

EMBARGOED UNTIL 14 JANUARY 2009, 3 PM

Appendix
Summary of Key Revisions to the Medical Registration Act (Amendment)

<u>Establish Register of Family Physicians</u>			
		Current MRA	Proposed changes to MRA
1	Establish a Register of Family Physicians and the Family Physicians Accreditation Board	Currently the MRA does not provide for a Register of Family Physicians.	To raise the overall standard of family medicine practice in Singapore, a Register of Family Physicians will be established and a Family Physicians Accreditation Board set up. However, family physician registration will not be a pre-requisite for the issuance of medical clinic licences under the Private Hospitals and Medical Clinics Act
<u>Develop Sub-specialties</u>			
2	Allow the Specialists Accreditation Board to define subspecialties in medicine	Currently the MRA does not provide for the Specialists Accreditation Board to define subspecialties in medicine.	The amendment will allow the Specialists Accreditation Board to define subspecialties in medicine.
<u>Amendments to Registration Sections</u>			
3	Allow SMC to tailor specific requirements for full registration of graduates of local medical schools	The MRA entitles medical graduates with a local medical degree who have obtained a certificate of experience (ie completed housemanship satisfactorily) to be registered as fully registered medical practitioners.	To allow SMC the flexibility, with the Minister's approval, to determine the criteria for full registration of graduates from local medical schools, taking into consideration the content and structure of the course.

<u>Amendments to Registration Sections(cont)</u>			
		Current MRA	Proposed changes to MRA
4	Allow SMC to refuse application for medical registration to protect the health and safety of the public [New section]	Currently it is not explicitly stated in the MRA that SMC is permitted to refuse medical registration to an applicant whose ability to practice has been medically impaired.	If the applicant is unfit to practice medicine because his ability to practice has been medically impaired, it is proposed that SMC be permitted to refuse an application for medical registration
5	Include provisions for termination of provisional registration	The MRA allows for provisional registration of doctors undergoing housemanship in an approved hospital. However, the MRA does not specifically provide for termination of provisional registration for house officers who perform poorly, unless their employment has been terminated by their employers.	To allow the SMC to cancel the registration of provisionally-registered housemen if their performance is found to be very unsatisfactory and they are unable to improve
6	Allow the SMC's Complaints Committees to appoint officers to investigate complaints.	The current MRA does not have this provision.	To allow the SMC's Complaints Committees to appoint officers who will be empowered to investigate complaints. In this way, unmeritorious complaints can be more quickly disposed off, while the facts and circumstances of more serious cases can be established in greater detail. Complaints against doctors will also be more thoroughly and expeditiously resolved

<u>Amendments to Disciplinary Proceedings and Health Committee Inquiries</u>			
		Current MRA	Proposed changes to MRA
7	Provision for alternative avenues for resolution of complaints	Currently, the options available to a Complaints Committee to resolve complaints are limited to issuing warnings or letters of advice, or referring the complaints for formal inquiry before the Health Committee or Disciplinary Committee.	To facilitate the just and effective disposal of complaints, it is proposed to enhance the powers of the Complaints Committee. These include the power to refer complaints for external conciliation or mediation, require the doctor concerned to undergo further training or receive counseling, and require the doctor to receive appropriate treatment. In addition, if the doctor acknowledges the complaint, the Complaints Committee may, with his consent, curtail his practice or remove or suspend him from the register, instead of requiring him to go through a formal disciplinary hearing.
<u>Amendments to Disciplinary Proceedings and Health Committee Inquiries</u>			
8	Revision of composition of the Disciplinary Tribunal	Currently, the Disciplinary Committee, which is the SMC's formal disciplinary body, is chaired by a senior doctor who is a member of SMC	We propose to rename the Disciplinary Committee as the Disciplinary Tribunal and retain the requirement for a senior doctor to be its chairperson but provide for the option of appointing a judge, legal officer or senior lawyer as chairperson.

<u>Amendments to Disciplinary Proceedings and Health Committee Inquiries</u>			
		Current MRA	Proposed amendments to MRA
9	Disciplinary Tribunal's Powers to Impose Penalties	Under the current MRA, the Disciplinary Committee can impose a financial penalty not exceeding \$10,000 on a medical practitioner convicted of professional misconduct. The next level of penalty is a suspension of between 3 months and 3 years	We propose to close significant sentencing gap by amending the MRA to allow the Disciplinary Tribunal (currently DC) to impose a penalty of up to \$100,000
10	Disciplinary Tribunal's Powers to impose long term restrictions on doctor's practice	At present, the Disciplinary Committee can impose conditions to restrict the practice of a doctor convicted of professional misconduct for up to 3 years.	We propose to remove this cap and give the Disciplinary Tribunal greater scope to impose effective and proportionate sentences. This could include practice restrictions for longer periods if this is necessary to protect the public, without the need to suspend the doctor altogether. This will be counterbalanced by the doctor's right to seek regular review of the restrictions
11	Enhancement of Health Committee's powers	Currently, the Health Committee may restrict the practice of doctors for up to 3 years if it finds that his fitness to practice is impaired by reason of a physical or mental condition	We propose that the Health Committee be allowed to impose longer-term restrictions on doctors whose fitness to practice is medically impaired, if this is imperative for patient protection
12	Appeal to the High Court	Currently only the doctor convicted by a Disciplinary Committee may appeal to the High Court against the DC's decision under the current law	We propose to expand this to allow aggrieved complainants to appeal to the High Court against the Disciplinary Tribunal's decisions