
First published in the Government *Gazette*, Electronic Edition, on at .

No. S 733

MEDICAL REGISTRATION ACT
(CHAPTER 174)

MEDICAL REGISTRATION REGULATIONS 2010

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

PART I
PRELIMINARY

Citation and commencement

1. These Regulations may be cited as the Medical Registration Regulations 2010 and shall come into operation on 1st December 2010.

Definitions

2.—(1) In these Regulations, unless the context otherwise requires —

“Council’s solicitor” means an advocate and solicitor appointed under section 59I of the Act;

“counsel” means an advocate and solicitor representing a medical practitioner in any disciplinary proceedings under the Act;

“Credentials Committee” means the Credentials Committee appointed under section 29 of the Act;

“disciplinary offence” means an act or omission in respect of which a practitioner may be subject to disciplinary proceedings under the Act;

“elected members”, in relation to the Medical Council, means the members of the Medical Council referred to in section 4(1)(c) of the Act;

“Family Physicians Accreditation Board” means the Family Physicians Accreditation Board established under section 35A of the Act;

[S 357/2011 wef 01/07/2011]

“Fitness Assessment Panel” means a Fitness Assessment Panel appointed by a Complaints Committee under section 46 of the Act;

“legal assessor” means an assessor appointed under section 61 of the Act;

“party” means a party to an inquiry by a Disciplinary Tribunal;

“Performance Assessment Panel” means a Performance Assessment Panel appointed by a Complaints Committee under section 45 of the Act;

“register” means any register kept and maintained under section 19 of the Act;

“Specialists Accreditation Board” means the Specialists Accreditation Board established under section 34 of the Act.

(2) Any reference to a “practitioner”, in relation to any inquiry held by a Disciplinary Tribunal, a Health Committee or an Interim Orders Committee, or any assessment carried out by a Performance Assessment Panel or Fitness Assessment Panel, shall mean a medical practitioner to whom the inquiry or assessment, as the case may be, relates.

PART II
MEDICAL COUNCIL

Division 1 — Election of members of Medical Council

Returning officer

3.—(1) The executive secretary of the Medical Council, or any other person whom the Medical Council may from time to time appoint, shall be the returning officer for the purpose of electing the elected members of the Medical Council.

(2) The returning officer may appoint assistant returning officers who shall act under the direction of the returning officer.

Notice of nomination

4.—(1) Subject to regulation 6(2), if any vacancy arises amongst the elected members of the Medical Council, the returning officer shall, as soon as practicable, fix —

- (a) the dates, times, place, manner and procedure for submitting nomination papers;
- (b) the dates and times for balloting, which shall be not more than 60 days after the close of nominations; and
- (c) the places where the ballot shall take place.

(2) Where paragraph (1) applies, the returning officer shall cause to be sent to every fully registered medical practitioner resident in Singapore —

- (a) a notice informing him of the matters referred to in paragraph (1); and
- (b) a nomination paper in such form as the Medical Council may determine.

Nominations

5.—(1) Every fully registered medical practitioner resident in Singapore who desires to nominate any candidate for election as a member of the Medical Council shall —

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- (a) enter his own name as proposer and sign on the nomination paper referred to in regulation 4(2);
 - (b) enter on the nomination paper the name of each candidate he desires to nominate and have the consent of each candidate named endorsed thereon;
 - (c) enter on the nomination paper the name of a seconder for each candidate named and have the signature of each seconder endorsed thereon; and
 - (d) submit the nomination paper in the manner fixed by the returning officer under regulation 4(1)(a), which shall be accompanied by such information concerning each candidate named as the returning officer may require.

(2) No person shall propose or second the nomination of any candidate unless that person is a fully registered medical practitioner resident in Singapore who has in force a practising certificate at the time of the nomination.

(3) The number of candidates nominated in an election by a proposer shall not exceed the number of vacancies for elected members of the Medical Council to be filled in that election.

Vacancies filled or not filled by number of nominations

6.—(1) If the returning officer receives the same number of valid nominations as there are vacancies to be filled, he shall —

- (a) declare the candidates nominated to be elected; and
- (b) report accordingly to the Medical Council at its next meeting.

(2) If the returning officer receives fewer valid nominations than there are vacancies to be filled, the remaining vacancy or vacancies may be filled at the next round of elections to be held by the Medical Council.

Vacancies exceeded by number of nominations

7. If the returning officer receives more valid nominations than there are vacancies to be filled, he shall cause a notice to be sent to every

fully registered medical practitioner resident in Singapore containing instructions relating to —

- (a) the dates, times and places fixed for balloting;
- (b) the procedure for balloting; and
- (c) the names of the candidates and such other relevant information as the returning officer may determine.

No soliciting or canvassing for votes

8.—(1) A candidate shall not canvass for votes, or solicit the vote of any person, except in the manner permitted by the returning officer.

(2) Any candidate who contravenes paragraph (1) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$2,000.

Form and manner of voting

9.—(1) Voting shall be by secret ballot.

(2) Balloting shall be conducted in such form and manner, whether manually or by mechanical or electronic means, as the returning officer may determine.

Compulsory voting

10.—(1) Every fully registered medical practitioner who votes shall —

- (a) produce such proof of identity as the returning officer may require;
- (b) indicate the candidates for whom he wishes to vote in such manner as the returning officer may determine; and
- (c) submit his votes in such manner as the returning officer may determine.

(2) The penalty for failure to vote referred to in section 6(2) of the Act shall be \$500.

Counting of votes

11.—(1) The returning officer shall —

- (a) cause the votes given to each candidate to be counted, whether manually or by mechanical or electronic means; and
- (b) declare to be elected the candidate or candidates with the highest numbers of votes.

(2) If there is an equality of votes, the successful candidate or candidates shall be determined by drawing lots.

(3) The returning officer shall cause a notice to be sent to every registered medical practitioner resident in Singapore informing him of the results of the election.

Storage of records of vote

12. Subject to any directions that the President of the Medical Council may give, the records of the vote shall be retained securely by the Medical Council for 3 months.

Complaints to Medical Council

13.—(1) Subject to paragraph (2), any question arising out of the election as to whether a person is a fully registered medical practitioner resident in Singapore, whether a candidate has been validly nominated or whether a vote may be counted shall be decided by the returning officer.

(2) Any person aggrieved by an act or a decision of the returning officer may, not later than 7 days after the results of an election have been declared, complain in writing to the Medical Council, which may investigate the complaint and take such action (including declaring the election void in whole or in part) as it thinks fit.

(3) Any complaint that a candidate or any person on his behalf has used unethical methods or undue influence in order to secure the election or rejection of a candidate, or has contravened regulation 8(1), shall be made in writing to the Medical Council which may investigate the complaint and take such action (including declaring the election void in whole or in part) as it thinks fit.

(4) No failure to comply with these Regulations shall invalidate an election if it appears that the election was conducted in accordance with the principles laid down in these Regulations, and that the failure did not affect the result of the election.

(5) Where in these Regulations any act or thing is required to be done in the presence of the candidates or their agents, the non-attendance of any candidate or agent at the time and place appointed for the purpose shall not, if that act or thing is otherwise duly done, invalidate the act or thing.

Division 2 — Prescribed medical schools

Prescribed medical schools

14. For the purposes of section 4(1)(b) of the Act, the medical schools set out in the First Schedule shall be the prescribed medical schools.

PART III

REGISTRATION

Application for registration as medical practitioner

15.—(1) Any person applying for registration in the following registers shall apply to the Medical Council in such form as the Medical Council may require:

- (a) the Register of Medical Practitioners;
- (b) the Register of Temporarily Registered Medical Practitioners;
- (c) the Register of Provisionally Registered Medical Practitioners.

(2) The application shall be accompanied by the prescribed fee and the following, unless dispensed with by the Medical Council:

- (a) a certified copy of the degree entitling the applicant to be registered;
- (b) a certified copy of the identity card or passport of the applicant;

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- (c) if the applicant has been registered in any foreign country, a certificate of registration as a medical practitioner in that country;
 - (d) a certificate of experience under section 25 of the Act covering the period required under regulation 18, a certificate approved by the Medical Council as being equivalent to a certificate of experience referred to in section 21(2)(b) or 26(a) of the Act, or documentary proof of satisfactory service referred to in section 26(b) of the Act, whichever is applicable;
 - (e) if the applicant has been registered as a medical practitioner in a foreign country and if required by the Medical Council, a certificate from the registration body of that country stating, as at the date of issue of the certificate —
 - (i) that the applicant is a registered medical practitioner of that country;
 - (ii) that no disciplinary proceedings have been taken or are pending against the applicant in that country;
 - (iii) the specific details of any conditions or undertakings that apply to the applicant's registration in that country;
 - (iv) the specific details of any suspension or cancellation of the applicant's registration in that country; and
 - (v) any other information recorded on the register pertaining to the applicant's registration in that country; and
 - (f) any other information, statement or document required by the Medical Council.
- (3) Any document produced under paragraph (2) which is not in English shall be accompanied by a certified translation thereof.

Physician's pledge

16.—(1) A medical practitioner who wishes to be registered as a fully registered medical practitioner under section 20(1) or (2) of the

Act shall, prior to being registered as a fully registered medical practitioner, take the physician's pledge on such day and time as may be specified by the Medical Council.

(2) The physician's pledge referred to in paragraph (1) shall be as set out in the Second Schedule.

Persons holding Doctor of Medicine of Duke-NUS Graduate Medical School Singapore

17. For the purposes of section 20(1)(c) of the Act, any person holding a Doctor of Medicine of the Duke-NUS Graduate Medical School Singapore who wishes to be registered as a fully registered medical practitioner shall undergo, and pass, Steps I, II and III of the United States Medical Licensing Examination, or such other examination as the Medical Council may consider to be its equivalent.

Certificate of experience

18.—(1) The period of employment prescribed under section 25(1) of the Act for the granting of a certificate of experience shall be 12 months and shall consist of the following:

- (a) at least 3 months in general medicine;
- (b) at least 3 months in general surgery or orthopaedic surgery; and
- (c) the remaining period in such discipline or combination of disciplines as the Medical Council may approve.

(2) The form prescribed under section 25(2) of the Act for a certificate of experience shall be as set out in Form A in the Third Schedule.

Credentials Committee

19. The Credentials Committee shall advise the Medical Council —

- (a) whether an applicant for registration under section 20, 21, 23 or 24 of the Act should —
 - (i) be refused registration;

- (ii) be required to undergo and pass an examination under section 21(3) of the Act; or
 - (iii) be registered; and
- (b) on the conditions or restrictions, if any, that should be imposed on any such registration.

Application for registration as specialist

20.—(1) A registered medical practitioner who wishes to be registered as a specialist shall apply to the Medical Council in such form as the Medical Council may require.

(2) The application shall be accompanied by a certificate obtained from the Specialists Accreditation Board under section 35 of the Act and the prescribed fee.

(3) Subject to paragraph (5) and section 22(1A) and (2) of the Act, the Medical Council may register an applicant as a specialist in a defined specialty.

(4) In imposing or refusing to impose any conditions or restrictions under section 22(1A) of the Act, the Medical Council shall have regard to the advice of the Specialists Accreditation Board, under section 35(1)(f) of the Act, on any matters affecting, or connected with the registration of, a particular specialist or specialists generally.

(5) The Medical Council may refuse to register an applicant as a specialist in a defined specialty if, in the opinion of the Medical Council, the applicant —

- (a) does not have the qualifications and experience, or does not meet the conditions, as determined by the Specialists Accreditation Board under section 35 of the Act, for registration as a specialist in that defined specialty;
- (b) is not of good reputation and character;
- (c) is unfit to practise medicine either generally or in the defined specialty —
 - (i) because his ability to practise has been impaired by reason of his physical or mental condition; or

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- (ii) for any other reason;
 - (d) is not a registered medical practitioner under the Act;
 - (e) has had his name removed from a register of medical practitioners in any country whose degrees or licences in medicine are recognised as a qualification entitling the holder thereof to be registered under this Act; or
 - (f) has failed to comply with any condition or restriction of any previous registration that may have been imposed on him by the Medical Council.

(6) Where the Medical Council refuses to register an applicant, the Medical Council shall by notice in writing inform the applicant of such refusal.

(7) The applicant may, within one month after the date of the notice given under paragraph (6), appeal to the Minister whose decision shall be final.

(8) In this regulation, unless the context otherwise requires, “defined specialty” means any branch of medicine which the Specialists Accreditation Board has defined under section 35(1)(b) of the Act as a specialty or sub-specialty in medicine for the purposes of registration in the Register of Specialists.

Application for registration as family physician

20A.—(1) A registered medical practitioner who wishes to be registered as a family physician shall apply to the Medical Council in such form as the Medical Council may require.

(2) The application shall be accompanied by a certificate obtained from the Family Physicians Accreditation Board under section 35B of the Act and the prescribed fee.

(3) Subject to paragraph (5) and section 22A(2) and (3) of the Act, the Medical Council may register an applicant as a family physician.

(4) In imposing or refusing to impose any conditions or restrictions under section 22A(2) of the Act, the Medical Council shall have regard to the advice of the Family Physicians Accreditation Board, under section 35B(1)(f) of the Act, on any matters affecting, or

connected with the registration of, a particular family physician or family physicians generally.

(5) The Medical Council may refuse to register an applicant as a family physician if, in the opinion of the Medical Council, the applicant —

- (a) does not have the qualifications and experience, or does not meet the conditions, as determined by the Family Physicians Accreditation Board under section 35B of the Act, for registration as a family physician;
- (b) is not of good reputation and character;
- (c) is unfit to practise medicine either generally or as a family physician —
 - (i) because his ability to practise has been impaired by reason of his physical or mental condition; or
 - (ii) for any other reason;
- (d) is not a registered medical practitioner under the Act;
- (e) has had his name removed from a register of medical practitioners in any country whose degrees or licences in medicine are recognised as a qualification entitling the holder thereof to be registered under the Act; or
- (f) has failed to comply with any condition or restriction of any previous registration that may have been imposed on him by the Medical Council.

(6) Where the Medical Council refuses to register an applicant, the Medical Council shall by notice in writing inform the applicant of such refusal.

(7) The applicant may, within one month after the date of the notice given under paragraph (6), appeal to the Minister whose decision shall be final.

[S 357/2011 wef 01/07/2011]

PART IV
GRANT AND RENEWAL OF
PRACTISING CERTIFICATES

Definitions for this Part and Fourth Schedule

21.—(1) In this Part and the Fourth Schedule —

“active practice” means the practice of medicine, whether on a full-time or part-time basis, or as a locum;

“continuing medical education point” means a continuing medical education point which a practitioner obtains by successfully completing any activity, course or programme in the list of activities, courses and programmes published under regulation 23(1);

“core programme” means any activity, course or programme identified under regulation 23(2) as a core programme;

“Council’s website” means the Council’s Internet website at <http://www.smc.gov.sg> as may be updated from time to time;

“general core programme” means a core programme identified under regulation 23(2) as a core programme for all registered medical practitioners;

“practitioner” means a medical practitioner;

“qualifying period”, in relation to a practitioner, means the period specified in the part of the fourth column of the Fourth Schedule applicable to him;

“requisite number of continuing medical education points”, in relation to a practitioner, means the number of continuing medical education points specified in the part of the second column of the Fourth Schedule applicable to him;

“specific core programme” means a core programme identified under regulation 23(2) as a core programme for registered medical practitioners of a specified description to which a practitioner belongs.

(2) In this Part, a practitioner obtains the requisite number of continuing medical education points if he successfully completes one

or more of the activities, courses and programmes in the list published under regulation 23(1) in respect of which the total number of continuing medical education points obtainable equals or exceeds that requisite number.

Application of this Part

22.—(1) Subject to paragraph (2), this Part shall apply to every practitioner who has been registered under section 20 or 21 of the Act and who applies for the grant of a practising certificate, or the renewal of his practising certificate.

(2) Regulations 23 and 24 shall not apply to a practitioner who applies for the grant of a practising certificate for the first time.

List of activities, etc., with continuing medical education points

23.—(1) The Medical Council shall publish on the Council's website a list of activities, courses and programmes relating to the practice of medicine for the purposes of this Part and the number of continuing medical education points which a practitioner obtains by successfully completing each of the activities, courses and programmes.

(2) The Medical Council shall —

- (a) identify in the list those activities, courses and programmes which are core programmes for the purposes of this Part; and
- (b) in respect of each core programme, state in the list whether it is a core programme for all registered medical practitioners or for registered medical practitioners of a specified description.

Grant or renewal of practising certificate subject to obtaining continuing medical education points

24.—(1) For the purposes of section 36(6) and (7) of the Act, the Medical Council may refuse to grant a practising certificate to a registered medical practitioner, or may refuse to renew his practising certificate, if he fails to satisfy the Medical Council that he has obtained the requisite number of continuing medical education points.

(2) In relation to the requisite number of continuing medical education points for the renewal of a registered medical practitioner's practising certificate, not less than the percentage of those points specified in the part of the third column of the Fourth Schedule applicable to the registered medical practitioner must be obtained by his successful completion of one or more of the core programmes specified in that part.

(3) A registered medical practitioner who is not in active practice shall not be entitled to rely on item 8 or 9 of the Fourth Schedule for the renewal of his practising certificate unless —

(a) he has filed with the Medical Council, in such form and manner as may be specified in the Council's website, a declaration that —

(i) he is currently not in active practice and has no regular patient contact; or

(ii) he will be ceasing active practice on a specified date and will no longer have regular patient contact; and

[S 677/2012 wef 01/01/2013]

(b) the Medical Council has granted its approval for him to rely on that item.

[S 677/2012 wef 01/01/2013]

(4) A registered medical practitioner referred to in paragraph (3) may resume active practice only if, in the period of 24 months immediately preceding the date on which he has indicated to the Medical Council that he wishes to resume active practice, he obtains at least 50 continuing medical education points of which at least 10 are from one or more general or specific core programmes.

[S 677/2012 wef 01/01/2013]

(5) In computing the total number of continuing medical education points obtained by a registered medical practitioner applying for the grant of a practising certificate, only points obtained by him within the qualifying period shall be considered.

(6) In computing the total number of continuing medical education points obtained by a registered medical practitioner applying for the

renewal of his practising certificate, only points obtained by him during the qualifying period shall be considered.

[S 677/2012 wef 01/01/2013]

(7) *[Deleted by S 677/2012 wef 01/01/2013]*

(8) The Medical Council may, in such special circumstances as it may determine, grant a practising certificate to a registered medical practitioner or renew his practising certificate even though he has failed to satisfy the Medical Council of any matter referred to in paragraph (1) or (2).

Duration of practising certificate

25.—(1) Except as otherwise provided in paragraph (2), a practising certificate shall be valid for a period not exceeding 24 months from the date it is issued or renewed, as specified therein.

(2) A practising certificate may be granted or renewed for a period of 12 months or less from the date it is issued or renewed, as specified therein, only if —

- (a) the practitioner applied for the grant or renewal of a practising certificate valid for 12 months or less;
- (b) the Medical Council is satisfied that the practitioner is unlikely to practise in Singapore for more than 12 months; or
- (c) the Medical Council is satisfied that it is not in the public interest for the practitioner to hold a practising certificate valid for more than 12 months.

(3) Notwithstanding paragraph (2), the Medical Council may, between 1st January 2013 and 31st December 2014 (both dates inclusive), renew a practising certificate for a period of 12 months or less for the sole purpose of ensuring that the practising certificate expires on 31st December of the year of renewal.

[S 677/2012 wef 01/01/2013]

PART V

PROFESSIONAL CONDUCT AND DISCIPLINE

Professional conduct and ethics

26. Every registered medical practitioner shall observe the pronouncements on professional matters and professional ethics issued from time to time by the Medical Council.

Notice of inquiry

27.—(1) Where a Disciplinary Tribunal has been appointed under section 50(1) of the Act, the Council's solicitor shall send a notice as set out in Form C in the Third Schedule to the practitioner.

(2) The notice referred to in paragraph (1) shall —

(a) specify, in the form of a charge or charges determined by the Complaints Committee or (where the matter is referred to the Disciplinary Tribunal under section 49(2)(b) of the Act) the Medical Council, the matters which the Disciplinary Tribunal will inquire into;

(b) state the date, time and place at which the inquiry will be held;

(c) be sent —

(i) by delivering it to the practitioner, an adult member of his family, or an employee of his family or of his medical practice, at the practitioner's last known address; or

(ii) by registered post addressed to the practitioner at his last known address; and

(d) be accompanied by a copy of the report of any expert witness whom the Council's solicitor intends to call at the inquiry.

(3) An inquiry shall not be held earlier than 28 days after the date of the notice of inquiry except with the agreement of the practitioner.

Postponement or adjournment

28.—(1) Subject to section 51(9) and (10) of the Act, a Disciplinary Tribunal may, of its own motion or upon the application of any party,

postpone the commencement of any inquiry or adjourn any proceedings at any time.

(2) An application for the postponement of the commencement of an inquiry shall be made in writing to the chairman of the Disciplinary Tribunal at least 21 days before the date fixed for the commencement of the inquiry, unless the Disciplinary Tribunal allows the application to be made in a shorter period before the commencement of the inquiry, and shall be supported by good reasons.

Power to make orders and give directions for the just, expeditious and economical disposal of inquiries

29.—(1) A Disciplinary Tribunal may, at any time after it is appointed, of its own motion or on the application of any party, direct any party or the parties to attend a pre-inquiry conference before the chairman of the Disciplinary Tribunal, in order that the chairman may make such orders or give such directions of an administrative nature as he thinks fit for the just, expeditious and economical disposal of the inquiry.

(2) Where the chairman of the Disciplinary Tribunal is a registered medical practitioner, he may be assisted at the pre-inquiry conference by —

(a) a legal assessor; or

(b) any member of the Disciplinary Tribunal who is a person referred to in section 50(1)(a)(ii), (iii) or (iv) of the Act.

(3) The chairman of the Disciplinary Tribunal may adjourn a pre-inquiry conference from time to time, either generally or to a particular date, as may be appropriate.

(4) The chairman may, in exercising his powers under this regulation, make such recommendation as to costs, as he thinks fit, to the Disciplinary Tribunal, including costs occasioned by any non-compliance with a direction given or an order made by the chairman under this regulation.

Supply of documents

30.—(1) If the practitioner wishes to raise any defence at the inquiry, he or his counsel shall, at least 10 days before the date fixed for the commencement of the inquiry, send to the Council’s solicitor the report of any expert witness whom the practitioner or his counsel intends to call at the inquiry.

(2) The Council’s solicitor shall, as soon as practicable, send to the executive secretary of the Medical Council —

- (a) a copy each of the notice referred to in regulation 27(1) and any report referred to in regulation 27(2)(d); and
- (b) a copy of any report received from the practitioner or his counsel under paragraph (1).

(3) The Council’s solicitor and the practitioner or his counsel shall, as far as possible, co-operate to prepare an agreed statement of facts, an agreed bundle of documents or exhibits to be used at the inquiry and their lists of witnesses to be called at the inquiry.

(4) The Council’s solicitor shall, at least 5 days before the commencement of the inquiry or within such time as may be directed by the chairman of the Disciplinary Tribunal at a pre-inquiry conference, send the following, if available, to the executive secretary of the Medical Council and the practitioner or his counsel:

- (a) the opening statements of the parties;
- (b) the agreed statement of facts;
- (c) the agreed bundle of documents or exhibits to be used at the inquiry;
- (d) lists of witnesses whom the parties intend to call at the inquiry; and
- (e) copies of any other documents which are to be used at the inquiry.

(5) The Council’s solicitor may —

- (a) request to receive from the practitioner or his counsel copies of any documents in the possession of the practitioner or his

counsel which are relevant to the matter before the Disciplinary Tribunal; or

- (b) give notice to the practitioner or his counsel to produce before the Disciplinary Tribunal any such documents.

Subpoena

31. A subpoena issued under section 51(5) of the Act shall be in accordance with Form 67 set out in Appendix A to the Rules of Court (Cap. 322, R 5), with such variations as the circumstances require.

[S 100/2013 wef 01/03/2013]

Waiver

32. The Disciplinary Tribunal may, in any particular case, waive all or any of the requirements in regulations 27(2)(d) and 30.

Medical Council may consent to amendment, etc., of charges

33.—(1) The Medical Council shall consider any representations received from a practitioner or his counsel in respect of any charge framed against him and may, if the Medical Council considers it fair and expedient to do so, consent to —

- (a) the subsequent amendment, withdrawal, substitution or amalgamation by the Disciplinary Tribunal of one or more charges against the practitioner; or
- (b) the taking into consideration of one or more charges by the Disciplinary Tribunal for the purposes of exercising the powers of the Disciplinary Tribunal under section 53(2) of the Act.

(2) The Medical Council may appoint a committee to exercise the powers and functions of the Medical Council under paragraph (1).

(3) The number and terms of office of the members of a committee appointed under paragraph (2), and the number of those members necessary to form a quorum, shall be fixed by the Medical Council at the time of the appointment of the committee.

Conduct of inquiry

34.—(1) At the inquiry, the case against the practitioner may be presented by the Council’s solicitor.

(2) The practitioner may appear in person or be represented by counsel.

(3) Where neither the practitioner nor his counsel is present, the Disciplinary Tribunal may proceed with the inquiry if it is satisfied that regulation 27 has been complied with.

(4) The Disciplinary Tribunal shall adopt the following procedure for holding its inquiry, but may make such variations or modifications as it thinks fit in any particular case:

- (a) the charge or charges shall first be read out to the practitioner;
- (b) the practitioner or his counsel may object to any charge on a point of law, and if any such objection is upheld, no further proceedings shall be taken on the charge to which the objection relates;
- (c) the Council’s solicitor shall present the facts on which the complaint is based, and adduce evidence of the facts alleged in the charge or charges;
- (d) the practitioner or his counsel may adduce evidence to substantiate his defence;
- (e) both the Council’s solicitor and the practitioner or his counsel may cross-examine witnesses of the other party after the evidence-in-chief has been completed, and each party may re-examine their witnesses after the cross-examination;
- (f) at the close of his case, the practitioner or his counsel may address the Disciplinary Tribunal; and
- (g) the Council’s solicitor will make his closing address.

(5) Where at any point in the proceedings the Disciplinary Tribunal determines that the evidence brought forward is insufficient or there is no evidence to substantiate any charge or all of the charges, the Disciplinary Tribunal shall discontinue further proceedings on the charge or charges.

(6) If the Disciplinary Tribunal is satisfied that the practitioner or his counsel is hampering or attempting to hamper the progress of the inquiry, the chairman of the Disciplinary Tribunal shall administer a warning to the practitioner and, where appropriate, his counsel.

(7) If after such warning the Disciplinary Tribunal is satisfied that the warning is being disregarded, the Disciplinary Tribunal shall make a written note of this and shall proceed with and complete the inquiry in any manner which it thinks fit.

(8) The inquiry by the Disciplinary Tribunal shall be held in private.

Disciplinary Tribunal may alter charge or frame new charge

35.—(1) A Disciplinary Tribunal may alter a charge or frame a new charge, whether in substitution for or in addition to an existing charge, at any time before it makes a finding under section 53 of the Act.

(2) An altered charge or a new charge must be read and explained to the practitioner.

(3) If a charge is altered or a new charge is framed under paragraph (1), the Disciplinary Tribunal must immediately call on the practitioner to enter his plea and to state whether he is ready for the inquiry to proceed on the altered or new charge.

(4) If the practitioner declares that he is not ready for the inquiry to proceed on the altered or new charge, the Disciplinary Tribunal must duly consider any reason he gives.

(5) Notwithstanding paragraph (4), if the Disciplinary Tribunal thinks that proceeding immediately with the inquiry is unlikely to prejudice the practitioner's defence or the conduct of the case by the Council's solicitor, then the Disciplinary Tribunal may proceed with the inquiry.

(6) If, after considering any reason given by the practitioner under paragraph (4), the Disciplinary Tribunal thinks that proceeding immediately with the inquiry is likely to prejudice the practitioner's defence or the conduct of the case by the Council's solicitor, then the Disciplinary Tribunal may direct a new inquiry or adjourn the inquiry for as long as it thinks necessary.

(7) If a charge is altered or a new charge is framed by the Disciplinary Tribunal after the start of an inquiry, the Council's solicitor and the practitioner must, on application to the Disciplinary Tribunal by either party, be allowed to recall or re-summon and examine any witness who may have been examined, with respect to the altered or new charge only, unless the Disciplinary Tribunal thinks that the application is frivolous or vexatious, or is otherwise an abuse of process.

Joining of similar disciplinary offences and inquiry for more than one disciplinary offence

36.—(1) When a practitioner is alleged to have committed 2 or more disciplinary offences, a single inquiry into any number of those disciplinary offences may be held if the disciplinary offences form or are a part of a series of disciplinary offences of the same or a similar character.

(2) If, in one series of acts or omissions so connected as to form the same transaction, 2 or more disciplinary offences are committed by the same practitioner, then a single inquiry into every such disciplinary offence may be held.

Inquiries against 2 or more practitioners

37. A joint inquiry or separate inquiries may be held against —

- (a) 2 or more practitioners alleged to have committed the same disciplinary offence in the same transaction;
- (b) 2 or more practitioners alleged to have committed different disciplinary offences in the same transaction;
- (c) 2 or more practitioners alleged to have committed 2 or more disciplinary offences which form or are a part of a series of disciplinary offences of the same or a similar character;
- (d) 2 or more practitioners alleged to have committed 2 or more disciplinary offences, if all of those offences arise from the same series of acts or omissions, whether or not they form the same transaction; or

- (e) one or more practitioners alleged to have committed a disciplinary offence and one or more practitioners alleged to have abetted or attempted to commit that disciplinary offence.

Single or joint inquiries with consent

38.—(1) A Disciplinary Tribunal may inquire into 2 or more disciplinary offences together at a single inquiry or order a joint inquiry, notwithstanding that it cannot do so by virtue of regulation 36 or 37, if —

- (a) in a case where a practitioner is charged with 2 or more disciplinary offences, the Medical Council and the practitioner consent to have all such disciplinary offences dealt with at the same inquiry; or
- (b) in a case where 2 or more practitioners are charged with separate disciplinary offences, the Medical Council and all such practitioners consent to a joint inquiry.

(2) Notwithstanding paragraph (1), the Disciplinary Tribunal shall not hold a single or joint inquiry in relation to a practitioner who had earlier given consent under that paragraph, if —

- (a) at the time when the consent was given, the practitioner was not represented by counsel; and
- (b) at the time of the inquiry, that practitioner objects to the Disciplinary Tribunal holding the single or joint inquiry.

Separate inquiry where practitioner is prejudiced

39. Notwithstanding any other provision in these Regulations, a Disciplinary Tribunal may order, before or at any stage of an inquiry in relation to a practitioner, that a separate inquiry be held into one or more disciplinary offences alleged to have been committed by the practitioner, if the Disciplinary Tribunal is of the view that the practitioner may be prejudiced or embarrassed in his defence because —

- (a) a single inquiry is being held into more than one disciplinary offence under regulation 36 or 38(1)(a); or

- (b) a joint inquiry is being held under regulation 37 or 38(1)(b) against the practitioner together with one or more other practitioners.

Findings of Disciplinary Tribunal

40.—(1) After the closing address by the Council’s solicitor, the Disciplinary Tribunal shall inform the parties of its findings in relation to the facts of the case either immediately or on a subsequent date of which reasonable notice shall be given to the parties.

(2) If the Disciplinary Tribunal is satisfied that the charge or any of the charges made against the practitioner have been proved, the Disciplinary Tribunal shall invite the practitioner or his counsel to address the Disciplinary Tribunal by way of mitigation and, after hearing such address, if any, proceed to exercise the powers referred to in section 53(2) of the Act.

Outstanding charges

41.—(1) Where a Disciplinary Tribunal makes a finding under section 53(1) of the Act against a practitioner in respect of a disciplinary offence, the Disciplinary Tribunal, in exercising its powers under section 53(2) of the Act, may, with the consent of the Medical Council and the practitioner, take into consideration any other outstanding disciplinary offences that the practitioner admits to have committed.

(2) After the Disciplinary Tribunal has exercised its powers under section 53(2) of the Act, no disciplinary action shall, unless the findings of the Disciplinary Tribunal in respect of the original disciplinary offence referred to in paragraph (1) are set aside, be taken against the practitioner in respect of any such other disciplinary offences that the Disciplinary Tribunal had taken into consideration under this regulation.

Publication of outcome of inquiry

42. The Disciplinary Tribunal may, in its discretion, publish an account of the inquiry and its findings and may cause the dean, the secretary or any other proper officer of any university from which the

practitioner had received his degree or qualification to be informed of the removal of his name from any register.

Transcript of notes of inquiry

43. Upon the application of any interested party and payment of the prescribed fee, the Medical Council may furnish that party with a transcript of the inquiry or a copy of any document tendered at the inquiry.

Documents before Disciplinary Tribunal

44.—(1) The Disciplinary Tribunal may, at any stage in the proceedings, refer to any written statement or medical reference material, notwithstanding that its author or, in the case of medical reference material, a medical expert may not be called, if —

- (a) the practitioner consents; or
- (b) after consultation with the legal assessor, the Disciplinary Tribunal is satisfied that the reception of the written statement or medical reference material is desirable to enable the Disciplinary Tribunal to perform its duty or discharge its functions.

(2) A copy of the written statement or medical reference material referred to in paragraph (1) shall be made available to the practitioner at the inquiry.

(3) Where, notwithstanding that any written statement or medical reference material has been referred to by the Disciplinary Tribunal under paragraph (1), the Disciplinary Tribunal is of the opinion that it should be supplemented by oral testimony —

- (a) the Disciplinary Tribunal may request that the author or, in the case of medical reference material, a medical expert be called as a witness and adjourn the hearing for the purpose; and
- (b) on subsequently resuming the hearing, unless the author or medical expert, as the case may be, gives oral evidence, the Disciplinary Tribunal shall be entitled to disregard the written statement or medical reference material.

Resumed hearing

45.—(1) If, in any case where the Disciplinary Tribunal has adjourned the case or postponed its finding, it appears to the chairman of the Disciplinary Tribunal that the Disciplinary Tribunal should resume consideration of the case, the chairman of the Disciplinary Tribunal shall notify the Council’s solicitor and the practitioner or his counsel of the date, time and place where the Disciplinary Tribunal will meet to resume its consideration of the case.

(2) Without prejudice to the generality of paragraph (1), where a Disciplinary Tribunal has imposed any condition or restriction under section 53(2)(d) or 54(2) of the Act and information is subsequently received that the practitioner is in a material respect not complying with the condition or restriction —

- (a) the Disciplinary Tribunal or any Disciplinary Tribunal appointed in its place may meet to consider the case; and
- (b) the executive secretary of the Medical Council shall notify the Council’s solicitor and the practitioner or his counsel of the date, time and place of the meeting.

(3) Regulations 28 to 44 shall apply, with the necessary modifications, to any meeting under paragraph (1) or (2).

PART VI**PERFORMANCE AND FITNESS ASSESSMENTS****Performance Assessment Panels**

46.—(1) A Performance Assessment Panel appointed under section 45(1) of the Act shall comprise —

- (a) 2 registered medical practitioners of not less than 15 years’ standing from the same specialty as the practitioner who has agreed to undergo a performance assessment; and
- (b) a lay person, if the Complaints Committee thinks it desirable having regard to the nature of the issues likely to arise in the performance assessment.

(2) In assessing the quality of a practitioner's professional services, a Performance Assessment Panel —

- (a) may do such acts as it deems fit, including the following:
 - (i) visiting the practitioner's place of work;
 - (ii) interviewing the practitioner;
 - (iii) interviewing third parties, such as the person who made the complaint or referred the information;
 - (iv) reviewing a sample of the practitioner's records and practice documents;
 - (v) having a case-based discussion with the practitioner using a selection of some cases to explore the practitioner's reasoning; but
- (b) notwithstanding sub-paragraph (a), shall not do any act that is inconsistent with the Act or any instructions which may be issued by the Complaints Committee.

Reasons for performance assessment

47. In deciding whether to authorise an investigator to obtain the consent of a practitioner under section 44(3)(a) of the Act to undergo a performance assessment, the Complaints Committee shall have regard to all of the following:

- (a) any apparent tendency by the practitioner to use inappropriate or outdated techniques;
- (b) any apparent lack of basic medical knowledge on the part of the practitioner;
- (c) any apparent lack of familiarity with basic clinical or administrative procedures on the part of the practitioner;
- (d) any apparent poor record keeping or failure to keep up-to-date records by the practitioner;
- (e) any apparent inadequate practice arrangements involving the practitioner;
- (f) any apparent inadequate hygiene arrangements involving the practitioner; and

- (g) such other matters as the Complaints Committee considers relevant.

Fitness Assessment Panels

48.—(1) A Fitness Assessment Panel appointed under section 46(1) of the Act shall comprise 2 registered medical practitioners of not less than 15 years' standing.

(2) The report submitted by a Fitness Assessment Panel under section 46(3) of the Act shall address all relevant matters relating to the practitioner's fitness to practise, including the following:

- (a) the Fitness Assessment Panel's opinion on whether the practitioner is fit to practise, either generally or in a limited way;
- (b) any recommendation by the Fitness Assessment Panel, including recommendations on the appropriate restrictions or limitations to be imposed on the practitioner's practice.

PART VII

HEALTH COMMITTEES

Invitation to submit to medical examination

49.—(1) Where a complaint or information is referred to a Health Committee under section 41(2)(a), 49(2)(a) or 52(1) of the Act, the chairman of the Health Committee may send a notice in writing to the practitioner —

- (a) inviting him to agree, within 14 days after receiving the notice, to an examination by at least 2 registered medical practitioners to be appointed by the Health Committee and to agree that they should furnish to the Health Committee reports on his fitness to practise; or
- (b) if the information received by the Health Committee includes reports on the practitioner by other medical practitioners who have recently examined him and it appears to the Health Committee that such reports afford sufficient medical evidence that the practitioner's fitness to practise may be

impaired by reason of a physical or mental condition, informing him so.

(2) The Health Committee shall, in the notice referred to in paragraph (1) —

- (a) inform the practitioner that he may nominate not more than 2 other registered medical practitioners to examine him and report to the Health Committee on his fitness to practise at his own expense;
- (b) invite the practitioner to submit any observations or other evidence which he may wish to offer as to his own fitness to practise; and
- (c) inform the practitioner of the matters referred to in paragraph (1).

(3) The Health Committee may, as soon as practicable, proceed with its inquiry and make such order as it thinks fit under section 58 of the Act, if the practitioner —

- (a) refuses to be examined;
- (b) having agreed to a medical examination, subsequently fails to submit to the medical examination when it has been arranged by the Health Committee or, in the case of a medical examination by a medical practitioner nominated under paragraph (2)(a), within 30 days of the despatch of the notice referred to in paragraph (1) (or such further period as the Health Committee may allow); or
- (c) does not reply within 14 days of the despatch of the notice referred to in paragraph (1) (or such further period as the Health Committee may allow).

(4) The chairman of the Health Committee shall forward to the practitioner, together with the notice referred to in paragraph (1), copies of any complaint or information and of any statutory declaration or affidavit made in support of the complaint or information.

Medical examination

50.—(1) If the practitioner agrees to submit to a medical examination by the medical practitioners appointed by a Health Committee in response to an invitation sent under regulation 49(1)(a), the Health Committee shall make arrangements for such examination.

(2) The Health Committee shall send to the medical practitioners referred to in paragraph (1) and any medical practitioners nominated under regulation 49(2)(a) the information received by the Health Committee and shall ask them to report to the Health Committee —

- (a) on the fitness of the practitioner to practise, either generally or on a limited basis; and
- (b) on their recommendations, if any, as to the management of his case.

Provision of medical reports to practitioner

51. The Health Committee shall —

- (a) send to the practitioner copies of the reports obtained under regulation 50(2); and
- (b) invite the practitioner to submit any further written observations or other evidence which he may wish to offer as to his own fitness to practise.

Notice of inquiry by Health Committee

52.—(1) If the practitioner does not agree to submit to a medical examination in response to an invitation sent under regulation 49(1)(a), the Health Committee shall, as soon as practicable, send to the practitioner a notice —

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

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- (2) The notice referred to in paragraph (1) shall be sent —
- (a) by delivering it to the practitioner, an adult member of his family, or an employee of his family or of his medical practice, at the practitioner's last known address; or
 - (b) by registered post, addressed to the practitioner at his last known address.
- (3) Except with the agreement of the practitioner, no case shall be heard by the Health Committee at any date earlier than 28 days after the date of the notice referred to in paragraph (1).
- (4) The notice referred to in paragraph (1) shall be accompanied by copies of any reports, written statements and other documents before the Health Committee which have not already been sent to the practitioner.

Attendance at inquiry

53. Where neither the practitioner nor his counsel is present, the Health Committee may proceed with the inquiry if the Health Committee is satisfied that regulation 52 has been complied with.

Application of certain regulations to Health Committee

54.—(1) Where —

- (a) the chairman of the Complaints Panel appointed under section 38(4) of the Act has referred any complaint or information to a Health Committee under section 41(2)(a) of the Act;
- (b) a Complaints Committee has ordered that any inquiry be held by a Health Committee under section 49(2)(a) of the Act; or
- (c) a Disciplinary Tribunal has referred a question to a Health Committee under section 52(1) of the Act,

subject to paragraph (2), regulations 28, 30 to 32, 34(4) to (8), 43 and 44 shall apply, with the necessary modifications, to the Health Committee.

(2) For the purposes of any proceedings before a Health Committee, a reference to a Disciplinary Tribunal in regulations 28, 30 to 32, 34(4) to (8), 43 and 44 shall be read as a reference to a Health Committee.

Determination of Health Committee

55.—(1) At the conclusion of the proceedings, the Health Committee shall consider and determine whether or not it is of the view that the practitioner's fitness to practise is impaired by reason of his physical or mental condition.

(2) In reaching its judgment, the Health Committee shall be entitled to consider —

- (a) the practitioner's current physical or mental condition;
- (b) any continuing and episodic condition which the practitioner may have or suffer from; or
- (c) a condition which the practitioner used to have or suffer from and which, although currently in remission, may be expected to recur.

Announcement of determination

56.—(1) The Health Committee shall notify the Registrar of any order made under section 58 of the Act and the Registrar shall serve on the practitioner a notice in accordance with section 58(9) of the Act.

(2) The chairman of the Health Committee may announce the determination or order of the Health Committee under regulation 55 in such terms as the Health Committee may approve.

Resumed hearing

57.—(1) If, in any case where a Health Committee has adjourned the case or postponed its finding, it appears to the chairman of the Health Committee that the Health Committee should resume consideration of the case, the chairman of the Health Committee shall notify the practitioner of the date, time and place where the Health Committee will meet to resume its consideration of the case.

(2) Without prejudice to the generality of paragraph (1), where a Health Committee has imposed any condition or restriction under

section 58(1)(c), (4) or (5)(b) of the Act and information is subsequently received that the practitioner is in a material respect not complying with the condition or restriction, the Health Committee may meet to consider the case and the chairman of the Health Committee shall notify the Council's solicitor and the practitioner of the date, time and place of the meeting.

(3) Regulations 53 to 56 shall apply, with the necessary modifications, to any meeting under paragraph (1) or (2).

(4) Before any meeting under paragraph (1) or (2), the chairman of the Health Committee may invite the practitioner to submit to a further medical examination in the manner provided in regulation 49 with such modifications as the Health Committee thinks fit.

PART VIII

PROCEEDINGS OF INTERIM ORDERS COMMITTEES

Definitions for this Part

58. In this Part —

“initial hearing” means the first hearing by an Interim Orders Committee after a case has been referred to the Interim Orders Committee, including any such hearing that has been adjourned;

“review hearing” means a hearing of an Interim Orders Committee that is held in accordance with section 59C of the Act.

Notice of interim hearing

59.—(1) Where any complaint or information regarding any practitioner has been referred to an Interim Orders Committee under section 59A(3) of the Act, the Council's solicitor shall send a notice as set out in Form D in the Third Schedule to the practitioner —

- (a) informing him of the referral;
- (b) providing a brief statement of the matters which appear to raise the issue whether —

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- (i) his 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 his interest,
- pending the conclusion of the proceedings against him in accordance with section 59G(2) of the Act;
- (c) stating the date, time and place at which the Interim Orders Committee is to hold a hearing of the case;
 - (d) inviting him to —
 - (i) submit his observations on the case, if any, in writing; and
 - (ii) state whether he proposes to attend the hearing; and
 - (e) informing him that he may be represented or accompanied at the hearing by his counsel.

(2) A hearing shall not be held earlier than 14 days after the date of the notice referred to in paragraph (1), except with the agreement of the practitioner or in an urgent case.

Initial hearing

60.—(1) Before the date of an initial hearing (other than any such hearing that has been adjourned), the Medical Council shall make available to each member of the Interim Orders Committee concerned —

- (a) a copy of the notice referred to in regulation 59(1);
- (b) all the documents that have been produced in connection with the case; and
- (c) any observation in writing submitted by or on behalf of the practitioner pursuant to the notice.

(2) The Medical Council shall make available to the practitioner all the documents that have been made available to the Interim Orders Committee under paragraph (1)(b).

(3) Subject to paragraph (4), the Interim Orders Committee may receive oral, documentary or other evidence of any fact or matter which appears to it to be relevant to its inquiry.

(4) No person shall give oral evidence at the hearing unless the Interim Orders Committee considers that such evidence is necessary to enable it to perform its duty or discharge its functions.

(5) The Interim Orders Committee may, at any stage in its proceedings, allow a party to produce any written evidence at the hearing, if —

(a) the practitioner consents; or

(b) after consultation with the legal assessor, the Interim Orders Committee is satisfied that the reception of the evidence is desirable to enable the Interim Orders Committee to perform its duty or discharge its functions.

(6) Where the Interim Orders Committee has allowed any party to produce any written evidence at the hearing, a copy of the evidence shall be given to each of the following:

(a) the practitioner;

(b) the Council's solicitor; and

(c) the Interim Orders Committee.

(7) At the hearing, the Interim Orders Committee may invite the Council's solicitor to address it as to whether an order under section 59B of the Act should be made, and the practitioner or his counsel shall be given the opportunity to speak last.

(8) Subject to paragraph (7), the procedure at the hearing shall be as the Interim Orders Committee may determine.

(9) At the hearing, the Council's solicitor and the practitioner or his counsel may, subject to paragraph (4), call witnesses and may put questions to any person called as a witness.

(10) Members of the Interim Orders Committee may put questions to any person called as a witness.

Review hearing

61.—(1) Before a review hearing (other than any such hearing that has been adjourned), the Medical Council shall make available to the Interim Orders Committee concerned —

- (a) a copy of the order which is to be reviewed and the reasons for the making of the order; and
- (b) all the documents that have been produced to an Interim Orders Committee in connection with the case at the initial hearing and all the documents that have been produced to an Interim Orders Committee in connection with the case since the order was made.

(2) The Medical Council shall make available to the practitioner all the documents that have been made available to the Interim Orders Committee under paragraph (1)(b).

(3) Regulation 60(4), (5) and (6) shall apply to a review hearing as it applies to an initial hearing.

(4) Subject to section 59E of the Act, an order referred to in section 59B of the Act may, with the prior written consent of the practitioner, be reviewed without convening a hearing.

Application of certain regulations to Interim Orders Committee

62.—(1) Subject to paragraph (2), regulations 28, 30 to 32 and 43 shall apply, with the necessary modifications, in relation to an Interim Orders Committee as they apply in relation to a Disciplinary Tribunal.

(2) For the purposes of paragraph (1) —

- (a) the period of 21 days before the date fixed for the commencement of an inquiry referred to in regulation 28(2); and
- (b) the period of 10 days before the date referred to in regulation 30(1),

shall each be substituted with the period of 7 days before the date fixed for the hearing by the Interim Orders Committee.

Decision of Interim Orders Committee

63.—(1) An Interim Orders Committee shall give its decision and brief reasons for the decision orally at the end of a hearing or, where an order referred to in section 59B of the Act has been reviewed without convening a hearing pursuant to regulation 61(4), at the conclusion of the review by the Interim Orders Committee.

(2) The Interim Orders Committee shall notify the practitioner of his right to apply to the High Court under section 59F(3) of the Act.

Concurrent proceedings

64.—(1) The proceedings of an Interim Orders Committee in relation to a matter shall proceed concurrently with any proceedings of a Complaints Committee, Disciplinary Tribunal or Health Committee in relation to that matter.

(2) Any application to the High Court under section 59F of the Act in relation to a matter shall proceed concurrently with any proceedings of a Complaints Committee, Disciplinary Tribunal or Health Committee in relation to that matter.

PART IX**RESTORATION OF NAME TO REGISTER****Application for restoration**

65.—(1) An application for the restoration of any name to a register shall —

- (a) be made in writing, addressed to the Registrar of the Medical Council, and signed by the applicant;
- (b) state the grounds on which the application is made;
- (c) be accompanied by any other information, statements or documents required by the Medical Council; and
- (d) be accompanied by the prescribed fee.

(2) Without prejudice to the generality of paragraph (1)(c), the Medical Council may require the applicant to furnish proof that he has

adequate clinical skills to practise as a medical practitioner and for that purpose may require the applicant —

- (a) to undergo and pass an assessment conducted or arranged by the Medical Council or by such other person or persons as the Medical Council may appoint; and
- (b) to attend such courses of instruction as the Medical Council may determine.

(3) In addition to the requirements in paragraph (1), an application for restoration to the Register of Specialists shall be accompanied by a certificate obtained, within one month before the application, from the Specialists Accreditation Board under section 35 of the Act.

(3A) In addition to the requirements in paragraph (1), an application for restoration to the Register of Family Physicians shall be accompanied by a certificate obtained, within one month before the application, from the Family Physicians Accreditation Board under section 35B of the Act.

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(4) In addition to the requirements in paragraph (1), an application under section 56 of the Act (for the restoration of a name removed from a register pursuant to an order made by the Disciplinary Tribunal) shall be accompanied by —

- (a) a statutory declaration as set out in Form E in the Third Schedule; and
- (b) at least 2 certificates of the applicant's identity and good character as set out in Form F in the Third Schedule, each signed by a different registered medical practitioner of at least 10 years' standing and who is not a related person.

(5) In addition to the requirements in paragraph (1), an application under section 59 of the Act (for the restoration of a name removed from a register on the recommendation of a Health Committee) shall be supported by medical reports given by 2 registered medical practitioners certifying that the applicant is fit to practise.

(6) In addition to the requirements in paragraph (1), an application for the restoration of a name removed from a register under section 31(f) of the Act shall, unless the Medical Council has

otherwise directed, be supported by a certificate referred to in regulation 15(2)(e).

(7) The Medical Council may, if it thinks fit in any case or class of cases, dispense with any requirement or requirements in paragraphs (1) and (2).

(8) The Medical Council may, if it thinks fit, require further evidence or information from an applicant under this regulation.

(9) For the purposes of paragraph (4)(b), “related person” means the applicant’s spouse, parent, sibling or child.

Consideration by Medical Council

66.—(1) On receipt of an application referred to in regulation 65, the Registrar shall refer it to the Medical Council for consideration.

(2) Except with the leave of the Medical Council, the applicant shall not appear before the Medical Council on the consideration of the application.

(3) The Medical Council shall consider the application in private and may, if it thinks fit, adjourn the consideration to a future date or require the applicant to be examined by medical practitioners to be appointed by the Medical Council.

(4) If the Medical Council directs the restoration of the applicant’s name to the register, the Registrar shall send notice thereof to the authorities or persons, if any, to whom he has previously given notice of removal.

PART X

GENERAL

Duty of legal assessor

67.—(1) Where a legal assessor has been invited to be present at any proceedings before, or during any deliberations of, the Medical Council, a Complaints Committee, a Disciplinary Tribunal, a Health Committee or an Interim Orders Committee (collectively or individually referred to in this regulation as the Committee), he shall —

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- (a) attend those proceedings or deliberations as an observer;
 - (b) advise the Committee on any question of law arising in those proceedings or deliberations; and
 - (c) assist the Committee with the drafting, but not participate in or influence the making by the Committee, of any decision of the Committee.

(2) Without prejudice to the generality of paragraph (1), the legal assessor shall, in any proceedings before, or during any deliberations of, the Committee —

- (a) advise the Committee on any question of law that is referred to him by the Committee;
- (b) intervene to advise the Committee on an issue of law where it appears to him that, without his intervention, there is the possibility of a mistake of law being made; and
- (c) intervene to advise the Committee of any irregularity in the conduct of the proceedings or in the deliberations which comes to his knowledge.

(3) Subject to paragraph (4), where a legal assessor tenders any advice to the Committee in any proceedings before the Committee, the advice shall be tendered in the presence of every party or representative of a party who is present at the proceedings.

(4) Paragraph (3) shall not apply if —

- (a) the advice is tendered during any deliberations of the Committee; or
- (b) the Committee considers that it would be prejudicial to the performance of its duty or the discharge of its functions for the advice to be tendered in the presence of the parties or their representatives.

Disclosure of information

68. The Registrar may disclose any information in any register to any public officer in a ministry or department of the Government or any officer of a statutory board, if the Registrar is satisfied that such disclosure is necessary to enable the ministry, department or statutory

board, as the case may be, to perform its public duty or discharge its functions, or if such disclosure is in the interest of public safety.

Fees

69.—(1) The fees specified in the Fifth Schedule shall be payable to the Medical Council.

(2) The Medical Council may, subject to such conditions as it may direct, exempt any person or class of persons from all or any of the fees payable under these Regulations.

(3) The Medical Council may remit or refund, in whole or in part, any fee payable under these Regulations in any particular case or class of cases.

Revocation

70. The Medical Registration Regulations (Rg 1, 2000 Ed.) are revoked.

Savings and transitional provisions

71. Notwithstanding regulation 70, the revoked Medical Registration Regulations shall continue to apply, as if they had not been revoked, to —

- (a) any pending application for registration made before 1st December 2010 under section 20, 21, 22, 24 or 28 of the Act in force immediately before that date;
- (b) any pending application for the grant or renewal of a practising certificate made to the Medical Council before 1st December 2010;
- (c) any inquiry, investigation or proceedings pending before any Complaints Committee, Disciplinary Committee or Interim Orders Committee, or the Health Committee, that was appointed before 1st December 2010; and
- (d) any application for the restoration to a register of any name that was removed from the register pursuant to an order of or on the recommendation of a Disciplinary Committee, or the Health Committee, appointed before 1st December 2010.

FIRST SCHEDULE

Regulation 14

PRESCRIBED MEDICAL SCHOOLS

1. The Yong Loo Lin School of Medicine, National University of Singapore.
2. The Duke-NUS Graduate Medical School Singapore.
3. The Lee Kong Chian School of Medicine, Nanyang Technological University — Imperial College London.

[S 403/2014 wef 02/06/2014]

SECOND SCHEDULE

Regulation 16(2)

SINGAPORE MEDICAL COUNCIL
PHYSICIAN'S PLEDGE

I solemnly pledge to dedicate my life to the service of humanity; give due respect and gratitude to my teachers; practise my profession with conscience and dignity; make the health of my patient my first consideration; respect the secrets which are confided in me; uphold the honour and noble traditions of the medical profession; respect my colleagues as my professional brothers and sisters; not allow the considerations of race, religion, nationality or social standing to intervene between my duty and my patient; maintain due respect for human life; use my medical knowledge in accordance with the laws of humanity; comply with the provisions of the Singapore Medical Council's Ethical Code and Ethical Guidelines; and constantly strive to add to my knowledge and skill.

I make these promises solemnly, freely and upon my honour.

THIRD SCHEDULE

FORM A

Regulation 18(2)

MEDICAL REGISTRATION ACT
(CHAPTER 174)

S No.

Date:

CERTIFICATE OF EXPERIENCE

This is to certify that Mr/Ms has satisfactorily completed 12 months of housemanship training in the following hospitals or institutions:

THIRD SCHEDULE — *continued*

HOSPITAL/ INSTITUTION	FROM	TO	DISCIPLINE
			General Medicine
			General Surgery/ Orthopaedic Surgery*
			(Insert other approved disciplines, as applicable)

* Delete as applicable.

SIGNATURE :

NAME :

DESIGNATION :

ORGANISATION :

The following words are to appear on the reverse of the certificate:

“The period of employment required for the granting of a certificate of experience under section 25 of the Medical Registration Act shall be 12 months and shall consist of—

- (a) at least 3 months in general medicine;*
- (b) at least 3 months in general surgery or orthopaedic surgery; and*
- (c) the remaining period in such discipline or combination of disciplines as the Medical Council may approve.”*

[Deleted by S 677/2012 wef 01/01/2013]

FORM C

Regulation 27(1)

MEDICAL REGISTRATION ACT

(CHAPTER 174)

NOTICE OF INQUIRY BY
DISCIPLINARY TRIBUNAL

(Date)

Sir/Madam,

Notice is hereby given to you that in consequence of (a complaint made against you to the Council) (information received by the Council) an inquiry is to be

THIRD SCHEDULE — *continued*

held by the Disciplinary Tribunal into the following charge (charges) against you:

(If the charge relates to conviction) That you were on (state day and date) at (specify court recording the conviction) convicted of (set out particulars of the conviction in sufficient detail to identify the case), which is an offence (involving fraud or dishonesty) or (implying a defect in character which makes you unfit for the medical profession).

(If the charge relates to conduct, set out briefly the facts alleged) and that in relation to the facts alleged you have (been guilty of improper conduct which brings disrepute to the medical profession) (been guilty of professional misconduct) (contravened or failed to comply with section 64, 65 or 67 of the Medical Registration Act).

(Where there is more than one charge, the charges are to be numbered consecutively, charges relating to conviction being set out before charges relating to conduct).

Notice is further given to you that on *(state day and date)* a meeting of the Disciplinary Tribunal/a Pre-Inquiry Conference will be held at *(specify place)* at *(specify time)* to consider the abovementioned charge *(charges)* against you.

You are hereby invited to answer in writing the abovementioned charge (charges) and also to appear before the Disciplinary Tribunal at the place and time specified above, for the purpose of answering it (them). You may appear in person or by counsel. The Disciplinary Tribunal has power, if you do not appear, to hear and decide upon the said charge (charges) in your absence. The Disciplinary Tribunal also has powers to proceed with and complete the inquiry in any manner which it thinks fit if a warning against hampering the progress of an inquiry is disregarded, and to order costs to be paid by you under section 53(5) of the Medical Registration Act.

If you intend to raise any defence at the inquiry, you or your counsel shall, at least 10 days before the date fixed for the commencement of the inquiry, send to the Council's solicitor the report of any expert witness whom you or your counsel intend to call at the inquiry. You are also requested to co-operate with the Council's solicitor to prepare an agreed statement of facts, an agreed bundle of documents or exhibits to be used at the inquiry and lists of witnesses to be called at the inquiry.

If you desire to make any application that the inquiry should be postponed, you should send a written application to the executive secretary of the Council at least 21 days before the date fixed for commencement of the inquiry, stating good reasons for such postponement.

THIRD SCHEDULE — *continued*

Yours faithfully,

(Signed)

Council's solicitor.

FORM D

Regulation 59(1)

MEDICAL REGISTRATION ACT

(CHAPTER 174)

NOTICE OF INQUIRY BY
INTERIM ORDERS COMMITTEE

Dear Sir/Madam,

Notice is hereby given to you that a hearing is to be held by an Interim Orders Committee to determine whether, pending the conclusion of the inquiry or proceedings under Part VII of the Medical Registration Act —

- (a) your registration should be suspended or made subject to conditions; and
- (b) such action is necessary for the protection of members of the public or is otherwise in the public interest or in your interest or both,

arising from the facts and circumstances set out below.

The facts and circumstances are:

(state the matters giving rise to an interim inquiry by the Interim Orders Committee)

The hearing will be held on *(specify date)* at *(specify place)* at *(specify time)*.

You are invited to submit observations on the case in writing and also to appear before the Interim Orders Committee at the place, date and time specified above, for the purpose of making submissions on the case. You may appear in person or by counsel. Please inform the executive secretary of the Council, at least 7 days before that date, whether you will be appearing, and if so whether in person or by counsel.

If you intend to raise any defence at the hearing, you or your counsel shall, at least 7 days before the date fixed for the hearing, send to the Council's solicitor the report of any expert witness whom you or your counsel intend to call at the interim inquiry. You are also requested to co-operate with the Council's solicitor to prepare an agreed statement of facts and an agreed bundle of documents or exhibits to be used at the hearing.

THIRD SCHEDULE — *continued*

If you desire to make any application that the hearing be postponed, you should send a written application to the executive secretary of the Council at least 7 days before the date fixed for commencement of the hearing, stating good reasons for such postponement.

Yours faithfully,

(Signed)

Council's solicitor.

FORM E

Regulation 65(4)(a)

MEDICAL REGISTRATION ACT

(CHAPTER 174)

STATUTORY DECLARATION FOR RESTORATION
TO REGISTER UNDER SECTION 56

I,

(Full name in block letters)

of

(Address in full)

do solemnly and sincerely declare as follows:

1. I am the person originally registered as with the qualification or status of and I hereby apply for the restoration of my name to the*

2. To the best of my knowledge, I am not suffering from and have never suffered from any physical or mental condition which impairs my fitness to practise as a medical practitioner and I am not undergoing and have not undergone any treatment for such a condition except for (give particulars of any such condition and treatment).

3. On the day of 20 the Disciplinary Tribunal ordered my name to be removed from the* under section 53 or 54 of the Medical Registration Act and the offence for which the Disciplinary Tribunal ordered the removal of my name was

THIRD SCHEDULE — *continued*

4. Since the removal of my name from the* I have been residing at and my occupation has been

5. The grounds of my application are in the attached statement, and I make this solemn declaration by virtue of the Oaths and Declarations Act (Cap. 211), and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Signed

Declared at, this day of 20

Before me

.....

(Signature and title of officer before whom the declaration is made).

*State relevant registers under the Medical Registration Act.

FORM F

Regulation 65(4)(b)

MEDICAL REGISTRATION ACT

(CHAPTER 174)

CERTIFICATE OF IDENTITY AND GOOD CHARACTER

I of certify as follows:

- 1. I am a registered medical practitioner of years' standing.
2. I am not the spouse, parent, sibling or child of*
3. I have read the statutory declaration of* made on the day of 20
4. The said* is the same person as whose name

THIRD SCHEDULE — *continued*

formerly stood in the† with the following qualifications or status

5. I have been and am well acquainted with the said* both before and since his name was removed from the Register, and I believe him to be a person of good character, and the statements in the said declaration are to the best of my knowledge, information and belief true.

Signed:

Date:

*Enter name of person applying for restoration to register under section 56 of the Medical Registration Act.

†Enter relevant registers under the Medical Registration Act.

FOURTH SCHEDULE

Regulations 21(1) and 24(2) and (3)

REQUISITE NUMBER OF CONTINUING
MEDICAL EDUCATION POINTS

<i>First column</i>	<i>Second column</i>	<i>Third column</i>	<i>Fourth column</i>
<i>Description of practitioner applying for grant or renewal of practising certificate</i>	<i>Requisite number of continuing medical education points</i>	<i>Minimum percentage of requisite number of continuing medical education points from core programmes and types of core programmes</i>	<i>Qualifying period</i>
1. Practitioner in active practice (other than one referred to in item 3 or 5) applying to renew a practising certificate with a validity period of 24 months	50 points	20% of the requisite number of continuing medical education points from one or more general or specific core programmes	The period of 2 years ending on 31st December of the year in which the current practising certificate expires
2. Practitioner in active practice (other than one	25 points	20% of the requisite number of continuing medical	The calendar year in which the current

FOURTH SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>	<i>Fourth column</i>
		<i>Minimum percentage of requisite number of continuing medical education points from core programmes and types of core programmes</i>	
<i>Description of practitioner applying for grant or renewal of practising certificate referred to in item 4 or 6) applying to renew a practising certificate with a validity period of 12 months</i>	<i>Requisite number of continuing medical education points</i>	<i>education points from one or more general or specific core programmes</i>	<i>Qualifying period practising certificate expires</i>
3. Practitioner in active practice (other than one referred to in item 5) who is registered in 2 or more branches of medicine under the Register of Specialists or Register of Family Physicians, applying to renew a practising certificate with a validity period of 24 months	50 points	20% of the requisite number of continuing medical education points from one or more core programmes in each of those branches of medicine	The period of 2 years ending on 31st December of the year in which the current practising certificate expires
		<i>Illustrations</i>	
		If the practitioner is registered in Internal Medicine and Cardiology, he must obtain at least 10 points from one or more core programmes in Internal Medicine and at least 10 points from one or more core programmes in Cardiology	
		If the practitioner is registered in the specialty of Internal Medicine and in the Family Physicians	

FOURTH SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>	<i>Fourth column</i>
<i>Description of practitioner applying for grant or renewal of practising certificate</i>	<i>Requisite number of continuing medical education points</i>	<i>Minimum percentage of requisite number of continuing medical education points from core programmes and types of core programmes</i>	<i>Qualifying period</i>
		Register, he must obtain at least 10 points from one or more core programmes in Internal Medicine and at least 10 points from one or more core programmes in Family Medicine	
4. Practitioner in active practice (other than one referred to in item 6) who is registered in 2 or more branches of medicine under the Register of Specialists or Register of Family Physicians, applying to renew a practising certificate with a validity period of 12 months	25 points	20% of the requisite number of continuing medical education points from one or more core programmes in each of those branches of medicine	The calendar year in which the current practising certificate expires
		<i>Illustrations</i>	
		If the practitioner is registered in Internal Medicine and Cardiology, he must obtain at least 5 points from one or more core programmes in Internal Medicine and at least 5 points from one or more core programmes in Cardiology	
		If the practitioner is registered in the	

FOURTH SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>	<i>Fourth column</i>
<i>Description of practitioner applying for grant or renewal of practising certificate</i>	<i>Requisite number of continuing medical education points</i>	<i>Minimum percentage of requisite number of continuing medical education points from core programmes and types of core programmes</i>	<i>Qualifying period</i>
		specialty of Internal Medicine and in the Family Physicians Register, he must obtain at least 5 points from one or more core programmes in Internal Medicine and at least 5 points from one or more core programmes in Family Medicine	
5. Practitioner in active practice applying to renew a practising certificate with a validity period of more than 12 months, where the date of issue of the current practising certificate is not 1st January	Pro-rated as follows: $\frac{A}{730} \times 50$ points where A is the number of days between the date of issue of the current practising certificate and the end of the qualifying period	20% of the requisite number of continuing medical education points from one or more general or specific core programmes	The period beginning on the date of issue of the current practising certificate and ending on 31st December of the year in which the current practising certificate expires
6. Practitioner in active practice applying to renew a practising certificate with a validity period of 12 months or less, where the date of issue of the current	Pro-rated as follows: $\frac{B}{365} \times 25$ points where B is the number of days between the date of issue of the	20% of the requisite number of continuing medical education points from one or more general or specific core programmes	The period beginning on the date of issue of the current practising certificate and ending on 31st December of the year in which the

FOURTH SCHEDULE — *continued*

<i>First column</i>	<i>Second column</i>	<i>Third column</i>	<i>Fourth column</i>
<i>Description of practitioner applying for grant or renewal of practising certificate</i>	<i>Requisite number of continuing medical education points</i>	<i>Minimum percentage of requisite number of continuing medical education points from core programmes and types of core programmes</i>	<i>Qualifying period</i>
practising certificate is not 1st January	current practising certificate and the end of the qualifying period		current practising certificate expires
7. Practitioner (including one whose name was removed from the register) applying for the grant of a practising certificate	50 points	20% of the requisite number of continuing medical education points from one or more general or specific core programmes	The period of 24 months prior to the date of application for a practising certificate
8. Practitioner not in active practice applying to renew a practising certificate with a validity period of 24 months	20 points	—	The period of 2 years ending on 31st December of the year in which the current practising certificate expires
9. Practitioner not in active practice applying to renew a practising certificate with a validity period of 12 months	10 points	—	The calendar year in which the current practising certificate expires.

[S 677/2012 wef 01/01/2013]

FIFTH SCHEDULE

Regulation 69(1)

FEES PAYABLE TO MEDICAL COUNCIL

- | | |
|---|--------------------------------|
| 1. Application for registration under regulation 15 in — | |
| (a) the Register of Medical Practitioners — | |
| (i) as a fully registered medical practitioner | \$250 |
| (ii) as a medical practitioner with conditional registration | \$300 |
| (b) the Register of Temporarily Registered Medical Practitioners — | |
| (i) for an initial period | \$250 |
| (ii) for an extension of period | \$100 |
| (c) the Register of Provisionally Registered Medical Practitioners | \$135 |
| 2. Application for registration under regulation 20 in the Register of Specialists | \$500 |
| 3. Application for registration under regulation 20A in the Register of Family Physicians — | |
| (a) where the accompanying certificate granted by the Family Physicians Accreditation Board is based on a qualification obtained by the medical practitioner from a foreign institution | \$500 |
| (b) in any other case | \$200 |
| 4. Application for a practising certificate under section 36(1) of the Act by a medical practitioner registered in the Register of Medical Practitioners — | |
| (a) where the medical practitioner — | \$150 per year or part thereof |

FIFTH SCHEDULE — *continued*

(i) does not charge any fee for providing clinical services;	
(ii) does not practise as a locum; and	
(iii) does not run a clinic	
(b) in any other case	\$400 per year or part thereof
5. Application for a practising certificate under section 36(1) of the Act by a medical practitioner registered in the Register of Temporarily Registered Medical Practitioners —	
(a) for a practising certificate granted for a period of less than 6 months	\$120
(b) for a practising certificate granted for a period of 6 months to 12 months	\$200
(c) for a practising certificate granted for a period of more than 12 months to 18 months	\$300
(d) for a practising certificate granted for a period of more than 18 months to 24 months	\$400
6. Late application fee for a practising certificate under section 36(5) of the Act	\$80
7. Application for additional qualifications to be entered in any register under section 31(b) of the Act	\$100
8. Certificate of good standing	\$80
9. Certification of registration status of a medical practitioner in any register	\$80
10. Certified copy of certificate of registration or practising certificate	\$80

FIFTH SCHEDULE — *continued*

- | | |
|---|---------------------|
| 11. Transcript of inquiry and copies of documents tendered at inquiry under regulation 43 | \$20 per page |
| 12. Application under regulation 65 for restoration — | |
| (a) to the Register of Specialists | \$100 |
| (b) to the Register of Family Physicians | \$100 |
| (c) to any other register | \$1,000 |
| 13. Application for any amendment — | |
| (a) to the Register of Specialists | \$100 per amendment |
| (b) to the Register of Family Physicians | \$100 per amendment |
| 14. Appeal against a refusal of registration under section 28(5) of the Act or regulation 20(7) or 20A(7) | \$100 |
| 15. Appeal against a refusal to grant a certificate under section 35(3) or 35B(3) of the Act | \$100 |

[S 659/2011 wef 01/04/2012]

Made this 22nd day of November 2010.

TAN SER KIAT
President,
Singapore Medical Council.

[SMC 1.2; AG/LLRD/SL/174/2010/2 Vol. 2]