

Details of the Key Changes within the Healthcare Services Act (HCSA)

i. Committees To Ensure Clinical Governance

Current requirements imposed on **Quality Assurance Committees (QACs)** will largely remain the same under HCSA, but the services requiring them may be reviewed further. The QAC's role is to monitor the quality of care within healthcare service. To enhance the quality assurance process, a suitably qualified and competent individual will be designated to oversee quality assurance processes in a licensed service. In addition, an individual can serve as a member of two or more QACs in different institutions to facilitate cross-institutional learning.

A new requirement for **Service Review Committees (SRCs)** will be instituted for selected services or programmes that are deemed higher-risk, more complex or of greater public interest. The SRCs will review utilisation patterns, effectiveness, risks and benefits of these services.

Clinical Ethics Committees (CECs) will be made mandatory for selected licensees to ensure that patients are treated in an ethical manner before certain complex and high-risk medical treatment can be conducted. This requirement is adapted from existing PHMCA requirements for hospitals where approval from ethics committees must be sought for similar procedures. The list of medical treatments that will require CEC referral and review will be determined based on advice from relevant experts, such as the Academy of Medicine and the National Medical Ethics Committee, and will be stipulated in the Regulations.

Both SRCs and CECs will be implemented in subsequent phases as they are only applicable for services licensed under Phases 2 and 3.

ii. "Step-In" Safeguards For Residential Care Services

To protect patients against abrupt discontinuation of residential care services, MOH will be empowered under a new provision in HCSA to 'step-in' and assist in the operations of failing healthcare services where necessary. This is a transitional measure until patients can be transferred to other service providers. These powers will be exercised as a last resort after measures such as penalties, warnings, or appointment of a new management team have been assessed to be ineffective, and such an intervention is needed to safeguard patient safety and welfare. There will be an appeal mechanism for licensees aggrieved by the step-in decision. This will be implemented in subsequent phases as it is only applicable for Phases 2 and 3 services.

iii. Powers To Obtain And Publish Information

Existing PHMCA powers will be enhanced to enable MOH to gather data for purposes of patient safety, care and welfare, as well as public health interest. This may include national surveillance for the prevention of public health emergencies and safety monitoring for newer services.

MOH will also be authorised to publish information about non-compliant licensees and unlicensed providers. This will improve public awareness and enable patients to make better informed decisions.

iv. Employment Restrictions

To ensure the safety and well-being of vulnerable patients, there will also be provisions in the regulations to impose restrictions on licensees employing staff to work in healthcare services that cater to frail or vulnerable patient groups such as those in long-term residential care, and the Institute of Mental Health. These provisions will be implemented where relevant for services licensed in Phases 2 and 3 services.

v. Measures to Minimise Public Misperception

a) Naming Restrictions

Existing naming restrictions under the PHMCA will be enhanced to provide greater clarity to patients on the healthcare services provided.

- Licensees will be prohibited from using terms that connote a national body, such as 'National' or 'Singapore', unless explicit approval from the Director of Medical Services is obtained.
- Licensees will also be **prohibited from using names of services that they are not licensed for**.
- Persons who are not licensees will be prohibited from using names that create an impression of providing licensable healthcare services.

These restrictions on naming will be imposed on new licensees under HCSA. Existing licensees under PHMCA will be grandfathered, unless there is a change in licensee.

b) Co-location of non-licensable healthcare services

Similar to the PHMCA, HCSA limits the provision of licensable healthcare services together with other unlicensed services at premises, conveyances, or virtually.

- Certain non-licensable healthcare services provided by registered healthcare professionals (e.g. nurses, pharmacists, allied health professionals etc.) can be co-located in a licensed premises or conveyance without MOH's approval.
- MOH's approval is required to provide other non-licensable services (and any additional requirements to fulfil).

Important: The licensee is by default responsible for the safe and appropriate provision of these non-licensable services that are co-located with a licensable healthcare service. If the co-located non-licensable service also serves its own walk-in patients and the licensee does not want to be responsible for any mishaps in the non-licensable service, there is a need for either (a) clear physical separation (e.g. separate entrances and walls), or (b) a signage to show that the co-located service is not licensed by MOH, and a document clearly delineating the responsibilities between the licensee and the party providing the non-licensable service (e.g. via a contract or written agreement).

c) Advertising Healthcare Services

Only a licensee or a person acting on the authority of a HCSA licensee (referred to as an "authorised person" in the HCSA Advertisement Regulations) may advertise licensable healthcare services, as stipulated in Section 31(1) of HCSA. **Advertisements made by authorised third-party advertising agents or third-party administrators, and medical concierges etc. must also comply with all relevant Regulations.**

Non-HCSA licensees who are not authorised persons are subjected to provisions under the Medicines (Advertisement and Sale) Act ("MASA"), which prohibits certain advertisements relating to medical matters and regulates the sale of substances recommended as a medicine.

The implementation of the HCSA Advertisement Regulations will commence:

- For Phase 1 & new HCSA licensees: from the start date of your HCSA licence
- For those with existing PHMCA licences: subject to existing PHMC(Advertisement) Regulations

V. Penalties under HCSA

The penalties for offences will be updated and aligned with comparable offences under other recently enacted legislations.