

SINGAPORE MEDICAL ASSOCIATION



LEE Yik Voon*¹

OVERVIEW

- ❖ SMA membership; 50th Council
- ❖ SMA activities
 - Influenza A (H1N1)
 - Conventions & Seminars
 - Publications & Surveys/Reports
 - Feedback – HOTA, MRA, residency programme
- ❖ International relations



SMA 1958
2009
Years

Membership

- ❖ As at 22 October 2009, total membership of the Singapore Medical Association stood at 5,126.
- ❖ This represents 57% of all 8,997 registered medical practitioners in Singapore.
- ❖ Percentage of doctors who are SMA members has dropped to 60% and below in recent years, mainly due to the influx of foreign-trained doctors which has increased the overall number of doctors in Singapore. SMA is currently working with the public hospitals to reach out to this group.

SMA 1958
2009
Years

50th Council 2009-10



50th Council 2009-10

President	Dr CHONG Yeh Woei
1st Vice President	Dr WONG Chiang Yin
2nd Vice President	Dr TOH Choon Lai
Honorary Secretary	Dr Abdul Razakjr OMAR
Honorary Treasurer	Dr Tammy CHAN Teng Mui
Honorary Asst Secretary	Dr WONG Tien Hua
Honorary Asst Treasurer	Dr LEE Yik Voon

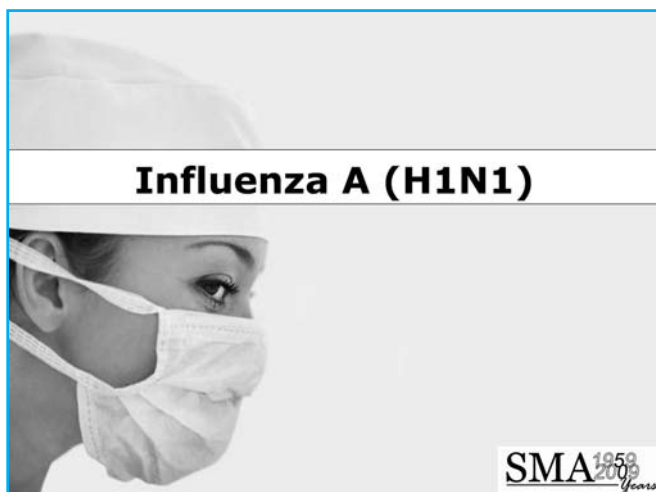
Members

A/Prof CHIN Jing Jih	Dr TAN Yia Swam
Dr TOH Han Chong	Prof Wong Tien Yin
Dr LEE Pheng Soon	Dr Bertha WOON Yng Yng
Dr TAN Sze Wee	Dr YEO Sow Nam Alex

SMA 1958
2009
Years

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The article is based on a presentation made as a Report of Activities of each NMA at the 26th Congress of the Confederation of Medical Associations in Asia and Oceania (CMAAO), Bali, Indonesia, November 6, 2009. Slides shown are extracted from the original presentation.



Influenza A (H1N1)

SMA 1958
2009
Years

Influenza A (H1N1)

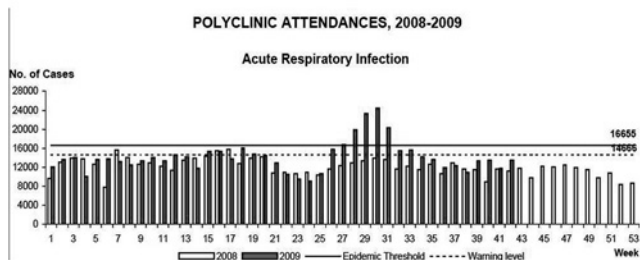
Singapore's Response

- ❖ H1N1 has become endemic among global communities. In line with WHO's recommendation, Singapore is tracking the outbreak's progress through our influenza biosurveillance programme.
- ❖ In Singapore, no increase in influenza activity in recent weeks.
- ❖ In the week of 18 to 24 October 2009:
 - 13,538 cases of acute respiratory infection seen in polyclinics, compared to a peak of over 24,000 at the end of July.
 - 14% of ILI cases seen in the community positive for influenza A (peak – over 60%).

SMA 1958
2009
Years

Influenza A (H1N1)

❖ Data as at 27 October 2009



SMA 1958
2009
Years

Influenza A (H1N1)

Flu Pandemic Response Framework

- Supported by Pandemic Preparedness Clinics (PPCs) who are primary healthcare providers. About 600 private clinics have signed up. All government polyclinics are also part of framework.
- PPCs supported with Personal Protection Equipment (PPE) and Tamiflu* from national stockpile.
- *MOH secured one million doses of the H1N1 vaccine, which is more than the usual seasonal flu demand of 400,000 doses. Patients who wish to get a flu jab will register with PPCs or polyclinics. Vaccines also available to all GP clinics.
- PPCs are located islandwide and will help ensure easy access to medical assessment and prompt treatment for people with flu-like illnesses. PPCs have undergone necessary training to enable them to manage both flu and patients with other health conditions safely. PPCs can be recognised by the "H1N1 ready" symbol.



SMA 1958
2009
Years

Influenza A (H1N1)

SMA's Role

❖ SMA has been working closely with Ministry of Health (MOH) on the outbreak, and providing feedback on issues and concerns on the ground (e.g. shortage of PPE and practice issues).

❖ Communications

- Helped MOH send out important circulars via fax and email.
- Set up website to upload important circulars from MOH, advisories and useful information such as PPE suppliers and links to other websites
- Jointly organised forum with MOH and College of Family Physicians Singapore (CFPS) to update GPs on the local and global situation, how to prepare primary care clinics for a flu pandemic and Q & A.
- Set up information hotline and email for GPs to call SMA for clarification and assistance when faced with perplexing situations on the ground.

SMA 1958
2009
Years

Influenza A (H1N1)

❖ Training

- SMA has been organising the Flu Pandemic Workshops since 2007, together with MOH and CFPS. Programme includes clinical updates, how to customise clinics for flu pandemic outbreak plan, and how to calculate manpower and PPE requirements.
- SMA also organised mask-fitting sessions for GPs and their staff.



❖ PPE

- Sourced for N95 masks and PPE as GPs reported shortage.
- Informed MOH of feedback from GPs and helped MOH to sell and distribute PPE from national stockpile.

SMA 1958
2009
Years

Conventions & Seminars



Conventions & Seminars

Talks by Medical Protection Society (MPS)

- ❖ 16 Apr 2009: "Managed Care – The Good, Bad & Ugly". Talks covered topics like the different health management organisation (HMOs), issues and risks in managed care, and the recently issued SMA Advisory on Managed Care Contracts.
- ❖ 11 Nov 2009: "Early Resolution of Medical Disputes in Singapore"



Conventions & Seminars

SMA House Officers Seminar

- ❖ 25 Apr 2009.
- ❖ Attended by 180 house officers.
- ❖ Talks included "What makes a good house officer?", "Being a doctor: What it means to be professional", "Medical indemnity", "Changes", "Night duty", etc.



Conventions & Seminars

SMA 50th Anniversary Dinner

- ❖ 16 May 2009.



- ❖ Guest-of-Honour was Prime Minister Lee Hsien Loong. During the dinner, SMA also conferred the SMA Honorary Membership on PM Lee.



Conventions & Seminars

SMA-Lee Foundation Awards

- As part of our anniversary celebrations, SMA and Lee Foundation jointly established the awards for outstanding research and team performance by students of the Duke-NUS Graduate Medical School.

- This annual award recognises:

- (1) Most outstanding research student in graduating class; cash award of S\$1,000 and gold medal.
- (2) 5 outstanding students in graduating class with exemplary team values; cash award of S\$400 and silver medal each.

- Lee Foundation donated S\$200,000 to set up a fund. SMA will donate the medals.



Conventions & Seminars

40th SMA Medical Convention

- ❖ 11 Jul 2009: "Cancer Prevention – Breaking the Myths". Talks focused on latest trends in cancer prevention and detection. <http://news.sma.org.sg/4108/Report.pdf>
- ❖ Over 450 participants, including healthcare professionals and members of the public.





Conventions & Seminars

MPS "Mastering Your Risk" Workshops

- ❖ Interactive 3-hour workshop presented by doctors. Free for MPS members.
- ❖ 438 doctors attended the series held from Jul-Sep 2009.
- ❖ Practical communication techniques & skills to assist doctor-patient interactions:
 - Understand why patients complain & sue;
 - Why certain 'bedside' manners expose some doctors to increased risk;
 - Link between communication skills and patient dissatisfaction.



Conventions & Seminars

SMJ Golden Jubilee Conference

- ❖ 6 Nov 2009: "International Forum on Academic Medical Publishing".
- ❖ 7-8 Nov 2009: Medical Writing Workshop
- ❖ For more information, visit smj.sma.org.sg/goldenjubilee



Conventions & Seminars

AST Course on Medical Ethics, Professionalism & Health Law

- ❖ Organised throughout the year.
- ❖ Compulsory requirement for exit certification from specialist training.
- ❖ Equip trainees with necessary communication skills & working knowledge of clinical ethics & local health statutes.
- ❖ Help trainees develop more systematic & professional approach to common ethical & medico-legal issues in Singapore.



Publications & Surveys



Publications & Surveys

Monthly/Bimonthly Publications

- ❖ Singapore Medical Journal (SMJ)
- ❖ SMA News
- ❖ Sensory (*bimonthly*)



Publications & Surveys

SMA 50th Anniversary Commemorative Book

- ❖ A journey down memory lane through articles previously published in the *SMJ* and *SMA News*. Each article has its own merit in conveying 'big picture' appeal (e.g. the restructuring of public hospitals; the microcosmic view of a doctor in his neighbourhood clinic; the inspirational achievements of renowned doctors).
- ❖ Complimentary copies were mailed to all members and overseas medical associations.



SMA 1958
2009
Years

Publications & Surveys

Survey on Junior Doctors in Singapore

- ❖ To identify challenges that junior doctors face so that SMA can better lend a voice to this community.



- ❖ Results in March 2009 issue of SMA News.
<http://news.sma.org.sg/4103/Survey.pdf>
- ❖ From a sample size of 1217, 390 responded.
 - 90.3% local graduates
 - 95.9% house/medical officers;
 - 37.7% undergoing basic specialist training
 - 5.6% non-clinical (e.g. pathology, public health)

SMA 1958
2009
Years

Publications & Surveys

- ❖ 79.7% felt current salary did not meet expectations.
- ❖ 75.4% remained in current place of practice because of government bonds. If they had not been bonded,
 - 32% would leave for private practice or practice medicine in another country
 - 31% would switch to non-medical career
 - of the 12.4% who would stay in the public sector, 71% would leave after specialist training.
- ❖ Respondents who wanted to leave the public sector cited better working hours and better quality of life as reasons.

SMA 1958
2009
Years

Publications & Surveys

- ❖ Only 26.8% felt current specialist training programme was adequate. Most respondents wanted more protected time for training.
- ❖ 91.8 felt that a clinical mentor would be beneficial.
- ❖ 53.5% not interested in clinical research. The most common reason was lack of personal interest.
- ❖ Follow-up study in Aug 2009 to further identify concerns over junior doctors' quality of life and potential implications. Report will be published soon.

SMA 1958
2009
Years

Publications & Surveys

SMA Advisory on Managed Care Contracts

- ❖ Issued on 25 March 2009.
[http://www.sma.org.sg/advisories/Managed%20Care%20Advisory%20\(FINAL\).pdf](http://www.sma.org.sg/advisories/Managed%20Care%20Advisory%20(FINAL).pdf)
- ❖ To help doctors understand the managed care contract better and be mindful of pitfalls and areas of difficulty, e.g. compromise of patient care, restrictions on medical referrals, breach of patient confidentiality, delayed payment to doctors, etc.
- ❖ Managed Care was introduced in early 1990s in response to concerns about rising healthcare costs - fee-for-service with caps on consultations & procedural fees. However, cost-control without being quality-driven.



SMA 1958
2009
Years

Publications & Surveys

- ❖ **Problems for patients**
 - Under-servicing and lower quality of patient care.
 - Improper long term chronic care & de-emphasis on preventive care.
 - Inadequate funding leading to self-funding.
 - Breach of patient privacy and confidentiality, due to recent revision to PHMC Guidelines requiring itemisation of bills from 1 April 2008.

SMA 1958
2009
Years

Publications & Surveys

❖ Problems for doctors

- Unacceptable terms and conditions, e.g. low consultation & medication fees reimbursed by Health Management Organisations (HMOs), long reimbursement periods from 1-3 months or even longer, admin fees levied 10-15%.
- Restrictions interfering with professional practice, e.g. obtaining approval for every step in management of patients (patent drugs, lab tests, chronic disease management), longer or repeat consultations with patients as a result, inadequate compensations due to fee caps on consultation charges.
- Tedious claims procedures & increased admin workload – doctors distracted from clinical & professional work due to HMO bureaucracy.
- Doctor made to practise sub-optimally, and has to bear clinical & financial risks.

SMA 1958
2009
Years

Publications & Surveys

❖ Problems for employers (payers)

- Do not know how much of their money actually goes to care-givers and what proportion is taken away by the managed care companies.
- Workers and doctors may think that employers have not paid enough premiums when in reality sub-optimal funding and excessive care restrictions have been put in place by managed care companies

❖ Actions by SMA

- Conducted 2 surveys among members in 2003 & 2006 to better understand and address issues. Results published in SMA News:
http://www.sma.org.sg/sma_news/3508/feature.pdf
http://www.sma.org.sg/sma_news/sma_newsmainpges/3809main.html
- Engaged HMOs in dialogues to understand their work processes.
- Met relevant authorities to highlight problems & make recommendations to address issues.
- Issued "SMA Advisory on Managed Care Contracts".

SMA 1958
2009
Years

Publications & Surveys

SMA Guideline on Fees (GOF)

- ❖ Withdrawn on 1 April 2007 after SMA received indications that GOF might contravene Competition Act.
- ❖ Arising from recent exchange of correspondence with the Competition Commission of Singapore, SMA submitted an application for a decision on whether GOF could be excluded from the Competition Act. The application fee of S\$5,000 was paid by Council Members and a well-wisher.
- ❖ Outcome pending.

SMA 1958
2009
Years

Feedback



Feedback

Proposed Amendments to Human Organ Transplant Act (HOTA)

- ❖ Proposed changes include lifting of upper age limit of 60 years for deceased donors, paired matching, compensation of living donors, and increasing penalties for organ trading.
- ❖ SMA's feedback paper can be viewed at <http://news.sma.org.sg/4012/News.pdf>



SMA 1958
2009
Years

Feedback

- ❖ SMA supported lifting of age limit, paired matching and increasing of penalties.
- ❖ However, the term "compensation" suggests inducement and would be in conflict with WHO guiding principle which states "Cells, tissues and organs should only be donated freely, without any monetary payment or other reward of monetary value."
- ❖ SMA supported instead the use of the term "reimbursement", defined by WHO guiding principle as "...reimbursing reasonable and verifiable expenses incurred by the donor, including loss of income, or paying the costs of recovering, processing, preserving and supplying human cells, tissues or organs for transplantation."

SMA 1958
2009
Years

Feedback

- ❖ SMA also recommended
 - HOTA amendments on reimbursement be limited to Singaporeans and Permanent Residents for now so that the potential for abuse (e.g. organ trading) can be monitored.
 - Additional checks put in place for living unrelated organ transplants, since these are more susceptible to abuse.
- ❖ SMA's official position on organ trading:

"The SMA is not supportive of legalising organ trade.

Apart from the well-recognised short and long-term medical risks to the organ seller, the potential for abuse and exploitation of socio-economically disadvantaged groups and individuals, and the insurmountable difficulties of enforcing organ trade regulations in a transparent and equitable way make it inappropriate for SMA to support any move towards legalising organ trade."

SMA 1958
2009 *Years*

Feedback

- To allow the Singapore Medical Council (SMC) to
 - * refuse an application for medical registration if the applicant is unfit to practice medicine due to medical impairment;
 - * specify requirements and impose restrictions on conditionally registered doctors, where this is necessary to safeguard the public.
 - * cancel the registration of provisionally-registered housemen if their performance is found to be very unsatisfactory and they are unable to improve.
- To allow option of appointing a judge, legal officer or senior lawyer as chairperson of the Disciplinary Committees/Tribunals.
- To allow the Disciplinary Tribunal to impose a penalty of up to S\$100,000.
- To allow aggrieved complainants to appeal to the High Court against the Disciplinary Tribunal's decisions.

SMA 1958
2009 *Years*

Feedback

- ❖ SMA supported Register of Family Physicians, definition of sub-specialties and changes to full, conditional and provisional registration. However, for housemen with poor performance, SMA recommended a minimum period, e.g. 24 months, to allow them sufficient time and opportunities to improve on their performance.
- ❖ SMA accepted the option of laypersons on the tribunals and acknowledged their expertise in some instances as adhoc or resource members.
- ❖ However, SMA objected to the option of appointing a judge, legal officer or senior lawyer as chairperson of the Disciplinary Tribunals as there are limits to judicial wisdom in medical cases, and it also defeated the purpose of having a self-regulating profession.

SMA 1958
2009 *Years*

Feedback

- ❖ SMA was concerned about the 10-fold increase in penalty limit from S\$10,000 to S\$100,000 given that the income of doctors, the cost of healthcare and/or the pain suffered by patients had not risen 10 times since the last amendment in December 2002.
- ❖ If the penalty limit was raised, SMA recommended that the corresponding fine for quackery should also be raised 10 times from the current S\$100,000 to S\$1 million as unlicensed practice of medicine is at least as harmful to the public as errant doctors.
- ❖ SMA was also concerned about allowing complainants to appeal to the High Court. At present, their rights are already safeguarded as they can take a civil suit against the doctor independent of the complaint to SMC. The proposed change would not significantly improve the situation beyond potentially raising medical indemnity costs, and in turn, healthcare costs.

SMA 1958
2009 *Years*

Feedback

❖ SMA conducted a survey among its members on 9 June 2009, of which 695 (or 13.63%) responded within 2 days. The response was as follows:

Do you support amendments to the MRA

- (1) that will allow non-doctors (e.g. lawyers or judges) to chair SMC Disciplinary Tribunals?
- (2) that will increase the penalty limit from S\$10,000 to S\$100,000?
- (3) that will allow aggrieved complainants to appeal to the High Court?

Question	Yes (%)	No (%)
Q1	95.97%	4.03%
Q2	90.41%	9.59%
Q3	84.54%	15.46%

SMA 1958
2009 *Years*

Feedback

- ❖ MOH also wrote to all doctors on 13 July 2009 to seek their feedback on the proposed amendment to allow the option to appoint a senior lawyer, legal officer or retired judge as chairperson of a Disciplinary Tribunal. The feedback was to be submitted by mail.
- ❖ MOH updated on 13 October 2009 the returns from doctors:
 - 7514 chose not to respond.
 - Of the 469 who responded,
 - * 205 were not agreeable to having a legally-trained person as chairperson. Of these 205, 24 also expressed that a tribunal should not comprise only doctors.
 - * 170 agreed that there was value in having a legally-trained person to serve in the tribunal although 85 of these felt that he could be there as a member and not as chairperson.
 - * 95 did not state a firm position but indicated that the matter was complex and required further deliberation.

SMA 1958
2009 *Years*

Feedback

❖ Based on feedback received, the proposed amendment was modified such that it allows SMC the option to appoint a legally-trained person either as a voting member or as chairperson of the tribunal when deemed necessary. When acting as a chairperson however, he will not have a casting vote in the event of a tie.

SMA 1958
2009
Years

Feedback

Enhancing Postgraduate Medical Education (Proposed Residency Programme)

❖ Singapore's ageing population with its associated increase in chronic disease, advances in healthcare and rising patient expectations have led to a need to increase manpower capacity and capability in both the public and private healthcare sectors.

❖ Proposed enhancements to the current postgraduate medical education system are intended to enable us to educate larger numbers of specialists and family physicians to meet the nation's healthcare needs.

❖ The new residency programme will be implemented in May 2010, starting with Internal Medicine, Paediatrics, General Surgery, Public Health, Psychiatry, Emergency Medicine and Pathology. For the other specialties, Changes will be introduced later.



SMA 1958
2009
Years

Feedback

❖ Key changes include giving medical students the option to join a hospital residency programme upon graduation, shorter training period (from 7 to 5 years); workload caps; more structured training programme.

❖ As a general principle, SMA supports a more structured and supervised training system for specialty trainees, leading to a shorter training period without compromising quality and professional standards.

❖ SMA's concerns:

- A final year medical student may not have the professional experience and exposure to adequately make an informed decision on selecting his specialty right after graduation. In the current system, medical officers typically have 6-monthly rotations through postings of their choice.

- Although a 'transition' year is allowed for doctors who have not made up their minds, there are fears that those who decide later are disadvantaged because residency places are limited for each cohort.

SMA 1958
2009
Years

Feedback

- Residents can be selected based solely on their academic performance as medical students. In the current system, a trainee is only selected after evaluation of his performance as a house and/or medical officer.

- Over- and under-subscription of residency programmes.

- Whether workload caps and possibly a shortened period of training would still provide residents with enough clinical exposure without compromising quality of care.

- Whether provisions would be made for Singaporean male residents who would have their residency training interrupted by full-time National Service obligations.

SMA 1958
2009
Years

International Relations



International Relations

Membership

- ❖ Medical Association of South-East Asian Nations (MASEAN)
- ❖ CMAAO
- ❖ World Medical Association (WMA)