

IN THE REPUBLIC OF SINGAPORE

SINGAPORE MEDICAL COUNCIL DISCIPLINARY TRIBUNAL

[2019] SMCDT 3

Between

Singapore Medical Council

And

Dr Tan Kok Jin

... Respondent

GROUNDS OF DECISION

Administrative Law — Disciplinary Tribunals

Medical Profession and Practice — Professional Conduct — Suspension

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Singapore Medical Council

v

Dr Tan Kok Jin

[2019] SMCDT 3

Disciplinary Tribunal — DT Inquiry No. 3 of 2019

Prof Sonny Wang (Chairman), Dr Yap Soo Kor Jason and Ms Chong Chin Chin

25 March 2019, 22 May 2019 and 28 August 2019

Administrative Law — Disciplinary Tribunals

Medical Profession and Practice — Professional Conduct — Suspension

17 September 2019

GROUNDS OF DECISION

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

INTRODUCTION

1. The Respondent, Dr Tan Kok Jin, is a registered medical practitioner practising at Medicus Clinic and Surgery at the material time. He faces a total of 34 charges of professional misconduct under s53(1)(d) of the Medical Registration Act (“**MRA**”) in relation to his prescription of benzodiazepines, his failure to keep proper medical records and/or his failure to refer the relevant patients to appropriate specialists. The charges are set out in **Annex A**.¹
2. The Respondent pleaded guilty to the following 14 charges and consented to 20 charges being taken into consideration for sentencing:

¹At the hearing on 28 August 2019, the SMC corrected certain typographical errors in the charges and Agreed Statement of Facts. The Respondent accepted the changes and maintained his plea of guilt. The amendments are reflected in the Annexes to this judgment.

- (a) 11 charges for inappropriate prescription of benzodiazepines in relation to 11 patients which constitute a breach of Guideline 4.1.3 of the 2002 edition of the Singapore Medical Council Ethical Code and Ethical Guidelines (“**2002 ECEG**”) and paragraphs (e) and (f) of Annex A of the Ministry of Health Administrative Guidelines on the Prescribing of Benzodiazepines and Other Hypnotics dated 14 October 2008 (“**MOH Administrative Guidelines**”) (i.e. the 1st, 4th, 7th, 10th, 13th, 16th, 19th, 22nd, 25th, 28th and 31st Charges). In relation to 13th and 31st Charges, there is an additional breach of paragraph (l) of Annex A of the MOH Administrative Guidelines;
- (b) One (1) charge for failure to keep proper medical records in relation to two patients which constitute a breach of Guideline 4.1.2 of the 2002 ECEG and paragraphs (b), (c), (d), (g) and (o) of Annex A of the MOH Administrative Guidelines and one (1) charge for breach of Guideline 4.1.2 of the 2002 ECEG (i.e. the 2nd and 34th Charges respectively); and
- (c) One (1) charge for failure to refer one patient to an appropriate specialist for management of his medical issues which constitute a breach of Guidelines 4.1.1.5 and/or 4.1.1.6 of the 2002 ECEG and paragraphs (k) and (n) of Annex A of the MOH Administrative Guidelines (i.e. the 3rd Charge).

BACKGROUND FACTS

- 3. The facts in relation to the charges are set out in the Agreed Statement of Facts and they are summarised below.
- 4. On 21 April 2014, Ministry of Health (“**MOH**”) officers visited the Respondent’s clinic and audited the Drug Dispensing Records for the periods of January 2014 and from 31 March 2014 to 1 April 2014 as well as the patient medical records for 12 patients. Upon a review of the records, MOH became concerned over the Respondent’s prescription practices with respect to hypnotics and informed the Singapore Medical Council (“**SMC**”) on 29 April 2014.
- 5. On 28 October 2014, the SMC issued a Notice of Complaint informing the Respondent that a Complaints Committee had been appointed under the MRA and called for a written explanation from the Respondent. Further investigations were conducted by SMC’s investigation unit.
- 6. On 29 August 2018, a Notice of Inquiry (“**NOI**”) was served on the Respondent informing him that an inquiry into 34 charges against him would be held. An amended NOI was issued on 6 December 2018 (“**NOI Amendment No. (1)**”).

MOH Administrative Guidelines

7. The ECEG contains general guidelines on good medical practice. The specific guidelines for the prescription of benzodiazepines and other hypnotics can be found in the MOH Administrative Guidelines. The MOH Administrative Guidelines covers three key aspects: (a) documentation and maintenance of patient medical records; (b) use of benzodiazepines, and (c) specialist referrals.

8. Paragraphs (a) to (d) of Annex A to the MOH Administrative Guidelines state the information which must be documented in the medical records of each patient who has been prescribed with benzodiazepines/other hypnotics. Paragraphs (e) to (m) set out the guidelines on the use of benzodiazepines. In particular, the medical practitioners are strongly discouraged from prescribing highly addictive benzodiazepines such as nimetazepam. Benzodiazepines/other hypnotics, when used for treating insomnia, should be prescribed for intermittent use (e.g. 1 night in 2 or 3 nights) and only when necessary. Paragraph (n) of the MOH Administrative Guidelines provides that patients who require or have been prescribed benzodiazepines/other hypnotics beyond a cumulative period of eight weeks should not be further prescribed with benzodiazepines/other hypnotics. They must be referred to an appropriate specialist for further management. Under paragraph (o), patients who refuse to be referred should be appropriately counselled and the refusal must be documented in the medical records.

THE CHARGES

9. With the exception of the 34th Charge, all the charges arose from the Respondent's prescription of benzodiazepines to 11 patients. The facts relating to the charges for each patient as set out in the Agreed Statement of Facts can be found in **Annex B**.

Charges in relation to inappropriate prescription of benzodiazepines

10. The first set of charges concerns the prescription of benzodiazepines to 11 patients. With the exception of Patient 7 who was prescribed *Dormicum*, the remaining 10 patients were prescribed nimetazepam or *Erimin*. A summary of the prescription is set out below:

S/No	Duration	Consultations	Prescriptions
Patient 1	33 months	38	Erimin (1,100 tablets)
Patient 2	20 months	17	Erimin (480 tablets)
Patient 3	33 months	69	Erimin (900 tablets)

Patient 4	16 months	16	Erimin (440 tablets)
Patient 5	33 months	84	Erimin (1,020 tablets)
Patient 6	33 months	41	Erimin (1,020 tablets)
Patient 7	33 months	70	Dormicum (930 tablets)
Patient 8	33 months	45	Erimin (1,000 tablets)
Patient 9	23 months	23	Erimin (630 tablets)
Patient 10	33 months	35	Erimin (1,020 tablets)
Patient 11	33 months	66	Erimin (850 tablets)

11. The periods of prescription for each patient ranged from January 2012 to October 2014. Schedule 2 to the charges sets out the relevant intervals between the various consultations. Each patient was prescribed benzodiazepines beyond a cumulative period of eight weeks. The Respondent admitted to each of these 11 charges.

Charges on failure to keep proper medical records

12. The second set of charges relates to Patient 1 and Patient 12. Under the 2nd Charge, the Respondent admitted to a breach of paragraphs (c), (d), (g) and (o) of Annex A of the MOH Administrative Guidelines by failing to keep the requisite medical records of Patient 1. The Respondent also failed to entirely reproduce the original set of patient medical records upon request by the SMC, which is a breach of paragraph (b) of Annex A of the MOH Administrative Guidelines. The Respondent admitted to the 2nd Charge. There were a total of 10 other similar charges in relation to Patients 2 to 11 which the Respondent agreed can be taken into consideration for sentencing.
13. As for Patient 12, the Respondent admitted to the 34th Charge for breaching Guideline 4.1.2 of the 2002 ECEG by failing to maintain sufficient details of the medical records of the patient.

Charges on failure to refer to appropriate specialists

14. The third set of charges concerns the Respondent's failure to refer 11 patients to psychiatrists and/or other appropriate specialists for management of their medical issues in a timely manner which constituted a breach of paragraphs (k) and (n) of Annex A of the MOH Administrative Guidelines.
15. The Respondent admitted to the charge in relation to Patient 1 and agreed that 10 similar charges in relation to Patient 2 to Patient 11 to be taken into consideration for sentencing.

SUBMISSIONS ON SENTENCE

16. It is not in dispute that the professional misconduct in this case amounts to an intentional, deliberate departure from standards observed by members of the profession of good repute and competency (*Low Cze Hong v Singapore Medical Council* [2008] 3 SLR(R) 612) as it has been accepted that there is a clear breach of the 2002 ECEG and MOH Administrative Guidelines.
17. It is also not in dispute that the departure in question was sufficiently egregious to amount to professional misconduct. In the initial set of submissions, the parties further agreed that the sentencing framework that is set out in *Wong Meng Hang v Singapore Medical Council and other matters* [2018] SGHC 253 (“*Wong Meng Hang*”) is applicable in this case. *Wong Meng Hang* sets out four steps to be taken in assessing the appropriate sentence to be given in the context of cases where the misconduct of a medical practitioner has caused harm to the patient:
- (a) Identify the level of harm and the level of culpability. Harm refers to the type and gravity of harm or injury that was caused to the patient and to the society by the commission of the offence. Regard may also be had to the potential harm that could have resulted from dangerous acts of misconduct, even if it did not actually materialise on the given facts. It is essential to examine the culpability of the offender or degree of blameworthiness disclosed by the misconduct.
 - (b) Identify the applicable indicative sentencing range. The Court provided a “harm-culpability matrix” (which is set out below) that would guide a sentencing tribunal to determine an appropriate sentence:

Harm Culpability	Slight	Moderate	Severe
Low	Fine or other punishment not amounting to suspension	Suspension of 3 months to 1 year	Suspension of 1 to 2 years
Medium	Suspension of 3 months to 1 year	Suspension of 1 to 2 years	Suspension of 2 to 3 years
High	Suspension of 1 to 2 years	Suspension of 2 to 3 years	Suspension of 3 years or striking off

- (c) Identify the appropriate starting point within the indicative sentencing range. After identifying the applicable indicative sentencing range, this third step is to identify the appropriate starting point within that range.
- (d) Make adjustments to the starting point to take into account offender-specific factors. At this stage, the relevant aggravating and mitigating factors are to be considered.

SMC's Submissions

18. Counsel for the SMC submitted that the Respondent's professional misconduct had caused "moderate" level of harm to the patients after taking into account the periods of inappropriate prescriptions (which ranged from approximately 1 year and 4 months to approximately 2 years and 9 months) and the risk of patients developing dependence from long term usage of benzodiazepines.² Counsel submitted that culpability would be "high" as there were egregious departures from the maximum period of eight weeks for prescription of benzodiazepines under the MOH Administrative Guidelines. It was also highlighted that a medical practitioner was required under paragraph (l) of Annex A to the MOH Administrative Guidelines to be careful when prescribing benzodiazepines to avoid excessive sedation, as this may pose a risk to patients who drive or operate heavy machinery, such as Patient 5 who is a technician and Patient 11 who is a taxi driver.
19. In relation to the Respondent's failure to keep proper medical records, Counsel submitted that such a breach should not be regarded as a "minor or technical breach" but should be treated as a "serious breach" (*Yong Thiam Look Peter v Singapore Medical Council* [2017] 4 SLR 66 at [10]). In this case, the Respondent could not produce true copies of the patient medical records for the patients and only transcriptions were available. The information that was transcribed was brief (being limited to the visit dates, diagnosis and medications prescribed) and did not contain sufficient details of the patients' condition. There was also no discussion of treatment options in accordance with good medical practice.
20. In the light of the observations of the Court at [96] in *Wong Meng Hang* that the precedents reflect unduly lenient sentences and that they should no longer be relied upon for guidance in determining the appropriate sentence, Counsel relied heavily on the recent decision of *Singapore Medical Council v Dr Chia Kiat Swan* [2019] SMCDT 1 ("*Chia Kiat Swan*") which is a case involving inappropriate prescription of benzodiazepines where the Disciplinary Tribunal had applied the harm-culpability matrix. In that case, Dr Chia pleaded guilty to four charges of inappropriate prescription

²Although Counsel for SMC had initially submitted that the "long-term" usage of benzodiazepines by the Respondent's patients is sufficient to establish that harm has been caused, the position taken by the SMC in subsequent submissions is that there is only potential harm done to the patients.

of benzodiazepines for four patients; three charges for failing to keep proper medical records for three patients; and one charge for failure to refer a patient to a psychiatrist or medical specialist. Four other charges were taken into consideration. The periods of inappropriate prescription ranged from 6 years and 2 months to 11 years and 8 months.

21. In *Chia Kiat Swan*, the parties agreed to the following sentences; namely a suspension of 16 months, a penalty of \$15,000 and the usual consequential orders. The starting point for the suspension was two (2) years and it was by agreement reduced by one-third due to inordinate delay. The Disciplinary Tribunal agreed with the recommended sentences. It also found that the harm caused was “moderate” and the culpability laid somewhere at the upper range of the “medium” level or the lower range of the “high” level which means two years would be an appropriate starting point.
22. Counsel submitted that an aggregate sentence of suspension for three (3) years, censure and the usual written undertaking to the SMC would be appropriate for the present case prior to taking into account any reduction for inordinate delay in the prosecution. Even though the periods of inappropriate prescription in *Chia Kiat Swan* were longer, the number of patients and charges in the present case are both higher. Therefore, a longer suspension period would be justified.
23. On the issue of inordinate delay, Counsel did not dispute that a reduction in sentence should be applied in this case as (i) there has been inordinate delay in the prosecution of the claim against the Respondent; (ii) the Respondent is not responsible for the delay; and (iii) the delay has resulted in real injustice and prejudice to the Respondent (*Ang Peng Tiam v Singapore Medical Council and another matter* [2017] 5 SLR 356 (“*Ang Peng Tiam*”). While acknowledging that the respondents involved in the previous cases with similar periods of delay had been given a 50% reduction in the sentence, Counsel contended that it would not be appropriate in this case to give the same reduction because of countervailing public interest considerations including considerations of general deterrence and the need to uphold the standing of the medical profession. The 50% reduction should not be applied to cases involving hypnotic medication because of the serious harm and disrepute that such conduct brings to the medical profession.³

The Respondent’s Submissions

24. Applying the harm-culpability matrix, Counsel for the Respondent submitted that harm caused should be categorised as “slight” and his culpability categorised as “medium”.⁴ Therefore, a suspension of three (3) months, a fine with censure, an undertaking and order for costs would be appropriate.

³At [8] and [9] of the SMC’s submissions dated 22 April 2019.

⁴At [18] of the Respondent’s submissions dated 6 May 2019.

25. Counsel submitted that there was no evidence that the patients suffered any deleterious effects by consuming the benzodiazepines. Counsel highlighted that the Respondent was not motivated by any financial or profit making considerations in his management of his patients and there was no dishonesty on his part. The Respondent had prescribed the benzodiazepines to the 11 patients because they had work-related sleep disorders and insomnia. As the Respondent had empathised with the predicament of the patients, he felt a compelling need to provide these patients with the means of relieving their distress of not being able to sleep or sleep well. It was submitted that whenever the Respondent wanted to refer the patients to the Institute of Mental Health, the patients had objected for fear of the associated stigma.
26. The case of *Chia Kiat Swan* can be distinguished because Dr Chia gave concurrent prescriptions of two or more different types of benzodiazepines on multiple occasions to the same patients. This was not done in the present case.
27. In mitigation, Counsel also highlighted the following factors:
 - (a) The Respondent's early plea of guilt.
 - (b) The Respondent's clean record in his 40-year career and that he is well-liked by his patients.
 - (c) The Respondent's genuine remorse and earnest desire to make amends. Upon receiving the Notice of Complaint from SMC in October 2014, the Respondent took immediate steps to discontinue the prescription of benzodiazepines. He also returned the remaining stock of drugs to the supplier and undertook to strictly adhere the MOH Administrative Guidelines.
 - (d) The Respondent had provided medical care to underprivileged communities in Thailand. He also made donations and performed charitable work for the benefit of various temples and schools in Thailand.
28. Counsel submitted that a 50% reduction in sentence should be given to take into account the length of inordinate delay in the prosecution of this matter.

Further submissions on whether a global sentence is appropriate

29. Even though there was a consensus between the parties that a global sentence should be given, we called for further submissions on how the harm-culpability matrix is to be applied in our present case which involves multiple charges. In particular, we also asked for submissions on whether it would be appropriate to not provide a breakdown on the sentences for each set of charges in the light of the observations made by the Court at

[90] of *Kevin Yip Man Hing v Singapore Medical Council and anor* [2019] SGHC 102 (“*Kevin Yip*”).⁵ The Court stated:

When dealing with a defendant convicted of multiple charges, whilst it may not always be necessary for the sentencing court or tribunal to state explicitly what the individual sentence is for *each individual charge* the defendant has been convicted of, this ought to have been done in the present case. It is, for example, not possible to know if the DT had considered ten months’ suspension to be appropriate for each charge, running them concurrently; or if some lower term of suspension per charge was appropriate, the ten-month suspension being an aggregate sum of the sentences running consecutively.

30. Counsel for the SMC maintained that the imposition of a global sentence is in line with pre *Wong Meng Hang* precedents involving similar sets of charges arising from inappropriate prescription of benzodiazepines. Further, it is possible to apply the harm-culpability framework by taking into account the number of charges or patients and Counsel highlighted that the Disciplinary Tribunal in *Chia Kiat Swan* also gave a global sentence. In the absence of precedents on the appropriate individual sentences for each proceeded charge, it would be speculative to propose an appropriate sentence. Counsel for the Respondent did not object to the imposition of a global sentence.
31. At our request, the SMC provided alternative submissions on individual sentences for the separate sets of charges which the SMC has proceeded with, should we decide not to impose a global sentence. The submissions are as follows:
 - (a) Charges in relation to inappropriate prescription of benzodiazepines – Counsel submitted that it would be appropriate to impose a sentence of suspension between 12 to 24 months for each charge under the harm-culpability matrix. The sentences to two of the charges should run consecutively.⁶
 - (b) Charges on failure to keep proper medical records – Counsel submitted that it would be appropriate to impose a sentence of suspension between three to six months for each charge. In *Singapore Medical Council v Dr Mohd Syamsul Alam bin Ismail* [2019] SGHC 58 (“*Mohd Syamsul Alam bin Ismail*”), a term of three months’ suspension was imposed for the doctor’s failure to keep proper medical records when he was practising as part of a group practice. Here, multiple records and patients are involved and a higher sentence would be appropriate. One of the sentences should run consecutively.
 - (c) Charge on failure to refer to appropriate specialists – Counsel contended that a sentence of suspension of nine to 18 months would be appropriate for the 3rd

⁵The judgment of the Court was delivered on 23 April 2019 after parties had tendered their written submissions for the 1st hearing.

⁶ It was submitted that consecutive sentences may be imposed for the 1st and 7th Charge.

Charge under the harm-culpability matrix after taking into consideration the remaining 10 charges for sentencing. This sentence should run consecutively.

32. Counsel for the SMC further clarified by way of a letter dated 24 July 2019 that “[s]ubject to evidence of “severe” harm, SMC considers the inappropriate prescription and failure to refer to specialist charges to be of “moderate” harm due to potential risk to patients”. During the oral submissions on 28 August 2019, Counsel accepted that the misconduct of the Respondent had caused potential harm (as opposed to actual harm) to the patients. The Respondent’s culpability for these two sets of charges is considered to be “medium” if the charges are considered separately.
33. In this further round of submissions, Counsel also relied on *Kevin Yip* as a precedent to support the contention that a one-third reduction in sentence would be sufficient if the prejudice suffered by the Respondent is balanced against the relevant public interest considerations.
34. Counsel for the Respondent agreed that a global sentence would suffice. The harm done should be categorised as “slight” and culpability as “medium”. It was submitted that a three (3) months suspension with or without fine would be appropriate. On the issue of inordinate delay, Counsel reiterated that the Respondent had undergone distress during the period of delay which had affected him emotionally and psychologically. The period of suspension should be halved based on *Ang Peng Tiam*. A one-third discount was given in *Kevin Yip* because of Dr Yip’s disregard for the patient’s welfare and interest which was regarded as an aggravating factor by the Court.

OUR DECISION

Separate sentences to be imposed

35. We are of the view that it would be appropriate to impose separate sentences for the different sets of charges, given that different breaches of the MOH Administrative Guidelines and/or 2002 ECEG were committed. Each breach may carry a different level of culpability and harm to the patient in question. The assessment of the sentencing tribunal should also be done on that basis for each breach.
36. Even though the Respondent faces similar three sets of charges in relation to Patients 1 to 11, the SMC only proceeded with some of the charges against each patient. If a global sentence is given, it would not be possible to decipher what sentence was meted out for each charge and this is the exact situation which the Court in *Kevin Yip* found to be unsatisfactory (see [90]).
37. Further, for a global sentence to be given, it is necessary for the harm-culpability matrix to be applicable to all the charges. In our view, the sentencing framework in *Wong*

Meng Hang is not applicable to the second set of charges in relation to the Respondent's failure to keep proper medical records and we are guided by the decision in *Mohd Syamsul Alam bin Ismail* in reaching this conclusion. In that case, Dr Syamsul was found liable for two separate charges, namely (i) failure to undertake an adequate clinical evaluation of the patient, and failure to provide competent, compassionate and appropriate care to the patient; and (ii) failure to keep clear and accurate records with sufficient detail as would enable another doctor reading the records to take over the management of the patient. In determining the appropriate sentence, the Court only applied the harm-culpability matrix to the first but not the second charge.

38. For completeness, we would add that the precedents relied on by Counsel which pre-dated *Wong Meng Hang* in support of the submission for global sentence would be of limited assistance as they did not deal with the application of the sentencing matrix. As for *Chia Kiat Swan*, it is a decision delivered on 25 March 2019 and it pre-dated *Kevin Yip* where this issue of aggregate sentence was considered by the Court. Again, *Chia Kiat Swan* can be distinguished because it is not a case where the Disciplinary Tribunal was faced with a task of determining the proper approach to be taken in the light of the observations made in *Kevin Yip*.

Appropriate sentences to be imposed

39. We now turn to the application of the harm-culpability matrix for the first and third set of charges.
40. The periods of inappropriate prescription for 11 patients range from 1 year and 4 months to 2 year and 9 months. We agree with the SMC that these are prolonged periods which exceeded the recommended maximum period of prescription of eight weeks provided for under paragraph (n) of Annex A of the MOH Administrative Guidelines. In terms of quantity, the total number of tablets administered per patient was also substantial. For many of the patients, the benzodiazepines were prescribed in such quantity and with such frequency that the patients were in effect prescribed one tablet a day. Again, this is way beyond the recommended prescription under paragraph (f) of Annex A of the MOH Administrative Guidelines.
41. The failure to refer Patient 1 for further management by an appropriate specialist after being prescribed with benzodiazepines for more than eight weeks is also a clear breach of paragraph (n) of Annex A to the MOH Administrative Guidelines. The Respondent submitted that the patients had refused such referrals. We note that this is not documented in the medical records of the patients. In any event, the MOH Administrative Guidelines set out quite categorically that further prescription beyond eight weeks must not be given. Patients who refuse such referrals should have been counselled. The Respondent's continued prescription of benzodiazepines for extended periods is irresponsible and is not in the best interest of the patients.

42. Both parties submitted that the culpability of the Respondent for each of the charges for inappropriate prescription and failure to refer to specialists for further management should be assessed as “medium”. We agree that this would be appropriate and would reflect the blameworthiness of the Respondent in committing these breaches.
43. In terms of the severity of harm caused to each patient, the harmful effect of hypnotic medication was recognised in the case of *In the matter of Dr Chew Yew Meng Victor* [2017] SMCDT 3 at [38] where it was observed that “[i]t is well known that improper or long-term use of benzodiazepines can lead to tolerance as well as psychological and physical dependence by patients”. Even though the SMC did not adduce evidence of actual harm caused to each of the 11 patients as a result of the inappropriate prescriptions, we are satisfied that there is potential harm to each patient due to the risk of developing tolerance and drug dependence. If there had been evidence of actual harm caused to the patient, we may be persuaded to classify the level of harm as “moderate”. In this case, we would classify the harm as “slight” for each charge of inappropriate prescription and failure to refer to an appropriate specialist.
44. Having found that the misconduct is of medium culpability and has resulted in slight harm, the applicable indicative sentencing range would be between three (3) months to one (1) year of suspension for each charge. In the present case, the appropriate starting point for each charge of inappropriate prescription should range between four (4) to six (6) months, depending on the quantity of benzodiazepines prescribed, the frequency and duration of the inappropriate prescription as well as the existence of any aggravating or mitigating factors. In our view, the sentences for the charges in relation to Patient 1 (the 1st Charge); Patient 5 (the 13th Charge) and Patient 11 (the 31st Charge) would be on the higher end of the range:
- (a) Patient 1 was prescribed a total of 1,100 tablets of *Erimin* over a period of 2 years and 9 months. There were monthly consultations and in some of the months, multiple visits were made. During each consultation, he was prescribed between 20 to 30 tablets. This patient was prescribed the greatest quantity of *Erimin* for the longest duration of time.
 - (b) Patient 5 was prescribed a total of 1,020 tablets of *Erimin* over a period of 2 years and 9 months. There were monthly consultations (save for a month in June 2013) and in some of the months, multiple visits were made. During each consultation, he was prescribed between 10 to 20 tablets. The patient is a technician in a shipyard.
 - (c) Patient 11 was prescribed a total of 850 tablets of *Erimin* over a similar period of 2 years and 9 months. There were regular monthly consultations (save for one month in February 2014) and in some of the months, multiple visits were made. During each consultation, he was prescribed between 10 to 30 tablets. This patient is a taxi driver.

45. Even though the number of tablets prescribed for Patients 5 and 11 is lesser in quantity, we are of the view that the sentences for these charges should be on the higher end of the range because the Respondent ought to have taken greater care when prescribing the benzodiazepines to them to avoid excessive sedation given the nature of their jobs. We find that a sentence of six (6) months' suspension for each of the above charges would be appropriate.
46. As for the 3rd Charge for failure to refer Patient 1 to an appropriate specialist, the SMC had submitted that the gravity of the inappropriate prescription of benzodiazepines may be considered more aggravated than the failure to refer to an appropriate specialist.⁷ Our view is that a suspension period of three (3) months would be adequate to reflect the gravity of the breach.
47. In relation to the 2nd Charge for failure to keep proper medical records, we are of the view that a period of suspension of three (3) months would be appropriate. In the case of *Mohd Syamsul Alam bin Ismail*, the Court held that the breach was aggravated because it was crucial for Dr Syamsul, who operated as part of a group practice, to keep detailed medical notes to enable proper management of the patient by the next doctor.
48. In the present case, the medical records only contained bare information on the visit dates, the reasons for the visits and the number of tablets of *Erimin* and *Dormium* that the Respondent prescribed. The reasons for the visits were briefly written, usually as "insomnia" and "irregular hours". Specific and detailed requirements for keeping of medical records when prescribing benzodiazepines have been drawn up under the MOH Administrative Guidelines. Such medical records would be necessary to monitor the patients' response to the benzodiazepines and to form the basis for future referral for further treatment by other specialists. The Respondent's records fell way short of the requirements and are devoid of essential details. This breach is more serious than a breach of failure to keep medical records *simpliciter* given the potentially harmful and addictive nature of the drugs. In our view, a similar three (3) months' suspension would be warranted for the 2nd Charge. It also follows that a lower sentence for the 34th Charge would be justified and we are of the view that two (2) months' suspension would be adequate.
49. To reflect the severity of the misconduct involving many patients, we order that the sentences for 1st, 2nd, 3rd, 13th and 31st Charges are to run consecutively; and the sentences for the remaining charges which the SMC proceeded with are to run concurrently. Therefore, the aggregate sentence is 24 months' suspension.
50. In deciding on the appropriate sentences, we took into account the Respondent's early plea of guilt, his clean track record and his immediate cessation of further prescription

⁷At [4] of the SMC's submissions dated 22 April 2019.

of the benzodiazepines once notified of the complaint. The other personal mitigating factors relied on by the Respondent do not carry as much weight in disciplinary proceedings as they would in criminal proceedings (*Wong Meng Hang*, at [44]).

Inordinate delay

51. It is not in dispute that there should be a reduction in the sentence on account of an inordinate delay in the prosecution of the matter and that the relevant period of delay is 3 years and 10 months (between the dates of service of the Notice of Complaint and the NOI). Such a reduction is given to take into account the mental anguish, anxiety and distress suffered by an offender in having a charge hanging over his head during the period of delay. The period of delay in this case is comparable to those found in the cases of *Ang Peng Tiam* and *Jen Shek Wei v Singapore Medical Council* [2018] 3 SLR 943 (“*Jen Shek Wei*”) where a 50% reduction was given.
52. Relying on *Kevin Yip*, Counsel for SMC submitted that cases involving hypnotic medication are especially egregious because of potential serious harm and disrepute that such conduct brings to the medical profession. Therefore, only a one-third reduction in the sentence should be given.
53. In *Kevin Yip*, Dr Yip was found guilty of professional misconduct for failing to prescribe any sick leave and in certifying a patient who had suffered multiple fractures to be fit for light duties. The Court found that the delay was comparable to the delays in the cases of *Ang Peng Thiam* and *Jen Shek Wei*. However, the Court only gave a one-third reduction after taking into account the countervailing public interest in safeguarding the health and safety of workers and in particular foreign transient workers like the patient in that case. The Court explained at [105]:

Indeed, foreign transient workers like the Patient may be considered vulnerable patients, not least because they will almost invariably have no kin with them here in Singapore and are consequently largely dependent on their employers (and the healthcare professionals engaged by their employers). We note that the Ministry of Manpower and the Ministry of Health have jointly issued no fewer than three circulars – first on 19 June 2013, again on 7 July 2014, and most recently on 16 September 2016 – reminding medical practitioners of the need to exercise good clinical assessment so that the workers’ and their colleagues’ health and safety are not jeopardised.

54. The present case is not analogous as we are not dealing with a vulnerable class of patients. While we accept that this case involves a serious misconduct and the sentences to be meted out ought to serve a deterrent effect, it does not necessarily follow that the same considerations would be taken as countervailing public interests for the purposes

of offsetting the reduction in sentence due to delay in prosecution. As observed by the Court at [118] in *Ang Peng Tiam*:

The underlying rationale of fairness to the offender which justifies the imposition of a sentencing discount in cases of delay may, on occasion, be offset or outweighed by the public interest which demands the imposition of a heavier penalty. As the court noted in *Randy Chan* ([110] *supra* at [35]), considerations of fairness to the individual offender may be substantially irrelevant if the offence in question is particularly heinous or where the offender is recalcitrant or has numerous antecedents.

55. On the facts of this case, we are of the view that the considerations of fairness to the Respondent are not offset by any countervailing public interest which demands the imposition of a heavier penalty. Therefore, we order that a 50% reduction in sentencing be applied to take into account the inordinate delay in prosecution.
56. In the circumstances, the Tribunal orders that the Respondent:
 - (a) be suspended for a term of **12 months**;
 - (b) be censured;
 - (c) give a written undertaking to the SMC that he will not engage in the conduct complained of or any similar conduct; and
 - (d) pay the costs and expenses of and incidental to these proceedings, including the costs of the solicitors to the SMC.

PUBLICATION OF DECISION

57. We order that the Grounds of Decision be published with the necessary redaction of identities and personal particulars of persons involved.
58. The hearing is hereby concluded.

Prof Sonny Wang
Chairman

Dr Yap Soo Kor Jason

Ms Chong Chin Chin

Mr Anand Nalachandran and Mr Benjamin Niroshan Bala (M/s TSMP Law Corporation)
for Singapore Medical Council; and
Mr Srinivasan Selvaraj and Mr Edward Leong Hoy Kok (M/s MyintSoe & Selvaraj)
for the Respondent.

1ST CHARGE

1. That you, Dr Tan Kok Jin, are charged that you, between 9 January 2012 to 3 October 2014, whilst practising as a medical practitioner at Medicus Clinic & Surgery at 451 Jurong West Street 42 #01-186 Singapore 640451, you had acted in breach of Guideline 4.1.3 of the 2002 edition of the Singapore Medical Council Ethical Code and Ethical Guidelines (“**2002 ECEG**”) to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient’s needs in that you failed to provide appropriate care, management and treatment to your patient, namely one P1 (“**Patient 1**”), by inappropriately prescribing Benzodiazepines to the said Patient 1 in breach of paragraphs (e) and (f) of Annex A of the Ministry of Health Administrative Guidelines on the Prescribing of Benzodiazepines and other Hypnotics dated 14 October 2008 (MH 70:41/24 Vol.3) (“**MOH Administrative Guidelines**”), to wit:-

PARTICULARS

- (a) You prescribed *Erimin*, on 38 occasions, particulars of which are set out in the Medical Expert Report and Schedule 1 annexed hereto;
- (b) On 36 occasions, particulars of which are set out in Schedule 2 annexed hereto, you continued to prescribe Benzodiazepines (of up to 30 tablets per consultation) to Patient 1 even though he had been prescribed Benzodiazepines beyond a cumulative period of 8 weeks;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

2ND CHARGE

2. That you, Dr Tan Kok Jin, are charged that you, between 9 January 2012 to 3 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.2 of the 2002 ECEG, in respect of your patient, namely one P1 (“**Patient 1**”), in that you failed to maintain sufficient details of Patient 1’s medical records in breach of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) In breach of paragraphs (c), (d), (g) and (o) of Annex A of the MOH Administrative Guidelines, you did not document the following details in Patient 1’s medical records:
- (i) a comprehensive history of Patient 1, including but not limited to Patient 1’s psychosocial history and previous use of Benzodiazepines or other hypnotics;
- (ii) any warning to Patient 1 about potential addiction to Benzodiazepines;

- (iii) any refusal by Patient 1 to be referred to a specialist; and
 - (iv) Patient 1's diagnosis, symptoms, conditions, advice given and/or management plan such as to enable you to properly assess the medical condition of Patient 1 over the period of treatment;
- (b) In breach of paragraph (b) of Annex A of the MOH Administrative Guidelines, you failed to entirely reproduce the original set of Patient 1's medical records upon request by the SMC, such that the veracity of your transcripts pertaining to how Patient 1's condition was diagnosed and treated cannot be verified;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

3RD CHARGE

3. That you, Dr Tan Kok Jin, are charged that you, between 9 January 2012 to 3 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guidelines 4.1.1.5 and/or 4.1.1.6 of the 2002 ECEG, in that you failed to refer your patient, namely one P1 ("**Patient 1**"), to a psychiatrist and/or other appropriate specialist for management of Patient 1's medical issues in a timely manner, to wit:-

PARTICULARS

- (a) In breach of paragraph (k) of Annex A of the MOH Administrative Guidelines, you failed to consult a psychiatrist or other specialists when there were doubts about the dosage prescription or tapering of benzodiazepines/ other hypnotics with respect to Patient 1;
- (b) In breach of paragraph (n) of Annex A of the MOH Administrative Guidelines, at no time during your management and treatment of Patient 1 between 9 January 2012 to 3 October 2014 did you refer Patient 1 to a psychiatrist for a thorough psychiatric assessment of his substance abuse problems; and
- (c) By failing to refer Patient 1 to a psychiatrist, you failed to facilitate joint management, collaboration and communication with the specialists in respect of Patient 1's treatment, management and the prescription of medication to Patient 1;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

4TH CHARGE

4. That you, Dr Tan Kok Jin, are charged that you, between 18 February 2013 to 13 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.3 of the 2002 ECEG to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs in that you failed to provide appropriate care, management and treatment to your patient, namely one P2 ("**Patient 2**"), by inappropriately prescribing Benzodiazepines to the said Patient 2 in breach of paragraphs (e) and (f) of Annex A of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) You prescribed *Erimin*, on 17 occasions, particulars of which are set out in the Medical Expert Report and Schedule 1 annexed hereto;
- (b) On 14 occasions, particulars of which are set out in Schedule 2 annexed hereto, you continued to prescribe Benzodiazepines (of up to 30 tablets per consultation) to Patient 2 even though he had been prescribed Benzodiazepines beyond a cumulative period of 8 weeks;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

5TH CHARGE (TIC)

5. That you, Dr Tan Kok Jin, are charged that you, between 18 February 2013 to 13 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.2 of the 2002 ECEG, in respect of your patient, namely one P2 ("**Patient 2**"), in that you failed to maintain sufficient details of Patient 2's medical records in breach of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) In breach of paragraphs (c), (d), (g) and (o) of Annex A of the MOH Administrative Guidelines, you did not document the following details in Patient 2's medical records:
- (i) a comprehensive history of Patient 2, including but not limited to Patient 2's psychosocial history and previous use of Benzodiazepines or other hypnotics;
- (ii) any warning to Patient 2 about potential addiction to Benzodiazepines;
- (iii) any refusal by Patient 2 to be referred to a specialist; and
- (iv) Patient 2's diagnosis, symptoms, conditions, advice given and/or management plan such as to enable you to properly assess the medical condition of Patient 2 over the period of treatment;

- (b) In breach of paragraph (b) of Annex A of the MOH Administrative Guidelines, you failed to entirely reproduce the original set of Patient 2's medical records upon request by the SMC, such that the veracity of your transcripts pertaining to how Patient 2's condition was diagnosed and treated cannot be verified;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

6TH CHARGE (TIC)

6. That you, Dr Tan Kok Jin, are charged that you, between 18 February 2013 to 13 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guidelines 4.1.1.5 and/or 4.1.1.6 of the 2002 ECEG, in that you failed to refer your patient, namely one P2 ("**Patient 2**") to a psychiatrist and/or other appropriate specialist for management of Patient 2's medical issues in a timely manner, to wit:-

PARTICULARS

- (a) In breach of paragraph (k) of Annex A of the MOH Administrative Guidelines, you failed to consult a psychiatrist or other specialists when there were doubts about the dosage prescription or tapering of benzodiazepines/ other hypnotics with respect to Patient 2;
- (b) In breach of paragraph (n) of Annex A of the MOH Administrative Guidelines, at no time during your management and treatment of Patient 2 between 18 February 2013 to 13 October 2014 did you refer Patient 2 to a psychiatrist for a thorough psychiatric assessment of his substance abuse problems; and
- (c) By failing to refer Patient 2 to a psychiatrist, you failed to facilitate joint management, collaboration and communication with the specialists in respect of Patient 2's treatment, management and the prescription of medication to Patient 2;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

7TH CHARGE

7. That you, Dr Tan Kok Jin, are charged that you, between 4 January 2012 to 28 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.3 of the 2002 ECEG to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs in that you failed to provide appropriate care, management and treatment to your patient, namely one P3 ("**Patient 3**"), by inappropriately prescribing Benzodiazepines to the said Patient 3 in breach of paragraphs (e) and (f) of Annex A of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) You prescribed *Erimin*, on 69 occasions, particulars of which are set out in the Medical Expert Report and Schedule 1 annexed hereto;
- (b) On 66 occasions, particulars of which are set out in Schedule 2 annexed hereto, you continued to prescribe Benzodiazepines (of up to 30 tablets per consultation) to Patient 3 even though he had been prescribed Benzodiazepines beyond a cumulative period of 8 weeks;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

8TH CHARGE (TIC)

8. That you, Dr Tan Kok Jin, are charged that you, between 4 January 2012 to 28 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.2 of the 2002 ECEG, in respect of your patient, namely one P3 (“**Patient 3**”), in that you failed to maintain sufficient details of Patient 3’s medical records in breach of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) In breach of paragraphs (c), (d), (g) and (o) of Annex A of the MOH Administrative Guidelines, you did not document the following details in Patient 3’s medical records:
 - (i) a comprehensive history of Patient 3, including but not limited to Patient 3’s psychosocial history and previous use of Benzodiazepines or other hypnotics;
 - (ii) any warning to Patient 3 about potential addiction to Benzodiazepines;
 - (iii) any refusal by Patient 3 to be referred to a specialist; and
 - (iv) Patient 3’s diagnosis, symptoms, conditions, advice given and/or management plan such as to enable you to properly assess the medical condition of Patient 3 over the period of treatment;
- (b) In breach of paragraph (b) of Annex A of the MOH Administrative Guidelines, you failed to entirely reproduce the original set of Patient 3’s medical records upon request by the SMC, such that the veracity of your transcripts pertaining to how Patient 3’s condition was diagnosed and treated cannot be verified;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

9TH CHARGE (TIC)

9. That you, Dr Tan Kok Jin, are charged that you, between 4 January 2012 to 28 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guidelines 4.1.1.5 and/or 4.1.1.6 of the 2002 ECEG, in that you failed to refer your patient, namely one P3 (“**Patient 3**”), to a psychiatrist and/or other appropriate specialist for management of Patient 3’s medical issues in a timely manner, to wit:-

PARTICULARS

- (a) In breach of paragraph (k) of Annex A of the MOH Administrative Guidelines, you failed to consult a psychiatrist or other specialists when there were doubts about the dosage prescription or tapering of benzodiazepines/ other hypnotics with respect to Patient 3;
- (b) In breach of paragraph (n) of Annex A of the MOH Administrative Guidelines, at no time during your management and treatment of Patient 3 between 4 January 2012 to 28 October 2014 did you refer Patient 3 to a psychiatrist for a thorough psychiatric assessment of his substance abuse problems; and
- (c) By failing to refer Patient 3 to a psychiatrist, you failed to facilitate joint management, collaboration and communication with the specialists in respect of Patient 3’s treatment, management and the prescription of medication to Patient 3;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

10TH CHARGE

10. That you, Dr Tan Kok Jin, are charged that you, between 6 June 2013 to 27 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.3 of the 2002 ECEG to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient’s needs in that you failed to provide appropriate care, management and treatment to your patient, namely one P4 (“**Patient 4**”), by inappropriately prescribing Benzodiazepines to the said Patient 4 in breach of paragraphs (e) and (f) of Annex A of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) You prescribed *Erimin*, on 16 occasions, particulars of which are set out in the Medical Expert Report and Schedule 1 annexed hereto;
- (b) On 13 occasions, particulars of which are set out in Schedule 2 annexed hereto, you continued to prescribe Benzodiazepines (of up to 30 tablets per consultation) to Patient

4 even though he had been prescribed Benzodiazepines beyond a cumulative period of 8 weeks;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

11TH CHARGE (TIC)

11. That you, Dr Tan Kok Jin, are charged that you, between 6 June 2013 to 27 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.2 of the 2002 ECEG, in respect of your patient, namely one P4 (“**Patient 4**”), in that you failed to maintain sufficient details of Patient 4’s medical records in breach of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) In breach of paragraphs (c), (d), (g) and (o) of the MOH Administrative Guidelines, you did not document the following details in Patient 4’s medical records:
- (i) a comprehensive history of Patient 4, including but not limited to Patient 4’s psychosocial history and previous use of Benzodiazepines or other hypnotics;
 - (ii) any warning to Patient 4 about potential addiction to Benzodiazepines;
 - (iii) any refusal by Patient 4 to be referred to a specialist; and
 - (iv) Patient 4’s diagnosis, symptoms, conditions, advice given and/or management plan such as to enable you to properly assess the medical condition of Patient 4 over the period of treatment;
- (b) In breach of paragraph (b) of Annex A of the MOH Administrative Guidelines, you failed to entirely reproduce the original set of Patient 4’s medical records upon request by the SMC, such that the veracity of your transcripts pertaining to how Patient 4’s condition was diagnosed and treated cannot be verified;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

12TH CHARGE (TIC)

12. That you, Dr Tan Kok Jin, are charged that you, between 6 June 2013 to 27 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guidelines 4.1.1.5 and/or 4.1.1.6 of the 2002 ECEG, in that you failed to refer your patient, namely one P4

(“**Patient 4**”), to a psychiatrist and/or other appropriate specialist for management of Patient 4’s medical issues in a timely manner, to wit:-

PARTICULARS

- (a) In breach of paragraph (k) of Annex A of the MOH Administrative Guidelines, you failed to consult a psychiatrist or other specialists when there were doubts about the dosage prescription or tapering of benzodiazepines/ other hypnotics with respect to Patient 4;
- (b) In breach of paragraph (n) of Annex A of the MOH Administrative Guidelines, at no time during your management and treatment of Patient 4 between 6 June 2013 to 27 October 2014 did you refer Patient 4 to a psychiatrist for a thorough psychiatric assessment of his substance abuse problems; and
- (c) By failing to refer Patient 4 to a psychiatrist, you failed to facilitate joint management, collaboration and communication with the specialists in respect of Patient 4’s treatment, management and the prescription of medication to Patient 4;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

13TH CHARGE

13. That you, Dr Tan Kok Jin, are charged that you, between 9 January 2012 to 30 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.3 of the 2002 ECEG to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient’s needs in that you failed to provide appropriate care, management and treatment to your patient, namely one P5 (“**Patient 5**”), by inappropriately prescribing Benzodiazepines to the said Patient 5 in breach of paragraphs (e), (f) and (l) of Annex A of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) You prescribed *Erimin*, on 84 occasions, particulars of which are set out in the Medical Expert Report and Schedule 1 annexed hereto;
- (b) On 81 occasions, particulars of which are set out in Schedule 2 annexed hereto, you continued to prescribe Benzodiazepines (of up to 30 tablets per consultation) to Patient 5 even though he had been prescribed Benzodiazepines beyond a cumulative period of 8 weeks;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

14TH CHARGE (TIC)

14. That you, Dr Tan Kok Jin, are charged that you, between 9 January 2012 to 30 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.2 of the 2002 ECEG, in respect of your patient, namely one P5 (“**Patient 5**”), in that you failed to maintain sufficient details of Patient 5’s medical records, in breach of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) In breach of paragraphs (c), (d), (g) and (o) of Annex A of the MOH Administrative Guidelines, you did not document the following details in Patient 5’s medical records:
- (i) a comprehensive history of Patient 5, including but not limited to Patient 5’s psychosocial history and previous use of Benzodiazepines or other hypnotics;
 - (ii) any warning to Patient 5 about potential addiction to Benzodiazepines;
 - (iii) any refusal by Patient 5 to be referred to a specialist; and
 - (iv) Patient 5’s diagnosis, symptoms, conditions, advice given and/or management plan such as to enable you to properly assess the medical condition of Patient 5 over the period of treatment;
- (b) In breach of paragraph (b) of Annex A of the MOH Administrative Guidelines, you failed to entirely reproduce the original set of Patient 5’s medical records upon request by the SMC, such that the veracity of your transcripts pertaining to how Patient 5’s condition was diagnosed and treated cannot be verified;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

15TH CHARGE (TIC)

15. That you, Dr Tan Kok Jin, are charged that you, between 9 January 2012 to 30 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guidelines 4.1.1.5 and/or 4.1.1.6 of the 2002 ECEG, in that you failed to refer your patient, namely one P5 (“**Patient 5**”), to a psychiatrist and/or other appropriate specialist for management of Patient 5’s medical issues in a timely manner, to wit:-

PARTICULARS

- (a) In breach of paragraph (k) of Annex A of the MOH Administrative Guidelines, you failed to consult a psychiatrist or other specialists when there were doubts about the dosage prescription or tapering of benzodiazepines/ other hypnotics with respect to Patient 5;

- (b) In breach of paragraph (n) of Annex A of the MOH Administrative Guidelines, at no time during your management and treatment of Patient 5 between 9 January 2012 to 30 October 2014 did you refer Patient 5 to a psychiatrist for a thorough psychiatric assessment of his substance abuse problems; and
- (c) By failing to refer Patient 5 to a psychiatrist, you failed to facilitate joint management, collaboration and communication with the specialists in respect of Patient 5's treatment, management and the prescription of medication to Patient 5;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

16TH CHARGE

16. That you, Dr Tan Kok Jin, are charged that you, between 30 January 2012 to 14 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.3 of the 2002 ECEG to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs in that you failed to provide appropriate care, management and treatment to your patient, namely one P6 ("**Patient 6**"), by inappropriately prescribing Benzodiazepines to the said Patient 6 in breach of paragraphs (e) and (f) of Annex A of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) You prescribed *Erimin*, on 41 occasions, particulars of which are set out in the Medical Expert Report and Schedule 1 annexed hereto;
- (b) On 39 occasions, particulars of which are set out in Schedule 2 annexed hereto, you continued to prescribe Benzodiazepines (of up to 30 tablets per consultation) to Patient 6 even though he had been prescribed Benzodiazepines beyond a cumulative period of 8 weeks;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

17TH CHARGE (TIC)

17. That you, Dr Tan Kok Jin, are charged that you, between 30 January 2012 to 14 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.2 of the 2002 ECEG, in respect of your patient, namely one P6 ("**Patient 6**"), in that you failed to maintain sufficient details of Patient 6's medical records in breach of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) In breach of paragraphs (c), (d), (g) and (o) of Annex A of the MOH Administrative Guidelines, you did not document the following details in Patient 6's medical records:
- (i) a comprehensive history of Patient 6, including but not limited to Patient 6's psychosocial history and previous use of Benzodiazepines or other hypnotics;
 - (ii) any warning to Patient 6 about potential addiction to Benzodiazepines;
 - (iii) any refusal by Patient 6 to be referred to a specialist; and
 - (iv) Patient 6's diagnosis, symptoms, conditions, advice given and/or management plan such as to enable you to properly assess the medical condition of Patient 6 over the period of treatment;
- (b) In breach of paragraph (b) of Annex A of the MOH Administrative Guidelines, you failed to entirely reproduce the original set of Patient 6's medical records upon request by the SMC, such that the veracity of your transcripts pertaining to how Patient 6's condition was diagnosed and treated cannot be verified;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

18TH CHARGE (TIC)

18. That you, Dr Tan Kok Jin, are charged that you, between 30 January 2012 to 14 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guidelines 4.1.1.5 and/or 4.1.1.6 of the 2002 ECEG, in that you failed to refer your patient, namely one P6 ("**Patient 6**"), to a psychiatrist and/or other appropriate specialist for management of Patient 6's medical issues in a timely manner, to wit:-

PARTICULARS

- (a) In breach of paragraph (k) of Annex A of the MOH Administrative Guidelines, you failed to consult a psychiatrist or other specialists when there were doubts about the dosage prescription or tapering of benzodiazepines/ other hypnotics with respect to Patient 6;
- (b) In breach of paragraph (n) of Annex A of the MOH Administrative Guidelines, at no time during your management and treatment of Patient 6 between 30 January 2012 to 14 October 2014 did you refer Patient 6 to a psychiatrist for a thorough psychiatric assessment of his substance abuse problems; and

- (c) By failing to refer Patient 6 to a psychiatrist, you failed to facilitate joint management, collaboration and communication with the specialists in respect of Patient 6's treatment, management and the prescription of medication to Patient 6;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

19TH CHARGE

19. That you, Dr Tan Kok Jin, are charged that you, between 6 January 2012 to 25 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.3 of the 2002 ECEG to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs in that you failed to provide appropriate care, management and treatment to your patient, namely one P7 ("**Patient 7**"), by inappropriately prescribing Benzodiazepines to the said Patient 7 in breach of paragraphs (e) and (f) of Annex A of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) You prescribed *Dormicum*, on 70 occasions, particulars of which are set out in the Medical Expert Report and Schedule 1 annexed hereto;
- (b) On 64 occasions, particulars of which are set out in Schedule 2 annexed hereto, you continued to prescribe Benzodiazepines (of up to 20 tablets per consultation) to Patient 7 even though he had been prescribed Benzodiazepines beyond a cumulative period of 8 weeks;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

20TH CHARGE (TIC)

20. That you, Dr Tan Kok Jin, are charged that you, between 6 January 2012 to 25 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.2 of the 2002 ECEG, in respect of your patient, namely one P7 ("**Patient 7**"), in that you failed to maintain sufficient details of Patient 7's medical records in breach of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) In breach of paragraphs (c), (d), (g) and (o) of Annex A of the MOH Administrative Guidelines, you did not document the following details in Patient 7's medical records:

- (i) a comprehensive history of Patient 7, including but not limited to Patient 7's psychosocial history and previous use of Benzodiazepines or other hypnotics;
 - (ii) any warning to Patient 7 about potential addiction to Benzodiazepines;
 - (iii) any refusal by Patient 7 to be referred to a specialist; and
 - (iv) Patient 7's diagnosis, symptoms, conditions, advice given and/or management plan such as to enable you to properly assess the medical condition of Patient 7 over the period of treatment;
- (b) In breach of paragraph (b) of Annex A of the MOH Administrative Guidelines, you failed to entirely reproduce the original set of Patient 7's medical records upon request by the SMC, such that the veracity of your transcripts pertaining to how Patient 7's condition was diagnosed and treated cannot be verified;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

21ST CHARGE (TIC)

21. That you, Dr Tan Kok Jin, are charged that you, between 6 January 2012 to 25 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guidelines 4.1.1.5 and/or 4.1.1.6 of the 2002 ECEG, in that you failed to refer your patient, namely one P7 ("**Patient 7**"), to a psychiatrist and/or other appropriate specialist for management of Patient 7's medical issues in a timely manner, to wit:-

PARTICULARS

- (a) In breach of paragraph (k) of Annex A of the MOH Administrative Guidelines, you failed to consult a psychiatrist or other specialists when there were doubts about the dosage prescription or tapering of benzodiazepines/ other hypnotics with respect to Patient 7;
- (b) In breach of paragraph (n) of Annex A of the MOH Administrative Guidelines, at no time during your management and treatment of Patient 7 between 6 January 2012 to 25 October 2014 did you refer Patient 7 to a psychiatrist for a thorough psychiatric assessment of his substance abuse problems; and
- (c) By failing to refer Patient 7 to a psychiatrist, you failed to facilitate joint management, collaboration and communication with the specialists in respect of Patient 7's treatment, management and the prescription of medication to Patient 7;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that

in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

22ND CHARGE

22. That you, Dr Tan Kok Jin, are charged that you, between 4 January 2012 to 28 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.3 of the 2002 ECEG to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs in that you failed to provide appropriate care, management and treatment to your patient, namely one P8 ("**Patient 8**"), by inappropriately prescribing Benzodiazepines to the said Patient 8 in breach of paragraphs (e) and (f) of Annex A of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) You prescribed *Erimin*, on 45 occasions, particulars of which are set out in the Medical Expert Report and Schedule 1 annexed hereto;
- (b) On 40 occasions, particulars of which are set out in Schedule 2 annexed hereto, you continued to prescribe Benzodiazepines (of up to 20 tablets per consultation) to Patient 8 even though he had been prescribed Benzodiazepines beyond a cumulative period of 8 weeks;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

23RD CHARGE (TIC)

23. That you, Dr Tan Kok Jin, are charged that you, between 4 January 2012 to 28 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.2 of the 2002 ECEG, in respect of your patient, namely one P8 ("**Patient 8**"), in that you failed to maintain sufficient details of Patient 8's medical records in breach of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) In breach of paragraphs (c), (d), (g) and (o) of Annex A of the MOH Administrative Guidelines, you did not document the following details in Patient 8's medical records:
- (i) a comprehensive history of Patient 8, including but not limited to Patient 8's psychosocial history and previous use of Benzodiazepines or other hypnotics;
- (ii) any warning to Patient 8 about potential addiction to Benzodiazepines;
- (iii) any refusal by Patient 8 to be referred to a specialist; and

- (iv) Patient 8's diagnosis, symptoms, conditions, advice given and/or management plan such as to enable you to properly assess the medical condition of Patient 8 over the period of treatment;
- (b) In breach of paragraph (b) of Annex A of the MOH Administrative Guidelines, you failed to entirely reproduce the original set of Patient 8's medical records upon request by the SMC, such that the veracity of your transcripts pertaining to how Patient 8's condition was diagnosed and treated cannot be verified;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

24TH CHARGE (TIC)

24. That you, Dr Tan Kok Jin, are charged that you, between 4 January 2012 to 28 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guidelines 4.1.1.5 and/or 4.1.1.6 of the 2002 ECEG, in that you failed to refer your patient, namely one P8 ("**Patient 8**"), to a psychiatrist and/or other appropriate specialist for management of Patient 8's medical issues in a timely manner, to wit:-

PARTICULARS

- (a) In breach of paragraph (k) of Annex A of the MOH Administrative Guidelines, you failed to consult a psychiatrist or other specialists when there were doubts about the dosage prescription or tapering of benzodiazepines/ other hypnotics with respect to Patient 8;
- (b) In breach of paragraph (n) of Annex A of the MOH Administrative Guidelines, at no time during your management and treatment of Patient 8 between 4 January 2012 to 28 October 2014 did you refer Patient 8 to a psychiatrist for a thorough psychiatric assessment of his substance abuse problems; and
- (c) By failing to refer Patient 8 to a psychiatrist, you failed to facilitate joint management, collaboration and communication with the specialists in respect of Patient 8's treatment, management and the prescription of medication to Patient 8;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

25th CHARGE

25. That you, Dr Tan Kok Jin, are charged that you, between 8 November 2012 to 25 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline

4.1.3 of the 2002 ECEG to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs in that you failed to provide appropriate care, management and treatment to your patient, namely one P9 ("**Patient 9**"), by inappropriately prescribing Benzodiazepines to the said Patient 9 in breach of paragraphs (e) and (f) of Annex A of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) You prescribed *Erimin*, on 23 occasions, particulars of which are set out in the Medical Expert Report and Schedule 1 annexed hereto;
- (b) On 20 occasions, particulars of which are set out in Schedule 2 annexed hereto, you continued to prescribe Benzodiazepines (of up to 30 tablets per consultation) to Patient 9 even though he had been prescribed Benzodiazepines beyond a cumulative period of 8 weeks;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

26TH CHARGE (TIC)

26. That you, Dr Tan Kok Jin, are charged that you, between 8 November 2012 to 25 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.2 of the 2002 ECEG, in respect of your patient, namely one P9 ("**Patient 9**"), in that you failed to maintain sufficient details of Patient 9's medical records in breach of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) In breach of paragraphs (c), (d), (g) and (o) of Annex A of the MOH Administrative Guidelines, you did not document the following details in Patient 9's medical records:
 - (i) a comprehensive history of Patient 9, including but not limited to Patient 9's psychosocial history and previous use of Benzodiazepines or other hypnotics;
 - (ii) any warning to Patient 9 about potential addiction to Benzodiazepines;
 - (iii) any refusal by Patient 9 to be referred to a specialist; and
 - (iv) Patient 9's diagnosis, symptoms, conditions, advice given and/or management plan such as to enable you to properly assess the medical condition of Patient 9 over the period of treatment;
- (b) In breach of paragraph (b) of Annex A of the MOH Administrative Guidelines, you failed to entirely reproduce the original set of Patient 9's medical records upon request

by the SMC, such that the veracity of your transcripts pertaining to how Patient 9's condition was diagnosed and treated cannot be verified;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

27TH CHARGE (TIC)

27. That you, Dr Tan Kok Jin, are charged that you, between 8 November 2012 to 25 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guidelines 4.1.1.5 and/or 4.1.1.6 of the 2002 ECEG, in that you failed to refer your patient, namely one P9 ("**Patient 9**"), to a psychiatrist and/or other appropriate specialist for management of Patient 9's medical issues in a timely manner, to wit:-

PARTICULARS

- (a) In breach of paragraph (k) of Annex A of the MOH Administrative Guidelines, you failed to consult a psychiatrist or other specialists when there were doubts about the dosage prescription or tapering of benzodiazepines/ other hypnotics with respect to Patient 9;
- (b) In breach of paragraph (n) of Annex A of the MOH Administrative Guidelines, at no time during your management and treatment of Patient 9 between 8 November 2012 to 25 October 2014 did you refer Patient 9 to a psychiatrist for a thorough psychiatric assessment of his substance abuse problems; and
- (c) By failing to refer Patient 9 to a psychiatrist, you failed to facilitate joint management, collaboration and communication with the specialists in respect of Patient 9's treatment, management and the prescription of medication to Patient 9;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

28TH CHARGE

28. That you, Dr Tan Kok Jin, are charged that you, between 10 January 2012 to 9 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.3 of the 2002 ECEG to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs in that you failed to provide appropriate care, management and treatment to your patient, namely one P10 ("**Patient 10**"), by inappropriately prescribing Benzodiazepines to the said Patient 10 in breach of paragraphs (e) and (f) of Annex A of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) You prescribed *Erimin*, on 35 occasions, particulars of which are set out in the Medical Expert Report and Schedule 1 annexed hereto;
- (b) On 33 occasions, particulars of which are set out in Schedule 2 annexed hereto, you continued to prescribe Benzodiazepines (of up to 30 tablets per consultation) to Patient 10 even though he had been prescribed Benzodiazepines beyond a cumulative period of 8 weeks;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

29TH CHARGE (TIC)

29. That you, Dr Tan Kok Jin, are charged that you, between 10 January 2012 to 9 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.2 of the 2002 ECEG, in respect of your patient, namely one P10 (“**Patient 10**”), in that you failed to maintain sufficient details of Patient 10’s medical records in breach of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) In breach of paragraphs (c), (d), (g) and (o) of Annex A of the MOH Administrative Guidelines, you did not document the following details in Patient 10’s medical records:
 - (i) a comprehensive history of Patient 10, including but not limited to Patient 10’s psychosocial history and previous use of Benzodiazepines or other hypnotics;
 - (ii) any warning to Patient 10 about potential addiction to Benzodiazepines;
 - (iii) any refusal by Patient 10 to be referred to a specialist; and
 - (iv) Patient 10’s diagnosis, symptoms, conditions, advice given and/or management plan such as to enable you to properly assess the medical condition of Patient 10 over the period of treatment;
- (b) In breach of paragraph (b) of Annex A of the MOH Administrative Guidelines, you failed to entirely reproduce the original set of Patient 10’s medical records upon request by the SMC, such that the veracity of your transcripts pertaining to how Patient 10’s condition was diagnosed and treated cannot be verified;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

30TH CHARGE (TIC)

30. That you, Dr Tan Kok Jin, are charged that you, between 10 January 2012 to 9 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guidelines 4.1.1.5 and/or 4.1.1.6 of the 2002 ECEG, in that you failed to refer your patient, namely one P10 (“**Patient 10**”), to a psychiatrist and/or other appropriate specialist for management of Patient 10’s medical issues in a timely manner, to wit:-

PARTICULARS

- (a) In breach of paragraph (k) of Annex A of the MOH Administrative Guidelines, you failed to consult a psychiatrist or other specialists when there were doubts about the dosage prescription or tapering of benzodiazepines/ other hypnotics with respect to Patient 10;
- (b) In breach of paragraph (n) of Annex A of the MOH Administrative Guidelines, at no time during your management and treatment of Patient 10 between 10 January 2012 to 9 October 2014 did you refer Patient 10 to a psychiatrist for a thorough psychiatric assessment of his substance abuse problems; and
- (c) By failing to refer Patient 10 to a psychiatrist, you failed to facilitate joint management, collaboration and communication with the specialists in respect of Patient 10’s treatment, management and the prescription of medication to Patient 10;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

31ST CHARGE

31. That you, Dr Tan Kok Jin, are charged that you, between 4 January 2012 to 28 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.3 of the 2002 ECEG to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient’s needs in that you failed to provide appropriate care, management and treatment to your patient, namely one P11 (“**Patient 11**”), by inappropriately prescribing Benzodiazepines to the said Patient 11 in breach of paragraphs (e), (f) and (l) of Annex A of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) You prescribed *Erimin*, on 66 occasions, particulars of which are set out in the Medical Expert Report and Schedule 1 annexed hereto;
- (b) On 63 occasions, particulars of which are set out in Schedule 2 annexed hereto, you continued to prescribe Benzodiazepines (of up to 30 tablets per consultation) to Patient 11 even though he had been prescribed Benzodiazepines beyond a cumulative period of 8 weeks;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

32ND CHARGE (TIC)

32. That you, Dr Tan Kok Jin, are charged that you, between 4 January 2012 to 28 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.2 of the 2002 ECEG, in respect of your patient, namely one P11 (“**Patient 11**”), in that you failed to maintain sufficient details of Patient 11’s medical records in breach of the MOH Administrative Guidelines, to wit:-

PARTICULARS

- (a) In breach of paragraphs (c), (d), (g) and (o) of Annex A of the MOH Administrative Guidelines, you did not document the following details in Patient 11’s medical records:
- (i) a comprehensive history of Patient 11, including but not limited to Patient 11’s psychosocial history and previous use of Benzodiazepines or other hypnotics;
 - (ii) any warning to Patient 11 about potential addiction to Benzodiazepines;
 - (iii) any refusal by Patient 11 to be referred to a specialist; and
 - (iv) Patient 11’s diagnosis, symptoms, conditions, advice given and/or management plan such as to enable you to properly assess the medical condition of Patient 11 over the period of treatment;
- (b) In breach of paragraph (b) of Annex A of the MOH Administrative Guidelines, you failed to entirely reproduce the original set of Patient 11’s medical records upon request by the SMC, such that the veracity of your transcripts pertaining to how Patient 11’s condition was diagnosed and treated cannot be verified;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

33RD CHARGE (TIC)

33. That you, Dr Tan Kok Jin, are charged that you, between 4 January 2012 to 28 October 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guidelines 4.1.1.5 and/or 4.1.1.6 of the 2002 ECEG, in that you failed to refer your patient, namely one P11 (“**Patient 11**”), to a psychiatrist and/or other appropriate specialist for management of Patient 11’s medical issues in a timely manner, to wit:-

PARTICULARS

- (a) In breach of paragraph (k) of Annex A of the MOH Administrative Guidelines, you failed to consult a psychiatrist or other specialists when there were doubts about the dosage prescription or tapering of benzodiazepines/ other hypnotics with respect to Patient 11;
- (b) In breach of paragraph (n) of Annex A of the MOH Administrative Guidelines, at no time during your management and treatment of Patient 11 between 4 January 2012 to 28 October 2014 did you refer Patient 11 to a psychiatrist for a thorough psychiatric assessment of his substance abuse problems; and
- (c) By failing to refer Patient 11 to a psychiatrist, you failed to facilitate joint management, collaboration and communication with the specialists in respect of Patient 11's treatment, management and the prescription of medication to Patient 11;

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

34TH CHARGE

34. That you, Dr Tan Kok Jin, are charged that you, between 23 October 2012 to 12 August 2014, whilst practising as a medical practitioner at the Clinic, you had acted in breach of Guideline 4.1.2 of the 2002 ECEG in that you failed to maintain sufficient details in the medical records of your patient, namely one P12 ("**Patient 12**"), to wit:-

PARTICULARS

- (a) In breach of the 2002 ECEG, you failed to retain and/or entirely reproduce the original set of Patient 12's medical records, such that the veracity of your transcripts pertaining to how Patient 12's condition was diagnosed and treated cannot be verified;
- (b) In breach of the 2002 ECEG you did not document in Patient 12's medical records sufficient details in respect of Patient 12's diagnosis, symptoms, conditions, advice given and/or management plan such as to enable you to properly assess the medical condition of Patient 12 over the period of treatment.

and your aforesaid conduct constitutes an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency, and that in relation to the facts alleged you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174).

SCHEDULE 1

S/No.	Name	Period	Duration	Consultations	Prescriptions
Patient 1	P1	9 Jan 2012 – 3 Oct 2014	33 months	38	<i>Erimin 5</i> (1,100 tablets)
Patient 2	P2	18 Feb 2013 – 13 Oct 2014	20 months	17	<i>Erimin 5</i> (480 tablets)
Patient 3	P3	4 Jan 2012 – 28 Oct 2014	33 months	69	<i>Erimin 5</i> (900 tablets)
Patient 4	P4	6 Jun 2013 – 27 Oct 2014	16 months	16	<i>Erimin 5</i> (440 tablets)
Patient 5	P5	9 Jan 2012 – 30 Oct 2014	33 months	84	<i>Erimin 5</i> (1,020 tablets)
Patient 6	P6	30 Jan 2012 – 14 Oct 2014	33 months	41	<i>Erimin 5</i> (1,020 tablets)
Patient 7	P7	6 Jan 2012 – 25 Oct 2014	33 months	70	<i>Dormicum 15</i> (930 tablets)
Patient 8	P8	6 Jan 2012 – 25 Oct 2014	33 months	45	<i>Erimin 5</i> (1,000 tablets)
Patient 9	P9	8 Nov 2012 – 25 Oct 2014	23 months	23	<i>Erimin 5</i> (630 tablets)
Patient 10	P10	10 Jan 2012 – 9 Oct 2014	33 months	35	<i>Erimin 5</i> (1,020 tablets)
Patient 11	P11	4 Jan 2012 – 28 Oct 2014	33 months	66	<i>Erimin 5</i> (850 tablets)
Patient 12	P12	23 Oct 2012 – 12 Aug 2014	33 months	38	NA

Schedule 2

Name of Patient: P1
NRIC No.: [Redacted]

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation (days)
9/1/2012	30	-	-	-
10/2/2012	30	32	-	-
13/3/2012	30	32	-	-
13/4/2012	30	31	-	-
11/5/2012	30	28	-	-
18/6/2012	30	38	-	-
19/7/2012	30	31	-	-
21/8/2012	30	33	-	-
14/9/2012	30	24	-	-
15/10/2012	30	31	-	-
8/11/2012	30	24	-	-
8/12/2012	20	30	-	-
21/12/2012	30	13	-	-
21/1/2013	20	31	-	-
6/2/2013	30	16	-	-
6/3/2013	30	28	-	-
6/4/2013	30	31	-	-
9/4/2013	20	3	-	-
24/4/2013	30	15	-	-
23/5/2013	20	29	-	-
6/6/2013	30	14	-	-
8/7/2013	30	32	-	-
5/8/2013	30	28	-	-
5/9/2013	30	31	-	-
4/10/2013	30	29	-	-
30/10/2013	30	26	-	-
3/12/2013	30	34	-	-
2/1/2014	30	30	-	-
27/1/2014	30	25	-	-
24/2/2014	30	28	-	-
4/3/2014	30	8	-	-
1/4/2014	30	28	-	-
2/5/2014	30	31	-	-
2/6/2014	30	31	-	-
7/7/2014	30	35	-	-
7/8/2014	30	31	-	-
4/9/2014	30	28	-	-
3/10/2014	30	29	-	-
Total	1100	N.A.	-	-

Name of Patient: P2

NRIC No.: [Redacted]

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation
5/1/2011	30	-	-	-
18/2/2013	10	775	-	-
5/3/2013	30	15	-	-
8/4/2013	30	34	-	-
6/5/2013	30	28	-	-
24/6/2013	10	49	-	-
9/7/2013	30	15	-	-
23/8/2013	30	45	-	-
2/1/2014	30	132	-	-
28/1/2014	30	26	-	-
27/2/2014	40	30	-	-
1/4/2014	30	33	-	-
30/4/2014	30	29	-	-
11/6/2014	30	42	-	-
7/7/2014	30	26	-	-
13/8/2014	30	37	-	-
11/9/2014	30	29	-	-
13/10/2014	30	32	-	-
Total	510	N.A.	-	-

Name of Patient: P3

NRIC No.: [Redacted]

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation
4/1/2012	10	-	-	-
16/1/2012	30	12	-	-
20/1/2012	10	4	-	-
2/3/2012	10	42	-	-
21/3/2012	10	19	-	-
2/4/2012	10	12	-	-
12/4/2012	10	10	-	-
26/4/2012	20	14	-	-
16/5/2012	10	20	-	-
2/6/2012	10	17	-	-
12/6/2012	10	10	-	-
25/6/2012	10	13	-	-
5/7/2012	10	10	-	-
16/7/2012	10	11	-	-
20/7/2012	20	4	-	-
16/8/2012	20	27	-	-
14/9/2012	10	29	-	-
22/9/2012	20	8	-	-
12/10/2012	20	28	-	-
2/11/2012	20	21	-	-
22/11/2012	10	20	-	-
13/12/2012	20	21	-	-
2/1/2013	20	20	-	-
23/1/2013	10	21	-	-
5/2/2013	30	13	-	-
8/3/2013	10	31	-	-
8/3/2013	10	0	-	-
19/3/2013	10	11	-	-
25/3/2013	10	6	-	-
8/4/2013	20	14	-	-
24/4/2013	10	16	-	-
6/5/2013	10	12	-	-
17/5/2013	10	11	-	-
27/5/2013	10	10	-	-
17/6/2013	10	21	-	-
3/7/2013	10	16	-	-
13/7/2013	10	10	-	-
29/7/2013	20	16	-	-
21/8/2013	10	23	-	-
4/9/2013	20	14	-	-
17/9/2013	10	13	-	-
30/9/2013	10	13	-	-
11/10/2013	10	11	-	-
22/10/2013	10	11	-	-
31/10/2013	10	9	-	-

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation
11/11/2013	10	11	-	-
21/11/2013	10	10	-	-
6/12/2013	10	15	-	-
18/12/2013	10	12	-	-
2/1/2014	10	15	-	-
13/1/2014	10	11	-	-
28/1/2014	30	15	-	-
5/3/2014	10	36	-	-
3/4/2014	10	29	-	-
15/4/2014	10	12	-	-
29/4/2014	10	14	-	-
12/5/2014	10	13	-	-
23/5/2014	10	11	-	-
3/6/2014	10	11	-	-
16/6/2014	10	13	-	-
7/7/2014	10	21	-	-
17/7/2014	10	10	-	-
29/7/2014	10	12	-	-
7/8/2014	20	9	-	-
28/8/2014	20	21	-	-
18/9/2014	10	21	-	-
29/9/2014	10	11	-	-
8/10/2014	20	9	-	-
28/10/2014	20	20	-	-
Total	900	N.A.	-	-

Name of Patient: P4

NRIC No.: [Redacted]

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation
6/6/2013	10	-	-	-
18/6/2013	30	12	-	-
18/7/2013	30	30	-	-
19/8/2013	30	32	-	-
19/9/2013	30	31	-	-
18/10/2013	30	29	-	-
21/11/2013	30	34	-	-
20/12/2013	30	29	-	-
21/1/2014	30	32	-	-
21/2/2014	20	31	-	-
1/4/2014	30	39	-	-
9/5/2014	30	38	-	-
12/6/2014	30	34	-	-
15/8/2014	30	64	-	-
30/9/2014	20	46	-	-
27/10/2014	30	27	-	-
Total	440	N.A.	-	-

Name of Patient: P5
 NRIC No.: [Redacted]

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation (days)
9/1/2012	20	-	-	-
8/2/2012	20	28	-	-
25/2/2012	20	19	-	-
15/3/2012	10	19	-	-
24/3/2012	10	9	-	-
2/4/2012	10	9	-	-
11/4/2012	10	9	-	-
19/4/2012	10	8	-	-
2/5/2012	10	13	-	-
11/5/2012	10	9	-	-
19/5/2012	10	8	-	-
28/5/2012	10	9	-	-
6/6/2012	10	9	-	-
15/6/2012	10	9	-	-
25/6/2012	20	10	-	-
14/7/2012	10	19	-	-
21/7/2012	10	7	-	-
30/7/2012	10	9	-	-
8/8/2012	10	9	-	-
21/8/2012	10	13	-	-
30/8/2012	10	9	-	-
8/9/2012	10	9	-	-
14/9/2012	10	6	-	-
29/9/2012	20	15	-	-
22/10/2012	10	23	-	-
2/11/2012	20	11	-	-
23/11/2012	10	21	-	-
3/12/2012	10	10	-	-
3/12/2012	10	0	-	-
6/12/2012	10	3	-	-
21/12/2012	10	15	-	-
31/12/2012	10	10	-	-
9/1/2013	10	9	-	-
17/1/2013	10	8	-	-
29/1/2013	10	12	-	-
6/2/2013	10	8	-	-
28/2/2013	20	22	-	-
18/3/2013	10	18	-	-
25/3/2013	10	7	-	-
2/4/2013	10	8	-	-
20/4/2013	10	18	-	-
4/5/2013	10	14	-	-
13/5/2013	10	9	-	-
22/5/2013	10	9	-	-
31/5/2013	10	9	-	-

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation
1/7/2013	10	31	-	-
10/7/2013	10	9	-	-
19/7/2013	10	9	-	-
29/7/2013	10	10	-	-
6/8/2013	10	8	-	-
17/8/2013	10	11	-	-
24/8/2013	10	7	-	-
31/8/2013	10	7	-	-
10/9/2013	20	10	-	-
30/9/2013	10	20	-	-
9/10/2013	10	9	-	-
11/10/2013	10	2	-	-
28/10/2013	10	17	-	-
30/10/2013	10	2	-	-
9/11/2013	10	10	-	-
18/11/2013	10	9	-	-
22/11/2013	10	4	-	-
2/12/2013	10	10	-	-
11/12/2013	10	9	-	-
22/1/2014	10	42	-	-
5/2/2014	20	14	-	-
21/2/2014	20	16	-	-
5/3/2014	30	12	-	-
2/4/2014	20	28	-	-
10/4/2014	20	8	-	-
28/4/2014	20	18	-	-
15/5/2014	10	17	-	-
23/5/2014	10	8	-	-
2/6/2014	10	10	-	-
16/6/2014	10	14	-	-
24/6/2014	10	8	-	-
5/7/2014	20	11	-	-
4/8/2014	20	30	-	-
23/8/2014	20	19	-	-
12/9/2014	10	20	-	-
24/9/2014	10	12	-	-
9/10/2014	10	15	-	-
27/10/2014	10	18	-	-
30/10/2014	10	3	-	-
Total	1020	N.A.	-	-

Name of Patient: P6

NRIC No.: [Redacted]

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation (days)
30/1/2012	30	-	-	-
28/2/2012	30	29	-	-
28/3/2012	30	29	-	-
16/4/2012	30	19	-	-
16/5/2012	20	30	-	-
13/6/2012	30	28	-	-
13/7/2012	30	30	-	-
10/8/2012	30	28	-	-
7/9/2012	30	28	-	-
10/10/2012	30	33	-	-
6/11/2012	30	27	-	-
6/12/2012	0	30	-	-
29/12/2012	30	23	-	-
28/1/2013	30	30	-	-
26/2/2013	30	29	-	-
6/4/2013	10	39	-	-
16/4/2013	10	10	-	-
4/5/2013	10	18	-	-
14/5/2013	30	10	-	-
17/6/2013	30	34	-	-
16/7/2013	30	29	-	-
15/8/2013	30	30	-	-
14/9/2013	30	30	-	-
14/10/2013	30	30	-	-
13/11/2013	30	30	-	-
16/12/2013	10	33	-	-
23/12/2013	10	7	-	-
2/1/2014	30	10	-	-
29/1/2014	30	27	-	-
27/2/2014	30	29	-	-
27/2/2014	30	0	-	-
31/3/2014	10	32	-	-
10/4/2014	30	10	-	-
9/5/2014	30	29	-	-
7/6/2014	30	29	-	-
7/7/2014	30	30	-	-
6/8/2014	30	30	-	-
3/9/2014	10	28	-	-
13/9/2014	10	10	-	-
22/9/2014	10	9	-	-
4/10/2014	10	12	-	-
14/10/2014	30	10	-	-
Total	1020	N.A.	-	-

Name of Patient: P7
 NRIC No.: [Redacted]

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation (days)
6/1/2012	-	-	10	-
16/1/2012	-	-	10	10
30/1/2012	-	-	10	14
9/2/2012	-	-	10	10
18/2/2012	-	-	10	9
5/3/2012	-	-	10	16
21/3/2012	-	-	10	18
3/4/2012	-	-	10	13
18/4/2012	-	-	10	15
7/5/2012	-	-	20	19
26/5/2012	-	-	10	19
8/6/2012	-	-	20	13
28/6/2012	-	-	20	20
17/7/2012	-	-	10	19
30/7/2012	-	-	10	13
8/8/2012	-	-	10	9
17/8/2012	-	-	20	9
11/9/2012	-	-	10	25
4/10/2012	-	-	10	23
16/10/2012	-	-	10	12
29/10/2012	-	-	10	13
8/11/2012	-	-	20	10
26/11/2012	-	-	10	18
6/12/2012	-	-	10	10
17/12/2012	-	-	10	11
22/12/2012	-	-	20	5
23/1/2013	-	-	10	32
2/2/2013	-	-	20	10
19/2/2013	-	-	10	17
28/2/2013	-	-	10	9
12/3/2013	-	-	10	12
22/3/2013	-	-	10	10
4/4/2013	-	-	10	13
13/4/2013	-	-	10	9
23/4/2013	-	-	10	10
4/5/2013	-	-	10	11
13/5/2013	-	-	10	9
31/5/2013	-	-	10	18
8/6/2013	-	-	10	8
21/6/2013	-	-	10	13
1/7/2013	-	-	10	10
16/7/2013	-	-	10	15
30/7/2013	-	-	20	14
19/8/2013	-	-	10	20
24/8/2013	-	-	10	5

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation
2/9/2013	-	-	10	9
10/9/2013	-	-	10	8
20/9/2013	-	-	10	10
1/10/2013	-	-	10	11
9/10/2013	-	-	20	8
29/10/2013	-	-	20	20
19/11/2013	-	-	20	21
9/12/2013	-	-	10	20
19/12/2013	-	-	20	10
8/1/2014	-	-	10	20
20/1/2014	-	-	10	12
29/1/2014	-	-	10	9
10/2/2014	-	-	10	12
20/2/2014	-	-	10	10
1/3/2014	-	-	20	9
31/3/2014	-	-	20	30
21/4/2014	-	-	20	21
10/5/2014	-	-	20	19
29/5/2014	-	-	10	19
10/6/2014	-	-	10	12
20/6/2014	-	-	20	10
11/7/2014	-	-	10	21
22/7/2014	-	-	20	11
12/8/2014	-	-	10	21
25/8/2014	-	-	10	13
4/9/2014	-	-	10	10
16/9/2014	-	-	10	12
25/9/2014	-	-	10	9
7/10/2014	-	-	10	12
25/10/2014	-	-	10	18
Total	-	-	930	N.A.

Name of Patient: P8
 NRIC No.: [Redacted]

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation
6/1/2012	10	-	-	-
17/1/2012	20	11	-	-
7/2/2012	10	21	-	-
17/2/2012	10	10	-	-
25/2/2012	10	8	-	-
6/3/2012	10	10	-	-
16/3/2012	10	10	-	-
26/3/2012	10	10	-	-
5/4/2012	10	10	-	-
17/4/2012	10	12	-	-
26/4/2012	10	9	-	-
7/5/2012	10	11	-	-
17/5/2012	10	10	-	-
25/5/2012	10	8	-	-
4/6/2012	10	10	-	-
16/6/2012	10	12	-	-
28/6/2012	10	12	-	-
10/7/2012	10	12	-	-
31/7/2012	10	21	-	-
15/8/2012	10	15	-	-
27/8/2012	10	12	-	-
8/9/2012	10	12	-	-
14/9/2012	10	6	-	-
26/9/2012	10	12	-	-
8/10/2012	10	12	-	-
20/10/2012	10	12	-	-
1/11/2012	10	12	-	-
20/11/2012	10	19	-	-
1/12/2012	10	11	-	-
10/12/2012	10	9	-	-
19/12/2012	10	9	-	-
2/1/2013	10	14	-	-
12/1/2013	10	10	-	-
21/1/2013	10	9	-	-
1/2/2013	10	11	-	-
13/3/2013	10	40	-	-
18/3/2013	10	5	-	-
22/3/2013	10	4	-	-
26/3/2013	10	4	-	-
2/4/2013	10	7	-	-
12/4/2013	10	10	-	-
24/4/2013	10	12	-	-
6/5/2013	10	12	-	-
15/5/2013	10	9	-	-
25/5/2013	10	10	-	-

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation (days)
5/6/2013	10	11	-	-
17/6/2013	10	12	-	-
26/6/2013	10	9	-	-
5/7/2013	10	9	-	-
17/7/2013	10	12	-	-
25/7/2013	10	8	-	-
6/8/2013	10	12	-	-
16/8/2013	10	10	-	-
24/8/2013	10	8	-	-
3/9/2013	10	10	-	-
17/9/2013	10	14	-	-
27/9/2013	10	10	-	-
9/10/2013	10	12	-	-
18/10/2013	10	9	-	-
28/10/2013	10	10	-	-
9/11/2013	10	12	-	-
20/11/2013	10	11	-	-
2/12/2013	10	12	-	-
11/12/2013	10	9	-	-
20/12/2013	10	9	-	-
28/12/2013	10	8	-	-
7/1/2014	10	10	-	-
16/1/2014	10	9	-	-
27/1/2014	10	11	-	-
6/2/2014	10	10	-	-
15/2/2014	10	9	-	-
26/2/2014	10	11	-	-
4/3/2014	20	6	-	-
1/4/2014	10	28	-	-
9/4/2014	10	8	-	-
19/4/2014	10	10	-	-
28/4/2014	10	9	-	-
7/5/2014	10	9	-	-
19/5/2014	10	12	-	-
28/5/2014	10	9	-	-
7/6/2014	10	10	-	-
18/6/2014	10	11	-	-
25/6/2014	10	7	-	-
7/7/2014	10	12	-	-
17/7/2014	10	10	-	-
26/7/2014	10	9	-	-
5/8/2014	10	10	-	-
14/8/2014	10	9	-	-
25/8/2014	10	11	-	-
4/9/2014	10	10	-	-
16/9/2014	10	12	-	-
25/9/2014	10	9	-	-
4/10/2014	20	9	-	-

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation
13/10/2014	20	9		
25/10/2014	20	12	-	
Total	1000	N.A.	-	-

Name of Patient: P9

NRIC No.: [Redacted]

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation
8/11/2012	10	-	-	-
21/11/2012	20	13	-	-
12/12/2012	30	21	-	-
17/1/2013	20	36	-	-
20/2/2013	30	34	-	-
21/3/2013	30	29	-	-
22/4/2013	30	32	-	-
23/5/2013	30	31	-	-
27/6/2013	30	35	-	-
5/8/2013	30	39	-	-
9/9/2013	20	35	-	-
30/9/2013	30	21	-	-
31/10/2013	30	31	-	-
6/12/2013	30	36	-	-
9/1/2014	30	34	-	-
17/2/2014	30	39	-	-
4/4/2014	20	46	-	-
28/4/2014	30	24	-	-
12/6/2014	30	45	-	-
16/7/2014	30	34	-	-
18/8/2014	30	33	-	-
18/9/2014	30	31	-	-
25/10/2014	30	37	-	-
Total	630	N.A.	-	-

Name of Patient: P10

NRIC No.: [Redacted]

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation (days)
10/1/2012	30	-	-	-
10/2/2012	30	31	-	-
13/3/2012	30	32	-	-
10/4/2012	30	28	-	-
10/5/2012	30	30	-	-
9/6/2012	30	30	-	-
9/7/2012	30	30	-	-
10/8/2012	30	32	-	-
10/9/2012	10	31	-	-
14/9/2012	30	4	-	-
11/10/2012	30	27	-	-
8/11/2012	30	28	-	-
8/12/2012	20	30	-	-
21/12/2012	30	13	-	-
24/1/2013	30	34	-	-
25/2/2013	30	32	-	-
25/3/2013	30	28	-	-
6/5/2013	30	42	-	-
7/6/2013	30	32	-	-
5/7/2013	30	28	-	-
5/8/2013	30	31	-	-
5/9/2013	30	31	-	-
4/10/2013	30	29	-	-
1/11/2013	30	28	-	-
6/12/2013	30	35	-	-
4/1/2014	30	29	-	-
7/2/2014	30	34	-	-
27/2/2014	30	20	-	-
1/4/2014	30	33	-	-
5/5/2014	30	34	-	-
6/6/2014	30	32	-	-
7/7/2014	30	31	-	-
7/8/2014	30	31	-	-
9/9/2014	30	33	-	-
9/10/2014	30	30	-	-
Total	1020	N.A.	-	-

Name of Patient: P11

NRIC No.: [Redacted]

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation (days)
4/1/2012	10	-	-	-
16/1/2012	10	12	-	-
20/2/2012	10	35	-	-
2/3/2012	10	11	-	-
2/4/2012	10	31	-	-
12/4/2012	10	10	-	-
26/4/2012	20	14	-	-
16/5/2012	10	20	-	-
2/6/2012	10	17	-	-
12/6/2012	10	10	-	-
25/6/2012	10	13	-	-
5/7/2012	10	10	-	-
16/7/2012	10	11	-	-
20/7/2012	20	4	-	-
16/8/2012	20	27	-	-
22/9/2012	20	37	-	-
12/10/2012	20	20	-	-
2/11/2012	20	21	-	-
22/11/2012	20	20	-	-
13/12/2012	20	21	-	-
2/1/2013	20	20	-	-
23/1/2013	10	21	-	-
5/2/2013	30	13	-	-
8/3/2013	10	31	-	-
19/3/2013	10	11	-	-
25/3/2013	10	6	-	-
8/4/2013	20	14	-	-
24/4/2013	10	16	-	-
6/5/2013	10	12	-	-
17/5/2013	10	11	-	-
27/5/2013	10	10	-	-
17/6/2013	10	21	-	-
3/7/2013	10	16	-	-
13/7/2013	10	10	-	-
29/7/2013	20	16	-	-
21/8/2013	10	23	-	-
4/9/2013	10	14	-	-
17/9/2013	10	13	-	-
30/9/2013	10	13	-	-
11/10/2013	10	11	-	-
22/10/2013	10	11	-	-
31/10/2013	10	9	-	-
11/11/2013	10	11	-	-
21/11/2013	10	10	-	-
6/12/2013	10	15	-	-

Date of Consultation	Erimin (Tabs)	Interval From Last Consultation (days)	Dormicum (Tabs)	Interval From Last Consultation
18/12/2013	10	12	-	-
2/1/2014	10	15	-	-
13/1/2014	10	11	-	-
28/1/2014	30	15	-	-
5/3/2014	10	36	-	-
3/4/2014	10	29	-	-
15/4/2014	10	12	-	-
29/4/2014	10	14	-	-
12/5/2014	10	13	-	-
23/5/2014	10	11	-	-
3/6/2014	10	11	-	-
16/6/2014	10	13	-	-
7/7/2014	10	21	-	-
17/7/2014	10	10	-	-
29/7/2014	10	12	-	-
7/8/2014	20	9	-	-
28/8/2014	20	21	-	-
18/9/2014	10	21	-	-
29/9/2014	10	11	-	-
8/10/2014	20	9	-	-
28/10/2014	20	20	-	-
Total	850	N.A.	-	-

AGREED STATEMENT OF FACTS PERTAINING TO THE CHARGES

A. Facts relating to the breach of Guideline 4.1.3 of 2002 ECEG & Annex A of MOH Administrative Guidelines

Patient 1 – [1st charge]

1. Between 9 January 2012 and 3 October 2014, Dr Tan prescribed Erimin to Patient 1 on a total of 38 occasions. On 36 occasions, Dr Tan continued to prescribe benzodiazepines even though Patient 1 had been prescribed benzodiazepines beyond a cumulative period of 8 weeks. [See Schedules 1 and 2 to NOI (Amendment No. (1).]

Patient 2 – [4th charge]

2. Between 18 February 2013 and 13 October 2014, Dr Tan prescribed Erimin to Patient 2 on a total of 17 occasions. On 14 occasions, Dr Tan continued to prescribe benzodiazepines even though Patient 2 had been prescribed benzodiazepines beyond a cumulative period of 8 weeks. [See Schedules 1 and 2 to NOI (Amendment No. (1).]

Patient 3 – [7th charge]

3. Between 4 January 2012 and 28 October 2014, Dr Tan prescribed Erimin to Patient 3 on a total of 69 occasions. On 66 occasions, Dr Tan continued to prescribe benzodiazepines even though Patient 3 had been prescribed benzodiazepines beyond a cumulative period of 8 weeks. [See Schedules 1 and 2 to NOI (Amendment No. (1).]

Patient 4 – [10th charge]

4. Between 6 June 2013 and 27 October 2014, Dr Tan prescribed Erimin to Patient 4 on a total of 16 occasions. On 13 occasions, Dr Tan continued to prescribe benzodiazepines even though Patient 4 had been prescribed benzodiazepines beyond a cumulative period of 8 weeks. [See Schedules 1 and 2 to NOI (Amendment No. (1).]

Patient 5 – [13th charge]

5. Between 9 January 2012 and 30 October 2014, Dr Tan prescribed Erimin to Patient 5 on a total of 84 occasions. On 81 occasions, Dr Tan continued to prescribe benzodiazepines even though Patient 5 had been prescribed benzodiazepines beyond a cumulative period of 8 weeks. [See Schedules 1 and 2 to NOI (Amendment No. (1).]

Patient 6 – [16th charge]

6. Between 30 January 2012 and 14 October 2014, Dr Tan prescribed Erimin to Patient 6 on a total of 41 occasions (excluding one visit dated 6 December 2012, for which the transcript states “*prescribed with 0 tablets of Erimin 5mg*”). On 39 occasions, Dr Tan continued to prescribe benzodiazepines even though Patient 6 had been prescribed benzodiazepines beyond a cumulative period of 8 weeks. [See Schedules 1 and 2 to NOI (Amendment No. (1).]

Patient 7 – [19th charge]

7. Between 6 January 2012 and 25 October 2014, Dr Tan prescribed Dormicum to Patient 7 on a total of 70 occasions. On 64 occasions, Dr Tan continued to prescribe benzodiazepines even

though Patient 7 had been prescribed benzodiazepines beyond a cumulative period of 8 weeks. [See Schedules 1 and 2 to NOI (Amendment No. (1).]

Patient 8 – [22nd charge]

8. Between 4 January 2012 and 28 October 2014, Dr Tan prescribed Erimin to Patient 8 on a total of 45 occasions. On 40 occasions, Dr Tan continued to prescribe benzodiazepines even though Patient 8 had been prescribed benzodiazepines beyond a cumulative period of 8 weeks. [See Schedules 1 and 2 to NOI (Amendment No. (1).]

Patient 9 – [25th charge]

9. Between 8 November 2012 and 25 October 2014, Dr Tan prescribed Erimin to Patient 9 on a total of 23 occasions. On 20 occasions, Dr Tan continued to prescribe benzodiazepines even though Patient 9 had been prescribed benzodiazepines beyond a cumulative period of 8 weeks. [See Schedules 1 and 2 to NOI (Amendment No. (1).]

Patient 10 – [28th charge]

10. Between 10 January 2012 and 9 October 2014, Dr Tan prescribed Erimin to Patient 10 on a total of 35 occasions. On 33 occasions, Dr Tan continued to prescribe benzodiazepines even though Patient 10 had been prescribed benzodiazepines beyond a cumulative period of 8 weeks. [See Schedules 1 and 2 to NOI (Amendment No. (1).]

Patient 11 – [31st charge]

11. Between 4 January 2012 and 28 October 2014, Dr Tan prescribed Erimin to Patient 11 on a total of 66 occasions. On 63 occasions, Dr Tan continued to prescribe benzodiazepines even though Patient 11 had been prescribed benzodiazepines beyond a cumulative period of 8 weeks. [See Schedules 1 and 2 to NOI (Amendment No. (1).]
12. By reason of the foregoing in paragraphs 1 to 11, Dr Tan acted in breach of Guideline 4.1.3 of the 2002 ECEG to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs, in that Dr Tan failed to provide appropriate care, management and treatment to Patients 1-11 by inappropriately prescribing benzodiazepines to Patients 1-11 in breach of MOH Administrative Guidelines, Annex A at paragraphs (e) and (f), and to Patients 5 and 11 in breach of MOH Administrative Guidelines, Annex A at paragraph (l).

B. Facts relating to the breach of Guideline 4.1.2 of 2002 ECEG & Annex A of MOH Administrative Guidelines

Patient 1 – [2nd charge]

13. Between 9 January 2012 and 3 October 2014, Dr Tan failed to document the following details in the PMR of Patient 1:
 - (a) a comprehensive history of the patient, including but not limited to the patient's psychosocial history and previous use of benzodiazepines or other hypnotics;
 - (b) any warning to the patient about potential addiction to benzodiazepines;
 - (c) any refusal by the patient to be referred to a specialist; and
 - (d) The patient's diagnosis, symptoms, conditions, advice given and/or management plan such as to enable a proper assessment of the medical condition of the patient over the period of treatment.

14. Dr Tan also failed to entirely reproduce the original set of the PMRs of Patient 1 upon request by the SMC, such that the veracity of his transcripts pertaining to how the condition of Patient 1 was diagnosed and treated cannot be verified.
15. By reason of the foregoing, Dr Tan acted in breach of Guideline 4.1.2 of the 2002 ECEG, in that Dr Tan failed to maintain sufficient details of the medical records of Patient 1 by failing to document the details as set out in paragraph 13, in breach of MOH Administrative Guidelines, Annex A at paragraphs (c), (d), (g) and (o); and failing to entirely reproduce the original set of medical records of Patient 1 upon request by SMC, in breach of MOH Administrative Guidelines, Annex A at paragraph (b).

Patient 12 – [34th charge]

16. Between 23 October 2012 and 12 August 2014, Dr Tan did not document details of Patient 12's diagnosis, symptoms, conditions, advice given and/or management plan such as to enable a proper assessment of the medical condition of Patient 12 over the period of treatment.
17. Dr Tan failed to entirely reproduce the original set of the PMRs of Patient 12 upon request by SMC, such that the veracity of his transcripts pertaining to how Patient 12's condition was diagnosed and treated cannot be verified.
18. By reason of the foregoing, Dr Tan acted in breach of Guideline 4.1.2 of the 2002 ECEG, in that Dr Tan failed to maintain sufficient details of the medical records of Patient 12, and failed to retain and/or entirely reproduce the original set of medical records of Patient 12 upon request by SMC.

C. Facts relating to the breach of Guidelines 4.1.1.5 and/or 4.1.1.6 of 2002 ECEG & Annex A of MOH Administrative Guidelines.

Patient 1 – [3rd charge]

19. Between 9 January 2012 and 3 October 2014, Dr Tan failed to refer Patient 1 to a psychiatrist and/or other appropriate specialist for management of his medical issues in a timely manner:
 - (a) Dr Tan failed to consult a psychiatrist or other specialists when there were doubts about the dosage prescription or tapering of benzodiazepines / other hypnotics with respect to patient 1;
 - (b) At no time during his management and treatment of Patient 1 between 9 January 2012 and 3 October 2014 did Dr Tan refer Patient 1 to a psychiatrist for a thorough psychiatric assessment of his substance abuse problems;
 - (c) By failing to refer Patient 1 to a psychiatrist, Dr Tan failed to facilitate joint management, collaboration and communication with the specialists in respect of Patient 1's treatment, management and the prescription of medication to Patient 1.
20. By reason of the foregoing, Dr Tan acted in breach of Guideline 4.1.1.5 and 4.1.1.6 of the 2002 ECEG, in that Dr Tan failed to refer Patient 1 to a psychiatrist and/or other appropriate specialist for management of his medical issues in a timely manner, in breach of the MOH Administrative Guidelines, Annex A at paragraphs (k) and (n).