SMC Newsletter

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15th Edition

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President's Message

Dear Colleagues,

Season's greetings to all.

Thank you for serving in the battle front against COVID-19 since the start of this year. With less than a month left in 2020, it appears that we have finally flattened the curve and are on the verge of winning this hard fought battle on our shore. We have all worked very hard to come this far but we cannot celebrate just yet.

Our economy is in dire need to be rejuvenated, beyond protecting jobs and saving jobs. As a matter of fact, Singapore has already created thousands of new jobs to re-employ workers that were laid off during this pandemic. We must recognise that there are trade-offs between opening up the economy and starting business as usual soonest possible and concurrently containing the virus from affecting the population. It is a wicked problem. And we must be ready for it.

The theme, "Protecting Lives, Saving Livelihoods" has been announced and stated countless times in this year's extraordinary budget. The government, through an unprecedented budget to manage the COVID-19 pandemic will weather us through this storm.

The role of the SMC is no different. We are here to not only save lives but also protect livelihoods.

In maintaining high professional standards of practice, we save lives. When there are cases of both harm and good, we need to ensure that the good we do outweigh the harm. So, when the outcome is neither desired nor foreseen, the SMC receives complaints from those we serve. As the regulatory body for doctors, SMC through the Medical Registration Act (which has been amended and passed in Parliament recently in October), must decide on the merits of such complaints and deal with them effectively, efficiently and fairly. This is one reason for me to call upon colleagues to step forth and serve on the various committees including the Disciplinary Tribunal to preserve the ethos of the medical profession.

In doing so, doctors will be saving the livelihoods of their patients by returning them to good health and protecting the livelihoods of their fellow doctors through swift justice.

This is a clarion call for doctors to serve in the SMC. There is no self-regulation when one does not step forward to serve. With the emphasis on timeliness, the respondent should quickly reply so that the Complaints Committee can quickly deliberate. Expert witnesses should expediate submission of their reports. Doctors must find time and make time if this system were to run smoothly. I am heartened that SMC has received a handful of volunteers, both young and the experienced since my last message to the fraternity of 15,000 registered doctors and I hope to receive more.

We all hope 2021 will be much better for all. Stay safe.

Professor Chee Yam Cheng
President

Practising Medicine in times of COVID-19

Associate Professor Kenneth Mak
Director of Medical Services, Ministry of Health
Registrar, Singapore Medical Council

Singapore saw its first case of COVID-19 infection on 23 January 2020. This was a tourist who had arrived in Singapore and presented at one of our public hospitals with fever and respiratory symptoms. Fortunately, the hospital was on the alert for cases with symptoms suspicious of COVID-19 infection and a history of travel from China. The attending doctors were quick to place him in isolation, make a diagnosis of pneumonia and then perform the relevant tests to diagnose COVID-19 infection.

We have since seen rising numbers of COVID-19 infection occurring in nearly every country in the world. The outbreak has reached pandemic proportions and disrupted the livelihood and activities of many people globally. Singapore has seen several waves of COVID-19 infection over the last eleven months. The early cases were imported cases, from travellers who originated from different parts of China. However, these early cases led to several localised clusters of infection in the community in settings where there were communal activities and close contact between individuals.

A/Prof Kenneth Mak speaking at one of the Multi-Ministry Taskforce press conferences
Photo credit: Ministry of Communications and Information

Quick Mobilisation

Our healthcare professionals were quickly mobilised to deal with this novel infectious disease outbreak. Doctors were given guidance on how to recognise suspect cases of COVID-19 infection and to refer these cases to the hospitals for further evaluation.

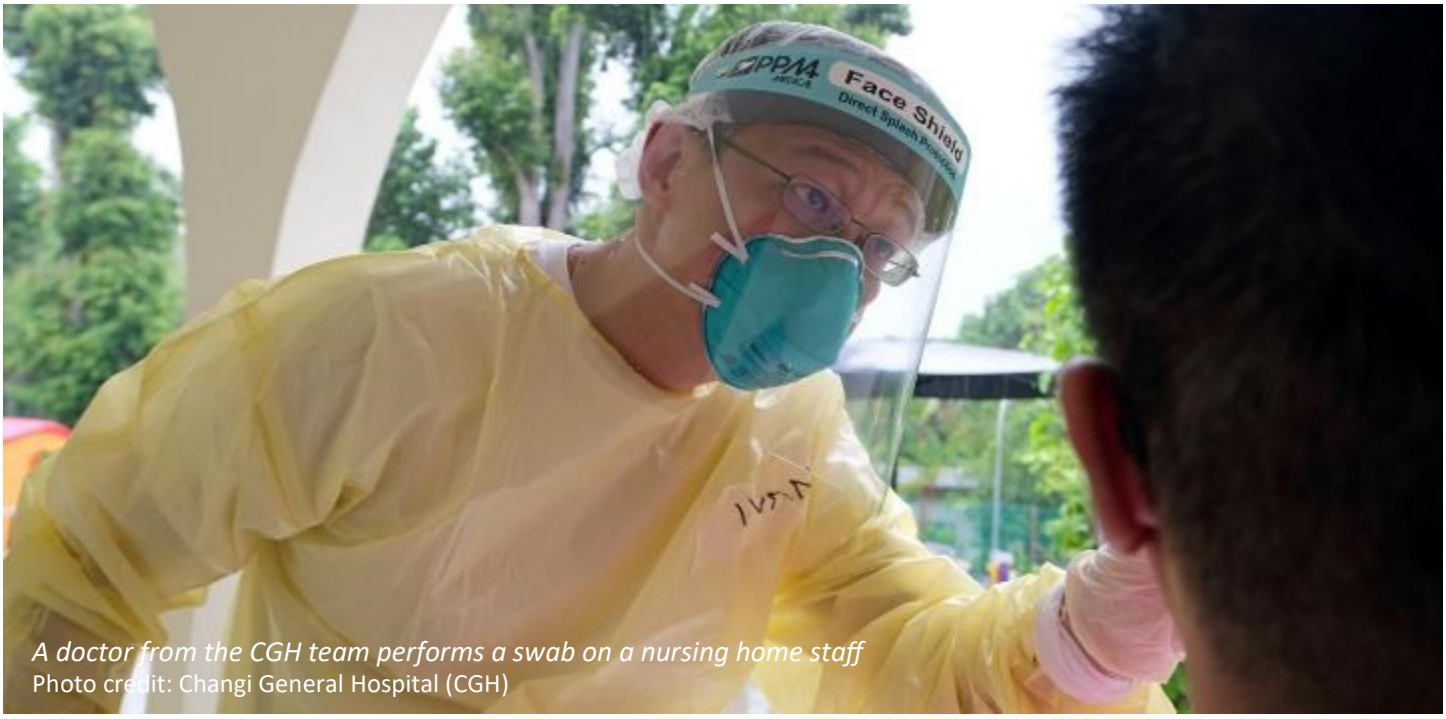
They were also given instructions to adopt more stringent infection control measures in their places of work, whether in primary care, long term and intermediate care settings, or in the acute hospitals.

General Practitioners working in clinics designated as Public Health Preparedness Clinics (PHPCs) were mobilised to attend to patients presenting with respiratory complaints. These doctors received additional training to enhance their competency in using N95 masks and the Ministry of Health (MOH) also provided additional personal protective equipment (PPE) so that they were adequately resourced to triage and assess patients for possible COVID-19 infection.

Many family physicians took on these roles without complaint, donning masks and gowns to attend to their patients, fully aware of the risks they faced of being infected by the very patients whom they cared for.

Medical doctor puts on Personal Protective Equipment
Photo credit: National University Polyclinics (NUP)

Our hospitals put in place enhanced measures to manage the risk of having COVID-19 cases amongst patients and visitors in the hospitals. Healthcare workers were drilled on the contingency measures to be undertaken if an outbreak were to occur within the hospitals. Doctors and nurses received further training at work to better prepare them for possible deployment in 'red zones', for example, in the emergency departments, isolation wards and intensive care units (ICUs).



A doctor from the CGH team performs a swab on a nursing home staff
Photo credit: Changi General Hospital (CGH)

NUP medical team seeing migrant workers in the dormitory
Photo credit: NUP

Medical Needs of Migrant Workers

By late March, we started to deal with a new wave of clusters that had risen amongst the migrant worker population in Singapore. These workers worked and lived in close proximity to each other, and shared communal facilities within their dormitories. The number of cases in these dormitories increased exponentially and soon contributed to an overwhelming proportion of new cases reported daily in the country.

To support the health needs of the migrant worker community, medical posts were established at the larger purpose-built migrant worker dormitories, with other similar posts established in centralised areas to provide support to smaller dormitories and worker accommodation facilities across a wider geographic area. There was a need to man these new medical posts.

Doctors and other healthcare professionals were deployed from public healthcare institutions to run these medical posts. They were supported by many healthcare volunteers who took time off their normal work in their private clinics and private hospitals to care for the migrant workers.

Community care facilities were also set up to provide for isolation of COVID-19 infected cases who had mild infections and did not require care in the acute hospitals. Again, many healthcare volunteers stepped in to run these community facilities and ensure that appropriate care was provided to these patients. Public-Private partnerships were forged to run these community facilities and such collaborations proved to be good testimonies of how healthcare professionals from both public and private sectors could work together for the common good of their patients.

New Models of Care Established

New models of care were also established to overcome treatment gaps and ensure that appropriate care was accessible to the migrant workers at all times. This included the adoption of tele-consultation services as well as tele-monitoring of vital signs for these workers in the dormitories and community facilities. In the hospitals, non-essential clinical services were temporarily suspended to allow for sufficient resources and capacity to be devoted to providing care to the rising number of COVID-19 cases. Telehealth technology was also embraced by many healthcare professionals, so that care could be provided to vulnerable patients with chronic medical conditions and prevent their condition from deteriorating due to difficulty in returning to seek care in the clinics and hospitals.

High Level of Medical Professionalism

It was through these times, when a significant proportion of our healthcare system capacity was utilised to care for the large numbers of COVID-19 cases, that we saw the best examples of medical professionalism displayed. Many doctors worked long hours in the dormitories, at their clinics and in the hospitals to look after their patients. Despite being tired from working in often arduous conditions, they were committed to doing their best for the patients. They were unfazed by ethnic differences or language barriers that they encountered when communicating with their patients. Instead, the compassion, kindness and concern they demonstrated in caring for their patients stood out as clear examples of what it means to treat all their patients without discrimination. I have personally met with doctors who are strong advocates for their migrant worker patients and know that their passion is driven by a deep sense of commitment to doing what is in the best interest of their patients.

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A/Prof Kenneth Mak

NUP medical doctors at the dormitory
Photo credit: NUP

A CGH nurse gears up in her Personal Protective Equipment (PPE) before entering the isolation room
Photo credit: CGH

Remaining Vigilant and Disciplined

The COVID-19 situation in Singapore has improved considerably. Presently, most cases of new COVID-19 infection are imported cases arising in travellers who are subject to a mandatory period of isolation and testing. There are few cases of community infection reported and our community surveillance suggests that the spread of COVID-19 infection within the community is under control. The recent announcement of our forthcoming transition to 'Phase 3' brought much optimism that more social and economic activities can resume in the community. However, this is not a time to be complacent. The prevalence of COVID-19 infection in many countries continues to be high and the risk of more imported cases coming into Singapore as we progressively open our borders remains high.

We need to maintain the discipline of mask wearing, practising safe distancing and good personal hygiene as a key strategy to protect individuals from being exposed and infected with COVID-19. Doctors continue to play an important role in educating their patients and encouraging them to comply with these protective measures.

We need to remain vigilant about the possibility of COVID-19 infection in patients who present to us with acute respiratory symptoms, fever or other symptoms associated with the infection.

We should remain wary about the possibility of atypical presentations of COVID-19 infection and of asymptomatic infections. Therefore, there remains a need for healthcare workers to be disciplined in complying with the relevant PPE standards in the different clinical settings at work.

The government has also announced its plans to procure COVID-19 vaccines and that healthcare workers and seniors who are at higher risk for adverse outcomes from COVID-19 infection would be given priority in its vaccination programmes.

Doctors should update themselves with information about the benefits and risks associated with the COVID-19 vaccines, so that they can appropriately counsel their patients and correct misinformation about the disease or about vaccination. This will empower their patients to make informed choices about vaccination.

SMC Supports Doctors during Trying Times

Throughout this year, the SMC has been busy, working actively to affirm the standards of practice for medical professionals and to ensure the safety of patients with the following changes:

Fulfilling CME through Online Platforms and Journal Reading

When "Circuit Breaker" lock-down restrictions were imposed in the community as well as movement of healthcare professionals across different care settings was restricted, SMC encouraged doctors to continue to meet their Continuing Medical Education (CME) obligations through the use of online teaching platforms and webinars, as well as journal reading and online readings with assessments. The Council increased the cap on the points for Cat 3A from 10 to 20 points so that it was now possible to get all the required core and non-core points online. CME activities concerning COVID-19 were accepted as core CME activities across all specialty disciplines.

Extended Places of Practice for Conditionally Registered Medical Practitioners

SMC has also worked closely with MOH and healthcare institutions to allow conditionally registered medical professionals to work in extended places of practice, to support the need for staff to be redeployed as clinical services had to be augmented to support care of COVID-19 patients. This was done with attention paid to ensure that proper supervision of conditionally registered medical professionals would continue and patient safety was not compromised.

Amendments to the Medical Registration Act and the Civil Law Act

With the amendments to the Medical Registration Act and the Civil Law Act passed in October 2020, the Council has started a review to identify the administrative and disciplinary processes that need to strengthened. The legislative changes serve to preserve the trust upon which the doctor-patient relationship is based on and to clarify the principles guiding the practice of obtaining informed consent.

The SMC is committed to ensure that the revised disciplinary system is fair and transparent. It will set and apply clear standards consistently on what is required of doctors in their practice of Medicine.

The work of the Council

The Council election took place earlier this year with new colleagues joining as members and a few members re-elected. To comply with safe workplace restrictions, much of the work of the Council was conducted via video-conferencing and online platforms. This included Council meetings, disciplinary proceedings' pre-inquiry conferences, processing of applications for registration and CME point accreditation. These revised work processes will continue even as we transit to Phase 3 by the end of 2020 and reflect the 'new normal' for the Council.

Appreciation to all Doctors

The COVID-19 pandemic has introduced many disruptive changes to the usual practice of doctors. **The Council is concerned about the welfare of our doctors and will work with various stakeholders to support the mental health and well-being of medical professionals during this challenging time.** Amidst the difficulties encountered in clinical practice during this period, many doctors have demonstrated what it means to work in service of humanity. I wish to express my deep gratitude and appreciation to all doctors who have walked the extra mile and worked hard in the best interests of their patients.

As we are approaching the end of 2020, I wish all of you a blessed Christmas and a new year filled with good health, happiness and fulfilment in all that you do.

Reflections on the COVID-19 Pandemic by an Infectious Disease Physician

Professor Leo Yee-Sin
Executive Director of the National Centre for Infectious Diseases

Inside the National Centre for Infectious Diseases Screening Centre
Photo credit: Tan Tock Seng Hospital (TTSH)

We acted swiftly. The entire healthcare community was mobilised to cope with the unprecedented speed of spread of the virus and the sheer number of cases.

Prof Leo Yee-Sin
On the swift mobilisation of the healthcare community to battle COVID-19

The news about a cluster of severe pneumonia cases with unknown ethology in Wuhan, China, broke on 31 December 2019. Preliminary information pointed towards a seafood market that was also selling wild game meat. I, along with many colleagues, felt a keen sense of déjà vu, especially those who had experienced the Severe Acute Respiratory Syndrome (SARS) 2003, when we heard this information about a zoonotic disease with unknown transmission capability. We began to question the accuracy of the information as it came mostly from the media. Then it became clearer to us that it could be, potentially, a case of human-to-human transmission, because family members who never had exposure to the market came down with the disease from their household member who was exposed to it. With that, we knew that Singapore would not be spared.

We received scant information at the initial phase of the epidemic in Wuhan, China. The hints that this could be another coronavirus prompted the National Public Health Laboratory (NPHL) at National Centre for Infectious Diseases (NCID) to re-assemble their diagnostic capability to prepare a pan-coronavirus polymerase chain reaction (PCR) diagnostic tool.

The subsequent release of a genetic sequence helped to further refine NPHL's test which was validated after detection of the first case in Singapore.

Operationally Ready

The clinical team at NCID went full steam ahead in preparation and readiness. The Special Precaution Area (a specifically designed high containment outpatient area) at NCID's outpatient clinic started screening returning travellers. The first imported case was isolated at the Singapore General Hospital (SGH). The second patient and subsequently, the majority of the cases were admitted to NCID. Looking back, we realised that the strategy to include all acute care public hospitals from the start to tackle the virus paid off. It helped to balance the load from the influx of patients given the large scale of the outbreak.

The capacity of NCID was upsized after SARS 2003 with 330 beds scalable to 586 beds. It was obvious that SARS-CoV-2, the causative agent of COVID-19, very quickly overwhelmed the capacity of NCID. With the COVID-19 pandemic, we had to scale up four times the size of its regular operations. This required additional human resources from Tan Tock Seng Hospital (TTSH). We witnessed that all wards and beds at NCID were fully occupied, proving the scalability of design to hold a larger volume of cases.

The Screening Centre was in full operation by the Emergency Department of TTSH since the start of COVID-19 pandemic. On 23 March, at the height of the pandemic, the Screening Centre managed a total of 523 cases. Temporary sets of tentage were erected at almost every hospital's Emergency Department. Extracorporeal membrane oxygenation (ECMO) teams from SingHealth's National Heart Centre Singapore, National University Health System and nurses from intensive care departments of other public hospitals were deployed to strengthen the care of critically ill cases at NCID.

On 20 April, the daily number of cases reached a record high of 1,426 when the large population of migrant worker was affected. We acted swiftly. The entire healthcare community was mobilised to cope with the unprecedented speed of spread of the virus and the sheer number of cases. Together, the NCID's clinical team and the epidemiology unit identified that age, BMI and certain inflammatory markers could predict disease severity. This allowed us to safely triage cases to appropriate levels of care.

I commend all the acute care hospitals, primary care in the public and private sectors, community hospitals and private hospitals for showing high level of commitment to overcome this challenge.

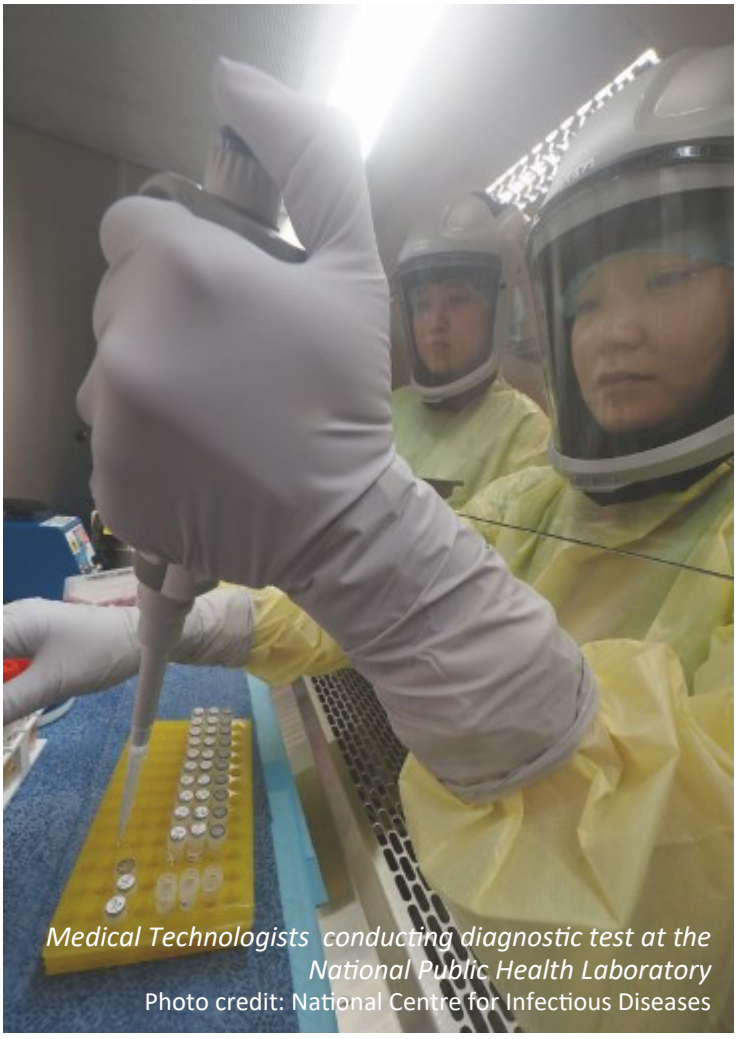
Operationally Ready: National Centre for Infectious Diseases (NCID)

The NCID was officially opened on 7 September 2019, just four months before COVID-19 hit our shores. The various units in NCID had progressively occupied the new building since November 2018. The new state-of-the-art NCID building was operationally ready in time to take on the challenges of COVID-19. As a new set-up, NCID is a unique model that integrates clinical services with focus on outbreak management, public health functions including a national laboratory and epidemiology unit, and research, training and community outreach functions, all under one roof.

NCID Building
Photo credit: National Centre for Infectious Diseases (NCID)

Knowing the Enemy

Apart from getting operationally ready, the most urgent task for NCID was knowing the enemy. The COVID-19 Research Workgroup was set up just one day before the first case was confirmed on 23 January 2020. With the support from the Chief Health Scientist, Professor Tan Chorh Chuan, we had gathered a comprehensive and highly complementary group of researchers to generate research on science and evidence with direct impact on local prevention and treatment strategies. We are heartened to know that from amongst these, a multitude of research studies were internationally leading and with high global impact.



Medical Technologists conducting diagnostic test at the National Public Health Laboratory
Photo credit: National Centre for Infectious Diseases

Isolation Ward
Photo credit: Tan Tock Seng Hospital (TTSH)

NCID Screening Centre team at work
Photo credit: Tan Tock Seng Hospital

All Hands on Deck

We must keep in mind that the fight against COVID-19 is not just the responsibility of the healthcare sector's alone. The pandemic affects every facet of the society sparing no one, no country and no region. We saw that the whole-of-government approach was adopted very early with foresight and this had brought much success in containing the spread of the virus. Some key elements implemented included horizon scanning in risk assessment, enhanced surveillance, contact tracing, active case finding, systematic testing and beefing up of testing capacity and capability, risk communication, building community trust and compliance to safe management measures. All these are part of a whole string of intertwining activities that oiled the management of the entire outbreak operation, ensuring its effectiveness.

We are now close to one-year into the COVID-19 pandemic and it is still early to say that it will blow over soon.

I reflect on the following take-away points while we remember the events these past months. Firstly, it is critical to build and sustain pre-pandemic readiness and maintain a flexible and responsive system to counter outbreaks of different sizes and characteristics; secondly, we must be able to gather and analyse data swiftly to generate knowledge and evidence in order to guide policies and sound decision making, enabling leaders at every level to effectively implement and follow through; and lastly, we need to have sound and consistent messages to build community resilience through strengthening trust in the system.

On a wider scale, Singapore cannot overcome COVID-19 alone. We will have to play our part as a global citizen. We must recognise that time is of the essence, and we need to stay ahead of the curve and realise that COVID-19 is likely to stay for the long haul. There remains an urgency to better understand how humankind can better mitigate the impact and reduce the damage caused by COVID-19 all round. We are in this journey together, as a nation and with the rest of the world.

Medical Registration (Amendment) Bill 2020

Key changes to strengthen SMC's Disciplinary Processes

The Singapore Medical Council's (SMC) disciplinary processes came under intense scrutiny in recent years arising from two Disciplinary Tribunals' (DTs) Grounds of Decisions. The Workgroup to Review the Taking of Informed Consent and the SMC's Disciplinary Processes, appointed by the Ministry of Health (MOH) made a total of 29 recommendations in its report issued in end 2019.

Key recommendations from the Workgroup's report were drafted in the Medical Registration (Amendment) Bill (the Bill), which was subsequently passed in Parliament on 6 October 2020. The Bill will commence on a date determined by the Minister for Health.

Some key amendments to the Bill include the following:

- Ensures independence of DTs
- Facilitates greater expedition in dealing with complaints
- Introduces a time-bar for filing of complaints
- Facilitates greater representation from the medical profession in SMC's composition

Independence of DTs

A Disciplinary Commission (DC) will be established. It seeks to address the perception arising from feedback from the medical profession that DTs lack independence from the SMC. The DC will be sited within MOH and will be independent of the SMC. The DC will be helmed by a senior member of the medical profession as its President and staffed by a secretariat provided by MOH. The ambit of the DC's functions includes overseeing all matters pertaining to DTs such as appointment of individual DTs, and administering the DT processes. The DC will also oversee the training of members within the committees of the medical disciplinary framework.

Time-bar for filing of complaints

There has been concerns of unfairness arising in situations where doctors are subject to complaints over matters which took place long ago. Doctors may be unable to effectively defend themselves in disciplinary proceedings because of evidentiary issues. Such issues may include difficulties in gathering information or recollecting events which took place years back. The Bill now mandates that complaints in relation to conduct more than six years ago – or the earliest date that the complainant had, or could have had, knowledge of the conduct – will not be referred to the Chairman of the Complaints Panel. The exception to this rule is where the President of the DC determines that it is in the public interest for the matter to proceed further.

Expeditious resolution of complaints

The Bill established the following mechanisms to facilitate expeditious resolution of complaints. First, an Inquiry Committee (IC) will be established to sieve out unmeritorious complaints at an early stage. Complaints which are frivolous, vexatious, misconceived, or lacking in substance may be dismissed by the IC. The IC is also empowered to issue letters of advice and refer matters for mediation. The latter point warrants elaboration. Prior to the Bill, only Complaints Committees may refer matters for mediation. In empowering ICs to do so, it is hoped that a more conciliatory approach may be taken at an early stage towards matters which are suitable for mediation. Second, the Bill limits the number of extensions of time which the Chairman of the Complaints Panel (or the President of the DC) may grant. Subsequent applications for extensions of time may only be granted by the High Court.

The Bill removes two limitations on the composition of SMC's Complaints Committees. First, the Bill removes the upper limits on the number of medical practitioners and lay persons who may be appointed to the Complaints Panel. At present, a maximum of 100 medical practitioners and 50 lay persons may be appointed to the Complaints Panel. These upper limits constrain the number of persons able to contribute to medical self-regulation. Second, the Bill removes the requirement that all Complaints Committees must be chaired by a member of the SMC. Given that Council members are limited in number, this legislative amendment ought to alleviate their workload and facilitate more expeditious resolution of complaints.

Greater representation of medical profession in SMC

The Bill changes the composition of the SMC to include representatives from the three medical professional bodies, namely, the Academy of Medicine Singapore, the College of Family Physicians, Singapore, and the Singapore Medical Association. In addition, to encourage representation from younger doctors, the experience requirement for membership of Council has been lowered from 10 years' standing, to 8 years.

For details of the amendments to the Medical Registration Act and Civil Law Act, please refer to MOH's press release.

The SMC's Sentencing Guidelines: Principles and Practice

What do the Sentencing Guidelines mean for doctors and the medical community?

SMC's Sentencing Guidelines for Singapore Medical Disciplinary Tribunals (the Guidelines) were published in July 2020. The Guidelines explain the sentencing objectives in medical disciplinary proceedings, consolidate existing sentencing principles and expound on a framework that a Disciplinary Tribunal (DT) may use as a guide when deciding on an appropriate sentencing order. A DT will only consider the issue of sentencing if it makes a finding under section 53 (1) of the Medical Registration Act.[1]

Key aspects of the Guidelines

The Guidelines differ somewhat from other proceedings that result in the imposition of sanctions or remedies.

The larger public interest considerations are paramount in medical disciplinary proceedings. It serves to uphold the reputation of and confidence in the medical profession and protect the health, safety and well-being of the public.

Contrast this with criminal proceedings where the general objective is to punish the criminal conduct and civil proceedings where the general objective is to compensate the patient for medical negligence.

The Guidelines highlight the common types of disciplinary offences and the various sentencing options available to a DT. There is also elaboration on what each sentencing option entails and when each option may be appropriate.

[1]53.—(1) Where a registered medical practitioner is found by a Disciplinary Tribunal —
(a) to have been convicted in Singapore or elsewhere of any offence involving fraud or dishonesty;
(b) to have been convicted in Singapore or elsewhere of any offence implying a defect in character which makes him unfit for his profession;
(c) to have been guilty of such improper act or conduct which, in the opinion of the Disciplinary Tribunal, brings disrepute to his profession;
(d) to have been guilty of professional misconduct; or
(e) to have failed to provide professional services of the quality which is reasonable to expect of him,
the Disciplinary Tribunal may exercise one or more of the powers referred to in subsection (2).

To assist DTs in weighing all relevant considerations in a systematic way, the Guidelines provide a sentencing framework which draws reference from existing case law, in particular, the sentencing framework which had been earlier established by the Court in Wong Meng Hang v Singapore Medical Council. The sentencing framework takes into account offence-specific factors of "harm" and "culpability", as well as offender-specific aggravating and mitigating factors. Further guidance is also provided on these factors, as well as how to apply the framework when a doctor is found guilty of multiple offences.

Observations

The intent of the Guidelines is to help DTs arrive at fair and consistent sentencing decisions. By setting out the objectives and principles to be applied in sentencing, the Guidelines also promote more transparency in a DT's decision-making process in relation to sentencing.

It is important to note that the application of the Guidelines is dependent on the specific facts and circumstances of the case before the DT. DTs retain discretion and flexibility in sentencing and may depart from the Guidelines when they consider it as appropriate to do so. By the same token, the illustrations in the guidelines are intended to be illustrative, to bring out how the twin parameters of "Harm" and "Culpability" may be calibrated and are not intended to be binding on the DT.

The SMC has noted feedback and concerns raised in relation to the Guidelines. Some of these touch on the rigidity of the sentencing framework. For example, doctors were concerned that where there is a certain severe outcome, they would automatically receive more severe sentences. Doctors were also concerned that they could be taken to task for all consequences arising from a procedure, even minor ones like an infection or other known complications. We have addressed some of these concerns in the FAQs.

The SMC continues to welcome feedback on the Guidelines and would like to assure doctors that the Guidelines are intended to be a living document and that all feedback will be considered when the Guidelines are next revised and updated.

Conclusion

We hope doctors will find the Guidelines useful and that this, together with the changes to the medical disciplinary process arising from the amendments to the MRA, will contribute to the desired outcome of upholding the standards of medical practice, and maintaining the confidence and trust of both the public and the medical profession in the medical disciplinary process.

On this note, SMC would like to once again thank the Chairman, Judge of Appeal, Judith Prakash, and members of the Committee for their dedication and efforts in producing the Guidelines.

Sentencing Guidelines: FAQs

1. The Guidelines appear to be very rigid, is there any scope for a DT to depart from them?

Yes, the Guidelines are not meant to be prescriptive and DTs retain discretion and flexibility to calibrate sentences based on the facts and circumstances of the cases before them. The sentencing framework is in place to guide the DTs and does not prescribe the sentence. As many members and chairs of DTs are medical professionals, these Guidelines will be useful for DTs. They will assist DTs in their decision making in an area which they may be less familiar with.

2. Will the Guidelines lead to harsher or more lenient sentences?

The Guidelines should not lead to either harsher or more lenient sentences. Rather, the Guidelines serve to bring about fair and consistent sentences in cases that come before DTs. While the sentencing ranges within the Guidelines are meant to be indicative and not prescriptive, the Guidelines should help a DT derive an appropriate sentence through a methodical process.

3. Will doctors be taken to task by a DT if patients suffer from consequences arising from a procedure, even minor ones like an infection or other known complications?

It depends on the facts and circumstances of each case. Not every complaint or information warrants escalation to a DT. It would be important to consider nature and extent of the misconduct, the gravity of the foreseeable consequences of the doctor's failure and the public interest in pursuing disciplinary action. In fact, the amended MRA now makes it clear that only a case with cause of sufficient gravity for a formal inquiry may be referred to a DT.

At the DT stage, a doctor must be guilty of professional misconduct in the first place before the DT can impose any sanctions.

It is well established in case law that not every breach would amount to professional misconduct and cross the disciplinary threshold. Mere negligence or incompetence would generally not suffice, the DT must satisfy itself that the conduct complained of fell so far short of expectations as to warrant the imposition of sanctions, i.e. it is so egregious that it warrants disciplinary action.

4. In cases with severe outcomes, will doctors automatically receive more severe sentences?

No, the appropriate sentence does not just depend on the outcome or the apparent "harm" in a particular case. DTs should consider the extent to which the eventual harm was connected to the doctor's misconduct. This is because the eventual harm caused to the patient may not always be the direct result of the doctor's misconduct. For example, a doctor may have misdiagnosed a patient, who eventually died. However, the direct harm which the doctor caused to the patient may merely have been the loss of chance to receive appropriate and timely treatment, or the loss of chance to recuperate. It may be that the patient would have died in any event. The illustrations following paragraph 51(c) of the Guidelines provide some analysis on how the levels of harm suffered by patients could differ in various cases, even when the patient had died in those cases.

This analysis was explained by the Court in Wong Meng Hang, i.e. the Court had analysed the DT case of Dr Fong Wai Yin who had failed to conduct basic tests and provide a timely referral for a patient who had presented with red eyes, high ocular pressure and blurred vision, on three visits over five days. The patient subsequently developed tunnel vision and could not see more than a few feet in front of her. While the Court noted that the injury was severe, it considered the harm to be "moderate" because the resultant harm was in part due to the patient's existing medical condition; the harm that was actually caused by Dr Fong seemed to have been the patient's loss of chance to recuperate from that condition.

5. When will the Guidelines be revised or updated?

The Guidelines are intended to be a living document and the SMC (or the new Disciplinary Commission when the MRA amendments take effect) will update them as and when necessary. This is to ensure that the Guidelines remain relevant and take into account medico-legal developments, as well as developments in case law.

6. Will there be training for DT members on the Sentencing Guidelines?

The Guidelines are designed to be easy for DT members to follow and apply when making sentencing decisions. That notwithstanding, the Guidelines will feature in training sessions conducted for DT members. The SMC further aims to engage the wider medical community and stakeholders on these Guidelines, as well as the impending changes to SMC's disciplinary processes arising from the amendments to the MRA.

SMC's Supervisory Framework – Train the Trainers Workshops

Training aims to improve consistency, quality of assessment and reports of supervisee doctors.

SMC held its inaugural Supervisory Framework 'Train-the-Trainer' workshops for SMC-approved supervisors in July 2020 over three sessions via video conferencing. A total of 188 participants from the various healthcare institutions including Voluntary Welfare Organisations and the private sector attended the training sessions.

Under the SMC's Supervisory Framework, SMC-approved supervisors are required to submit assessment reports of the supervisee doctors i.e. Conditionally registered and Temporarily registered doctors. To improve quality and rigour of assessments and reporting of supervisee doctors, all supervisors are required to undergo the standardised training to improve consistency in the assessments.

The SMC's Train-the-Trainers sessions were designed to enable healthcare institutions to replicate the same training to their institution's supervisors under the Supervisory Framework. The institutions will certify their own institutional supervisors for Conditionally registered and Temporarily registered doctors based on participation and attendance in the institution's training. Each institution had Chief and Deputy Chief trainers to co-ordinate the training of supervisors in their own cluster of institutions.

Trainers and participants engaged in active discussion via video conferencing platform

The Train-the-Trainers sessions were conducted on 16, 24 and 30 July 2020 by A/Prof Chen Fun Gee and A/Prof Alan Ng. Case materials were adapted, and vignettes anonymized. The online assessment forms were sent to trainers pre-workshop and their responses aggregated into summarised graphs and charts for discussion.

Each of the three sessions began with the slide presentation followed by the interactive discussion on the vignettes and the aggregated responses. Performance improvement plans were also discussed. After each training, the questions and answers during the session were compiled into a set of FAQs, which were distributed to all participating trainers.

These trainers have done an excellent job to train the SMC-approved supervisors in their own institutions, hospitals and clinics. From the returns received, more than 3,000 supervisors have been trained already and still counting.

We would like to thank A/Prof Chen Fun Gee, A/Prof Alan Ng, all Chief and Deputy Chief Trainers and the 186 trainers who are doing the training in their own institutions.

Comments from Participants

Prior to this many us were not aware of the importance of the SMC report and its implications. This training is timely, and we need to standardise to ensure assessment is non-prejudiced, unbiased and used for providing honest constructive feedback.

It clarified a lot of my doubts, especially on the nuances of grading, and when we should be firm / pay extra attention to the extenuating circumstances the supervisee may be undergoing.

Good illustration from the vignettes

Gave more insights into the backend processing that happens at SMC when Borderline & Unsatisfactory are given on the assessment report, and how they come into play when an application for F-Reg is submitted.

Supervisory Framework

The SMC's Supervisory Framework is mandated by the Medical Registration Act to ensure there is direct and timely supervision of International Medical Graduates (IMGs) practising in Singapore. These C-reg and T-reg doctors must be supervised by fully registered (F-reg) and senior doctors while they are at work.

This framework helps the new foreign-trained doctor to acclimatize to the local healthcare system and practise safely under supervision. There are three levels of supervision from most to least intensive as the doctor becomes more independent and competent.

During the period of supervision, the SMC-approved supervisors complete and submit assessment reports of their supervisees to SMC at regular 6 intervals usually every 6 months. SMC reviews the C-reg or T-reg doctor's performance based on such assessment reports. If performance is consistently satisfactory, the doctor can apply for full registration after fulfilling other SMC criteria for the application.


SMC Physician's Pledge Affirmation Ceremony 2020

About 930 doctors took the Pledge to affirm their responsibilities to patients and uphold professional and ethical standards.

Preparation for an onsite Pledge ceremony was already underway when MOH released a directive on 12 February 2020, restricting movement of doctors and healthcare workers across public hospitals and institutions. The planning came to a halt and the Pledge ceremony had to be postponed. But the Secretariat began to explore organising an online Pledge ceremony, creating an event via a video conferencing platform.

The first-ever virtual SMC Physician's Pledge ceremony was held over five sessions in June, July and September 2020. A total of about 930 doctors took the Physician's Pledge alongside their peers and witnessed by Council members and invited guests. In each ceremony, a Council member led the cohort to recite the solemn Pledge. In his virtual Pledge ceremony address, Professor Chee Yam Cheng, President, SMC, expressed his appreciation to fellow doctors and healthcare colleagues at the frontline battling COVID-19.

Many doctors amongst the attendees were probably experiencing and handling such a serious epidemic for the first time. The words of the Pledge became even more resounding as they recited to

> *"…dedicate our lives to the service of humanity…make the health of my patient my first consideration…not allow the consideration of race, religion, nationality or social standing to intervene between my duty and my patient; and maintain due respect for human life."*

Reminding all doctors that ethics and professionalism are core to medical practice, President urged all doctors to attend relevant courses based on SMC Ethical Code and Ethical Guidelines which will be organised by the professional bodies namely the Academy of Medicine, the College of Family Physicians and the Singapore Medical Association. Thanking the three professional bodies on behalf of SMC for their support, he acknowledged that many medical and laypersons had volunteered much time and service in various SMC committees, so that SMC can effect self-regulation.

Singapore Medical Council members taking the Pledge.

Excerpts from President's Speech for SMC Pledge 2020:

Professor Chee Yam Cheng
President, SMC

I take this opportunity to express our appreciation to you – our medical practitioners and healthcare colleagues at the frontline battling COVID-19.

To self-regulate, we need selfless colleagues who put themselves above their own interests to do a public duty. Some of you may be called into such a duty and when that day comes, we hope that you will also espouse the ideals of the generations before you who have set a good example and are role models.

We stand here today knowing that as a nation, we espouse these ideals. We must carry the memory of going through these times with both humility and fulfilment. Humility because in the midst of fear and uncertainty, what is material now seems immaterial. Fulfilment because we have done what is right, we have put in our best effort and we have scant or no regrets that we have not done enough.

The first Pledge Ceremony

The first Singapore Medical Council (SMC) Physician's Pledge Affirmation Ceremony was held on 2 May 1995. It serves to remind registered medical practitioners in Singapore of their responsibilities to their patients and the medical profession. The affirmation of the Pledge also highlights that doctors must uphold high professional and ethical standards as they embark on their careers as registered medical practitioners.

The Pledge ceremony had been held since 1995. Since 1 Dec 2010, the Pledge Ceremony was mandated through the Medical Registration Act (MRA), and as stated in Reg 16(1) of the Medical Registration Regulations, it is mandatory for every registered medical practitioner who wishes to obtain full registration.

Did you know?

The SMC Physician's Pledge is an adaptation from the Hippocratic Oath and the Declaration of Geneva. The Physician's Pledge, which replaces the Oath with its ancient phraseology, has been drafted to reflect the practice of medicine today.

The Hippocratic Oath is an ancient Greek oath to guide the ethics and professional conduct of physicians. This original oath was traditionally attributed to the Greek physician Hippocrates.

The Declaration of Geneva was adopted by the World Medical Association in Geneva in 1948. There were several edits in subsequent years and last amended in 2017. It reflected the original oath's principles applying it to the practice of modern medicine.

Doctors affirming the Physician's Pledge at Yong Siew Toh Conservatory Concert Hall in 2019.

2019

Key Figures of Annual Report 2019

2019 at a glance

14,876
Total number of registered medical practitioners

+309
New Specialists

2,051
Family Physicians

39.5%
Specialists

60.5%
Non-Specialists

103
Recognised overseas medical schools

Revised list of overseas medical schools in view of increased intakes of local medical schools, resulting in easing of the need to recruit more overseas-trained doctors to practise in Singapore in the coming years

53,503
Accreditation Applications & Credit Claims for CME Activities

8,864
PC Renewals

8,864 fully and conditionally registered doctors renewed their Practising Certificates

16
Inquiries

Concluded by the Disciplinary Tribunals, Interim Orders and Health Committees

138
Complaints

Lodged against 173 medical practitioners

766
Pledge-takers

A total of 766 medical practitioners affirmed the SMC Physician's Pledge across two ceremonies

The detailed breakdown of statistics can be found in the SMC Annual Report 2019 here.

SMC Election 2020

Introducing Elected Council Members

Seven elected members joined the SMC as Council members from 9 June 2020. They comprise both existing members who were re-elected and new members. They will serve in the Council for a term of three years.

SMC extends a warm welcome to our newly elected members.

Dr Chen Suet Ching Jeanette
Jeanette Chen Women's Clinic

Dr Christopher Chong Yew Luen
Chris Chong Clinic Pte Ltd

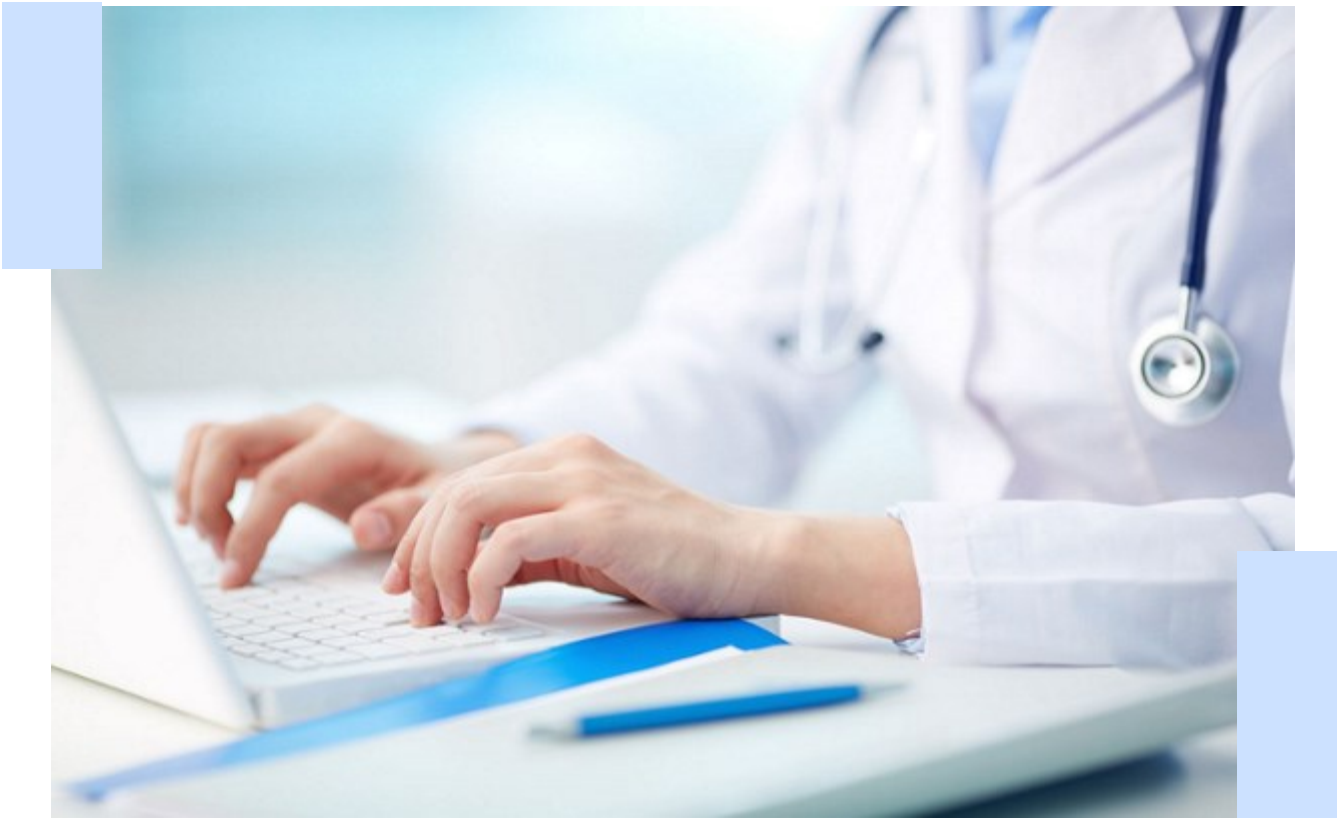
Dr Lim Khong Jin Michael
Family Physician
River of Life Family Clinic

A/Prof Ng Wei Keong Alan
Senior Consultant
Department of Respiratory & Critical Care Medicine
Tan Tock Seng Hospital

Dr Subramaniam Surajkumar
Family Physician
Drs Bain & Partners

Dr Tay Miah Hiang
OncoCare Cancer Centre

Dr Wong Chiang Yin
Executive Director and Group Chief Executive Officer
Thomson Medical Group



Practising Certificate Renewal 2020

Fully and conditionally registered doctors whose Practising Certificates (PCs) are expiring on 31 December 2020 have been informed via email to renew their application from 2 September 2020 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).

How to Renew

SingPass and 2FA are required:

Doctors can log into the Professional Registration System (PRS) on 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.

Example:

When a doctor's existing two-year PC is valid from 1 January 2019 to 31 December 2020, any CME points accrued for approved CME activities during the qualifying period between 1 January 2019 and 31 December 2020 can be counted towards his/her PC renewal.

Where a doctor's one-year PC is valid from 1 January to 31 December 2020, any CME points accrued for approved CME activities during the qualifying period between 1 January and 31 December 2020 can be counted towards his/her PC renewal.

Late application fee charges

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

For feedback and comments, contact SMC at:

SMC@spb.gov.sg

www.smc.gov.sg