

SINGAPORE MEDICAL COUNCIL

ANNUAL REPORT 2000

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PRESIDENT'S FOREWORD

The Singapore Medical Council lost two outstanding men of stature. Prof Chao Tzee Cheng died suddenly in New York in February 2000. Prof Navaratnam Balachandran, the immediate past President of the Council, passed away on 17 November 2000. Each had made signal contributions to the Medical Council and to the medical profession as a whole. The Singapore medical community and the Medical Council owe a great debt to these two outstanding doctors.

In June 2000, Dr Chen Ai Ju retired as Director of Medical Services and as Registrar of the Singapore Medical Council. Her unassuming and gentle stewardship will be missed by many, particularly by the Council. Prof Tan Chorh Chuan has taken over her portfolio and has brought with him a wealth of experience in medical education, administration, and professionalism. He was the former Dean of the Medical Faculty, National University of Singapore, and a nephrologist by training.

HISTORICAL BACKGROUND

For the newly registered medical practitioners, a brief history of the Medical Council may be useful.

The Singapore Medical Council was first established in 1905 as a regulatory body for the medical profession in the Straits Settlements. At that time, it was known as the Medical Council of the Straits Settlements.

In 1953, the Medical Registration Act was enacted. Following Singapore's independence as a nation, the Act was amended in 1971. A five-member Penal Cases Committee was established within the Council to consider all complaints made in writing against medical practitioners.

In January 1981, the Medical Registration (Amendment) Regulations came into operation. This resulted in the Penal Cases Committee being replaced by a three-member Preliminary Proceedings Committee

The new Medical Registration Act was enacted in September 1997 and came into effect in April 1998. It was necessary to review the old Act since medical practice had undergone vast changes. The main changes found in the new Act are:

- (a) in the composition of the Medical Council. The number of members increased from 13 to 17

- (b) in compulsory voting of Council members
 - (c) in specialist registration and accreditation of specialists
 - (d) in the disciplinary process, i.e. appointment of a Complaints Panel comprising members of the Medical Council, medical practitioners of at least ten years' standing and lay persons. For the first time, we have lay persons and senior medical practitioners not in the Council, who are appointed to sit on the Complaints Committees and Disciplinary Committees to consider complaints against medical practitioners. These persons are drawn from the Complaints Panel.
 - (e) Health Committee appointed to deal with medical practitioners who are physically or mentally unfit to practise.
- iii) to issue practising certificates;
 - iv) to make recommendations to appropriate authorities on the courses of instructions and examinations leading to the Singapore medical degree;
 - v) to make recommendations to the appropriate authorities for the training and evaluation of registered medical practitioners;
 - vi) to determine and regulate the conduct and ethics of registered medical practitioners; and
 - vii) generally to do all such acts and matters as are necessary to be carried out under the Act.

In essence, the SMC is a statutory regulatory body, approved by Parliament, with a proper structure to establish registration and maintain standards in medical practice and in medical education. The SMC is duty bound to protect the public against professional misconduct and unethical practices on the part of doctors, while at the same time being fair to the medical practitioners. The Medical Council does not condone frivolous complaints against doctors, or exploitation of patients by unscrupulous doctors. In its governance, it is obliged to be the guardian of professional and ethical standards.

SMC'S FUNCTIONS

Since many practitioners may not be clear as to the functions of the Medical Council, it is useful to restate them. They are:

- i) to maintain registers of registered medical practitioners;
- ii) to approve or reject applications for registration;

MAINTAINING STANDARDS

The medical profession owes it to our patients to maintain high professional standards. The training system of our doctors begins at the medical school and continues during housemanship, vocational or specialist training of doctors during postgraduate education, and in continuing medical education (CME) and continuing professional development. In other words, every doctor is beholden to the profession to keep up-to-date throughout his or her working life.

The new medical curriculum of the NUS Faculty of Medicine launched in July 1999 will train better doctors for the 21st century. It integrates pre-clinical and clinical teaching at an early stage. It builds up a strong foundation in the basic medical sciences and clinical principles for competent medical practice. It stresses good communication, practical and IT skills, professionalism and ethical practice.

Following a comprehensive review of the training of House Officers by the SMC Education Committee, a more structured system of training is being implemented with clearly defined educational objectives and processes for accreditation of training departments, educational quality assurance and assessment of the performance of House Officers. These measures will ensure that House Officers receive better

training and become more competent doctors.

In a similar way, the training programmes for specialists and family physicians are being made more structured, so as to further enhance and assure the quality of training.

CONTINUING MEDICAL EDUCATION (CME)

It would be derelict of our duty to our patients to avoid the issue of CME. The public expects all practising medical practitioners to update themselves. In a compact society, such as in Singapore, it is not too difficult to update oneself through reading journals, surfing the Internet, attending lectures, seminars, workshops and ward rounds.

With the implementation of the SMC Online CME System in the year 2000, about 2,400 (42%) of our 5,600 fully and conditionally registered doctors achieved the recommended 25 voluntary CME points

The SMC Online CME System facilitates the participation of all registered medical practitioners in CME. Practitioners are able to access an online calendar of local CME activities and also record their participation in certain types of activities. For those who need assistance during office hours, they could contact the SMC CME Secretariat

Helpdesk phone number which is available on the website.

As announced last year, the Medical Council is considering making CME compulsory in the year 2003. Over the past 2 years, the Medical Council has been working in close partnership with the Academy of Medicine, the College of Family Physicians Singapore and the Singapore Medical Association to develop comprehensive CME programmes which will meet the learning needs of specialists and general practitioners. This close collaboration will continue with the ultimate aim of supporting self-directed learning by doctors, which will be relevant to their individual areas of practice and which will contribute to continual improvements in clinical care.

ETHICS

The SMC Ethics Committee is reviewing and updating the SMC Code of Ethics to ensure that it remains relevant in the 21st Century. Key emerging areas which will be addressed in the revised guidelines include the use of the Internet for consultation, prescription and information about medical practitioners or hospitals.

In 1996, the State of Oregon, USA, allowed doctor-assisted suicide for terminally ill patients. In the same year, the Northern Territories, Australia,

enacted a similar law but it was revoked in 1997 by the federal parliament.

The SMC does not support the concept of doctor-assisted suicide. The Advance Medical Directive (AMD) Bill was passed in Parliament in 1996. The AMD Act, implemented in July 1997, provides the legal means for patients to continue to exercise autonomy over their medical treatment even when they are incompetent and in their final stages of illness. Patients may sign a directive to prevent doctors from over-treating them with life support measures during the last stages of a terminal illness. Unfortunately, Singaporeans are still averse to signing such a will. The general acceptance of AMD will take time and doctors have an important role to play in educating their patients about the AMD.

MEMBERS OF SINGAPORE MEDICAL COUNCIL

President

Clinical Prof N Balachandran
(till 2 Oct 2000)

Dr Lee Suan Yew
(from 3 Oct 2000)

Registrar

Dr Chen Ai Ju
(till 31 May 2000)

Prof Tan Chorh Chuan
(from 1 June 2000)

NUS Nominees

Prof Tan Chorh Chuan
(till 31 May 2000)

Prof Lee Eng Hin
(from 1 June 2000)

Prof Lee Hin Peng

Elected members

Dr Chan Heng Thye
Prof Chao Tzee Cheng
(till 21 Feb 2000)

Clinical Assoc Prof Ho Nai Kiong
(from 21 Nov 2000)

Clinical Assoc Prof Lim Lean Huat

Dr Tan Chi Chiu

Dr Tan Kok Soo

Clinical Prof Tan Ser Kiat
(from 21 Nov 2000)

Dr Clarence Tan Tiong Tee

Dr Wong Poi Kwong

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 Chorn Chuan (Registrar),
Dr Lee Suan Yew (President), Dr Kwa Soon Bee, Clinical Prof Low Cheng Hock,
Clinical Assoc Prof Lim Lean Huat
- Standing from left to right : Dr Tan Kok Soo, Clinical Prof Tan Ser Kiat, Dr Clarence Tan, Dr Tan Chi Chiu,
Dr Tan Hooi Hwa, Dr Chan Heng Thye, Clinical Associate Prof Ho Nai Kiong,
Prof Lee Hin Peng
- Absent : Dr Yap Lip Kee, Dr Wong Poi Kwong

MEDICAL REGISTRATION / SPECIALIST REGISTRATION

Medical Registration

As at 31 Dec 2000, a total of 5577 medical practitioners were fully or conditionally registered in Singapore. As compared to 1999, this represents an increase of 252 medical practitioners resulting in a doctor to population ratio of about 1: 720.

In 2000, the Credentials Committee considered 736 applications for registration and 709 were registered. Of those registered, 302 were medical graduates of the National University of Singapore and 407 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 2000, 170 medical practitioners were granted full registration, 114 conditional registration, 173 provisional registration and 252 temporary registration. Thirty two applicants who were on conditional registration were granted full registration in 2000. The number of medical practitioners granted full registration fell slightly while the number granted conditional registration increased slightly as compared to 1999.

Among the 252 medical practitioners granted temporary registration in 2000, 110 were experts invited by hospitals and medical organisations to provide short-term training and consultancy. Twenty three were medical practitioners employed by hospitals or clinics on a short-term basis. Five were appointed as clinical research fellows, 108 were foreign practitioners who sought postgraduate training in Singapore and the remaining 6 practitioners were here for other purposes.

There were 49 medical practitioners de-registered due to various reasons such as retirement, working or studying overseas. Seventeen medical practitioners were restored to the Medical Register when they returned to resume practice in Singapore.

Specialist Registration

As at 31 Dec 2000, there were 1819 doctors registered as specialists on the Specialist Register. The number of specialists had increased by 135 compared to 1999. Specialists form 32.6% of the total of 5577 medical practitioners in Singapore. The numbers of registered specialists in various specialities are in Table 3.

Table 1 : Number of Medical Practitioners Registered in 2000

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	137	9	146	23	1	24	160	10	170
Conditional Registration	-	-	-	35	79	114	35	79	114
Provisional Registration	156	-	156	-	17	17	156	17	173
Temporary Registration	-	-	-	2	250	252	2	250	252

Table 2 : Number of Medical Practitioners Registered 1998 – 2000

Type of Registration	1998	1999	2000
Full Registration	185	189	170
Local Degree	146	146	146
Foreign Degree	39	43	24
Conditional Registration	100	103	114
Local Degree	-	-	-
Foreign Degree	100	103	114
Provisional Registration	202	190	173
Local Degree	144	146	156
Foreign Degree	58	44	17
Temporary Registration	168	160	252
Local Degree	-	-	-
Foreign Degree	168	160	252

**Table 3: Number of Specialists Registered with the
Singapore Medical Council as at 31 Dec 2000**

No.	Specialities	Public Sector	Private Sector	No. of Specialists Registered as at 31 Dec 2000
1	Anaesthesiology	93	73	166
2	Cardiology	37	31	68
3	Cardiothoracic Surgery	10	11	21
4	Dermatology	20	24	44
5	Diagnostic Radiology	54	34	88
6	Emergency Medicine	21	0	21
7	Endocrinology	23	10	33
8	Gastroenterology	24	19	43
9	General Surgery	66	60	126
10	Geriatric Medicine	14	3	17
11	Haematology	14	7	21
12	Hand Surgery	7	0	7
13	Infectious Disease	9	2	11
14	Internal Medicine	16	29	45
15	Medical Oncology	15	8	23
16	Neurology	26	10	36
17	Neurosurgery	14	7	21
18	Nuclear Medicine	4	2	6
19	Obstetrics & Gynaecology	81	144	225
20	Occupational Medicine	13	15	28
21	Ophthalmology	46	40	86
22	Orthopaedic Surgery	56	30	86
23	Otorhinolaryngology/ ENT Surgery	30	25	55
24	Paediatric Medicine	66	90	156
25	Paediatric Surgery	9	2	11
26	Pathology	60	12	72
27	Plastic Surgery	10	14	24
28	Psychiatry	51	35	86
29	Public Health Medicine	43	17	60
30	Rehabilitation Medicine	9	2	11
31	Renal Medicine	12	13	25
32	Respiratory Medicine	30	12	42
33	Rheumatology	12	3	15
34	Therapeutic Radiology	10	1	11
35	Urology	18	11	29
Total		1023	796	1819

COMPLAINTS LODGED WITH THE COUNCIL

Preamble

The new Medical Registration Act came into operation on 3 April 1998. Under the new Act, a Complaints Panel consisting of Council members, medical practitioners of at least 10 years' standing who are not Council members, and lay persons was appointed.

Complaints received under the new Act are considered by the Complaints Committee, which draw their members from the Complaints Panel. Each Complaints Committee comprises:

- (a) a chairman, who is a member of the Complaints Panel and a member of the Medical Council;
- (b) a member of the Complaints Panel who is a member of the Medical Council;
- (c) a member of the Complaints Panel who is a registered medical practitioner but not a member of the Medical Council; and
- (d) a member of the Complaints Panel who is a lay person.

The functions of a Complaints Committee is to investigate into a complaint made against a medical

practitioner or into any information received by the Medical Council concerning the character or fitness of any medical practitioner. Section 41 (1) of the Act states that a Complaints Committee shall inquire into any complaint or information, and upon completion of its inquiry, it shall, if it is of the view that no formal inquiry by a Disciplinary Committee is necessary –

- (a) order that the registered medical practitioner be issued with a letter of advice;
- (b) order that the registered medical practitioner be warned;
- (c) order that the complaint or matter be dismissed; or
- (d) make such order as it thinks fit.

If the Complaints Committee is of the view that a formal inquiry is necessary, the Medical Council shall forthwith appoint a Disciplinary Committee to hear and investigate the complaint or matter. If the matter touches upon the physical or mental fitness of a medical practitioner to practise medicine, then the matter is referred to a Health Committee.

Complaints Received

The Medical Council received 60 complaints against doctors during the year compared to 45 complaints in 1999, 55 in 1998, and 57 in 1997 (see Table 4). The nature of the complaints is listed in Table 5.

Out of the 74 cases considered during the year (including the 14 complaints carried forward from 1999), 30 were dismissed. Nine medical practitioners were issued letters of advice and 4 were issued letters of warning. Three complaints were subsequently withdrawn by the complainants. Eleven cases were referred for disciplinary inquiry. Seventeen cases were adjourned to 2001.

The ratio of complaints per 1000 doctors had increased slightly compared to 1999, from 8.5 to 10.7 per 1000 doctors (or 10.2 per 1000 doctors if the 3 withdrawn complaints were taken into consideration). The ratio is the same as in 1998.

The pattern of complaints remained much the same, with a majority alleging professional negligence or misdiagnosis. Most of these allegations needed 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.

A number of complaints were related to the alleged lack of sensitivity or the poor attitude of the medical practitioner.

**Table 4 : Complaints Received by the Singapore Medical Council
1990 - 2000**

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

Table 5: Complaints Considered by Complaints Committees in Year 2000

Nature of Complaint	Complaints carried over from 1999	Complaints received in 2000	OUTCOME					
			No Formal Inquiry			Withdrawn	Referred for Disciplinary Inquiry	Adjourned to 2001
			Dismissed	Letter of Advice Issued	Letter of Warning Issued			
Professional negligence / Incompetence	3	18	10	2		1	1	7
Misdiagnosis	4	7	9	1	1			
Over / Unnecessary / Inappropriate treatment		6	1	2	1		1	1
Failure to detect pregnancy		5	1				3	1
Outrage of modesty	1	2					2	1
Delay in giving treatment	1	2		2	1			
Overcharging of fees		1						1
Breach of professional confidence		1	1					
Allowing an unregistered person to practise in clinic		1					1	
Failure to carry out appropriate tests		2	1					1
Prescribing medication without examination		1		1				
Assaulting patient	1						1	
Sexual relationship with patient	1						1	
Other Complaints	3	14	7	1	1	2	1	5
Total	14	60	30	9	4	3	11	17

DISCIPLINARY INQUIRIES HELD IN 2000

There were 7 cases of disciplinary inquiry completed in 2000 under the Medical Registration Act 1997. A brief account of each case is given below.

Overcharging

Case 1:

A medical practitioner was charged for grossly overcharging his patient various sums totalling \$43,400 for medical services rendered.

The Disciplinary Committee acquitted the medical practitioner of the charge as there was insufficient evidence adduced for a conviction.

Failure to detect pregnancy in a foreign domestic worker

Case 2:

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

The Disciplinary Committee was of the view that the medical report given by a medical practitioner must be true and accurate in all material particulars. A medical practitioner could not evade responsibility by claiming to have been deceived into examining the wrong person.

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 3:

The medical practitioner pleaded guilty to acting in serious disregard of his professional responsibilities by certifying to the Work Permit Department that the pregnancy screening was negative for one foreign domestic worker, when in fact, she was in an advanced state of pregnancy when he examined her.

The Disciplinary Committee was of the view that the medical practitioner's conduct was a dereliction of his professional obligation to ensure that what he certified to the Work Permit Department was accurate.

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.

Conviction under the Medicines Act

Case 4:

The medical practitioner was found guilty for importing drugs without a licence under section 5(2) of the Medicines Act. The Disciplinary Committee was of the view that as a medical practitioner with many years' experience, it was inexcusable that he was not aware of the licensing requirements in force in Singapore. Although it may well be that the medical practitioner had asked his friend to buy the drugs for him, the responsibility of compliance with the law rested with him.

The medical practitioner was censured and ordered to pay the costs of the proceedings against him.

Professional Negligence

Case 5:

The medical practitioner was charged that between 13 Jan 98 and 7 Aug 98, he had performed a total of 5 surgical procedures on the left eye of his patient, without any proper regard to whether the procedures were appropriate and/or his patient's personal safety.

The Disciplinary Committee was not satisfied that the charge had been proved and acquitted the doctor.

The medical practitioner was however advised that having carried out 2 operative procedures on the patient's left eye, it would have been prudent on his part to have sought a second opinion before attempting any further procedures.

Case 6:

The medical practitioner was charged for acting in serious disregard of his professional responsibilities by failing to provide proper treatment to a child with a history of fever and cough for about a week. The parents had brought the child to see 2 other doctors without improvement. The medical practitioner prescribed medicines for fever, cough mixture and antibiotics. The child died two days later. The cause of death was certified as bronchopneumonia with left empyema, following an autopsy.

The Disciplinary Committee noted that the medical practitioner had recorded in his clinical notes that the child's heart and lungs were clear when he examined him. The medical practitioner diagnosed the patient as having upper respiratory tract infection. Both the prosecution's and defence's experts concurred that fulminant pneumonia could take a rapid course. It

was also possible that clinical signs in the lower respiratory tract could have been minimal at the time when the medical practitioner examined the child.

The Disciplinary Committee acquitted the medical practitioner of the charge as the opinions of both the prosecution's and defence's experts did not support a case of professional misconduct.

Unnecessary/ Inappropriate Treatment

Case 7:

The medical practitioner pleaded guilty to a re-amended charge of acting in serious disregard of his professional responsibilities by administering 26 injections to one of his patients, a medicinal product, Placenta Histolystum Pro Injctione, which was not registered under the Medicines Act (Cap 176) and without proper medical grounds.

The Disciplinary Committee took a serious view of the medical practitioner's conduct in that he administered injections of an unregistered product without proper medical grounds. The Committee felt that the practice of using medicinal products from unknown or unlicensed sources will expose members of the public to danger and harm, as the safety, efficacy and quality of such products have not been assessed by the Ministry of Health.

The medical practitioner was censured, fined and ordered to give an undertaking not to repeat the offence.

HEALTH COMMITTEE INQUIRY HELD IN 2000

The Council convened a Health Committee to inquire into a medical practitioner's fitness to practise.

The Health Committee concluded that the medical practitioner's psychiatric problem had resulted in his fitness to practise to be impaired. However, as the treatment that the medical practitioner had received had brought about a remission of his condition, the Health Committee recommended that he be registered conditional on his receiving regular treatment by a psychiatrist, and that he be only allowed to work in the primary

care area under the supervision of a fully registered medical practitioner. Both the psychiatrist and supervisory medical practitioner were requested to report on the medical practitioner's medical condition every 3 months, or earlier, if necessary.

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