



MINISTRY OF HEALTH
SINGAPORE

16 December 2023

STAKEHOLDER CONSULTATION REPORT ON PROPOSED NURSING HOME 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**”) had implemented the HCSA in phases. Phase 1 of the HCSA was implemented on 3 January 2022, while Phase 2 was implemented on 26 June 2023. Phase 3 will be implemented on 18 December 2023 and will involve providers providing Nursing Home (“**NH**”) Service (“**NHS**”).

2. Ahead of HCSA Phase 3 implementation, MOH has engaged NHS providers on the proposed NHS requirements. From 14 February to 13 March 2023, MOH sought feedback on the proposed NHS requirements from PHMCA licensed NHs via an online public consultation hosted on www.moh.gov.sg/hcsa. Additionally, MOH held two live consultations with about 240 members from the NH community in attendance in February 2023. Since then, MOH have also been addressing the queries and feedback received through various channels including email, during the live consultations, regulatory forums and routine inspections.

Feedback Received and MOH’s Responses

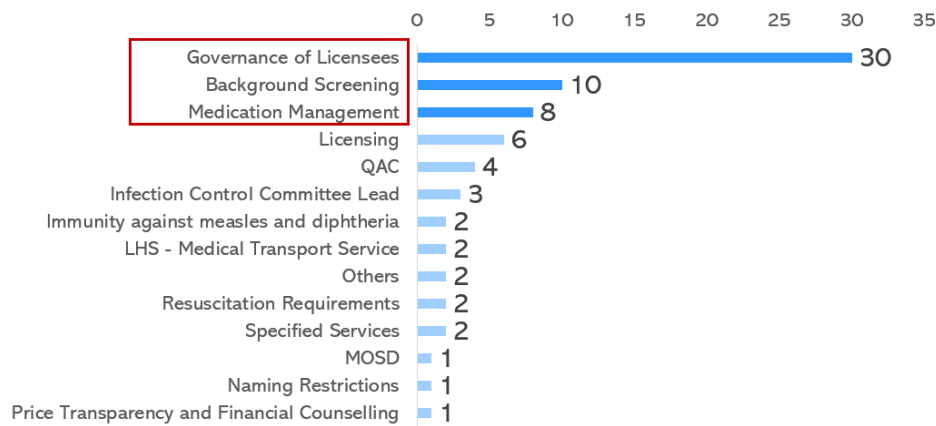
3. There was broad consensus within the NH sector supporting the proposed NHS requirements, which was ported over largely from the current NH standards in PHMCA. Majority of the feedback gathered focused on further clarifications on specific areas and implementation details.

4. The top 3 areas of concern were on the proposed requirements related to the: (i) governance of licensees, (ii) background screening, and (iii) medication management. Please refer to [Figure 1](#) for the general 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 NHS requirements[^].



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

I. Governance of Licensees

5. NHs were generally supportive of the enhanced governance standards introduced under HCSA, including the Clinical Governance Officer (“**CGO**”) appointment. However, they were concerned that majority of the incumbent nursing leaders in the NHs would not be able to meet the proposed academic qualification requirements to be appointed as the CGO nurse. NHs also cited operational concerns over the proposed requirements even if a sunrise period is introduced. Specifically, the challenges include (i) the impracticality of sending these individuals for prolonged periods to obtain the required academic qualifications without a suitably qualified and experienced interim replacement, and (ii) difficulties in retaining and hiring suitably qualified Registered Nurses (“**RNs**”) within the NH sector.

6. Some NHs also suggested to expand the list of acceptable qualifications, to attract more RNs into this sector and allow incumbent nursing leaders without the prescribed academic qualifications to be appointed as the CGO nurse, as they opined that operational and clinical experience ought to take precedence over paper qualifications.

7. MOH has considered all feedback and further engaged the incumbent nursing leaders to further refine the CGO nurses’ criteria. Thereafter, a grandfathering clause and 5-year sunrise period for the RNs to meet the academic qualification and work experience requirements were introduced, in order to minimise the churn in the sector and mitigate operational disruptions. For clarity, the NH licensee can also appoint a medical practitioner who meets the prescribed requirements as the CGO.

II. Background Screening

8. NHs expressed concerns on when and how the background screening requirement would be implemented. Some enquired whether this requirement would apply to all NH staff or only to certain groups (e.g., new hires, nursing staff or staff in executive positions). Others voiced concerns that such background screening may inadvertently delay the hiring process, especially for foreign healthcare professionals

amidst the increased global competition for such personnel. NHs have also questioned whether there was any value in screening foreigners for prescribed offences using our local database when the returns are likely negative. Furthermore, some said that the nature of the background screening goes against the spirit of the Yellow Ribbon Project. To better support Yellow Ribbon, some enquired if MOH would allow NHs to consider hiring professionals who may have committed certain offences.

9. MOH wishes to clarify that the expected roll-out for background screening is in July 2024 and applies to all prospective individuals who are either to be employed or engaged by the NH licensee, and whose intended scope of work would grant this individual access to residents (including unsupervised vendors). However, volunteers will be exempted from this requirement, although volunteers should be supervised by a NH personnel at all times within the premises. Foreign hires on work passes are subject to screening by MOM and do not need to be screened again by MOH. The requirement is part of MOH's heightened efforts to safeguard NH residents who are vulnerable to abuse. Should a NH decide to hire any individual who has failed background screening, an application to MOH will be required to indicate the reason why this individual should still be hired, and mitigation measures that will be implemented to safeguard residents.

III. Medication Management

10. While there is no imposition on NHs to hold controlled drugs ("CDs") as ward stock, the requirement for NHs to have appropriate storage facilities to store CDs (whether via named prescription or as ward stock) generated related feedback that it was difficult to obtain and maintain a constant CD supply. NHs also requested guidance on how to count, store and pack CDs.

11. MOH acknowledge the ground challenges in obtaining CDs as ward stock and has enlisted support from partners, such as the Agency for Integrated Care, to look into this as part of efforts to enable general palliative care in NHs. MOH will also provide further guidance on the management and storage of CDs in the form of an explanatory guide.

IV. Measles and Diphtheria Immunity Requirements

12. Providers also expressed views on the measles and diphtheria immunity requirements. Previously, MOH mandated that all individuals employed or engaged by the licensee who perform regular work within the NH premises should meet the immunity requirements, including volunteers. Many NH providers shared their concerns that this requirement had severely limited the number of individuals willing to continue volunteering, resulting in a manpower crunch.

13. MOH has since reviewed the matter and will no longer mandate the measles and diphtheria immunity requirements for general volunteers, who are not registered healthcare professionals. As best practice, NH licensees are still strongly encouraged to meet the immunity requirements and reiterate prevailing infection prevention and

control measures to their volunteers. This was communicated to all HCSA and PHMCA licensees (including NHs) on 26 June 2023 (see **Annex A**).

Next Steps




14. MOH will be publishing a set of Explanatory Guidelines (“**EG**”) to further address the feedback received and elaborate on the requirements. A copy of the EG and the finalised Healthcare Services (Nursing Home) Regulations will be shared with licensees and uploaded on www.moh.gov.sg/hcsa in due course.

15. MOH has also developed informational resources to help licensees better understand the requirements. [Please click here to access these resources.](#)

Conclusion

16. MOH would like to thank all stakeholders who have actively engaged with us throughout the entire process. 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. For further clarifications, please write in to hcsa_enquiries@moh.gov.sg. Thank you.

Health Regulation Group Ministry of Health

Annex A	MOH Circular No. 38/2023: Immunity Against Measles and Diphtheria for Personnel in Healthcare Institutions.	 PDF MOH Cir No 38_2-23_26Jun23_Me  PDF LTCs on Measles and Diphtheria Immunity I  PDF Immunity FAQs_Final_260623.p
----------------	---	--