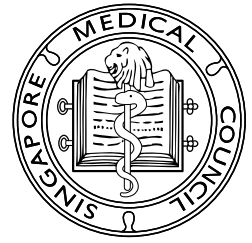


SMC Newsletter



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July 2026

Physician's Pledge Affirmation Ceremony February 2026

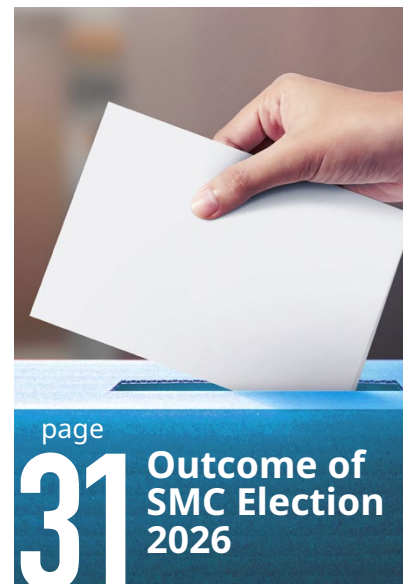
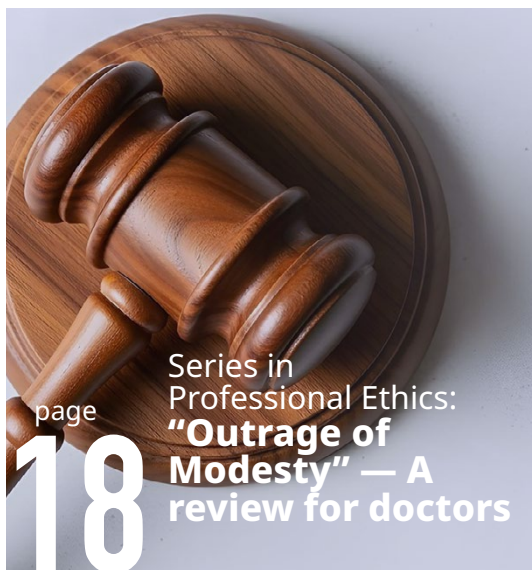


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SMC President's Message

Dear Colleagues

Since our last communication in December 2025, there have been a couple of significant developments that I would like to share with you.

The Singapore Medical Council (SMC) has revised the criteria for International Medical Graduates (IMGs) seeking Full Registration. The changes will take effect on 1 October 2026. These updates clarify and simplify the pathways for IMGs moving to independent practice while upholding Singapore's high standards of medical practice. They apply to all conditionally registered IMGs, except conditionally registered specialists whose conversion requirements remain unchanged.

The first SMC Physician's Pledge Affirmation Ceremony of the year, which took place on Saturday, 28 February 2026, at the Academia (located at SGH Campus) saw 359 doctors coming together to reaffirm their commitment to the medical profession. We are grateful to our Guest-of-Honour, Dr Koh Poh Koon, then Senior Minister of State for Health, for his presence and invaluable words during the Ceremony.

In his address, then SMS, Dr Koh succinctly highlighted three enduring principles that must guide us in our practice: i) the primacy of patient welfare, ii) the sustaining of human dignity and iii) the unwavering commitment to competence and integrity. He then shared his insights regarding the evolving healthcare landscape, emphasising two rapid shifts that every doctor must navigate: i) the use of artificial intelligence in healthcare and ii) the strategies for caring for an increasingly super-aged population. I strongly encourage you to read Dr Koh's full speech in the ensuing pages for further insights.



In this edition of the Series in Professional Ethics, we revisited a topic which was featured in SMC's newsletter four years ago: the issues surrounding outrage of modesty by doctors. SMC Council member, Dr Tan Yia Swam offers a thoughtful analysis of this matter, distilling key lessons and practical guidance that every doctor should consider. It is an important article for understanding both professional expectations and the current regulatory environment.

This issue also features an article on the role of expert witnesses in disciplinary proceedings. SMC Council member Dr Ho Kok Sun and Dr Dennis Koh, Chair of the Faculty of Medical Experts at the Academy of Medicine, Singapore, discuss why expert opinions are vital to certain cases and the challenges involved in finding doctors willing to step forward in this capacity.

Finally, this edition also includes updates on changes to the composition of the Council, including the results of the 2026 SMC Election. I would like to congratulate the newly elected Council members and look forward to working closely with them in the years ahead.

Thank you once again for your dedication and commitment to the highest standards of healthcare. Together, we can continue to strengthen our profession and serve our patients with excellence and integrity.

Warm regards,

A handwritten signature in black ink, appearing to be 'Chee Yam Cheng', with a long, sweeping horizontal line extending to the right.

Professor Chee Yam Cheng
SMC President

SMC Physician's Pledge Affirmation Ceremony, February 2026

The Singapore Medical Council (SMC) held its first Physician's Pledge Affirmation Ceremony of the year on 28 February 2026 at the Academia. The Ceremony was graced by Dr Koh Poh Koon, then Senior Minister of State, Ministry of Health & Ministry of Manpower, as the Guest-of-Honour.

A total of 359 provisionally and conditionally-registered doctors took the Physician's Pledge, reaffirming their commitment to uphold the highest standards of professionalism and ethics in their medical practice. Distinguished guests from the medical professional bodies and hospital medical boards were also in attendance.

SMC President, Professor Chee Yam Cheng opened the Ceremony by addressing the doctors on the significance of the Physician's Pledge and the importance of ethical practice and continual learning. SMS Koh spoke about the ethos of medicine as a calling and highlighted two rapid shifts in the evolving healthcare landscape, which are the use of AI in healthcare, as well as the approach that we have adopted in response to managing healthcare for a super-aged population. Both speeches are reproduced below.





Speech by Dr Koh Poh Koon, then Senior Minister of State, Ministry of Health & Ministry of Manpower

At the SMC Physician's Pledge Affirmation Ceremony on Saturday, 28 February 2026, 2pm, at the Academia, Ngee Ann Kongsi Auditorium (SGH Campus)

Members of the Singapore Medical Council,
Distinguished guests,
Ladies and Gentlemen,

A very good afternoon. Thank you for having me today at the Singapore Medical Council Physician's Pledge Affirmation Ceremony. Today's Ceremony marks a key milestone in your journey as doctors.

The pledge you are about to undertake is more than a tradition or a process. It is a personal and professional commitment to the core values of medicine. It reflects your dedication to the service of humanity, your gratitude and respect for the mentors who guided you, and your promise to practise medicine with integrity, compassion, and professionalism.

With this pledge, you become part of a fraternity and enter a profession of healers that has existed well before Hippocrates in 400 BC.



When you take your pledge, you do not simply accept a job. You accepted a moral contract. As a doctor, you join a fraternity of individuals who take the road less travelled. A small, selected group of individuals who are given the privilege to bring the art and science of medicine to relieve suffering and cure ailments.

Becoming a doctor is not a **career**; it is a **calling**.

- a) **A career** is transactional, focuses on one's ambition and aspiration—skills in exchange for remuneration.
- b) **A calling** is covenantal—responsibility accepted in trust.
- c) The difference lies in ethos.

Our patients entrust us with what they guard most fiercely: their bodies, their fears, their privacy, and sometimes, their most vulnerable and final moments.

That asymmetry of power and vulnerability imposes obligations that go beyond contractual duty. It demands that every decision we make in our professional life will need to be guided by the values and the commitment we have pledged to.

The foundation of doctoring rests on 3 enduring principles:

- a) **Primacy of patient welfare**
 - The patient's interest must supersede convenience, fatigue, ego, financial incentive, and even personal preference.
- b) **Respect for human dignity**
 - Every patient—difficult, non-compliant, frightened or terminal—deserves to be treated with dignity, never a problem to be solved or a statistic to be managed.

c) **Commitment to competence and integrity**

- Your knowledge today will be obsolete in time. Your humility must not. Lifelong learning is not optional; it is an ethical requirement (and of course it is a CME requirement too!).
- You will be required to participate in Continuing Medical Education (CME) to renew your practising certificates.

A wide range of learning opportunities are available, including resources developed by the Agency for Care Effectiveness (ACE), such as ACE Clinical Guidelines. These guidelines cover common acute and chronic clinical conditions, tailored to our Singapore context, and will be highly relevant to your practice.



“...The foundation of doctoring rests on three enduring principles:
a. Primacy of patient welfare,
b. Respect for human dignity,
c. Commitment to competence and integrity.”

Doctors' role in Healthier SG

The healthcare landscape is constantly evolving. We are now on the threshold of two rapid shifts:

- a) Use of AI in Healthcare
- b) Super-aged population

As a profession, we are used to new pharmaceutical and surgical innovations that change our practice. But the pace of change with AI will be much faster and more profound than what we are used to.

AI tools are being deployed to augment our clinical practice and will change the way we interact with our patients and deliver care. AI in Healthcare will be one of 4 AI Missions under the new National AI Council to be chaired by PM Lawrence Wong.



...we as doctors must excel in what AI cannot meaningfully assume: moral agency, contextual judgement, relational trust and accountability. ”

Even with AI which excels at pattern recognition, probabilistic inference and data synthesis at scale, and even guideline-based decision support and algorithms performing at or beyond human benchmarks in some domains, we as doctors must excel in what AI cannot meaningfully assume:

- a) moral agency,
- b) contextual judgement,
- c) relational trust and
- d) accountability.

Our patient demography is also changing. Like many developed countries, Singapore faces the challenges of a rapidly ageing population. Today, slightly over 20 per cent of Singaporeans are aged 65 or above, up from 13 per cent in 2015.

By 2030, about one in four Singaporeans will be at least 65 years old. In response to these demographic shifts, the Ministry of Health has implemented Healthier SG, an initiative many of you will already be familiar with. Healthier SG seeks to empower Singaporeans to take charge of their health—by fostering greater awareness, encouraging healthier lifestyles, and placing stronger emphasis on disease prevention alongside appropriate care.

As the focus of care shifts upstream and closer to the community, we need doctors who can provide holistic, coordinated, and person-centred care, especially for patients with multiple comorbidities.

Your role thus extends beyond diagnosing and treating disease. You play a vital part in guiding your patients on areas such as nutrition, physical activity, rest, emotional well-being, and mental health. You can make a profound impact simply by encouraging healthier lifestyles, facilitating appropriate screenings and vaccinations, and recognising mental health as being as important as physical health.

With Healthier SG, I am confident that your commitment as doctors will contribute meaningfully to a more resilient, sustainable healthcare system.



Career Pathways and Professional Growth

We recognise that each of you has different aspirations and career goals. I want to assure you that the Ministry of Health remains committed to supporting your professional development throughout your medical career. There are fulfilling pathways ahead.

In the public healthcare sector, we now have three main career tracks for doctors.

- a) You may choose to be a Family Physician anchoring care in the community and building trusted, long-term relationships with your patients.
- b) You may be a Specialist with deep expertise in specific diseases and organ systems,
- c) or you may choose to practise as a Hospital Clinician with broad-based competencies to coordinate and integrate care across disciplines within the hospital setting.

Let me elaborate. In line with the demographic shift and the changing needs of our patients, we need doctors with broad-based competencies, as a distinct career track alongside specialist practice.

MOH thus introduced the Hospital Clinician (HC) Scheme across public hospitals a few years ago. Last year, the pathway was enhanced to a four-tier career track making it comparable to that of specialists. HCs undergo a dedicated pathway of training and professional development to equip them with a wide range of clinical skills, as well as to prepare them to coordinate care for patients as Principal Doctors.

Once assessed as competent, some HCs could also manage conditions or perform procedures that were previously done only by specialists. This allows for more integrated and streamlined care, particularly for patients and their caregivers. For example, an elderly ah-ma with multiple conditions need not navigate between different specialists, each with a specific care plan in mind. The HC would provide her with greater convenience and better, unified care.

Today, the number of HCs is growing quickly. There are now approximately 200 HCs within our system, up from just under 100 a year ago. We will be concentrating efforts to further develop and grow our HCs as we embark on care team transformation in our public healthcare institutions.

This is not just “good to have”, it is an essential shift that we must make for the good of our patients and the sustainability of our healthcare system.

Professional Values and Well-being

In your journey as a doctor, you will discover that Medicine extracts a price. There will be missed family events, interrupted sleep, emotional fatigue, moral dilemmas, and the quiet burden of carrying your patients' suffering. You sometimes make decisions under uncertainty and live with outcomes you cannot fully control. There will be days when the system feels imperfect and the workload relentless.



...if you seek to stand at the intersection of science and humanity – where knowledge alleviates suffering and your presence restores dignity – then you are in the right place. ”

Those sacrifices are real. But they are meaningful because they are in service of something larger than self.

- a) If you seek prestige, there are easier paths.
- b) If you seek wealth, there are faster industries.
- c) If you seek comfort, there are gentler professions.

But if you seek to stand at the intersection of science and humanity – where knowledge alleviates suffering and your presence restores dignity – then you are in the right place.

We must guard against cynicism and losing our compassion. It is the occupational hazard of long exposure to patients' suffering. The antidote is remembering why you entered medicine in the first place and the pledge you will take today.

You will be trusted before you are fully ready. Our clinical wisdom and judgement are born through experience accumulated over time.

That is the paradox of this profession. While a systematic training process means that the days of "see one, do one, teach one" are largely something of the past, the reality is that no amount of training can prepare one for unexpected situations or atypical scenarios that are not described in textbooks.

Hence, we will always be tested in uncertainties. You must therefore uphold the trust that your patients place upon you, exercise your best judgement, work through first principles and let experience birth the wisdom in you.

And remember this:

- a) Technical excellence will make you competent.
- b) Ethical clarity will make you trustworthy.
- c) Compassion will make you worthy of the privilege.

Medicine is a calling because it asks not only what you can do – but who you must become. Carry that responsibility with sobriety. Carry it with humility. And above all, carry it with honour. As you care for others, it is equally important to care for yourselves. Your well-being matters to your patients, your colleagues, and the healthcare system as a whole.

Chief Wellness Officers have been appointed in our public healthcare clusters to oversee and coordinate efforts to improve the well-being of all healthcare workers, including junior doctors. Even as we accept that facing stressors and professional risks are inherent in the nature of our work, we must collectively press on with the ongoing initiatives to improve working conditions, strengthen access to feedback mechanisms and enhance psychological support resources for healthcare professionals at all levels.

 **...remember this:
technical excellence will
make you competent,
ethical clarity will make you
trustworthy, compassion
will make you worthy of the
privilege.** 

Having launched the Tripartite Workgroup for the Prevention of Abuse and Harassment of Healthcare Workers in 2023, public healthcare institutions have adopted a zero-tolerance approach towards abuse and harassment. This reflects our commitment to building a safe, respectful, and supportive work environment, with clear avenues to report and address such incidents.

As with most things in life, nothing truly worthwhile comes easy. I hope that most of you did not choose medicine for prestige or glamour, but because it resonated with your mission and values. As you embark on your career, stay anchored to them. When challenges and temptations arise, your integrity, professionalism, and commitment to doing the right thing will matter most.

Together, let us continue to build a medical community grounded in collaboration and mutual respect, guided by a shared commitment to patient safety and welfare. This means valuing the contributions of fellow doctors, nurses, allied health professionals, and all who play a role in caring for our patients.

With that, my warmest congratulations again to each of you on reaching this important milestone. May each of you be successful in striving to be good doctors and may your journey ahead be filled with purpose, fulfilment, and a contentment that comes from serving others well. Thank you.



Together, let us continue to build a medical community grounded in collaboration and mutual respect, guided by a shared commitment to patient safety and welfare. ”



At the SMC Physician's Pledge Affirmation Ceremony on Saturday, 28 February 2026, 2pm, at the Academia, Ngee Ann Kongsi Auditorium (SGH Campus)

Dr Koh Poh Koon, Senior Minister of State for Health,
Fellow Council Members,
Distinguished Guests,
Ladies and Gentlemen,

A very good afternoon and a warm welcome to everyone for the first Physician's Pledge Affirmation Ceremony of 2026. We are honoured to have Dr Koh Poh Koon, Senior Minister of State for Health, a medical doctor himself to join us today to address you and to witness your taking of the Pledge.

The Significance of the Physician's Pledge

Each succeeding generation of doctors experiences advances and new developments in healthcare but ethical practice and professionalism does not change. As doctors, we are guided by our conscience, to practise with integrity and honesty, with the knowledge and skills to make the right clinical decisions and to provide good and compassionate care during the treatment.

The Physician's Pledge is your promise of a lifelong commitment to ethical practice and professionalism as a medical doctor, solemnly promised and publicly declared before the Singapore Medical Council, its invited guests and your colleagues. It is our pledge to uphold the ethical principles in the SMC's Ethical Code and Ethical Guidelines, or ECEG for short, which guides every doctor's professional conduct.

Learning from Recent Cases

However, you would have heard or read about doctors appearing before disciplinary tribunals. Senior medical colleagues sit on these as part of the self-regulatory processes of the SMC. The ECEG provides the guide for the regulatory means to judge the doctors. You can find the judgments of such cases in the SMC website and its summaries in our Annual Reports. It will be educational to read the reports so that you are aware of the practices that did not meet the standards of medical ethics and professionalism.

The ethical medical professional

First there must be the desire and motivation to be a highly trained and skilled medical doctor to deliver care to the infirmed, the sick and the suffering, and the determination to do our best for our patients. For best practice and patient safety, follow scientific evidence, established clinical guidelines and protocols. Good documentation, appropriate and clear communication with patients, adequate time for discussion with patients and their next-of-kin are our responsibility. These are part of good compassionate patient care. What we do for our patients must be what we desire our own doctors to do for us when we become patients ourselves.





Strengthening Ethical Practice Through Continual Learning

Doctors must continue to learn medical ethics. The Council introduced compulsory CME modules on Medical Ethics for all registered medical practitioners in 2024 as a condition for the renewal of their Practising Certificate. To help medical practitioners learn and fulfil the required Mandatory Medical Ethics CME points, the Medical Council has expanded the list of approved providers offering MME CME programmes from this year. The MME CME curriculum has also increased from 4 to 15 core areas to cover more areas of skills and knowledge after the initial two years of implementation. Doctors may visit the SMC's website to find out the list of MME CME providers and programmes and plan their educational MME CME for each Practising Certificate renewal cycle to cover their relevant practice areas.

Our professional partners

The Academy of Medicine Singapore, College of Family Physicians Singapore and Singapore Medical Association continue to be important providers for most doctors for MME CME programmes. The SMC thanks these three bodies for providing the initial programmes for 2024 and 2025. Information on MME CME can be found on the SMC website as well as the websites of the three professional bodies.

“ The Physician’s Pledge is your promise of a lifelong commitment to ethical practice and professionalism... solemnly promised and publicly declared...”

Staying in Touch

The Medical Council regularly publishes its newsletters and updates its website with essential information and guidance. We strongly recommend that you stay in touch to update yourself on relevant information on the SMC and MOH websites. Do not disregard or neglect the emails sent from SMC to you about medical practice and regulatory issues.

The Future

As you embark on your medical careers, you will face moments of difficulty, stress, and demands from patients and their families. These need to be handled professionally. While we should seek help and the support of our colleagues when we are unsure or require advice, we should also personally build the foundation of knowledge to guide our decisions. When we consistently place our patients’ well-being and interest at the centre of our decisions, we will find enduring purpose and meaning in our vocation. We hope that the Physician’s Pledge you solemnly take today will reflect an important milestone in your personal and professional development. Embracing the principles of the Ethical Code and following its guidelines will increase the trust your patients place in you as their doctor. This privilege and responsibility taken seriously will bring you due reward and lasting satisfaction in your careers.

Thank you and I wish you a happy lunar new year.



Series in PROFESSIONAL
ETHICS

“Outrage of Modesty” – A review for doctors

By: Dr Tan Yia Swam, SMC Council member

The Singapore Medical Council (SMC) takes a serious stance against outrage of modesty and sexual misconduct by doctors. In preparing this article, I applied a medical mindset: define the problem, identify risk factors and propose practical preventive strategies.

What is Outrage of Modesty?

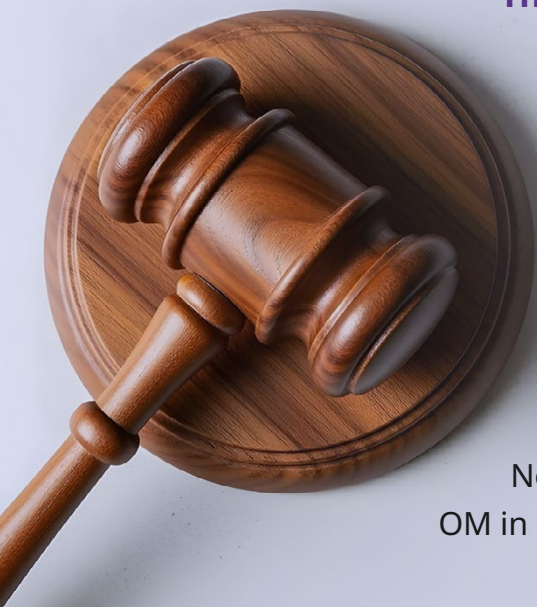
The Legal Definition:

Under Section 354 of the Penal Code 1871 [1], outrage of modesty (OM) occurs when a person assaults or uses criminal force on another, intending to outrage—or knowing it is likely to outrage—that person’s modesty. This term is primarily used in jurisdictions which adopted a legal system based on British common law, such as Singapore, Malaysia and India. In other countries, similar offences are labelled as sexual assault, indecent assault, molestation, or sexual battery.

The “Modesty” Standard:

Singapore law does not provide a strict definition of “modesty.” Singapore Courts apply an objective, context-specific test, considering contemporary social norms – for example, would a reasonable person find the act a violation of the victim’s dignity? Key factors include the victim’s age, culture, the body part involved and the setting. The law is gender neutral; both men and women may be victims or perpetrators.

Notably, Singapore has seen an increase in reported cases of OM in recent years [2].



How does it apply to doctors?

Although the Medical Registration Act 1997 (MRA) does not define or directly refer to OM, it empowers the SMC to initiate disciplinary proceedings against doctors convicted of offences implying a defect in character which makes the doctor unfit to practise medicine, including OM. In cases where a complaint is made before a doctor accused of OM is convicted by the

Courts, disciplinary action may also be taken against the doctor if he or she is found guilty of an improper act or conduct which brings disrepute to the profession. The outcomes following disciplinary action may include a suspension or being struck off the Register.

In a clinical setting, the distinction between a necessary medical examination and a criminal act often hinges on the intent and proper procedure.

 ...the distinction between a necessary medical examination and a criminal act often hinges on the intent and proper procedure.”

Case example:

In *SMC vs Dr Tan Kok Leong* (2019), an aesthetic doctor was struck off after being convicted of touching a sedated male patient's genitals without medical justification [3].

Other potential breaches include:

- Conducting breast or pelvic exams without prior explanation or obtaining informed consent (verbal consent suffices).
- Unnecessary physical contact with the patient (e.g., hugging or “comforting” touches) which was perceived as sexual or intrusive.
- Examinations performed under the guise of medicine but intended for the doctor's gratification.

Ethics: Personal vs. Professional Boundaries

The SMC Ethical Code and Ethical Guidelines (ECEG) serve as the “gold” standard for professional conduct [4].



Doctors are held in immense clinical trust by patients and there is a clear power differential between doctors and patients or even staff of the doctors. In most situations, patients are physically vulnerable – they could be in a state of undress, sedated, or in pain – hence the Courts view OM in medicine, which is considered a breach of trust, more severely.

For routine exams (like checking a pulse), consent is implied. For intimate exams, the ECEG (paragraph C4 “Propriety & Sexual boundaries”) requires explicit verbal consent and a clear explanation of why the exam is necessary [5]. The ECEG also requires that a chaperone must be present whenever: (i) the patient indicates they would be more comfortable in having a chaperone present; or (ii) a doctor assesses that a patient would be more comfortable having one, and in this regard, the SMC Handbook on Medical Ethics says that a doctor should be sensitive even to the patient’s non-verbal indications of discomfort or reluctance to the exam [6]. Admittedly, this kind of sensitivity may not come naturally to every doctor. Each of us has our own personal threshold of what we find acceptable and might have assumed the same for the patient. Communication of intent is key, and I will share below tips from my own practice.

The ECEG mandates maintaining professional boundaries. Any blurring of the line—such as flirtatious comments or “casual” touching—can be used as evidence of intent if a complaint is filed. In this era of Whatsapp, social media (such as Facebook, Instagram, TikTok), defining boundaries and knowing what is appropriate or not is a modern-day challenge. This will need an its own article on the appropriate use of social media!

Risk factors: Systemic Issues

When does a case of OM occur?

A PubMed search [7], [8] turned up limited research on this. While one might classify OM as a mental disorder, a compulsion or an immoral act, for the purpose of this article, I chose not to speculate on the individual's moral or character. As a medical professional, I hope to share practical and actionable tips on how to safeguard patients, colleagues and yourself from being either a victim or a perpetrator of OM, or to be accused of being one!

System issues may create environments where misunderstandings or actual misconduct can occur:

1. **Chaperone Scarcity:** A major systemic safeguard is the use of a chaperone (usually a nurse or clinic assistant). If a clinic is understaffed, a doctor might proceed with an intimate exam alone to “save time,” leaving them vulnerable to allegations or removing a deterrent for bad actors.
2. **Inadequate Training on Communication:** Misunderstandings often arise when doctors fail to narrate what they are doing (e.g., “I am now going to palpate your abdomen”). A lack of “trauma-informed care” training [9] can lead to a patient feeling violated even if the doctor's intent was purely clinical.
3. **High-Pressure Environments:** In busy public wards, privacy curtains may not be fully closed, or multiple staff may be moving in and out, making a patient feel exposed and more likely to perceive a touch as an “outrage” to their dignity.
4. **Empowerment:** In a hierarchical system, when a junior sees the senior doing something unusual, or the patient feeling uncomfortable, they may not feel comfortable to speak up. “My consultant knows better”, “the doctor knows better, I’m just the nurse”, “The specialist knows best, I better not ask”. I believe we need to promote a culture of safety, where speaking up is acceptable. A firm and polite question to seek clarification should be received in the spirit that it is meant and helps protect the doctor and patient.

Practical tips from a female breast surgeon

In my private practice and years of experience, I apply the following principles:

- **Clear communication**

I clearly explain the need for a breast or genital examination and obtain verbal consent before proceeding:

- Even though I am a heterosexual female doctor and attend to mostly heterosexual female patients, I routinely state that I will need to examine the breasts to complete the consultation and not just rely on history and radiology imaging alone.
- Similarly, when examining a man for gynaecomastia, I will explicitly state that I need to examine the chest/breasts, as well as the external genitalia to look for testicular atrophy/tumours. I will only proceed after he agrees to the examination.

- **Documenting patient choice**

I have met a few women who decline, due to their perceptions on body privacy. I will then inform them that some manifestations of cancer such as skin/nipple changes, discharge may be missed on imaging, hence the recommendation for a physical examination. They still decline, and state that they have examined themselves and they are sure it is normal. I can only document as such.

- **Chaperone presence**

Most days, I have enough staff around that I ask for a nurse to be present as a chaperone.

- **Applying cultural sensitivity**

I am mindful that not everyone who sees me is heterosexual, and I do not specifically ask for their gender identity. I have also had patients from different cultural and religious backgrounds, with their norms of what constitutes modesty. (e.g. some will only expose the breast with the symptom, not both. Some will remove clothing and bra while seated at the consultation table, in my office with windows!)

To keep it simple, respect the patient, and be sensitive to what he/she perceives as normal and acceptable. Communication is key in helping the patient understand our actions, and to give them the confidence that they have the right to say no.

In summary, I hope this article has clearly defined “Outrage of modesty” and how it applies to doctors. Take reference from published guidelines for best practices. Medical necessity is not sufficient protection. Clear communication, appropriate consent and professional boundaries are essential in safeguarding patients, while protecting the integrity of medical practice.

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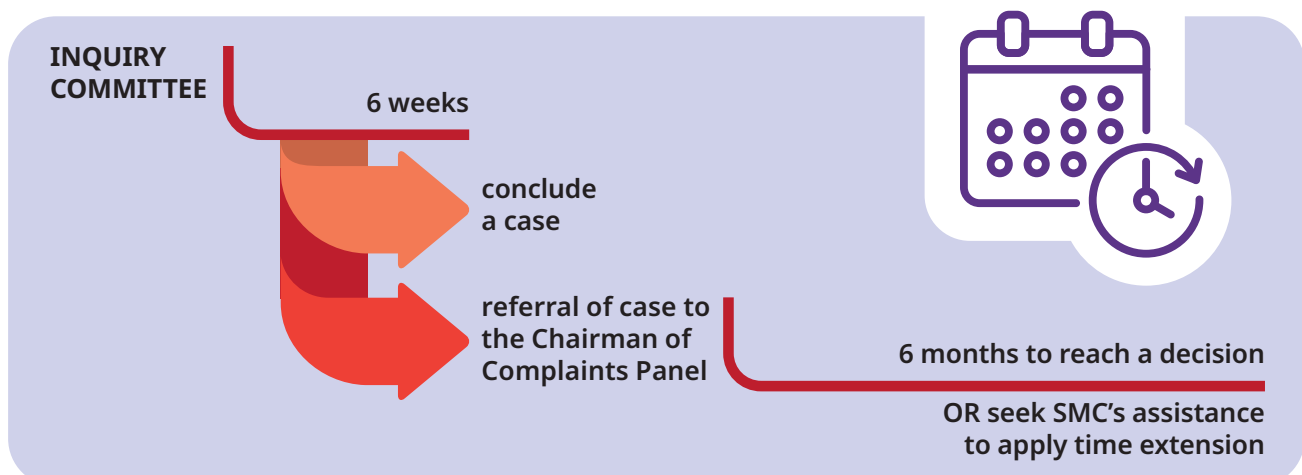
The Role of Expert Witnesses in the Singapore Medical Council Complaints Process

By: Dr Ho Kok Sun, SMC Council member and Dr Dennis Koh, Chair, Faculty of Medical Experts, Academy of Medicine Singapore

The current Medical Registration Act came into force on 1 July 2022, introducing a new step in the Singapore Medical Council (SMC) complaints process: the Inquiry Committee (IC). This committee serves to filter out complaints that are frivolous, vexatious, misconceived or lacking in substance.

The new MRA also establishes strict timelines for each committee inquiring into a complaint:

- The IC has a maximum of six weeks (three weeks plus another three weeks if the Chairman of the Complaints Panel approves its extension of time) to either conclude a case or refer the case to the Chairman of the Complaints Panel to appoint a Complaints Committee (CC) to inquire into the case.
- The CC is given six months (three months plus another three months if the Chairman of the Complaints Panel approves its extension of time) to reach a decision. If the CC is unable to come to a conclusion at that time, the CC must seek SMC's assistance to apply to the courts for an extension of time.



Role of expert opinion

As the complaints may encompass medical issues that involve in-depth knowledge and expertise, the IC or CC may request expert opinions to help in its review of the case. The role of the expert is to provide an impartial view to the management of the case and to assist the IC or CC to come to a proper determination and course of action. The expert may have his/her own views on managing a patient. However, his/her role is to advise the IC or CC if the respondent doctor managed the patient in a manner that meets the applicable standard of care.

Challenges in finding expert witnesses

The IC/CC relies on **independent experts** to provide an opinion on a case, but finding experts can be challenging. Delays in securing an expert can prolong the case, which would be unfair both to doctor(s) under investigation and the patient/complainant.

Common Reasons for Declining to be an Expert Witness

1. Conflict of interest (COI)

Singapore's medical community is relatively small, and many specialists may know or work with one another before. This is one of the reasons cited for declining to be an expert witness. However, whether there is a COI should be determined by the appointing party, not the expert. If the IC or CC is asking for an expert opinion, the expert who is approached should disclose any potential COI to the IC or CC, allowing the IC or CC to decide whether to engage them.

Obvious COI: The expert and the respondent doctor currently work closely together in the same department. For such a scenario, the IC or CC will usually not engage this expert.

Less obvious COI: The expert and the respondent doctor were working in the same department as trainees many years ago and meet each other at medical conferences over the years. The respondent doctor and the expert are not friends. This scenario is not generally considered to pose a conflict of interest but when in doubt or to be clear, the invited expert should disclose such circumstances or raise his/her concerns when replying to the invitation. The IC or CC will assess and confirm if there is any COI and whether to engage the expert's help.



2. Lack of time to draft report

Preparing expert reports can be time-intensive, depending on the complexity of the case. There is usually a summary of the case and a list of questions to be answered. Some experts may need to go through many pages of case notes of multiple patients and address those questions raised while other experts may be engaged to provide opinions on straightforward cases. If an expert cannot commit the time to draft the report, they should decline promptly, so that another expert can be approached. Once an expert has committed to be an expert, reports should be completed within the requested timeframe by the IC or CC. Repeated requests for extension of time to complete the reports are unfair to both the respondent doctor and patient/complainant.

3. Lack of Experience in Writing Reports

Experts who do not have much experience in or wish to improve on the drafting of their medical expert reports, may attend the annual Medical Expert Witness Training Course jointly organised by the Singapore Medical Association, Academy of Medicine Singapore, Law Society of Singapore and Singapore Academy of Law. Even without attending the course, doctors can still offer their expert opinion when approached. After all, the greatest value an expert can provide is his/her knowledge of the medical conditions identified in the case.

4. Desire to Support the Doctor

Experts must maintain an impartial view of the case. Having a biased view of the complaint that may not be supported by sound medical evidence may compromise the expert report, requiring the SMC to engage another expert thereby causing unnecessary delays.

After Submitting an Expert Report

Submission of an expert report does not necessarily end the expert's involvement. The IC, CC or Disciplinary Tribunal may seek clarification on points raised in the report. If necessary, the expert may be called to appear in person at the Disciplinary Tribunal to respond to questions on their opinion. This can understandably give rise to concerns, particularly where the expert and the respondent doctor are known to each other professionally. However, experts can take comfort that if their reports are prepared honestly, in good faith, and in accordance with the SMC's Ethical Code and Ethical Guidelines (ECEG), they would not be subject to any civil or criminal liability.

The ECEG sets out clearly that an expert witness must be competent, objective and impartial, and their duty is to the inquiry or court and not to any party who is instructing or paying them. As long as an expert acts within these boundaries — giving an opinion that is genuinely held, based on sound medical reasoning, and free from bias — they can participate in the process with confidence. The medical community should therefore not be deterred by fear of legal repercussion if the duty is carried out responsibly.

Remuneration

Remuneration is given for serving as an expert witness. While the remuneration may not fully offset the time cost of a medical practitioner, it recognises the time taken and professional expertise required to prepare a thorough and considered expert report and the value of such a contribution to the complaints process. Experts will usually be informed of the sum of remuneration upon appointment.

Conclusion

Expert witnesses play a crucial role by assisting the ICs, CCs and the DTs in reaching a fair outcome for parties. The disciplinary process is the cornerstone on which the self-regulatory privilege of medical practitioners is built upon. We thus encourage doctors to step forward to support this important process.

For more information, doctors may also refer to the article in the Annals of the Academy of Medicine, Singapore, entitled, "Serving as a medical expert witness: Avoiding common errors and potential pitfalls". This article was first published in the Annals of the Academy of Medicine, Singapore, on 22 April 2026: <https://doi.org/10.47102/annals-acadmedsg.202643>

Revised Criteria for Full Registration for International Medical Graduates

The Singapore Medical Council (SMC) has revised the criteria for International Medical Graduates (IMGs) seeking Full Registration (F-reg) in Singapore. The revised criteria take effect on **1 October 2026**.

These changes aim to clarify and streamline the pathway for IMGs moving to independent practice while maintaining high standards of medical practice.

The revised criteria apply to all conditionally registered (C-reg) IMGs, except conditionally registered specialists whose conversion criteria remain unchanged.

PATHWAYS

Pathway for IMGs with Registrable Basic Medical Qualifications

- IMGs who have obtained C-reg by virtue of a registrable basic medical qualification will now be considered for F-reg after completing at least **2 years of full-time supervised practice** (or equivalent) under C-reg, regardless of their nationality.
- For IMGs who did not complete Postgraduate Year 1 (PGY1) under provisional registration in Singapore, they are required to complete a minimum of **12 months of broad-based practice** with satisfactory performance under C-reg before they can be considered for F-reg.

Pathways for IMGs with Registrable Postgraduate Medical Qualifications

IMGs who have obtained C-reg by virtue of a postgraduate medical qualification registrable with SMC may be considered for F-reg by fulfilling the requirements of one of the following three pathways:

Pathway 1

- Hold a registrable postgraduate qualification in Internal Medicine or Family Medicine, or a Graduate Diploma in Family Medicine (GDFM), or a Graduate Diploma in Hospital Practice (GDHP) via the Hospital Clinician scheme.
- Complete at least **2 years of full-time supervised practice** (or equivalent) under C-reg, which must include **12 months of broad-based practice** with satisfactory performance.

Pathway 2 (Specialist Route):

- Obtain accreditation by the Specialists Accreditation Board (SAB) and registration by the SMC as a specialist in a core specialty via a local residency training programme.

Pathway 3 (Family Physician Route):

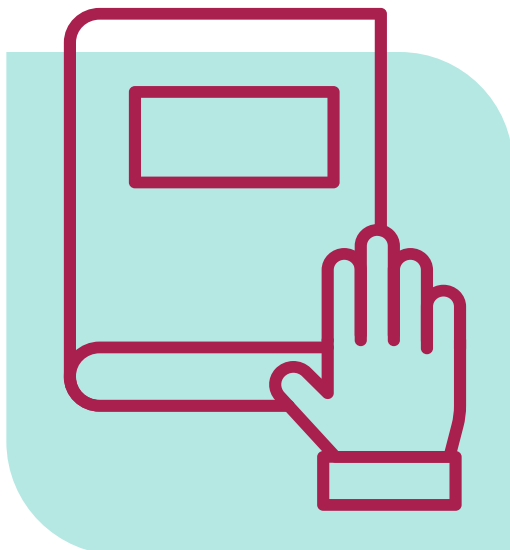
- Hold a registrable postgraduate qualification in Family Medicine.
- Obtain accreditation by the Family Physicians Accreditation Board (FPAB) and registration by the SMC as a Family Physician.
- Complete at least **2 years of full-time supervised practice** (or equivalent) under C-reg, inclusive of both General Practice and Family Physician practice periods.

Postings with Limited Scope or Patient Contact

To ensure comprehensive training and patient exposure, there will be a cap on the length of practice recognised for F-reg for postings with limited scope or patient contact:

- A maximum of **6 months** at each of the following practice places may be recognised:
 - Health Promotion Board (HPB) Youth Preventive Health Service
 - Health Sciences Authority (HSA) Blood Services Group
- A combined maximum of **12 months** across the following practice places may be recognised:
 - HPB Youth Preventive Health Service
 - HSA Blood Services Group
 - Diagnostic Radiology departments
 - Laboratory Medicine departments
 - Pathology departments

(Note: Doctors who have commenced local Diagnostic Radiology or Pathology residency programmes prior to 1 October 2026 will be granted exemption from this requirement.)



Pledge taking

Doctors who fulfil all relevant requirements may be invited to take the SMC Physician's Pledge.

Please refer to the [circular](#) that was published on 1 June 2026 for details.

Outcome of SMC Election 2026

The SMC held an election from 15 April 2026 to 29 April 2026 to fill seven vacancies arising from the end of term of office for seven Council members.

The seven candidates successfully elected as Council members under section 4(1)(f) of the Medical Registration Act 1997 for a term of office of three years with effect from 9 June 2026 are as follows (in alphabetical order of their surnames):



**Dr Chen Suet Ching
Jeanette**



**Dr Goh Yen Seow
Benjamin**



Dr Lee Yee Mun



**Dr Lim Khong Jin
Michael**



**Dr Ng Wei Keong
Alan**



**Dr Subramaniam
Surajkumar**



Dr Wong Chiang Yin

We congratulate the members on their successful election and welcome them to the Council.



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