

HIGHLIGHTS

FROM THE HONORARY SECRETARY

Report by Dr Lim Kheng Choon

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Advisory to Members to re-evaluate the original motivations for establishing their organisational structures

SMA has issued an advisory to Members regarding the use of corporate structures by members of the medical profession in the running of their medical practices.

While SMA wishes to remind its Members not to establish artificial or contrived structures with a blatant or primary purpose of avoiding or reducing taxes, SMA also notes that the use of a company as a business vehicle by itself has been a common practice since time immemorial.

The advisory can be found at <http://bit.ly/2Wv7vBQ>.

Feedback on LIA pre-authorisation form for Integrated Shield Plans

The Life Insurance Association Singapore (LIA) recently announced the use of a standard pre-authorisation form for all

Integrated Shield Plan insurers that offer pre-authorisation services.

Prior to this, LIA approached SMA on 29 May 2019 for comments regarding the initiative and the form. SMA responded on 18 July 2019, to seek clarifications and also provide feedback.

In the ensuing formal exchanges that followed, SMA reiterated several issues on the form which remain unresolved. As such, SMA is unable to support the latest version of the LIA pre-authorisation form. The details of these issues and SMA's recommendations can be found at <http://bit.ly/2okskn8> (Member login is required).

A key issue involves a section of the form that requires doctors to provide information of the patient's comorbidities. Unless these comorbidities require additional specialist inpatient review, this information is not relevant for pre-authorisation.

SMA reiterates that information collected in a pre-authorisation form should be for the current admission and not for the possible construction of the medical profile of the patient. To date, SMA has not received assurances from LIA on this. LIA has also not adopted our suggested amendments to request only relevant co-morbidities that require additional specialist inpatient review.

SMA advises all Members that they should exercise discretion and only give information that they deem is necessary for pre-authorisation and not inadvertently provide more information than necessary. Members should always put patients' interests first, not just for the current admission but also for future possible admissions, since it is uncertain if information collected now will be

utilised later for other purposes not directly related to the current admission. If the information about co-morbidities is not relevant for pre-authorisation, Members may consider indicating "not relevant for pre-authorisation" in the appropriate section of the form.

SMA Members should also not commit to matters that are beyond their usual decision-making limits, such as other doctors' treating fees.

SMA supports the concept of pre-authorisation and the standardisation of the pre-authorisation form. We urge LIA to keep the form as brief as possible so that it can be completed in a timely manner. The medical information requested should also be readily available at the time of consultation and limited to what is necessary for pre-authorisation. The pre-authorisation should be processed expeditiously, ideally within 24 hours, to avoid unnecessary delays to patient care. Hopefully, with the issuance of fee benchmarks by the Ministry of Health (MOH), this will be made possible and will reduce the need for appointed panels.

SMA and LIA representatives met on 22 October 2019 to further discuss and clarify the contents of the pre-authorisation form. We will inform Members when updates are available.

SMA nominates representative to MOH committee on ethics capability

The MOH is forming the Healthcare Ethics Capability Committee (HECC), which will carry on the work of the current National Ethics Capability Committee.

SMA has nominated Dr Anantham Devanand to be SMA's representative to the HECC. We wish him all the best in this new appointment. ◀