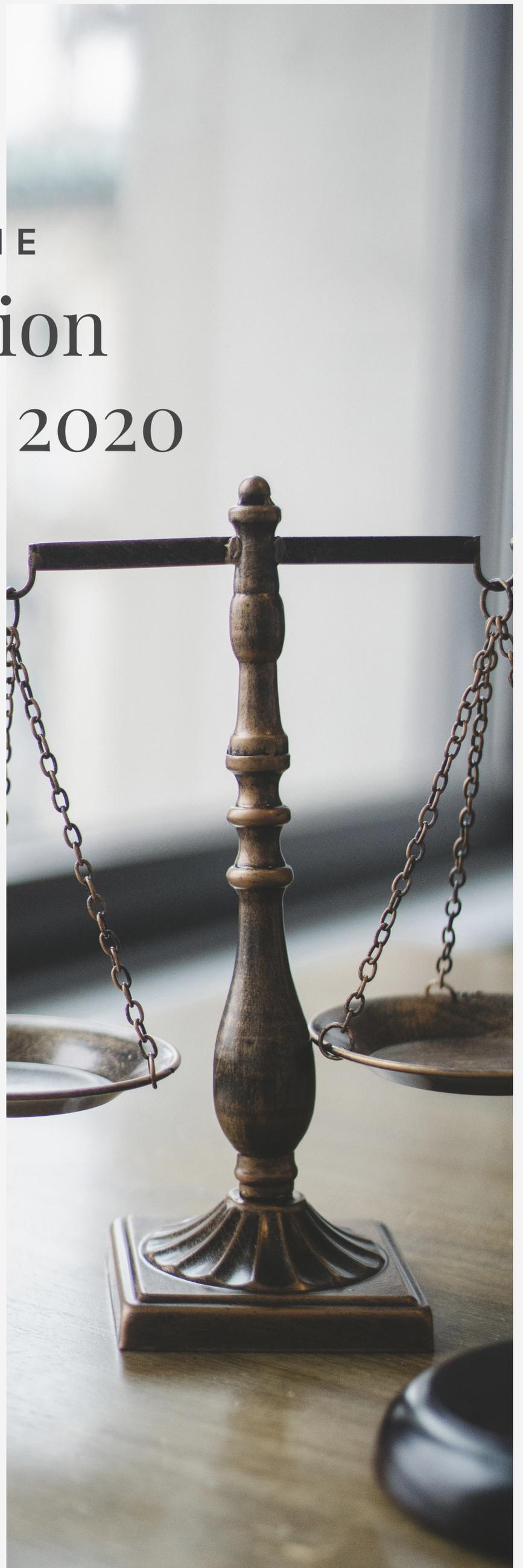


# IMPLEMENTATION OF THE Medical Registration (Amendment) Act 2020

*I*n a previous issue of SMC News, the SMC informed the medical profession that the Medical Registration (Amendment) Act 2020 (“MRAA”) had been passed by Parliament. The article also summarised some of the key changes to the SMC’s disciplinary processes that the MRAA will bring about when it comes into force.

Some of these changes include the formation of a new Inquiry Committee (“IC”), which will help the SMC sieve out unmeritorious complaints at the outset, and the appointment of a Disciplinary Commission (“DC”), which will take over the SMC’s role in appointing Disciplinary Tribunals (“DTs”).

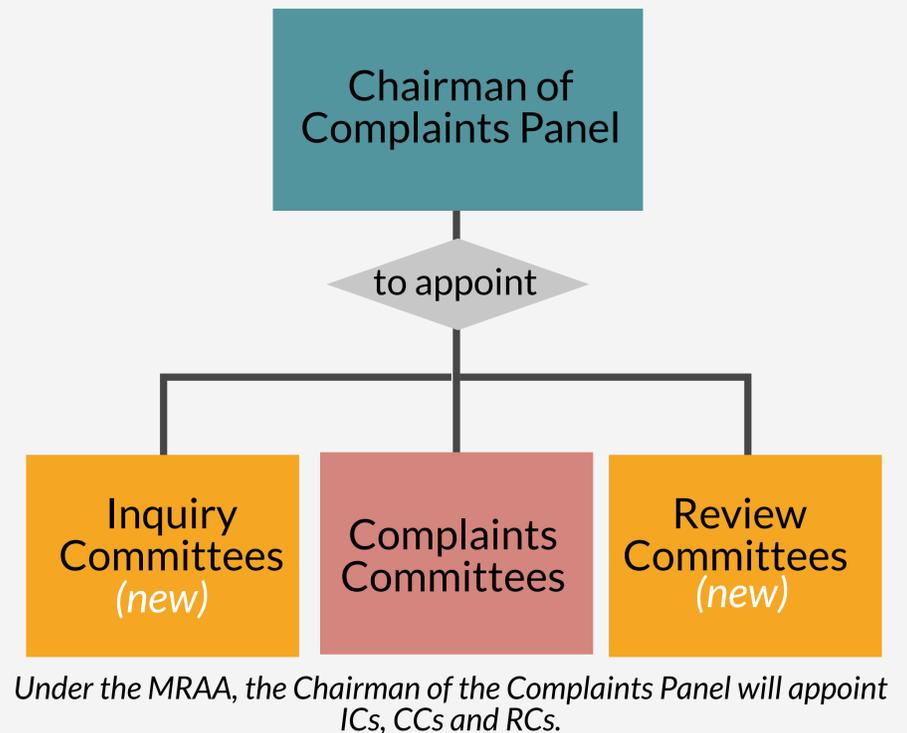
In the lead-up to the MRAA taking effect in 2022, SMC has been working closely with the Ministry of Health (“MOH”) and other stakeholders to put the necessary frameworks and processes in place. This article provides an overview of some key developments in this regard.



## Effectively Resolving Complaints

In addition to the Inquiry Committee ("IC"), the MRAA also establishes a Review Committee ("RC"), which will assess appeals against decisions made by Complaints Committees ("CCs"). This supersedes the framework in the current Medical Registration Act ("MRA 2014"), where appeals against CC decisions are decided by the Minister for Health.

Under the MRAA, the Chairman of the Complaints Panel is responsible for appointing ICs, CCs and RCs. The chairmen and members of these committees will be drawn from the Complaints Panel, which will comprise a combination of SMC Council Members, medical practitioners of at least 8 years' standing, legal professionals, and lay persons.



In a marked departure from the MRA 2014, the caps on the number of registered medical practitioners, legal professionals and lay persons who can serve on the Complaints Panel will be removed. Previously, the Complaints Panel could only include a maximum of 100 registered medical practitioners with at least 10 years' experience and 50 lay persons nominated by the Minister for Health.

The SMC is confident that the larger Complaints Panel will enable ICs and CCs to process complaints more expeditiously. With the increase in Complaints Panel members, the SMC will be able to appoint more ICs and CCs and prevent delays which may be inadvertently caused by a small number of committees having to handle multiple complaints simultaneously.

The SMC recently completed an exercise for the appointment of Complaints Panel members, wherein requests for nominations were sent to the three healthcare clusters, the Academy of Medicine Singapore, the College of Family Physicians Singapore, the Singapore Medical Association, and other private healthcare providers. The SMC would like to extend its appreciation to these bodies for their nominations and to the nominees for agreeing to serve on the Complaints Panel. For future appointment exercises, the SMC encourages all doctors with at least 8 years' experience who have a passion for public service and wish to contribute to the self-regulation of the medical profession to indicate your interest to your respective healthcare cluster, institution, or professional body.

## Deterring Frivolous and Vexatious Complaints

The SMC recognises that being informed of a complaint against oneself can be a difficult and stressful experience for a doctor.

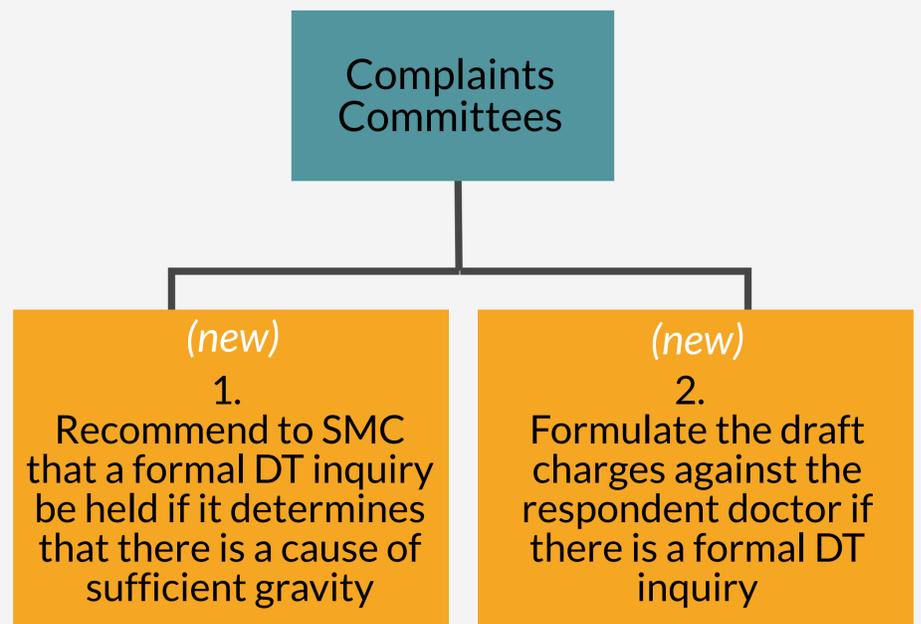
Doctors would thus be heartened that under the MRAA, ICs and CCs are empowered to order complainants whose allegations are frivolous, vexatious, misconceived or lacking in substance<sup>1</sup> to pay costs to the respondent doctor. This complements the ability of ICs and CCs to dismiss the complaint. Where the complainant's conduct was unreasonable (e.g. made in bad faith or as a personal vendetta), an IC or CC can order the complainant to compensate the respondent doctor for all costs that were reasonably incurred by him in responding to the complaint. The SMC is preparing internal guidelines to provide ICs and CCs with guidance on how they should exercise their discretion in this regard.

The SMC trusts that these amendments will deter frivolous complaints and protect doctors from the stress and anxiety that will undoubtedly arise from having to respond to the same.

[1] Some examples of conduct which can be categorised in these terms include repeat complaints, complaints which have already been resolved, allegations or proceedings which are brought in bad faith to annoy or embarrass or brought for a collateral purpose such as a personal vendetta.

## Enhancing SMC's Internal Processes

When the MRAA comes into force, the SMC will have the prerogative to decide whether a complaint should be referred to the President of the DC for a formal DT inquiry. Where the CC determines that there is a cause of sufficient gravity for a formal inquiry after its investigation, its role will be to recommend to the SMC that a formal inquiry be held by a DT and to formulate the charges that should be preferred against the respondent doctor. In contrast, the MRA 2014 provides that where a CC has investigated a complaint, the CC alone has the discretion to decide whether a formal inquiry is appropriate and does not draft the charges for the inquiry.



The SMC is formulating its internal processes on referrals for a formal inquiry based on the guidance provided in recent disciplinary cases and is also preparing charge templates for the CCs to refer to when formulating their draft charges. To ensure consistency, the SMC will also seek the Council's guidance in determining whether a referral for a formal inquiry is in order.

With these new processes, the SMC is confident that only complaints which truly warrant disciplinary action will proceed for a DT inquiry. The new role of the CC in formulating the draft charges will also ensure that DTs focus on the misconduct identified by the CC, which will lead to more focused and efficient DT inquiries.

## Formation of the Disciplinary Commission

As mentioned above, a new body known as the DC will be appointed by the Minister for Health and will take over the SMC's role in constituting DTs. This will address the perception that DTs lack independence as they are presently appointed by the SMC, which also acts as the prosecutor in such inquiries. The DC, which will be overseen by a senior doctor as President, will operate within the MOH and will be operationally separate from the SMC.

In the lead-up to the MRAA coming into force, the SMC is assisting MOH with the formation of the DC, drawing on SMC's experience in constituting DTs and serving as the DT Secretariat.

Further details about the DC will be announced by MOH in due course.

For more details on the MRAA, please refer to MOH's [press release](#) and pages 15 and 16 of [Dec 2020](#) of SMC News.

