SINGAPORE MEDICAL COUNCIL

ANNUAL REPORT 2001

CONTENTS

President's Foreword

The Singapore Medical Council (SMC) extends a warm welcome to Dr Balaji Sadasivan who was appointed as Minister of State (Health and Environment) with effect from 23 November 2001. As an established neurosurgeon in private practice, he brings with him a wealth of experience which would benefit the future direction of the healthcare system in Singapore.

On 27 April 2001, Dr Wong Poi Kwong passed away peacefully after a brief illness. He will be most remembered for his outstanding contribution towards medicine at the National University of Singapore and at the SMC. He was an elected member of the SMC since 1972 until his demise in 2001. He was endowed with a rare quality of being a good clinician as well as a good administrator. As a gentleman, an academician, a dedicated teacher and a leader, he epitomised the best qualities of a role model. He will be missed by many of his colleagues and friends.

Major work undertaken by the SMC in 2001

The SMC is the licensing body for the registration of medical practitioners in Singapore and maintains the registers of such practitioners. It makes recommendations to the appropriate authorities on the courses and examinations leading to the Singapore medical degree, and for the training and evaluation of registered medical practitioners. The SMC also determines and regulates the professional conduct and ethics of registered medical practitioners.

In my foreword to the SMC Annual Report 2000, I outlined a number of major initiatives that SMC had embarked upon which were aimed at maintaining our high professional standards. I would like to take this opportunity to report on the status of these initiatives.

SMC Ethical Code

The Council had decided to revise the SMC Ethical Code published in May 1995, as it was no longer adequate for dealing with ethical issues of current medical practice. The way that medical care is delivered in Singapore has undergone significant changes in recent years because of rapid advances in medical practice and technology. New ethical issues have also arisen, for example in relation to E-medicine and the use of the Internet by doctors for advertising.

The SMC Ethical Code Committee was therefore formed to revise and update the SMC Ethical Code in close consultation with the Singapore Medical Association, the Academy of Medicine Singapore and the College of Family Physicians Singapore. All registered medical practitioners would have received the new SMC Ethical Code and Ethical Guidelines by now. The Ethical Code represents the fundamental tenets of conduct and behaviour expected of doctors practising in Singapore. The Ethical Guidelines elaborate on the application of the Code and are intended as a guide to all medical practitioners as to what SMC regards as the minimum standards required of all practitioners in the discharge of their professional duties and responsibilities. The booklet is not meant to be comprehensive in scope but is intended as a general guideline for all medical practitioners and healthcare providers.

Compulsory Continuing Medical Education (CME)

Compulsory CME will be introduced in 2003. This is necessary for a number of reasons. Firstly, it is critical that every medical practitioner keeps up with the rapid advances in medical and scientific knowledge, so that we can continue to give good care to our patients. This is particularly important in this information age when patients are better educated, have ready access to medical information on the Internet and other media, and have higher expectations of

the medical profession as a whole.

Secondly, the voluntary CME programme has been in place since July 1993. However, statistics gathered by the SMC showed that only about 50% of fully registered doctors achieved the minimum requirement of 25 CME points in 2000 and 2001 respectively.

Thirdly, compulsory CME is the trend in many developed countries. For example, in the United States of America (USA), CME was first made a mandatory requirement for renewal of the medical licence in 1971. As of today, 39 of the 50 states in USA have rules making CME mandatory in order for a doctor to keep his licence. In the United Kingdom and New Zealand, CME is one of the requirements for revalidation.

CME will be a compulsory requirement for all fully and conditionally registered medical practitioners in Singapore commencing from January 2003. Doctors would have received the new CME handbook issued in January 2002 which describes the CME points system in detail. All fully and conditionally registered doctors are required to obtain a minimum of 50 CME points over a period of two years, failing which their practising certificates would not be renewed. Details of the implementation of compulsory CME, such as the percentage of core and non-core points to be attained, will be made available to all doctors in the second half of 2002.

The Singapore Medical Association, the College of Family Physicians Singapore and the Academy of Medicine, Singapore will be assisting their members by reminding them before the end of the CME qualifying period to fulfil their CME requirements. Such reminders will supplement the reminders that will be sent out by the SMC to all affected doctors. These sister bodies will also be conducting CME programmes relevant to the doctors' practice.

It behoves all actively practising medical practitioners, both specialists

and generalists, to keep pace with new medical developments through CME as the pace of change in medicine is such that a doctor can no longer simply 'learn on the job'. As the medical profession strives for medical excellence and the making of Singapore as a medical hub, we owe it to our patients to keep abreast with medical advances, to keep track of evidence-based medicine and to keep in touch with new guidelines on best practices. CME per se does not necessarily guarantee that a doctor has imbibed new medical knowledge and applied it effectively but it is a step in the right direction. In the years to come, we will be able to assess its impact on the quality of care of our patients.

Complaints

Complaints received by the SMC are investigated by Complaints Committees (CCs). A CC comprises of a chairman who is a Council member and three other members (two medical practitioners - one from the SMC, and one lay person). If the CC is of the view that a formal inquiry is necessary, the complaint would be referred to a Disciplinary Committee (DC). The DC has a similar composition to the CC. All members of the CC and DC are drawn from the SMC Complaints Panel. Complaints/ information on a medical practitioner's fitness to practise will be referred to a Health Committee comprising of 3 Council members.

The SMC received 84 complaints in 2001, an increase of 24 complaints over year 2000. The number of complaints per 1000 doctors increased from 10.7 in 2000 to 14.2 in 2001. There were 11 complaints on excessive/ inappropriate prescription; 9 cases of doctors' failure to detect pregnancy in foreign domestic workers; 7 complaints on doctors' rude or abusive behaviour and there were 2 cases related to the doctors' fitness to practise. The increase in the number of complaints may be due to a more educated patient population with higher expectations and the increase in the doctor population, which now stands at 5922 fully and conditionally

registered doctors. However, all doctors will need to reflect on how to provide a better level of care and improve the rapport with their patients.

The Bolam Principle

The Bolam principle is a concept that indicates whether a doctor has provided the standard of care and skill of a competent doctor that is commensurate with his field of practice as judged by his peers. In Singapore, the Courts, by and large, apply the Bolam principle in relation to liability of physicians or surgeons in diagnosis and treatment of patients and advice given to patients. It is important that a doctor is expected to explain his plan of treatment to his patient and to forewarn him/ her of any untoward possible outcomes. A doctor is however not required to explain every possible risk since more harm could be done to the patient, as the patient may decide to refuse a necessary operation or medication. The doctor has to weigh the advantages and disadvantages of giving as much information as possible and should avoid creating undue fear in his patient.

The Bolam test gives a fair balance between the rights of patients and doctors. However, a doctor must not fall short of the standards of his peers. A doctor is not negligent if it can be proved that he "acted in accordance with a practice accepted as proper by a responsible body of medical men skilled in (the) particular art" [Bolam v Friern Hospital Management Committee (1957)].

In the Law Courts, judges are not expected to have special knowledge of medical practice and they act according to the evidence of expert medical witnesses. It would then be a matter of law after evaluating the opinions of the expert witnesses and eliciting the facts of the case that the judges come to a reasonable conclusion. The Bolam principle has great merits, which if applied judiciously, can be sustained in medico-legal cases in Singapore.

If a doctor manages his patients to the best of his ability ensuring that he keeps his knowledge and skill current and takes care to communicate effectively with his patients and their relatives, his patients will invariably value his sincere and dedicated care, irrespective of the outcomes. On the other hand, if a doctor is found negligent and derelict in his duty in the management of his patients as judged by his peers, then he has to bear the consequences.

Members of Singapore Medical Council

President	Dr Lee Suan Yew
Registrar	Prof Tan Chorh Chuan
NUS Nominees	Prof Lee Eng Hin Prof Lee Hin Peng
Elected Members	Dr Chan Heng Thye Dr Ho Nai Kiong Dr Richard Guan *(from 6 Nov 2001)* Adjunct Assoc Prof Lim Lean Huat Dr Tan Chi Chiu Dr Tan Kok Soo Clinical Prof Tan Ser Kiat Dr Clarence Tan Tiong Tee Dr Wong Poi Kwong *(till 26 April 2001)*
Appointed Members	Dr Kwa Soon Bee Clinical Prof Low Cheng Hock Clinical Prof R Nambiar Dr Tan Hooi Hwa Dr Yap Lip Kee

Members of Singapore Medical Council

Seated from left to right	:	Clinical Prof R Nambiar, Prof Lee Eng Hin, Prof Tan Chorh Chuan (Registrar), Dr Lee Suan Yew (President), Dr Kwa Soon Bee, Clinical Prof Low Cheng Hock, Prof Lee Hin Peng, Dr Chan Heng Thye
Standing from left to right	:	Clinical Prof Tan Ser Kiat, Dr Tan Kok Soo, Dr Yap Lip Kee, Dr Clarence Tan, Dr Tan Hooi Hwa, Dr Ho Nai Kiong, Dr Richard Guan, Adjunct Associate Prof Lim Lean Huat
Absent	:	Dr Tan Chi Chiu

Medical Registration / Specialist Registration

Medical Registration

As at 31 Dec 2001, a total of 5922 medical practitioners were fully or conditionally registered in Singapore. As compared to 2000, this represents an increase of 345 medical practitioners resulting in a doctor to population ratio of about 1:678.

In 2001, the Credentials Committee considered 900 applications for registration and 727 were registered. Of those registered, 298 were medical graduates of the National University of Singapore and 429 were medical graduates of overseas universities. Table 1 shows the breakdown of the numbers by type of registration granted, while Table 2 shows the trends in registration for the past 3 years.

In 2001, 215 medical practitioners were granted full registration, 146 conditional registration, 173 provisional registration and 193 temporary registration. 42 applicants who were on conditional registration were granted full registration in 2001.

Among the 193 medical practitioners temporarily registered in 2001, 30 were experts invited by hospitals and medical organisations to provide short-term training and consultancy. 85 were medical practitioners employed by hospitals or clinics on a short-term basis. 6 were appointed as clinical research fellows and 72 were foreign practitioners who sought postgraduate training in Singapore.

There were 30 medical practitioners de-registered due to various reasons such as retirement, working or studying overseas. 14 medical practitioners were restored to the Medical Register when they returned to resume practice in Singapore.

Specialist Registration

As at 31 Dec 2001, there were 1930 doctors registered as specialists on the Specialist Register. The number of specialists had increased by 6.1% as compared to 2000. Specialists form 32.6% of the total of 5922 medical practitioners in Singapore. The numbers of registered specialists in various specialities are in Table 3.

Table 1 : Number of Medical Practitioners Registered in 2001

Types of Registration	Local Trained			Foreign Trained			Sub-Total		Total
	Singaporean	Non-Singaporean	**Sub-Total**	Singaporean	Non-Singaporean	**Sub-Total**	Singaporean	Non-Singaporean	
Full Registration	143	10	**153**	51	11	**62**	194	21	**215**
Conditional Registration	-	1	**1**	33	112	**145**	33	113	**146**
Provisional Registration	136	8	**144**	8	21	**29**	144	29	**173**
Temporary Registration	-	-	-	5	188	**193**	5	188	**193**

Table 2 : Number of Medical Practitioners Registered in 1999 - 2001

Type of Registration	1999	2000	2001
Full Registration	**189**	**170**	**215**
Local Degree	146	146	153
Foreign Degree	43	24	62
Conditional Registration	**103**	**114**	**146**
Local Degree	-	-	1
Foreign Degree	103	114	145
Provisional Registration	**190**	**173**	**173**
Local Degree	146	156	144
Foreign Degree	44	17	29
Temporary Registration	**160**	**252**	**193**
Local Degree	-	-	-
Foreign Degree	160	252	193

Table 3: Number of Specialists Registered with the Singapore Medical Council as at 31 Dec 2001

No	Specialty	Public Sector	Private Sector	No. of Specialists Registered
1	Anaesthesiology	94	79	173
2	Cardiology	41	31	72
3	Cardiothoracic Surgery	12	11	23
4	Dermatology	21	26	47
5	Diagnostic Radiology	58	39	97
6	Emergency Medicine	24	0	24
7	Endocrinology	24	10	34
8	Gastroenterology	26	20	46
9	General Surgery	65	63	128
10	Geriatric Medicine	19	3	22
11	Haematology	18	6	24
12	Hand Surgery	7	0	7
13	Infectious Diseases	10	3	13
14	Internal Medicine	17	29	46
15	Medical Oncology	18	9	27
16	Neurology	26	11	37
17	Neurosurgery	15	8	23
18	Nuclear Medicine	4	2	6
19	Obstetrics & Gynaecology	77	156	233
20	Occupational Medicine	12	17	29
21	Ophthalmology	49	41	90
22	Orthopaedic Surgery	58	34	92
23	Otorhinolaryngology / ENT Surgery	29	29	58
24	Paediatric Medicine	73	96	169
25	Paediatric Surgery	9	2	11
26	Pathology	57	12	69
27	Plastic Surgery	11	15	26
28	Psychiatry	54	38	92
29	Public Health Medicine	47	20	67
30	Rehabilitation Medicine	9	2	11
31	Renal Medicine	13	11	24
32	Respiratory Medicine	33	13	46
33	Rheumatology	10	4	14
34	Therapeutic Radiology	14	3	17
35	Urology	21	12	33
Total		**1075**	**855**	**1930**

Complaints lodged with the Council

Complaints Received

The Council received a total of 84 complaints against 87 doctors during the year compared to 60 complaints in 2000. There has been a gradual increase in the number of complaints against doctors over the last 10 years from 63 in 1991 to 84 in 2001 (see Table 4). The nature of the complaints is listed in Table 5.

Out of the 101 cases considered during the year, including the 17 complaints carried forward from 2000, 42 were dismissed. Ten medical practitioners were issued letters of advice and 6 were issued with letters of warning. One complaint was subsequently withdrawn. Five cases were referred for disciplinary inquiry and 2 cases for health inquiry. Thirty-five cases were adjourned to 2002.

The pattern of complaints received remained much the same, with a majority alleging professional negligence, inappropriate treatment or inappropriate prescription of drugs. Most cases required inputs from independent experts and where in their opinion the medical practitioner had not performed at the standard expected of his peers, the case was referred for a disciplinary inquiry.

Table 4: Complaints Received by the Singapore Medical Council 1990 - 2001

Year	Total No. of Complaints Received	Total No. of Doctors on Register	Complaints per 1000 Doctors
1990	36	3573	10.1
1991	63	3779	16.7
1992	52	3963	13.1
1993	60	4156	14.4
1994	54	4201	12.9
1995	36	4495	8.0
1996	66	4661	14.2
1997	57	4912	11.6
1998	55	5148	10.7
1999	45	5325	8.5
2000	60	5577	10.7
2001	84	5922	14.2

Table 5: Complaints Considered By Complaints Committees in 2001

Nature of Complaint	Complaints carried over from 2000	Complaints received in 2001	Outcome						
			No Formal Inquiry				Formal Inquiry		
			No further action	Withdrawn	Letter of Advice	Letter of Warning	Referred for Disciplinary Inquiry	Referred for Health Inquiry	Adjourned to 2002
Professional Negligence/ Incompetence	7	13	10			2	1		7
Misdiagnosis		4	3						1
Breach of patient confidentiality		3	3						
Overcharging of Fees	1	3	4						
Over/Unnecessary/ Inappropriate treatment	1	11	3			1			8
Excessive/Inappropriate prescription of drugs		11			1		2		8
Outrage of modesty	1		1						
Failure to perform appropriate tests	1		1						
Failure to detect Pregnancy/False certification to MOM/False MCs	1	9	5		2		1		2
Refusal to provide emergency attention		4			1				3
Advertising/Canvassing		5	1		3		1		
Sexual relationship with patient		1		1					
Unfit to practise		2						2	
Rude / Abusive behaviour		7	3		2				2
Other Complaints	5	11	8		1	3			4
Total	**17**	**84**	**42**	**1**	**10**	**6**	**5**	**2**	**35**

Disciplinary Inquiries held in 2001

There were 10 disciplinary inquiries completed in 2001 under the Medical Registration Act 1997. A brief account of each case is given below.

Sexual relationship with patient

Case 1:

A medical practitioner was charged for having a sexual relationship with his patient.

The complainant subsequently withdrew his complaint prior to the start of the disciplinary hearing. The Disciplinary Committee (DC) after hearing the submissions of both counsels and the advice of the DC's legal assessor, arrived at the conclusion that it had no power under Medical Registration Act 1997 to proceed with the inquiry since the complaint had been withdrawn. The medical practitioner was accordingly discharged.

Improper conduct

Case 2:

A medical practitioner was charged for having deliberately misrepresented himself as another person and deceived a woman into entering into a sexual relationship with him.

The Disciplinary Committee (DC) was of the view that there was some doubt as to the actual representations that the medical practitioner was said to have made to the complainant. The DC was unable to conclude that the sexual relationship would not have occurred, but for the misrepresentations that the doctor was alleged to have made.

On review of the evidence before the DC, they were not satisfied that the ingredients of the charge had been established and acquitted the doctor of the charge.

Case 3:

A medical practitioner was charged for having practised traditional chinese medicine when he was not formally trained to do so and for having prescribed herbal medicine to his patient.

The prosecution had no evidence to show what the prescribed medicine was, as the complainant was unable to produce the bottle of "herbal" mixture prescribed. In view of this, the Disciplinary Committee could not conclude that the

medical practitioner had practised traditional chinese medicine. The medical practitioner was accordingly acquitted of the charge.

Outrage of modesty

Case 4:

The medical practitioner was charged for using force on his patient with intent to outrage her modesty in the course of performing a procedure.

The Disciplinary Committee (DC), after hearing evidence from an expert witness, felt that the medical practitioner had taken steps to ensure that the procedure was properly carried out. The DC was of the opinion that some of the complainant's perceptions were probably misconceived and that her sensitivity had most probably led her to believe that the medical practitioner had taken advantage of her. The DC was of the view that the charges had not been proved and the medical practitioner was accordingly acquitted.

Case 5:

A medical practitioner was charged that while performing an internal pelvic examination on his patient, without a proper chaperone, he had touched the genitals of the patient in an unprofessional manner which caused discomfort and embarrassment to the patient.

The Disciplinary Committee accepted the expert opinion that in the conduct of an internal pelvic examination, it was possible for the medical practitioner to brush the genitals of a patient.

The medical practitioner's nurse also testified that she was in the examination room when the medical practitioner examined the patient.

The Disciplinary Committee acquitted the medical practitioner as the charge against him had not been proven by the prosecution beyond a reasonable doubt.

Failure to detect pregnancy in a foreign domestic worker

Case 6:

A medical practitioner was charged that he acted in serious disregard of his professional responsibilities by certifying to the Work Permit Department that the pregnancy screening he had conducted for a Foreign Domestic Worker was negative, when in fact, she was in a state of pregnancy. In relation to the facts

alleged, he had been guilty of professional misconduct.

The medical practitioner pleaded guilty to the charge. He was censured, fined a sum of $5000, ordered to give an undertaking to abstain in future from the conduct complained of, and to pay the costs of the proceedings.

Case 7:

A medical practitioner was charged for acting in serious disregard of his professional responsibilities by certifying to the Work Permit Department that he had examined a Foreign Domestic Worker (FDW) and that the pregnancy screening he conducted on her was negative, when he had failed and/ or neglected to properly verify that the person he examined was indeed the FDW that he was supposed to examine. The FDW that he was supposed to examine was in fact in an advanced state of pregnancy.

The medical practitioner pleaded guilty to the charge. He admitted that he did not verify that the FDW he examined was indeed the person he was supposed to examine as she was unable to produce either her passport or her Work Permit when requested to do so by his clinic assistant. The medical practitioner was censured, ordered to give an undertaking not to repeat the conduct complained of and to pay the costs of the proceedings.

Case 8:

A medical practitioner was charged and found guilty for acting in serious disregard of her professional responsibilities by certifying to the Work Permit Department that the pregnancy screening for a Foreign Domestic Worker (FDW) was negative when in fact, she was in a state of pregnancy.

The Disciplinary Committee heard evidence that the medical practitioner had relied solely on the report of her staff for the result of the urine test. The Committee was of the view that it was insufficient to depend on a hearsay report. They ruled that she had a professional responsibility to interpret the results by checking the urine test result before she made a certification to the Ministry of Manpower.

The medical practitioner was censured, fined a sum of $5000, ordered to give an undertaking not to repeat the offence complained of and to pay the costs of the proceedings.

Conviction in court for offence under the Private Hospitals & Medical Clinics Act

Case 9:

A medical practitioner was charged that being a person having management and control of the clinic, he had allowed it to be used for cosmetic skin treatment and programmes in breach of the conditions of the licence prescribed by the Ministry of Health, and was convicted in court of an offence under the Private Hospitals & Medical Clinics Act, and by this reason he was guilty of improper conduct which brought disrepute to his profession.

The medical practitioner pleaded guilty to the charge. He was censured, fined a sum of $8000, ordered to give a written undertaking not to repeat the conduct complained of and to pay the costs of the proceedings.

Abusive behaviour

Case 10:

A medical practitioner was charged for causing bodily harm to his patient by throwing a packet of medicine at her face and slapping her.

The complainant had also concurrently taken a private summons against the medical practitioner in relation to the same facts as alleged in the charge before the Disciplinary Committee (DC). The medical practitioner was acquitted in court. In view of this, the prosecution elected to present no evidence before the DC to substantiate the charge.

The medical practitioner was accordingly acquitted.