

Case Study for Joint MOH-HSA-SMC Circular No. 87/2024

Scenario: A 45-year-old male (“**Patient**”) is seeking to receive telemedicine services from a telemedicine provider (HCSA¹ licensee: “**XYZ**”) for symptoms of acid reflux. The Patient has no prior patient visit with XYZ, and completed his personal details for the teleconsultation as follow:

Name: Mr ABC
 NRIC: S2345678A
 Gender: Male
 Date of birth: 1 Jan 1979
 Past medical history: None
 Drug Allergy: None
 Location: 123 Sengkang Ave 2, #10-123, S(123456)
 Current issue: Gastric pain

Process	Circular ² reference / requirement
Before teleconsultation	
<p>1) XYZ and its CGO should develop a set of clinical guidelines or protocols to guide its medical practitioners in assessing patients’ suitability for telemedicine.</p> <p>Hence, XYZ’s medical practitioner assesses the suitability of telemedicine for the patient based on XYZ’s clinical guidelines and protocols. Relevant considerations may include the Patient’s (i) age, (ii) past medical history (as reported by the Patient) and (iii) current medical issue.³</p>	<p>Paragraph 5(a) of the Circular, which reminds licensees to comply with Regulation 29(2)(b) of the Healthcare Services (Outpatient Medical Service) Regulations 2023, and advises licensee and its key office holders (such as CGO) to put in place clinical guidelines or protocols to ensure that teleconsultations are offered only where it is possible to provide appropriate medical care or treatment to the patient in a proper, effective and safe manner, as required under Regulation 16(1) of the Healthcare Services (Outpatient Medical Service) Regulations 2023.</p>
<p>2) The Patient is informed of the identity/name (e.g. Dr DEF), role and designation of XYZ’s medical practitioner.⁴</p>	<p>Paragraph 5(b) of the Circular, which reminds licensees to comply with Regulations 29(2)(a)(iii), 29(3)(b), and 31(2)(c) of the Healthcare Services (Outpatient Medical Service) Regulations 2023.</p>

¹ The Healthcare Services Act 2020.

² “Circular” in this case study refers to the Joint MOH-HSA-SMC Circular No. 87/2024.

³ This case study assumes that the Patient is suitable to receive telemedicine services.

⁴ This case study assumes that only this medical practitioner will be providing services to the Patient.

Process	Circular ² reference / requirement
During teleconsultation	
3) The teleconsultation is conducted using real-time video , as the Patient is a first-time patient to XYZ.	Paragraph 5(c)(i) of the Circular, which reminds licensees to comply with Regulation 30 of the Healthcare Services (Outpatient Medical Service) Regulations 2023.
4) The Patient is informed that the teleconsultation is provided by XYZ⁵ , even if the teleconsultation is done on a third-party platform or a generic video call application.	Paragraph 5(c)(iii) of the Circular, which reminds licensees to comply with Regulation 29(3) of the Healthcare Services (Outpatient Medical Service) Regulations 2023. ⁶
5) XYZ's medical practitioner conducts the video teleconsultation in a closed and private place , with sufficient lighting and other appropriate electronic equipment or facilities (e.g., a stable internet connection, equipment to ensure sufficiently clear visuals) and the Patient has a full view of the medical practitioner's face .	Paragraph 5(c)(iv) of the Circular, which reminds licensees to comply with Regulation 31 of the Healthcare Services (Outpatient Medical Service) Regulations 2023.
6) XYZ's medical practitioner ensures that the video teleconsultation is conducted in accordance with the Singapore Medical Council (SMC)'s Ethical Code and Ethical Guidelines (ECEG) by ensuring proper clinical assessment and management. This includes but is not limited to: <ul style="list-style-type: none"> • Verifying the Patient's identity and allergy status; • Verifying the Patient's medical history; • Verifying and assessing the Patient's presenting issue by asking about subjective and objective signs and symptoms; • Informing the Patient of the limitations of a virtual consultation for his current issue. In this case, it means 	Paragraphs 6 and 7 of the Circular, as well as the SMC's ECEG.

⁵ In this context, informed of the business name by which XYZ provides the outpatient medical service.

⁶ Regulation 29(3)(c) and (d) set out the circumstances in which the information must be conveyed during or before consultation, respectively. This case study assumes Regulation 29(3)(c) is applicable.

Process	Circular ² reference / requirement
<p>informing the Patient that due to the limitations of teleconsultation, an abdominal examination will not be possible, so that the Patient is aware of the limitation and can decide if he still wishes to proceed;</p> <ul style="list-style-type: none"> • Carrying out an assessment of the Patient’s condition; and • Discussing the possible management plans with the Patient and advising him on one. 	
After teleconsultation	
<p>7) XYZ and its CGO should develop a set of clinical guidelines or protocols to guide its medical practitioners in ensuring that patients can receive proper follow-up care.</p> <p>8) XYZ’s medical practitioner informs the Patient of any follow-up care and treatment, including when and how it can be accessed. If the medical practitioner is of the opinion that in-person care, treatment, or examination is necessary, the medical practitioner arranges for it and informs the Patient accordingly⁷.</p>	<p>Paragraph 5(d) of the Circular, which reminds licensees to comply with Regulation 29(2)(c), (d) and (e) of the Healthcare Services (Outpatient Medical Service) Regulations 2023 and advises licensees to put in place clinical guidelines or protocols to ensure proper follow-up; as well as the SMC’s ECEG.</p>
<p>9) XYZ’s medical practitioner documents the telemedicine services provided in the Patient’s health records, including but not limited to the following information:</p> <ul style="list-style-type: none"> • The Patient’s name, identification number, gender and date of birth of patient (if not automatically captured); • The date, time and method of remote communication (if not automatically captured); • Relevant details of the teleconsultation (including the clinical findings from the 	<p>Regulation 29(3)(a) of the Healthcare Services (Outpatient Medical Service) Regulations 2023, Regulation 37 and 39A of the Healthcare Services (General) Regulations 2021, as well as the SMC’s ECEG.</p>

⁷ In the event of a conflict, the clinical protocols should not be a substitute for the medical practitioner’s proper exercise of professional judgment.

Process	Circular ² reference / requirement
<p>assessment mentioned in (6) above);</p> <ul style="list-style-type: none"> Any medications prescribed or medical certificates (MCs) issued; and For MCs generated, it should include both the name and medical registration number (i.e. MCR number) of the issuing medical practitioner for the purposes of accountability and transparency. 	
<p>10)XYZ and its CGO must establish, implement and regularly review protocols and processes to ensure that XYZ’s medical practitioners perform proper clinical assessments, and that medications and MCs are issued on proper medical grounds. It is advisable for such protocols and processes to include documented internal reviews of the telemedicine services provided by XYZ’s medical practitioners.</p> <p>Cases of medical practitioners who fail to provide telemedicine services appropriately should be escalated to XYZ and its CGO, and XYZ should take timely rectification action, such as requiring the errant medical practitioner to undergo remedial training or subjecting him/her to additional supervision.</p>	<p>Paragraph 5(e) of the Circular, which reminds licensees to comply with paragraphs 3.1 (d), (e), (f) and 3.2 of the Licence Conditions for Remote Provision of Outpatient Medical Service and advises licensees to perform regular documented reviews of the telemedicine services provided by their medical practitioners.</p>
Advertisements	
<p>11)XYZ advertises its telemedicine services on a third-party telemedicine platform.</p>	<p>Both XYZ and the third-party telemedicine platform must comply with the HCSA and its subsidiary legislation where applicable, including the Healthcare Services (Advertisement) Regulations 2021. See paragraphs 9 and 10(a) of the Circular.</p>
<p>12)XYZ advertises selected prescription-only medicines provided through its</p>	<p>Advertisements of prescription-only medicines are not allowed under</p>

Process	Circular ² reference / requirement
telemedicine services. This is NOT allowed.	Regulation 7 of the Health Products (Advertisement of Specified Health Products) Regulations 2016. See paragraph 10(b) of the Circular.
13)XYZ's medical practitioner advertises his specialised gastroenterology services (without any mention of XYZ clinic).	The medical practitioner must not do so unless he is a HCSA licensee authorised to provide these licensable healthcare services or acting on the authority of any such licensee who/which is so authorised (See: Section 31(1) of HCSA). When engaging in such advertising (assuming he or she is allowed to do so), the medical practitioner must ensure that he or she adheres to the SMC's ECEG. See paragraph 10(c) of the Circular.

We reiterate that, in addition to the specific requirements emphasised in the Circular and this case study, licensees and medical practitioners must comply with all applicable legislation, licence conditions, codes of practice, and the ECEG.

Individuals appointed as key office holders to exercise governance over the business and/or operations of HCSA licensees (key appointment holders, Principal officers, Clinical Governance Officers) are also reminded to ensure that their functions and duties are properly discharged. This includes facilitating the licensee's compliance with relevant requirements, as appropriate.