

# THE STRAITS TIMES

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## 3 medical bodies' joint letter complementary to SMC advisory

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The article, "3 medical bodies' joint letter runs counter to SMC advisory" (Dec 15), asserts that the Singapore Medical Council (SMC) advisory completely prohibits calculating the fees paid by a doctor to a third-party administrator (TPA) by applying a percentage of what the doctor has charged his patient. It then concludes that our letter to our doctors ran counter to the SMC advisory.

We read the SMC's advisory as clarifying a point in the new SMC Ethical Code and Ethical Guidelines (ECEG), released three months before, and which applies to all doctors. Therefore, neither it nor our joint letter should be read in isolation.

The primary objection is not about any specific method of calculation, but the unethical nature of fee-splitting or fee-sharing, clearly laid out on Page 62 of the ECEG.

Hence, this SMC advisory simply stated that "paying third parties fees that are based on a percentage of what doctors charge patients may be construed as a form of fee-splitting between doctors and third parties".

The operative word "may" suggests to us the need for care in implementing, rather than a complete prohibition on calculating payment by percentages under all circumstances.

It is in this context that the three medical bodies issued the joint letter, intended as guidance to those practising doctors who find themselves in the above scenario.

It clearly states that payment to TPAs should preferentially have a fixed-fee structure, based on costs incurred by TPAs, plus an appropriate profit margin that is not disproportionate to services provided. It acknowledges that in some limited circumstances where (specified) strict conditions are met, TPA payment calculated by percentages might still be acceptable, as these would approximate actual services provided.

This last point would allow qualifying doctors to continue caring for patients without risking the suspicion of fee-splitting or fee-sharing.

Thus, the three medical bodies' joint letter does not conflict with either the ECEG or the advisory subsequently issued by the SMC. It is instead complementary, to guide practitioners in providing patients with continued care during the time needed for TPAs to align their contracts with the ECEG.

Our suggestion is neither binding nor exclusive, and doctors may use other ways to equally comply. These changes will significantly benefit doctor and patient alike.

It is thus important that readers understand that the three professional bodies are aligned with the SMC.

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