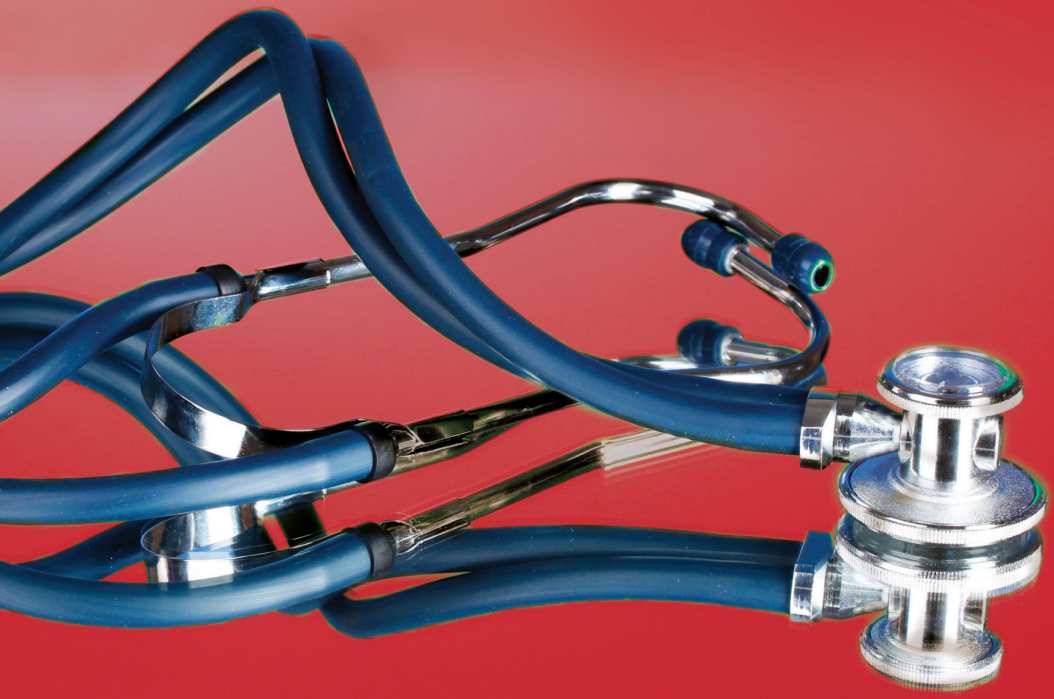
SINGAPORE MEDICAL COUNCIL

ANNUAL REPORT 2013



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 programme and also governs and regulates the professional conduct and ethics of registered medical practitioners.

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President's Foreword

I am pleased to submit the Annual Report of the Singapore Medical Council (SMC) for 2013. The Council has worked hard to improve its processes while responding to the growing number of registered medical practitioners which rose from 10,669 in 2012 to 11,433 in 2013. The year-end also saw a change in the Council's constitution with Professor K Satku stepping down and Associate Professor Benjamin Ong assuming the position of Registrar from 1 January 2014. I hope this report provides a useful overview of the activities undertaken by the Council as it carries out its functions to fulfil its objective of protecting the health and safety of the public under the Medical Registration Act (MRA).

The Council has worked hard to improve its processes while responding to the growing number of registered medical practitioners which rose from 10,669 in 2012 to 11,433 in 2013.

Medical and Specialist Registration

In 2013, 957 new medical practitioners were registered. Separately, 298 specialists were newly added to the register, bringing the total number of specialists to 4,124.

There was an increasing trend of foreign-trained Singapore Citizens and Permanent Residents who returned to Singapore to work as medical practitioners. 121 medical practitioners were registered in 2013, as compared to 102 registrants in 2012.

Register of Family Physicians

A formal announcement was made by the Council in July 2013 stating that the practice route entry to the register of Family Physicians would be closed on 31 December 2013. As at end 2013, a total of 1,406 medical practitioners were registered as Family Physicians.

Continuing Medical Education

With effect from 1 January 2013, the Continuing Medical Education qualifying period has been synchronised with the validity period of Practising Certificates (PCs) which have been issued. All PC renewals from 1 January 2013 have been aligned to end on 31 December.

Disciplinary Processes

Compared to 2012, the number of complaints received per 1,000 medical practitioners decreased marginally in 2013, from 15.9 to 15.7 respectively. In 2013, the Disciplinary Committee, Disciplinary Tribunal and an Interim Orders Committee concluded 7 disciplinary inquiries. The High Court also issued judgments stemming from two appeals in 2013.

Physician's Pledge Affirmation

A total of 595 medical practitioners took part in two pledge ceremonies held in 2013. It was our honour to have Dr Amy Khor, then Minister of State for Health and Mr Gan Kim Yong, Minister for Health as the Guest-of-Honour for our pledge ceremonies held in February and September respectively.

On behalf of the Council, I would like to thank the Council staff for their hard work and commitment. I would also like to thank former Registrar Professor K Satku for his years of leadership and service and wish him well in his future endeavours. We look forward to continuing to work together with the medical profession to protect the health and safety of patients, and to maintain public confidence in the medical profession.

Professor Tan Ser Kiat
President

Members of the Singapore Medical Council

PRESIDENT
PROF TAN SER KIAT

REGISTRAR
PROF K SATKU

DEPUTY REGISTRAR
A/PROF CHEW SUOK KAI

COUNCIL MEMBER
A/PROF YEOH KHAY GUAN

COUNCIL MEMBER
A/PROF SOPHIA ANG BEE LENG

COUNCIL MEMBER
PROF LEE ENG HIN

COUNCIL MEMBER
PROF CHRISTOPHER CHENG

COUNCIL MEMBER
PROF FOCK KWONG MING

COUNCIL MEMBER
PROF JOHN WONG

COUNCIL MEMBER
PROF TAY BOON KENG

COUNCIL MEMBER
A/PROF PANG WENG SUN

COUNCIL MEMBER
A/PROF CHEN FUN GEE

COUNCIL MEMBER
A/PROF CHIN JING JIH

Members of the Singapore Medical Council

COUNCIL MEMBER
DR HONG GA SZE

COUNCIL MEMBER
PROF NG HAN SEONG

COUNCIL MEMBER
DR LEONG CHOON KIT

COUNCIL MEMBER
A/PROF LOW CHENG OOI

COUNCIL MEMBER
DR NGOI SING SHANG

COUNCIL MEMBER
DR LYDIA AU

COUNCIL MEMBER
DR TAN KOK SOO

COUNCIL MEMBER
DR WILMOT RASANAYAGAM

COUNCIL MEMBER
DR TAN CHI CHIU

COUNCIL MEMBER
PROF MICHAEL CHEE

COUNCIL MEMBER
A/PROF SIOW JIN KEAT

COUNCIL MEMBER
PROF V ANANTHARAMAN

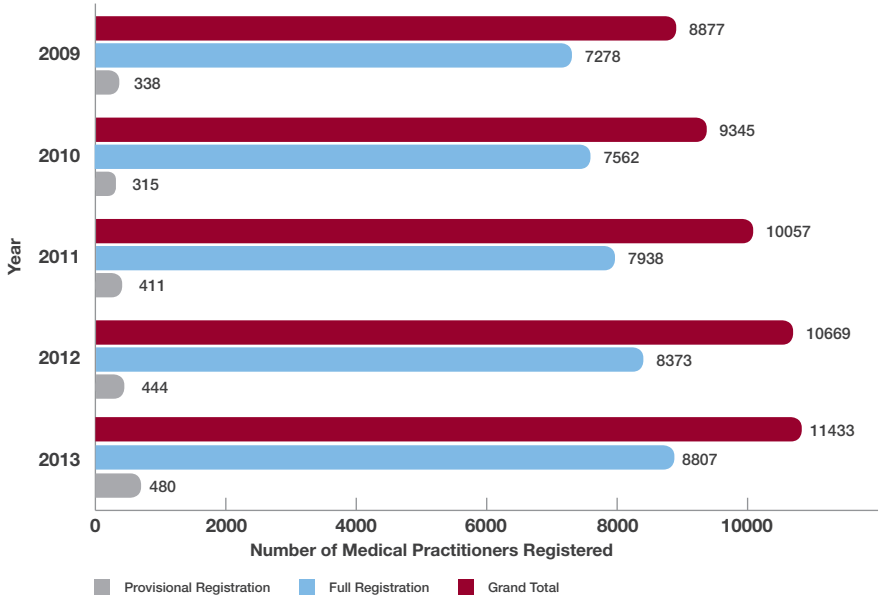
Medical Registration

Number of Registered Medical Practitioners in 2013

As at 31 December 2013, the number of medical practitioners who had full, conditional and temporary[1] registration in Singapore was 10,953. This provides a medical practitioner-to-population ratio of 1:493[2]. There were a total of 11,433[3] registered medical practitioners holding valid practising certificates in Singapore as at 31 December 2013 with the inclusion of 480 medical practitioners on provisional registration.

Figure 1 provides a snapshot of the total number of medical practitioners holding full and provisional registration, from 2009 to 2013.

Figure 1: Number of Medical Practitioners on Full and Provisional Registration and Total Number of Registered Medical Practitioners (Years 2009 to 2013)



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

1 *Refers to temporary registration (service) only.*
2 *This is based on a total population size of 5,399,200 (correct as at 26 September 2013)(source: Department of Statistics Singapore)*
3 *This number includes all medical practitioners 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 December 2013, by category of registration and employment sectors.

Table 1: Total Number of Medical Practitioners with Valid Practising Certificates as at 31 Dec 2013 - by Category of Registration and Employment Sector

Registration Type	Employment Sector		
	Public Sector	Private Sector	Grand Total
Full Registration	4822	3985	**8807**
Conditional Registration	1609	144	**1753**
Provisional Registration	480	-	**480**
Temporary Registration (service)	372	21	**393**
Grand Total	**7283**	**4150**	**11433**

Medical Registration

Table 1-1 shows the breakdown of the total number of medical practitioners by residential status and place of training[4] 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 Residential Status, Place of Training[4] & Employment Sector

Registration Type	Public Sector							Private Sector							Grand Total
	Singapore Residents				Non-Residents		Public Sector Total	Singapore Residents				Non-Residents		Private Sector Total	
	Singapore Citizens Local Trained	Singapore Citizens Foreign Trained	Singapore Permanent Residents Local Trained	Singapore Permanent Residents Foreign Trained	Non-Residents Local Trained	Non-Residents Foreign Trained		Singapore Citizens Local Trained	Singapore Citizens Foreign Trained	Singapore Permanent Residents Local Trained	Singapore Permanent Residents Foreign Trained	Non-Residents Local Trained	Non –Residents Foreign Trained		
Full Registration	3281	493	214	421	72	341	**4822**	2788	655	188	266	16	72	**3985**	**8807**
Conditional Registration	26	281	4	217	7	1074	**1609**	-	15	-	29	-	100	**144**	**1753**
Provisional Registration	262	69	13	6	23	107	**480**	-	-	-	-	-	-	**-**	**480**
Temporary Registration (service)	-	5	-	32	-	335	**372**	-	-	-	6	-	15	**21**	**393**
Grand Total	**3569**	**848**	**231**	**676**	**102**	**1857**	**7283**	**2788**	**670**	**188**	**301**	**16**	**187**	**4150**	**11433**

4 *Based on basic medical degree*

Table 1-2: Number of Medical Practitioners by Employment Sector and Specialist Status

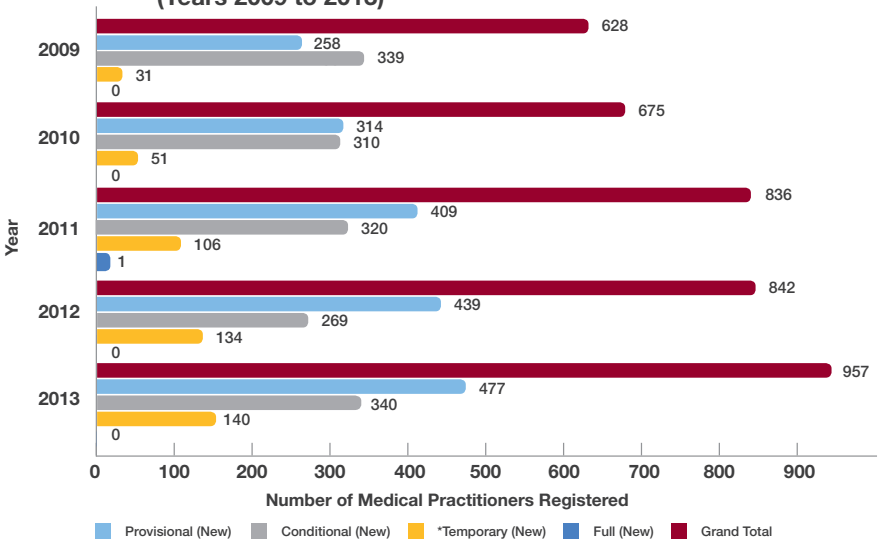
Registration Type	Non-Specialist		Non-Specialist Total	Specialist		Specialist Total	Grand Total
	Public	Private		Public	Private		
Full Registration	2481	2454	**4935**	2341	1531	**3872**	**8807**
Conditional Registration	1361	140	**1501**	248	4	**252**	**1753**
Provisional Registration	480	-	**480**	-	-	**-**	**480**
Temporary Registration (service)	372	21	**393**	-	-	**-**	**393**
Grand Total	**4694**	**2615**	**7309**	**2589**	**1535**	**4124**	**11433**

New Medical Registrations in 2013

In 2013, the SMC processed 2,840 applications for registration. 1,439 of these applications were for new registrations and the remaining 1,401 applications were for other purposes, such as for change of employer and conversion to different categories of registration.

Figure 2 shows the number of new registrations by category of registration between 2009 and 2013.

Figure 2: New Registrations by Category of Registration (Years 2009 to 2013)

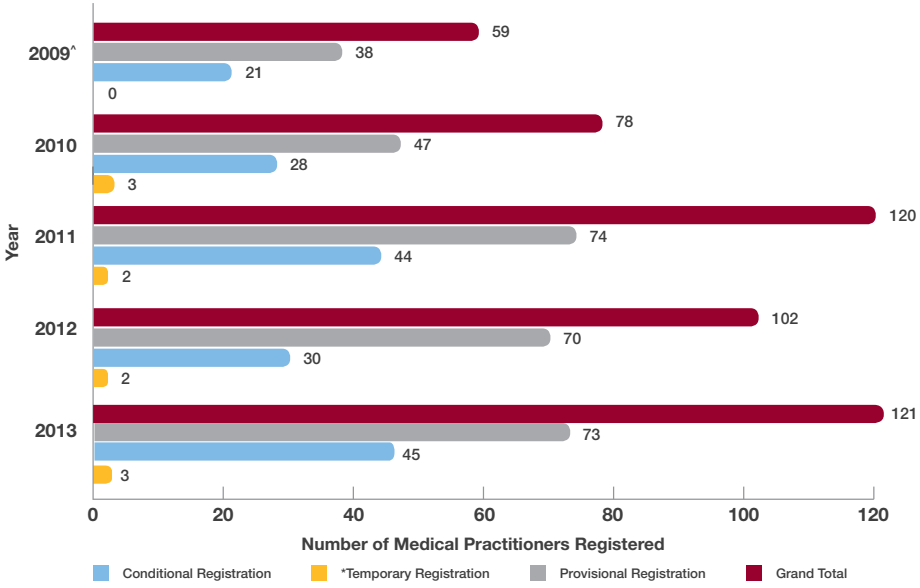


** Refers to Temporary Registration (Service) only*

Medical Registration

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

Figure 2-1: New Registrations by Category of Registration (Foreign trained Singapore Citizens & PRs only) (Years 2009 to 2013)



^ No data on Singapore PR status were available
** Refers to Temporary Registration (Service) only*

Provisional Registration

Of the 477 new medical practitioners granted provisional registration in 2013, 256 were medical graduates from the Yong Loo Lin School of Medicine, National University of Singapore, 40 were Duke-NUS Graduate Medical School graduates and 181 were graduates from foreign universities who were granted medical registration to undergo housemanship training in the public hospitals for one year.

Conditional Registration

In 2013, 340 foreign-trained medical practitioners were granted conditional registration and 11.8% or 40 of them were Singapore Citizens. Of these, 267 (about 78.5%), were non specialists and 73 were registered as specialists.

Temporary Registration

Among the 338 foreign-trained medical practitioners granted temporary registration (including visiting experts, clinical fellows and observers), 140 were employed to work under supervision on a short-term basis in public hospitals or institutions. 198 were foreign practitioners accepted for postgraduate training in Singapore, and they comprised 155 Clinical Fellows and 17 Clinical Observers. Another 26 were visiting experts who were invited by the hospitals and medical organisations to provide short-term training and consultancy.

Specialists Register

There were 4,124[5] specialists on the Register of Specialists as at 31 December 2013. They represented 36.1% of the 11,433 medical practitioners registered in Singapore. The number of new specialists registered during the year was 298. The number of specialists had increased by 6.4% from 2012. The breakdown of new specialist registrations by place of training[6] and employment sector in 2013 is shown in Table 2.

Table 2: New Specialist Registrations in 2013

Place of Training[6]	Public Sector				Private Sector				Grand Total
	Singapore Residents		Non-Residents	Public Sector Total	Singapore Residents		Non-Residents	Private Sector Total	
	Singapore Citizens	Singapore Permanent Residents			Singapore Citizens	Singapore Permanent Residents			
Local Trained	125	47	38	**210**	-	-	-	**-**	**210**
Foreign Trained	13	1	73	**87**	1	-	-	**1**	**88**
Grand Total	**138**	**48**	**111**	**297**	**1**	**0**	**0**	**1**	**298**

5 This number includes all medical practitioners on full, conditional, provisional and temporary registration (service)
6 Based on specialty training

Medical Registration

Out of the 4,124[7] specialists on the Register of Specialists, 274 had been registered in at least one or more other registered specialties previously. As at 31 December 2013, the number of specialists registered in the 4 sub-specialties were 287. Data on registrations in these sub-specialties can be found in Table 3.

Table 3: Number of Specialists by Specialties as at 31 December 2013

Registered Specialty	Public Sector		Private Sector		Total
	Number	%	Number	%	
Anaesthesiology	230	61.3	145	38.7	375
Cardiology	113	62.4	68 (1)	37.6	181 (1)
Cardiothoracic Surgery	30	69.8	13	30.2	43
Dermatology	57	57.0	43	43.0	100
Diagnostic Radiology	181	70.2	77	29.8	258
Emergency Medicine	111	94.1	7	5.9	118
Endocrinology	68 (1)	73.9	24 (1)	26.1	92 (2)
Gastroenterology	64 (3)	62.7	38	37.3	102 (3)
General Surgery	143	53.4	125	46.6	268
Geriatric Medicine	65 (2)	89.0	8	11.0	73 (2)
Haematology	39 (1)	75.0	13	25.0	52 (1)
Hand Surgery	21	72.4	8	27.6	29
Infectious Diseases	39 (2)	76.5	12	23.5	51 (2)
Internal Medicine	70 (1)	69.3	31	30.7	101 (1)
Medical Oncology	56	59.6	38 (1)	40.4	94 (1)
Neurology	57	74.0	20	26.0	77
Neurosurgery	24	61.5	15	38.5	39
Nuclear Medicine	12	57.1	9	42.9	21
Obstetrics & Gynaecology	89	29.3	215	70.7	304
Occupational Medicine	17	45.9	20	54.1	37
Ophthalmology	128	62.7	76	37.3	204
Orthopaedic Surgery	112	60.9	72	39.1	184
Otorhinolaryngology	55	53.9	47	46.1	102
Paediatric Medicine	178	55.3	144	44.7	322
Paediatric Surgery	15	78.9	4	21.1	19
Pathology	112	81.8	25	18.2	137
Plastic Surgery	29	52.7	26	47.3	55
Psychiatry	130	69.5	57	30.5	187
Public Health	59	56.7	45	43.3	104
Radiation Oncology	38	86.4	6	13.6	44
Rehabilitation Medicine	28	90.3	3	9.7	31
Renal Medicine	53	74.6	18	25.4	71
Respiratory Medicine	70	72.9	26 (1)	27.1	96 (1)
Rheumatology	37 (3)	78.7	10 (1)	21.3	47 (4)
Urology	42	55.3	34	44.7	76
Sub Total	**2572 (13)**	**62.8**	**1522 (5)**	**37.2**	**4094 (18)**
Sub-Specialties (4)					
Intensive Care Medicine	1 (99)	100.0	(69)	0.0	1 (168)
Neonatology	1 (29)	100.0	(24)	0.0	1 (53)
Palliative Medicine	8 (21)	53.3	7 (5)	46.7	15 (26)
Sports Medicine	7 (4)	53.8	6 (6)	46.2	13 (10)
Sub Total	17 (153)	56.7	13 (104)	43.3	**30 (257)**
Grand Total	**2589 (166)**	**62.8**	**1535 (108)**	**37.2**	**4124 (274[8])**

( ): Numbers in brackets indicate the number of specialists who were registered in that specialty as a 2nd specialty or sub specialty. They were not included in the count. Eg. there were 7 Palliative Medicine specialists in the private sector and another 5 were Palliative Medicine specialists who were also registered as specialists in other fields.

7 *This number includes all medical practitioners on full, conditional, provisional and temporary registration (service)*
8 *One medical practitioner had 2 registered specialties and 1 registered sub-specialty.*

Table 4 shows the number of specialists in each specialty as at 31 December of each year, 2009 to 2013. It is observed that, over the past 5 years, Renal Medicine, Rheumatology and Geriatric Medicine saw the biggest growth in the number of specialists registered.

Table 4: Total Number of Specialists by Specialties by Year (as at 31 December 2013)

						Comparison (2009 & 2013)	
Registered Specialty	**2009**	**2010**	**2011**	**2012**	**2013**	**Net Increase**	**%**
Renal Medicine	43	48	55	60	71	28	65.1
Rheumatology	30	33	39	42	47	17	56.7
Geriatric Medicine	48	54	61	67	73	25	52.1
Infectious Diseases	34	39	43	46	51	17	50.0
Nuclear Medicine	14	17	18	20	21	7	50.0
Radiation Oncology	30	34	39	42	44	14	46.7
Emergency Medicine	81	93	97	113	118	37	45.7
Hand Surgery	20	22	24	26	29	9	45.0
Endocrinology	65	70	77	85	92	27	41.5
Medical Oncology	67	74	82	91	94	27	40.3
Cardiology	130	141	149	161	181	51	39.2
Haematology	38	40	45	46	52	14	36.8
Psychiatry	137	147	157	176	187	50	36.5
Dermatology	74	80	85	93	100	26	35.1
Neurosurgery	29	32	33	36	39	10	34.5
Diagnostic Radiology	192	211	222	237	258	66	34.4
Plastic Surgery	41	43	46	49	55	14	34.1
Internal Medicine	76	80	85	94	101	25	32.9
Respiratory Medicine	73	76	82	90	96	23	31.5
Paediatric Medicine	249	261	286	308	322	73	29.3
Urology	59	62	67	72	76	17	28.8
Otorhinolaryngology	80	81	88	93	102	22	27.5
Cardiothoracic Surgery	34	36	37	42	43	9	26.5
Anaesthesiology	300	315	344	355	375	75	25.0
General Surgery	215	232	241	250	268	53	24.7
Ophthalmology	164	171	186	193	204	40	24.4
Orthopaedic Surgery	148	156	164	177	184	36	24.3
Rehabilitation Medicine	25	25	26	27	31	6	24.0
Pathology	111	120	131	134	137	26	23.4
Neurology	63	63	67	68	77	14	22.2
Gastroenterology	85	87	95	97	102	17	20.0
Paediatric Surgery	16	16	19	20	19	3	18.8
Public Health	94	96	99	100	104	10	10.6
Occupational Medicine	34	35	35	37	37	3	8.8
Obstetrics & Gynaecology	281	284	289	294	304	23	8.2
Sub-Total	**3180**	**3374**	**3613**	**3841**	**4094**	**914**	**28.7**
Sub-Specialties (4)							
Intensive Care Medicine	-	-	-	-	1	1	-
Neonatology	-	-	-	-	1	1	-
Palliative Medicine	-	-	11	14	15	15	-
Sports Medicine	-	-	11	12	13	13	-
Sub Total	**0**	**0**	**22**	**26**	**30**	**30**	**-**
Grand Total	**3180**	**3374**	**3635**	**3867**	**4124**	**944**	**29.7**

Medical Registration

Table 5 shows the breakdown of specialists by residential status in public and private sectors. It is observed that about 62.8% of the total specialists were practising in the public sector while 37.2% of them were in private practice.

Table 5: Number of Specialists by Residential Status & Employment Sector

Registration Type	Public Sector			Public Sector Total	Private Sector			Private Sector Total	Grand Total
	Singapore Residents		Non-Residents		Singapore Residents		Non-Residents		
	Singapore Citizens	Singapore Permanent Residents			Singapore Citizens	Singapore Permanent Residents			
Full Registration	1662	437	242	**2341**	1266	222	43	**1531**	**3872**
Conditional Registration	18	26	204	**248**	-	1	3	**4**	**252**
Grand Total	**1680**	**463**	**446**	**2589**	**1266**	**223**	**46**	**1535**	**4124**

Family Physicians Register

Registered medical practitioners were considered for entry into the Register of Family Physicians through the degree/diploma route or the practice route. Applications for entry by practice route were closed as at 31 December 2013. Table 6 shows the breakdown of registered family physicians by the routes of entry and categorised by employment sector.

Table 6: Registered Family Physicians by Route of Entry & Employment Sector (as at 31 December 2013)

Routes of entry	Public Sector	Private Sector	Grand Total
Degree/Diploma Route	255	498	**753**
Practice Route	42	611	**653**
Grand Total	**297**	**1109**	**1406**

Continuing Medical Education

Synchronisation of validity periods of Practising Certificates and CME Qualifying Periods

With effect from 1 January 2013, the Continuing Medical Education (CME) qualifying period (QP) has been synchronised with the validity period of Practising Certificates (PCs). All PC renewals from 1 January 2013 have been aligned to end on 31st December.

Number of Processed Applications and Credit Claims for 2013

In 2013, the SMC processed a total of 17,361 accreditation applications and credit claims from Categories 1A, 1B, 2, 3A and 3B. Table 7 shows the breakdown of CME activities by categories.

Table 7: Total Number of Accreditation Applications and Credit Claims by Categories

Category	Approved (A)	Rejected (R)	Withdrawn (W)	Total (A+R+W)
1A	1132	61	2	**1195**
1B	2287	124	16	**2427**
1C	1139	79	0	**1218**
2	418	8	0	**426**
3A	4278	70	0	**4348**
3B	7676	71	0	**7747**
Total	**16930**	**413**	**18**	**17361**

Cat 1A : Pre-approved established programmes such as grand ward rounds and teaching / tutorial sessions.
Cat 1B : Locally held events such as scientific meetings, conferences, seminars and workshops.
Cat 1C : Overseas events such as scientific meetings, conferences, seminars and workshops.
Cat 2 : Publication / editorial work / presentation of original paper or poster.
Cat 3A : Self study from refereed journals, audio-visual media and online education programmes.
Cat 3B : Distance learning through interactive structured CME programme with verifiable self-assessment.

Renewal of Practising Certificates

Renewal of Practising Certificates

As at 31 December 2013, 82 medical practitioners did not renew their PCs. Table 8 shows the breakdown of the reasons for non-renewal by the type of medical registration.

Table 8: Breakdown of Reasons for Non-renewal by Category of Registration

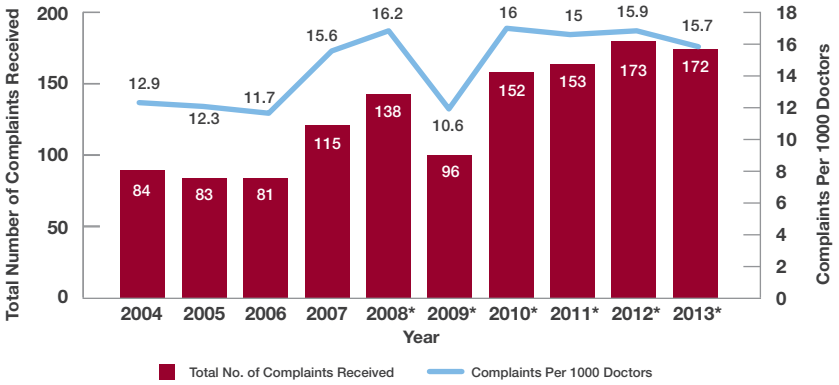
Reasons for Non-Renewal of Practising Certificate	Conditional Registration	Full Registration	Grand Total	%
Not practising due to various reasons (residing overseas, health, retired, etc.)	-	34	**34**	**41.46%**
Resignation or non-renewal / termination of employment contract	32	1	**33**	**40.24%**
No response or upon request from medical practitioners	-	6	**6**	**7.32%**
Deceased	-	6	**6**	**7.32%**
Other reasons*	-	2	**2**	**2.44%**
Suspended by Disciplinary Tribunal	-	1	**1**	**1.22%**
Grand Total	**32**	**50**	**82**	**100%**

** Application for renewal of PC was rejected by the Council.*

Complaints Lodged with the Medical Council

In 2013, the Medical Council received 172 cases filed against 232 medical practitioners. The number of complaints received per 1,000 medical practitioners decreased marginally by about 0.2% as compared to the figures from last year (see Figure 3 below).

Figure 3: Complaints Received by the Singapore Medical Council 2004-2013



2007 and before: Figures based on Fully and Conditionally-registered medical practitioners
**2008 to 2013: Figures based on Fully, Conditionally, Provisionally & all Temporarily-registered medical practitioners*

A total number of 352 cases were deliberated upon in 2013. These included complaints which had been made during 2010 to 2012, and which were unresolved by the end of 2012. Out of the total cases considered, 14 cases were referred for disciplinary inquiries, with 13 of these being complaints that were referred by the Complaints Committees (1 to Disciplinary Committee under the old Medical Registration Act (MRA) and 12 to Disciplinary Tribunals under the current MRA) and 1 case being referred directly to the Disciplinary Tribunal following the medical practitioner's conviction in Court. Of the remaining 338 complaints, 10 medical practitioners were issued letters of warning, 54 medical practitioners were issued letters of advice, 1 complaint was referred for mediation, 106 complaints were dismissed, 3 complaints were withdrawn and 164 complaints adjourned to 2014.

The complaints received in 2013 mainly concerned allegations that the professional services provided by the medical practitioners in question were not of the quality that had been expected. Table 9 shows the details.

Complaints Lodged with the Medical Council

Table 9: Cases Considered by the Medical Council / Complaints Committees in 2013

Nature of Complaint / Allegation	Complaints carried over from 2010	Complaints carried over from 2011	Complaints carried over from 2012	Complaints received in 2013	OUTCOME BY CC								
					No Formal Inquiry								
					Withdrawn	Dismissed	Mediation	Letter of Advice	Letter of Warning	Referred to a Disciplinary Committee	Referred to a Disciplinary Tribunal	Adjourned to 2014	Direct Referred to a Disciplinary Tribunal
Breach of SMC Code of Ethics:	**2**	**35**	**112**	**148**	**2**	**86**		**47**	**9**	**1**	**10**	**142**	
a) Delay in treatment			3	4		3		1			1	2	
b) Excessive / Inappropriate prescription of drugs			14	4	1	2		1	1		2	11	
c) False / Misleading Certification		9	3			5		2	1		2	2	
d) Misdiagnosis			3	13		4		1				11	
e) No informed consent			1	3		1						3	
f) Outrage of Modesty / Sexual relationship with patient		2	2	4		1		2				5	
g) Over / Unnecessary / Inappropriate Treatment		1	14	19		13		3	1			17	
h) Overcharging			2	1				3					
i) Professional Negligence /Incompetence	2	16	37	28	1	27		15	4	1	4	31	
j) Providing false information		1	2	2		1						4	
k) Refusal to provide emergency attention													
l) Rudeness / Attitude / Communication Issues		3	15	38		24		9	1			22	
m) Other Breaches		3	16	32		5		10	1		1	34	
Other complaints			**31**	**19**	**1**	**20**	**1**	**7**	**1**		**2**	**18**	
Conviction in Court				**5**								**4**	**1**
Total (352 cases)	**2**	**35**	**143**	**172**	**3**	**106**	**1**	**54**	**10**	**1**	**12**	**164**	**1**
Percentage (%)					**0.9**	**30.1**	**0.3**	**15.3**	**2.8**	**0.3**	**3.4**	**46.6**	**0.3**

Disciplinary Inquiries

A total of 7 disciplinary inquiries were concluded by the Disciplinary Committees (DCs), Disciplinary Tribunal (DT) and an Interim Orders Committee (IOC) in 2013. The High Court's judgments for 2 appeals (i.e. Dr Lim Mey Lee Susan and Dr Pang Ah San) were issued in 2013. The summary of the High Court's decision on these 2 appeals is provided in this section.

One medical practitioner was acquitted by the DC for having allegedly contravened Section 4.5.1.2 and Section 4.1.6 of the SMC's Ethical Code and Ethical Guidelines (ECEG). The DC ordered that the Grounds of Decision for this case not be published. As for the case before the IOC, the Committee made no order against the medical practitioner under Section 59B of the MRA for an interim suspension. The IOC did not order for the Grounds of Decision to be published.

In 2 other DC proceedings that had been concluded in 2013, the medical practitioners involved appealed to the High Court against the decisions of the DCs. The summaries for these 2 cases are not included in this section as their appeals before the High Court are expected to be heard only in 2014. Table 10 provides a summary of all the cases as mentioned above.

Table 10: Inquiries concluded by DC/DT/IOC in 2013

Nature of Complaint	Inquiries heard in 2013	Acquittal	Censure & Suspension	Censure, Fine & Suspension	Appealed to High Court (With Outcome Pending)
A) Breach of SMC's Code of Ethics	1	1			
B) Providing False Information	1	1			
C) Excessive/Inappropriate Prescription of Drugs					
I. Hypnotics and Codeine-containing Medication	1			1	
II. Hypnotics	1			1	
D) Conviction in Court	1		1		
E) Professional Misconduct In Patient Management	2				2
Total	**7**	**2**	**1**	**2**	**2**
Percentage (%)	**-**	**28.57%**	**14.29%**	**28.57%**	**28.57%**

A brief account of each inquiry concluded[9] in 2013 is given below.

(A) BREACH OF SMC'S CODE OF ETHICS

Case 1 | Medical Practitioner was acquitted

1. The DC acquitted the medical practitioner of two charges for having allegedly contravened Section 4.5.1.2 and Section 4.1.6 of the SMC's ECEG. The two charges faced by the medical practitioner were that he had wrongfully associated himself with non-medical services and with a business that was not providing medical or medical support services.

2. The DC found that there was no conclusive evidence that proved beyond reasonable doubt that the medical practitioner had deliberately or intentionally chose to violate the provisions of the ECEG or that the negligent departure was so serious that it amounted to professional misconduct and accordingly acquitted the medical practitioner of both charges. The DC did not order that the Grounds of Decision be published.

(B) PROVIDING FALSE INFORMATION

Case 2 | Medical Practitioner was acquitted

1. An interim orders hearing was held against a medical practitioner on the basis that:

    a) he had engaged in indiscriminate prescription of Viagra when he was practising in the United States (US); and

    b) he had failed to disclose the Disciplinary Proceedings which had been taken against him in the US to the SMC when he applied for conditional registration in 2001 and again subsequently, when he applied for renewal of his practising certificate ("PC") in 2002, 2003, 2004, 2006 and 2008. Specifically, the medical practitioner made false and/or fraudulent declarations in his PC renewal applications in 2010 and 2012 by failing to disclose the Disciplinary Proceedings in the US.

2. Having considered the facts of this case, whilst the IOC noted that the allegations (of inappropriate prescription of Viagra and non-disclosure of the Disciplinary Proceedings in the US) were serious, they were not sufficient to persuade the IOC that an interim suspension order was warranted on the grounds of protection of the members of the public or in the public interest.

3. As the IOC conclude that this was not a case which has crossed the threshold required for granting an interim suspension order, it did not make any order against the medical practitioner under Section 59B of the MRA. The IOC also did not order that the Grounds of Decision be published.

9 Exclude 2 concluded disciplinary inquiries which are pending appeal hearing before the High Court.

(C) EXCESSIVE/INAPPROPRIATE PRESCRIPTION OF DRUGS (I) HYPNOTICS AND CODEINE-CONTAINING MEDICATION

Case 3 | Dr Tang Yen Ho Andrew

1. Dr Tang Yen Ho Andrew faced 17 charges for failing to exercise due care in the management of 17 patients in his clinic between various dates prior to 2nd September 2010. Dr Tang faced another 17 charges in respect of the same 17 patients for failing to sufficiently document the clinical details properly in the patients' medical records, such as to enable him to assess the medical condition of patients properly over the period of treatment and/or to enable another medical practitioner reading the medical records to take over the management of the cases. Dr Tang claimed trial to all 34 charges, which alleged that he was guilty of professional misconduct under Section 45(1)(d) of the MRA.

2. The particulars of the charges can be summarised as follows:

    a) That Dr Tang had inappropriately and/or over prescribed Dormicum, Nitrazepam, Diazepam, Zoplicone, Erimin and codeine containing cough mixture (Dhasedyl);
    b) That he did not formulate any management plan for the treatment of his patients' medical conditions by the prescription of hypnotics and/or Dhasedyl including:
        (i) a lack of an obvious plan towards reducing his patients' intake of the said medications; and/or
        (ii) a lack of referrals to specialists for reviews;
    c) That he did not record or document in his patients' Patient Medical Records details or sufficient details of:
        (i) His patients' diagnoses, symptoms and/or conditions and/or management plans (including plans to reduce or taper off his patients' intakes of hypnotic medications) such as to enable him to properly assess the medical conditions of his patients over the periods of treatments; and/or
        (ii) Any advice given to the patients including any warnings to the patients about potential addiction to hypnotics and/or Dhasedyl; and
    d) That he had breached the Ministry of Health's ("MOH") Guidelines for Prescribing Benzodiazepines, dated 17th August 2002 ("2002 Guidelines") and the MOH's Administrative Guidelines on the Prescribing of Benzodiazepines and other Hypnotics ("2008 Guidelines").

3. After hearing the evidence and reviewing the documents, the DC found that Dr Tang had failed to:

   a) adequately assess his patients' conditions;
   b) arrange appropriate and timely investigations, such as X-rays or blood investigations for his patients;
   c) formulate management plans such as:
      (i) refer his patients to appropriate specialists;
      (ii) prescribe, dispense or supply medicines on clear medical grounds and in reasonable quantities as appropriate to his patients' needs;
      (iii) inform his patients about the prescribed medicines or their side effects;
      (iv) advise on alternative treatments/options;
      (v) attempts to taper off patients' medicines; and
   d) keep clear, accurate, legible and sufficient records of his attendances, advice and management of his patients' illnesses.

4. The DC also noted that Dr Tang had ignored MOH's advice on prescribing codeine containing cough mixtures on the many occasions that he attended to the 17 patients. He had also exceeded the limit advised by MOH. His conduct in prescribing benzodiazepines to the 17 patients that formed the subject matter of the charges was unacceptable and was, in the DC's view, undoubtedly in breach of the provisions of the above-stated Guidelines. The DC noted, in this regard, that Dr Tang himself had conceded that he had deviated from the standards of the medical profession.

5. The DC was of the view that the conduct of Dr Tang with regard to his prescription practice and patient management indicated a pattern of intentional, deliberate departure from standards observed or approved by members of the medical profession of good repute and competency particularly, considering that he had been a registered medical practitioner since 1985. Accordingly, the DC found Dr Tang guilty of the 34 charges preferred against him.

6. Having reviewed the relevant circumstances and having taken into account the mitigating factors of the case, the DC ordered that Dr Tang be suspended from practice for a period of 6 months, be censured and that he give a written undertaking to SMC that he will not engage in the conduct of any similar conduct. Dr Tang was also fined a sum of $10,000 and ordered to pay the cost and expenses of and incidental to the proceedings, including the costs of the solicitors to SMC and the Legal Assessor. The DC also ordered that the Grounds of Decision be published.

(C) EXCESSIVE/INAPPROPRIATE PRESCRIPTION OF DRUGS (II) HYPNOTICS

Case 4 | Dr Wong Cheok Way

1. Dr Wong pleaded guilty to the 8 charges of professional misconduct for failing to exercise due care in the management of his patients with hypnotic medication (benzodiazepines), admitting to the Agreed Statement of Facts submitted by the Counsel for SMC. The DC accepted Dr Wong's plea of guilt and found him guilty of the said 8 charges which allege, in gist, as follows:

    a) That Dr Wong inappropriately and/or over-prescribed hypnotic medication in the amounts and over a continued or prolonged period in contravention of MOH's Clinical Practice Guidelines for Prescribing Benzodiazepines (September 2008) and/or;
    b) That Dr Wong did not formulate and/or adhere to any management plan for the treatment of the patient's medical condition by the prescription of hypnotic medication, including a lack of an obvious plan towards reducing or tapering off the patients' intake of hypnotic medication, and/or;
    c) That Dr Wong did not record or document in each patient's Patient Medical Records details or sufficient details of the patient's diagnosis, symptoms and/or condition and/or management plan (including a plan to reduce or taper off the patients' intake of hypnotic medication) such as to enable him to assess the medical condition of the patient properly over the period of treatment.

2. In mitigation, Dr Wong had submitted, *inter alia:*

    a) There was no evidence of actual harm to patients;
    b) There was no financial exploitation of patients;
    c) That 7 out of 8 charges relating to prescription of Dormicum were all volunteered by himself;
    d) That he co-operated with authorities;
    e) That he was genuinely remorseful and had taken remedial action;
    f) That it was his first offence, and he was not a pill dispenser who indiscriminately prescribed benzodiazepines; and
    g) That he was cognisant that hypnotics could be abused, and advised patients on alterative non-pharmaceutical methods of treatment. He had also advised patients to reduce hypnotic medication.

3. The DC concluded that Dr Wong had acted in disregard of his professional duties since the improper prescription of hypnotic medication and failure to maintain proper medical records in accordance with the said Guidelines was inappropriate and unprofessional.

4. The DC further noted that while 7 out of 8 cases involving the prescription of Dormicum were volunteered by himself to the MOH's officer during the clinical audit, and notwithstanding the mitigating factor in the present case (in the form of testimonials from Dr Wong's patients and professional colleagues), inappropriate prescription of hypnotic medication was, in the DC's view, misconduct for which a period of suspension was called for.

5. 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 3 months. The DC also ordered that Dr Wong 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, and that he 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.

(D) CONVICTION IN COURT

Case 5 | Dr Currie Chiang

1. The disciplinary proceedings arose from information obtained by the SMC that Dr Chiang had been convicted in the Subordinate Courts of the Republic of Singapore of 2 offences under Sections 96 and 96A of the Income Tax Act (Cap. 134) ("ITA") respectively for which she was sentenced to a period of 6 months' imprisonment.

2. Dr Chiang faced and pleaded guilty to two charges of professional misconduct under Section 53(1)(a) of the MRA for her conviction of two offences involving fraud and/or dishonesty. The DT accepted Dr Chiang's plea of guilt and accordingly found her guilty of the 2 charges.

3. The DT gave full credit to Dr Chiang for her co-operation with the authorities and early plea of guilt as well as her contributions to society and the medical profession and her previous unblemished record. Notwithstanding that, the DT was of the view that Dr Chiang's convictions were serious offences that involved some extent of premeditation and preparation over the period of two years and not a situation involving a one-off incident of thoughtlessness and misjudgment.

4. Having reviewed all circumstances of the case, the DT ordered that Dr Chiang be suspended from medical practice for a period of four months, be censured, provide a written undertaking to the SMC that she will not engage in the conduct complained of and any similar conduct, and pay the costs and expenses of and incidental to the disciplinary proceedings, including the costs of the solicitors to the SMC. The DT also ordered that the Grounds of Decision be published.

Summaries of the High Court's decisions on the appeals by Dr Susan Lim Mey Lee and Dr Pang Ah San are provided below:

Appeal Case 1 | Dr Susan Lim Mey Lee

1. At the conclusion of the inquiry in July 2012, the DC convicted Dr Lim Mey Lee Susan on all 94 charges that had been preferred against her. In summary, the charges can, be categorised into 2 broad groups as follows:

    a) The first group of charges comprised 83 charges relating to professional misconduct by overcharging ("Category I"); and
    b) The second group of charges comprised 11 charges relating to professional misconduct by falsely representing in her invoices that the fees charged in those invoices were fees levied by third-party medical practitioners when in fact Dr Lim had added a significant and undisclosed markup to the actual charges of those third-party medical practitioners ("Category II").

2. After due consideration, the DC ordered that Dr Lim be suspended from practice for a period of 3 years, pay a financial penalty of $10,000 and be censured in writing. Dr Lim was also required to give a written undertaking to SMC that she would charge her patients no more than a fair and reasonable fee for her medical services after her return to practice and ordered to pay SMC the costs and expenses of and incidental to the disciplinary proceedings, including the First DC, such costs to include the fees, disbursements and other expenses of counsel for the SMC and the fees, disbursements and other expenses of the legal assessor appointed to this DC. The DC also ordered that the Grounds of Decision be published.

3. Dr Lim filed an appeal to the Court of Three Judges in respect of the DC's decision on her conviction and sentence imposed on the 94 charges and the costs order. Dr Lim applied for the DC's decision to be set aside or alternatively, varied; and the costs and expenses of and incidental to the proceedings before the DC, the First DC and the appeal, to be borne by the SMC. On appeal, the Court of Three Judges, in upholding the DC's decision on both conviction and sentence and dismissed Dr Lim's appeal with costs, ruled that there was clearly sufficient evidence to make out all 94 charges of professional misconduct for overcharging against Dr Lim and the DC had examined all the charges and arrived at the correct decision in convicting Dr Lim of every charge.

Appeal Case 2 | Dr Pang Ah San

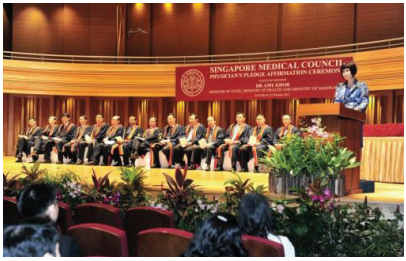
1. At the conclusion of the inquiry in July 2012, the DC convicted Dr Pang Ah San on the basis that he had intentionally and deliberately ignored his ethical obligations as found in Clause 4.1.4 of the SMC's ECEG by giving treatment that was not generally accepted by the profession outside the context of a formal and approved clinical trial. After due consideration, the DC ordered that Dr Pang be fined $10,000, censured and that he provide a written undertaking to the SMC that he will not be engaged in or offer any treatment plan or treatment which includes the insertion of the Loop PEG Tube or any variation thereof outside the context of a formal or approved clinical trial or unless he obtains approval to use the same on patients from the appropriate authorities. The DC also ordered that Dr Pang pay 70% of the costs and expenses, of and incidental to, the Inquiry proceedings, including the costs of the SMC's solicitor and the Legal Assessor. The DC also ordered the Grounds of Decision be published.

2. Dr Pang filed an appeal to the High Court in respect to the DC's decision on the verdict and sentence and costs. The appeal was heard in May 2013 and the High Court affirmed the DC's decision in all aspects save for effecting a slight variation to the undertaking to be provided by Dr Pang. Dr Pang was to provide a written undertaking that "*he will not be engaged in or offer any treatment plan or treatment which includes the insertion of the Loop PEG Tube or any variation thereof outside the context of a formal or approved clinical trial or unless he obtains approval or an exemption to obtaining such approval to use the same on patients from the appropriate authorities"* (emphasis added).

SMC PHYSICIAN'S PLEDGE AFFIRMATION CEREMONY

The Singapore Medical Council Physician's Pledge Affirmation Ceremony serves as a reminder to the medical practitioners of their duties and responsibilities toward their patients. The pledge ceremony is held twice a year and medical practitioners who will be obtaining full registration attend these ceremonies to take the pledge to mark an important milestone in their careers.

In 2013, SMC was honoured to have Dr Amy Khor, then Minister of State for Health and Mr Gan Kim Yong, Minister for Health as the Guest of Honour for our pledge ceremonies held in February and September respectively. In total, 595 medical practitioners attended the pledge ceremonies in 2013.



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