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NEWSLETTER



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SMC President's Message



*D*ear colleagues,

Season's greetings as we draw to the close of the year.

Ethical Practice

The Singapore Medical Council (SMC) initiated the "Series in Professional Ethics" starting from the last edition of the SMC Newsletter. In this issue, we look at the prescription of benzodiazepines, hypnotics, and codeine containing cough mixtures. Improper prescriptions of such addictive drugs can lead to misuse, abuse and dependence. SMC's disciplinary tribunals have through the years convicted and sentenced a number of doctors who prescribed such drugs inappropriately. This article by Family Physician, Dr S Suraj Kumar, is intended to increase awareness of inappropriate prescription by highlighting the clinical guidelines that every doctor needs to know to comply with the prescribing of such medications.

Compulsory CME on Medical Ethics

Continuing Medical Education on Medical Ethics will be made compulsory for the renewal of Practising Certificates (PC) from 2026. This was one of the recommendations by the MOH's Workgroup to review the taking of Informed Consent and SMC Disciplinary Process, to enable doctors to be made aware and updated on ethical issues and practice. The Medical Ethics curriculum which encompasses four basic core topics i.e. 1) Professionalism 2) Ethics 3) Informed Consent and Medical Decision Making and 4) Medical Records, Privacy and Confidentiality will be rolled out progressively by the three medical Professional Bodies i.e. Academy of Medicine, Singapore (AMS), College of Family Physicians Singapore (CFPS) and Singapore Medical Association (SMA) from next year. Doctors must obtain the minimum CME core points in these programmes in order to renew their Practising Certificate (PC).

Physician's Pledge Affirmation Ceremony

The SMC held its second Physician's Pledge Affirmation Ceremony for 2022 virtually on 24 September 2022, attended by more than 480 provisionally and conditionally registered doctors. The Pledge is a significant event to remind doctors of the importance of their role in society and responsibilities to their patients. SMC was honoured to have Dr Janil Puthuchery, Senior Minister of State for Health as the Guest-of-Honour, and members of the Medical Council, invited guests from the medical Professional Bodies, the medical schools in Singapore, and Chairmen of Medical Boards of hospitals.

Council Members

On behalf of the Council, I congratulate the elected and re-elected Council members this year, namely Dr Chuang Wei Ping, Dr Ho Kok Sun, Dr Lee Yee Mun, Dr Leong Choon Kit and Dr Lim Ah Leng. The following were also appointed or re-appointed to the Council by the Minister of Health this year - Prof Lim Chien Wei John, Prof Pang Weng Sun, Prof Lynette Shek Pei-Chi, A/Prof Tan Beng Hoi Agnes, Prof Tan Puay Hoon, Adj A/Prof Tan Tze Lee, Dr Tan Yia Swam and Prof Teo Eng Kiong.

Under the amended Medical Registration Act, we have for the first time the appointment of the Master of the Academy, and the Presidents of the College of Family Physicians Singapore and the Singapore Medical Association in the Council. We welcome all the elected and appointed Council members. I take this opportunity to deeply appreciate the services of Prof Venkataraman Anantharaman and A/Prof Chew Suok Kai, who have completed a number of terms in the Medical Council. They have contributed greatly to the work of the Council and its Committees and the decisions of the Council over the years.

Renewal of PC

Lastly, we would like to remind doctors who are due to renew their PC by the end of this year to do so early and at the same time update your contact details if so needed to continue to receive notifications, circulars and messages from the SMC.

As the year comes to a close, we wish you a blessed new year ahead.

Professor Chee Yam Cheng
President

Compulsory CME on Medical Ethics for All Doctors

In November 2019, the Report on Recommendations by the Workgroup to review the taking of Informed Consent and SMC Disciplinary Process (see MOH website [here](#)) was published. Amongst the various recommendations the Workgroup made was one for the establishment of compulsory continuing medical education (CME) on Medical Ethics for all doctors. The Workgroup had identified that there was a need to increase doctors' awareness of ethical issues and developments, such as informed consent, as these developments could have a significant impact on the practice of medicine. Doctors would need to be updated on ethical issues to ensure that they have the knowledge that would enable them to practise ethically, effectively and safely.

Recommendation 10 of the Report is reproduced here.

Recommendation 10

Introduce compulsory Continuing Medical Education (CME) on medical ethics for all doctors, in particular informed consent and the SMC Ethical Code and Ethical Guidelines, SMC disciplinary processes and pertinent medico-legal cases.

Currently, all doctors have to receive compulsory CME as a requirement for the renewal of their practice licenses. This is because the body of medical knowledge and evidence as well as the practice of medicine is ever-evolving and there is a need to ensure that doctors remain up to date with the major scientific developments in medicine. There is, however, no requirement for this CME to have a compulsory ethics component even though the ethical environment of medical practice is likewise evolving.

Currently, there is a low take-up rate for medical education on medical ethics for the general population of doctors as such courses are not compulsory. Core points for CME are only awarded for clinical updates within the specialty.

There is a need to increase awareness of ethical issues and developments, such as informed consent, throughout the medical profession, as these developments can have a significant impact on the practice of medicine. Mandating that doctors update themselves on these issues will ensure that they are exposed to baseline level of knowledge on the applicable legal standards in practice that will allow them to practice effectively.

We recommend incentivising and tracking the completion of such courses by making such modules compulsory, and awarding core CME points upon their completion. A core medico-legal curriculum should also be developed to complement and support this proposal.

To ensure that doctors are familiar with the ethical obligations and kept abreast of latest applicable standards of ethical practice, we recommend that ethics education and/or training be made a compulsory part of doctors' CME, i.e. "core points". Currently, doctors are required to attain 50 CME points in a two-year period for license renewal. A significant portion (say 5 points) of these 50 points should and must come from CME education and training.

Sub-Committee in SMC's Continuing Medical Education Co-ordinating Committee (CMECC) Formed to Establish Basic Curriculum and Standards

Guided by this recommendation, the SMC worked with the three medical Professional Bodies, the Academy of Medicine Singapore (AMS), College of Family Physicians Singapore (CFPS) and Singapore Medical Association (SMA) to enable this.

A sub-committee in SMC's CMECC was formed with representatives from AMS, CFPS and SMA to establish the basic curriculum and standards for mandatory Medical Ethics CME activities, formulate a framework and guidelines for the review of CME providers which apply to be Medical Ethics CME providers and make recommendations to the SMC (through the CMECC) for the accreditation of Medical Ethics CME providers and Ethics CME activities.

Curriculum for Medical Ethics Programme/Activities

The three Professional Bodies jointly established the Medical Ethics curriculum, which includes four basic core topics encompassing the following:

- Professionalism / Medical Professionalism
- Ethics (e.g. Four boxes approach, Ethical analysis in medicine, Public Health Ethics, Research Ethics)
- Informed Consent and Medical Decision Making
- Medical Records, Privacy and Confidentiality

Doctors will be expected to achieve CME points in these four core topics when compulsory CME for Medical Ethics is implemented. Besides the above four topics, the following areas will also be included for CME activities in medical ethics:

- Notification, Certification & Dispensing
- Medicine and the Law
- Important Issues in Clinical Ethics e.g. End of Life Issues, Transplant Ethics, Assisted Reproduction, Big Data
- Professional Accountability, Medical Negligence and Risk Management

- Communication Skills, Medical Report Writing and Personal Development
- Practice Issues
- Setting up Practice
- Conflicts of Interests
- Collegiality and working in teams
- Telemedicine
- Novel therapy and Experimental treatment

Information on Medical Ethics Programmes/Activities

It was emphasised that the Medical Ethics programmes and activities conducted by the Professional Bodies are not restricted to their members only. Doctors who are not members of the Professional Bodies can sign up and participate in the Medical Ethics programmes and activities of their interest.

Doctors may explore and access information on Medical Ethics programmes and activities organised by the three Professional Bodies in their respective websites when their programmes get underway.

Doctors' Participation Encouraged

In anticipation of the roll-out for this compulsory CME requirements on Medical Ethics in 2026¹, SMC would like to encourage all doctors to look out for our circulars and announcements when the Medical Ethics programmes are ready. SMC would like to encourage doctors to start participating in CME programmes on Medical Ethics and not wait till January 2024 to start accumulating Medical Ethics Core points when CME for Medical Ethics becomes mandatory.

The Professional Bodies' Medical Ethics programmes and CME activities will enable doctors to gain the requisite knowledge of medical ethics and keep abreast of the latest applicable standards of ethical practice. Accessing and participating in the AMS, CFPS and SMA's programmes on Medical Ethics programmes and activities will also enable doctors to fulfil the compulsory CME requirements on Medical Ethics once this is in place.

Prof Chan Choong Meng
Chairman, SMC CMECC Sub-Committee on Medical Ethics CME

Prof Lee Eng Hin
Chairman, SMC CMECC

¹ Doctors with CME Qualifying Period (QP) from 1 January 2024 to 31 December 2025 (2-year PC) may begin accumulating Medical Ethics Core points from 1 January 2024, while doctors with CME QP from 1 January 2025 to 31 December 2025 (1-year PC) may do so from 1 January 2025.

SMC Physician's Pledge Affirmation Ceremony

24 September 2022

The recent SMC Physician's Pledge Affirmation Ceremony was held virtually on 24 September 2022. The event saw 483 provisionally and conditionally-registered doctors taking the Pledge as a key milestone in their medical career. The oath-taking is a significant and momentous affair, where doctors are reminded of the importance of their role in society, and their responsibilities to their patients.

The SMC was honoured to have Dr Janil Puthuchery, Senior Minister of State for Health as the Guest-of-Honour for the event, as well as members of the Medical Council and invited guests from the medical professional bodies, medical schools, and Chairmen of Medical Boards of hospitals.





Speech by Guest of Honour Dr Janil Puthuchearry Senior Minister of State for Health

It is my privilege to join you today for the Physician's Pledge Ceremony. The Pledge is a significant milestone for doctors.

The solemn oath you are about to undertake, affirms the duties and responsibilities towards your patients, colleagues and all those who have put their trust in you. Today, you “dedicate your life to the service of humanity” and commit to uphold the high professional and ethical standards of the medical profession.

To all members of the profession, thank you for your service especially over the last two and a half years. It has not been easy, but you have shown tenacity and grit. Our public has unwavering confidence in the quality and integrity of our doctors. This is a testament of your professionalism and dedication. Thank you for keeping Singapore safe.

The strains of the pandemic have also highlighted the challenges faced by junior doctors. The Ministry of Health (MOH) is actively studying these issues and is currently engaging with doctors across all ranks. This includes, but is not limited to, key areas such as duty hours, career options, and work processes. We are also working with educators and regulators like the Singapore Medical Council (SMC), the Specialists Accreditation Board and the Family Physicians Accreditation Board to ensure that any changes do not compromise training outcomes.

As physicians, regardless of whether you are based in the community or in the hospital, you will be required to ensure the holistic well-being of each patient, by facilitating thorough continuity of care with colleagues.

We will always have to work at enhancing our healthcare system. In doing so we hold fast to the fundamental tenets in our practice to protect the health and safety of our patients. You will all be familiar with “*Primum non nocere*”, which is “first do no harm”. In the Pledge we state, “to practise my profession with conscience and dignity; make the health of my patient my first consideration”. Self-regulation is an important part of ensuring we adhere to the high standards that our patients expect and deserve.

Commencement of the Medical Registration (Amendment) Act 2020

The Medical Registration (Amendment) Act came into force on 1 July 2022. Over the last few years, the Singapore Medical Council and MOH have been working to prepare the implementation of the recommendations that were made by the Workgroup, to review the Taking of Informed Consent and the SMC's Disciplinary Process.

Under the amended Act, we hope to bring about greater transparency in the disciplinary process, quicker resolution of complaints as well as consistent and fair enforcement of standards. One of the key changes is the establishment of a Disciplinary Commission (DC) which is separate and independent of the SMC. The formation of the DC under MOH addresses concerns about the perceived lack of independence of the Disciplinary Tribunals (DT) that were previously appointed by the SMC. This ensures a clear separation of the governance for investigation and prosecution by the SMC, and adjudication functions by the DT, which will now be appointed by the DC. I would like to take this opportunity to thank the doctors, legal professionals and laypersons whom, together numbered more than 400, have been appointed to the SMC Complaints Panel to assist the medical profession in its self-regulation, which at its core, functions to protect patients' best interests.

The workgroup had also recommended that the SMC Ethical Code and Ethical Guidelines (ECEG) be revised. The SMC is currently working on the revision of the ECEG and the Handbook on Medical Ethics. Upon completion, the revisions will be circulated and made available on the SMC's website. I urge all doctors to read this important document, which will guide you throughout your professional careers.

Healthier SG

Just as we are updating and evolving the governance of our healthcare system, we are moving forward to tackle other pertinent health issues within our community. The Healthier SG campaign is a major reform of our healthcare system. This strategy looks at Population Health, and includes issues that come with an ageing population, increasing chronic disease burden and rising healthcare costs. We want to shift the emphasis further to a focus on preventive health and healthcare.

You will find that the structure of our healthcare system will be in a state of transformation, with the mobilisation of family doctors to engage more directly with the population. Hospital-based doctors will increasingly hand over the care of the patient, after an acute inpatient admission, back to family doctors. As physicians, regardless of whether you are based in the community or in the hospital, you will be required to ensure the holistic well-being of each patient, by facilitating thorough continuity of care with colleagues.

Closing Remarks

In closing, my advice to you is to embrace a culture of lifelong personal development, upgrading your clinical knowledge, reflecting on how we can improve our practice, being more ethical and principled. My wish for you is that you remain steadfast in your dedication and commitment to upholding our highest professional and ethical standards. And my hope for you is that you will grow to be enlightened practitioners, propagating kindness and compassion to your patients and your juniors.

Congratulations once again on reaching this crucial milestone. I wish everyone the very best ahead, and a rewarding career.

Thank you.





Speech by Professor Chee Yam Cheng President of SMC

Good afternoon. On behalf of the Singapore Medical Council, I warmly welcome our Guest of Honour Dr Janil Puthucheary, Senior Minister of State for Health and all our distinguished guests, and colleagues who are taking the Pledge today.

First let me congratulate all conditionally registered and provisionally-registered colleagues for having come to this point of taking the SMC Physician's Pledge. The Council thanks you for your hard work and endurance in difficult times. In such times, the Council had also made the regulatory processes more accessible to medical practitioners.

SMC, together with other healthcare Professional Boards collaborated with the Ministry of Health to launch the electronic Registration Certificate (or e-RC) and electronic Practising Certificate (or e-PC) in the Professional Registration System or PRS in December last year, for all registration certificates and renewal of PCs from 2022 onwards. If you apply to be fully registered after taking the Pledge, and if your application is approved, you would receive an electronic certificate stored in the PRS. You can print the certificate yourself if you wish, but the electronic copy will be permanently in the system for you to access. Your electronic documents are thus safely stored and readily accessible within our secure IT system.

Separately, the digital practising certificate or digital PC was also introduced in the Singpass phone app and you would have noticed this in your smartphones. Just like your NRIC and driving license, your practising certificate can now be viewed in your smartphones on opening of the Singpass App. The healthcare Professional Boards and Accreditation Boards were amongst the first statutory boards in Singapore to implement and launch digital certificates in the Singpass App to enable healthcare professionals to directly access their professional certificates.

Medical Registration (Amendment) Act

An important change which all of you should be aware of is the Medical Registration (Amendment) Act 2020 (or MRAA) which came into force on 1 July 2022. The amendments in relation to the SMC disciplinary processes allow quicker resolution of complaints by SMC and separates the disciplinary tribunal functions from the complaints function. Any complaint from 1 July 2022 referred by SMC's Complaints Committees to the Disciplinary Tribunal will now be handled by the new Disciplinary Commission under the Ministry of Health.

Along with the implementation of the MRAA, there has been a change in the Constitution of the Council in Section 4 of the Act to include members from the three professional bodies. We are pleased to welcome the Master of the Academy of Medicine Singapore and the Presidents of the College of Family Physicians Singapore and Singapore Medical Association, i.e. the AMS, CFPS and SMA who were appointed to the Council on 1 July 2022. At each Pledge ceremony, I have encouraged our colleagues to join our medical professional bodies i.e. the AMS, CFPS and SMA. The reason is not so much to benefit them but rather to benefit you. The practice of doctors is built on the foundation of medical ethics and professionalism. This is where our professional bodies excel.

The courses and webinars run by the colleges, chapters and the association are timely, relevant and useful to your practice and professionalism. Their journals have excellent reviews and their quality has been rising. Many of their activities come at no expense to you as a member but the gain you received can be immeasurable as a professional.

Emotional Support Programme

With effect from 1 June this year, the three professional bodies i.e. the AMS, CFPS and SMA have also jointly established the Emotional Support Programme for doctors who face disciplinary inquiries so that their mental and emotional well-being can be attended to when faced with the ordeal of a complaint. Doctors facing disciplinary proceedings can now approach the three Professional Bodies should they receive complaints to the SMC or face disciplinary proceedings by the Disciplinary Tribunal. The support service is independent of SMC and is administered jointly by the three bodies by volunteer doctors.

Series in Professional Ethics

This is a good time to remind us to access the SMC website and the SMC Newsletter for news and useful information. You would have received regular email notifications concerning the SMC Newsletter. The Newsletter which is published every 4 months contains useful information and short articles which updates the doctor on pertinent recent issues and news. The most recent edition of the SMC Newsletter in August had a new dedicated “Series in Professional Ethics”. The first topic in the series on “Propriety and Sexual Boundaries” highlights ethical issues and guidance on the examination of patients, an issue which has become concerning and more frequent in recent years. More topics will be shared in the series to keep doctors abreast of the common issues in complaints that the SMC receives.

The practice of doctors is built on the foundation of medical ethics and professionalism. This is where our professional bodies excel... Many of [our colleagues, chapters and association's] activities come at no expense to you as a member but the gain you received can be immeasurable as a professional.

The SMC Ethical Code

In the preamble to the SMC Ethical code, it is written that “Patients and the public must be able to trust you implicitly with their lives and well-being. To justify this trust, you have to maintain a good standard of care, conduct and behaviour. The SMC prescribes the Ethical Code which you are required to uphold. These principles are applicable to a wide variety of circumstances and situations.” The Ethical Code has three main principles described accordingly - firstly, Ensure Beneficence (doing good) and Non-maleficence (not committing harm or evil), secondly, Respect Autonomy and lastly Uphold Justice.

The Ethical Guidelines

The set of Ethical Guidelines has nine sections (A) to (I). The sections include the following: Good Clinical Care, Good Medical Practice, Relationships with Patients, Relationships with Colleagues, Maintaining health and fitness to practise, Probity, Advertising, Finances in medical practice and Doctors in business relationships.

The actual Ethical Code and Ethical Guidelines or ECEG consists of 58 pages of text widely spaced for easy reading. It is not onerous to read and like all guidelines, you can choose the relevant sections when you face certain issues or if you wish to know more about certain areas in your practice. If you wish to go into details on each particular part, you can turn to the Handbook on Medical Ethics which gives a more detailed explanation on the particular code or guideline. You have read much to pass your school and university examinations. Though there is no written examination for the ECEG, you have an obligation to read the ECEG for your lifelong test – which is your personal practice as a doctor.

Conclusion

Your parents and you yourself have invested much resources and many years of your education to reach this point in your life. The Medical Registration Regulations in Section 16 requires all doctors who wish to be fully registered to take the Physician's Pledge as specified by the Medical Council. The words you are pledging today are set out in the Second Schedule of the Medical Registration Regulations. This is not a ceremonial requirement but a legislated requirement for your benefit. The Pledge is not for the enjoyment of the Council or its invited guests. Rather, it is a reminder to us that all the years of investment can be blemished, damaged or wrecked by unethical or unprofessional practice or worse, criminal acts. The ECEG is not to be disregarded, criticised nor disparaged. It is to be read, remembered, heeded and respected for one's own benefit and good.

I wish all of you happy memories of today, the day you took the Pledge to be a good doctor and to remain ethical throughout the years of your practice.

Thank you.

Series in Professional Ethics

Prescriptions of Hypnotics, Benzodiazepines and Codeine Containing Cough Mixtures - Clinical Guidance and What You Need to Know About MOH Rules

Dr S Suraj Kumar
Honorary Secretary &
Programme Director, MMed (FM) Programme
College of Family Physicians Singapore

The improper prescribing of benzodiazepines (BZDs), hypnotics and codeine containing cough mixtures (CCCMs) all carry risk of misuse, abuse and dependence. All doctors are advised to familiarise themselves with the guidelines below and to comply with the requirements.

Benzodiazepines and Hypnotics

This section on BZDs and hypnotics takes reference from the following documents:

- The 2008 Ministry of Health (MOH) clinical practice guidelines (CPG) on the prescribing of benzodiazepines.¹
- The 2008 administrative guidelines on the prescribing of benzodiazepines and other hypnotics.²

Definitions

Benzodiazepines (BZDs) are a class of drugs that have hypnotic, anxiolytic, muscle relaxant and anti-convulsant properties. Zopiclone (Imovane®) and Zolpidem (Stilnox®) are considered non-benzodiazepine hypnotics (non-BZDs). In this article the non-BZDs are referred to as hypnotics.

The BZDs and non-BZD's have similar profiles with respect to side-effects, dependence and tolerance. Therefore, the prescription of Zolpidem and Zopiclone should be treated with the same cautions as BZDs.

Indications For Use

There is a need for every doctor to ensure that BZDs/hypnotics are used appropriately to treat insomnia, anxiety and other psychiatric and medical conditions. Their inappropriate use can lead to undesired results or tolerance and drug dependence.

- A short course of 2 to 4 weeks of a BZD/hypnotic may be considered in acute insomnia (less than 4 weeks) if it is severe, distressing and disabling. It should be prescribed for intermittent use and only when necessary.
 - For chronic insomnia (> 4 weeks), non-pharmacological therapies are the mainstays of management and BZD/hypnotic drug use should be avoided as far as possible. Doctors should routinely warn patients about rebound insomnia with the use of BZDs/hypnotics and document such warnings accordingly.
 - Similarly, BZDs are indicated for short-term relief (2 to 4 weeks only) of anxiety that is severe, disabling or subjecting an individual to unacceptable distress, occurring alone or in association with insomnia or short-term psychosomatic, organic or psychotic illness.
 - BZDs may also be added to anti-depressants in the short term to offset their initial excitatory effects in the treatment of depression and anxiety disorders and should be tapered and withdrawn by 4 weeks. BZDs should not be used as monotherapy in the treatment of depression.
 - BZDs can be used in the management of medical conditions such as seizures, epilepsy and alcohol withdrawal. However, such complicated medical conditions should be referred to tertiary and specialist care.
- BZDs/hypnotics should be avoided in pregnant and breast-feeding women.
 - It should also be avoided as first line treatment in children and adolescents, unless being used by specialists for specific indications.
 - BZDs/hypnotics should be used with caution in older persons and only on a short-term basis and at a lower dose. Long-term use should be avoided due to the risk of cognitive impairment and falls.
 - Care should be taken when prescribing BZDs/hypnotics in certain persons to avoid excessive sedation, which may pose a risk to the patient who drives or operates heavy machinery etc.

Abuse and Dependence

- Extended and long-term use of BZDs/hypnotics beyond 2 to 4 weeks is not recommended even when used at therapeutic doses, because efficacy is not clearly established.
 - There must be appropriate clinical review, clear indications and adequate documentation for any continued or repeat BZD/hypnotic prescription.
 - The concurrent use of two or more BZDs/hypnotics should be avoided.
 - BZD/hypnotic use should be limited to short term symptomatic relief, at the lowest effective dose and taken intermittently, to minimise the side-effects and risks of dependence.
- BZDs should be gradually tapered, monitored and titrated to minimise withdrawal symptoms. For those on less than 4 weeks of BZDs, the dose can be discontinued or reduced over 1 to 2 weeks. For those on more than 4 weeks of BZDs requiring a withdrawal protocol, doctors can refer to the CPG for BZDs or refer to specialist care.
 - All patients receiving BZDs/hypnotics should be routinely advised about the risk of developing dependence. Patients receiving BZDs/hypnotics should be advised to obtain all such prescriptions from the same doctor wherever possible, so that the risk of abuse and dependence may be monitored.
 - Caution should be exercised when prescribing BZDs/hypnotics or avoided altogether for patients with known history or evidence of alcohol or substance abuse or those with signs of intravenous drug use. Doctors are strongly discouraged from prescribing highly addictive BZDs such as midazolam (Dormium®) and nimetazepam (Erimin®) as they are commonly abused.
- Under Regulation 19 of the Misuse of Drugs Regulation, a doctor who attends to a person who he considers, or has reasonable grounds to suspect, is a drug addict, shall within 7 days of the attendance, furnish to both the Director of Medical Services and the Director of the Central Narcotics Bureau, the particulars of that person.

Documentation

The standard required by the MOH BZD/hypnotic administrative guidelines on the documentation and maintenance of patient medical records states that:

- All information relating to a particular patient must be consolidated as one medical record relating only to that patient. Such information must be **legibly documented**.

- Each patient's medical record must be entirely reproducible upon request by the MOH or SMC.
- The following information must be documented in the medical record of every patient who is prescribed with BZDs/hypnotics:
 - Comprehensive history, including psychosocial history and previous use of BZDs/hypnotics.
 - Comprehensive physical examination findings, including evidence of misuse of BZDs/hypnotics or other drugs.
 - Withdrawal symptoms to BZDs/hypnotics previously experienced by the patient, if any.
- The following information must be documented in the medical records of **every patient each time** he/she is prescribed with BZDs/hypnotics, either initially or as repeat prescriptions:
 - The prescribed type/name of BZD/hypnotic, its dosage and duration of use.
 - Indication(s) and/or justification for prescribing BZDs/hypnotics.
 - Physical signs or evidence of tolerance, physical/psychological dependence or any illicit use or misuse of BZDs/hypnotics or other drugs.

Specialist Referrals

The following patients should not be further prescribed with BZDs/hypnotics, but referred to the appropriate specialist for further management:

- Patients who require or have been prescribed BZDs/hypnotics beyond a cumulative period of 8 weeks.
- Patients who are already on high-dose and/or long-term BZDs from their specialists or general hospitals; where possible, these patients should be referred back to their respective specialists for further management until they are weaned off BZDs/hypnotics.
- Patients who are non-compliant with professional advice or warnings to reduce intake of BZDs/hypnotics.

Patients who refuse to be referred to a specialist should be counselled appropriately. Such refusal should be documented in the patients' medical records. Patients who refuse and turn aggressive should be reported to the police.

Codeine Containing Cough Mixtures (CCCMs)

This section on CCCMs takes reference from the following documents:

- The guidelines for the safe prescribing of opioids, April 2021.³
- The MOH circular on the revised restrictions on the sale and supply of codeine cough medications, September 2021.⁴

Guidelines on the Use of CCCMs

Codeine in the treatment of refractory cough is a common example of an opioid that is often used for a non-pain indication. It is believed to work primarily on the central nervous system (CNS), causing depression of the cough reflex. **However, despite widespread usage, there is little evidence supporting anti-tussive activity for orally administered codeine. The varying abilities of individuals to metabolise codeine (pro-drug) into morphine (active drug) in the liver, results in unpredictable under-dosing and over-dosing.**

- CCCMs are not recommended as first line treatment of cough in all cases.
- CCCMs should be avoided in pregnant and breastfeeding women.
- Codeine use in any form for any purpose should be avoided in children under 12 years of age. It is recommended for doctors to adhere to HSA's prevailing safety alerts to health care professionals on the recommendations on the use of codeine-containing products for the treatment of pain and the relief of cough and cold in children and adolescents.
- CCCMs should also be used with caution in the following:
 - Geriatric population – due to sedative effects and respiratory depression.
 - Those with other medical issues – especially respiratory, cardiovascular and CNS co-morbidities.



- CCCMs should only be prescribed when all other cough medications have proven ineffective and/or are contraindicated due to allergy or adverse effects.
- Note the addictive potential of pseudoephedrine as well, in combination medications with CCCMs.
- CCCMs should be prescribed at the lowest effective dose, and for the shortest possible duration when indicated.
- Prescription history should be checked using the National Health Electronic Record (NEHR) where available when a CCCM is supplied.
- Patients should be appropriately counselled and educated on the risks of taking long-term CCCMs.



- Doctors must not supply more than the following to any individual **within a period of 7 days:**
 - An aggregate amount of **240 ml of CCCM** when supplied in liquid form.
 - An aggregate amount of **335 mg of codeine** (calculated as codeine base) contained in the cough preparations when supplied in solid form only or in both liquid and solid forms.
- Prescriptions of CCCMs should not be repeated more than 2 consecutive times without a physical consultation to minimise the risk of abuse or diversion.
- Use of CCCMs should be discontinued after a month in view of the increased risk of dependence.

Monitoring is required in use of CCCMs. The following should be looked out for:

Adverse effects

Drowsiness, slowed or shallowed breathing, confusion, hallucinations. The higher the daily dose, the higher the risk of overdose and other adverse effects.

Fitness to drive

Slowed reaction time, drowsiness, clouding of judgement

Opioid misuse, addiction or diversion

Patients with prolonged cough and have used CCCMs daily or almost daily, for more than a month, have a high likelihood of drug dependence.

Doctors should look out for behaviours indicative of opioid misuse/abuse:

- Self-administering increasing doses of opioids
- Obtaining additional opioids from other doctors
- Purposeful sedation
- Early request for refills
- Misplacing prescriptions

Documentation

Clinical notes when cough medication is prescribed should include:

- Duration of cough – Acute, Sub-acute or Chronic
- Associated symptoms, their duration and time course (current and/or previous)
- Red Flags
- Relevant past history in sub-acute and chronic cough:
 - Respiratory and other medical conditions
 - Drugs and medication
 - Smoking
 - Occupation and environmental factors
- Details of investigations and previous treatment.

In addition, when CCCMs are prescribed, the notes should include the following, with information obtained from the NEHR where possible:

- Strength, dosage and duration of use of the CCCM
- Indications and justification of the CCCM
- Past history of substance abuse – codeine/opioids, alcohol, BZDs, controlled drugs
- Recent CCCM prescriptions from other medical institutions
- Findings from assessment for mental health problems – anxiety, depression
- Relevant physical examinations – ENT, respiratory, cervical lymph nodes
- Relevant significant negatives for specific diseases

Specialist Referral

- Patients should be referred to a respiratory specialist if cough persists for more than 8 weeks or remains undiagnosed after all red flags have been considered and relevant investigations completed.
- Patients that show evidence of misuse, abuse and dependence on CCCMs should not be prescribed further doses, but referred to a specialist for further management.
- The same general principles that apply to BZDs/hypnotics with respect to refusal for referral, should also apply to CCCMs - namely counselling, documentation and management of aggressive patients.

References

1. MOH Clinical Practice Guidelines 2/2008 – Prescribing of Benzodiazepines.
2. Administrative Guidelines on the prescribing of benzodiazepines and other hypnotics, MH 70:41/24 Vole 3. 14 October 2008.
3. National guidelines for the safe prescribing of Opioids 2021; Section 5, April 2021.
4. Revised restrictions on the sale and supply of codeine cough preparations. MOH Circular No. 134/2021.

Practising Certificate (PC) Renewal 2022

Applications submitted on and after **1 December 2022** will be considered as late applications. A late application fee of \$80 will apply.

For Who?

Fully and conditionally registered doctors whose PCs are **expiring on 31 December 2022**, can submit their application from 2 September 2022.

How to Renew?

Doctors need to **log into the Professional Registration System (PRS)** on the SMC website with their Singpass **at least one month** before their PC expires to apply for a renewal.

Applications submitted on and after **1 December 2022** will be considered as late applications. A late application fee of \$80 will apply.

PC Renewal Criteria

Obtained **sufficient Continuing Medical Education (CME) points** within the qualifying period.

Must not have any outstanding fine for not voting in previous SMC's Elections (applies to doctors on full registration only).

Reminder

Doctors are reminded to log into the PRS to **update their contact details** such as **email addresses, handphone numbers** and **employment information** so as not to miss any important notifications from SMC.

Electronic and Digital PCs

PCs issued are now in electronic format, downloadable from the PRS. All registered doctors with valid PCs are also able to access their digital PCs via the Singpass app.

Introduction of New SMC Council Members

Five elected members joined the SMC as Council members from 11 October 2022. They comprise a new member and existing members who were re-elected. They will serve in the Council for a term of three years.

- **Dr Chuang Wei Ping**
- **Dr Ho Kok Sun**
- **Dr Lee Yee Mun**
- **Dr Leong Choon Kit**
- **Dr Lim Ah Leng**

As of November 2022, Council also saw new members appointed and existing members re-appointed by the Minister for Health for a term of three years.

Council extends a warm welcome to all newly elected and appointed members.

- **Prof Lim Chien Wei, John**
- **Prof Pang Weng Sun**
- **Prof Lynette Shek Pei-Chi**
- **A/Prof Tan Beng Hoi, Agnes**
- **Prof Tan Puay Hoon**
- **Adj A/Prof Tan Tze Lee**
- **Dr Tan Yia Swam**
- **Prof Teo Eng Kiong**



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