Council (SMC) as a specialist in any of the specialties or sub-specialties recognised by the SMC.

k) **specialty** refers to any of the specialties or sub-specialties recognised by the SMC.
Applicability

8 These Directives are applicable to:

a) all licensed private hospitals as prescribed in the Sixth Schedule of the PHMC Regulations; and
b) all PRL QACs that are established by the licensee of such prescribed private hospitals.

Establishment of PRL QACs

9 The licensee of the prescribed healthcare institution shall ensure that these Directives are implemented in full and may designate one or more person(s) to be responsible for implementation.

10 The licensee shall:

a) maintain a list of all clinical services offered by the prescribed healthcare institution and specify the specialty or specialties involved in offering each clinical service; and
b) establish one or more PRL QAC(s) to review the clinical quality, safety and appropriateness of care provided by the top 10 clinical services or specialties, offered and publicised by the prescribed healthcare institution. The choice of clinical services or specialties may be with reference to relevant factors such as volume of cases and the number of specialists providing the clinical service in the prescribed healthcare institution.

Representation and Composition of PRL QACs

11 The licensee shall ensure that each specialist who provides a clinical service in the prescribed healthcare institution attends and participates as a member of the relevant PRL QAC(s).

12 Each PRL QAC shall have a Chairman who shall be responsible for ensuring proper and effective oversight and operation of the PRL QAC in accordance with the requirements and intent of these Directives.

13 The Chairman shall serve as the liaison between the PRL QAC and the licensee regarding PRL QAC-related matters.

14 Where there is a large number of professional peers who are eligible for appointment as members of the PRL QAC of a clinical service for which a specialist is being peer reviewed, the licensee is encouraged to form smaller, separate PRL QACs for clinical services or specialties that contribute to or constitute the majority of that institution’s caseload.

---

2 For prescribed healthcare institutions that offer more than 10 clinical services or specialties, they are required to identify at least 10 clinical services or specialties for which PRL QACs shall be appointed. For those offering fewer than 10 clinical services or specialties, they may opt to appoint PRL QACs for clinical services or specialties that contribute to or constitute the majority of that institution’s caseload.
QACs to ensure the reliability of the peer review learning process and optimal peer review interaction.

15 The minimum size of a PRL QAC shall be three (3) specialists or professional peers who belong to the same clinical specialty or who provide the same clinical service ("core members"). If there are insufficient persons practising within the prescribed healthcare institution who qualify as core members, the licensee may appoint specialists who belong to the same clinical specialty or who provide the same clinical service in another prescribed healthcare institution as core members of the institution’s PRL QAC to meet this requirement.

16 The licensee may appoint one or more person(s) as administrator(s) to facilitate the operation and activities of the PRL QAC. Additional non-clinical or clinical expertise may also be appointed, as required and as appropriate, to contribute to the PRL QAC discussion. Such person(s) shall be considered as non-core member(s) and shall not be counted toward the minimum composition and required quorum of the PRL QAC.

Selection of Clinical Cases

17 The licensee shall establish a system for the selection of clinical cases managed by a specialist (e.g. based on recommendations by the Chairman, specialists or an appropriate set of case selection criteria or indicators as determined by and for the prescribed healthcare institution) that may relate to or involve one or more of the following:

   a) a case considered to have learning value for the individual specialist that would fulfil the aims of these Directives listed in paragraph 3 (including cases relating to optimal clinical practice, healthcare delivery, processes, outcomes of care, etc.);
   b) clinical utilisation (i.e. from the perspective of the use, delivery and cost-effectiveness of the clinical services provided);
   c) a recently introduced clinical service, procedure or intervention;
   d) a complaint (verbal or written);
   e) a case considered to pose a challenge, concern or doubt in relation to the specialist’s clinical practice, performance and/or professional competency;
   f) a case discussed under any other Directives issued under the PHMC Regulations, 12A(1)(b) for which a review of the specialist’s clinical practice, performance and/or professional competency has been recommended.

18 Cases to be reviewed by the PRL QAC can be selected based on:

   a) a representative sample of cases managed by a specialist at the prescribed healthcare institution to be presented and discussed at each PRL QAC meeting; and/or
   b) monitoring of the clinical practice and performance of a specialist, such as procedural outcomes, complication rates or other proxy indicators of diagnostic accuracy.
19 The cases in paragraph 18(a) may include cases managed by the same specialist obtained from another prescribed healthcare institution.

Patient Confidentiality

20 The licensee shall take appropriate steps to protect and preserve patient confidentiality in PRL QAC discussions regardless of whether case materials have been obtained from within the same healthcare institution or from another healthcare institution.

Scope of Review

21 The licensee shall ensure that the PRL QAC reviews cases managed by a specialist with respect to the quality, safety and appropriateness of diagnosis, investigations, clinical utilisation, treatment, management and follow-up, including referral to another healthcare professional for continuing care.

22 Where cases are being reviewed, specialists are encouraged to describe and to explain in appropriate detail any deviation from expected outcomes or accepted standards of care and practice.

23 Regarding area(s) identified by the PRL QAC for further learning and improvement, the PRL QAC shall ensure that all relevant learning points are properly documented and that recommendations are followed through by the relevant parties on a timely basis.

Timeframe for Review

24 The licensee shall ensure that clinical cases are identified and reviewed by the PRL QAC responsively and adequately to ensure that individual specialists’ learning and improvement needs are met on a timely basis.

Excluded Cases

25 The licensee shall convene a separate disciplinary inquiry\(^3\) where a case referred to the PRL QAC for review involves:

a) a criminal act or deliberate patient harm;
b) the use of alcohol or illicit drugs;
c) a deliberate unsafe act; or
d) professionally unethical practice\(^4\),

---

\(^3\) To prevent imminent harm or danger to any individual, the licensee shall ensure that the relevant policies are in place to review or rescind privileges at the point when such cases are being referred for disciplinary inquiry.

\(^4\) As stipulated in the Ethical Code and Ethical Guidelines of the Singapore Medical Council.
on the part of the specialist who attended to the patient, regardless of whether these actions were identified prior to the commencement or during the course of a PRL QAC review.

**Schedule of PRL QAC Meetings**

26 The licensee shall ensure that an annual calendar of PRL QAC activities is maintained to give members advance notice of scheduled meetings and sufficient lead time to prepare cases for review.

27 The licensee shall ensure that PRL QAC meetings are held at an adequate frequency to ensure ample opportunities for every specialist to meet the minimum attendance and participation requirements. For specialists who fall short of the minimum attendance and participation requirements, the licensee is strongly encouraged to organise make-up PRL QAC sessions for credentialing, re-credentialing and privileging purposes.

28 A specialist being reviewed for credentialing, re-credentialing or privileging must attend at least four (4) PRL QAC meetings every year.

**Quorum**

29 The licensee shall ensure that the PRL QAC meetings will commence only when at least three (3) core members are present. The licensee shall take steps to ensure that this minimum quorum is maintained throughout the meeting, with the view that a core member is considered to have attended the meeting only if he is present for a significant duration of the meeting and that his attendance is to be recorded as such.

**PRL Participation and Renewal of Clinical Privileges**

30 The licensee shall ensure that the policies and procedures for the renewal of clinical privileges for a specialist at the prescribed healthcare institution incorporates, for the particular specialist being reviewed, adherence with the minimum attendance requirements in paragraph 28.

31 If a specialist practises in more than one prescribed healthcare institution, as part of institutional processes to ascertain or to verify the specialist’s overall suitability for credentialing, re-credentialing or privileging:

   a) his recorded attendance at each prescribed healthcare institution may be totalled in the count toward the attendance requirements for any given year;

   b) the Chairman of the PRL QAC in one prescribed healthcare institution may request for him to attend and participate in the PRL QAC of that particular institution, instead of or in addition to the PRL QAC meetings that he attends at other institution(s) in which he practises;
c) the licensee of one prescribed healthcare institution may request from the other institution(s) information on his attendance record, the documented feedback or recommendation of the PRL QAC from the other institution(s).

**Continuing Medical Education (CME) Points**

32 PRL participation is accredited for CME points by the SMC, subject to any other specific condition(s) being met as may be required.

**Effectiveness of Institutional Peer Review Learning**

33 The licensee shall ensure that the PRL QACs are supported in their functions through the allocation of necessary resources.

34 The licensee shall ensure that the findings of the PRL QACs are monitored and followed up appropriately, that the recommendations are implemented in a timely manner within the clinical service and, across all other clinical services throughout the prescribed healthcare institution, as applicable. This should include a system to monitor the feedback of participating specialist(s) on the usefulness of the PRL QAC discussion(s).

35 The licensee shall ensure that the attendance and participation requirements in these Directives relating to credentialing, re-credentialing and privileging are incorporated into the prescribed healthcare institution’s overall credentialing, re-credentialing and privileging policies.

**Documentation**

36 The licensee shall ensure that the prescribed healthcare institution maintains written documentation setting out the policy and procedures related to PRL QACs, as described in these Directives, including but not limited to the following:

   a) objectives of PRL QACs;
   b) representation and composition of PRL QACs;
   c) activities and terms of reference of PRL QACs;
   d) standards of practice and professional conduct of PRL QACs;
   e) case selection criteria and procedures for referral to PRL QACs;
   f) standards for peer review and reporting;
   g) schedule and timing of PRL QAC meetings; and
   h) list of PRL QAC meetings for each specialist, including attendance records.

37 The licensee shall ensure that the above policies and procedures are reviewed annually and regularly updated to ensure effectiveness of the PRL QACs.

38 The licensee shall ensure that each PRL QAC in the prescribed healthcare institution maintains written documentation of the PRL activities carried out by the
PRL QAC (e.g. key findings, learning points, recommendations and follow-up action required/taken, etc.). Such documentation must provide a clear basis for the recommended implementation of the appropriate action or follow-up.

39 Documented information relating to a case reviewed by the PRL QAC shall be shared with all relevant parties for learning and quality improvement, including the specialist whose case was reviewed, regardless of whether the specialist attended the PRL QAC meeting during which the case review took place.

40 A sample of key areas to be documented and retained by the licensee is set out in Annexes A-C for reference.

Accountability

41 The licensee shall furnish the Director, as and when required by him, with any of the documentation described in paragraphs 36 to 40 above.

42 To ensure that the requirements of these Directives are complied with, the Director may, at his discretion, authorise relevant MOH officials to attend and be present during PRL QAC discussions or to conduct periodic checks.

Dated this 1st day of August 2014

Assoc Prof Benjamin Ong
Director of Medical Services
Ministry of Health
Singapore
**LIST OF CLINICAL SERVICES**

Name of Institution  **ABC Hospital**  
Date  **05/01/2012**

<table>
<thead>
<tr>
<th>S/N</th>
<th>Specialty</th>
<th>Clinical Service</th>
<th>Number of PRL QAC(s)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>General Surgery</td>
<td>Vascular</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>General Surgery</td>
<td>Breast</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>Cardiothoracic Surgery</td>
<td>Cardiothoracic</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>Internal Medicine</td>
<td>General Medicine</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>Internal Medicine</td>
<td>Cardiology</td>
<td>1</td>
</tr>
<tr>
<td>6.</td>
<td>Internal Medicine</td>
<td>Dermatology</td>
<td>1</td>
</tr>
</tbody>
</table>

---

*Where there is a large number of professional peers who are eligible for appointment as members of the PRL QAC, the licensee is encouraged to form smaller, separate PRL QACs to ensure the reliability of the peer review learning process and optimal peer review interaction.*
# RECORD OF ATTENDANCE FOR PRL QAC MEETINGS

**Name of Institution:** ABC Hospital  
**Date:** 05/01/2012  
**Clinical Service:** Spine

### MEMBERS OF PRL QAC MEETINGS
(Only core members of the PRL QAC shall count toward the required quorum.)

<table>
<thead>
<tr>
<th>S/N</th>
<th>Name</th>
<th>Institution</th>
<th>Designation / Specialty</th>
<th>Attendance at Scheduled PRL QAC Meetings for 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Dr A</td>
<td>As Above</td>
<td>Chair, Sr Consultant</td>
<td>√ √ √ √ √ √ √ √ √</td>
</tr>
<tr>
<td>2.</td>
<td>Dr B</td>
<td>As Above</td>
<td>Sr Consultant</td>
<td>√ X √ √ √ √ √ √ √</td>
</tr>
<tr>
<td>3.</td>
<td>Dr C</td>
<td>As Above</td>
<td>Consultant</td>
<td>X √ X √ √ √ √ X</td>
</tr>
<tr>
<td>4.</td>
<td>Dr D</td>
<td>As Above</td>
<td>Consultant</td>
<td>√ √ √ √ X X √ √ X</td>
</tr>
<tr>
<td>5.</td>
<td>Dr E</td>
<td>XYZ Hospital</td>
<td>Consultant</td>
<td>√ √ X √ √ √ X</td>
</tr>
</tbody>
</table>

6

### OTHER ATTENDEE(S) OF PRL QAC MEETINGS
(These are non-core members of the PRL QAC who do not count toward the required quorum.)

<table>
<thead>
<tr>
<th>S/N</th>
<th>Name</th>
<th>Institution</th>
<th>Designation</th>
<th>Attendance at Scheduled PRL QAC Meetings for 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Manager A</td>
<td>As Above</td>
<td>Medical Affairs Manager</td>
<td>√ X √ √ √ √ X X</td>
</tr>
<tr>
<td>2.</td>
<td>Dr F</td>
<td>As Above</td>
<td>Anaesthesiologist</td>
<td>X √ X X X X √ √</td>
</tr>
<tr>
<td>3.</td>
<td>Dr G</td>
<td>As Above</td>
<td>Neurologist</td>
<td>√ √ √ X X √ √</td>
</tr>
</tbody>
</table>

√ Attended  X Did not attend

---

6 Please indicate name of prescribed healthcare institution if the member of the PRL QAC is not from the prescribed healthcare institution that is hosting the PRL QAC meeting.
# RECORD OF PRL QAC DISCUSSION

Name of Institution _______________________________

PRL QAC meeting for ______________________________ [Clinical Service/Specialty/Department]

Date of PRL QAC meeting __________________________

<table>
<thead>
<tr>
<th>Case</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Case / Topic:</td>
<td>Presenter:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason(s) for Case Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>[E.g. appropriateness of care, care utilisation, etc.]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Summary *</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Include a clear and concise case description.]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Learning Points *</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Any relevant issue(s), including variation in standards, practice or outcomes.]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation *</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Follow-up required/taken *</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reference &amp; Resource (Optional) *</th>
</tr>
</thead>
<tbody>
<tr>
<td>[E.g. current medical literature, evidence-based practice guideline, benchmark data or national standard, etc.]</td>
</tr>
</tbody>
</table>

*Please include additional field(s) or continuation sheet(s), as required.

---

7 For documentation purpose, this can be completed at the individual- or clinical service-/specialty-/department-level(s).