

**LICENCE CONDITIONS ON  
PEER REVIEW LEARNING**

**IMPOSED UNDER  
SECTION 13(1) OF THE HEALTHCARE SERVICES ACT 2020**

**1. Application**

- 1.1. These licence conditions (“**LCs**”) apply to all persons licensed under the Healthcare Services Act 2020 (“**HCSA**”) that are required to appoint at least one Peer Review Learning QAC (“**Licensees**”) under the HCSA and the Healthcare Services (General) Regulations 2021 (such persons referred to as “**Licensees**”).
- 1.2. The defined terms used in these LCs shall have the meanings ascribed to them in the HCSA and any Regulations made thereunder, unless otherwise stated.
- 1.3. A breach of these LCs may result in regulatory action being taken against the Licensee under section 20 of the HCSA, including but not limited to –
  - a) suspension or revocation of the Licensee’s licence(s);
  - b) shortening the term of the Licensee’s licence(s);
  - c) a direction requiring the Licensee to rectify the contravention, or prevent a recurrence of the contravention; and/or
  - d) a direction requiring the Licensee to pay a financial penalty.
- 1.4. For avoidance of doubt, the requirements in these LCs are without prejudice, and in addition to the requirements imposed under the HCSA as well as any Regulations and other applicable licensing conditions, directions, codes of practice made thereunder.

**2. Definition of Key Terms**

- 2.1. In these LCs, unless otherwise specified:
  - a) “**appropriateness**” means the extent to which (i) the relevant and required clinical care plans and procedures are executed properly; (ii) a patient is subject to healthcare resources and procedures based on evidence that such resources and procedures can help the patient; and (iii) healthcare practices with proven benefits to patients are employed, as required. It can be evaluated using clinical utilisation management which examines the frequency, intensity, duration and clinical relevance of services ordered;
  - b) “**credentialing**” means a process by which a Licensee determines, by verifying the relevant documents, whether a specialist meets the eligibility requirements set by the Licensee, by reviewing factors including but not limited to the specialist’s registration, experience, qualifications, certification, education, training, malpractice, adverse clinical occurrences, clinical judgment, and character;

- c) “**clinical service**” means any service that is provided by a specialist, either directly, as part of or, in support of patient care, whether or not the service is publicised or advertised;
- d) “**harm**” means temporary or permanent impairment of the physical structure, biological and psychological functions of the body and/or any deleterious effect(s) arising from there, including death<sup>1</sup>;
- e) “**peer review learning**” or “**PRL**” means the encouragement of learning and improvement of quality of care through a documented review and evaluation of a specialist’s competencies and performance by one or more other specialists in the same branch of medicine, including identifying the areas for improvement;
- f) “**privileging**” means the process of determining the scope of each branch of medicine and what individual specialists accredited in that branch of medicine will be allowed to do in an approved permanent premises;
- g) “**professional peer**” of a specialist means another specialist in the same branch of medicine with comparable or greater training and experience than the specialist in question;
- h) “**Specialist**”<sup>2</sup> means a person who (i) is registered as a specialist in the Register of Specialists under section 22 of the Medical Registration Act 1997 or section 14C of the Dental Registration Act 1999; and (ii) is referred to in paragraph 3.2b.
- i) “**branch of medicine**” means any of the specialties or sub-specialties recognised by the Singapore Medical Council.

### 3. Establishment of Peer Review Learning QACs

- 3.1. The Licensee shall appoint one or more Peer Review Learning QAC(s) as required under the HCSA and the Healthcare Services (General) Regulations 2021, and shall ensure that the Peer Review Learning QAC(s) are established at the local department or institutional level(s) as appropriate for its/their functions and duties.
- 3.2. The Licensee shall:
  - a) maintain a list setting out the (i) licensable healthcare services offered by the Licensee; and (ii) branches of medicine of the licensable healthcare services offered; and

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<sup>1</sup> Adapted from the definition in ‘*The WHO Conceptual Framework for the International Classification for Patient Safety (v.1.1). Final Technical Report 2009*’ by the World Health Organisation (WHO)

<sup>2</sup> For the avoidance of doubt, “specialist” (in small caps) will have the meaning ascribed to it in the Healthcare Services (General) Regulations 2021

- b) establish at least one Peer Review Learning QAC to review and evaluate clinical quality, safety and appropriateness of care provided by specialists who: -
  - i. are employed or engaged by the Licensee; and
  - ii. provide any of the top ten (10) clinical services, as determined by the Licensee based on factors that include but are not limited to the volume of services provided, and the number of specialists providing the services.

#### 4. Representation and Composition of Peer Review Learning QACs

##### 4.1. The Licensee shall:

- a) ensure that each Specialist attends and participates as a member of a Peer Review Learning QAC;
- b) appoint a QAC supervisor for each Peer Review Learning QAC;
- c) ensure that a QAC supervisor is a fully registered medical practitioner holding a position of Consultant and above at the approved permanent premises. The following individuals may be appointed as a QAC supervisor: -
  - iii. the chief executive officer or equivalent of the approved permanent premises;
  - iv. the medical director or, equivalent of the approved permanent premises;
  - v. any other person on the medical board and/or clinical governance staff of the approved permanent premises; or
  - vi. any other person;
- d) ensure that a QAC supervisor:
  - i. ensures that there is proper and effective oversight and operation of the Peer Review Learning QAC in accordance with the requirements and intent of these LCs, HCSA and any Regulations made thereunder; and
  - ii. serves as a liaison between the Peer Review Learning QAC and the Licensee regarding Peer Review Learning QAC-related matters.

##### 4.2. The Licensee shall ensure that each Peer Learning QAC is made up of: -

- a) at least three (3) Specialists or professional peers employed or engaged by the Licensee who belong to the same branch of medicine or who provide the same licensable healthcare service ("**core members**"). If there are insufficient core members, the Licensee may appoint, as core members, specialists employed or engaged by another licensee, who belong to the

same branch of medicine or who provide the same licensable healthcare service as the other core members;

- b) an optimal number of members to ensure the reliability of the peer review learning process and optimal peer review interaction. This can be done by establishing more than one (1) Peer Review Learning QAC; and
- c) such other individual(s) as required by the HCSA, any Regulations and other applicable licensing conditions, directions, codes of practice made thereunder<sup>3</sup>.

4.3. The Licensee may appoint the following person(s) as non-core members who shall not count towards the minimum composition of and required quorum for the Peer Review Learning QAC: -

- a) administrator(s) to facilitate the operation and activities of the Peer Review Learning QAC; and
- b) persons to provide non-clinical or clinical expertise, as required and as appropriate, to contribute to the Peer Review Learning QAC discussion.

## **5. Selection of Clinical Cases**

5.1. The Licensee shall establish a system for the selection of clinical cases managed by a Specialist, including but not limited to a system that selects cases based on: -

- a) the recommendations of the QAC supervisor and/or Specialist;
- b) an appropriate set of case selection criteria or indicators as determined by and for the Licensee;
- c) a representative sample of cases managed by a Specialist, regardless of whether the case was managed at the approved permanent premises of the Licensee; and/or
- d) the monitoring of the clinical practice and performance of a Specialist, such as procedural outcomes, complication rates or other proxy indicators of diagnostic accuracy.

5.2. The clinical cases selected may include:

- a) a case that has learning value and would enhance current medical practice based on best clinical knowledge; improve patient safety and quality; and improve appropriateness and outcomes of care. Such cases will include but are not limited to cases relating to optimal clinical practice, healthcare delivery, processes and outcomes of care;

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<sup>3</sup> For example, Licensees that are licensed to provide ambulatory surgical centre services are still required to adhere to the requirements on the composition of QACs set out in Regulation 9 of the Healthcare Services (Ambulatory Surgical Centre Service) Regulations 2023.

- b) a case that exhibits clinical utilisation from the perspective of the use, delivery and cost-effectiveness of the licensable healthcare services provided;
- c) a case related to a recently introduced licensable healthcare service, procedure or intervention;
- d) a complaint (verbal or written);
- e) a case considered to pose a challenge, concern or doubt in relation to the Specialist's clinical practice, performance and/or professional competency; and
- f) a case discussed under any other documents issued under the Healthcare Services (General) Regulations 2021 for which a review of the specialist's clinical practice, performance and/or professional competency has been recommended.

## **6. Patient Confidentiality**

- 6.1. The Licensee shall take appropriate steps to protect and preserve patient confidentiality regardless of whether the case material has been obtained from the Licensee or from another licensee.

## **7. Scope of Review**

- 7.1. The Licensee shall ensure that the Peer Review Learning QAC reviews cases managed by a Specialist with respect to the quality, safety and appropriateness of diagnosis, investigations, clinical utilisation, treatment, management and follow-up, including referral to another healthcare professional for continuing care.
- 7.2. The Licensee shall encourage the Specialist whose case is being reviewed, to describe and explain in appropriate detail any deviation from expected outcomes or accepted standards of care and practice.
- 7.3. Where area(s) have been identified by the Peer Review Learning QAC for further learning and improvement, the Peer Review Learning QAC shall ensure that all relevant learning points are properly documented and recommendations are followed through by the relevant parties on a timely basis.

## **8. Timeframe for Review**

- 8.1. The Licensee shall ensure that clinical cases are identified and reviewed by the Peer Review Learning QAC responsively and adequately to ensure that the learning and improvement needs of the Specialist are met on a timely basis

## **9. Disciplinary Inquiry**

9.1. The Licensee shall convene a separate disciplinary inquiry<sup>4</sup> where a case referred to the Peer Review Learning QAC for review involves:

- a) a criminal act or deliberate patient harm;
- b) the use of alcohol or illicit drugs;
- c) a deliberate unsafe act; or
- d) professionally unethical practice<sup>5</sup>,

on the part of the Specialist who had attended to the patient in the case, regardless of whether these actions were identified prior to the commencement or during the course of a Peer Review Learning QAC review.

## **10. Schedule of Peer Review Learning QAC Meetings**

10.1. The Licensee shall ensure that an annual calendar of Peer Review Learning QAC activities is maintained to give members advance notice of scheduled meetings and sufficient lead time to prepare cases for review.

10.2. The Licensee shall ensure that Peer Review Learning QAC meetings are held at an adequate frequency to ensure ample opportunities for every Specialist to meet the minimum attendance and participation requirements. The Licensee is strongly encouraged to organise make-up Peer Review Learning QAC sessions for a Specialist who falls short of the minimum attendance and participation requirements, for credentialing, recredentialing and privileging purposes.

10.3. The Licensee shall ensure that a Specialist being reviewed for credentialing, re-credentialing or privileging attends at least four (4) Peer Review Learning QAC meetings every year.

## **11. Quorum**

11.1. The Licensee shall ensure that the Peer Review Learning QAC meetings commence only when at least three (3) core members are present. The Licensee shall take steps to ensure that this minimum quorum is maintained throughout the meeting, with the view that a core member is considered to have attended the meeting only if he is present for a significant duration of the meeting and that his attendance is to be recorded as such.

## **12. PRL Participation and Renewal of Clinical Privileges**

12.1. The Licensee shall ensure that the policies and procedures for the renewal of clinical privileges for a Specialist at the Licensee's approved permanent

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<sup>4</sup> To prevent imminent harm or danger to any individual, the Licensee shall ensure that the relevant policies are in place to review or rescind privileges at the point when such cases are being referred for disciplinary inquiry.

<sup>5</sup> As stipulated in the Ethical Code and Ethical Guidelines of the Singapore Medical Council

premise(s) incorporates, for that Specialist being reviewed, adherence with the minimum attendance requirements in paragraph 10.3.

- 12.2. When ascertaining or verifying the overall suitability for credentialing, re-credentialing or privileging of a Specialist that is employed or engaged by licensees other than the Licensee, the Licensee may: -
- a) take into account that Specialist's recorded attendance at each approved permanent premise that he is employed or engaged by when ascertaining if his minimum attendance requirements in paragraph 10.3 has been met for any given year;
  - b) require the QAC supervisor of the Peer Review Learning QAC to request for that Specialist to attend and participate in the Peer Review Learning QAC, instead of or in addition to the Peer Review Learning QAC meetings held by the other licensees;
  - c) may request from the other licensee(s) information, including but not limited to information on that Specialist's attendance record and the documented feedback or recommendation of the Peer Review Learning QAC from the other licensees.

### **13. Supporting Peer Review Learning, etc**

- 13.1. The Licensee shall ensure that a Peer Review Learning QAC is supported in its functions through the allocation of necessary resources.
- 13.2. The Licensee shall ensure that the findings of a Peer Review Learning QAC are monitored and followed up appropriately, and that the recommendations are implemented in a timely manner. This should include a system to monitor the feedback of Specialist(s) on the usefulness of the Peer Review Learning QAC discussion(s).
- 13.3. The Licensee shall ensure that the attendance and participation requirements relating to credentialing, re-credentialing and privileging are incorporated into the Licensee's overall credentialing, recredentialing and privileging policies.

### **14. Documentation**

- 14.1. The Licensee shall ensure that written documentation setting out the policy and procedures relating to Peer Review Learning QACs are maintained (see Annexes A to C for examples), including but not limited to documents that set out the:
- a) objectives of a Peer Review Learning QAC;
  - b) representation and composition of a Peer Review Learning QAC;
  - c) activities and terms of reference of a Peer Review Learning QAC;

- d) standards of practice and professional conduct of a Peer Review Learning QAC;
  - e) case selection criteria and procedures for referral to a Peer Review Learning QAC;
  - f) standards for peer review and reporting;
  - g) schedule and timing of a Peer Review Learning QAC meeting; and
  - h) list of Peer Review Learning QAC meetings for a Specialist, including the attendance records of a Specialist.
- 14.2. The Licensee shall ensure that the policy and procedures relating to Peer Review Learning QACs are reviewed annually and regularly updated to ensure the effectiveness of the Peer Review Learning QACs.
- 14.3. The Licensee shall ensure that each Peer Review Learning QAC maintains written documentation of: -
- a) the activities carried out by that Peer Review Learning QAC (e.g. key findings, learning points, recommendations and follow-up actions required/taken, etc.); and
  - b) the basis for a recommended implementation of an appropriate action or follow-up.
- 14.4. The Licensee shall ensure that the written documentation referred to in paragraph 14.3, is shared with all relevant parties for learning and quality improvement, including the Specialist whose case was reviewed, regardless of whether the Specialist attended the Peer Review Learning QAC meeting that reviewed the case.

## **15. Accountability**

- 15.1. The Licensee shall furnish the Director-General of Health, as and when required by him, with any documentation described in paragraph 14 above.
- 15.2. To ensure that the requirements of these LCs are complied with, the Director-General of Health may, at his discretion, authorise relevant MOH officials to attend and be present during each Peer Review Learning QAC discussion or conduct periodic checks on Peer Review Learning activities.



**Annex A**  
[with entries for illustration]

**LIST OF CLINICAL SERVICES**

**Name of Institution:** ABC Hospital

**Date:** 05/01/2023

<b>S/N</b>	<b>Branch of Medicine</b>	<b>Clinical Service</b>	<b>Number of Peer Review Learning QAC(s)<sup>6</sup></b>
1	General Surgery	Vascular	1
2	General Surgery	Breast	1
3	Cardiothoracic Surgery	Cardiothoracic	1
4	Internal Medicine	General Medicine	2
5	Internal Medicine	Cardiology	1
6	Internal Medicine	Dermatology	1
7			
8			
9			
10			
11			
12			
13			
14			
15			

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<sup>6</sup> Please refer to paragraph 4.2(b) of the LCs

**Annex B**

[with entries for illustration]

**RECORD OF ATTENDANCE FOR PEER REVIEW LEARNING QAC MEETINGS**

Name of Institution ABC Hospital  
 Date 05/01/2023  
 Clinical Service Spine

**MEMBERS OF PEER REVIEW LEARNING QAC MEETINGS**

(Only core members of the Peer Review Learning QAC shall count toward the required quorum.)

S/N	Name	Institution <sup>7</sup>	Designation/ Branch of Medicine	Attendance at Scheduled Peer Review Learning QAC Meetings for 2023							
				12/01	20/03	02/05	15/07	10/08	20/09	04/11	18/12
1	Dr A	As Above	Chair, Sr Con	✓	✓	✓	✓	✓	✓	✓	✓
2	Dr B	As Above	Sr Con	✓	x	✓	✓	✓	✓	✓	✓
3	Dr C	As Above	Consultant	x	✓	x	✓	✓	✓	✓	x
4	Dr D	As Above	Consultant	✓	✓	✓	✓	x	x	✓	✓
5	Dr E	XYZ Hospital	Consultant	✓	✓	✓	x	✓	✓	x	✓
6											
7											

**OTHER ATTENDEE(S) OF PEER REVIEW LEARNING QAC MEETINGS**

(These are non-core members of the Peer Review Learning QAC who do not count toward the required quorum.)

S/N	Name	Institution <sup>5</sup>	Designation	Attendance at Scheduled Peer Review Learning QAC Meetings for 2023							
				12/01	20/03	02/05	15/07	10/08	20/09	04/11	18/12
1	Manager A	As Above	Medical Affairs Manager	✓	x	✓	✓	✓	✓	x	x
2	Dr F	As Above	Consultant Anaesthesiologist	x	✓	x	x	x	x	✓	✓

<sup>7</sup> Please indicate name of licensee if the member of the Peer Review Learning QAC is not from the Licensee that is hosting the Peer Review Learning QAC meeting.

<b>3</b>	<b>Dr G</b>	As Above	<b>Neurologist</b>	✓	✓	✓	✓	✘	✘	✓	✓
<b>4</b>											
<b>5</b>											
<b>6</b>											
<b>7</b>											
<b>8</b>											
<b>9</b>											
<b>10</b>											

✓ *Attended* ✘ *Did not attend*

**RECORD OF PEER REVIEW LEARNING QAC DISCUSSION<sup>8</sup>**

Name of Institution \_\_\_\_\_

Peer Review Learning QAC meeting for \_\_\_\_\_ [Clinical  
Service/Branch of Medicine/Department]

Date of Peer Review Learning QAC meeting \_\_\_\_\_

<b>Case</b>	
Clinical Case / Topic: _____	Presenter: _____
<b>Reason(s) for Case Selection</b>	
<i>[E.g. appropriateness of care, care utilisation, etc.]</i>	
<b>Case Summary *</b>	
<i>[Include a clear and concise case description.]</i>	
<b>Learning Points *</b>	
<i>[Any relevant issue(s), including variation in standards, practice or outcomes.]</i>	
<b>Recommendation *</b>	
<b>Follow-up required/taken *</b>	
<b>Reference &amp; Resource (Optional) *</b>	
<i>[E.g. current medical literature, evidence-based practice guideline, benchmark data or national standard, etc.]</i>	

\*Please include additional field(s) or continuation sheet(s), as required.

<sup>8</sup> For documentation purpose, this can be completed at the individual- or clinical service-/branch of medicine-/department-level(s).