MINISTRY OF HEALTH
SINGAPORE

17 April 2023

STAKEHOLDER CONSULTATION REPORT ON PROPOSED OUTPATIENT DENTAL SERVICE REQUIREMENTS UNDER THE HEALTHCARE SERVICES ACT (HCSA)

SUMMARY OF KEY FEEDBACK AND RESPONSES

Since the enactment of the Healthcare Services Act (HCSA) in 2020, the Ministry of Health (MOH) has been rolling out the HCSA in phases. Phase 1 of the HCSA was implemented on 3 January 2022, while Phase 2 will be implemented on 16 June 2023. Outpatient dental service providers will be impacted by Phase 2 of the HCSA implementation. As such, we have engaged extensively with providers on the proposed HCSA outpatient dental service requirements that aim to further strengthen patient safety and welfare.

2. From 15 October to 28 November 2022, MOH sought feedback on the proposed outpatient dental service requirements from the outpatient dental service community via an online public consultation hosted on www.hcsa.sg. Additionally, MOH also held two closed-door virtual stakeholder consultations with about 400 members from the outpatient dental service community during that period. MOH also reached out to our partners such as the Singapore Dental Council (SDC) and Singapore Dental Association (SDA) for feedback. In all, we had received about 95 feedback via written comments, email enquiries and virtual consultations.

Feedback Received and MOH's Responses

3. There was broad consensus to support the proposed HCSA outpatient dental service requirements. Majority of the feedback gathered from licensees requested for further clarification on the proposed requirements and implementation details. Please refer to Figure 1 for the general breakdown of feedback collected.

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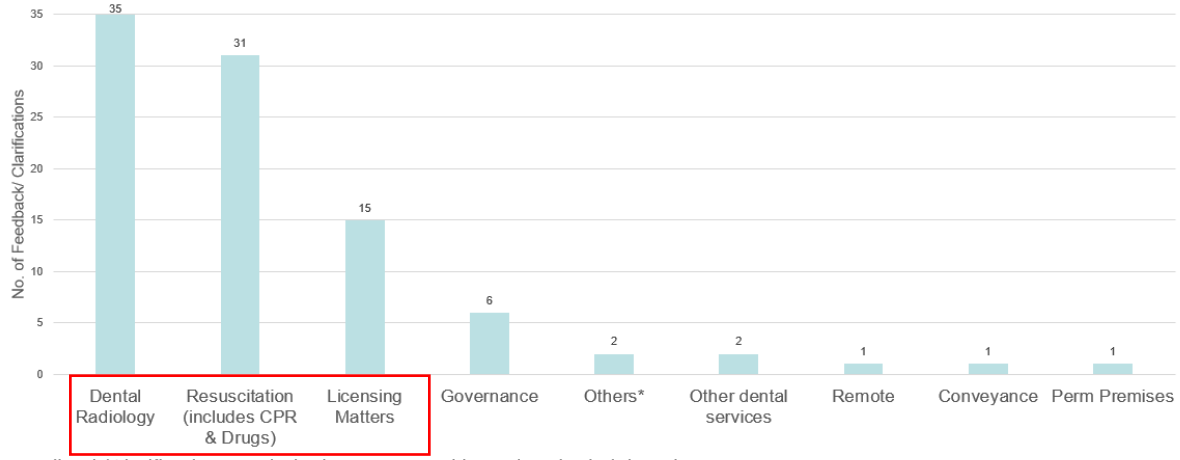
Figure 1. Breakdown of feedback received on the proposed outpatient dental service requirements.



^Feedback/Clarifications exclude those on transition-related administrative matters.
**Others include general challenges faced by licensees.*

4. Of the feedback received, the top 3 areas that licensees were concerned about were on: (i) dental radiology requirements, (ii) resuscitation requirements, and (iii) licensing matters.

I. Dental Radiology Requirements

5. On the requirement to obtain SDC's certificate of competency (COC) or have formal qualifications in oral radiology for prescribing or interpreting dental Cone Beam Computed Tomography (CBCT), there were mixed feedback. Those who supported the need for a COC suggested for MOH to encourage dentists to use the smallest field-of-view possible when taking CBCT images, to reduce the need to identify incidental findings in non-dental regions of the head. They also recommended for training in the use and interpretation of CBCT to be incorporated into the local undergraduate and postgraduate curriculum. A small group also requested for dentists, with a sufficient amount of clinical experience, to be exempted from the COC requirement.

6. However, dentists who did not support the need for COC for dental CBCT were of the view that the use of dental CBCT was machine-specific, and customised training was already provided by the vendor. Furthermore, the basic skills needed to read dental CBCT were similar to that of dental X-rays, which were already taught at the undergraduate level. In addition, the adverse outcomes related to dental CBCT were rare and therefore do not warrant additional costs from training.

7. On the regulation prohibiting dental assistants from energising dental X-ray and CBCT machines, some stakeholders suggested for dental assistants to be allowed to energise X-ray and CBCT machines under the supervision of a dentist. They opined that this could further improve operational efficiency during imaging and reduce waste as dentists do not have to deglove after positioning the patient to press the button to energise the machine. To mitigate safety risks, some also proposed to allow dental

assistants who have completed formal and structured training, such as through the National ITE Certificate in Dental Assisting, to energise the machines.

8. MOH supports SDC's COC for dental CBCT for dentists intending to prescribe or conduct dental CBCT. The intent of the COC is to ensure that any dentist who prescribes or interprets CBCT is competent in the safe interpretation of the image taken, particularly with regard to detecting reportable incidental medical findings and following up on such findings appropriately. As the COC is still being developed, there will be a sunrise period for its implementation which will be announced when ready. SDC is in the midst of reviewing the framework for the granting of dental CBCT COCs. Personnel who showcase proof of having undergone appropriate formal training may be granted the COC.

9. The energising of dental X-ray and CBCT machines by personnel who are not dentists or oral health therapists is governed under the Radiation Protection Act. MOH note the feedback from stakeholders and is working with NEA and SDC to review this. Until the review is completed, the position remains that only dentists, oral health therapists, radiographers and radiologists will be allowed to energise dental X-ray and CBCT machines. An update will be provided when the review is completed.

II. Resuscitation Requirements

10. On resuscitation requirements, stakeholders generally agreed that it would be useful for the dental community to maintain valid certification in the Basic Cardiac Life Support (BCLS) and the use of Automated External Defibrillator (AED), consisting of both theory and practical components as this was already required as part of their professional re-certification. For those who were not medically fit to perform BCLS, majority agreed with the requirement to pass the theory component.

11. Many also expressed concerns in meeting the additional requirement for at least one personnel to maintain valid Cardiopulmonary Resuscitation (CPR) and AED certification at all times in a patient-facing clinical area, if a registered healthcare professional with valid BCLS and AED certification (both theory and practical) was not around. Some raised that if CPR and AED requirements were mandatory, clinics would need to train all staff to always ensure that at least one personnel was on site with valid certification. As staff turnover might be frequent, re-training and re-certification would pose operational challenges and increased business costs.

12. On the requirement to keep the "Basic Tier" of emergency drugs and equipment, some felt that the rare incidence of patients collapse in dental clinics did not warrant the need for such requirements. Furthermore, there were concerns about dentists being inadequately trained to diagnose causes of a patient's collapse. As many dentists do not handle medical emergencies on a regular basis, many expressed discomfort in having to administer emergency drugs and equipment, particularly the administration of IV injections and fluids, as they had received minimal training during their undergraduate curriculum.

13. MOH has reviewed the feedback and it would no longer be mandatory for clinics to have at all times in a patient-facing clinical area, at least one personnel who has valid CPR and AED certification and is medically fit to administer CPR if a registered healthcare professional with valid BCLS and AED certification (both theory and practical) is not around. Clinics are instead strongly encouraged to send patient-fronting non-registered healthcare professionals for CPR and AED certification as part of the move to increase the number of first responders in the community. All registered healthcare professionals will still be required to maintain valid BCLS and AED certification. For those who are not medically fit to administer BCLS, they will still be required to maintain valid BCLS and AED certification, but only for the theory component.

14. MOH will also be working with professional bodies to develop a course to refresh and upskill the competency of dental practitioners in the use of "Basic Tier" emergency drugs and equipment for those who require it. A new set of guidelines will also be developed to provide clarity on the level and scope of resuscitation skills, as well as scenarios for dental practitioners providing services in outpatient settings. Similar to the BCLS and AED requirements, the dental practitioners will be given a lead time of 3 years to achieve this requirement by 1 January 2027. More details on the training courses will be made known by end 2023.

III. Licensing Matters

15. While stakeholders agreed with the overarching principles of the HCSA, they were concerned over the operational details and wanted MOH to provide more clarity on the outpatient dental service licensing requirements. They requested for more guidance on the steps needed to obtain a HCSA licence and on the types of licence required for the various outpatient dental services (e.g., school dental screening, home dental service, outpatient dental consultations co-run with medical disciplines such as oral cancer screening or blood processing procedures).

16. MOH will reach out to licensees on the steps required for the transition from the PHMCA to the HCSA. Licensees should look out for emails from MOH and adhere to the deadlines stipulated within to avoid any delays in the transition process. Furthermore, training sessions on using the Healthcare Application and Licensing Portal (HALP) for licence applications and modifications will be provided in May 2023. Registration details for the HALP training sessions will be announced in due course.

Next Steps

17. In addition to the feedback received above, MOH is also reviewing other feedback received on the proposed outpatient dental service requirements. MOH will publish a set of updated Frequently Asked Questions (FAQs) to address the feedback received. The finalised requirements and the FAQs will be shared with licensees and uploaded on www.HCSA.sg in due course.

Conclusion

18. MOH would like to thank all stakeholders who have actively engaged with us during our stakeholder consultations. This has allowed us to better understand your concerns and priorities. Together with our stakeholders, we look forward to improving patient safety, welfare and continuity of care across the sector.

19. For further clarifications, please write in to hcsa_enquiries@moh.gov.sg.

Thank you.

Health Regulation Group
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