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**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 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;

[S 539/2022 wef 01/07/2022]

“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)(f) of the Act;

[S 539/2022 wef 01/07/2022]

“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 53 of the Act;

[S 539/2022 wef 01/07/2022]

[Deleted by S 539/2022 wef 01/07/2022]

“party” means a party to an inquiry by a Health Committee or an Interim Orders Committee;

[S 539/2022 wef 01/07/2022]

“Performance Assessment Panel” means a Performance Assessment Panel appointed by a Complaints Committee under section 52 of the Act;

[S 539/2022 wef 01/07/2022]

“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 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.

[S 539/2022 wef 01/07/2022]

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 —

- (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)(e) of the Act, the medical schools set out in the First Schedule shall be the prescribed medical schools.

[S 539/2022 wef 01/07/2022]

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;

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- (b) a certified copy of the identity card or passport of the applicant;
 - (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 before 1 May 2016

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 before 1 May 2016 and who wishes to be registered as a fully registered medical practitioner must undergo, and pass, Steps I, II and III of the United States Medical Licensing Examination, or such other examination as the Medical Council considers to be its equivalent.

[S 711/2015 wef 01/05/2016]

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
 - (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 and Fifth Schedules

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

[Deleted by S 148/2018 wef 01/04/2018]

“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;

“ethics core programme” means a core programme identified under regulation 23(2) as a core programme for all registered medical practitioners which relates to education or training in respect of medical ethics;

[S 884/2023 wef 01/01/2024]

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

“practice”, in relation to a practitioner, means the practice of medicine —

(a) whether on a full-time or part-time basis, or as a locum; and

(b) whether or not the practitioner demands or receives any payment or other remuneration (whether monetary or otherwise) —

(i) for or in connection with any medical or surgical advice, service, attendance or treatment provided or any operation performed; or

(ii) for any medicine which the practitioner has prescribed and supplied;

[S 148/2018 wef 01/04/2018]

“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;

“reduced practice”, in relation to a practitioner, means the prescription of medication for —

(a) the practitioner himself; or

(b) the practitioner’s spouse, child, adopted child, stepchild, grandchild, sibling, parent, step-parent or grandparent;

[S 148/2018 wef 01/04/2018]

“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.

[S 148/2018 wef 01/04/2018]

(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.

[S 148/2018 wef 01/04/2018]

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, or will be, in reduced practice is not entitled to rely on item 8 or 9 of the Fourth Schedule for the renewal of his practising certificate unless —

- (a) the registered medical practitioner files with the Medical Council, in such form and manner as may be specified on the Medical Council's website, a declaration that he —
 - (i) is currently in reduced practice; or
 - (ii) will be in reduced practice commencing on a specified date; and
- (b) the Medical Council grants its approval for the registered medical practitioner to rely on item 8 or 9 (as the case may be) of the Fourth Schedule.

[S 148/2018 wef 01/04/2018]

(4) A registered medical practitioner mentioned in paragraph (3) may resume practice only if, in the period of 24 months immediately preceding the date on which the registered medical practitioner wishes to resume practice that he has indicated to the Medical Council, he obtains at least 50 continuing medical education points of which —

- (a) for renewal of a practising certificate before 1 January 2026 — at least 10 continuing medical education points are from one or more general or specific core programmes; and
- (b) for renewal of a practising certificate on or after 1 January 2026 —
 - (i) at least 10 continuing medical education points are from one or more general or specific core programmes; and

- (ii) at least 5 continuing medical education points are from ethics core programmes.

[S 884/2023 wef 01/01/2024]

(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).

Conditions for applications for grant or renewal of practising certificate

24A.—(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 refuse to renew the practising certificate of a registered medical practitioner, if the registered medical practitioner fails to comply with any of the conditions in paragraph (2).

(2) For the purposes of paragraph (1), a registered medical practitioner (called in this regulation the applicant) who applies for the grant of a practising certificate, or for the renewal of the applicant's practising certificate, must —

- (a) furnish any document or information the Medical Council requires for those purposes;

- (b) subject to paragraph (5), have paid, or have made arrangements to pay, any penalty imposed on the applicant under Part 7 of the Act; and
- (c) give such undertaking, or make such declaration (including a statutory declaration), in such form and manner as the Medical Council may require.

(3) Without limiting paragraph (2)(a), the Medical Council may require an applicant to furnish any document or information in relation to any of the following matters:

- (a) where the applicant is registered with any foreign authority having the function conferred by law of authorising or registering individuals to practise medicine in a State or territory other than Singapore — the applicant's registration status and disciplinary record with the foreign authority;
- (b) where the applicant was convicted, in Singapore or elsewhere, of any criminal offence —
 - (i) the facts and circumstances of the offence;
 - (ii) the court of law that convicted the applicant of the offence; and
 - (iii) the sentence or punishment imposed on the applicant;
- (c) where the applicant was found guilty, in Singapore or elsewhere, of professional misconduct or an improper act or conduct which brings disrepute to the medical profession —
 - (i) the facts and circumstances of the professional misconduct or improper act or conduct;
 - (ii) the tribunal, professional body or authority that found the applicant guilty; and
 - (iii) the disciplinary action taken against the applicant and the outcome of that action;

(d) where the applicant, as at the date of the application for the grant or renewal of the practising certificate, is the subject of any proceedings, inquiry or investigation by any court of law, tribunal, professional body, licensing or health authority, or the police or other enforcement agency, in respect of any matter mentioned in sub-paragraph (b) or (c) —

(i) the facts and circumstances of the alleged offence, professional misconduct or improper act or conduct; and

(ii) the nature and status of the proceedings, inquiry or investigation;

(e) where the applicant is receiving or undergoing treatment for a physical or mental condition, a medical report prepared by the registered medical practitioner providing treatment to the applicant stating —

(i) the diagnosis and prognosis of, and the treatment provided to, the applicant; and

(ii) the effect (if any) of the applicant's condition on the applicant's fitness to practise.

(4) For the purposes of paragraph (3)(a), the Medical Council may require an applicant to submit a document from the foreign authority that the applicant is registered with, issued no earlier than 3 months before the later of the following dates:

(a) the date of the applicant's application for the grant or renewal of the practising certificate;

(b) the date of the Medical Council's requirement.

(5) Paragraph (2)(b) does not apply if, as at the date of the applicant's application for the grant or renewal of the practising certificate —

(a) the period mentioned in section 59G(1) of the Act has not lapsed; or

[S 539/2022 wef 01/07/2022]

(b) *[Deleted by S 539/2022 wef 01/07/2022]*

- (c) any appeal to the General Division of the High Court under section 59G of the Act in respect of the applicant is pending.

[S 1062/2020 wef 02/01/2021]

[S 539/2022 wef 01/07/2022]

(6) The applicant must comply with any requirement by the Medical Council made under paragraph (2)(a) or (c) or (4) within such time as the Medical Council may specify.

(7) In paragraph (2)(b), “penalty” means —

- (a) any penalty imposed on the applicant by a Disciplinary Tribunal under section 59D(2)(e) of the Act, unless sub-paragraph (b) applies;

[S 539/2022 wef 01/07/2022]

- (b) where an appeal has been made to the General Division of the High Court under section 59G of the Act in respect of any penalty mentioned in sub-paragraph (a) — the penalty as confirmed or varied by the General Division of the High Court; or

[S 1062/2020 wef 02/01/2021]

[S 539/2022 wef 01/07/2022]

- (c) where an appeal has been made to the General Division of the High Court under section 59G of the Act in respect of any other order of a Disciplinary Tribunal under section 59D(2) or (4) or 59E of the Act — any penalty the General Division of the High Court orders the applicant to pay, whether in addition to or in substitution for any such order of the Disciplinary Tribunal.

[S 1062/2020 wef 02/01/2021]

[S 539/2022 wef 01/07/2022]

[S 148/2018 wef 01/04/2018]

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.

[S 539/2022 wef 01/07/2022]

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) *[Deleted by S 884/2023 wef 01/01/2024]*

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.

27. to 45. *[Deleted by S 539/2022 wef 01/07/2022]*

PART VI

PERFORMANCE AND FITNESS ASSESSMENTS

Performance Assessment Panels

46.—(1) A Performance Assessment Panel 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.

[S 539/2022 wef 01/07/2022]

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

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- (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 50(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.

[S 539/2022 wef 01/07/2022]

Fitness Assessment Panels

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

[S 539/2022 wef 01/07/2022]

(2) The report submitted by a Fitness Assessment Panel under section 53(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.

[S 539/2022 wef 01/07/2022]

PART VII

HEALTH COMMITTEES

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 —

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- (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 —
 - (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).

[S 539/2022 wef 01/07/2022]

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 —

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- (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.
- (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.

[S 539/2022 wef 01/07/2022]

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.

[S 539/2022 wef 01/07/2022]

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).

[S 539/2022 wef 01/07/2022]

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.

[S 539/2022 wef 01/07/2022]

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;

- (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.

[S 539/2022 wef 01/07/2022]

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.

[S 539/2022 wef 01/07/2022]

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.

[S 539/2022 wef 01/07/2022]

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.

[S 539/2022 wef 01/07/2022]

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.

[S 539/2022 wef 01/07/2022]

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 59I of the Act.

[S 539/2022 wef 01/07/2022]

(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 59I(1)(b) or (c) 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.

[S 539/2022 wef 01/07/2022]

(3) Regulations 52 to 56 shall apply, with the necessary modifications, to any meeting under paragraph (1) or (2).

[S 539/2022 wef 01/07/2022]

(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.

[S 539/2022 wef 01/07/2022]

(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).

[S 539/2022 wef 01/07/2022]

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 59M of the Act.

[S 539/2022 wef 01/07/2022]

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;
- (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.

[S 539/2022 wef 01/07/2022]

Notice of interim hearing

59.—(1) Where any complaint or information regarding any practitioner has been referred to an Interim Orders Committee under section 59J(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 —
 - (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 59Q(2) of the Act;
- [S 539/2022 wef 01/07/2022]*
- (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.

[S 539/2022 wef 01/07/2022]

(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.

(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.

[S 539/2022 wef 01/07/2022]

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 59L of the Act should be made, and the practitioner or his counsel shall be given the opportunity to speak last.

[S 539/2022 wef 01/07/2022]

(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 59O of the Act, an order referred to in section 59L of the Act may, with the prior written consent of the practitioner, be reviewed without convening a hearing.

[S 539/2022 wef 01/07/2022]

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.

[S 539/2022 wef 01/07/2022]

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.

[S 539/2022 wef 01/07/2022]

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.

[S 539/2022 wef 01/07/2022]

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.

[S 539/2022 wef 01/07/2022]

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.

[S 539/2022 wef 01/07/2022]

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.

[S 539/2022 wef 01/07/2022]

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.

[S 539/2022 wef 01/07/2022]

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.

[S 539/2022 wef 01/07/2022]

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 59L 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.

[S 539/2022 wef 01/07/2022]

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

[S 539/2022 wef 01/07/2022]

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 General Division of the High Court under section 59P 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.

[S 1062/2020 wef 02/01/2021]

[S 539/2022 wef 01/07/2022]

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.

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

(4) In addition to the requirements in paragraph (1), an application by a medical practitioner mentioned in section 59T(1)(b) 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.

[S 539/2022 wef 01/07/2022]

(5) In addition to the requirements in paragraph (1), an application by a medical practitioner mentioned in section 59T(1)(c) 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.

[S 539/2022 wef 01/07/2022]

(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

67. *[Deleted by S 539/2022 wef 01/07/2022]*

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:

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.”.*

THIRD SCHEDULE — *continued*

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

[Deleted by S 539/2022 wef 01/07/2022]

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.

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

THIRD SCHEDULE — *continued*

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

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

THIRD SCHEDULE — *continued*

..... 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
formerly stood in the† with the
following qualifications or status
5. I have been and am well acquainted with the said
.....* both

THIRD SCHEDULE — *continued*

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 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	<p>For renewal of any practising certificate —</p> <p>(a) before 1 January 2026 — 20% of the requisite number of continuing medical education points from one or more general or specific core programmes</p> <p>(b) on or after 1 January 2026 —</p> <p>(i) 20% of the requisite number of continuing medical education points from one or more general or specific core programmes; and</p> <p>(ii) 10% of the requisite number of</p>	The period of 2 years ending on 31st December of the year in which the current practising certificate expires

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>
		continuing medical education points from one or more ethics core programmes	
2. Practitioner in practice (other than one referred to in item 4 or 6) applying to renew a practising certificate with a validity period of 12 months	25 points	For renewal of any practising certificate — (a) before 1 January 2026 — 20% of the requisite number of continuing medical education points from one or more general or specific core programmes (b) on or after 1 January 2026 — (i) 20% of the requisite number of continuing medical education points from one or more general or specific core programmes; and (ii) 10% of the requisite number of continuing medical education points from one or more ethics core programmes	The calendar year in which the current practising certificate expires
3. Practitioner in practice (other than one referred to in item 5) who is registered in 2 or	50 points	For renewal of any practising certificate — (a) before 1 January 2026 — 20% of the requisite	The period of 2 years ending on 31st December of the 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>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>
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		<p>number of continuing medical education points from one or more core programmes in each of those branches of medicine</p> <p>(b) on or after 1 January 2026 —</p> <p>(i) 20% of the requisite number of continuing medical education points from one or more core programmes in each of those branches of medicine; and</p> <p>(ii) 10% of the requisite number of continuing medical education points from one or more ethics core programmes</p>	practising certificate expires

Illustrations

If the practitioner is registered in Internal Medicine and Cardiology, he must obtain —

- (a) for renewal of his practising certificate before 1 January 2026 — at least 10 points from one or more core programmes in Internal Medicine and at least 10 points from one or

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>
		more core programmes in Cardiology	
		(b) for renewal of his practising certificate on or after 1 January 2026 —	
		(i) at least 10 points from one or more core programmes in Internal Medicine;	
		(ii) at least 10 points from one or more core programmes in Cardiology; and	
		(iii) at least 5 points from one or more ethics core programmes	
		If the practitioner is registered in the specialty of Internal Medicine and in the Family Physicians Register, he must obtain —	
		(a) for renewal of his practising certificate before 1 January 2026 — 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	
		(b) for renewal of his practising certificate on or after 1 January 2026 —	

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>
		(i) at least 10 points from one or more core programmes in Internal Medicine;	
		(ii) at least 10 points from one or more core programmes in Family Medicine; and	
		(iii) at least 5 points from one or more ethics core programmes	
4. Practitioner in 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	For renewal of any practising certificate — (a) before 1 January 2026 — 20% of the requisite number of continuing medical education points from one or more core programmes in each of those branches of medicine (b) on or after 1 January 2026 — (i) 20% of the requisite number of continuing medical education points from one or more core programmes in each of those branches of medicine; and	The calendar year in which the current practising certificate expires

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>

- (ii) 10% of the requisite number of continuing medical education points from one or more ethics core programmes

Illustrations

If the practitioner is registered in Internal Medicine and Cardiology, he must obtain —

- (a) for renewal of his practising certificate before 1 January 2026 — 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
- (b) for renewal of his practising certificate on or after 1 January 2026 —

- (i) at least 5 points from one or more core programmes in Internal Medicine;
- (ii) at least 5 points from one or more core programmes in Cardiology; and
- (iii) at least 3 points from one or more ethics

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>
		core programmes	
		If the practitioner is registered in the specialty of Internal Medicine and in the Family Physicians Register, he must obtain —	
		(a) for renewal of his practising certificate before 1 January 2026 — 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	
		(b) for renewal of his practising certificate on or after 1 January 2026 —	
		(i) at least 5 points from one or more core programmes in Internal Medicine;	
		(ii) at least 5 points from one or more core programmes in Family Medicine; and	
		(iii) at least 3 points from one or more ethics core programmes	
5. Practitioner in practice applying to renew a practising certificate with a validity period of	Pro-rated as follows: $\frac{A}{730} \times 50$ points	For renewal of any practising certificate — (a) before 1 January 2026 — 20% of the requisite number of continuing	The period beginning on the date of issue of the current practising certificate and ending on 31st December of

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>
more than 12 months, where the date of issue of the current practising certificate is not 1st January	where A is the number of days between the date of issue of the current practising certificate and the end of the qualifying period	<p>medical education points from one or more general or specific core programmes</p> <p>(b) on or after 1 January 2026 —</p> <p>(i) 20% of the requisite number of continuing medical education points from one or more general or specific core programmes; and</p> <p>(ii) 10% of the requisite number of continuing medical education points from one or more ethics core programmes</p>	the year in which the current practising certificate expires
6. Practitioner in practice applying to renew a practising certificate with a validity period of 12 months or less, where the date of issue of the current practising certificate is not 1st January	<p>Pro-rated as follows:</p> $\frac{B}{365} \times 25 \text{ points}$ <p>where B is the number of days between the date of issue of the current practising certificate and the end of the qualifying period</p>	<p>For renewal of any practising certificate —</p> <p>(a) before 1 January 2026 — 20% of the requisite number of continuing medical education points from one or more general or specific core programmes</p> <p>(b) on or after 1 January 2026 —</p> <p>(i) 20% of the requisite number of continuing medical</p>	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

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>
		education points from one or more general or specific core programmes; and	
		(ii) 10% of the requisite number of continuing medical education points from one or more ethics core programmes	
7. Practitioner (including one whose name was removed from the register) applying for the grant of a practising certificate	50 points	For grant of any practising certificate — (a) before 1 January 2026 — 20% of the requisite number of continuing medical education points from one or more general or specific core programmes (b) on or after 1 January 2026 — (i) 20% of the requisite number of continuing medical education points from one or more general or specific core programmes; and (ii) 10% of the requisite number of continuing medical	The period of 24 months prior to the date of application for a practising certificate

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>
		education points from one or more ethics core programmes	
8. Practitioner who is, or will be, in reduced 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 who is, or will be, in reduced 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 884/2023 wef 01/01/2024]

FIFTH SCHEDULE

Regulation 69(1)

FEES PAYABLE TO MEDICAL COUNCIL

1. Application for registration under regulation 15 as follows :

(a) in the Register of Medical Practitioners —

(i) as a fully registered medical practitioner \$300

(ii) as a medical practitioner with conditional registration \$300

(b) as a medical practitioner in the Register of Temporarily Registered Medical Practitioners —

FIFTH SCHEDULE — *continued*

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| (i) for an initial period not exceeding 2 years | \$300 |
| (ii) for each renewal for a period not exceeding 12 months | \$300 |
| (c) in the Register of Provisionally Registered Medical Practitioners | \$150 |
|
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 under section 36(1) of the Act for a practising certificate by — | |
| (a) a medical practitioner registered in the Register of Medical Practitioners who is in practice | \$550 per year or part of a year |
| (b) a medical practitioner registered in the Register of Medical Practitioners who is in reduced practice | \$150 per year or part of a year |
| (c) a medical practitioner registered in the Register of Temporarily Registered Medical Practitioners | \$550 per year or part of a year |
| (d) a medical practitioner registered in the Register of Provisionally Registered Medical Practitioners | \$550 per year or part of a year |
|
5. <i>[Deleted by S 148/2018 wef 01/04/2018]</i> | |

FIFTH SCHEDULE — *continued*

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 professional status	\$80
9. Replacement of a certificate of registration or a practising certificate due to loss, damage, defacement or change of information in certificate	\$80
10. Certified copy of certificate of registration or practising certificate	\$80
11. Copy of notes of hearing before a Health Committee or Interim Orders Committee	\$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

FIFTH SCHEDULE — *continued*

15. Appeal against a refusal to grant a certificate \$100
under section 35(3) or 35B(3) of the Act

[S 76/2025 wef 01/02/2025]

[S 539/2022 wef 01/07/2022]

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]