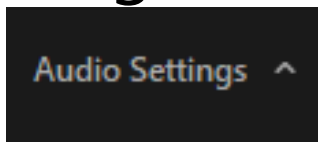
STAKEHOLDER ENGAGEMENT

6:00pm	**Introduction + House Rules**
6:05pm	**Opening Speech** Prof (Dr) Raymond Chua, Deputy Director-General of Health, Health Regulation Group, MOH and Chief Executive Officer, HSA
6:10pm	**Healthcare Services Act: General Regulations, Licence Conditions and Outpatient Pharmacy Service** Ms Cassandra Tan Ching Rui, Manager, Regulatory Compliance Division, Health Regulation Group, MOH
7:00pm	**Transition from Health Products Act to HCSA** Ms Cheryl Tan, Senior Manager, Regulatory Compliance Division, Health Regulation Group, MOH
7:15pm	**Questions & Answers** Moderator: Mr Neo Zhi Yang, Senior Manager, Chief Pharmacist's Office, MOH
7:50pm	**Closing Remarks** Dr Camilla Wong, Chief Pharmacist, MOH
8:00pm	**End of Webinar**

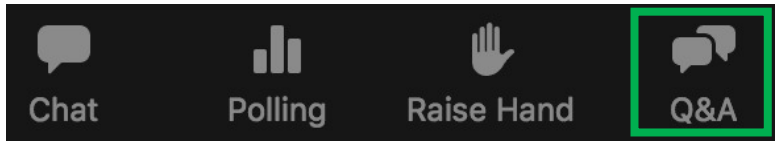
House Rules

- Please refrain from taking any audio, video or photographic recording of this session.
- Video and microphones have been disabled by default.
- Adjust your volume and audio settings using the button at the bottom-left corner of the screen: 

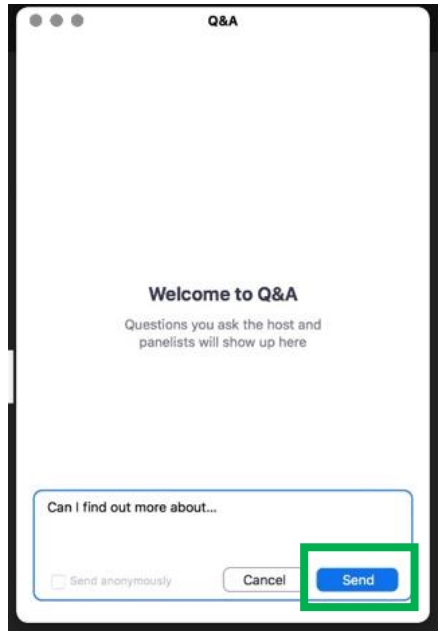
- Attendee chat has been disabled.

Q&A

Submit your questions:

1. Click on the Q&A icon 

2. Enter your questions in the pop-up box
3. Click 'Send' once you are done



Vote for the questions you want answered by clicking the thumbs up icon: 

MOH will answer the questions live during the Q&A segment or via written replies on the Q&A pop-up.

MINISTRY OF HEALTH
SINGAPORE

OPENING SPEECH

Prof (Dr) Raymond Chua

Deputy Director-General of Health, Health Regulation Group, MOH

Chief Executive Officer, HSA

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MINISTRY OF HEALTH
SINGAPORE

HEALTHCARE SERVICES ACT: GENERAL REGULATIONS, LICENCE CONDITIONS AND OUTPATIENT PHARMACY SERVICE

Cassandra Tan Ching Rui
Manager
Regulatory Compliance Division, Health Regulation Group, MOH

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Agenda

S/N	Items	Summary
1	**Overview of Healthcare Services Act (HCSA)**	• Requirements under the HCSA. • Licensable Healthcare Service (LHS), Specified Services (SSes) & Modes of Service Delivery (MOSDs).
2	**Governance**	• Roles and responsibilities of Licensee, Key Appointment Holders (KAH), Principal Officer (PO) & Clinical Governance Officer (CGO).
3	**Operational and Service Requirements**	• Personnel. • Medicinal Products and Health Products, Equipment and Materials. • Patient Health Record. • Infection Control. • Essential Life-Saving Measures. • Incident Escalation. • Business Continuity. • Price Transparency.
4	**Premises and Facilities Requirements**	• General Requirements for Premises and Facilities. • Co-location. • Remote OPS.
5	**Other Requirements**	• Emergency Preparedness. • Display of Business Names. • Protected Terms and Names.
6	**Advertisement**	• Advertisement Regulations.

Overview of Healthcare Services Act

Healthcare Services Act (HCSA)

- ✓ To **safeguard patient safety and welfare**, while enabling the development of new and innovative healthcare services that benefit patients.
  - ✓ To **enhance governance** of licensed entities.
  - ✓ To **ensure continuity of care and accountability**.
- ✓ To **strengthen regulatory clarity**.

Requirements under the HCSA

- ☑ **The Act** → Sets out **broad requirements** and obligations
- ☑ **Regulations** → Sets out **requirements** to be met when providing licensable healthcare services
  - ☑ General Regulations
  - ☑ Advertisement Regulations
  - ☑ Fees Regulations
  - ☑ Appeals Regulations

  → **General requirements** applicable to **all licensees**
  - ☑ Service Specific Regulations

  → Requirements **unique to each licensable healthcare service (LHS)**
- ☑ **Licence Conditions (LCs)** → Sets out **specific technical requirements for each LHS**
- ☑ **Code of Practice** → Sets out **COP for Key Office Holders**

**__FAQs/Guidance__ carry illustrations of good practices to help licensees interpret and meet the requirements in the Regulations and LCs and are not enforceable.*

HCSA: Licensable Healthcare Services (LHSes)

- Currently under HCSA, LHSes are split into 3 categories:

1. Inpatient Services	2. Outpatient Services	3. Clinical Support Services
➢ Acute Hospital Service ➢ Community Hospital Service ➢ Nursing Home Service	➢ Ambulatory Surgical Centre Service ➢ Assisted Reproduction Service ➢ Outpatient Dental Service ➢ Outpatient Medical Service ➢ Outpatient Renal Dialysis Service ➢ **[NEW] Outpatient Pharmacy Service (OPS)**	➢ Blood Banking Service ➢ Clinical Laboratory Service ➢ Cord Blood Banking Service ➢ Emergency Ambulance Service ➢ Medical Transport Service ➢ Human Tissue Banking Service ➢ Nuclear Medicine Service ➢ Radiological Service

- Licensees need to seek MOH's approval before providing an LHS. It is an offence to provide an LHS without MOH's approval.

Definition of ‘Outpatient Pharmacy Service’

“Outpatient pharmacy service” means any of the following healthcare services that is provided to an outpatient, which apply the knowledge and science of pharmacy in:

a) interpreting, evaluating and implementing prescriptions of persons authorised by law to prescribe medication;

b) compounding, labelling, dispensing and administering medication;

c) patient assessment and counselling for the purpose of recommending and dispensing medication;

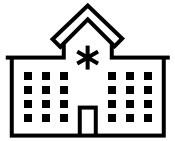
d) managing medication therapy; and

e) evaluating medication use.

HCSA: Modes of Service Delivery (MOSDs)

- There are four MOSDs under the HCSA.
  - **All four MOSDs will be offered for OPS.**
- Licensees need to seek MOH's approval for the applicable MOSD for each LHS. It is an offence to provide an LHS via MOSDs without MOH's approval.

4 Modes of Service Delivery



Permanent premises
e.g. brick and mortar pharmacies

Temporary premises
no permanent premises
e.g. house calls, community events

Remote
through virtual platforms or applications
e.g. telepharmacy, vending machines

Conveyances
where the LHS is delivered from a vehicle
e.g. pharmacy buses

Which Modes of Service Delivery (MOSD) should I apply for?

I provide a Licensable Healthcare Service (LHS). How do I know which MOSD to apply for?

Is the LHS delivered out of a vehicle?

→ Apply for the "**Conveyances**" MOSD.

No

Is the LHS delivered virtually/online?

→ Apply for the "**Remote delivery**" MOSD.

No

Is the LHS delivered at a fixed, specified address for the full duration of its licence tenure?

→ Apply for the "**Permanent premises**" MOSD.

No

Apply for the "**Temporary premises**" MOSD.

HCSA: Specified Services (SSes)

- Under HCSA, some LHS have SSes — these generally involve complex or higher-risk procedures with specific patient safety requirements.
  - E.g. SSes from Outpatient Medical Service: Blood Transfusion Service, Electrocardiography Stress Testing (EST) Service, Endoscopy Service and Liposuction.
- Licensees need to seek MOH's approval before commencement of SSes under their LHS. It is an offence to offer any SSes without MOH's approval.
- **No SSes will be prescribed for OPS at current juncture.**

The Decision Matrix: Licensable Healthcare Services (LHS), Modes of Service Delivery (MOSD) & Specified Services (SS)

1

Licensable Healthcare Service (LHS)

Identify the LHS being offered.

e.g. OPS

2

Mode of Service Delivery (MOSD)

Identify the MOSD by which the LHS is delivered.

e.g. Permanent Premises & Remote Delivery

3

Specified Services (SS)

Indicate the <u>allowable</u> SS, if any.

Note: If a SS is not listed as an allowable SS for that LHS, licensees cannot offer it.

Governance

HCSA: Governance Requirements

- MOH has published a Code of Practice document for these key office holders under HCSA. It can be found on the HCSA website: go.gov.sg/hcsa-resources.

Licensee: Overview and Responsibilities

Who can be a licensee?

- Can be a corporation or an individual.
- Not required to have clinical expertise.

What are the licensee's roles and responsibilities?

- Responsible and accountable for overall compliance with HCSA.
- Responsibility is non-delegable, but the licensee must appoint Principal Officer (PO), Clinical Governance Officer (CGO) and Key Appointment Holder (KAH) to assist with HCSA compliance.

Key Appointment Holders (KAHs): Overview and Responsibilities

Who are the KAHs?

- All members on the board of directors of a company, all partners in a partnership, or business owner for sole proprietorships.

What are the KAHs's roles and responsibilities?

- Governing body of the licensee.
- Have the authority to provide high-level management and clinical direction but less direct influence over day-to-day operations than the PO or CGO.
- Ensure the organisation is financially sustainable, and that organizational processes are robust and comply with all laws and regulations.
- Provide strategic leadership and general management oversight of the licensable service.
- Duties are stipulated under the Code of Practice.

Principal Officer (PO): Overview and Responsibilities

Who can be a PO?

- No specific qualifications required.

What are the PO's roles and responsibilities?

- Exercises organisational authority and direct management authority over day-to-day operations.
- Ensures day-to-day operational compliance with HCSA to ensure patient safety, welfare, and continuity of care.
  - Oversees implementation of policies and SOPs.
  - Reviews and manages clinical or enterprise risk.
- Duties set out in the General Regulations.

Clinical Governance Officer (CGO): Overview and Responsibilities

Who can be a CGO?

- For OPS (similar to the pharmacist-in-charge (PIC) requirements under the HPA):
  - Fully registered pharmacist with the Singapore Pharmacy Council and holds a valid practicing certificate.
  - In active practice.
- Appointment must be approved by MOH.
  - Multiple CGOs should be appointed if a single CGO cannot fulfil the duties and responsibilities of CGO for the full scope of services provided.

What are the CGO's roles and responsibilities?

- Oversees day-to-day clinical governance and technical aspects of the licensable service.
  - Implementation of complex services that require specialised expertise.
- Duties set out in the General Regulations.

Appointing Key Personnel: What to Note

- For smaller providers (e.g. solo-practitioner pharmacy), the same person can hold the roles of licensee, PO, CGO, and KAH, as long as they meet the requirements for each role.

- The licensee (if an individual), PO, and CGO must reside in Singapore to effectively discharge their duties.

Appointment of and change in KAH, PO and CGO

Requirement	Timeline
Appointment or change in appointment of KAH (e.g. board of directors, partner) and PO	• Notification **within 10 calendar days.**
Appointment or change in appointment of CGO	• Application for approval must be made at the same time as the application for grant or renewal of licence, or approval for specified service; or **no later than 10 calendar days** before the appointment.
Change in majority of KAH (i.e. to remove or substitute *more than half* in number of the licensee's key appointment holders)	• Notification within **1 month before** the proposed removal or substitution takes effect.
Remove unsuitable PO and appoint another suitable individual	• Unsuitable person must be removed and new appointment must be made **within 10 calendar days.**
Remove unsuitable CGO and appoint another suitable individual	• Unsuitable person must be removed and new appointment must be made **within 20 calendar days** (inclusive of the period for the application for Director's approval of the CGO).
Submission of self-declarations of suitability to act	• Submission together with notification of appointment or change in appointment.

Operational and Service Requirements

Personnel

- Licensees must ensure that there are **adequate qualified and competent staff** to provide safe and effective patient care. This includes:
  a) Having processes in place to ensure staff are adequately trained and regularly assessed for competency to perform their work effectively, safely and in accordance with protocols.
  b) Ensuring a pharmacist is available for a minimum of **35 hours** per week for the provision of OPS (not applicable for licensee holding only a temporary premises licence).

Safe and Proper Use of Medicinal Products and Health Products, Equipment and Materials

- Licensee must ensure that all medicinal products and health products, medical equipment and materials (including Point-of-Care Simple In-Vitro Diagnostic* testing materials) are:
  - **Fit for use** — not expired and not suspected to be compromised.
  - **Appropriately handled, stored and maintained** — in accordance with manufacturers' instructions (with maintenance records kept if available).
  - **Legally compliant** — in accordance with the Medicines Act, Health Products Act, Misuse of Drugs Act and all relevant laws.

** "simple in vitro diagnostic test" means an in vitro diagnostic test that is designed to return a test result without the need to interpret raw test data and requires — no specimen processing;*
no more than 3 steps of analytical test procedures;
the use of self-contained reagent cartridges or strips or no precise measurement required for reagent preparation;
no specifications for a controlled testing environment for returning an accurate test result; and
only portable analysers with automated calibration, quality control and self-diagnosing malfunction features when used;

Patient Health Records

When must patient health records be kept for OPS?

- P-sales*.
- Filling of prescription.
- Pharmacist vaccination services.

How long must records be retained for OPS?

- Computerised or electronic records: lifetime + 6 years.
- Paper records: 6 years from the last day of consultation or treatment, whichever is later.

**P-sales refer to the sale of Pharmacy-Only medications and Prescription-Only Medications with Exemption by a pharmacist, without a prescription.*

Patient Health Records

What information must be recorded?

Mandatory: 1. Name 2. Identification or passport number 3. Gender 4. Date of birth

If available to the licensee:

1. Residential address
2. Ethnic group
3. Date and time of every consultation, referral, admission, investigation and discharge
4. Admission forms and patient registration number for the visit, consultation or admission
5. Medical history, referral documents and declaration forms relating to the patient's health or medical history
6. Clinical findings and progress notes
7. Clinical management and care plan containing details such as medication, nursing care, treatment, diet and allied health care
8. Name of each medical practitioner or dentist (as the case may be) who has provided care or treatment to the patient
9. Date of and reason for each medical certificate issued to the patient
10. Any consent or acknowledgment forms
11. Allergies and other factors requiring special consideration
12. Results of laboratory tests
13. Reports of X-rays and other investigations
14. Vaccinations
15. Consent forms
16. Discharge summary containing details such as significant findings and events of the patient's stay, the patient's condition on discharge and recommendations and arrangements for future care
17. Health declaration forms
18. Financial counselling forms
19. Records of any adverse event that occurred in the provision of the licensable healthcare service and the actions taken by the licensee's personnel in response to the adverse event
20. Date and time of death (if the patient is deceased)

Patient Health Records

What additional information must be recorded?

For Remote Provision of OPS:

1. That OPS is provided remotely.
2. Type of remote communication (e.g. whatsapp video call, phone call, text).

For P-sales of Codeine-Containing Cough Preparations (CCCP):

1. Medical and psychosocial history, including previous use.
2. Clinical findings, including duration of cough and any evidence of misuse (e.g. early refill requests, use for sedation).
3. CCCP type/name, dose, frequency, duration, indications, justification for supply, any signs of tolerance, dependence or misuse.
4. Referrals* to medical practitioners, if any.
5. If patient refuses referral, document the refusal and counselling provided.

**If the patient's cough persists beyond 8 weeks, refer to a medical practitioner and do not supply CCCP.*

Infection Control

- Licensee must ensure that written protocols on **infection control** are in place at approved premises and conveyances to ensure:
  - Environment, equipment and facilities are clean and safe.
  - Appropriate infection control processes are in place.

- **Biohazardous materials** are appropriately stored, used and disposed of.

Measles and Diphtheria Vaccinations for Workers in Healthcare

- Licensees must ensure all staff meet the following vaccination requirements:
  - **Measles: 2 doses.**
  - **Diphtheria: 1 dose of Tdap, followed by a Td or Tdap booster every 10 years.**

- This requirement applies to all staff working within licensees' premises, including those not directly under the licensees' employment (e.g. contractual agreements and engagements).

- Exemptions:
  - For Measles: Singapore citizens and PRs born in Singapore before 1975.
  - Staff with no direct patient interaction and not based at any premises of a healthcare institution.
  - Staff who are permanently unfit for vaccination.
  - Staff who are engaged on a one-off basis.

Essential Life-saving Measures

- Licensees must ensure that there is a written protocol for the **rapid and accurate assessment of any patient who is in need of essential life-saving measures**.

- All personnel must be trained and proficient in implementing the emergency protocol.

- When providing **pharmacist vaccination services**, the licensee must ensure that the following are available at minimum:
  1. Emergency drugs: At least two 0.3mg intramuscular adrenaline autoinjectors.
  2. Emergency equipment:
     a) CPR barrier mask.
     b) Blood pressure (BP) monitor with BP cuffs in appropriate sizes.

Basic Cardiac Life Support (BCLS) and the Use of Automated External Defibrillator (AED*)

OPS (registered HCPs only)

Standalone OPS

BCLS + AED CERT *NOT* required

E.g. Guardian pharmacy in shopping centre.

OPS co-located with other healthcare service

BCLS + AED CERT *NOT* required

E.g. Guardian pharmacy in hospital.

OPS supporting or part of another licensable healthcare service

BCLS + AED CERT required

E.g. Block 4 outpatient pharmacy in SGH.

Pharmacist Vaccination Service

BCLS + AED CERT required

If an HCP is not medically fit for essential life-saving measures

Valid certification is still required, theory component only

**OPS licensees are not required to keep an AED but should have knowledge of where the nearest AED is located.*

Incident Escalation

- Licensees must ensure that there is an **incident escalation framework**.
  - ➢ Timely escalation of incidents to management.
  - ➢ Minimum incidents to be addressed:
    a) Clinical incidents impacting or endangering public health or patient safety;
    b) Clinical incidents with institutional wide impact;
    c) Incidents of abuse or allegation of abuse or breach of privacy;
    d) Compromise of computer system affecting patient safety, welfare or data confidentiality or security;
    e) Incidents impacting the structural safety (includes fire safety) of the licensed premises or conveyances.
  - ➢ Appropriate and timely actions to limit patient harm and prevent reoccurrence.

Business Continuity

- Licensee must have a business continuity plan in place to restore the licensee's healthcare service operations in the event of any contingency or disaster.
  - Plan must be actionable and reviewed and updated periodically.

Price Transparency and Issuance of Bill

- Licensee must inform the patient of the **estimated applicable charges** (including administrative charges) upon request.

- Licensee must inform the patient or caregiver about of their **accreditation or participation in a public scheme**, where applicable. Public schemes include, but are not limited to:
  a) MediSave;
  b) MediShield Life Scheme Act; and
  c) Community Health Assist Scheme (CHAS).

- Licensee must **issue a bill** to every patient or caregiver for every service provided, unless declined.

Premises and Facilities Requirements

General Requirements for Premises and Facilities

- **Premises/conveyances:** must be safe, sanitary, accessible*, appropriately equipped and properly maintained for the delivery of services.

- **Remote provision:** all structure, facility, equipment or device provided for a patient's use must be sanitary and safe - e.g remote service kiosks

- **Pharmacist vaccination services:** vaccination area must be partitioned from other parts of the premises to ensure patient privacy.

**For Conveyances: This should include adequate space to access the patient for the provision of any essential life-saving measures.*

Use of approved permanent premises/conveyance for other purposes (Co-location)

- Certain non-licensable services do not require MOH approval to operate on licensed premises/conveyances. These are specified in the Fourth Schedule of the General Regs (e.g. services provided by registered Allied Health Professionals).

- For all other non-licensable services (e.g., spa, cafe), MOH's approval is required before co-locating.

Remote OPS

- 'Remote' OPS means the provision of an OPS:
  - ➢ Via technological means (e.g. telephone, video call, email); AND
  - ➢ Where the service provider and patient are **not in the same physical location.**

  E.g. pharmacist conducting P-sales via video call or vending machine, filling a prescription through an electronic interface, or answering patient-related drug enquiries over the phone.

- <u>Out of scope</u>
  a) Use of remote services to provide non-clinical administrative support to customers e.g. enquiry regarding drug availability.
  b) Tele-collaboration between healthcare professionals for clinical purposes.

General Requirements for Remote OPS

- **Before any remote OPS**:
  a) Verify the patient's identity and contact information.
  b) Ensure that patient does not require emergency care.
  c) Have attending staff introduce themselves.

- There must be **guidelines** on circumstances where remote OPS can or cannot be provided, considering:
  a) Patient's medical condition and history;
  b) Whether patient can use the technology effectively;
  c) Pharmacist's training and scope of practice.

General Requirements for Remote OPS

- Licensee must clearly display the following on their website, software application or remote service kiosk (or inform the patient before remote OPS if none of the above are used):
  a) Licensee's business name, email or phone number.
  b) That the licensee holds an OPS licence with remote MOSD approval.
  c) That patients needing emergency life-saving care should not use this service.

Specific Requirements for Remote P-sales and Filling of Prescription

Remote P-sales:

- Live two-way interactive audio-visual communication must be used if providing:
  1. To first-time patients; **OR**
  2. By means of a video consultation*.
- Remote P-sales of controlled drug (e.g. CCCP) is only allowed if the patient has been assessed in-person to require the drug before.

Remote Prescription Filling:

- Controlled drug prescriptions must be fulfilled through a closed-loop electronic interface from prescriber directly to pharmacist.

**If recording the video consultation, patient consent must be obtained and documented. For clarity, there is no requirement to do so unless needed to support patient care or clinical documentation.*

Specific Requirements for Remote Service Kiosk

- E.g. vending machine or similar equipment which dispenses any Pharmacy-Only medications and Prescription-Only Medications.

- Remote service kiosk requirements:
  a) Appropriately equipped, including a **privacy fixture** that:
     - ➢ Adequately surrounds the designated area.
     - ➢ Is sufficiently spacious for at least one patient.
     - ➢ Protects confidentiality of patient information visually and audibly.
  b) Secured against unauthorised access to the medicinal products or health products.

Other Requirements

Emergency Preparedness

- Licensee must:
  - Establish an effective emergency response plan for national emergencies.
  - Participate in national emergency efforts and national emergency preparedness exercises.
  - Develop emergency infection control measures.
  - Ensure all relevant staff are competent in responding to a national emergency, including the proper use of Personal Protection Equipment (PPE).

Display of Business Name

- Licensee's business name must be displayed on every signage, website and stationery that makes reference to the service.

- E.g. if current business name on licence is "Guardian Pharmacy (Our Tampines Hub)" but signboard shows "GUARDIAN" only, licensee may:

  1. Update signage to reflect "Guardian Pharmacy (Our Tampines Hub)" by:

     a) Updating signboard directly.

     b) Adding a decal/sticker to existing signboard.

  2. Amend the business name on licence to match the signboard (i.e., "GUARDIAN").

Protected Terms and Names

- Protection of **"National"** and **"Singapore"**
  - ➢ Licensees are not allowed to use such terms, unless approved.

- Names must be accurate and not misleading.
  a) Reflect the service(s) provided.
  b) Must not contain words that imply capabilities or services beyond what is licensed.
     - ➢ Refer to Annex A for the list of protected terms and names.

Advertisement

HCSA: Advertisement Regulations

Ensure that consumers are not:

- ✓ Provided with false and misleading information which cannot be substantiated.
- ✓ Enticed to use healthcare services which may not be necessary or could pose safety risks to their health and well-being.

Advertising Regulations at a glance:

1. Licensee is responsible for all advertisement content published by an authorised person on behalf of the licensee.
2. Non-commercial promotion materials, listings and direction signs etc. is excluded from the scope of 'advertisement'.
3. Advertisements of licensed and co-located non-licensed services must be clearly distinguished.
4. Display, publication and dissemination of testimonials and reviews are prohibited by default, except for organic, unpaid reviews or testimonials provided directly from the patient or next of kin.

Thank You

MINISTRY OF HEALTH
SINGAPORE

TRANSITION FROM HEALTH PRODUCTS ACT (HPA) TO HEALTHCARE SERVICES ACT (HCSA)

Cheryl Tan
Senior Manager
Regulatory Compliance Division, Health Regulation Group, MOH

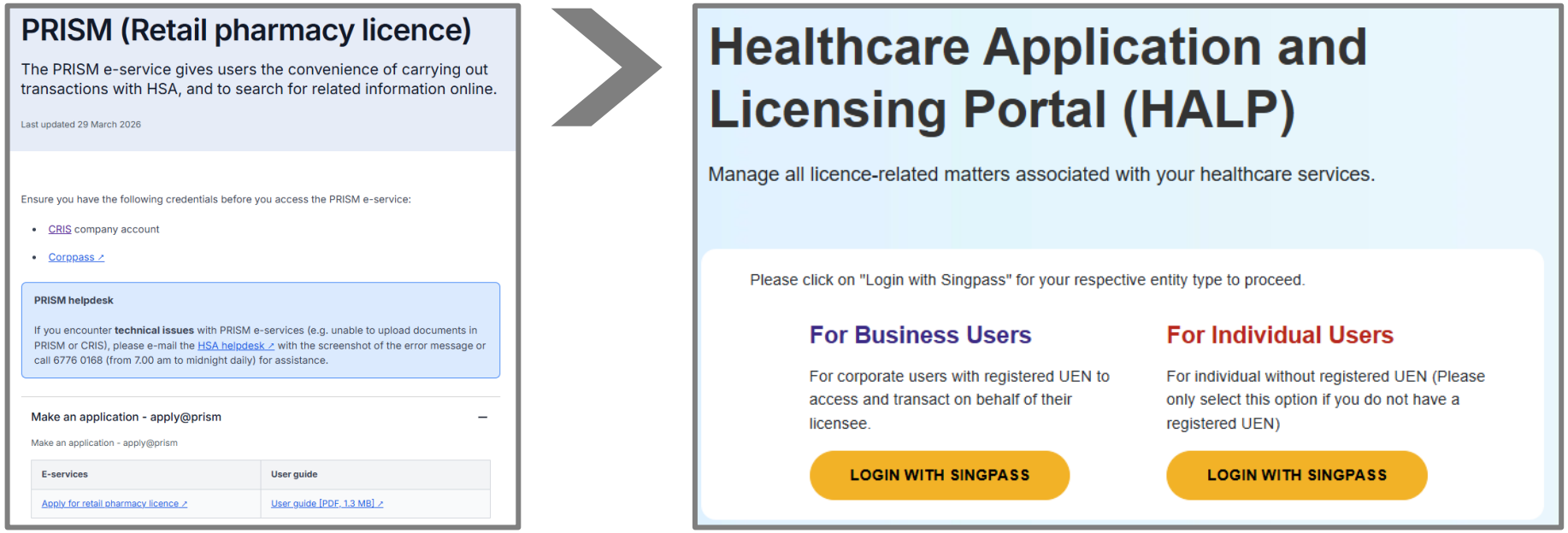
An initiative of FORWARD SG

Agenda

S/N	Items
1	Background
2	Mapping of Pharmacies under HPA to HCSA A. Licence Tenure B. Modes of Service Delivery (MOSDs) C. Key Personnel Licence Renewal Periods by Groups
3	Transition Plan from HPA to HCSA
4	Renewing Your HCSA OPS Licence
5	Applying for a New HCSA OPS Licence
6	Key Takeaways
7	Fee-Related Matters

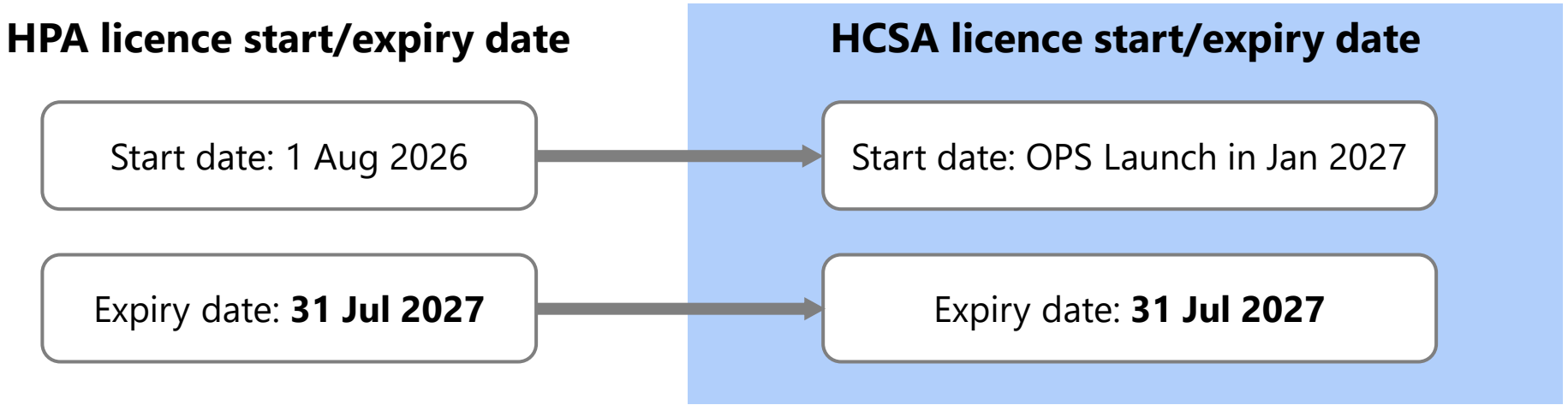
Background

- The Healthcare Services (Outpatient Pharmacy Service) Regulations will be promulgated in January 2027.
- Licensees currently holding Retail Pharmacy licences under HPA will be mapped to OPS licences under HCSA.
- The online portal for managing licensees and licences will now move from **PRISM** to the Healthcare Application and Licensing Portal (**HALP**).
- This deck will explain how your current HPA licences will be mapped to HCSA licences, and the actions required from existing HPA licensees.



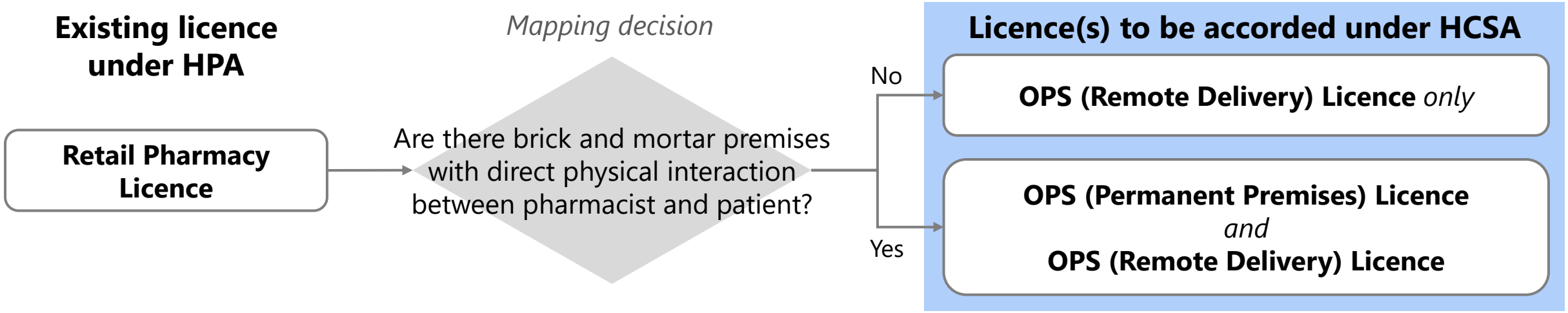
Mapping of Pharmacies under HPA to HCSA: A. Licence Tenure

- HCSA licences will be issued with the remaining licence tenure from the respective HPA licences that were mapped and ported over.
- For example:



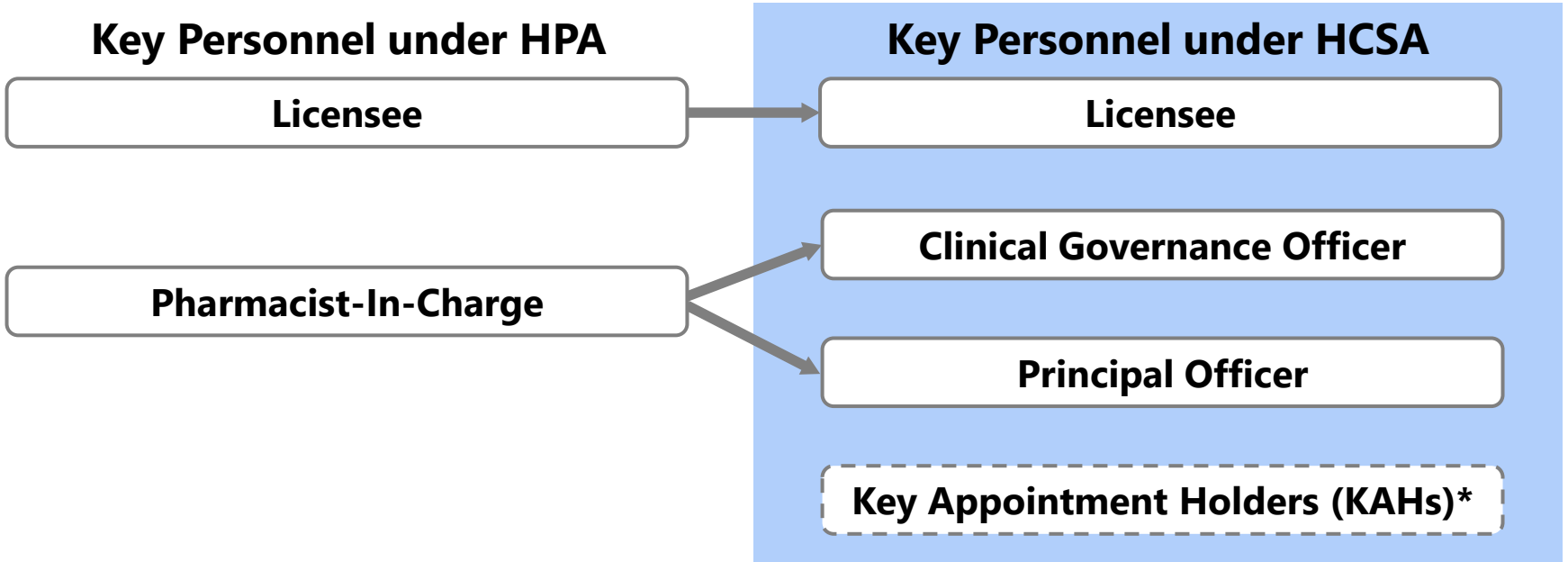
Mapping of Pharmacies under HPA to HCSA: B. Modes of Service Delivery (MOSDs)

- When mapping HPA licences to HCSA OPS licences, **Permanent Premises** and/or **Remote Delivery** MOSD(s) will be accorded based on each pharmacy's operating model.
- Parties who wish to hold the **Temporary Premises** or **Conveyance** licences may apply on HALP upon the launch of OPS.
- If you have been automatically accorded MOSD licences which you do not wish to hold, you may cease the respective licences on HALP.



Mapping of Pharmacies under HPA to HCSA: C. Key Personnel

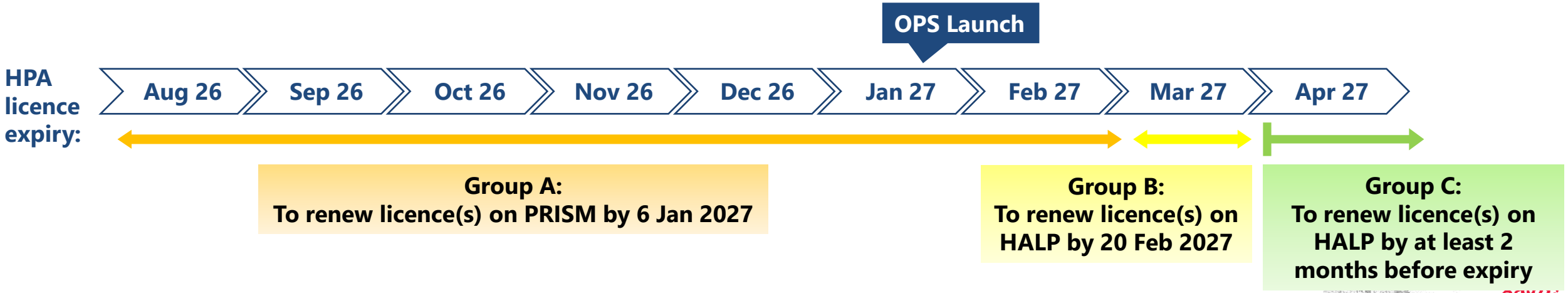
- Mapping of Key Personnel will be based on information available on PRISM as of January 2027.
- Licensees can make the necessary changes to the above Key Personnel in PRISM before the transition **or** in HALP after the transition.
- *Under HCSA, licensees that are ACRA-registered companies are required to appoint their Board of Directors (BoD) as KAHs.



Mapping of Pharmacies under HPA to HCSA: Licensee Renewal Periods by Groups

Details on how licences should be renewed and how your licences will be issued

Group	HPA licence expiry	Renew where	Renew by when	Licence issued and tenure	
				HPA	HCSA
A	On/before 1 Mar 2027	PRISM	6 Jan 2027	1-year licence tenure upon renewal	Upon OPS launch, remaining licence tenure is ported over from HPA
B	2-31 Mar 2027	HALP	20 Feb 2027	Nil	2-year licence tenure upon renewal
C	On/after 1 Apr 2027	HALP	At least 2 months before expiry	Nil	2-year licence tenure upon renewal



Transition Plan from HPA to HCSA

Pre-implementation

Jul-Aug 2026

Stakeholder engagement sessions

Ongoing

HSA/MOH will reach out again in **Nov 2026** to all existing HPA licensees to share further administrative details and next steps.

Dec 2026-Jan 2027

PRISM Applications*

HSA/MOH will work closely with pharmacies to (1) ensure Group A licences are renewed on PRISM before the migration to HALP, and (2) facilitate any in-flight pharmacy applications on PRISM.

Early Jan 2027

Training Sessions

HSA/MOH will organize training sessions to help licensees familiarise themselves with HALP.

Registration details for the training sessions will be provided in **Nov 2026**.

Mid Jan 2027

PRISM Cut-off Date

Cut-off date for PRISM applications/ access will be in effect mid Jan 2027.

End Jan 2027

HALP Soft Launch**

HSA/MOH will work closely with pharmacies to facilitate renewal of Group B licences on HALP.

Post-implementation

End Jan 2027

OPS Launch & HALP Go-Live

Upon HALP go-live, all migrated licensees may log in to view and manage their licences.

Jan-Jul 2027

Assistance from MOH

Dedicated helpdesk will be set up to assist licensees who may face issues using the new system.

*Should you wish to apply for a **new** pharmacy licence under HPA or **amend** an existing Pharmacy Licence from now till the cut-off date, please contact HSA at HSA_GDP@hsa.gov.sg.

Should you wish to apply for **new pharmacy licence under HCSA from 2027, you may do so on HALP from the soft launch date in end Jan 2027.

Renewing Your HCSA OPS Licence

- HALP does not support automatic licence renewal in any circumstance or applications. Licence renewal reminders will be sent to licensees 6 months ahead of licence expiry.
- HALP allows licensees to apply for licence renewal up to 6 months ahead of licence expiry.
- Licensees must apply for licence renewal at least 2 months ahead of licence expiry to avoid incurring a late renewal fee. A small group of licensees (with licence expiring 2-31 Mar 2027) will be affected upon migration of licences in Jan 2027; one-time waiver of late fee renewal fees will be applied accordingly.
- Inspections may be required.

Expiry date -6 months	**-5 months**	**-4 months**	**-3 months**	**-2 months**	**-1 month**	**Expiry date**
First HALP reminder email will be sent.	Second HALP reminder	Third HALP reminder	Fourth HALP reminder	Fifth HALP reminder	Sixth and last HALP reminder	Licences will lapse upon their expiry date, and pharmacies will be required to apply for a new OPS licence.

Licensees may renew their licences within this period.

Licence renewals within this period will incur late renewal fee.

The provision of OPS will not be permitted until the new licence application is approved.

Applying for a New HCSA OPS Licence

1. Application

- Login to HALP.
- Select OPS from list of LHSes and select applicable MOSDs.
- Key in licensing details and other service-related information.
- Attach supporting documents.
- Application submission following licensing fees payment.

2. Inspection

- Receive confirmation on inspection date, if inspection is required.
- Ensure documents are ready for inspection.
- Inspectors may contact you for further clarifications after inspection.

3. Outcome

- Receive email notification on application status when all licensing requirements are met.
- View e-licence(s) in HALP upon approval.

4. Post-Approval

- Update in HALP if there are any changes to your licence.
- Renew licence (in HALP) 6 months prior to licence expiry.

Note: Applications must be submitted at least 2 months before planned commencement date.

Key Takeaways

- There will be cut-off date for PRISM applications/access in Jan 2027.
- All HPA licences with valid licence tenure will be transitioned to HCSA, with migration of licence data from PRISM to HALP in Jan 2027.
  - Take note of the licence renewal periods for the different groups on slide 58.
- We will be providing the following assistance on using HALP:
  - **Training sessions** will be conducted in Jan 2027 ahead of OPS soft launch and go-live on HALP to help licensees familiarise themselves with the new licensing portal.
  - **FAQs, E-guides and instructional videos** will be uploaded on the website as self-help tools for licensees.
  - **Helpdesk support** will be available to the licensees during the transition.

Licensing Matters: Timelines for application, amendment, cessation of licence and others

Licence	Requirements
Application for new licence	• To be made via HALP **no later than 2 months** before intended commencement date
Renewal of existing licence	• Application to be made **no later than 2 months** before expiry of licence • Up to 2 months from date of application to issue renewed licence • Late renewal fee will be specified in the First Schedule of the Healthcare Services (Fees) Regulations 2021
Addition of MOSD(s) to Licence	• Application to be made **no later than 2 months** before the service is provided at that additional premises / conveyance
Any Other Amendment (particulars or information)	• Application to MOH for change of licensee name, to be made **no later than 1 month** prior to doing so • For other changes, to notify MOH **no later than 10 calendar days** before the change
Notification of Cessation, including removal of MOSD(s)	• Notification of intention to cease must be made **no later than 1 month** before cessation
Nominee	• Licensees who are individuals or sole proprietors are to provide details of a nominee. • Nominee to be contacted when licensee is uncontactable.
Notification of Death of Licensee	• Notification of licensee's death must be made **within 1 month**

Licensing Fees

- Licensing fees are expected to remain largely unchanged.
- As the default licence tenure for approved new OPS licence applications and renewal applications is **2 years**, fees payable upon new licence approval or renewal on HALP are therefore charged for a **2-year period**.
- Licensees may choose to align their OPS licence with the tenure of other HCSA licences that they may hold such as Outpatient Medical Service or Acute Hospital Service. Fees will be pro-rated accordingly to the aligned licence tenure.

Licence Fee Bundles: MOSD Bundle

- The MOSD licence fee bundle will apply for various combinations of MOSDs; there is no additional charge for licensees that provide Remote Delivery and/or Temporary Premises MOSDs **in conjunction with** Permanent Premises/Conveyances.
- A $100 bundle top-up fee will be charged if licensees add additional MOSDs subsequently.

List of possible combinations for MOSD bundle	**Eligibility for MOSD bundle**
1. Standalone MOSD	Not applicable
2. Temporary Premises + Remote	Yes
3. Permanent Premises + Temporary Premises + Remote	Yes
4. Conveyance + Temporary Premises + Remote	Yes
5. Permanent Premises + Conveyance	No
6. Remote + Temporary Premises + Permanent Premises + Conveyance	Yes, but only the permanent premises will be bundled. Conveyance will incur a separate fee.

Administrative Fees

- An administrative fee of $100 will be withheld if applications are withdrawn.
- $100 amendment fee applies if changes are made to: (i) HCI name, (ii) address of onsite premises, and/or (iii) change in licensee (with no significant change in management).
- No refund will be made for revocation or cessation, once the licence has been issued.
- Late renewal fees will be charged at 20% of licence fees.

Pre-licensing | **Application Submitted** | **Duration of Licence Issued**

2 months before licence expiry

Late Renewal Fee
20% of licence fee

Withdrawal Fee
$100

Note: No fees charged for amendments before licence is issued

Alignment of Licences
Pro-rated licence fees for aligned licences

Amendment Fee
$100

Cessation/Revocation
No refund

Modes of Payment

- There are 4 payment modes available on HALP:
    (1) Credit/Debit Card
    (2) eNETS
    (3) PayNow
    (4) GIRO
- Licensees who wish to pay via GIRO will need to set up a new GIRO arrangement on HALP.
- The GIRO payment option is applicable only for licence renewals and amendments.

Thank You

MINISTRY OF HEALTH
SINGAPORE

Questions & Answers

Moderator

Mr Neo Zhi Yang, Chief Pharmacist's Office, MOH

Panelists

Dr Camilla Wong, Chief Pharmacist, MOH

Ms Jahara Ibrahim, Director (Regulatory Compliance), MOH

Adj Prof Lita Chew, Group Chief Pharmacist, SingHealth

Ms Lim Hong Yee, Group Chief Pharmacist, NHG Health

Ms Chung Wing Lam, Senior Principal Clinical Pharmacist, Watson's Personal Care Stores

Mr Roman Rosales, Head of Pharmacy, Guardian Health & Beauty

Dr Ganeswari Apparow, Senior Pharmacy Manager, Mount Alvernia Hospital

Ms Debbie Nguyen, Head, Business and Production, Wellaway

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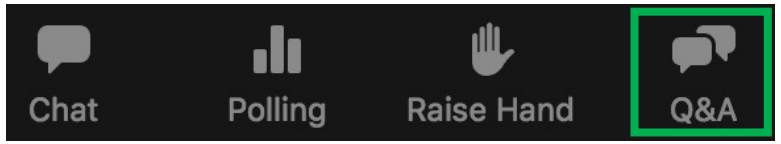
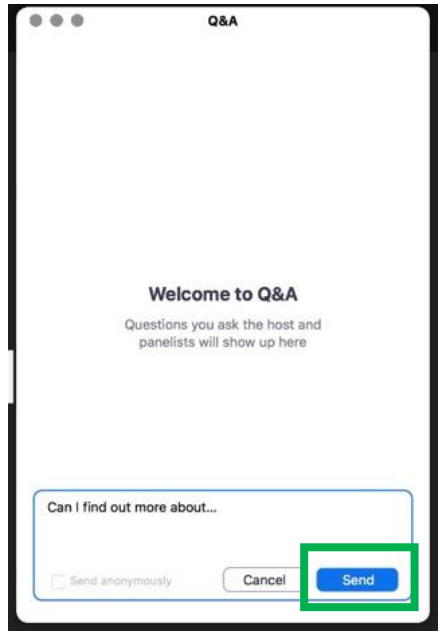
Q&A

Submit your questions:

1. Click on the Q&A icon 

2. Enter your questions in the pop-up box
3. Click 'Send' once you are done



Vote for the questions you want answered by clicking the thumbs up icon: 

MOH will answer the questions live during the Q&A segment or via written replies on the Q&A pop-up.

MINISTRY OF HEALTH
SINGAPORE

CLOSING REMARKS

Dr Camilla Wong
Chief Pharmacist, MOH

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Thank you!

https://go.gov.sg/pharmacyengagement
1

Scan to provide your feedback on today's session

*Visit **HCSA.gov.sg** for more information*

*Write to us at **HCSA_Enquiries@moh.gov.sg***

Annexes

Annex A: Protected Terms and Names

1. Accident and emergency
2. Accident and Emergency Department
3. Acute hospital
4. Ambulatory surgical centre
5. Assisted reproduction
6. Blood bank
7. Blood transfusion
8. Cell, tissue and gene therapy
9. Clinical genetic and genomic service
10. Clinical laboratory
11. Community hospital
12. Dental clinic
13. Diagnostic imaging laboratory
14. Egg bank
15. Embryo bank
16. Emergency ambulance
17. Emergency department
18. General hospital
19. General practitioner clinic
20. Health screening
21. Hospice
22. Inpatient hospice
23. Inpatient palliative care
24. In-vitro fertilisation
25. Maternity home
26. Medical and surgery
27. Medical centre
28. Medical clinic
29. Medical clinic and surgery
30. Medical laboratory
31. Medical transport
32. Mobile medicine
33. National Centre
34. National Specialty Centre
35. Nuclear medicine assay
36. Nuclear medicine imaging
37. Nuclear medicine therapy
38. Nursing home
39. Oocyte bank
40. Organ transplant
41. Polyclinic
42. Proton beam therapy
43. Radiation oncology
44. Radiology laboratory
45. Renal dialysis centre
46. Specialised interventional procedure
47. Specialist centre
48. Specialist clinic
49. Sperm banking
50. Surgical centre
51. Telemedicine
52. Tissue banking
53. Urgent Care Centre
54. Urgent Care Clinic
55. X-ray laboratory
56. Family physician

Annex B: List of Additional Activities

- Compounding of non-sterile Therapeutic Products for treatment of individual patient in accordance with a valid prescription
- e-pharmacy Service
- Home Delivery Service
- Medication Pick-Up Service
- Supply compounded products to ship
- Supply therapeutic products to ships
- Supply of Pharmacy-only products via vending machine
- Telepharmacy for Pharmacy-only products
- Telepharmacy for Prescription only products
- Telepharmacy service with remote supply of P-only medicines