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No. S 539

MEDICAL REGISTRATION ACT 1997

MEDICAL REGISTRATION (AMENDMENT) REGULATIONS 2022

In exercise of the powers conferred by section 70 of the Medical Registration Act 1997, the Singapore Medical Council, with the approval of the Minister for Health, makes the following Regulations:

Citation and commencement

1. These Regulations are the Medical Registration (Amendment) Regulations 2022 and come into operation on 1 July 2022.

Amendment of regulation 2

2. In regulation 2 of the Medical Registration Regulations 2010 (G.N. No. S 733/2010) (called in these Regulations the principal Regulations) —

- (a) in paragraph (1), in the definition of “Council’s solicitor”, replace “under section 59I of the Act” with “to act for the Medical Council for the purposes of an inquiry by any Health Committee or Interim Orders Committee or a legal officer of the Medical Council who has been admitted as an advocate and solicitor under the Legal Profession Act 1966”;
- (b) in paragraph (1), in the definition of “elected members”, replace “section 4(1)(c)” with “section 4(1)(f)”;
- (c) in paragraph (1), in the definition of “Fitness Assessment Panel”, replace “section 46” with “section 53”;
- (d) in paragraph (1), delete the definition of “legal assessor”;
- (e) in paragraph (1), in the definition of “party”, replace “a Disciplinary Tribunal” with “a Health Committee or an Interim Orders Committee”;

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- (f) in paragraph (1), in the definition of “Performance Assessment Panel”, replace “section 45” with “section 52”; and
- (g) in paragraph (2), delete “a Disciplinary Tribunal,”.

Amendment of regulation 14

3. In regulation 14 of the principal Regulations, replace “section 4(1)(b)” with “section 4(1)(e)”.

Amendment of regulation 24A

4. In regulation 24A of the principal Regulations —

- (a) in paragraph (5)(a), replace “section 55(1), (2) or (9) of the Act (as the case may be) has not lapsed;” with “section 59G(1) of the Act has not lapsed; or”;
- (b) in paragraph (5), delete sub-paragraph (b);
- (c) in paragraph (5)(c), replace “section 55” with “section 59G”;
- (d) in paragraph (7)(a), replace “section 53(2)(e)” with “section 59D(2)(e)”;
- (e) in paragraph (7)(b) and (c), replace “section 55” with “section 59G”; and
- (f) in paragraph (7)(c), replace “section 53(2) or (4) or 54” with “section 59D(2) or (4) or 59E”.

New regulation 24B

5. After regulation 24A of the principal Regulations, insert —

“Requirements for holding practising certificate

24B.—(1) This regulation applies only in relation to a practising certificate in respect of which an application for the grant or renewal is submitted to the Medical Council on or after 1 July 2022.

(2) For the purposes of section 37(1)(b) of the Act, the following are the prescribed requirements for a registered medical practitioner to continue holding a practising certificate:

- (a) where requested by the Medical Council, the registered medical practitioner must, within 21 days or such longer period allowed by the Medical Council after the date of the request, provide the Medical Council with a medical report on the registered medical practitioner's physical or mental fitness and whether the registered medical practitioner is fit to practise medicine;
- (b) where the registered medical practitioner is registered under section 21(1), 23(1) or 24(2) of the Act, the registered medical practitioner continues —
 - (i) to be employed in the hospital, institution or medical practice approved by the Medical Council under section 21(1)(b) of the Act;
 - (ii) to be engaged exclusively in teaching, research or postgraduate study in medicine under such approved training scheme or in such medical capacity as the Medical Council may specify under section 23(1) of the Act; or
 - (iii) to be engaged in employment as a house officer or in other similar capacity approved by the Medical Council in the hospital or institution approved by the Medical Council under section 25(1) of the Act,

as the case may be.”.

Deletion of regulations 27 to 45

6. Delete regulations 27 to 45 of the principal Regulations.

Amendment of regulation 46

7. In regulation 46(1) of the principal Regulations, delete “appointed under section 45(1) of the Act”.

Amendment of regulation 47

8. In regulation 47 of the principal Regulations, replace “section 44(3)(a)” with “section 50(3)(a)”.

Amendment of regulation 48

9. In regulation 48 of the principal Regulations —

- (a) in paragraph (1), delete “appointed under section 46(1) of the Act”; and
- (b) in paragraph (2), replace “section 46(3)” with “section 53(3)”.

Deletion of regulations 49 to 54 and new regulations 49 to 54D

10. Regulations 49 to 54 of the principal Regulations are replaced with —

“Notice of inquiry

49.—(1) Where a complaint or information is referred to a Health Committee under section 40(9)(a), 46(2)(a)(ii) or 59C(1) of the Act in respect of a practitioner, the Health Committee must, as soon as practicable, send the practitioner a notice of inquiry comprising the following:

- (a) a copy each of any complaint or information and of any statutory declaration or affidavit made in support of the complaint or information;
- (b) a statement that the practitioner may, within 60 days after the date of the notice, submit —
 - (i) not more than 2 medical reports by registered medical practitioners nominated by the practitioner, on the practitioner’s fitness to practise; and
 - (ii) any observations or other evidence that the practitioner may wish to offer as to the practitioner’s own fitness to practise.

(2) A practitioner must, within 14 days after the date of the notice —

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- (a) inform the Health Committee whether the practitioner wishes to nominate one or more registered medical practitioners under paragraph (1)(b)(i), and submit to the Health Committee the name of each nominated registered medical practitioner at the same time; and
 - (b) inform the Health Committee whether the practitioner intends to submit observations or other evidence under paragraph (1)(b)(ii).

(3) Where a registered medical practitioner nominated by a practitioner under paragraph (1)(b)(i) agrees to examine the practitioner for the purposes of preparing the medical report, the practitioner must immediately send the registered medical practitioner the documents mentioned in paragraph (1)(a).

Health Committee may direct medical examination

50.—(1) The Health Committee may, at any time after the notice of inquiry mentioned in regulation 49(1) is sent to a practitioner, direct the practitioner to undergo an examination by one or more registered medical practitioners appointed by the Health Committee.

(2) The Health Committee must, upon appointing one or more registered medical practitioners under paragraph (1), send the documents mentioned in regulation 49(1)(a) to the appointed registered medical practitioner or practitioners.

(3) A registered medical practitioner appointed under paragraph (1) must, after examining the practitioner, submit a report to the Health Committee —

- (a) on the fitness of the practitioner to practise, either independently or under supervision or with conditions; and
- (b) on the registered medical practitioner's recommendations (if any) as to the clinical management of any condition affecting the practitioner's physical or mental fitness.

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- (4) The Health Committee must —
- (a) send to the practitioner a copy of each of the reports mentioned in paragraph (3); and
 - (b) invite the practitioner to submit any further written observations or other evidence which the practitioner may wish to offer as to the practitioner's own fitness to practise.

(5) Where the Health Committee directs a practitioner to undergo an examination under paragraph (1) but the practitioner refuses or otherwise fails to undergo the examination, the Health Committee may draw an adverse inference against the practitioner and proceed with the inquiry (which includes the making of any order under section 59I(1) of the Act) as it thinks fit.

Health Committee may give directions by letter

51. The Health Committee may give the parties directions relating to the conduct of the inquiry by way of a letter.

Notice of hearing by Health Committee

52.—(1) Where the Health Committee considers it necessary to conduct a hearing, it must send the Medical Council and the practitioner a notice of hearing —

- (a) indicating the physical or mental condition by reason of which it is alleged that the practitioner's fitness to practise is impaired;
- (b) stating the date, time and place at which the hearing will be held; and
- (c) inviting the practitioner to state whether the practitioner proposes to attend the hearing, and inform the practitioner that the practitioner may be represented by counsel and may be accompanied by the practitioner's medical adviser.

(2) Except with the agreement of the practitioner, the date fixed for the hearing must not be earlier than 28 days after the date of the notice of hearing mentioned in paragraph (1).

(3) Where the practitioner has informed the Health Committee that the practitioner has nominated one or more registered medical practitioners under regulation 49(1)(b)(i), the notice of hearing mentioned in paragraph (1) must not be sent earlier than 60 days after the date of the notice of inquiry mentioned in regulation 49(1).

Disclosure of documents

53.—(1) The Health Committee may, upon the application of any party, order the other party (*A*) to produce a document in *A*'s possession or control that is relevant to any matter before the Health Committee.

(2) Without affecting section 51(3) of the Act, paragraph (1) does not apply to, or in relation to, the following documents:

- (a) any report from an Inquiry Committee or a Complaints Committee to the Medical Council prepared in relation to an investigation or inquiry commenced under Part 7 of the Act or any document containing the internal deliberations of the Inquiry Committee or Complaints Committee in the preparation of the report;
- (b) any correspondence between an Inquiry Committee or a Complaints Committee and an investigator exchanged in relation to an investigation directed under section 43(3)(b)(ii) or (c) or 45(7)(b) of the Act;
- (c) a document supplied by a public authority to the Medical Council or any Inquiry Committee or Complaints Committee, in respect of which disclosure would be, in the opinion of the public authority, contrary to the public interest.

Requests for confidential treatment

54.—(1) A request for the confidential treatment of a document, part of a document, or information, produced or given for the purposes of an inquiry before a Health Committee must —

- (a) be made to the Health Committee in writing by the party who produced the document or gave the information, when producing the document or giving the information;
- (b) where the request relates to part of a document, state the relevant words, figures or passages for which confidentiality is claimed; and
- (c) contain the reasons for the request for withholding the document or information from any party and, where the request relates to part of a document, the reasons specific to each such part.

(2) The party making the request must also submit to the Health Committee, if the person considers it possible to summarise or redact the material in the document, part of the document, or information, a non-confidential version of the document, part of the document or information (as the case may be) in a form that can be given to any party.

(3) A request for confidential treatment must not be considered if the request does not comply with paragraph (1), unless the Health Committee considers that the circumstances are exceptional.

(4) The Health Committee may grant the confidential treatment requested on any condition the Health Committee thinks fit (including changes to the summary or redacting of material in any non-confidential version under paragraph (2)), if the Health Committee is satisfied that the document, part of the document, or information contains, or is, in the Health Committee's opinion —

- (a) information the disclosure of which would be contrary to the public interest;

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- (b) commercial information the disclosure of which may significantly harm the legitimate business interests of the undertaking to which it relates; or
 - (c) information relating to the private affairs of an individual the disclosure of which would or may significantly harm the interests of that individual.

(5) In the event of a dispute as to whether the confidential treatment should be granted, the Health Committee must decide the matter after considering oral or written submissions from the parties, taking into account the matters referred to in paragraph (4).

(6) If the Health Committee grants the confidential treatment, the party making the request for the confidential treatment must, no later than 5 working days after the Health Committee's decision —

- (a) in the case where the grant is subject to changes to the summary or redacting of material in any non-confidential version filed under paragraph (2) —
 - (i) make the necessary changes or redactions;
 - (ii) submit the revised non-confidential version to the Health Committee; and
 - (iii) send the revised non-confidential version to the other party or parties, as the case may be; and
- (b) in any other case, send to the other party or parties the non-confidential version submitted under paragraph (2), if any,

and notify the other party or parties that the document, part of the document, or information has been summarised or redacted.

(7) The Health Committee must not, for the purpose of making any finding under section 59I(1) of the Act, rely on any document, part of a document, or information to which confidential treatment is granted, but may rely on the non-confidential version submitted (if any) under paragraph (2) or (6)(a), as the case may be.

Preparation of agreed documents

54A. All the parties must, no later than 5 days before the date fixed for the commencement of the hearing (called in this Part the first hearing date), jointly prepare an agreed bundle of documents, comprising every document or exhibit in respect of which parties are agreed as to authenticity.

Postponement of hearing

54B.—(1) Subject to section 59A(10) and (11) of the Act (read with section 59I(10) of the Act), a Health Committee may, on its own motion or upon the application of any party, postpone a hearing at any time.

(2) An application for the postponement of a hearing must be made in writing to the chairman of the Health Committee no later than 21 days before the first hearing date, unless the Health Committee allows the application to be made in a shorter period before the commencement of the hearing, and must be supported by good reasons.

Conduct of hearing

54C.—(1) The hearing of an inquiry by the Health Committee is to be held in private.

- (2) A Health Committee may, during any hearing —
- (a) give such directions for the proceedings of the hearing as the Health Committee thinks fit;
 - (b) conduct the proceedings in such manner as the Health Committee thinks fit;
 - (c) enquire into any matter which the Health Committee may consider relevant to the proceedings (whether or not such matter has been raised by a party);
 - (d) where any party does not appear at the hearing and the Health Committee is satisfied that regulation 49(1) is complied with — proceed with the hearing in the absence of that party and make such orders as the Health Committee thinks fit; and

(e) subject to section 59A(10) and (11) of the Act (read with section 59I(10) of the Act), adjourn the hearing to a later date.

(3) The directions which a Health Committee may give under paragraph (2)(a) include directions on one or more of the following matters:

- (a) the giving of evidence orally or by written statement;
- (b) the time limited for giving oral testimony;
- (c) the time limited for oral arguments;
- (d) the length of any written submissions;
- (e) where appropriate, the giving of evidence through a live video or live television link, having regard to the considerations in section 62A of the Evidence Act 1893.

Reference to documents where no relevant witness is called

54D.—(1) The Health Committee may, at any stage in the proceedings, refer to any written statement or medical reference material in respect of which no relevant witness is called, if —

- (a) the practitioner consents to the reference; or
- (b) the Health Committee is satisfied that the reception of the written statement or medical reference material is desirable to enable the Health Committee to perform its duty or discharge its functions.

(2) A copy of the written statement or medical reference material referred to in paragraph (1) must be made available to all the parties.

(3) Where, despite the reference of any written statement or medical reference material by the Health Committee under paragraph (1), the Health Committee is of the opinion that it should be supplemented by oral testimony —

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- (a) the Health Committee may request that a relevant witness be called as a witness and adjourn the hearing for the purpose; and
 - (b) on subsequently resuming the hearing, unless the relevant witness gives oral evidence, the Health Committee may disregard the written statement or medical reference material.
- (4) In this regulation, “relevant witness”, in relation to —
- (a) any written statement — means the author of the statement; and
 - (b) any medical reference material — means a medical expert witness.”.

Amendment of regulation 56

11. In regulation 56(1) of the principal Regulations, replace “section 58 of the Act and the Registrar shall serve on the practitioner a notice in accordance with section 58(9) of the Act” with “section 59I of the Act”.

Amendment of regulation 57

12. In regulation 57 of the principal Regulations —

- (a) in paragraph (2), replace “section 58(1)(c), (4) or (5)(b)” with “section 59I(1)(b) or (c)”;
- (b) in paragraph (3), replace “Regulations 53” with “Regulations 52”; and
- (c) replace paragraph (4) with —
 - “(4) Before any meeting under paragraph (1) or (2), the Health Committee may direct the practitioner to undergo a further examination by one or more registered medical practitioners appointed by the Health Committee.
 - (5) Regulation 50(3) and (4) applies in relation to a medical examination directed under paragraph (4) as

it applies to a medical examination directed under regulation 50(1).”.

Amendment of regulation 58

13. In regulation 58 of the principal Regulations (definition of “review hearing”), replace “section 59C” with “section 59M”.

New regulation 58A

14. After regulation 58 of the principal Regulations, insert —

“Notice of immediate interim order

58A. The notice of an immediate interim order mentioned in section 59K(2) of the Act must include the following:

- (a) the terms of the immediate interim order made under section 59K(1) of the Act;
- (b) a brief statement of the grounds under section 59K(1) of the Act for the immediate interim order;
- (c) a brief statement of the reasons that the practitioner’s registration is suspended or made subject to conditions or restrictions, pending the conclusion of the inquiry under section 59L(1) of the Act;
- (d) the date, time and place, not earlier than 5 days of the date of the notice, at which the Interim Orders Committee is to hold a hearing of the case;
- (e) a brief statement of the matters that appear to raise the issue whether —
 - (i) the practitioner’s registration should be suspended or made subject to conditions; and
 - (ii) such action is necessary for the protection of members of the public or is otherwise in the public interest or in the practitioner’s interest,pending the conclusion of the proceedings against the practitioner in accordance with section 59Q(2) of the Act;

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- (f) an invitation to the practitioner to —
 - (i) submit observations on the case (if any) in writing; and
 - (ii) state whether the practitioner proposes to attend the hearing;
 - (g) a notice that the practitioner may be represented or accompanied at the hearing by counsel.”.

Amendment of regulation 59

15. In regulation 59 of the principal Regulations —

- (a) in paragraph (1), replace “section 59A(3)” with “section 59J(3)”;
- (b) in paragraph (1)(b), replace “section 59G(2)” with “section 59Q(2)”;
- (c) after paragraph (2), insert —

“(3) Where an immediate interim order has been made under section 59K(1) of the Act against a practitioner —

- (a) where the notice mentioned in paragraph (1) was sent to the practitioner prior to the day the immediate interim order is made — that notice is superseded by the notice mentioned in regulation 58A and the Registrar must notify the practitioner of that fact; and
- (b) where the notice mentioned in paragraph (1) has not been sent to the practitioner — paragraphs (1) and (2) cease to apply in relation to the practitioner.”.

Amendment of regulation 60

16. In regulation 60(7) of the principal Regulations, replace “section 59B” with “section 59L”.

Amendment of regulation 61

17. In regulation 61(4) of the principal Regulations —
- (a) replace “section 59E” with “section 59O”; and
 - (b) replace “section 59B” with “section 59L”.

New regulation 61A

18. After regulation 61 of the principal Regulations, insert —

“Right to be heard and represented

61A. A practitioner in respect of whom an interim suspension order or an interim restriction order has been made is entitled to be heard by the Interim Orders Committee on each occasion the Committee reviews the order, and may be represented by counsel at each review.”.

Deletion of regulation 62 and new regulations 62 to 62F

19. Regulation 62 of the principal Regulations is replaced with —

“Interim Orders Committee may give directions by letter

62. The Interim Orders Committee may give the parties directions relating to the conduct of the inquiry by way of a letter.

Preparation of agreed documents

62A. All the parties must, no later than 5 days before the date fixed for the commencement of the initial hearing (called in this Part the first hearing date), jointly prepare the following:

- (a) a statement of agreed facts;
- (b) an agreed bundle of documents, comprising every document or exhibit in respect of which parties are agreed as to authenticity.

Exchange of documents

62B. For the purposes of an inquiry before an Interim Orders Committee, a party must exchange with the other party or parties

(as the case may be) the following documents no later than 5 days before the first hearing date:

- (a) every expert report prepared in relation to the inquiry;
- (b) the list of witnesses that the party will be calling at the hearing;
- (c) witness statements, if any;
- (d) every document or exhibit mentioned in a witness statement or that the party wishes to use at the hearing;
- (e) the party's opening statement for the hearing, stating —
 - (i) the nature of the case;
 - (ii) the legal and factual issues in dispute; and
 - (iii) the witnesses and documents in support of each factual proposition of the party and the precedents and authorities supporting each legal proposition of the party.

Requests for confidential treatment

62C.—(1) A request for the confidential treatment of a document, part of a document, or information, produced or given for the purposes of an inquiry before an Interim Orders Committee must —

- (a) be made to the Interim Orders Committee in writing by the party who produced the document or gave the information, when producing the document or giving the information;
- (b) where the request relates to part of a document, state the relevant words, figures or passages for which confidentiality is claimed; and
- (c) contain the reasons for the request for withholding the document or information from any party and, where

the request relates to part of a document, the reasons specific to each such part.

(2) The party making the request must also submit to the Interim Orders Committee, if the person considers it possible to summarise or redact the material in the document, part of the document, or information, a non-confidential version of the document, part of the document or information (as the case may be) in a form that can be given to any party.

(3) A request for confidential treatment must not be considered if the request does not comply with paragraph (1), unless the Interim Orders Committee considers that the circumstances are exceptional.

(4) The Interim Orders Committee may grant the confidential treatment requested on any condition the Interim Orders Committee thinks fit (including changes to the summary or redacting of material in any non-confidential version under paragraph (2)), if the Interim Orders Committee is satisfied that the document, part of the document, or information contains, or is, in the Interim Orders Committee's opinion —

- (a) information the disclosure of which would be contrary to the public interest;
- (b) commercial information the disclosure of which may significantly harm the legitimate business interests of the undertaking to which it relates; or
- (c) information relating to the private affairs of an individual the disclosure of which would or may significantly harm the interests of that individual.

(5) In the event of a dispute as to whether the confidential treatment should be granted, the Interim Orders Committee must decide the matter after considering oral or written submissions from the parties, taking into account the matters referred to in paragraph (4).

(6) If the Interim Orders Committee grants the confidential treatment, the party making the request for the confidential

treatment must, no later than 5 working days after the Interim Orders Committee's decision —

- (a) in the case where the grant is subject to changes to the summary or redacting of material in any non-confidential version filed under paragraph (2) —
 - (i) make the necessary changes or redactions;
 - (ii) submit the revised non-confidential version to the Interim Orders Committee; and
 - (iii) send the revised non-confidential version to the other party or parties, as the case may be; and
- (b) in any other case, send to the other party or parties the non-confidential version submitted under paragraph (2), if any,

and notify the other party or parties that the document, part of the document, or information has been summarised or redacted.

(7) The Interim Orders Committee must not, for the purpose of making an order under section 59K(1), 59L(1) or 59N(1) of the Act, rely on any document, part of a document, or information to which confidential treatment is granted, but may rely on the non-confidential version submitted (if any) under paragraph (2) or (6)(a), as the case may be.

Postponement of hearing

62D.—(1) An Interim Orders Committee may, on its own motion or upon the application of any party, postpone a hearing at any time.

(2) An application for the postponement of a hearing must be made in writing to the chairman of the Interim Orders Committee no later than 7 days before the first hearing date, unless the Interim Orders Committee allows the application to be made in a shorter period before the commencement of the hearing, and must be supported by good reasons.

Conduct of hearing

62E.—(1) The hearing of an inquiry by the Interim Orders Committee is to be held in private.

(2) An Interim Orders Committee may, during any hearing —

- (a) give such directions for the proceedings of the hearing as the Interim Orders Committee thinks fit;
- (b) conduct the proceedings in such manner as the Interim Orders Committee thinks fit;
- (c) enquire into any matter which the Interim Orders Committee may consider relevant to the proceedings (whether or not such matter has been raised by a party);
- (d) where any party does not appear at the hearing and the Interim Orders Committee is satisfied that regulation 59(1) is complied with — proceed with the hearing in the absence of that party and make such orders as the Interim Orders Committee thinks fit; and
- (e) adjourn the hearing to a later date.

(3) The directions which an Interim Orders Committee may give under paragraph (2)(a) include directions on one or more of the following matters:

- (a) the giving of evidence orally or by written statement;
- (b) the time limited for giving oral testimony;
- (c) the time limited for oral arguments;
- (d) the length of any written submissions;
- (e) where appropriate, the giving of evidence through a live video or live television link, having regard to the considerations in section 62A of the Evidence Act 1893.

Reference to documents where no relevant witness is called

62F.—(1) The Interim Orders Committee may, at any stage in the proceedings, refer to any written statement or medical reference material in respect of which no relevant witness is called, if —

- (a) every respondent to the inquiry consents to the reference; or
- (b) the Interim Orders Committee is satisfied that the reception of the written statement or medical reference material is desirable to enable the Interim Orders Committee to perform its duty or discharge its functions.

(2) A copy of the written statement or medical reference material referred to in paragraph (1) must be made available to all the parties.

(3) Where, despite the reference of any written statement or medical reference material by the Interim Orders Committee under paragraph (1), the Interim Orders Committee is of the opinion that it should be supplemented by oral testimony —

- (a) the Interim Orders Committee may request that a relevant witness be called as a witness and adjourn the hearing for the purpose; and
- (b) on subsequently resuming the hearing, unless the relevant witness gives oral evidence, the Interim Orders Committee may disregard the written statement or medical reference material.

(4) In this regulation, “relevant witness”, in relation to —

- (a) any written statement — means the author of the statement; and
- (b) any medical reference material — means a medical expert witness.”.

Amendment of regulation 63

20. In regulation 63 of the principal Regulations —

- (a) in paragraph (1), replace “section 59B” with “section 59L”; and
- (b) in paragraph (2), replace “section 59F(3)” with “section 59P(3)”.

Amendment of regulation 64

21. In regulation 64(2) of the principal Regulations, replace “section 59F” with “section 59P”.

Amendment of regulation 65

22. In regulation 65 of the principal Regulations —

- (a) in paragraph (4), replace “under section 56” with “by a medical practitioner mentioned in section 59T(1)(b)”; and
- (b) in paragraph (5), replace “under section 59” with “by a medical practitioner mentioned in section 59T(1)(c)”.

Deletion of regulation 67

23. Delete regulation 67 of the principal Regulations.

Amendment of Third Schedule

24. In the Third Schedule to the principal Regulations, delete Form C.

Amendment of Fifth Schedule

25. In the Fifth Schedule to the principal Regulations —

- (a) after item 8, insert —
 - “9. Replacement of a certificate of registration or a practising certificate due to loss, damage, defacement or change of information in certificate \$80”; and

- (b) replace item 11 with —

“11. Copy of notes of hearing before a Health Committee or Interim Orders Committee \$20 per page”.

Saving and transitional provisions

26.—(1) The principal Regulations in force immediately before 1 July 2022 continue to apply to, and in relation to —

- (a) any complaint or information made or referred to the Medical Council under section 39(1) of the old Act before that date;
- (b) any complaint or information made or referred by the Medical Council to the chairman of the Complaints Panel under section 39(3)(a) of the old Act before that date;
- (c) any notification by the Medical Council to a registered medical practitioner under section 39(3)(b) of the old Act before that date; and
- (d) any matter referred by the Medical Council to a Disciplinary Tribunal under section 39(4) of the old Act before that date.

(2) In this regulation, “old Act” means the Medical Registration Act 1997 in force immediately before 1 July 2022.

*[G.N. Nos. S 357/2011; S 659/2011; S 677/2012;
S 100/2013; S 403/2014; S 711/2015; S 148/2018;
S 1062/2020]*

Made on 27 June 2022.

CHEE YAM CHENG
President,
Singapore Medical Council.

[SMC 1.2; AG/LEGIS/SL/174/2020/1 Vol. 1]