Updated as at 31 May 2024

The Healthcare Services Act 2020 (HCSA) FAQs

Summary of amendments		Date of change
(i)	To add a question on whether patient health records should be kept after the demise of a licensee	31 May 2024

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A. Rationale for introducing the HCSA

1. Why was there a need for the new Healthcare Services Act 2020 (HCSA) to replace the now repealed Private Hospitals and Medical Clinics Act 1980 (PHMCA)?

In recent years, there have been significant changes to the healthcare landscape in Singapore.

While almost all healthcare services were previously provided from physical 'brick-and-mortar' locations, there are emerging new healthcare services and models, in response to changing care needs and patient expectations. Some examples include home and community-based care and telemedicine services. Further, new technological advancements such as proton beam and cell, tissue and gene therapy as well as clinical genetic testing services have emerged.

Therefore, it is timely to update the regulatory framework to ensure that it remains relevant to current and emerging models of care and that patient safety and welfare are safeguarded.

The main objective of HCSA is to better safeguard the safety and welfare of patients and to ensure continuity of patient care. This is done through ensuring regulatory clarity, strengthening governance and accountability of licensees and introducing new and enhanced safeguards for patient safety, welfare and continuity of care. The Act also allows a more flexible and modular services-based licensing regime that caters to the licensing of different healthcare services, while enabling the development of new and innovative services, centred around patient needs.

2. How will the HCSA address the issue of over-utilisation of healthcare services?

First, in deciding whether to grant or renew a licence, MOH will take into account whether a provider has a good track record of providing care appropriately, safely and competently.

Second, MOH also reviews if the provider had various infringements such as being convicted of acts involving fraud or over servicing or was found to have not complied with laws on healthcare financing schemes such as MediShield Life Scheme Act.

Third, there is a new requirement for Service Review Committees (SRCs) to be established by certain licensees providing services or programmes deemed to be of higher-risk, more complex or of greater public interest. An example is that of proton beam therapy services.

SRCs will review service utilisation, that the service follows stipulated licence regulations, monitor patient outcomes, risks and benefits, and ensure that cost effectiveness guidelines issued by MOH are followed. SRCs are also required to report relevant information as requested by MOH and recommend to the licensee to stop a particular service if patient outcomes are poor.

Licensees must monitor their own institutions' service utilisation closely and take responsibility for misuse or abuse of resources/services, as well as for any adverse patient outcomes.

Over-servicing by providers who are regulated professionals can also be taken under their respective professional Acts.

B. HCSA Amendments

3. Why were the changes to the HCSA proposed so soon after the Act was enacted and how would these changes benefit Singaporeans?

- Since the enactment of HCSA in January 2020, there have been developments which have necessitated further refinement of the regulatory regime. These include:
    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 introduces 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.

4. What were the HCSA amendments?

- The key HCSA amendments made were:
    1. Regulation of Different Modes of Service Delivery (MOSDs)
        - To better cater for emerging models of care and to futureproof HCSA, four different modes of service delivery have been introduced for each Licensable Healthcare Service (LHS).
        - The 4 MOSDs are:
            i. Permanent Premises, which are your typical brick-and-mortar premises like medical clinics;
            ii. Conveyances, where the healthcare service is delivered from a vehicle, such as dental buses;
            iii. Temporary Premises, such as house calls and ad hoc health screenings, and
            iv. Remote provision, which involves delivery of health services through online virtual platforms.

2. Approval for the Delivery of Specified Services (SSes) and Clinical Governance Officer (CGO).
   - To safeguard the provision of healthcare services, and to ensure that suitably qualified individuals are appointed upfront, licensees are required to seek approval from MOH before providing SSes and appointing their CGOs.
3. Restricting the Use of Specialty Names, and the terms "Singapore" and National" in Business Names
   - To prevent misleading patients, licensees are not allowed to use terms associated with specialties in their business name if there is no such specialist employed/engaged by them, nor are they allowed to use the terms "Singapore" or "National" without prior approval from MOH.
4. Enhanced Advertising Controls to Prevent Misleading Patients
   - Non-HCSA licensees are prohibited from claiming to treat medical conditions or diseases in any language when advertising healthcare services.
   - Mandatory disclosure of qualifications in healthcare advertising for the use of "Dr" title by a) non-registered healthcare practitioners and b) retired or overseas trained healthcare practitioners.
5. Refined Scope of Employment Restriction for Prospective Individuals Employed/Engaged by Certain Licensees*
   - IMH and Nursing Home licensees will need to screen prospective individuals who are expected to provide direct patient care to psychiatric patients and vulnerable patients respectively.
6. Removal of the 14-day Notice Prior to Modification of Licence Conditions in Special Circumstances
   - This allows MOH to impose licence conditions immediately to address urgent patient safety issues in special circumstances, such as during a pandemic.

*This requirement will tentatively come into effect in Q3 2024.

5. 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.

6. What is the purpose of introducing and regulating the different modes of service delivery (MOSDs)?

To better cater for emerging models of care that are no longer premises-based, such as home care and teleconsultation, MOH has introduced four MOSDs for the LHSes.

- MOH has stipulated 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 services in 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.

7. 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)

8. 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.
- In instances where licensees intend to provide their LHS via more than one MOSD, we have created MOSD bundles for certain LHSes to ensure licence fees remain affordable to businesses. For example, all Outpatient Medical Service licensees are provided a bundle of “Permanent Premise”, “Temporary Premise” and “Remote” MOSDs for the provision of their outpatient medical service.

9. 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 tele-consulting 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.

10. Will nationally recommended vaccinations, such as the flu vaccination, be allowed to be administered at community clubs where the footfall would be higher? Would such a scenario be out of the premise of HCSA?

- The HCSA provides for Outpatient Medical Service licensees with approved "Temporary Premises" licence to perform vaccinations in community centres and other locations.

11. 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.

12. How do HCSA licensees apply for MOSDs?

HCSA licensees may logon to the Healthcare Application and Licensing Portal (HALP) to submit applications for new HCSA licences, LHSes, MOSDs or SSes.

13. 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:
    i. Permanent premises, Remote and/or Temporary Premises

ii. Conveyance, Remote and/or Temporary Premises

iii. Remote and Temporary Premises

- The available MOSD bundles for Outpatient Renal Dialysis Service are:
  i. Permanent premises, Temporary Premises and Remote
  ii. Permanent premises and Remote
  iii. Remote and Temporary Premises
- The available MOSD bundles for Assisted Reproduction Service is:
  i. Permanent premises and Remote

14. Will there be additional costs to pay for MOSDs that only see occasional 'usage'?

- 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" MOSD) 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 LHS 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.

15. Are more invasive investigations such as blood tests and screening tests allowed to be done at home or in the community under a temporary MOSD?

- Outpatient Medical Service licensees may provide the services that can be performed in a "Permanent Premises" clinic via the "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. The scope of procedures provided via the Outpatient Medical Service "Temporary Premises" MOSD is further limited to minor surgical procedures that can be done under local anaesthesia with no or minimal sedation only.
- 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.
- Licensees must put in place the same safeguards for such procedures carried out in the community or in patient's homes as when the procedures are performed in clinics i.e., "Permanent Premises" MOSD. These include:

i. ensuring that the necessary training and competency assessments has been completed by the healthcare professionals conducting these medical investigations,

ii. compliance to standards of practice pertaining to these medical investigations and

iii. availability and access to resuscitation drugs and equipment when providing services at these temporary premises

16. Why is there a need to remove the 14-day notice in response to a change in licence conditions? 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.

17. When given a 14-day notice to respond to modifications in licence conditions, 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.

18. 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.

C. Regulatory Scope of the HCSA

19. What are the licensable healthcare services (LHSes) under HCSA?

There are 16 Licensable Healthcare Services (LHSes), split into 3 categories:

- Inpatient Services which provide care to patients who are warded within the residential institution.
- Outpatient Services which provide care to patients who are not warded.
- Clinical Support Services which provide support care services to patients in both the inpatient and outpatient settings.

HCSA has been implemented in 3 Phases, from 3 Jan 2022 to 18 Dec 2023:

Phase 1 **3 Jan 2022**	**Phase 2** **26 June 2022**	**Phase 3** **18 Dec 2023**
<u>Clinical Support Services</u> 1. Blood Banking Service 2. Clinical Laboratory Service 3. Cord Blood Banking Service 4. Emergency Ambulance Service 5. Medical Transport Service 6. Radiological Service	<u>Inpatient Services</u> 7. Acute Hospital Service 8. Community Hospital Service <u>Outpatient Services</u> 9. Ambulatory Surgical Centre Service 10. Assisted Reproduction Service 11. Outpatient Dental Service 12. Outpatient Medical Service 13. Outpatient Renal Dialysis Service <u>Clinical Support Services</u> 14. Human Tissue Banking Service	<u>Inpatient Services</u> 16. Nursing Home Service

	15. Nuclear Medicine Service	

20. Why are allied health, nursing, Traditional Chinese Medicine (TCM) and Complementary and Alternative Medicine (CAM) services in the scope of HCSA but not licensed for now?

- HCSA allows for a phased approach to progressively license healthcare services.
- Hence, MOH is adopting a calibrated and risk-based regulatory approach. While MOH has no current plans to license these services, the Ministry 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 can take steps to licence these services.
- Before any new services are licensed, MOH will engage and consult the relevant stakeholders on proposed standards to ensure that they are contextualised for that particular service.

21. Why are beauty and wellness services not within the scope of the HCSA?

- Beauty and wellness services are not within the scope of HCSA, as they do not diagnose, treat or manage a medical condition, disease, injury or disability and the risks to patient safety are low.
- The public can lodge a complaint with MOH via email (MOH_QSM@moh.gov.sg) or phone (63259220) if they feel that these providers are providing or advertising any form of licensable healthcare services.

22. Will MOH be regulating all home-based and community-based healthcare services under HCSA now?

- MOH will only be regulating home-based and community-based Outpatient Medical Service licence and Outpatient 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 HCSA currently, 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.

23. There have been few cases of complaints over unlicensed aesthetics providers. Will aesthetics services be licensed under the HCSA?

Aesthetics clinics will continue to be licensed under the HCSA as Outpatient Medical Services or Outpatient Dental Services.

Standards related to the safety of aesthetic medicine are set out in the Outpatient Medical Service and Outpatient Dental Service regulations.

Doctors and dentists providing aesthetic services will be held accountable for their professional conduct under the Medical Registration Act and Dental Registration Act and be governed and disciplined by the Singapore Medical Council and Singapore Dental Council, respectively.

The HCSA has clearly defined "clinical procedure" - which includes aesthetic procedures - that can only be provided by a licensee and performed by registered doctors, dentists, and oral health therapists.

Beauty salons and aesthetic service providers can be prosecuted as unlicensed healthcare service providers under the HCSA if they perform procedures that fall under the definition of "clinical procedure" without holding the appropriate HCSA licence and employing a doctor/dentist/oral health therapist (as the case may be) to perform the procedure.

The public is encouraged to lodge a complaint with MOH via email (MOH_QSM@moh.gov.sg) or phone (63259220) if they come across any of such providers.

24. What are the aesthetic procedures that cannot be provided by non-medical and non-dental practitioners?

The list of aesthetic procedures that cannot be provided by non-medical and non-dental practitioners can be found here.

25. As Intense Pulsed Light (IPL) is not on the list of aesthetic procedures restricted to only medical and dental practitioners, can this procedure be performed by non-healthcare professionals?

Intense Pulsed Light (IPL) can be provided by both non-healthcare professionals and healthcare professionals. However, IPL should only be used for hair removal and skin rejuvenation. It should not be provided for any other purpose due to the risk of harm to patients from inappropriate use, which includes the possibility of generating skin burns. Errant providers who use IPL improperly may be subject to further investigation and regulatory action.

26. Why are Government entities e.g., SCDF ambulances, SAF clinics excluded from the scope of the HCSA? How do we ensure the safety of care in these settings/services?

- Government entities like SAF clinics and SCDF-owned ambulances have critical national functions and are subjected to a separate set of governance structure and stringent internal standards.
- As SCDF serves highly critical cases, they apply higher standards and these include six-monthly paramedic skills certification test and quarterly Continual Professional Education sessions to improve and broaden the knowledge, skills and competence of the SCDF emergency medical services crew.

- In addition, employees of government entities fall under the relevant disciplinary frameworks already in place for public officers.

27. Will community care entities e.g., Adult Disability Homes, Shelters, Boys' Home, and Girls' Home, Assisted Living Facilities (ALFs), Senior Care Centres (SCCs), Senior Activity Centres and Social Day Care Centres need to be licensed under HCSA?

These entities provide services that are predominantly social in nature and to that extent will not be regulated under HCSA.

However, if these entities also deliver services that are clinical in nature, then the clinical services will have to be licensed. For example, if the senior activity centre has a doctor providing clinical services, either the doctor will require an Outpatient Medical Service licence, or the doctor has to be employed by a clinic licensee.

28. Why are concierge services, such as managed care organisations (MCOs) or third party administrators (TPAs), not regulated?

The current scope of HCSA is limited to regulating direct healthcare service provision. Concierge services, that involve third party providers who are essentially an administrative coordinating service and not engaged in direct patient care, will not be regulated.

Professional guidelines, such as Singapore Medical Council's Ethical Code and Ethical Guidelines (SMC ECEG) provide guidance for medical practitioners contracting with such managed care organisations (MCOs) or third party administrators (TPAs) to ensure objectivity of their clinical judgement and the provision of the required clinical standard of care.

MOH will continue to monitor the patient safety risks and study the landscape of these concierge services further, before deciding on the appropriate regulatory framework, should important patient risks emerge.

Additionally, if TPAs should advertise licensable healthcare services, they are subject to the requirement under section 31 of HCSA, and can only advertise on a licensee's authorisation and must still comply with all relevant advertising rules. If they also directly provide a licensable healthcare service in the course of their operations, they will need to hold the relevant HCSA licence.

29. Will the HCSA be able to take an errant healthcare service provider located overseas treating a local patient to task?

HCSA requires that local or foreign entities providing healthcare services in Singapore be licensed and that all foreign doctors working for the provider be registered with SMC. HCSA does not have extra-territorial powers.

The provision of healthcare services to local patients who travel overseas is also outside the jurisdiction of HCSA.

30. How will the HCSA interact with other professional Acts that currently govern the different categories of healthcare professionals, e.g., Medical Registration Act?

MOH recognises the central role that healthcare professionals play in the provision of healthcare services.

HCSA does not affect the operation of any of the Acts regulating healthcare professionals.

HCSA stipulates requirements pertaining to licensing and governance of services such as processes, facilities, safety standards required, and complements the Professional Acts in protecting the safety, welfare and continuity of care of patients.

31. How is "healthcare service" defined? What is the rationale for this definition?

- 'Healthcare service' means any of the following services:

(a) assessment, diagnosis, treatment, prevention or alleviation of an ailment, a condition, disability, disease, disorder or an injury affecting any part of the human body or mind;

(b) nursing or rehabilitative care of an individual suffering from an ailment, a condition, disability, disease, disorder or an injury mentioned in paragraph (a);

(c) conduct of any clinical procedure to change, or that is intended to change, the appearance or anatomy of an individual;

(d) assessment of the health of an individual;

(e) any other service of a medical or healthcare nature that is prescribed.

The definition encompasses the range of services that can be provided within the healthcare sector and will remain relevant in future.

This will allow MOH to continue maintaining oversight of services that are clinical in nature and ensuring patient safety, welfare and continuity of care.

32. How can patients verify that a provider has been licensed to provide a particular healthcare service?

- Members of public may go to the HealthHub's website (www.healthhub.sg) that lists all licensed healthcare service providers in Singapore.

33. 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?

- HCSA enables the licensing and regulation of telemedicine and mobile medicine providers through the "Remote" and "Temporary Premises" MOSD under a licensed Outpatient Medical Service. Medical clinics previously licensed under PHMCA have been issued HCSA licences that included the MOSD bundle of "Permanent Premises", "Temporary Premise" and "Remote" MOSDs for their Outpatient Medical Service licence. 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 Outpatient Medical Service licence with remote MOSD. 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, such providers and licensees will need to also meet the approval requirements for "Permanent Premise" MOSD to participate in the programme.

34. How long should patient health records be kept after cessation of a clinic's licence?

- If the licensee intends to cease the provision of any LHS, the licensee must ensure reasonable measures are taken to ensure continuity of care of the affected patient, including transferring the patient health record to the licensee who is taking over the care of the patient.
- Licensees are not required to retain the patient health records if the health records or detailed medical reports of the patients have been handed over to the licensee taking over the care of the patients, or to the patients upon the request by the patients or authorized representative.
- If the licensee is a company or body corporate and the licence remains valid, the relevant requirements for retention of patient health records, as per the Licence Conditions on the Retention Periods of Patient Health Records must be met.

35. Should patient health records be kept after the demise of a licensee?

- In the unfortunate demise of a licensee, the legal estate is to take all measures as are reasonable to notify the licensee's patients of their options to authorise transfer of their medical records to another clinic for the continuity of care or for the patient to collect their medical records if they wish to keep their own medical record. For disposal, utmost care would need to be taken in doing so to prevent unauthorised access to the records.
- As clinics may also have obligations under other legislations such as the Insolvency, Dissolution and Restructuring Act 2018, Limitation Act and Personal Data Protection Act, etc., the clinic may wish to seek advice from their legal counsel to ensure that the retention periods of records are in compliance with all other applicable legislations.

D. Licensing Design and Fees

36. 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 PHMCA previously.

- 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.

- 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.

37. What are the benefits of the new framework under the HCSA as compared to the previous framework under the PHMCA? Are there any overseas countries that utilise a similar licensing framework?

The PHMCA was premises-based whereas the HCSA adopts a service-based licensing structure. This is similar to the healthcare systems in the United Kingdom (UK) and Malaysia.

This allows licensees the flexibility to provide a range of services and take on new licences in a modular fashion.

38. Must licensees apply for a new licence each time they open a new clinic?

- A licensee needs to hold a licence for each LHS and MOSD that the LHS is being delivered from. To illustrate, a licensee holds a “Permanent Premises” Outpatient Medical Service licence to run a clinic at Orchard Road. The licensee now wants to open another clinic at Harbourfront. They will need to apply for a new “Permanent Premises” Outpatient Medical Service licence to run the clinic at Harbourfront.

39. What do licensees need to seek approval from MOH for when applying for a HCSA licence now?

- As part of the application for a licence, licensees will need to seek approval for:
    i. The MOSD for each LHS;
    ii. Any SS they wish to provide under each LHS; and
    iii. Appointment of the Clinical Governance Officer (CGO), if required;
    iv. Co-located services, if required.
- In addition, licensees would need to seek prior approval from MOH in order to allow any other person to use, any part (but not the whole) of the approved premise/conveyance for any purpose that is not mentioned in section 30(1) of the Healthcare Services Act 2020.

40. Will licensees need to notify MOH before they stop providing their LHS or SS in any MOSD?

- Yes, licensees will need to notify MOH should they wish to cease the provision of their LHS or SS in any MOSD.

41. Will a services-based licensing regime translate to an overall increase in licence fees paid by licensees who are now required to hold multiple licences?

Majority of HCSA licensees 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.

To help licensees mitigate the impact of the fee increase from holding multiple licences, MOH has introduced licence fee bundles to help lower costs (e.g., MOSD bundle, SS bundle and other bundles specific to certain LHSes such as Acute Hospital Licensees, Emergency Ambulance and Medical Transport Licensees).

- Medical and dental clinics will benefit from MOSD fee bundles (such as "Permanent Premises", "Temporary Premises" and "Remote" MOSDs bundle for Outpatient Medical Service and Outpatient Dental Service) as these MOSDs are 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.

42. Which licensees will see an increase in licence fees? Will there be any measures to mitigate the impact of these fee increases?

The numbers of licensees that may see a fee increase are relatively low (8%) as they are mainly the Acute Hospital Licensees and Outpatient Medical Service licensees. Mitigation measures have been put in place to support the transition of licensees from PHMCA to HCSA, which includes implementing the fee increases gradually over 3 licensing renewal cycles.

E. Enhanced Governance

43. Who will be held accountable if the licensee is an entity?

- Should a non-compliance occur, measures will be taken against the entity, such as through a fine or licence suspension.
- Investigations will be conducted and if the contravention, be it connivance, negligence, or by conspiring with others, is traced back to a responsible party from the management, Board, Principal Officer (PO) or Clinical Governance Officer (CGO), Chief Executive, manager, or similar officer or any person purported to act in such capacity, both the individual and the licensee can be prosecuted. This principle is no different from that in PHMCA previously.

44. Why do licensees need to seek approval for the appointment of CGO?

- 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.

45. What are the suitability requirements for CGO appointment?

- 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:

  - 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")

  (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

- In addition, CGOs are required to comply with skills and competency requirements, which will be prescribed in the respective Service Regulations.

46. Must the CGO be a full-time staff within the organisation?

- 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. The individual will be held accountable for the CGO role he/she takes on.

47. Can one person be appointed as the CGO for more than one licensee or LHS?

- 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.

48. Can a licensee appoint multiple CGOs?

- 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.

49. Can foreigners be CGOs?

- 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.

50. What should a licensee do in the event of an unexpected demise of a CGO?

- In the event of an unexpected demise or sudden departure of a CGO, licensees must appoint a new CGO within 20 calendar days after the previous CGO has left.
- To avoid any situation where there is no CGO overseeing the clinical service, it is recommended for licensees to nominate another individual as a “back up” CGO who would take over the role of the CGO in the event of an unexpected demise or sudden departure of the CGO. Licensees need not notify MOH of this “back up” CGO.

51. How should HCSA licensees seek approval for CGO appointment?

- HCSA licensees who wish to change their CGO appointment may logon to HALP to seek approval for this change.

52. Is the appointment date of the new CGO assumed to be the last day of the previous CGO?

- 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. The new CGO must be appointed within 10 calendar days of the last day of the previous 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.

- For circumstances where there is sudden departure of the existing CGO or an unexpected demise of the existing CGO, another CGO must be appointed within 20 calendar days of the removal of the previously appointed CGO.

53. Can the licensee, PO and CGO be the same individual?

Yes, as long as the individual can concurrently take on the role of the licensee, PO and CGO, and can fulfil all relevant prescribed requirements. This is because the appointed individual will be held accountable for the roles they take on.

54. Why is there a need for a CGO in addition to a PO?

A CGO is required to provide adequate clinical and technical oversight of services that are more complex and technical in nature.

The CGO must possess the necessary specialised qualifications to carry out his or her role.

55. With the new requirements for CGO, what happens to licensees who do not have personnel that can fulfil the stipulated qualifications?

The provider will have to engage a person who has the necessary skills and competency to act as the CGO. This can be done by either hiring a new CGO or entering into contractual arrangements with an independent contractor (e.g., one who belongs to another licensee).

The requirements are essential to ensure more competent, effective, and consistent clinical or technical governance over these complex clinical services.

Going forward, MOH will continue to engage with the healthcare industry to ensure qualification requirements for CGOs are appropriate.

56. What will the degree of accountability be for licensee, PO and CGO in the event of a mishap?

Depending on the facts borne out of investigations, the licensee's degree of accountability will typically exceed that of both the PO and CGO, as the licensee is responsible for the overall compliance to the HCSA.

If there is sufficient proof that the licensee had carried out his functions and non-compliance is traced to the PO or CGO, the PO or CGO will be taken to task.

57. What is considered a "suitable person" in terms of who can be a licensee, PO, CGO and key appointment holder, etc.?

HCSA provides various factors that will help determine a 'suitable person' for purposes of the Act, these factors include:

i. Evidence of insolvency.

ii. Conviction of criminal offences under the HCSA, PHMCA or applicable healthcare professional acts, as well as offences involving fraud and dishonesty and certain serious registrable offences.

iii. Revocation or suspension of professional registration or HCSA or PHMCA licence previously.

MOH will also prescribe or introduce further guidance to assist licensees in determining these suitability requirements.

58. What are Specified Services (SS)?

- 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.

59. Why do licensees need to seek approval for the delivery of SSes?

- 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.

60. How should HCSA licensees seek approval for SSes they wish to provide?

- 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.

F. Naming Restrictions

61. Why is there a need to restrict the use of speciality names in licensees' names or logos?

- 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.

62. Why am I not allowed to use terms that are derivatives of, or associated with the national initiative "Healthier SG" in the naming of my clinic? What happens if I still wish to proceed with using terms related to "Healthier SG" in my clinic name?

- MOH officially launched the national initiative "Healthier SG" in July 2023 to focus on preventive health. Under Healthier SG, eligible residents will enrol with a registered Healthier SG clinic and enjoy Healthier SG benefits. As such, licensees should avoid using terms that are derivates of or associated with "Healthier SG", to minimise potential public confusion caused by the conflation of your clinic name with MOH's national initiative.
- If you have submitted a naming application with a term that is a derivative of or associated with "Healthier SG" in your clinic name (e.g., "Healthy SG" or "Healthier Hub") to MOH's Healthcare Applications and Licensing Portal, MOH will reach out to you to advise whether your application be supported.

63. What are examples of speciality names that cannot be used by licensees who do not employ or engage the relevant specialist?

- The current non-exhaustive list of restricted terms that cannot be used by licensees without employing or engaging the relevant specialist to practice that specialty under their licence can be found here.

64. 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?

- 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.

65. Can licensees name their clinic "The Neurology Clinic" if there is no Neurologist practising in the clinic?

- 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 use of "The Neurology Clinic" is not allowed if there is no Neurologist actively practising in the clinic.

66. Is the term "aesthetic" allowed for use in a clinic name?

- 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.

67. Is the term "Family doctor" allowed for use in a clinic name?

- "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.

68. 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 of 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 LHes as it would only be applicable for the medical clinic given that it is licensed as an Outpatient Medical Service.

69. What are the changes to naming restrictions for HCSA licensees and what is the rationale for doing so?

There will be restrictions on licensees to prevent the use of certain types of names or terms.

The general principle is that a healthcare service should name themselves accurately so as not to mislead patients into thinking that they are providing services which they do not actually provide, or which require a higher competency and capability.

Licensees cannot use the term 'Singapore' or 'National' or its derivatives and abbreviations in the licensee's name or logo unless approved by the Director.

70. Are existing licensees who were transitioned from PHMCA to HCSA expected to change their names or logos now that the naming restriction amendment has taken effect?

- 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.

71. With reference to question 69, will exemptions to naming restrictions apply in the event when a licensee sells the business to someone else?

The exemptions will not apply if there is a substantial change in ownership of the licensee or if the business is sold.

72. Will there be specific requirements or naming restrictions for A&Es?

- To prevent misperception of capabilities, Acute Hospitals that are not approved to provide Emergency Department Service as a Specified Service will not be allowed to use the terms "A&E", "Accident and Emergency Department", "Emergency Department" or any other terms to convey the impression that the licensee provides any Emergency Department Service.
- Acute Hospitals that are not approved to provide Emergency Department Service as a Specified Service will also not be allowed to use the term "General Hospital" in their name.

73. What are changes to naming restrictions on non-licensees?

To protect the public from being misled into thinking they are consuming a licensed healthcare service, non-licensees are prohibited from referring to skills/services purporting to treat disease of the human body in their healthcare advertisements.

Non-licensees cannot use terms or names of LHSes, or terms associated with medical or dental specialities, in their business names with the exception of health-related societies and academic institutions or associations.

74. Will a TCM practitioner be allowed to call his practice a "TCM Hospital"?

Yes, TCM practitioners and other non-licensees may use single words, e.g. "clinic" as it is not a misrepresentation of licensed services nor is it misleading.

Some TCM clinics are also grandfathered to use the Chinese term for “hospital” in their names (e.g., 同济医院)

However, they will not be allowed to use the terms/names of licensed healthcare services e.g., medical clinics or acute hospital, unless approved by the Director.

G. Approval of employment/engagement of individuals by certain licensees

75. What is the purpose of restricting the employment/engagement of individuals who have been convicted of egregious offences in the healthcare sector?

These background checks will only be conducted on prospective employees once this provision comes into effect in Q3 of 2024. Current employees are not affected.

This ‘restriction’ is to prevent individuals who have committed egregious crimes such as rape, from being employed/engaged within high-risk services and potentially harming vulnerable patients.

- However, we also understand that not all past offenders are recalcitrant. Employers who wish to employ/engage past offenders of prescribed offences may seek the approval of the Director-General of Health (DGH).
- This restriction is similar in nature to the approach taken under the Early Childhood Development Centres Act, which provides for employment restrictions on individuals who have been previously convicted of certain serious offences, including those involving child abuse or neglect.

76. 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.

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

- The Institute of Mental Health (IMH) and all Nursing Homes will be the only licensees required to abide by the restriction requirements, 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 will not apply to other Acute Hospital licensees currently.

- These requirements will tentatively be implemented in Q3 2024.

78. Why does this requirement only apply to prospective individuals and not individuals who are already employed/engaged by the licensee?

- 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.

79. How does MOH decide which licensees will need to comply with the restriction requirement?

- 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.

80. 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?

- 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.

81. Does this restriction requirement apply to volunteers as well?

- No, this requirement will not apply to volunteers, as they generally come in on an ad-hoc basis with some supervision and oversight by the care staff.

82. Are licensees themselves expected to conduct the background screening for prospective individuals to be employed/engaged by them?

- To clarify, MOH will conduct the screening of the prospective individuals employed/engaged by the licensee and inform the licensee whether they are allowed to employ/engage these individuals.
- Details on the administrative process (including the information required) will be provided to licensees in due course, where such employee employment restriction is applicable.

83. Why should the HCSA require background checks if there are already Professional Acts and their respective codes of conduct that perform the necessary checks?

- Not all healthcare workers involved in patient care are registered health care professionals e.g., nursing aides.
- In these instances, they will not be governed by Professional Acts.
- Furthermore, most professional bodies conduct checks via self-declaration, and do not conduct screening with the Criminal Records Office.

84. Can the individual be held liable under the HCSA for the abuse of patients, acts of dishonesty or poor working attitude etc.?

No, the individual will not be held liable under the HCSA. Criminal acts already fall under the purview of relevant legislations such as the Penal Code.

Non-criminal acts such as poor working attitude will be left to the licensee's discretion to take the necessary disciplinary actions.

However, the licensee may be held overall liable for failure to ensure patient safety in the provision of the service.

85. Does this provision unfairly prejudice previous offenders / not advocate the yellow ribbon movement?

Restriction on employment/engagement of certain individuals is to protect the safety and welfare of vulnerable patients.

This is done by preventing recalcitrant individuals, who can potentially cause hurt to patients, from being re-employed or re-engaged into such services.

Such restrictions are not new and also found under the Early Childhood Development Centres Act 2017 where the policy intent is to protect the vulnerable young.

MOH recognises that not all past offenders may be recalcitrant. Employers who wish to employ/engage restricted individuals may seek the approval of the DGH.

The DGH will consider various factors including the roles and responsibilities of the prospective individual, the nature of the past offence, the likelihood of the individual re-offending or committing similar offences, and the employers' use of preventive measures, amongst other matters.

86. Will there be regulations introduced to ensure healthcare workers' safety from abusive patients and relatives?

- The HCSA is meant to regulate healthcare providers.
- The scope excludes requirements to control the behaviour of patients and general public.
- Most of the healthcare providers currently have their own institutional policies to protect healthcare workers from abusive patients or relatives during the course of their work.
- MOH will also look into advocating the public to respect the healthcare workers while they work to uphold the quality of care delivered.
- When all else fails, or when the behaviour of patients or relatives gets violent or too abusive, police reports could also be made.

H. Confidentiality of information

87. How does section 51 of the HCSA interact with the Public Service (Governance) Act, which allows data sharing within the public sector?

Section 51 of the HCSA allows MOH to accede to a request for medical information by another government agency under the PSGA, only if the conditions for disclosure under section 51(2) of the HCSA are satisfied. This includes obtaining the individual's consent under section 51(2)(c).

I. Enhanced advertising controls of healthcare services

88. What is the purpose of the enhanced advertising controls under HCSA?

- The purpose of the enhanced advertisement controls is to ensure that:
  - 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

all non-licensed healthcare providers are liable to the same penalties as HCSA-licensed healthcare providers under the HCSA for healthcare service advertising contraventions.

89. Who does the prohibition under Section 31A of the HCSA apply to?

Prohibition under Section 31A of the HCSA applies to all non-HCSA licensees, e.g., providers of TCM services, providers of chiropractic/ osteopathic services, providers of psychology/ podiatry/ physiotherapy services, etc.

HCSA-licensees such as licensed outpatient medical/ dental service providers and licensed acute hospital service providers are exempted.

Prohibition under Section 31A of HCSA applies only to advertisements. It does not apply to context outside of advertisements. For example, this prohibition does not apply to Institutes of Higher Learning that may teach psychology students that psychotherapy is a form of non-drug treatment for mental conditions as this is outside the context of health care advertisement.

90. Is the prohibition under Section 31A of the HCSA new?

The prohibition is not new. It mirrors Section 4 of the Medicines (Advertisement and Sale) Act (MASA) 1955 which has been in force since 1956.

The relevant sections in MASA were ported to Section 31A of the HCSA in June 2023 for: a) parity of penalties with HCSA-licensees; and b) enhanced investigation powers.

91. Why are HCSA licensees allowed to claim that they can treat conditions of the human body in advertisement, while non-HCSA licensees (e.g., private psychological service providers/ clinics) are not allowed to do so? For example, IMH and SGH (HCSA-licensees) can state that their psychological services can treat mental conditions, while psychological service providers/ clinics (non-HCSA licensees) are not allowed to.

In the example provided, the Psychiatry Outpatient Clinics at IMH and SGH are run by a multi-disciplinary team of psychiatrists (registered medical practitioners), nurses and clinical psychologists that are employed or engaged by the hospital licensee to run a licensed outpatient medical service. The allied health services provided within this team are considered incidental to the overall doctor-led licensed Outpatient Medical Service (OMS) offered at these hospitals.

HCSA licensees are subject to the requirements under the HCSA and its regulations. Their advertisements are also regulated under the HCS(Advertisement) Regulations.

On the other hand, standalone private psychology service providers which are non-HCSA licensees, operate independently without overall governance by a doctor-led licensed OMS. Hence, they are not subject to the requirements under the HCSA and its regulations.

92. Are non-HCSA licensees allowed to advertise "we treat fertility issues and skin problems"?

- 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).

93. 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.

94. 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.

95. What are some examples of advertisements that contravene Section 31A of the HCSA?

- Some examples of advertisements by non-HCSA licensees that contravene Section 31A of the HCSA:
    - Advertisement by a Traditional Chinese Medicine Clinic: "We treat chronic diseases such as hypertension, diabetes and all cardiac conditions."

Advertisement by a Chiropractic Clinic: "We are experienced in treating scoliosis."

96. What are some examples of advertisements that comply with Section 31A of the HCSA?

- Some examples of advertisements by non-HCSA licensees that comply with Section 31A of the HCSA:
    - Advertisement by a Traditional Chinese Medicine Clinic: "TCM acupuncture can help with knee pain and back ache."
    - Advertisement by a Psychology Clinic: "Our psychology service helps patients to manage mental conditions such as depression, anxiety, eating disorder and obsessive-compulsive disorder."

97. 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 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".

98. Can Traditional Chinese Medicine Clinics and Practitioners advertise that acupuncture can be used to treat specific medical conditions such as backache and knee pain?

- 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.

99. Will beauty salons, massage parlours and spa providers be allowed to advertise their services for the treatment of specific conditions (e.g., skin problems)?

- No, beauty salons, massage parlours and spa providers are not HCSA licensees and cannot advertise services which purport to treat medical conditions or diseases.

100. Can non-HCSA licensees such as beauticians advertise dental services such as veneer services?

- 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).

101. Can non-HCSA licensees such as beauticians or beauty salons advertise teeth whitening services?

- 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 used in the service contains less than or equal to 0.1% hydrogen peroxide. Non-HCSA licensees cannot advertise teeth whitening services where the whitening product used in the service contains more than 0.1% hydrogen peroxide.

102. 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 the HCSA, non-HCSA licensees must comply with certain advertising requirements.
- 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).

103. 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 Healthcare Services (Advertisement) Regulations.

104. Can licensees advertise their business and services under MOH's Healthier SG initiative?

- Only licensees who are Healthier SG-registered providers can use the Healthier SG brand. Eligible licensees who would like to use the "Healthier SG" brand, which includes the name and logo (and its variations), would have to abide by the *Healthier SG Brand Guidelines* and submit a request to MOH for the use of the Healthier SG brand at https://www.healthiersg.gov.sg/resources/on-healthier-sg/brandguidelines/.
- Examples of products, services, businesses, events, treatment that cannot be used in conjunction with the Healthier SG brand include:
    a) Companies/ products that make non-evidence based health claims, and/or sell unhealthy or unregulated products
    b) Vaccination and screenings that are outside of the list of nationally-recommended vaccination/ screenings
    c) Medical and aesthetics devices
    d) Cosmetic/slimming services and products (e.g., facials, aesthetics treatments, massages)
    e) IT systems or software for usage by hospitals and clinics that are not related to, or not supporting Healthier SG
- The above listing is non-exhaustive.

105. Can a licensee advertise government programmes such as CHAS schemes, health screenings and vaccinations?

- 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.

106. Can you show some examples of persons who are not "specified persons"?

Some examples of persons who are not "specified persons":

a) Non-registered allied health professionals (i.e., not currently listed in the Second Schedule of the Allied Health Professionals Act 2011):
    i. Audiologists

ii. Clinical Psychologists

iii. Dietitians

iv. Podiatrists

v. Prosthetists/Orthotists

b) Non-registered complementary and alternative medicine practitioners:

i. Chiropractors

ii. Osteopaths

iii. Ayurvedic medicine practitioners

c) Others:

i. Medical/ dental practitioners or registered allied health professionals who do not/ no longer hold valid practising certificates under the respective legislative acts that govern their professions. For example, retired medical practitioners or persons who hold medical qualifications, but is not registered as a medical practitioner with the Singapore Medical Council to practise as a medical practitioner in Singapore.

Non-healthcare trained person who holds a PhD. For example, the CEO of a medical group who owns a chain of medical clinics and wishes to use the title "Dr" in the advertisement by virtue that he has a PhD in Mechanical Engineering, he needs to adhere to the requirements under Section 31B of the HCSA as he is not a "specified person".

107. What is the purpose of Section 31B of the HCSA?

Section 31B of the HCSA was promulgated to ensure that consumers are not misled by healthcare service advertisement into thinking that a person who uses the "Dr" title is a mainstream registered medical or dental practitioner.

This is in response to feedback received against non-medical practitioners practising at non-licensed healthcare premises for allegedly misleading members of public with the use of the title, "Dr".

Requirements under Section 31B of the HCSA applies only to advertisements and is not applicable to context outside of advertisements.

The requirements under Section 31B of the HCSA do not apply to settings outside the context of advertisements, for example:

- A clinical psychologist who uses the title "Dr" in a psychology class at an Institute of Higher Learning.

- A podiatrist who publishes a paper in the Singapore Medical Journal (SMJ) or The Journal of the American Medical Association (JAMA) and uses the title "Dr".

108. 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?

- Yes, this advertising control will come into effect once the amendments are implemented.
- 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 include a disclaimer that they do not hold a valid practising certification with a relevant local healthcare professional board or include a disclaimer that their educational qualification is not a medical or dental qualification, where needed.

109. 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?

- 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.

110. What are the approved media allowed for the advertising of healthcare services provided by registered Traditional Chinese Medicine Practitioners?

- The practice of Traditional Chinese Medicine (TCM) is not considered a licensable healthcare service under HCSA. Advertisements of TCM service(s) will not be 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.

111. If a clinical psychologist features on the website of a psychology clinic that provides psychological services, would he / she need to state his / her qualifications when using the title "Dr"?

The website of the psychology clinic provides information of its psychological services and features its clinical psychologist. This would be deemed as healthcare service advertising. As the clinical psychologist is not a "specified person" under

Section 31B of the HCSA, he / she must comply with the following when using the title "Dr":

i. state his/ her educational qualifications whenever the title "Dr" is used; and

ii. include a disclaimer that "his/ her educational qualification is not a medical or dental qualification".

112. Is there a need to state a "non-specified" person's qualification and the disclaimer every time the title "Dr" is used in a healthcare advertisement?

There is no need to state a "non-specified" person's qualification and the disclaimer every time the title "Dr" is used in a healthcare advertisement.

The information (i.e., qualifications and disclaimer) can be set out once within the same advertisement.

For social media posts, it would suffice to have the information to be set out once in the profile information. Similarly, for websites, it would also suffice to have the information set out once in the profile page. In the case of a two-page advertising leaflet, it would suffice to have the information set out once on the first page. The disclaimer can also be set out in the form of a footnote.

Example

Dr DEF [Doctor of Chiropractic (TUV Chiropractic College, Australia)#] is a chiropractor who has over 8 years of experience.

not a medical or dental qualification

113. Are non-registered healthcare professionals who wish to use the title "Dr" on their business cards required to state their doctorate / PhD qualifications and include the relevant disclaimers?

If the business cards contained information promoting 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 (i.e. qualifications and disclaimer).

- For example, if the business card set out the healthcare services that a non-registered healthcare professional provides (e.g. listing of services a chiropractor provides such as helping with body posture, knee and back pains, etc.) the business card would be considered as an advertisement of a healthcare service. Hence, the following requirements apply:

  i. state the educational qualifications whenever the title "Dr" is used; and

ii. include a disclaimer that the educational qualification is not a medical or dental qualification.

However, if the information in the business cards is unrelated to healthcare services, the requirements of mandatory disclosure of qualifications and disclaimer would not apply.

For example, if the business card contained information such as the name of the business entity, its address and website, the name of the non-registered healthcare professional, qualifications, email address and associations of which the non-registered healthcare professional is a member, it would not be an advertisement of a healthcare service and is not subject to the requirements set out above.

114. Can persons with doctoral degrees in alternative medical fields, such as spiritual healing, call themselves a "Dr" when advertising their services?

- Persons with a doctoral degree in alternative medical fields must comply with the following when using the title "Dr" in their healthcare service advertising:
    i. state their educational qualifications whenever the title "Dr" is used; and
    ii. include a disclaimer that their educational qualification is not a medical or dental qualification.

115. 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?

- Persons with a non-medical PhD who are featured in healthcare service advertising must comply with the following when using the title "Dr":
    i. state their educational qualifications whenever the title "Dr" is used; and
    ii. include a disclaimer that their educational qualification is not a medical or dental qualification.

116. Which group of healthcare professionals are allowed to use the title "Dr" in healthcare service advertising without needing to specify their qualifications?

- 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 or including a disclaimer that their qualification is not a medical or dental qualification.
- Registered healthcare professionals include:
    - 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 a disclaimer that their educational qualification is not a medical or dental qualification, when using the title "Dr" in healthcare service advertising.
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117. 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. include 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

     Dr XYZ, MBBS (Singapore), does not hold a valid practising certificate under the Medical Registration Act 1997
- This advertising control would apply when any of these doctors/dentists are featured in advertisements of healthcare services.

118. Are non-registered healthcare professionals who wish to use the title "Dr" on their business cards required to state their doctorate / PhD qualifications and include the relevant disclaimers?

- 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).

- For example, if the business card set out the healthcare services that a non-registered healthcare professional provides e.g. osteopath services, it would be considered as an advertisement of a healthcare service. Hence, the following requirements apply:
    i. state the educational qualifications whenever the title "Dr" is used; and
    ii. include a disclaimer that the educational qualification is not a medical or dental qualification.

- However, if the information in the business cards is unrelated to healthcare services, the requirements of mandatory disclosure of qualifications and disclaimer would not apply.

- For example, if the business card contained information such as the name of the business entity, its address and website, the name of the non-registered healthcare professional, qualifications, email address and associations of which the non-registered healthcare professional is a member, it would not be an advertisement of a healthcare service and is not subject to the requirements set out above.

119. What are the enforcement actions that can be taken against a person who contravene Section 31A or B of the HCSA?

Depending on the facts and circumstances of the case, a person who contravenes Section 31A or B of the HCSA may be:

a) issued a stern / conditional warning;

b) issued a composition of up to $10,000; or

c) prosecuted in Court.

If the person is prosecuted in Court, he/ she shall be liable on conviction to a fine of up to $20,000 and/ or to imprisonment for a term of up to 12 months. In the case of a continuing offence, to a further fine of up to $1,000 for every day or part of a day during which the offence continues after conviction.

120. What is the difference between 'healthcare service providers' and 'healthcare professionals'? Please elaborate.

Healthcare service providers are business entities that provide healthcare services, while healthcare professionals are healthcare-trained persons who are employed or engaged by healthcare service providers to deliver healthcare services.

Under HCSA, healthcare service can be classified into:

- Licensable healthcare services (e.g., acute hospital service, outpatient medical/ dental service and radiological service); and
- Non-licensable healthcare service (e.g., chiropractic service, TCM service, private psychological service and private physiotherapy service).

To provide a licensable healthcare service, a healthcare service provider must be granted the relevant service license under HCSA. To provide a non-licensable healthcare service, a HCSA licence is not required.

Healthcare professionals can be classified into:

- Registered healthcare professionals (e.g., Medical Practitioners, Nurses, Physiotherapists, Radiographers and Speech Therapists who are required to be registered under the respective legislative acts that govern them and hold valid practising certificates (PCs) before they can practise); and
- Non-registered healthcare professionals (e.g., clinical psychologists, podiatrists, chiropractors and ayurvedic medicine practitioners). Non-registered healthcare professionals are self-regulated. As such, they need not be registered and does not need to hold valid PCs in order to practise.

Licensed healthcare service providers usually employ both registered and non-registered healthcare professionals to deliver its services. For example, an acute hospital service provider may employ medical practitioners (registered under Medical Registration Act 1997), nurses (registered under Nurses and Midwives Act 1999), physiotherapists (registered under Second Schedule of the Allied Health Practitioners Act 2011 (AHPA)), clinical psychologists (currently self-regulated and not listed under Second Schedule of AHPA), audiologists (currently self-regulated and not listed under Second Schedule of AHPA), etc.

- Non-licensed healthcare service providers (e.g., private physiotherapy/ speech therapy/ psychology/ audiology service providers; and chiropractic/ osteopathic/ ayurvedic medicine service provider) may or may not employ registered healthcare professionals to deliver its services.

121. Should clinical psychologists become registered healthcare professionals in future (i.e., they are included under Second Schedule of the AHPA), would they still need to comply with Section 31A and B of the HCSA?

Should clinical psychologists become registered healthcare professionals in future (i.e., they are included under Second Schedule of the AHPA), they would be regulated by the Allied Health Professions Council and would need to adhere to their Code of Conduct.

The requirements under Section 31B of the HCSA – “Restrictions on use of protected title” would no longer apply to them.

- However, advertisements by private psychology service provider would still need to adhere to the requirements under Section 31A of the HCSA as their services are not licensed under HCSA.

122. Do the requirements under Section 31B of the HCSA apply to all clinical psychologists who wish to use the protected title, "Dr" in advertisements regardless of whether they practise at licensed (e.g., IMH and SGH) or non-licensed healthcare service providers (e.g. private psychological service providers/ clinics)?

Yes, the requirements under Section 31B of the HCSA apply to all clinical psychologists who wish to use the protected title, "Dr" in advertisements regardless of whether they practice at licensed (e.g., IMH and SGH) or non-licensed healthcare service providers (e.g., private psychological service providers).

This is because a clinical psychologist is not a "specified person" (i.e. not a registered healthcare professional) as defined under Section 31B of the HCSA.

123. Is advertising of educational talks/ workshops/ lectures on psychological interventions for mental conditions to members of the public considered as a healthcare advertisement? If yes, are these advertisements subject to the requirements under Section 31A and B of the HCSA?

Yes, advertising of educational talks/ workshops/ lectures on psychological interventions for mental conditions to members of public by HCSA licensees and non-HCSA licensees is considered as healthcare advertisement.

As such, these advertisements would need to adhere to the requirements under Section 31A and B of the HCSA.

However, if the educational talks/ workshops/ lectures and the publication of related information are restricted to only medical professionals (and not members of public), it is not considered a healthcare advertisement. As such, the requirements under Section 31A and B of the HCSA would not apply. For example, a workshop on psychological interventions conducted for medical professionals by IMH.

124. If members of the public have any further queries on Section 31A or B of the HCSA, who can they write to?

If members of the public have any further queries, they may write in to HCSA_Enquiries@moh.gov.sg.

J. Enforcement & Penalties

125. Under the new healthcare regulatory framework, what are the penalties for unlicensed healthcare service providers?

- The penalties include criminal sanctions such as jail terms and/or a fine.

126. How will MOH decide when to bring a criminal charge or regulatory action?

MOH will look into all relevant facts of a case and the applicable provision(s) to determine the most appropriate course of action to take against an errant licensee.

MOH will also consider the governance structure of the licensee and investigate the lines of accountability to key personnel such as the licensee, governing body, the Principal Officer and the Clinical Governance Officer, where relevant.

127. As an authorised officer can enter the premises at any time, will the power of entry/inspection or search affect patient management?

MOH will exercise its inspection and enforcement powers judiciously and in a manner that is least disruptive to the care of patients.

It is important for MOH to investigate and stop continuing offences which may result in serious patient harm.

128. How does a Code of Practice differ from guidance if both do not have regulatory teeth?

The licensee must comply with any Code of Practice as stated under section 38.

Any contravention or failure to comply with the Code of Practice can result in regulatory action being taken against a licensee.

Non-compliance with any Code of Practice issued will be taken into account at licence renewal or licence application.

129. Now that the framework has shifted to service-based licensing, how would inspections be carried out moving forward? Will inspections for various services provided within the same premises be conducted separately at separate times?

Inspection processes will be streamlined to reduce administrative burden on licensees.

130. How will MOH know when these service providers are not complying with new regulatory standards?

MOH will conduct inspections and audits on service providers to check on their compliance to these standards during licence renewal and on an ad-hoc basis.

Frequency of such inspections will be determined using a risk-based approach, depending on the nature of the service and the provider's compliance record.

MOH will also conduct investigations on whether a licensee is compliant with HCSA requirements if there are complaints received.

131. As a patient, is there a list of non-compliant service providers that I can refer to when considering a medical procedure/service?

For the purposes of public interest, we will be publishing information on licensees who have had their licence suspended or revoked.

Information will be available on the MOH website.

132. The majority of the offences in the HCSA are offences of strict liability. Does this mean that licensees would automatically be guilty of an offence, even though the breach or non-compliance with the law could be completely unintentional or merely technical?
Investigations will be carried out when licensees breach the requirements in HCSA, including determining if reasonable care has been exercised by licensees before any enforcement action is meted out.
133. If the licensees had any contraventions with any healthcare financing schemes, what are the enforcement actions under the HCSA that can be imposed on the licensees to protect patient safety and welfare?
Any contravention of healthcare financing schemes established by written law (e.g., MediShield Life Scheme Act) can be taken into account by MOH at licence renewal or if errant management decided to apply for a new licence. In addition, regulatory action may be taken against the licensee if public interest so requires. The regulatory actions range from censuring the licensee in writing, to paying a financial penalty (a sum of not more than $10,000 for each contravention).

Annex A – Glossary of Acronyms

Acronym	Full Term
CAM	Complementary and Alternative Medicine
CGO	Clinical Governance Officer
HALP	Healthcare Application and Licensing Portal
HCSA	Healthcare Services Act
KAH	Key Appointment Holder
KOH	Key Office Holders
LHS	Licensable Healthcare Service
MOSD	Mode of Service Delivery
PHMCA	Private Hospitals and Medical Clinics Act
PO	Principal Officer
SS	Specified Service
TCM	Traditional Chinese Medicine