



MINISTRY OF HEALTH
SINGAPORE

MH 78:44/1

MOH Circular No. 162/2021

29 October 2021

All Private Hospitals and Medical Clinics Act (PHMCA)-licensed Institutions
Private Ambulance Operators

UPDATES ON THE IMPLEMENTATION OF THE HEALTHCARE SERVICES ACT (HCSA)

This circular informs all licensees under the Private Hospitals and Medical Clinics Act (PHMCA), as well as other non-PHMCA licensees (such as Private Ambulance Operators) that would be offering services under HCSA on:

- a. The deferment of the implementation of Phase 2 and Phase 3 service regulations under HCSA;
- b. The measles and diphtheria immunity requirements for all PHMCA/HCSA licensees; and
- c. The new e-licensing portal, Healthcare Application and Licensing Portal (HALP).

DEFERRING THE IMPLEMENTATION OF HCSA PHASES 2 AND 3

2. In Circular 81/2021 dated 14 June 2021 (see [Annex A](#)), MOH informed all licensees of the deferment of HCSA Phase 1 implementation from September 2021 to 3 January 2022, in view of the ongoing COVID-19 situation. Correspondingly, with this shift in timeline, the implementation dates and services to be regulated in Phases 2 and 3 have also been revised.

3. At this juncture, **Phase 2 of implementation for HCSA is planned for end of 2022**, and **Phase 3, towards the end of 2023**. In addition, the transition for Acute Hospitals and Community Hospitals will be brought forward to Phase 2; whereas Telemedicine, Health Screening, Human Tissue Banking; and Radiation Oncology (incl. Proton Beam Therapy) will be implemented in Phase 3. Please refer to **Table 1** for the updated list of Services to be regulated under HCSA in each phase. Changes are underlined for reference.



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Table 1: Phases 2 and 3 HCSA Regulations

	Phase 2	Phase 3
Revised Implementation Date	End-2022	End-2023
List of regulations	<ol style="list-style-type: none">1. <u>Acute Hospitals</u>2. <u>Community Hospitals</u>3. Medical Clinic4. Dental Clinic5. Ambulatory Surgical Centre6. Renal Dialysis Centre7. Assisted Reproduction8. Blood Transfusion9. Reproductive Cells and Embryo Banking10. Nuclear Medicine Therapy	<ol style="list-style-type: none">1. Nursing Home2. Inpatient Palliative Care3. <u>Telemedicine</u>4. <u>Health Screening</u>5. <u>Human Tissue Banking</u>6. <u>Radiation Oncology (incl. Proton Beam Therapy)</u>7. Organ Transplant8. Clinical Genetic and Genomic Services9. Cell, Tissue and Gene Therapy10. Specialised Interventional Procedures

REMINDER ON THE MEASLES AND DIPHTHERIA IMMUNITY REQUIREMENTS

4. All PHMCA and HCSA licensees are reminded to ensure that all their existing and new staff working in their premises meet the measles and diphtheria immunity requirements **by 3 January 2022**, as communicated in Circular 81/2021.

- a. For HCSA Phase 1 licensees, the requirements will be promulgated under the HCSA General Regulations as well as Licensing Terms and Conditions (LTCs) from 3 January 2022.
- b. For existing PHMCA licensees, the requirements will be promulgated under PHMCA LTCs from 3 January 2022.
- c. For new non-PHMCA licensees that will only begin offering HCSA services under Phase 2 and/or 3, the immunity requirements will apply when your HCSA licences begin.

5. To clarify, all the following staff and personnel below will need to meet the immunity requirements:

- a. All new and existing staff of licensees, and volunteers, who regularly enter and/or work in the licensee's premises; and
- b. All personnel from outsourced partners/vendors that have contractual agreements with the licensee, whose personnel are (a) required to

work in licensee’s premises, regardless of the frequency of the onsite work, **and** (b) do *not* provide services or volunteer on a one-off basis.

6. Exemptions will be provided in the following circumstances:
 - a. Personnel whose work does not involve direct interactions with patients **and** who do not work within any premises of a healthcare institution;
 - b. Personnel who are medically unfit for vaccinations (via memo from a medical practitioner); and
 - c. Personnel who perform work for the licensee on a one-off basis (e.g. those providing one-off services such as catering, event organisation and delivery riders).

7. Self-declaration will not be accepted as a proof of immunity. Please refer to **Table 2** for acceptable evidence of immunity for measles and diphtheria.

Table 2: Acceptable Documentation of Immunity for Measles and Diphtheria

Measles	Diphtheria
<ul style="list-style-type: none"> • Documented proof of vaccination (completion of a course of vaccination involving 2 doses given at least 4 weeks apart); or • Serological evidence of immunity; or • Laboratory confirmation of past infection. 	<ul style="list-style-type: none"> • Documented proof of vaccination with tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (“Tdap”) or tetanus and diphtheria toxoids (“Td”) in the last 10 years.

8. Licensees should maintain the relevant supporting documents for staff directly employed by them. Licensees should also put in place measures to ensure that staff of outsourced partners/vendors, and volunteers have or acquire the required immunity under the licensing terms and conditions. These may include, for example, stipulating the requirements for immunity and vaccination in their contractual agreements with such partners and vendors, and ensuring that such documentation is made available to the licensee when requested.

9. For further information on the measles and diphtheria immunity requirements, please refer to <https://www.moh.gov.sg/hcsa/about-hcsa>.

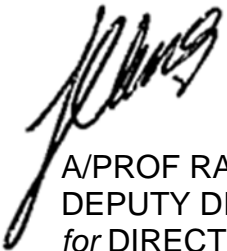
NEW HEALTHCARE APPLICATION AND LICENSING PORTAL (HALP)

10. In addition, please be informed that **HALP** is the **new licensing system** to be used for the application of **HCSA licences**. It is a one-stop portal for managing your HCSA licences, such as application of new services, renewal of licences, appointment scheduling for inspections, and amendments and cessation of existing licences. HALP will be rolled out for the various services in line with the respective implementation dates for HCSA Phases 1 to 3. Prior to the respective implementation dates, licensees will need to continue using the eLIS system to manage their PHMCA licences (e.g. renewals, amendments, cessations).



11. Closer to the implementation date of your service's respective HCSA Phase, MOH will provide training for all licensees on how to navigate the HALP system.

12. Please refer to www.HCSA.sg for the latest information on the transition from PHMCA to HCSA, the various HCSA regulations, resources, and consultation materials. Should you require further clarification, please email us at HCSA_enquiries@moh.gov.sg.



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Annexes

Annex A	Circular 81/2021: REVISED IMPLEMENTATION TIMELINE FOR THE HEALTHCARE SERVICES ACT (HCSA)
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