



MINISTRY OF HEALTH  
SINGAPORE

# CODE OF PRACTICE

FOR KEY OFFICE HOLDERS UNDER THE  
HEALTHCARE SERVICES ACT

JANUARY 2022

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## 1. INTRODUCTION

### 1.1. PREAMBLE

- 1.1.1. Under Section 23(1) and 24(3) of the Healthcare Services Act (“**HCSA**”), licensees must ensure that every key appointment holder (“**KAH**”), Principal Officer (“**PO**”) and Clinical Governance Officer (“**CGO**”) of the licensee is a suitable person to act in that capacity in relation to the licensee. Collectively, these individuals will serve as the key office holders (“**KOHs**”) of the licensee.
- 1.1.2. Persons who can be appointed as KAHs will vary based on organisational size and structure, and generally comprise the Board of Directors for large companies (commonly the case for hospitals, nursing homes and larger laboratories), partners for partnerships (commonly the case for smaller laboratories and multi-practitioner clinics), or the business owner for sole proprietorships (commonly the case for small laboratories and solo practitioner clinics). They are responsible for the strategic leadership and management oversight of an organisation.
- 1.1.3. They are also expected to carry out key fiduciary responsibilities, namely, ensuring that (a) the organisation is financially sustainable, (b) its internal processes are robust, and (c) it complies with relevant laws and regulations. In the context of a healthcare organisation, KAHs are also responsible for ensuring that it safeguards patient safety and welfare.

### 1.2. OBJECTIVE

- 1.2.1. The objective of this Code of Practice (“**COP**”) is to provide guidance to licensees on the minimum standards for these KOHs to ensure (a) appropriate clinical and non-clinical risk management; and (b) adequate business continuity of licensable healthcare premises/conveyances.

### 1.3. APPLICATION AND SCOPE

- 1.3.1. This Code is applicable to all licensees under HCSA. It should be read in conjunction with the Healthcare Services Act 2020 and its subsidiary legislation (e.g. Healthcare Services General Regulations and relevant Service Regulations). Licensees are expected to comply with the COP from the date of transition to or licensing under HCSA, starting from 3 January 2022 for Phase 1 licensees.

## 1.4. GLOSSARY

TERM	DEFINITION
Charity	As defined under Section 2(1) of the Charities Act – “any institution, corporate or not, which is established for charitable purposes and is subject to the control of the General Division of the High Court in the exercise of the jurisdiction of the General Division of the High Court with respect to charities”.
Company limited by guarantee	As defined under Section 4(1) of the Companies Act – “a company formed on the principle of having the liability of its members limited by the constitution to such amount as the members may respectively undertake to contribute to the assets of the company in the event of its being wound up”.
Co-operative Society (Co-ops)	A society registered under the Co-operative Societies Act. Section 4(1) of the Co-operative Societies Act provides that “a proposed society may be registered as a society if – (a) it has as its object the promotion of the economic interests of its members in accordance with co-operative principles; (b) while it has regard to the economic interests of its members in accordance with essential co-operative principles, it has as its object the promotion of the economic interests of the public generally, or of any section of the public; or (c) it is established with the object of facilitating the operations of a society to which either or both of paragraphs (a) and (b) apply.”
Foreign company	As defined under Section 4(1) of the Companies Act – “(a) a company, corporation, society, association or other body incorporated outside Singapore; or (b) an unincorporated society, association or other body which under the law of its place of origin may sue or be sued, or hold property in the name of the secretary or other officer of the body or association duly appointed for that purpose and which does not have its head office or principal place of business in Singapore”.
Key Appointment Holder	As defined under Section 2(1) of the Healthcare Services Act, in relation to an applicant or licensee, “(a) if a company, a limited liability partnership or other body corporate — a member of the board of directors or committee or board of trustees or other governing body of the applicant or licensee; (b) if a partnership — a partner of the applicant or licensee; or (c) in any other case — any person, by whatever name called, who has general management or supervision of the business of the applicant or licensee”.
Partnership	As defined under Section 1(1) of the Partnership Act – “Partnership is the relation which subsists between persons carrying on a business in common with a view of profit”, subject to Section 1(2) of the Partnership Act.
Small company	As defined under the Thirteenth Schedule of the Companies Act.
Society	As defined under Section 2 of the Societies Act – “includes any club, company, partnership or association of 10 or more persons, whatever its nature or object, but does not include –

	<ul style="list-style-type: none"> <li>(a) any company registered under any written law relating to companies for the time being in force in Singapore;</li> <li>(b) any company or association constituted under any written law;</li> <li>(ba) any limited liability partnership registered under the Limited Liability Partnerships Act;</li> <li>(c) any trade union registered or required to be registered under any written law relating to trade unions for the time being in force in Singapore;</li> <li>(d) any co-operative society registered as such under any written law;</li> <li>(e) any mutual benefit organisation registered as such under any written law relating to mutual benefit organisations for the time being in force in Singapore;</li> <li>(f) any company, association or partnership, consisting of not more than 20 persons, formed for the sole purpose of carrying on any lawful business that has for its object the acquisition of gain by the company, association or partnership, or the individual members thereof;</li> <li>(fa) any class, society or association of foreign insurers carrying on insurance business in Singapore under any foreign insurer scheme established under Part IIA of the Insurance Act; or</li> <li>(g) any school or management committee of a school constituted under any law regulating schools for the time being in force in Singapore.”</li> </ul>
Sole proprietorship	A business owned and controlled by an individual, a company or a limited liability partnership, with no partners in the business. It is not a separate legal entity from the business owner, the business owner has unlimited liability and it can sue or be sued in the owner’s name.

## 2. SUITABILITY REQUIREMENTS FOR KOHS

### 2.1. OBJECTIVE

2.1.1. Every licensee must appoint suitably qualified individuals as their KAH, PO and (where applicable) CGO, to ensure that the licensable healthcare service is well-managed, and that patient safety and welfare are safeguarded.

### 2.2. REQUIREMENTS

2.2.1. A person is not considered suitable to act as a KAH, PO or CGO if he/she:

(1) has been convicted of any of the following, save where the conviction has been spent:

- An offence involving fraud or dishonesty;
- An offence under the HCSA, the PHMCA or any applicable Acts (see **Annex A**);
- An offence specified in the Third Schedule to the Registration of Criminals Act; or
- Any other offence involving abuse, ill treatment, assault or physical violence.

(each such offence a “Disqualifiable Offence”)

(2) Has a pending charge against him/her for a Disqualifiable Offence;

(3) is an undischarged bankrupt;

(4) has any of his/her professional registration(s) under the Ministry of Health’s (MOH) healthcare professional Acts cancelled, removed or suspended;

(5) 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;

(6) has his / her accreditation / approval to participate in MOH-administered public schemes revoked or suspended; or

(7) lacks capacity within the meaning of the Mental Capacity Act 2008.

### 3. SKILLS AND COMPETENCIES REQUIREMENTS FOR KAHS

3.1.1. Licensees are tiered according to their type of organisation based on the registration structure of their business entity as registered with the Accounting and Corporate Regulatory Authority (“ACRA”). As this broadly correlates with the size of operations and the complexity of healthcare services provided by the organisation, it allows for better calibration of governance requirements to be imposed on the licensees and their KAHS. The skills and competencies stipulated in each tier are minimum requirements. The tiers are as follows:

#### 1. Basic Tier

- Individual owner who is not registered with ACRA
- Sole proprietorship except 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 except 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
- Foreign company that (a) would meet the criteria to be (i) a private company under Section 18 of the Companies Act *and* (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

\*All references to “company” should be read as excluding “foreign company”, unless expressly indicated otherwise.

#### 2. Enhanced Tier

- 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

\*All references to “company” should be read as excluding “foreign company”, unless expressly indicated otherwise.

3.1.2. For avoidance of doubt, the classification of licensees may change if their business structure or status changes. Accordingly, if a licensee's business structure or status changes such that it falls under a different Tier, it will become subject to the requirements of the new Tier from the date of the relevant change in business structure or status. Some examples are illustrated below:

3.1.2.1. For example, if a company appoints another Board Director, and this aforementioned company is not a small company exempt from audit requirements under Section 205C of the Companies Act and which previously has only one Board Director, this company is subject to the requirements under the Enhanced Tier instead of the Basic Tier, from the date of appointment of the additional Board Director.

3.1.2.2. In another example, if a company is under the Enhanced Tier but is subsequently exempted from audit requirements under section 205C of the Companies Act for a particular Financial Year (FY) because it is a small company for that FY, the requirements under the Basic Tier will apply for that FY.

## 4. BASIC TIER

### 4.1. GENERAL PRINCIPLE

- 4.1.1. The requirements for this tier focus on the clinical qualifications and experience of the appointed KAH. The number of KAHs in the organisation depends on its business structure. For example, all partners in a partnership are KAHs, and all members on the board of directors of a company are KAHs. Where the licensee is an individual owner not registered with ACRA, or an individual who is the registered owner in a sole proprietorship, any person who has general management or supervision of the business may be the KAH (including the aforementioned individuals themselves, or persons appointed by those individuals). However, while the number of KAHs may vary, the minimum is for **at least one** of them to meet the clinical qualification and experience requirements set out under Section 4.2. This ensures that licensees' operations are governed by at least one KAH with sufficient clinical competencies and experience to oversee the healthcare services being provided and ensure that patient safety and welfare can be safeguarded.
- 4.1.2. Licensees that are charities / societies / co-operative societies are subject to high governance standards imposed by the relevant legislation which governs them, as well as Codes of Governance. The HCSA requirements on appropriate clinical governance for such licensees complement these other governance standards.
- 4.1.3. The Health Promotion Board (HPB) and the Health Sciences Authority (HSA) are subject to the respective Acts under which they are established (i.e. the Health Promotion Board Act for HPB and the Health Sciences Authority Act for HSA) as well as the Public Sector (Governance) Act. They are also subject to the Government's internal disciplinary rules and standards of conduct (where applicable). These existing instruments collectively already impose high standards on public officers and allow the Minister for Health to appoint the Chairmen and members of these statutory boards. If necessary, additional requirements can also be imposed via such instruments. Hence, the COP does not impose additional governance requirements for HPB and HSA.

### 4.2. REQUIREMENTS

**Applicable to all licensees except HPB and HSA**

*General Clinical Qualification and Experience Requirements*

- 4.2.1. There shall be **at least one** qualified medical practitioner appointed as a KAH who fulfils the requirements set out at Section 4.2.2 below, except as otherwise provided for in Sections 4.2.3 to 4.2.6 below.
- 4.2.2. The said medical practitioner shall:
- 4.2.2.1. Have attained **full registration** status and be holding a **valid Practising Certificate** with the Singapore Medical Council (SMC); **and**
- 4.2.2.1.1. Be a **specialist accredited** by the Specialists Accreditation Board (SAB); or
- 4.2.2.1.2. Have **practised** for not less than 3 continuous years or 3 years out of a continuous period of 5 years in the **same or a relevant setting** (see **Annex B**) in Singapore as the licensable healthcare service provided by the licensee.

*Provisions applicable to Selected Licensable Healthcare Services*

- 4.2.3. For Dental Clinic and Ambulatory Surgical Centre services (under which only dental services are provided), there shall be **at least one** qualified dental practitioner appointed as a KAH. Section 4.2.2 does not apply to these licensable healthcare services. The said dental practitioner shall:
- 4.2.3.1. Have attained **full registration** status and be holding a **valid Practising Certificate** with the Singapore Dental Council (SDC); **and**
- 4.2.3.1.1. Be a **specialist accredited** by the Dental Specialists Accreditation Board (DSAB); or
- 4.2.3.1.2. Have **practised** for not less than 3 continuous years or 3 years out of a continuous period of 5 years in the **same or a relevant setting** (see **Annex B**) in Singapore as the licensable healthcare service provided by the licensee.
- 4.2.4. For Medical Clinic, Community Hospital and Telemedicine services: In the alternative to the requirement under Section 4.2.2.1.1, the KAH may also be a **fully registered** medical practitioner who is a **Family Physician (FP)** accredited by the Family Physicians Accreditation Board (FPAB) **and** who has attained the **Master of Medicine in Family Medicine (MMed(FM))** qualification.

- 4.2.5. For Nursing Home service: In the alternative to the requirements under Sections 4.2.1 and 4.2.2, the KAH may also be a registered nurse on **full registration** status with the Singapore Nursing Board (SNB), who is holding a **valid practising certificate**, and who has practised locally for at least 5 years of which 3 years or more were in an acute hospital, community hospital, nursing home, or home nursing setting.

*Provision for Clinical Qualification and Experience Requirements to be Fulfilled by PO*

- 4.2.6. If the clinical qualification and experience requirements for KAHs (as set out at Sections 4.2.1 to 4.2.5) are fulfilled by a PO, the KAH does not need to meet these requirements. Such KAH requirements are also not imposed on services where a CGO is required to be appointed, as the role of clinical oversight and governance is fulfilled by the CGO in those services. To provide for greater operational flexibility, a single person can be the licensee, PO, KAH and CGO (where applicable) as long the person meets all the requirements for the relevant roles, and is able to dedicate sufficient time and attention to effectively discharge all the corresponding responsibilities.

*Examples of Scenarios*

**Scenario A:** Dr. A has just completed serving her medical service bond after various rotations in the hospitals. Dr A is a doctor with full registration status with the SMC, holding a valid practicing certificate. She would like to open a General Practitioner (GP) medical clinic of her own. Can she do so?

**Answer:** Yes, if she has practised for at least 3 years (within a 5-year period) at a polyclinic, private general practice, community hospital, nursing home and/or home medical care setting. Otherwise, she can only do so:

- a. By appointing a suitably qualified person as the KAH or PO of her intended clinic;
- b. In the alternative to (a), after she qualifies as a KAH by
  - (1) acquiring the minimum number of years of practice in relevant setting(s) (e.g. as a polyclinic doctor and/or locum at a GP clinic); or
  - (2) furthering her studies and obtaining the MMed(FM) qualification and FP accreditation with FPAB.

**Scenario B:** Dr. B has practised as a dentist for several years in various polyclinics. He would like to start his own private general dental practice. Does he qualify as a KAH for this purpose?

**Answer:** Yes, as long as Dr B has practised for a minimum duration of 3 years (within a continuous 5-year period) in the polyclinics (which are considered a relevant setting for Dental Clinic service), he meets the clinical qualification and experience requirements to be the KAH of his own dental practice.

**Scenario C:** Dr C is a locum who has been practising on a part-time basis (<40 hours per week). How does the 3-year minimum practice period apply to him?

**Answer:** The total number of relevant practice hours should be estimated for the practitioner practising part-time, and assessed whether they meet the minimum of 6,240 hours (computed based on 40 hours per week for 3 years, at 52 weeks per year). For Dr C, the minimum practice period may need to be proportionately lengthened based on his hours of practice.

**Scenario D:** Ms D has practised as a nurse for 3 years in an acute hospital and 2 years in a nursing home. Ms D is a registered nurse with full registration status with the SNB. Does she meet the clinical qualification and experience requirements to be appointed as a KAH at a nursing home?

**Answer:** As Ms D has met the minimum practice period of 5 years as a nurse in the same or relevant setting, she meets the clinical qualification requirement to be the KAH for Nursing Home service, as long as she is a registered nurse on full registration with the SNB throughout the duration of her appointment as KAH.

## 5. ENHANCED TIER

### 5.1. GENERAL PRINCIPLE

5.1.1. KAHs in the Enhanced Tier are expected to provide **both** clinical and corporate stewardship. Hence, these KAHs will need to meet the same clinical qualification and experience requirements as those in the Basic Tier (see Section 4), and also fulfil additional corporate requirements that are intended to ensure performance of the business and its management.

### 5.2. REQUIREMENTS

#### *Clinical Qualification and Experience Requirements*

5.2.1. The same clinical qualification and experience requirements for KAHs as stipulated in Section 4 apply to the KAHs of licensees in the Enhanced Tier. These requirements for the KAH may also be fulfilled by the PO. Such KAH requirements are not imposed on services where a CGO is required to be appointed, as the role of clinical oversight and governance is fulfilled by the CGO in those services (see Section 4.2.6).

#### *Corporate Governance Requirements*

5.2.2. There should be **at least one** KAH with competencies in the management of business in general or in the provision of the same or a relevant licensed healthcare service (see **Annex B**).

5.2.3. The said KAH should have **at least 5 years of prior experience** in **managing business in general or healthcare service** of comparable or greater staff strength than that of the licensable healthcare service.

5.2.4. The requirements in paragraphs 5.2.2 to 5.2.3 can **only** be fulfilled by a KAH (and **not** by a CGO or PO).

5.2.5. These requirements in paragraphs 5.2.2 and 5.2.3 apply **in addition** to the requirements of clinical qualification and experience in paragraph 5.2.1. For avoidance of doubt, the requirements in paragraphs 5.2.1 to 5.2.3 (i.e. clinical qualification and experience requirements, and corporate governance requirements) can be fulfilled by the same person if that person is appointed as a KAH.

## 6. MISCELLANEOUS

### 6.1. NON-COMPLIANCE

6.1.1. Non-compliance with the COP may result in regulatory action against the licensee under Section 20 of the HCSA. In addition, the Director of Medical Services may take into consideration the licensee's history of compliance with the COP in assessing licence applications.

### 6.2. CHECKLIST FOR LICENSEES

6.2.1. The checklist below serves as a guide for licensees' internal use to ensure that the KAHs appointed satisfy the necessary clinical and/or corporate governance and suitability requirements stipulated in the COP. Licensees are not required to submit this checklist to MOH.

6.2.2. Checklist for Basic Tier Licensees

Requirements	Yes (✓)
<p>(a) <b>At least one</b> KAH satisfies the <b>clinical qualification and experience requirements</b> (stipulated in Section 4), which are that he/she must:</p> <p>Have attained <b>full registration</b> status and be holding a <b>valid Practising Certificate</b> with the SMC; <u>and</u></p> <ul style="list-style-type: none"> <li>- Be a <b>specialist accredited</b> by SAB; or</li> <li>- Have <b>practised</b> for not less than 3 continuous years or 3 years out of a continuous period of 5 years in the <b>same or a relevant setting</b> (see <b>Annex B</b>) in Singapore as the licensable healthcare service provided by the licensee.</li> </ul>	
<p>(b) For Dental Clinic and Ambulatory Surgical Centre services (under which only dental services are provided), the requirements at (a) above do not apply. Instead, there must be <b>at least one qualified dental practitioner</b> appointed as a KAH. The said dental practitioner shall:</p> <p>Have attained <b>full registration</b> status and be holding a <b>valid Practicing Certificate</b> with the SDC; <u>and</u></p> <ul style="list-style-type: none"> <li>- Be a <b>specialist accredited</b> by DSAB; or</li> <li>- Have <b>practised</b> for not less than 3 continuous years or 3 years out of a continuous period of 5 years in the <b>same or</b></li> </ul>	

<p><b>a relevant setting</b> (see <b>Annex B</b>) in Singapore as the licensable healthcare service provided by the licensee.</p>	
<p>(c) <u>For Medical Clinic, Community Hospital and Telemedicine services:</u> in the alternative to being a specialist accredited by SAB, the KAH may be a <b>FP</b> accredited by the FPAB <b>and</b> who has attained the <b>MMed(FM)</b> qualification. The other requirements stipulated in (a) above apply.</p>	
<p>(d) <u>For Nursing Home service:</u> in the alternative to fulfilling the requirements at (a), the KAH may be a registered nurse on <b>full registration</b> with the SNB, who is holding a <b>valid practising certificate</b>, and who has practised locally for at least 5 years of which 3 years or more were in an acute hospital, community hospital, nursing home, or home nursing setting.</p>	
<p>(e) If the requirements stipulated in (a) to (d) above are not met by the KAH, they must be satisfied by the PO. They do not apply to services where a CGO is required to be appointed for the licensable healthcare service under the HCSA General Regulations.</p>	
<p>(f) All KAH(s), PO and (where applicable) CGO(s) satisfy the <b>suitability requirements</b> (stipulated in Section 2).</p>	

6.2.3. Checklist for Enhanced Tier Licensees

KAH Requirements	Yes (✓)
<p>(a) <b>At least one</b> KAH satisfies the <b>clinical qualification and experience requirements</b> (stipulated in Section 4) which are that he/she must: Have attained <b>full registration</b> status and be holding a <b>valid Practising Certificate</b> with the SMC; <b>and</b></p> <ul style="list-style-type: none"> <li>- Be a <b>specialist accredited</b> by the SAB; or</li> <li>- Have <b>practised</b> for not less than 3 continuous years or 3 years out of a continuous period of 5 years in the <b>same or a relevant setting</b> (see <b>Annex B</b>) in Singapore as the licensable healthcare service provided by the licensee.</li> </ul>	
<p>(b) For Dental Clinic and Ambulatory Surgical Centre services (under which only dental services are provided), the requirements at (a) above do not apply. Instead, there must be <b>at least one qualified</b></p>	

<p><b><u>dental practitioner</u></b> appointed as a KAH. The said dental practitioner shall:</p> <p>Have attained <b><u>full registration</u></b> status and be holding a <b>valid Practicing Certificate</b> with the SDC; and</p> <ul style="list-style-type: none"> <li>- Be a <b><u>specialist accredited</u></b> by DSAB; or</li> <li>- Have <b><u>practised</u></b> for not less than 3 continuous years or 3 years out of a continuous period of 5 years in the <b>same or a relevant setting</b> (see <b><u>Annex B</u></b>) in Singapore as the licensable healthcare service provided by the licensee.</li> </ul>	
<p>(c) <b><u>For Medical Clinic, Community Hospital and Telemedicine services:</u></b> in the alternative to being a specialist accredited by SAB, the KAH or PO may be a <b><u>FP</u></b> accredited by the FPAB <b><u>and</u></b> who has attained the <b><u>MMed(FM)</u></b> qualification. The other requirements stipulated in (a) above apply.</p>	
<p>(d) <b><u>For Nursing Home service:</u></b> in the alternative to fulfilling the requirements at (a), the KAH may be a registered nurse on <b><u>full registration</u></b> with the SNB, who is holding a <b>valid practising certificate</b>, and who has practised locally for at least 5 years of which 3 years or more were in an acute hospital, community hospital, nursing home, or home nursing setting.</p>	
<p>(e) If the requirements stipulated in (a) to (d) above are not met by the KAH, they must be satisfied by the PO. They do not apply to services where a CGO is required to be appointed for the licensable healthcare service under the HCSA General Regulations.</p>	
<p>(f) <b><u>At least one</u></b> KAH has competencies in the <b><u>management of business in general</u></b>, including having <b><u>at least 5 years</u></b> of prior experience in <b><u>managing business in general or healthcare service of comparable or greater staff strength than that of the licensable healthcare service</u></b> (stipulated in Section 5).</p> <p><i>(Can be fulfilled by the same KAH who meets the requirements in (a), (b), (c) or (d), as may be relevant. This requirement cannot be fulfilled by a CGO or PO.)</i></p>	
<p>(g) All KAHs, PO and (where applicable) CGO(s) satisfy the <b><u>suitability requirements</u></b> (stipulated in Section 2).</p>	

## 6.3. GOOD PRACTICE GUIDELINES ON KAH COMPOSITION AND PROCESS MEASURES

6.3.1. The following list of recommendations on KAH composition and processes, which are largely adapted from the 2018 Code of Corporate Governance by the Monetary Authority of Singapore (MAS), are provided as good practice guidelines for licensees' reference, and **not** intended to be enforced under HCSA.

6.3.1.1. Recommended KAH composition for licensees under the Enhanced Tier:

6.3.1.1.1. The KAH body should be of an appropriate size and diversity (e.g. gender, age, etc).

6.3.1.1.2. 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.

6.3.1.1.3. There should be at least one independent director with no potential conflict of interest.

6.3.1.1.4. A majority of the group should be non-executive, i.e. not involved in the day-to-day operations of the company.

6.3.1.1.5. 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)).

6.3.1.2. Recommended process measures that the KAH body for all licensees should put in place:

6.3.1.2.1. Corporate and clinical risk management framework and internal controls to safeguard interests of the company and its stakeholders.

6.3.1.2.2. Code of conduct and ethics, in particular to encourage transparency and accountability.

6.3.1.2.3. 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.

6.3.1.2.4. Regular audit of the financial records, financial statements, processes and performance of the organisation and its management.

- 6.3.1.2.5. Whistleblowing and investigation process and disciplinary actions.
- 6.3.1.2.6. Desired organisational culture.
- 6.3.1.2.7. Procedure for developing policies on KAH and management remuneration.
- 6.3.1.3. Induction, ongoing training and development that the KAHs for all licensees are encouraged to undergo:
  - 6.3.1.3.1. For all KAHs, (a) corporate information, (b) governance framework and (c) management information.
  - 6.3.1.3.2. There should also be KAHs who undergo training in legal, accounting and technology matters.

## 7. ANNEXES

### 7.1. ANNEX A – LIST OF APPLICABLE ACTS IN RELATION TO SUITABILITY REQUIREMENTS OF KOHS

- (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 .

## 7.2. ANNEX B – SAME OR RELEVANT SETTINGS FOR LICENSABLE HEALTHCARE SERVICES UNDER HCSA

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

Note: Other settings may be assessed on a case-by-case basis.