

# SINGAPORE MEDICAL COUNCIL

ANNUAL REPORT 2011



The **SINGAPORE MEDICAL COUNCIL (SMC)**, a statutory board under the Ministry of Health, maintains the Register of Medical Practitioners in Singapore, administers the compulsory continuing medical education (CME) programme and also governs and regulates the professional conduct and ethics of registered medical practitioners.

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# PRESIDENT'S FOREWORD

For the Singapore Medical Council, 2011 was a year of transition to the amended Medical Registration Act (MRA) which came into effect in December 2010.

## Medical and Specialist Registration

Preparations for the Register of Family Physicians, a new register under the amended Medical Registration Act, got underway in 2011, and the Council started receiving applications in the same year. This new Register was made public in January 2012. More on the Family Physician's Register will be shared in our next Annual Report, when we report on the registration progress and statistics.

In 2011, 836 new doctors were registered; separately, 292 new specialists were added to the specialist register. Sports Medicine, Palliative Medicine, Neonatology and Intensive Care Medicine were recognised as sub-specialties by the Specialists Accreditation Board in December 2010, and as at end of 2011, 95 specialists had been registered as specialists under these 4 sub-specialties.

We also note the increased number of Singaporean and Permanent Residents trained overseas who returned to practise in Singapore, with 120 of them registering in 2011, compared to 78 in the year before.

## Disciplinary Processes

In the area of disciplinary proceedings, the processing of complaints became more efficient as the size of each committee was reduced from 4 to 3 members, and the time taken to look into complaints received, and to convene meetings, was shortened. The amendments to the MRA include new powers for the Complaints Committee to investigate. To this end, SMC has employed trained and experienced investigation officers for the purpose of investigating complaints.

The powers of the Complaints Committee were expanded to enable the Committee to deal with certain complaints without

referring to the Disciplinary Tribunal (where appropriate). The Council was itself empowered to make a complaint or refer any information on any improper act or conduct of a registered medical practitioner to the Chairman of the Complaints Panel. The full effects of the changes to the MRA for the disciplinary processes will be felt when the SMC develops or acquires the expertise for the Complaints Committee to process some cases that, in the past, would have to be handled by the Disciplinary Committees, Health Committee or the Interim Orders Committee.

The number of cases concluded by the Complaints and Disciplinary Committees has increased compared to the previous year. A total of 242 complaints were considered by the Complaints Committees in 2011, compared to 216 cases in 2010 (including complaints brought over from the previous years). The number of cases concluded by the various Disciplinary Committees (cases under the old MRA) also went up from 16 in 2010, to 25 in 2011. More details are at the Complaints and Disciplinary Inquiries section of this report.

## Physician's Pledge Affirmation

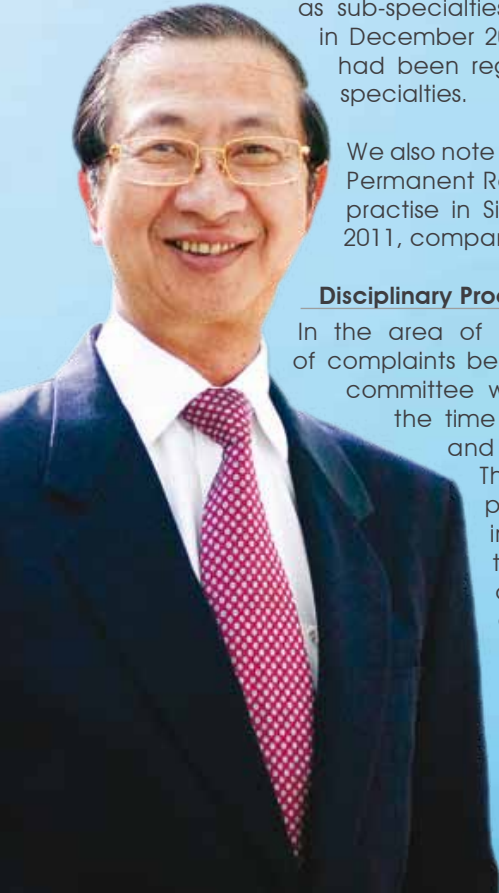
Approximately 730 doctors took part in two separate Pledge Affirmation ceremonies in the year. It was an honour to have Mr Gan Kim Yong, Minister for Health, as our Guest-of-Honour at the 2nd ceremony held in September.

## New Deputy Registrar

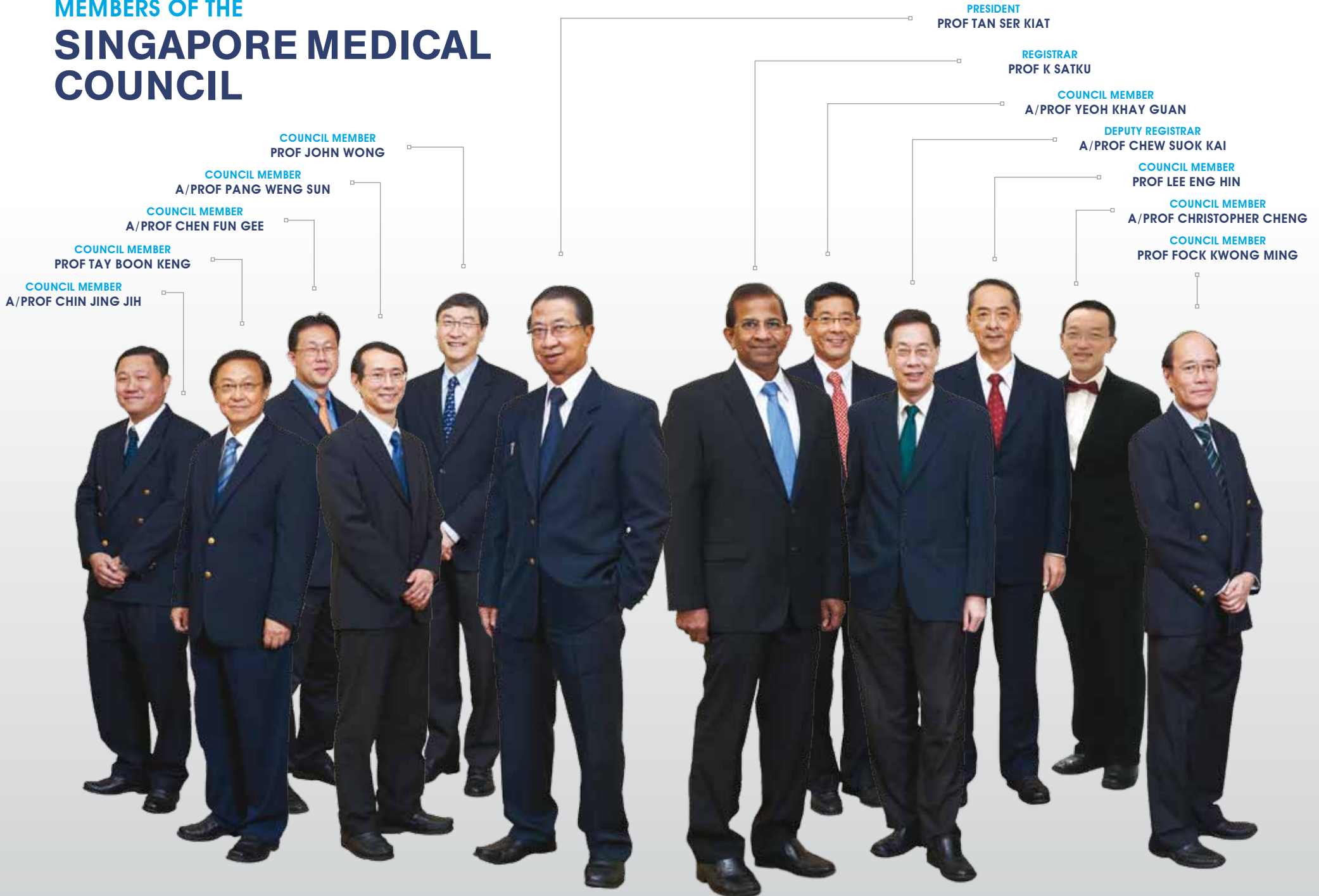
Part of the amended Medical Registration Act was the addition of a new position of Deputy Registrar of the Council. A/Prof Chew Suok Kai, Deputy Director of Medical Services, Ministry of Health, was appointed as Deputy Registrar with effect from February 2011.

The Council has been working hard to ensure that our regulatory practices maintain a healthy balance between up-keeping a high level of patient safety, and fair and reasonable expectations of the profession. We continue to strive to do so to the best of our ability.

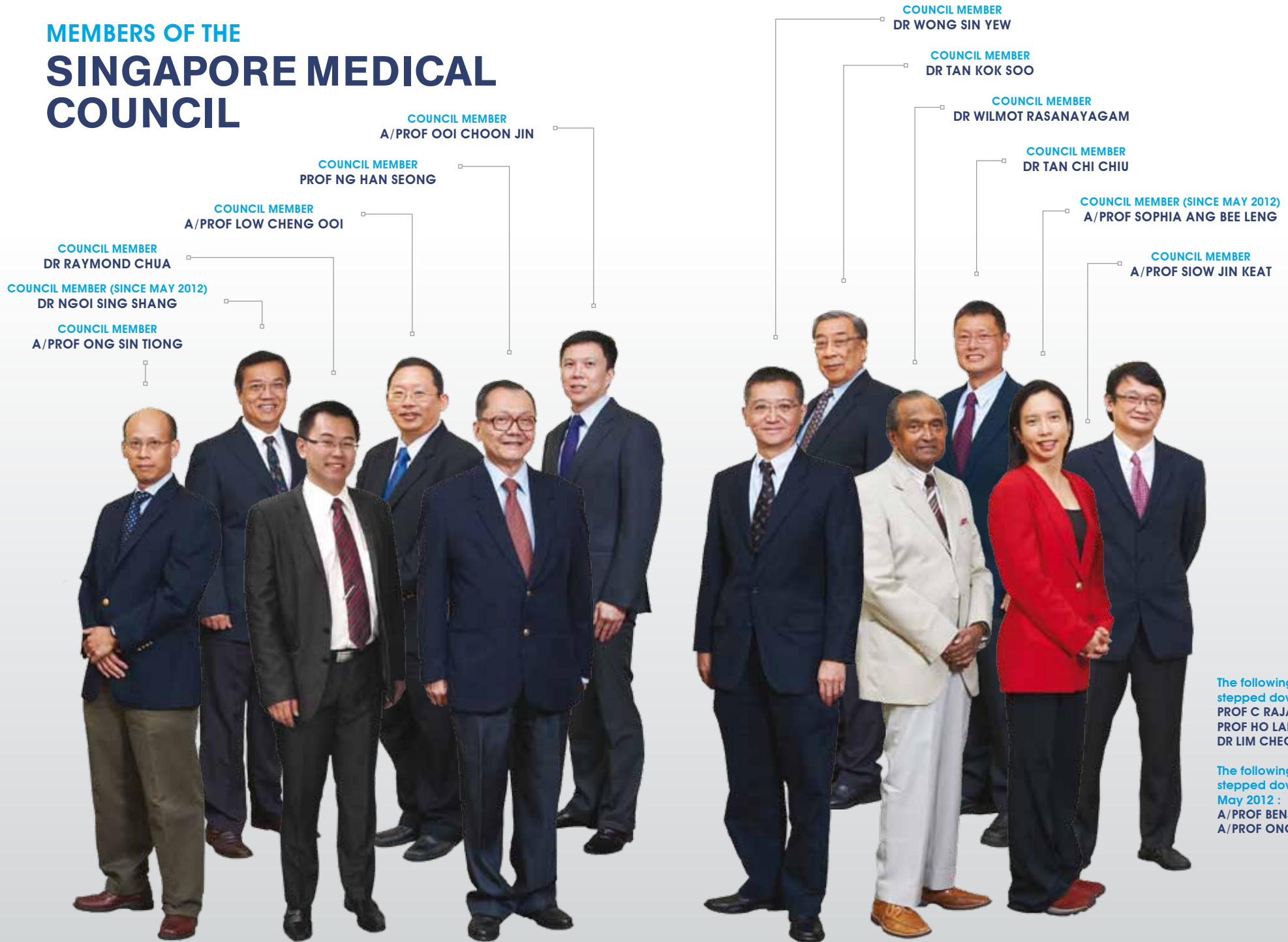
**Prof Tan Ser Kiat**  
President



# MEMBERS OF THE SINGAPORE MEDICAL COUNCIL



# MEMBERS OF THE SINGAPORE MEDICAL COUNCIL



The following members stepped down in 2011 :  
PROF C RAJASOORYA  
PROF HO LAI YUN  
DR LIM CHEOK PENG

The following members stepped down in May 2012 :  
A/PROF BENJAMIN ONG  
A/PROF ONG BIAUW CHI

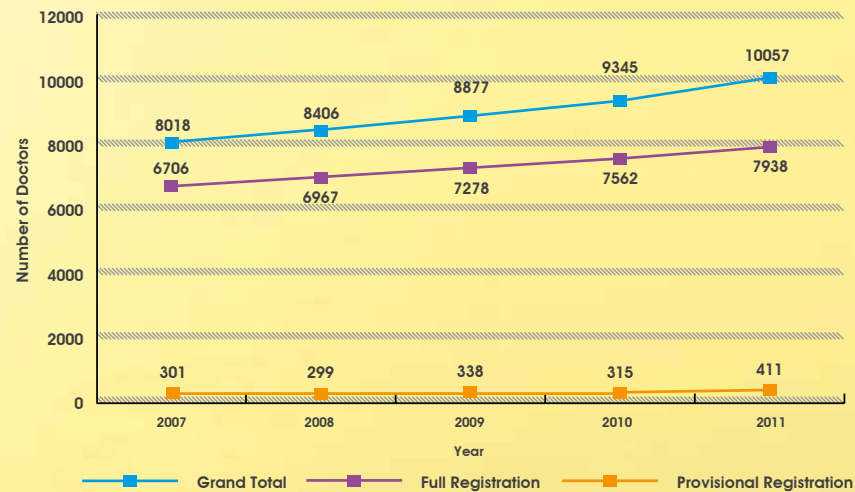
# MEDICAL REGISTRATION

## Number of Registered Medical Practitioners in 2011

As at 31 Dec 2011, the number of medical practitioners who were fully, conditionally and temporarily<sup>1</sup> registered in Singapore was 9,646, giving a doctor-to-population ratio of 1: 537<sup>2</sup>. There were another 411 doctors on provisional registration, thus giving a total of 10,057<sup>3</sup> medical practitioners holding valid practising certificates in Singapore as at 31 Dec 2011.

Figure 1 shows a snapshot of the total number of doctors on the register, and the number of doctors on Full and Provisional registration, from 2007-2011.

**Figure 1: Number of Doctors on Full and Provisional Registration, and Total Number of Doctors (Years 2007 to 2011)**



Note: Conditional & Temporary registration types are not charted in this figure.

<sup>1</sup> Refers to temporary registration (service) only.  
<sup>2</sup> This is based on a total population size of 5.18 million (correct as at end June 2011)  
<sup>3</sup> This number includes all doctors on full, conditional, provisional and temporary registration (service) with valid practising certificates

Table 1 shows the total number of medical practitioners who were holding valid practising certificates as at 31 Dec 2011, by registration types and employment sectors.

**Table 1: Total number of medical practitioners with valid practising certificates as at 31 Dec 2011 - by Registration Types and Employment Sector**

| Registration Type        | Employment Sector |                |              |
|--------------------------|-------------------|----------------|--------------|
|                          | Public Sector     | Private Sector | Grand Total  |
| Full Registration        | 4179              | 3759           | 7938         |
| Conditional Registration | 1307              | 129            | 1436         |
| Provisional Registration | 411               | -              | 411          |
| Temporary Registration*  | 258               | 14             | 272          |
| <b>Grand Total</b>       | <b>6155</b>       | <b>3902</b>    | <b>10057</b> |

\* Refers to Temporary Registration (Service) only.

Table 1-1 shows the breakdown of the total number of medical practitioners by nationality and place of training<sup>4</sup> in public and private sectors. Table 1-2 shows the breakdown of total number of medical practitioners by employment sector and specialist status.

**Table 1-1: Number of medical practitioners by Nationality<sup>5</sup>, Place of Training<sup>4</sup> & Employment Sector**

| Registration Type        | Public Sector                          |                             |                               |                                 |                     | Private Sector            |                             |                               |                                 |                      | Grand Total  |
|--------------------------|--|-----------------------------|-------------------------------|---------------------------------|---------------------|---------------------------|-----------------------------|-------------------------------|---------------------------------|----------------------|--------------|
|                          | Singaporean <sup>5</sup> Local Trained | Singaporean Foreign Trained | Non Singaporean Local Trained | Non Singaporean Foreign Trained | Public Sector Total | Singaporean Local Trained | Singaporean Foreign Trained | Non Singaporean Local Trained | Non Singaporean Foreign Trained | Private Sector Total |              |
| Full Registration        | 2979                                   | 423                         | 267                           | 510                             | 4179                | 2651                      | 611                         | 210                           | 287                             | 3759                 | <b>7938</b>  |
| Conditional Registration | 6                                      | 182                         | 1                             | 1118                            | 1307                | -                         | 15                          | -                             | 114                             | 129                  | <b>1436</b>  |
| Provisional Registration | 250                                    | 71                          | 26                            | 64                              | 411                 | -                         | -                           | -                             | -                               | -                    | <b>411</b>   |
| Temporary Registration*  | 1                                      | 10                          | -                             | 247                             | 258                 | -                         | 1                           | -                             | 13                              | 14                   | <b>272</b>   |
| <b>Grand Total</b>       | <b>3236</b>                            | <b>686</b>                  | <b>294</b>                    | <b>1939</b>                     | <b>6155</b>         | <b>2651</b>               | <b>627</b>                  | <b>210</b>                    | <b>414</b>                      | <b>3902</b>          | <b>10057</b> |

\* Refers to Temporary Registration (Service) only.

<sup>4</sup> Based on basic medical degree  
<sup>5</sup> "Singaporeans" refer to Singapore Citizens only

# MEDICAL REGISTRATION

**Table 1-2: Number of medical practitioners by Employment Sector and Specialist Status**

| Registration Type        | Non Specialists |                |                      | Specialists   |                |                  | Grand Total  |
|--------------------------|-----------------|----------------|----------------------|---------------|----------------|------------------|--------------|
|                          | Public Sector   | Private Sector | Non Specialist Total | Public Sector | Private Sector | Specialist Total |              |
| Full Registration        | 2144            | 2374           | 4518                 | 2035          | 1385           | 3420             | 7938         |
| Conditional Registration | 1100            | 121            | 1221                 | 207           | 8              | 215              | 1436         |
| Provisional Registration | 411             | -              | 411                  | -             | -              | -                | 411          |
| Temporary Registration*  | 258             | 14             | 272                  | -             | -              | -                | 272          |
| <b>Grand Total</b>       | <b>3913</b>     | <b>2509</b>    | <b>6422</b>          | <b>2242</b>   | <b>1393</b>    | <b>3635</b>      | <b>10057</b> |

\* Refers to Temporary Registration (Service) only

## New Medical Registrations in 2011

In 2011, 2931 applications for registration were processed by the Singapore Medical Council. Out of these, 912 were applications for new registrations and the remaining 2019 applications were for other purposes, such as change of employer and conversion to different registration types. Out of the 912 applications for new registrations, 275 were for provisional registration for local graduates. There were thus 637 new applications from foreign-trained graduates. Out of these 637 applications, 626 applications were approved and 11 were rejected<sup>6</sup> by the Singapore Medical Council. Please see Table 2.

**Table 2: New Applications Processed in 2011 – Outcome and Status by Registration Types**

| New applications considered in 2011 | Outcome & Status of Applications |              |           |             | Grand Total |
|-------------------------------------|----------------------------------|--------------|-----------|-------------|-------------|
|                                     | Approved                         | %            | Rejected  | %           |             |
| New Full Registration               | 1                                | 100.0%       | -         | -           | 1           |
| New Conditional Registration        | 360                              | 99.2%        | 3         | 0.8%        | 363         |
| New Provisional Registration        | 137 <sup>^</sup>                 | 97.1%        | 4         | 1.0%        | 141         |
| New Temporary Registration*         | 128                              | 97.0%        | 4         | 3.0%        | 132         |
| <b>Grand Total</b>                  | <b>626</b>                       | <b>98.3%</b> | <b>11</b> | <b>1.7%</b> | <b>637</b>  |

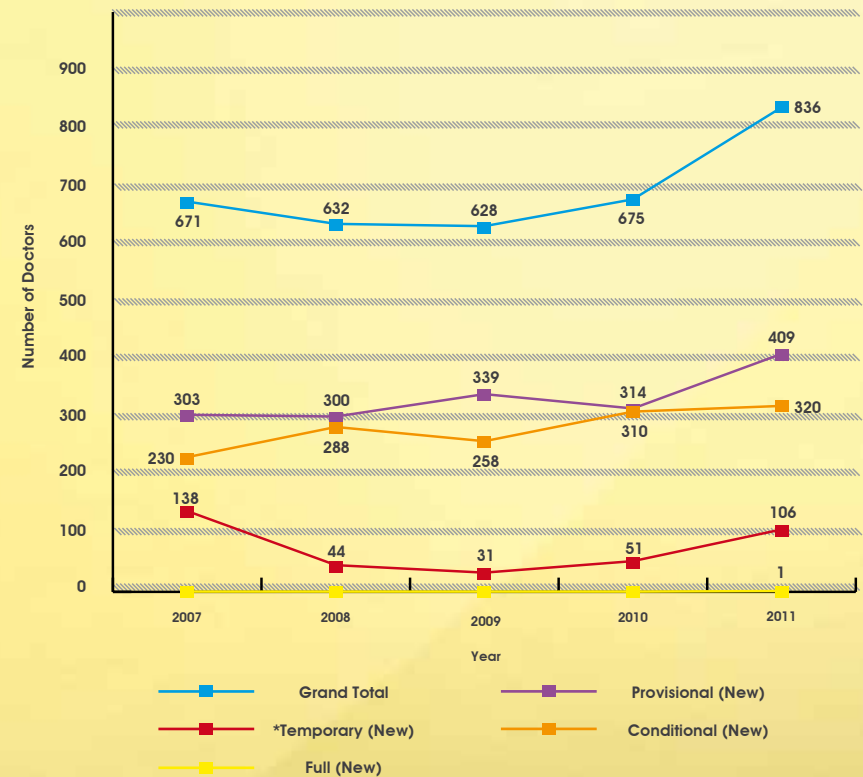
<sup>^</sup>Excluding the 275 applications from local medical schools

\* Refers to Temporary Registration (Service) only

<sup>6</sup> Applications were rejected as they did not meet the requirements for registration or due to lack of source verifications.

Figure 2 shows the number of new registrations by registration types between 2007 and 2011.

**Figure 2: New Registrations by Registration Types (Year 2007 to 2011)**

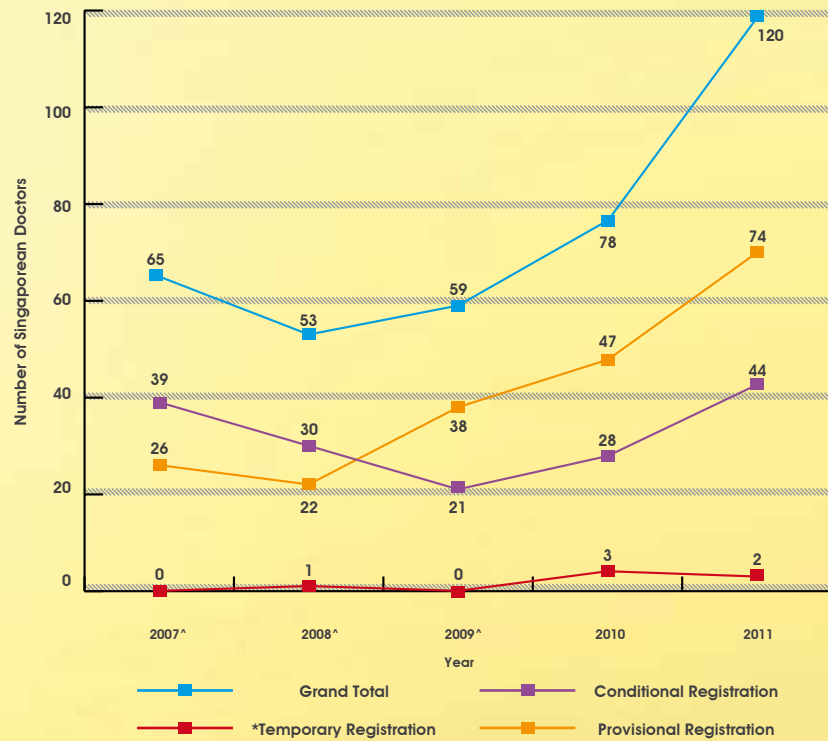


\* Refers to Temporary Registration (Service) only

# MEDICAL REGISTRATION

Figure 2-1 shows the increasing trend of foreign trained Singaporeans and Permanent Residents (PRs) returning to Singapore to practise.

**Figure 2-1: New Registrations by Registration Types (Foreign trained Singaporeans & PRs only) (Year 2007 to 2011)**



<sup>^</sup> No data on Singapore PR status were available  
 \* Refers to Temporary Registration (Service) only

## Provisional Registration

Of the 409 new doctors granted Provisional registration in 2011, 251 were medical graduates from the Yong Loo Lin School of Medicine, National University of Singapore, 24 were Duke-NUS Graduate Medical School graduates, and 134 were graduates from foreign universities who were granted medical registration to undergo housemanship training in the public hospitals for one year.

## Conditional Registration

In 2011, 320 foreign-trained medical practitioners were granted conditional registration. Of these, 237 (about 74%), were non specialists and 83 were specialists. About 12% or 39 of these 320 foreign-trained medical practitioners were Singaporeans.

## Temporary Registration

Among the 304 foreign-trained medical practitioners granted temporary registration (including visiting experts, clinical fellows and observers), 106 were employed to work under supervision on short-term basis in public hospitals or institutions. 163 were foreign practitioners accepted for postgraduate training in Singapore, and they comprised 142 Clinical Fellows and 21 Clinical Observers. Another 35 were visiting experts who were invited by the hospitals and medical organisations to provide short-term training and consultancy.

## Specialist Registration

There were 3635 specialists on the Register of Specialists when the year came to a close on 31 December 2011. They represented 36.1% of the 10,057 medical practitioners registered in Singapore. The number of new specialists registered during the year was 292 and the net increase in specialists was 261. The number of specialists had increased by 7.7%, compared to 2010. The breakdown of new specialist registrations by place of training<sup>7</sup> and employment sector in 2011 is shown in Table 3.

<sup>7</sup> Based on specialty training



# MEDICAL REGISTRATION

**Table 3: New Specialist Registrations in 2011**

| Place of Training <sup>8</sup> | Public Sector |            |            | Private Sector |           |           | Grand Total |
|--------------------------------|---------------|------------|------------|----------------|-----------|-----------|-------------|
|                                | Singaporean   | Foreigner  | Total      | Singaporean    | Foreigner | Total     |             |
| Local Trained                  | 101           | 55         | 156        | 4              | 2         | 6         | 162         |
| Foreign Trained                | 22            | 98         | 120        | 7              | 3         | 10        | 130         |
| <b>Grand Total</b>             | <b>123</b>    | <b>153</b> | <b>276</b> | <b>11</b>      | <b>5</b>  | <b>16</b> | <b>292</b>  |

In December 2010, 4 sub-specialties, Sports Medicine, Palliative Medicine, Neonatology and Intensive Care Medicine, were recognised as specialties by the Specialists Accreditation Board (SAB). As at 31 Dec 2011, there were 95 specialists who were registered as specialists in the 4 sub-specialties. Out of these, 73 had been registered in at least one or more other registered specialties previously. Data on registrations in these sub-specialties are also found in Table 4.

**Table 4: Number of Specialists by Specialities as at 31 December 2011**

|                          | Public Sector    |             | Private Sector   |             | Total            |
|--------------------------|------------------|-------------|------------------|-------------|------------------|
|                          | Number           | %           | Number           | %           |                  |
| Anaesthesiology          | 206              | 59.9        | 138              | 40.1        | 344              |
| Cardiology               | 91               | 61.1        | 58 (1)           | 38.9        | 149(1)           |
| Cardiothoracic Surgery   | 26               | 70.3        | 11               | 29.7        | 37               |
| Dermatology              | 45               | 52.9        | 40               | 47.1        | 85               |
| Diagnostic Radiology     | 153              | 68.9        | 69               | 31.1        | 222              |
| Emergency Medicine       | 89               | 91.8        | 8                | 8.2         | 97               |
| Endocrinology            | 55 (1)           | 71.4        | 22 (1)           | 28.6        | 77 (2)           |
| Gastroenterology         | 62 (2)           | 65.3        | 33               | 34.7        | 95 (2)           |
| General Surgery          | 129              | 53.5        | 112              | 46.5        | 241              |
| Geriatric Medicine       | 53 (1)           | 86.9        | 8                | 13.1        | 61 (1)           |
| Haematology              | 36               | 80.0        | 9                | 20.0        | 45               |
| Hand Surgery             | 19               | 79.2        | 5                | 20.8        | 24               |
| Infectious Diseases      | 35 (2)           | 81.4        | 8                | 18.6        | 43 (2)           |
| Internal Medicine        | 53               | 62.4        | 32               | 37.6        | 85               |
| Medical Oncology         | 47               | 57.3        | 35 (1)           | 42.7        | 82 (1)           |
| Neurology                | 51               | 76.1        | 16               | 23.9        | 67               |
| Neurosurgery             | 20               | 60.6        | 13               | 39.4        | 33               |
| Nuclear Medicine         | 12               | 66.7        | 6                | 33.3        | 18               |
| Obstetrics & Gynaecology | 90               | 31.1        | 199              | 68.9        | 289              |
| Occupational Medicine    | 16               | 45.7        | 19               | 54.3        | 35               |
| Ophthalmology            | 119              | 64.0        | 67               | 36.0        | 186              |
| Orthopaedic Surgery      | 98               | 59.8        | 66               | 40.2        | 164              |
| Otorhinolaryngology      | 44               | 50.0        | 44               | 50.0        | 88               |
| Paediatric Medicine      | 149              | 52.1        | 137              | 47.9        | 286              |
| Paediatric Surgery       | 13               | 68.4        | 6                | 31.6        | 19               |
| Pathology                | 107              | 81.7        | 24               | 18.3        | 131              |
| Plastic Surgery          | 22               | 47.8        | 24               | 52.2        | 46               |
| Psychiatry               | 106              | 67.5        | 51               | 32.5        | 157              |
| Public Health            | 63               | 63.6        | 36               | 36.4        | 99               |
| Radiation Oncology       | 34               | 87.2        | 5                | 12.8        | 39               |
| Rehabilitation Medicine  | 23               | 88.5        | 3                | 11.5        | 26               |
| Renal Medicine           | 39               | 70.9        | 16               | 29.1        | 55               |
| Respiratory Medicine     | 57 (1)           | 69.5        | 25               | 30.5        | 82 (1)           |
| Rheumatology             | 30(3)            | 76.9        | 9(1)             | 23.1        | 39 (4)           |
| Urology                  | 37               | 55.2        | 30               | 44.8        | 67               |
| <b>Sub Total</b>         | <b>2229 (10)</b> | <b>61.7</b> | <b>1384 (4)</b>  | <b>38.3</b> | <b>3613 (14)</b> |
| <b>Sub-Specialties</b>   |                  |             |                  |             |                  |
| Intensive Care Medicine  | 0                | 0.0         | 0                | 0.0         | 0                |
| Neonatology              | (23)             | 0.0         | (23)             | 0.0         | (46)             |
| Palliative Medicine      | 5 (19)           | 45.5        | 6 (3)            | 54.5        | 11 (22)          |
| Sports Medicine          | 8 (1)            | 72.7        | 3 (4)            | 27.3        | 11 (5)           |
| <b>Sub Total</b>         | <b>13 (43)</b>   | <b>59.1</b> | <b>9 (30)</b>    | <b>40.9</b> | <b>22 (73)</b>   |
| <b>Grand Total</b>       | <b>2242 (53)</b> | <b>61.7</b> | <b>1393 (34)</b> | <b>38.3</b> | <b>3635 (87)</b> |

( ): Numbers in brackets indicate the number of specialists who were registered in that specialty as a 2nd specialty or sub specialty. They are not included in the count. Eg, there were 6 Palliative Medicine specialists in the private sector, and another 3 were Palliative Medicine specialists who were also registered as specialists in other fields.

<sup>8</sup> Based on specialty training

## MEDICAL REGISTRATION

Table 5 shows the breakdown of specialists by nationality in public and private sectors. More than 60% of the specialists practise in the public sector.

Table 6 shows the number of specialists in each specialty as at 31 December of each year, 2007 to 2011. It is observed that over the past 5 years, Emergency Medicine, Medical Oncology and Infectious Diseases saw the biggest increase in the number of specialists registered. On a different note, despite the ageing population, the increase in doctors specialising in Geriatric Medicine has not been to the same extent.

**Table 5: Number of Specialists by Nationality & Employment Sector**

| Regn Type                | Public Sector             |                  | Private Sector      |              |                  | Grand Total |                      |
|--------------------------|---------------------------|------------------|---------------------|--------------|------------------|-------------|----------------------|
|                          | Singaporeans <sup>9</sup> | Non Singaporeans | Public Sector Total | Singaporeans | Non Singaporeans |             | Private Sector Total |
| Full Registration        | 1517                      | 518              | 2035                | 1141         | 244              | 1385        | 3420                 |
| Conditional Registration | 13                        | 194              | 207                 | 1            | 7                | 8           | 215                  |
| <b>Grand Total</b>       | 1530                      | 711              | 2242                | 1142         | 251              | 1393        | 3635                 |

<sup>9</sup> Singaporeans include Singapore Citizens only

**Table 6: Total Number of Specialists by Specialties, from 2007 to 2011 (as at 31 December of each year, in order of % increase)**

| Registered Specialty  | 2007        | 2008        | 2009        | 2010        | 2011        | Comparison (2007 & 2011) |             |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|-------------|
|   |             |             |             |             |             | Net Increase             | %           |
| Emergency Medicine  | 58          | 68          | 81          | 93          | 97          | 39                       | 67.2        |
| Infectious Diseases   | 28          | 33          | 34          | 39          | 43          | 15                       | 53.6        |
| Medical Oncology  | 54          | 62          | 67          | 74          | 82          | 28                       | 51.9        |
| Paediatric Surgery  | 13          | 15          | 16          | 16          | 19          | 6                        | 46.2        |
| Diagnostic Radiology  | 152         | 169         | 192         | 211         | 222         | 70                       | 46.1        |
| Haematology   | 31          | 33          | 38          | 40          | 45          | 14                       | 45.2        |
| Gastroenterology  | 66          | 74          | 85          | 87          | 95          | 29                       | 43.9        |
| Geriatric Medicine  | 43          | 47          | 48          | 54          | 61          | 18                       | 41.9        |
| Hand Surgery  | 17          | 19          | 20          | 22          | 24          | 7                        | 41.2        |
| Rheumatology  | 28          | 28          | 30          | 33          | 39          | 11                       | 39.3        |
| Psychiatry  | 114         | 122         | 137         | 147         | 157         | 43                       | 37.7        |
| Endocrinology   | 56          | 60          | 65          | 70          | 77          | 21                       | 37.5        |
| Renal Medicine  | 40          | 42          | 43          | 48          | 55          | 15                       | 37.5        |
| Ophthalmology   | 137         | 152         | 164         | 171         | 186         | 49                       | 35.8        |
| Plastic Surgery   | 34          | 39          | 41          | 43          | 46          | 12                       | 35.3        |
| Radiation Oncology  | 29          | 30          | 30          | 34          | 39          | 10                       | 34.5        |
| Cardiology  | 111         | 120         | 130         | 141         | 149         | 38                       | 34.2        |
| Pathology   | 98          | 106         | 111         | 120         | 131         | 33                       | 33.7        |
| Anaesthesiology   | 262         | 277         | 300         | 315         | 344         | 82                       | 31.3        |
| Dermatology   | 66          | 70          | 74          | 80          | 85          | 19                       | 28.8        |
| Internal Medicine   | 66          | 72          | 76          | 80          | 85          | 19                       | 28.8        |
| Paediatric Medicine   | 224         | 232         | 249         | 261         | 286         | 62                       | 27.7        |
| Urology   | 53          | 57          | 59          | 62          | 67          | 14                       | 26.4        |
| General Surgery   | 192         | 203         | 215         | 232         | 241         | 49                       | 25.5        |
| Cardiothoracic Surgery  | 30          | 29          | 34          | 36          | 37          | 7                        | 23.3        |
| Orthopaedic Surgery   | 134         | 140         | 148         | 156         | 164         | 30                       | 22.4        |
| Respiratory Medicine  | 67          | 70          | 73          | 76          | 82          | 15                       | 22.4        |
| Public Health   | 81          | 89          | 94          | 96          | 99          | 18                       | 22.2        |
| Otorhinolaryngology   | 73          | 75          | 80          | 81          | 88          | 15                       | 20.5        |
| Nuclear Medicine  | 15          | 13          | 14          | 17          | 18          | 3                        | 20.0        |
| Rehabilitation Medicine   | 22          | 24          | 25          | 25          | 26          | 4                        | 18.2        |
| Neurosurgery  | 28          | 27          | 29          | 32          | 33          | 5                        | 17.9        |
| Neurology   | 58          | 59          | 63          | 63          | 67          | 9                        | 15.5        |
| Obstetrics & Gynaecology  | 268         | 274         | 281         | 284         | 289         | 21                       | 7.8         |
| Occupational Medicine   | 33          | 32          | 34          | 35          | 35          | 2                        | 6.1         |
| <b>Sub-Specialties</b>  |             |             |             |             |             |                          |             |
| Intensive Care Medicine   | -           | -           | -           | -           | -           | -                        | -           |
| Neonatology   | -           | -           | -           | -           | (46)        | -                        | -           |
| Palliative Medicine   | -           | -           | -           | -           | 11 (22)     | -                        | -           |
| Sports Medicine   | -           | -           | -           | -           | 11 (5)      | -                        | -           |
| <b>Total No. of Registered Specialists as at 31 December each year:</b> | <b>2781</b> | <b>2962</b> | <b>3180</b> | <b>3374</b> | <b>3635</b> | <b>854</b>               | <b>30.7</b> |

( ): Numbers in brackets indicate the number of specialists who were registered in that specialty as a 2nd specialty or sub specialty. They are not included in the count.

# CONTINUING MEDICAL EDUCATION

## 2010/ 2010 – 2011 Qualifying Periods

It has been 8 years since compulsory CME was introduced in 2003, and each cycle saw the majority of doctors fulfilling their CME requirements. In 2011, out of a total of 2,585 doctors whose Qualifying Period (QP) was ending that year, 2,566 or 99% met the CME requirement (i.e. for practising certificates (PC) expiring anytime in 2012). (See Table 7.)

**Table 7: Number of Doctors who met CME requirements at the end of the qualifying period**

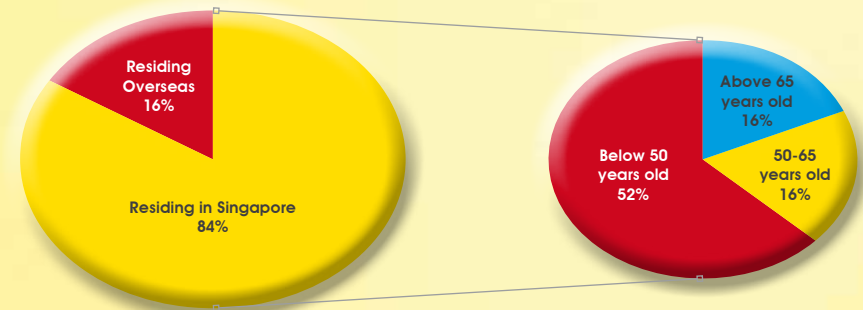
| CME Qualifying Period (QP) | Number of Doctors who met CME Requirements | Number of Doctors who did not meet CME Requirements |
|----------------------------|--|---|
| 2-Year QP (2010-2011)      | 2,447                                      | 19  |
| 1-Year QP (2011)           | 119  | 0   |
| <b>Total</b>               | <b>2,566</b>                               | <b>19</b>   |

Out of the 19 doctors who did not meet the CME requirements in 2011, 7 informed the Council that they intended to make up their CME shortfall after their PCs lapsed and they will apply for a new PC thereafter, while 5 of these doctors did not intend to make up the shortfall (see Table 8). The remaining 7 did not respond to Council at the time of this Report. Please refer to Figure 3 for the profile of doctors who did not meet CME requirements in 2011.

**Table 8: Number of Doctors who did not meet CME requirements at the end of the qualifying period**

| CME Qualifying Period (QP) | Types of Doctors       | Number of Doctors who did not meet CME Requirements |
|----------------------------|------------------------|---|
| 2-Year QP (2010-2011)      | Intend to Renew        | 7   |
|                            | Do not Intend to Renew | 5   |
|                            | No Response            | 7   |

**Figure 3: Profile of Doctors who did not meet CME requirements in 2011**

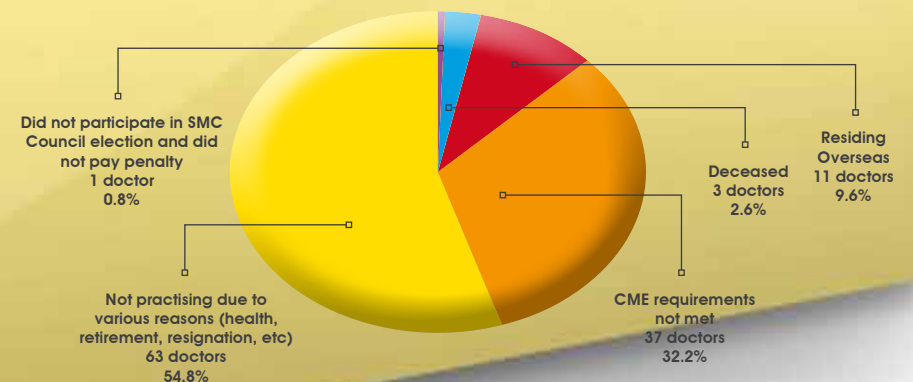


## Non-Renewal of Practising Certificates

As at 31 Dec 2011, a total of 115 medical practitioners<sup>10</sup> did not renew their Practising Certificates (PC) upon expiry. The 3 most common reasons for non-renewal were health issues, retirement, etc (54.8%), followed by not meeting CME requirements in the QP ending in the previous year (32.2%) and residing overseas (9.6%). Out of the 63 medical practitioners who did not renew their PCs because they were not practising for various reasons, 41.3% (26 doctors) were conditionally-registered doctors who had resigned from their employment.

Please refer to Figure 4 for the reasons for non-renewal of Practising Certificate.

**Figure 4: Reasons for Non-renewal of Practising Certificate for Fully and Conditionally Registered Doctors**



<sup>10</sup> Refers to fully and conditionally registered doctors.

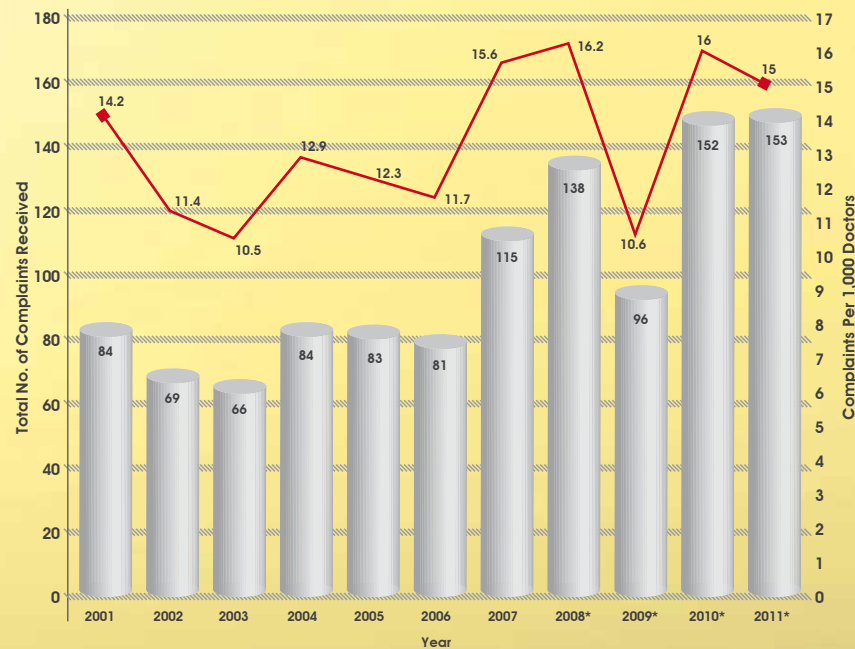
## COMPLAINTS LODGED WITH THE MEDICAL COUNCIL

The Medical Council received a total of 153 complaints against 181 doctors in 2011 compared to 152 complaints in year 2010 and 96 complaints in 2009 (see *Figure 5*). There was a slight decrease in the number of complaints per 1000 doctors in the year.

Of the 242 complaints considered during the year, 10 medical practitioners were referred for disciplinary inquiries (7 to Disciplinary Committees; 3 to Disciplinary Tribunals<sup>11</sup>). 6 medical practitioners were issued letters of warning and 30 were issued letters of advice (1 case was referred for mediation and subsequently issued with a letter of advice). 50 complaints were dismissed and 146 complaints were adjourned to 2012.

The complaints mainly concerned alleged professional negligence and competence issues. *Table 9* shows the details.

**Figure 5: Complaints Received by the Singapore Medical Council 2001-2011**



■ Total No. of Complaints Received    — Complaints Per 1,000 Doctors

2007 and before : Figures based on Fully and Conditionally-registered doctors

\* 2008 to 2011 : Figures based on Fully, Conditionally, Provisionally & all Temporarily-registered doctors

<sup>11</sup> Renamed after the Medical Registration Act was amended in 2010.

**Table 9: Complaints Considered by Complaints Committees in 2011**

| Nature of Complaint / Allegation                        | Complaints carried over from 2009 | Complaints carried over from 2010 | Complaints received in 2011 | OUTCOME           |                  |                   |   |  |                   |
|---|-----------------------------------|-----------------------------------|-----------------------------|-------------------|------------------|-------------------|---|--|-------------------|
|   |                                   |                                   |                             | No Formal Inquiry |                  |                   | Referred to a Disciplinary Committee (DC) | Referred to a Disciplinary Tribunal (DT) | Adjourned to 2012 |
|   |                                   |                                   |                             | No further action | Letter of Advice | Letter of Warning |   |  |                   |
| Breach of SMC Code of Ethics:                           | 1                                 | 80                                | 147                         | 48                | 26               | 5                 | 7   | 3  | 139               |
| a) Delay in treatment                                   |                                   | 1                                 |                             |                   | 1                |                   |   |  |                   |
| b) Excessive/ Inappropriate prescription of drugs       |                                   | 6                                 |                             | 1                 | 2                |                   | 2   |  | 1                 |
| c) False/ Misleading certification                      |                                   | 1                                 | 10                          |                   |                  | 1                 |   |  | 10                |
| d) Misdiagnosis   |                                   | 4                                 | 1                           | 1                 | 3                |                   |   |  | 1                 |
| e) No informed consent                                  |                                   | 1                                 |                             |                   |                  |                   |   |  | 1                 |
| f) Outrage of modesty/ Sexual relationship with patient |                                   | 1                                 | 2                           |                   |                  |                   |   |  | 3                 |
| g) Over/ Unnecessary/ Inappropriate treatment           |                                   | 5                                 | 5                           | 1                 | 1                | 1                 |   |  | 7                 |
| h) Overcharging   |                                   | 2                                 | 2                           | 2                 |                  |                   |   |  | 2                 |
| i) Professional negligence / Incompetence               | 1                                 | 30                                | 96                          | 26                | 6                | 2                 | 4   | 1  | 88                |
| j) Providing false information                          |                                   | 1                                 | 2                           |                   |                  | 1                 |   |  | 2                 |
| k) Refusal to provide emergency attention               |                                   |                                   |                             |                   |                  |                   |   |  |                   |
| l) Rudeness/ Attitude/ Communication issues             |                                   | 18                                | 23                          | 14                | 9                |                   |   |  | 18                |
| m) Other Breaches                                       |                                   | 10                                | 6                           | 3                 | 4                |                   | 1   | 2  | 6                 |
| Other complaints  |                                   | 7                                 | 6                           | 2                 | 4                | 1                 |   |  | 6                 |
| Conviction in Court                                     |                                   | 1                                 |                             |                   |                  |                   |   |  | 1                 |
| <b>Total</b>  | <b>1</b>                          | <b>88</b>                         | <b>153</b>                  | <b>50</b>         | <b>30</b>        | <b>6</b>          | <b>7</b>                                  | <b>3</b>                                 | <b>146</b>        |
| Percentage  |                                   |                                   |                             | 20.7%             | 12.4%            | 2.5%              | 2.9%                                      | 1.2%                                     | 60.3%             |

## DISCIPLINARY INQUIRIES

A total of 25 disciplinary inquiries were heard by the Disciplinary Committees (DCs) in 2011 and 2 appeals were heard in the High Court (see Table 10). One doctor was acquitted by the DC for alleged professional misconduct in patient management, and the DC ordered the Grounds of Decision for this case not to be published.

**Table 10: Inquiries concluded by Disciplinary Committees in 2011**

| Nature of Complaint   | Inquiries heard in 2011 | Acquittal | Censure  | Censure & Fine | Censure & Suspension | Censure, Suspension & Fine | Suspension & Fine |
|---|-------------------------|-----------|----------|----------------|----------------------|----------------------------|-------------------|
| A) Professional Misconduct In Patient Management                              | 5                       | 1         | -        | 2              | 1                    | 1                          | -                 |
| B) Improper Act or Conduct Leading to the Disrepute of the Medical Profession | 1                       | -         | 1        | -              | -                    | -                          | -                 |
| C) Non-Medically Proven Remedies  | 4                       | -         | -        | 3              | -                    | 1                          | -                 |
| D) Convicted for Criminal Offence in Fraud/Dishonesty by the Law              | 1                       | -         | 1        | -              | -                    | -                          | -                 |
| E) Excessive/ Inappropriate Prescription of Drugs                             |                         |           |          |                |                      |                            |                   |
| I. Hypnotics and Codeine-containing Medication                                | 9                       | -         | -        | 1              | -                    | 8                          | -                 |
| II. Subutex and Hypnotics   | 1                       | -         | -        | -              | -                    | 1                          | -                 |
| III. Subutex  | 2                       | -         | -        | 1              | 1                    | -                          | -                 |
| IV. Hypnotics   | 2                       | -         | -        | -              | -                    | 1                          | 1                 |
| <b>Total</b>  | <b>25</b>               | <b>1</b>  | <b>2</b> | <b>7</b>       | <b>2</b>             | <b>12</b>                  | <b>1</b>          |
| Percentage (%)  | -                       | 4.0%      | 8.0%     | 28.0%          | 8.0%                 | 48.0%                      | 4.0%              |

A brief account of each inquiry concluded in 2011 is given below.

### (A) PROFESSIONAL MISCONDUCT IN PATIENT MANAGEMENT

#### Case 1 | Doctor was acquitted

The DC acquitted the doctor on one charge of professional misconduct. The DC hesitated to make a finding of professional misconduct, especially when the doctor appeared to have carried out the appropriate examinations and no harm was occasioned to the complainant. The DC in considering all the factors, taking into account the evidences and expert testimonial, ordered that the charge against the doctor be dismissed and that the Grounds of Decision not to be published.

#### Case 2 | Dr Koh Gim Hwee

The obstetrician and gynaecologist faced three charges of professional misconduct in relation to the management of his patient ("the Patient") for:

- performing a procedure on the Patient, namely using Hegar dilators to forcibly open the Patient's cervix for induction of labour, which was not within the norms of acceptable medical practice;
- failing to provide the Patient with adequate information so as to enable her to make an informed choice about whether to proceed with a trial of vaginal birth after a Caesarean section ("VBAC"); and
- inducing labour for trial of VBAC without making the Patient aware of the benefits, risks and possible complications of doing so, thereby failing to obtain her informed consent for induction of labour for trial of VBAC.

Dr Koh contested all three charges; the DC convicted him on the first and third charges and acquitted him of the second charge.

In relation to the first charge, the DC found that Hegar dilators were not to be used in the induction of labour and there were three other acceptable alternatives open to Dr Koh to induce labour. The use of Hegar dilators for induction of labour was therefore a departure from the norms of medical practice and amounted to professional misconduct.

On the second charge, the DC did not find that it had been proven beyond reasonable doubt that Dr Koh had failed to advise his patient on the risks of VBAC in the patient's antenatal consultations. The DC therefore acquitted Dr Koh of this charge.

## DISCIPLINARY INQUIRIES

On the third charge, the DC found that Dr Koh had not made his patient aware of the benefits, risks and possible complications of an induction of labour for trial of VBAC and therefore failed to obtain her informed consent for the same. This amounted to professional misconduct. Taking the evidence and mitigating factors into consideration, the DC ordered that Dr Koh be fined S\$10,000 and censured. The DC also ordered that Dr Koh provide the following written undertakings as to his future conduct:

- (a) an undertaking not to use Hegar dilators in the induction of labour; and
- (b) in relation to any patient of his who undergoes VBAC with induced or augmented labour or related obstetric procedures, an undertaking to:
  - advise that patient of the relevant risks of such procedure in accordance with Guideline 4.2.2 of the Singapore Medical Council's ("SMC") Ethical Code and Ethical Guidelines ("ECEG") or any future guideline which governs his professional obligation in the same respect; and
  - record that advice in accordance with Guideline 4.1.2 of the ECEG or any future guideline which governs his professional obligation in the same respect.

Dr Koh was also ordered to pay the costs and expenses of and incidental to these proceedings, including the costs of the Counsel to the SMC and the Legal Assessor. The DC also ordered that the Grounds of Decision be published.

### Case 3 | Dr Kwan Kah Yee

The general practitioner faced one charge of professional misconduct, in respect of his certification of the cause of death of a patient ("the Patient").

The charge alleged that Dr Kwan, in making his certification, wrongly certified Congestive Cardiac Failure ("CCF") as a cause of death. The certification was defective in that Dr Kwan did not have enough evidence to conclude that the Patient was suffering from CCF. The certification was also wrong in that CCF is not a cause of death but a mode of death.

The charge also alleged that Dr Kwan made a further error in certifying that the Patient had suffered from Ischaemic Heart Disease ("IHD") for a period of 6 years prior to the Patient's demise as he had no factual basis for doing so.

The DC heard full evidence and witnesses. At the end of the inquiry, the DC found Dr Kwan guilty of professional misconduct.

The DC was unable to agree with Dr Kwan's certification that the Patient's cause of death was CCF. The DC found that Dr Kwan had accepted during his cross examination that the cause of death of the Patient was IHD, and CCF was only a qualifier to that cause of death. They were also of the view that there was not enough evidence on clinical grounds or on the available medical records of the Patient to make such a conclusion. The only conclusion which could be made was that the Patient had hypertension.

Although the DC agreed with Dr Kwan that IHD would have taken some time to develop in the Patient, the DC found that there was no evidence that the Patient had developed IHD 6 years before her demise. As such, Dr Kwan's conclusion of IHD was unsubstantiated.

Taking the evidence and mitigating factors into consideration, the DC ordered that Dr Kwan be suspended from practice for 3 months, be fined \$5,000 and censured. The DC also ordered Dr Kwan to provide a written undertaking to the SMC that he will not engage in the conduct complained of, or any similar conduct. He was also ordered to, within 30 days of the DC's decision, provide assistance to the Patient's family in respect of any necessary application to the Registry of Births and Deaths to rectify the death certificate. Dr Kwan was also ordered to pay the costs and expenses of and incidental to these proceedings, including the costs of the Counsel to the SMC and the Legal Assessor. The DC also ordered that the Grounds of Decision be published.

## DISCIPLINARY INQUIRIES

### Case 4 | Dr Chee Yew Wen

The DC convicted the general practitioner on one charge of professional misconduct, in respect of his treatment of one patient ("the Patient").

The first charge alleged that Dr Chee carried out laser lipolysis, also known as "SmartLipo", on the Patient to remove nasal tip fat pad from the Patient for the purpose of reducing the size of the Patient's nasal tip, when this was not an appropriate treatment ("Inappropriate Treatment Charge"). The machine used by Dr Chee for the SmartLipo was a Nd:YAG Laser System. The machine operates by using a laser contained in a cannula to melt fat, then allowing the fat to drain out or be re-absorbed by a patient's body.

The second charge alleged that Dr Chee had grossly mismanaged the post-procedure treatment of the Patient by not immediately referring the Patient to a specialist. Instead, Dr Chee had prescribed the Patient a course of stem cell treatment ("Inappropriate Post-Operative Treatment Charge").

At the start of the Inquiry, Dr Chee raised a preliminary point in respect of the Inappropriate Post-Operative Treatment Charge. Dr Chee, through his lawyers, argued that the facts relating to this charge did not form part of the complaint and that he was not given any notice of this allegation prior to receipt of the Inappropriate Post-Operative Treatment Charge. The DC agreed with Dr Chee and dismissed the charge on the preliminary point.

In respect of the Inappropriate Treatment Charge, the DC heard full evidence and witnesses. At the end of the inquiry, the DC found Dr Chee guilty of professional misconduct.

Dr Chee administered the SmartLipo procedure on the Patient on two occasions for the purposes of reducing the size of the Patient's nasal tip. The Patient suffered a severe burn to the nasal tip, resulting in a scar on the tip of the Patient's nose and a loss of nasal tip profile.

The DC also found that the use of SmartLipo on the nasal tip for the purpose of sharpening the nasal tip was an inappropriate procedure. SmartLipo as a tool to refine the nasal tip is not a proven method and there is no medical literature that supports this use of SmartLipo. The DC acknowledged the views of expert witnesses, that the appropriate and indicated treatment for de-fattening the nasal tip fat pad should be Rhinoplasty.

Taking the evidence and mitigating factors into consideration, the DC ordered that Dr Chee be suspended from practice for 6 months and censured. The DC also ordered that Dr Chee provide a written undertaking to the SMC that he will not engage in the conduct complained of, or any similar conduct. He was also ordered to pay the costs and expenses of and incidental to these proceedings, including the costs of the Counsel to the SMC and the Legal Assessor. The DC also ordered that the Grounds of Decision be published.

### Case 5 | Dr Singh Tre'gon Randhawa

The medical officer initially faced 80 charges. 3 of the charges related to one patient and the remaining related to another patient. The 80 charges against Dr Singh was that:

- (a) he knowingly and intentionally accessed and read the Electronic Medical Records (or "EMR") of the patients concerned on the occasions stated in the charges;
- (b) the patients were not under his clinical care and management;
- (c) he did not obtain the patients' consents;
- (d) he had violated the patients' confidentiality; and
- (e) he had violated the SingHealth Group's IT Security Policy.

At the start of the hearing before the DC, Dr Singh pleaded guilty to 6 charges of professional misconduct. The DC accepted his plea of guilt and accordingly convicted him of the 6 charges. In addition, the SMC and Dr Singh gave consent for 74 similar charges to be taken into consideration by the DC for the purposes of sentencing.

In arriving at its decision on the appropriate sentence to be given, the DC noted the following:

- (a) There was nothing pressing during the material time that necessitated Dr Singh to look at the first patient's records.
- (b) With regard to the second patient, while Dr Singh had, in his mitigation, stated that he was under tremendous pressure from the troubling and distressing behaviour of the patient when he accessed the patient's EMR, and he had done so out of fear and a need to minimize contact with the patient, it cannot be denied that the practitioner did it knowingly and in violation of his duties as a medical practitioner.

## DISCIPLINARY INQUIRIES

- (c) It is a cornerstone of the ethics of the medical profession that the privacy of patients is maintained at all times; patients therefore have an implicit trust and belief that doctors will not disclose their medical records to third parties without their consent. To breach this rule is to violate the trust reposed in doctors by members of the public.
- (d) The present case is the first of its kind and the DC has to decide, given the unique facts of this case, the appropriate sentence to be meted out.
- (e) Ordinarily, if a doctor accessed the EMR of a patient who is not under his care or clinical management, he ought to be visited with a punishment of suspension or striking off. This is if he acted out of malice or for profit, depending on the circumstances of the case.
- (f) In making its orders for this case, the DC is not seeking to create a benchmark sentence or precedent for future cases where similar charges are brought.

The DC also considered the practitioner's mitigating factors, including the following:

- (a) Dr Singh is a young doctor with a promising medical career ahead of him and that save for these instances of misconduct, his record is exemplary;
- (b) Dr Singh has taken responsibility for his conduct from the first instance it was brought to his attention by his employers and had pleaded guilty thereby saving the DC much time; and
- (c) Dr Singh was not motivated by malice towards the patients when he accessed their EMRs. The DC noted that he did it out of a sense of desperation and self protection and when he did the acts, he had lost his sense of reason and forgot his duty and obligations to patients of KK Hospital.

In the circumstances, taking the evidence and mitigating factors into consideration, the DC ordered that Dr Singh be fined the sum of \$10,000 and censured. He was also 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 that he pay the costs and expenses of and incidental to these proceedings, including the costs of the solicitor to the SMC and the Legal Assessor. The DC also ordered that its Grounds of Decision be published.

### (B) IMPROPER ACT OR CONDUCT LEADING TO THE DISREPUTE OF THE MEDICAL PROFESSION

#### Case 6 | Dr Ho Mien

The DC found the house officer guilty on 2 charges of having engaged in an improper act or conduct that brought disrepute to the medical profession. These charges arose from Dr Ho's conduct in making claims for monetary compensation on the grounds of having completed night call duties despite not having actually performed such night call duties.

The DC was of the view that Dr Ho's conduct was not a trivial matter, and that if left unchecked, such conduct would have a detrimental effect on the training of doctors. The DC was also of the view that the wrong message would be sent to doctors under training if it were to condone the practitioner's conduct, and that a substantial punishment would be appropriate so that practitioners are deterred from such conduct.

Nonetheless, the DC also considered the following mitigating factors:

- (a) Dr Ho had produced substantial and impressive testimonial in favour of his abilities as a doctor and in respect of his contributions to public service;
- (b) The incidents of misconduct took place early in his career and the DC was therefore reluctant to impose a financial hardship on him as an act of mercy; and
- (c) The proceedings had taken some time, during which Dr Ho could not complete his training as a doctor.

In the light of all the circumstances and after due consideration, the DC determined that Dr Ho be censured and that he shall give a written undertaking to the SMC that he will not engage in the conduct complained of or any similar conduct. The DC also ordered that Dr Ho pay the costs and expenses of, and incidental to, these proceedings, including the costs of Counsel to the SMC and the Legal Assessor. The DC also ordered that the Grounds of Decision be published.



## DISCIPLINARY INQUIRIES

### (C) NON-MEDICALLY PROVEN REMEDIES

#### Case 7 | Dr Wong Yoke Meng

The obstetrician and gynaecologist faced seven charges of professional misconduct for offering various procedures which were alleged to be not medically proven as treatments:

- (a) Stem cell treatment ("the 1st Charge");
- (b) Colonic Irrigation as "Detox Medicine" ("the 2nd Charge");
- (c) Chelation as "Detox Medicine" ("the 3rd Charge");
- (d) Detoxification for Heavy Metals as "Detox Medicine" ("the 4th Charge");
- (e) Face Treatment using Oxygen ("the 5th Charge");
- (f) Lymphatic Drainage in the process of non-surgical facelift (the 6th Charge); and
- (g) Nutritional Therapy in the form of vitamins and antioxidant supplements ("the 7th Charge").

The procedures in the 1st to 4th Charges were offered by Dr Wong by way of an advertisement published in the 2007 edition of the "The Guide to Singapore's Private Medical & Dental Specialist Care" ("the Advertisement"). The procedures in the 5th to 7th Charges were offered by Dr Wong as part of the clinic's "Stem Cells Programme" ("Stem Cells Programme").

Dr Wong pleaded guilty to the 1st Charge and contested the remaining charges. At the conclusion of the inquiry, the DC convicted Dr Wong on the 1st, 3rd, 4th and 5th Charges and acquitted him of the 2nd, 6th and 7th Charges.

#### Charges on which Dr Wong was convicted

Dr Wong was convicted of the 1st Charge which alleged that he had offered in the Advertisement, stem cell treatment for cellular rejuvenation, outside the context of a formal and approved clinical trial.

In respect of the 3rd Charge, the DC noted that the crux of the charge was:

- (1) whether Dr Wong offered Chelation as a treatment for detoxification in the absence of confirmed toxicity; and if so,
- (2) whether Chelation was medically proven as a treatment for detoxification in the absence of confirmed toxicity.

In relation to the first issue, the DC was of the view that the focus of the Advertisement was clearly on preventive therapies to combat or manage the effects of aging, before the onset of actual illness. In the context of the Advertisement, Chelation was offered as a preventive therapy, before the onset of a medical condition.

In relation to the second issue, they noted that the prosecution's expert had given evidence that:

- (a) Chelation was usually used to treat patients where there was evidence of excess or toxic metals in the body;
- (b) there was limited evidence on the safety and efficacy of Chelation therapy;
- (c) neither Chelation nor detoxification for heavy metals was generally accepted by the medical profession as standard therapy in the absence of confirmed toxicity; and
- (d) Chelation for general well-being was not generally accepted as a standard form of therapy in the medical profession.

Dr Wong did not adduce any expert evidence. The DC also noted that Dr Wong had in his own documents stated that Chelation / Detoxification for Heavy Metals were not offered "*for the treatment for any particular illness / medical condition*" and that he also agreed that "*Chelation should be carried out on a patient only where there is evidence of excess toxic metals in the body*".

The DC was therefore satisfied that Chelation was not medically proven, and was not generally accepted by the medical profession in Singapore, as a treatment for detoxification in the absence of confirmed toxicity.

The DC found that Dr Wong had breached paragraph 4.1.4 of the SMC ECEG which states that:

#### "4.1.4 Untested practices and clinical trials

*A doctor shall treat patients according to generally accepted methods and use only licensed drugs for appropriate indications. A doctor shall not offer to patients, management plans or remedies that are not generally accepted by the profession, except in the context of a formal and approved clinical trial.*

## DISCIPLINARY INQUIRIES

*A doctor who participates in clinical research must put the care and safety of patients first. If a doctor wishes to enter a patient into a clinical trial, he must ensure that the trial is approved by an ethics committee and conforms to the Good Clinical Practice Guidelines. In addition, informed consent must be obtained from the patient.*

*It is not acceptable to experiment or authorise experiments or research which are not part of a formal clinical trial and which are not primarily part of treatment or in the best interest of the patient, or which could cause undue suffering or threat to the life of a patient."*

The DC was of the view that paragraph 4.1.4 of the ECEG represents some of the fundamental tenets of conduct and behaviour expected of doctors practising in Singapore and that the objective was to ensure that doctors provide competent and appropriate medical care to patients and will not, by their conduct or behaviour or professional activity, cause any patient to suffer harm. It was by doctors adhering to these requirements and the other requirements in the ECEG that patients and the public can repose trust and confidence in the medical profession. The DC went on to opine that paragraph 4.1.4 of the ECEG applies to any treatment, management plan or remedy given by a doctor, so long as it was given by the doctor in his professional capacity as a medical practitioner, or as part of his professional practice or professional activity. The doctor must, as a fundamental tenet of his professional conduct and in discharge of his professional duty and responsibility, only offer treatments, management plans or remedies which were generally accepted by the medical profession, except when they were offered in the context of a formal and approved clinical trial.

The DC rejected Dr Wong's contention that in the application of paragraph 4.1.4 of the ECEG, the meaning of "*management plans or remedies*", should be limited to only management plans and remedies which were offered for the treatment of a particular illness or medical condition or disease. The DC noted that there was no distinction between a management plan or remedy offered as a treatment for a particular illness or medical condition or disease, and that for maintaining general well-being in the absence of illness or medical condition or disease.

The DC concluded that Dr Wong offered Chelation as a management plan or remedy in his professional capacity as a medical practitioner, or as part of his professional practice, and because Chelation was not medically proven nor generally accepted by the medical profession in Singapore as a treatment for detoxification in the absence of confirmed toxicity, the DC found Dr Wong guilty of the 3rd Charge.

Similarly, in respect of the 4th Charge, in the context of the Advertisement, the DC found that Detoxification for Heavy Metals was offered by Dr Wong as a preventive therapy, before the onset of an actual medical condition, i.e. before the patient suffered from toxicity. The DC noted that the prosecution's expert gave evidence that:

- (a) there was currently no clear cut evidence to suggest clinical benefit for heavy metal chelation therapy where there was no heavy metal toxicity or evidence of increased tissue/plasma or urine concentrations of such metals; and
- (b) neither Chelation nor Detoxification for Heavy Metals was generally accepted by the profession as standard therapy in the absence of confirmed toxicity.

Dr Wong also did not adduce any expert evidence in respect of the 4th Charge. The DC noted that The practitioner had in his own documents stated that Chelation / Detoxification for Heavy Metals were not offered "*for the treatment for any particular illness / medical condition.*"

The DC concluded that Dr Wong offered Detoxification for Heavy Metals as a management plan or remedy in his professional capacity as a medical practitioner and because Detoxification for Heavy Metals was not medically proven and was not generally accepted by the medical profession in Singapore as a treatment for detoxification in the absence of confirmed toxicity, the DC found that Dr Wong had breached paragraph 4.1.4 of the ECEG. The DC therefore found Dr Wong guilty of the 4th Charge.

The 5th Charge alleged that Dr Wong offered Face Treatment using Oxygen to his patients after carrying out laser and Intense Pulse Light (IPL) Treatments on their faces, and that such Face Treatment using Oxygen was not medically proven as a treatment. The DC noted that Dr Wong carried out "*Oxygen Therapy*" by administering oxygen on the face using an oxyjet machine through a mask.

## DISCIPLINARY INQUIRIES

The DC rejected Dr Wong's contention that he was not offering Face treatment using Oxygen as a medical treatment, but was offering it as an ancillary procedure used to cool and soothe the skin on the face after the primary procedure of laser and IPL treatment. The DC was of the view that there was no distinction between a management plan or remedy which was a "primary treatment" and a management plan or remedy which was "ancillary" to that "primary treatment". As long as the management plan or remedy, whether primary or ancillary, was offered by the doctor in his professional capacity as a medical practitioner, or as part of his professional practice or professional activity, paragraph 4.1.4 of the ECEG applied to that management plan or remedy.

The DC also found that Dr Wong's testimony was contradictory. In his earlier letters to the Ministry of Health and to the Complaints Committee of the SMC, he claimed that he had an oxyjet machine for face treatment, and that the oxygen treatment helped in healing of the skin. However, during the inquiry, in an attempt to portray the oxygen treatment as an ancillary procedure, he claimed that the oxygen was simply used to "cool and soothe" the skin after laser and IPL treatments. The DC did not accept his evidence.

The DC emphasized that the question, therefore, was whether spraying oxygen over the face after laser and IPL treatment was medically proven as a treatment, and that the question of whether laser and IPL treatments were themselves recognised and accepted as treatments was entirely irrelevant to the charge.

The DC noted the prosecution's expert's evidence that giving oxygen to an asymptomatic patient i.e. one not suffering from lack of oxygen and was not breathless, was not justified, and such a treatment was scientifically unsound in logic and non evidence-based. Therefore, whether oxygen was used by Dr Wong only to cool and soothe the face after laser and IPL treatments, or whether it was used to help healing, the DC found that both uses of oxygen were not medically proven as a treatment. The practitioner also did not adduce any evidence to prove otherwise. Accordingly, the DC found Dr Wong guilty of the 5th Charge.

### Charges on which Dr Wong was acquitted

In relation to the 2nd Charge, the DC was not satisfied that it had been proven beyond a reasonable doubt that Colonic Irrigation was not medically proven as a treatment for detoxification because:

- (a) the prosecution's expert had acknowledged that various forms of Colonic Irrigation were recognized as treatment for patients with chronic constipation and colostomies, as well as for bowel preparation prior to procedures such as colonoscopy; and
- (b) the prosecution's expert agreed that Colonic Irrigation was a procedure for removing waste and toxins from the bowels. The DC acquitted Dr Wong of the 2nd Charge.

The 6th Charge alleged that Dr Wong offered Lymphatic Drainage in the process of non-surgical face-lifts to his patients, and that the use of Lymphatic Drainage in the process of non-surgical face-lifts was not medically proven as a treatment.

Based on the evidence, the DC accepted that Dr Wong offered Lymphatic Drainage in the process of non-surgical facelift using a radio frequency machine referred to as a cellultron machine. The DC also accepted Dr Wong's reliance on the Guidelines on Aesthetic Practices for Doctors (updated in October 2008) ("Aesthetic Guidelines") to show that Lymphatic Drainage as part of non-surgical face-lift was in fact medically proven as a treatment, even though the treatments were offered earlier in 2007. The DC noted that even though the Aesthetic Guidelines were updated in October 2008, they did not come about overnight. A treatment or procedure which was already well-established and acceptable as at October 2008 might already have been well-established and acceptable well before that time, especially since the guidelines were based on a report issued in 2007. The DC noted that List A of the Aesthetic Guidelines included "Radiofrequency, Infrared and other devices e.g. for skin tightening procedures" as being "supported by moderate to high level of scientific evidence and/or have local medical expert consensus that the procedures are well-established and acceptable".

The DC accepted Dr Wong's evidence that the radiofrequency machine was used to carry out lymphatic drainage as part of non-surgical facelift, which was a non-invasive skin tightening procedure. That being so, lymphatic drainage as offered by Dr Wong was "supported by moderate to high level of scientific evidence and/or have local medical expert consensus that the procedures are well-established and acceptable". Accordingly, the DC acquitted him of the 6th Charge.

## DISCIPLINARY INQUIRIES

The 7th Charge alleged that Dr Wong offered Nutritional Therapy in the form of vitamins and antioxidant supplements to his patients, and such use of Nutritional Therapy in the form of vitamins and antioxidant supplements in the absence of deficiency of these substances was not medically proven as a treatment.

The DC noted that the prosecution's expert had accepted that there were instances where nutritional therapy in the form of vitamins and antioxidants may be offered even in the absence of actual deficiency of those substances, for example, where an individual was at risk of being deficient, before being actually deficient in those substances. In such instances, nutritional therapy in the form of vitamins and antioxidants was generally accepted by the medical profession as long as those substances were administered within their recommended dosage. The DC therefore did not agree that in unqualified terms, that nutritional therapy in the form of vitamins and antioxidants in the absence of deficiency of those substances was not generally accepted by the medical profession. Accordingly, the DC acquitted Dr Wong of the 7th Charge.

Taking all the circumstances into consideration, the DC ordered that Dr Wong be fined \$10,000 and censured. The DC also ordered that he give a written undertaking to the SMC that he will not engage in the conduct complained of or any similar conduct. Dr Wong was also ordered to pay the costs and expenses of and incidental to these proceedings, including the costs of the solicitors to the SMC and the Legal Assessor.

### Case 8 | Dr Wong Yoke Meng

The obstetrician and gynaecologist faced 13 charges of professional misconduct in respect of his treatment of 4 patients. The charges were as follows:

#### Patient 1

- (a) 1 charge of carrying out intra-muscle and intra-thecal stem cell injections ("stem cell injections") on the patient, which was not medically proven as a treatment for amyotrophic lateral sclerosis ("ALS"), a condition which the patient was suffering from, outside the context of a formal and approved clinical trial (Charge 1);
- (b) 1 charge of failing to obtain the patient's informed consent prior to carrying out the stem cell injections (Charge 2); and
- (c) 1 charge of carrying out a procedure, i.e. the stem cell injections, outside his registered specialty of obstetrics and gynaecology (Charge 3).

#### Patient 2

- (a) 1 charge of carrying out Colonic Irrigation, which was not medically proven as a treatment for any condition documented in the patient's medical records (Charge 4);
- (b) 2 charges of carrying out procedures, namely, Coffee Enema and Chlorophyll Enema, which were not medically proven as a treatment for any medical condition (Charges 6 and 8); and
- (c) 3 charges of failing to obtain the patient's informed consent prior to carrying out the said procedures, i.e. Colonic irrigation, Coffee Enema and Chlorophyll Enema (Charges 5, 7 and 9).

#### Patient 3

- (a) 1 charge of carrying out a procedure, i.e. Coffee Enema, which was not medically proven as a treatment for any medical condition (Charge 10); and
- (b) 1 charge of failing to obtain the patient's informed consent prior to carrying out the Coffee Enema (Charge 11).

#### Patient 4

- (a) 1 charge of carrying out a procedure, i.e. Coffee Enema, which was not medically proven as a treatment for any medical condition (Charge 12); and
- (b) 1 charge of failing to obtain the patient's informed consent prior to carrying out the Coffee Enema (Charge 13).

#### Charge 1

Dr Wong admitted that he had administered the stem cell injections and that stem cell treatment was not medically proven as a treatment for ALS which Patient 1 was suffering from.

#### Charge 2

Dr Wong's testimony that the verbal consent given to a Swiss visiting doctor (whom Dr Wong had referred Patient 1 to in order to find out more about using stem cells to treat ALS) and the email correspondence between parties showing that Patient 1 had understood the procedure, was wholly inadequate and insufficient to constitute informed consent.

## DISCIPLINARY INQUIRIES

### Charge 3

The DC did not accept Dr Wong's testimony that the training he underwent 25 years ago for lumbar punctures sufficiently qualified him to administer the stem cell injections for treatment of ALS, a neurological disease. They were of the view that introducing a foreign material into a patient's intrathecal space had serious potential consequences and should only be conducted by a medical practitioner treating an appropriate clinical disease.

### Charges 4 to 13

The DC found that Dr Wong did hold and carried out Colonic Irrigation, Coffee Enema and Chlorophyll Enema as medical treatments for medical conditions which the 3 patients did not have. It was unacceptable that any form of procedure or treatment not medically proven should be permitted to be carried out in a clinic under the supervision of a doctor, giving the impression to the patient that the procedure carried out was an accepted form of treatment, since it was performed by or under the supervision of the doctor.

Dr Wong admitted that no documented informed consent was taken before the procedures were performed. The DC found that verbal explanation and/ or oral consent were not acceptable and found the practitioner guilty of not obtaining informed consent from the 3 patients.

Taking all the circumstances into consideration, the DC ordered that:

- (a) in respect of Charges 1 to 3 relating to Patient 1, that Dr Wong be suspended for 12 months;
- (b) in respect of Charges 4 to 13 relating to Patients 2, 3 and 4, that Dr Wong be fined \$10,000;
- (c) in respect of all 13 charges, that Dr Wong be censured, provide a written undertaking to the Medical Council that he will not engage in the conduct complained of or similar conduct, and pay the costs and expenses of and incidental to these proceedings, including the costs of the solicitors to the SMC and the Legal Assessor; and
- (d) the Grounds of Decision be published.

Dr Wong filed an appeal to the High Court in respect of the sentence imposed on Charges 1 to 3. The appeal was heard on 26 September 2011 and was dismissed by the High Court with costs. The 12-month suspension imposed by the DC on Dr Wong was upheld.

### Case 9 | Dr Lee Siow Kiang Georgia

The medical practitioner faced 6 charges of professional misconduct for breach of the obligation under the SMC ECEG to administer treatments "generally accepted" by the medical profession. A treatment was "generally accepted" by the medical profession if it satisfied the criteria for evidence-based medicine, i.e. it was supported by credible studies published in peer-reviewed journals with statistically significant results. The objective of the ECEG was to ensure that the *"treatment methods for patients had scientific and medical basis, such that it would be for the benefit of patients."*

The 6 charges were as follows:

- (a) Offering Mesotherapy (skin rejuvenation and cellulite reduction) treatments, which involved microinjections of compounds such as medication, multivitamins, anti-oxidants, minerals or amino acids into the skin (the 1st Charge);
- (b) Offering and performing Meso-rejuvenation treatments, which involved microinjections of multivitamins into the skin (the 2nd Charge);
- (c) Offering and performing Meso-cellulite reduction treatments, which involved microinjections of compounds such as medication, multivitamins, anti-oxidants, minerals or amino acids into the skin (the 3rd Charge);
- (d) Offering and performing Carboxytherapy treatments, which involved injections of carbon dioxide into the skin (the 4th Charge);
- (e) Offering and performing Growth Hormone Therapy treatments, which involved the use of Growth Hormone supplements as an anti-ageing treatment (the 5th Charge); and
- (f) Offering and performing Vitamin C therapy, which involved the intravenous administration of low doses of Vitamin C, in the treatment of post-inflammatory hyperpigmentation (the 6th Charge).

Dr Lee contested all 6 charges. The DC convicted her on the 3rd, 4th and 6th Charges and acquitted her of the 1st, 2nd and 5th Charges.

## DISCIPLINARY INQUIRIES

The 1st Charge was dismissed as the matters complained of in the 1st Charge overlapped with the matters in the 2nd and 3rd Charges. In respect of the acquittal of the 2nd and 5th Charge, the DC was satisfied that Dr Lee had offered the procedures but preferred to give her the benefit of doubt as she claimed she did not perform the procedures as charged.

With regard to the 3rd Charge, the DC found that Dr Lee had offered Meso-cellulite reduction as a means of fat reduction using the Mesotherapy method of treatment on her website and the publications referred to by her to justify the practice of Mesotherapy were not credible enough to show that it was evidence-based. Although Dr Lee had denied offering Meso-cellulite reduction treatments, the DC noted that she had been interviewed and reported in various newspaper articles and magazines as having performed this procedure.

For the 4th Charge, as it was not disputed that Dr Lee had carried out Carboxytherapy, the only issue was whether Carboxytherapy was evidence-based. The DC was of the view that the articles relied upon by Dr Lee were of low-level of evidence which fell short of the requisite quality of evidence. In addition, the DC found that Dr Lee's expert witness could not provide information about the evidence-based nature of Carboxytherapy as she had not been involved in any clinical research nor authored any medical paper on Carboxytherapy. As Dr Lee did not show that she performed Carboxytherapy in a formal and approved clinical trial, she was found guilty.

For the 6th Charge, the DC noted that Dr Lee did not dispute the allegation that she had carried out Vitamin C therapy. The DC found that the various articles she provided on the application of Vitamin C for melasma were irrelevant as they were for the topical application of Vitamin C. The DC also noted that an article Dr Lee authored on the intravenous administration of Vitamin C, which she relied on to support her defence to the 6th Charge, was anecdotal in nature and of low-level of evidence. Further, the DC noted that she had not disclosed the fact that there was an MOH complaint against her prior to the publication of the article even though this was appropriate.

The DC stated that Dr Lee's misconduct was serious. The importance of the ECEG was underscored as doctors were placed in positions of trust as patients relied on them for appropriate treatments. Whether a method

of treatment is generally accepted has to be a "*medical*" question to be determined by the medical profession, and not an "*empirical*" one based on how prevalent it was in practice. A medically-unsubstantiated practice did not become generally accepted through its prevalence in practice. Doctors would not be acting responsibly if they just followed other doctors' practices or treated patients according to what patients wanted. They had to use their independent judgment and evaluate whether practices were evidence-based and would benefit patients. Even for aesthetic procedures, despite what patients might want, doctors had a duty to administer appropriate treatments with benefits that were medically proven by research evidence, and explain to patients the actual benefits of the treatment. This would help the patient decide whether to undergo the aesthetic treatment. If doctors wanted to perform non generally accepted treatments, this could only be done in the context of formal and approved clinical trials.

The DC indicated that they would have imposed a period of suspension but for the mitigating circumstances:

- (a) At the material time of the misconduct, there were no guidelines on the offending procedures; and
- (b) No substantial harm was inflicted on the patients.

The DC also indicated that they would have imposed a much higher fine but were restricted to the maximum fine of \$10,000 under the applicable Medical Registration Act ("MRA").

As such, the DC therefore ordered that Dr Lee be fined the maximum amount of \$10,000, censured and give a written undertaking to the Medical Council that that she would not engage in the conduct complained of or any similar conduct, save that for procedures now regulated by the MOH guidelines on aesthetic medicine, she could practice those procedures in compliance with the appropriate guidelines. Dr Lee was also ordered to pay the costs and expenses of and incidental to these proceedings, including the costs of the solicitors to the SMC and the Legal Assessor.

Dr Lee has since appealed to the Court of 3 Judges against the order made by the DC in respect of the costs of the solicitors to the SMC.

## DISCIPLINARY INQUIRIES

### Case 10 | Dr Low Chai Ling

The medical practitioner faced 7 charges of professional misconduct for breach of the obligation under the SMC's ECEG to administer treatments "generally accepted" by the medical profession. To be "generally accepted", treatments had to accord with "Evidence-Based Medicine", i.e. be substantiated and validated by medical research, with benefits for patients. The underlying purpose of the ECEG was to ensure that patients are offered competent medical treatments that were beneficial, with scientific basis as to their efficacy.

The 7 charges were as follows:

- (a) Offering and performing "Mesotherapy for fat deposits" – purported treatments for weight loss, cellulite reduction and body sculpting, which involved microinjections into the skin (the 1st Charge);
- (b) Offering and performing "MesoGlow" for "skin rejuvenation" purportedly to "promote production of collagen and elastin" and "stimulate the metabolism", which involved microinjections of anti-oxidants, vitamins, minerals and amino acids into the skin (the 2nd Charge);
- (c) Offering and performing "Mesolift" purportedly for "skin rejuvenation", which involved microinjections of potent vitamins and anti-oxidants into the skin (the 3rd Charge);
- (d) Offering and performing "Stem Cell Extract Facial Therapy" purportedly to "maintain... skin in an optimal condition and to slow down the process of ageing", which involved injecting a substance known as "Advanced Adipocyte Protein Extract" ("AAPE") into the skin (the 4th Charge);
- (e) Offering and performing "Stem Cell Extract Scalp Therapy" purportedly to "reverse the balding process... to rejuvenate scalp and strengthen or thicken...existing hair", which also involved injecting AAPE into the scalp (the 5th Charge);
- (f) Offering and performing "Sonophoresis" treatment purportedly to "infuse...skin with high levels of vitamins" to achieve "enhanced permeability of the skin", which involved the use of sound waves to increase penetration of substances such as Vitamin C into the skin (the 6th Charge); and
- (g) Offering and performing "Carboxytherapy" treatment purportedly to "kill fat cells...increase blood flow...oxygen to eliminate the built up of fluid between the cells. The end result is fewer fat cells and firmer subcutaneous tissue", which involved injecting carbon dioxide into the skin (the 7th Charge).

Dr Low contested all 7 charges. The DC convicted her on the 1st, 2nd, 4th, 6th and 7th Charges and acquitted her of the 3rd and 5th Charges.

The DC found that Dr Low had offered Mesotherapy for fat deposits and MesoGlow on her website and did not dispute that she had performed the procedures. She had also admitted to using phosphatidylcholine, a substance used to remove fat deposits which are controversial. After perusing the various medical literatures on Mesotherapy for fat deposits, the DC was of the view that the publications Dr Low relied on were of low-level evidence, non-conclusive or observational studies. As such, they did not show that Mesotherapy for fat deposits was evidence-based. For MesoGlow, Dr Low could not show any pertinent publication. The DC therefore found her guilty of the 1st and 2nd Charges.

For the 4th Charge, the DC found that it was clear that Dr Low had offered Stem Cell Extract Facial Therapy on her website. Although she denied performing the procedure, she was reported in an interview explaining how the procedure was done by injecting AAPE, which she claimed was similar to Adipose Derived Stem Cells ("ADSC"). After perusing the medical literature on ADSC, the DC held that ADSC was distinct from AAPE and further, there was nothing to show that either stem cells (ADSC) or protein extracts (AAPE) is of significant benefit to the skin. Thus, Stem Cell Extract Facial Therapy was not evidence-based medicine. While Dr Low denied carrying out Stem Cell Extract Facial Therapy through injections and claimed it was topically applied, she did not make any attempt to correct the article if it was indeed an error. In view of this and the DC's finding that Dr Low's explanation and evidence relating to her claim that she did not perform Stem Cell Extract Facial Therapy by injections was unsatisfactory, the DC found that she had performed Stem Cell Extract Facial Therapy as charged.

Dr Low claimed that Sonophoresis was carried out by her nurses. The DC noted that doctors retained a duty of supervision. Dr Low's claim that it was a complimentary procedure to cool the skin after laser treatment did not find agreement with the DC as it held the view that it did not matter whether Sonophoresis was offered as a complimentary or stand-alone procedure, the question was whether Sonophoresis was evidence-based medicine. In this regard, the DC noted a lack of good quality articles to show medical basis for the use of Sonophoresis for the administration of Vitamin C. Accordingly, Dr Low was guilty of the 6th Charge.

## DISCIPLINARY INQUIRIES

As it was not disputed that the practitioner had carried out Carboxytherapy, the issue was whether it was generally accepted by the medical profession. The DC was of the view that the various articles the practitioner referred to did not meet the required threshold to show that Carboxytherapy was generally accepted. In particular, the DC was concerned that the article on Carboxytherapy, authored by Dr Georgia Lee, which the practitioner relied on, was not only of low-level evidence but also failed to declare Dr Lee's conflict of interest given that Dr Lee was a vendor of Carboxytherapy machines. The DC concluded that the practitioner was guilty of the 7th Charge.

The DC stated that Dr Low's misconduct was serious. An "offer" of treatment under the ECEG existed so long as a doctor made a representation to the public that he or she provided a specific treatment at his clinic. Patients relied on doctors for guidance and advice as to the appropriateness of treatment, and this reliance underscored the importance of the ECEG. The effect of the ECEG was that a doctor could not offer methods of treatments which are not "generally accepted", unless it was "in the context of a formal and approved clinical trial". Once a treatment was represented as a medical treatment and carried out as such, that treatment must be a medical treatment or service offered "with a basis in medical science". It followed that doctors should not offer treatments based on what patients or the commercial market demanded but only what was "generally accepted". The latter was not dictated by whether it was widely practiced by a large number of practitioners, but by whether it was beneficial and based on medical science.

In considering the sentence, the DC noted that the complaint against Dr Low did not arise from a patient and there was no evidence of patient harm. Further, when the misconduct was committed, there were no guidelines from MOH on the treatments in question. The DC also noted Dr Low's acts of kindness and public service which her counsel had submitted on her behalf in mitigation.

The DC indicated that they only refrained from imposing a period of suspension on Dr Low as the minimum period of suspension under the applicable MRA was 3 months and to impose this would over-punish her. Given the seriousness of the misconduct, the DC stated that an appropriate fine should exceed the maximum of \$10,000 allowed under the applicable MRA. Whilst they imposed the maximum fine of \$10,000 under the applicable MRA on Dr Low, they stated that for future cases of such misconduct, the fines imposed might exceed this amount depending on the gravity and nature of the misconduct.

At the conclusion of the inquiry, the DC ordered that Dr Low be fined \$10,000, censured and that she give a written undertaking to the SMC that she would not engage in the conduct complained of or any similar conduct, save that for procedures now regulated by the MOH guidelines on aesthetic medicine, she could practice those procedures in compliance with the appropriate guidelines. Dr Low was also ordered to pay 80% of the costs and expenses of and incidental to these proceedings, including the costs of the solicitors to the SMC and the Legal Assessor.

Dr Low has since appealed to the Court of 3 Judges in respect to the verdict and orders made by the DC.

### (D) CONVICTED FOR CRIMINAL OFFENCE IN FRAUD / DISHONESTY BY THE LAW

#### Case 11 | Dr Quah Weiren Charles Abraham

A previously provisionally registered medical practitioner at the time of his conviction has pleaded guilty to the charge before the DC for having been convicted of an offence involving fraud or dishonesty, i.e. the offence of theft.

On 15 June 2009, Dr Quah pleaded guilty to 1 charge of theft and was convicted at the Subordinate Courts of Singapore under Section 379 of the Penal Code. He was a Houseman and was provisionally registered as a medical practitioner at the time of his conviction. Dr Quah had paid a fine of \$3,000 in default of a 3 weeks' imprisonment. Pursuant to Section 39(3) of the MRA which states that:

*"Where a registered medical practitioner has been convicted in Singapore or elsewhere of an offence involving fraud or dishonesty or has contravened section 64, 65 or 67, the Medical Council shall, notwithstanding subsection (1) or (2), immediately refer the matter to a Disciplinary Committee under section 42."*

Accordingly, the SMC referred Dr Quah's conviction to the DC on 5 February 2010 for a formal inquiry.

The DC noted Dr Quah's mitigation plea that he was not a registered medical practitioner when the offence was committed and that he is no longer a registered medical practitioner following the cancellation of his provisional registration on 25 April 2011 by the SMC for his failing to pass the Houseman training requirement.



## DISCIPLINARY INQUIRIES

The DC accepted as mitigating circumstances that the crime was committed by Dr Quah when he was experiencing stress factors, though they are not a valid excuse for the commission of the theft. The DC also took into account the fact that he had been punished by the Court and had been fined accordingly.

Having taken into account the mitigating factors of the case, the DC ordered that Dr Quah be censured and that he give a written undertaking to the SMC that he will not engage in the conduct complained of or any similar conduct. He was also ordered to pay the costs and expenses of and incidental to the inquiry proceedings, including the costs of the Counsel to the SMC and the Legal Assessor.

Finally, the DC pointed out that this decision should not be cited as a precedent that for misconduct arising from a conviction upon a criminal offence involving fraud or dishonesty, a sentence should not carry with it a period of suspension. It would only be in very exceptional circumstances that a sentence would not involve a suspension or removal from the medical register. The DC also ordered that the Grounds of Decision be published.

### (E) EXCESSIVE / INAPPROPRIATE PRESCRIPTION OF DRUGS (i) HYPNOTICS AND CODEINE-CONTAINING MEDICATION

#### Case 12 | Dr Khoo Buk Kwong

The general practitioner pleaded guilty to 24 charges of professional misconduct in failing to exercise due care in the management and/or treatment of his patients for the period from 1999 – 2008. The charges relate to:

- Inappropriately prescribed hypnotic medication and codeine-containing medication;
- Failure to set up any or any sufficient management plan for the treatment of the patients' medical condition;
- Failure to taper the prescription of hypnotic medication to the patient; and
- Failure to record or document in the patients' Patient Medical Records sufficient details of the patients' diagnosis, symptoms and condition.

In mitigation, Dr Khoo submitted to the DC:

- That he had been providing for and taking care of his aged parents, who have been chronically ill. He had also been providing for and taking care of two schizophrenic siblings.
- That he had faced severe matrimonial problems. In addition to providing maintenance for his wife and children, he had to cope with and provide for an autistic child.
- That he was an undischarged bankrupt due to a failed business venture and that medical practice was the only feasible way to earn a living and to provide for his dependents.
- That he had not exceeded the prescription limits for codeine cough mixture set out in the guidelines.
- That there had been regular documentation regarding the counselling and advice that he had given the patients concerned.
- That, for some of the cases, he had discontinued the dispensing and referred to psychiatrist/specialist before the MOH inspection.
- That he was remorseful and repentant and undertake not to repeat such conduct.
- That he was going through a period of great stress and difficulty in his personal life, which had adversely affected his health.

Having reviewed the relevant circumstances and having taken into account the mitigating factors of the case, the DC ordered that Dr Khoo be suspended from practice for a period of 3 months, be fined a sum of \$2,000, be censured and that he give a written undertaking to the SMC that he will not engage in the conduct complained of or any similar conduct. He was also ordered to pay the costs and expenses of and incidental to the proceedings, including the costs of the Counsel to the SMC and the Legal Assessor.

## DISCIPLINARY INQUIRIES

### Case 13 | Dr Phan Oi Peng

The general practitioner initially faced 25 charges of professional misconduct for failing to exercise due care in the management of her patients with benzodiazepines, and/or medication containing codeine.

The substance of the charges against Dr Phan is that she failed to exercise due care in the management of her patients by inappropriately prescribing hypnotics and/or codeine-containing medication either in terms of the amount prescribed or in terms of the duration over which they were prescribed for the patients.

The SMC proceeded with 19 of the 25 charges, and Dr Phan pleaded guilty to these 19 charges.

While the DC was aware that the charges against Dr Phan consisted of inappropriate prescription and no other misconduct, the DC was of the view that inappropriate prescription is a serious misconduct in itself. This is because the long-term consumption of hypnotics may lead to the development of drug dependence and tolerance by patients. Therefore, the DC stated that it was incumbent on all medical practitioners to be apprised of the current medical standards and prescribing practice, in the interests of their patients.

The DC also noted with concern Dr Phan's serious breach of the Ministry of Health's guidelines in view of the several instances of concurrent prescription of different types of cough medication and/or different types of hypnotic medication at the same consultation. Accordingly, the DC was of the view that such a breach warranted a substantial punishment.

Taking the evidence and mitigating factors into consideration, the DC ordered that Dr Phan be suspended from practice for 3 months, be fined \$3,000 and censured. The DC also ordered that she provide a written undertaking to the SMC that she will not engage in the conduct complained of, or any similar conduct. Dr Phan was also ordered to pay the costs and expenses of and incidental to these proceedings, including the costs of the Counsel to the SMC and the Legal Assessor. The DC also ordered that the Grounds of Decision be published.

### Case 14 | Dr Kong Sin Ming

The general practitioner initially faced 27 charges of professional misconduct. The charges against Dr Kong were that he had failed to exercise due care in the management of his patients by inappropriately prescribing hypnotics and/or codeine-containing medication either in terms of the amount prescribed or in terms of the duration over which they were prescribed for the patients.

The SMC proceeded with 20 of the 27 charges against Dr Kong, and he pleaded guilty to all these 20 charges.

The DC noted that while Dr Kong was charged with inappropriate prescription and no other misconduct, for example, inadequate documentation or failure to refer the patients to specialist treatment, they categorically stated that inappropriate prescription was a serious misconduct in itself. Long-term consumption of hypnotics may lead to the development of drug dependence and tolerance. Therefore, in the interests of their patients, it is incumbent on all medical practitioners to be apprised of the current medical standards and prescribing practice.

The DC also noted with concern that in Dr Kong's case, there were more than a few instances of concurrent prescription of different types of cough medication and/or different types of hypnotic medication at the same consultation. This constituted a serious breach of the guidelines issued by the Ministry of Health, which warranted a substantial punishment.

The DC further noted that for a substantial number of patients, the prescription on an overall basis took place over several years, and involved large quantities of medication being prescribed. Such practice did not allow the practitioner to closely monitor his patients' conditions in order to formulate appropriate treatment.

Taking the evidence and mitigating factors into consideration, the DC ordered that Dr Kong be suspended from practice for a period of 5 months and be fined \$5,000. The DC also ordered that he be censured and provide a written undertaking to the SMC that he will not engage in the conduct complained of, or of any similar conduct. Dr Kong was also ordered to pay the costs and expenses of and incidental to the proceedings, including the costs of the Counsel to the SMC and the Legal Assessor.

## DISCIPLINARY INQUIRIES

### Case 15 | Dr Wong Choo Wai

The general practitioner faced 27 charges of professional misconduct for failing to exercise due care in the management of his patients. The charges relate to inappropriate prescription of codeine containing medication (i.e. Dhasedyl) and/or benzodiazepines; failing to record or document details or sufficient details of the patients' diagnosis, symptoms, condition, advice given and/or management plan in the respective patients' Patient Medical Records; and failing to refer the patients to medical specialists for further management of the patients' need for codeine containing medication and/or benzodiazepines and for blood or chest x-ray investigations in respect of the patients' need for codeine containing medication.

Dr Wong pleaded guilty to 4 out of 27 of these charges, and contested the remaining 23 charges.

The DC convicted him on all the 27 charges, and came to the following conclusions:

- (a) Dr Wong did not evaluate his patients adequately or go into the history of the patients with sufficient detail before prescribing benzodiazepines to them, and there was no close monitoring of the dosages prescribed to patients;
- (b) Dr Wong ought to have treated the underlying cause of his patients' coughing symptoms (i.e. smoker's cough) and not simply provide relief for the symptoms by prescribing codeine medication. Further, his long term prescription of codeine medication put the patients at risk of addiction;
- (c) Dr Wong's standard of history taking fell short of what was required by the SMC Ethical Code and Guidelines. There was a dearth of the details of each consultation. He was unable to recollect details of the consultations even with the aid of his own records. Further, he did not document a treatment plan for treating the underlying causes of patients' need for hypnotic/cough medication, apart from the long-term prescription of such medication, which the DC did not accept to be a good clinical practice. The DC disagreed with Dr Wong's contention that, in order to amount to misconduct in this regard, there must be actual harm suffered by the patients. The DC held that it was sufficient for misconduct to be proven so long as the doctor's practice posed potential harm to befall the patients. Dr Wong's failure to maintain proper records amounted to misconduct; and

- (d) Save in respect of two charges, Dr Wong ought, but had failed, to refer the patients for further investigations by medical specialists. A doctor ought to refer patients to another doctor with the necessary expertise when the objective facts show that he is no longer capable of treating the patients or when his treatment has failed.

Having reviewed the relevant circumstances and having taken into account the mitigating factors of the case, the DC ordered that Dr Wong be suspended from practice for a period of 6 months, be censured, be fined a sum of \$5,000 and that he give a written undertaking to the SMC that he will abstain in future from the conduct complained of. He was also ordered to pay the costs and expenses of and incidental to the inquiry proceedings, including the costs of the Counsel to the SMC and the Legal Assessor. The DC also ordered that the Grounds of Decision be published.

### Case 16 | Dr Ng Chee Keong

The general practitioner initially faced 17 charges of professional misconduct for failing to exercise due care in the management of his patients by inappropriately prescribing hypnotics and/or codeine-containing medication either in terms of the amount prescribed or in terms of the duration over which they were prescribed for the patients.

The SMC proceeded with 11 of the 17 charges, and Dr Ng pleaded guilty to all 11 charges.

The DC noted that cases of over-prescription of benzodiazepines and/or codeine-containing medication were particularly troubling. Given the rising incidences of such undesirable conduct by medical practitioners, the DC was of the view that this misconduct should be treated seriously to deter any medical practitioners from committing similar acts.

In particular, the DC found the extent of Dr Ng's over-prescription to be excessive, irresponsible and potentially dangerous as his prescribing patterns were potentially habit-forming and could cause drug dependence.

## DISCIPLINARY INQUIRIES

Taking the evidence and mitigating factors into consideration, the DC ordered that Dr Ng be suspended from practice for a period of 6 months, be fined \$10,000 and censured. He was also ordered to pay the costs of and incidental to these proceedings, including the costs of the solicitors to the SMC and the Legal Assessor. The DC also ordered that the Grounds of Decision be published.

The DC did not ask Dr Ng to give an undertaking not to commit this misconduct again as they noted that he had given a prior undertaking in a separate Disciplinary Committee matter and that the undertaking was still in effect.

### Case 17 | Dr Goh Ching Luck

The general practitioner pleaded guilty to 13 charges of professional misconduct for failing to exercise due care in the management of his patients by inappropriately prescribing Benzodiazepines and/or cough mixtures containing codeine.

The DC emphasised that inappropriate prescription was a serious misconduct in itself. Hypnotic medication is prescribed for patients who have insomnia or as anxiolytics for the short term relief of anxiety. However, the long-term consumption of hypnotics may lead to the development of drug dependence, psychomotor impairment, tolerance and depression by patients. It is therefore incumbent on all medical practitioners to be appraised of the current medical standards and prescribing practice, in the interests of their patients.

The DC found that Dr Goh had acted in disregard of his professional duties because the prescription of hypnotic medication and/or codeine-based cough medication on a long-term basis was inappropriate.

The DC also noted with concern that there were more than a few instances of concurrent prescription of different types of cough medication and/or different types of hypnotic medication at the same consultation. This constituted a serious breach of the relevant Guidelines issued by the Ministry of Health due to the potentiating effect of concurrent prescription, and such a breach warranted a substantial punishment.

Taking into account the mitigating factors, the DC ordered that Dr Goh be suspended from practice for 3 months, be fined \$1,000 and censured. The DC also ordered that he provide a written undertaking to the SMC that he will not engage in the conduct complained of, or of any similar conduct. Dr Goh was also ordered to bear the costs and expenses of and incidental to these proceedings, including the costs of the Counsel to the SMC and the Legal Assessor. The DC also ordered that the Grounds of Decision be published.

### Case 18 | Dr Tan Hui Hoon

The DC convicted the general practitioner on four charges of professional misconduct under the MRA for failing to exercise due care in the management of her patients by inappropriately prescribing Benzodiazepines and for failing to exercise due care in the management of her patients by inappropriately prescribing Benzodiazepines and cough mixtures containing codeine.

Compared with the other cases that the DC was referred to (where the sentence imposed was a suspension), the DC found that the number of charges was lower and as such, the matter should be treated less severely. The DC also noted that the character references and the good that can be said of Dr Tan were compelling.

Taking into account the mitigating factors, the DC ordered that Dr Tan be fined \$5,000 and censured. The DC also ordered that Dr Tan provide a written undertaking to the SMC that she will not engage in the conduct complained of, or of any similar conduct. Dr Tan was also ordered to bear the costs and expenses of and incidental to these proceedings, including the costs of the Counsel to the SMC and the Legal Assessor. The DC also ordered that the Grounds of Decision be published.

## DISCIPLINARY INQUIRIES

### Case 19 | Dr Khaw Chin Choon Peter

The medical practitioner faced 13 charges of professional misconduct for failing to exercise due care in the management and/or treatment of his patients relating to the inappropriate prescription of Hypnotics including Benzodiazepines & cough mixtures containing Codeine. At the hearing, Dr Khaw pleaded guilty to 9 charges of professional misconduct for failing to exercise due care in the management and/or treatment of his patients relating to the inappropriate prescription of Hypnotics including Benzodiazepines & cough mixtures containing Codeine. In addition, the SMC and Dr Khaw gave consent for 4 similar charges to be taken into consideration by the DC for the purposes of sentencing.

The particulars of the charges included:

- (a) inappropriate prescription of hypnotics (including Benzodiazepines) and/or codeine-containing cough mixtures to patients;
- (b) failure to maintain in the patient's medical records sufficient details of the assessment of the patient and the need to continue repeat and regular prescription of codeine-containing cough mixtures;
- (c) failure to refer the patient to a medical specialist and/or a psychiatrist for further and/or joint management; and/or
- (d) dispensing benzodiazepines together with codeine-containing cough mixtures without advising the relevant patient of the risk of cross-tolerance.

In arriving at its decision, the DC noted the following:

- (a) That Dr Khaw had acted in disregard of his professional duties because the improper and prolonged prescription of codeine-containing medication and/or benzodiazepines is inappropriate, unprofessional and potentially addictive and that in such cases, harm may be caused to patients;
- (b) That it is incumbent on all medical practitioners to carry out proper prescribing practice, in the interests of their practice and patients; and
- (c) That misconduct of improper prescription of codeine-containing medication with benzodiazepines will attract a substantial punishment, which usually involves a period of suspension for the medical practitioner.

The DC also considered mitigating factors including:

- (a) That Dr Khaw was a first-time offender;
- (b) That Dr Khaw had pleaded guilty and co-operated with the authorities and had thereby avoided a protracted and costly Inquiry; and

- (c) That there were a relatively low number of charges compared to the cited relevant precedents.

The DC in considering all the factors, taking the evidence and mitigating factors into consideration, ordered that Dr Khaw be suspended for a period of 3 months, fined a sum of \$3,000 and be censured. He was also ordered to pay the costs and expenses of and incidental to the proceedings, including the costs of the Counsel to the SMC and the Legal Assessor. The DC also ordered that the Grounds of Decision be published.

### Case 20 | Dr Tan Teck Hong

The general practitioner initially faced 19 charges of professional misconduct for failing to exercise due care in the management of his patients, in relation to prescription of benzodiazepines as well as codeine containing cough mixtures. The SMC proceeded with 16 of the 19 charges, and Dr Tan pleaded guilty to all 16 charges.

The DC, having considered the duration of the treatment and the amount of benzodiazepines and codeine-containing cough mixtures prescribed by Dr Tan, found the degree of failure to take due care in the management of his patients to be significant. The DC further noted that, without proper management, Dr Tan's patients could have become addicted to benzodiazepines and codeine-containing medication; or worse, he was simply fuelling an existing addiction.

Further, the DC felt that there was a clear need to deter medical practitioners from committing such acts for what they see as obvious financial gains from the practice of indiscriminately prescribing benzodiazepines and codeine-containing medication.

Taking the evidence and mitigating factors into consideration, the DC ordered that Dr Tan be suspended from practice for a period of 3 months, be fined \$5,000 and censured. The DC also ordered that he provide a written undertaking to the SMC that he will not engage in the conduct complained of, or of any similar conduct. Dr Tan was also ordered to bear the costs and expenses of and incidental to these proceedings, including the costs of the Counsel to the SMC and the Legal Assessor. The DC also ordered that the Grounds of Decision be published.

## DISCIPLINARY INQUIRIES

### (E) EXCESSIVE/INAPPROPRIATE PRESCRIPTION OF DRUGS (ii) SUBUTEX AND HYPNOTICS

#### Case 21 | Dr David Tan Keok Kuan

The general practitioner initially faced 15 charges of professional misconduct. The charges against him were that he had failed to exercise due care in the management and/or treatment of his patients, in that he had inappropriately prescribed Subutex and Stilnox.

Pursuant to representations by Dr Tan, the Prosecution did not lead evidence on 7 charges and proceeded with 8 of the 15 charges against him. Dr Tan pleaded guilty to all 8 charges and admitted to the Agreed Statement of Facts submitted by the Prosecution. The DC accepted his plea of guilt and accordingly convicted him of the 8 charges.

Dr Tan, in his plea of mitigation, submitted that he had managed his patients with good intentions to treat and help them. The DC noted that he was a first time offender, was remorseful and had been cooperative towards saving time and resources towards the conduct of a full inquiry.

The DC, having considered all the points raised by Dr Tan in his plea in mitigation, had concluded that he had failed to exercise due care and management of his patients as charged. Nonetheless, the DC accepted that there were strong mitigating factors and also considered the testimonials submitted.

Having reviewed the relevant circumstances and having taken into account the mitigating factors of the case, the DC ordered that Dr Tan be suspended from practice for a period of 3 months, be fined a sum of \$3,000, be censured and that he give a written undertaking to the SMC that he will not engage in the conduct complained of or any similar conduct. He was also ordered to pay the costs and expenses of and incidental to the inquiry proceedings, including the costs of the Counsel to the SMC and the Legal Assessor. The DC also ordered that the Grounds of Decision be published.

### (E) EXCESSIVE/INAPPROPRIATE PRESCRIPTION OF DRUGS (iii) SUBUTEX

#### Case 22 | Dr Ling Ngan Ngieng

The DC convicted the locum medical practitioner on 19 charges of professional misconduct for failing to exercise due care in the management of his patients in the prescription of Subutex for the purported treatment of the patients' opioid addiction.

Dr Ling's breaches were that:

- (a) he failed to formulate any long term plan for the treatment of the patient's medical condition;
- (b) he failed to record or document in the said patients' Medical Records sufficient details of the patients' diagnosis, symptoms and/or condition throughout the period of treatment save for the initial consultation;
- (c) he failed to carry out an adequate assessment of the patients' medical condition over the period of treatment, in respect of the prescription and/or administration of dosages;
- (d) he contravened the Ministry of Health's Professional Circular No. 21B/2005 on Treatment of Opiate Dependence dated 26 October 2005 ("MOH Guidelines"); and
- (e) he failed to refer the patients to the Community Addiction Management Programme, thereby contravening the MOH Guidelines.

The DC observed that a medical practitioner ought to be aware of, and should adhere to guidelines prescribed by the MOH. The DC considered that Dr Ling had acted in disregard of his professional duties since the prolonged prescription of Subutex without specialist referral, proper medical records or in a manner not in accordance with the MOH Guidelines was inappropriate and unprofessional.

Taking the evidence and mitigating factors into consideration, the DC ordered that Dr Ling be suspended from practice for 3 months, be censured, give a written undertaking to SMC that he will not engage in the conduct complained of or any similar conduct, and pays the costs and expenses of and incidental to these inquiry proceedings, including the costs of the Counsel to the SMC and the Legal Assessor. The DC also ordered that the Grounds of Decision be published.

## DISCIPLINARY INQUIRIES

### Case 23 | Dr Foo Yew Sin Patrick

The general practitioner pleaded guilty to 10 charges of professional misconduct for failing to exercise due care in the management of his patients by inappropriately prescribing Subutex.

The DC stated that a medical practitioner ought to be aware of, and should adhere to, good clinical practice on the prescription of medication. Prolonged prescription of Subutex without specialist referral or a proper management plan or in a manner not in accordance with the MOH Guidelines is inappropriate and unprofessional.

Taking into account the mitigating factors, the DC ordered that Dr Foo be fined \$3,000 and censured. The DC also ordered that he provide a written undertaking to the SMC that he will not engage in the conduct complained of, or of any similar conduct. He was also ordered to bear the costs and expenses of and incidental to these proceedings, including the costs of the Counsel to the SMC and the Legal Assessor. The DC also ordered that the Grounds of Decision be published.

### (E) EXCESSIVE/INAPPROPRIATE PRESCRIPTION OF DRUGS (iv) HYPNOTICS

#### Case 24 | Dr Chu Siu-Kong

The general practitioner initially faced 42 charges of professional misconduct. The charges against Dr Chu were that he had failed to exercise due care in the management and/or treatment of his patients, in that he had inappropriately prescribed hypnotic medication. The SMC proceeded with 30 of the 42 charges against Dr Chu, and he pleaded guilty to all the 30 charges.

The DC found that Dr Chu demonstrated a clear indifference to the accepted standard of practice and, in particular, the prescribing guidelines issued by the MOH in relation to benzodiazepines. Although there may have been some evidence suggesting that Dr Chu was attempting to wean his patients from drug dependency, the DC was of the view that such attempts were neither meaningful nor effective.

Defence Counsel presented a plea of mitigation on behalf of Dr Chu. It was said that although Dr Chu had failed to exercise due care in the management of his patients, there were instances where he had complied with the guidelines. However, the DC was of the view that the fact that Dr Chu complied with the guidelines in part, was not a mitigation factor to a charge that he failed to exercise due care in the management of his patient. He was not following the spirit of the prescribing guidelines.

The DC also did not accept, as a point of mitigation, that the failings of Dr Chu were underlined by good intentions and it was relevant that the patients of the practitioner did not fit the profile of drug abusers. The DC stated that whether or not the patients were drug abusers, the gravamen of the charge was that the practitioner had failed to exercise due care in the management of his patients and that good intentions did not excuse him from failing to meet the professional standards that this profession demanded of him.

Having reviewed the relevant circumstances and having taken into account the mitigating factors of the case, the DC ordered that Dr Chu be suspended from practice for a period of 5 months, be fined a sum of \$5,000 and that he give a written undertaking to the SMC that he will comply with existing and future guidelines on the prescribing of benzodiazepines issued by the MOH. Dr Chu was also ordered to pay the costs and expenses of and incidental to the inquiry proceedings, including the costs of the Counsel to the SMC and the Legal Assessor.

## DISCIPLINARY INQUIRIES

### Case 25 | Dr Tan Boon Huat

The general practitioner pleaded guilty to 33 charges of professional misconduct. The charges against Dr Tan were that he had failed to exercise due care in the management of his patients by inappropriately prescribing benzodiazepines and other hypnotics either in terms of the amount prescribed or in terms of the duration over which they were prescribed for the patients for the period 22 February 2004 to 29 October 2007, in that he had:

- a) inappropriately prescribed benzodiazepines and/or hypnotics;
- b) inappropriately prescribed medication without adequate clinical evaluation; and that
- c) he failed to record or document in the said patients' Medical Records sufficient details of the patients' diagnosis, symptoms and/or condition and/or management plan such as to enable him to properly assess the medical condition of the patients over the period of treatment.

In mitigation, Dr Tan submitted to the DC that:

- (a) he was a first time offender;
- (b) he was remorseful and had voluntarily ceased his practice since October 2008; and
- (c) he had co-operated with the authorities at the earliest opportunity.

Having reviewed the relevant circumstances and having taken into account the mitigating factors of the case, the DC ordered that Dr Tan be suspended from practice for a period of 4 months, be fined a sum of \$4,000, be censured and that he give a written undertaking to the SMC that he will not engage in the conduct complained of or any similar conduct. Dr Tan was also ordered to pay the costs and expenses of and incidental to the proceedings, including the costs of the Counsel to the SMC and the Legal Assessor. The DC also ordered that the Grounds of Decision be published.





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