



MINISTRY OF HEALTH  
SINGAPORE

2 February 2023

## PUBLIC CONSULTATION REPORT ON HEALTHCARE SERVICES ACT AMENDMENTS

### SUMMARY OF KEY FEEDBACK AND RESPONSES

Since the enactment of the Healthcare Services Act (HCSA) in 2020, the Ministry of Health (MOH) has engaged extensively with various stakeholders and noted several areas of enhancements for the regulatory framework. MOH is thus proposing to amend the HCSA to further strengthen patient safety and welfare, enhance the regulatory framework to better address the needs of healthcare services and enhance operational efficiency for licensees.

2. MOH sought feedback on these proposed amendments from the public via an online public consultation between 12 October and 11 November 2022. Concurrently, MOH also held stakeholder consultations with HCSA licensees from 12 October 2022 to 4 December 2022, including five closed-door virtual stakeholder consultations with medical and dental clinics, and email consultations with other HCSA licensees, including acute hospitals, community hospitals, renal dialysis centres and ambulatory surgical centres. In all, we received over 250 written comments, email enquiries and clarifications, as well as virtual Q&As at the stakeholder consultations.

#### Feedback Received and MOH's Responses

3. The various stakeholders and the public were generally supportive of the amendments proposed by MOH. The vast majority of the feedback gathered was from licensees seeking further clarification of the proposed amendments and its implementation details.

#### Amendment 1: Regulation of Different Modes of Service Delivery

#### Amendment 2: Approval for the Delivery of Specified Services and Clinical Governance Officer

4. The stakeholders were supportive of the regulation of different modes of healthcare service delivery (MOSD) given the evolving nature of the healthcare landscape. Similarly, licensees concurred with MOH that approval for the appointment of certain key office holders and for specified services should be sought as they



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appreciated the need for MOH to check that requirements were met upfront to better ensure patient safety in the provision of these services.

5. However, stakeholders were concerned whether the introduction of MOSDs would lead to additional licensing fees. Licensees were also concerned that remote MOSD was not suitable for all licensable healthcare services, as it may not allow for accurate and comprehensive review of the patients. Licensees further sought to clarify how to seek approval for Clinical Governance Officer (CGO) appointment.

6. MOH would like to clarify that for some services, the relevant MOSDs under those services may be bundled together in support of the provision of holistic service models. To illustrate, a medical clinic (i.e. permanent premises) that provides both telemedicine service (i.e. remote delivery) and house call service (i.e. temporary premises) will be eligible for the Medical Service MOSD fee bundle. Licensees do not have to pay additional fees for adopting such a bundle.

7. MOH will also publish the list of allowable MOSD for each licensable healthcare service and the specified services which require prior approval on our website. Most of the specified services are already special care services under the existing Private Hospitals and Medical Clinics Act (PHMCA), such as endoscopy and proton beam therapy services. Licensees who have already received approval for these services under PHMCA will see a seamless transition to HCSA.

8. The approval of CGO will take place as part of licence application/renewal. For existing licensees transiting from PHMCA to HCSA under Phase 2, MOH will work with the licensees on the appointment of their CGOs while existing CGOs of licensees who have come onboard HCSA in Phase 1 will continue their roles, as we have assessed that all of them have met the requirements for the role.

### **Amendment 3: Use of Specialty Names in Business Names**

9. Most licensees felt it was necessary to restrict the use of specialty names in business names and agreed that only licensees having specialists practising with them can use the terms or names associated with the specialists' specialties. Stakeholders further expressed that these controls should apply to dental practitioners and their specialties as well. Some licensees were also concerned if their current business names which are not compliant with the restriction would be allowed, to preserve the branding they have cultivated over the years.

10. MOH has considered the feedback received and will be refining the HCSA accordingly to include the dental practitioners and their specialties (please refer to paragraph 19i). Existing licensees will be allowed to retain their current business names unless there are major changes in the governing body of the licensee, or when there is any change in the business name.

#### **Amendment 4A: Prohibition of Non-HCSA Licensees from Claiming to Treat Medical Conditions or Diseases in Any Language when Advertising Healthcare Services**

11. There was broad recognition on the need to amend HCSA advertising controls, in particular the advertising of healthcare services not licensed under the HCSA. Many felt that it was necessary to prohibit non-HCSA licensees from claiming to diagnose or treat medical conditions, to prevent patients from being misled into thinking that they are receiving legitimate medical advice. Stakeholders also suggested to explicitly list all the medical conditions and diseases that non-HCSA licensees were not allowed to claim that they could treat.

12. As the list of medical conditions and diseases that non-HCSA licensees cannot use in healthcare advertising is non-exhaustive, MOH will instead provide examples for licensees in our HCSA Advertisement guidance.

#### **Amendment 4B: Mandatory Disclosure of Qualifications in Healthcare Advertising for the Use of “Dr” Title**

13. Many felt that the advertising controls requiring non-registered healthcare professionals to disclose their qualifications when using the “Dr” title in healthcare advertising was an important amendment to complement public education efforts. Stakeholders also sought clarification on whether certain types of healthcare professionals (e.g. retired medical practitioners, overseas-trained medical practitioners not registered in Singapore) need to comply with this requirement.

14. MOH will refine the HCSA to clarify the use of the “Dr” title in healthcare advertising and require non-registered healthcare professionals without a valid practising certificate to specify this when using the “Dr” title in healthcare advertising (refer to paragraph 19ii below).

#### **Amendment 5: Refined Scope of Employee Background Screening**

15. For the proposed amendment to refine the scope of employee background screening for certain healthcare services, some licensees sought clarifications on the administrative steps required for this screening.

16. MOH would like to reassure licensees that this screening process will be undertaken by MOH, and licensees will only need to provide MOH with certain details of the prospective employee. More information on the screening process will be published and informed to the licensees within the application portal.

#### **Amendment 6: Removal of 14-day Notice Prior to Modification of Licence Conditions in Special Circumstances**

17. Licensees generally understood the need for the proposed amendment to remove the 14-day notice prior to the modification of licence conditions in special circumstances, especially in the wake of the COVID-19 pandemic. However, with

reference to COVID-19, a handful of licensees highlighted their anxiety over the frequent updates in healthcare protocols and the need to implement them in a short period.

18. MOH understands that it may be stressful for challenges of the healthcare providers to make changes on short notice. However such quick changes are necessary to ensure patient safety and welfare in special circumstances where speed is of the essence. Nevertheless MOH will review and see how to improve on our communication with licensees during these special circumstances.

### **Next Steps**

19. MOH has considered the feedback received and will be refining the HCSA to include these two additional points:

- i) Inclusion of dental specialties under the enhanced naming restrictions, which will therefore apply to dental practitioners; and
- ii) Refine the amendments to provide better clarity on the use of the “Dr” title in healthcare advertising. Specifically, we will require non-registered healthcare professionals without a valid practising certificate to specify this when using the “Dr” title in healthcare advertising. This means that a foreign-trained medical or dental practitioner or a retired locally trained medical or dental practitioner not registered with their professional board will need to comply with this control when advertising any healthcare services.

20. For the remaining feedback, which largely centered on clarifying various aspects of the HCSA amendments, MOH will be publishing Frequently Asked Questions (FAQs) on [www.HCSA.sg](http://www.HCSA.sg) website.

### **Preparing for the HCSA Amendments**

21. MOH would like to thank all stakeholders who have actively engaged with us during our stakeholder consultations, as well as the public for participating in the public consultation exercise. This has allowed us to better understand your concerns and priorities. Together with all our stakeholders, MOH can improve patient safety, welfare and continuity of care across the sector.

22. If there are further clarifications needed, please feel free to write to [hcsa\\_enquiries@moh.gov.sg](mailto:hcsa_enquiries@moh.gov.sg).

Thank you.