

SINGAPORE MEDICAL COUNCIL

ANNUAL REPORT 2002

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President's Foreword

Dr Kwa Soon Bee stepped down as Singapore Medical Council (SMC) member on 5th September 2002, after serving thirty years in the Council. He served as Registrar of the Council from 1984 – 1996 when he was also the Director of Medical Services of the Ministry of Health. During his tenure as Registrar, he was instrumental in improving the structure and function of the Council.

Dr Chan Heng Thye also stepped down as SMC member in May 2002 after serving over twelve years. In spite of his busy schedule as an orthopaedic surgeon in private practice, he served the Council in several areas which included chairing many Complaints Committees and Disciplinary Committees. The Council will greatly miss the wisdom and guidance of these two senior and respected members of our medical profession.

Medical Registration Act (MRA) – Schedule of Registrable Basic Medical Qualifications

The Schedule of Registrable Basic Medical Qualifications (the Schedule) under the MRA lists the foreign universities and medical schools whose medical degrees are recognised for registration in Singapore. In 1993, there were concerns about an oversupply of doctors leading to increased healthcare costs. To curtail an increasing number of Singaporeans going abroad to study medicine, the number of universities and medical schools in the Schedule was reduced from 176 to 28.

In the mid-1990s higher immigration inflows and an increase in total population led to greater demand for healthcare services. The migration of doctors to the private sector and to other countries also aggravated the medical

manpower situation in the public sector.

In December 2002, the Minister for Health asked the SMC to look into the judicious expansion of the Schedule from 28 to 70 medical schools and to recommend to the Ministry of Health which foreign medical schools should be included in the revised Schedule. The SMC planned to submit a report to the Minister in the first quarter of 2003 so that potential students who wished to apply for admission to any university on the expanded list of medical schools could do so without delay.

Tax Evasion

Singapore is reputed for its honesty and corruption-free environment. Tax evasion is considered a serious matter and a number of Singaporeans who wilfully evaded tax and were caught were duly punished. Some were imprisoned and those who belonged to a professional body were also dealt with separately by their professional body. In

the legal profession, some lawyers who evaded tax were even struck off the rolls.

The medical profession is no exception. Doctors who evaded tax wilfully and are caught have to face the law courts as well as the SMC.

Some members of the public may not appreciate that professionals are also answerable to the disciplinary committees of the respective professional body. Every professional body in Singapore has its own ethical code of conduct.

The medical profession expects every registered member to practise with integrity, honesty and trust. These are the fundamental tenets in dealings with all patients. The Medical Registration Act provides for medical practitioners to be subject to disciplinary action by SMC, not only for professional misconduct but also for any improper act or conduct which brings disrepute to the profession. These include convictions of fraud or dishonesty by the Courts. In order to

practise medicine, a doctor needs a practising certificate. To have this certificate, one has to abide by the rules and ethical standards of the profession.

Complaints

There were 69 complaints lodged against 73 medical practitioners during the year 2002, 15 complaints less than that in the year 2001.

The majority of the complaints received by the SMC had alleged “professional negligence/incompetence” (40%) and “over/unnecessary/inappropriate treatment” (14.5%). Most of these allegations required inputs from independent experts. If there is a prima facie case against the doctor, then the case is referred to a Disciplinary Committee.

Ten years ago, there were 52 complaints. The total number of doctors on the Register of Medical Practitioners then was 3,963, giving a ratio of 13.1

complaints per thousand doctors. In 2002, there were 69 complaints to a total doctor population of 6,029; giving a ratio of 11.4 complaints per thousand doctors. Although the ratio is decreasing, there is room for improvement as patients are better educated and the demand for higher standard of professionalism and rapport is greater.

DR LEE SUAN YEW
PRESIDENT

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

(till 18 May 2002)

Dr Ho Nai Kiong

Dr Richard Guan

Assoc Prof Adrian Leong Peng Kheong

(from 19 May 2002)

Adjunct Assoc Prof Lim Lean Huat

Dr Tan Chi Chiu

Dr Tan Kok Soo

Clinical Prof Tan Ser Kiat

Dr Clarence Tan Tiong Tee

Appointed Members

Dr Kwa Soon Bee

(till 5 Sep 2002)

Clinical Prof Low Cheng Hock

Prof Low Poh Sim

(from 6 Sep 2002)

Clinical Prof Rajmohan 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 Choh Chuan (Registrar),
Dr Lee Shan 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 2002, a total of 6029 medical practitioners were fully or conditionally registered in Singapore, resulting in a doctor to population ratio of about 1:690.

In 2002, the Credentials Committee considered 963 applications for registration and 944 were registered. Of those registered, 322 were medical graduates of the National University of Singapore and 622 were from overseas universities. Table 1 shows the breakdown of the numbers of newly registered medical practitioners granted full and conditional registration, while Table 1a shows the numbers granted provisional and temporary registration. Table 2 shows the total number of medical practitioners, including conversion cases, who were granted full and conditional registration in 2002.

In 2002, of the 216 medical practitioners granted full registration, 156 were previously on provisional registration and 60 on conditional registration. Of the 129 medical practitioners granted conditional registration, 17 were previously on provisional registration and 8 were on temporary registration.

Among the 334 medical practitioners granted temporary registration in 2002, 161 were employed by hospitals or clinics on short-term basis, 2 were appointed as clinical research fellows and 171 were foreign practitioners who were accepted for postgraduate training in Singapore. In addition, 78 visiting experts were invited by the hospitals and medical organisations to provide short-term training and consultancy.

There were 176 medical practitioners de-registered due to various reasons such as retirement, working or studying overseas. Six medical practitioners were restored to the Medical Register when they returned to resume practice in Singapore.

Specialist Registration

As at 31 Dec 2002, there were 2088 doctors registered as specialists on the Register of Specialists. The number of specialists had increased by 8.2% as compared to 2001. Specialists formed 34.6% of the total of 6029 medical practitioners in Singapore. The numbers of registered specialists in the various specialties are in Table 3.

Table 1 : Number of Newly Registered Medical Practitioners granted Full and Conditional Registration in 2002

Type of Registration	Local Trained			Foreign Trained			Sub-Total		Total
	Singaporean	Non-Singaporean	Sub-Total	Singaporean	Non-Singaporean	Sub-Total	Singaporean	Non-Singaporean	
Full Registration	136	10	146	10	-	10	146	10	156
Conditional Registration	-	-	-	23	98	121	23	98	121
Total	136	10	146	33	98	131	169	108	277

Table 1a : Number of Newly Registered Medical Practitioners granted Provisional and Temporary Registration in 2002

Type of Registration	Local Trained			Foreign Trained			Sub-Total		Total
	Singaporean	Non-Singaporean	Sub-Total	Singaporean	Non-Singaporean	Sub-Total	Singaporean	Non-Singaporean	
Provisional Registration	154	21	175	7	5	12	161	26	187
Temporary Registration	-	-	-	7	327*	334	7	327*	334

* Excludes 78 visiting experts

Table 2 : Total Number of Medical Practitioners granted Full and Conditional Registration in 2002**

Type of Registration	Nos.
Full Registration	216
Conditional Registration	129
Total	345

** Includes conversion cases.

**Table 3: Number of Specialists Registered with the
Singapore Medical Council as at 31 Dec 2002**

No.	Specialities	Public Sector	Private Sector	No. of Specialists Registered as at 31 Dec 2002
1	Anaesthesiology	113	83	196
2	Cardiology	43	34	77
3	Cardiothoracic Surgery	14	11	25
4	Dermatology	20	28	48
5	Diagnostic Radiology	73	38	111
6	Emergency Medicine	29	1	30
7	Endocrinology	25	12	37
8	Gastroenterology	30	22	52
9	General Surgery	66	67	133
10	Geriatric Medicine	19	4	23
11	Haematology	19	6	25
12	Hand Surgery	8	0	8
13	Infectious Disease	11	3	14
14	Internal Medicine	21	31	52
15	Medical Oncology	23	8	31
16	Neurology	33	12	45
17	Neurosurgery	15	8	23
18	Nuclear Medicine	7	2	9
19	Obstetrics & Gynaecology	76	165	241
20	Occupational Medicine	12	17	29
21	Ophthalmology	56	40	96
22	Orthopaedic Surgery	62	36	98
23	Otorhinolaryngology/ ENT Surgery	31	32	63
24	Paediatric Medicine	82	99	181
25	Paediatric Surgery	9	3	12
26	Pathology	62	12	74
27	Plastic Surgery	13	17	30
28	Psychiatry	52	43	95
29	Public Health Medicine	49	18	67
30	Rehabilitation Medicine	10	2	12
31	Renal Medicine	18	11	29
32	Respiratory Medicine	35	14	49
33	Rheumatology	13	6	19
34	Therapeutic Radiology	14	3	17
35	Urology	21	16	37
	Total	1184	904	2088

Complaints Lodged With The Council

Complaints Received

The Council received a total of 69 complaints against 73 doctors during the year compared to 84 complaints in 2001 and 60 in 2000 (see Table 4). The nature of the complaints received is listed in Table 5.

Out of the 104 cases considered during the year, including the 35 complaints carried forward from 2001, 39 were dismissed. Twenty one medical practitioners were issued letters of advice and 3 were issued letters of warning. Two

complaints were withdrawn. Six cases were referred for disciplinary inquiries. 33 cases were adjourned to 2003.

The pattern of complaints received remained much the same this year, with a majority alleging professional negligence/incompetence and over/unnecessary/inappropriate treatment. Most of these allegations 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
1992 - 2002**

Year	Total No. of Complaints Received	Total No. of Doctors on Register	Complaints per 1000 Doctors
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
2002	69	6029	11.4

Table 5: Complaints Considered by Complaints Committees in 2002

Nature of Complaint	Complaints carried over from 2001	Complaints received in 2002	OUTCOME					
			No Formal Inquiry				Referred for disciplinary inquiry	Adjourned to 2003
			No further action	Withdrawn	Letter of advice	Letter of warning		
Professional Negligence/ Incompetence	6	28	12		7	1		14
Misdiagnosis	3	3	3					3
Breach of patient confidentiality	2	1	3					
Overcharging of Fees	1	1	2					
Over/Unnecessary/ Inappropriate treatment	4	10	6	2			1	5
Excessive/Inappropriate prescription of drugs	6	3	1		5		1	2
False certification to MOM	2	7	2		1	1	1	4
Refusal to provide emergency attention	3				3			
Advertising/Canvassing	1		1					
Rudeness/ Abusive behaviour	1	2	2		1			
Other Complaints	6	14	7		4	1	3	5
Total	35	69	39	2	21	3	6	33

Disciplinary Inquiries Held In 2002

There were 8 disciplinary inquiries completed in 2002 under the Medical Registration Act 1997. A brief account of each case is given below.

Improper financial transactions

Case 1:

A medical practitioner was charged for selling skincare products including medical creams improved by him to 2 patients and collecting payment from them for the products without authority from the hospital administration, and for his own account. The medical practitioner was employed by a public-sector hospital at the time of the alleged offence.

The Disciplinary Committee found him guilty of professional misconduct. In sentencing the medical practitioner, the Disciplinary Committee took into consideration the mitigating plea and factors that existed in the case.

The practitioner was censured, fined

a sum of \$2000 on each of the 2 charges and ordered to pay the costs of the proceedings. The medical practitioner lodged an appeal to the High Court against the Disciplinary Committee's decision but subsequently withdrew it.

Failure to detect pregnancy in a foreign domestic worker

Case 2:

A medical practitioner was charged for acting in serious disregard of his professional responsibilities by certifying to the Work Permit Department of the Ministry of Manpower 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 expert evidence from both the prosecution and defence. There was some doubt as to whether the pregnancy could have been detected by physical examination at the time when the FDW

was screened. After taking this and other factors in the case into consideration, the Disciplinary Committee acquitted the medical practitioner.

Conduct unbecoming of a medical practitioner

Case 3:

A medical practitioner was charged with displaying conduct that was unbecoming of the medical profession.

The Disciplinary Committee found him guilty of professional misconduct in that during a medical consultation with his patient he had asked her personal questions which were irrelevant and unrelated to her medical condition (an upper respiratory tract infection) and thereby behaved in an inappropriate manner causing embarrassment to the patient.

The practitioner was censured, fined a sum of \$2000, ordered to give an undertaking not to repeat the conduct complained of or any similar conduct, and to pay the costs of the proceedings.

Publishing false or misleading information

Case 4:

A medical practitioner was charged for publishing an abstract entitled “Radiosurgery: A 15-year Experience with 1,016 Patient Treatments” presented at the 9th ASEAN Congress of Neurological Surgeons which contained a statement he knew to be false or misleading. In the Abstract, the medical practitioner had made the claim that “Since my involvement with radiosurgery in 1986 at the Cleveland Clinic (USA), I have been involved in the treatment of 1,016 patients”.

The Disciplinary Committee rejected his defence that he was referring to “1,016 patient treatments” and not “1,016 patients”, and that this was merely a typographical error and that someone might possibly have amended his original draft abstract.

The Disciplinary Committee found the medical practitioner guilty of professional misconduct as charged.

The practitioner was censured,

ordered to give a written undertaking to abstain in future from the conduct complained of or any similar conduct, and to pay the costs of the proceedings.

Excessive prescription of drugs

Case 5:

A medical practitioner pleaded guilty to 5 charges of over-prescribing Dormicum to five of her patients.

The Disciplinary Committee concluded that the medical practitioner had prescribed Dormicum, which is addictive, without regard to the medical conditions of the patients.

The practitioner was censured, and suspended from practice for a period of 18 months. She was also ordered to pay a penalty of \$5,000 for each charge, to give an undertaking to abstain in future from the conduct complained of or any similar conduct, and to pay the costs of the proceedings.

Case 6:

A medical practitioner faced 2

charged of engaging in grossly inappropriate prescribing practice.

The Disciplinary Committee accepted the expert opinion that the medical practitioner had not shown from his medical records that the practice of repeatedly prescribing sleeping tablets was appropriate for his patients and that he had not demonstrated that he had provided an acceptable standard of care.

The practitioner was censured and suspended from practice for a period of 24 months. He was also ordered to pay a penalty of \$5000 for each charge, to give an undertaking to abstain in future from the conduct complained of or any similar conduct, and to pay the costs of the proceedings.

Case 7:

A medical practitioner pleaded guilty to over-prescribing Dormicum to three of his non-surgical patients.

The Disciplinary Committee was surprised that as a general surgeon, he had agreed to treat these patients for insomnia and to prescribe Dormicum to them. The Disciplinary Committee felt

that he had failed to exercise a higher standard of prudence and care expected of an experienced surgeon.

The practitioner was suspended for a period of 9 months, ordered to give a written undertaking to abstain in future from the conduct complained of or any similar conduct, and to pay the costs of the proceedings.

The medical practitioner was censured and suspended from practice for a period of 6 months. He was also ordered to give a written undertaking to abstain in future from the conduct complained of or any similar conduct, and to pay the costs of the proceedings.

Conviction under the Income Tax Act

Case 8:

A medical practitioner had pleaded guilty and was convicted in court of 2 charges of tax evasion under section 96(1)(a) of the Income Tax Act.

The medical practitioner admitted to the Disciplinary Committee that his conduct was fraudulent and dishonest.

The Disciplinary Committee was of the view that the tax evasion took place over a significant period of time and that it was systematic. The tax evaded amounted to a considerable sum.

Health Inquiries Held In 2002

The Health Committee convened 2 hearings to inquire into 2 medical practitioners' fitness to practise. A brief account of each case is given below.

Case 1:

The Health Committee concluded that the medical practitioner's fitness to practice was impaired due to Manic Psychosis. The Committee recommended to the Medical Council that his name be removed from the Register of Medical Practitioners.

Case 2:

The Health Committee concluded that the medical practitioner's fitness to practice was impaired due to his mental condition. The Health Committee

ordered that his registration be suspended for a period of 6 months, followed by conditional registration, provided that he furnished to the Council a report from a psychiatrist certifying that he is fit to practise medicine.

The doctor's conditional registration would be for a period of 12 months, during which he would be required to work under the supervision of a fully-registered medical practitioner

The doctor's conditional registration would lapse at the end of 12 months and he would be required to apply for full registration thereafter, together with satisfactory evidence in support of his condition by his supervisor and psychiatrist.

Duty of medical practitioner to inform the Medical Council of medical practitioners who are unfit to practise under section 56 of the Medical Registration Act.

56(1) - A registered medical practitioner who treats or attends to another registered medical practitioner who is, in the opinion of the medical practitioner treating or attending to him, unfit to practise as a medical practitioner by reason of his mental or physical

condition shall inform the Medical Council accordingly.

56(2) - Any registered medical practitioner who fails to comply with subsection (1) may be subject to disciplinary proceedings under this Act.