



**MINISTRY OF HEALTH**  
SINGAPORE

MH 34:24/8

MOH Circular No. 187/2020

15 July 2020

All registered TCM practitioners

**UPDATED GUIDANCE ON CROSS-INSTITUTIONAL MOVEMENT OF TCM PRACTITIONERS POST CIRCUIT BREAKER**

The Ministry of Health (“Ministry”) had previously issued circulars to registered TCM Practitioners (TCMPs) that included guidance on movement restrictions. This Circular sets out updated guidance on the movement restrictions post Circuit Breaker (CB) and takes effect from 17 July 2020.

2. This Circular will supersede the movement restrictions stated in MOH Cir No 157/2020.

**Cross-Institutional Movements Guidelines**

3. In previous circular, restrictions were imposed to limit TCMPs to one place of practice only. For greater flexibility to deploy TCMPs to provide TCM treatment and to support the training needs of TCM students, **we will lift these restrictions with effect from 17 July 2020**. All these should be done with strict observation of infection prevention and control as well as safety measures to reduce the risk of healthcare associated COVID-19 infections. As a principle, **unnecessary physical movements of TCMPs between institutions should continue to be avoided**.

4. However, as an added precaution, **we will continue to restrict cross-institutional movements into and within the Long-Term Care setting<sup>1</sup>**, in view of their client profile being more vulnerable to severe effects and complications of COVID-19. The following movement restrictions will apply to the long-term care setting:

- a. To support continuity of care and ensure adequate medical coverage in the long-term care setting, TCMPs can practice in no more than four places of practice within the long-term care setting<sup>2</sup>, with no more than two places being renal dialysis centres (RDCs) or inpatient/day hospices (e.g. TCMPs can practise in two RDCs and two Nursing Homes).

<sup>1</sup> Healthcare institutions in the long-term care setting include renal dialysis centres, inpatient hospices, nursing homes, and centre based care organisations.

<sup>2</sup> Subject to PHMC licensing guidelines



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- b. For deviations from the above, TCMPs should seek approval from CEO / CMB / Medical Director or equivalent of all institutions involved, and surface such requests to the Ministry for evaluation on a case-by-case basis using Annex A. Approvals will be on a named TCMP basis. Institutions should continue to aim to minimise such deviations and exercise discretion and accountability when reviewing requests for deviations. Proper documentation and record keeping of such approvals and agreements should also be ensured. The guidance does not apply to TCMPs who are visiting patients/clients at their own homes and does not apply to home based care services.
- c. For avoidance of doubt, TCMPs who practice at more than one place of practice at non long-term care setting e.g. multiple locations of TCM charity clinics or private TCM clinic chain, need not apply for approval.

### Continued Vigilance Needed

5. With the lifting of cross-institutional manpower movement restrictions, it is even more imperative that individual and institutional level risk-mitigation measures continue to be strictly adhered to. The recent case of two healthcare workers (HCWs) becoming infected in a hospital highlights the need for continuous discipline in practice of safety precautions and strict adherence to strict infection prevention and control protocols, observing safe distancing and adhering to safe workplace management measures at all times.

6. It is the duty of TCMPs to protect themselves, their colleagues, and their patients by reducing close physical interactions and social interactions including strict observation of safe distancing both on and while off-duty. TCMPs should also practise protective measures such as maintaining good personal hygiene, regular self-monitoring of health, reporting sick immediately if unwell, strictly not to come to work if unwell, and wearing of mask at all times except when eating and drinking, or engaging in strenuous exercise. **We believe that as trusted and dedicated TCMPs, there is a shared understanding of the importance of these principles and responsibilities.** In the rare instance of TCMPs found to be in egregious breach of such measures, they may be considered for disciplinary actions.

7. The Ministry will continue to work closely with you to safeguard the safety and welfare of TCMPs and patients. Together, we can maintain the confidence in our healthcare system during this challenging time. Thank you.



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卫生部通告 187/2020

15 July 2020

致：中医注册执业者

### 中医师在阻断措施期后有关跨机构流动限制的更新指导原则

卫生部之前曾向注册中医师发出通告，列明跨机构流动限制的指导原则。此通告列出有关阻断措施期后，流动限制措施的最新指导原则，并从2020年7月17日起生效。

2. 此通告将取代卫生部通告 157/2020 所列的流动限制。

### 跨机构流动指导原则

3. 在之前的通告中，当局限制中医师只能在一个执业地点行医。为了更灵活调配中医师以提供中医治疗，并支持中医学生的培训需求，**我们将从2020年7月17日起取消这些限制**。但是，中医师必须严格遵守预防和控制感染的规定，并采取安全措施，以降低由医疗保健相关的冠状病毒疾病（COVID-19）感染风险。**原则上，中医师应该继续避免在不同机构之间进行不必要的流动。**

4. 由于属长期护理范畴的机构<sup>3</sup>的客户群在染病后较容易受到 COVID-19 的严重影响及其并发症，作为额外的预防措施，**我们将继续限制长期护理机构的跨机构人力流动**。以下的流动限制将适用于属长期护理范畴的机构：

- d. 为了支持护理服务的延续性，并确保在长期护理环境中有足够的医疗服务，中医师可在属长期护理范畴<sup>4</sup>，不超过四个执业地点行医，其中不能有超过两个地点是洗肾中心或住院/日间慈怀病院（例：中医师可在两个洗肾中心和两个疗养院行医）。

<sup>3</sup> 属于长期护理范畴的卫生保健机构包括洗肾中心、住院慈怀医院、疗养院和中心护理机构。

<sup>4</sup> 遵照私人医院及诊疗所法令的准则



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- e. 如有偏离上述规定的情况，中医师应向所有相关机构的总裁/医药委员会主席/医务总监或同等人员申请批准，并以附件 A 向卫生部提出申请。卫生部将视个别情况进行评估。批准将是针对个别中医师而定。有关机构在审核偏离规定的申请时，应继续以尽量减少偏离规定的情况为目标，并行使酌情权和问责制。机构也应确保有关的批准和协议有妥善的文件记录和保存。此指导原则不适用于中医师上门诊疗的服务，也不适用于居家护理服务。
- f. 为避免疑义，在非长期护理机构，如多个中医慈善诊所或私人中医诊所连锁店行医的中医师将无须申请批准。

## 继续保持警惕

- 5. 随着跨机构人力流动限制的解除，中医师/机构更有必要继续严格遵守个人和机构层面的风险缓解措施。最近两名医护人员在医院感染病毒的事件，凸显了安全防范措施需要有自律地持续实施，并严格遵守感染预防和控制规程，**时刻**保持安全距离，遵守安全工作场所管理措施。
- 6. 通过减少与他人近距离接触和社交活动，包括严格遵守上班时和下班后的安全距离措施，中医师有责任保护自己、同事和病人。中医师也应该采取防护措施，如保持良好的个人卫生定期自我检测健康状况、身体不适时立即请病假、不要值班、并在饮食和剧烈运动时除外，时刻佩戴口罩。**我们相信，作为受信任和尽忠职守的中医师，大家都了解这些原则和责任的重要性。**若在极少数被发现严重违反这些措施的情况下，当局会考虑对违例者采取纪律处分。
- 7. 卫生部将继续与您紧密合作，保障中医师和病人的安全和福利。让我们在这个充满挑战的时期，共同保持对我国医疗保健系统的信心。谢谢。



卫生部医药总监  
麦锡威副教授

以上文件以英语原文为准



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