



S M C NEWS



Singapore Medical Council

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In Conversation With Prof Venkataraman Anantharaman

Featured Articles

**Understanding Bolam,
Montgomery and Hii Chii Kok**

**Article on Wong Meng Hang v
Singapore Medical Council and
other matters**

Message from President

Season's greetings to all. Welcome to Issue 11 of the SMC News.

In this issue, we interviewed Professor Venkataraman Anantharaman, Senior Consultant from the Department of Emergency Medicine, Singapore General Hospital and former Council member of SMC, who shared his challenges and daily motivations working in the A&E department.

In the May 2018 edition of SMC News, we featured useful tips on the Modified Montgomery Test (MMT). For this edition, we have Professor Amirthalingam Kumaralingam from the NUS Faculty of Law share his view on applying the *Bolam* and *Montgomery/Hii Chii Kok* tests within the complexities of the doctor-patient relationship.

Last month, the Court of Three Judges (C3J) issued its judgment in *Wong Meng Hang v Singapore Medical Council and other matters*. In this feature article, we provide a brief background of the case, and share the significant observations of the C3J for doctors.

On behalf of the Council, we wish all doctors a good year ahead.

Professor Tan Ser Kiat
President, Singapore Medical Council

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Speech by SMC President, Professor Tan Ser Kiat

Physician's Pledge Affirmation Ceremony
Saturday, 29 September 2018



Professor Tan Ser Kiat addressing the doctors and guests at the ceremony

It is my pleasure to be here with you today at the Singapore Medical Council's Physician's Pledge Affirmation Ceremony. The Pledge is an important event in your professional career and it is a solemn Oath to be taken by all of you before the Council and that you will abide by it. I am happy to note that this is by far one of the largest numbers of doctors taking the Pledge.

The number of registered doctors in Singapore has steadily increased over the years. There are now more than 14,000 doctors on our Register providing care to our local community. I am happy to note that amongst us here today is the first batch of graduates from the Lee Kong Chian School of Medicine.

I congratulate our newest medical school for this historic year of its first graduating cohort. With this, the output from our three medical schools will increase the supply of doctors needed to continuously improve the quality and standard of healthcare in Singapore.

Maintaining the Competency of Doctors

The SMC seeks to continuously improve and maintain the quality and competency of doctors in our system. Our Continuing Medical Education programmes organised or provided by various accredited CME providers for the past decades have been key to this.



With increasing use of technology, we are seeing many doctors getting their CME credits through internet-based learning from the accredited providers. SMC is constantly looking at ways to improve the quality of CME to maintain and improve professional competency.

Many of you here today will become fully registered doctors while some will have to go through a period of conditional registration. In order to practise, you will have to obtain the requisite CME points through various accredited educational, teaching and training programmes before you can renew your practising certificates either on an annual or biennial basis.

The professional bodies of the Academy of Medicine Singapore, the College of Family Physicians Singapore and the Singapore Medical Association have worked closely with SMC as partners to maintain the competency and quality of our doctors.

I note that the Academy of Medicine has recently introduced structured learning in its specialist chapters and colleges called Self Learning Modules or SLMs.

In addition, I would also like to thank AMS, CFPS and SMA for supporting the SMC Pledge Ceremonies by attending each time.



From left: Prof Tan Ser Kiat (President, SMC), Dr Tan Sze Lee (President, College of Family Physicians Singapore), Dr Lee Yik Voon (President, Singapore Medical Association) and Dr Khoo Kei Siong (Assistant Master – Administrative Affairs, Academy of Medicine)

Moral and Ethical Obligation

The practice of medicine is a noble calling. We are called to place patients before self and entrusted to heal the sick to the best of our abilities.

The care provided should be effective, safe and evidence-based, and delivered with compassion and professionalism and with the highest ethical and moral standards.

“
We are called to place patients before self and entrusted to heal the sick to the best of our abilities...
 ”

In recent years, we have seen a shift in societal attitudes towards the practice of medicine - from one where a patient might be considered passive to one with a more active interaction with doctors and where the discussion of treatment options is now seen as a collaborative process involving both the doctor and the patient.



From left: Prof Lee Eng Hin (Chairman, CME Coordinating Committee, SMC), Mrs Joanna Tan (Executive Secretary, SMC), Prof Chee Yam Cheng (Council Member, SMC), A/Prof Naomi Low-Ber (Vice-Dean [Education], Lee Kong Chian School of Medicine)



Modified Montgomery Test

In the course of your work and duties, all of you will be called upon to provide medical information or advice to patients for their medical treatment. Significantly our Courts have adopted a new legal test on a doctor's duty to advise patients on their treatment. This is known as the *Modified Montgomery Test*.

The Modified Montgomery Test requires that the doctor advises the patient on the management of the condition, giving him or her all relevant available materials/information to make an informed decision. The final decision must be made by the patient.

In September and December last year, following the Court of Appeal's decision in a landmark case, the Singapore Medical Council and the Ministry of Health have jointly organised two seminars for practitioners on the Doctor's Duty to Advise to inform and explain this new test.



Pledge Leader, Dr Ko Yong Sheng Moses, leading the oath-taking

“

...The care provided should be effective, safe and evidence-based, and delivered with compassion and professionalism and with the highest ethical and moral standards.

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From left: A/Prof Chen Fun Gee (Council Member, SMC), Dr Subramaniam Surajkumar (Council Member, SMC), Dr Tan Sze Lee (President, College of Family Physicians Singapore), Dr Lau Hong Choon (Deputy Registrar, SMC) and Mr Wu Tuck Seng (President, Singapore Pharmacy Council)



From left: A/Prof Benjamin Ong (Registrar, SMC) and Prof Ivy Ng (Group CEO, Singapore Health Services)

As many doctors did not, or were not able to attend these sessions, the Council published a featured article in its December 2017 newsletter summarising the content of the presentation. The May 2018 SMC Newsletter also published a feature called "Useful tips on the Modified Montgomery Test" and last month, the abridged version of the presentation slides was published on the SMC website. It is important for all of you to read and be updated on this.

In essence, while a doctor is not required to provide his patient with an extensive and a complete range of information, it is his/her duty to advise the patient with adequate information relevant to the condition for the patient to make an informed decision.



I would advise all of you to go to our website which contains all the necessary information, including key publications such as the Ethical Code and Ethical Guidelines, or ECEG in short. The ECEG is a comprehensive and informative document which took a special committee several years of hard work and consultation before they were finalised and published. I would strongly advise you to familiarise yourself with it and use it to guide you in your professional practice.

Spirit of the SMC Physician's Pledge

The Physician's Pledge you will be taking today is based on the original Hippocratic Oath and the 1984 Declaration of Geneva, which was adopted by the World Medical Association. This oath represents the ideals of the selfless dedication to the welfare of patients, the preservation of human life, and a guiding code of conduct for physicians of the highest order.

In closing, I would like to remind you again that you are members of a highly respected and honoured profession. You must never betray the trust and respect society has placed in you. As you are about to take the Pledge at the start of your career, you must always honour this solemn oath and let care and compassion for your patients be the only considerations that determine your practice throughout your professional life.



On this note, may I wish all of you a most fulfilling career, one which you can look back years later with great satisfaction and remember the many achievements accomplished for your patients.

Thank you.

Speech by A/Prof Benjamin Ong, Director of Medical Services, Ministry of Health

Physician's Pledge Affirmation Ceremony
Saturday, 29 September 2018



A/Prof Benjamin Ong, Director of Medical Services, Ministry of Health addressing the doctors and guests at the ceremony.

I am happy to be here today to witness the affirmation of the Singapore Medical Council's Physician's Pledge. As medical practitioners, the Pledge is a promise made before the Singapore Medical Council and fellow doctors to uphold our ethical and professional standards throughout our journey as a doctor.

I warmly welcome our graduates from the Yong Loo Lin School of Medicine and Duke-NUS Medical School, our first batch of graduates from the Lee Kong Chian School of Medicine, as well as graduates from overseas medical schools, into the medical profession. All of you present here have taken a long and challenging journey to reach this milestone. My heartiest congratulations to each and every one of you.

Equipping Our Doctors to Meet Future Healthcare Needs

The goal of any medical training system is to ensure that we not only have enough doctors to serve the needs of Singapore, but also to produce doctors capable of tackling present and emerging healthcare needs. The system must also be attuned to public expectations of how doctors should present themselves. The healthcare needs of our ageing population have prompted the Ministry of Health to re-think how care is traditionally delivered. For this transformation, MOH has been making three key shifts in our approach to healthcare delivery, namely, *Beyond Hospital to Community*, *Beyond Quality to Value*, and *Beyond Healthcare to Health*.



From left: Mrs Joanna Tan (Executive Secretary, SMC), Dr Lavisha S Punjabi, Dr Ko Yong Sheng Moses (Pledge Leader), Prof Tan Ser Kiat (President, SMC), A/Prof Benjamin Ong (Registrar, SMC) and Prof Pang Weng Sun (Council Member, SMC)

In moving care beyond hospital to the community, we acknowledge the need for care to be integrated throughout the healthcare system instead of just concentrating in the acute hospitals. It also highlights the important role that generalist doctors and family physicians play in delivering high quality patient-centred care.

In moving beyond quality to value, the focus is on the need to be better stewards of finite resources and focus on healthcare services that are cost-effective.

Moving from healthcare to health places the emphasis on health promotion and disease prevention, and is key to ensure that Singaporeans enjoy the best possible health for as long as possible.

To support the three "Beyonds", we are ensuring that the learning journey from medical school, to Postgraduate Year One (PGY1), and residency training equip doctors with the right knowledge, skills and attributes to competently provide care for our patients with evolving healthcare needs.



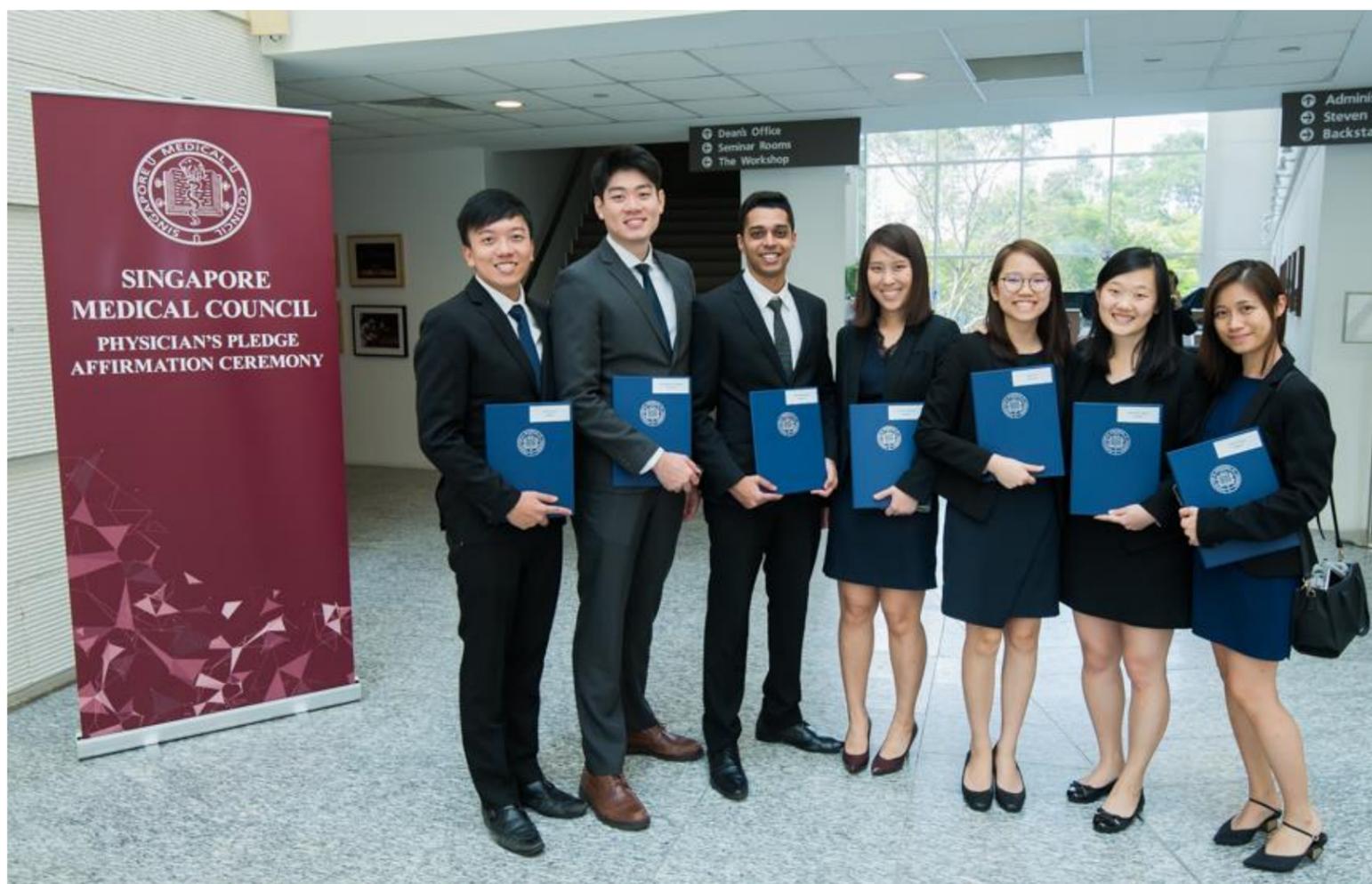
Members of the Singapore Medical Council on stage taking the SMC Physician's Pledge with the doctors

Some of the initiatives in medical education include launching the National Standards for Basic Medical Education and National Outcomes Framework for Medical Graduates, which articulate the clinical learning outcomes for all graduates in Singapore.

The Ministry also oversees the National PGY1 Training and Assessment Framework and ensures that the training is competency-based, and provide the core knowledge and skills that PGY1s are expected to possess before they embarked on the next stage of their training.

Adhering to The SMC's Ethical Code and Ethical Guidelines

Being a good doctor is not just about having excellent medical knowledge and clinical skills but also demonstrating care and compassion for our patients, communicating and working as a team with fellow colleagues in the healthcare system, and upholding high ethical and professional standards at all times. As doctors, we have the moral and ethical obligation to protect and uphold our patients' welfare and interests.



Finally, we are introducing changes to residency training to strengthen contextualisation of training and assessments to ensure family practitioners and specialists are competent to meet the healthcare needs of Singaporeans.

With that, I urge every doctor, at every stage of their medical career, to practice within the guidelines stated in The SMC's Ethical Code and Ethical Guidelines, to uphold, maintain and safeguard what is entrusted to them as a doctor.

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The goal of any medical training system is to ensure that we not only have enough doctors to serve the needs of Singapore, but also to produce doctors capable of tackling present and emerging healthcare needs.

”

National Outstanding Postgraduate Year 1 Award

Most of you who are seated here are currently PGY1s, and you already know that the PGY1 year is a challenging and demanding period of training, enabling you to practise what you have learned in medical schools. You have demonstrated that you have the capability and the resilience to cope with difficult situations and the ability to work in a team to care for your patients.

Some of you have also demonstrated exceptional leadership, interpersonal and clinical skills in all the postings you have been to.

Today, we will be giving out the inaugural National Outstanding Postgraduate Year 1 (PGY1) Award to recognise 10 such doctors who have demonstrated exemplary performance throughout their 12-month PGY1 training.

These doctors had demonstrated a strong sense of care and compassion for their patients and were able to readily apply their medical knowledge in the clinical context.

They worked well with their team members, including the nurses, allied healthcare colleagues, and the administrative staff.

Most importantly, they were humble and eager to learn, and constantly sought to improve the care they give to their patients.

These doctors had achieved this through their hard work. Let them be the inspiration to all our future PGY1 doctors.

Conclusion

This ceremony marks the beginning of your journey as a doctor and the Pledge that you will be taking will serve as your compass, to guide you in the profession dedicated to the service of your patients. I wish you every success.

Thank you.



MOH National Outstanding PGY1 Award

Physician's Pledge Affirmation Ceremony

Saturday, 29 September 2018

The inaugural National Outstanding PGY1 Award was held during the SMC Pledge Ceremony on 29 September 2018.

This prestigious award recognises doctors who had demonstrated consistent outstanding performance throughout their PGY1 training in the areas of patient care and medical knowledge, and displayed desirable attributes of a doctor such as leadership, professionalism, communication skills, and team work.

The doctors who received the award this year had commenced their PGY1 training in 2016, and completed it in 2017.

In no specific order of merit, the recipients of the award are:

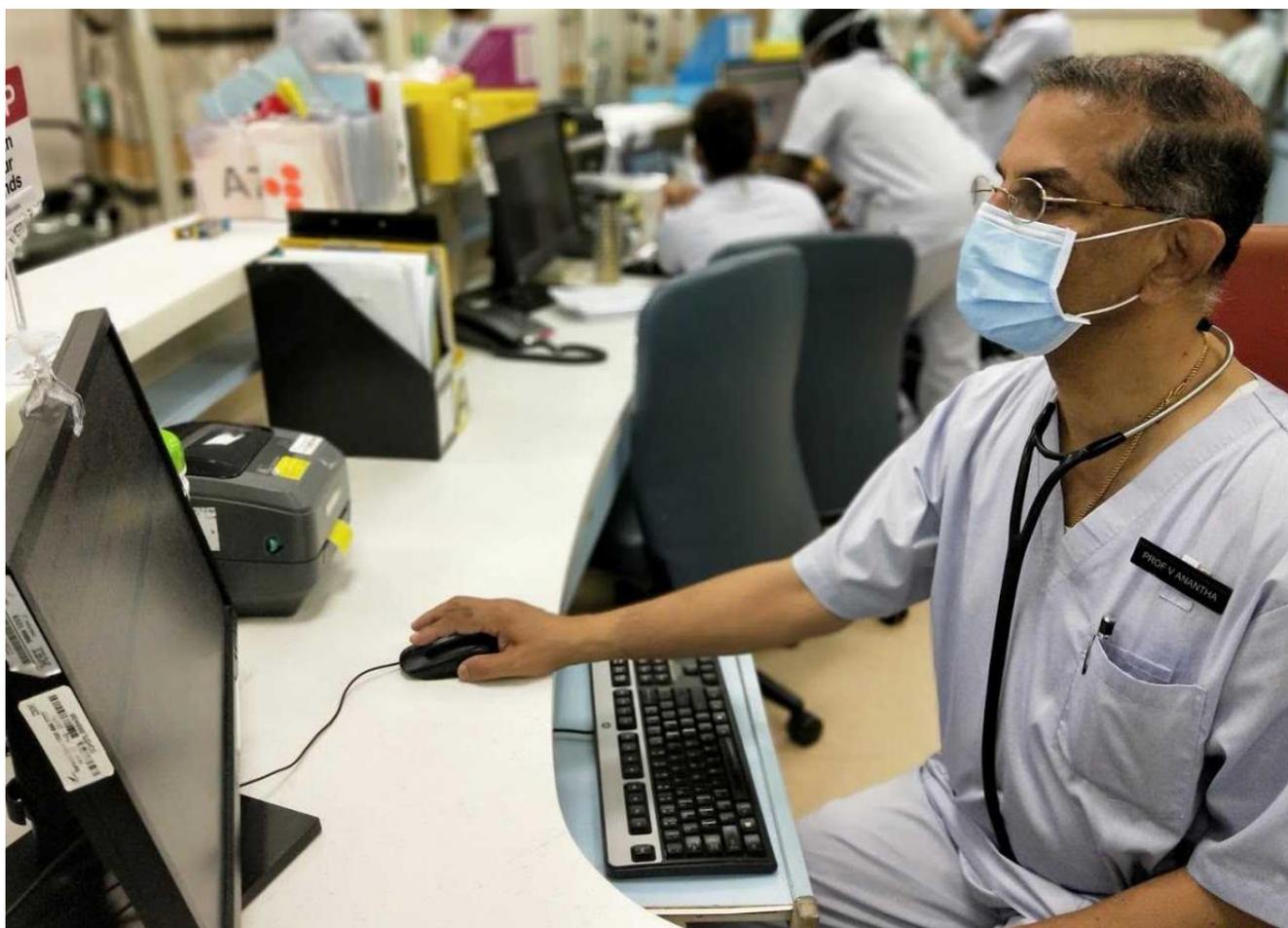
Dr Koh Chee Teck
Dr Loh Kent Mun
Dr Jiang Bochao
Dr Lim Jia Mei, Vanessa
Dr Look Xinqi
Dr Oh Kian Min
Dr Ong Kai Zhi
Dr Zhao Yang
Dr Claudia Chong Ying Xia
Dr Angeline Tey Jie-Yin



On the extreme left and right are Prof London Lucien Ooi Peng Jin (Chairman, Training and Assessment Standards Committee) and Dr Mabel Yap (Deputy Chairman, Training and Assessment Standards Committee) respectively, together with the National Outstanding PGY1 awardees.

Featured Article

In Conversation with Professor Venkataraman Anantharaman



Prof V Anantharaman at work at the Emergency Department, SGH

What brought you into the field of medicine?

It was a combination of factors that brought me into Medicine. In my young schooling days, watching doctors taking care of patients and reading widely about inventions and innovations kindled my interest in the sciences and the human body. I learnt, at a very early age, that anything is possible, if we put our minds to it and give our best. Whenever I visited the outpatient dispensary at Changi Village where I used to live, I often wondered what it felt like to listen to one's chest with the stethoscope and find out what is inside the human body.

I was also attracted by the calm demeanour and soothing voice of a doctor who used to visit my family on house calls. He was someone whom I thought would command respect from everyone.

I did not realise back then the amount of hard work that had to be put in to finish medical school. To put it bluntly, going through medical school seemed like a chore. More often than not, we were not able to appreciate the relevance of what was taught in school and how that could improve people's lives.

It was only after we had graduated and started to take responsibility for patients' well-being and their lives that we realised the importance of it. The basics which we learnt in medical school became clearer and relevant to the daily challenges we faced in managing our patients. And that was when the yearnings and excitement of being a doctor surfaced again.

If it had not been Medicine, it would have been Mathematics which also challenges our routine thought processes to come up with novel approaches to solving vexing problems.



Prof V Anantharaman (seated 4th from the left) with his colleagues at SGH

What is your best memory of being a doctor?

It is knowing I have been able to make a difference in my patients' lives. In Emergency Medicine, patient contact is usually brief — ranging from a few minutes to many hours. The contact does not last for days on end.

Witnessing patients that went through a speedy recovery has been the most gratifying for me.

There is hardly any discipline in Medicine that is quite like Emergency Medicine, where you get to see patients getting better right in front of you. For example, our efforts were paid off when we managed to resuscitate an unconscious patient who came in with cardiac arrest.

Even if patients do not remember or send us compliments, the fact that we helped to increase their chance of living at critical moments brings much satisfaction to me. Of course, the occasional positive feedback and compliments some patients or relatives sent us had definitely brightened up our day as well.

Who or what inspired you most in your career and life?

Throughout my career, there were two persons who had greatly inspired and motivated me to do the best for my patients and to always think out of the box. They were the late Professor Seah Cheng Siang, Head of my Department in Medical Unit III, Singapore General Hospital (SGH) and the late Dr Lim Swee Keng, my predecessor as Head for Department of Emergency Medicine at SGH.



Prof V Anantharaman with fellow senior doctors from the Emergency Department at SGH

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There is hardly any discipline in Medicine that is quite like Emergency Medicine, where you get to see patients getting better right in front of you.

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As the master clinician, Professor Seah was meticulous in history taking and was careful with observations and examinations of patients. He was judicious in his use of relevant investigative modalities and ensured clear clinical documentations. Till this day, I try to emulate these principles when attending to my emergency patients. Professor Seah also encouraged me to gain knowledge outside of Medicine, in areas such as philosophy, literature and used to share books on those topics with me.

Dr Lim was one of my strongest supporters especially during the period from 1985 to 1996, when he actively encouraged me when various changes were introduced in the early years of Emergency Medicine development in Singapore. When we began to organise short courses in the 1980s that eventually led to the first structured basic post-graduate specialty training program in Emergency Medicine, Dr Lim facilitated and smoothed the process of approvals from the Ministry of Health.



Prof V Anantharaman at the convocation of his specialist post-graduate senior residents from the Master of Medicine (Emergency Medicine) programme in 2016

He was a stern and exacting physician, but also a caring and very supportive boss who took pains to facilitate my training and career in many ways. He had his own strong views on certain issues and was not afraid to state them. Professor Seah taught me not to blindly accept whatever was handed down to me, but to look at things critically and be prepared to question them if they did not sound right.

Dr Lim Swee Keng was the longest serving Head for the Department of Emergency Medicine at SGH before he went on to lead the Emergency Department at the then Toa Payoh Hospital. Though he was an Orthopaedic surgeon, he appreciated and envisioned the value of placing emergency patients care on a methodical and sound basis guided by trained emergency specialists.

On my personal life, my parents and family have been the greatest inspiration to me. My late parents taught me the values of hard work and perseverance. My father instilled in me the credo of "never say die". While we may fail in our attempts to change something, we should pick ourselves up and try again. Failure is about a lesson learnt in doing better and keep on trying until we succeed.

My mother taught me to stay focused, be patient, and to remind myself the reasons why I had set out on a particular course of action. She also taught me to show compassion to people, regardless whether they are families, friends or colleagues. My parents believed in me and the path I had set for myself.



Prof V Anantharaman with colleagues at the 2018 new Emergency Building ground-breaking ceremony, SGH

They used to remind me of my roots and the need to hold on to certain sets of values, while appreciating the need to move with the times.

My wife and children are the greatest gifts that I have received. Their love for me and tolerance towards my demanding schedules and working hours; the warm welcome I receive after a day's hard work, continues to spur me further to overcome the many challenges at work. They have demonstrated why we must always try to excel and be on top of situations. I am thankful for the support and encouragement that they have given in whatever medical ventures I have.

If you were to give one single piece of advice to young doctors, what would that be?

Stay professional in all that you do as a doctor. Do not let personal convenience or greed sway you from the path of professionalism. That way you will do your best for your patients.

“ You have to create time for your family. They are your most precious asset... ”

How do you balance your busy work schedules with your family time?

You have to create time for your family. They are your most precious asset and cannot be taken for granted. So, make it a point to have at least one meal a day with them, even if it means waiting for them. Talk to them daily and ask about their day. Listen to them and pay attention when they talk. Discuss your projects and ideas with your family even if they may not have the requisite technical knowledge. You may never know what unique perspectives they can provide. Only when the daily family interactions are done should you continue to do your own work.

Could you tell us something about yourself that not many people know?

I still love mathematical problems, like to take long walks and occasionally, practise the tabla.



Prof V Anantharaman with colleagues on a Disaster training trip to Makassar, Indonesia in February 2016

Featured Article

Understanding Bolam, Montgomery and Hii Chii Kok

Contributed by Professor Amirthalingam Kumaralingam, Faculty of Law
National University Singapore



The Singapore Court of Appeal in *Hii Chii Kok v Ooi Peng Jin London Lucien and another* [2017] SGCA 38, following the UK Supreme Court in *Montgomery v Lanarkshire Health Board* [2015] AC 1430, rejected the application of the classic *Bolam* test to the medical duty to inform and advise. As *Hii Chii Kok* has been comprehensively discussed in an earlier issue of this newsletter (SMC News, December 2017 No 9 at 17-22), this note paints on a broader canvas, locating the *Bolam* and *Montgomery/Hii Chii Kok* tests within the complexities of the doctor-patient relationship, the ethical framework of medical practice, and global trends.

A doctor owes a duty to take care in his or her professional dealings with a patient. This comprehensive duty is multifaceted, and in practice, it is common to distinguish between different aspects of the doctor's duty, including to diagnose, treat, care, advise, inform, warn, disclose, refer, rescue. In all cases, the question is whether the doctor has acted reasonably in discharging his or her duty.

Under the classic *Bolam* test, a doctor cannot be found negligent if he or she acted in accordance with a practice accepted as proper by a responsible body of peers.

It is important to appreciate that *Bolam*, while intended to be doctor-friendly, was not intended to hand judgment over medical negligence to doctors: it simply recognised the reality that medical treatment and care are complex matters; that doctors exercise considerable discretion and judgment; and that differences in opinion are legitimate and not necessarily indicative of negligence.

Unfortunately, *Bolam* has been applied as a test of peer review, i.e. as long as other doctors approve of the defendant, the defendant cannot be found liable. It has given rise to a perception that judges uncritically defer to medical experts and it has, to some degree, fostered a culture of medical paternalism. By signalling a shift away from medical paternalism and emphasising patient autonomy, *Montgomery* and *Hii Chii Kok* have caused some alarm within the medical profession.

But, what did *Montgomery* and *Hii Chii Kok* actually decide? First, both cases reaffirmed that *Bolam* would continue to apply with respect to the doctor's duty to diagnose, treat and care. No change to the status quo there. However, both recognised that *Bolam* does not apply with equal force to the doctors' duty to inform and advise, noting that the materiality of a risk is far more a matter of patient autonomy than of medical opinion.

Thus, a doctor should provide information and advice on risks to which a reasonable patient would be likely to attach significance, or exceptionally when the doctor knows or ought to know that the information would be significant to a particular patient. *Hii Chii Kok* does not require doctors to disclose all conceivable risks to patients. The standard remains an objective one, based on reasonableness.

The key takeaway from *Hii Chii Kok* is that doctors need to engage with patients in meaningful dialogue, respect patient autonomy, and ensure that patients are adequately informed. It is important to highlight that *Hii Chii Kok* does not require any more than what the professional regulatory body requires of doctors in terms of their duty to inform and advise under the SMC Ethical Code and Ethical Guidelines 2016. Nor does it require any more than what is required of doctors in all leading common law jurisdictions that have long rejected *Bolam* with respect to the duty to inform, including Canada, Australia and Malaysia. *Hii Chii Kok* heralds a new normal, which, while temporarily destabilising, simply recognises and respects the evolving doctor-patient relationship.

About Professor Amirthalingam Kumaralingam

Professor Amirthalingam Kumaralingam is a leading authority on the law of medical negligence in Singapore. His article was cited by the Court of Appeal when it established the modified *Montgomery* test for the medical duty to advise in *Hii Chii Kok v Ooi Peng Jin London Lucien and another* [2017] SGCA 38.

Learning Points

Wong Meng Hang v Singapore Medical Council and other matters [2018] SGHC 253

On 30 November 2018, the Court of Three Judges (C3J) issued its judgment in *Wong Meng Hang v Singapore Medical Council and other matters* [2018] SGHC 253. We provide below a brief background of the case, and summarise the significant observations of the C3J for doctors.

Background

The case concerned two doctors, Dr Wong Meng Hang and Dr Zhu Xiu Chun, who administered Propofol, a potent sedative that could rapidly depress a patient's airway and impede respiration, to a patient during a liposuction procedure despite lacking the necessary training or expertise to do so. They then failed to adequately monitor the patient during and after the procedure; the patient developed an airway obstruction and suffered asphyxia leading to cardiac arrest. During the procedure, Dr Wong also inadvertently caused multiple puncture wounds to the patient's intestines which were undetected when the patient went into a state of deep sedation and did not show signs of pain.

Subsequently, when the patient was sent to the hospital, Dr Wong told the accident and emergency (A&E) doctors that the patient had only been given pain medication and local anaesthesia without sedation. Despite resuscitation attempts by the A&E doctors, the patient passed away that day.

Before the Disciplinary Tribunal (DT), each doctor pleaded guilty to a charge of professional misconduct under section 53(1)(d) of the Medical Registration Act in that their conduct amounted to such serious negligence that it objectively portrayed an abuse of the privileges which accompanies registration as a medical practitioner. The DT sentenced Dr Wong to 18 months' suspension from practice and Dr Zhu to 6 months' suspension from practice. Dr Wong appealed against his sentence. The SMC also appealed against both doctors' sentences as they were manifestly inadequate.

The C3J dismissed Dr Wong's appeal and allowed both SMC's appeals. Dr Wong, who carried out and was in charge of the procedure, was struck off the register while Dr Zhu, the assisting doctor, was suspended from practice for 18 months.

Observations by C3J in Judgement

Primacy of public interest considerations in disciplinary proceedings

Disciplinary proceedings enable the profession to enforce its standards and to underscore to its members the values and ethos which undergird its work. In disciplinary cases involving medical misconduct, the key sentencing objectives are to uphold confidence in the medical profession; to protect the public who are dependent on doctors for medical care; to deter the errant doctor and others who might be similarly disposed from committing similar offences; and to punish the errant doctor for his misconduct.

Sentencing framework where the doctor's misconduct caused harm to the patient

Where a doctor's misconduct results in harm to a patient, the correct sentencing approach is for the court or tribunal to first evaluate the seriousness of the offence according to the two principal parameters of harm and culpability, before determining the applicable indicative sentencing range with reference to the matrix below, and then identify the appropriate starting point within that range.

Culpability \ Harm	Slight	Moderate	Severe
Low	Fine or other punishment not amounting to suspension	Suspension of 3 months to 1 year	Suspension of 1 to 2 years
Medium	Suspension of 3 months to 1 year	Suspension of 1 to 2 years	Suspension of 2 to 3 years
High	Suspension of 1 to 2 years	Suspension of 2 to 3 years	Suspension of 3 years or striking off

Figure 1: Sentencing matrix set out by C3J

Finally, the court or tribunal should consider the aggravating or mitigating factors which do not relate directly to the commission of the offence, and adjust the sentence on this basis. In certain circumstances, an undue delay in the prosecution of proceedings may be regarded as a mitigating factor. A timely plea of guilt in circumstances that indicate remorse may also be a potential mitigating factor. Aggravating factors include prior instances of professional misconduct, especially when the antecedents demonstrate the offender's recalcitrance and unwillingness to adhere to the values and ethos of the profession or a troubling lack of insight into the errors of his ways.

When striking off should be contemplated as a possible sanction

The C3J explained that when deciding whether or not to strike a doctor off the register, the ultimate question is whether the misconduct was so serious that it rendered the doctor unfit to remain as a member of the medical profession, and highlighted some factors relevant to this inquiry:

- (a) The misconduct involves a flagrant abuse of the privileges accompanying registration as a doctor;
- (b) The misconduct has caused grave harm;
- (c) The doctor's culpability is extremely high, such as where the conduct is deliberate, improper and extends over a period of time and where the doctor has acted without regard for his professional duties and the wellbeing of others;
- (d) The misconduct evinces a serious defect of character;
- (e) The facts of the case disclose an essential element of dishonesty; and
- (f) Any of the aforementioned factors exist, and the doctor has shown a persistent lack of insight into the seriousness and consequences of his misconduct.

Finally, the C3J stated that as a general rule, misconduct involving dishonesty should almost invariably warrant an order of striking off where the dishonesty reveals a character defect rendering the errant doctor unsuitable for the profession. This broad alignment of positions between the medical and legal professions is appropriate and overdue according to the C3J, given that honesty is just as essential to the discharge of a doctor's duties as it is for lawyers, and also gives greater effect to the overarching sentencing objectives of general deterrence and the need to safeguard public confidence in the medical profession. In other cases of dishonesty, all the relevant facts and circumstances should be carefully considered to determine whether a striking off order is nonetheless justified.

Matters to Note

Certificate of Professional Status

Since February 2018, SMC has replaced the Certificate of Good Standing with the “Certificate of Professional Status” (COPS).

The COPS includes basic information on the doctor’s registration status with SMC and any other information related to the doctor’s performance, including any action that has been taken against the doctor by SMC. It is issued directly to the overseas regulatory body or medical council and the doctor will receive a duplicate copy of the COPS through email.

The average processing time of a straightforward application is approximately 3 weeks and a longer time is needed to review a complex application.

To apply for a COPS, please login via SMC’s [Professional Registration System](#) for a non-refundable fee of S\$80 per application (and an additional fee of S\$10 for registered mail) payable via credit card.

Matters to Note

Public Consultation on Proposed Amendments to Medical Registration Act

The Ministry of Health (MOH) and the Singapore Medical Council (SMC) invited feedback on the proposed amendments to the Medical Registration Act (Chapter 174) (MRA) from 28 September to 26 October 2018. The proposed amendments to the MRA aim to improve the disciplinary proceedings under the MRA for both the public and doctors as follows:

- a. Improve the transparency and accountability in the appeals and disciplinary processes;
- b. Bring about better consistency and alignment of the disciplinary processes with those under the criminal proceedings and other professional boards; and
- c. Enhance the efficiency of the disciplinary processes and provide more certainty in terms of timelines.

We would like to thank members of the public and all stakeholders for their valuable feedback. MOH and SMC are reviewing the feedback received and will take into consideration suitable suggestions in the draft Medical Registration (Amendment) Bill.

Matters to Note

Practising Certificate (PC) Renewal

Fully and conditionally registered doctors whose Practising Certificates (PCs) are expiring on 31 December 2018, have been informed to renew their application from 2 September 2018 onwards.

PC Renewal Criteria

To renew his/her PC, the doctor must fulfil the following criteria:

- Obtained sufficient Continuing Medical Education (CME) points within the qualifying period; and
- Must not have any outstanding fine for not voting in previous SMC's Elections (only applicable for fully registered doctors).

Example:

When a doctor's existing two-year PC is valid from 1 January 2017 to 31 December 2018, any CME points accrued for approved CME activities during the qualifying period between 1 January 2017 and 31 December 2018 can be counted towards his/her PC renewal.

Where a doctor's one-year PC is valid from 1 January to 31 December 2018, any CME points accrued for approved CME activities during the qualifying period between 1 January and 31 December 2018 can be counted towards his PC renewal.

How to Renew

SingPass and 2FA are required:

Doctors can log into the Professional Registration System (PRS) of the SMC website with their SingPass and 2-Factor Authentication (2FA) to submit their application online. For more information about SingPass and 2FA, please visit the SingPass website.

Late application fee charges

A late application fee of S\$80 is chargeable in addition to the PC renewal fee for applications that were/are submitted in the month of December. Under the Medical Registration Act, doctors are required to hold a valid PC before they can practise.

Feedback

For feedback and comments, please contact us at smc_newsletter@smc.gov.sg.

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