

## **EMBARGOED UNTIL 14 JANUARY 2009, 3 PM**

### **Public Consultation on the Proposed Amendments to the Medical Registration Act**

The Medical Registration Act (MRA), which governs the registration of medical practitioners and regulates their conduct and ethics, was last amended in December 2002. Since then, new issues in professional conduct and standards of healthcare have arisen. The Ministry of Health (MOH) and the Singapore Medical Council (SMC) propose to amend the MRA to ensure that the MRA continues to remain relevant to new developments in the practice of medicine.

#### **Scope of proposed amendments**

2 The proposed amendments to the MRA can be broadly classified into the following themes:

- A. Stating Objectives of the Act
- B. Enhancing Constitution of Medical Council
- C. Establishing Register of Family Physicians
- D. Developing Sub-specialties
- E. Improving Medical Registration
- F. Facilitating Constructive & Effective Self-Regulation
- G. Proactive Focus on Practice Issues
- H. Other amendments

#### **A. Stating Objectives of the Act**

3 The MRA currently lists the operational functions of the SMC. The operational functions are ultimately aimed at protecting public health and safety but this objective is not explicitly stated in the MRA. We propose to amend the Act to state this objective upfront, so that the SMC's functions and activities continue to be fully aligned with the protection of the public interest.

#### **B. Enhancing Constitution of Medical Council**

4 Under the current MRA, the Medical Council consists of the Director of Medical Services, the Dean of the Medicine Faculty of the National University of Singapore and another doctor nominated by NUS, 9 doctors elected by the medical fraternity, and 7 doctors appointed by the Minister for Health. We propose to amend the MRA to widen the spectrum of representation by including representatives from the Duke-NUS Graduate Medical School. The number of elected and nominated members will also be increased.

#### **C. Establishing Register of Family Physicians**

5 One of the major initiatives in this round of proposed amendments is the establishment of a Register of Family Physicians and the setting up of a Family Physicians Accreditation Board. By doing this, we hope to raise the overall standard of family medicine practice in Singapore. However, family physician registration will not be a pre-requisite for the issuance of medical clinic licences under the Private Hospitals and Medical Clinics Act. More details are available in the **Annex**.

6 A public consultation was conducted in 2005 on the establishment of a Family Physicians Register. There was general support for this proposal, with both the public and healthcare professionals agreeing that this would better equip family physicians with the necessary skills to treat patients with chronic diseases.

#### **D. Developing Sub-specialties**

7 We propose to raise the standard of specialty care by amending the MRA to allow the Specialists Accreditation Board to define appropriate sub-specialties in medicine.

#### **E. Improving Medical Registration**

8 To enhance the medical registration process and safeguard ethical and professional standards, we propose to amend the MRA as follows:

- a. To allow the SMC, with the Minister's approval, to tailor specific requirements that graduates of local medical schools must satisfy before they can be fully registered. This will be based on the structure of the syllabi of the various medical schools.
- b. To permit the SMC to refuse an application for medical registration if the applicant is unfit to practice medicine because his ability to practice has been medically impaired;
- c. To empower the SMC to specify requirements and impose restrictions on conditionally registered doctors, where this is necessary to safeguard the public. For example, if the training or practice of a doctor seeking registration is limited to a certain scope of practice, the SMC may have to impose restrictions before allowing that doctor to be registered. Subsequently, if the reasons for the restrictions no longer exist, the doctor may ask the SMC to review the restrictions.
- d. To allow the SMC to cancel the registration of provisionally-registered housemen if their performance is found to be very unsatisfactory and they are unable to improve.
- e. Currently, the SMC must remove a doctor's name from the register if he has not renewed his practising certificate for a continuous period of 5 years and he cannot be contacted or sent any document using his registered particulars. In the interest of keeping the register of medical practitioners updated and current, we therefore propose to amend the MRA so that a doctor's name is removed if he has not renewed his practising certificate for a continuous period of 2 years (instead of 5 years) and he cannot be contacted. Affected doctors who wish to be reinstated may apply to the SMC and show that they are still current in their medical practice.
- f. To provide for the appointment of a Deputy Registrar of the SMC to assist the Registrar in carrying out his functions and duties under the MRA.

## **F. Facilitating Constructive and Effective Self-Regulation**

9 To strengthen professional self-regulation, streamline disciplinary proceedings and provide additional avenues for the appropriate resolution of complaints, we are proposing various amendments which include the following:

- a. At present, when SMC receives information about the physical or mental fitness of a doctor to practice medicine, the matter will have to be resolved through the formal disciplinary or health/fitness pathway. After studying professional regulation in Australia and New Zealand, we think this can be improved. We therefore propose to allow doctors who have insight of their own professional competency issues, or who acknowledge that they have medical problems that make them unfit to practice medicine, to constructively discuss these issues (whether on their own initiative or after receiving notification from the SMC) with the regulator and find appropriate ways of restricting their practice.
- b. To ensure that complaints against doctors are more thoroughly and expeditiously resolved, we propose allowing the SMC's Complaints Committees to appoint officers who will be empowered to investigate complaints. In this way, unmeritorious complaints can be more quickly disposed off, while the facts and circumstances of more serious cases can be established in greater detail. At the same time, we propose to streamline the composition of Complaints Committees from four members to three.
- c. Currently, the options available to a Complaints Committee to resolve complaints are limited to issuing warnings or letters of advice, or referring the complaints for formal inquiry before the Health Committee or Disciplinary Committee. To facilitate the just and effective disposal of complaints, we propose to enhance the powers of the Complaints Committee. These include the power to refer complaints for external conciliation or mediation, require the doctor concerned to undergo further training or receive counseling, and require the doctor to receive appropriate treatment. In addition, if the doctor acknowledges the complaint, the Complaints Committee may, with his consent, curtail his practice or remove or suspend him from the register, instead of requiring him to go through a formal disciplinary hearing.
- d. Currently, the Disciplinary Committee, which is the SMC's formal disciplinary body, is chaired by a senior doctor who is a member of SMC. We propose to rename this as the Disciplinary Tribunal, and revise its composition to provide the option of appointing a judge, legal officer or senior lawyer as chairperson. This is because formal disciplinary proceedings tend to involve legal issues, both procedural and substantive.
- e. Under the current MRA, the Disciplinary Committee can impose a financial penalty not exceeding \$10,000 on a medical practitioner convicted of professional misconduct. The next level of penalty is a suspension of between 3 months and 3 years. There is therefore a significant sentencing gap which we propose to close by amending the MRA to allow the Disciplinary Tribunal to impose a penalty of up to \$100,000.
- f. At present, the Disciplinary Committee can impose conditions to restrict the practice of a doctor convicted of professional misconduct for up to 3 years. We

propose to remove this cap to give the Disciplinary Tribunal greater scope to impose effective and proportionate sentences. This could include practice restrictions for longer periods if this is necessary to protect the public, without the need to suspend the doctor altogether. This will be counterbalanced by the doctor's right to seek regular review of the restrictions. The same proposal applies to the Health Committee which, under our proposal, will be able to impose longer-term restrictions on doctors whose fitness to practice is medically impaired, if this is imperative for patient protection.

- g. Only the doctor convicted by a Disciplinary Committee may appeal to the High Court against the DC's decision under the current law. We propose to expand this to allow aggrieved complainants to appeal to the High Court against the Disciplinary Tribunal's decisions.

## **G. Proactive Focus on Practice Issues**

10 We propose the following amendments to proactively safeguard practice standards:

- a. To include a performance assessment framework which allows the SMC to conduct performance assessments and recommend remedial action for doctors who have competence issues.
- b. To make professional indemnity insurance or cover a pre-requisite for doctors applying for practising certificates in order to enter active medical practice. This seeks to protect the patient in the event of medical negligence.
- c. To require doctors who desire to obtain or renew their practising certificates to declare whether they have been charged or convicted in court or have health conditions that would have a serious adverse impact on their practice.

## **H. Other Amendments**

11 Other amendments to the MRA include:

- a. To remove the requirement for SMC to publish a list of doctors in the *Gazette*, as this information is now regularly updated on the Internet.
- b. To allow composition of regulatory offences, as an alternative to prosecution.

## Annex

### Summary of responses from both Healthcare Professionals and the Public on the Public Consultation on the Establishment of a Family Physicians Register

1. A summary of the responses from the Public Consultation (1 October to 14 November 2005), to the proposal for the establishment of a Family Physicians Register is provided below.

#### **Family Physicians should undergo structured postgraduate training in family medicine and a Family Physicians Register should be established**

2. There was general support for the establishment of a Family Physicians Register. Both the public and healthcare professionals agreed that this would better equip family physicians with the necessary skills to treat patients with chronic diseases, thus enhancing the standards of care delivery in Singapore. Following the public consultation, a total of 44 responses (30 healthcare professionals, 14 public responses) were received from the MOH website. The summary of responses is shown in Table 1 below.

3. Together with the previous public consultation, a survey of 210 Masters of Medicine (Family Medicine) holders was conducted to find out how family medicine training has helped them in their practice. The response rate of the survey was 88.6%. The survey revealed that 85% found postgraduate training helpful in providing better care for patients, 81% reported that their patients had greater satisfaction and 98% felt that postgraduate training is essential for family medicine practice.

Table 1: Summary of responses received from the MOH website on the FP Register

Proposals		Agreed		Disagreed	
		Healthcare Professionals	Public	Healthcare Professionals	Public
1	Family physicians should undergo structured postgraduate training in family medicine	23	11	7	3
2	Need to establish a Family Physicians register	26	12	4	2

#### **Family physicians as clinic licensees and clinic managers**

4. Majority of the public agreed with the proposal of having family physicians as clinic licensees and clinic managers. In this regard, the public felt that family physicians would be in a better position to manage professional issues, and operate a viable clinic practice at the same time. Table 2 shows the summary of 44 responses, from the MOH website, on this issue.

5. However, some healthcare professionals were concerned that this requirement would put them in a less favorable position because when existing clinic managers who are not family physicians leave, the clinics may face difficulties employing a family physician to fill the post of a clinic manager. This may possibly result in clinics having to close and thus not be able to serve the public. Taking this into consideration, it is

proposed that it will not be a requirement for clinic licensees and clinic managers to be registered family physicians.

Table 2: Summary of responses received from the MOH website on clinic licensing issues

Proposals		Agreed		Disagreed	
		Healthcare Professionals	Public	Healthcare Professionals	Public
1	Family physicians as clinic licensees	17	10	13	4
2	Family physicians as clinic managers	14	9	16	5

### **Voluntary entry to the Family Physicians Register**

6. Although the Register of Family Physicians will benefit the public, a longer transition period is probably required to allow more family physicians to be trained and create a critical mass. Moving forward, Family Medicine should be developed as a distinct discipline with well-defined standards. In this way, the discipline will be better able to respond to the changing needs of the population such as the increasing number of elderly patients and prevalence of chronic diseases. To ensure that all doctors have an opportunity to gain entry to the Register of Family Physicians, we propose the following two routes for entry (Table 3):

Table 3: Criteria for Registration in the Family Physician Register

Route of Entry	Qualification (one of the following)
<b>Direct Route</b> - at least 2 years of approved medical practice experience in Family Medicine <sup>1</sup> in Singapore	<ul style="list-style-type: none"> <li>▪ Graduate Diploma in Family Medicine (GDFM), Singapore</li> <li>▪ Master of Medicine (Family Medicine), Singapore</li> <li>▪ Member of College of General Practitioner, Singapore (MCGPS)<sup>2</sup></li> <li>▪ Overseas equivalent qualifications, e.g. MRCP, FRACGP, CCFP as approved by the Family Physicians Accreditation Board</li> </ul>
<b>Practice Route</b> - at least 8 years of approved medical practice experience (of which at least 5 years should be in Family Medicine <sup>1</sup> )	<ul style="list-style-type: none"> <li>▪ Completion of Accredited Modular Course<sup>3</sup></li> </ul>

Notes:

1. This includes both private and polyclinic practice in Singapore. For part-time doctors, full-time equivalent of a polyclinic doctor (42 hours/week) will be used as a basis for calculation.
2. This degree was the predecessor of Master of Medicine (Family Medicine). It is no longer available. The last examination for this degree was in 1992.
3. The Accredited Modular Course (AMC) is a modular programme for doctors with at least 8 years of approved medical practice experience. They will be required to complete 4 out of the 8 GDFM modules. These 8 modules will be conducted over a 2-year cycle and doctors can select any 4 relevant modules to attend. There will be no examinations and a certificate will be awarded upon completion of the modules. The AMC will be offered for a period of up to 5-years, pending demand, after the Act is passed. Up to 2 postgraduate qualifications or diplomas relevant to Family Medicine, which were taken in the last 6 years and are registered with the Singapore Medical Council, may take the place of one module. The Joint Committee for Family Medicine Training will provide recommendations on the recognised qualifications.

## **Feedback**

MOH and SMC welcome and value your feedback on this issue. Please submit your feedback by 25 February 2009, in any of the following ways:

- a. Access the feedback form on-line at [www.moh.gov.sg](http://www.moh.gov.sg); or
- b. Send an e-mail to [MOH\\_INFO@moh.gov.sg](mailto:MOH_INFO@moh.gov.sg) or
- c. Detach or print the feedback form and mail/fax it to:

Ministry of Health  
16 College Road  
Singapore 169854  
Fax: 63251168

Please provide your personal particulars so that we can contact you for further clarifications if necessary. We will not release your personal particulars without your prior consent. The results of this public consultation will be published in an aggregate manner.

## **FEEDBACK FORM**

### Personal Particulars

### Feedback

1. Please indicate if you are any one of the following :
    - a. Registered Medical Practitioner
    - b. Other healthcare professional (nurses and allied health)
    - c. Hospital Administration staff
    - d. Member of the public
  
  2. Please state your specialisation if your answer to Question 1 is "Registered Medical Practitioner"
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3. Do you agree that the establishment of a Register of Family Physicians will raise the overall standard of family medicine practice in Singapore?

- a. Yes
- b. No

4. If your answer to Question 3 is "No", please give your reasons:

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5. Do you agree that SMC should be allowed to set requirements and restrictions for conditionally registered doctors ?

- a. Yes
- b. No

6. If your answer to Question 5 is "No", please give your reasons:

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7. Do you agree that the amendments to the disciplinary proceedings will help to strengthened professional self-regulation and streamline disciplinary processes?

- a. Yes
- b. No

8. If your answer to Question 7 is "No", please give your reasons:

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9. Do you agree that SMC's Complaints Committees should be allowed to appoint officers to investigate complaints?

- a. Yes
- b. No

10. If your answer to Question 9 is "No", please give your reasons:

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11. Do you agree that a performance assessment framework should be included to allow the SMC to conduct performance assessments and recommend remedial action for doctors who have competence issues?

- a. Yes
- b. No

12. If your answer to Question 11 is "No", please give your reasons:

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13. Do you agree that professional indemnity insurance should be mandatory for doctors who wish to obtain practising certificates in order to enter active medical practice?

- a. Yes
- b. No

14. If your answer to Question 13 is "No", please give your reasons:

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15. Any other comments?

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