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No. S 398

HEALTHCARE SERVICES ACT 2020

HEALTHCARE SERVICES (COLLABORATIVE PRESCRIBING SERVICE) REGULATIONS 2023

ARRANGEMENT OF REGULATIONS

In exercise of the powers conferred by section 57 of the Healthcare Services Act 2020, the Minister for Health makes the following Regulations:

Citation and commencement

1. These Regulations are the Healthcare Services (Collaborative Prescribing Service) Regulations 2023 and come into operation on 26 June 2023.

Definitions

2. In these Regulations —

"acute hospital service", "ambulatory surgical centre service", "community hospital service", "contingency care service", "outpatient medical service" and "outpatient renal dialysis

service" have the meanings given by paragraph 2 of the First Schedule to the Act;

"collaborative practice agreement" means an agreement for and relating to the provision of a collaborative prescribing service by a collaborative prescribing practitioner for and on behalf of a licensee;

"collaborative prescribing practitioner" means a pharmacist or registered nurse who is approved by the credentialing committee under regulation 6(1)(*a*);

"collaborative prescribing service" means the following healthcare services provided by a licensee through a collaborative prescribing practitioner:

(*a*) the prescription of a health product;

(*b*) the prescription of a laboratory test or radiological procedure;

"credentialing committee" means the committee established under regulation 3(1)(*d*);

"health product" has the meaning given by section 2(1) of the Health Products Act 2007;

"healthcare professional" has the meaning given by regulation 2 of the Healthcare Services (General) Regulations 2021 (G.N. No. S 1035/2021);

"licensee" means a person who —

(*a*) holds a licence to provide a relevant licensable healthcare service; and

(*b*) is approved to provide a collaborative prescribing service as a specified service for the relevant licensable healthcare service;

"medical practitioner-in-charge (CP)" means the individual appointed under regulation 3(1)(*c*);

"personnel", in relation to a licensee, means any individual employed or engaged by the licensee to assist the licensee in providing a relevant licensable healthcare service;

"pharmacist" means an individual who is registered under the Pharmacists Registration Act 2007 and holds a valid practising certificate under that Act;

"registered nurse" means an individual who is a registered nurse within the meaning of the Nurses and Midwives Act 1999 and holds a valid practising certificate under that Act;

"relevant licensable healthcare service" means any of the following:

(*a*) an acute hospital service;

(*b*) an ambulatory surgical centre service;

(*c*) a community hospital service;

(*d*) a contingency care service;

(*e*) an outpatient medical service;

(*f*) an outpatient renal dialysis service.

Requirements for provision of collaborative prescribing service

3.—(1) A licensee who intends to provide a collaborative prescribing service must —

(*a*) ensure that a person does not provide the collaborative prescribing service for and on behalf of the licensee unless the person is a collaborative prescribing practitioner;

(*b*) ensure that each collaborative prescribing practitioner —

(i) has in force a collaborative practice agreement that satisfies the requirements in paragraph (2), before allowing the collaborative prescribing practitioner to provide any collaborative prescribing service for the licensee;

(ii) provides the collaborative prescribing service for and on behalf of the licensee only in accordance with the terms of the collaborative practice agreement; and

(iii) provides the collaborative prescribing service under the supervision of the medical practitioner mentioned in paragraph (2)(*b*)(ii);

(*c*) appoint a medical practitioner-in-charge (CP) in accordance with regulation 4 to carry out the functions mentioned in that regulation and ensure that the medical practitioner-in-charge (CP) carries out those functions;

(*d*) establish a credentialing committee in accordance with regulation 5 to carry out the functions mentioned in regulation 6 and ensure that the credentialing committee carries out those functions;

(*e*) appoint a service review committee in accordance with regulation 7 to carry out the functions mentioned in regulation 8 and ensure that the service review committee carries out those functions; and

(*f*) provide to the Director-General any records or information relating to the activities of its credentialing committee or service review committee, as the Director-General may require.

(2) For the purposes of paragraph (1)(*b*)(i), a collaborative practice agreement must —

(*a*) be in writing;

(*b*) be entered into by the collaborative prescribing practitioner with both of the following persons:

(i) the licensee;

(ii) a medical practitioner who is employed or engaged by the licensee to supervise the collaborative prescribing practitioner; and

(*c*) set out the following matters:

(i) a description of the type of collaborative prescribing service that the collaborative prescribing practitioner may provide for and on behalf of the licensee;

(ii) the conditions under which the collaborative prescribing practitioner may provide the collaborative prescribing service mentioned in sub-paragraph (i);

(iii) the list of health products that the collaborative prescribing practitioner may prescribe;

(iv) the circumstances under which the collaborative prescribing practitioner is —

(A) to seek advice from the medical practitioner mentioned in sub-paragraph (*b*)(ii) (*A*), or refer a patient to *A* for assessment or care; or

(B) if *A* is not available, to seek advice from another medical practitioner (*B*) who is the licensee's personnel, or refer the patient to *B* for assessment or care.

Medical practitioner-in-charge (CP)

4.—(1) For the purposes of regulation 3(1)(*c*), the medical practitioner-in-charge (CP) must be an individual who —

(*a*) is a medical practitioner and a personnel of the licensee;

(*b*) is the medical director, or a member of the medical board or clinical board, of the licensee; and

(*c*) has not, in the period of 3 years before the medical practitioner's employment or engagement by the licensee, been the subject of any order made by a Disciplinary Tribunal under section 59D(2) or 59E of the Medical Registration Act 1997.

(2) The functions of the medical practitioner-in-charge (CP) are as follows:

(*a*) to oversee the provision of the collaborative prescribing service by the licensee to ensure that it is provided in a proper, effective and safe manner;

(*b*) to consider the findings of the service review committee mentioned in regulation 8(*b*) and (*g*) in respect of the

provision of any collaborative prescribing service by the licensee and ensure that necessary measures are implemented to address any issue raised by the service review committee;

(*c*) where the medical practitioner-in-charge (CP) is satisfied that a collaborative prescribing service by any collaborative prescribing practitioner has not been provided in a proper, effective and safe manner, to make a recommendation for the cessation of the collaborative prescribing service by that collaborative prescribing practitioner and provide the licensee with his or her reasons for the recommendation.

(3) In this regulation, "Disciplinary Tribunal" has the meaning given by section 2(1) of the Medical Registration Act 1997.

Composition of credentialing committee

5.—(1) For the purposes of regulation 3(1)(*d*), a credentialing committee must consist of at least 3 members of whom —

(*a*) at least one must be a medical practitioner;

(*b*) where the licensee is required to appoint a quality assurance committee under regulation 20 of the Healthcare Services (General) Regulations 2021 — at least one must be a member of the licensee's quality assurance committee; and

(*c*) where one or more of the licensee's personnel are collaborative prescribing practitioners — at least one must be a collaborative prescribing practitioner.

(2) A collaborative prescribing practitioner who is a member of the credentialing committee must not vote or take part in any discussion or decision of the credentialing committee relating to himself or herself.

(3) The chairperson of the credentialing committee is to be appointed by the licensee from among its members and must be a medical practitioner who has the necessary qualifications,

experience, competency and skills to oversee the carrying out of the credentialing committee's functions mentioned in regulation 6.

Functions of credentialing committee

6.—(1) The functions of the credentialing committee are as follows:

(*a*) to approve as a collaborative prescribing practitioner every pharmacist or registered nurse who meets the criteria mentioned in paragraph (2) and through whom the licensee provides or intends to provide any collaborative prescribing service;

(*b*) to approve the collaborative practice agreement entered into by every collaborative prescribing practitioner mentioned in sub-paragraph (*a*), before the agreement is implemented in relation to the provision of any collaborative prescribing service;

(*c*) to consider the findings of the service review committee mentioned in regulation 8(*b*) and (*g*) in respect of the provision of any collaborative prescribing service by the licensee to determine whether the provision of the collaborative prescribing service by every collaborative prescribing practitioner for and on behalf of the licensee is in accordance with his or her collaborative practice agreement;

(*d*) to review every collaborative practice agreement at least once every 3 years commencing after the date of that agreement, for the purpose of ensuring that the information and provisions in the collaborative practice agreement remain relevant and correct.

(2) For the purposes of paragraph (1)(*a*), the criteria that a pharmacist or registered nurse must satisfy in order to be approved as a collaborative prescribing practitioner are all of the following:

(*a*) the pharmacist or registered nurse must be the licensee's personnel;

(*b*) the pharmacist or registered nurse must have the requisite qualifications, experience, competency and skills to provide a collaborative prescribing service;

(*c*) the pharmacist or registered nurse must have attended and completed any collaborative prescribing programme specified by the Director-General.

Composition of service review committee

7.—(1) For the purposes of regulation 3(1)(*e*), the service review committee must consist of at least 5 members of whom —

(*a*) at least one is a medical practitioner; and

(*b*) every member who is not a medical practitioner is —

(i) where the licensee is required to appoint a quality assurance committee under regulation 20 of the Healthcare Services (General) Regulations 2021 — a collaborative prescribing practitioner or a member of the licensee's quality assurance committee; or

(ii) in any other case — a collaborative prescribing practitioner or a healthcare professional.

(2) The chairperson of the service review committee is to be appointed by the licensee from among its members and must be a healthcare professional who has the necessary qualifications, experience, competency and skills to oversee the carrying out of the service review committee's functions mentioned in regulation 8.

Functions of service review committee

8. The functions of the service review committee are as follows:

(*a*) to monitor and review the quality and effectiveness, including conducting audits, of the collaborative prescribing service provided by the licensee;

(*b*) to report the findings of its audit and review mentioned in paragraph (*a*) to the licensee's medical practitioner-in-charge (CP) and credentialing committee;

(*c*) to oversee the implementation of, and compliance with, all the collaborative practice agreements entered into by all the collaborative prescribing practitioners through whom the licensee provides any collaborative prescribing service;

(*d*) to identify trends and patterns that do not comply with the policies, processes, procedures and protocols implemented by the licensee in respect of the provision of collaborative prescribing service, and to conduct further investigations into whether any inappropriate care or unsafe treatment has been provided to any patient;

(*e*) to make recommendations to the licensee on the management and resolution of any problem which arises in connection with any collaborative prescribing service provided by the licensee, and to assess the effectiveness of the recommendations that are implemented by the licensee;

(*f*) to pursue opportunities for the improvement of the provision of any collaborative prescribing service by the licensee;

(*g*) to conduct regular review of the monitoring and outcome indicators set by the licensee in respect of the provision of any collaborative prescribing service and to report the findings of the review to the medical practitioner-in-charge (CP) and the credentialing committee.

Requirement to notify Director-General

9.—(1) A licensee must give written notice to the Director-General of the occurrence of any of the following events within 14 days after the date the event occurs:

(*a*) where the licensee commences any investigation to determine whether a collaborative prescribing practitioner has failed to comply with his or her collaborative practice agreement;

(*b*) where a collaborative prescribing practitioner has ceased to provide any collaborative prescribing service, whether or not on a permanent basis.

(2) In addition to paragraph (1), the licensee must give written notice to the Director-General of any failure by a collaborative prescribing practitioner to provide a collaborative prescribing service in accordance with his or her collaborative practice agreement, within 14 days after the licensee becomes aware of the failure.

Made on 20 June 2023.

CHAN YENG KIT
Permanent Secretary,
Ministry of Health,
Singapore.

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