



MINISTRY OF HEALTH  
SINGAPORE

# Stakeholder Consultation on the Code of Practice for Key Officeholders under the Healthcare Services Act

Presented by Health Regulation Group  
Ministry of Health  
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# POLICY INTENT

The objectives of the Code of Practice are to ensure:

- ✓ **Suitable individuals are appointed in key governing roles**
- ✓ **Appropriate clinical and corporate risk management**
- ✓ **Business continuity assurance**
- ✓ **Transparency and accountability to key stakeholder groups**



# KEY AIMS OF THE COP

- The COP will stipulate suitability requirements for Principal Officers (“**PO**”), Clinical Governance Officers (“**CGO**”) and Key Appointment Holders (“**KAHs**”).
- In addition, it will also stipulate the skills, duties, and competencies required of the KAHs.
  - Under Section 23(1) of the HCSA, licensees are required to have a competent governing body (KAHs) comprising the necessary mix of skills, competencies and expertise.
  - KAHs generally comprise the Board of Directors for companies, LLPs and other body corporates; partners for partnerships and general managers for other business types.
  - KAHs are responsible for the overarching governance of the licensee, rather than the direct supervision of daily operations.
  - This role is distinct from the PO or CGO, but the same person can be KAH/PO/CGO if all requirements are met.

**Part I:**  
**Suitability requirements for  
Principal Officers, Clinical  
Governance Officers and  
Key Appointment Holders**



# PART I: SUITABILITY REQUIREMENTS UNDER THE COP

## Suitability to act as Principal Officer (PO), Clinical Governance Officer (CGO) or Key Appointment Holder (KAH)

**A person is not considered suitable to be a PO, CGO or KAH if he/she:**

Criteria	Details
<p>has been <b>charged with or convicted of:</b></p> <p>a) an offence involving <b>fraud or dishonesty</b></p> <p>b) An offence under <b>the HCSA, the PHMCA or any other applicable Act (Annex)</b></p> <p>c) An offence specified in the <b>Third Schedule to the Registration of Criminals Act (Cap. 268)</b></p> <p>d) Any other offence involving <b>abuse, ill treatment, assault or physical violence</b></p>	<p>a) Includes but not limited to offences set out in Chapter VA, Chapter XI, Chapter XVII and Chapter XVIII of the Penal Code (Cap. 224)</p> <p>b) Acts under MOH's purview</p> <p>c) -</p> <p>d) Children and Young Persons Act, Kidnapping Act, Penal Code (Chapter XVI), Prevention of Human Trafficking Act, Protection from Harassment Act, Women's Charter</p> <p>This applies during the period where there is a pending charge against the individual, or if the conviction remains unspent.</p>
<p>is an <b>undischarged bankrupt</b></p>	<ul style="list-style-type: none"> <li>• Unsuitability applies during the period of bankruptcy</li> </ul>
<p>has his/her <b>professional registration under MOH's professional Acts cancelled, removed or suspended</b></p>	<ul style="list-style-type: none"> <li>• For suspension, unsuitability applies during the period of suspension</li> </ul>
<p>has been a <b>director or manager</b> of an entity carrying on the business of providing healthcare services which has its <b>registration or licence suspended, cancelled or revoked;</b></p>	<ul style="list-style-type: none"> <li>• Applies to licensee, Principal Officer, Clinical Governance Officer and all key appointment holders</li> <li>• Applies to licences under PHMCA or HCSA</li> <li>• For business registration or licence suspension, unsuitability applies during the period of suspension</li> </ul>
<p>has his/her <b>accreditation / approval</b> to participate in MOH-administered public schemes <b>revoked or suspended</b></p>	<ul style="list-style-type: none"> <li>• For example: MediSave, MediShield Life and CHAS, Public Health Preparedness Clinic Scheme</li> <li>• For suspension, unsuitability applies during the period of suspension</li> </ul>
<p><b>lacks capacity</b> within the meaning of the Mental Capacity Act 2008 (Cap. 177A)</p>	<ul style="list-style-type: none"> <li>• Individuals are presumed to have mental capacity unless determined otherwise</li> </ul>



## **Part II: Skills, Duties and Competencies for Key Appointment Holders (KAHs)**

The duties of the Principal Officer (PO) are set out in the Healthcare Services (General) Regulations, and the duties and qualifications for Clinical Governance Officer (CGO) and Clinical Director (CD) are set out in the relevant service regulations. You may refer to the relevant consultation materials for more details.

# TIERING UNDER THE COP

Updated on  
26 Jan 2021

Tier	Company Registration Structure	General Characteristics
Tier 1 – Basic	Sole Proprietors and companies with only one Director	<ul style="list-style-type: none"> <li>Licensee generally doubles up as PO and KAH</li> </ul>
Tier 2 – Intermediate	Partnerships, small companies and foreign companies that meet the small company criteria* and have more than one Director	<ul style="list-style-type: none"> <li>These small companies are not required to file annual audited financial statements</li> <li>KAH may be a separate individual from licensee and/or PO/CGO</li> </ul>
Tier 3 – Enhanced	Companies, groups and foreign companies that are larger than small companies and small groups respectively, and have more than one Director	<ul style="list-style-type: none"> <li>These companies are required to file audited financial statements</li> <li>KAH is likely a separate individual from licensee, PO and/or CGO</li> </ul>
Tier 4 – Special Tier	Charities, societies and co-operative societies	<ul style="list-style-type: none"> <li>Governed under the Charities Act / Societies Act / Co-operative Societies Act and relevant Code of Governance</li> <li>Governed by a Board of Trustees / Executive Committees</li> </ul>
	Statutory boards under MOH	<ul style="list-style-type: none"> <li>Licensees are HSA and HPB</li> </ul>

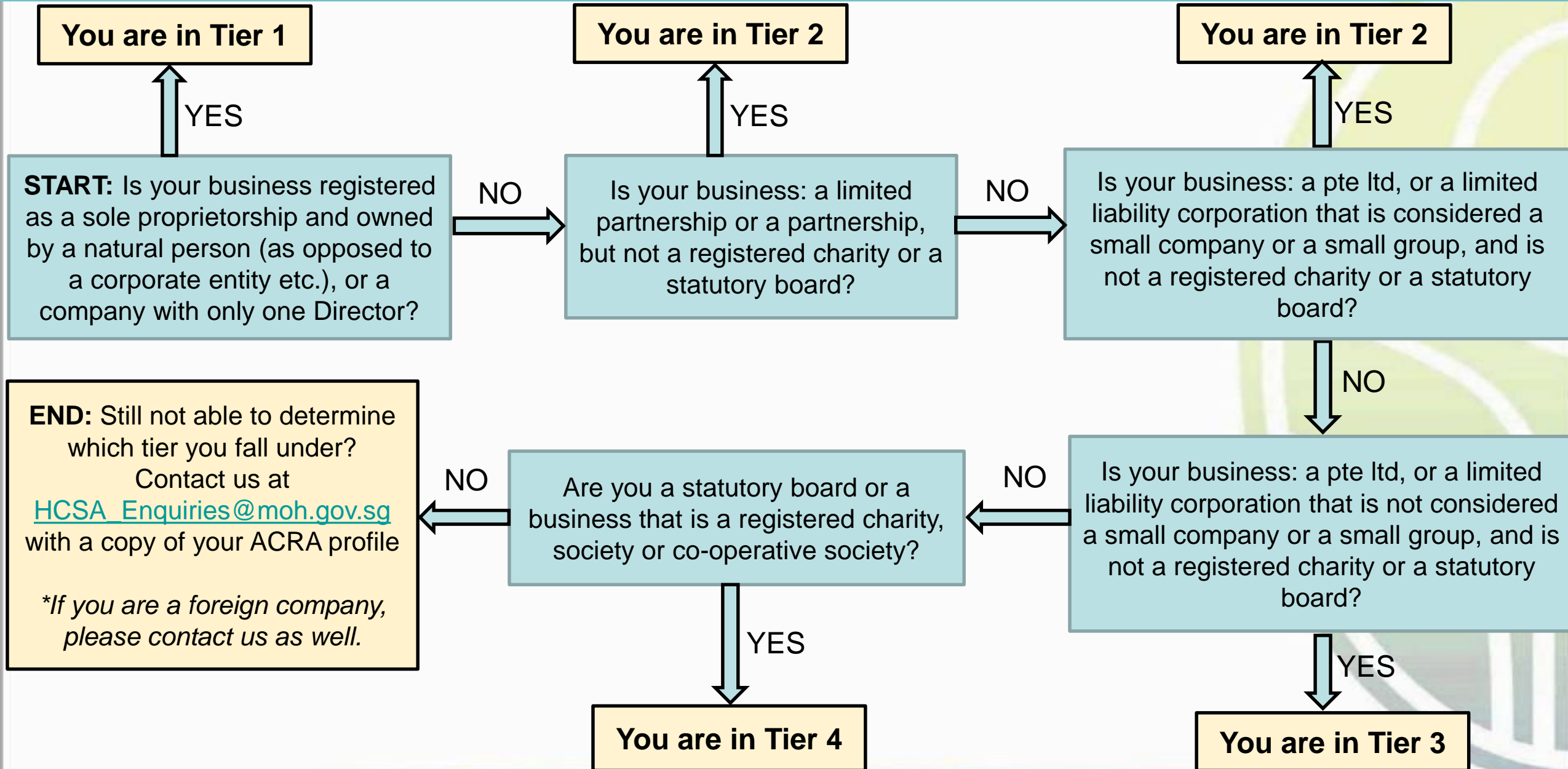
*\*A company is a small company from a financial year if — (a) it is a private company throughout the financial year; and (b) it satisfies any 2 of the following criteria for each of the 2 financial years immediately preceding the financial year: (i) the revenue of the company for each financial year does not exceed \$10 million; (ii) the value of the company's total assets at the end of each financial year does not exceed \$10 million; (iii) it has at the end of each financial year not more than 50 employees. Please refer to the 13<sup>th</sup> Schedule of the Companies Act for definition of a small group.*

A summary of the skills, duties and competencies requirements for KAHs can be found on slide 28-31.



# DETERMINATION OF TIERING UNDER COP

Updated on  
26 Jan 2021



## **Tier 1: Basic Tier**



## RATIONALE, APPLICATION AND DUTIES

- **Application**
  - Basic requirement which will be applied across all tiers
- **Who fall under this tier**
  - Sole proprietors that are owned by natural persons
  - Companies with only one Director
- **Rationale**
  - KAH is likely to be the same person as PO/CGO given the scale of these providers, including where the entity is registered with ACRA as a company but operates like a sole proprietor (e.g. some solo GP clinics)
  - Requirements will focus on the clinical qualifications and experience in ensuring patient safety and welfare
  - This ensures licensees are governed by a KAH with appropriate clinical competencies to oversee the healthcare services being provided
- **KAHs are under a duty to promulgate the following**
  - Corporate and clinical risk management framework
  - Policies to encourage transparency and accountability (e.g. code of conduct and ethics)
  - Policies to ensure continuity of care (e.g. succession plans)

## PROPOSED REQUIREMENTS

- **For all services to appoint KAHs that are qualified as follows:**
  - An SAB-accredited specialist (or DSAB-accredited specialist)\*; **OR**
  - A medical practitioner (or dental practitioner)\* who has been practicing locally for 3 years or more, either continuously or within a 5-year period in the same or relevant setting as the licensable healthcare service.
    - E.g. Practice in local polyclinic, GP or family medicine clinic is relevant for general medical clinic and telemedicine services.

*\*For dental clinic service and ambulatory surgical centre service that provides dental services only.*

- **Qualifications that will also qualify for specific settings:**
  - **Medical clinics, telemedicine, community hospital service**: An accredited Family Physician with a Master of Medicine in Family Medicine.
  - **Clinical laboratory service**: A person with relevant qualification in pathology awarded by a recognised professional board (e.g. Singapore Medical Council, American Board Certification, Royal College of Pathologists) and 5 years' relevant working experience in a clinical laboratory
  - **Nursing home service**: A nurse on full registration with the Singapore Nursing Board, who is holding a valid practising certificate and who has been practising locally for at least 5 years, of which 3 years or more in a hospital or nursing home setting.
- **If the person(s) appointed as the Principal Officer (PO) and/or Clinical Governance Officer (CGO) / Clinical Director (CD) (where applicable) can fulfil the above required clinical qualifications for the licensed service, the KAH will be exempted from the clinical qualification requirement**
  - This allows greater flexibility for businesses to meet these clinical qualification/governance requirements through various roles

## **Tier 2: Intermediate Tier**



## RATIONALE, APPLICATION AND DUTIES

- **Who fall under this tier**

- Partnerships (including LPs and LLPs)
- Companies that are a small company under the Companies Act and have more than one Director
- If the company is part of a group, all companies within a small group with more than one Director each
- Foreign companies that meet the small company criteria

- **Rationale**

- KAHs are typically partners or board directors
- Requirements focus on both clinical and corporate governance, taking into account the size of partnerships and small companies

- **Requirement**

- **There should be a minimum of two KAHs appointed**
- At least one of the two KAHs must meet the Tier 1 clinical qualification/governance requirements, unless the requirements are fulfilled by the PO, CGO or CD (see slide 12).
- In addition, there should be at least one KAH who has competencies in the general management of business. Competency may be assessed by prior work experience as a key appointment holder in a business.

- **KAHs are under a duty to promulgate the following**

- Corporate and clinical risk management framework
- Policies to encourage transparency and accountability (e.g. code of conduct and ethics)
- Policies to ensure continuity of care (e.g. succession plans)
- Policies to ensure performance of the organisation and its management (e.g. to audit financial records, to produce financial statements)

## **Tier 3: Enhanced Tier**



## RATIONALE, APPLICATION AND DUTIES

- **Who fall under this tier**
  - Companies, foreign companies and groups that are larger than small companies and have more than one Director
- **Rationale**
  - KAHs are typically the company's board directors
  - Requirements build on from basic and intermediate tiers, with highest standards for the composition of the KAH body
- **KAHs are under a duty to promulgate the following**
  - Corporate and clinical risk management framework
  - Policies to encourage transparency and accountability (e.g. code of conduct and ethics)
  - Policies to ensure continuity of care (e.g. succession plans)
  - Policies to ensure performance of the organisation and its management (e.g. to audit financial records, to produce financial statements)



# ENHANCED TIER

## PROPOSED REQUIREMENTS

- **Tier 1 clinical qualification requirements will apply, unless the clinical requirements are fulfilled by the PO, CGO or CD (see slide 12)**
- **There should be at least one KAH who has competencies in the management of business in general, including at least 5 years of prior experience in managing business.**
  - This can fulfilled by the same person who meets the clinical governance requirement.
- **KAH composition**
  - At least 4 individuals with a diversity in gender, age, ethnicity, socio-economic background, skills, knowledge, experience, community standing and global exposure
  - At least one person who has competencies in corporate risk management in healthcare provision, including at least 5 years of prior experience in managing healthcare service provision
  - At least one independent person with no potential conflict of interest
  - Majority should be non-executive, i.e. not involved in direct day-to-day operations of the company
  - The lead KAH / chairman should have experience working as a KAH in a relevant field
  - *These requirements are aligned with existing MAS requirements for listed companies*

## **Tier 4: Special Tier**



## PROPOSED REQUIREMENTS

- **Who fall under this tier**
  - Charities under the Charities Act
  - Societies under the Societies Act
  - Co-operative societies under the Co-operative Societies Act
- **Rationale**
  - Entities are already subject to governance standards through the relevant Acts and Regulations and Code of Governance
  - HCSA Requirements will focus on the clinical qualifications and experience in ensuring patient safety and welfare
- **Requirements**
  - Tier 1 qualification requirements will apply, unless the requirements are fulfilled by the PO, CGO or CD (see slide 12)
- **KAHs are under a duty to promulgate the following**
  - Corporate and clinical risk management framework
  - Policies to encourage transparency and accountability (e.g. code of conduct and ethics)
  - Policies to ensure continuity of care (e.g. succession plans)
  - Policies to ensure performance of the organisation and its management (e.g. to audit financial records, to produce financial statements)

# SPECIAL TIER – MOH STATUTORY BOARDS

## PROPOSED REQUIREMENTS

- **Who fall under this tier**
  - MOH statutory boards (e.g. HPB & HSA)
- **Rationale**
  - Clinical, corporate and composition requirements that are aligned with the COP will be issued administratively by MOH
  - Statutory boards are also held to governance standards by the HPB Act, HSA Act, Public Sector (Governance) Act and Instruction Manual
- **KAHs are under a duty to promulgate the following**
  - Corporate and clinical risk management framework
  - Policies to encourage transparency and accountability (e.g. code of conduct and ethics)
  - Policies to ensure continuity of care (e.g. succession plans)
  - Policies to ensure performance of the organisation and its management (e.g. to audit financial records, to produce financial statements)

# BEST PRACTICES

## APPLICABLE TO ALL TIERS

- Best practices for KAHs will be stipulated in the Explanatory Guidance for Healthcare Services (General) Regulations.
- These are recommended for the organisation's reference and adoption, but will not be enforced
- **Examples of best practices include:**
  - To appoint a medical practitioner to sit on the licensee's board and serve as a KAH, if there is no clinically trained PO / CGO appointed
  - Put in place whistleblowing and investigation process and disciplinary actions
  - Undergo induction and ongoing training and development on corporate information, governance framework, management information
  - Set desired organisational culture
  - Collectively undergo induction and ongoing training and development on legal and accounting training, technology training
  - Put in place procedure for developing policies on KAH and management remuneration

# OPERATIONAL REQUIREMENTS

- MOH will work with ACRA to port over details of the sole proprietor/partners/board members of existing licensees as reflected on their records.
  - Licensees should check if their ACRA bizfile profiles are accurate.
- In the interim, licensees should provide the details of the KAH during licence application and renewal.
- Licensees will be required to declare that their POs/CGOs/KAHs are suitable, qualified and competent to act in their capacity through the licensing portal (HALP) during the following time point:
  - At the point of licence application and licence renewal
  - When there is a change of PO/CGO/KAH. The notification timelines are stipulated under the General Regulations.
- Licensees need not upload supporting documents to substantiate the declaration. However, MOH reserves the right to inspect these supporting documents.
  - Examples of supporting documents are proof of KAH's qualification, records of board members, and ACRA bizfile profile.

*Further details (including timeline on data verification exercise) may be found in the HCSA Administration and Transition Deck.*

# IMPLEMENTATION

- COP will be published in June 2021
- Implementation will be phased according to the respective HCSA Service Regulations
- MOH will review the feedback gathered from the consultation

***Share your feedback with us***

<https://go.gov.sg/hcsafeedback>





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more information



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[HCSA\\_Enquiries@moh.gov.sg](mailto:HCSA_Enquiries@moh.gov.sg)

# The End

# Thank you



# Annex



# PART I: SUITABILITY REQUIREMENTS UNDER THE COP

## Suitability to act as Principal Officer, Clinical Governance Officer or Key Appointment Holder

### Applicable Acts:

- (a) Advance Medical Directive Act (Cap. 4A);
- (b) Allied Health Professions Act (Cap. 6B);
- (c) Biological Agents and Toxins Act (Cap. 24A);
- (d) Dental Registration Act (Cap. 76);
- (e) CareShield Life and Long-Term Care Act 2019 (No. 26 of 2019)
- (f) Health Products Act (Cap. 122D);
- (g) Human Biomedical Research Act 2015 (Act 29 of 2015);
- (h) Human Cloning and Other Prohibited Practices Act (Cap. 131B);
- (i) Human Organ Transplant Act (Cap. 131A);
- (j) Infectious Diseases Act (Cap. 137);
- (k) Medical and Elderly Care Endowment Schemes Act (Cap. 173A);
- (l) Medical Registration Act (Cap. 174);
- (m) Medical (Therapy, Education and Research) Act (Cap. 175);
- (n) Medicines Act (Cap. 176);
- (o) Medicines (Advertisement and Sales) Act (Cap. 177);
- (p) Mental Health (Care and Treatment) Act (Cap. 178A);
- (q) Misuse of Drugs Act (Cap. 185);
- (r) National Registry of Diseases Act (Cap. 201B);
- (s) Nurses and Midwives Act (Cap. 209);
- (t) Optometrists and Opticians Act (Cap. 213A);
- (u) Pharmacists Registration Act (Cap. 230);
- (v) Poisons Act (Cap. 234);
- (w) Sale of Drugs Act (Cap. 282);
- (x) Termination of Pregnancy Act (Cap. 324);
- (y) Traditional Chinese Medicine Practitioners Act (Cap. 333A); and
- (z) Voluntary Sterilization Act (Cap. 347).

# SUMMARY OF REQUIREMENTS

Updated on  
26 Jan 2021

Tier	Proposed requirements
Tier 1 – Basic  Sole proprietors and companies with only one Director	<p><b><u>Competency Requirements</u></b> <b>For all services:</b> An SAB-accredited specialist (or DSAB-accredited specialist)* <b>OR</b> a medical practitioner (or dental practitioner)* who has been practicing locally for 3 years or more, either continuously or within a 5-year period in the same or relevant setting as the licensable healthcare service <i>*For dental clinic service and ambulatory surgical centre service that involves dental services only</i></p> <p><b>Qualifications that will also qualify for specific settings:</b></p> <ul style="list-style-type: none"><li>• <b><u>Medical clinics, telemedicine, community hospital service:</u></b> An accredited Family Physician with a Master of Medicine in Family Medicine.</li><li>• <b><u>Clinical laboratory service:</u></b> A person with relevant qualification in pathology awarded by a recognised professional board (e.g. American Board Certification or Chartered Scientists (CSci)) and 5 years' relevant working experience in a clinical laboratory</li><li>• <b><u>Nursing home service:</u></b> A nurse on full registration with the Singapore Nursing Board, who is holding a valid practising certificate and who has been practising locally for at least 5 years, of which 3 years or more in a hospital or nursing home setting.</li></ul> <p><b>If the person(s) appointed as the Principal Officer (PO) and/or Clinical Governance Officer (CGO) / Clinical Director (CD) (where applicable) can fulfil the above required clinical qualifications for the licensed service, the KAH will be exempted from the clinical qualification requirement</b></p> <p><b><u>Duties</u></b> <i>KAHs are under a duty to promulgate the following:</i></p> <ul style="list-style-type: none"><li>• Corporate and clinical risk management framework</li><li>• Policies to encourage transparency and accountability (e.g. code of conduct and ethics)</li><li>• Policies to ensure continuity of care (e.g. succession plans)</li></ul>

Tier	Proposed requirements
<p>Tier 2 – Intermediate</p> <p>Partnerships, small companies and foreign companies that meet the small company criteria and have more than one Director</p>	<p><b><u>Competency Requirements</u></b></p> <ul style="list-style-type: none"> <li>• Tier 1 Requirements will apply</li> </ul> <p><b><u>Composition Requirements</u></b></p> <ul style="list-style-type: none"> <li>• Has a minimum group size of 2 members</li> <li>• At least one of the two KAHs must meet the Tier 1 clinical governance requirements.</li> <li>• There should be at least one KAH who has competencies in the general management of business. Competency may be assessed by prior work experience as a key appointment holder in a business.</li> </ul> <p><b><u>Duties</u></b></p> <p><i>KAHs are under a duty to promulgate the following:</i></p> <ul style="list-style-type: none"> <li>• Corporate and clinical risk management framework</li> <li>• Policies to encourage transparency and accountability (e.g. code of conduct and ethics)</li> <li>• Policies to ensure continuity of care (e.g. succession plans)</li> <li>• Policies to ensure performance of the organisation and its management (e.g. to audit financial records, to produce financial statements)</li> </ul>

Tier	Proposed requirements
<p>Tier 3 – Enhanced</p> <p>Companies, foreign companies and groups that are larger than small companies and small groups respectively, and have more than one Director</p>	<p><b><u>Competency Requirements</u></b></p> <ul style="list-style-type: none"> <li>• Tier 1 requirements will apply</li> <li>• There should be at least one KAH who has competencies in the management of business in general, including at least 5 years of prior experience in managing business with similar or larger staff strength. This can be fulfilled by the same person who meets the clinical governance requirement.</li> </ul> <p><b><u>Composition Requirements</u></b></p> <ul style="list-style-type: none"> <li>• At least 4 individuals with a diversity in gender, age, ethnicity, socio-economic background, skills, knowledge, experience, community standing and global exposure</li> <li>• At least one person who has competencies in corporate risk management in healthcare provision, including at least 5 years of prior experience in managing healthcare service provision</li> <li>• At least one independent person with no potential conflict of interest</li> <li>• Majority should be non-executive, i.e. not involved in day-to-day operations of the company</li> <li>• The lead KAH / chairman should have experience working as a KAH in a relevant field</li> </ul> <p><b><u>Duties</u></b></p> <p><i>KAHs are under a duty to promulgate the following:</i></p> <ul style="list-style-type: none"> <li>• Corporate and clinical risk management framework</li> <li>• Policies to encourage transparency and accountability (e.g. code of conduct and ethics)</li> <li>• Policies to ensure continuity of care (e.g. succession plans)</li> <li>• Policies to ensure performance of the organisation and its management (e.g. to audit financial records, to produce financial statements)</li> </ul>

# SUMMARY OF REQUIREMENTS

Tier	Proposed requirements
Tier 4 – Special  Charities, Societies, Co-operative societies	<p data-bbox="494 172 1047 215"><b><u>Competency Requirements</u></b></p> <ul data-bbox="494 277 1105 319" style="list-style-type: none"><li data-bbox="494 277 1105 319">• Tier 1 requirements will apply</li></ul> <p data-bbox="494 376 626 419"><b><u>Duties</u></b></p> <p data-bbox="494 476 1462 519"><i>KAHs are under a duty to promulgate the following:</i></p> <ul data-bbox="494 576 2532 833" style="list-style-type: none"><li data-bbox="494 576 1488 619">• Corporate and clinical risk management framework</li><li data-bbox="494 634 2175 676">• Policies to encourage transparency and accountability (e.g. code of conduct and ethics)</li><li data-bbox="494 691 1640 733">• Policies to ensure continuity of care (e.g. succession plans)</li><li data-bbox="494 748 2532 833">• Policies to ensure performance of the organisation and its management (e.g. to audit financial records, to produce financial statements)</li></ul>
Tier 4 – Special  MOH Statutory Boards	<p data-bbox="494 862 626 905"><b><u>Duties</u></b></p> <p data-bbox="494 962 1462 1005"><i>KAHs are under a duty to promulgate the following:</i></p> <ul data-bbox="494 1062 2532 1319" style="list-style-type: none"><li data-bbox="494 1062 1488 1105">• Corporate and clinical risk management framework</li><li data-bbox="494 1119 2175 1162">• Policies to encourage transparency and accountability (e.g. code of conduct and ethics)</li><li data-bbox="494 1176 1640 1219">• Policies to ensure continuity of care (e.g. succession plans)</li><li data-bbox="494 1233 2532 1319">• Policies to ensure performance of the organisation and its management (e.g. to audit financial records, to produce financial statements)</li></ul>