



MINISTRY OF HEALTH
SINGAPORE



MH 78:44/1

MOH Circular No. 30/2024

22 April 2024

Outpatient Medical Service Licensees
Registered Medical Practitioners

ISSUANCE OF MEDICAL CERTIFICATES FOLLOWING THE PROVISION OF OUTPATIENT MEDICAL SERVICE

This circular reminds 1) all registered medical practitioners of the obligations relating to the issuance of medical certificates (MCs) found in the Singapore Medical Council Ethical Code and Ethical Guidelines 2016 Edition (SMC ECEG 2016), and 2) all Outpatient Medical Service (OMS) licensees of their obligations under the Healthcare Services Act (HCSA) for the provision of OMS via remote mode of service delivery. Additionally, the Ministry is seeking feedback on a proposed requirement pertaining to MCs.

Feedback Received on the Issuance of Medical Certificates

2. The Ministry of Health has received feedback from various employers and government agencies regarding the excessive issuance of MCs following Outpatient Medical Service (OMS) consultations, particularly in the context of the remote provision of OMS i.e., teleconsultations. The feedback alleged that MCs were issued:

- a) Without proper clinical assessments and follow-ups – MCs were issued solely based on patients' self-reported reasons for consultation that they had input into the teleconsultation platform or application, without any proper assessment by a medical practitioner to determine if there were indeed any underlying health conditions which warranted the issuance of the MCs;
- b) For non-medical reasons – MCs were issued when patients mentioned that they had just wanted a certification to skip work or school, but they were not sick; and
- c) For the purposes of malingering and abusing medical leave privileges – MCs were repeatedly issued to the same patients without referring them for physical consultations for further assessments or follow-ups to check if they were indeed unwell.

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Guidance in the SMC ECEG 2016 on the Issuance of Medical Certificates

3. The recognition of MCs issued by registered medical practitioners (i.e. "doctors") is a professional privilege given to the profession by society and regulatory bodies. This privilege is a reflection of the high regard for and the trust that society has placed in the profession.

4. Integral to the issuance of an MC is that it must be made in the context of an existing patient-doctor relationship and is premised on the duty of care the doctor owes the patient arising from this patient-doctor relationship. Arising from this doctor's duty of care to the patient is that doctors must practise and demonstrate a standard of care that is appropriate. In other words, the issuance of an MC under a particular circumstance is not a standalone activity that can be divorced from, but is instead reflective of, the duty and standard of care that doctors must uphold in their management of patients.

5. Ultimately, it is imperative that the issuance of MCs adheres to the prevailing guidelines outlined in **Section B4** of the SMC ECEG 2016 (**Annex A**). Guideline B4(1) of the SMC ECEG states that "*Medical certificates must be issued to patients only on proper medical grounds arrived at through good clinical assessment*". The issuance of MCs is a clinical decision. Hence, **doctors are responsible for ensuring that MCs issued to patients are justified on proper medical grounds and that the decision to do so had been arrived at through good clinical assessment.** This is true regardless of the mode of the consultation. The issuance or contents of a MC should also not be influenced by extraneous considerations such as the individual or organisation which initiated the request, who pays for the consultation, the benefits the patients may receive, employers' preferences or any other non-medical considerations.

6. Hence, an MC issued through the remote provision of an OMS (e.g. teleconsultation) must be made with the same ethical and legal considerations that are expected of a doctor in the context of the existing patient-doctor relationship. Guidance on telemedicine is provided by **Section A6** of the SMC ECEG 2016 (**Annex A**). Notably, Guideline A6(1) of the SMC ECEG advises doctors who engage in telemedicine that they "*must endeavour to provide the same quality and standard of care as in-person medical care.*" If the doctor, who has a duty of care to a patient, is not satisfied that the issuance of an MC through a telemedicine consultation can meet the standard of care that is expected, it is advised that a physical in-person consultation with the patient be arranged so that the doctor can better assess whether a MC needs to be issued.

7. MCs are medico-legal documents which carry professional and legal implications. In accordance with Guideline B4(6) of the SMC ECEG, doctors "*must sign the certificates personally at the time of consultation...*" Accordingly, this signature should be accompanied by the doctor's name and Medical Council Registration (MCR) number. This is for the purpose of accountability and can assist the relevant parties

requesting for the MC in verifying that the MC is valid, particularly as electronic-MCs may carry further risk of being a potential fake.

Assessment of Patients via Remote Provision of Outpatient Medical Service

8. Since 26 June 2023, the provision of teleconsultation services by registered medical practitioners is regulated under the Healthcare Services Act (HCSA) and licensed under the OMS via the remote mode of service delivery. OMS licensees must comply with the requirements outlined in the Healthcare Services Regulations, including the Healthcare Services (General) Regulations, the Healthcare Services (OMS) Regulations, and the Licence Conditions For Remote Provision of Outpatient Medical Service.

9. According to Regulation 30¹ of the Healthcare Services (OMS) Regulations, real-time, two-way interactive audio-visual communications (e.g., video consultation) must be utilised when tele-consulting with new patients. MCs should not be issued via teleconsultations to new patients solely based on the patients' requests without proper assessment by a medical practitioner to determine if the issuance of the MCs is warranted.

10. Additionally, according to Regulation 29(2)(e)² of the Healthcare Services (OMS) Regulations, if an assessment of a patient cannot be conducted remotely (e.g., the patient requires a physical examination), medical practitioners should make alternative arrangements for the patient to receive the necessary care e.g., advise the patient to seek an in-person consultation with a medical practitioner. Patients should undergo a physical review if additional assessment is required before the issuance of MCs.

Healthcare Services (OMS) Regulations

¹Restriction on remote provision

R30.—(1) Subject to paragraph (2), a licensee must not provide an outpatient medical service by remote provision to a first-time patient.

(2) Despite paragraph (1), a licensee may provide an outpatient medical service by remote provision to a first-time patient if —

(a) the outpatient medical service is provided through real-time 2-way interactive audiovisual communications; or

(b) the outpatient medical service is provided in response to an emergency or a disaster, including but not limited to, prescribing any empiric or prophylactic treatment to prevent or control an infectious disease outbreak.

(3) In this regulation, “first-time patient”, in relation to a licensee, means a patient who has not received an outpatient medical service from the licensee.

²Requirements for remote provision

R29.—(1) This regulation applies to a licensee who is approved to provide an outpatient medical service by remote provision.

(2) A licensee must —

(e) if a medical practitioner who is the licensee's personnel is of the opinion that a patient requires a particular medical treatment or care or a physical examination which cannot be carried out by remote provision, make alternative arrangements for the patient to receive the medical treatment or care or physical examination and inform the patient or (if the patient is a minor or lacks mental capacity) a next-of-kin or carer of the patient of the alternative arrangements.

Proposed Regulations on the Medical Certifications

11. The Ministry intends to impose a requirement on all licensees to ensure that every MC issued for a patient must include the name and MCR number of the issuing medical practitioner. In other words, the onus is also on the licensee to ensure it puts in place appropriate processes and protocols for the medical practitioners to ensure that MCs issued contain their names and MCR numbers, such as through training or system specifications when issuing the MCs. Any licensees found advertising or allowing the practice that the issuance of MCs under their approved services could be “anonymised” will be in breach of this proposed requirement. The Ministry is seeking feedback on this new requirement under the HCSA (appended below) and would appreciate any feedback to be submitted to HCSA_Enquiries@moh.gov.sg by **20 May 2024**.

Proposed Regulations in Healthcare Services (General) Regulations 2021

Issue of medical certificates

- (1) A licensee must ensure that every medical certificate that is issued in respect of a patient of the licensee —
- (a) is issued by a personnel of the licensee who —
 - (i) is a medical practitioner or dentist; and
 - (ii) had provided medical or dental care (as the case may be) to the patient; and
 - (b) states the name and medical or dental council registration number of the medical practitioner or dentist who issued the medical certificate.

Reminder on the Obligations under HCSA and SMC ECEG 2016

12. The Ministry and SMC would like to remind:

- a) HCSA OMS licensees on the need to comply with HCSA, the Healthcare Services (General) Regulations and the Healthcare Services (OMS) Regulations in ensuring that the OMS is provided safely and effectively to all patients; and
- b) Registered medical practitioners of the need to comply with the provisions in the SMC ECEG 2016 on the issuance of MCs and practice of telemedicine.

13. A breach of the Healthcare Services (General) Regulations and Healthcare Services (OMS) Regulations may result in regulatory actions being taken, including but not limited to:

- a) suspension or revocation of the OMS licensee’s licence;
- b) shortening the term of the OMS licensee’s licence;

c) a direction requiring the OMS licensee to rectify the contravention, or prevent a recurrence of the contravention; and/or

d) a direction requiring the OMS licensee to pay a financial penalty.

14. The Ministry may conduct inspections, audits or request for the relevant procedures and policies with regard to the remote provision of OMS.

15. Registered medical practitioners who are found to have failed to adhere to the SMC ECEG 2016 may also be referred to SMC for further action.

16. Should you require any further information or clarification, please email us at HCSA_Enquiries@moh.gov.sg.



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DIRECTOR-GENERAL OF HEALTH
MINISTRY OF HEALTH



PROFESSOR CHEE YAM CHENG
PRESIDENT
SINGAPORE MEDICAL COUNCIL

Singapore Medical Council Ethical Code and Ethical Guidelines 2016 Pertaining to Medical Certificates
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A6. Telemedicine

Telemedicine can improve patient access to medical care. Yet, it is not equal to conventional in-person care and has to be provided in a responsible manner. Providing telemedicine responsibly means:

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| <ol style="list-style-type: none"> (1) If you engage in telemedicine, you must endeavour to provide the same quality and standard of care as in-person medical care. This includes ensuring that you have sufficient training and information to manage patients through telemedicine. Otherwise, you must state the limitations of your opinion. (2) If you perform remotely guided medical procedures or give remote guidance to others to perform procedures, you and the person you guide must have the necessary expertise to provide and follow the remote guidance unless there are exceptional circumstances that justify a departure from this guideline. (3) If you avail your patients of robotic procedures performed by other doctors remotely, you have only delegated an aspect of care but still retain responsibility for the overall management of the patients. If you perform robotic surgery on a patient remotely, the standard of care you are required to provide to the patient is no different than if you were to perform the operation in person. (4) You must give patients sufficient information about telemedicine for them to consent to it. You must also ensure that your patients understand any limitations of telemedicine that may affect the quality of their care in relation to their specific circumstances. (5) You must take reasonable care to ensure confidentiality of medical information shared through technology and ensure compliance with any applicable existing legislation and regulations governing personal data. (6) If you ask your patients to operate telemedicine equipment from their locations, you must ensure that they are sufficiently trained to do so. You must also ensure that prompt assistance is available in case of equipment failure or inability of the patients to operate the systems, where such failure or inability poses material risks to patients. |
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B4. Medical certificates

The community places trust in doctors and authorises you to certify illnesses or disability through medical certificates. Good practice in writing medical certificates means:

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| <ol style="list-style-type: none"> (1) Medical certificates must be issued to patients only on proper medical grounds arrived at through good clinical assessment. You must not take into consideration extraneous factors such as who pays for the consultation, what benefits the patients may receive or what employers' preferences may be. (2) Where possible, medical certificates must be handed over only to patients themselves. When patients request or consent to it, you may send the medical certificates directly to employers. |
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**Singapore Medical Council Ethical Code and Ethical Guidelines 2016
Pertaining to Medical Certificates**

- (3) Medical certificates must be written objectively, accurately and in good faith, must cover an appropriate duration and where relevant, must provide an accurate account of patients' limitations during the periods covered.
- (4) If you are certifying that the patients are fit to return to work but with limitations on their level of activity at work, you must first ensure that the patients' work conditions allow this and, to the best of your ability, ensure that appropriate light duties are in fact available to the patients at their place of work.
- (5) You must not post-date or back-date the date of issue of your medical certificates. The date of issue must be that of the day of consultation or treatment. The date you begin coverage may be before the date of issue only if it is clear to you that the patients' absence from work prior to the date of issue is consistent with their clinical presentation.
- (6) You must not amend the particulars on medical certificates issued by other doctors. If you disagree with the provisions of other doctors' medical certificates, you may issue new medical certificates. However, you must only do this after assessing the patients yourself to determine that this is justified on medical grounds and where appropriate and possible, consulting the other doctors before you do so.
- (7) Diagnoses must not be stated on the medical certificates unless patients have consented to this.
- (8) As medical certificates are documents that carry professional and legal implications, you must sign the certificates personally at the time of consultation and if another person has filled in the details on your behalf, you must satisfy yourself that the details are correct before signing.
- (9) When medical certificates are generated electronically and where you are in control of the systems, you must ensure that there are security protocols to prevent fraudulent issuance of the certificates. If you are not in control of the systems, you must use the systems responsibly and abide by the security protocols in place.