



MINISTRY OF HEALTH
SINGAPORE

16 June 2023

STAKEHOLDER CONSULTATION REPORT ON PROPOSED OUTPATIENT RENAL DIALYSIS 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 26 June 2023. Providers who are offering the Outpatient Renal Dialysis service (ORDS) will be impacted by Phase 2 of the HCSA implementation. As such, we have engaged extensively with providers on the proposed ORDS requirements that aim to further strengthen patient safety and welfare.

2. From 9 December to 27 January 2023, MOH sought feedback on the proposed ORDS requirements from Private Hospitals and Medical Clinics Act (PHMCA) licensed medical clinics and hospitals who were approved to do renal dialysis under the Second and Third Schedules of the PHMC Regulations via an online public consultation hosted on www.hcsa.sg. Of the 107 providers (*then*) who offered ORDS, we received 44 feedback via written comments and email enquiries.

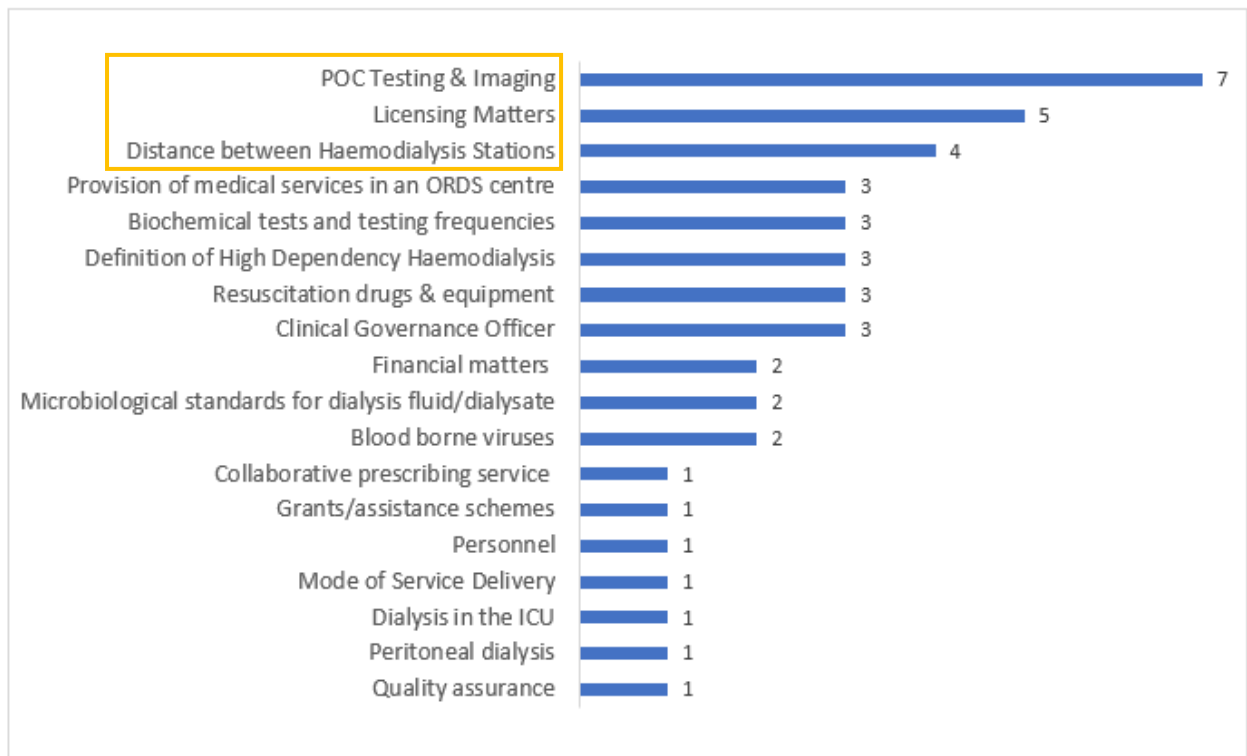
Feedback Received and MOH's Responses

3. There was broad consensus to support the proposed HCSA ORDS 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 ORDS requirements[^].



[^]Feedback/Clarifications exclude those on transition-related administrative matters.

4. Of the feedback received, the top 3 areas that stakeholders were concerned about were on: (i) Point-Of-Care (POC) Testing & Imaging, (ii) Licensing Matters and (iii) Distance Requirements between Haemodialysis Stations.

I. POC Testing & Imaging

5. On POC Imaging, stakeholders noted that ultrasound imaging conducted on a patient should either be done by a (i) medical practitioner trained in the conduct of ultrasound imaging, (ii) a radiologist, (iii) a radiographer or (iv) a sonographer. On this, stakeholders had sought clarification on whether a trained nurse would be allowed to perform ultrasound guided cannulation of the Arteriovenous Fistulae (AVF) for haemodialysis patients. Stakeholders provided feedback that trained renal nurses already performed AVF cannulation independently today and the use of ultrasound imaging only aimed to aid the accuracy of this process particularly in patients with difficult vascular access.

6. On POC Testing, stakeholders noted that licensees who perform testing of specimens beyond simple in-vitro diagnostic (IVD) tests such as full blood count and renal panel would be required to hold the HCSA Clinical Laboratory Service licence.

7. MOH has reviewed the feedback and will allow trained nurses to continue to perform ultrasound guided AVF cannulation independently, subject to the licensee putting in place a training framework, including competency assessments related to the procedure.

II. Licensing Matters

8. Stakeholders sought clarification on the operational details of transiting from a PHMCA licence to a HCSA licence and requested for more guidance on the HCSA licences required and the steps needed to obtain them. Some asked whether a separate ORDS licence would be required if they already hold other HCSA licences such as Acute Hospital Service and Outpatient Medical Service. Others asked whether an ORDS licence would be required for the provision of renal dialysis to inpatients under the Acute Hospital Service licence.

9. To clarify, an ORDS licence would only be required for the provision of renal dialysis to outpatients. The provision of renal dialysis to inpatients would be within the scope of the Acute Hospital Service licence and a separate ORDS licence is not required. Renal Medicine Specialist clinics which manage medical conditions of dialysis patients (including peritoneal dialysis-related matters) as part of the provision of outpatient specialist consults can continue do so within the scope of the Outpatient Medical Service licence and a separate ORDS licence is not required.

10. Additionally, MOH has reached out to existing PHMCA licensees on the steps required for the transition from the PHMCA to the HCSA and the corresponding licences that they would need to hold. Licensees should look out for emails from MOH and note the actionable items and deadlines stipulated within, to avoid any delays in the transition process.

III. Distance Requirements between Haemodialysis Stations

11. On the requirement to have adequate space for every dialysis station, stakeholders expressed difficulties in ensuring that there is a space of 1.5m between stations. Some asked whether centres which are unable to have sufficient space between stations could instead put up a collapsible screen between each station to satisfy the requirement. Others asked when this requirement would be enforced and whether it was applicable to all or newly established centres only.

12. MOH would like to clarify that the minimum space requirement of 5.8 square metres per haemodialysis station will be mandated once Phase 2 of the HCSA is implemented. In order to meet this minimum space requirement, as best practice, licensees are encouraged to maintain a distance of 1.5m from chair end to chair end for infection control purposes. ORDS licensees are strongly encouraged to factor in this distance of 1.5m from chair end to chair end when planning the layout of new premises or when renovating existing set-ups.

Next Steps

13. In addition to the feedback received above, MOH is also reviewing other feedback received on the proposed ORDS requirements. MOH will be publishing a set of Frequently Asked Questions (FAQs) to address the feedback received. A copy of the FAQs and the finalised requirements will be shared with licensees and uploaded on www.HCSA.sg in due course.

Conclusion

14. 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.

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

Thank you.

**Health Regulation Group
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