Country Report

ENGAGING LEADING SHAPING

Overview

- 58th SMA Council (2017/2018)
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58th SMA Council





32nd CMAAO General Assembly and 53rd Council Meeting, 13 - 15 September 2017, Tokyo, Japan

LEADING ENGAGING SHAPING

58th SMA Council (2017/2018)

President : 1st Vice President : 2nd Vice President : Honorary Secretary : Assistant Honorary Secretary: Honorary Treasurer : Assistant Honorary Treasurer: Members:

Dr Wong Tien Hua Dr Tan Tze Lee Adj Prof Tan Sze Wee Dr Lim Kheng Choon Dr Anantham Devanand Dr Loo Kai Guo Benny Dr Ng Chee Kwan

Dr Tammy Chan A/Prof Chin Jing Jih Dr Chong Yeh Woei Dr Daniel Lee Hsien Chieh Dr Lee Pheng Soon Dr Lee Yik Voon Dr Noorul Fatha As'art A/Prof Nigel Tan Choon Kiat Dr Charles Tan Tze Kuang Dr Tan Yia Swam Dr Toh Choon Lai Dr Wong Chiang Yin Dr Bertha Woon Yng Yng



Membership



Membership 2016

- Our members are the heart of our work.
- Teaming up with members, for members
 - conversation with medical student leaders from 3 medical schools to build stronger bonds among student bodies.
 - Quarterly meetings with DIT committee avenue for information sharing and a macro view of the current medical training across the three sponsoring institutes.
- Provide value
 - Providing tangible and exclusive discounts to enhance members' professional and personal lives
 - Partnering with organisations to secure attractive deals for products relevant to member's professional work (stethoscope trade-in exercise)



SMA and Medical Student Leaders





Medical Schools Introduction





Education and Training



SMA Centre for Medical Ethics and Professionalism (SMA CMEP)

- Medical Ethics, Professionalism and Health Law Course
 - 2½ day mandatory course for exit certification for advanced specialist trainees, family medicine trainees and residents
 - Increase from 5 to 6 sessions per year
- Introductory Course in Health Law
 - Series of seminars that covered the basic concept of health law
- Core Concepts in Medical Professionalism
 - Train-the-trainers programme that allow participants to gain a deeper understanding of important concepts in professionalism.



Education and Training

- Medical Expert Witness Training
 - A joint collaboration with SMA(CMEP), AMS, LSS, SAL and the State Courts
 - 2 day course consisting of 1 day seminar, medical report writing and 1 day roleplay in court
 - Training Faculty consists of doctors, lawyers and judges





Education and Training

- SMA Clinic Assistant Train and Place Programme
 - created to train predominantly unemployed members of the public who are interested in working in healthcare clinics.
 - 4 day skills course 90% government funded
 - Job placement portal for SMA members





Education and Training

• SMA Lecture 2016

 Prof Sir Sabaratnam Arulkumaran (Professor Emeritus of Obstetrics and Gynaecology at St George's, University of London) delivered the lecture on Health and Human Rights.





Publications



Publications -Singapore Medical Journal (SMJ)

- Highlights of 2016
 - 446 manuscripts received from 27 countries
 - Manuscript acceptance at around 40%
 - 146 articles were published
 - 12,167 submissions were received for the 24 monthly CME questionnaires
 - SMJ website was upgraded in July 2016 to enhance mobile responsiveness, search functions and web navigation.







- Highlights in 2016
- Empowering a dream Providing financial assistance
 - An increase of 26% of financial bursaries
- Providing equal learning opportunities Supporting learning exposure
 - SMACF provides partial financial grants for needy medical students pursuing medical degree in Singapore.
 - This grant aims to provide students the opportunity to gain international exposure and experience in the field of medicine through involvement in international medical conferences or approved elective programmes.



- Nurturing a caring profession Recognising volunteerism
 - 700 volunteers came together for local community projects, from public health screening to working with palliative patients and migrant workers, clocking more than 5,000 hours altogether.
- Acknowledging the builders of the future medical profession - Recognising mentorship
 - The Wong Hock Boon SMACF Outstanding Mentor Award was started in 2012 to recognise the works of mentors and to let medical students show their gratitude to their mentors for their guidance.
 - In 2016, a total of ten awards were given out.



Student volunteers -Public Health Screening





Freshmen Orientation Camp Community Involvement Program

The intent of the program is to provide the M1s a glimpse into their future career, and more importantly, to educate them that medicine is a profession targeted at serving the community with not just the skills but also the heart to serve.





- Future plans
 - Ensure financial resources go to the targeted recipients
 - Build a financially stable model by FY2020
 - Promote good mentoring relationships
 - Provide sponsorship for medical conferences and elective postings
 - Develop a donor management plan
 - Encourage volunteerism amongst the profession



SMA's Key Engagement in 2016



Representation and Advocacy

- Singapore Medical Council (SMC) Ethical Code and Ethical Guidelines (ECEG)
 - New updated ECEG launched in 2016
 - Several of SMA's recommendations were taken into consideration, including our feedback that the ECEG should be made more concise.
- Managed Care
 - Managed Care survey publish in May 2016.
- Medical Indemnity
 - Changes in landscape with MPS (UK) losing market share of public sector doctors
 - Members were concerned about their indemnity coverage if they leave the public sector. SMA directed the concerns to MOHH and met separately with MPS and NTUC Income to surface member feedback to gain a better understanding of the issues faced by indemnity providers.



Representation and Advocacy

• Ministry of Health

• Regular meetings and contact on several issues, including medical manpower, SMC ECEG and managed care.

• Health Products Act (HPA)

• Met up with HSA to discuss the transition of regulatory control of pharmaceutical products in the Medicines Act to the control of therapeutic products in the HPA and highlighted various concerns.

• Health Insurance Task Force (HITF)

• HITF was formed in Feb 2016 to recommend measures to bring about a moderation in the escalation of health insurance premiums in Singapore.



Representation and Advocacy

• Doctors-in-Training (DIT)

 SMA's DIT committee highlighted to the Advisory Council on Community Relations in Defence that some trainees were unable to complete their residency training with the stipulated time frame, as they were fulfilling their National Service obligations; thus completion of traineeship may be delayed, potentially jeopardizing their career prospects.





Doctors in uproar over third party administrators' charges

Specialists say their margins are being squeezed by some TPAs charging doctors excessive cut of the total bill

By Claire Huang

huangjy@sph.com.sg @ClaireHuangBT

Singapore

SOME private-sector doctors are up in arms over the way some managed care companies in Singapore operate, in particular their fee practices; and the uproar has intensified in recent weeks with the Singapore Medical Association (SMA) leading the charge.

In its August newsletter dedicated to managed care, SMA not only called for transparency on such charges but also sounded warnings on the pitfalls of joining the system, stopping short of calling for an outright boycott.

The outcry comes as doctors in the private sector face mounting pressure from greater competition and higher operating costs, which have in turn lowered profit margins compared to earlier years.

Some managed care players known as third party administrators (TPAs) have been blamed for shrinking the profit margins even further by charging doctors under their schemes administrative fees calculated as a percentage of the doctor's total bill.

Typically, TPAs help their clients manage costs and offer a panel of doctors and specialists to companies and insurers, which would then pay them an admin fee calculated as a percentage of the medical bill (refer to table and flowcharts).

In return for this large pool of patients, those on the panel typically pay TPAs an admin fee that is between 8 and 25 per cent of each patient's total bill.

SMA president Wong Tien Hua wrote in the newsletter that the issue becomes more complex with specialists coming into the picture.

"TPAs offer specialists a large referral pool of patients from their panel general practitioners (GPs), who in turn are obligated to refer to specialists under the same scheme.

Continued on Page 6

 Medical concierges under fire for fee practices, Page 6



Media

SMA: Profit guarantees prohibited under medical ethics guidelines

Singapore Medical Group relooking condition included in terms of proposed acquisition of two clinics

By Claire Huang huangjy@sph.com.sg @ClaireHuangBT

Singapore **THE Singapore Medical Association** (SMA) says ethical guidelines for the medical profession prohibit profit guarantees involving healthcare services as the financial imperative they impose is incompatible with the guidelines.

The reminder could be a major hurdle for healthcare companies and doctors entering into merger or acquisition deals as the latter often include a profit guarantee from the party being acquired.

Already, Catalist-listed Singapore Medical Group (SMG) is relooking the specific term in its proposed acquisition of two local paediatric clinics worth \$\$23.5 million. SMG announced last Thursday that it would purchase Children's Clinic in Toa Payoh and the Kids Clinic in Bishan for S\$23.5 million as part of wider plans to complement its growing obstetrics and gynaecology (O&G) arm.

The multi-disciplinary specialist healthcare provider had then said the proposed deal provided clear earnings visibility with a five-year minimum S\$2.3 million per year profit guarantee. And based on this profit guarantee, the proposed acquisition carried an implied price-to-earnings ratio of 11.

In reply to queries from The Business Times, SMA said its position on profit guarantee is especially pertinent now because the practice was specifically prohibited in the Singapore

Medical Council's (SMC) ethical code and guidelines handbook issued last year.

A profit guarantee structured into a corporate deal is something that is common for public-listed firms and provides assurance to shareholders and investors

But SMA president Wong Tien Hua told BT that "profit guarantees are frowned upon in healthcare services". He said the SMA in 1998 issued a

resolution stating that the financial imperative imposed by profit guarantees is incompatible with the SMC Physician pledge and other ethical principles. He added that the SMC was in full agreement with SMA then.

Dr Wong said the association hopes all medical professionals involved in buying and selling of medical practices will adhere strictly to the handbook of medical ethics currently in force. "SMA also hopes that companies will exercise responsibility to their stakeholders by not imposing terms on doctors that will put them at risk of contravening SMC ethical standards and requirements."

SMG said in a separate Singapore Exchange filing that it is committed to adhering to the highest standard of best practices and ethical guidelines governing the medical profession and "is undertaking a review of its current and future acquisitions strategies".

The statement came after the management's attention was drawn to SMC's handbook "in the recent course of work, through dialogues with the professional governing body and professional doctors", the group said.

It noted that the 2016 guidelines state that "doctors must not let business or financial considerations influence the objectivity of their clinical judgment in the management of paand terrorism f tients"

When contacted, SMG executive director and chief executive Beng Teck Liang stressed that the proposed acquisition of the two clinics is only at the framework agreement stage and that no definitive agreement has been signed.

"The deal is not done yet. We are going to do our utmost to not step on toes," said Dr Beng, who added, "Give us some time to get it (the review) through".

The subject of profit guarantees by doctors is not new. Ouestions on this topic were tabled in Parliament by then Member of Parliament (MP) Choo Wee Khiang on April 20, 1998. He wanted to know how profit guarantees would affect the standard of medical practice in Singapore.

The questions arose after Asiamatrix signed a deal to acquire the majority stakes in the businesses of four specialists - general surgeon Susan Lim, cardiologist Leslie Lam, ophthalmologist Low Cze Hong and cardio-thoracic surgeon Ong Kim Kiat in February 1998. In return, the doctors guaranteed Asiamatrix a S\$4.36 million share of the profits annually for five years.

Then health minister Yeo Cheow Tong pointed out in Parliament that while doctors giving profit guarantees are not in breach of existing laws, such practice would "put them at greater risk of unethical behaviour as they are working under purely financial imperatives imposed by a third party"

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HEALTH INSURANCE

Task force urges steps to rein in costs amid escalation of claims

It proposes introduction of medical fee guidelines, use of panel of "preferred healthcare providers", among others

Singapore

By Genevieve Cua genesch.com.sg OGenCualt

THE Health Insurance Task Force OffIT) on Thursday issued a set of recommendations aimed at reining in fee benchmark or guidelines, and rising claims rates of Integrated Shield Plana (IPa). The escalation of claims raises the

spectre of steep premium hikes which may become unaffordable especially as policyholders age and cease to work. Eventually, I's themselves may become unsustainable. Data from the Life Insurance Association Singapore (LIA) shows a sharp deterioration of underwriting profit margins between 2011 and 2013.

IPs paid out a total of \$\$488 miltion in claims in 2014. Insurers have undertaken not to raise premiums for 12 months following the introduction of MediShield Life in November 2015. care service providers, policyholders This suggests that policyholders and patients must work together to should brace themselves for premium hikes before the year-end. Already, some insurers are understood to have bleed IP rider premium members from bodies such as LIA. significantly for older policyholders. Premiums were last raised in 2013.

I's are offered by private insurers and serve to endunce the basic cover Regulatory Professionals.

offered by MediShield Life in the CPF umbrella, Riders are available to cover the deductible and co-insurance portions of costs.

Among other things, HITT recommended the introduction of a medical clarification of the existing process to "surface inappropriate medical treat-TRACK.

On product features, it recommended the use of a panel of "preferred healthcare providers' and the adoption of a frammerk to "pre-authorise" or approve medical treatment. It also recommended deductibles and coinsurance features. At the moment, half of IP policyholders have a rider to cover these costs.

The Ministry of Health (NOt0 on Thursday welcomed the HITT report as "timely and commendable", It said stakeholders such as insurers, healthensure the sustainability of the health-Care system.

The HITT task force comprises 11 medical costs. 'It will help bridge the the Singapore Medical Association information asymmetry gap that curand the Consumers Association of Singapore. It is chaired by Mimi Ho of

Ma No said in a statement issued by LIA: "Recommendations put forth ... are practical first steps to main-

tain the affordability of health insurance premiuma and, more importantly, to sustain the accessibility of quality healthcare for all Singapore residents. While we recognize that it might take some time to fully realise the benefits of the recommendations, these initiatives will set the four-

dation for a sound and sustainable insurance-based healthcare financing system as we face the challenges of an ageing population." LIA president Khoo Kah Stang said

the recommendations are a step in the right direction, "breaking down silos and bringing together different parties along the healthcare value chain to find even better ways to manage increasing claims costs".

In the long term, this will result in improved efficiencies, and cost savings within the healthcare occsystem will allow life insurers to continue providing IPs for Singapore residents in a way that is mastainable for both insurers and the public," Dr Khoo said. HITT said the publication of a medical fee guideline is "paramount" to improve the transparency of

rently exists between healthcare providers and consumers, miligate cases of overcharging by providers and

empower insurers to detect inflated claims and take an active approach treards claims adtadication."

MOH said there is value in improved fee transparency as it beins patients and healthcare providers to make informed decisions, MOH has begun to publish total operation fees of private hospitals; it has published public hospital operation fees since 2014

The Competition Commission of Singapore (CCS) has earlier said that a medical fee guideline is not illegal if it is compiled from actual bills of patients. In response to queries, CCS said it welcomes and supports MORTs effort to make available historical price for common procedures and conditions.

CCS will continue to work with MOIS on the HITT recommendations, particularly on ways to further improve price transparency in the market," the Commission said.

On the process to weed out imppropriate medical treatment, HITT said insurers are well-placed to detect potential anomalies in medical treatment through their review of claims, Insurers can refer cases to the Singapore Nedical Council (SMC) should there be concerns of overcharging and "inappropriate medical intervention amounting to professional misconduct".

"It is thus critical for insurers to be ... Rising claims costs point to aware and utilise this process when promium hikes, Page 2

necessary," HITT said, It said MOH should work with SMC and LIA to refine the existing process, while keeping the impact on affected policyholders to a minimum.

On the use of preferred healthcare provider panels, HITT noted that such panels are a common practice among insurers providing employee benefits insurance. It said IP insurers should make clear to policyholders that their choice of healthcare provider is not restricted to the parel, although their coverage may be affected. The use of such a panel "should not compromise the standard of care" received by policyholders.

It said the introduction of as-charged IPs and IP riders results in zero co-payment by policyholders and may have played a part in the escalation of claims. Co-insurance and deductible features encourage consumers to play a more active role in managing their medical-care costs as they are more acutely aware of the charges.

It said insurers should ensure that charges in the product design of IPs and IP riders should not put existing policyholders at a disadvantage.

On pre-approval of medical treatment, HITT said a pre-authorisation framework is commonly used by insurers internationally. Continued on Page 2



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 - Mediation to play bigger role in medical lawsuits: CJ Menon [TODAY]
- 4 JUNE 2016
 - Government to review 'Advance Medical Directive' policies [Channel 8 TV News]
- 10 JUNE 2016
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- 25 JULY 2016
 - Taking care of cancer patients 'more stressful than in West' [The Straits Times]
- 14-15 SEPTEMBER 2016
 - Revision of the SMC Ethical Code and Ethical Guidelines [Channel NewsAsia, The Business Times, TODAY]



- 6 OCTOBER 2016
 - Private surgeons' fees to be publicised [TODAY]
- 10 OCTOBER 2016
 - IRAS recovers \$\$1.8b from tax cheats in past five years [TODAY]
- 13 OCTOBER 2016
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- 13-14 DECEMBER 2016
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Thank You

