



## In Conversation with Dr Tan Chi Chiu

### Event Highlights

February 2016 Physician's  
Pledge Affirmation Ceremony

### Professional Matters

Reflections of an SMC  
Council member



## Opening Message



Welcome to this 6th edition of the SMC newsletter - **SMC News**.

For this edition, we profile our Council member and Gastroenterologist, Dr Tan Chi Chiu, to learn more about him and his thoughts on the medical profession.

SMC News will also share with you an article by Dr Leong Choon Kit, SMC Council member and Family Physician, on his reflections on his time serving as a Council member.

Under our event highlight, we feature the SMC Physician's Pledge Affirmation Ceremony in which 297 doctors took part in the ceremony held in February 2016 at the Yong Siew Toh Conservatory of Music.

This issue also updates on the renewal of practising certificates for 2016, the upcoming SMC Election, and an important note regarding SingPass 2FA.

I hope you will enjoy reading this edition of SMC News.

**Professor Tan Ser Kiat**  
President, Singapore Medical Council

---

## Contents

### Event Highlights **3**

February 2016 Physician's Pledge Affirmation Ceremony

### Professional Matters **7**

Reflections of an SMC Council member

### Profile **5**

In Conversation with Dr Tan Chi Chiu

### Things To Note **8**

Practising Certificate Renewal Exercise for 2016  
SMC Election 2016  
SingPass 2FA (starting 5 July 2016 onwards)

### Disclaimer

Comments and opinions made by individuals and parties who have contributed to or interviewed by the SMC Newsletter are solely those of the authors and contributors and do not necessarily reflect the views or policies of the SMC. While every effort is made to ensure accuracy, SMC bears no responsibility or liability in any way for the content, information, photographs, illustrations and other material in this publication. All materials remain copyright of the SMC and no reproduction is permitted without written authorisation.

# Speech – SMC Physician’s Pledge Affirmation Ceremony – 20 February 2016

Event Highlights

## President’s Address at the SMC Pledge Affirmation Ceremony

Today marks an important milestone in your career, especially those of you who are taking the Pledge for the first time.

The Pledge you will be taking soon is a reminder of the values of our highly respected and trusted profession. It highlights the guiding principles that should lead us in our practice of medicine and our pursuit of medical knowledge. It is the Council’s hope that you will use the skills and knowledge you have acquired to the benefit of your patients and to society.

I hope you will continue to honour and uphold these principles which must form the strong basic foundation of your career.

### Ethical & Moral Standards

As we move forward in this century, you will face many challenges during the course of your work. The continually changing operating environment, rapid technological advancements and a better informed and increasingly demanding public will impact the way you practise medicine.

The discovery of radically new and innovative treatment modalities like stem cell transplants, certain aesthetic procedures, and wearable monitoring devices etc, will challenge certain parts of our current Ethical Code and Ethical Guidelines (ECEG). Ethical, legal and social issues need to be resolved in biomedical research involving human stem cells, genomic and genetic engineering and reproductive and therapeutic cloning. These are challenges that the profession will face in the coming years.

It is for this reason that Council has sought to review and update our current ECEG, which was in existence since 2002, to ensure that the ECEG is relevant to today’s practice. I am indeed grateful to the Working Committee, formed in 2010 and chaired by Dr Tan Chi Chiu, for their exhaustive review over the past 6 years. They have extensively sought the views, feedback and opinions of members of the profession through dialogues, town hall meetings, and professional and academic bodies’ written submissions before finalising the new ECEG. This should be ready from July this year for publication into a new ECEG document and a handbook on Medical Ethics, followed by



Welcome Address by SMC President Prof Tan Ser Kiat

briefings to doctors. It should be ready for implementation in early 2017.

### Continual Learning

Another major challenge that we will face is that of emerging new diseases. Nineteenth and early twentieth century common diseases like malnutrition, scurvy, tuberculosis, and leprosy have given way to more serious infectious diseases like AIDS, bird flu, SARS, Zika viral infection, and affluent lifestyle conditions like obesity, diabetes, ischaemic heart disease, etc. These will pose very major healthcare problems for the profession.

The fields of medicine and biomedical sciences are advancing very rapidly. The vast number of scientific papers published worldwide is staggering. The constant discoveries and breakthroughs make today’s medicine obsolete tomorrow. It is easy to fall behind in your knowledge and competency if you do not keep up with these new developments.

Hence, you must be properly equipped with up-to-date knowledge, skills and competence to tackle these challenges. It is for this reason, the SMC requires you to keep abreast of your medical knowledge. Fulfilling the Continuing Medical Education (CME) requirements will help you to keep learning and developing your skills. There must be sustained continual learning and upgrading of skills and knowledge to ensure we practise safe and effective medicine.

### Cohesion

The practice of medicine today is also multidisciplinary and complex in nature, requiring a team effort. The changing landscape requires that we work as

part of a team. It is also important to recognise the skills, expertise and significant contributions of other healthcare professions such as nurses and allied health professionals in the care of patients. We must work together closely as a team to achieve the best health outcomes for our patients. As most of you who are taking the Pledge today have received your training from various medical institutions around the world, we hope that you too can bring a different perspective to the practice of medicine here. However, regardless of our training background, our aim is the same; that is, to do our best for our patients and to comfort and cure to the best of our abilities.

### Conclusion

Ladies and gentlemen, it is an honour and privilege that we take this solemn oath together today. It is steeped in tradition and represents the very essence of our medical profession. I hope that you will take this Pledge seriously with pride and honour, upholding the values and principles it espouses. It is the Council’s hope that you will be ready at all times to serve humanity with humility, to keep up to date with your medical knowledge and skills and to remember the words of this Pledge to guide you especially in times of professional, moral and ethical dilemmas. Always put the interests of your patients before yourself. The SMC cannot maintain the public’s confidence in the medical profession by itself. It is the responsibility of each and every doctor to uphold the standards and values which make our profession so highly regarded and respected worldwide.

In closing, I would like to remind you that as doctors, our primary aim is to ensure that our patients are well served and treated with the best outcome. But whatever you do, please remember the words of Hippocrates:

**“Primum Non Nocerum”** which means “First Do No Harm”.

May I wish all of you a most fulfilling career which you can look back later with great satisfaction and remember the many achievements you have accomplished along the way. Thank you.

## SMC Pledge Affirmation Ceremony

SMC held the first Physician's Pledge Affirmation Ceremony for the year at the National University of Singapore Yong Siew Toh Conservatory of Music on 20 February 2016. The pledge ceremony marks an important milestone in the careers of doctors at the threshold of obtaining full registration status. The pledge is a solemn oath which reminds doctors of their duties and responsibilities to patients and society. A total of 297 doctors took the Physician's Pledge witnessed by family and friends.



Dr Lee Ci Han leading the SMC Physician's Pledge with SMC Council members



Professor Tan Ser Kiat, President (SMC), with Council members and invited guests at the post ceremony reception



Pledge attendees at the post-reception



Invited guests at the post ceremony reception



Pledge attendees at the post ceremony reception

# In Conversation With Dr Tan Chi Chiu

## Profile

SMC News interviewed our SMC Council member and Gastroenterologist, Dr Tan Chi Chiu, to find out more about him, who and what motivates him, as well as his overseas community service and humanitarian disaster relief expeditions.



### 1. What brought you into the field of medicine?

My father wanted me to be a doctor. His eldest brother Chen Kok Kuang was one of the 11 students from King Edward VII College of Medicine in Sepoy Lines who were shelled and killed by Japanese artillery while being pall-bearers of yet another student who was also killed by the Japanese earlier. This tragic series of events in 1942 is the subject of the SGH War Memorial. My father, then 12, greatly looked up to his eldest brother and the family was devastated by his untimely demise. If my uncle had lived, he would have been the first doctor in his generation in my father's family. His brother's death affected my father deeply and perhaps it was partly due to this that he aspired for his children to become doctors. Of myself, in my childhood I went through many iterations of my ideal career, such as scientist, teacher, author, adventurer etc. I did not from the beginning feel that being a doctor was all I really wanted to be. But over time I was attracted by the idea of doing good for mankind and doing it in a way that combined the power of science and the humanity of the arts. In my Pre-University years (ACS and second year in ACJC 1977) we had a course combination of Mathematics, Physics, Chemistry and Biology. This was cheekily referred to as the "Medicine class" because traditionally many students from this combination went into medicine. I suppose there was a lot of mutual reinforcement about our future careers. It is true that the vast majority of my classmates ended up as doctors. Mirroring my father's family, I was the eldest and the first doctor of my generation.

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

I would say, retain the idealism that you brought with you when you entered undergraduate medical training and hopefully graduated with it still intact. This will see you through difficult

times and allow you to always focus on your patients' welfare. It is not only in medicine that the cares of the world and the worldliness of the care creep into professionalism. But because we come into it with a heightened sense of altruism, it is possible to become cynical quite quickly upon graduation when idealism meets real life as a doctor head on. A friend of mine cleverly but aptly said that medical training can be divided into the "pre-cynical years" and the "cynical years" (spoofing "pre-clinical" and "clinical")! May it not be so for our young doctors. Even though we deplore some of the less admirable values that have crept into medical practice in modern times, if sufficient numbers of doctors uphold the correct values that underpin the profession, we can continue to hold our heads high in society.

### 3. How can doctors deal with the rising patient expectations and rapidly evolving healthcare landscape?

Yes, the climate has changed over the years. When I was first elected to SMC in 1999, it was a simpler time. There was more trust between doctors and society at large. Patients were less demanding and critical, less complaining and litigious. Health care was still more about helping patients than making money, even though the commercialisation of medicine was well under way by then. When I chaired the committee that wrote the 2002 edition of the Ethical Code and Ethical Guidelines (ECEG), the profession contributed generously and openly to the document, believing that it was good for us. The discussions took a few weeks and the project was done and dusted within months. Fast forward to 2016. As Chairman of the Working Committee for the Review of the ECEG, we have been at it for more than 5 years now and it has been a more contentious process. Contrary to previous experience, the medical profession now views the ECEG less favourably and fears that it will lead to even more complaints and litigation, which have been rising over time. Clearly trust between the profession and society has diminished. While this is sad to see, in my view it is possible to reverse the trend through three approaches:

- a. Go back to the basics and take on board the fundamental tenets of medical ethics in managing patients. We should try our best to set aside considerations of finance, politics and other motivations when helping patients. Too many of the complaints and lawsuits nowadays reflect diminishing emphasis on basic ethical principles.
- b. Bring back excellent patient-doctor relationships. We should pull back from making such relationships transactional and build professional and empathic relationships that foster trust and mutual respect.
- c. Improve our standards of communications with our patients. Time is scarce in busy practices, yet it is so vitally important to have the necessary amount of time to speak with patients, explain carefully to achieve understanding and ensure that patients are empowered to exercise their autonomy in making decisions for themselves.

“It is not the big things we do, but the little personal touches that matter.”

#### 4. What is your best memory of being a doctor in practise?

Well, my best memories of being a doctor in practise do not originate from my work in everyday life in Singapore, although I do enjoy what I do. My best memories come from the many overseas community service and humanitarian disaster relief expeditions that I have had the privilege of organising and leading over the past 26 years. There is something extremely satisfying in serving patients in basic, unsophisticated, low-tech environments in the field, whether in a poor community or in a disaster zone. The patients have so little that whatever we can provide in medical care is so very much appreciated. This is in contrast to our ability to bring to bear tremendous resources for patients back home, yet some remain ungrateful and still complain. My best experiences have been working with my fellow volunteers in the field. I have never been short of doctors and nurses willing to volunteer, often at great personal cost to professional and family life. Many are mature, some in their fifties to late sixties who have known medical practice before the high-tech era. I have been amazed and humbled by their selfless service under arduous conditions, eschewing seniority and status to do whatever is necessary. All of us derived a primeval sense of satisfaction from “getting on the ground” and just doing it, whether diagnosing a chest infection without imaging or operating on an appendix in the field without electricity. It is much more in these environments than at home that, as one of my volunteers remarked, “It is not the big things we do, but the little personal touches that matter”. It is here that medicine truly meets humanity.

#### 5. Who or what has inspired you most in your career and life?

It’s both “who” and “what”: Colonel (retired) John Blashford-Snell, founding Director of Operation Raleigh, later Raleigh International. I have been hugely shaped by both the project and the man behind it. Through Raleigh expeditions, thousands of people across the globe, including myself, have been impacted by Experiential Educational experiences through overseas community service and adventure training. I benefited from Raleigh style leadership training through being guided to understand myself, my strengths, limitations and aspirations, and to experience the world we live in through interactions with unfamiliar communities and cultures. My experiences led me to view my training as a doctor as a window to the world, to stretch my contributions beyond treating patients. This was what led me to take on an early career as a regular medical officer in the SAF, during which time I learned a lot about organisations and management, served in the first Gulf War and cut my teeth on managing disaster relief projects. My attitude was that I need not be limited in what I did as a doctor. I even left full time medicine for a few years to be executive director of the Singapore International Foundation, which was a very satisfying period in my life. Apart from my work with the SMC, I now chair the board of the Lien Centre for Social Innovation at Singapore Management University and sit on a number of other medical and non-medical non-

profit boards where I can make a difference utilising my range of life and work experiences.

#### 6. Could you tell us something about yourself that not many people may know?

I have been an avid SCUBA diver since the eighties. Our climate is really too hot and humid for me to enjoy outdoor sports such as golf, which is why SCUBA diving as a sport works for me. I get to be in the great outdoors, but underwater, moving fluidly in three dimensions exploring a whole new world of wonders. We are fortunate to be within at most a few hours’ flying time to some of the world’s best diving locations in Indonesia, Malaysia, Philippines, Thailand and Maldives. I have dived in temperate waters, but nothing beats tropical coral reefs. There was one year when I did 12 diving trips! But this was because I was in training to be a Divemaster. Now with two daughters, holidays are more family time and I may do a dedicated diving trip once every year or two years...until my children are old enough to go diving with me! I also love to cook, especially nowadays with my elder daughter who is also taking an interest.

#### 7. How do you balance your busy work schedule with your family time?

Since having kids, I have been very disciplined about not letting my work and many “extra-curricular activities” get too much in the way of family time. I have learned to work quickly, multi-task and juggle many different bits of work happening at the same time. Occasionally this happens across organising an overseas relief mission. Although all this sounds distracting, I have learned to be able to focus clearly, drill deeply and work intensively in short bursts. This allows me to complete all the work I need to do with SMC, Lien Centre and other organisations in between patient commitments and (usually) without having to take any work home. When I chair meetings, I make sure that they do not start late (preferably no later than 5 pm) and I promise myself and the committee members no more than 2 hours. I don’t believe that meetings beyond 2 hours are productive and I don’t want to interfere with family dinner time. With very few exceptions I no longer accept invitations to attend or give talks or seminars after work or on weekends. Work life balance is said to be something of a fixation amongst “Millennials”. But as I get older, I find that making time for family and friends becomes more and more important. I really believe the adage that “On the deathbed, no one laments not having spent more time at work”!





# Reflection -

by Dr Leong Choon Kit, SMC Council member  
and Family Physician

Professional  
Matters

Time flies. It is nearly two and a half years since I was voted into the Singapore Medical Council (SMC). It has been an enriching journey for me.

## Taking the plunge

A strong doctor patient relationship is the bedrock of all medical consultations and management. The trust between the patient and the doctor can often be dented by the way we medical professionals conduct ourselves.

When a population loses trust in the medical profession, they will have no reliable source of medical help. Even if our medical science and technology reaches the pinnacle of our time, the doubt in the population will not bring relief to their sufferings.

Before I availed myself to run for SMC, a few of my friends have had the misfortune of being investigated after receiving complaints from the public. I was asked to write a testimonial for them as I had worked with them in some charitable events as well as in missions.

My friends' cases went well and did not appear in the news. I do not think that my letters helped much. But, their trust in me and the experiences I gained from journeying with them helped me have a closer glimpse of the work of SMC.

So, when I was encouraged to submit my nomination papers, I gamely took up the challenge.

## Valuable lessons learnt / Sharpening my own practice

I came into the Council as a newbie with an open mind to learn. Most if not all the members were my teachers and I was among the youngest member in the Council.

The first task given to me was to join the Complaints Panel as a member. Besides helping our fellow colleagues being complained against, I quickly learned that the more important part of our work here is to protect the public.

From a professional point, I have learned many lessons on ethics in school as well as my medical practice. But the emphasis really sinks in when I examine the complaints. Simple gestures, mannerisms, and patience helps to defuse many tense confrontations.

We have been taught many times that documentation is key to every complaint.

The mantra "No documentation, no defence" is so often pandered about till we become careless. So often, proper documentation has helped the committee decide on the outcome of each complaint. Looking back, I realised that I have also become more fastidious in my notes.

From a public point of view, I learned to see that we can be quite paternalistic as doctors. Quite often, we have grown to become the "authority" that the public needs but yet fail to consider their feelings, their circumstances and their desire for autonomy.

Personally, I have learnt to give my patients options, returning much autonomy to my patients. Of course, all these are properly and clearly documented.

## Pre-empting the future

I was grateful that I was given the task to help select Complaint Committees' members at one time. The entire process of selecting and discussion was purposeful and in depth. We not only had to consider the impact on the outcome of cases, we also needed to consider what possible complaints we may be receiving in the future. I had the sense that I had evolved from a leader in Family Medicine to one in the larger fraternity.

## Developing compassion for our colleagues

Another project I was involved in was the performance review committee. For too long, doctors are expected to work till the day we breathe our last. For an internist or Family Physician, it is highly probable that we will not retire.

We have forgotten that we are also human. We work longer hours and eventually we will succumb to the toils from nature.

Examples of conditions we may suffer from are dementia and stroke. How safe are we if we continue our practice? Who will know that we are unsafe?

I was fortunate to have two very learned seniors in the committee and I have personally benefited from our discussions. At the least, I see my frailty as a reality and begin to plan for my future.

## Ensuring practice standards

Teaching and curriculum planning have been my passion. I used to help my mission prepare Bible Study and other training materials. I also help started a lay person mission training course. However, as a medical professional in private practice, I did not have that many opportunities.

Yet I see that many of our younger colleagues will benefit if medical education planners can see things from another view. Being a big mouth and making a comment during a meeting landed me in the PGY1 (Postgraduate Year 1) accreditation committee. While it is not exactly planning, it allowed me to understand the system better and where some of the gaps were.

## Shaping the future

Finally, I was privileged to be included in a focus group discussing the future disciplinary process in the SMC. Being new to anything legal, I forced myself to catch up and read up as much as possible from Mr Google and the internet. Not sure if my contribution has helped anything, but I am very confident that I understand and appreciate the entire work of the Council much better after that.

What will the Medical Council be like in the future? It is definitely beyond me to predict. However, I have learnt many things that I would have failed to realise if I had not taken the plunge.

## What's next?

The Medical Council belongs to all of us doctors. We are members just like any professional bodies we belong to. We have the duty and right to determine how the Council should work. It may not be the traditional thinking of changing policies drastically. We certainly have to exercise our rights and duty to vote for our colleagues who can best represent us.

I have learnt and seen that the Council exists to protect the public by self-regulation. A side benefit the profession enjoys is actually the trust the public places on us. Without securing their trust, there is no way for us doctors to practise meaningfully or help them effectively.

When I shared with my Family Medicine residents and trainees that the SMC works for us doctors, many would stare at me with disbelief and a bewildered look.

My challenge to all of us is; let us serve one another in the fraternity well. One day, we may become patients and utilise medical services like the public does. When that day comes, we shall benefit from better care because we have more of us volunteering in Council work.

For a start, it would be good to see more coming forward to stand for the coming SMC elections.

## Practising Certificates (PCs) Renewal Exercise For 2016

In the past, doctors who wish to renew their PCs would only be able to login to the SMC's website at [www.smc.gov.sg](http://www.smc.gov.sg) to submit their PC renewal application 3 months before their existing PCs expire.

From 1 September 2016 onwards, doctors will have more time to submit their PC renewal applications. Doctors who have fulfilled the PC renewal criteria may submit their online PC renewal applications earlier ie. from 1 September, which is 4 months before their existing PCs expire on 31 December 2016.

### PC Renewal Criteria

To renew his PC in 2016, the doctor must fulfil the following:

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

### Example:

Where the doctor's existing 2-year PC is valid from 1 Jan 2015 to 31 Dec 2016; any CME points accrued for approved CME activities during the qualifying period between 1 Jan 2015 and 31 Dec 2016 can be counted towards his PC renewal.

Where the doctor's existing 1-year PC is valid from 1 Jan 2016 to 31 Dec 2016; any CME points accrued for approved CME activities during the qualifying period between 1 Jan 2016 and 31 Dec 2016 can be counted for his PC renewal.

### Cessation of hardcopy PC Renewal Notice w.e.f. 1 January 2016

With effect from 1 January 2016, SMC has ceased the sending of hardcopy notices to doctors for PC Renewal. Doctors will be notified via email when their PCs are due for renewal. As such, doctors are strongly urged to keep SMC updated of their email addresses.

## SMC Election 2016

SMC is scheduled to hold an election sometime in August 2016 to fill two positions in the Medical Council. The term of office of two elected Council members will be ending in October 2016.

Please note that the nomination period will run from 15 June 2016 to 22 June 2016. An election would be called by SMC only if there are more nominees than positions available.

## SingPass 2FA (starting 5 July 2016 onwards)

With effect from 5 July 2016, all Government e-services that involve sensitive data will be required to implement a 2-Step Verification (2FA). This means that in addition to your SingPass username and password, you will need to enter a One-Time Password (OTP) sent via SMS or generated through a OneKey token before you are able to login to a Government e-service portal. SingPass users will not be able to access Government e-services from 5 July 2016 onwards if they have not registered and activated their 2FA by then.

The above 2FA requirement will also apply to doctors who use SingPass to access the SMC's Professional Registration System (PRS) from 5 July 2016 onwards. Doctors who login using their SingPass username and password will require an OTP generated via the 2FA before they can access the PRS.

Please refer to the [Guide to setup 2FA for SingPass Users](#) on SMC's website, to view an infographic and a step-by-step video guide on how to setup your SingPass 2FA.

### Feedback

If you have any feedback or comments on any articles in this newsletter, please contact us at [smc\\_newsletter@smc.gov.sg](mailto:smc_newsletter@smc.gov.sg)

### Newsletter Editorial Committee

A/Prof Chew Suok Kai - Chairman

Dr Tan Kok Soo - Member

A/Prof Chen Fun Gee - Member

Dr Hong Ga Sze - Member

Dr Lau Hong Choon - Member