

# SMC NEWS

Singapore Medical Council

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## In Conversation With Dr Leong Choon Kit

MOH-SMC Circular  
Telemedicine and Issuance  
of Online Medical Certificates

# Message from President

Welcome to our 10<sup>th</sup> edition of the SMC News.

There has been an increase in discussions and interest on the practice of telemedicine in recent months. Doctors are reminded to comply with the SMC’s 2016 Ethical Code and Ethical Guidelines as well as the MOH’s National Telemedicine Guidelines. Read more about the circular that we have issued, which is reproduced in this edition.

In the previous edition in December last year, we featured an article about the Modified Montgomery Test (MMT). We would like to thank readers for your positive feedback and take this opportunity to share some useful tips on MMT.

In this issue, we speak to Dr Leong Choon Kit, a family physician and a fellow Council member who shares his passion and motivation as a doctor. We also have a featured article from Dr Michael Lim giving his personal insights and experiences as a new member of the Council.

From 1 April 2018, only doctors who are in reduced practice are eligible for lower-fee Practising Certificate (PC) and lower Continuing Medical Education requirements. Those who intend to be on reduced practice may want to take note of this in the upcoming PC renewal exercise.

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

Professor Tan Ser Kiat  
President, Singapore Medical Council

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# Speech by SMC President, Professor Tan Ser Kiat

Physician's Pledge Affirmation Ceremony

Saturday, 24 February 2018



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

It is my privilege and pleasure to be here today to join you all in taking the Physician's Pledge.

We have all made it our commitment to cure sometimes, to relieve often and to comfort always, (in the words of *Edward Trudeau*, an 18th century Canadian Physician) and above all, to do no harm.

As we take the pledge together on this special occasion, my hope is that these words will instil a deep sense of responsibility that as a profession, we must treat our patients and their families with the greatest compassion.

As doctors, we can and must provide our patients with holistic care that brings comfort, relief and assurance to them. One of the ways to do that is through effective communication.

Many of you as conditionally registered doctors have been supervised and assessed by your SMC appointed supervisors. Your supervisors are a great source of feedback. One of the core skills they assess or provide feedback on will be your interpersonal and communication skills. Your colleagues and even patients can also provide valuable feedback about you, your practice of medicine and your communication skills.



For those of you who are in family medicine or specialist training, you will also know that such skills comprise one of the six core competencies for residency training and assessment.

Therefore, possessing interpersonal and communications skills are of paramount importance in your interactions with your patients. You will, from time to time, find it difficult to manage patients and their families who are often emotional and anxious about their illnesses. Our training programmes recognise this and it is a core skill which needs constant training and strengthening.

When SMC requests feedback from your peers and colleagues including nurses and other healthcare professionals regarding your performance, they are routinely asked about your communication skills when dealing with patients and peers, as well as your qualities of collaboration and teamwork, management and leadership, and acceptance of responsibility.

A very small number of our doctors do get letters of advice from the SMC when their supervisors, peers and patients report or provide feedback that there are issues with their practice. For those who do, please consider this as important feedback to help you improve.



Pledge Leader, Dr Francine Tan Chiu Lan, leading the oath-taking

It is essential to have honest feedback even though they may be anonymous. These are opportunities for you to improve your skills. You must always remain humble and accept advice from your supervisors, colleagues and the team. I congratulate many of you for having gone through these assessments successfully.





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**Remember, adequate time spent with the patient, explaining the treatment or procedures properly and documenting accurately what you have communicated are extremely important.**

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### **Informed Consent**

In a previous speech, I encouraged our doctors to read the 2016 edition of the SMC Ethical Code and Ethical Guidelines. If you take the time to read it, you will find a wealth of information which will shape the way you treat and manage patients ethically and professionally.

One of the key issues that generated much interest recently is about informed consent. It is about your communication with the patient concerning a procedure or treatment, its outcome and the associated risks involved.

SMC has witnessed several instances where informed consent taken from patients is wholly unsatisfactory or inadequate. On the other hand, there were also many instances where doctors were able to explain their actions when challenged – due to their clear and precise documentation of the communication with their patients.

Remember, adequate time spent with the patient, explaining the treatment or procedures properly and documenting accurately what you have communicated are very important.

### **SMC and its disciplinary processes**

I would also like to take this opportunity to correct some misconceptions regarding the SMC's disciplinary processes. Some doctors may erroneously view SMC as often taking the complainant's side when a complaint is lodged against a doctor.

The reality is that every formal complaint received by SMC goes through a rigorous process. It is referred to a 3-member Complaints Committee, chaired by a Council member, one other senior doctor and a layperson for review.



Where required, the Complaints Committee will carry out a thorough investigation, including requesting an explanation by the respondent doctor before deciding on the next course of action. Of the more than 150 complaints we receive each year, only a handful are ultimately referred to a Disciplinary Tribunal for a formal inquiry. To preserve the independence and objectivity of the Disciplinary Tribunals, Council members do not sit on them.

Instead, every Disciplinary Tribunal comprises a chairperson selected from a panel appointed by the Minister who is either a senior doctor or senior lawyer. Every Disciplinary Tribunal will have at least two senior doctors. The verdict at the end of the formal disciplinary inquiry thus represents the judgment of the profession as a whole, and not the SMC.

We have addressed some of these issues in our recent newsletters which are available on the SMC's website to give you a clearer view of the work that the SMC does. I hope that you will take the time to read our newsletters and cases in the SMC website. There is a wealth of professional wisdom in the collection of publication of the DTs' grounds of decisions, including several landmark cases.

In closing, I hope that you will remember the words of the pledge you are taking today and be familiar with the Ethical Code and Ethical Guidelines throughout your professional life. On behalf of the Council, I would like to thank SMS Dr Amy Khor for taking the time to honour us at this special occasion and to address all of us.

Thank you.



From left: Dr Lau Hong Choon (Deputy Registrar, SMC) Prof Tan Ser Kiat (President, SMC), Mrs Joanna Tan (Executive Secretary, SMC), Dr Amy Khor (Senior Minister of State for Health), Dr Jeanette Chen (SMC Council Member), A/Prof Benjamin Ong (Registrar, SMC), Prof Chee Yam Cheng (SMC Council Member)

# Speech by Guest-of-Honour Senior Minister of State for Health, Dr Amy Khor

Physician's Pledge Affirmation Ceremony  
Saturday, 24 February 2018



SMS Khor addressing the doctors and guests at the ceremony

I am delighted to be here today to witness the affirmation of the Singapore Medical Council's Physician's Pledge. This is a significant milestone in your journey to become fully registered doctors in Singapore.

The oath-taking is not just a formality towards full registration but a promise upon your honour to remain ethical and professional throughout your life as a doctor. Today, as you take it before the Council and all present today, you will pledge to continue to dedicate your life to a service of humanity.

## Ensuring quality healthcare

Singapore's ageing population and increased chronic disease burden have led to a growing need for new care models and coordinated team-based care across healthcare settings and providers. Advancements in medicine and health technologies have given rise to new and changing healthcare services such as increased use of home care and telemedicine. Accordingly, MOH intends to replace the Private Hospital and Medical Clinics (PHMC) Act with the Healthcare Services Act (HCSA).



“The same yardstick or standards of ethical practice and professionalism is expected of all doctors for all categories of registration...”

We hope that in addition to better safeguarding of the safety and well-being of patients, it will also strengthen governance and regulatory clarity for better continuity of care to patients.

Regardless of these changes, good doctors remain essential for a good healthcare system. This is why we have to always ensure the quality of our healthcare workforce. We are committed to growing a strong local core of healthcare professionals to meet the increasing needs of our ageing population. One of the steps to grow the local workforce has been to increase the local medical school intake. The intake of the three medical schools will reach 500 this year as compared to an intake of 260 a decade ago. We also look forward to the first batch of graduating students from Lee Kong Chian School of Medicine this year.

### High Standards of Ethical Practice and Professionalism

The same yardstick or standards of ethical practice and professionalism is expected of all doctors for all categories of registration and when you are practising. If you have the skills and act in the best interests of your patients and are professional and ethical, you will certainly be welcomed.

It has been more than a year since the Singapore Medical Council published its updated Ethical Code and Ethical Guidelines (ECEG) for doctors, and the accompanying Handbook on Medical Ethics. These two publications were written and compiled by a highly committed group of medical ethicists and senior doctors appointed by the Council.





These publications underwent a long period of consideration, discussions and iterations before they were finally published, and underline the conceivable aspects of ethics and professionalism which you as a doctor will encounter. There are sections on good clinical care, good medical practice, relationships with patients, relationships with colleagues, and health and fitness to practise amongst others.

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**We are committed to growing a strong local core of healthcare professionals to meet the increasing needs of our ageing population.**

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An emerging issue that the ECEG seeks to provide guidance on is the commercialisation of medical practice. Some advances in healthcare technologies, while costing more, may not offer significant advantages for patients, and recommending such therapies without basis could lead to a compromise in professional standards and behaviour. Putting the patient's interest first helps to assess and manage the patient holistically.

MOH has also issued guidelines through the Agency of Care Effectiveness (ACE), which should aid doctors in the discussion of appropriate cost-effective therapy options with patients.

Another aspect that the ECEG seeks to address is the potential emerging areas like telemedicine. While telemedicine is not equivalent to conventional in-person care, it can facilitate patient access to medical care.



## Conclusion

The first Physician's Pledge Ceremony took place more than twenty years ago, on 2 May 1995 to be exact. I am glad that twenty-two years on, SMC mandates that all provisionally and conditionally registered doctors attend the Pledge Ceremony before they can apply for full registration. As doctors, you pledge to practise your profession with conscience and dignity.

Your work and interaction with patients must be safeguarded and you must respect the secrets which are confided in you.

Today, I congratulate you for reaching this milestone. My wish for you is that you honour your profession and remain steadfast in your dedication to your patients in this meaningful, fulfilling and life-long vocation.

Thank you.



From left: Dr Wee Rui De Matthias, Prof Tan Ser Kiat (President, SMC), Dr Ee Runhua Michelle, Dr Francine Tan Chiu Lan (Pledge Leader), Dr Lau Hong Choon (Deputy Registrar, SMC) and Mrs Joanna Tan (Executive Secretary, SMC).



Featured Article

# In Conversation with Family Physician Dr Leong Choon Kit



## What brought you into the field of medicine?

I came into medicine in a most interesting way. I applied to the Public Service Commission (PSC) for a Chinese Teaching scholarship and at the same time, applied to read Medicine at the National University of Singapore (NUS) in 1986. Chinese was my passion and life. Under the mentorship of my Chinese teacher in Hwa Chong Junior College (HCJC) Mrs Ho Won Ho, I have participated and won competitions. Some of my writings were also published in the Chinese newspapers on a regular basis which earned me some much needed pocket money. However, I am often reminded by how my mother succumbed to stroke at a very young age.

So, when I was asked to choose one of the two dreams I had, I chose the latter.

I became a Christian in medical school and decided to enter medical mission when I was in fourth year medical school. Looking back at my calling and the circumstances leading me into medical mission, I believed it was not just my own decision but a divine one in choosing to read medicine.

## What is your best memory of being a doctor?

I have too many best memories of being a doctor. Let me recount some of those.





There are three phases of my medical life. During my training years, I had many great teachers who made my early medical life memorable. Some of whom are still serving alongside with me in the Singapore Medical Council (SMC).

Some of my classmates knew that I had signed on as a regular soldier during my National Service (NS) days. Because of a twist of events, I was allowed to withdraw my contract despite having already started my tour of duty as a Staff Officer at HQ. Compared to my peers, I had the opportunity to serve my NS doing Public Health work. I remembered the day when a malaria outbreak occurred in the Marina East and Punggol areas when our bosses were on leave. We had to work fast and hard to contain the outbreak. That incident enhanced my interests in disease outbreak control.

After serving my bond, I was employed to build a not-for-profit hospital in China collaborating with the official church there.

I had to help raise and manage the funds needed for the purchase of the land, construction of the hospital, building relationship with the authority, the church and the people, sourcing and equipping the hospital and employing, training and managing together an international team of staff.

We lived in a small city with no internet and little influence from modern and western cultures. We learned to treasure the simple things in life. And, we accepted that modern medicine cannot solve every ills and sicknesses. These are valuable lessons that I continue to lean on even now.

The third phase of my life is when I decided to switch from public health work to General Practice / Family Medicine. I met up with Prof Goh Lee Gan who was my personal supervisor for my Public Health course. My best memory of this phase of my life was to be able to interact and learn from a man unofficially known as the "Father of Family Medicine in Singapore" up close.



We spent wee hours in the morning going through research and papers, caught up with each other at unusual places like airports and he introduced me to council work and GP welfare and practice management work with the College of Family Physician Singapore (CFPS).

When one of our GP colleagues succumbed to cancer, Prof Goh even worked as a locum for the widow for free.

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

The poor and the voiceless ones are the ones who inspired me most in life. They are the ones who work tirelessly to survive. They do not complain regardless of their circumstances. Their work is seen by many as insignificant and menial. But, because of their selfless and uncomplaining self, they allow all of us to live better. Because of that, I always choose to remember the poor and the voiceless in everything I do.

I have many excellent teachers. Interestingly the teacher who inspires me most in my career is Dr Monteiro, a resident Physician at the old Communicable Disease Centre (CDC).

I do not know him well and had only brief encounters with him when I was posted to CDC as an undergraduate. He was humble, unassuming but knowledgeable. His passion is infectious. He does not have many credentials like many senior doctors have. Yet, he is effective in managing his patients and teaching medical students like us.



Dr Leong at the SMC Physician's Pledge Affirmation Ceremony



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**Stick to our first love. Start every day as if it is your first day in medical school...No one forced us to be doctors. All of us felt and answered the call to be a doctor.**

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

The advice I have for any young doctor is the same I give for myself. That is, stick to our first love. Start every day as if it is your first day in medical school. Go to work with a learning attitude, filled with passion for people and zest for life.

No one forced us to be doctors. All of us felt and answered the call to be a doctor. No one owes us anything. If we have been wronged, let the process take its course. In the end, when our names are cleared, we can smile again. We should and must always keep our focus on the overall good of everyone and do not let selfish desires and gain erode our first love.



Dr Leong on a mission trip to Chennai

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

I play computer games daily to de-stress. My favourite computer game is FIFA and I played them on a gaming PC. Very few of my friends know about it.

Another thing I do is watching Chinese songs videos and reality shows on YouTube. I focus on the lyrics of the song much more than the tune. Although I have many favourite artistes, I prefer those who can sing and write their own songs.

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

I cannot balance and I have little family time. My entire working life has always been off-balance, just like many doctors.

I am thankful that my wife is understanding and supportive of what I do. Having said that, despite knowing all attempts will be futile, I always try to balance it. I make it a point to celebrate all our birthdays and the festive seasons as a family.

I insist on taking a family photo whenever we are together and I routinely show off my family as the first slide of any medical, public or Christian talks or lectures I gave.

As I got busier the last few years, I intentionally planned to take family holidays frequently - more than once a year. During those holidays, we spent time together resting and eating rather than sight-seeing. The important thing is not to have a balanced family life but to always seek to balance it.





## Featured Article

# The Experiences of a new Council Member

Contributed by Dr Michael Lim Khong Jin

It has been almost a year since I was elected to the Singapore Medical Council (SMC). I stood for election to be a Council member as I wanted to find out at first-hand what is actually going on in SMC and whether I can contribute to making some improvements. Here are some observations that I would like to share.

## Protect the Health and Safety of the Public

At the end of the first Council meeting, an experienced fellow Council member came to me and highlighted that the role of the Council is to carry out its functions to fulfil the objective of protecting the health and safety of the public.

The first three documents that I received from the SMC Secretariat were the Medical Registration Act (MRA), the Medical Registration Regulations (MRR) and the SMC 2016 Ethical Code and Ethical Guidelines (ECEG). After the fellow Council member had highlighted this to me, I read the MRA again. I noted that the object of the Act is to protect the health and safety of the public and the mechanisms to do this include to ensure that the doctors are competent and fit to practice medicine, to uphold the standards of practice within the medical profession and to maintain public confidence in the medical profession.

## The Privilege of Self-Regulation

So my colleague was right to say that SMC's functions is to protect the health and safety of the public. We need to be fair and just to patients and the registered medical practitioners when we regulate their professional conduct and ethics and standards of practice. We can also strengthen SMC's communications with the doctors to enhance their understanding of the SMC's disciplinary process. I concluded that to regulate the conduct and ethics, the standards of practice and the competence of registered medical professionals and to be fair to doctors, we need to strengthen preventive measures and SMC's communications.



From left: Prof Chee Yam Cheng, Mrs Joanna Tan, Prof Chew Chin Hin and Dr Michael Lim at SMC Physician's Pledge Ceremony

SMC has the responsibility to administer self-regulation. There are advantages to self-regulation by doctors. For example, we can increase awareness of and garner support for good professional practices and uphold shared values through communicating to the medical community.

As a Council member, I am apprised of the public's expectations of doctors through the formal complaints and feedback channels. Our healthcare system needs to evolve to meet the public's needs and expectations. In my view, one way to manage complaints against doctors is to *improve the communication with our patients* and take sufficient time to provide information and explain their medical management during their consultation with us.

## Dedicating Time and Energy

I soon realized that the responsibilities a Council member has to shoulder is actually equivalent to that of those I carried as a medical practitioner. Council members are fully aware that we are responsible to our professional body and so time and energy has to be invested to participate actively in discussions and understand the processes in order to contribute meaningfully and effectively. Fortunately, we have a dedicated Secretariat team which sees to the day-to-day operations and administrative work.



As SMC has to carry out many functions including registering medical practitioners and regulating their professional conduct, work is distributed among smaller committees. One of the most active committees is the Credentials Committee. On a weekly basis, it has to review the applications for various types of registration as well as healthcare organisations' applications for training programmes, and make its recommendations to the Council. When considering these different types of registrations, one of the committee's concerns was about doctors without sufficient clinical experience, and that they should not be permitted to do unsupervised practice i.e. full registration.

One of the committees I had the privilege to be appointed is the Ethics Committee. I will briefly share the process how a circular to doctors is prepared. The Secretariat will prepare a first draft of the circular - identifying issues that the SMC needs to address, considering the implications on medical practitioners, patients and other key stakeholders and making recommendations. The draft will then be surfaced to the Ethics Committee for input and deliberations after which it will be put up to the Council for approval before the circular is issued to doctors.

## Working with other Partners to Communicate and Regulate

During this first year as a Council member, I realized that SMC, together with MOH and our medical professional bodies (CFPS, SMA, AMS), have the combined capabilities and power to tackle and direct certain issues that individual doctors are not able to do on our own. One such issue that surfaced last year was that of the fee structures of Third Party Administrators (TPAs). As the doctors chose to abide by the SMC guidelines to refrain from paying fees to Third Parties that are based on a percentage of what doctors charge patients (and thus might appear to be fee splitting or sharing), the TPAs had to relent and reduce their fees and restructured them. Eventually, most doctors returned to doing business with the TPAs which had fees which were reduced to reflect the services provided or the amount of work they were actually doing.

The Council, however cannot influence the decision of the Court, its independent Disciplinary Tribunals or its complaints Committees. For example, when a paediatrician was suspended by an independent Disciplinary Tribunal (DT) and the Court of Three Judges then dismissed the doctor's appeal and upheld both the conviction and the sentence as meted out by the DT, the case was closed despite a letter of appeal subsequently sent to MOH signed by more than eight hundred doctors in Singapore. The SMC is bound to respect the legal process in Singapore and Council Members are not able to influence legal decisions whatever their personal opinions may

## Sharing yet not Breaking the Rules of Confidentiality

A few months after being elected to the Council, a doctor called me to enquire what it meant to receive a letter from SMC asking for details on how he had managed a patient. I shared with him that it could be an investigation and that he should be in touch with his medical insurance representative to discuss. I had to be careful in providing him with general information without interfering in the SMC investigation. I tried to stand by him for a while as his world seemed to be tumbling down. Both of us knew that I could not give him any personal advice as there would be a conflict of interest since I am a Council member and he was investigated by the SMC. I shared his pain and provide as much "first aid" as I could.

Since becoming a Council member, I also started receiving more questions related to ethics and regulations from fellow doctors, some of which I was able to respond, while others I had to check and find out before replying. I count myself fortunate that I was able to get advice from fellow Council members on those matters, which I was able to then pass along to our fellow doctors.

## Summary

In conclusion, I have learned a lot in my first year in the Council. Many things which the Council does are confidential as bound by the rules. As a result, many doctors may not fully understand, appreciate or thank us for what we do.



So one area that I am trying to devote more time to is to help in improving the communication between the SMC and the doctors. Most doctors identify SMC only with disciplinary matters and nobody likes the disciplinarian. I am humbled to be among Council members and Secretariat staff who serve largely incognito. I am privileged that they considered the humble opinions that I tried to forward as I came into the SMC, not just to understand what it does but also with a desire to contribute to its improvement.

And for a start, I contributed this article in the SMC Newsletter to share my observations and learnings from the Council. I believe that medical professionals can work together with the SMC to safeguard the integrity, dignity and honour of our profession and protect the health and safety of the public that we serve. ■

## Featured Article

# Telemedicine and Issuance of Online Medical Certificates

With the increase in discussions and interest in telemedicine, the Singapore Medical Council reminds registered doctors providing telemedicine services to comply with the 2016 SMC Ethical Code and Ethical Guidelines (ECEG) as well as the National Telemedicine Guidelines (NTG) issued by MOH.

MOH and SMC support the use of telemedicine in our healthcare system and are looking into regulating it further under the upcoming Healthcare Services Act (HCSA) in 2020.

In the interim, MOH has put in place a regulatory sandbox which will enable telemedicine providers to develop innovative models but within well-defined patient safety and welfare parameters. The sandbox will exist up till the point of HCSA licensing after which all telemedicine providers will have to comply with the prevailing legal and regulatory requirements.

For more information on the regulatory sandbox and the list of telemedicine providers collaborating with MOH, doctors may refer to the MOH website or contact MOH at [HCSA\\_enquiries@moh.gov.sg](mailto:HCSA_enquiries@moh.gov.sg).

## 2016 edition of the SMC Ethical Code and Ethical Guidelines (2016 ECEG)

### (I) Telemedicine (Guideline A6, 2016 ECEG)

(a) Guideline A6(1) of the 2016 ECEG states that *"If [doctors] engage in telemedicine, [they] must endeavour to provide the same quality and standard of care as in-person medical care. This includes ensuring that [doctors] have sufficient training and information to manage patients through telemedicine. Otherwise, [doctors] must state the limitations of [their] opinion"*.

Therefore, it remains the doctor's overall responsibility to ensure that they are able to remotely diagnose a condition to offer the most appropriate treatment. If in doubt, doctors should offer to see the patients face-to-face, so that they are able to conduct a proper physical assessment of the patient.



## 2016 edition of the SMC Ethical Code and Ethical Guidelines (2016 ECEG)

### (I) Telemedicine (Guideline A6, 2016 ECEG)

At present, virtual consultation is typically conducted as an extension of care for stable patients and takes place after the doctor has already had an initial face-to-face consultation and is satisfied that the patient is suitable for virtual consultation. Where care is exclusively delivered via virtual consultation, the quality of care provided should not be compromised.

(b) Secondly, doctors should give patients sufficient information about telemedicine for them to consent to it and ensure that the patients understand the limitations of telemedicine that may affect the quality of their care in relation to their specific circumstances (Guideline A6(4), 2016 ECEG).

### (II) Medical Certificates (Guideline B4, 2016 ECEG)

(a) In relation to online MCs, Guideline B4(1) of 2016 ECEG states that *"Medical certificates must be issued to patients only on proper medical grounds arrived at through good clinical assessment"*. Guideline B4(1) places on doctors an obligation to ensure that MCs, be it in a paper or electronic format, are issued appropriately for medical conditions that are properly diagnosed through good clinical assessments, which typically include history taking and a thorough physical examination. In general, to make a diagnosis and offer a definitive opinion on management, which includes the need for MCs, doctors should rely on their professional judgement on the assessment required may it be face-to-face or via video consultation.

(b) As electronic-MCs are a relatively recent development, doctors may also wish to remind patients that the acceptance of such MCs is subject to the human resource policies of individual companies.

### (III) Prescription of medicine (Guideline B5, 2016 ECEG)

(a) Guidelines B5(1) and (2) of the 2016 ECEG state that doctors must prescribe, dispense or supply medicines only to patients under their care and that doctors must prescribe, dispense or supply medicines only on clear medical grounds arrived at through sufficient clinical information.

(b) In addition, in the event an online prescription is given to the patient following teleconsultation, doctors are to ensure that their patients are informed of the purpose of the medicine prescribed and the expected results (Guideline B5(3), 2016 ECEG).



## Featured Article

# Useful Tips on the Modified Montgomery Test

Contributed by Ministry of Health

In the last edition of the newsletter, we shared about the key takeaways from the two seminars on “The Doctor’s Duty To Advise”. The seminars touched on the Modified Montgomery Test, which is a new legal test for the standard of care in respect of a doctor’s duty to advise.

In this edition, we highlight two tips on the Modified Montgomery Test.

### Tip 1:

The *Bolam-Bolitho* test still applies in the areas of treatment and diagnosis. The modified *Montgomery* test only applies to a doctor’s duty to advise.

### Tip 2:

Under the modified *Montgomery* test, a doctor only needs to disclose information which is of special concern to his patient, *for reasons known to the doctor or which the doctor should have known*. The doctor has no open-ended duty to proactively elicit information from the patient. Beyond basic information about a patient which a doctor should ascertain, it is for the patient to raise any unusual concerns that he may have or alert the doctor to them by asking questions.

## Key Areas to Note

# Alignment of Lower Fee PC and Lower CME Requirements

The Medical Registration Regulations were recently amended to align the conditions for lower-fee practising certificates (PCs) with the conditions for lower continuing medical education (CME) requirements. Previously, there were different conditions for lower-fee PCs and lower CME requirements, which caused confusion to doctors. The alignment of the conditions provides consistency and clarity.

From 1 April 2018, only doctors who are in reduced practice are eligible for lower-fee PC and lower CME requirements. A doctor in reduced practice can only prescribe medication for himself/herself or his/her spouse, child, adopted child, stepchild, grandchild, sibling, parent, step-parent or grandparent. If you are practising in any healthcare institution, whether locally or overseas and whether fees are charged or not, you are not eligible for lower-fee PC and lower CME requirements.



## Key Areas to Note

# Practising Certificates (PCs) Renewal

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

### PC Renewal Criteria

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

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

### Example:

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

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

### How to Renew

**SingPass and 2FA are required:**

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

### Late application fee charges

A late application fee of \$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.

### Feedback

For feedback and comments, please contact us at [smc\\_newsletter@smc.gov.sg](mailto:smc_newsletter@smc.gov.sg).

### SMC Newsletter Editorial Committee

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