

# **Medical Registration (Amendment) Bill**

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**Bill No. 22/2009.**

*Read the first time on 19th October 2009.*

A BILL

*intituled*

An Act to amend the Medical Registration Act (Chapter 174 of the 2004 Revised Edition) and to make related amendments to the Dental Registration Act (Chapter 76 of the 2009 Revised Edition), the Pharmacists Registration Act (Chapter 230 of the 2008 Revised Edition) and the Private Hospitals and Medical Clinics Act (Chapter 248 of the 1999 Revised Edition).

Be it enacted by the President with the advice and consent of the Parliament of Singapore, as follows:

### Short title and commencement

1. This Act may be cited as the Medical Registration (Amendment) Act 2009 and shall come into operation on such date as the Minister may, by notification in the *Gazette*, appoint.

### 5 Amendment of section 2

2. Section 2 of the Medical Registration Act (referred to in this Act as the principal Act) is amended —

(a) by inserting, immediately after the definition of “certificate of experience”, the following definitions:

10 ““Complaints Committee” means a committee appointed by the chairman of the Complaints Panel under section 40;

“Complaints Panel” means the panel appointed by the Medical Council under section 38;”;

15 (b) by deleting the definition of “conditional registration” and substituting the following definition:

20 ““conditional registration” means registration in Part II of the Register of Medical Practitioners pursuant to section 21 or any other provision of this Act, which registration is subject to any condition or restriction as may be imposed;”;

(c) by inserting, immediately after the definition of “degree”, the following definitions:

25 ““Disciplinary Tribunal” means a tribunal appointed by the Medical Council under section 50;

“fully registered medical practitioner” means a person registered in Part I of the Register of Medical Practitioners in accordance with section 20(1) or (2), as the case may be;

30 “Health Committee” means a committee appointed by the Medical Council under section 57;

“Interim Orders Committee” means a committee appointed by the Medical Council under section 59A;”;

(d) by inserting, immediately after the definition of “President”, the following definition:

““professional performance” means the knowledge, skill or care possessed and applied by a registered medical practitioner in the provision of medical services;”; and

(e) by deleting the definition of “Singapore degree” and substituting the following definition:

““Singapore degree” means a degree, diploma or licence in medicine and surgery specified in the First Schedule.”.

### **New section 2A**

**3.** The principal Act is amended by inserting, immediately after section 2 in Part I, the following section:

#### **“Object of Act**

**2A.** The object of this Act is to protect the health and safety of the public by providing for mechanisms to —

- (a) ensure that registered medical practitioners are competent and fit to practise medicine;
- (b) uphold standards of practice within the medical profession; and
- (c) maintain public confidence in the medical profession.”.

### **Amendment of section 4**

**4.** Section 4(1) of the principal Act is amended —

(a) by deleting paragraph (b) and substituting the following paragraph:

“(b) 2 registered medical practitioners from each prescribed medical school in Singapore to be appointed by the Minister on the nomination of the council of the university to which the prescribed medical school belongs, one of whom shall be the Dean of the medical school;”;

(b) by deleting “9” in paragraph (c) and substituting “12”; and

(c) by deleting “7” in paragraph (d) and substituting “8”.

### **Amendment of section 5**

5. Section 5 of the principal Act is amended by deleting the word “and” at the end of paragraph (f) and by inserting immediately thereafter the following paragraphs:

5           “(fa) to determine and regulate standards of practice and the competence of registered medical practitioners within the medical profession;

              (fb) to provide administrative services to other bodies (whether corporate or unincorporate) responsible for the regulation of healthcare professionals; and”.

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### **Amendment of section 8**

6. Section 8 of the principal Act is amended by deleting the words “10 years experience” in paragraph (b) and substituting the words “10 years’ experience”.

### **Amendment of section 12**

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7. Section 12(4) of the principal Act is amended by deleting the words “who are not public officers or full-time members of the academic staff of the National University of Singapore” and substituting the words “, or their respective employers,”.

### **Amendment of section 18**

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8. Section 18 of the principal Act is amended by deleting subsection (3) and substituting the following subsections:

              “(3) The Minister may appoint a Deputy Registrar to assist the Registrar in carrying out his functions and duties under this Act.

25           (4) The Registrar may, subject to such conditions or restrictions as he thinks fit, delegate to the Deputy Registrar any of his powers or functions under this Act, except the power of delegation conferred by this section.

30           (5) The Registrar may continue to exercise any power conferred on him or perform any function under this Act notwithstanding the delegation of such power or function under this section.”.

### **Amendment of section 19**

**9.** Section 19 of the principal Act is amended —

(a) by inserting, immediately after paragraph (b) of subsection (1), the following paragraph:

5           “(ba) a register to be called “The Register of Family Physicians” containing the names of persons registered as family physicians under section 22A;”;  
and

10          (b) by deleting subsection (4) and substituting the following subsections:

          “(4) Every person whose name is registered in any of the registers shall inform the Registrar in writing of —

          (a) any change in his name or residential address;

15           (b) any change in his practice address or such of his other particulars as may be prescribed; or

          (c) any change or addition to his qualification,

within 28 days after such change or addition.

20           (4A) Any person who contravenes subsection (4)(a) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$1,000.

          (4B) A person who makes a report of a change in his residential address under section 8 of the National Registration Act (Cap. 201) shall be deemed to have complied with subsection (4)(a) on the date on which he makes the report.”.

25          **Amendment of section 20**

**10.** Section 20 of the principal Act is amended by deleting subsections (1) and (2) and substituting the following subsections:

          “(1) Subject to the provisions of this Act, any person who —

          (a) holds a Singapore degree;

30           (b) holds a certificate of experience or any other certificate specified by the Medical Council; and

(c) satisfies such other requirements as the Medical Council may, with the approval of the Minister, prescribe,

shall be entitled to be registered as a fully registered medical practitioner in Part I of the Register of Medical Practitioners.

5 (1A) For the purposes of subsection (1)(c), the Medical Council may prescribe different requirements for the different degrees, diplomas or licences in medicine and surgery specified in the First Schedule.

10 (2) Notwithstanding subsection (1), a person, not being a Singapore degree holder, who —

(a) holds such qualifications as may be recognised by the Medical Council;

(b) complies with section 26;

15 (c) satisfies such other requirements as the Medical Council may, with the approval of the Minister, prescribe; and

(d) satisfies the Medical Council that he has special knowledge and skill and sufficient experience in any particular branch of medicine,

20 shall, if the Medical Council thinks fit so to direct, be registered as a fully registered medical practitioner.”.

### **Amendment of section 21**

**11.** Section 21 of the principal Act is amended —

(a) by deleting the words “other degree” in subsection (1)(a) and substituting the words “other qualification”;

25 (b) by deleting the word “Schedule” wherever it appears in subsections (1)(a) and (3) and substituting in each case the words “Second Schedule”;

(c) by deleting the word “and” at the end of subsection (1)(c);

30 (d) by deleting the comma at the end of paragraph (d) of subsection (1) and substituting the word “; and”, and by inserting immediately thereafter the following paragraph:

“(e) satisfies such other requirements as the Medical Council may, with the approval of the Minister, prescribe.”;

5 (e) by inserting, immediately after the word “direct” in subsection (1), the words “and subject to such conditions or restrictions as the Medical Council may think fit to impose”;

10 (f) by inserting, immediately after the words “Register of Medical Practitioners” in subsection (2), the words “and be subject to such conditions or restrictions as the Medical Council may think fit to impose”;

(g) by deleting subsections (4) and (5) and substituting the following subsection:

15 “(4) Every direction by virtue of which a person is registered under this section shall specify the conditions or restrictions of his registration and may further specify one or more of the following:

(a) that the person shall work for a specified period under the supervision of a fully registered medical practitioner approved by the Medical Council;

20 (b) that the person’s performance shall be subject to review by such fully registered medical practitioners or healthcare professionals as the Medical Council may determine;

25 (c) the particular employment or descriptions of employment for the purposes of which he is so registered.”;

(h) by inserting, immediately after the word “conditions” in subsection (6)(a), the words “or restrictions”;

30 (i) by deleting the words “the report of the medical practitioner supervising him” in subsection (6)(b) and substituting the words “any report of one or more fully registered medical practitioners supervising him and any reviews of the medical practitioners or healthcare professionals referred to in subsection (4)(b)”;

35 (j) by deleting subsection (7) and substituting the following subsection:

“(7) A person who is or has been registered with conditional registration may —

(a) after the expiration of the period of supervision under subsection (4)(a); and

5 (b) upon the revocation or lapse of all the conditions or restrictions specified under subsection (4),

apply to the Medical Council to be registered as a fully registered medical practitioner.”; and

10 (k) by deleting the words “or on his registration being cancelled under subsection (6)” in subsection (9).

### **Amendment of section 22**

**12.** Section 22 of the principal Act is amended by deleting subsection (1) and substituting the following subsections:

“(1) Subject to the provisions of this Act, any person —

15 (a) who holds such postgraduate degrees or qualifications; or

(b) who has gained such special knowledge of and skill and experience,

in a particular branch or branches of medicine, may apply to the Medical Council to be registered as a specialist.

20 (1A) A person may be registered under subsection (1) as a specialist subject to such conditions or restrictions as the Medical Council may impose.”.

### **New section 22A**

25 **13.** The principal Act is amended by inserting, immediately after section 22, the following section:

#### **“Registration of family physicians**

**22A.**—(1) Subject to the provisions of this Act, any person —

(a) who holds such postgraduate degrees or qualifications; or

30 (b) who has gained such special knowledge of and skill and experience,



in family medicine, may apply to the Medical Council to be registered as a family physician in the Register of Family Physicians.

(2) A person may be registered under subsection (1) as a family physician subject to such conditions or restrictions as the Medical Council may impose.

(3) The Medical Council shall not register any person under subsection (1) as a family physician unless the person has obtained a certificate from the Family Physicians Accreditation Board under section 35B.

(4) The Medical Council may, with the approval of the Minister, make regulations for all or any of the following purposes:

- (a) providing for the registration of family physicians;
- (b) regulating the recording in, removal from, and restoration to the Register of Family Physicians of the names, particulars and qualifications of persons so registered;
- (c) providing for appeals by medical practitioners against any decision of the Medical Council refusing to register them in the Register of Family Physicians or to restore their names to that Register or against any decision of the Medical Council to remove their names from that Register;
- (d) prescribing the fees payable in respect of —
  - (i) any application for registration as a family physician;
  - (ii) any such registration as a family physician;
  - (iii) any restoration of names to the Register of Family Physicians; and
  - (iv) any appeal.”.

#### **Amendment of section 24**

**14.** Section 24 of the principal Act is amended by deleting subsection (2) and substituting the following subsections:

“(2) Any person who is qualified to be registered under this Act may, for the purpose of satisfying any requirement as to experience, be provisionally registered for such duration and subject to such conditions or restrictions as the Medical Council may specify, if he produces evidence satisfactory to the Registrar that he has been

selected to be engaged in such employment as is mentioned in section 25(1).

(2A) The Medical Council may cancel the provisional registration of a medical practitioner if —

- 5           (a) he fails to comply with any of the conditions or restrictions of his provisional registration; or
- (b) the Medical Council is of the opinion, having regard to the report of one or more registered medical practitioners supervising him and the reviews, if any, of the registered medical practitioners or healthcare professionals working with him, that he is unfit or otherwise unable to practise as a medical practitioner.
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(2B) The Medical Council shall, before proceeding under subsection (2A), notify the registered medical practitioner concerned of its intention to cancel his provisional registration under subsection (2A) and shall give the registered medical practitioner an opportunity to submit reasons why his registration should not be so cancelled.

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(2C) Any person who is aggrieved by the cancellation of his registration by the Medical Council under subsection (2A) may, within 30 days after being notified of the cancellation, appeal to the Minister whose decision shall be final.”.

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### **Amendment of section 25**

25   **15.** Section 25 of the principal Act is amended by deleting subsection (3) and substituting the following subsection:

          “(3) In subsection (2), “certifying authority” means —

- (a) the Dean of the Yong Loo Lin School of Medicine of the National University of Singapore;
- (b) the Dean of the Duke-NUS Graduate Medical School Singapore; or
- 30           (c) such other person as may be prescribed.”.

### **Amendment of section 28**

**16.** Section 28(3) of the principal Act is amended —

- (a) by deleting the word “or” at the end of paragraph (b); and  
 (b) by deleting paragraph (c) and substituting the following paragraphs:

“(c) is unfit to practise medicine —

- 5 (i) because his ability to practise has been impaired by reason of his physical or mental condition; or  
 (ii) for any other reason;  
 (d) has failed without reasonable cause to submit to a medical examination when required to do so under  
 10 section 29(4)(b);  
 (e) has had his name removed from a register of medical practitioners in any country whose degrees or licences in medicine are recognised as a qualification entitling the holder thereof to be registered under this Act; or  
 15 (f) has failed to comply with any condition or restriction of any previous registration as may have been imposed on him by the Medical Council.”.

### **Amendment of section 29**

17. Section 29 of the principal Act is amended —

- 20 (a) by deleting subsection (1) and substituting the following subsection:

“(1) The Medical Council shall appoint a committee to be known as the Credentials Committee, consisting of not less than 3 members of the Medical Council, to —

- 25 (a) scrutinise all applications for registration other than applications for registration as specialists and family physicians; and  
 (b) undertake such other duties as the Medical Council thinks fit to assign to the Credentials Committee.”;  
 30 and

- (b) by inserting, immediately after subsection (3), the following subsections:

“(4) Without prejudice to the generality of subsection (3), the Credentials Committee may, by notice in writing, require an applicant —

5 (a) to furnish such further information, documents or particulars as the Credentials Committee may require within the time specified in the notice; or

10 (b) to submit to a medical examination to be conducted by a registered medical practitioner nominated or approved by the Medical Council within such time as may be specified in the notice.

15 (5) The registered medical practitioner who conducts the examination referred to in subsection (4)(b) shall, within 14 days after the examination or such longer time as the Credentials Committee may allow, submit his report on the applicant’s fitness to practise medicine to the Credentials Committee.

(6) Any applicant who fails to comply with a requirement under subsection (4) within the time stated in the notice shall be deemed to have withdrawn his application.”.

20 **Repeal and re-enactment of section 30**

**18.** Section 30 of the principal Act is repealed and the following section substituted therefor:

**“Publication of list of registered medical practitioners with practising certificates**

25 **30.** The Registrar shall publish on the Medical Council’s Internet website, or on such other medium which is accessible to members of the public as the Minister may require, a list of the names, practice addresses, qualifications and dates of qualifications and registration of all registered medical practitioners who have in force a practising certificate.”.

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**Amendment of section 31**

**19.** Section 31 of the principal Act is amended by deleting the words “5 years” in paragraph (f) and substituting the words “2 years”.

**Amendment of section 32**

**20.** Section 32(1) of the principal Act is amended —

(a) by deleting paragraph (a) and substituting the following paragraph:

5 “(a) if he has been registered with conditional registration and the conditional registration has been cancelled by the Medical Council under section 21(6);” and

(b) by deleting paragraph (c) and substituting the following paragraphs:

10 “(c) if he has been registered in the Register of Specialists and —

(i) his name has been removed from the Register of Medical Practitioners; or

15 (ii) he has contravened or failed to comply with any condition or restriction imposed by the Medical Council under section 22;

(ca) if he has been registered in the Register of Family Physicians and —

20 (i) his name has been removed from the Register of Medical Practitioners; or

(ii) he has contravened or failed to comply with any condition or restriction imposed by the Medical Council under section 22A;

25 (cb) if his provisional registration has been cancelled by the Medical Council under section 24(2A);”.

**Amendment of section 33**

**21.** Section 33(1) of the principal Act is amended by inserting, immediately after the words “section 31(f) or 32(1)(a), (b), (c)”, the words “, (ca), (cb)”.

**Amendment of section 35**

**22.** Section 35 of the principal Act is amended —

(a) by inserting, immediately after the word “qualifications” in subsections (1)(d) and (2), the words “or experience and who meet the conditions”; and

(b) by inserting, immediately after subsection (1), the following subsections:

“(1A) The Board may further subdivide the specialties in medicine into further classes of sub-specialties and this section shall apply, with the necessary modifications, to such sub-specialties.

“(1B) A reference in this Act to a specialty shall be construed as including a reference to a sub-specialty.”.

### **New Part VA**

**23.** The principal Act is amended by inserting, immediately after section 35, the following Part:

#### **“PART VA**

#### **FAMILY PHYSICIANS ACCREDITATION BOARD**

#### **Establishment of Family Physicians Accreditation Board**

**35A.**—(1) There shall be a board to be known as the Family Physicians Accreditation Board (referred to in this Part as the Board) consisting of not less than 8 registered medical practitioners to be appointed by the Minister.

(2) The chairman of the Board shall be appointed by the Minister from among its members.

(3) The chairman and members of the Board shall be appointed for a term not exceeding 3 years but may from time to time be reappointed and may at any time be removed from office by the Minister.

(4) If any member of the Board dies, resigns or is removed from office, the Minister may fill the vacancy by the appointment of a registered medical practitioner and every person so appointed shall hold office for the residue of the term for which his predecessor was appointed.

(5) The powers of the Board shall not be affected by any vacancy in the membership thereof.

(6) At any meeting of the Board, 4 members shall form a quorum.

5 (7) At any meeting of the Board, the chairman shall preside and, in his absence, the members present shall elect one of their members to preside at the meeting.

(8) If on any question to be determined by the Board there is an equality of votes, the chairman or the member presiding at the meeting shall have a casting vote.

10 (9) Subject to the provisions of this Act, the Board may determine its own procedure.

(10) The Board may appoint one or more committees consisting of such members as it thinks fit to assist the Board in carrying out its functions under this Act.

### 15 **Functions of Family Physicians Accreditation Board**

**35B.**—(1) The functions of the Board shall be —

- 20 (a) to determine the qualifications, experience and other conditions for registration as a family physician under this Act;
- (b) to define the scope of family medicine for the purposes of maintaining and keeping the Register of Family Physicians;
- (c) to determine the training programmes to be recognised for persons who intend to qualify for registration as family physicians under this Act;
- 25 (d) to grant to persons who have the qualifications or experience and who meet the conditions for registration as family physicians under this Act certificates to that effect;
- (e) to recommend to the Medical Council programmes for the continuing medical education of persons who are registered as family physicians under this Act; and
- 30 (f) to advise the Medical Council on matters affecting or connected with the registration of family physicians under this Act.

(2) Any person who desires to have a certificate from the Board to certify that he has the qualifications or experience and meets the conditions for registration as a family physician under this Act may apply to the Board.

5 (3) Any person who is aggrieved by the refusal of the Board to grant the certificate may, within one month of the notice of refusal, appeal to the Minister whose decision shall be final.”.

### **Amendment of section 36**

10 **24.** Section 36 of the principal Act is amended by inserting, immediately after subsection (6), the following subsection:

“(7) Without prejudice to the generality of subsection (6) and section 70(2)(b), the Medical Council may, with the approval of the Minister, prescribe conditions that require a registered medical practitioner applying for the grant or renewal of his practising certificate to —

- (a) submit such information or declaration (including statutory declaration) as the Medical Council may require;
- (b) comply with such continuing medical education requirements as may be prescribed; and
- 20 (c) take out and maintain, or be covered by, adequate and appropriate insurance or other forms of protection with such insurers or other organisations as may be approved by the Medical Council for indemnity against loss arising from claims in respect of civil liability incurred by that practitioner in the course of his medical practice, and which
- 25 meets such minimum terms and conditions as the Medical Council may determine.”.

### **Amendment of section 37**

30 **25.** Section 37 of the principal Act is amended by inserting, immediately after the words “other than the Register of Specialists”, the words “or the Register of Family Physicians”.

### **Repeal and re-enactment of Part VII**

**26.** Part VII of the principal Act is repealed and the following Part substituted therefor:



“PART VII

DISCIPLINARY PROCEEDINGS, HEALTH COMMITTEE  
INQUIRIES AND PERFORMANCE ASSESSMENTS

*Division 1 — Voluntary removal, suspension, etc.*

5 **Voluntary removal, suspension, etc.**

**37A.**—(1) A registered medical practitioner who believes that —

- (a) his fitness to practise is impaired by reason of his physical or mental condition; or
- (b) the quality of the professional services provided by him does not meet the standard which is reasonable to expect of a medical practitioner,

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may request the Medical Council to do one or more of the following:

- (i) to remove his name from any register;
- (ii) to suspend his registration in the appropriate register for a period of not more than 3 years;
- (iii) where the registered medical practitioner is a fully registered medical practitioner in Part I of the Register of Medical Practitioners, to remove his name from Part I of that Register and register him instead as a medical practitioner with conditional registration in Part II of that Register, and section 21(4) to (9) shall apply accordingly;
- (iv) where the registered medical practitioner is registered in any register other than Part I of the Register of Medical Practitioners, to impose appropriate conditions or restrictions on his registration;
- (v) to suspend or cancel his practising certificate.

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(2) Subject to this section, if the Medical Council and the registered medical practitioner agree in writing on the action to be taken under subsection (1), the Medical Council may proceed with the agreed course of action.

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(3) The Medical Council shall not take any action under this section in relation to a registered medical practitioner if —

- (a) it believes that there is evidence of any matter referred to in section 39(1)(a) or (b); or
- (b) proceedings have been commenced under Division 2 against the registered medical practitioner.

5 (4) This section shall apply where the Medical Council has notified the registered medical practitioner under section 39(3)(b), except that if the Medical Council and the registered medical practitioner are unable to agree on the course of action to be taken under subsection (1)(i) to (v), the Medical Council shall proceed to refer the matter to  
10 the chairman of the Complaints Panel under section 39(3)(a).

*Division 2 — Complaints and commencement of inquiry*

**Appointment of Complaints Panel**

15 **38.**—(1) For the purpose of enabling Complaints Committees and Disciplinary Tribunals to be constituted in accordance with this Part, the Medical Council shall appoint a panel (referred to in this Act as the Complaints Panel) consisting of —

- (a) not less than 10 members of the Medical Council;
- (b) not less than 10 and not more than 100 registered medical practitioners of at least 10 years' standing who are not  
20 members of the Medical Council; and
- (c) not less than 6 and not more than 50 lay persons nominated by the Minister.

25 (2) The term of office of a member of the Complaints Panel referred to in subsection (1)(a) shall expire at the end of his term of office as member of the Medical Council, and a member of the Complaints Panel referred to in subsection (1)(b) or (c) shall be appointed for a term of 2 years; and any member of the Complaints Panel shall be eligible for reappointment.

30 (3) The Medical Council may at any time remove from office any member of the Complaints Panel or fill any vacancy in its membership.

(4) The Medical Council shall appoint, from among the members of the Complaints Panel who are members of the Medical Council, the chairman and the deputy chairman of the Complaints Panel.

(5) Any member of the Medical Council who is employed in the Ministry of Health shall not be disqualified from being a member of any Complaints Committee, Disciplinary Tribunal, Health Committee or Interim Orders Committee by reason only that he is so employed.

5 **Complaints against registered medical practitioners, etc.**

**39.**—(1) Any —

- (a) complaint touching on the conduct of a registered medical practitioner in his professional capacity or on his improper act or conduct which brings disrepute to his profession;
- 10 (b) information on the conviction of a registered medical practitioner of any offence implying a defect in character which makes him unfit to practise as a medical practitioner;
- (c) complaint that the professional services provided by a registered medical practitioner are not of the quality which is reasonable to expect of him; or
- 15 (d) information touching on the physical or mental fitness to practise of a registered medical practitioner,

shall be made or referred to the Medical Council in writing and supported by such statutory declaration as the Medical Council may require, except that no statutory declaration shall be required if the complaint or information is made or referred by any public officer or by the Medical Council.

(2) The Medical Council shall refer every complaint or information, other than a complaint or information touching on the matters referred to in section 32, to the chairman of the Complaints Panel.

(3) The Medical Council may, on its own motion —

- (a) make a complaint or refer any information on a registered medical practitioner to the chairman of the Complaints Panel if it believes that there is evidence of any matter referred to in subsection (1); or
- 30 (b) notify the registered medical practitioner and proceed under section 37A(1)(i) to (v) if it believes that there is evidence of any matter referred to in subsection (1)(c) or (d) and the registered medical practitioner agrees to such course of action in writing.
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(4) Notwithstanding subsections (2) and (3), where a registered medical practitioner has been convicted in Singapore or elsewhere of an offence implying a defect in character which makes him unfit to practise medicine, the Medical Council may immediately refer the matter to a Disciplinary Tribunal under section 50.

### **Appointment of Complaints Committees**

**40.**—(1) The chairman of the Complaints Panel may from time to time appoint one or more committees (to be known for the purposes of this Act as Complaints Committees), each comprising —

- (a) a chairman, being a member of the Complaints Panel who is a member of the Medical Council;
- (b) a registered medical practitioner who is a member of the Complaints Panel; and
- (c) a lay person who is a member of the Complaints Panel,

to inquire into any complaint or information mentioned in section 39(1).

(2) A Complaints Committee shall be appointed in connection with one or more matters or for such fixed period of time as the chairman of the Complaints Panel may think fit.

(3) The chairman of the Complaints Panel may at any time revoke the appointment of any Complaints Committee or may remove any member of a Complaints Committee or fill any vacancy in a Complaints Committee.

(4) No act done by or under the authority of a Complaints Committee shall be invalid in consequence of any defect that is subsequently discovered in the appointment or qualification of the members or any of them.

(5) All the members of a Complaints Committee shall be present to constitute a quorum for a meeting of the Complaints Committee and any resolution or decision in writing signed by all the members of a Complaints Committee shall be as valid and effectual as if it had been made or reached at a meeting of the Complaints Committee where all its members were present.

(6) A Complaints Committee may meet for the purposes of its inquiry, adjourn and otherwise regulate the conduct of its inquiry as its members may think fit.

(7) The chairman of a Complaints Committee may at any time summon a meeting of the Complaints Committee.

(8) All members of a Complaints Committee present at any meeting thereof shall vote on any question arising at the meeting and such question shall be determined by a majority of votes and, in the case of an equality of votes, the chairman shall have a casting vote.

(9) A member of a Complaints Committee shall, notwithstanding that he has ceased to be a member of the Complaints Panel on the expiry of his term of office, be deemed to be a member of the Complaints Panel until such time as the Complaints Committee has completed its work.

### **Referral to Complaints Committee**

**41.**—(1) Where any complaint or information mentioned in section 39(1)(a), (b) or (c) is made or referred by the Medical Council to the chairman of the Complaints Panel, the chairman of the Complaints Panel shall lay the complaint or information before a Complaints Committee.

(2) Where any information mentioned in section 39(1)(d) is referred by the Medical Council to the chairman of the Complaints Panel, the chairman of the Complaints Panel shall —

(a) if he is satisfied, based on any evidence given in support of the information, that a formal inquiry is necessary to determine the physical or mental fitness of the registered medical practitioner to practise, refer the information to a Health Committee; or

(b) in any other case, lay the information before a Complaints Committee.

### **Commencement of inquiry by Complaints Committee**

**42.**—(1) A Complaints Committee shall, within 2 weeks after its appointment, commence its inquiry into any complaint or information, or any information or evidence referred to in section 44(5), and complete its inquiry not later than 3 months after

the date the complaint or information is laid before the Complaints Committee.

(2) Where a Complaints Committee is of the opinion that it will not be able to complete its inquiry within the period specified in subsection (1) due to the complexity of the matter or serious difficulties encountered by the Complaints Committee in conducting its inquiry, the Complaints Committee may apply in writing to the chairman of the Complaints Panel for an extension of time to complete its inquiry and the chairman may grant such extension of time to the Complaints Committee as he thinks fit.

(3) For the purposes of any inquiry, a Complaints Committee may appoint one or more investigators in accordance with section 60A to investigate the complaint or information, and the investigator may exercise any one or more of the powers under that section in carrying out his functions and duties under this Part.

(4) A Complaints Committee shall —

- (a) if it is unanimously of the opinion that the complaint or information is frivolous, vexatious, misconceived or lacking in substance, dismiss the matter and give the reasons for the dismissal;
- (b) if it is unanimously of the opinion that no investigation is necessary —
  - (i) issue a letter of advice to the registered medical practitioner; or
  - (ii) refer the matter for mediation between the registered medical practitioner and the complainant; or
- (c) in any other case, direct one or more investigators to carry out an investigation and make a report to it under section 48.

### **Mediation**

**43.**—(1) In referring the matter for mediation under section 42(4)(b)(ii), the Complaints Committee may order the personal attendance of the complainant and the registered medical practitioner before a mediator specified by the Complaints Committee.

(2) The mediator referred to in subsection (1) shall submit a report to the Complaints Committee on the outcome of the mediation.

(3) If the complainant refuses or fails, without reasonable cause, to comply with the order under subsection (1), the Complaints Committee may dismiss the matter.

(4) If the registered medical practitioner refuses or fails, without reasonable cause, to comply with the order under subsection (1), the Complaints Committee may proceed to make a direction under section 42(4)(b)(i) or (c).

(5) If for any reason the mediation does not take place or the matter is not amicably resolved through mediation, the Complaints Committee or another Complaints Committee appointed in its place may make any direction under section 42(4)(b)(i) or (c) as it thinks fit.

#### **Conduct of investigation**

**44.**—(1) An investigator directed under section 42(4)(c) to investigate any complaint or information shall, if he is of the opinion that a registered medical practitioner should be called upon to answer any allegation made against him, give notice in writing of the complaint or information to him.

(2) A notice under subsection (1) shall —

(a) include copies of any complaint or information and of any statutory declaration or affidavit that have been made in support of the complaint or information; and

(b) invite the registered medical practitioner, within such period (not being less than 21 days after the date of the notice) as may be specified in the notice, to give to the Complaints Committee any written explanation he may wish to offer.

(3) In the course of investigations, the Complaints Committee may authorise the investigator in writing to —

(a) in the case of a complaint mentioned in section 39(1)(c), obtain the consent of the registered medical practitioner to undergo a performance assessment in accordance with the provisions of Division 3; and

- (b) in the case of any information mentioned in section 39(1)(d), obtain the consent of the registered medical practitioner to submit to a fitness assessment in accordance with the provisions of Division 3,

5 and the registered medical practitioner shall respond within such reasonable time as the investigator may, in the notice, specify.

(4) If the registered medical practitioner —

- (a) declines to undergo a performance or fitness assessment requested under subsection (3);
- 10 (b) having agreed to undergo such an assessment, subsequently fails to participate in the assessment or refuses to cooperate with the assessors; or
- (c) does not respond to the notice within the time specified in subsection (3),

15 the investigator shall make a report to the Complaints Committee under section 48 and the Complaints Committee may proceed with the inquiry and make such order as it deems fit under section 49(1) or (2).

20 (5) Where, in the course of an investigation, an investigator receives any information touching on, or obtains any evidence of, the conduct, physical or mental fitness, or professional performance of a registered medical practitioner other than the registered medical practitioner concerned which may give rise to proceedings under this Part, the investigator shall make a report to the Complaints Committee under section 48.

25 (6) On receiving a report under subsection (5), the Complaints Committee may —

- (a) if it is unanimously of the opinion that the complaint or information is frivolous, vexatious, misconceived or lacking in substance, dismiss the matter and give the reasons for the dismissal; or
- 30 (b) if it believes there is evidence of any matter referred to in section 39(1) in respect of a registered medical practitioner other than the registered medical practitioner concerned —



- (i) direct one or more investigators to carry out an investigation and make a report to it under section 48; or
- 5 (ii) refer the matter to the chairman of the Complaints Panel and the chairman shall act in accordance with section 41 by referring the complaint or information to a Health Committee or laying it before a different Complaints Committee, as the case may be.

*Division 3 — Performance and fitness assessments*

10 **Performance assessment**

45.—(1) If a registered medical practitioner agrees to undergo a performance assessment under section 44(3)(a), the quality of professional services provided by him shall be assessed by a Performance Assessment Panel appointed by the Complaints Committee and comprising one or more suitably qualified persons as the Complaints Committee may determine.

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(2) The Performance Assessment Panel will carry out the performance assessment in accordance with —

- (a) the provisions of this Division;
- 20 (b) the practice and procedure as may be determined by the Medical Council; and
- (c) such instructions as may be issued by the Complaints Committee.

(3) The registered medical practitioner under assessment shall, if required by the Performance Assessment Panel —

25

- (a) produce to the Panel or afford the Panel access to any record or document specified by the Panel or any record or other document which is of a class or description so specified and which is in his possession or under his control being in either case a record or other document which the Panel reasonably believes is or may be relevant to the performance assessment, within such time and at such place as the Panel may reasonably require;
- 30

(b) give to the Panel such explanation or further particulars in respect of anything produced in compliance with a requirement under paragraph (a) as the Panel shall specify; and

5 (c) give to the Panel all assistance in connection with the performance assessment which he is reasonably able to give.

(4) Where any information or matter relevant to a performance assessment is recorded otherwise than in a legible form, the power of a Performance Assessment Panel to require the production of any record or other document conferred under subsection (3) shall include  
10 the power to require the production of a reproduction of any such information or matter or of the relevant part of it in a legible form.

(5) A Performance Assessment Panel may inspect, examine or make copies of or take any abstract of or extract from any record or  
15 document produced under subsection (3) or (4).

(6) The Performance Assessment Panel shall give a report of the assessment to the Complaints Committee and, with the approval of the Complaints Committee, the registered medical practitioner.

(7) The Complaints Committee, or the investigator with the approval of the Complaints Committee, may discuss the report with  
20 the registered medical practitioner under assessment and, in the case of an adverse finding in the report, the possible ways of dealing with that finding.

### **Fitness assessment**

25 **46.**—(1) If a registered medical practitioner agrees to submit to a fitness assessment under section 44(3)(b), his fitness to practise medicine by reason of his physical or mental condition shall be assessed by a Fitness Assessment Panel appointed by the Complaints Committee and comprising one or more suitably qualified persons as  
30 the Complaints Committee may determine.

(2) The Fitness Assessment Panel will carry out the fitness assessment in accordance with —

(a) the provisions of this Division;

(b) the practice and procedure as may be determined by the  
35 Medical Council; and

(c) such instructions as may be issued by the Complaints Committee.

(3) The Fitness Assessment Panel shall submit a report of the assessment to the Complaints Committee and, with the approval of the Complaints Committee, provide a copy of the report to the registered medical practitioner.

(4) The Complaints Committee, or the investigator with the approval of the Complaints Committee, may discuss the report with the registered medical practitioner under assessment and, in the case of an adverse finding in the report, the possible ways of dealing with that finding.

### **Confidentiality of information**

**47.**—(1) A person to whom this section applies shall not be compellable in any proceedings to give evidence in respect of, or to produce any document containing any information which has been obtained in the course of, a performance or fitness assessment except in the case of the following:

- (a) an inquiry by any Complaints Committee, Disciplinary Tribunal, Health Committee or Interim Orders Committee; or
- (b) a prosecution for a criminal offence.

(2) A person to whom this section applies shall not disclose any information contained in any document as may have come to his knowledge in the course of a performance or fitness assessment unless the disclosure is made —

- (a) under or for the purpose of administering and enforcing this Act or the Infectious Diseases Act (Cap. 137); or
- (b) for any other purpose with the consent of the person to whom the information relates.

(3) This section applies to —

- (a) a member of a Performance or Fitness Assessment Panel;
- (b) the investigator referred to in section 42(4)(c) or 44(6)(b)(i);

- (c) a member of any Complaints Committee, Disciplinary Tribunal, Health Committee or Interim Orders Committee; and
- (d) any member, officer or agent of the Medical Council.

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*Division 4 — Powers after investigation*

**Investigation report and deliberation by Complaints Committee**

**48.**—(1) Upon completing an investigation into any complaint or information, the investigator shall submit a report on the findings of the investigation to the Complaints Committee for its deliberation.

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(2) The report referred to in subsection (1) shall include —

- (a) any written explanation given by the registered medical practitioner after receiving a notice under section 44(2);
- (b) any assessment report made under Division 3, if a performance or fitness assessment was undertaken; and
- (c) any recommendation on the necessity or otherwise of a formal inquiry by a Disciplinary Tribunal or Health Committee.

15

(3) No person shall disclose the contents of the investigation report or any information contained in any document which was obtained in the course of any investigation or inquiry commenced under this Part to any other person, including the registered medical practitioner, except where —

20

- (a) the Complaints Committee in its absolute discretion thinks otherwise; or
- (b) such disclosure is required for the purpose of administering and enforcing this Act or the Infectious Diseases Act (Cap. 137).

25

(4) The Complaints Committee may, in the course of its deliberations and before it reaches a decision, seek such legal advice as it thinks necessary.

30

(5) The registered medical practitioner concerned shall not have the right to be heard by the Complaints Committee, whether in person or

by counsel, unless the Complaints Committee in its absolute discretion otherwise allows.

### **Findings of Complaints Committee**

5 **49.**—(1) After deliberation of the investigation report and any recommendation of an investigator made under section 48, and upon due inquiry into the complaint or information (including any information or evidence referred to in section 44(5)), a Complaints Committee shall, if it is of the view that no formal inquiry by a Disciplinary Tribunal or Health Committee is necessary —

- 10 (a) issue a letter of advice to the registered medical practitioner;
- (b) issue a letter of warning to the registered medical practitioner;
- (c) order that the registered medical practitioner seek and undergo medical or psychiatric treatment or counselling;
- 15 (d) order that the registered medical practitioner undertake and complete specified further education or training within a specified period;
- (e) order that the registered medical practitioner report on the status of the fitness of his physical or mental condition or on
- 20 the status of his medical practice at such times, in such manner and to such persons as may be specified by the Complaints Committee;
- (f) order that the registered medical practitioner seek and take advice, in relation to the management of his medical
- 25 practice, from such persons as may be specified by the Complaints Committee;
- (g) by agreement with the registered medical practitioner —
- (i) remove the name of the registered medical practitioner from the appropriate register;
- 30 (ii) suspend the registration of the registered medical practitioner from the appropriate register for a period of not more than 3 years;
- (iii) where the registered medical practitioner is a fully registered medical practitioner in Part I of the Register

of Medical Practitioners, remove his name from Part I of that Register and register him instead as a medical practitioner with conditional registration in Part II of that Register, and section 21(4) to (9) shall apply accordingly;

(iv) where the registered medical practitioner is registered in any register other than Part I of the Register of Medical Practitioners, impose appropriate conditions or restrictions on his registration; or

(v) suspend or cancel his practising certificate;

(h) refer the matter for mediation between the registered medical practitioner and the complainant;

(i) dismiss the complaint or matter; or

(j) make such other order as it thinks fit.

(2) Where a Complaints Committee determines that a formal inquiry is necessary, it shall order —

(a) that an inquiry be held by a Health Committee if the complaint, information or evidence touches on the physical or mental fitness of the registered medical practitioner to practise; or

(b) that an inquiry be held by a Disciplinary Tribunal.

(3) Where a Complaints Committee has made an order under subsection (2) or (6) for a formal inquiry to be held by a Disciplinary Tribunal or Health Committee, the Medical Council shall appoint a Disciplinary Tribunal or Health Committee, as the case may be, which shall hear and investigate the complaint or matter.

(4) Where a Complaints Committee has decided to issue a letter of advice to the registered medical practitioner, the chairman of the Complaints Committee shall issue the letter of advice in such terms as it thinks fit.

(5) Where a Complaints Committee has referred the matter for mediation, section 43 shall apply with the necessary modifications, and references in section 43(4) and (5) to section 42(4)(b)(i) or (c) shall be read as references to section 49(1) or (2), respectively.

(6) Where a registered medical practitioner in respect of whom an order is made under subsection (1)(c), (d), (e) or (f) is found by a Complaints Committee (whether it is the Complaints Committee that made the order or another Complaints Committee appointed in its place) to have failed to comply with any of the requirements imposed on him, the Complaints Committee may, if it thinks fit, order that a formal inquiry be held by a Disciplinary Tribunal or Health Committee, as the case may be, in respect of the complaint, information or evidence.

(7) Where, in the course of an inquiry, a Complaints Committee receives any information touching on, or any evidence of, the conduct of the registered medical practitioner concerned which discloses an offence under any written law, the Complaints Committee shall record the information and report it to the Medical Council.

(8) Where the complainant withdraws his complaint before —

(a) the complaint is referred to a Complaints Committee or Health Committee under this section; or

(b) the conclusion of the inquiry into the complaint by a Complaints Committee, Disciplinary Tribunal or Health Committee,

the Medical Council may, notwithstanding such withdrawal, refer the complaint to or direct a Complaints Committee to continue the inquiry, as the case may be, and the chairman of the Complaints Panel, or the Complaints Committee, Disciplinary Tribunal or Health Committee, as the case may be, shall comply with such direction as if the complaint had been made by the Medical Council.

(9) A Complaints Committee shall notify the registered medical practitioner concerned and the person who made the complaint or referred the information under section 39(1) of its decision under subsection (1) or (2) and, if it makes an order under subsection (1), the reason for making the order.

(10) A registered medical practitioner who is aggrieved by any order of a Complaints Committee under subsection (1) may, within 30 days after being notified of the determination of the Complaints Committee, appeal to the Minister whose decision shall be final.

(11) If the person who has made the complaint or referred any information to the Medical Council is dissatisfied with any order of a

Complaints Committee under subsection (1), he may, within 30 days after being notified of the determination of the Complaints Committee, appeal to the Minister whose decision shall be final.

(12) If the Medical Council is dissatisfied with any order of a Complaints Committee under subsection (1) in a case where a complaint is made or any matter or information is referred to the chairman of the Complaints Panel under section 37A(4), 39(3)(a) or 44(6)(b)(ii), the Medical Council may, within 30 days after being notified of the determination of the Complaints Committee, appeal to the Minister whose decision shall be final.

(13) The Minister may, after considering the appeal, make —

- (a) an order affirming the determination of a Complaints Committee;
- (b) an order directing a Complaints Committee to immediately appoint one or more investigators for the purposes of carrying out an investigation under section 42(4)(c);
- (c) an order directing the Medical Council to —
  - (i) immediately appoint a Disciplinary Tribunal to hear and investigate the complaint or matter; or
  - (ii) order that an inquiry into such matter be held by a Health Committee; or
- (d) such other order as he thinks fit.

(14) Every Complaints Committee shall immediately report to the Medical Council its findings and the order or orders made.

#### *Division 5 — Disciplinary Tribunals*

### **Disciplinary Tribunal**

**50.**—(1) The Medical Council may from time to time appoint one or more Disciplinary Tribunals, each comprising —

- (a) a chairman, from a panel appointed by the Minister, who shall be —
  - (i) a registered medical practitioner of not less than 20 years' standing;



(ii) a person who has at any time held office as a Judge or Judicial Commissioner of the Supreme Court;

(iii) an advocate and solicitor of not less than 15 years' standing as an advocate and solicitor; or

5 (iv) an officer in the Singapore Legal Service who has in the aggregate not less than 15 years of full-time employment in the Singapore Legal Service;

10 (b) subject to paragraph (c)(ii), not less than 2 registered medical practitioners of not less than 10 years' standing from among members of the Complaints Panel; and

(c) where the chairman is a registered medical practitioner —

(i) one observer from among members of the Complaints Panel who is a lay person; or

15 (ii) a member who is a person referred to in paragraph (a)(ii), (iii) or (iv), in lieu of one of the registered medical practitioners referred to in paragraph (b),

20 to inquire into any matter in respect of which a Complaints Committee has under section 49(2)(b) ordered that a formal inquiry be held or into any matter referred to the Disciplinary Tribunal under section 39(4).

(2) A member of a Complaints Committee inquiring into any matter concerning a registered medical practitioner shall not be a member of a Disciplinary Tribunal inquiring into the same matter.

25 (3) The observer appointed under subsection (1)(c)(i) shall not vote on any question or matter to be decided by the Disciplinary Tribunal and need not be present at every meeting of the Disciplinary Tribunal.

(4) A Disciplinary Tribunal may be appointed in connection with one or more matters or for a fixed period of time as the Medical Council may think fit.

30 (5) The Medical Council may at any time revoke the appointment of any Disciplinary Tribunal or may remove any member of a Disciplinary Tribunal or fill any vacancy in a Disciplinary Tribunal.

35 (6) Without prejudice to the generality of subsection (5), where, after a Disciplinary Tribunal has commenced the hearing and investigation of any matter, any member of the Disciplinary Tribunal

is unable through death, illness or any other cause to continue with the hearing and investigation of the matter, the Medical Council may fill the vacancy or appoint another Disciplinary Tribunal to continue the hearing and investigation of the matter.

5 (7) The Disciplinary Tribunal so reconstituted or appointed under subsection (6) may, with the consent of the Medical Council and the registered medical practitioner to whom the complaint relates, and having regard to the evidence given, the arguments adduced and any order made during the proceedings before the previous Disciplinary  
10 Tribunal, hear and investigate the matter afresh.

(8) The production of any written instrument purporting to be signed by the Medical Council and making an appointment, revocation or removal referred to in this section shall be evidence that such appointment or revocation has been duly made.

15 (9) Every member of a Disciplinary Tribunal appointed under subsection (1) shall be paid such remuneration as the Medical Council may determine.

(10) No act done by or under the authority of a Disciplinary Tribunal shall be invalid in consequence of any defect that is  
20 subsequently discovered in the appointment or qualification of the members or any of them.

(11) Subject to subsection (3), all members of a Disciplinary Tribunal shall be personally present at any meeting thereof to constitute a quorum for the transaction of any business.

25 (12) Subject to subsection (3), all members of a Disciplinary Tribunal present at any meeting thereof shall vote on any question arising at the meeting and such question shall be determined by a majority of votes and, in the case of an equality of votes —

30 (a) where the chairman is a registered medical practitioner, the chairman shall have a casting vote; or

(b) where the chairman is not a registered medical practitioner, the question shall be determined by a majority of votes of the members of the Disciplinary Tribunal who are registered medical practitioners, and if there is no such majority of  
35 votes, the question shall be resolved in favour of the registered medical practitioner under inquiry.

### **Proceedings of Disciplinary Tribunal**

51.—(1) A Disciplinary Tribunal shall meet from time to time to inquire into any matter referred to it by the Medical Council and may regulate its own procedure.

5 (2) A member of a Disciplinary Tribunal shall, notwithstanding that he has ceased to be a member of the Complaints Panel or panel referred to in section 50(1)(a) on the expiry of his term of office, continue to be a member of the Disciplinary Tribunal until such time as the Disciplinary Tribunal has completed its work.

10 (3) The registered medical practitioner concerned may appear in person or be represented by counsel.

(4) A Disciplinary Tribunal shall not be bound to act in a formal manner and shall not be bound by the provisions of the Evidence Act (Cap. 97) or by any other law relating to evidence but may inform  
15 itself on any matter in such manner as it thinks fit.

(5) A Disciplinary Tribunal may, for the purposes of any proceedings before it, administer oaths and any party to the proceedings may take out a subpoena to testify or a subpoena to produce documents.

20 (6) The subpoenas referred to in subsection (5) shall be served and may be enforced as if they were subpoenas issued in connection with a civil action in the High Court.

(7) Any person giving evidence before a Disciplinary Tribunal shall be legally bound to tell the truth.

25 (8) Witnesses shall have the same privileges and immunities in relation to hearings before a Disciplinary Tribunal as if such hearings were proceedings in a court of law.

(9) A Disciplinary Tribunal shall carry out its work expeditiously and may apply to the Medical Council for an extension of time and for directions to be given to the Disciplinary Tribunal if the  
30 Disciplinary Tribunal fails to make its finding and order within 6 months from the date of its appointment.

(10) When an application for extension of time has been made under subsection (9), the Medical Council may grant an extension of  
35 time for such period as it thinks fit.

(11) In sections 172, 173, 174, 175, 177, 179, 182 and 228 of the Penal Code (Cap. 224), “public servant” shall be deemed to include a member of a Disciplinary Tribunal taking part in any investigation under this section, and in sections 193 and 228 of the Penal Code, “judicial proceeding” shall be deemed to include any such investigation.

### **Reference and transfer of cases to Health Committee**

**52.**—(1) Where, in the course of inquiring into the case of a registered medical practitioner, it appears to a Disciplinary Tribunal that his fitness to practise may be impaired by reason of his physical or mental condition, the Disciplinary Tribunal may refer that question to a Health Committee for determination.

(2) If, on a reference under this section, the Health Committee determines that the fitness of the registered medical practitioner to practise is not impaired by reason of his physical or mental condition, the Health Committee shall certify its opinion to the Disciplinary Tribunal.

(3) If, on a reference under this section, the Health Committee determines that the fitness of the registered medical practitioner to practise is impaired by reason of his physical or mental condition, the Health Committee shall —

(a) certify its opinion to the Disciplinary Tribunal; and

(b) proceed to dispose of the case in accordance with section 58, and the Disciplinary Tribunal shall cease to exercise its function in relation to the case.

### **Findings of Disciplinary Tribunal**

**53.**—(1) Where a registered medical practitioner is found by a Disciplinary Tribunal —

(a) to have been convicted in Singapore or elsewhere of any offence involving fraud or dishonesty;

(b) to have been convicted in Singapore or elsewhere of any offence implying a defect in character which makes him unfit for his profession;

- (c) to have been guilty of such improper act or conduct which, in the opinion of the Disciplinary Tribunal, brings disrepute to his profession;
- (d) to have been guilty of professional misconduct; or
- 5 (e) to have failed to provide professional services of the quality which is reasonable to expect of him,

the Disciplinary Tribunal may exercise one or more of the powers referred to in subsection (2).

10 (2) For the purposes of subsection (1), the Disciplinary Tribunal may —

- (a) by order remove the name of the registered medical practitioner from the appropriate register;
- (b) by order suspend the registration of the registered medical practitioner in the appropriate register for a period of not less than 3 months and not more than 3 years;
- 15 (c) where the registered medical practitioner is a fully registered medical practitioner in Part I of the Register of Medical Practitioners, by order remove his name from Part I of that Register and register him instead as a medical practitioner with conditional registration in Part II of that Register, and section 21(4) to (9) shall apply accordingly;
- 20 (d) where the registered medical practitioner is registered in any register other than Part I of the Register of Medical Practitioners, by order impose appropriate conditions or restrictions on his registration;
- 25 (e) by order impose on the registered medical practitioner a penalty not exceeding \$100,000;
- (f) by writing censure the registered medical practitioner;
- (g) by order require the registered medical practitioner to give such undertaking as the Disciplinary Tribunal thinks fit to abstain in future from the conduct complained of; or
- 30 (h) make such other order as the Disciplinary Tribunal thinks fit, including any order that a Complaints Committee may make under section 49(1).

(3) In any proceedings instituted under this Part against a registered medical practitioner consequent upon his conviction for a criminal offence, a Disciplinary Tribunal and the High Court on appeal from any order of the Disciplinary Tribunal shall accept his conviction as final and conclusive.

5

(4) Where a registered medical practitioner is not found by a Disciplinary Tribunal to have been convicted or guilty of any matter referred to in subsection (1), the Disciplinary Tribunal shall dismiss the complaint or matter.

10

(5) A Disciplinary Tribunal may under subsection (2) order the registered medical practitioner concerned to pay to the Medical Council such sums as it thinks fit in respect of costs and expenses of and incidental to any proceedings before the Disciplinary Tribunal and, where applicable, an Interim Orders Committee.

15

(6) The High Court shall have jurisdiction to tax such costs referred to in subsection (5) and any such order for costs made shall be enforceable as if it were ordered in connection with a civil action in the High Court.

20

(7) The Disciplinary Tribunal in ordering that costs be paid by the registered medical practitioner under this section may certify that costs for more than one solicitor be paid if it is satisfied that the issues involved in the proceedings are of sufficient complexity, and the certification by the Disciplinary Tribunal shall have the same effect as if it were a certification by a Judge in a civil action in the High Court.

25

(8) The costs and expenses referred to in subsection (5) shall include —

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(a) the costs and expenses of any assessor and advocate and solicitor appointed by the Medical Council for proceedings before the Disciplinary Tribunal and the Interim Orders Committee;

(b) such reasonable expenses as the Medical Council may pay to witnesses; and

35

(c) such reasonable expenses as are necessary for the conduct of proceedings before the Disciplinary Tribunal and the Interim Orders Committee.

### Orders of Disciplinary Tribunal

54.—(1) Where a registered medical practitioner, in respect of whom an order under section 53(2)(c) or (d), 59B(1)(b) or 59D(1)(d) is made, is found by a Disciplinary Tribunal (whether, in the case of an order under section 53(2)(c) or (d), it is the Disciplinary Tribunal that made the order or another Disciplinary Tribunal appointed in its place) to have failed to comply with any of the requirements imposed on him as conditions or restrictions of his registration, the Disciplinary Tribunal may, if it thinks fit, by order —

- (a) remove his name from the appropriate register; or
- (b) suspend his registration in the appropriate register for such period not exceeding 12 months as may be specified in the order.

(2) Where a Disciplinary Tribunal has made an order for suspension under subsection (1)(b) or section 53(2)(b), the Disciplinary Tribunal may make an order under section 53(2)(c) or (d), to take effect from the expiry of the current period of suspension.

(3) Where a Disciplinary Tribunal has made an order for suspension under subsection (1)(b) or section 53(2)(b) against a registered medical practitioner and he has failed to comply with that order, the Disciplinary Tribunal or another Disciplinary Tribunal appointed in its place may, if it thinks fit —

- (a) by order remove his name from the appropriate register; or
- (b) make an order under section 53(2)(c) or (d), to take effect from the expiry of the current period of suspension.

(4) Where a Disciplinary Tribunal has made an order under section 53(2)(c) or (d), the Disciplinary Tribunal or another Disciplinary Tribunal appointed in its place may revoke the order or revoke or vary any of the conditions or restrictions imposed by the order.

(5) Subsection (1) shall apply to a registered medical practitioner whose registration is subject to conditions or restrictions imposed by an order made under subsection (2) or (3) as it applies to a registered medical practitioner whose registration is subject to conditions or restrictions imposed by an order made under section 53(2)(c) or (d), and subsection (4) shall apply accordingly.

(6) Where a Disciplinary Tribunal has made an order under section 53 or this section, or has varied the conditions or restrictions imposed by an order under this section, the Registrar shall immediately serve on the registered medical practitioner and on the complainant a notice of the order or the variation.

(7) Subject to subsection (8), an order made by a Disciplinary Tribunal for the removal of the name of a registered medical practitioner from the appropriate register or for the suspension of his registration under subsection (1) or (3) or section 53(2) shall not take effect until the expiration of 30 days after the order is made.

(8) On making an order for the removal of the name of a registered medical practitioner from the appropriate register or for the suspension of his registration under subsection (1) or (3) or section 53(2), a Disciplinary Tribunal, if satisfied that to do so is necessary for the protection of members of the public or would be in the best interests of the registered medical practitioner concerned, may order that his name be removed from the register or that his registration in the register be suspended immediately.

(9) Where an order under subsection (8) is made, the Registrar shall immediately serve a notice of the order on the person to whom it applies and —

(a) if that person was present or represented at the proceedings of the Disciplinary Tribunal, the order shall take effect from the time the order is made; or

(b) if that person was neither present nor represented at the proceedings of the Disciplinary Tribunal, the order shall take effect from the date of service of the notice on him.

(10) An order of a Disciplinary Tribunal, other than an order for the removal of any name or for the suspension of any registration under subsection (1) or (3) or section 53(2)(a) or (b), shall take effect from the date the order is made.

(11) While any order for the suspension of any registration remains in force, the person concerned shall not be regarded as being registered, notwithstanding that his name still appears in the register, but immediately on the expiry of such order, his rights and privileges as a registered medical practitioner shall be revived as from the date



of such expiry provided that the medical practitioner has complied with all the terms of the order.

### **Appeal against order by Disciplinary Tribunal**

5           **55.**—(1) A registered medical practitioner or the Medical Council who is dissatisfied with a decision of the Disciplinary Tribunal referred to in section 53(2), (4) or (5) or 54 (referred to in this section as the decision of the Disciplinary Tribunal) may, within 30 days after the service on the registered medical practitioner of the notice of the order, appeal to the High Court against the order (referred to in  
10 this section as an appeal to the High Court).

(2) A complainant who is dissatisfied with the decision of the Disciplinary Tribunal may, within 30 days after the lapse of the period for appeal in subsection (1), provided he has not received notice of the Medical Council's decision to file an appeal to the High  
15 Court, apply to a Review Committee to direct the Medical Council to file an appeal to the High Court.

(3) For the purposes of hearing applications under subsection (2), the Minister may from time to time appoint one or more Review Committees, each comprising —

20           (a) one member from the panel referred to in section 50(1)(a);  
              and

              (b) 2 members who shall be registered medical practitioners of not less than 10 years' standing.

(4) The chairman of a Review Committee shall be appointed by the  
25 Minister from among its 3 members.

(5) A Review Committee shall not be bound by the rules of evidence and shall regulate its own proceedings.

(6) Upon an application under subsection (2), the Review Committee may, if it is unanimously of the opinion that there are  
30 sufficient grounds for the decision of the Disciplinary Tribunal to be appealed against to the High Court, direct the Medical Council to file an appeal to the High Court.

(7) Before exercising its power under subsection (6), the Review Committee shall give to both the Medical Council and the registered  
35 medical practitioner concerned a reasonable opportunity to make

representations in writing as to why the Review Committee should not make a direction under subsection (6).

(8) The Review Committee's decision under subsection (6) shall be final.

5 (9) If the Review Committee directs the Medical Council to file an appeal to the High Court, the Medical Council shall do so within 14 days of the receipt of the direction notwithstanding the expiry of 30 days referred to in subsection (1).

10 (10) An appeal under this section shall be heard by 3 Judges of the High Court and from the decision of that Court there shall be no appeal.

15 (11) In any appeal to the High Court against a decision referred to in section 53(2), (4) or (5) or 54, the High Court shall accept as final and conclusive any finding of the Disciplinary Tribunal relating to any issue of medical ethics or standards of professional conduct unless such finding is in the opinion of the High Court unsafe, unreasonable or contrary to the evidence.

20 (12) Notwithstanding anything in section 53 or 54, where a registered medical practitioner has appealed to the High Court against an order referred to in section 53(2) or 54, the order shall not take effect unless the order is confirmed by the High Court or the appeal is for any reason dismissed by the High Court or is withdrawn.

### **Restoration of names to register**

25 **56.**—(1) Where the name of a medical practitioner has been removed from a register pursuant to an order made by a Disciplinary Tribunal under section 53 or 54, the Medical Council may, upon application by the medical practitioner, if it thinks fit —

(a) restore his name to the register; or

30 (b) register him as a medical practitioner with conditional registration in Part II of the Register of Medical Practitioners, and section 21(4) to (9) shall apply accordingly.

35 (2) No application for the restoration of the name of a medical practitioner to a register under this section shall be made to the Medical Council —

- (a) before the expiration of 3 years from the date of the removal; or
- (b) more than once in any period of 12 months by or on behalf of the medical practitioner,

5 and unless the medical practitioner has complied with all the terms of the order made against him.

### *Division 6 — Health Committee*

#### **Health Committee**

10 **57.**—(1) The Medical Council may, from time to time, appoint one or more Health Committees, each comprising not less than 3 persons, of whom at least one shall be a member of the Medical Council and who shall be the chairman.

(2) A Health Committee shall inquire into any case or matter referred to it under this Act.

15 (3) A Health Committee may be appointed in connection with one or more matters or for a fixed period of time as the Medical Council may think fit.

#### **Unfitness to practise through illness, etc.**

20 **58.**—(1) Where a Health Committee determines that a registered medical practitioner's fitness to practise is impaired by reason of his physical or mental condition, the Health Committee may exercise one or more of the following powers:

- 25 (a) by order suspend his registration in the appropriate register for such period not exceeding 12 months as may be specified in the order;
- (b) where the registered medical practitioner is a fully registered medical practitioner in Part I of the Register of Medical Practitioners, by order remove his name from Part I of that Register and register him instead as a medical practitioner with conditional registration in Part II of that Register, and section 21(4) to (9) shall apply accordingly;
- 30 (c) where the registered medical practitioner is registered in any register other than Part I of the Register of Medical

Practitioners, by order impose appropriate conditions or restrictions on his registration;

(d) recommend to the Medical Council that the name of the registered medical practitioner be removed from the appropriate register;

(e) order that he pays to the Medical Council costs and expenses of and incidental to any inquiry or hearing by the Health Committee and, where applicable, an Interim Orders Committee.

(2) Where the Medical Council accepts the recommendation of the Health Committee under subsection (1)(d), the Medical Council shall by order remove the name of the registered medical practitioner from the appropriate register and that order shall take effect from the date the order is made.

(3) Where a registered medical practitioner, in respect of whom an order under subsection (1)(b) or (c) or section 59B(1)(b) or 59D(1)(d) is made, is determined by a Health Committee to have failed to comply with any of the requirements imposed on him as conditions or restrictions of his registration, the Health Committee may, if it thinks fit, by order suspend his registration in the appropriate register for such period not exceeding 12 months as may be specified in the order.

(4) Where a Health Committee has made an order for suspension under subsection (1)(a) or (3), the Health Committee may make an order under subsection (1)(b) or (c), to take effect from the expiry of the current period of suspension.

(5) Where a Health Committee has made an order for suspension under subsection (1)(a) or (3) against a person and that person has failed to comply with that order, the Health Committee may, if it thinks fit —

(a) make a recommendation referred to in subsection (1)(d) to the Medical Council, and subsection (2) shall apply accordingly; or

(b) make an order under subsection (1)(b) or (c), to take effect from the expiry of the current period of suspension.

(6) Where a Health Committee has made an order under subsection (1)(b) or (c), the Health Committee or another Health Committee appointed in its place may, on its own motion or on the application of the Medical Council or the registered medical practitioner, revoke the order or revoke or vary any of the conditions or restrictions imposed by the order.

(7) No application under subsection (6) shall be made in respect of the same registered medical practitioner more than once in any period of 12 months.

(8) Subsection (3) shall apply to a registered medical practitioner whose registration is subject to conditions or restrictions imposed by an order made under subsection (4) or (5)(b) as it applies to a registered medical practitioner whose registration is subject to conditions or restrictions imposed by an order made under subsection (1)(b) or (c), and subsection (5) shall apply accordingly.

(9) Where a Health Committee has made an order (including a revocation of the order or a revocation or variation of any condition or restriction imposed by the order) under this section, the Registrar shall immediately serve on the person to whom the order applies a notice of the order or of the revocation or variation.

(10) While a person's registration in the register is suspended by virtue of this section, he shall be treated as not being registered in the register notwithstanding that his name still appears in it.

(11) Sections 50(9), (10), (11) and (12)(a) and 51 shall apply, with the necessary modifications, to a Health Committee and references to a Disciplinary Tribunal shall be read as references to a Health Committee.

(12) Any person who is aggrieved by an order (including a revocation of the order or a revocation or variation of any condition or restriction imposed by the order) made under this section may, within 30 days after the service on him of the notification of the order, appeal to the Minister whose decision shall be final.

(13) Any order (including a revocation of the order or a revocation or variation of any condition or restriction imposed by the order) made under this section shall take effect from the date the order, revocation or variation is made unless the Minister decides otherwise.

### **Restoration of names removed on recommendation of Health Committee**

5 **59.**—(1) Where the name of a person has been removed from a register on the recommendation of a Health Committee under section 58, the Medical Council may, upon application by the person, if it thinks fit —

(a) restore his name to the register; or

10 (b) register him as a medical practitioner with conditional registration in Part II of the Register of Medical Practitioners, and section 21(4) to (9) shall apply accordingly.

(2) No application under subsection (1) in respect of the same person shall be made to the Medical Council more than once in any period of 12 months.

15 (3) No application under subsection (1) in respect of a person shall be made to the Medical Council unless that person has complied with all the terms of the order made against him.

### *Division 7 — Interim Orders Committees*

#### **Interim Orders Committee**

20 **59A.**—(1) The Medical Council may, from time to time, appoint one or more committees each comprising 3 of its members, to be known for the purposes of this Act as Interim Orders Committees, to inquire into any matter referred by the Medical Council under subsection (3).

25 (2) An Interim Orders Committee may be appointed in connection with one or more matters or for a fixed period of time.

30 (3) The chairman of the Complaints Panel, or a Complaints Committee, Disciplinary Tribunal or Health Committee may refer any complaint or information to the Medical Council for the purpose of determining if an order should be made under section 59B(1), and the Medical Council shall refer the complaint or information to an Interim Orders Committee for this purpose.

(4) Neither the chairman of the Complaints Panel nor a member of a Complaints Committee, Disciplinary Tribunal or Health Committee

inquiring into any matter shall be a member of an Interim Orders Committee inquiring into or reviewing the same matter.

(5) A member of an Interim Orders Committee inquiring into or reviewing any matter shall not be a member of a Complaints Committee or Disciplinary Tribunal inquiring into the same matter, or take part in any deliberation of the Medical Council under section 58 in respect of the same matter.

(6) All members of an Interim Orders Committee shall vote on any question arising at a meeting of the Interim Orders Committee and such question shall be determined by a majority of votes.

(7) A member of an Interim Orders Committee which has commenced any inquiry or review of any case or matter shall, notwithstanding that he has ceased to be a member of the Medical Council, continue to be a member of the Interim Orders Committee until completion of that inquiry or review.

(8) Sections 50(9), (10), (11) and (12)(a) and 51(1), (4) to (8) and (11) shall apply, with the necessary modifications, to an Interim Orders Committee and to proceedings before it as they apply to a Disciplinary Tribunal and to proceedings before a Disciplinary Tribunal.

### **Interim orders**

**59B.**—(1) Where, upon due inquiry into any complaint or information referred to it, an Interim Orders Committee is satisfied that it is necessary for the protection of members of the public or is otherwise in the public interest, or is in the interests of the registered medical practitioner concerned, that his registration be suspended or be made subject to conditions or restrictions, the Interim Orders Committee may make an order —

(a) that his registration in the appropriate register be suspended for such period not exceeding 18 months as may be specified in the order (referred to in this Part as an interim suspension order); or

(b) that his registration be conditional on his compliance, during such period not exceeding 18 months as may be specified in the order, with such conditions or restrictions so specified as

the Interim Orders Committee thinks fit to impose (referred to in this Part as an interim restriction order).

(2) The Registrar shall immediately serve a notification of the order made under subsection (1) on the registered medical practitioner, and such order shall take effect from the date the order is made.

### **Review of interim orders**

**59C.**—(1) Subject to subsection (2), where an Interim Orders Committee has made an order under section 59B(1), the Interim Orders Committee or another Interim Orders Committee appointed in its place —

(a) shall review it within the period of 6 months beginning on the date on which the order was made, and shall thereafter, for so long as the order continues in force, further review it before the end of the period of 3 months beginning on the date of the decision of the immediately preceding review; and

(b) may review it where new evidence relevant to the order has become available after the making of the order.

(2) Where the High Court has extended the order under section 59F(2) or an Interim Orders Committee has made a replacement order under section 59D(1)(c) or (d), the first review after such extension or making of the replacement order shall take place —

(a) if the order (or the order which has been replaced) had not been reviewed under subsection (1), within the period of 6 months beginning on the date on which the High Court ordered the extension or on which the replacement order was made, as the case may be; or

(b) if it had been reviewed under subsection (1), within the period of 3 months beginning on the date on which the High Court ordered the extension or on which the replacement order was made.

### **Interim Orders Committee may revoke, vary or replace interim order**

**59D.**—(1) Where an interim suspension order or an interim restriction order has been made under this section or section 59B(1)



in relation to any person, the Interim Orders Committee that made the order or another Interim Orders Committee appointed in its place may, either upon its review referred to in section 59C or upon the recommendation of a Complaints Committee, Disciplinary Tribunal or Health Committee —

- (a) revoke the order or revoke any condition or restriction imposed by the order;
- (b) make an order varying any condition or restriction imposed by the order;
- (c) if satisfied that to do so is necessary for the protection of members of the public or is otherwise in the public interest, or is in the interests of the registered medical practitioner concerned, or that the registered medical practitioner has not complied with any requirement imposed as a condition or restriction of his registration in the interim restriction order, replace that order with an interim suspension order having effect for the remainder of the period of the former; or
- (d) if satisfied that the public interest or the interests of the registered medical practitioner concerned would be more adequately served by an interim restriction order, replace the interim suspension order with an interim restriction order having effect for the remainder of the period of the former.

(2) The Registrar shall immediately serve a notification of the decision under subsection (1) on the registered medical practitioner, and such order shall take effect from the date the order is made.

### **Right of hearing**

**59E.**—(1) No order under section 59B(1) or 59D(1)(b), (c) or (d) shall be made by an Interim Orders Committee in respect of any registered medical practitioner unless he has been afforded an opportunity of appearing before the Interim Orders Committee and being heard on the question whether such an order should be made in his case.

(2) For the purposes of subsection (1), the registered medical practitioner may be represented before the Interim Orders Committee by counsel.

(3) Regulations made for the purposes of an Interim Orders Committee may include provisions securing that the registered medical practitioner in respect of whom an interim suspension order or an interim restriction order has been made shall, if he so requires, be entitled to be heard by the Interim Orders Committee on each occasion when it reviews the order, and be represented by counsel during such review.

### **Application to High Court**

**59F.**—(1) The Medical Council may apply to the High Court for an extension of the period for which an order made under section 59B(1) or 59D(1)(c) or (d) has effect, and may apply again for further extensions.

(2) On such an application, the High Court may extend (or further extend) for up to 12 months the period for which the order has effect.

(3) The High Court may, on application by the registered medical practitioner concerned —

- (a) in the case of an interim suspension order, revoke the order;
- (b) in the case of an interim restriction order, revoke the order or vary any condition or restriction imposed by the order; or
- (c) in either case, substitute for the period specified in the order (or in the order extending it) some other period which could have been specified in the order when it was made (or in the order extending it).

### **Duration of interim orders**

**59G.**—(1) An interim suspension order or an interim restriction order shall be in force until —

- (a) the end of the period specified —
  - (i) in the order; or
  - (ii) if the period is extended under section 59F(2), in the order extending it; or
- (b) the date on which the relevant proceedings are concluded, whichever is the earlier.

(2) For the purposes of subsection (1)(b), the relevant proceedings are concluded if —

(a) the Complaints Committee inquiring into the complaint or information has made an order under section 49(1) and —

5 (i) no appeal to the Minister under section 49(10) or (11) was made against that decision within the period specified in that section or such an appeal was withdrawn; or

10 (ii) the Minister made an order under section 49(13)(a) or (d);

(b) the Disciplinary Tribunal inquiring into the complaint or information has made an order under section 53(2) which has taken effect, or has dismissed the complaint or matter under section 53(4); or

15 (c) the Health Committee inquiring into the matter has made an order under section 58(1) which has taken effect, the Medical Council has made an order under section 58(2) which has taken effect, or the Health Committee has dismissed the complaint or matter,

20 as the case may be.

**Person suspended under interim suspension order not regarded as registered**

25 **59H.**—(1) While a person’s registration in the register is suspended by virtue of an interim suspension order, he shall not be regarded as being registered notwithstanding that his name still appears in the register.

30 (2) Immediately upon the expiry or revocation of the interim suspension order, the person’s rights and privileges as a registered medical practitioner shall be revived from the date of such expiry or revocation, provided that he has complied with all the terms of the order.

(3) For the avoidance of doubt, sections 39 to 54, 57 and 58 shall continue to apply to a person whose registration in the register is suspended by virtue of an interim suspension order.

*Division 8 — Appointment of legal counsel***Medical Council may appoint legal counsel**

5 **59I.** For the purposes of an inquiry under this Part by any Disciplinary Tribunal, Health Committee or Interim Orders Committee, the Medical Council may appoint an advocate and solicitor and pay him, as part of the expenses of the Medical Council, such remuneration as the Medical Council may determine.”.

**Amendment of section 60**

**27.** Section 60 of the principal Act is amended —

10 (a) by deleting the words “Disciplinary Committees” in subsection (3) and substituting the words “Disciplinary Tribunals”; and

(b) by inserting, immediately after subsection (4), the following subsection:

15 “(4A) The Medical Council may invest moneys belonging to its funds in accordance with the standard investment power of statutory bodies as defined in section 33A of the Interpretation Act (Cap. 1).”.

**New section 60A**

20 **28.** The principal Act is amended by inserting, immediately after section 60, the following section:

**“Investigators**

25 **60A.**—(1) The Medical Council may, in writing, appoint a member or an employee of the Medical Council, a public officer or any other person as an investigator, subject to such conditions and limitations as the Medical Council may specify —

(a) to investigate the commission of an offence under this Act;  
or

(b) to carry out an investigation under Part VII.

30 (2) An investigator may, for the purposes of subsection (1) —

(a) by order in writing require any person —

- (i) to furnish any information within his knowledge; or
- (ii) to produce any book, document, paper or other record, or any article or thing which may be in his custody or possession and which may be related to or be connected with the subject-matter of the investigation for inspection by the investigator and for making copies thereof, or to provide copies of such book, document, paper or other record,

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and may, if necessary, further require such person to attend at a specified time and place for the purpose of complying with sub-paragraph (i) or (ii);

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- (b) by order in writing require the attendance before him of any person who, from any information given or otherwise, appears to be acquainted with the facts and circumstances of the matter under investigation;

15

- (c) examine orally any person apparently acquainted with the facts and circumstances of the matter under investigation, and to reduce into writing the answer given or statement made by that person who shall be bound to state truly the facts and circumstances with which he is acquainted, and the statement made by that person shall be read over to him and shall, after correction, be signed by him; and

20

- (d) without warrant enter, inspect and search during regular business hours any premises which are used or proposed to be used, or in respect of which there is reasonable cause to believe are being used by the registered medical practitioner who is under investigation to carry out the practice of medicine and may —

25

- (i) inspect and make copies of and take extracts from, or require the registered medical practitioner or the person having the management or control of the premises to provide copies of or extracts from, any book, document, record or electronic material relating to the affairs of the premises or the facilities or services provided or the practices or procedures being carried out thereat;

30

- (ii) inspect any apparatus, appliance, equipment or instrument used or found on the premises;

35

- (iii) inspect, test, examine, take and remove any chemical, pharmaceutical or any other substance found on the premises;
- 5 (iv) inspect, test, examine, take and remove any container, article or other thing that the investigator reasonably believes to contain or to have contained any chemical, pharmaceutical or any other substance found on the premises;
- 10 (v) inspect any test or procedure performed or carried out on the premises;
- 15 (vi) take such photographs or video recording as he thinks necessary to record the premises or part thereof, including any apparatus, appliance, equipment, instrument, article, book, document or record found on the premises; and
- 20 (vii) seize and remove from the premises any book, record, document, apparatus, equipment, instrument, material, chemical, pharmaceutical or any other substance which the investigator reasonably believes to be the subject-matter of, or to be connected with, an investigation under subsection (1)(a) or (b).

(3) Any person who —

- 25 (a) intentionally offers any resistance to or wilfully delays an investigator in the exercise of any power under subsection (2); or
- (b) fails to comply with any requisition or order of an investigator under subsection (2),

30 shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$5,000 or to imprisonment for a term not exceeding 6 months or to both.

(4) In this section, “record” includes the medical record of any person.”.

### **Amendment of section 61**

**29.** Section 61 of the principal Act is amended —

- (a) by deleting the words “, the Complaints Committees, the Disciplinary Committees, the Health Committee and the Interim Orders Committees” in subsections (1) and (2) and substituting in each case the words “or any Complaints Committee, Disciplinary Tribunal, Health Committee or Interim Orders Committee”; and
- (b) by deleting the words “10 years standing” in subsection (1) and substituting the words “10 years’ standing”.

### **Amendment of section 65**

10 **30.** Section 65 of the principal Act is amended —

- (a) by inserting, immediately after subsection (1), the following subsection:

“(1A) A registered medical practitioner who is not registered under section 22A as a family physician shall not —

- 15 (a) practise under any name, title, addition or description implying that he is registered under that section as a family physician or has any degree, qualification or experience that could make him eligible for such registration; or
- 20 (b) advertise or hold himself out as being registered as a family physician.”;

- (b) by inserting, immediately after the words “subsection (1)” in subsection (2), the words “or (1A)”; and

- 25 (c) by inserting, immediately after the word “specialist” in the section heading, the words “or family physician”.

### **New section 66A**

**31.** The principal Act is amended by inserting, immediately after section 66, the following section:

#### **“Composition of offences**

- 30 **66A.**—(1) The Medical Council may, in its discretion, compound any offence under this Act which is prescribed as a compoundable offence by collecting from a person reasonably suspected of having committed the offence a sum not exceeding —

(a) one half of the amount of the maximum fine that is prescribed for the offence; or

(b) \$5,000,

whichever is the lower.

5 (2) On payment of such sum of money, no further proceedings shall be taken against that person in respect of the offence.

(3) The Medical Council may, with the approval of the Minister, make regulations to prescribe the offences which may be compounded.

10 (4) All sums collected under this section shall be paid into the funds of the Medical Council.”.

#### **Amendment of section 68**

15 **32.** Section 68 of the principal Act is amended by deleting the words “Disciplinary Committee” and substituting the words “Disciplinary Tribunal”.

#### **New section 68A**

**33.** The principal Act is amended by inserting, immediately after section 68, the following section:

20 **“Power to amend, vary, rescind, revoke or suspend condition or restriction**

**68A.** For the avoidance of doubt, the power of the Medical Council to impose a condition or restriction under Parts IV, V and VA includes, unless the contrary intention appears, the power to amend, vary, rescind, revoke or suspend such condition or restriction.”.

#### **Amendment of section 70**

25 **34.** Section 70(2) of the principal Act is amended by deleting the words “Disciplinary Committee” in paragraph (e) and substituting the words “Disciplinary Tribunal”.

#### **Amendment of section 71**

30 **35.** Section 71 of the principal Act is amended —



- (a) by deleting the word “Schedule” and substituting the words “First or Second Schedule”; and
- (b) by deleting the word “Schedule” in the section heading and substituting the word “Schedules”.

5 **New First Schedule**

**36.** The principal Act is amended by inserting, immediately after section 75, the following Schedule:

**“FIRST SCHEDULE**

Sections 2, 20(1A) and 71

10

**SINGAPORE DEGREE**

- 1. Licentiate in medicine and surgery of the King Edward VII College of Medicine, Singapore.
- 2. Degree in medicine and surgery of the University of Malaya in Singapore.
- 3. Degree in medicine and surgery of the University of Singapore.
- 15 4. Degree in medicine and surgery of the Yong Loo Lin School of Medicine (formerly known as the Faculty of Medicine), National University of Singapore.
- 5. Doctor of Medicine of the Duke-NUS Graduate Medical School Singapore.”.

**Amendment of Schedule**

**37.** The existing Schedule to the principal Act is amended —

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- (a) by renaming the Schedule as the Second Schedule;
- (b) by deleting the word “Universitat” in items 1 and 2 of the second column against the country “Austria” and substituting in each case the word “Universität”;
- (c) by deleting the words “Faculte de Medecine, Universite” in items  
25 11 and 12 of the second column against the country “Canada” and substituting in each case the words “Faculté de Médecine, Université”;
- (d) by deleting the words “Faculté de Medeciné, Université de Louis Pasteur” in item 1 of the second column against the country  
30 “France” and substituting the words “Faculté de Médecine, Université Louis Pasteur”;

- (e) by deleting the words “Faculté de Medeciné, Université Pierre et Marie Curie” in item 2 of the second column against the country “France” and substituting the words “Faculté de Médecine, Université Pierre et Marie Curie (UPMC) Paris”;
- 5 (f) by deleting the words “Medizinische Fakultat, Ludwig-Maximilians-Universität Munchen” in item 2 of the second column against the country “Germany” and substituting the words “Medizinische Fakultät, Ludwig-Maximilians-Universität München”;
- 10 (g) by deleting the words “Charite-Universitätsmedizin Berlin” in item 3 of the second column against the country “Germany” and substituting the words “Charité-Universitätsmedizin Berlin”;
- (h) by deleting the words “Fachbereiche Medizin, Johann-Wolfgang-Goethe Universität (Frankfurt Am Main)” in item 4 of  
15 the second column against the country “Germany” and substituting the words “Fachbereich Medizin, Johann Wolfgang Goethe-Universität Frankfurt am Main”;
- (i) by deleting the word “Certificate” in items 1, 2 and 4 of the third  
20 column against the country “Germany” and substituting in each case the words “der Ärztlichen Prüfung”;
- (j) by deleting the words “Facoltà Medicina e Chirurgia I and II, Sapienza Università di Roma” in item 1 of the second column  
25 against the country “Italy” and substituting the words “Prima e Seconda Facoltà di Medicina e Chirurgia, Sapienza Università di Roma”;
- (k) by deleting the words “Facoltà Medicina” in item 2 of the second  
column against the country “Italy” and substituting the words “Facoltà di Medicina”;
- (l) by deleting the words “Medicinae Chirurgia” in items 1 and 2 of  
30 the third column against the country “Italy” and substituting in each case the words “Medicina e Chirurgia”;
- (m) by deleting the word “Cirugia” in items 1 and 2 of the third  
column against the country “Spain” and substituting in each case  
the word “Cirugía”;
- 35 (n) by deleting the words “Faculté de Medecine, Université de Genevè” in item 2 of the second column against the country

“Switzerland” and substituting the words “Faculté de Médecine, Université de Genève”; and

- (o) by deleting the words “Faculté de Medicine” in item 5 of the second column against the country “Switzerland” and substituting the words “Faculté de Médecine”.

### **Related amendment to Dental Registration Act**

**38.** Section 14C of the Dental Registration Act (Cap. 76) is amended by inserting, immediately after subsection (1), the following subsection:

“(1A) A person may be registered under subsection (1) subject to such conditions or restrictions as the Council may impose.”.

### **Related amendment to Pharmacists Registration Act**

**39.** Section 18(2) of the Pharmacists Registration Act (Cap. 230) is amended by deleting paragraph (a) and substituting the following paragraph:

“(a) register the applicant as a specialist in such branch of pharmacy in the Register of Specialists as the Council considers appropriate to his case, subject to such conditions or restrictions as the Council may impose; and”.

### **Related amendments to Private Hospitals and Medical Clinics Act**

**40.** The Private Hospitals and Medical Clinics Act (Cap. 248) is amended —

- (a) by deleting subsections (3) and (4) of section 12 and substituting the following subsections:

“(3) The Director or authorised officer may, in order to —

(a) ascertain whether the provisions of this Act or any regulations made thereunder are being complied with; or

(b) assess the quality and appropriateness of the facilities and services provided and the practices and procedures being carried out at the private hospital, medical clinic, clinical laboratory or healthcare establishment,

exercise any of the following powers at any time:

(i) by order in writing require any person —

(A) to furnish any information within his knowledge; or

(B) to produce any book, document, paper or other record, or any article or thing which may be in his custody or possession and which may be related to or be connected with the subject-matter of the investigation or assessment for inspection by the Director or authorised officer and for making copies thereof, or to provide copies of such book, document, paper or other record,

and may, if necessary, further require such person to attend at a specified time and place for the purpose of complying with sub-paragraph (A) or (B);

(ii) by order in writing require the attendance before him of any person who, from any information given or otherwise, appears to be acquainted with the facts and circumstances of the matter under investigation or assessment;

(iii) examine orally any person apparently acquainted with the facts and circumstances of the matter under investigation or assessment, and to reduce into writing the answer given or statement made by that person who shall be bound to state truly the facts and circumstances with which he is acquainted, and the statement made by that person shall be read over to him and shall, after correction, be signed by him.

(4) Any person who —

(a) refuses or fails, without reasonable excuse, to furnish any information or thing to the Director or authorised officer in contravention of subsection (3); or

(b) gives any false or misleading information,

shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 12 months or to both.”;

- (b) by deleting the word “or” at the end of section 13(2)(a)(iii); and
- (c) by inserting, immediately after sub-paragraph (iv) of section 13(2)(a), the following sub-paragraphs:

“(v) the Health Products Act (Cap. 122D); or

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(vi) the Medicines Act (Cap. 176);”.

### **Savings and transitional provisions**

10 **41.**—(1) Sections 20, 21, 22, 24 and 28 of the principal Act shall continue to apply in relation to any application for registration made to and pending before the Medical Council before the appointed day as if this Act had not been enacted.

(2) Section 36 of the principal Act shall continue to apply in relation to any application for the grant or renewal of a practising certificate made to and pending before the Medical Council before the appointed day as if this Act had not been enacted.

15 (3) The provisions of Part VII of the principal Act that were in force immediately before the appointed day shall continue to apply in relation to —

20 (a) any inquiry, investigations or proceedings commenced or pending before any Complaints Committee, Disciplinary Committee, Health Committee or Interim Orders Committee that was appointed before that day; or

(b) any right of appeal from any such inquiry, investigations or proceedings accrued before that day,

as if Part VII had not been repealed.

25 (4) For the purposes of subsection (3) —

30 (a) any Complaints Panel, Complaints Committee, Disciplinary Committee, Health Committee or Interim Orders Committee shall continue to exist to complete any proceedings before it and may take any action or make such order or decision as it could have taken or made under the relevant provisions of Part VII that were in force immediately before the appointed day; and

(b) the Medical Council may take such action or make such order or direction as it could have taken or made in connection with such proceedings.

(5) The Minister may, by regulations, prescribe such additional provisions of a savings or transitional nature as he may consider necessary or expedient.

5 (6) In this section, “appointed day” means the date of commencement of the Medical Registration (Amendment) Act 2009.

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## EXPLANATORY STATEMENT

This Bill seeks to amend the Medical Registration Act (Cap. 174) for the following main purposes:

- (a) to spell out the object of the Act, which is to protect the health and safety of the public by ensuring that medical practitioners are competent and fit to practise medicine, by upholding standards of medical practice and by maintaining public confidence in the medical profession;
- (b) to recognise the degree from the Duke-NUS Graduate Medical School Singapore as a Singapore degree for the purposes of the Act;
- (c) to enlarge the functions of the Singapore Medical Council (the Medical Council);
- (d) to allow the Minister to appoint a Deputy Registrar to assist the Registrar in carrying out his functions and duties under the Act;
- (e) to allow the Specialists Accreditation Board to define areas of sub-specialties;
- (f) to provide for the registration and accreditation of family physicians, and the establishment of the Register of Family Physicians and the Family Physicians Accreditation Board;
- (g) to allow the Medical Council to impose conditions or restrictions on registration under various registers;
- (h) to include the Dean of the Duke-NUS Graduate Medical School Singapore as a certifying authority for granting a certificate of experience;
- (i) to remove the requirement for the Medical Council to publish a list of doctors in the *Gazette*, as this information is now regularly updated on the Internet;
- (j) to allow a registered medical practitioner, who believes that his ability to practise is affected by physical or mental health, to voluntarily ask the Medical Council to impose restrictions on his practice;
- (k) to expand the powers of a Complaints Committee, including allowing the Complaints Committee to appoint investigators, to refer complaints for

mediation, and to require a medical practitioner to undergo assessment, further training or appropriate treatment;

- (l) to rename Disciplinary Committees as Disciplinary Tribunals and to allow the Medical Council to appoint members with legal experience as chairmen of Disciplinary Tribunals;
- (m) to allow the Medical Council to appeal to the High Court against a decision of a Disciplinary Tribunal and to allow an aggrieved complainant to apply to a Review Committee which can require the Medical Council to file such appeal to the High Court;
- (n) to empower the Medical Council and Disciplinary Tribunals to impose a wider range of disciplinary orders and penalties; and
- (o) to provide for the composition of offences in lieu of prosecution.

The Bill also seeks to make related amendments to the Dental Registration Act (Cap. 76), the Pharmacists Registration Act (Cap. 230) and the Private Hospitals and Medical Clinics Act (Cap. 248).

Clause 1 relates to the short title and commencement.

Clause 2 amends section 2 —

- (a) to insert definitions for “Complaints Committee”, “Complaints Panel”, “Disciplinary Tribunal”, “fully registered medical practitioner”, “Health Committee”, “Interim Orders Committee” and “professional performance”;
- (b) to define “conditional registration” as registration in Part II of the Register of Medical Practitioners pursuant to section 21 or any other provision of this Act, which registration is subject to any condition or restriction as may be imposed; and
- (c) to update the definition of “Singapore degree” to refer to degrees, diplomas and licences specified in the new First Schedule (to be inserted by clause 36), which will include the Doctor of Medicine of the Duke-NUS Graduate Medical School Singapore.

Clause 3 inserts a new section 2A which states that the object of the Act is to protect the health and safety of the public by providing for the mechanisms set out in paragraphs (a), (b) and (c).

Clause 4 amends section 4 —

- (a) to provide for 2 registered medical practitioners from each prescribed medical school in Singapore to be appointed by the Minister to the Medical Council on the nomination of the council of the university to which the prescribed medical school belongs and one of whom must be the Dean of that medical school;
- (b) to increase the number of registered medical practitioners in the Medical Council, who are elected by the fully registered medical practitioners resident in Singapore, from 9 to 12; and

- (c) to increase the number of registered medical practitioners in the Medical Council, who are appointed by the Minister, from 7 to 8.

Clause 5 amends section 5 to provide for additional functions of the Medical Council, namely, to determine and regulate standards of practice and the competence of registered medical practitioners within the medical profession and to provide administrative services to other bodies (whether corporate or unincorporated) responsible for the regulation of healthcare professionals.

Clause 6 makes a technical amendment to section 8(b).

Clause 7 amends section 12(4) to allow all members of the Medical Council, or their respective employers, to be paid such fees as may be approved by the Minister.

Clause 8 amends section 18 to allow the Minister to appoint a Deputy Registrar to assist the Registrar in carrying out the functions and duties of the Registrar and to allow the Registrar to delegate to the Deputy Registrar any of his powers and functions except the power of delegation.

Clause 9 amends section 19 —

- (a) to include a new register “The Register of Family Physicians”;
- (b) to require every person whose name is registered on any of the registers under the section to inform the Registrar within 28 days after any change in his name or residential or practice address, or of any change or addition to his qualification; and
- (c) to make it an offence for any person to fail to inform the Registrar within 28 days after any change in his name or residential address.

Clause 10 amends section 20 —

- (a) to require a person to satisfy such other requirements as the Medical Council may, with the approval of the Minister, prescribe, before he is entitled to be registered as a fully registered medical practitioner; and
- (b) to clarify that such other requirements may differ for the different qualifications in medicine and surgery specified in the new First Schedule.

Clause 11 amends section 21 —

- (a) to make technical amendments to subsections (1)(a) and (c) and (3) as a consequence of the insertion of a new First Schedule and a new section 21(1)(e);
- (b) to require a person to satisfy such other requirements as the Medical Council may, with the approval of the Minister, prescribe, before he may be registered in the Register of Medical Practitioners;
- (c) to allow the Medical Council to impose such conditions or restrictions on the conditional registration as it thinks fit, including the requirement that the person be subject to review by such fully registered medical practitioners or healthcare professionals as the Medical Council may determine;



- (d) to allow the Medical Council to cancel the conditional registration if it is of the opinion, having regard to the reviews of the medical practitioners or healthcare professionals, that he is unable to perform the duties of a medical practitioner satisfactorily; and
- (e) to allow a conditionally registered medical practitioner to apply to be fully registered after the expiration of the period of supervision or upon the revocation or lapse of all the specified conditions or restrictions.

Clause 12 amends section 22 —

- (a) to clarify that a person who holds such postgraduate degrees or qualifications or who has gained such special knowledge of and skill and experience in a particular branch or branches of medicine may apply to the Medical Council to be registered as a specialist; and
- (b) to allow the Medical Council to impose such conditions or restrictions on the registration of such person as a specialist.

Clause 13 inserts a new section 22A to provide for the establishment of a new Register of Family Physicians. The provisions in this section mirror the provisions in the amended section 22 relating to the registration of specialists.

Clause 14 amends section 24 —

- (a) to allow the Medical Council to specify the duration and the conditions or restrictions of a provisionally registered person;
- (b) to specify the grounds for the cancellation of the provisional registration; and
- (c) to provide for the medical practitioner's right to be heard, and his right to appeal, upon the cancellation of his provisional registration.

Clause 15 amends section 25(3) to update the name of the medical school of the National University of Singapore and to add the Dean of the Duke-NUS Graduate Medical School Singapore as a certifying authority for granting a certificate of experience.

Clause 16 amends section 28(3) to allow the Medical Council to refuse to register any applicant who, in the opinion of the Medical Council, is unfit to practise medicine because his ability to practise has been impaired by reason of his physical or mental condition, or fails to submit to a medical examination under section 29(4)(b).

Clause 17 amends section 29 —

- (a) to exclude applications for registration as a family physician from the scrutiny of the Credentials Committee;
- (b) to require the Credentials Committee to undertake such other duties assigned to it by the Medical Council; and
- (c) to allow the Credentials Committee to require an applicant to furnish such further information, documents or particulars as it may require, or to submit to a medical examination within the time specified in the notice, failing which he is deemed to have withdrawn his application.

Clause 18 repeals and re-enacts section 30 to remove both the requirement to publish in the *Gazette* a list of all registered medical practitioners who have in force a practising certificate and the discretion to publish for sale a list of all registered medical practitioners who have in force a practising certificate. The new section 30 instead requires the Registrar to publish on the Medical Council's Internet website, or on such other medium accessible to the public as the Minister may require, a list of the names, practice addresses, qualifications and dates of qualifications and registration of all registered medical practitioners who have in force a practising certificate.

Clause 19 amends section 31(f) to allow the Registrar to remove from a register the name of any person who has not renewed his practising certificate for a continuous period of not less than 2 years, instead of the current 5 years, and who cannot be contacted or sent any document using his particulars in the register.

Clause 20 amends section 32(1) to allow the Medical Council to also order the removal from the appropriate register the names of the following:

- (a) a conditionally registered medical practitioner whose conditional registration has been cancelled under section 21(6);
- (b) a family physician whose name has been removed from the Register of Medical Practitioners or who has contravened or failed to comply with any condition or restriction imposed by the Medical Council under section 22A; and
- (c) a provisionally registered medical practitioner whose provisional registration has been cancelled under section 24(2A).

Clause 21 makes a technical amendment to section 33(1) as a consequence of the amendment of section 32(1) by clause 20.

Clause 22 amends section 35 to allow the Specialists Accreditation Board —

- (a) to certify as specialists persons who do not have the qualifications, but who have the experience and who meet the conditions for registration as specialists; and
- (b) to further subdivide the specialties in medicine into further classes of sub-specialties.

Clause 23 inserts a new Part VA to provide for the establishment of a Family Physicians Accreditation Board and to set out the functions of the Board. The provisions in sections 35A and 35B mirror the provisions in section 34 and the amended section 35, respectively, in relation to the Specialists Accreditation Board.

Clause 24 inserts a new section 36(7) to allow the Medical Council to prescribe further requirements on a registered medical practitioner applying for the grant or renewal of his practising certificate.

Clause 25 amends section 37 to exclude the Register of Family Physicians from the application of this provision.

Clause 26 repeals and re-enacts Part VII to streamline and improve the efficiency of the Medical Council to deal with the increase in frequency and complexity of complaints and disciplinary proceedings.

The new section 37A provides a new “voluntary insight” mechanism which facilitates negotiation and the taking of constructive remedial action, enabling the Medical Council to resolve certain matters by consent without the need to resort to formal disciplinary proceedings. A registered medical practitioner, who believes that his ability to practise is affected by his physical or mental health or other reasons, may ask the Medical Council to remove his name from any register, suspend his registration, impose appropriate conditions or restrictions on his registration, or suspend or cancel his practising certificate.

The new section 38 relates to the establishment of the Complaints Panel, from which members of the Complaints Committees and Disciplinary Tribunals are drawn. The caps on the number of lay persons and registered medical practitioners in the Complaints Panel have been raised from 80 to 150 to deal with the increasing number of cases being referred to the Complaints Committees and the Disciplinary Tribunals.

The new section 39 deals with the lodging of a complaint to the Medical Council and provides for the referral by the Medical Council of such complaint or information to the chairman of the Complaints Panel.

The new section 40 relates to the appointment of the Complaints Committee.

The new section 41 provides for referrals of cases from the chairman of the Complaints Panel to a Complaints Committee or a Health Committee, which will inquire into the matter.

The new section 42 sets out the timeframe within which a Complaints Committee must commence and complete its inquiry. The section empowers the Complaints Committee to dismiss a complaint that is frivolous, vexatious, misconceived or lacking in substance; issue a letter of advice; refer the matter for mediation; or appoint investigators to investigate the complaint or information and make a report to it.

The new section 43 allows the Complaints Committee to refer parties for mediation. If the complainant refuses or fails without reasonable cause to attend mediation as ordered, his complaint may be dismissed. If parties are unable to reach an amicable solution or if the registered medical practitioner fails to attend mediation, the Complaints Committee may make such direction under section 42(4)(b)(i) or (c) as it sees fit.

The new section 44 sets out how the investigator appointed under section 42 is to conduct the investigations, which includes asking the registered medical practitioner, with his consent, to undergo a performance or fitness assessment.

The new section 45 provides for the appointment of a Performance Assessment Panel and sets out the procedure for a performance assessment. The Performance Assessment Panel must submit a report to the Complaints Committee and, with the approval of the Complaints Committee, provide a copy of the report to the registered medical practitioner being investigated. The Complaints Committee, or the investigator with the approval of the Complaints Committee, may then discuss the performance

assessment report with the registered medical practitioner and discuss possible ways of dealing with any adverse findings.

The new section 46 provides for the appointment of a Fitness Assessment Panel and mirrors the provisions in the new section 45 in respect of a Performance Assessment Panel.

The new section 47 sets out the situations when information obtained in the course of a performance or fitness assessment may be disclosed.

The new section 48 sets out the matters that must be included in the investigator's report for the Complaints Committee's deliberation.

The new section 49 deals with the findings and determination of the Complaints Committee and the orders that the Committee may make after due inquiry into a complaint or information. If the Complaints Committee is of the view that no formal inquiry by a Disciplinary Tribunal or Health Committee is necessary, besides ordering that the registered medical practitioner be issued a letter of advice or warning, the Complaints Committee may refer the matter for mediation, dismiss the complaint, or make such orders as it thinks fit, including ordering the registered medical practitioner concerned to undergo medical or psychiatric treatment or counselling, attend further training, provide updates on the status of his physical or mental fitness or on the status of his medical practice, or get advice on the management of his medical practice. With the agreement of the registered medical practitioner, the Complaints Committee may also order the removal of his name from the appropriate register, order his suspension for not more than 3 years, impose conditions or restrictions on his registration, or order that his practising certificate be suspended or cancelled. Where a formal inquiry by a Disciplinary Tribunal or a Health Committee is ordered by the Complaints Committee, the Medical Council must appoint a Disciplinary Tribunal or Health Committee, as the case may be, to hear and investigate the complaint or matter. Anyone who is aggrieved by the order of a Complaints Committee may appeal to the Minister whose decision is final.

The new section 50 deals with the appointment of a Disciplinary Tribunal and its constitution and functions. The chairman of the Tribunal will be drawn from a panel appointed by the Minister comprising senior medical practitioners and senior legal professionals. The Medical Council may, in its discretion, appoint a legal professional to the Tribunal, either as chairman or member. Where the chairman is a registered medical practitioner, he has the casting vote in the event of an equality of votes on any question arising at a meeting. However, where the chairman is not a registered medical practitioner, the question will be determined by a majority of votes of the members of the Disciplinary Tribunal who are registered medical practitioners, failing which the question will be resolved in favour of the medical practitioner concerned.

The new section 51 sets out the powers and procedures of the Disciplinary Tribunal.

The new section 52 empowers the Disciplinary Tribunal to refer and transfer cases to a Health Committee if it appears to the Disciplinary Tribunal that the registered medical practitioner's fitness to practise may be impaired by reason of his physical or mental condition.

The new section 53 relates to the findings of the Disciplinary Tribunal and the orders the Tribunal may make after hearing and investigating any matter referred to it. It enhances the powers of the Tribunal by allowing it to impose conditions or restrictions on the registration of the medical practitioner concerned, to impose a fine of up to \$100,000 and to make such other order as it thinks fit, which includes the orders available to the Complaints Committee under the new section 49(1). If the registered medical practitioner is not found to be guilty of any matter referred to in subsection (1), the Tribunal must dismiss the complaint or matter.

The new section 54 deals with the consequences for failure to comply with a suspension or any of the conditions or restrictions imposed by the Disciplinary Tribunal under the new section 53. The provision also specifies when an order of the Tribunal is to take effect.

The new section 55 sets out the framework for appeals against an order of a Disciplinary Tribunal. The registered medical practitioner and the Medical Council may, within 30 days after the service of the notice of the order on the registered medical practitioner, appeal to the High Court against the order. If the Medical Council does not appeal, a complainant may apply to a Review Committee to direct the Medical Council to file the appeal. The members of the Review Committee comprise 3 members appointed by the Minister from the panel of chairpersons under the new section 50(1)(a) and 2 registered medical practitioners of not less than 10 years' standing, from among whom the Minister must appoint the chairman. The Review Committee may, if it is unanimously of the opinion that there are sufficient grounds for the decision of the Disciplinary Tribunal to be appealed against to the High Court, direct the Medical Council to file an appeal to the High Court. The appeal to the High Court will be heard by 3 Judges whose decision is final.

The new section 56 re-enacts, with technical amendments, the existing section 47 dealing with restoration of names to a register.

The new section 57 allows the Medical Council to appoint one or more Health Committees in connection with one or more matters or for a fixed period of time as the Medical Council may think fit.

The new section 58 specifies the powers of a Health Committee. A Health Committee may suspend a registered medical practitioner for a period not exceeding 12 months as specified in the order, or order that conditions or restrictions be imposed on his registration, or recommend to the Medical Council that his name be removed from the appropriate register. The section also deals with the consequences for failure to comply with a suspension order or any of the conditions or restrictions imposed by the Health Committee. Where the Health Committee has imposed conditions or restrictions on the registration of a registered medical practitioner, it may revoke the order or revoke or vary any of the conditions or restrictions imposed, except that no application for such revocation or variation may be made by the registered medical practitioner more than once in any period of 12 months.

The new sections 59 to 59I re-enact, with technical amendments, the existing sections 50 to 58 dealing with Interim Orders Committees, interim orders and the appointment of legal counsel.

Clause 27 makes a technical amendment to section 60 arising from the renaming of Disciplinary Committees as Disciplinary Tribunals and inserts a new subsection (4A) to allow the Medical Council to invest moneys belonging to its funds in accordance with the standard investment power of statutory bodies.

Clause 28 inserts a new section 60A —

- (a) to allow the Medical Council to appoint an investigator to investigate the commission of an offence under the Act or to carry out an investigation under Part VII;
- (b) to spell out the powers of an investigator; and
- (c) to make it an offence for anyone to intentionally hinder or delay an investigator in the exercise of his powers or to fail to comply with an investigator's requisition or order.

Clause 29 makes technical amendments to section 61.

Clause 30 amends section 65 to extend its application to the prohibition of the false assumption of the title of family physician.

Clause 31 inserts a new section 66A to provide for the composition of any offence under the Act which is a compoundable offence by the payment to the Medical Council of one half of the maximum fine that is prescribed for the offence or \$5,000, whichever is the lower.

Clause 32 makes a technical amendment to section 68 arising from the renaming of Disciplinary Committees as Disciplinary Tribunals.

Clause 33 inserts a new section 68A to clarify that the power of the Medical Council to impose a condition or restriction also includes the power to amend, vary, rescind, revoke or suspend such condition or restriction.

Clause 34 makes a technical amendment to section 70(2) arising from the renaming of Disciplinary Committees as Disciplinary Tribunals.

Clause 35 makes a technical amendment to section 71 consequential to the insertion of the new First Schedule (by clause 36) and the renaming of the existing Schedule as the Second Schedule (by clause 37).

Clause 36 inserts a new First Schedule which sets out the various qualifications from the local universities which are regarded as Singapore degrees.

Clause 37 amends the existing Schedule —

- (a) to rename it as the Second Schedule; and
- (b) to correct the spelling of the names of the universities and the qualifications set out therein.

Clause 38 makes a related amendment to the Dental Registration Act (Cap. 76) by inserting a new section 14C(1A) to allow the Singapore Dental Council to impose conditions or restrictions on the registration of a person as a specialist in any branch of dentistry.

Clause 39 makes a related amendment to section 18(2) of the Pharmacists Registration Act (Cap. 230) to allow the Singapore Pharmacy Council to impose conditions or restrictions on the registration of a person as a specialist in any branch of pharmacy.

Clause 40 makes amendments to the Private Hospitals and Medical Clinics Act (Cap. 248) —

- (a) by amending section 12(3) to widen the powers of investigation of the Director of Medical Services;
- (b) by amending section 12(4) to include imprisonment for a term of less than 12 months as an alternative or concurrent penalty to a fine for failure to furnish information required by the Director of Medical Services or for furnishing any false information to him; and
- (c) to expand the application of section 13(2) to 2 more Acts, namely, to allow the Director of Medical Services to disclose any information obtained under the Private Hospitals and Medical Clinics Act if such information is necessary for the purpose of administering and enforcing the Health Products Act (Cap. 122D) or the Medicines Act (Cap. 176).

Clause 41 relates to the savings and transitional provisions. Generally, the provisions in the new Part VII will not apply to any inquiry, investigations or proceedings commenced or pending, or to any right of appeal accrued, before the operative date of the amendments.

## EXPENDITURE OF PUBLIC MONEY

This Bill will involve the Government in extra financial expenditure, the exact amount of which cannot at present be ascertained.

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