MINISTRY OF HEALTH
SINGAPORE

17 April 2023

STAKEHOLDER CONSULTATION REPORT ON PROPOSED OUTPATIENT MEDICAL 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 medical 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 medical service requirements that aim to further strengthen patient safety and welfare.

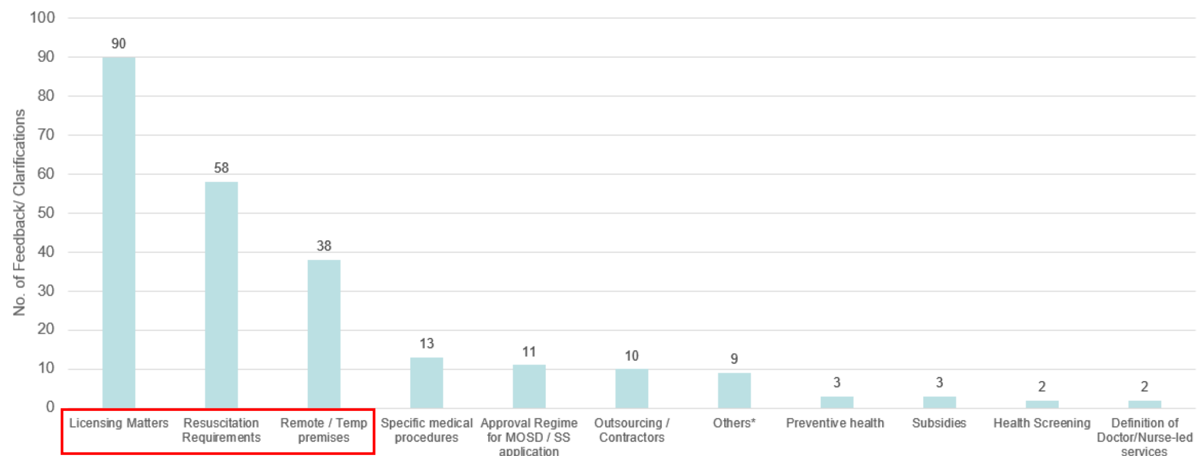
2. From 22 October to 4 December 2022, MOH sought feedback on the proposed outpatient medical service requirements from the outpatient medical service community via an online public consultation hosted on www.hcsa.sg. Additionally, MOH also held four closed-door virtual stakeholder consultations with about 1,100 members from the outpatient medical service community from October 2022 to January 2023. We consulted medical clinics which are currently licensed under the PHMCA, as well as non-PHMCA licensees who will be regulated under HCSA Phase 2 (e.g., telemedicine and home medical providers). MOH also reached out to our partners such as the Singapore Medical Council, the Singapore Medical Association, the Agency for Integrated Care, the Academy of Medicine, Singapore and the College of Family Physicians, Singapore for feedback. In all, we had received over 230 feedbacks 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 medical 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 breakdown of feedback collected.

Ministry of Health, Singapore
College of Medicine Building
16 College Road
Singapore 169854
TEL (65) 6325 9220
FAX (65) 6224 1677
WEB www.moh.gov.sg

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



^Feedback/Clarifications exclude those on transition-related administrative matters.
**Others include general implementation challenges faced by licensees, general support required and scope of the HCSA.*

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

I. Licensing Matters

5. Stakeholders generally agreed that the PHMCA, which is centred on a premises-based regulatory model, will no longer be effective and applicable in today's context due to the evolving nature of the healthcare landscape, and emergence of new service models such as telemedicine and home care. They acknowledged that a services-based regulatory model will be more effective in meeting the current and future healthcare needs should new care models emerge.

6. While stakeholders agreed with the overarching principles of the HCSA, they expressed concern on the operational details and sought greater clarity on the outpatient medical service licensing requirements under the HCSA. They also requested for more guidance on the steps needed to obtain a HCSA licence. For example, they enquired about: (i) the types and number of HCSA licences required for the various services and care models, (ii) the key licensing changes to note for each service model; and (iii) the inspection process to obtain a new licence.

7. 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.

II. Resuscitation Requirements

8. On the proposed resuscitation requirements, stakeholders generally agreed that it would be useful for the medical community to maintain valid certification in the Basic Cardiac Life Support (BCLS) course and the use of Automated External Defibrillator (AED), consisting of both theory and practical components. For those who are not medically fit to perform BCLS, majority agreed with the requirement to maintain valid BCLS and AED certification for the theory component. The stakeholders were also appreciative of the 3-year lead time to be trained and achieve these requirements by 1 January 2027.

9. However, some also expressed their 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) is 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 increase business costs.

10. Separately, stakeholders also shared their concerns on requiring all outpatient medical service providers to keep and be trained in the usage of emergency drugs and equipment in the "Basic Tier". Many felt that medical practitioners in outpatient settings do not usually handle medical emergencies on a regular basis. Some also expressed challenges in having access to a ready supply of these drugs and equipment in small quantities. Specifically, home care providers also feedbacked that it would not be practical to bring emergency drugs and equipment on all house calls as some patients, especially those on palliative care, would not be for resuscitation.

11. 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.

12. MOH will also be working with professional bodies to develop a course to refresh and upskill the competency of medical 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 medical practitioners providing medical services in outpatient settings. Similar to the BCLS and AED requirements, the medical 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.

13. On the other hand, MOH is reviewing the requirements for the need to bring emergency drugs and equipment on all house calls or whether there will be an exemption if they were to handle house calls for palliative/end-of-life care patients. An update would be provided prior to the launch of Phase 2 in June 2023.

III. Remote and Temporary Premises

14. Stakeholders generally agreed that different models of care are emerging so there is a need for MOH to regulate these new modalities of care to ensure patient safety and care. They acknowledged that these care models became more apparent during the Covid-19 pandemic. The main concerns from stakeholders were regarding the implementation details, specifically for better clarity on the requirements (e.g. teleconsultation). Where possible, stakeholders also asked if MOH could issue guidelines for the medical community to adopt (e.g. guidance on audio or video recordings taken during a consultation).

15. MOH will publish a guidance document to summarise the new regulatory requirements for the outpatient medical service - remote mode of service delivery (MOSD) prior to the launch of Phase 2 in June 2023. For prospective licensees who will be offering telemedicine or home medical services via the outpatient medical service licence with the remote or temporary premises MOSD, MOH will prepare an e-information pack on an overview of the licensing steps and HCSA requirements.

Next Steps

16. In addition to the feedback received above, MOH is also reviewing other feedback received on the proposed outpatient medical service requirements. MOH will publish a set of 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

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.

Thank you.

Health Regulation Group
Ministry of Health