SINGAPORE MEDICAL COUNCIL

INTERIM ORDERS COMMITTEE INQUIRY FOR DR WEE TEONG BOO

HELD ON SATURDAY 22 APRIL 2017

Interim Orders Committee:

Dr Leong Choon Kit (Chairman)

A/Prof Sophia Ang

A/Prof Chin Jing Jih

Legal Assessor:

Mr Thio Shen Yi, SC

Counsel for the Singapore Medical Council:

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Ms Vickie Tan

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(Edmond Pereira Law Corporation)

DECISION OF THE INTERIM ORDERS COMMITTEE

(Note: Certain information may be redacted or anonymised to protect the identity of the parties.)

Purpose of the Inquiry

1. This Interim Orders Committee ("**IOC**") was appointed under section 59A of the Medical Registration Act (Cap. 174) ("**MRA**") to inquire into and determine whether an interim order under section 59B(1) of the MRA be made against Dr Wee Teong Boo ("**Dr Wee**").

The Medical Practitioner in question

2. Dr Wee is a 66-year old male medical practitioner registered under the MRA. Dr Wee has been practising for more than 40 years. Since 1978, Dr Wee has practised at Wee's

Clinic & Surgery at Block 418 Bedok North Avenue 2 #01-79 Singapore 460418 ("**Wee's Clinic**").

Charges and relevant facts giving rise to the Inquiry

3. On 24 February 2017, Dr Wee was charged with two offences under the Penal Code (Cap. 224) (collectively, the "**Charges**"). The Charges both related to a 23-year old female patient (the "**Patient**"). By way of background, the Patient had consulted with Dr Wee over a period of about 12 months prior to the events alleged in the Charges. Over this time, the Patient had consulted with Dr Wee 24 times.

4. The Charges against Dr Wee may be summarised as follows:[1]

   (a) That Dr Wee, sometime between 11:30pm on 30 December 2015 and 12:30am on 31 December 2015 at Wee's Clinic, committed rape of the Patient by penetrating her vagina with his penis without her consent, in the course of carrying out a medical examination on her, thereby committing an offence under section 375(1)(a) which is punishable under section 375(2) of the Penal Code; and

   (b) That Dr Wee, sometime on 25 November 2015 at Wee's Clinic, used criminal force on the Patient by rubbing her vulva with his hand, in the course of carrying out a medical examination on her, thereby intending to outrage her modesty and he has thus committed an offence punishable under section 354(1) of the Penal Code.

5. The Charges were read to Dr Wee in a public criminal mention heard at the State Courts of Singapore before District Judge Christopher Goh ("**DJ Goh**") on 24 February 2017. At these mentions, DJ Goh granted bail of S$50,000. The Court fixed the next public criminal mention to be heard on 11 April 2017. Following this, there will be further public criminal mentions and/or hearings, and evidentiary hearings to determine the Charges.

6. On 25 February 2017, Dr Wee received widespread media attention in respect of the Charges. The Straits Times, The New Paper and Lianhe Zaobao all ran articles relating to the aforesaid Charges.

7. The SMC received information from the Singapore Police Force relating to the Charges between 25 and 27 February 2017. In this respect, the only "*information*" that was before

[1] While Dr Wee is facing criminal sexual allegations the possibility exists that, depending on the outcome of the criminal proceedings, further disciplinary action may be taken against Dr Wee by the SMC under the MRA.

the IOC were copies of the actual Charges. A Notice of Inquiry dated 21 March 2017 relating to this IOC was issued to Dr Wee. Dr Wee submitted Written Observations pursuant to the Medical Registration Regulations 59(1)(d) on 19 April 2017.

Framework adopted by the IOC

8. Section 59B(1) of the MRA states as follows:

"*Interim orders*
59B.—(1) Where, upon due inquiry into any complaint or information referred to it, an Interim Orders Committee is satisfied that it is necessary for the protection of members of the public or is otherwise in the public interest, or is in the interests of the registered medical practitioner concerned, that his registration be suspended or be made subject to conditions or restrictions, the Interim Orders Committee may make an order —

(a) that his registration in the appropriate register be suspended for such period not exceeding 18 months as may be specified in the order (referred to in this Part as an interim suspension order); or

(b) that his registration be conditional on his compliance, during such period not exceeding 18 months as may be specified in the order, with such conditions or restrictions so specified as the Interim Orders Committee thinks fit to impose (referred to in this Part as an interim restriction order)." (emphasis added)

9. It therefore follows that the IOC can only arrive at a determination to suspend Dr Wee's registration, or make such registration subject to any conditions, where it is satisfied that such is:

(a) Necessary for the protection of members of the public; or

(b) Otherwise in the public interest; or

(c) In the interests of Dr Wee.

10. It should also be stated that the IOC's task is not to make findings of fact or even a provisional determination on the likelihood of the outcome of the criminal proceedings. Rather, the IOC is required in the circumstances—after inquiry into the information or complaint referred to it—to assess the risk of injury to members of the public and to the public interest; as well as to assess the interests of Dr Wee. It is an assessment of risk, not an assessment of merits.

11. In this case, the IOC is faced with two potentially unpalatable outcomes. On one end, an order for the suspension of Dr Wee's registration will have far-reaching consequences for Dr Wee, especially with respect to his livelihood and the wellbeing of his patients. On the other end, if Dr Wee commits an offence in the nature of the current allegations, the victim of such alleged conduct (if proven) would have suffered harm, and the standing of the profession would also suffer as the perception would be that the SMC failed to take steps to protect the public. The IOC was mindful of the gravity of both these possible scenarios throughout its deliberations.

The SMC's case

12. The SMC's case was largely based on the seriousness of the current allegations and the perceived weight of the information that the SMC had received. Counsel for the SMC pointed out that sexual criminal offences go beyond a mere sub-standard discharge of a doctor's medical duties. The SMC urged the IOC to focus its inquiry on the dire consequences a patient (or potential patient) would suffer if Dr Wee repeated the acts contained in the Charges during the period prior to trial. In its submissions, the SMC stated:

> "*the relevant question to ask is whether objectively, rape and/or molest are acts that would pose a risk to members of the public.*"

13. In other words, the SMC effectively, whether consciously or unconsciously, equated the gravity of the allegations with "*real risk to members of the public*" and argued that even if the IOC found the risk of a further incident to be low, a suspension would nonetheless be justified because the consequences would be extremely grave.

14. The SMC accepted that the "*information*" before the IOC was primarily the Charges and that the IOC was "*not privy to evidence arising in connection with the … Charges*". Notwithstanding this, the SMC's argument was that the Charges in and of themselves were sufficient to warrant an interim order. The SMC submitted that "*[o]n the face of these allegations … we have crossed the threshold test for a suspension*" (emphasis added). In support of this approach, the SMC contended that it was reasonable to conclude that the Attorney-General's Chambers ("**AGC**") possessed sufficient evidence in exercising its prosecutorial discretion and therefore, danger to the public could be assessed on the basis of the Charges alone.

15. This argument appears to suggest that the gravity of the alleged conduct is given more weight than the frequency of the allegations or the number of people the alleged offences

were committed on. On the SMC's case, even though the Charges pertained to isolated incidents (one patient and/or two events), the sheer gravity of the potential injury to a patient required the IOC to take steps to definitively prevent the possibility of an incident of this nature. Counsel for the SMC duly considered an interim suspension of Dr Wee to be a "*proportionate and fair response to the perceived risk*" which was necessary for the "*Protection of the Public*". As for the argument that the AGC had already preferred charges, and therefore had to be assumed to have sufficient evidence, we do not consider this to be of much weight. This would otherwise be an assumption which would have to be applied consistently in all cases where the AGC had already preferred charges, is inconsistent with the presumption of innocence, and encroaches on being a merits test. We did not consider it useful as a general proposition.

16. In addition to the proposition that the Charges themselves were sufficient to connote risk to the public, the SMC identified other factors to illustrate the level of risk in the circumstances. The SMC drew the IOC's attention to paragraph 20 of Dr Wee's own Written Observations where he stated that he had inserted his fingers into the patient's vagina as part of his clinical examination to exclude pelvic inflammation. The SMC urged the IOC as follows:

> "*[T]he IOC has to consider whether it was appropriate for a general practitioner (Dr Wee) to be performing clinical examinations of this nature, without first taking a detailed medical and sexual history from the patient. Indeed, the patient's alleged symptoms, her sexual and medical history, and the clinical findings pursuant to the 'internal physical examination' were not recorded by Dr Wee. The patient's alleged verbal consent was also not recorded in Dr Wee's clinical notes. On the face of Dr Wee's own account, there was no clinical basis for him to conduct such an invasive examination.*"

17. The gravamen of the argument was that even on the doctor's own account of what appeared to be his standard practice, he was in violation of Guidelines 4.1.1.1 and 4.1.2 of the 2002 edition of the SMC Ethical Code and Ethical Guidelines (i.e. the obligations to take a proper history; adequately assess the patient's condition; conduct an appropriate clinical examination; and record clinical details). Therefore, the SMC contended that "*[i]f this is Dr Wee's standard practice, this will pose a danger and risk to the public*".

18. The SMC also pointed to the following facts which it characterised as risk factors to further elucidate the level of risk that Dr Wee poses to the public:

(a) Dr Wee operates his own clinic and is not subject to any checks and balances or supervision by management or superiors.

(b) Dr Wee operates his clinic at night.

(c) The second of the Charges is effectively a repeat offence on the Patient which suggests a pattern of conduct.

(d) The Charges indicate an escalation in the seriousness of the offences committed, going from molest to rape.

19. In addition to the "*Protection of the Public*" argument, the SMC also contended that it was in the public interest that Dr Wee be suspended. The thrust of this second argument was that due to the publicity surrounding this case, members of the public will "*undoubtedly be appalled*" if Dr Wee was not suspended. The SMC submitted that the public's level of trust and confidence in the medical profession would suffer damage if an interim order was not granted—going so far as to suggest that the public would be "*outraged*" if they were to discover that Dr Wee was allowed to practise freely pending the investigations and conclusion of the criminal proceedings. Moreover, if a new instance of sexual misconduct were to occur in the period pending the conclusion of the criminal proceedings, "*irreparable damage*" would be done to the medical profession.

20. Ultimately, and under both arguments, the SMC's position was that suspending Dr Wee was an appropriate balancing of the potential harm to members of the public and the public interest with the impact to Dr Wee (especially his ability to earn a livelihood). The SMC also reasoned that damage to Dr Wee's reputation arising from a suspension would be of limited relevance considering the already widespread publicity.

Dr Wee's case

21. Dr Wee denied the Charges. Dr Wee maintained that the Patient had verbally consented to courses of treatment that he had discussed with her, including the internal examination of the patient's vagina and pelvic area, and that there was no sexual misconduct, let alone rape.

22. Dr Wee agreed with the SMC insofar as the "*overarching consideration*" of the IOC is "*public protection*" and "*public interest*". In support of his case that he is a low risk to the general public, Dr Wee's contentions were:

(a) From the date the last alleged act took place (31 December 2015) to the mention in Court (24 February 2017), there had been no other incident or complaint or charges

made against Dr Wee. Dr Wee reasoned that his continuing to practise pending his trial was therefore not a danger to the public nor detrimental to the public interest.

(b) Since the Charges were made public, Dr Wee's clinic and practice has not been "*affected or disturbed*" by the news of the Charges and the public perception is not one of danger or harm.

(c) There have been no prior disciplinary complaints or criminal charges laid against him.

(d) The Charges relate to an isolated act or acts against one person—and the "*general members of the public are not involved or affected*".

23. A significant plank of the doctor's case was that his interim suspension would not be in the public's interest. Dr Wee emphasised that since the Charges were made public, many of his patients had vouched for his character and communicated support for him. In this regard, Dr Wee exhibited: letters of appeal that were written by Dr Wee's patients to the Ministry of Health ("**MOH**") attesting to the doctor's character; a petition in support of Dr Wee started by one of his female patients; and approaches made by Dr Wee's patients to their Member of Parliament regarding Dr Wee's case.

24. The patient profile of Wee's Clinic consists of many Community Health Assist Scheme ("**CHAS**") patients (an initiative to support lower and middle income citizens) and members of the Pioneer Generation. Wee's Clinic has been formally acknowledged by MOH for its contribution to CHAS. Many patients have expressed concern that the prospect that Dr Wee's suspension will cause significant disruption. Dr Wee's suspension would leave some patients stranded; others expressed concern at being made to shift to a new doctor who would be unfamiliar with their medical histories. Dr Wee has been the general practitioner of some patients for "*decades*".

25. Dr Wee also contended that the information that the interim orders proceedings were based on was "*extremely limited*" consisting only of the bare particulars of the Charges. Dr Wee's case was that there was not "*sufficient 'evidence' … to justify the suspension of [Dr Wee] from practice at this premature juncture of the inquiry process*".

26. Dr Wee also argued that the allegations have not yet been determined in court and that an interim order of suspension would be tantamount to "*prejudging and pre-determining his guilt*". In fact, Dr Wee even went as far as to submit that the IOC process was unfair against him:

"*[W]hilst [Dr Wee] is being afforded an opportunity to respond to the SMC's inquiry, the process is manifestly unfair as [Dr Wee] in the instant case has yet to have his guilt, if at all, or his innocence, proven in a Court of law.*" (emphasis added)

27. Dr Wee's argument was that it would be a breach of natural justice if his registration was suspended on the basis of insufficient information. He argued that it would be a violation of the *adui alteram partem* rule for the IOC to order a suspension when the allegations have not been tested in a Court of law for reasons that include:

    (a) There was not enough information for the IOC to base its decision on—the Charges are not "*sufficient 'evidence' … to justify the suspension of [Dr Wee] from practice at this premature juncture of the inquiry process*".

    (b) At the "*premature juncture of the inquiry process*", it was not clear whether the Patient was a credible witness or not. Dr Wee highlighted that the patient, who was alleging outrage of modesty in the first Charge, returned to the same doctor a month later when the second Charge is alleged to have occurred—which Dr Wee perceives to be a question mark against the Patient's story.

    (c) These issues can only be determined after the careful deliberation of evidence before a criminal court in the course of a fully-fledged factual hearing: "*What 'inquiry' can the IOC make the arrive [sic] at a 'finding' on the merits of the Complainant?*"

28. Dr Wee also submitted that the IOC should not adjudicate on a matter that is concurrently before the Courts; as this would amount to the usurpation of the Court's decision-making function. Moreover, it was argued that a pre-trial suspension would prejudice his criminal case and impact the trial.

29. As for the balancing exercise, Dr Wee's livelihood prior to the trial would obviously be adversely impacted by an interim suspension. Dr Wee submitted that he was the main breadwinner of the family; and has one unemployed son. Moreover, his advanced age (66 years old) would make finding alternative employment all the more challenging. Dr Wee further submitted that the effects of a suspension would be "*irreversible*": during the period of suspension, Dr Wee would lose the goodwill of his patients. Dr Wee did however, at the oral hearing, say that he was more concerned about his patients' welfare than the loss of revenue. He emphasised that if he was suspended, there was a possibility that some of his older patients would simply stop seeking medical treatment.

30. Dr Wee proposed, in the alternative, that if the IOC considered an interim order—his registration should not be suspended but be made subject to conditions such as:

(a) Dr Wee would not examine or consult female patients without a chaperone present (which could include a fully registered medical practitioner, fully registered nurse or a clinic assistant)—except in the event of life-threatening emergencies.

(b) Dr Wee would keep a log of every case he conducts with the presence of a chaperone (or without the chaperone in life-threatening emergencies); and such log be routinely submitted to the SMC.

The IOC's decision

31. Simply put, the IOC's task is to consider whether the Charges, irrespective of their truth or falsity, justify the suspension (or conditional registration) of Dr Wee. In this case, we took a two-prong approach to the determination of the issue. First, we sought to assess the extent to which Dr Wee poses a risk to the members of the public against an assessment of the potential adverse consequences if an interim order was not made against Dr Wee. Second, we sought to balance the interests of Dr Wee with the interests of the public—making a determination proportionate to the perceived risk to members of the public and/or to protect the public interest.

32. We repeat that the IOC's task is not a fact-finding one nor is it the IOC's remit to make any sort of judgement on the merits of the Charges. In this respect, the Australian case of *I v Medical Board of Australia* [2011] SAHPT 18at [28] provides the following guidance:

> "*[T]he body in question is not embarking on a fact-finding exercise. The rules of evidence do not apply but it is up to the Tribunal to look at the allegations in question and consider the source and the potential seriousness of any complaint. A complaint that is trivial or misconceived on its face will clearly not be given weight and the nature of the allegations will be highly relevant to the issues of whether an order is justified.*"

33. That said, in our view and on the present facts, while the Charges are serious, something over and above the gravity of the Charges is required for a full suspension of Dr Wee. The purport of section 59B(1) of the MRA is that the IOC must assess the risk of harm to members of the public, as well as what is in the public interest and what is in Dr Wee's interests. Therefore, the IOC must not *only* assess the gravity of the consequences of the risk (if it materialises). The assessment also requires analysis of whether the risk is high or low. Essentially, was this a high impact but low probability type of case? The IOC must determine the permutations of the gravity of the consequence in combination with the level of risk.

34. On the facts and the information presented to the IOC, our decision is that an interim suspension of Dr Wee is not the optimal solution. We wish to make clear that just because the *consequence* of a risk is extremely serious that does not necessarily mean that there is a high risk of the event occurring (although the gravity of the consequence is a highly relevant factor in the overall inquiry of determining whether it is "*necessary*" to protect the public by a full suspension).

35. Although we decided against a full suspension, the IOC nevertheless does make an interim order. In our assessment, in the circumstances of Dr Wee's case, a risk of injury to the general public does exist—but this risk of harm to the public, may be appropriately managed and mitigated by the imposition of restrictions on Dr Wee's registration. After due inquiry into the information referred to the IOC and after considering the arguments by both sets of counsel, we order that Dr Wee's registration be conditional on his compliance, during a period of 18 months, with certain conditions and restrictions.

The order of the IOC

36. We order that Dr Wee's registration be conditional on his compliance, during a period of 18 months, with the following conditions and restrictions:

    (a) Dr Wee shall not undertake any consultations of female patients without a chaperone present. The chaperone must be a female fully registered medical practitioner in Singapore (the "**Female Chaperone**").

    (b) In respect of female patients, Dr Wee shall not conduct any examination of the breast, pelvic, genital or anal areas. Such examinations shall be carried out by the Female Chaperone.

    (c) These conditions shall not apply in situations which are life-threatening emergencies.

    (d) The Female Chaperone shall maintain a log detailing every case where she is involved as a chaperone, which shall be signed and dated by the Female Chaperone. Such log shall also certify that the consultation and/or any examination performed by Dr Wee was in accordance with professional standards. In the event that Dr Wee does not conduct any consultation and/or any examination in accordance with professional standards, the Female Chaperone is to record such deviation. The log is to be submitted to the SMC every two weeks. Where the log is not submitted in compliance with this order, such incident shall be reported promptly to the SMC.

    (e) This order shall be reviewed by this IOC, or by another IOC appointed in its place, after six (6) months.

(f) Dr Wee shall comply with these conditions and restrictions from 1 May 2017.

(g) This order shall take effect from 22 April 2017.

(h) Parties have liberty to apply.

Discussion

37. There is no Singapore case-law on the giving of interim orders. However, the relevant provisions of the MRA for interim orders are closely modelled after section 41A(1) of the UK Medical Act 1983. In coming to its determination, the IOC was guided by the experience of the UK as well as other jurisdictions.

38. In particular, in making its interim order, the IOC considered the UK decision of *Y v General Medical Council* [2013] EWHC 860 (Admin). In that case, the doctor was awaiting the UK equivalent of a Disciplinary Tribunal inquiry against him concerning alleged improper sexual conduct and attempted rape of a patient (who suffered from spastic paraplegia). The Interim Orders Panel of the General Medical Council ("**GMC**") imposed conditions on the doctor's registration which it considered were "*necessary*" and "*proportionate*" (at [51]) which included:

(a) The requirement that the doctor have a chaperone present when he conducted any consultations or examinations of female patients (except in life-threatening emergencies).

(b) The chaperone had to be a fully registered medical practitioner or fully registered nurse or midwife.

(c) The doctor had to maintain a log detailing every case where he had performed a consultation or examination in either an emergency or with the chaperone present (which had to be signed and dated by the chaperone).

39. We consider that the conditions and restrictions made in our interim order balance the competing factors, are workable, and yet still protect the public interest. Our reasons for the order imposing restrictions and conditions on Dr Wee's registration, but not suspension of Dr Wee's registration, may be set out as follows:

(a) The allegations against Dr Wee are of an extremely serious nature. We agree with counsel for the SMC that the gravity of the Charges, particularly that they relate to criminal sexual conduct, and the nature of the harm to the Patient (if true), justify an appropriately robust order from the IOC.

(b) The Charges, on both parties' versions, relate to events that took place in the course and scope of Dr Wee's conduct as a medical practitioner as well as in the context of Wee's Clinic. As such, the public interest is served by the restrictions imposed on Dr Wee's practice.

(c) The IOC recognises that the Charges are isolated allegations from a single complainant. We also understand that there have been no other complaints against Dr Wee since the last date of the Charge (31 December 2015). That is a period of about 15-16 months incident-free. While a 'clean sheet' may not be relevant to the assessment of guilt or innocence, it is a relevant factor in assessing the issue of risk. We are dealing with prohibition, not certainties.

(d) The fact that there have been no complaints prior to the Patient's allegations is also a factor that we considered. Dr Wee has been in practice for over 40 years. Again, a long history of never having a complaint against Dr Wee may not be relevant to the innocence or guilt of Dr Wee on the Charges, we nevertheless consider it of some relevance to assessing risk.

(e) We have given due weight to considerations of proportionality. We have sought to balance fairness to Dr Wee with the public interest and the profession's interests.

(f) In our view, the welfare of Dr Wee's patients is also a factor to be included in assessing what is in the public's interest in the circumstances. We are mindful that many of Dr Wee's patients are old, and said to be reliant on Dr Wee.

(g) We have required a female chaperone to be a medical practitioner (as opposed to a nurse or a clinic assistant) as we believe, notwithstanding that Dr Wee is restricted from examining certain body areas, that a trained medical practitioner will also be able to assess if any examinations done or recommended by Dr Wee are medically appropriate or inappropriate.

(h) The female chaperone will also significantly reduce the risk of a subsequent allegation of rape or molest against Dr Wee. In this way, the IOC has also sought to protect the interests of Dr Wee.

(i) The requirement to report will allow a practical level of monitoring of Dr Wee.

40. We were also made aware by the SMC of cases from foreign jurisdictions where doctors were suspended by virtue of the fact that criminal charges were pending against the doctors. However, these cases are distinguishable from this case. For example:

(a) *I v Medical Board of Australia* [2011] SAHPT 18: Two charges of aggravated indecent assault were grave enough to warrant a suspension order. However, in that case the

doctor was charged for sexual offences against two separate patients (as opposed to the single complainant in Dr Wee's case). Significantly, the doctor had also breached certain undertakings that he had made to the Medical Board of Australia (*viz*. that he would not treat or consult female patients over the age of ten years) and before the trial had repeatedly contacted one of the patients he was alleged to have assaulted.

(b) *NH v General Medical Council* [2016] EWHC 2348: An isolated domestic violence charge by a trainee doctor resulted in an interim suspension of 18 months. However, as a trainee, the doctor did not have a practice to lose and was still studying. Under those circumstances, a suspension would not have the same wide-reaching impact Dr Wee's suspension would have. Also, this case did not involve any assessment of risk to members of the public and was only decided on the basis of the "*public interest*".

41. The IOC took cognisance of the SMC's contention that Dr Wee's "*standard practice*" of his "*internal physical examination*" procedure connote that Dr Wee poses "*a danger and risk to the public*". In response to the SMC's argument, the IOC's view is that it is not able to make such a determination without some measure of fact-finding as well as expert opinion. This is probably an issue left for a different forum. In any event, our view is that this risk factor is appropriately managed by the conditions that we have ascribed to Dr Wee—where he will be chaperoned by a fully registered medical practitioner and is proscribed from examining certain areas of the body in respect of female patients. In a similar vein, we also regard the other risk facts raised by the SMC to be adequately managed by the imposed conditions on registration.

42. In response to Dr Wee's submissions that natural justice would be breached by an order of the IOC, we dismiss Dr Wee's reasoning and note the following:

(a) Section 59B(1) of the MRA is applicable in the context where the outcome of a specific process, here a criminal inquiry, is not known. The section is a statutory mechanism for the very situation Dr Wee is in. The IOC is given a broad power by the statute to order an <u>interim</u> suspension (or conditional registration) where it considers such to be "*necessary*" on the terms set out. The IOC hearing is not to determine the merits of the Charges nor is it a fact-finding inquiry.

(b) Regarding the issues before the IOC at its hearing, Dr Wee is entitled under section 59E of the MRA read with the Medical Registration Regulations 59 and 60 to be notified of the hearing, to be represented at the hearing, and to make representations at it. For the purposes of the IOC hearing and making a case in light of section 59B(1)

of the MRA, Dr Wee is given, and did avail himself of the chance to be heard, both through Counsel and directly.

(c) We have given due consideration to the interests of Dr Wee and have sought to balance his interests with the interest and protection of the public, and to avoid any disproportionate hardship on Dr Wee.

(d) In this regard, we echo *Y v General Medical Council* where the High Court stated (at [52]):

> "*I have a great deal of sympathy for [the doctor]. If the allegations are found to be untrue, he will have lost the opportunity to practice as a doctor during the period of investigation and the consideration of the case by the GMC. But the court's sympathy for him must be tempered by the need to guard against possible risks to patients, to the public interest and to the public's confidence in the medical profession.*"

43. Finally, with regard to the public interest and the maintenance of public confidence in the medical profession in Singapore, we applied the test stated in the UK case of *NH v General Medical Council* [2016] EWHC 2348 (Admin) (at [12]) of when it is necessary for the maintenance of public confidence in the medical profession to order the suspension of a doctor:

> "*[W]ould an average member of the public be shocked or troubled to learn, if there is a conviction in this case, that the doctor had continued to practice whilst on bail awaiting trial?*"

44. We consider that the application of the restrictions and conditions on Dr Wee's registration are sufficient to guard against an outcry by the members of the public. The Charges are public and any female patient who seeks Dr Wee's medical consultation will be chaperoned by a female fully registered medical practitioner, and will also have the security of knowing that any examination of sensitive body areas will be conducted by the chaperone and not by Dr Wee.

Publication of Decision

45. We order that the Grounds of Decision be published with the necessary redaction of identities and personal particulars of persons involved.

Dated this 9th day of May 2017.