MINISTRY OF HEALTH
SINGAPORE

REVISED CONDITIONS FOR PROVISION OF COLLABORATIVE PRESCRIBING SERVICE IMPOSED PURSUANT TO REGULATION 56C(3)(a) OF THE PRIVATE HOSPITALS AND MEDICAL CLINICS REGULATIONS (PUBLISHED 1 FEB 2021)

1. APPLICATION

1.1. These conditions set out the requirements to be complied with by the licensees of private hospitals and medical clinics which are approved to provide collaborative prescribing services pursuant to Regulation 56C(3)(a) of the Private Hospitals and Medical Clinics Regulations ("PHMCR") (each, a "licensee"). It shall come into effect on 1 May 2021 and supersedes the conditions issued on 9 November 2018.

1.2. A breach of these conditions may attract potential consequences under the Private Hospitals and Medical Clinics Act (Cap. 248) ("PHMCA") and the PHMCR, including the suspension or revocation of the approval to provide collaborative prescribing ("CP") services.

2. DEFINITIONS

2.1. In these conditions, "credentialing process" means a process by which a licensee determines, by verifying the relevant documents, whether a registered nurse or registered pharmacist meets the eligibility requirements set by the licensee to provide a CP service, by reviewing matters such as the registered nurse's or registered pharmacist's registration, experience, qualifications, certification, education, training, history of malpractice, adverse clinical occurrences, clinical judgement and character.

2.2. Unless a contrary indication appears, a term used in these conditions has the same meaning in these conditions as in the PHMCA and/or the PHMCR. In particular, the terms "collaborative practice agreement" and "collaborative prescribing practitioner" shall have the respective meanings given to them in Regulation 56C(6) of the PHMCR.

3. ROLES AND DUTIES OF PERSONNEL

3.1. CLINICAL GOVERNANCE OFFICER ("CGO")

3.1.1. The licensee shall ensure that the individual appointed under Regulation 56C(4)(b) of the PHMCR (referred to in these conditions as the CGO) carry out the following:

(a) review the findings of the service review committee of the licensee and ensure that necessary measures are put in place to address any issue raised by the service review committee; and

(b) where necessary, suspend the collaborative prescribing practitioners (or any of them) practising at the approved institution and/or the CP services (or any of them) provided or to be provided by the collaborative prescribing practitioners at the approved institution, or escalate or report to the licensee.

4. DUTIES AND COMPOSITION OF COMMITTEES

4.1. CREDENTIALING COMMITTEE

4.1.1. The licensee shall ensure that the credentialing committee appointed by it (the "CC") performs the following functions (in addition to the purposes and functions set out in Regulation 56C(4)(c) of the PHMCR):

(a) apply the credentialing process in accordance with condition 5;

(b) review and approve (or reject) the applications of registered nurses and registered pharmacists applying to be approved and appointed as collaborative prescribing practitioners and the applications for the renewal of the approval and appointment of a collaborative prescribing practitioner;

(c) review and approve all collaborative practice agreements before they are implemented at the approved institution;

(d) where during a credentialing process, the CC determines that a collaborative prescribing practitioner has not met or has contravened the eligibility requirements set by the licensee to provide a CP service, recommend the suspension of that collaborative prescribing practitioner to the CGO, if necessary; and

(e) record and maintain documentation of the applications referred to in condition 4.1.1(b) and the meetings and reviews of the CC.

4.1.2. The licensee shall ensure that the CC consists of a minimum number of 3 members, which shall include a medical practitioner, and shall ensure that all the remaining members of the CC fall within one or more of the following categories of persons:

(a) a profession-specific collaborative prescribing practitioner (such as an APN and/or a registered pharmacist, as the case may be) with relevant valid practising certificates in force at the relevant time and who, at the relevant time, is not the collaborative prescribing practitioner in respect of which the CC's review or approval at that time relates to; and

(b) a member of the approved institution's quality assurance committee.

4.1.3. The licensee shall ensure that the chairman of the medical board of the approved institution, or the equivalent, appoints a person, who shall be a medical practitioner, as the chairman of the CC.

4.1.4. The licensee shall ensure that the term of office of the members of the CC are determined by the chairman of the medical board of the approved institution, or the equivalent.

4.2. SERVICE REVIEW COMMITTEE

4.2.1. The licensee shall ensure that the service review committee appointed by it (the "SRC") performs the following functions (in addition to the purposes and functions set out in Regulation 56C(4)(d) of the PHMCR):

(a) oversee the implementation of all collaborative practice agreements at the approved institution;

(b) ensure the compliance of all collaborative practice agreements at the approved institution;

(c) monitor and review the quality and effectiveness of the CP services provided at the approved institution with reference to the standards for the services as set out in the prevailing Guidelines for the Implementation of Collaborative Prescribing Services and/or such other standards as determined by the Director from time to time;

(d) identify trends and patterns that do not comply with the service standards referred to in condition 4.2.1(c), and following the identification of any non-compliance, conduct further investigations into the appropriateness of care;

(e) following the actions taken by the SRC referred to in condition 4.2.1(d), recommend and implement solutions to ensure that the CP services provided at the approved institution comply with the service standards referred to in condition 4.2.1(c) and assess the effectiveness of the implemented solutions;

(f) conduct regular audits and reviews of relevant process and outcome indicators set by the licensee in respect of the CP services provided at the approved institution and report the findings to the CGO and the CC; and

(g) make recommendations to the CGO to suspend the CP services (or any of them) provided at the approved institution, if necessary.

4.2.2. The licensee shall ensure that the SRC consists of at least 5 members, which shall include a medical practitioner, and shall ensure that all the remaining members of the SRC fall within one or more of the following categories of persons:

(a) a profession-specific collaborative prescribing practitioner (such as an APN and/or a registered pharmacist, as the case may be) with relevant valid practising certificates in force at the relevant time; and

(b) a member of the approved institution's quality assurance committee.

4.2.3. The licensee shall ensure that the chairman of the medical board of the approved institution, or the equivalent, appoints a suitably qualified healthcare professional with an understanding of CP services as the chairman of the SRC.

4.2.4. The licensee shall ensure that the SRC holds regular meetings and documents the minutes of such meetings. The licensee shall ensure that the SRC maintains proper documentation of the audits and reviews it conducts.

5. CREDENTIALING PROCESS

5.1. The licensee shall ensure that the CC applies the credentialing process to each applicant applying to be approved as a collaborative prescribing practitioner before that applicant is approved as such, and ensure that the credentialing process has verified the following:

(a) each collaborative prescribing practitioner has completed the Collaborative Prescribing Programme organised by a training provider approved by the Ministry of Health;

(b) each collaborative prescribing practitioner has entered into a collaborative practice agreement which has been signed by the clinical head of department (of the profession in which that collaborative prescribing practitioner is practising) of the approved institution and the head of department of that clinical head of department; and

(c) the collaborative prescribing practitioner has received the CC's approval of the collaborative practice agreement applicable to that the collaborative prescribing practitioner.

5.2. The licensee shall ensure that the CC reviews each collaborative practice agreement entered into by a collaborative prescribing practitioner once every 3 years commencing from the date of that agreement, or at such higher frequency as may be required by the CC or the licensee, and shall ensure that the information and provisions in each collaborative practice agreement (in particular, information and provisions relating to the collaborative prescribing practitioner, the collaborating doctor and the approved formulary) are up-to-date.

5.3. For approved institutions who wish to allow patients to pick up medications from external pharmacies, the licensee(s) of those approved institutions shall ensure that the latest endorsed formulary of each collaborative prescribing practitioner providing a CP service at that approved institution, is submitted to MOH.

6. NOTIFICATION OF CHANGES TO THE CP SERVICE

6.1. The licensee shall notify the Director in writing, including details of any relevant information, no later than 14 working days after the licensee becomes aware of any of the following:

(a) any plans to change the scope of practice of any collaborative prescribing practitioner in the licensee's approved institution;

(b) any plans to change the escalation criteria to medical doctors; and

(c) if the employment of any collaborative prescribing practitioner has been terminated or any collaborative prescribing practitioner has resigned from his or her employment with the licensee or the approved institution.

7. NOTIFICATION OF POTENTIAL CONTRAVENTIONS WITH REGARD TO THE CP SERVICE

7.1. The licensee shall notify the Director in writing, including details of any relevant information, no later than 14 working days after the licensee first becomes aware of any of the following:

(a) a collaborative prescribing practitioner has practised beyond the scope of his or her approved collaborative practice agreement;

(b) a collaborative prescribing practitioner has practised outside the premises approved under his or her collaborative practice agreement; and

(c) a collaborative prescribing practitioner's practice is under any investigation, or a collaborative prescribing practitioner or his or her practice has been suspended by the approved institution or the licensee.

8. NOTIFICATION OF CESSATION OF CP SERVICE

8.1. The licensee shall notify the Director in writing of its intention to cease the provision of any CP service at its approved institution not less than 30 days before the cessation of the provision of that CP service.

9. GENERAL

9.1. Without prejudice to conditions 6, 7 and 8 above, the licensee shall promptly supply to the Director such information as the Director may request at any time and from time to time.