



---

SMC CIRCULAR NO. 2/2018

[SMC 14.20]

18 April 2018

## TELEMEDICINE AND ISSUANCE OF ONLINE MEDICAL CERTIFICATES

1. There has been an increase in discussions and interest in telemedicine recently, and the Singapore Medical Council (SMC) has received a number of queries and feedback in this regard. Following separate statements issued recently by the Ministry of Health (MOH) and the medical professional bodies, there was also some media attention on this matter.

2. Registered doctors providing telemedicine services are required to comply with the 2016 SMC Ethical Code and Ethical Guidelines (ECEG) and may take reference from the National Telemedicine Guidelines (NTG) issued by the MOH in 2015. Specific ECEG and NTG references and guidance are provided in **Annexes A and B respectively**. In summary, diagnosis, prescription of medicine and issuance of medical certificates (MCs) via telemedicine (i.e. without a physical medical consultation) are subject to doctors' professional judgment and the precise circumstances of each presenting case.

3. With Singapore's ageing population and increasing incidence of chronic diseases, MOH and SMC are aware of the potential benefits of telemedicine for both simple acute and chronic disease management by improving accessibility to care. As such, MOH and SMC support the use of telemedicine in our maturing healthcare system and will be regulating it further under the upcoming Healthcare Services Act (HCSA) in 2020.

4. In the interim, MOH will be reaching out and encouraging selected telemedicine providers to enter into a regulatory sandbox with the MOH. The sandbox will enable telemedicine providers to develop innovative models but within well-defined patient safety and welfare parameters. Depending on the model, MOH will also ask these providers to share key data on their service. This approach will allow MOH to better understand the evolution of the sector, and provide a platform for the co-creation of telemedicine regulations under HCSA. The sandbox will exist up till the point of HCSA licensing after which all telemedicine providers will have to comply with the prevailing

legal and regulatory requirements. The public and licensees will be able to identify MOH sandbox partners via a Regulatory Sandbox logo (see **Annex C**).


5. All doctors currently performing or planning to practise telemedicine should abide by the ECEG, Health Products Act and Regulations (including but not limited to record keeping, labelling, reporting of serious adverse events) and take reference from the NTG. If they are aware of any standalone telemedicine providers, they should refer these providers to MOH.

6. For more information on the regulatory sandbox and the list of telemedicine providers collaborating with MOH, you may refer to the [MOH website](#) or contact MOH at [HCSA\\_enquiries@moh.gov.sg](mailto:HCSA_enquiries@moh.gov.sg).

Yours sincerely,



A/PROF BENJAMIN ONG  
DIRECTOR OF MEDICAL SERVICES  
MINISTRY OF HEALTH



PROF TAN SER KIAT  
PRESIDENT  
SINGAPORE MEDICAL COUNCIL

**2016 edition of the SMC Ethical Code and Ethical Guidelines (2016 ECEG)**

**(I) Telemedicine (Guideline A6, 2016 ECEG)**

- (a) Guideline A6(1) of the 2016 ECEG states that *“If [doctors] engage in telemedicine, [they] must endeavour to provide the same quality and standard of care as in-person medical care. This includes ensuring that [doctors] have sufficient training and information to manage patients through telemedicine. Otherwise, [doctors] must state the limitations of [their] opinion”*.

Therefore, it remains the doctor’s overall responsibility to ensure that they are able to remotely diagnose a condition to offer the most appropriate treatment. If in doubt, doctors should offer to see the patients face-to-face, so that they are able to conduct a proper physical assessment of the patient.

At present, virtual consultation is typically conducted as an extension of care for stable patients and takes place after the doctor has already had an initial face-to-face consultation and is satisfied that the patient is suitable for virtual consultation. Where care is exclusively delivered via virtual consultation, the quality of care provided should not be compromised.

- (b) Secondly, doctors should give patients sufficient information about telemedicine for them to consent to it and ensure that the patients understand the limitations of telemedicine that may affect the quality of their care in relation to their specific circumstances (Guideline A6(4), 2016 ECEG).

**(II) Medical Certificates (Guideline B4, 2016 ECEG)**

- (a) In relation to online MCs, Guideline B4(1) of 2016 ECEG states that *“Medical certificates must be issued to patients only on proper medical grounds arrived at through good clinical assessment”*. Guideline B4(1) places on doctors an obligation to ensure that MCs, be it in a paper or electronic format, are issued appropriately for medical conditions that are properly diagnosed through good clinical assessments, which typically include history taking and a thorough physical examination. In general, to make a diagnosis and offer a definitive opinion on management, which includes the need for MCs, doctors should rely on their professional judgement on the assessment required may it be face-to-face or via video consultation.

- (b) As electronic-MCs are a relatively recent development, doctors may also wish to remind patients that the acceptance of such MCs is subject to the human resource policies of individual companies.

**(III) Prescription of medicine (Guideline B5, 2016 ECEG)**

- (a) Guidelines B5(1) and (2) of the 2016 ECEG state that doctors must prescribe, dispense or supply medicines only to patients under their care and that doctors must prescribe, dispense or supply medicines only on clear medical grounds arrived at through sufficient clinical information.

- (b) In addition, in the event an online prescription is given to the patient following teleconsultation, doctors are to ensure that their patients are informed of the purpose of the medicine prescribed and the expected results (Guideline B5(3), 2016 ECEG).

**National Telemedicine Guidelines (2015)**

*Excerpts of NTG specific to care delivery:*

**(I) Duty of Care (Guideline 1.1, 2015 NTG)**

- (a) Guideline 1.1 of the 2015 NTG states that “*Due to the nature of a Telemedicine encounter, there is an emerging necessity to be clear when a duty of care has been established and to ensure accountability for the care of the patient at all stages*”.

The doctor should collaborate with the parties involved in the delivery of the telemedicine service to clearly define each other’s roles and responsibilities.

**(II) Standards of Clinical Care (Guideline 1.2, 2015 NTG)**

- (a) Guideline 1.2 of the 2015 NTG states that “*the overall standard of care delivered by the system must not be any less compared to a service not involving telemedicine; the healthcare provider must be satisfied that the patient is suitable for a telemedicine interaction and that the standard of care delivered via telemedicine is reasonable considering the specific context; proper referral and other necessary protocol should be put in place; the healthcare profession should follow existing Clinical Practices Guidelines (CPG)*”.

In general, doctors should ensure that proper patient care is being provided even though there was no face-to-face consult being conducted. The standard of care must be upheld by the doctors involved in delivery of the telemedicine services.

**MOH Regulatory Sandbox Logo**



**MOH Regulatory sandbox webpage**

We will be including a section in the MOH webpage under the Health Regulations section. In this section we will provide a summary of MOH's sandbox approach, a listing of partners, a brief description of the services provided and a dedicated feedback/complaints link. We will mirror this information under the [www.hcsa.sg](http://www.hcsa.sg) site which was earlier used for HCSA consults. The sandbox logos on the partners' websites will link back to the MOH page when clicked.