A BILL

initiated

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 2000 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.

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 deleting the definition of “conditional registration” and substituting the following definition:

““conditional registration” means registration under section 20(3), 21(1) or (2), 33(1), 55(1) or 58(1);”;

(b) 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

(c) 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:

“Objects 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 practice medicine;

(b) uphold the 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 medical school belongs, one of whom shall be the Dean of the medical school;”; and

(b) 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:

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

(fb) to provide administrative services to other statutory boards responsible for the regulation of healthcare professionals; and”.

Amendment of section 18

6. 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.

(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.
(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

7. Section 19 of the principal Act is amended —

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

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

and

(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 and residential address within 28 days of the change;

(b) any change in his practice address or such of his other particulars as may be prescribed within 28 days of the change; and

(c) any alteration or addition to his qualification.

(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.”.

Amendment of section 20

8. Section 20 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 who —

(a) holds a Singapore degree;
holds a certificate of experience; 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.

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

Amendment of section 21

9. Section 21 of the principal Act is amended —

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

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

(c) 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,”;

(d) by deleting subsection (4) and substituting the following subsection:

“(4) The conditions and restrictions of a person’s registration under this section shall be specified in the direction by virtue of which he is registered, and shall continue to have effect until it is revoked or varied by the Medical Council.”;

(e) by inserting, immediately after the word “conditions” in subsections (5) and (6)(a), the words “and restrictions”;

(f) by deleting the word “and” at the end of paragraph (a) of subsection (5) and by inserting immediately thereafter the following paragraph:
“(aa) that the person shall be subject to review by such medical practitioners or healthcare professionals as the Medical Council may determine; and”;

(g) by inserting, immediately after the words “cancel the conditional registration of a medical practitioner” in subsection (6), the words “and order the removal of his name from the Register of Medical Practitioners in accordance with section 32”;

(h) by inserting, immediately after the words “supervising him” in subsection (6)(b), the words “and the reviews of the medical practitioners or healthcare professionals referred to in subsection (5)(aa)”;

(i) 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 (5)(a); or

(b) upon the revocation of the conditions and restrictions specified under subsection (4),

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

Amendment of section 22

10. Section 22 of the principal Act is amended by inserting, immediately after subsection (1), the following subsection:

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

New section 22A

11. 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 who —
(a) holds such postgraduate degrees or qualifications;
(b) has gained such special knowledge of and skill and experience in family medicine; or
(c) has both postgraduate degrees or qualifications and experience,

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) subject to such conditions and 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 refusal of the Medical Council 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; and
(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**

12. Section 24(2) of the principal Act is amended by inserting, immediately after the words “provisionally registered”, the words “for
such duration and subject to such conditions and restrictions as the Medical Council may specify.”.

**Amendment of section 28**

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

(a) by deleting the word “or” at the end of paragraph (b) and by inserting immediately thereafter the following paragraph:

“(ba) is unfit to practice medicine because his ability to practice has been impaired by reason of his physical or mental condition or if required to submit to an examination under section 29(4)(b), fails to do so;”;

and

(b) by deleting the full-stop at the end of paragraph (c) and substituting the word “; or”, and by inserting immediately thereafter the following paragraph:

“(d) fails to comply with any condition or restriction as may be imposed by the Medical Council with the approval of the Minister for the purposes of registration under this Act.”.

**New section 28A**

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

“Review of conditions and restrictions on registration

28A.—(1) Any registered medical practitioner who has had conditions and restrictions imposed on his registration under section 21, 22 or 22A may apply to the Medical Council for a review of such conditions and restrictions.

(2) The Medical Council may decline to review the conditions and restrictions if the application is made within 12 months after the conditions and restrictions were last reviewed under this section.

(3) No appeal shall lie in respect of a decision of the Medical Council under subsection (2) to decline to review the conditions and restrictions.
(4) On a review under this section, the Medical Council may vary or revoke any of the existing conditions or restrictions or impose new conditions or restrictions, as it thinks appropriate.”.

**Amendment of section 29**

15. Section 29 of the principal Act is amended —

(a) by inserting, immediately after the word “specialists” in subsection (1), the words “and family physicians”;

(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 —

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

(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 and the registered medical practitioner shall, within 14 days of the examination, submit his report on the applicant’s fitness to practise medicine to the Credential Committee.

(5) An 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.”.

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

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

“Publication of list of registered medical practitioners with practising certificates

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.”.

**Amendment of section 31**

17. 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**

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

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

   “(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 inserting, immediately after paragraph (c), the following paragraph:

   “(ca) if he has been registered in the Register of Family Physicians and his name has been removed from the register kept under section 19(1)(a) or has contravened or failed to comply with any condition or restriction imposed by the Medical Council under section 22A;”.

**Amendment of section 33**

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

**Amendment of section 35**

20. 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 sub-divide the specialties in medicine into further classes of sub-specialties and may define branches of medicine which are not fully equivalent to specialties as quasi-specialties and this section shall apply with the necessary modifications to such sub-specialties or quasi-specialties.

(1B) A reference in this Act to a specialist or a specialty shall be construed as including a reference to a sub-specialist or quasi-specialist or a sub-specialty or a quasi-specialty, as the case may be.”

New Part VA

21. 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.

(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.

(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.

**Functions of Family Physicians Accreditation Board**

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

(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;

(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

(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 family physicians under this Act may apply to the Board.

(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**

22. 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) that the Medical Council may require;

(b) comply with such continuing medical education programme as may be prescribed; and

(c) take out and maintain, or be covered by, adequate insurance or other forms of protection with insurers or other organisations approved by the Medical Council for indemnity against loss arising from claims in respect of civil liability incurred by a practitioner in connection with his medical practice, and which meets such minimum terms and conditions as the Medical Council may determine.”.

**Amendment of section 37**

23. 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**

24. 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.

Voluntary removal, suspension, etc.

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

(a) his fitness to practice is impaired by reason of his physical or mental condition; or

(b) the professional services provided by him are not of the quality which is reasonable to expect of him,

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 impose appropriate conditions and restrictions on his registration and register him instead as a medical practitioner with conditional registration in Part II of the Register of Medical Practitioners;

(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 and restrictions on his registration;

(v) to suspend or cancel his practising certificate.

(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.

(3) The Medical Council shall not take any action under this section if —
(a) it believes that there is evidence of any of the matters referred to in section 39(1)(a) or (b); or
(b) proceedings have been commenced under this Part.

(4) This section shall apply where the Medical Council has made a notification to the registered medical practitioner under section 39(3) or (4)(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), the Medical Council shall proceed to refer the matter to the Chairman of the Complaints Committee under section 39(2) or (4)(a), as the case may be.

Division 2 — Complaints and commencement of inquiry

Appointment of Complaints Panel

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 70] registered medical practitioners of at least 10 years standing who are not members of the Medical Council; and
(c) not less than [6 and not more than 40] lay persons nominated by the Minister.

(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 shall be eligible for reappointment.

(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 amongst 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 a Complaints Committee or Disciplinary Tribunal or the Health Committee by reason only that he or the complainant is so employed.

Complaints against registered medical practitioners etc.

39.—(1) Any —

(a) complaint of the conduct of a registered medical practitioner
in his professional capacity or of his improper act or conduct
which brings disrepute to his profession;

(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

(d) information touching upon the physical or mental fitness to
practise of a registered medical practitioner,

shall be made 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 by any public officer or by the Medical Council.

(2) Subject to subsection (3), 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) Where the complaint or information received by the Medical
Council is a complaint under subsection (1)(c) or information under
subsection (1)(d), the Medical Council may notify the registered
medical practitioner and proceed under Division 1 if the registered
medical practitioner agrees in writing.

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

(a) make a complaint or refer any information about a registered
medical practitioner to the Chairman of the Complaints
Panel if it believes that there is evidence of any of the
matters referred to in subsection (1); or
(b) notify the registered medical practitioner and proceed under Division 1 if it believes that there is evidence of any of the matters referred to in subsection (1)(c) or (d) and the registered medical practitioner agrees in writing.

(5) Notwithstanding subsections (2) and (4), 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 49.

Appointment of Complaints Committees

40.—(1) The Chairman of the Complaints Panel may from time to time appoint one or more committees 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 be known for the purposes of this Act as Complaints Committees to inquire into any complaint or information mentioned in section 39(1) or (2).

(2) A Complaints Committee shall be appointed in connection with one or more matters or for a 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 the 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 referred or made 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 complaint or information mentioned in section 39(1)(d) is referred or made 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 information given in support of the complaint or information, that a formal inquiry is necessary to determine the physical or mental fitness of the registered medical practitioner to practise, refer the complaint or information to the Health Committee; or

(b) in any other case, lay the complaint or information before a Complaints Committee.
Commencement of Inquiry by Complaints Committee

42.—(1) A Complaints Committee shall, within [2] of weeks of its appointment, commence its inquiry into any complaint or information, or any information or evidence referred to in section 43(5), and complete its preliminary inquiry not later than 3 months after —

(a) the date the complaint or information is laid before the Complaints Committee; or

(b) the date on which the Complaints Committee gives a direction to the investigator under subsection (4)(c), as the case may be.

(2) Where a Complaints Committee is of the opinion that it will not be able to complete its preliminary 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 preliminary 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 an investigator 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, direct the Council to dismiss the matter and give the reasons for the dismissal;

(b) if it is unanimously of the opinion that no preliminary inquiry is necessary, order that the registered medical practitioner be issued with a letter of advice or refer the matter for conciliation between the registered medical practitioner and the complainant; or

(c) in any other case, direct one or more investigator to carry out an investigation and make a report to it under section 47.
Conduct of investigation

43.—(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) 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 Division 3; and

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

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

(4) If the registered medical practitioner —

(a) declines to undergo a performance or fitness assessment requested under subsection (3);

(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),
the investigator shall make a report to the Complaints Committee under section 47 and the Complaints Committee may proceed with the inquiry and make such order as it deems fit under section 48.

(5) Where, in the course of an investigation, an investigator receives information touching on, or obtains 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 47.

(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, direct the Council to dismiss the matter and give the reasons for the dismissal; or

(b) if it believes there is evidence of any of the matters referred to section 39(1) —

(i) direct one or more investigators to carry out an investigation and make a report to it; or

(ii) refer the matter to the Chairman of the Complaints Committee 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

Performance assessment

44.—(1) If a registered medical practitioner agrees to undergo a performance assessment under section 43(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 such suitably qualified persons as the [Complaints Committee] may determine.
(2) The performance assessment panel will carry out the performance assessment in accordance with —

(a) the provisions of this Division;
(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 following provisions shall apply in respect of any performance assessment under this Division:

(a) the registered medical practitioner under assessment shall, if required by the performance assessment panel —

(i) 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 review, within such time and at such place as the panel may reasonably require;

(ii) give to the panel such explanation or further particulars in respect of anything produced in compliance with a requirement under sub-paragraph (i) as the panel shall specify; and

(iii) give to the panel all assistance in connection with the performance assessment which he is reasonably able to give;

(b) where any information or matter relevant to a performance assessment is recorded otherwise than in a legible form, the power of a panel to require the production of any record or other document conferred under paragraph (a) shall include 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;

(c) a panel may inspect, examine or make copies of or take any abstract of or extract from any record or document produced under paragraph (a) or (b).
(4) 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.

(5) 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].

**Fitness assessment**

45.—(1) If a registered medical practitioner agrees to submit to a fitness assessment under section 43(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 such suitably qualified persons as the [Complaints Committee] may determine.

(2) The performance assessment panel will carry out the performance assessment in accordance with —

(a) the provisions of this Division;

(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 fitness 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.

(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**

46.—(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 a Complaints Committee, the Health Committee, an Interim Orders Committee or a Disciplinary Tribunal; 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 —
   (i) this Act; or
   (ii) 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(3)(c) or 43(6)(b)(i);

(c) a member of a Complaints Committee, the Health Committee, an Interim Orders Committee and a Disciplinary Tribunal; and

(d) any member, officer or agent of the Medical Council.

Division 4 — Powers after investigation

Investigation report and deliberation by Complaints Committee

47.—(1) Upon completing due investigation into a complaint or information, the investigator shall make a report on the findings of the investigation to the Complaints Committee for its deliberation.

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

(i) any written explanation that the registered medical practitioner may offer after receiving a notice under section 43(2); and
(ii) any assessment reports under Division 3, if a performance or fitness assessment was undertaken; and

(iii) any recommendation on the necessity or otherwise of a formal inquiry.

(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 unless the Complaints Committee in its absolute discretion thinks otherwise, except that such disclosure may be made under or for the purpose of administering and enforcing this Act or the Infectious Diseases Act (Cap. 137).

(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.

(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

48.—(1) Upon due inquiry into the complaint or information, or any information or evidence referred to in section 43(5), and after deliberating on the investigation report and recommendation of an investigator made under section 47, if any, a Complaints Committee shall —

(a) if it is of the view that no formal inquiry is necessary —

(i) order that the registered medical practitioner be issued with a letter of advice;

(ii) order that the registered medical practitioner be warned;

(iii) order that the registered medical practitioner seek and undergo medical or psychiatric treatment or counselling;

(iv) order that the registered medical practitioner undertake and complete specified further education or training within a specified period;
(v) order that the registered medical practitioner report on the status of the fitness of his physical or mental condition or on his medical practice at the times, in the manner and to the persons specified by the Complaints Committee;

(vi) order that the registered medical practitioner seek and take advice, in relation to the management of his medical practice, from such persons as specified by the Complaints Committee;

(vii) by agreement with the registered medical practitioner —

(A) order that the name of the registered medical practitioner be removed from the appropriate register;

(B) order that the registration of the registered medical practitioner be suspended from the appropriate register [for a period of not more than 3 years];

(C) where the registered medical practitioner is a fully registered medical practitioner in Part I of the Register of Medical Practitioners, order that appropriate conditions and restrictions be imposed on his registration and register him instead as a medical practitioner with conditional registration in Part II of the Register of Medical Practitioners;

(D) where the registered medical practitioner is registered in any register other than Part I of the Register of Medical Practitioners, order that appropriate conditions and restrictions be imposed on his registration; or

(E) order that his practising certificate be suspended or cancelled;

(viii) refer the matter for conciliation between the registered medical practitioner and the complainant, if appropriate;
(ix) order that the complaint or matter be dismissed; or
(x) make such other order as it thinks fit; or

(b) if it is of the view that a formal inquiry is necessary —

(i) order that an inquiry be held by the Health Committee;
or

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

(2) Where a Complaints Committee determines that a formal inquiry is necessary, it shall order that the inquiry be held by the Health Committee if the complaint, information or evidence touches upon the physical or mental fitness of the registered medical practitioner to practise.

(3) Where a Complaints Committee has made an order for a formal inquiry to be held by a Disciplinary Tribunal, the Medical Council shall immediately appoint a Disciplinary Tribunal which shall hear and investigate the complaint or matter.

(4) Where a Complaints Committee has ordered that a letter of advice be issued, the chairman of the Complaints Committee shall issue a letter of advice in such terms as it thinks fit.

(5) Where a registered medical practitioner in respect of whom an order is made under subsection (1)(a)(iii), (iv), (v) or (vi) 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 for a formal inquiry to be held by a Disciplinary Tribunal or a Health Committee, as the case may be, in respect of the complaint, information or evidence.

(6) Where in the course of an inquiry, a Complaints Committee receives information touching on or 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 to the Medical Council.

(7) Where the complainant withdraws his complaint before —

(a) it is referred to a Complaints Committee or the Health Committee under this section; or
(b) the conclusion of the inquiry of a Complaints Committee or a hearing by a Disciplinary Tribunal before which it is laid, or of the 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, the Complaints Committee, the Disciplinary Tribunal or the Health Committee, as the case may be, shall comply with such direction as if the complaint had been made by the Medical Council.

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

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

(10) Where the person who has made the complaint or information to the Medical Council is dissatisfied with any order of a Complaints Committee under subsection (1)(a), he may, within 30 days of being notified of the determination of the Complaints Committee, appeal to the Minister whose decision shall be final.

(11) The Minister may make —

(a) an order affirming the determination of a Complaints Committee;

(b) an order directing the Medical Council to immediately appoint a Disciplinary Tribunal to hear and investigate the complaint or matter or order that an inquiry into such matter be held by the Health Committee; or

(c) such other order as he thinks fit.

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

49.—(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 or solicitor of not less than 15 years’ standing as advocates and solicitors; or

(iv) a legal officer in the Singapore Legal Service who has not less than 15 years’ experience;

(b) 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, one observer [from among members of the Complaints Panel] who is a lay person,

to be known for the purposes of this Act as Disciplinary Tribunals to inquire into any matter in respect of which a Complaints Committee has under section 48(1)(b) ordered that a formal inquiry be held or into any matter referred to it under section 39(5).

(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.

(3) The observer who is a member of a Disciplinary Tribunal 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.
(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.

(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 other cause to conclude the hearing and investigation of the matter —

(a) the Medical Council may fill the vacancy or appoint another Disciplinary Tribunal to continue the hearing and investigation of the matter; and

(b) the Disciplinary Tribunal so reconstituted or appointed may —

(i) with the consent of the Medical Council and the registered medical practitioner to whom the complaint relates;

(ii) have regard to the evidence given, the arguments adduced and any orders made during the proceedings before the previous Disciplinary Tribunal; or

(iii) hear and investigate the matter afresh.

(7) The Medical Council shall appoint a registered medical practitioner to be the secretary of every Disciplinary Tribunal.

(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.

(9) Every member of a Disciplinary Tribunal appointed under subsection (1), and the secretary of every Disciplinary Tribunal appointed under subsection (7), shall be paid for each case 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 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 to constitute a quorum for the transaction of any business.

(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, the Chairman shall have a casting vote.

**Proceedings of Disciplinary Tribunal**

50.—(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.

(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 49(1)(a)] on the expiry of his term of office, continue to be a member of the Disciplinary Tribunal until such time the Disciplinary Tribunal has completed its work.

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

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

(5) A Disciplinary Tribunal may, for the purpose of any proceedings before it, administer oaths and any party to the proceedings may sue out subpoenas to testify or to produce documents.

(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.

(8) Witnesses shall have the same privileges and immunities in relation to hearings before a Disciplinary Tribunal as if they 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 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 time for such period 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

51.—(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 the Health Committee for determination.

(2) If, on a reference under this section, the Health Committee determines that the fitness of the practitioner to practise is not impaired by reason of his 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 practitioner to practise is impaired by reason of his condition, the Health Committee shall —

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

(b) proceed to dispose of the case,

and the Disciplinary Tribunal shall cease to exercise its function in relation to the case.

Findings of Disciplinary Tribunal

52.—(1) Where a registered medical practitioner is found or judged 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;

(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).

(2) The powers referred to in subsection (1) are as follows:

(a) by order direct the Registrar to 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;

(c) by order impose such conditions as are necessary to restrict the practice of the registered medical practitioner in such manner and for such duration as the Disciplinary Tribunal thinks fit;

(d) by order impose on the registered medical practitioner a penalty not exceeding $100,000;

(e) by writing censure the registered medical practitioner;

(f) 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;

(g) make such other order as the Disciplinary Tribunal thinks fit, including any order that a Complaints Committee may make under section 48(1)(a).

(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.

(4) Where a registered medical practitioner is not found or judged 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.

(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.

(6) The High Court shall have jurisdiction to tax such costs referred to in subsection (4) 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.

(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.

(8) The costs and expenses referred to in subsection (4) shall include —

(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

(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

53.—(1) Where a registered medical practitioner in respect of whom an order is made under section 52(2)(c), or an order for interim restricted registration is made under section 59A(1)(b) or 59C(1)(d), is judged by a Disciplinary Tribunal (whether, in the case of an order under section 52(2)(c), 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 of his registration, the Disciplinary Tribunal may, if it thinks fit, order —

(a) that his name be removed from the appropriate register; or

(b) that his registration in the appropriate register be suspended 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 52(2)(b), the Disciplinary Tribunal may order that the registration of the person whose registration is suspended shall, as from the expiry of the current period of suspension, be restricted in such manner as it thinks fit for a period not exceeding 3 years.

(3) Where a Disciplinary Tribunal has made an order for suspension under subsection (1)(b) or section 52(2)(b) against a person and that person has failed to comply with that order, the Disciplinary Tribunal or another Disciplinary Tribunal appointed in its place may, if it thinks fit, order —

(a) that his name be removed from the appropriate register; or

(b) that, from the expiry of the current period of suspension, his registration in the appropriate register be restricted in such manner as it thinks fit for a period not exceeding 3 years.

(4) Where a Disciplinary Tribunal has made an order under section 52(2)(c), the Disciplinary Tribunal or another Disciplinary Tribunal appointed in its place may revoke the order or revoke or vary any of the conditions imposed by the order.

(5) Subsection (1) shall apply to a registered medical practitioner whose registration is subject to conditions imposed by an order made under subsection (2) or (3) as it applies to a registered medical
practitioner whose registration is subject to conditions imposed by an order for restricted registration made under section 52(2)(c), and subsection (4) shall apply accordingly.

(6) Where a Disciplinary Tribunal has made an order under section 52 or this section, or has varied the conditions imposed by an order under this section, the Registrar shall immediately serve the person to whom the order applies a notice of the order or the variation.

(7) Subject to subsection (8), an order made by a Disciplinary Tribunal for the removal of any name or for suspension of registration under subsection (1) or (3) or section 52(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 any name or for suspension of registration under subsection (1) or (3) or section 52(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 registration in the register be suspended or that his name be removed from the register 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 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.

(10) Where the person concerned is neither present nor represented at the proceedings of the Disciplinary Tribunal, the order made under subsection (8) shall take effect from the time of service of the notice of the order on him.

(11) An order of a Disciplinary Tribunal, other than an order for the removal of any name or for suspension of registration under subsection (1) or (3) or section 52(2), shall take effect from the time the order is made.

(12) While any order of suspension of 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**

54.—(1) Any person who is aggrieved by a decision of the Disciplinary Tribunal referred to in section 52(2) or (4) or 53 may, within 30 days after the service on him of the notice of the order, appeal to the High Court against the order.

(2) Any such appeal shall be heard by 3 Judges of the High Court and from the decision of that Court there shall be no appeal.

(3) In any appeal to the High Court against a decision referred to in section 52(2) or (4) or 53, 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.

(4) Notwithstanding anything in section 52 or 53, where a registered medical practitioner has appealed to the High Court against an order referred to in section 52(2) or 53, 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**

55.—(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 52 or 53, the Medical Council may, upon application by the medical practitioner, if it thinks fit direct —

(a) that his name be restored to the register; or

(b) that he be registered 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 for the restoration of a name 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, and unless the medical practitioner has complied with all the terms of the order made against him.

Division 6 — Health Committee

Health Committee

56.—(1) There shall be a committee to be known as the Health Committee comprising not less than 3 members of the Medical Council to be appointed by the Medical Council which shall inquire into any case referred to it under this Act.

(2) A member of the Health Committee shall be appointed for a period of 2 years and shall be eligible for reappointment.

Unfitness to practise through illness, etc.

57.—(1) Where the fitness to practise of a registered medical practitioner is judged by the Health Committee to be impaired by reason of his physical or mental condition, the Health Committee may exercise one or more of the following powers:

(a) order that his registration in the appropriate register be suspended for such period not exceeding 12 months as may be specified in the order;

(b) order that his registration be conditional on his compliance, for such period as may be specified in the order, with such requirements so specified as the Health Committee thinks fit to impose for the protection of members of the public or in his interests (referred to in this Part as restricted registration);

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

(d) 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)(c), the Medical Council shall by order direct that the name of the registered medical practitioner be removed 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 for restricted registration is made under subsection (1)(b), or an order for interim restricted registration is made under section 59A(1)(b) or 59C(1)(d), is judged by the Health Committee to have failed to comply with any of the requirements imposed on him as conditions of his registration, the Health Committee may, if it thinks fit, order that his registration in the appropriate register be suspended for such period not exceeding 12 months as may be specified in the order.

(4) Where the Health Committee has made an order for suspension under subsection (1) or (3), the Health Committee may order that the registration of the person whose registration is suspended shall, as from the expiry of the current period of suspension, be a restricted registration.

(5) Where the Health Committee has made an order for suspension under subsection (1) 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) order that, from the expiry of the current period of suspension, his registration in the appropriate register be restricted in such manner as it thinks fit for such period as it may specify.

(6) Where the Health Committee has made an order for restricted registration, the Health Committee 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 imposed by the order.
(7) No application under subsection (6) shall be made by the registered medical practitioner to the Health Committee 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 imposed by an order for restricted registration made under subsection (4) or (5) as it applies to a registered medical practitioner whose registration is subject to conditions imposed by an order for restricted registration made under subsection (1)(b), and subsection (6) shall apply accordingly.

(9) Where the Health Committee has —

(a) made an order under this section for suspension or for restricted registration, including an order for extending a period of suspension or a period of restricted registration; or

(b) varied the conditions imposed by a direction for restricted registration,

the Registrar shall immediately serve on the person to whom the order applies a notice of the order or of the 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 49(10), (11) and (12) and 50 shall apply, with the necessary modifications, to the Health Committee and references to a Disciplinary Tribunal shall be read as references to the Health Committee.

(12) Any person who is aggrieved by an order or any variation of the conditions imposed by an order for restricted registration made by the Health Committee under this section may, within 30 days of the service on him of the notification of the order, appeal to the Minister whose decision shall be final.

(13) Any order or any variation of the conditions imposed by an order for restricted registration made by the Health Committee shall take effect from the time the order or variation is made unless the Minister decides otherwise.
Restoration of names removed on recommendation of Health Committee

58. — (1) Where the name of a person has been removed from a register on the recommendation of the Health Committee under section 57, the Medical Council may, upon application by the person, if it thinks fit direct —

(a) that his name be restored to the register; or

(b) that he be registered 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) shall be made to the Medical Council more than once in any period of 12 months by or on behalf of the medical practitioner.

(3) No application under subsection (1) shall be made to the Medical Council by or on behalf of the medical practitioner unless the medical practitioner has complied with all the terms of the order made against him.

Division 7 — Interim Orders Committees

Interim Orders Committee

59. — (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).

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

(3) The Chairman of the Complaints Panel, a Complaints Committee, a Disciplinary Tribunal or the 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 59A; and the Medical Council shall refer the complaint or information to an Interim Orders Committee for this purpose.
(4) A member of a Complaints Committee or Disciplinary Tribunal inquiring into any matter shall not be a member of an Interim Orders Committee inquiring into or reviewing that 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 that matter, or take part in any deliberation of the Medical Council under section 57 in respect of that matter.

(6) Neither the Chairman of the Complaints Panel nor any member of the Health Committee shall be a member of an Interim Orders Committee.

(7) 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.

(8) A member of an Interim Orders Committee which has commenced any inquiry or review of any case 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.

(9) Sections 49(10), (11) and (12) and 50(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**

59A.—(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 a registered medical practitioner, for his registration to be suspended or to be made subject to conditions, 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 requirements so specified as the Interim Orders Committee thinks fit to impose (referred to in this Part as an order for interim restricted registration).

(2) The Registrar shall immediately serve a notification of the order under subsection (1) on the registered medical practitioner.

**Review of interim orders**

59B.—(1) Subject to subsection (2), where an Interim Orders Committee has made an order under section 59A, 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 59E(2) or an Interim Orders Committee has made a replacement order under section 59C(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

59C.—(1) Where an interim suspension order or an order for interim restricted registration has been made under this section or section 59A 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 59B or upon the recommendation of a Complaints Committee, a Disciplinary Tribunal or the Health Committee —

(a) revoke the order or revoke any condition imposed by the order;

(b) make an order varying any condition 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 of his registration in the order for interim restricted registration, 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 order for interim restricted registration, replace the interim suspension order with an order for interim restricted registration 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.

Right of hearing

59D.—(1) No order under section 59A or 59C(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 provision securing that the registered medical practitioner in respect of whom an interim suspension order or an order for interim restricted registration has been made shall, if he so requires, be entitled to be heard by the Interim Orders Committee on each occasion on which it reviews the order, and be represented by counsel during such review.

Application to High Court

59E.—(1) The Medical Council may apply to the High Court for an order made under section 59A or 59C(1)(c) or (d) to be extended, 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 order for interim restricted registration, revoke the order or vary any condition imposed by the order;

(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

59F.—(1) An interim suspension order or an order for interim restricted registration shall be in force until —

(a) the end of the period specified in the order or, if extended under section 59E(2), in the order extending it; or

(b) the date on which proceedings are concluded, whichever is the earlier.
(2) For the purposes of subsection (1)(b), proceedings are concluded if —

(a) the Complaints Committee inquiring into the complaint or information has made an order under section 48(1)(a) and —

(i) no appeal to the Minister under section 48(9) or (10) was made against that decision within the period specified in that section or such an appeal was withdrawn; or

(ii) the Minister made an order under section 48(11)(a) or (c);

(b) the Disciplinary Tribunal inquiring into the complaint or information has made an order under section 52(2) which has taken effect, or has dismissed the complaint or matter under section 52(4); or

(c) the Health Committee has made an order under section 57(1) which has taken effect, the Medical Council has made an order under section 57(2) which has taken effect, or the Health Committee has dismissed the complaint or matter,
as the case may be.

Person suspended under interim suspension order not regarded as registered

59G.—(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.

(2) Immediately upon the expiry or revocation of the 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 53, 56 and 57 shall continue to apply to a person whose registration in the register is suspended by virtue of an interim suspension order.
Medical Council may appoint legal counsel

59H. For the purposes of an inquiry under this Part by a Disciplinary Tribunal, the Health Committee or an 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

25. Section 60 of the principal Act is amended —

(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:

“(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

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

“Investigators

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.

(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,

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);

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

(c) examine orally any person supposed to be 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

(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 —

(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;

(ii) inspect any apparatus, appliance, equipment or instrument used or found on the premises;
(iii) inspect, test, examine, take and remove any chemical, pharmaceutical or any other substance found on the premises;

(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;

(v) inspect any test or procedure performed or carried out on the premises;

(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

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

(4) Any person who —

(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),

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.”.
Amendment of section 61

27. Section 61 of the principal Act is amended by deleting the words “Disciplinary Committee” in subsections (1) and (2) and substituting in each case the words “Disciplinary Tribunals”.

Amendment of section 65

28. Section 65 of the principal Act is amended 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 —

(a) practice 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

(b) advertise or hold himself out as being registered as a family physician.”.

New section 66A

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

“Composition of offences

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.

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

Amendment of section 68

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

Amendment of section 70

31. 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

32. 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”.

New First Schedule

33. The principal Act is amended by inserting, immediately after section 75, the following Schedule:
“FIRST SCHEDULE

SINGAPORE DEGREE

1. Licence in medicine and surgery of the King Edward VII College of Medicine, Singapore
2. [Degree, diploma or licence] in medicine and surgery of the University of Malaya in Singapore
3. [Degree, diploma or licence] in medicine and surgery of the University of Singapore
4. Degree in medicine and surgery of the Yong Loo Lin School of Medicine, National University of Singapore
5. [Doctor of Medicine of the Duke-NUS Graduate Medical School, National University of Singapore].”

Renaming of Schedule

34. The existing Schedule to the principal Act is amended by renaming the Schedule as the Second Schedule.

[Related amendments to Dental Registration Act]

[Related amendments to Pharmacists Registration Act 2007]

[Related amendments to Private Hospitals and Medical Clinics Act]

[Savings and transitional provisions]

EXPLANATORY STATEMENT

This Bill seeks to amend the Medical Registration Act (Cap. 174) and 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.

[…]

10
EXPENDITURE OF PUBLIC MONEY

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

Fb/MR(Am) Bill 09-3 (sharinaah cd 1)(jk – 8, 9.1.09)