



MINISTRY OF HEALTH
SINGAPORE

Stakeholder Consultation on the Code of Practice for Key Officeholders under the Healthcare Services Act

Presented by Health Regulation Group
Ministry of Health
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POLICY INTENT

The objectives of the Code of Practice are to ensure:

- ✓ **Suitable individuals are appointed in key governing roles**
- ✓ **Appropriate clinical and corporate risk management**
- ✓ **Business continuity assurance**
- ✓ **Transparency and accountability to key stakeholder groups**



- The COP will stipulate suitability requirements for Principal Officers (“**PO**”), Clinical Governance Officers (“**CGO**”) and Key Appointment Holders (“**KAHs**”).
- In addition, it will also stipulate the skills, duties, and competencies required of the KAHs.
 - Under Section 23(1) of the HCSA, licensees are required to have a competent governing body (KAHs) comprising the necessary mix of skills, competencies and expertise.
 - KAHs generally comprise the Board of Directors for companies, LLPs and other body corporates; partners for partnerships and general managers for other business types.
 - KAHs are responsible for the overarching governance of the licensee, rather than the direct supervision of daily operations.
- There will also be guidance to licensees on the minimum standards for these key personnel to ensure (a) appropriate clinical and non-clinical risk management; and (b) adequate business continuity of the licensable healthcare premises/conveyances.

Part I:
**Suitability requirements for
Principal Officers, Clinical
Governance Officers and
Key Appointment Holders**



PART I: SUITABILITY REQUIREMENTS UNDER THE COP

Suitability to act as Principal Officer (PO), Clinical Governance Officer (CGO) or Key Appointment Holder (KAH)

A person is not considered suitable to be a PO, CGO or KAH if he/she:

Criteria	Details
<p>Has been convicted of (save where conviction has been spent):</p> <p>a) an offence involving fraud or dishonesty</p> <p>b) An offence under the HCSA, the PHMCA or any other applicable Act (Annex)</p> <p>c) An offence specified in the Third Schedule to the Registration of Criminals Act</p> <p>d) Any other offence involving abuse, ill treatment, assault or physical violence</p>	<p>a) Includes but not limited to offences set out in Chapter VA, Chapter XI, Chapter XVII and Chapter XVIII of the Penal Code</p> <p>b) Acts under MOH's purview</p> <p>c) -</p> <p>d) Children and Young Persons Act, Kidnapping Act, Penal Code (Chapter XVI), Prevention of Human Trafficking Act, Protection from Harassment Act, Women's Charter</p> <p>This applies during the period where there is a pending charge against the individual, or if the conviction remains unspent.</p>
<p>is an undischarged bankrupt</p>	<ul style="list-style-type: none"> • Unsuitability applies during the period of bankruptcy
<p>has his/her professional registration under MOH's professional Acts cancelled, removed or suspended</p>	<ul style="list-style-type: none"> • For suspension, unsuitability applies during the period of suspension
<p>has been a director or manager of an entity carrying on the business of providing healthcare services which has its registration or licence suspended, cancelled or revoked;</p>	<ul style="list-style-type: none"> • Applies to licensee, Principal Officer, Clinical Governance Officer and all key appointment holders • Applies to licences under PHMCA or HCSA • For business registration or licence suspension, unsuitability applies during the period of suspension
<p>has his/her accreditation / approval to participate in MOH-administered public schemes revoked or suspended</p>	<ul style="list-style-type: none"> • For example: MediSave, MediShield Life and CHAS, Public Health Preparedness Clinic Scheme • For suspension, unsuitability applies during the period of suspension
<p>lacks capacity within the meaning of the Mental Capacity Act 2008</p>	<ul style="list-style-type: none"> • Individuals are presumed to have mental capacity unless determined otherwise



Part II: Skills, Duties and Competencies for Key Appointment Holders (KAHs)

The duties of the Principal Officer (PO) is set out in the Healthcare Services (General) Regulations, and the duties and qualifications for Clinical Governance Officer (CGO) and Clinical Director (CD) are set out in the relevant service regulations. You may refer to the relevant consultation materials for more details.

Tier	Company Registration Structure
Basic Tier	<ul style="list-style-type: none">• Individual owner who is not registered with ACRA• Sole proprietorship <u>except</u> where its registered owner is an entity that falls under the Enhanced Tier (e.g. the registered owner is a company that is not a small company that is exempt from audit requirements under Section 205C of the Companies Act, nor a company limited by guarantee, and has more than one Board Director)• Partnership <u>except</u> where one or more of its registered partners are an entity that falls under the Enhanced Tier (e.g. one of the registered partners is a company that is not a small company that is exempt from audit requirements under Section 205C of the Companies Act, nor a company limited by guarantee, and has more than one Board Director)• Small company that is exempt from audit requirements under Section 205C of the Companies Act• Company limited by guarantee• Company which is not a small company exempt from audit requirements under Section 205C of the Companies Act, that has only one Board Director

Tier	Company Registration Structure
Basic Tier (continued)	<ul style="list-style-type: none">• Foreign company that (a) would meet the criteria to be (i) a private company under Section 18 of the Companies Act <i>and</i> (ii) a small company exempt from audit requirements under Section 205C of the Companies Act, notwithstanding any non-applicability of the provisions in (i) and (ii) to a foreign company and/or (b) has only one Board Director• Charity• Society• Co-operative society• Health Promotion Board• Health Sciences Authority <p><i>*All references to “company” should be read as excluding “foreign company”, unless expressly indicated otherwise.</i></p>

Tier	Company Registration Structure
Enhanced Tier	<ul style="list-style-type: none">• All other companies that do not fall under the Basic Tier• All other foreign companies that do not fall under the Basic Tier• Sole proprietorship where the registered owner is a company under the Enhanced Tier• Partnership where one or more of its partners is a company under the Enhanced Tier <p><i>*All references to “company” should be read as excluding “foreign company”, unless expressly indicated otherwise.</i></p>

Basic Tier



APPLICATION & RATIONALE

- **Application**

- Basic requirement which will be applied across all tiers, which is focused on clinical stewardship.

- **Rationale**

- Requirements will focus on the clinical qualifications and experience in ensuring patient safety and welfare
- This ensures licensees are governed by a KAH with appropriate clinical competencies to oversee the healthcare services being provided
- Charities, societies, co-ops, HPB and HSA are already subject to governance standards through the relevant Acts and Regulations and Code of Governance outside of HCSA.

PROPOSED REQUIREMENTS

- **For all services to appoint KAHs that are qualified as follows:**
 - A fully registered SAB-accredited specialist (or DSAB-accredited specialist)*; **OR**
 - A fully registered medical practitioner (or dental practitioner)* who has been practicing locally for 3 years or more, either continuously or within a 5-year period in the same or relevant setting as the licensable healthcare service (**Annex**).
- **For dental clinic service and ambulatory surgical centre service that provides dental services only.*
- **Qualifications that will also qualify for specific settings:**
 - **Medical clinics, telemedicine, community hospital services:** An fully registered accredited Family Physician with a Master of Medicine in Family Medicine.
 - **Nursing home service:** A registered nurse on full registration with the Singapore Nursing Board, who is holding a valid practising certificate and who has been practising locally for at least 5 years, of which 3 years or more in a hospital or nursing home setting.
- **If the clinical qualification and experience requirements can be fulfilled by the Principal Officer (PO), or if a Clinical Governance Officer (CGO) is required to be appointed for the licensable healthcare service as prescribed in the General Regulations, the KAH will be exempted from the clinical qualification requirement**
 - This allows greater flexibility for businesses to meet these clinical qualification/governance requirements through various roles

Enhanced Tier



ENHANCED TIER

APPLICATION & RATIONALE

Updated on
Oct 2021

- **Application**
 - Larger and more complex set-ups that typically have both clinical and corporate governance structures in place.
- **Rationale**
 - KAHs are typically the company's board directors, and are expected to provide both clinical and corporate stewardship.
 - Requirements build on from basic tier, with additional corporate requirements that are intended to ensure performance of the business and its management.

PROPOSED REQUIREMENTS

- **Basic Tier clinical qualification requirements will apply, unless the clinical requirements are fulfilled by the PO or CGO (see slide 12)**
- **There should be at least one KAH who has competencies in the management of business in general, including at least 5 years of prior experience in managing business in general or a healthcare service of comparable or greater staff strength than that of the licensable healthcare service.**
 - This can only be fulfilled by a KAH (and not by a PO or CGO). For avoidance of doubt, if there is only one KAH (and no CGO or PO that can fulfil the clinical qualification and experience requirements), that individual has to fulfill both the clinical qualification and experience requirements, and the corporate governance requirements.

BEST PRACTICES

APPLICABLE TO ALL TIERS

Updated on
Oct 2021

- Best practices for KAHs will be stipulated in the COP document
- These are recommended for the organisation's reference and adoption, but will not be enforced.
- **Examples of best practices include:**
 - Corporate and clinical risk management framework and internal controls to safeguard interests of the company and its stakeholders
 - Code of conduct and ethics, in particular to encourage transparency and accountability
 - Succession plans, including contingency plan in the event the lead KAH (e.g. board chairman) steps down unexpectedly and considering fitness of KAH in mind and body to contribute meaningfully to the key governing body.
 - Regular audit of the financial records, financial statements, processes and performance of the organisation and its management
 - Set desired organisational culture
 - Whistleblowing and investigation process and disciplinary actions
 - Put in place procedure for developing policies on KAH and management remuneration

APPLICABLE TO ENHANCED TIER

- Best practices for KAHs will be stipulated in the COP document
- These are recommended for the organisation's reference and adoption, but will not be enforced.
- **Recommended KAH composition for Enhanced Tier Licensees:**
 - The KAH body should be of an appropriate size and diversity (e.g. gender, age, etc)
 - There should be at least one KAH with competencies in corporate risk management in healthcare provision with at least 5 years of prior experience in managing healthcare service provision
 - There should be at least one independent director with no potential conflict of interest.
 - A majority of the group should be non-executive, i.e. not involved in the day-to-day operations of the company
 - The lead KAH (e.g. board chairman) should have experience working as a KAH in the relevant field (e.g. for acute hospital licensees, relevant experience would include experience managing acute or community hospital(s)).

OPERATIONAL REQUIREMENTS

- MOH will work with ACRA to port over details of the sole proprietor/partners/board members of existing licensees as reflected on their records.
 - Licensees should check if their ACRA Bizfile profiles are accurate.
- In the interim, licensees should provide the details of the KAH during licence application and renewal.
- Licensees will be required to declare that their POs/CGOs/KAHs are suitable, qualified and competent to act in their capacity through the licensing portal (HALP) during the following time point:
 - At the point of licence application and licence renewal
 - When there is a change of PO/CGO/KAH. The notification timelines are stipulated under the General Regulations.
- Licensees need not upload supporting documents to substantiate the declaration. However, MOH reserves the right to inspect these supporting documents.
 - Examples of supporting documents are proof of KAH's qualification, records of board members, and ACRA bizfile profile.

Further details (including timeline on data verification exercise) may be found in the HCSA Administration and Transition Deck.

Stay connected with us

MOH will provide more information along the way



Visit **HCSA.SG** for
more information



Write to us at
HCSA_Enquiries@moh.gov.sg

The End

Thank you



Annex



PART I: SUITABILITY REQUIREMENTS UNDER THE COP

Suitability to act as Principal Officer, Clinical Governance Officer or Key Appointment Holder

Applicable Acts:

- (a) Advance Medical Directive Act;
- (b) Allied Health Professions Act;
- (c) Biological Agents and Toxins Act;
- (d) Dental Registration Act;
- (e) CareShield Life and Long-Term Care Act 2019;
- (f) Health Products Act;
- (g) Human Biomedical Research Act 2015;
- (h) Human Cloning and Other Prohibited Practices Act;
- (i) Human Organ Transplant Act;
- (j) Infectious Diseases Act;
- (k) Medical and Elderly Care Endowment Schemes Act;
- (l) Medical Registration Act;
- (m) Medical (Therapy, Education and Research) Act;
- (n) Medicines Act;
- (o) Medicines (Advertisement and Sales) Act;
- (p) Mental Health (Care and Treatment) Act;
- (q) Misuse of Drugs Act;
- (r) National Registry of Diseases Act;
- (s) Nurses and Midwives Act;
- (t) Optometrists and Opticians Act;
- (u) Pharmacists Registration Act;
- (v) Poisons Act;
- (w) Sale of Drugs Act;
- (x) Termination of Pregnancy Act;
- (y) Traditional Chinese Medicine Practitioners Act; and
- (z) Voluntary Sterilization Act.

PART II: SAME/RELEVANT SETTINGS FOR LICENSABLE HEALTHCARE SERVICES UNDER HCSA

Licensable Healthcare Service	Same/Relevant Settings
Acute Hospital	<ul style="list-style-type: none"> • Acute hospital
Community Hospital	<ul style="list-style-type: none"> • Acute hospital • Community Hospital
Medical Clinic	<ul style="list-style-type: none"> • Polyclinic, private general practice, community hospital, nursing home and home medical care for general medical clinic services • Acute hospital, ambulatory surgical centre, community hospital and specialist clinic for specialist medical clinic services
Dental Clinic	<ul style="list-style-type: none"> • Polyclinic and private general practice for general dental clinic services • Acute hospital, ambulatory surgical centre, and specialist clinic for specialist dental clinic services
Ambulatory Surgical Centre	<ul style="list-style-type: none"> • Ambulatory surgical centre • Acute hospital • Specialist clinic
Renal Dialysis	<ul style="list-style-type: none"> • Centre-based and home-based provision of renal dialysis services • Acute hospital • Community hospital
Telemedicine	<ul style="list-style-type: none"> • Polyclinic, private general practice, community hospital, nursing home and home medical care for general medical clinic services • Acute hospital, ambulatory surgical centre, community hospital and specialist clinic for specialist medical clinic services

PART II: SAME/RELEVANT SETTINGS FOR LICENSABLE HEALTHCARE SERVICES UNDER HCSA

Licensable Healthcare Service	Same/Relevant Settings
Health Screening	<ul style="list-style-type: none">• Health screening• Acute hospital• Community hospital• Polyclinic, private general practice and home medical care
Nursing Home	<ul style="list-style-type: none">• Nursing home• Acute hospital• Community hospital• Home nursing