



SINGAPORE MEDICAL COUNCIL

**Annual Report
2008**

SINGAPORE MEDICAL COUNCIL

ANNUAL REPORT 2008

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President's Foreword

The Singapore Medical Council (SMC) continued to have a busy year under the able leadership of Prof Raj Nambiar till the last quarter of 2008 when I took over the reins of the Council. Compared to 2007, the total number of doctors as at 31 Dec 2008 registered a net increase of 457, and the number of specialists had increased by 181. There are also increasing numbers of doctors with conditional and provisional registration, and many are foreign degree holders.

The types of registration granted by the SMC are (a) Full Registration; (b) Conditional Registration; (c) Temporary Registration; and (d) Provisional Registration. Doctors granted registration types apart from full registration would be required to practise under supervision. Besides the supervisor's assessment of the doctor's performance, selected assessors would be requested to rate these doctors using the multi-rater assessment scheme by the SMC.

Medical Registration

The Council has reinforced its supervisory framework for conditional/temporary registrants from Jan/Feb 2008 to ensure that patients' safety and high professional standards are safeguarded and upheld.

It has introduced 2 levels of supervision, i.e. Level 1 and Level 2 supervision for these doctors. Level 1 supervision will be more intensive and Level 2 supervision will be less intensive, provided assessment reports are good.

It also introduced a period of intensive supervision (at onset of the doctor's initial period of registration for 3 months).

With the cessation of temporary registration for service provision in Dec 2007, the SMC continues to grant temporary registration for training either as a Clinical Fellow or Clinical Observer. However, the training

programmes for such doctors will be subjected to SMC's accreditation. Successful programmes will be accredited for up to 5 years following which re-accreditation is required.

On the whole, medical registration has increased gradually since 2000. The increase in medical manpower is going to be necessary for the newer hospitals that have been planned, or are being planned, for Singapore, as well as for the aging population.

The Physician's Affirmation Pledge Ceremony was held on 17th May 2008 at the Yong Siew Toh Music Conservatory of the National University of Singapore.

Complaints and Disciplinary Proceedings

The number of medical complaints has increased, and steps are being taken to speed up the process of hearing and hasten resolution of these matters. Last year, there were 138 complaints (16.2 complaints per 1000 doctors). The number of cases still pending and connected with inappropriate

prescription of drugs such as benzodiazepines remains disturbingly high.

Medical practitioners should take note of the indications for prescription of benzodiazepines in the updated guidelines on the subject and pay attention to good record keeping, referring their patients for specialist advice where indicated. Some of the other complaints concerned wrong dosage of medication given, or the lack of consent for a procedure. More details are in this report.

Continuing Medical Education

The Continuing Medical Education (CME) system has served us well over the past years. That 98.5% of our doctors met the CME requirement attests to the fact that our doctors are taking the need for continuing medical education seriously to enhance their competency and skills for medical practice. What is of concern is that there are still 94 doctors not meeting the target in spite of the large number of CME activities available locally. A large number of credit claims for CME points were approved.

Study Trip

Our Director of Medical Services (also Registrar of the SMC) led a 4-day study delegation to Australia and New Zealand to learn from our counterparts how to investigate, and to carry out disciplinary and rehabilitative procedures. The lessons learnt will help us in the revision of the Medical Registration Act.

Council Members

The Council noted the completion of term of Dr Richard Guan, A/Prof Gilbert Chiang and Dr T. Thirumoorthy, and would like to thank them for their valuable contribution. And also a special vote of thanks to Prof Raj Nambiar.

The appointments of Prof Ho Lai Yun and Dr Lim Cheok Peng as Council members were further extended for another 3 years till 31 August 2011. A/Prof Chin Jing Jih was also appointed as a Council member on 4 September 2008, and the Council is privileged to have them in our deliberations.

Election

An election was proposed to be held to fill 6 positions in the SMC. At the close of the nomination period, we received a total of 6 nominations. As the number of nominations received was equal to the number of vacancies available, the nominees were declared duly elected to serve for a term of office for 3 years with effect from 19 May 2008.

Audit Inspections

Two rounds of audit inspections were conducted in 2008 to check for compliance with SMC's supervisory framework. The 2 rounds of audits involved 4 institutions and 8 departments. The audit team comprised SMC members and senior doctors from both the public and private sectors.

From the findings made, it is hoped that hospitals can provide a more in-depth orientation programme for new doctors and clearer documentation of a doctor's performance. Institutions will be advised on areas of deficiency for improvement.

Aesthetic Practice

Since 1 November 2008, a framework and guidelines for aesthetic practice were implemented. Aesthetic treatment and procedures based on currently available scientific evidence are classified into:-

List A - Moderate to high level of evidence and/or local medical expert consensus that procedure is well-established and acceptable.

List B - Low or very low level of evidence and/or local medical expert consensus that procedure is neither well-established nor acceptable.

List A invasive procedures are to be performed only by doctors who have the appropriate training from 1 November 2008. The minimum level of competence required of doctors in List A was also defined. List B procedures are to be performed by doctors listed with the Aesthetic Practice Oversight Committee.

A doctor must continue to ensure that he/she practises in the best interest of his/her patients and that any procedure is clinically justifiable if challenged. It is recommended that doctors who have been performing aesthetic procedures have appropriate medical malpractice insurance to safeguard patients' interests.

Secretariat

With the increasing workload generated by the larger number of doctors, complaints and disciplinary matters, meetings etc., the SMC secretariat was reorganised with the appointment of 2 Executive Secretaries, Dr Lau Hong Choon and Dr Tan Chor Hiang.

PROF ONG YONG YAU
PRESIDENT

Members Of The Singapore Medical Council 2008

President *Prof Ong Yong Yau (with effect from 4 September 08)*
Clinical Prof R Nambiar (until 3 September 08)

Registrar *Prof K Satku*

NUS Nominees *Prof Robert Pho Wan Cheng*
Prof John Wong Eu Li

Elected Members *Dr Chua Boon Ling*
Prof Ng Han Seong
Dr Wilmot Rasanayagam
A/Prof Siow Jin Keat
Dr Tan Chi Chiu
Dr Tan Kok Soo
Clinical Prof Tay Boon Keng
Dr Wong Sin Yew
Dr Wong Yue Sie

Appointed Members *A/Prof Chin Jing Jih*
Prof Ho Lai Yun
Dr Lim Cheok Peng
A/Prof Ong Biau Chi
A/Prof Benjamin Ong
Prof Walter Tan Tiang Lee



Names of Council Members (photo taken in May 2008)

(L-R): Dr Wong Sin Yew, Clinical Prof Tay Boon Keng, Prof Walter Tan Tiang Lee, Prof K Satku (Registrar), Clinical Prof R Nambiar (President until 3 September 2008), Dr Tan Kok Soo, A/Prof Siow Jin Keat, A/Prof Ong Biauww Chi, Dr Lim Cheok Peng

Absent: Prof Ong Yong Yau (President with effect from 4 September 2008), Prof John Wong Eu Li, Prof Robert Pho Wan Cheng, Dr Chua Boon Ling, Prof Ng Han Seong, Dr Wilmot Rasanayagam, Dr Tan Chi Chiu, Dr Wong Yue Sie, A/Prof Chin Jing Jih, Prof Ho Lai Yun, A/Prof Benjamin Ong

Other Members Of The Singapore Medical Council 2008

Prof Ong Yong Yau



Prof John Wong



Prof Robert Pho



A/Prof Chin Jing Jih



Prof Ng Han Seong



Prof Ho Lai Yun



Dr Chua Boon Ling



A/Prof Benjamin Ong



Dr Tan Chi Chiu



Dr Wong Yue Sie



Dr Wilmot Rasanayagam



Medical Registration / Specialist Registration

Medical Registration

As at 31 Dec 2008, a total of 7841 medical practitioners were fully or conditionally registered in Singapore, resulting in a doctor to population ratio of 1:620.

In 2008, the Credentials Committee considered 1404 applications for registration. 1248 medical practitioners were registered, of whom 100 were previously on conditional registration and, 27 on temporary registration. The breakdown of the registration granted is given in Table 1.

Of the 300 on provisional registration, 232 were NUS medical graduates and, 68 were graduates from foreign universities granted medical registration to undergo housemanship training in public hospitals and institutions for one year.

Among the 242 foreign-trained, medical practitioners granted temporary registration, 44 were employed to work under supervision on short-term basis in public hospitals or institutions. The remaining 127 were foreign practitioners accepted for postgraduate training in Singapore, of which 101 were trained as Clinical Fellows and 26 as Clinical Observers. 73* visiting experts were invited by the hospitals and medical

organisations to provide short-term training and consultancy.

There were 163 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 2008. 15 medical practitioners were restored to the Medical Register when they resumed practice in Singapore.

The total number of doctors as at 31 Dec 2008 registered a net increase of 457 doctors, compared to 2007.

Specialist Registration

As at 31 Dec 2008, there were 2962 doctors registered as specialists on the Register of Specialists. The number of specialists had increased by 181 (6.51%), compared to 2007. They also represented 37.78% of the 7841 medical practitioners registered in Singapore. The numbers of registered specialists in the various specialities are in Table 5-1. Table 6-1 shows the trends in specialist's registration. The numbers from Year 2000 to Year 2008 were the cumulative total as at 31 December of each year.

*: Including 29 doctors who were registered previously.

Table 1: New Medical Registration by Registration Type as at 31 December 2008

Registration Types	New Applications for Registration in 2008:	Doctors from Provisional Register:	Doctors from Temporary Register:	Doctors from Conditional Register:	Total
Full	-	222	-	98	320
Conditional	288	69	27	-	384
Provisional	300	-	-	-	300
Temporary	213	-	29	2	244
Total	801	291	56	100	1248

Table 2: New Medical Registrations by Citizenship and Training# in 2008

Registration Types	Local - Trained		Foreign - Trained		Sub-Total		Total
	Local	Foreigner	Local	Foreigner	Local	Foreigner	
Full (from P to F)	203	19	-	-	203	19	222
Full (from C to F)	1	-	14	83	15	83	98
Conditional (New)	-	1	30	257	30	258	288
Conditional (from P to C)	2	-	24	43	26	43	69
Conditional (from T to C)	-	-	3	24	3	24	27
Provisional (New)	209	23	22	46	231	69	300
Temporary (New)	-	-	1	212	1	212	213
Temporary (Visiting experts-existing)	-	-	-	29	-	29	29
Temporary (from C to T)	-	-	-	2	-	2	2
Total	415	43	94	696	509	739	1248

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

Registration Types	2000	2001	2002	2003	2004	2005	2006	2007	2008
Full Registration	170	215	156	182	201	203	220	232	222
NUS Degree	146	153	146	175	193	195	206	230	222
Foreign Degree	24	62	10	7	8	8	14	2	0
Conditional Registration	114	146	121	128	114	112	158	275	357
NUS Degree	-	1	-	1	-	1	-	1	3
Foreign Degree	114	145	121	127	114	111	158	274	354
Provisional Registration	173	173	187	213	239	265	280	303	300
NUS Degree	156	144	175	195	197	210	229	226	232
Foreign Degree	17	29	12	18	42	55	51	77	68
Temporary Registration	252	193	334	256	345	342	355	352	215
Foreign Degree	252	193	334	256	345	342	355	352	215
Total	709	727	798	779	899	922	1013	1162	1094

Table 4: New Conditional Registrants by Place of Training# in 2008

Conditional Registration	Local Trained		Foreign Trained		Subtotal		Total
	Local	Foreigner	Local	Foreigner	Local	Foreigner	
Non Specialist	0	1	26	229	26	230	256
Specialist	0	0	4	28	4	28	32
Total	0	1	30	257	30	258	288

Note: F = Full Registration C = Conditional Registration # Training categorised by basic qualification.
P = Provisional Registration T = Temporary Registration

Table 5: Total Number of Specialists By Year (as at December)

Employment Sector	2000	2001	2002	2003	2004	2005	2006	2007	2008	Comparison (Net Increase %)	
										2007 & 2008	2000 & 2008
										Public	1023
Private	796	855	904	949	1014	1076	1097	1164	1190	2.2	49.5
Total (as at 31 December)	1819	1930	2088	2224	2367	2511	2654	2781	2962	6.5	62.8

Table 5-1: Specialist Registration by Specialities as at 31 December 2008

No.	Specialities	Public Sector	Private Sector	Total	Ratio in %	
					Public	Private
1	Anaesthesiology	165	112	277	60	40
2	Cardiology	73	47 (1)	120	61	39
3	Cardiothoracic Surgery	18	11	29	62	38
4	Dermatology	32	38	70	46	54
5	Diagnostic Radiology	114 (1)	55	169	67	33
6	Emergency Medicine	61	7	68	90	10
7	Endocrinology	41	19 (1)	60	68	32
8	Gastroenterology	43 (2)	31	74	58	42
9	General Surgery	115	88	203	57	43
10	Geriatric Medicine	41	6	47	87	13
11	Haematology	24	9	33	73	27
12	Hand Surgery	14	5	19	74	26
13	Infectious Diseases	28 (1)	5	33	85	15
14	Internal Medicine	42 (1)	31	73	58	42
15	Medical Oncology	40	21 (1)	61	66	34
16	Neurology	43	16	59	73	27
17	Neurosurgery	14	13	27	52	48
18	Nuclear Medicine	9	4	13	69	31
19	Obstetrics & Gynaecology	83	191	274	30	70
20	Occupational Medicine	12	20	32	38	63
21	Ophthalmology	103	49	152	68	32
22	Orthopaedic Surgery	87	53	140	62	38
23	Otorhinolaryngology / ENT Surgery	35	40	75	47	53
24	Paediatric Medicine	109	123	232	47	53
25	Paediatric Surgery	10	5	15	67	33
26	Pathology	85	21	106	80	20
27	Plastic Surgery	17	22	39	44	56
28	Psychiatry	75	47	122	61	39
29	Public Health	63	26	89	71	29
30	Radiation Oncology	25	5	30	83	17
31	Rehabilitation Medicine	19	5	24	79	21
32	Renal Medicine	27	15	42	64	36
33	Respiratory Medicine	50	20	70	71	29
34	Rheumatology	22 (1)	6 (1)	28	79	21
35	Urology	33	24	57	58	42
	Total	1772	1190	2962	60	40

() denotes number of doctors with dual specialities

Table 6: Total Number of Doctors# on Register (by Year)

Year	Specialist	Non-Specialist	Total (as at December of the Year)
2000	1819	3758	5577
2001	1930	3992	5922
2002	2088	3941	6029
2003	2224	4068	6292
2004	2367	4125	6492
2005	2511	4237	6748
2006	2654	4277	6931
2007	2781	4603	7384
2008	2962	4879	7841

Only Full & Conditional registrants included

Table 6-1: Total Number of Specialists By Specialities By Year (as at December)

No.	Specialities / Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	Comparison (Net Increase %)	
											2007 & 2008	2000 & 2008
1	Emergency Medicine	21	24	30	34	41	52	56	58	68	17.2	223.8
2	Infectious Disease	11	13	14	16	18	25	27	28	33	17.9	200.0
3	Geriatric Medicine	17	22	23	32	35	38	43	43	47	9.3	176.5
4	Radiation Oncology	11	17	17	18	20	21	25	29	30	3.4	172.7
5	Hand Surgery	7	7	8	9	10	12	15	17	19	11.8	171.4
6	Medical Oncology	23	27	31	37	43	47	52	54	62	14.8	169.6
7	Rehabilitation Medicine	11	11	12	13	15	16	20	22	24	9.1	118.2
8	Nuclear Medicine	6	6	9	10	10	14	15	15	13	(13.3)	116.7
9	Urology	29	33	37	38	43	48	51	53	57	7.5	96.6
10	Diagnostic Radiology	88	97	111	118	128	135	142	152	169	11.2	92.0
11	Rheumatology	15	14	19	19	22	25	25	28	28	0.0	86.7
12	Endocrinology	33	34	37	41	46	47	52	56	60	7.1	81.8
13	Ophthalmology	86	90	96	108	117	125	130	137	152	10.9	76.7
14	Cardiology	68	72	77	83	89	98	108	111	120	8.1	76.5
15	Gastroenterology	43	46	52	54	58	58	61	66	74	12.1	72.1
16	Renal Medicine	25	24	29	33	34	34	37	40	42	5.0	68.0
17	Anaesthesiology	166	173	196	203	211	224	250	262	277	5.7	66.9
18	Respiratory Medicine	42	46	49	53	58	63	66	67	70	4.5	66.7
19	Neurology	36	37	45	47	47	50	53	58	59	1.7	63.9
20	Orthopaedic Surgery	86	92	98	103	111	119	127	134	140	4.5	62.8
21	Plastic Surgery	24	26	30	30	31	32	32	34	39	14.7	62.5
22	General Surgery	126	128	133	150	156	165	179	192	203	5.7	61.1
23	Internal Medicine	45	46	52	55	58	60	58	66	72	9.1	60.0
24	Dermatology	44	47	48	48	55	60	63	66	70	6.1	59.1
25	Haematology	21	24	25	30	30	30	31	31	33	6.5	57.1
26	Paediatric Medicine	156	169	181	184	193	207	212	224	232	3.6	48.7
27	Public Health Medicine	60	67	67	67	71	74	76	81	89	9.9	48.3
28	Pathology	72	69	74	84	88	93	98	98	106	8.2	47.2
29	Psychiatry	86	92	95	97	105	108	111	114	122	7.0	41.9
30	Cardiothoracic Surgery	21	23	25	26	26	27	30	30	29	(3.3)	38.1
31	Otorhinolaryngology / ENT Surgery	55	58	63	65	66	68	70	73	75	2.7	36.4
32	Paediatric Surgery	11	11	12	13	13	13	12	13	15	15.4	36.4
33	Neurosurgery	21	23	23	23	25	26	28	28	27	(3.6)	28.6
34	Obstetrics & Gynaecology	225	233	241	253	262	265	267	268	274	2.2	21.8
35	Occupational Medicine	28	29	29	30	32	32	32	33	32	(3.0)	14.3
Total		1819	1930	2088	2224	2367	2511	2654	2781	2962	6.5	62.8

Continuing Medical Education

2008 / 2007 – 2008 Qualifying Periods

Since compulsory CME was introduced in 2003, the majority of doctors have fulfilled their CME requirements in the last 4 CME cycles. This year, out of a total of 5,806 doctors whose CME Qualifying Periods (QPs) ended on 31 December 2008 (i.e. for practising certificates expiring anytime in 2009), 5,720 or 98.5% met the CME requirement (see Table 1).

Out of the 86 doctors who did not meet the CME requirements, 43 have informed the Council that they intend to renew their practising certificates while 13 of these doctors do not intend to renew their practising certificates (see Table 2). The remaining 30 have not responded to Council as at time of Report.

Number of Processed Applications and Credit Claims for 2008

In 2008, SMC processed a total of 27,505 accreditation applications and credit claims ranging from Categories

1A, 1B, 1C, 2, 3A and 3B, out of which 26,438 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	Number of Doctors who did not meet Requirements
2-Year QP (2007-2008)	5,615	84
1-Year QP (2008)	105	2
Total	5,720	86

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	42
	Do not Intend to Renew	13
	No Response	29
1-Year QP (2007)	Intends to Renew	1
	Do not Intend to Renew	0
	No Response	1
Total		86

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

Category	Approved	Rejected	Total
1A	767	26	844
1B	1,877	140	2,064
1C	2,432	342	2,822
2	1,022	34	1,081
3A	10,022	62	10,191
3B	10,318	146	10,503
Total	26,438	750	27,505

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 138 complaints against 156 doctors in 2008 compared to 115 complaints in year 2007 and, 81 complaints in 2006 (see Table 1). This was a significant increase of 20% in complaints from the year 2007 to 2008. 2008 also saw an increase in the rate of complaints (complaints per 1000 doctors) relative to 2007 (the rate in 2007 had already risen by 4 per 1000 over 2006).

Of the 144 complaints considered during the year, including 82

carried over from 2007, 27 medical practitioners were referred for disciplinary inquiries and 1 was referred for a health inquiry. 22 medical practitioners were issued letters of warning and, 40 were issued letters of advice. 54 complaints were dismissed. 76 complaints were adjourned to 2009.

The complaints mainly concerned alleged excessive / inappropriate prescription of drugs and competence issues (see Table 2).

Table 1: Complaints Received by the Singapore Medical Council 2004-2008

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
2008**	138	8510	16.2

* Figures based on F and C-reg doctors

** Figures based on F, C, P & T-reg doctors

Table 2: Complaints Considered by Complaints Committees in 2008

Nature of Complaint	Complaints carried over from 2007	Complaints received in 2008	OUTCOME						
			No Formal Inquiry				Referred to a Disciplinary Committee (DC)	Referred to a Health Committee (HC)	Adjourned to 2009
			Withdrawn	No further action	Letter of Advice Issued	Letter of Warning			
Professional Negligence/ Incompetence	18	39		17	10	3	3		24
Misdiagnosis	5	4		4	3				2
Over/ Unnecessary/ Inappropriate treatment	3	13			5	2	2		7
Excessive/ Inappropriate prescription of drugs	19	22		3	3	8	13		14
No informed consent	4	4		4	2				2
False/ Misleading certification	2	0		1		1			0
Refusal to provide emergency attention	0	1			1				0
Providing false information	1	4		1	1				3
Delay in treatment	1	0		1					0
Breach of SMC Code of Ethics	13	6		1	5	3	7		3
Conviction in court	1	1				1		1	0
Other Complaints	10	30		13	8	3	2		14
Outrage of Modesty/ Sexual relationship with patient	0	1							1
Rudeness/Attitude/ Communication issues	5	12		9	2	1			5
Overcharging	0	1							1
Total	82	138	0	54	40	22	27	1	76
			0%	24.5%	18.2%	10%	12.3%	0.5%	34.5%

Disciplinary Inquiries

There were 12 disciplinary inquiries, 1 health inquiry and 1 appeal which were heard in the High Court in 2008. A brief account of each case is given below:

Professional Negligence / Incompetence

Case 1:

The case concerned a prematurely delivered infant with extremely low birth weight who was admitted to the Neonatal Intensive Care Unit and received into the paediatrician's care. The practitioner noticed a possible squint in the left eye of the infant and referred the infant to a paediatric ophthalmologist for the first time about 7 months after the birth of the infant and 4½ months after the infant was discharged from the NICU. The infant was subsequently diagnosed by a paediatric ophthalmologist to be suffering from Stage 5 Retinopathy of Prematurity in the left eye (total retina detachment) and Stage 4 ROP in the right eye (partial retina detachment). The infant had no vision in the left eye and very low vision in the right eye.

The DC heard evidence from two medical experts on the long standing standard practice of referring a severely premature and extremely low birth weight baby for ROP screening. The medical experts stated that at the

relevant time, the standard practice was to refer such a baby within 4 to 6 weeks after birth or at 31 to 34 weeks of calculated gestation age, whichever is later. They opined that in the circumstances of this case, the practitioner should have referred the infant for ROP screening much earlier as is standard practice and not 5 months thereafter. Had the infant been referred much earlier, the loss of vision could have been prevented.

The DC was deeply concerned that the practitioner's defence rested on an assessment, which was possibly flawed, which ignored several clinical features of great significance. The DC found the practitioner's management contrary to what they would have expected of a Paediatrician managing a pre-term, extremely low birth weight neonate in Singapore at the time this patient was presented. The patient's handicap was severe as a result.

The practitioner was suspended from practice for a period of 3 months; censured; ordered to give a written undertaking to the Medical Council that he will not engage in the conduct complained of or, any similar conduct and to pay the costs and expenses of the incidental to these proceedings including the costs of the solicitors to the Council and the Legal Assessor.

Excessive / Inappropriate Prescription of Drugs (non-Subutex)

Case 2:

The doctor initially claimed trial to all 20 charges. However, he later pleaded guilty to 6 charges of failing to exercise due care in the management of his patients, having engaged in inappropriate prescribing practice by regularly prescribing benzodiazepines (Erimin, Dormicum, Nitrazepam, Midazolam and/or other drugs of similar nature) without exercising an acceptable standard of diligence and care.

After the first tranche of the inquiry, the Prosecution applied to the DC to withdraw 3 of the 14 remaining charges and, with regard to the remaining 11 charges, the doctor also pleaded guilty. Having heard the evidence for the charges, including the evidence from parties' respective experts, and having also considered the written and oral submissions of solicitors for both the Prosecution and the Respondent, the DC found the medical practitioner guilty of the 17 charges, in respect of inappropriate prescribing practice by regularly prescribing benzodiazepines to patients without exercising an acceptable standard of diligence and care.

In considering the proper sentence, the DC took into account the doctor's previous clean record during his practice. The DC also felt that the sentence meted out had to fit the gravity of the charges in order to uphold the integrity of the medical profession.

The practitioner was suspended from practice for a period of 12 months; fined \$8,000, censured, ordered to give a written undertaking to the Medical Council that he will not engage in the conduct complained of or any similar conduct and to pay the costs and expenses of the incidental to these proceedings including the costs of the solicitors to the Council and the Legal Assessor.

Case 3:

A general practitioner pleaded guilty to 16 charges of failing to exercise due care in the management of his patients in that he (i) engaged in inappropriate prescribing practice in the prescription of a benzodiazepine (Dormicum) to these 16 patients; and (ii) failed to properly record or document details of the patients' symptoms, medical conditions and diagnosis, and/or counselling with the patient (if any) and/or referral of the patients to specialist treatment (if any) in the case notes for the period of treatment.

The practitioner was suspended from medical practice for 3 months; fined the sum of \$2,000; censured; ordered to give a written undertaking to the Medical Council that he will not engage in the conduct complained of, or in any similar conduct and to pay the costs and expenses of and incidental to these proceedings, including the costs of the solicitor to the Council and the Legal Assessor.

Case 4:

A general practitioner pleaded guilty to 11 charges of professional

misconduct under Section 45(1)(d) of the Medical Registration Act (“MRA”) for failing to exercise due care in the management of his patients in that he (i) inappropriately prescribed hypnotic medication to these patients; and (ii) did not record or document in the said patients’ Patient Medical Records details or sufficient details of the patients’ diagnosis, symptoms and/or condition and/or any management plan such as to enable him to properly assess the medical condition of the patient over the period of treatment.

The practitioner was suspended from medical practice for 3 months; 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 and expenses of and, incidental to these proceedings, including the costs of the solicitor to the Medical Council and the Legal Assessor.

Case 5:

A medical practitioner pleaded guilty to 2 charges of professional misconduct under section 45(1)(d) of the MRA in relation to a patient.

The first charge was for (i) inappropriately prescribing the wrong dosage of 0.25 mg digoxin daily when she knew or ought to have known that the correct dosage was 0.0625 mg daily; (ii) failure to schedule the patient for review within 1 to 2 weeks despite the increase in the digoxin dosage prescribed at 0.25 mg daily to the Patient; (iii) failure to take

reasonable steps to ensure that 0.0625 mg digoxin per day was prescribed to the patient (she did not amend the prescription or issue a new prescription to the pharmacist or pharmacists before the digoxin was dispensed); (iv) failure to make any note of any verbal instructions to the pharmacy in the patient’s case notes in respect of the amended prescription and (v) making the wrong amendment or correction on the patient’s case notes from 0.25 mg to 0.625 mg even after discovering the error in her prescription.

The second charge was for failure to review the patient’s International Normalization Ratio (“INR”) in an expeditious and timely manner after increasing the patient’s dosage of warfarin.

The practitioner (who was temporarily-registered at the time of the alleged offence and no longer practising as a doctor) was fined the sum of \$3,000; censured; ordered to provide a written undertaking to the SMC that she will abstain in future from the conduct complained of or any similar conduct and, to pay the costs and expenses of and incidental to these proceedings, including the costs of the solicitor to the SMC and the Legal Assessor.

Case 6:

A general practitioner pleaded guilty to all 20 charges of professional misconduct under Section 45(1)(d) of the MRA in that he failed to exercise due care in the management of his patients in relation to the prescribing of Dormicum,

Erimin, Stilnox and Valium.

The practitioner was variously charged with inappropriate prescribing practice and/or failing to record or document the patients' symptoms and his diagnosis, and/or failing to refer the patient for specialist treatment, each charge involving the prescribing of one or more of the drugs.

The practitioner was suspended for a period of 3 months; fined a sum of \$2,000; censured; ordered to provide a written undertaking to the SMC that he will abstain in future from the conduct complained of or any similar conduct and to pay the costs and expenses of the disciplinary proceedings.

Excessive / Inappropriate Prescription of Drugs (Subutex and Benzodiazepines)

Case 7:

A medical practitioner contested the 38 charges of professional misconduct under Section 45(1) (d) of the MRA at the start of the inquiry. Of the 38 charges, 2 charges related to the prescription of hypnotic medication. The other 36 charges involved the prescription of Subutex (Buprenorphine). After the Prosecution had closed its case and midway through his defence, the practitioner pleaded guilty to all 38 charges.

The medical practitioner had failed to exercise due care in the management of 2 patients in the prescription of

hypnotic medication. He had not carried out, in sufficient detail, a proper assessment of the patients before he prescribed hypnotic medication. He also did not record or document in the said patients' Patient Medical Records, details or sufficient details of these patients' diagnosis, symptoms and/or condition and/or any management plan to justify the continued prescription of hypnotic medication over the period of treatment. The practitioner also failed to refer these patients to a medical specialist and/or psychiatrist for further assessment and/or management until after the Ministry of Health ("MOH"), Clinical Assurance and Audit ("CAA") Branch inspected his clinic.

The practitioner had failed to exercise due care in the management of his patients in the prescription of Subutex by not recording in the said patients' Patient Medical Records, details or sufficient details of these patients' diagnosis, symptoms and/or condition and/or any management plan to properly assess the medical condition of these patients over the period of treatment by the prescription of Subutex. He also did not refer the said 36 patients to a medical specialist and/or psychiatrist for further assessment and/or management until after MOH CAA Branch inspected his clinic or at all.

The practitioner was suspended from practice for a period of 3 months; fined the sum of \$4,000; censured; ordered to give a written undertaking to the Medical Council that he will not engage in the conduct complained of or any similar conduct and, to pay the

costs and expenses of the incidental to these proceedings, including the costs of the solicitors to the Council and the Legal Assessor.

Case 8:

A general practitioner pleaded guilty to 14 charges of professional misconduct under Section 45(1)(d) of the MRA in that he failed to exercise due care in the management of his patients. Of the 14 charges, 12 charges related to the dispensation of the drug Subutex (Buprenorphine) and, 2 charges related to the dispensation of various benzodiazepines.

The DC, in the course of its deliberations, noted that the practitioner had prescribed Subutex in combination with a benzodiazepine to 1 patient on one occasion. The concomitant use of Subutex and a benzodiazepine has been known to cause death in patients. In view of the potentiating effect, the Ministry of Health (“MOH”) had brought this to the notice of all registered medical practitioners by their Professional Circular No. 21/2005 dated 26 October 2005. He also prescribed Subutex for 2 patients on 28 August 2006 and 4 September 2006 respectively, after the cut-off date of 27 August 2006, in contravention of MOH’s Circular No. 27/2006 on “(1) Classification of Buprenorphine As a Class A Controlled Drug and (2) Voluntary Rehabilitation Program for Opiate Dependent Patients” which was issued to all registered medical practitioners on 8 August 2006 (“MOH Directive”). The MOH Directive prohibited registered medical practitioners

from prescribing Subutex to patients who did not sign up for the Subutex Voluntary Rehabilitation Programme (“SVRP”), Subutex being classified as a Controlled Drug with effect from 14 August 2006. He only carried out urinary tests for 6 of the 12 patients on Subutex after MOH’s Clinical Assurance and Audit Branch inspected his clinic and (iv) failed to carry out any urinary tests for 2 patients during their period of treatment.

The practitioner was suspended from medical practice for 6 months; fined the sum of \$5,000; 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 and expenses of and incidental to these proceedings, including the costs of the solicitor to the Medical Council and the Legal Assessor.

Excessive / Inappropriate Prescription of Drugs (Subutex)

Case 9:

A general practitioner pleaded guilty to 42 charges of professional misconduct under Section 45(1)(d) of the Medical Registration Act (“MRA”) in that he failed to exercise due care in the management of these patients.

Of the 42 charges, 41 charges related to the practitioner failing to exercise due care in the management of his patients in the prescription of Subutex. His breaches were that he failed to formulate any long term management plan for the treatment of the said

patient's medical condition. He failed to record or document in the patient's Patient Medical Records sufficient details of the patient's diagnosis, symptom and condition throughout the patient's period of treatment save for the initial consultation. He also failed to carry out an adequate assessment of the patient's medical condition over the period of treatment. The general practitioner also failed to refer the patient to a medical specialist for further assessment and management and only referred the patient to CAMP after the MOH HRD Branch inspected his clinic. The practitioner was also in breach of the relevant 26 Oct 2005 MOH Guidelines. For the remaining 1 patient, the practitioner failed to administer Subutex with direct visual supervision at the initial phase of therapy for the patient (a requirement under the MOH Guidelines).

The practitioner was suspended from medical practice for 3 months; fined the sum of \$2,000; censured; ordered to give a written undertaking to the Medical Council that he will not engage in the conduct complained of or any similar conduct; and pay the costs and expenses of the incidental to these proceedings including the costs of the solicitors to the Council and the Legal Assessor.

No Informed Consent

Case 10:

An ophthalmologist claimed trial to the following charges that he (i) recommended glaucoma drainage

surgery to his patient to reduce the high intraocular pressure in the right eye for the purposes of alleviating the pain and headaches when he knew or ought to have known that it was not the appropriate treatment; and (ii) did perform glaucoma drainage surgery on his patient without informing him of all treatment and surgical options available and without explaining to him all the risks, side-effects and nature of the surgery.

The DC was of the view that the practitioner's action, being a senior member of the medical profession, was a serious breach of professionalism.

The practitioner was fined the sum of \$7,000; censured; ordered to give a written undertaking to the Medical Council that he will not engage in the conduct complained of, or in any similar conduct; and pay the costs and expenses of and incidental to these proceedings, including the costs of the solicitor to the Council and the Legal Assessor.

Case 10's Appeal to the High Court

Subsequently the practitioner appealed against the decision of the DC before the High Court of 3 judges. The Court dismissed his appeal with cost. In their oral judgment, the Court stated their agreement of the standards the DC had upheld, and fully endorsed the findings and judgment of the DC. The Court also commended the SMC for ensuring that high standards of medical profession are maintained. The

DC was commended for making a firm stand on maintaining high standards in the medical profession and for the detailed grounds in the judgment.

Conviction in Court

Case 11:

A Gynaecologist was convicted in court of 6 charges in 2001 for failure to comply with the demand of the Comptroller of Income Tax to produce accounts of the company for the Years of Assessment 1994 to 1999. In 2004, the practitioner was also convicted in court of (i) 6 charges (for the second time) for failure to comply with the demand to produce accounts of the Company for the Years of Assessment 1994 to 1999; and (ii) 2 charges for failure to comply with the demand of the Comptroller to produce accounts for the Company for the Years of Assessment 2000 to 2001.

The practitioner faced charges of contravening Section 45(1)(b) of the MRA for the 14 offences of which she had been convicted in court. The DC also noted that she failed to appear in Court on the date of her convictions on or about 26 April 2004 and warrants for her arrests were issued. The question before the DC was whether the multiple convictions of the offences the practitioner had committed implied a defect in character which made her unfit for the medical profession. In the opinion of the DC, her multiple convictions of the offences considered together did imply a defect in character which made her

unfit for the medical profession. The DC therefore found her guilty of the charges relating to the 14 offences of which she had been convicted.

The Committee was of the view that this was not a case of “occasional instances of carelessness”. What was more serious was that she did not appear in Court to answer to the summons, and warrants for her arrest were issued. The practitioner’s persistent failures to comply with the requirement of the Comptroller were intentional and wilful. Her attitude was one of complete disregard for the due requirements of the law and her persistence over a period of years to ignore the requirements of the Comptroller reflected poorly on her professional attitude.

The practitioner was suspended from medical practice for 3 months; censured; ordered to give a written undertaking to the Medical Council that he will not engage in the conduct complained of or any similar conduct; and to pay the costs and expenses of the incidental to these proceedings including the costs of the solicitors to the Council and the Legal Assessor.

Outrage of Modesty / Sexual Relationship with Patient

Case 12:

A Gynaecologist pleaded guilty to the following charges: (i) improper conduct which brings disrepute to the medical profession by engaging in a sexual relationship with a patient and failing

to preserve the absolute confidence and trust of a doctor-patient relationship, acted in breach of Regulation 17 of the Medical Registration Regulations (MRR) read with Section 4.2.5.1 of the SMC's Ethical Code and Ethical Guidelines (ECEG); (ii) improper conduct which brings disrepute to the medical profession by tampering with and/or improperly causing inaccurate changes to be made to the biodata of a patient and thereby failing to keep medical records which were accurate, acted in breach of Regulation 17 of the MRR read with Section 4.1.2 of the SMC's ECEG; (iii) professional misconduct by failing to record or properly document details of the patient's visits, medical condition and results on medical examinations in the case notes for the period of treatment; and (iv) professional misconduct by failing to properly maintain patient confidentiality by improperly disclosing to a third party, confidential information relating to the treatment and care of 2 patients.

The DC noted that the practitioner's conduct transgressed the professional boundary between the doctor and his patient. The DC was of the view that the practitioner's action was a serious breach of professionalism and that the SMC had to send a clear signal to the profession that gross improper behaviour between a doctor and his patient cannot be tolerated.

Having regard to all the circumstances, the practitioner was suspended for a period of 24 months; 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 and incidental to these proceedings, including those of the solicitor of the Council and the Legal Assessor.

Health Inquiry

Case 13:

An anaesthesiologist pleaded guilty to and was convicted of 2 charges in the Subordinate Courts of Singapore namely, (i) an offence of drink-driving under section 67(1)(b) of the Road Traffic Act (Cap.276); and (ii) an offence of inconsiderate driving under section 65(1) of the Road Traffic Act (Cap.276). The practitioner was sentenced to a fine totaling \$4,100 and disqualified from driving all classes of vehicles for 2 years.

The SMC in exercise of its powers under section 39(2) of the MRA, referred the information on his conviction to the Chairman of the Complaints Panel. The Complaints Committee appointed to investigate the matter subsequently referred the practitioner to a formal inquiry by the Health Committee (HC) for possible alcohol addiction and health issues.

Two medical reports on the practitioner's condition were obtained for the purpose of the Inquiry. Having considered the Counsel's submissions and all the documents presented before it, the HC found that the practitioner's fitness to practise was not impaired by reason of his physical or mental condition and dismissed the Inquiry.

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