

Medical Law

Changes to Healthcare Services Act Introduced in Parliament to Enhance Regulatory Framework

Introduction

The Healthcare Services (Amendment) Bill ("**Bill**") was introduced in Parliament on 6 February 2023. This follows a public consultation conducted by the Ministry of Health ("**MOH**") from 12 October 2022 to 11 November 2022 to seek feedback on the proposed amendments to the Healthcare Services Act ("**HCSA**") aimed at, inter alia, enhancing the regulatory regime governing healthcare services and ensuring greater clarity and transparency in healthcare services advertising. The HCSA amendments are targeted for implementation in June 2023.

To recap, the HCSA was enacted in 2020 to replace the Private Hospitals and Medical Clinics Act ("**PHMCA**") to better safeguard the safety and well-being of patients amidst the changing healthcare environment in Singapore and the evolving development of innovative healthcare services.

The HCSA is being implemented progressively in three phases, with Phase 1 completed in January 2022. In its [press release dated 12 October 2022](#) when it launched the public consultation, MOH had indicated that the implementation would be completed in end-2023 when the PHMCA will be repealed.

This Update provides a very broad overview of the key features of the Bill. Where there are specific questions and issues, these may not be covered in this Update but you are encouraged to reach out to the contacts stated herein.

Enhancements to Regulatory Regime for Healthcare Services

Approval of service delivery modes for each licensable healthcare service

The Bill seeks to regulate the different modes by which a licensable healthcare service ("**LHS**") under the HCSA is to be provided in the face of emerging non-brick-and-mortar care models for patients, such as teleconsultations and mobile care.

Licensees which are providing a LHS may only provide that LHS through the following prescribed service delivery mode if it is approved by Director-General of Health ("**Director-General**"):

- (a) at permanent premises, such as brick-and-mortar clinics;
- (b) at any premises other than permanent premises, such as through home visits or community site screenings;
- (c) using a conveyance, such as where healthcare services are delivered from a vehicle; or

Medical Law

- (d) by remote provision, such as where healthcare services are delivered through virtual platforms or applications.

The Director-General will consider several factors in determining whether an applicant should be granted an approval for any permanent premises, any premises other than permanent premises, conveyance or other service delivery mode. These include the suitability of such mode of service delivery and of the process or protocol that will be used for the provision of the LHS.

The Director-General may also conduct investigations including inspection of permanent premises, conveyances, facilities, equipment or device to be used for the delivery of LHS.

Approval for provision of specified services

The Bill requires a licensee for the provision of a LSH to seek additional approval before it is allowed to provide delivery of certain specified services. Such specified services include specialised procedures or services related to the underlying LHS, but with distinct or additional requirements. These include laboratory discipline or specified tests such as immunology under the Clinical Laboratory Service, or imaging modalities under radiological services. Currently, HCSA licencees are only required to notify MOH before providing such services. Under the new regime, approval is required.

In assessing whether to approve the provision of a specified service, the Director-General will take into account factors such as: (i) the suitability of the applicant (and any key appointment holder or person having control of the applicant's operations) to provide the specified service; (ii) the likelihood of the applicant in complying with HCSA requirements and relevant code of practice; and (iii) the ability of the applicant to provide the specified service in a manner that is clinically and ethically appropriate.

Licence conditions and modifications

The Director-General may impose conditions on the licensees when he approves a service delivery mode or a specified service.

On modification of licence conditions, currently, where the Director-General intends to change any licence conditions for healthcare service providers, licensees are given 14 days to write in to the Director-General to object or comment on the changes. The Bill allows the Director-General to waive the minimum 14-day period in special circumstances where there is immediate or imminent harm to patient safety. In such circumstances, the Director-General 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 for modification of licence conditions for individual licensees will be retained.

Licence to reflect approved service delivery modes or specified services

The Bill provides that once the application for service delivery mode or the provision of a specified service is approved, the relevant licence will be amended to reflect the approved permanent premises, conveyance or other service delivery mode, or the specified service.

A licence must state every approved service delivery mode and approved specified service.

Medical Law

Appointment of Clinical Governance Officers

The Bill mandates a licensee authorised to provide a LHS or granted approval to provide a specified service, to appoint a suitable qualified individual as Clinical Governance Officer ("**CGO**") to oversee the clinical or technical matters relating to the LHS or specified service. Unlike the current set-up where a licensee is required to notify MOH of the appointment of a CGO within a prescribed period after the appointment, the licensee must now seek the Director-General's approval **prior** to the appointment of CGO.

As the qualifications, skills and competencies required for LHS vary from those needed for specified services, the Director-General may prescribe different qualifications, skills and competencies in respect of different LHS or different specified services.

Employment of individuals by certain licensees

Currently, certain licensees that provide prescribed LHS are prohibited from employing any individual who has been convicted of a prescribed offence, unless such employment is with the approval of MOH. This is to prevent or minimise potential harm that these individuals may cause to vulnerable patients.

Given that the roles of employees and nature of healthcare settings result in varying degrees of risks to patients, the Bill mandates prescribed licensees to seek the Director-General's approval if they intend to employ individuals who have been convicted of a prescribed offence in prescribed areas of work or in respect of prescribed classes of patients.

Greater Clarity and Transparency in Healthcare Services Advertising

Use of specialty term or name

Currently, the HCSA prohibits a licensee from using any term or name, or any abbreviation or derivative of that term or name, in any language, that misleads or causes confusion, or is likely to mislead or cause confusion, as to the LSH provided by the licensee. The Bill will provide specifically that a licensee is not allowed to use any terms or names that are associated with a defined specialty if it doesn't employ or engage the relevant specialist to practise in that specialty.

The defined specialty refers to a dental specialist recognised by the Dental Specialists Accreditation Board and a specialty or sub-specialty in medicine recognised by the Specialists Accreditation Board.

Advertisement of healthcare services

The Bill introduces a new Part in the HCSA to govern the advertisement of healthcare services. This new Part seeks to ensure that healthcare advertisements do not mislead patients, and instead help the public make informed choices.

Medical Law

- (a) **Prohibited advertisement.** A person who is not a LHS licensee (or acting on the authority of the licensee) must not advertise any skill or service relating to the treatment of any ailment or disease so as to induce any person to seek advice or treatment from that person.
- (b) **Restriction on use of the title "Doctor" or any abbreviation or derivative of that title.** A person who advertises a healthcare service, and in the advertisement refers to any person who is not a "specified person" by a protected title (namely "Doctor" or any abbreviation or derivative of that title) must include in the advertisement the following:
- the person's educational qualification in relation to the use of the title;
 - where that person's educational qualification is not a medical or dental qualification, a disclaimer stating this fact; and
 - where that person has a medical or dental qualification but does not hold a valid practising certificate, a disclaimer stating this fact.

Specified persons include allied health professionals, dentists, medical practitioners, nurses, optometrists, pharmacists and traditional Chinese medicine practitioners who are (i) registered under the relevant laws and (ii) hold valid practicing certificates.

The Director-General is empowered to direct the errant person to rectify or withdraw the advertisements that do not comply with the above requirements.

Concluding Words

The amendments introduced in the Bill is a welcome development as they seek to better address the needs of the public as healthcare services continue to evolve and in the midst of rapid mainstreaming of new care models. In so doing, the aim is to enhance operational efficiency and minimise regulatory burden for licensees. With the changes stipulated in the Bill, affected parties should familiarise themselves with the new obligations and restrictions so as not to run afoul of the law when the Bill is passed and the amendment Act eventually enacted.

We previously issued a Client Update covering the public consultation launched in October 2022. To view this Update, titled "MOH Proposes Enhancements to Healthcare Services Framework", please click [here](#).

The full text of the Bill can be accessed [here](#) (available on the Parliament of Singapore website at www.parliament.gov.sg)

If you have any queries on the above developments, please feel free to contact our team below.

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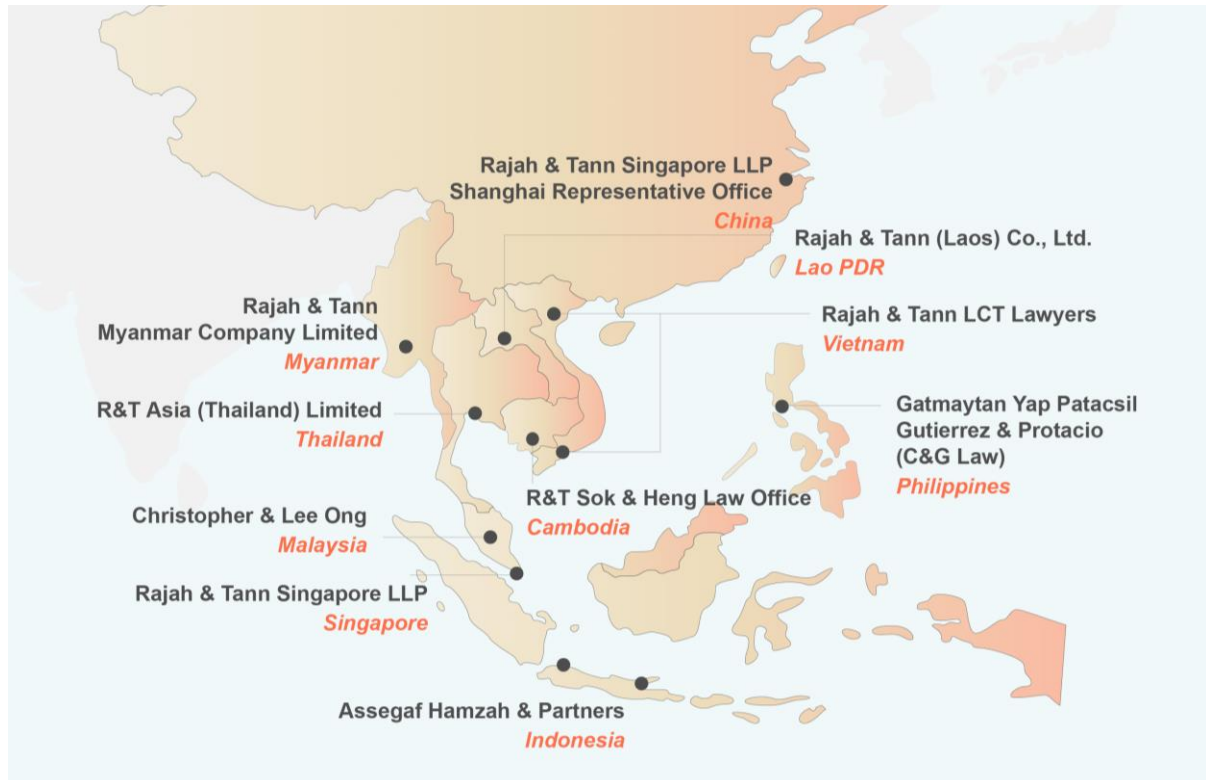
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