

FAQs on HCSA Amendments

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PART I General – HCSA and HCS Amendments

<p>1. Why are the changes to the HCSA proposed so soon after the Act was enacted and how would these changes benefit Singaporeans?</p>
<ul style="list-style-type: none"> • Since the enactment of HCSA in January 2020, there have been developments which have necessitated further refinement of the regulatory regime. These include: <ul style="list-style-type: none"> i. the COVID-19 pandemic which has facilitated the rapid mainstreaming of newer models of care, such as teleconsultation and home-based service, ii. stakeholder feedback that has raised several areas of enhancement for the regulatory regime, iii. public feedback on misleading healthcare service advertising, and iv. a need to align our regulatory scope and action with the Medicine (Advertisement and Sale) Act, or MASA, for healthcare advertising. • These developments have necessitated the refinement of HCSA provisions. • The refinement of HCSA through these amendments will introduce stronger governance and robust safeguards to strengthen patient safety and welfare as well as enable the development of new and innovative healthcare services to benefit Singaporeans.
<p>2. When will HCSA be fully operational?</p>
<ul style="list-style-type: none"> • HCSA was enacted in 2020 and is being progressively implemented over 3 phases. • Phase 1 was first implemented on 3 January 2022, and covers clinical support services (e.g., Clinical Laboratory, Radiological Service), as well as Emergency Ambulance and Medical Transport services. • Phase 2 will be implemented in June 2023, and will cover various hospital and ambulatory care services (e.g., Acute and Community Hospital, Medical Service, Dental Service) and specified services (e.g., Liposuction, Endoscopy). • Phase 3 will be implemented in December 2023, and will cover long-term care services (e.g., Nursing Home) and new services (e.g., Preventive Health).

3. When will the HCSA amendments take effect?

- The amendments to HCSA are targeted for implementation in June 2023, with two exceptions:
 - i. Redesignation of “Director of Medical Services” to “Director-General of Health” which was implemented on 1 May 2023.
 - ii. The employment restriction requirement which will be implemented with Phase 3 in December 2023

4. Was the public consulted on the HCSA Amendments?

- MOH sought feedback on these amendments from the public via an online public consultation between 12 October 2022 and 11 November 2022.
- Concurrently, MOH also held extensive stakeholder consultations with licensees from 12 October 2022 to 4 December 2022, including 5 virtual stakeholder consultations with medical and dental clinics, and online consultations with other licensees including acute hospitals, community hospitals and renal dialysis centres. MOH received over 250 written comments, email enquiries and clarifications, as well as virtual Q&As at the stakeholder consultations.
- The various stakeholders and the public were generally supportive of the amendments proposed by MOH. Majority of the feedback gathered was from licensees seeking further clarification of the proposed amendments and its implementation details.

PART II General – Licensing and Fees

5. How often will licensees need to renew their HCSA licence?

- Licensees will need to renew their HCSA licence every 2 years unless otherwise advised by MOH (i.e., they have been given shorter licence tenures for reasons such as non-compliance to service regulations), similar to the standard licence tenure of 2 years under the current PHMCA.
- As licensees may need to hold a few licences under the services-based HCSA regime, we have standardized the licence tenure period to 2 years across all licences.

<ul style="list-style-type: none"> We have also delinked the licence renewal from the need to inspect prior to renewal of licence, so as to streamline the licensing process and reduce any unnecessary administrative burden on licensees.
<p>6. What do licensees need to seek approval from MOH for when applying for a HCSA licence now?</p>
<ul style="list-style-type: none"> As part of the application for a licence, licensees will need to seek approval for: <ul style="list-style-type: none"> i. The mode of service delivery (MOSD) for each licensable healthcare service (LHS); ii. Any Specified Services (SS) they wish to provide under each LHS; and iii. Appointment of the Clinical Governance Officer (CGO), if required
<p>7. Will MOH be regulating all home-based and community-based healthcare services under HCSA now?</p>
<ul style="list-style-type: none"> MOH will only be regulating home-based and community-based medical service licence and dental service licence via the temporary premises MOSD for now. While non-doctor and non-dentist-led services, such as home nursing, will not be regulated under Phase 2 of HCSA implementation, MOH will closely monitor the landscape of such services. As the service complexity evolves and there is evidence of impact and risks to patient safety and welfare, MOH will take the necessary steps to licence these services in subsequent phases.
<p>8. Why are services such as home nursing services, allied healthcare services and Traditional Chinese Medicine (TCM) not regulated under HCSA? Will these services be regulated under HCSA in the future?</p>
<ul style="list-style-type: none"> The Ministry takes a risk-based approach to the regulation of healthcare services, starting with those which are provided by the acute care setting, outpatient medical and dental setting as well as the long-term residential care setting. While these other home nursing allied healthcare or TCM services are not regulated under HCSA at present, nurses, allied healthcare providers and TCM providers already need to comply with the requirements under their respective professional Acts.

<ul style="list-style-type: none"> • MOH will closely monitor the services that are led by such professionals to see if there are any emerging regulatory gaps that cannot be adequately addressed under the professional regulations. At that point, MOH will consider again whether there is a need to regulate such services under HCSA.
<p>9. How does HealthierSG affect non-premises-based licensed services under HCSA such as telemedicine and mobile medicine providers? Can all Singaporeans be enrolled in such services?</p>
<ul style="list-style-type: none"> • HCSA will now enable the regulations of telemedicine and mobile medicine providers through the remote and temporary MOSD, which has been introduced in the HCSA Amendment Bill. The majority of our medical clinics will also be offered the MOSD bundle of permanent, temporary and remote MOSDs for their medical service licence, recognising that our medical clinics are already providing their services through these 3 MOSDs. Hence, there will be no impact on how HealthierSG will be delivered in the medical clinics which have enrolled into the programme. • Nonetheless, we recognise that there are some pure telemedicine providers which will only be holding the medical service licence with remote MOSD, and as HealthierSG will require a face-to-face assessment and review of the enrolled patients by the medical service provider at least during the first appointment, we will require that all HealthierSG providers should hold minimally a medical service licence with a permanent MOSD, as we roll out HealthierSG for a start.
<p>10. Will licensees need approval from MOH to stop providing their LHS or SS in any MOSD?</p>
<ul style="list-style-type: none"> • Yes, licensees will need to apply to MOH to amend their licences should they wish to cease the provision of their LHS in any MOSD or to cease the provision of any SS.
<p>11. What is the impact on licensing fees for existing Phase 1 HCSA licensees and existing PHMCA licensees with these new amendments?</p>
<ul style="list-style-type: none"> • Most existing licensees will see either the same or reduction in fees under HCSA. • For both existing Phase 1 HCSA licensees and existing PHMCA licensees transiting to HCSA, they will not see an overall change in their licensing fee unless they are offering any new MOSDs or SSs which were previously not regulated under PHMCA.

- For the majority of medical and dental clinics, we will be introducing fee bundles for the MOSDs (such as permanent, temporary and remote MOSDs for medical clinics, as well as permanent and temporary MOSDs for dental clinics) as these are MOSDs already existent in the current care models delivered by these licensees, so there would be no fee impact for these licensees.
- To provide transition fee support for licensees who experience fee increase due to the provision of SSeS that are newly regulated under HCSA, there will be a fee bundle for licensees that provide two or more simple/complex SSeS respectively.
- To mitigate the impact of any fee increases on affected licensees, MOH will phase out the fee increment for these licensees over three renewal cycles.

PART III Enhanced advertising controls under HCSA

<p>12. What is the purpose of these enhanced advertising controls under HCSA?</p>
<ul style="list-style-type: none"> ● The purpose of the enhanced advertisement controls is to ensure that: <ul style="list-style-type: none"> i. consumers are not provided with false and/or misleading information; ii. consumers are not enticed to use healthcare services which may not be necessary, and/or could pose safety risks to their health and well-being; iii. consumers are not misled by healthcare service advertising into thinking that a person who uses the “Dr” title is a mainstream registered medical or dental practitioner; and iv. all non-licensed healthcare providers are liable to the same penalties as HCSA-licensed healthcare providers under the HCSA for healthcare service advertising contraventions.
<p>13. Are non-HCSA licensees allowed to advertise “we treat fertility issues and skin problems”?</p>
<ul style="list-style-type: none"> ● No, such advertisements that purport to treat medical conditions or diseases are currently already prohibited for non-HCSA licensees. Non-HCSA licensees may wish to consider alternative methods of advertising

their services, such as listing the services provided for various conditions (e.g., acupuncture for fertility issues, chiropractic service for back pain).

14. What does “purporting to treat medical conditions or diseases” mean?

- This refers to advertisements which include claims that the services offered can treat any ailment, disease, injury, infirmity or condition affecting the human body. Examples include “we are experienced in treating scoliosis”, “we treat chronic diseases such as diabetes” or “we have experience in treating female hormonal and fertility problems”.
- Ultimately, the intent of this prohibition is to ensure that consumers are not misled into thinking that they can be treated and cured of their medical condition or disease, by non-medical means.

15. What are some alternative terms to “treat” that are permissible for use in healthcare service advertising by non-HCSA licensees?

- We are unable to provide an exhaustive list of permissible terms that may be used by non-HCSA licensees in healthcare service advertising. In the event of any feedback or complaints received, MOH will examine the facts of each case holistically, which include the content of the healthcare service advertising, and any other relevant information.
- Non-HCSA licensees should consider using other terms which truthfully states the nature of the service that they provide, so as not to mislead or entice consumers.
- For example, non-HCSA licensees may consider describing the service offered as supporting the management of a particular condition, instead of treating the condition.
- Ultimately, the intent of this prohibition is to ensure that consumers are not misled into thinking that they can be treated and cured of their medical condition or disease, by non-medical means.

16. Will advertisements involving the use of terms specific to the principles and prescribed practice of Traditional Chinese Medicine, without reference to any diagnosis or terminology used in Western Medicine be allowed? E.g. the use of “消渴症” instead of “diabetes”.

- Regardless of the use of terminology that is specific to the principles of Traditional Chinese Medicine or Western Medicine, healthcare service advertising by non-HCSA licensees should not contain any claims that the healthcare service provided can treat a condition affecting the human

<p>body. In the example raised in the question, the advertisement could factually list the services provided for “消渴症” but should not claim to treat “消渴症”.</p>
<p>17. Can Traditional Chinese Medicine Clinics and Practitioners advertise that acupuncture can be used to treat specific medical conditions such as backache and knee pain?</p>
<ul style="list-style-type: none"> • No. Traditional Chinese Medicine Clinics and Practitioners which are non-HCSA licensees cannot advertise that acupuncture can treat specific medical conditions such as backache and knee pain. • However, they can consider alternative methods of advertising their services, such as listing the services provided for various conditions, e.g. acupuncture for backache and knee pain.
<p>18. Will beauty salons, massage parlours and spa providers be allowed to advertise their services for the treatment of specific conditions (e.g. skin problems)?</p>
<ul style="list-style-type: none"> • No, beauty salons, massage parlours and spa providers are not HCSA licensees and cannot advertise services which purport to treat medical conditions or diseases.
<p>19. Can non-HCSA licensees such as beauticians advertise dental services such as veneer services?</p>
<ul style="list-style-type: none"> • No. Dental veneer procedure is a dental service. As dental service is a licensable healthcare service, non-HCSA licensees must not advertise licensable healthcare services. • Under section 31(1) of HCSA, a person must not advertise, or cause to be advertised, a licensable healthcare service unless the person is a licensee authorised to provide that licensable healthcare service; or is acting on the authority of the licensee (referred to as an “authorised person” in the HCS (Advertisement) Regulations).
<p>20. Can non-HCSA licensees such as beauticians or beauty salons advertise teeth whitening services?</p>
<ul style="list-style-type: none"> • Non-HCSA licensees are allowed to advertise teeth whitening services under certain conditions. • Under the Health Products (Cosmetic Products-ASEAN Cosmetic Directive) Regulations 2007, as long as the concentration of hydrogen

peroxide or other similar chemicals present in a finished oral hygiene product is less than or equal to 0.1%, it is allowed for sale to the public.

- Hence, non-HCSA licenses are allowed to advertise teeth whitening services only where the whitening product contains less than or equal to 0.1% hydrogen peroxide. Non-HCSA licensees cannot advertise teeth whitening services where the whitening product contains more than 0.1% hydrogen peroxide.

21. How would the advertising controls affect a non-HCSA licensee who collaborates with a licensee (e.g. a medical device supplier collaborates with a medical/dental clinic) and wishes to advertise its relationship with the licensee?

- Under section 31(1) of HCSA, a person must not advertise, or cause to be advertised, a licensable healthcare service unless the person is a licensee authorised to provide that licensable healthcare service; or is acting on the authority of the licensee (referred to as an “authorised person” in the HCS (Advertisement) Regulations). It is acceptable for non-licensees to state they are collaborating with the licensee. However, if non-licensees wish to advertise a licensable healthcare service the licensee is providing, they must obtain prior approval from the licensee. The advertisements would also need to comply with the HCSA (Advertisement) Regulations, including requirements relating to the medium the advertisement appears in[#], and the content and form of the advertisement.

[#] newspapers, directories, medical journals, magazines, brochures, leaflets, flyers, pamphlets or the Internet (including mobile application software).

22. Are there provisions to prevent a licensee from using names of MOH's related agencies in their advertisement? For example, can licensees use terms like “MOH's Healthier SG” or “HSA's XXXX Program” when advertising their healthcare services?

- HCSA does not govern the use of names of MOH's related agencies in advertising. However, this will be controlled by the agencies whose programs the services purport to be a part of. Licensees will need to comply with the rules stipulated for the respective programs.
- In general, licensees should ensure that their advertisements are factual and not deemed to be misleading to the general public and comply with all the requirements under HCS (Advertisement) Regulations.

<p>23. Can a licensee advertise government programmes such as CHAS schemes, health screenings and vaccinations?</p>
<ul style="list-style-type: none"> Licensees are allowed to advertise government programmes if the substantive content comprises factual information about or relating to the healthcare services provided by a licensee, where the healthcare service is provided in relation to a programme that is funded (in whole or in part), initiated or endorsed by the Government or the Health Promotion Board.
<p>24. Will the enhanced advertising control on the use of “Dr” title by non-registered healthcare practitioners come into effect immediately once the amendments have been implemented?</p>
<ul style="list-style-type: none"> Yes, this advertising control will come into effect once the Bill is passed in Parliament. This means that all non-registered healthcare practitioners who have been using the “Dr” title in their healthcare service advertising must now clearly state their qualifications and insert a disclaimer that they do not hold a valid practising certification with a relevant local healthcare professional board or insert a disclaimer that their educational qualification is not a medical or dental qualification, where needed.
<p>25. Will registered Traditional Chinese Medicine Practitioners with a doctorate degree / PhD in Traditional Chinese Medicine be required to state their qualifications and credentials when using the term “Dr” in healthcare service advertising?</p>
<ul style="list-style-type: none"> Registered Traditional Chinese Medicine Practitioners (TCMPs) holding a valid practising certificate fall under the definition of “specified person” under the HCSA. Hence, they do not need to state their PhD educational qualifications and credentials in their healthcare service advertising if these were approved by the Traditional Chinese Medicine Board as required under the Traditional Chinese Medicine Practitioners (Practice, Conduct and Ethics) Regulations.
<p>26. What are the approved media allowed for the advertising of healthcare services provided by registered Traditional Chinese Medicine Practitioners?</p>
<ul style="list-style-type: none"> The practice of Traditional Chinese Medicine (TCM) is not considered a licensable healthcare service under HCSA. Advertisements of TCM

<p>service(s) will not be subject to advertising controls under the Healthcare Services (Advertisement) Regulations.</p> <ul style="list-style-type: none"> • However, Traditional Chinese Medicine Practitioners must adhere to the Ethical Code and Ethical Guidelines for Traditional Chinese Medicine Practitioners.
<p>27. Can persons with doctoral degrees in alternative medical fields, such as spiritual healing, call themselves a “Dr” when advertising their services?</p>
<ul style="list-style-type: none"> • Persons with a doctoral degree in alternative medical fields must comply with the following when using the title “Dr” in their healthcare service advertising: <ul style="list-style-type: none"> i. state their educational qualifications whenever the title “Dr” is used; and ii. insert a disclaimer that their educational qualification is not a medical or dental qualification.
<p>28. If a non-medical PhD holder creates a website for their clinic that provides healthcare services, would they need to state their qualifications on the website?</p>
<ul style="list-style-type: none"> • Persons with a non-medical PhD who are featured in healthcare service advertising must comply with the following when using the title “Dr”: <ul style="list-style-type: none"> i. state their educational qualifications whenever the title “Dr” is used; and ii. insert a disclaimer that their educational qualification is not a medical or dental qualification.
<p>29. Which group of healthcare professionals are allowed to use the title “Dr” in healthcare service advertising without needing to specify their qualifications?</p>
<ul style="list-style-type: none"> • Only registered healthcare professionals who hold a valid practising certificate are allowed to use the title “Dr” in healthcare service advertising without needing to specify their qualifications. • Registered healthcare professionals include: <ul style="list-style-type: none"> ○ an allied health professional who is registered under the Allied Health Professions Act

- a dentist or an oral health therapist who is registered under the Dental Registration Act
- a medical practitioner who is registered under the Medical Registration Act
- a nurse or midwife who is registered, or an enrolled nurse who is enrolled, under the Nurses and Midwives Act
- an optometrist or optician who is registered under the Optometrists and Opticians Act
- a pharmacist who is registered under the Pharmacists Registration Act
- a traditional Chinese medicine practitioner who is registered under the Traditional Chinese Medicine Practitioners Act.
- Healthcare professionals who do not come under the above list, including chiropractors or osteopaths, are required to state their qualifications and credentials when using the title “Dr” in healthcare service advertising.
- Non-compliance with the above requirements will result in regulatory action such as a fine not exceeding \$20,000, or imprisonment for a term not exceeding 12 months, or both.

30. Can overseas-trained or retired doctors and dentists who are not registered in Singapore use the title “Dr” in healthcare service advertising?

- Overseas-trained or retired doctors/dentists who are not registered in Singapore and do not hold a valid practising certificate, must comply with the following when using the title “Dr” in their healthcare service advertising:
 - i. state their qualifications, and
 - ii. insert a disclaimer that he/ she is not holding a valid practising certificate issued by the relevant local healthcare professional board.
- Examples as follows:
 - i. Example 1: Overseas-trained dentist who is not registered with SDC:
Dr ABC, BDS (NUS, Singapore), does not hold a valid practising certificate under the Dental Registration Act 1999
 - ii. Example 2: Registered retired doctor in Singapore with no valid practising certificate

<p>Dr XYZ, MBBS (Singapore), does not hold a valid practising certificate under the Medical Registration Act 1997</p> <ul style="list-style-type: none"> • This advertising control would apply when any of these doctors/dentists are featured in advertisements of healthcare services.
<p>31. Are non-registered healthcare professionals required to state their doctorate / PhD qualifications and credentials on their business cards?</p>
<ul style="list-style-type: none"> • If the business cards are used to promote a healthcare service, these business cards would be considered as healthcare service advertising, and the requirements under the advertising controls must then be complied with (e.g., on mandatory disclosure of qualifications). • However, if business cards are used in a setting unrelated to healthcare service advertising, requirements under the advertising controls would not apply.
<p>32. Can TCM practitioners display their testimonials or thank you cards from their patients within the premises of their TCM clinics and on their website/Facebook page?</p>
<ul style="list-style-type: none"> • The practice of Traditional Chinese Medicine (TCM) is not a licensable healthcare service under HCSA. Hence, advertisements of TCM service(s) are not subject to advertising controls under the Healthcare Services (Advertisement) Regulations. • However, Traditional Chinese Medicine Practitioners must adhere to the Ethical Code and Ethical Guidelines for Traditional Chinese Medicine Practitioners.

PART IV Regulation of Different Modes of Service Delivery (MOSD)

<p>33. What is the purpose of introducing and regulating the different MOSDs?</p>
<ul style="list-style-type: none"> • To better cater for emerging models of care that are no longer premises-based, such as home care and teleconsultation, MOH will be introducing four MOSDs for the LHSes. • MOH will stipulate the allowable MOSD for each HCSA licence category with conditions of approval and regulatory requirements for each mode.

Licensees must seek approval from MOH before commencing any MOSD within each LHS category, and regulatory actions will be taken against licensees that provide LHS outside of the modes they were approved for. This is to ensure patient care is safely delivered through each MOSD.

34. What are the different MOSDs?

- There are now four MOSDs available, depending on the LHS:
 - i. Permanent Premises (e.g., brick and mortar premises)
 - ii. Temporary Premises (e.g., house calls, ad hoc health screening services at workplaces)
 - iii. Conveyances (where the LHS is delivered from a vehicle, e.g., mammogram bus)
 - iv. Remote Provision (e.g., teleconsultations through virtual platforms/applications)

35. What are the allowable MOSDs for each LHS?

- The table of allowable MOSDs for LHSes and SSES can be found [here](#).
- The majority of LHSes will be delivered via the Permanent Premises MOSD, however for some LHSes we have allowed the provision of these services through other modes such as Temporary Premises and Conveyances. This is determined based on the type of services provided, the feasibility of the service being delivered via that MOSD, the level of risks to patient safety and the reasonable business or care models for such services.
- We are also providing MOSD bundles for certain LHSes to allow businesses to continue with their existing care models. For example, all outpatient medical service licensees will be provided a bundle of permanent premise, temporary premise and remote MOSDs for the provision of their medical service.

36. How do existing Phase 1 HCSA licensees apply for MOSDs?

- MOH will be mapping existing Phase 1 HCSA licensees based on the services they are currently providing and issue the updated licences reflecting the relevant MOSDs and SSES.
- Phase 1 HCSA licensees may logon to HALP to submit application for new HCSA licences, LHSes, MOSDs or SSES from June 2023.

37. Can licensees apply for more than one MOSD for each LHS?

- Licensees may apply for more than one allowable MOSD for a LHS depending on the type of LHS they are applying for. For example, an Outpatient Medical Service licensee may choose “permanent premises” for its clinic service delivered at its brick-and-mortar physical premises, “temporary premises” for providing home visits or community-based screenings, and “remote” for teleconsultations, if the licensee wishes to provide those MOSDs.
- However, not all MOSDs will be offered for every LHS. The list of allowable MOSDs for each LHS and SS implemented can be found [here](#).

38. How will the safe delivery of LHS via remote MOSD be ensured?

- Licensees who have been given approval to provide their Outpatient Medical Service LHS via remote MOSD must ensure that this is done in a proper, effective and safe manner, with adequate privacy.
- A few ways that licensees can achieve this is to:
 - establish and implement guidelines to assist medical practitioners in determining whether a particular medical condition may be managed remotely.
 - ensure that the patient or caregiver is provided with alternative arrangements for the patient to receive medical care if the medical practitioner deems that the patient’s condition cannot be managed remotely in a proper, effective and safe manner ensure that real-time, two-way interactive audio-visual communications is used when teleconsulting new patients accessing the licensee’s medical service for the first time (i.e. no prior patient records and medical history with the licensee).
 - ensure that the mode of remote consultation used is proper, safe and effective when assessing an existing patient’s new symptoms or conditions, or exacerbations of existing conditions.
 - ensure that telemedicine e-training as specified by MOH is completed by medical practitioners providing their service via remote MOSD. Licensees should keep records of the training for inspection by MOH.

39. How do existing Private Hospitals and Medical Clinics Act (PHMCA) medical and dental clinics apply for the different MOSDs?

- MOH will ensure that the transition process from the PHMCA to the HCSA licensing framework is smooth and does not pose an additional burden for licensees.

Medical Clinics

- There is no need for existing PHMCA Medical Clinics to apply and seek approval for the delivery of service via “Permanent Premises”, “Temporary Premises” and “Remote”. They will all be automatically issued with licenses for these three MOSDs.
- However, if the existing PHMCA Medical Clinics are interested in providing outpatient medical service through “Conveyance” MOSD, the licensees will need to apply for this licence in HALP from June 2023. MOH do not foresee that there will be a significant number of licensees who will be seeking approval for the conveyance MOSD and will assist those applying.

Dental Clinics

- There is no need for existing PHMCA Dental Clinics to apply and seek approval for the delivery of service via “Permanent Premises” and “Temporary Premises”. They will all be automatically issued with licenses for these two MOSDs.
- However, if the existing PHMCA Medical Clinics are interested in providing outpatient dental service through conveyance, the licensees will need to apply for this licence in HALP from June 2023. We do not foresee that there will be a significant number of licensees who will be seeking approval for the conveyance MOSD and will assist those applying.
- The “Remote” MOSD does not apply to Dental Clinics.
- Licensees may go into HALP to cease provision of service at the respective MOSD if they do not/are not providing services through that MOSD. More details will be announced in due time.

40. Will there be licensing fee increases if licensees require more than one MOSD?

- Licensees do not have to pay additional fees if they are eligible for the MOSD fee bundle.
- The available MOSD bundles for Outpatient Medical Service and Outpatient Dental Service are:

<ul style="list-style-type: none"> i. Permanent premises, Remote and/or Temporary Premises ii. Conveyance, Remote and/or Temporary Premises iii. Remote and Temporary Premises
<p>41. Will there be additional costs to pay for MOSDs that only see occasional 'usage'?</p>
<ul style="list-style-type: none"> • To clarify, licensees do not have to pay additional fees if they are eligible for the MOSD fee bundle. For example, a medical clinic (i.e., permanent premises) that also provides telemedicine service (i.e. remote delivery) and/or house call service (i.e. temporary premises) will be eligible for the MOSD fee bundle, and will not be expected to pay any additional fees. • A provider will need to hold the necessary HCSA licences as long as they provide the licensable healthcare service, and this is regardless of how often the service is provided. The fees that licensees will need to pay also covers the efforts in inspecting the licensee prior to granting of this licence, which will be a fixed fee.
<p>42. Can Traditional Chinese Medicine services be co-located within the permanent premises of a LHS?</p>
<ul style="list-style-type: none"> • Only the provision of acupuncture services as defined by the Traditional Chinese Medicine Practitioners Act can be co-located with a licensed service without MOH's prior approval. • All other TCM services will require prior approval from MOH to be co-located with a licensed service.
<p>43. Are more invasive investigations such as blood tests and screening tests allowed to be done at home or in the community as under a temporary MOSD?</p>
<ul style="list-style-type: none"> • Outpatient Medical Service licensees may provide all the services that can be performed in their clinic via their Temporary Premises MOSD (i.e in patients homes or in the community), with the exception of certain SSeS that have higher risk profiles such as liposuction. • Screening tests and specimen collection (such as blood taking) may be done within a patient's home or in the community under the "Temporary Premises" MOSD. • The same safeguards are in place for practitioners who wish to carry out these investigations via their temporary MOSD (i.e., in a patient's home)

as it would if they were conducting these tests via permanent premises MOSD (i.e. in a clinic). These include:

- i. needing the necessary training to be completed by the healthcare professionals conducting these medical investigations,
- ii. compliance to standards of practice pertaining to these medical investigations and
- iii. bringing resuscitation drugs and equipment to these temporary premises

Part V Refined Scope of Restriction for Prospective Individuals Employed/Engaged by Certain Licensees

44. What is the purpose of the refined scope of restriction for prospective individuals employed/engaged by certain licensees?

- The refined scope of restriction for prospective individuals employed/engaged by certain licensees is to allow flexibility to specify different restriction requirements for different licensees, based on the natures of the healthcare settings, roles of the individuals and varying degree of risks to harm to patients.
- One of the ways to apply the restriction on these prospective individuals is to require these individuals to undergo background screening prior to employment/engagement with the licensee.

45. Which licensees are required to comply with this restriction requirement?

- The Institute of Mental Health (IMH) and all Nursing Homes are the only licensees required to abide by the restriction requirements currently, as there have been a notable number of cases of physical violence or abuse reported at these healthcare institutions in the past 5 years.
- This requirement does not apply to other Acute Hospital licensees currently.
- These requirements will be implemented during Phase 3 of HCSA Implementation. More details will be provided in the relevant service regulations.

<p>46. Why does this requirement only apply to prospective individuals and not individuals who are already employed/engaged by the licensee?</p>
<ul style="list-style-type: none"> • MOH recognises that the risk of current employees re-offending is low if they have been able to retain employment without issue thus far. We also wish to strike a balance between administrative burden of screening the large number of staff already employed or engaged by the licensee. • If licensees wish to conduct screening on their existing employees, they can still send MOH the particulars of these employees. However, consent must first be obtained from the employees they wish to screen.
<p>47. How does MOH decide which licensees will need to comply with the restriction requirement?</p>
<ul style="list-style-type: none"> • MOH is adopting a risk-based approach when determining which licensees will need to comply with the employment restriction requirement. For a start, only the Institute of Mental Health, and all nursing homes and hospices will be required to comply with these restrictions. This is due to a notable number of cases of physical violence or abuse reported at these healthcare institutions. • While this requirement is mandatory for only these licensees currently, MOH will retain the right to require other licensees to abide by these requirements as the need arises. • As such, MOH has refined the scope of employment restriction based on the nature of the healthcare settings and the varying degree of risks of harm to patients. • While this requirement is mandatory for these licensees, MOH will retain the right to require other licensees to abide by these requirements as the need arises.
<p>48. Will this restriction requirement extend to other licensees in the future?</p>
<ul style="list-style-type: none"> • This requirement will only be applicable to IMH and NH licensees for now as these are higher risk settings that accommodate particularly vulnerable patients. While this requirement is mandatory for these licensees, MOH will retain the right to require other licensees to abide by these requirements as the need arises. • MOH will monitor the provision of healthcare services to other vulnerable patients closely. If in time other services require similar employment restriction, we will update these services accordingly.

<p>49. Do all prospective individuals who have occasional contact with patients (i.e., locum doctors and visiting consultants) need to abide by this restriction prior to their engagement with the licensee?</p>
<ul style="list-style-type: none"> • Yes, any personnel who is either employed or engaged by the licensee and will be providing patient care activities will need to abide by the employment restriction requirement prior to providing their services. • This requirement will only apply to individuals who wish to engage with IMH and Nursing Homes to provide services to patients accommodated by these premises.
<p>50. Does this restriction requirement apply to volunteers as well?</p>
<ul style="list-style-type: none"> • No, this requirement does not apply to volunteers currently, as they generally come in on an ad-hoc basis with some supervision and oversight by the care staff.
<p>51. Are licensees themselves expected to conduct the background screening for prospective individuals to be employed/engaged by them?</p>
<ul style="list-style-type: none"> • To clarify, MOH will conduct the screening of the prospective individuals employed/engaged by the licensee and inform the licensee of whether or not they have committed prescribed offences previously. • Details on the administrative process (including the information required) will be provided to licensees in due course, where such employee employment restriction is applicable.
<p>52. Will licensees require MOH's approval to employ/engage prospective individuals whose background screening results show that they have committed prescribed offences before?</p>
<ul style="list-style-type: none"> • Licensees will require MOH approval to employ or engage prospective individuals who have committed prescribed offences before. Licensees are required to submit supporting information of the prospective employees to MOH for consideration, including but not limited to personal particulars (name, NRIC etc.), job scope of the position applied, reasons for supporting the employment of this individual despite his past convict, mitigating measures to reduce the risk of this individual from harming patients.

Part VI Approval for the Delivery of Specified Services and Clinical Governance Officer (CGO)

<p>53. What are Specified Services (SS)?</p>
<ul style="list-style-type: none"> The concept of SS for inpatient and outpatient HCSA LHSes is similar to the ‘Specialised Procedures or Services’ and ‘Special Care Services’ for hospitals and clinics listed under the Second and Third Schedules of the PHMC Regulations today. The services have been reviewed and streamlined under the HCSA to form SSES. Broadly, SSES are deemed to have a higher risk of patient harm or require additional governance, processes, clinical, personnel and facility requirements in respect to the LHS they are provided at and MOH would like to better determine a licensee’s ability to safely provide these SSES before approving their commencement.
<p>54. Why do licensees need to seek approval for the delivery of SSES?</p>
<ul style="list-style-type: none"> SSES refer to services which fall within the scope of a LHS, but where there is an added need for a licensee to demonstrate its ability to safely provide these services to patients. These services are more complex in nature and have higher provision requirements. Hence, MOH’s approval is required upfront before approving the commencement of the SS in order to safeguard patient safety and welfare. The list of SSES differs for each LHS and each MOSD (refer here for the list). In addition, different SSES have different regulatory requirements to meet.
<p>55. Do licensees need to apply for a separate licence if they provide SSES?</p>
<ul style="list-style-type: none"> To provide a SS, licensees can either apply for it along with its LHS application or submit a separate application to add on a SS to their existing LHS licence.
<p>56. How should existing PHMCA licensees seek approval for SSES they are providing?</p>
<ul style="list-style-type: none"> For existing PHMCA licensees, MOH is working with the licensee to identify the SSES that licensees will need to hold based on the healthcare services offered in the existing licensed premises today. Based on the above information, these licensees will be issued with the relevant SSES when their existing PHMCA licences are mapped and ported over to the HCSA licences at either Phase 2 or Phase 3 HCSA implementation.

<ul style="list-style-type: none"> Once they have been transitioned to HCSA, these licensees may subsequently logon to the HALP licensing portal to add/remove the SSeS under their licence(s).
<p>57. How should existing Phase 1 HCSA licensees seek approval for SSeS they are providing?</p>
<ul style="list-style-type: none"> For existing Phase 1 HCSA licensees, their SSeS are already reflected on their licences. These licensees may logon to HALP from mid-June 2023 onwards to apply for new SSeS they wish to provide.
<p>58. How should HCSA licensees seek approval for SSeS they wish to provide?</p>
<ul style="list-style-type: none"> For HCSA licensees who wish to provide a new SS beyond what has already been issued to them at each Phase of HCSA Implementation, they can seek approval for the SS through HALP. Licensees can either apply for it along with its LHS application or submit a separate application to add on a SS to their existing LHS licence.
<p>59. Why do licensees need to seek approval for the appointment of CGO?</p>
<ul style="list-style-type: none"> The CGO needs to fulfil specific requirements for competencies and qualifications in order to be deemed as a suitable individual to discharge the CGO's roles and responsibilities. Hence, checking these requirements upfront and approving the appointment provides greater assurance that the appointed individual is able to perform the role of the CGO.
<p>60. What are the suitability requirements for CGO appointment?</p>
<ul style="list-style-type: none"> A person is not considered suitable to act as a CGO if he/she: (1) has been convicted of any of the following, save where the conviction has been spent: <ul style="list-style-type: none"> ➤ An offence involving fraud or dishonesty; ➤ An offence under the HCSA, the PHMCA or any applicable Acts ➤ 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")

<p>(2) Has a pending charge against him/her for a disqualifiable offence;</p> <p>(3) is an undischarged bankrupt;</p> <p>(4) has any of his/her professional registration(s) under the Ministry of Health's (MOH) healthcare professional Acts cancelled, removed or suspended;</p> <p>(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;</p> <p>(6) has his / her accreditation / approval to participate in MOH-administered public schemes revoked or suspended; or</p> <p>(7) lacks capacity within the meaning of the Mental Capacity Act 2008</p> <ul style="list-style-type: none"> • In addition, CGOs are required to comply with skills and competency requirements, which will be prescribed in the respective Service Regulations.
<p>61. Must the CGO be a full-time staff within the organisation?</p>
<ul style="list-style-type: none"> • A licensee may appoint any individual deemed to be competent and suitably qualified to fulfil the role of the CGO. This individual need not be a full-time staff within the organisation, but he/she must be contactable at all times. • However, if the CGO is not employed by the licensee, it is recommended for the licensee to have an agreement with the CGO, such as a contract, to clearly state the responsibilities this individual has as the licensee's CGO. This will also be useful for enforcement purposes where a non-compliance is found and liability needs to be attributed to the CGO.
<p>62. Can one person be appointed as the CGO for more than one licensee or LHS?</p>
<ul style="list-style-type: none"> • Yes, a person with suitable skills and competencies can be appointed as the CGO for several licensees or LHSes simultaneously, subject to them meeting the specific requirements on skills and competencies of the CGO stipulated in the specific service regulations. • However, in appointing such persons as the CGO, licensees should assess their suitability and ability for the role.

<p>63. Can a licensee appoint multiple CGOs?</p>
<ul style="list-style-type: none"> It is up to the licensee to decide whether to appoint one or more CGOs. A licensee may decide to appoint more than one CGO if a single CGO is not sufficient to fulfil the duties and responsibilities of the CGO role as stipulated in the General Regulations, and individual service regulations for the entire scope of services provided by the licensee. When multiple CGOs are appointed, the licensee must make clear the delineation of responsibilities amongst the CGOs.
<p>64. Can foreigners be CGOs?</p>
<ul style="list-style-type: none"> There is no nationality requirement for CGOs, as long as they are able to fulfil their governance roles. However, the CGO must reside in Singapore in order to discharge their duties and functions.
<p>65. What should a licensee do in the event of an unexpected demise of a CGO?</p>
<ul style="list-style-type: none"> In the event of an unexpected demise of a CGO, a licensee must appoint a new CGO within 10 calendar days from the demise of the CGO.
<p>66. How should existing HCSA licensees seek approval for CGO appointment?</p>
<ul style="list-style-type: none"> There is no need for existing HCSA licensees to seek approval from MOH for their existing CGOs. These CGOs of licensees who have come onboard HCSA in Phase 1 will continue their roles. However, should existing HCSA licensees wish to change their CGO appointment, they may logon to HALP from June 2023 to seek approval for this change.
<p>67. Is the appointment date of the new CGO assumed to be the last day of the previous CGO?</p>
<ul style="list-style-type: none"> The appointment date of the new CGO will depend on when the approval for the CGO appointment is given and cannot be assumed to be the last day of the previous CGO. However, application for the new CGO must be submitted at least 10 calendar days before the last day of service of the existing CGO, except in circumstances where the licensee is directed by MOH to change the unsuitable CGO or in the event of an unexpected demise of the existing CGO.

<ul style="list-style-type: none"> For circumstances where the licensee is directed by MOH to change the unsuitable CGO or in the event of an unexpected demise of the existing CGO, another CGO must be appointed 10 calendar days within the removal of the previously appointed CGO.
<p>68. Do licensees need to inform MOH of the previous CGO's last day of appointment?</p>
<ul style="list-style-type: none"> MOH would not need to be notified of the last day of the previous CGO.

Part VII Use of Specialty Names in Licensees' Name and Logos

<p>69. Why is there a need to restrict the use of speciality names in licensees' names or logos?</p>
<ul style="list-style-type: none"> Licensees are not allowed to use specialty names in their names or logos if there is no specialist actively practising under or engaged with the licensee to prevent misconception of the LHS provided. This will provide greater clarity to patients and prevent them from inadvertently receiving care from non-specialists.
<p>70. Can licensees include a specialist/specialty name in their clinic name if they specialise in that field? Would licensees need to apply for special permission to do so?</p>
<ul style="list-style-type: none"> Generally, the clinic name must accurately reflect the LHS that the licensee is licensed to provide. It should not contain terms that may misrepresent the licensee's capability, or purport to be a different specialty or licensable service. In the same vein, the clinic/business name of the LHS(es) should not include mention of specialty names or terms associated with that specialty that the licensee is not qualified and/or competent to manage or provide. MOH will conduct checks that the licensees meet the above requirements to be allowed to use the clinic/business names during licence applications/renewals. Should there be complaints lodged against licensees with alleged inaccurate names, MOH can require licensees to furnish proof of their speciality competency/credentials or ability to provide the prescribed LHS.

<p>71. Can licensees name their clinic “The Neurology Clinic” if there is no Neurologist practising in the clinic?</p>
<ul style="list-style-type: none"> • Licensees cannot use terms associated with a particular medical specialty in their names or logos if there is no registered specialist actively practising that specialty under the licensee. Any terms that create an unjustified impression to patients that the LHS provided relates to a specialty, in the absence of a relevant registered specialist, will not be allowed. • In this example, “The Neurology Clinic” is not allowed if there is no Neurologist actively practising in the clinic. In the course of enforcement, we will also consider the context of how the terms are used.
<p>72. Is the term “aesthetic” allowed for use in a clinic name?</p>
<ul style="list-style-type: none"> • Yes, the term “aesthetic” is allowed for use in a clinic name as it is not a protected term under HCSA. However, in the course of doing so, business names cannot contain terms or names of a registered medical specialty/specialist (e.g., Plastic Surgery, Dermatology) if there is no such specialist employed/engaged by that clinic.
<p>73. Is the term “Family doctor” allowed for use in a clinic name?</p>
<ul style="list-style-type: none"> • “Family doctor” is currently used as a generic term to make reference to primary care practitioners in general, regardless of the practice setting (e.g. private general practitioner (GP) clinic or polyclinic). Thus, this term “family doctor” is not protected under HCSA and is allowed for use in a clinic name.
<p>74. Are existing licensees expected to change their names or logos once this amendment takes effect?</p>
<ul style="list-style-type: none"> • Existing licensees whose names or logos contain the terms “Singapore” or “National” will be allowed to retain their names or logos until the licensee decides to change the registered licensee or business name, upon which the restriction will apply. This is to allow licensees who have built brands around their business names to retain their brand equity. • Existing licensees who are currently using specialty names in their clinic names without a specialist actively practising that said specialty under the auspices of their services, will be asked to employ or engage a relevant specialist. Otherwise, MOH will work with these licensees to amend their

clinic names or logos to avoid giving the impression to the public as to the type of services provided.

75. If licensees provide multiple services under HCSA, are licensees required to use different business names to reflect the respective services?

- HCSA does not stipulate that licensees must use different business names for different LHSes (i.e. one business name can be used for multiple services if the licensee so wishes), as long as the business name used for the service accurately reflects the licensed service and is in compliance with HCSA Section 29, which stipulates that licensees cannot use any terms or names, or any abbreviation or derivative of that term or name, in any language, that incorrectly describes a LHS that the licensee is authorised to provide. For example, a licensee who operates a medical clinic, dental clinic and ambulatory surgical centre can use the name “ABC Healthcare Service” as the business name for all three LHSes. However, they cannot use the name “ABC Outpatient Medical Services” for all three LHSes as it would only be applicable for the medical clinic given that it is licensed as an Outpatient Medical Service.

Part VIII Removal of 14-day Notice Prior to Modification of Licence Conditions in Special Circumstances

76. Why is there a need to remove the 14-day notice? What are these special circumstances?

- The removal of 14-day notice period prior to the modification of licence conditions for groups of licensees is needed for when there is immediate or imminent harm to patient safety. This allows MOH to take immediate public health actions to address patient safety issues expeditiously in the case of special circumstances such as a pandemic or public health emergency.
- To clarify, outside of these prescribed circumstances, the prescribed mandatory minimum 14-day period will be retained for the modification of licence conditions for individual licensees in the interest of natural justice for the licensee.

77. When given such a notice, are licensees expected to implement the changes immediately?

- Licensees are required to implement changes immediately in special circumstances where there is a need to update healthcare protocols such as in the case of a pandemic. Such quick changes are necessary as and when the latest scientific information is available and has been reviewed, to ensure patients' safety and welfare in special circumstances where speed is of the essence.

78. Under what circumstances are licensees given the 14-day notice period prior to the modification of licence conditions?

- In situations other than special circumstances that may cause imminent harm to patients, licensees will be given the 14-day notice period to send in their queries or clarifications to MOH before MOH amends the licence conditions.
- For example, when MOH needs to amend the licence conditions to incorporate changes to technical requirements as when the best practices change (e.g., to include new indications which may be allowed for Proton Beam Therapy to be conducted after review of the latest scientific evidence by a group of experts), individual licensees are given a 14-day notice period ahead of these amendments to provide feedback to MOH.

Annexes

Annex A – Glossary of Acronyms

Acronym	Full Term
CGO	Clinical Governance Officer
HALP	Healthcare Application and Licensing Portal
HCSA	Healthcare Services Act
LHS	Licensable Healthcare Service
MOSD	Mode of Service Delivery
SS	Specified Service