



MINISTRY OF HEALTH  
SINGAPORE

8 June 2023

## STAKEHOLDER CONSULTATION REPORT ON PROPOSED AMENDMENTS TO THE EMERGENCY AMBULANCE SERVICE AND MEDICAL TRANSPORT 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. When Phase 1 of the HCSA was implemented on 3 January 2022, private ambulance services were regulated either as Emergency Ambulance Services (EAS) or Medical Transport Services (MTS). Since then, MOH has consulted with various stakeholders and noted several areas of enhancements were needed for the HCSA, the General Regulations and Service Regulations for EAS and MTS. As such, we had earlier engaged with private ambulance operators on the proposed amendments to the EAS and MTS requirements.

2. From 9 December to 27 January 2023, MOH sought feedback on the proposed amendments to the EAS and MTS requirements via an online public consultation hosted on [www.hcsa.sg](http://www.hcsa.sg). Of the 80 providers (as of 9 Dec 2022) who offer EAS and/or MTS, we received 17 feedback via written comments and email enquiries.

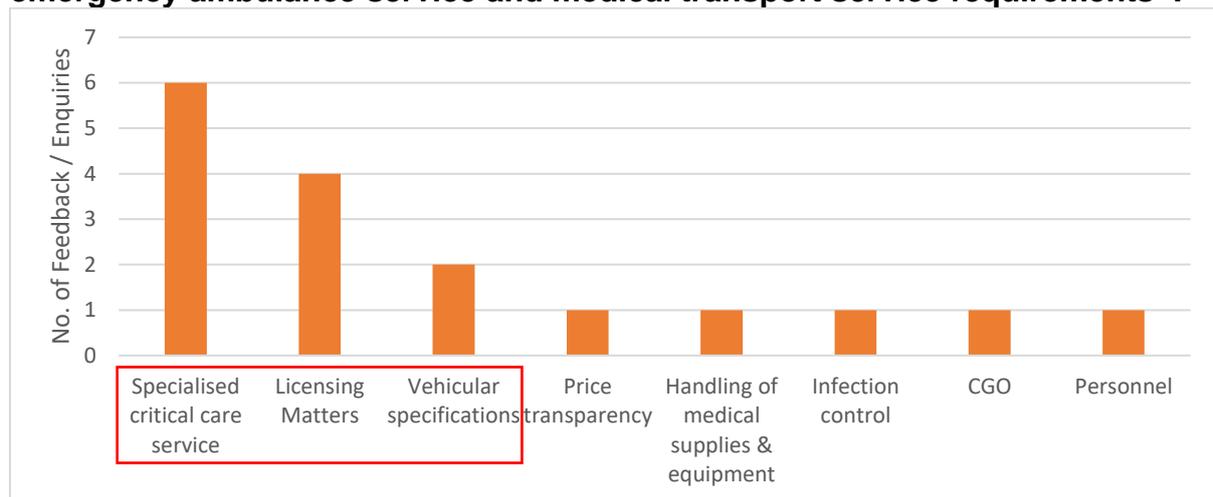
#### Feedback Received and MOH's Responses

3. There was broad consensus to support the proposed amendments to the EAS and MTS requirements. Majority of the feedback gathered from licensees requested for further clarifications on the proposed requirements and implementation details, particularly on the introduction of Specified Services (SS) for EAS. 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 amendments to the emergency ambulance service and medical transport service requirements<sup>^</sup>.**



<sup>^</sup>Feedback/Clarifications exclude those on transition-related administrative matters and those which were not related to the scope of the EAS/MTS regulatory requirements.

4. Of the feedback received, the top 3 areas that licensees were concerned about were on: (i) specialised critical care service, (ii) licensing matters and (iii) vehicular specifications.

#### **I. Specialised Critical Care Service Requirements**

5. Some private EAS providers providing specialised critical care service expressed concerns over their Clinical Governance Officer (CGO) being unable to ensure that the service crew deployed possess the required skills and competencies. This was because acute hospitals which request for the EAS with specialised critical care service may provide their own team of doctors and nurses to care for the patients during the transfer. As the hospital staff would not be directly employed by the EAS licensee, it would be challenging for the CGO to determine whether they meet the requirements. Instead, they opined that the acute hospital should be responsible in ensuring that the doctors and nurses provided are suitably trained to care for the needs of the patient on board.

6. There was also feedback on refining the service crew requirements, particularly on the crew leader qualifications required for EAS providing specialised critical care service. Some raised views that crew leaders need not be a specialist as the specialist's attention should be directed to other critically ill patients at the acute hospitals. They opined that having a doctor with a valid Advanced Cardiac Life Support (ACLS) certification as the crew leader would suffice for EAS providing specialised critical care service.

7. The providers generally agreed that the service crew deployed for EAS providing specialised critical care service should be proficient in the use of intensive or critical care support equipment, namely, (i) Extracorporeal Membrane Oxygenation; (ii) Mechanical Ventilator; and (iii) Intra-Aortic Balloon Pump. It was proposed for Chest Tubes to be excluded as patients on Chest Tubes are already transported during

military evacuation without the need for enhanced crew leader requirements. It was also suggested that medication/ infusion pumps be added to the list given the higher risk to patient safety if medication/ infusion pumps were operated by untrained service crew.

8. On the governance and oversight of the EAS providing specialised critical care services, MOH would like to clarify that for such services activated by acute hospitals and provided using a private EAS provider, the private EAS provider will need to apply for the provision of the specialised critical service as a SS and will be responsible for the enhanced requirements for the provision of the SS. The private EAS provider, including the CGO, should work with the relevant clinical teams in the acute hospitals to: (a) to establish, regularly review and update the clinical care protocols pertaining to the conveyance of patients requiring specialised critical care service; and (b) ensure that the enhanced service crew requirements (including training of the service crew on the appropriate use of the equipment for specialised critical care service) are met.

9. On the crew leader qualifications required for EAS providing specialised critical care service, MOH would like to clarify that the crew leader may not always have to be a relevant specialist. Instead, the crew leader can be a non-specialist medical practitioner who is trained in critical care management. The details of the crew leader qualifications may be found in [slide 27 of the consultation deck](#).

10. On the specified list of intensive or critical care support equipment, MOH would like to clarify that patients with such equipment on board the Emergency Ambulance (EA) would minimally require a medical practitioner trained in critical care management to oversee the care and conveyance of the patient. Patients requiring the use of medication/ infusion pumps on board the EA may not need to be managed by a medical practitioner and can be managed safely by other service crew such as a trained registered nurse.

## **II. Licensing Matters**

11. Since the implementation of HCSA Phase 1, MOH requires vehicles to be inspected before they can either be used as an EA or a Medical Transport (MT). Stakeholders requested for clarifications on some of the equipment and service crew requirements needed to meet regulatory requirements.

12. On the requirement to seek MOH's approval should the EAS licensee decides to offer specialised critical care and specialised isolation services as SSES, stakeholders sought clarification on details of the application process. Others asked whether an approval was required for each EA which will be offering the SS or if obtaining a one-off approval by the EAS licensee was sufficient.

13. Specific to the equipment and service crew requirements for the provision of EAS and MTS, no changes were made to the existing requirements and EAS/MTS and licensees can refer to the existing requirements on [slides 3 – 17 of the consultation deck](#). On the operational details of the application for the provision of SSES, MOH has reached out to existing EAS licensees on the steps and timeline required for the

application of SSES. The approval to provide the SS will be tied to the EAS licence and not specific EA vehicles.

### **III. Vehicular Specifications**

14. Stakeholders requested for greater clarity on which parts of the EA or MT were considered the “patient compartment area” and whether the minimum dimensions imposed on the patient compartment area would affect the use of existing vehicles approved as EAs or MTs.

15. MOH would like to clarify that the patient compartment of the EA or MT means the space in the vehicle bound by: (a) any fixed partition installed behind the driver’s seat and any forward-facing front seat alongside the driver’s seat and separating those seats from the rest of the vehicle; (b) the permanent roof and floor of the vehicle; and (c) the tailgate or doors opening at the rear of the vehicle. A visual guidance of the patient compartment area can be found in [slide 33 of the consultation deck](#). The minimum dimensions imposed on the patient compartment area were measured from common Class 3 vehicle models approved as EAs/MTs and hence existing approved vehicles can continue to be used.

#### **Next Steps**

16. 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](http://www.HCSA.sg) in due course.

#### **Conclusion**

17. 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.

18. For further clarifications, please write in to [hcsa\\_enquiries@moh.gov.sg](mailto:hcsa_enquiries@moh.gov.sg).

Thank you.

**Health Regulation Group  
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