



MINISTRY OF HEALTH  
SINGAPORE

26 June 2023

## STAKEHOLDER CONSULTATION REPORT ON PROPOSED AMBULATORY SURGICAL CENTRE 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. The Ambulatory Surgical Centre (ASC) Service will be rolled out in Phase 2 of HCSA. As such, we have engaged with providers on the proposed HCSA ASC Service requirements that aim to further strengthen patient safety and welfare.

2. From 9 December 2022 to 27 January 2023, MOH sought feedback on the proposed ASC Service requirements from the ASC service community via an online public consultation hosted on [www.hcsa.sg](http://www.hcsa.sg). In all, we received feedback from 12 out of 40 ASCs via written comments and email enquiries.

#### Feedback Received and MOH's Responses

3. Stakeholders were generally supportive of the proposed HCSA ASC Service requirements. Majority of the feedback gathered from licensees requested for further clarification on the proposed changes to the governance, personnel & processes framework. Please refer to [Figure 1](#) for the breakdown of feedback collected.



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**Figure 1. Breakdown of feedback received on the proposed ASC Service requirements.**



<sup>^</sup>Feedback/Clarifications exclude those on transition-related administrative matters.

4. Of the feedback received, the top 3 areas that licensees were concerned about pertain to: (i) governance, personnel & processes, (ii) licensing framework, and (iii) definition of ASC Service. In addition, MOH has reviewed the feedback received on the requirements for toilet facilities located within ASCs and will be adopting an outcome-based regulatory approach.

#### I. Governance, personnel & processes

5. Stakeholders generally agreed with the changes to the governance, personnel & process requirements for the ASC Service under HCSA but sought greater clarity on the implications to the change in operational requirements. Stakeholders expressed concerns about the new<sup>1</sup> requirements for nursing personnel and provided feedback that they would face challenges in meeting these requirements due to manpower constraints.

6. MOH has reviewed the feedback and will not be mandating the new requirements relating to nursing personnel. The **existing requirements for nursing personnel<sup>2</sup> will however remain the same** as those stipulated in the present Directives for Private ASC providing Ambulatory Surgery, where these would remain

<sup>1</sup> The new requirements for nursing personnel are as follows [**note: these will not be mandated following feedback from the consultations**]:

- a) The nurse appointed to oversee the nursing aspect of the ASC must have practiced full time in an Operating Theatre (OT) setting for at least 3 years within the 5 years prior to application or renewal of the ASC Service licence.
- b) The ASC licensee shall ensure that at least one registered nurse with 6 months or more of OT experience is readily available and physically present at all times when there are ongoing surgical procedures. This RN should not be rostered for any surgery.

<sup>2</sup> The existing requirements for nursing personnel are as follows:

- a) To appoint a Nurse Supervisor to oversee the nursing aspects of the service and this nurse must be a fully Registered Nurse (RN) with post-registration qualification in Operating Theatre (OT) nursing; and
- b) To ensure that there is at least one RN with 6 months or more of OT experience assisting in each surgical procedure.

the minimum regulatory requirements for nursing personnel for the provision of ASC Service under HCSA. Licensees are instead strongly encouraged to adopt the new requirements to ensure that there are adequate qualified and competent staff to provide care to patients in a proper, effective, and safe manner.

## II. Licensing Framework

7. Stakeholders were generally supportive of the changes to the licensing framework and requirements but requested for further guidance on the transition from the Private Hospitals and Medical Clinics Act (PHMCA) to the HCSA. For example, they enquired about the appropriate type of licence(s) (e.g., outpatient medical/dental service and/or ASC service licence) that they are required to hold to provide medical services and/or surgical procedures. An ASC Service licence is required for the provision of surgical procedures beyond minor surgical procedures, or surgical procedures that require general anaesthesia. Where pre- or post-procedure consultations are carried out before admission of the patient for the surgery or are not related to the surgery, an Outpatient Medical Service (OMS) or Outpatient Dental Service (ODS) licence is required respectively.

8. MOH has reached out to licensees and is working with them to ensure a smooth transition from the PHMCA to the HCSA whereby the relevant HCSA service licence(s) will be issued for the respective service(s) that are currently being provided by the ASCs today. Licensees should look out for emails from MOH ([hcsa\\_enquiries@moh.gov.sg](mailto:hcsa_enquiries@moh.gov.sg)) and adhere to the timelines stipulated within to avoid any delays in the transition process.

## III. Definition of ASC

9. Stakeholders generally agreed with the proposed definition of “ASC service” but sought clarification on whether this proposed definition also included patients with same day admission, patients admitted under Short Stay Ward or for day surgeries in an Acute Hospital (AH).

10. An AH Service licensee will need to hold an ASC Service licence for performing day surgeries that are medically assessed at the start of the procedure to not require accommodation for the purposes of receiving medical observation or care, for a period exceeding 12 hours after the individual is admitted for the procedure. **For AH Service licensees who also hold an ASC Service licence, the accommodation of patients beyond 12 hours from the point where the patient is admitted for the procedure, or accommodation in the Short Stay Ward, will be covered by the Acute Hospital Service licence.** While there is no need to relocate these patients from the ASC to another ward in the AH, the AH Service licensee will be expected to comply with regulatory requirements for AH Service.

## IV. Toilet Facilities within ASCs

11. Some stakeholders gave feedback that they may not be able to provide toileting and changing facilities due to restrictions imposed by the building. For example, the

common area toilets in some private hospitals and private medical centres cannot be redesigned or incorporated into the ASC space/premises.

12. MOH has reviewed the above feedback and will be adopting **an outcome-based regulatory approach where licensees will be required to ensure that patients have access to toilet facilities and toileting is done safely**. To meet this outcome, licensees should put in place policies, processes and procedures for safe toileting of patients, regardless of whether toilets are in or outside its licensed premises. For example, if the toilet is located outside the ASC premises, the licensee may offer a commode, bed pan or diaper to patients to meet their toileting needs. Should the patient decline, the licensee should ensure that the patient is chaperoned to and from the toilet at all times.

### **Next Steps**

13. In addition to the feedback received above, MOH is also reviewing other feedback received on the proposed ASC Service requirements. MOH will be publishing 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](http://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](mailto:hcsa_enquiries@moh.gov.sg).

Thank you.

**Health Regulation Group  
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