

Some relevant information on CCS

- CCS is the enforcement agency for competition law in Singapore (similar to MyCC)
- ▶ The Competition Act came into force in 2006
- Section 34 of the Act prohibits anti-competitive agreements between competitors
- A decision by an association of undertakings falls within the broad definition of an agreement
- Price-fixing is deemed a hardcore cartel
- CCS has had a number of cases involving fee scales by professional associations



Fee scales – also known as...

- Fee schedules
- Fee guidelines
- Price recommendations



Some attributes of fee scales

- Historical, transacted prices or recommended, future prices?
- Aggregated or disaggregated prices?
- Issued by the trade association, an individual supplier, an independent third party or the government?
- Binding or non-binding?
- Average, minimum, maximum or a range?



The first case: real estate agents

- ▶ IEA applied to CCS for guidance in June 2006
- CCS provided guidance to IEA in August 2008





Real estate agents (cont.)

- The IEA "Professional Fees/Commission for Real Estate Agents/Agencies" specifies that:
 - Buyer pays 1% of the transacted value of the property
 - Seller pays at least 2%
 - Non-binding
- CCS deemed it anti-competitive, and without net economic benefits



Real estate agents (cont.)

Some thought this was good news

Property fee guidelines: Praise for Competition Commission

I READ with gladness that at last the Competition Commission of Singapore has decided that the guidelines adopted by the Institute of Estate Agents are uncompetitive and must go

("Property fee guide

For too long, est: and purchase transac ed that sellers pay a cent commission, ev any commission.

ers for their commiss titled" to it, citing t because they have th proceedings.

With the clear st: 時常課 sion, I have no doub better position to w unscrupulous and a their way through

agent in the purchas 則。这意味,今后房屋程記和经纪 There have been (1999年创土时排出的。它建议:并

联合会宣布指导原列,社会员征收 喃,目前确实难以断言,而至内人,领,提升专业服务

华不会影响现在的抽個車,有去則

To be fair, there are agents who are well trained, professional and act in the interests of their clients, be they sellers or buyers, and they would be more than willing to pay them the commission agreed in writing before they accept the agents' services.

I hope all sellers and buyers will now be more aware of their rights when dealing with housing agents and not allow agents to control them in the area of their commission.

Tan Swee Hong (Mdm)



Real estate agents (cont.)

Others had worries

PROPERTY COMMENT IT'S NECESSARY TO REGULATE THE INDUSTRY

Like medical and legal services, we must engage trained and reliable property professionals

MOHD ISMAIL

MANY people praised the Competition Commission of Singapore's recent decision to have the Institute of Estate Agents (IEA) remove its commission guidelines for property agents.

The common reason given was that many felt property agents played a minor role in their transaction and hence did not deserve what the customers felt was a hefty commission. Others still complained of the shoddy service they had received and felt. that the removal of commission guidelines would only make property agents work harder for their commissions

That is true to an extent, but unscrupulous agents will always find ways to use the non-existence of commission guidelines to their advantage. And that is why, like medical and legal services, it is necessary to engage professionals who are both trained and offer reliable services when dealing with a property transaction.

In truth, the real estate industry has long been an unregulated one. That's because the IEA's commission guidelines were just that: Guidelines, Property agents in general were still free to negotiate their own commissions with clients.

press on property agents, revealing long-held ich had taken months of careful planpublic sentiments of the real estate industry. Following the removal of similar guidelines Singapore Law Society, it was only to be elysolutions for the consumers. Because expected that the Competition Commission Ile removing the commission guidelines would do the same for the real estate sector. step towards healthy competition, that It was only a matter of when, not if.

months, changed our direction to reflect Thus, there was a need to improve the our new tagline: Service You Trust.

service rather than the quantity of agents, we had already put in place a number of initiatives to reflect our service reliability. ping was to amicably terminate 2,800 The Competition Commission's announce- our own inactive agents. It was only



g and development.

These measures are more than just a ne removal is also a further deregulatory It was also timely that we had, in recent p in an already unregulated industry.

ndards of the real estate industry and With this shift in focus on quality public's perception of the industry, rting with our own agents.

The first major step in our house-

Recently, there has been a lot of negative and merely complemented our measures, after retaining our active agents that we could more easily implement our serviceenhancing initiatives.

These initiatives tackle the issue of for the Singapore Medical Association and adigm shift in our services; they are also customer care from various angles. At the end of the day, all our initiatives come back to our main aim: Adding value to our customers' lives.

> With regards to our own competency, we instituted our own set of commission guidelines, which we placed on our website so that the consumer and associate alike would have a benchmark to refer to.

We also implemented a PropNex Proficiency Certificate and a PropNex Professional Practitioner's Certificate. The first requires all new and long-serving but inactive agents to answer correctly at least 75 per cent of a multiple-choice test, which covers topics on the private and public housing markets, as well as the code of conduct and ethics.

The second requires agents to get professional indemnity insurance coverage and show their commitment to continual professional development by attending career-enhancing programmes.

To take care of the customer we set up a customer support centre to answer consumers' concerns, carry out customer surveys after each transaction, and set up in-house mediation and disciplinary boards to settle client-associate issues.

In terms of self-regulation as an industry, associations need to implement mandatory certifications that ensure successful applicants have comprehensive working knowledge of the market.

Naturally, these qualifications need to be recognised by the governing authorities such as the Housing and Development Board and the Inland Revenue Authority of Singapore. This would at least ensure that all property agents have an adequate working knowledge of the industry.

Disciplinary and enforcement measures also need to be established to penalise errant property agents. In this way, the consumers can be better safeguarded against rogue agents who may be seeking to exploit the lack of regulation. While these measures may not immediately eradicate unethical practices by agents, it would serve to discourage such behaviour.

If the industry remains unregulated, the long-term effects would inevitably lead to plummeting consumer confidence due to errant property agents rampantly practising their trade with lack of morals and integrity.

With a decreased vote of confidence from the consumers, we might see a decline in foreign investments, which would be a lose-lose situation for all concerned.

That is why it is imperative that the real estate industry acts now to enforce a higher standard of service for all consumers.

Mohd Ismail is chief executive of PropNex. The opinions expressed are his own. Email your views to news@newstoday.com.sq





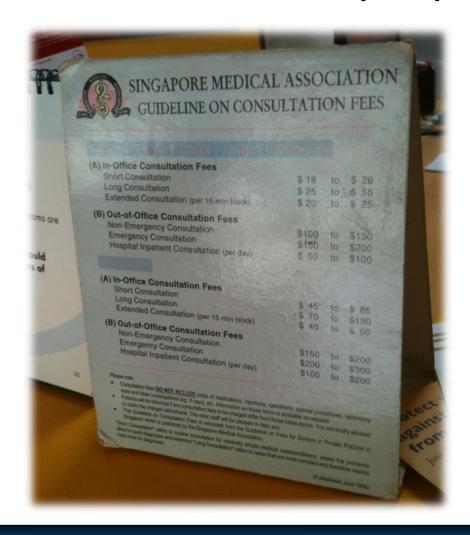
The second case: medical fee guidelines

- SMA notified CCS for decision in February 2009
- CCS issued decision to SMA in August 2010





The SMA Guidelines on Fees (GOF)





Doctors' version of the GOF (97 pages)

| GROUP A F | Surgeon's Fees | Anaesthetist's Fees | GROUP E | 5 | - |
|---|---|---|--|--|------------------------------------|
| Nerve – Various Lesions, Bloosy | \$330 - \$550 | \$200 - \$270 | A TOTAL CONTROL OF THE CONTROL OF TH | Surgeon's Fees | Annesthotist's Fees |
| | 1200-12075 | | Skull – Defect, Cranioplasty (Small) Skull – Depressed/Comminuted Fracture, Elevation Skull – Intracranial Haemorrhage, Borr-hole Craniotomy | \$2,750 - \$4,400 \$2,750 - \$4,400 | \$660 - \$1,200 \$660 - \$1,200 |
| GROUP C | Surgeon's Fees | Anaesthetist's Fees | (Bilateral) | \$2,750 - \$4,400 | \$660 - \$1,200 |
| Nerve – Digital, Injury, Primary Repair | \$990 - \$1,650 \$990 - \$1,650 \$990 - \$1,650 | \$330 - \$440 \$330 - \$440 \$330 - \$440 | Skull – Osteomyelitis, Craniectomy Spinal Cord – Intractable Pain, Percutaneous Cordotomy | \$2,750 ~ \$4,400 \$2,750 ~ \$4,400 | \$660 - \$1,200 \$660 - \$1,200 |
| 100 | | | GROUP F | Surgeon's Fees | |
| GROUP D | Surgeon's Fees | Anaesthetist's Fees | Brain and Spine - Arachnoidal Cyst, Operation | - | Anaesthetist's Fees |
| C. M. David. Communication of the Communication of | \$1,750 - \$2,850 | \$430 - \$770 | Brain - Hydrocephalus, Ventriculo-Cisternostomy | \$3,500 - \$5,500 | \$870 - \$1,550 |
| | \$1,750 - \$2,850 | \$430 - \$770 | Brain - Intracranial Abscess, Excision | \$3,500 - \$5,500 \$3,500 - \$5,500 | \$870 - \$1,550 |
| | \$1,750 - \$2,850 | \$430 - \$770 | Brain - Intracranial Extracerebral Tumour, Craniotomy & | \$3,500 - \$5,500 | \$870 - \$1,550 |
| | \$1,750 - \$2,850 | \$430 - \$770 | Removal/Hemispherectomy | 33,300 - 35,500 | \$870 - \$1,550 |
| | \$1,750 - \$2,850 | \$430 - \$770 | Brain - Psychiatric Causes, Laucotomy/Lobotomy | \$3,500 - \$5,500 | \$870 - \$1,550 |
| | \$1,750 - \$2,850 | \$430 - \$770 | Brain - Various Lesions, Chemopallidectomy/Other | \$3,500 - \$5,500 | \$870 - \$1,550 |
| Nerve-Trigeminal – Ganglion, Injection with alcohol/ Radiotherapy Ganglionotomy | \$1,750 - \$2,850 | \$430 - \$770 | Stereotactic Procedure Merringes – Myelomeningocele, Extensive Repair with Skin | \$3,500 = \$5,500 | \$870 - \$1,550 |
| | \$1,750 - \$2,850 | \$430 - \$770 | Haps/Z-plasty | | |
| (Unilateral) | \$1,750 - \$2,850 | \$660 - \$1,200 | Nerve-Cranial - Various Lesions, Microvascular Decompression/Neurectomy | \$3,500 - \$5,500 | \$870 - \$1,550 |
| Spinal Cord – Intractable Pain, Injection of Alcohol/ Phenol | \$1,750 ~ \$2,850 | \$430 - \$770 | Nerve - Sympathetic-Various Lesions, Sympathectoray (Bilateral) | \$3,500 - \$5,500 | \$870 - \$1,550 |
| | | 1 | Plexus-Brachial - Injury, Exploration | \$3,500 - \$5,500 | \$870 - \$1,550 |
| | | | Skull - Compound Fracture with Dural Penetration and Brain Damage, Operation | \$3,500 - \$5,500 | \$870 - \$1,550 |
| GROUP E | Surgeon's Fees | Assestbetist's Fees | Skull - Craniostenosis (Multiple Suture), Operation | Special Section 201 | |
| Artery-Carotid - Anourysm/Arteriovenous Fistula, Ligation | \$2,750 - \$4,400 | \$660 - \$1,200 | Skull - Graniostenosis (Single Sphure) Grannian | \$3,500 ~ \$5,500 | \$870 - \$1,550 |
| Ventriculoperitorieal Shurit | \$2,750 - \$4,400 | \$660 - \$1,200 | Skull - Fracture with Rhinorrhoea/Otorrhoea, Cranioplasty and Repair | \$3,500 - \$5,500 | \$870 - \$1,550 \$870 - \$1,550 |
| Brain - Intracranial Abscess Craniectomy and Drainage | \$2,750 - \$4,400 \$2,750 - \$4,400 | \$660 - \$1,200 \$660 - \$1,200 | Skull - Intracranial Haemorrhage, Osteoplastic Craniotomy/ Extensive Craniectomy | \$3,500 ~ \$5,500 | \$870 - \$1,550 |
| Drainage via Burr-hole | \$2,750 - \$4,400 | \$660 - \$1,200 | Spinal Cord – Aneurysm/Arteriovenous Malformation Clipping/Reinforcement of Sac | \$3,500 - \$5,500 | \$870 - \$1,550 |
| Meninges - Myelomeningocele, Excision of Sac | \$2,750 - \$4,400 | \$660 - \$1,200 | Spinal Nerve Roots - Various Lesions, Spinal Rhizolysis | \$3,500 - \$5,500 | \$870 - \$1,550 |
| Nerve-Pariat (Mastoid Portion) – Entrapment, Decompression Nerve-Peripheral (Deep) – Turnour, Excision | \$2,750 - \$4,400 | \$660 - \$1,200 \$660 - \$1,200 | involving Exposure of Spinal Nerve Roots | | |
| Nerve-rempherat (Deep) — remour, excision Nerve-Sympathetic — Various Lesions, Sympathectomy (Unilateral) | \$2,750 - \$4,400 | \$660 - \$1,200 | | | |
| Skull – Compound Fracture without Dural Penetration, Operation | \$2,750 - \$4,400 | \$660 - \$1,200 | | | |
| Skull - Defect, Cranioplasty (Large) | \$2,750 - \$4,400 | \$660 - \$1,200 | | | |



The policy maker:



The regulator:



The professional association:



The sellers (doctors)



The buyers (patients)





Chronology of events

| 1987 | MOH requested that SMA draw up the GOF |
|------|---|
| 2006 | Competition Act prohibitions came into force |
| 2007 | SMA was advised the GOF might contravene the Act and the GOF was withdrawn |
| 2008 | SMA notified CCS on the GOF and also appealed to Minister MTI on grounds of public interest |
| 2010 | CCS decided that the GOF contravened s34 of the Act |

The healthcare market:



Information asymmetry

Supply induced demand

Necessity

Prone to **OVE** charging



Many economists have concluded that market is doomed to fail in healthcare... I believe that market fails in healthcare, because we allow it to fail.

If we do not promote competition among providers, how can the market flourish?If consumers do not bother with

value for money, why should providers actively try to innovate and save consumers money?

Khaw Boon Wan, then Minister of Health



Industry self-regulation?

On the need for Self Regulation

If the medical fraternity does not act soon to cajole or coerce the black sheep among us to stop taking advantage of patients, Singapore's reputation will suffer and all its doctors will be tarred by the same bush.



On the GOF

[...], there is no perfect solution. We know the GOF will work – because it did.

Dr Lee Wei Ling, Straits Times'08



CCS decision: the GOF was anti-competitive...

- GOF was a set of recommended future prices
- SMA represented the sellers (i.e. doctors) only
- GOF distorted independent pricing
- GOF affected both price and non-price competition

... and did not yield net economic benefits:

- GOF was so technical that only doctors can understand
- GOF did not report historical prices objectively
- GOF did not prevent incidents of over-charging
- There are better alternative safeguards



Minister of Trade and Industry rejected SMA's application for public policy exemption of the GOF:

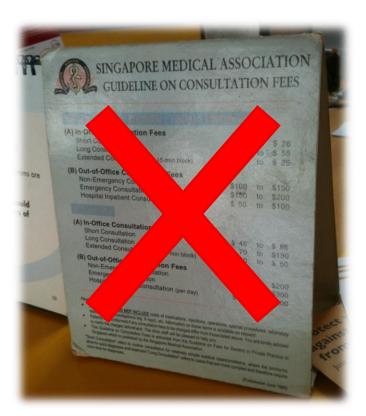
In the absence of other sources of information, the GOF could be useful...

The Government has put in place various measures ... more effective and direct than the GOF in addressing the key problem of information asymmetry... without the potential risk of anticompetitive behavior

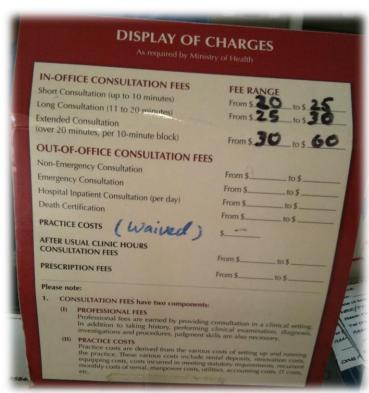
MTI press release June 2010



Alternative 1: MOH Display of Charges









Alternative 2: Breakdown of medical bills

| DESCRIPTION | S |
|---|--------|
| HOSPITAL CHARGES | |
| CCU/HDU/2 Bed Charges @\$420 for 2 DAY(S) | 840.00 |
| SF/103/D Bed Charges @\$120 for 1 DAY(S) | 120.00 |
| Clinical Consumable & Supply | 333.30 |
| Equipment Usage | 449.50 |
| Facility Fee | 20.00 |
| Laboratory Services | 508.45 |
| Operating Theatre | 175.00 |
| Outside Hospital Services | 211.00 |



Alternative 3: MOH publication of hospital bill sizes

| Gastroscopy | | | | Select another condition/procedure | | | | |
|-------------------|-----------------------|---|--|------------------------------------|--|--|--|--|
| Day Surgery (Priv | /ate) Day Surgery (S | Subsidised) All Wards | | | | | | |
| 1 | Day Surgery (Private) | | | | | | | |
| Hospitals | Volume ¹ | Average Length Of Stay (Days) ² | 50th Percentile Bill Size (\$) ³ | 90th Percentile Bill Size (\$)4 | | | | |
| АН | 73 | 1.0 | 661 | 907 | | | | |
| CGH | 704 | 1.0 | 545 | 775 | | | | |
| GH | 1,284 | 1.0 | 817 | 1,179 | | | | |
| MAH | 382 | 1.0 | 786 | 1,157 | | | | |
| MEH | 1,182 | 1.0 | 1,031 | 1,451 | | | | |
| NCC | 53 | 1.0 | 510 | 730 | | | | |
| NUH | 984 | 1.0 | 432 | 749 | | | | |
| PEH | 98 | 1.0 | 796 | 1,445 | | | | |
| RH | 850 | 1.0 | 945 | 1,424 | | | | |
| SGH | 1,369 | 1.0 | 596 | 904 | | | | |
| TTSH | 924 | 1.0 | 531 | 721 | | | | |

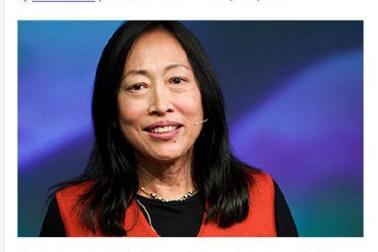


Alternative 4: SMC disciplinary action (ex post)

Surgeon Susan Lim's appeal against suspension ruling dismissed

Appendix B

By Jeanette Tan | Yahoo! Newsroom - Mon, Jul 1, 2013



Prominent surgeon Susan Lim has been suspended from practice for three years by the Singapore Medical Council. (Screengrab from TED)

Prominent cancer surgeon Susan Lim's final attempt to avoid being suspended for professional misconduct for overcharging was thwarted Monday.

The Straits Times reported that Singapore's Court of Appeal dismissed an appeal filed by the oncologist, capping a costly and drawn-out legal tussle over whether or not she had violated ethical limits on medical fees when she charged a member of Brunei's royal family some \$24.8 million for several months of cancer

treatment.

Last August, Dr Lim was sentenced to a three-year suspension from practice and a \$10,000 fine after being found guilty of 94 charges of professional misconduct brought against her by the Ministry of Health. This was upheld by the Court of Appeal.

Her charges included the the fact that Lim marked up a series of third-party medical bills by as much a 500 times, accrued to Pengiran Anak Hajah Damit, the Brunei queen's sister, in the course of treatment for her breast cancer. The latter passed away from her illness in 2007.

In their judgment, the three Court of Appeal justices reportedly said Dr Lim's case was "clearly one of the most serious cases — if not the most serious case so far — of overcharging in the medical profession in the local context".

They also ruled that given a doctor's knowledge and training, he or she is bound by ethical obligation not take advantage of his or her patient. This obligation is not overridden by any valid agreements between the doctor and his or her patient, it added.

The judges also reportedly dismissed her arguments that her bills were justified, and that there was no ethical obligation on the part of a doctor to charge a fair and reasonable amount, noting that her approach to the appeal showed that she had no remorse in what she had done.



Response from SMA:



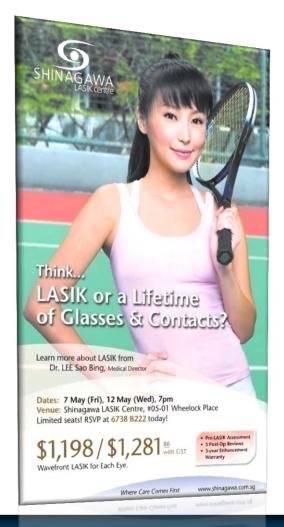
[...]Perhaps the GOF has simply outlived its usefulness and is now consigned to history.

Dr Chong Yeh Woei, President SMA 51th Council June 2010



Source: Photograph from sg.tatler.com and Excerpt from Dr Chong Yeh Woei letter on SMA News Jun 2010 Post GOF: Scenario Revisite Commission

The market has moved on:





Cases resolved without a legal proceeding

Conveyance fees



Architects fees



- Voluntary removal of their price guidelines
- Letter circulated to members/ press release



Cases amounted to price fixing

Express buses



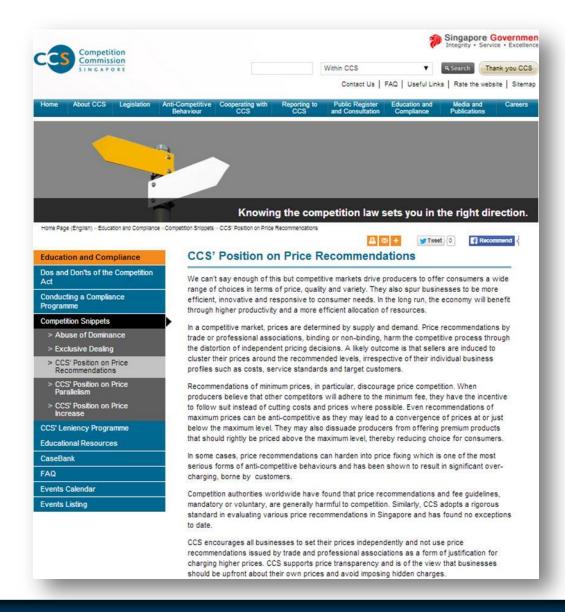
Modeling agencies



- All/most players were executive committee members of the association
- Used exco meetings to discuss and agree on price 'recommendations' to themselves



CCS's policy position on price recommendation





The debate continues

THE STRAITS TIMES

Recommended prices not against spirit of competition

PUBLISHED ON MAY 13, 2014 1:28 AM

I DOUBT a "neutral coffee shop run by a nonprofit organisation" would help lower the price of coffee, mainly because of advantages enjoyed by existing shops ("Rein in heartland "kopi cartels" "by Mr Francis Cheng, May 5). After all, is it worthwhile for an elderly person to walk farther just to save 20 cents?

After the Competition Act came into effect in 2004, consultations between industrial organisations, trade associations and professional bodies to recommend fair prices were brought to an end.



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What followed were frequent and unjustifiable price increases by large conglomerates, with smaller traders following suit later. Individual consumers were left to fend for themselves, with no obvious choices available.

The removal of the Singapore Medical Association's fee guidelines did not result in lower medical charges, while the "uniform" increases in pump prices, taxi fares, and coffee and beer prices do not seem to dovetail with the aim of the Competition Act to empower consumers to exercise their right to choose.

It is not true that recommended prices go against the spirit of competition.

Price is only an indication of product cost. The test is always in the result - the quality of the product and level of service matter more than the price. Higher prices do not always guarantee better quality and service.

At least, with recommended prices, a product that costs more would have to justify its higher pricing.

It seems the Competition Act has hurt, rather than reinforced, consumer interests.

Paul Chan Poh Hoi

Why price recommendations not ideal

PUBLISHED ON MAY 16, 2014 1:05 AM



MR PAUL Chan Poh Hoi opined that "it is not true that recommended prices go against the spirit of competition" and that "the Competition Act has hurt, rather than reinforced, consumer interests" ("Recommended prices not against spirit of competition"; Tuesday).

Like Mr Chan, we believe it is useful for consumers to have more information on prices, so that products that cost more would have to be better in order to command higher prices.



To this end, the publication of historical and current price information by independent third parties will generally not infringe the Competition Act and can serve as useful reference points for consumers.

Some trade and professional associations have argued that price recommendations are necessary to maintain prices at a minimum level, as price competition inevitably leads to lower-quality products and services.

As Mr Chan correctly pointed out, "higher prices do not always guarantee better quality and service".

In some instances, the Competition Commission of Singapore (CCS) has found that these price recommendations were, in fact, a guise for price fixing among competitors to justify price increases.

For example, in the case of the Association of Modelling Industry Professionals (Amip), the CCS found - and the Competition Appeal Board affirmed - that there was a 60 per cent increase in modelling rates for fashion shows. This was brought about by a price-fixing agreement among Amip members under the guise of price recommendations issued by the association.

Competition Commission SINGAPORE

Some conclusions

- There are different forms of fee guidelines some are more anti-competitive than others
- The competition authority needs a range of options from formal proceedings to informal resolution
- Good to publish a policy position on fee guidelines, but not before sufficient case experiences
- Both enforcement and advocacy are essential
- Need for alternative safeguards for consumers



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