MINISTRY OF HEALTH
SINGAPORE

MH 78:44/1 MOH Circular No. 56/2026

13 July 2026

Licensees Providing or Intending to Provide Restricted Services ("**Licensees**")

NOTICE OF PROPOSED MODIFICATION OF LICENCE CONDITIONS ON LICENSEES PROVIDING OR INTENDING TO PROVIDE RESTRICTED SERVICES

The Director-General of Health proposes to modify the Licence Conditions on Licensees Providing or Intending to Provide Restricted Services ("**LCs**"). The proposed modifications to the LCs are marked up in blue in **Appendix A** ("**Modified LCs**"). Table 1 sets out a summary of the proposed modifications and comments on the same.

Table 1: Summary of the Proposed Modifications and Comments

S/No	Proposed Modification	Comments on the Proposed Modification
1.	The inclusion of para 7(a)(iii) to Annex A of the Modified LCs	We intend to conduct a 36-month assessment of the clinical efficacy of Platelet Rich Plasma Therapy ("**PRP**") for low-grade knee osteoarthritis defined as grades 1 or 2 of the Kellgren and Lawrence grading system for osteoarthritis. The proposed modifications will allow Licensees to provide PRP for low-grade knee osteoarthritis during the assessment period, subject to compliance with the Modified LCs (including Annex B). At the end of the assessment period, we will evaluate if the Licensees may continue to provide PRP for low-grade knee osteoarthritis, review the appropriateness of the Modified LCs and determine if further modifications are required, consider whether the assessment period should be extended, and make any other determination as required.

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S/No	Proposed Modification	Comments on the Proposed Modification
		MOH also recommends for licensees providing PRP for low-grade knee osteoarthritis to publish research papers on this treatment.
2.	The inclusion of para 8 to Annex A of the Modified LCs	The proposed modifications list Autologous Protein Solution ("**APS**") for knee osteoarthritis as a Non-Evidence Based Medical Treatment (as defined in the Modified LCs) which should not be provided by Licensees unless under the context of human biomedical research, clinical trial or as part of innovative salvage therapy. Currently, there is insufficient consistent evidence in published literature to support the use of APS for knee osteoarthritis as a mainstream clinical service. As such, APS for knee osteoarthritis is listed as a Non-Evidence Based Medical Treatment (as defined in the Modified LCs), and subject to compliance with the Modified LCs.

2. The Modified LCs will apply to Licensees. All other conditions of licence(s) that have been imposed before the date of this notice shall remain unchanged and in full force and effect (unless superseded by the Modified LCs), and the Modified LCs when given effect to, shall be read, and construed with the requirements stipulated in the HCSA and its Regulations.

3. Licensees may submit written representations to the Director-General of Health with respect to the Modified LCs within 14 days of this notice (excluding the date of this notice) at HCSA_Enquiries@moh.gov.sg. Please note that any correspondence requesting further information or clarification does not constitute a written representation.

4. A breach of the Modified LCs (when given effect to) may result in regulatory action being taken against Licensees under section 20 of the HCSA, including but not limited to —

(a) suspension or revocation of the Licensee's licence;
(b) shortening the term of the Licensee's licence;
(c) a direction requiring the Licensee to rectify the contravention, or prevent a recurrence of the contravention; and/or
(d) a direction requiring the Licensee to pay a financial penalty.

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Thank you.

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APPENDIX A – MODIFIED LCS

LICENCE CONDITIONS ON LICENSEES PROVIDING OR INTENDING TO PROVIDE RESTRICTED SERVICES

IMPOSED UNDER SECTION 13(1) OF THE HEALTHCARE SERVICES ACT 2020

1 Application

1.1 Subject to paragraph 1.2, these licence conditions ("**LCs**") apply to all persons that have been licensed under the Healthcare Services Act 2020 (the "**HCSA**") that provide or intend to provide, as part of their respective licensable healthcare services, any of the following services:

(1) the diagnosis and manipulative treatment of any misalignment of the joints or muscles of an individual (such as chiropractic or osteopathic services) but excluding (a) physiotherapy as described in the third column of the Second Schedule of the Allied Health Professions Act 2000 by a registered allied health professional who is registered with the Allied Health Professions Council in that allied health profession; and (b) any practice of medicine by a medical practitioner such as sports and exercise medicine ("**Chiropractic and Osteopathic Services**");
(2) a system of therapeutics according to a Chinese, Malay, or Indian method ("**Traditional Medicine**");
(3) NEBMT (as defined in paragraph 2.1(2) below); or
(4) complementary and alternative medicine services that do not fall within any of the categories described in paragraphs 1.1(1) to (3) ("**Alternative Medicine**")

(such persons referred to as "**Licensees**").

1.2 Notwithstanding paragraph 1.1, these LCs do **not** apply:

(1) to persons that have been licensed under the HCSA to provide a nursing home service **only**; and
(2) in respect of persons that have been licensed under the HCSA to provide multiple licensable healthcare services including a nursing home service, to their provision of such nursing home service **only**.

1.3 These LCs shall supersede and replace the LCs entitled 'Licence Conditions on Licensees Providing or Intending to Provide Restricted Services' issued on 6 Feb 2024.

1.4 For avoidance of doubt:

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(1) the defined terms as used in these LCs shall have the meaning ascribed to them in the HCSA and any Regulations made thereunder, unless otherwise stated;

(2) these LCs do not override a healthcare professional's duty to make clinical decisions that are in the best interests of each patient; and

(3) the requirements in these LCs are without prejudice, and in addition to the requirements imposed under the HCSA as well as any Regulations and other applicable licensing conditions, directions, and codes of practice made thereunder.

1.5 A breach of these LCs may result in regulatory action being taken against Licensees under section 20 of the HCSA, including but not limited to:

(1) suspension or revocation of the Licensee's HCSA licence;

(2) shortening the term of the Licensee's HCSA licence;

(3) a direction requiring the Licensee to rectify the contravention, or prevent a recurrence of the contravention; and/or

(4) a direction requiring the Licensee to pay a financial penalty.

2 Definitions

2.1 For the purposes of these LCs:

(1) "**Traditional Chinese Medicine Practitioner**" or "**TCMP**" means an individual who is registered under the Traditional Chinese Medicine Practitioners Act 2000 and holds a valid practising certificate under that Act.

(2) "**Non-Evidence Based Medical Treatment**" or "**NEBMT**" means a medical treatment, therapy or procedure that:

(a) has little or no scientific research demonstrating the effectiveness in achieving its intended outcome; or
(b) is specified in **Annex A**.

(3) "**Restricted Service**" means any of the following services:

(a) Chiropractic and Osteopathic Services;
(b) Traditional Medicine;
(c) NEBMT; or
(d) Alternative Medicine.

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3 Conditions relating to Restricted Services

3.1 Subject to paragraphs 3.2, 3.3 and 3.5, the Licensee **shall not** provide any Restricted Service to any patient.

3.2 Notwithstanding paragraph 3.1, the Licensee may provide a Restricted Service to a patient if the Restricted Service is provided as part of:

(1) human biomedical research conducted in accordance with the Human Biomedical Research Act 2015 and its regulations; **or**

(2) a clinical trial of a health product conducted in accordance with the Health Products Act 2007 and its regulations.

3.3 Notwithstanding paragraph 3.1, the Licensee may provide a NEBMT to a patient only if the NEBMT is provided as part of an innovative salvage therapy.

3.4 Where any NEBMT is provided to a patient pursuant to paragraphs 3.2 and 3.3 above, the Licensee shall ensure that such NEBMT is only provided by a registered medical practitioner.

3.5 Notwithstanding paragraph 3.1, the Licensee may provide Traditional Medicine to a patient in the form of acupuncture on the basis of traditional Chinese medicine if such acupuncture:

(1) is not requested for by that patient on his own without prior assessment and recommendation by a registered medical practitioner or dentist;

(2) is assessed by a registered medical practitioner or dentist to be appropriate for that patient's condition;

(3) is recommended to the patient by the registered medical practitioner or dentist that conducted the assessment described in (2), with an explanation given to that patient as to the reasons for such recommendation;

(4) is consented to by that patient after the recommendation described in (3) and before the acupuncture is provided;

(5) is provided by a TCMP; **and**

(6) is provided in accordance with the prevailing clinical evidence.

3.6 If:

(1) the Licensee is licensed under the HCSA to provide (a) an acute hospital service, (b) an ambulatory surgical centre service; or (c) a community hospital service; and

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(2) the TCMP that is providing or intending to provide the acupuncture in accordance with paragraph 3.5 is a registered medical practitioner or dentist that is employed or engaged by the Licensee,

the Licensee shall ensure that the credentialing framework implemented by the Licensee for the licensable healthcare service described in paragraph 3.6(1) also takes into account that registered medical practitioner's or dentist's qualifications as a TCMP.

3.7 The Licensee shall ensure that the assessment, recommendation, explanation and consent described in paragraph 3.5(2), (3) and (4) is properly documented.

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ANNEX A

LIST OF NON-EVIDENCE BASED MEDICAL TREATMENT

1. The intravenous infusion of Vitamin B or C into a patient for any of the following purposes:
   (a) treatment for Herpes Zoster;
   (b) boosting of the immune system for patients on chemotherapy; or
   (c) rehydration following fever and diarrhoea.

2. The intravenous infusion of Glutathione into a patient to treat fatigue.

3. The intravenous injection of Progesterone, Oestrogen, Testosterone, DHEA, or thyroid hormones into a patient to treat any of the following:
   (a) cognitive decline;
   (b) weight gain;
   (c) osteoporosis;
   (d) skin aging;
   (e) fibromyalgia; or
   (f) sleep disorders.

4. The use of testosterone for hormone replacement treatment ('Testosterone Replacement Therapy' or 'TRT') for patients without laboratory confirmation of testosterone deficiency.

5. Compounded 'Bio-identical' Hormone Replacement Therapy ('cBHRT').

6. The intravenous injection of edetate disodium (Na2EDTA) into a patient ('Chelation Therapy') to unblock clogged heart arteries.

7. The injection of a concentration of the patient's own platelets into himself i.e., platelet rich plasma therapy, for any purpose **excluding** the following:

   (a) by a registered medical practitioner for:
      (i) non-surgical treatment of acute muscle and ligament injuries;
      (ii) biological augmentation of acute Achilles Tendon repairs;
      (iii) low-grade knee osteoarthritis defined as grades 1 or 2 of the Kellgren and Lawrence grading system for osteoarthritis that meet the conditions in **Annex B**;

   or

   (b) by a registered dentist for:
      (i) enhancement of healing of sinus lift bone grafts;
      (ii) enhancement of healing of bone grafts to the maxillofacial region;
      (iii) improvement of bony healing in Periodontal attachment loss surgery; or
      (iv) regeneration of Periodontal soft tissue with free gingival grafts.

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8. Autologous Protein Solution for knee osteoarthritis.

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ANNEX B

CONDITIONS FOR PLATELET RICH PLASMA THERAPY FOR LOW-GRADE KNEE OSTEOARTHRITIS

The exception in paragraph 7(a)(iii) of Annex A applies to platelet-rich plasma ("**PRP**") therapy for low-grade knee osteoarthritis (defined as grades 1 or 2 of the Kellgren and Lawrence grading system for osteoarthritis), if the following conditions are met: -

1. the Licensee must obtain prior written approval from the MOH TOSP Secretariat to carry out the PRP on low-grade knee osteoarthritis. To apply for approval, the Licensee must submit its standardised protocol for preparation of PRP and defined inclusion and exclusion criteria for the use of PRP on low-grade knee osteoarthritis to the MOH TOSP Secretariat via email at tosp@moh.gov.sg;

2. the PRP on low-grade knee osteoarthritis must be carried out by a registered medical practitioner who is: -

    i. registered under section 22 of the Medical Registration Act 1997 as a specialist in the branch of Orthopaedic Surgery or Sports Medicine; and

    ii. granted clinical privileges to carry out PRP on low-grade knee osteoarthritis by the Licensee's Clinical Governance Officer or the Licensee's Quality Assurance Committee appointed to grant clinical privileges to medical practitioners;

3. the PRP on low-grade knee osteoarthritis must be carried out pursuant to the Licensee's standardised protocol for preparation of PRP;

4. the Licensee must have a defined inclusion and exclusion criteria for the use of PRP on low-grade knee osteoarthritis;

5. the Licensee must maintain a database of all patients who have undergone or are undergoing PRP on low-grade knee osteoarthritis. The database must include prospective data related to clinical indications, outcomes, and safety of patients treated with PRP on low-grade knee osteoarthritis as well as patients treated for the same clinical indication but using existing treatments as a comparator group. The data must be anonymized, non-aggregate / patient-specific and be reported to MOH (tosp@moh.gov.sg) at the end of 36 months from 13 July 2026, or upon request by MOH;

6. the registered medical practitioner carrying out the PRP on low-grade knee osteoarthritis must audit and review clinical outcomes of his/her patients once a year, and submit the report to the Licensee's Clinical Governance Officer or Quality Assurance Committee. The audit and review must include details on the

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preparation, administration and clinical effectiveness of the PRP on low-grade knee osteoarthritis;

7. the Licensee must have a documented protocol in place for the immediate reporting of serious adverse events related to PRP on low-grade knee osteoarthritis to the Health Sciences Authority (HSA);

8. the Licensee must have a process in place to obtain the patient's informed consent for PRP on low-grade knee osteoarthritis. The consent taking process must state the uncertainties about the efficacy of PRP on low-grade knee osteoarthritis, potential clinical risks of PRP on low-grade knee osteoarthritis, mitigating measures, and treatment alternatives to PRP on low-grade knee osteoarthritis;

9. financial counselling must be conducted for all relevant parties before the PRP on low-grade knee osteoarthritis is carried out, and parties must be specifically informed that PRP on low-grade knee osteoarthritis (i) is not subsidized; and (ii) is not MediSave or MediShield claimable, requiring full out-of-pocket payment; and

10. there must not be any advertisement and/or media publicity in relation to the PRP on low-grade knee osteoarthritis.

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