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MOH Circular No. 87/2024

22 November 2024

All Licensees under the Healthcare Services Act 2020
Registered Medical Practitioners

**JOINT MOH-HSA-SMC CIRCULAR ON REGULATIONS AND PROFESSIONAL STANDARDS FOR TELEMEDICINE SERVICES AND ADVERTISEMENTS**

This circular serves as a reminder to all licensees under the Healthcare Services Act 2020 ("**HCSA**"), and to all registered medical practitioners ("**medical practitioners**"), of their obligations regarding:

(a) Provision of Telemedicine services in accordance with the HCSA and the Singapore Medical Council ("**SMC**")'s Ethical Code and Ethical Guidelines ("**ECEG**"); and
(b) Advertising in compliance with the HCSA, the Health Products Act 2007 ("**HPA**"), and the SMC's ECEG.

2. For the avoidance of doubt, in addition to the specific requirements emphasised in this circular, HCSA licensees and medical practitioners are required to comply with all applicable legislation, licence conditions, codes of practice, and the ECEG.

## (A) REGULATION OF TELEMEDICINE SERVICES

*Telemedicine services and the responsibility of key office holders*

3. Under the HCSA, the provision of telemedicine services amounts to the remote provision of Outpatient Medical Service ("**OMS**"). **HCSA licensees approved to provide Telemedicine services ("TM Licensees") must comply with the HCSA, its subsidiary legislation[1], and the applicable Licence Conditions**[2]. In particular, TM Licensees must ensure that every patient is properly assessed, and the appropriate medical care or treatment is provided to the patient in a proper, effective and safe manner, as required by Regulation 16 of the Healthcare Services (OMS) Regulations 2023.

**4.** Further, **individuals appointed as key office holders to exercise governance over a HCSA licensee's business and operations** (i.e., Key Appointment Holders ("**KAH**"), Principal Officers ("**PO**") and Clinical Governance Officers ("**CGO**")) **are required to ensure**

[1] Including the Healthcare Services (General) Regulations 2021, and the Healthcare Services (OMS) Regulations 2023.
[2] Including the "Licence Conditions for Remote Provision of Outpatient Medical Service".

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**their respective functions and duties are properly discharged**[3]. This includes facilitating the licensee's compliance with the requirements outlined below, as appropriate.

*Provision of telemedicine services*

5. The key requirements (non-exhaustive) for TM Licensees, KAHs, POs and CGOs in relation to the provision of telemedicine services are as outlined:

***Before*** *providing teleconsultation:*

(a) TM Licensees must comply with Regulation 29(2)(b) of the Healthcare Services (OMS) Regulations 2023 to establish, implement and regularly review its guidelines on the circumstances in which the remote provision of OMS would be appropriate, and the types of patients suited for this mode of service delivery. This means putting 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 (OMS) Regulations 2023. The guidelines or protocols should address the appropriateness of teleconsultations under the following non-exhaustive scenarios/circumstances:
   (i) **Patients** who are not suitable for receiving telemedicine services (e.g. elderly patients with hearing or speech impairments and who are not assisted by a caregiver, patients who encounter connectivity issues before or during the teleconsultation);
   (ii) **Medical conditions** that cannot be adequately assessed through telemedicine (e.g. suspected stroke or pneumonia); and
   (iii) **Types of medication** sought by the patient that should not be prescribed (whether initiated, repeated or titrated) via telemedicine at all or under certain scenarios. Examples include (i) controlled drugs or medications with addictive potential (such as codeine-containing products, opioids, hypnotics or benzodiazepines) or (ii) medications which may have more drug-drug interactions (such as PDE-5 inhibitors for treatment of erectile dysfunction) or (iii) medications requiring the patients to be first taught to be proficient in its use (such as bronchodilators in asthma or insulin or GLP-1 injections).

(b) TM Licensees must comply with Regulations 29(2)(a)(iii), 29(3)(b), and 31(2)(c) of the Healthcare Services (OMS) Regulations 2023 and ensure that the patient is properly **informed of the name, role and designation of the personnel** providing the OMS. Transparency and accountability by the licensee are key.

***During*** *teleconsultation:*

(c) TM Licensees must comply with Regulations 29(3), 30 and 31 of the Healthcare Services (OMS) Regulations 2023, and paragraph 3.1(c) of the "Licence Conditions for Remote Provision of Outpatient Medical Service". The key requirements applicable *when* providing teleconsultation include:

[3] See regulations 13 and 15 of the Healthcare Services (General) Regulations 2021, for provisions on the functions and duties of PO and CGO, respectively. In this regard, licensees are also required to comply with the "Code of Practice for Key Office Holders under the Healthcare Services Act (January 2022)".

(i) A **real-time video consultation is conducted for first-time patients** to first establish the doctor-patient relationship (i.e. patients who have never received an outpatient medical service from the licensee);
(ii) Teleconsultations **must not be provided solely by way of self-service, text-only questions**. Patients are to be provided with the means to further communicate with and to receive communications from medical practitioners (e.g. medications should not be prescribed, and medical certificates ("**MCs**") should not be issued, just by getting a patient to fill-up a questionnaire);
(iii) **Patients are clearly informed of which licensee (i.e. business name) they are receiving teleconsultations from** and provided with the licensees' contact information, even if the teleconsultation is conducted on a third-party platform; and
(iv) Video teleconsultations are conducted in a place that is **closed and private**, with **sufficient lighting and other appropriate equipment or facilities** (e.g., a stable internet connection, equipment to ensure sufficiently clear visuals), with patients having a full view of the face of the medical practitioner and informed of the identity, role or designation of the medical practitioner.

***After*** *providing teleconsultation:*

(d) TM Licensees must comply with Regulation 29(2)(c), (d) and (e) of the Healthcare Services (OMS) Regulations 2023. This means putting in place **clinical guidelines or protocols to ensure proper patient follow-up** *after* providing teleconsultation, including:
(i) **Informing the patient (or his or her caregiver or next-of-kin, where applicable) on any follow-up care and treatment,** including how such care and treatment may be obtained;
(ii) **Advising patients on alternative ways** to seek medical attention (e.g. in-person consultation in clinic or via house visit) if the teleconsultation cannot be completed for any reason; and
(iii) **Making arrangements for the in-person follow-up care of patients**, if deemed necessary. In assessing whether in-person follow-up care would be necessary, and the frequency of any such follow-up care, TM Licensees should consider the patient's profile, his or her medical condition(s) treated and any other relevant circumstances / considerations.

***Further key requirements*** *for telemedicine services*

(e) TM Licensees must comply with paragraphs 3.1 (d), (e), (f) and 3.2 of the "Licence Conditions for Remote Provision of Outpatient Medical Service". CGOs are also reminded of their functions and duties therein, and to facilitate the licensee's compliance with the relevant requirements generally. In this connection, TM Licensees are advised to **perform regular documented reviews of the telemedicine services provided** by their medical practitioners to ensure:
(i) **Proper clinical assessment** of patients;
(ii) **Medications and MCs** were prescribed and issued with appropriate clinical assessment and **on proper medical grounds**;
(iii) Cases with **short consultations** and **multiple issuances of MCs** over a short period of time to the same patient (e.g. 3 or more MCs within a 30-day period) are **escalated and reviewed internally**; and

(iv) Appropriate and timely **rectification measures are taken** (such as additional training or closer supervision), in cases where medical practitioners fail to provide telemedicine services appropriately, so as **to prevent recurrence.**

## (B) ETHICAL AND PROFESSIONAL STANDARDS FOR MEDICAL PRACTITIONERS

6. Each medical practitioner providing telemedicine services under a HCSA licensee **remains responsible for ensuring that their professional practice remains ethical and abides by the SMC's ECEG**.

7. To expand on the ECEG's guidance on good clinical care and good medical practice in the context of telemedicine, medical practitioners, when managing a particular type of patient or condition over teleconsultation, should assess whether:

(a) **The patient type or condition is within the limits of their own competence**. Medical practitioners should not engage in unsupervised practice of an area of medicine without having the appropriate knowledge and skills or the required experience. **If selected conditions and medications require a recognised specialty to assess, diagnose and prescribe**, the medical practitioner **should make appropriate referrals** to another medical practitioner with the relevant specialty accreditation;

(b) **Telemedicine is the appropriate mode of service delivery** for the patient type or condition and what should be the appropriate mode of communication to be used (e.g., synchronous video). Patients or conditions which **require a more comprehensive and detailed physical examination for adequate clinical assessment** should not be managed via teleconsultation. If proceeding with teleconsultation, the medical practitioner should also **inform the patient of the limitations of teleconsultation** regarding the patient's current issue (if any) so that the patient is aware and consents to proceed;

(c) There are **professional standards and regulatory restrictions which need to be adhered to** when prescribing **selected treatments for selected conditions**, particularly if it involves medications with high risk of addiction such as controlled drugs, codeine-containing products, opioids, benzodiazepines and hypnotics. Medical practitioners should **exercise caution when prescribing these medications via teleconsultation**, especially if a complete clinical evaluation is not possible; and

(d) There are adequate grounds, arrived at through **good clinical assessment**, **for MCs and medications to be issued** to the patient.

## (C) REGULATION OF ADVERTISEMENTS

8. **Healthcare-related advertisements** are regulated under (i) **the HCSA** if they relate to healthcare services, and (ii) **the HPA** if they relate to health products. Medical practitioners who engage in advertising must also adhere to the applicable ethical guidelines in **SMC's ECEG**.

9. Under the HCSA, licensees must ensure that all advertisements of the licensable healthcare service(s) provided by the licensee comply with the HCSA and its subsidiary legislation, particularly the Healthcare Services (Advertisement) Regulations 2021 ("**HCS**

**(Advertisement) Regulations**"). Additionally, **an authorised person** [4] / **authorised publisher**[5] (e.g., third party website or platform) acting on the authority of the licensee in publishing these advertisements or causing them to be published, may also be held responsible for any non-compliant advertisement(s), depending on the nature of the non-compliance. Hence, operators of telemedicine platforms or third-party websites who are not authorised to act on behalf of the licensees, are not allowed to advertise any licensable healthcare services on their platforms/websites.

10. For advertisements, MOH, HSA and SMC would like to highlight the following:

(a) *For HCSA licensees.* The **content of advertisements** for licensable healthcare services must comply with Regulation 5 of the HCS (Advertisement) Regulations. In particular:

(i) The information contained in the advertisement must be **factually accurate and capable of being substantiated**, and must not be exaggerated, false, misleading or deceptive;

(ii) The advertisement must not contain any information that **compares and contrasts the quality of a licensable healthcare service** provided by the licensee with the quality of the same licensable healthcare service provided by another licensee, or deprecates any licensable healthcare service provided by another licensee; and

(iii) The advertisement must not provide information in such a manner as to amount to **soliciting or encouraging the use of the licensable healthcare service** provided by the licensee.

MOH has updated the guidance on the HCS (Advertisement) Regulations in the "Healthcare Services (Advertisement) Regulations 2021 FAQs", to provide further guidance on matters including the permissible scope of advertising in the context of telemedicine services. The updates are extracted in **Annex A** for ease of reference.

(b) *For advertisement of health products.* To protect consumers from making uninformed decisions of using health products, advertisements of health products must comply with the HPA and its subsidiary legislation, particularly the Regulation 7, 9(1) of the **Health Products (Advertisement of Specified Health Products) Regulations 2016** and Regulation 21 of the **Health Products (Medical Devices) Regulations 2010.** This means:

(i) Advertisements of **prescription-only medicines ("POMs") and professional-use only medical devices ("PUO MDs") are not allowed**. The use of **acronyms, misspellings, creative naming or product images with masked identifiers that indirectly refers to a POM or PUO-MD is also not allowed**. Additionally, **offers of sale to promote POMs or PUO MDs** are not allowed;

[4] "authorised person", in relation to a licensee, means a person mentioned in section 31(1)(b) of the HCSA who is acting on the authority of the licensee in advertising a licensable healthcare service that the licensee is authorised to provide under a licence or causing that licensable healthcare service to be advertised.

[5] "authorised publisher", in relation to a licensee, means an authorised person who —

(a) acting on the authority of the licensee, publishes or causes to be published an advertisement relating to a licensable healthcare service that the licensee is authorised to provide under a licence; but

(b) does not prepare, determine or influence (wholly or partially) the contents of the advertisement;

(ii) **Advertisements of off-label indications of POMs, PUO MDs and unregistered products are not allowed**; and

(iii) When providing **non-promotional or educational information to the public**, the content should offer a **balanced and objective overview**, including relevant disease information and the **full range of treatment options**. The information **shall not refer to brands, include pictorial images of products, make brand comparisons, or mention pricing.**

Further guidance on the advertisement requirements under the HPA can be found in the FAQs for HCSA Licensees and Telemedicine Service Providers on Advertisement Controls of Health Products attached in **Annex B.**

(c) *For advertisements by medical practitioners*. Medical practitioners advertising their services must do so **in accordance with the SMC's ECEG**. In particular:

(i) The information provided **must not mislead** or through excessive persuasion **unduly induce the public to seek healthcare services which they may not need**;

(ii) The advertisement **must not exploit patients' vulnerabilities, fears or lack of knowledge**; and

(iii) The nature of the advertisement must be **appropriate to the honour and dignity of the medical profession** and contain nothing that brings the profession into disrepute.

11. All licensees, medical practitioners and operators of telemedicine platforms or websites must ensure their advertisements to comply with the regulations outlined and make rectifications where appropriate.

12. A case study illustrating various requirements, including those highlighted in this circular can be found in **Annex C**.

13. You may contact MOH at HCSA_Enquiries@moh.gov.sg for any further enquiries.

Thank you.

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| **Annex A:** Extracted Updates to Healthcare Services (Advertisement) Regulations 2021 FAQs | <*See attached*> |
| **Annex B:** FAQs for HCSA Licensees and Telemedicine Service Providers on Advertisement Controls of Health Products | <*See attached*> |
| **Annex C:** Case Study covering HCSA, SMC ECEG and HPA controls | <*See attached*> |