



**SINGAPORE
MEDICAL
COUNCIL**

Annual Report
2003

SINGAPORE MEDICAL COUNCIL

ANNUAL REPORT 2003

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President's Foreword

The Singapore Medical Council welcomed 3 new members to the Council in 2003. They were Prof John Wong, Dean of the Faculty of Medicine, National University of Singapore (NUS), as a representative of the NUS, A/Prof Chan Yew Weng, Senior Consultant Anaesthesiologist from the Singapore General Hospital (SGH) and A/Prof Tay Boon Keng, Chairman of Medical Board & Senior Orthopaedic Surgeon from SGH. A/Prof Chan and A/Prof Tay were duly elected during the November 2003 Election. It is heartening to know that they are willing to serve the SMC in spite of their busy schedule. Prof Tan Ser Kiat, Chief Executive Officer of SingHealth, completed his three-year term and stood down. The Council is grateful for his contributions and invaluable counsel.

In late 2002, the Ministry of Health requested the SMC to consider expanding the Schedule of Registrable Basic Medical Qualifications for

overseas medical schools. After an in-depth review, the Council recommended 47 schools to be added to the Schedule bringing the total to 71 medical schools. The Minister for Health approved SMC's recommendations and the expanded Schedule came into effect on 14 March 2003.

Compulsory Continuing Medical Education (CME)

On 1 January 2003, compulsory CME was implemented. A medical practitioner who wishes to renew his practising certificate anytime after 1 Jan 2005 is obliged to fulfill 50 CME points in the preceding 2 years (if he holds a 2-year practising certificate) or 25 CME points in the preceding 1 year (if he holds a 1-year practising certificate). In addition, 20% of the total points must be core CME points which could be earned through accredited self-study activities or attending lectures, seminars or

workshops fundamentally related to the doctor's specialty. In the case of a family physician, the content must be related to the Family Physician's medical practice.

In view of the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, which resulted in a significant reduction in the number of organised CME events, the SMC decided to allow practitioners to claim up to 20 points for accredited self-study under Category 3A in 2003. For year 2004, the maximum that a doctor can claim through accredited self-study is 5 points.

For those who wish to know more details about compulsory CME, please log onto the new SMC Online System which was commissioned in May 2003. There are guidebooks on the SMC Online System for CME providers published in April 2003 and for Doctors published in June 2003.

Information on Doctors' CME points as at 31 Dec 2003

As at 31 December 2003, our data showed that 4,121 doctors (86.2%) obtained 25 CME points or more out of a total of 4,783 doctors whose CME qualifying period falls between 1 January 2003 to 31 December 2004. Of note, 1,692 (35.4%) achieved 25 to 49 CME points and 2,429 (50.8%) achieved over 50 CME points in 1 year. This is a strong indication that 4,121 (86.2%) took CME seriously. Although the figures are encouraging, nevertheless the fact remains that 662 doctors (13.8%) have not achieved their 25 CME points in year 2003. It is hoped that they will make it up in year 2004. This matter should be viewed in all seriousness as the fulfilment of the mandatory CME requirements is a necessary condition for the renewal of practising certificates. Lower CME requirements are applied to those who have retired, were ill or have been away for a long period.

Amendments to the Medical Registration Act (MRA) (Cap 174)

Since the last revision of the MRA

in 1997, SMC has made several amendments to the Act to strengthen its disciplinary processes, impose CME requirements for renewals of practising certificate and keep up with the developments in professional regulation. The amended Medical Registration Act (Cap 174) came into operation on 24 January 2003.

The main amendments were:

(a) Constitution of the Singapore Medical Council

It was increased by 2 Council members due to the increasing workload. SMC now comprises 9 appointed and 9 elected members. The Director of Medical Services remains as Registrar as in the past.

(b) Powers to Investigate beyond the Gravamen of the Complaint and after Withdrawal of Complaint

Prior to the amendments, the powers of a Complaints Committee (CC) were

limited as it could neither inquire into matters discovered in the course of investigations that did not form part of the complaint, nor could it proceed with investigations after a complaint was withdrawn. As of now, if in the course of its inquiry, a CC receives information or evidence of the conduct of the registered medical practitioner concerned which may give rise to complaints and disciplinary proceedings, the CC may decide on its own motion to inquire into the matter. The CC may also continue its investigations after a complaint was withdrawn. These amendments have strengthened the CC's functions.

(c) Implementing Compulsory Continuing Medical Education

Fully and conditionally registered medical practitioners are required to fulfil continuing medical education requirements as mentioned earlier before they can renew their practising certificates (PCs).

(d) Disciplinary Action for False Assumption of Specialist Titles

The amended Act provides for disciplinary proceedings against medical practitioners who are not registered as specialists in a branch of medicine if they:

- (a) practise medicine or that branch of medicine:
 - (i) under the style and title of a specialist in that branch of medicine, or
 - (ii) under any name, title or description implying that he is such a specialist or has any degree, qualification or experience in that branch of medicine; or
- (b) falsely hold themselves out to be specialists.

Values

Such amendments to strengthen the disciplinary process need not be applied if doctors maintain a high standard of medical practice and uphold sound

values. It goes without saying that our patients expect their doctors to uphold high ethical standards and exhibit professionalism and dedication.

During the SARS outbreak, our nation went through a harrowing period. Activities and businesses were virtually at a stand-still. Singaporeans feared contracting SARS and of those who did contract it, several succumbed to the deadly virus. They included 3 doctors and 4 nurses who gave their lives in the line of duty. On the positive side, the SARS crisis brought out the best in our doctors, nurses, caregivers and administrators. They worked fearlessly. Many doctors made provisions with their families in the event that they came down with SARS. All our doctors stayed at their posts and carried on attending to patients in spite of the potential risks. Singaporeans can be proud of the doctors who gave their best care and showed dedication. Let us continue to uphold such values and dedication.

**DR LEE SUAN YEW
PRESIDENT**

Members Of Singapore Medical Council

President

Dr Lee Suan Yew

Registrar

Prof Tan Chorh Chuan

NUS Nominees

Prof John Wong Eu Li

(from 1 Jun 2003)

Prof Lee Hin Peng

Elected members

Assoc Prof Chan Yew Weng

(from 21 Nov 2003)

Dr Richard Guan

Dr Ho Nai Kiong

Assoc Prof Adrian Leong Peng Kheong

Adjunct Assoc Prof Lim Lean Huat

Dr Tan Chi Chiu

Dr Tan Kok Soo

Clinical Prof Tan Ser Kiat

(until 20 Nov 2003)

Dr Clarence Tan Tiong Tee

Clinical Assoc Prof Tay Boon Keng

(from 21 Nov 2003)

Appointed Members

Prof Lee Eng Hin

Clinical Prof Low Cheng Hock

Prof Low Poh Sim

Clinical Prof Rajmohan Nambiar

Dr Tan Hooi Hwa

Dr Yap Lip Kee



Members of Singapore Medical Council

- Seated from left to right : Prof John Wong, Clinical Prof Low Cheng Hock, Clinical Prof Rajmohan Nambiar, Dr Lee Suan Yew (President), Prof Tan Chorh Chuan (Registrar), Adjunct Associate Prof Lim Lean Huat, Prof Lee Eng Hin, Prof Lee Hin Peng
- Standing from left to right : Dr Richard Guan, Dr Yap Lip Kee, Dr Tan Kok Soo, Dr Tan Hooi Hwa, Associate Prof Adrian Leong, Clinical Prof Tan Ser Kiat, Dr Ho Nai Kiong, Prof Low Poh Sim
- Absent : Dr Tan Chi Chiu, Dr Clarence Tan

Medical Registration / Specialist Registration

Medical Registration

As at 31 Dec 2003, a total of 6292 medical practitioners were fully or conditionally registered in Singapore. This is an increase of 263 doctors (or 4.4%) over the total number at the end of 2002.

In 2003, the SMC's Credentials Committee considered 809 applications for medical registration and 779 were registered. Of those registered, 371 were medical graduates of the National University of Singapore and 408 were medical graduates of overseas universities. Table 1 shows the breakdown of newly registered medical practitioners granted full and conditional registration, whilst Table 1a shows the numbers granted provisional and temporary registration. The total number of medical practitioners who were granted full and conditional registration in 2003 is found in Table 2.

In 2003, of the 232 medical practitioners granted full registration, 181 were previously provisional registrants, 50 were conditional registrants and 1 was a temporary registrant. Of the 151 medical practitioners granted conditional registration, 7 were previously provisional registrants and 17 were previously temporary registrants. The 17 temporary registrants became eligible for conditional registration after the expansion of the

Schedule of Registrable Basic Medical Qualifications under the Medical Registration Act (Cap 174) in early 2003.

Among the 256 medical practitioners granted temporary registration in 2003, 108 were employed by hospitals or clinics on short-term basis and 109 were foreign practitioners who were accepted for postgraduate training in Singapore. There were 73* applications for visiting experts, invited by the hospitals and medical organisations to provide short-term training and consultancy, which were approved.

There were 54 medical practitioners on full/conditional registration who were de-registered; 19 had passed away and 35 conditional registrants' registration had lapsed.

Specialist Registration

As at 31 Dec 2003, there were 2224 doctors registered as specialists on the Register of Specialists. The number of specialists had increased by 136 (6.5%) as compared to 2002. Specialists formed 35.3% of the total of 6292 medical practitioners in Singapore. The numbers of registered specialists in the various fields are in Table 3.

** Includes 34 visiting experts who were granted temporary registration in the past.*

Table 1: Number of Newly Registered Medical Practitioners granted Full and Conditional Registration in 2003

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	154	21	175	7	0	7	161	21	182
Conditional Registration	1	0	1	21	106	127	22	106	128
Total	155	21	176	28	106	134	183	127	310

Table 1a : Number of Newly Registered Medical Practitioners granted Provisional and Temporary Registration in 2003

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	173	22	195	7	11	18	180	33	213
Temporary Registration	0	0	0	0	256	256	0	256	256*

* 73 are applications from visiting experts.

Table 2 : Total Number of Medical Practitioners granted Full and Conditional Registration in 2003**

Type of Registration	Numbers
Full Registration	232
Conditional Registration	151
Total	383

** Includes conversion cases.

Table 3: Number of Registered Specialists as at 31 Dec 2003

No.	Specialties	Public Sector	Private Sector	No. of Registered Specialists as at 31 Dec 2003
1	Anaesthesiology	114	89	203
2	Cardiology	47	36	83
3	Cardiothoracic Surgery	15	11	26
4	Dermatology	23	25	48
5	Diagnostic Radiology	78	40	118
6	Emergency Medicine	33	1	34
7	Endocrinology	29	12	41
8	Gastroenterology	31	23	54
9	General Surgery	75	75	150
10	Geriatric Medicine	27	5	32
11	Haematology	24	6	30
12	Hand Surgery	9	0	9
13	Infectious Disease	13	3	16
14	Internal Medicine	23(1)	32(1)	55(2)
15	Medical Oncology	27	10	37
16	Neurology	35	12	47
17	Neurosurgery	14	9	23
18	Nuclear Medicine	7(1)	3	10(1)
19	Obstetrics & Gynaecology	77	176	253
20	Occupational Medicine	12	18	30
21	Ophthalmology	65	43	108
22	Orthopaedic Surgery	66	37	103
23	Otorhinolaryngology/ ENT Surgery	33	32	65
24	Paediatric Medicine	79	105	184
25	Paediatric Surgery	10	3	13
26	Pathology	70	14	84
27	Plastic Surgery	13	17	30
28	Psychiatry	56	41	97
29	Public Health Medicine	48	19	67
30	Rehabilitation Medicine	11	2	13
31	Renal Medicine	21	12	33
32	Respiratory Medicine	39	14	53
33	Rheumatology	14	5	19
34	Therapeutic Radiology	15	3	18
35	Urology	22	16	38
	Total	1275	949	2224

() denotes number of doctors with dual specialties.

Complaints Lodged With The Council

Complaints Received

The Council received a total of 66 complaints against 74 doctors during the year compared to 69 complaints in 2002 and 84 complaints in 2001 (see Table 4). The nature of the complaints received is listed in Table 5.

Out of the 99 cases considered during the year, including the 33 complaints carried forward from 2002, 36 were dismissed. Nineteen medical practitioners were issued letters of advice and 6 were issued letters of warning. Eight cases were referred for disciplinary

inquiries. Thirty cases were adjourned to 2004.

The pattern of complaints received remained much the same this year. Complaints of professional negligence/incompetence formed 36%, over/unnecessary/inappropriate treatment 11%, and excessive/ inappropriate treatment 8% of the total. 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
1993 - 2003**

Year	Total No. of Complaints Received	Total No. of Doctors on Register	Complaints Per 1000 Doctors
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
2003	66	6292	10.5

Table 5: Complaints Considered by Complaints Committees in 2003

Nature of Complaint	Complaints carried over from 2002	Complaints received in 2003	OUTCOME					
			No Formal Inquiry				Referred for disciplinary inquiry	Adjourned to 2004
			No further action	Withdrawn	Letter of advice	Letter of warning		
Professional Negligence/ Incompetence	14	24	16		9	3		10
Misdiagnosis	3	4	4		2			1
Overcharging of Fees		1	1					
Over/Unnecessary/ Inappropriate treatment	5	7	3		3	1		5
Excessive/Inappropriate prescription of drugs	2	5	1				3	3
Improper delegation of duties		1						1
Failure to perform appropriate tests		1	1					
Failure to detect Pregnancy/Improper certification	4				2	2		
Refusal to provide emergency attention		2	1					1
Providing false information		1						1
Delay in treatment		1						1
Fitness to practice		1	1					
Failure to safeguard patients' interests		2					2	
Abusive behaviour		1			1			
Other Complaints	5	15	8		2		3	7
Total	33	66	36	0	19	6	8	30

Disciplinary Inquiries Held In 2003

There were 5 disciplinary inquiries completed in 2003 under the Medical Registration Act (Cap 174). A brief account of each case is given below.

Conviction of an offence involving Dishonesty

Case 1:

A medical practitioner had been convicted in court of 2 charges of tax evasion under section 96(1)(a) of the Income Tax Act (Cap.134).

The Disciplinary Committee was of the view that the facts in support of the medical practitioner's conviction revealed the commission of offences, carried out over a considerable period of time, with the willful intent of evading tax. The sum evaded was substantial.

The practitioner, who had pleaded guilty to the 2 charges, was suspended from practice for a period of 6 months on each charge, the periods of suspension to run concurrently. He was also

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.

Improper Certification of Death

Case 2:

A medical practitioner was convicted of 3 charges of professional misconduct when he certified the cause of death of 3 deceased persons as "Senile Debility" when he knew, or ought to have known, that this was not an acceptable cause of death, and that these cases should have been referred to the Coroner.

The Disciplinary Committee accepted the testimony of the expert witness that there must be a certification of the underlying pathological condition that had resulted in the death of the deceased. Without a proper identification of the pathological reason for the death, the actual cause of death is left unestablished.

The practitioner was acquitted of another 3 charges which were related to his association with an undertaker. Although the practitioner was acquitted of these charges, the Disciplinary Committee warned him that he was expected to desist from any association with a person in circumstances which might compromise the professional integrity with which he was required to discharge his professional obligations.

He was censured, ordered to give an undertaking not to repeat the conduct complained of or any similar conduct and to pay the costs of proceedings.

Case 3:

A medical practitioner pleaded guilty to 3 charges of professional misconduct. He was convicted of certifying that the cause of death of 3 deceased persons, aged 60, 89 and 90 years old, as “Chronic Anemia”, “Mental Retardation” and “Dementia” respectively when he knew, or ought to have known, that these were not acceptable causes of death and that the cases should have been referred to the Coroner.

The Disciplinary Committee considered the case to be of importance as improper certification of death might lead to serious consequences and in some cases, even perversion of justice. They felt that a message should be sent to the medical profession that these offences were not viewed lightly.

The practitioner was censured, fined a sum of \$3000, ordered to give an undertaking to abstain in future from the conduct complained of or any similar conduct, and to pay the costs of proceedings.

Failure to detect pregnancy in a foreign domestic worker

Case 4:

A medical practitioner pleaded guilty to the charge of 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 found that the practitioner had failed to conduct a proper medical examination of the FDW. He had performed an abdominal examination of the FDW while she was seated upright, instead of in the supine position. He also failed to take her menstrual history.

The Disciplinary Committee censured and fined the practitioner a sum of \$3000. They also ordered that he give an undertaking to abstain in future from the conduct complained of or any similar conduct and to pay the costs of proceedings.

suspended the practitioner from practice for a period of 3 months and censured him. He was also ordered to provide a written undertaking to abstain in future from the conduct complained of or any similar conduct, to seek medical treatment for such period of time as determined by his psychiatrist and to pay the costs of the proceedings.

Forgery

Case 5:

A medical practitioner pleaded guilty to 5 charges of forging a colleague's signature on the prescription sheets of a hospital to obtain 40 tablets of Zolpidem (Stilnox), a sleeping tablet, on 4 occasions and 30 tablets of the same drug on 1 occasion for his own consumption.

The Disciplinary Committee

Singapore Medical Council

College of Medicine Building
16 College Road #01-01
Singapore 169854

Tel: 6372-3061/2/3/4/5

Fax: 6221-0558

E-mail: moh_smc@moh.gov.sg