SINGAPORE MEDICAL COUNCIL
ANNUAL REPORT 2007

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President's Foreword

The Singapore Medical Council has had a busy year ending Dec 2007. The major initiatives included the implementation of policy changes and rules to facilitate the national effort to ramp up medical manpower, the phasing out of temporary registration for clinical service needs, the fine-tuning of the supervisory framework for conditionally registered doctors, increasing the options for clinical rotations of house officers for wider exposure, and streamlining the procedures to reduce the delay in resolution of complaints against doctors.

Medical Registration

The continual expansion and development of both the public and private health sectors and the growing needs for elderly patient care have increased the urgent need for more doctors. Besides increasing the intake of students into our medical school, other measures include review and recognition of top medical schools and attracting doctors who have graduated from reputable universities listed in the Schedule. These include top medical schools from China, India, Malaysia, Sri Lanka, South Korea and Taiwan. A total of 20 new medical schools were added in April and another 19 in October, bringing the total number of schools in the Schedule to 159.

In 2007, a total of 232 House Officers obtained full registration after satisfactory completion of housemanship. Full registration was also approved for 92 conditional registrants, while 31 temporary registrants converted to conditional registration successfully. A total of 1238 new medical practitioners were admitted to the register.

Conditional Registration

Conditional Registration is applied to graduates of medical schools in the Schedule of the Medical Registration

Act (MRA) or whose postgraduate qualifications are recognized by SMC. Doctors who are conditionally registered progress to full registration if their supervisory reports indicate that they are safe and competent. Besides knowledge and skills, the assessment includes general attitude and behaviour, communication and interpersonal skills.

With the recognition of a larger number of medicals schools, SMC has rationalized the supervision of doctors by introducing two levels of supervision for all conditionally registered doctors. Level 1 supervision closely monitors new doctors to assess their competence and ability to practice safely. Level 1 supervision include multi-rater assessments. New doctors who are assessed to be competent and safe can move to the less intensive Level 2 supervision after their first year.

Temporary Registration

Temporary medical registration for service provision from non-traditional sources was allowed as a temporary measure to alleviate the acute shortage of doctors in the public sector. However over the years it had become an easy way for employers to recruit doctors from medical schools not on the Schedule of the MRA.

With the increase in the number of medical schools in the Schedule, temporary registration for service needs was phased out at the end of 2007. Doctors currently on temporary registration and providing clinical service can become eligible for conditional registration by attaining the appropriate postgraduate qualifications or pursuing the appropriate training and assessment by the professional bodies.

Temporary registration will continue to be granted for teaching, training and research activities in order to encourage institutional interactions and training of doctors from different countries.

Provisional Registration

The Singapore Medical Council increased the options for clinical rotations of house officers for wider exposure. The training for house officers now includes at least 4 months in general medicine, four months in general surgery or orthopaedic surgery, and the remaining period may consist of disciplines such as Paediatric Medicine, Obstetrics and Gynaecology or 2 months postings in Psychiatry, Geriatric Medicine or Cardiology.

Medical Education and CME

The Council is pleased to see the development of the Duke-NUS Graduate Medical School (GMS) in Singapore. The school had its first intake of students last year. The Duke-NUS GMS offers an innovative medical education programme with a distinct focus on research which aims at producing future clinician-scientists.

With the completion of the first five years of Continuing Medical Education (CME), most doctors would be familiar with the concept of life long learning and improvement. CME activities are a means to an end, the objective being competence and skills demonstrated by the medical practitioners. The Council has been studying the Maintenance of Competence (MOC) models in other countries to see how our current CME system can be modified to ensure that doctors continue to demonstrate competency in practice.

Complaints and Discipline

The Medical Council received a total of 115 complaints in 2007 compared to 81 complaints in 2006 and 83 in 2005. This was a 42% increase in number of complaints in 2007 compared to 2006. Although most of the complaints are not serious in nature, the Council remains concerned about doctors prescribing benzodiazepines inappropriately and the cases in which doctors have been convicted in court for offences.

The inappropriate prescription of drugs such as benzodiazepines has continued even though the Ministry of Health had provided guidelines on the use of benzodiazepines. Medical practitioners should take note of the indications for prescription of benzodiazepines and pay attention to keeping good clinical records. Medical practitioners should also refer these patients for specialist advice where appropriate.

Other matters

The Council had a series of discussion on issues relating to complementary and alternative medicine. A doctor who wishes to practise acupuncture must be trained and registered with the Traditional Chinese Medicine (TCM) Board. A doctor may employ and then delegate the practice of acupuncture to a licensed acupuncturist in the clinic, but the doctor would still have to take primary responsibility for the care of the patient.

SMC participated in the launch of the ASEAN Medical Council's meeting in Bali in Nov 2007, organized by the Indonesian Medical Council. The objectives were to develop cooperation and share activities of common interest in education, good medical practice and legal aspects of medical practice.

Council Members

In 2007, the Council noted the completion of the Council's term for Dr Yap Lip Kee. The Council would like to thank Dr Yap for his many years of valuable services and contributions. The Council also welcomed the reappointment of Prof Robert Pho Wan Heng, A/Prof Walter Tan Tiang Lee who was re-elected and Prof Ong Yong Yau who was newly appointed to the Council.

I would like to put on record my gratitude to members of the Council for their invaluable contribution and the staff of SMC for their dedicated service.

PROF RAJ NAMBIAR
PRESIDENT

Members Of The Singapore Medical Council 2007

President	Clinical Prof R Nambiar
Registrar	Prof K Satku
NUS Nominees	Prof John Wong Eu Li Prof Robert Pho Wan Heng
Elected Members	A/Prof Gilbert Chiang Shih Chuin Dr Richard Guan Prof Ng Han Seong A/Prof Siow Jin Keat Dr Tan Chi Chiu Dr Tan Kok Soo Dr T Thirumoorthy Prof Tay Boon Keng Dr Wong Sin Yew
Appointed Members	Prof Ho Lai Yun Dr Lim Cheok Peng A/Prof Benjamin Ong A/Prof Ong Biauw Chi Prof Ong Yong Yau (with effect from 6 Nov 2007) Prof Walter Tan Tiang Lee Dr Yap Lip Kee (until 5 Nov 07)

Names of Council Members

Back (L – R): Dr Richard Guan, Dr Wong Sin Yew, Dr Lim Cheok Peng, Adjunct Prof Walter Tan, A/Prof Siow Jin Keat, A/Prof Benjamin Ong, Prof Tay Boon Keng, Dr T Thirumoorthy and Prof Ng Han Seong

Front (L – R): A/Prof Gilbert Chiang, Dr Tan Kok Soo, Prof Ho Lai Yun, Prof R Nambiar (President), Prof K Satku (Registrar), Prof Robert Pho, Dr Yap Lip Kee and A/Prof Ong Biauw Chi

Absent: Prof Ong Yong Yau, Dr Tan Chi Chiu and Prof John Wong

Other Members Of The Singapore Medical Council 2007

Prof Ong Yong Yau

Dr Tan Chi Chiu

Prof John Wong

Physician's Pledge Ceremony

Medical Registration / Specialist Registration

Medical Registration

As at 31 Dec 2007, a total of 7384 medical practitioners were fully or conditionally registered in Singapore, resulting in a doctor to population ratio of 1:620.

In 2007, the Credentials Committee considered 1454 applications for registration. 1285 medical practitioners were registered of which 92 were previously on conditional registration and 31 on temporary registration. The breakdown of the registration granted is given in Table 1.

Of the 303 on provisional registration, 226 were NUS medical graduates and 77 were graduates from foreign universities granted medical registration to do housemanship training in restructured hospitals and institutions for one year.

Among the 352 foreign-trained, medical practitioners granted temporary registration, 138 were employed to work under supervision on a short-term basis in restructured hospitals or institutions. Another 111 were foreign practitioners accepted for postgraduate training attachments in Singapore. 103* visiting experts were invited by the hospitals and medical organisations to provide short-term training and consultancy.

There were 98 medical practitioners not in active practice due to various reasons such as retirement, working or studying overseas. These are doctors who have not renewed their practising certificates in 2007. 9 medical practitioners were restored to the Medical Register when they returned to resume practice in Singapore.

As compared to 2006, the total number of doctors as at 31 Dec 2007 registered a net increase of 453 doctors.

Specialist Registration

As at 31 Dec 2007, there were 2781 doctors registered as specialists on the Register of Specialists. The number of specialists had increased by 127 (4.8%) as compared to 2006. They also represented 37.6% of the 7384 medical practitioners registered in Singapore. The numbers of registered specialists in the various specialities are in Table 4. Table 5 shows the trends for specialist registration. The numbers from Year 2003 to Year 2007 were the cumulative total as at 31 December of the year.

*: Including 47 doctors who were registered previously.

Table 1: New Medical Registration by Registration Type as at 31 December 2007

Registration Types	New applications for Registration:	Doctors from Provisional Register:	Doctors from Temporary Register:	Doctors from Conditional Register:	Total
Full	-	232	-	92	324
Conditional	230	45	31	-	306
Provisional	303	-	-	-	303
Temporary	305	-	47	-	352
Total	**838**	**277**	**78**	**92**	**1285**

Table 2: New Medical Registrations by Citizenship and Training in 2007

Registration Types	NUS Trained		Foreign Trained		Sub-Total		Total
	Singaporean	Non-Singaporean	Singaporean	Non-Singaporean	Singaporean	Non-Singaporean	
Full	206	24	2 + 4#	88#	212	112	**324**
Conditional	1	-	51	223 + 31#	52	254	**306**
Provisional	206	20	25	52	231	72	**303**
Temporary	-	-	-	305 + 47*	-	352	**352**
Total	**413**	**44**	**82**	**746**	**495**	**790**	**1285**

*** Existing Visiting Experts.**
 # Doctors converted from conditional registration (for fully registered doctors) or temporary registration (for conditionally registered doctors)

Table 3: Medical Registration by Year and Place of Medical Training

Registration Types	2000	2001	2002	2003	2004	2005	2006	2007
Full Registration	**170**	**215**	**156**	**182**	**201**	**203**	**220**	**232**
NUS Degree	146	153	146	175	193	195	206	230
Foreign Degree	24	62	10	7	8	8	14	2
Conditional Registration	**114**	**146**	**121**	**128**	**114**	**112**	**158**	**275**
NUS Degree	-	1	-	1	-	1	-	1
Foreign Degree	114	145	121	127	114	111	158	274
Provisional Registration	**173**	**173**	**187**	**213**	**239**	**265**	**280**	**303**
NUS Degree	156	144	175	195	197	210	229	226
Foreign Degree	17	29	12	18	42	55	51	77
Temporary Registration	**252**	**193**	**334**	**256**	**345**	**342**	**355**	**352**
Foreign Degree	252	193	334	256	345	342	355	352

Note: This table does not include conversion cases.

Table 4: Specialist Registration as at 31 Dec 2007

No.	Specialities	Public Sector	Private Sector	Total	Ratio in %	
					Public	Private
1	Anaesthesiology	152	110	262	58	42
2	Cardiology	64	47	111	58	42
3	Cardiothoracic Surgery	18	12	30	60	40
4	Dermatology	31	35	66	47	53
5	Diagnostic Radiology	100 (1)	52	152	66	34
6	Emergency Medicine	53	5	58	91	9
7	Endocrinology	38 (1)	18	56	68	32
8	Gastroenterology	35 (1)	31	66	53	47
9	General Surgery	107	85	192	56	44
10	Geriatric Medicine	37	6	43	86	14
11	Haematology	21	10	31	68	32
12	Hand Surgery	13	4	17	76	24
13	Infectious Disease	23 (1)	5	28	82	18
14	Internal Medicine	37 (1)	29 (1)	66	56	44
15	Medical Oncology	32	22	54	59	41
16	Neurology	43	15	58	74	26
17	Neurosurgery	15	13	28	54	46
18	Nuclear Medicine	10	5	15	67	33
19	Obstetrics & Gynaecology	74	194	268	28	72
20	Occupational Medicine	13	20	33	39	61
21	Ophthalmology	88	49	137	64	36
22	Orthopaedic Surgery	85	49	134	63	37
23	Otorhinolaryngology / ENT Surgery	38	35	73	52	48
24	Paediatric Medicine	103	121	224	46	54
25	Paediatric Surgery	8	5	13	62	38
26	Pathology	76	22	98	78	22
27	Plastic Surgery	12	22	34	35	65
28	Psychiatry	69	45	114	61	39
29	Public Health Medicine	57	24	81	70	30
30	Rehabilitation Medicine	18	4	22	82	18
31	Renal Medicine	25	15	40	63	37
32	Respiratory Medicine	49	18	67	73	27
33	Rheumatology	22 (1)	6 (1)	28	79	21
34	Therapeutic Radiology / Radiation Oncology	23	6	29	79	21
35	Urology	28	25	53	53	47
	Total	**1617**	**1164**	**2781**	**58**	**42**

( ) denotes number of doctors with dual specialties.

Table 5: Total Number of Specialists as at 31 December in Year 2003 to 2007

No.	Specialty / Year	2003	2004	2005	2006	2007	Comparison (Net Increase%)	
							2006 & 2007	2003 & 2007
1	Anaesthesiology	203	211	224	250	262	4.8	29.1
2	Cardiology	83	89	98	108	111	2.8	33.7
3	Cardiothoracic Surgery	26	26	27	30	30	0	15.4
4	Dermatology	48	55	60	63	66	4.8	37.5
5	Diagnostic Radiology	118	128	135	142	152	7.0	28.8
6	Emergency Medicine	34	41	52	56	58	3.6	70.6
7	Endocrinology	41	46	47	52	56	7.7	36.6
8	Gastroenterology	54	58	58	61	66	8.2	22.2
9	General Surgery	150	156	165	179	192	7.3	28.0
10	Geriatric Medicine	32	35	38	43	43	0	34.4
11	Haematology	30	30	30	31	31	0	3.3
12	Hand Surgery	9	10	12	15	17	13.3	88.9
13	Infectious Disease	16	18	25	27	28	3.7	75.0
14	Internal Medicine	55	58	60	58	66	13.8	20.0
15	Medical Oncology	37	43	47	52	54	3.8	45.9
16	Neurology	47	47	50	53	58	9.4	23.4
17	Neurosurgery	23	25	26	28	28	0	21.7
18	Nuclear Medicine	10	10	14	15	15	0	50.0
19	Obstetrics & Gynaecology	253	262	265	267	268	0.4	5.9
20	Occupational Medicine	30	32	32	32	33	3.1	10.0
21	Ophthalmology	108	117	125	130	137	5.4	26.9
22	Orthopaedic Surgery	103	111	119	127	134	7.9	30.1
23	Otorhinolaryngology / ENT Surgery	65	66	68	70	73	4.3	12.3
24	Paediatric Medicine	184	193	207	212	224	5.7	21.7
25	Paediatric Surgery	13	13	13	12	13	8.3	0
26	Pathology	84	88	93	98	98	0	16.7
27	Plastic Surgery	30	31	32	32	34	6.3	13.3
28	Psychiatry	97	105	108	111	114	2.7	17.5
29	Public Health Medicine	67	71	74	76	81	6.6	20.9
30	Rehabilitation Medicine	13	15	16	20	22	10.0	69.2
31	Renal Medicine	33	34	34	37	40	8.1	21.2
32	Respiratory Medicine	53	58	63	66	67	1.5	26.4
33	Rheumatology	19	22	25	25	28	12.0	47.4
34	Therapeutic Radiology / Radiation Oncology	18	20	21	25	29	16.0	61.1
35	Urology	38	43	48	51	53	3.9	39.5
Total No. of Registered Specialists as at 31 December each year:		2224	2367	2511	2654	2781	4.8	25.0

Continuing Medical Education

2007 / 2006-2007 CME Qualifying Periods

Since Compulsory CME was introduced in 2003, the majority of doctors have fulfilled their CME requirements in the last 3 CME cycles. This year, out of a total of 1571 doctors whose CME qualifying periods (QPs) ended on 31 December 2007 (i.e. for practising certificates expiring anytime in 2008), 1552 or 98.8% of doctors met the CME requirement (see Table 1).

Out of the 19 doctors who did not meet the CME requirements, 5 doctors have informed the Council that they intend to renew their practising certificates while 2 of these doctors do not intend to renew their practising certificates (see Table 2).

Number of Processed Applications and Credit Claims for 2007

For 2007, SMC has processed a total of 24,617 accreditation applications and credit claims ranging from Categories 1A, 1B, 1C, 2, 3A and 3B, out of which, 24,196 of the applications and credit claims were approved (see Table 3).

Table 1: Number of Doctors who met CME requirements at the end of the qualifying period

CME Qualifying Period (QP)	Number of Doctors Who Met Requirements
2-Year QP (2006-2007)	1438
1-Year QP (2007)	114
Total	1552

Table 2 : Number of Doctors who did not meet CME requirements at the end of the qualifying period

CME Qualifying Period (QP)	Type of Doctors	Number of Doctors who did not meet
2-Year QP (2006-2007)	Intends to Renew	5
	Do not Intend to Renew	1
	No Response	11
1-Year QP (2007)	Intends to Renew	0
	Do not Intend to Renew	1
	No Response	1
Total		19

Table 3 : Number of Processed Applications and Credit Claims for 2007

Category	Approved	Rejected	Total
1A	551	42	593
1B	1,840	103	1943
1C	1,864	139	2003
2	639	24	663
3A	10,031	108	10139
3B	9271	5	9276
Total	24,196	421	24,617

Cat 1A : Pre-approved established programmes such as grand ward rounds and teaching/ tutorial sessions.

Cat 1B : Locally held events such as scientific meetings, conferences, seminars and workshops.

Cat 1C : Overseas events such as scientific meetings, conferences, seminars and workshops.

Cat 2 : Publication/editorial work/presentation of original paper or poster.

Cat 3A : Self study from refereed journals, audio-visual tapes and online education programmes.

Cat 3B : Distance learning through interactive structured CME programme with verifiable self-assessment.

Complaints Lodged With The Council

The Medical Council received a total of 115 complaints against 145 doctors during the year compared to 81 complaints in year 2006 and 83 complaints in 2005 (see Table 1). There was a significant increase of 42% in complaints from the year 2006 to 2007.

Out of the 144 cases considered during the year, including the 29 complaints carried forward from 2006, 2 were withdrawn and 19 were dismissed. 28 medical practitioners were issued letters of advice and 5 were issued letters of warning. 7 cases were referred for disciplinary inquiries and 1 was referred for health inquiry. 82 cases were adjourned to 2008.

The complaints mainly concerned excessive / inappropriate prescription of drugs (20%) and professional negligence / incompetence (20%).

Table 1 : Complaints Received by the Singapore Medical Council 1997 - 2007

Year	Total No. of Complaints Received	Total No. of Doctors on Register	Complaints Per 1000 Doctors
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
2004	84	6492	12.9
2005	83	6748	12.3
2006	81	6931	11.7
2007	**115**	**7384**	**15.6**

Table 2: Complaints Considered by Complaints Committees in 2007

Nature of Complaint	Complaints carried over from 2006	Complaints received in 2007	OUTCOME						
			No Formal Inquiry				Referred to a Disciplinary Committee (DC)	Referred to a Health Committee (HC)	Adjourned to 2008
			Withdrawn	No further action	Letter of Advice	Letter of Warning			
Professional Negligence/ Incompetence	8	23	1	4	6	2			18
Excessive/ Inappropriate prescription of drugs	5	23	1	2	4	1	1		19
Breach of SMC Code of Ethics	3	13					3		13
Rudeness/ Attitude/ Communication Issues		12		4	3				5
Other complaints	4	11		3	1		1		10
Misdiagnosis	3	9		1	5	1			5
No informed consent	1	7			3	1			4
Over/ Unnecessary/ Inappropriate Treatment	3	5		3	1		1		3
Conviction in Court		4			2			1	1
Delay in treatment	1	2		1	1				1
False/ Misleading Certification	1	2					1		2
Providing false information		2		1					1
Refusal to provide emergency attention		1			1				
Outrage of Modesty/ Sexual relationship with patient		1			1				
Total	**29**	**115**	**2**	**19**	**28**	**5**	**7**	**1**	**82**

Disciplinary Inquiries Held In 2007

There were 9 disciplinary inquiries completed in 2007 under the Medical Registration Act (CAP 174). A brief account of each case is given below:

Excessive / Inappropriate Prescription of Drugs

Case 1:

1. A medical practitioner pleaded guilty to 12 charges of inappropriate prescription of a benzodiazepine (i.e. Dormicum) without exercising an acceptable standard of diligence and care, clear documentation of the patient's symptoms, medical condition and diagnosis, and failure to properly counsel and refer for specialist treatment.

2. The Disciplinary Committee (DC) noted from the histories of the patients that they were repeatedly prescribed Dormicum to excessive amounts. The DC held that the practitioner's prescribing practice fell short of the diligence and care that was to be expected of a general practitioner and that he had paid scant regard to the Ministry of Health's Guidelines for Prescribing Benzodiazepines. Further, patients' medical records were scanty and several patients with sleep disorders were not referred for specialist treatment which was unsuitable and unprofessional as the practitioner was neither psychiatry-trained nor a specialist in the treatment of sleep disorders. The DC found that the practitioner had thereby acted in disregard of his professional duties.

3. The practitioner was censured and suspended from practice for a period of 12 months. He was also fined $8,000 and ordered to give an undertaking to abstain in future from the conduct complained of and to pay the costs of the proceedings.

Case 2:

1. A medical practitioner faced 10 charges of inappropriate prescription of benzodiazepines and failure to maintain proper medical records. The practitioner pleaded guilty to 8 charges and was acquitted of 2 charges.

2. The Disciplinary Committee (DC) found that the practitioner had acted in disregard of his professional duties since the prolonged prescription of benzodiazepines without specialist referral was unsuitable and unprofessional. The DC did not accept the practitioner's mitigation plea that he was unaware of the Ministry of

Health's Guidelines for Prescribing Benzodiazepines which was sent to every doctor. As a practitioner, he ought to have known of the said Guidelines. Ignorance of such an important medical notice was not an excuse.

3. The practitioner was censured and suspended from practice for a period of 12 months. He was also fined $5,000 and ordered to give an undertaking to abstain in future from the conduct complained of and to pay the costs of the proceedings.

Case 3:

1. A medical practitioner pleaded guilty to 15 charges of inappropriate prescription of a benzodiazepine (i.e. Erimin) without exercising an acceptable standard of diligence and care, clear documentation of the patient's symptoms, medical condition and diagnosis, and failure to properly counsel and refer for specialist treatment.

2. The Disciplinary Committee (DC) accepted that the practitioner's record keeping was of reasonably acceptable standard, and that he appeared to be a family physician treating patients belonging to family groups who had genuine sleep problems. The DC, however, found that the practitioner had acted in disregard of his professional duties since the prolonged prescription of benzodiazepines without specialist referral was unsuitable and unprofessional.

3. The practitioner was censured and suspended from practice for a period of 3 months. He was also fined $1,000 and ordered to give an undertaking to abstain in future from the conduct complained of and to pay the costs of the proceedings.

Case 4:

1. A medical practitioner faced 19 charges of inappropriate management in that he failed to formulate and adhere to any treatment plan for Subutex treatment, and to maintain proper medical records.

2. The Disciplinary Committee (DC) did not accept the practitioner's proposition that he had a punitive management plan, and that even if it existed, was highly unorthodox, and as the Expert stated in his evidence, it was unlikely to have any effect on the patients' addiction. The DC also did not accept the practitioner's excuse that it was difficult for a sole practitioner to keep "a fully documented record of each and every patient". The DC found that the practitioner consistently breached Article 4.1.2 of the SMC Ethical Code and Ethical Guidelines, and that he was guilty of professional misconduct

within the meaning of Section 45(1)(d) of the Medical Registration Act (CAP 174).

3. The practitioner was censured and suspended from practice for a period of 3 months. He was also fined $1,000 and ordered to give an undertaking to abstain in future from the conduct complained of and to pay the costs of the proceedings. However, the suspension was later ordered to be set aside and the fine increased to $2,500 after he appealed to the High Court.

Case 5:

1. A medical practitioner pleaded guilty to 18 charges of inappropriate prescription of benzodiazepines, and failure to maintain clear documentation in the patients' medical records.

2. The Disciplinary Committee (DC) found that the practitioner had acted in disregard of his professional duties since the prolonged prescription of benzodiazepines without specialist referral was unsuitable and unprofessional. The DC did not accept the practitioner's mitigation plea that he was unaware of the Ministry of Health's Guidelines for Prescribing Benzodiazepines which was sent to every doctor. As a practitioner, he ought to have known of the said Guidelines. Ignorance of such an important medical notice was not an excuse. The DC, however, took into consideration the practitioner's mitigation plea that he was a physician of long standing of over 30 years and did not have many years of practice left.

3. The practitioner was censured and suspended from practice for a period of 9 months. He was also fined $5,000 and ordered to give an undertaking to abstain in future from the conduct complained of and to pay the costs of the proceedings.

Case 6:

1. A medical practitioner pleaded guilty to 14 charges of inappropriate prescription of benzodiazepines, failure to provide counseling for the patients and/or refer the patients to a medical specialist for further management, and failure to maintain clear documentation in the patients' medical records.

2. The Disciplinary Committee (DC) found that the practitioner had acted in disregard of his professional duties since the prolonged prescription of benzodiazepines without specialist referral was unsuitable and unprofessional. The DC did not accept the practitioner's mitigation plea that he was unaware of the Ministry of Health's Guidelines for Prescribing Benzodiazepines which was sent to every doctor. As a practitioner, he ought to have known of the said

Guidelines. Ignorance of such an important medical notice was not an excuse. The DC, however, accepted that the practitioner had intended to treat the patients concerned who had various sleep disorders and medical conditions.

3. The practitioner was censured and suspended from practice for a period of 6 months. He was also fined $5,000 and ordered to give an undertaking to abstain in future from the conduct complained of and to pay the costs of the proceedings.

Case 7:

1. A medical practitioner pleaded guilty to 14 charges of inappropriate prescription of benzodiazepines, and failure to maintain clear documentation in the patients' medical records.

2. The Disciplinary Committee (DC) found that the practitioner had acted in disregard of his professional duties since the prolonged prescription of benzodiazepines without specialist referral was unsuitable and unprofessional. The DC did not accept the practitioner's mitigation plea that he was unaware of the Ministry of Health's Guidelines for Prescribing Benzodiazepines which was sent to every doctor. As a practitioner, he ought to have known of the said Guidelines. Ignorance of such an important medical notice was not an excuse. The DC, however, accepted that the practitioner's prescription of benzodiazepines was not driven by profit but by concern for the patients' interests.

3. The practitioner was censured and suspended from practice for a period of 6 months. He was also fined $5,000 and ordered to give an undertaking to abstain in future from the conduct complained of and to pay the costs of the proceedings.

Conviction in Court

Case 8:

1. A medical practitioner, whilst still a house-officer practising with the National Healthcare Group, was arrested for drug possession by the Central Narcotics Bureau on 1 April 2006. He pleaded guilty in the District Court, to one charge of unauthorized possession of controlled drugs under Section 8(a) of the Misuse of Drugs Act (Cap 185). Three other similar charges were taken into consideration for the purpose of sentencing. He was sentenced to 8 months' imprisonment under Section 33 of the Misuse of Drugs Act.

2. At the disciplinary hearing, the practitioner was charged under the Medical Registration Act (Cap 174) for having been convicted of an offence

implying a defect in character which made him unfit for his profession, arising from his conviction for drug possession charges under Section 8(a) of the Misuse of Drugs Act (Cap 185). He pleaded guilty to the charge and was accordingly convicted by the Disciplinary Committee (DC).

3. The practitioner's Counsel submitted in mitigation that he had committed the offence during a difficult period when he was under extreme anxiety whilst awaiting the result of an examination he had to re-sit, and under tremendous stress due to the financial consequences he had to bear should he fail his examination.

4. The DC took into account several factors, namely the fact that the house officer had effectively been suspended from his medical practice for almost a year, the nature of the criminal offence committed, the punishment received from the court and the fact that he was a house officer and that on resumption of his housemanship, he would be under supervision for at least eight months.

5. The house officer was censured and ordered to give an undertaking to abstain in future from the conduct complained of and to pay the costs of the proceedings.

Case 9:

1. The practitioner was convicted by a Subordinate Court on 27 February 2007 for insulting the modesty of 2 ladies by using his mobile phone to record a video clip of their underwear and buttocks without their knowledge. In court, he pleaded guilty to two of the charges. Two other charges were taken into consideration. He was sentenced to one month's imprisonment to run consecutively for each of the two charges.

2. The practitioner pleaded guilty before the Disciplinary Committee (DC) and was accordingly convicted of the charge. The DC considered that the charges for which he was convicted in the Subordinate Court were serious and implied a defect in character which made him unfit for the medical profession. The DC felt that the penalty had to be adequate to uphold confidence of the public on the integrity of the profession as a whole.

3. The practitioner was censured and suspended from practice for a period of 24 months. He was also fined $5,000, ordered to give an undertaking to abstain in future from the conduct complained of, and continue his psychiatric treatment for such period of time as determined by his psychiatrist. On the expiry of the suspension period, before he can resume practice, he was to produce the reports of two psychiatrists that he was fit for practice, and practise only within a supervisory framework approved by the Medical Council for a period of 1 year. He was ordered to pay the costs of the disciplinary proceedings.