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Changes to the Consumer Protection (Fair Trading) Act Passed on 13 September 2016

SPRING Singapore, a statutory board under the Ministry of Trade and Industry of Singapore, has been appointed as the administering agency for the Consumer Protection (Fair Trading) Act ("CPFTA") to investigate and take enforcement action against errant retailers.

The CPFTA aims to protect consumers from unfair trade practices, and applies to most consumer transactions. The recent changes, which came into force on 13 September 2016, were prompted by the slew of consumer complaints against mobile phone shops in Sim Lim Square.

Following a public consultation reported in a previous client alert <u>here</u>, the changes to the CPFTA have since been enacted.

The amendments aim to stamp out errant retailers and offer greater protection to consumers. They include, amongst others:

- (a) Empowering SPRING Singapore to search and enter the premises without a warrant to gather evidence against a persistent errant retailer, allowing the agency to quickly file an injunction if necessary;
- (b) The imposition of criminal sanctions against errant retailers who do not comply with the court orders and anyone who obstructs SPRING's investigations;
- (c) The requirement that errant retailers alert customers that they are under an injunction, such as by printing a notice on their invoices; and
- (d) The requirement that retailers alert SPRING when there are changes to their shop's address or employment status, failing which they may be charged with contempt of court.

The Consumers Association of Singapore ("CASE") and the Singapore Tourism Board ("STB") will remain the first point of contact for local consumers and tourists respectively to handle complaints. CASE or STB may refer complaints regarding persistent errant retailers to SPRING, who will have investigative powers under the new law.

More information can be found in SPRING's press release here.

New SMC Guidelines to Take Effect on 1 January 2017

The Singapore Medical Council ("SMC") has issued a revised version of the Ethical Code and Ethical Guidelines ("ECEG"), to address advancements in technology, aesthetic practices, telemedicine and fee-sharing, amongst others. The new ECEG ("2016 ECEG") is accompanied by the SMC Handbook on Medical Ethics ("2016 HME"), and both documents will come into force on 1 January 2017.

The ECE was last published in 2002. Some of the hot-topic issues that the 2016 ECEG and the 2016 HME address in greater detail are:

- Telemedicine This is permitted as long as it is provided in a "responsible manner". If the quality and standard of in-person medical care cannot be matched, the doctor's opinion must state any relevant limitations. A doctor must also provide patients with sufficient information about telemedicine for them to give consent. Outsourcing diagnostic interpretation of results or other medical assessments of a patient to a service provider in a different country would also be considered telemedicine.
- End-of-life care Doctors must not commit or participate in any act where
 the primary intention is to hasten or bring about death, must respect
 patients' wishes not to receive specific treatments, and must offer good
 palliative care to minimise suffering, amongst others.
- Aesthetic medicine The 2016 ECEG incorporates principles from the SMC's Guidelines on Aesthetic Practices for Doctors (issued in July 2016).
- Social media use Guidance on the ethical use of social media by a
 doctor covers advertising issues, patient confidentiality and patient-doctor
 relationships. Doctors are proscribed from initiating social media
 relationships with patients and from engaging in advertising tactics on
 social media in an unprofessional manner or in a manner which brings the
 profession into disrepute.
- Medical certificates ("MCs") and prescriptions Diagnoses must not be stated on MCs unless patients have consented to it. Electronic MCs and prescriptions are permitted, as long as there are safeguards in place to prevent fraudulent issuance of such MCs and prescriptions.
- Fee-sharing Doctors may pay managed care companies, third party administrators, insurance entities or patient referral services fees that reflect their actual work in handling and processing the patients. Such fees must not be based primarily on the services the doctor provides, or the fees the doctor collects. Disclosure is required if such fees are passed on to patients, by itemising such fees in invoices.

The full text of the 2016 ECEG and 2016 HME can be found on the SMC's website here.

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