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MOH Proposes Enhancements to Healthcare Services Framework

Introduction

The Ministry of Health ("**MOH**") has launched a Public Consultation on proposed amendments to the Healthcare Services Act ("**HCSA**"). The amendments introduce measures aimed at strengthening safeguards for patient safety and welfare, and are targeted for implementation in June 2023.

The proposed enhancements are part of the progressive implementation of HCSA, which was enacted in 2020 to replace the Private Hospitals and Medical Clinics Act ("**PHMCA**"). HCSA is being implemented in three phases, starting in January 2022, and MOH has indicated that the implementation will be completed in end-2023 when PHMCA will be repealed.

The Public Consultation is open from 12 October 2022 to 11 November 2022. Healthcare providers should familiarise themselves with the proposed amendments, which may affect their obligations and duties if and when implemented. Parties with any concerns or queries relating to the amendments should consider submitting their feedback to MOH under this Public Consultation.

In this Update, we provide a summary of the key measures in the proposed amendments.

Key Amendments

The proposed amendments seek to enhance the regulatory regime governing healthcare services, and to ensure greater clarity and transparency in healthcare services advertising. The key amendments are as follows:

1. Advertising of healthcare services

These amendments seek to ensure that healthcare advertisements do not mislead patients, and instead help the public make informed choices.

- Healthcare providers not licensed under HCSA, as well as third parties authorised by such healthcare providers, cannot claim to treat medical conditions or diseases when advertising their services. Errant providers will face similar penalties as HCSA licensees.
- Any person who is (i) not a registered healthcare professional, and (ii) uses the title of "Dr" when advertising their services, must state their qualifications and credentials. This is to avoid misleading the public.



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2. Use of specialty names

Healthcare service providers licensed under HCSA cannot use terms associated with specialties in their business names unless they have such specialist employed and actively practising that specialty.

For example, a clinic cannot be called a "Neurology Clinic" if there is no accredited neurologist employed, and a clinic cannot use "Family Physician" in its name if there is no GP who is an accredited Family Physician.

3. Different modes of service delivery

These amendments seek to regulate the different modes of service delivery for each licensable healthcare service ("LHS") so as to better cater for emerging models of care, such as teleconsultation or home visits.

Different modes of service delivery will be introduced for each LHS as may be relevant.

- **Permanent Premises**, such as brick-and-mortar clinics
- **Conveyances**, where healthcare services are delivered from a vehicle
- **Temporary Premises**, such as home visits or community site screenings
- **Remote**, where healthcare services are delivered through virtual platforms or applications

Each LHS service will have different allowable modes of service delivery, and licensees can choose any or all of the allowable modes depending on their business model.

4. Safeguarding the provision of healthcare services

These amendments seek to provide an approval regime for licensees to safely provide specified services without requiring a separate licence. Specified services are specialised procedures or services related to the underlying LHS, but with distinct or additional requirements. Such services may pose significant risk to patient safety if left unregulated.

The Public Consultation introduces a two-tiered approval regime:

- **First tier:** Licensees must first hold a licence for the LHS category (e.g. Acute hospital service).
- **Second tier:** Licensees must seek approval to provide any of the specified services under the LHS category.

Further, for certain LHS that require specialised technical expertise, licensees are currently required to appoint a Clinical Governance Officer to oversee the clinical and technical matters, and to notify MOH of such appointment. The Public Consultation proposes to require licensees to seek MOH's approval

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for each Clinical Governance Officer appointment to ensure that a competent and suitable individual is appointed.

5. Employee background screening

Currently, certain licensees are prohibited from employing any individual who has been convicted of a prescribed offence, except with approval from MOH. In recognition of the fact that the roles of employees and nature of healthcare settings result in varying degrees of risks to patients, the Public Consultation proposes to introduce the flexibility to specify different background screening requirements for different licensees or employees.

MOH has indicated that it currently only intends to impose the following requirements:

- IMH will perform background screening for prospective employees who provide direct patient care only.
- Nursing homes and hospices will screen for all prospective employees.

6. Modification of licence conditions

Where MOH intends to change any licence conditions for healthcare service providers, licensees are currently given 14 days to write in to MOH to object or comment on the changes.

The Public Consultation proposes to allow MOH to waive the minimum 14-day period in special circumstances where there is imminent or immediate harm to patient safety. In such circumstances, MOH may modify the licence conditions to require a group of licensees to take immediate action to address urgent patient safety issues.

The minimum 14-day period will be retained for modification of licence conditions for individual licensees.

Concluding Words

MOH has indicated that it is seeking views in this Public Consultation from healthcare service providers who have been licensed under HCSA in Phase 1, those who may take up HCSA licences in the future, and the general public. For healthcare service providers who will be licensed under HCSA in Phase 2, details on specific HCSA requirements will be provided separately at the respective service regulation consultations in the next few months.

The full press release from MOH is available [here](#), and the full Public Consultation is available [here](#).

The proposed amendments are likely to affect how healthcare service providers operate as they seek to introduce new obligations and restrictions. Affected parties should consider the impact of the

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proposed amendments, the practical concerns that may arise, and any uncertainties that may require clarification. Parties considering submitting feedback under the Public Consultation may feel free to reach out to our team below.

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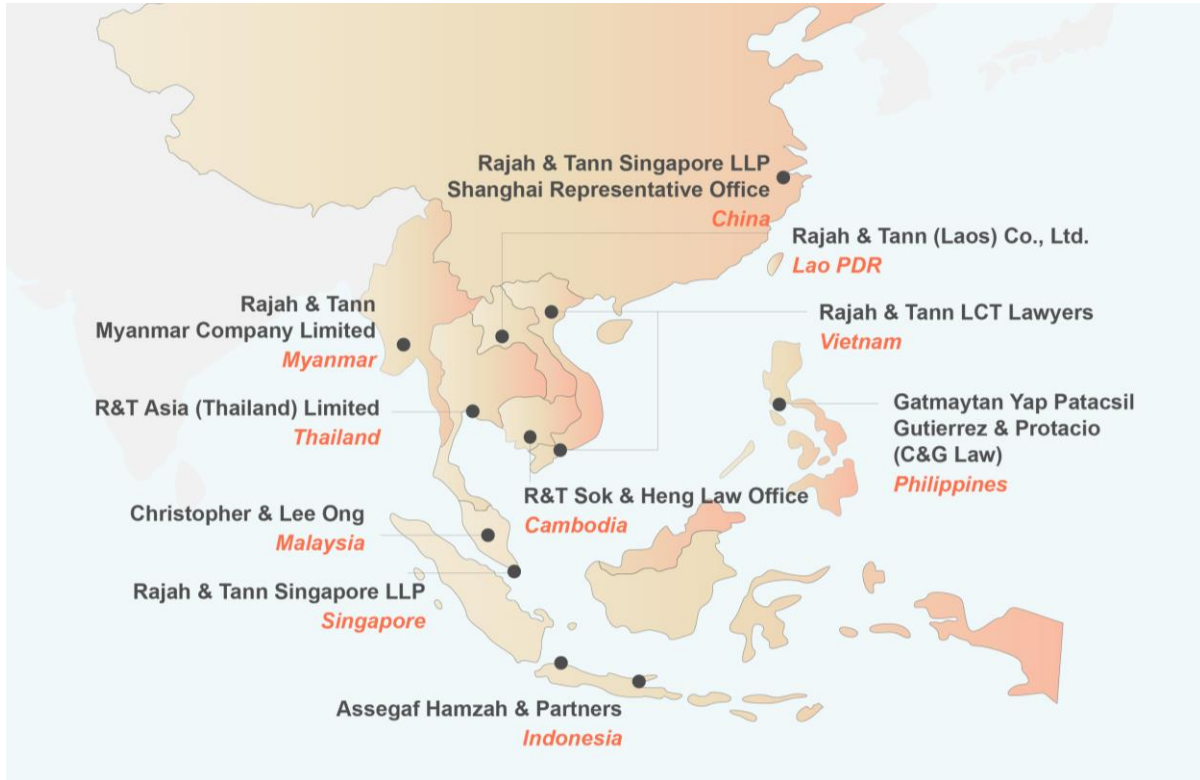
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