

IN THE REPUBLIC OF SINGAPORE
SINGAPORE MEDICAL COUNCIL INTERIM ORDERS COMMITTEE

Between

Singapore Medical Council

And

Dr Jipson Quah

... Respondent

Interim Orders Committee:

Dr Subramaniam Suraj Kumar (Chairman)
A/Prof Agnes Ng Suah Bwee
Adj A/Prof Lee Cheng
Mr Kenny Chooi (Legal Assessor)

Counsel for the SMC:

Mr Chia Voon Jiet
Ms Grace Lim Rui Si
Ms I-Lin Lee
(M/s Drew & Napier LLC)

Counsel for the Respondent:

Mr Anand Nalachandran
(M/s Forte Law LLC)

DECISION OF THE INTERIM ORDERS COMMITTEE

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

Purpose of the Inquiry

1. This Interim Orders Committee (“**IOC**”) was appointed under section 59A of the Medical Registration Act 1997 (“**MRA**”) to inquire into and determine whether an interim order under section 59B(1) of the MRA should be made against Dr Jipson Quah (“**Dr Quah**”).

The Medical Practitioner in question

2. Dr Quah is a medical practitioner registered under the MRA. He is the licensee of Wan Medical Clinic, and the licensee or sole director of the licensee of Mayfair Medical Clinic, Mayfair Medical Clinic (Yishun Chong Pang), and Ong Clinic & Surgery (Yishun).

Relevant facts giving rise to the Inquiry

3. On 23 January 2022, the Singapore Medical Council (“SMC”) received information from the Ministry of Health (“MOH”) regarding Dr Quah’s conduct (“Complaint”). The salient facts relating to the Complaint are set out below.

(A) Improper Conduct of PET

4. In November 2021, Dr Quah instructed his staff, one C (“C”), to facilitate and supervise *remote* Pre-Event Testing (“PET”) by Zoom for a group of subjects who had not been vaccinated against COVID-19. C’s role involved making the necessary arrangement for subjects to undergo remote PET, supervising the remote PET via Zoom, and uploading the PET results onto the MOH’s Patient Risk Profile Portal (“MOH Portal”). Dr Quah authorised C to access the MOH Portal of Wan Medical Clinic so that C would be able to upload PET results.¹
5. Dr Quah charged the following fees for two types of remote PET subscriptions that could be purchased by interested subjects:²
 - (a) a fee of \$125 would be charged for a monthly subscription for daily remote PET from 15 December 2021 to 14 January 2022; and
 - (b) a fee of \$12 per test would be charged for an *ad hoc* remote PET.

¹ Complaint letter dated 23 January 2022 at [3] (ABOD, Tab 9, page 24).

² Complaint letter dated 23 January 2022 at [3] (ABOD, Tab 9, page 24).

6. In December 2021, C conducted a *remote* PET via Zoom for subjects performing self-testing and subsequently uploaded the PET results onto the MOH Portal.³
7. Dr Quah was aware of and did not object to another arrangement initiated by C in December 2021, by which subjects' COVID-19 Antigen Rapid Test (“**ART**”) swabs for PET were carried out remotely but not in real-time.⁴ Under this arrangement, (a) subjects would send to C, via the “WhatsApp” application, a pre-recorded video of themselves conducting the self-administered PET and stating their name and the date and time; and (b) C would then upload the PET results onto the MOH Portal based on the information in the pre-recorded videos.⁵ Between 15 December 2021 and 31 December 2021, C facilitated and conducted about **430** of such *ad hoc* remote PET.⁶ Three subjects have informed the MOH that their PET results, based on their participation in this arrangement, were later reflected in their “TraceTogether” applications.⁷
8. Under the Infectious Diseases (Antigen Rapid Test Providers) Regulations 2021 that had been in force at the material time (“**Regulations**”),⁸ (a) real-time remote supervision of ART swabs was not yet legally permitted; and (b) supervised PET had to be conducted in real time and in the presence of a qualified self-administered test supervisor.⁹

(B) Upload of false ART results

9. On or about 2 January 2022, a female subject who had not been vaccinated against COVID-19 and who has heart palpitation and asthma conditions (“**Female Subject**”) contacted C with a view to obtain a letter from Dr Quah to exempt her from being vaccinated against COVID-19.¹⁰

³ Complaint letter dated 23 January 2022 at [4] (ABOD, Tab 9, page 24).

⁴ Complaint letter dated 23 January 2022 at [4] (ABOD, Tab 9, page 24-25).

⁵ Complaint letter dated 23 January 2022 at [4] (ABOD, Tab 9, page 24-25).

⁶ Complaint letter dated 23 January 2022 at [4] (ABOD, Tab 9, page 25).

⁷ Complaint letter dated 23 January 2022 at [5] (ABOD, Tab 9, page 25).

⁸ ABOD, Tab 7, pages 18-22.

⁹ Complaint letter dated 23 January 2022 at [4], [6] (ABOD, Tab 9, page 24-25).

¹⁰ Complaint letter dated 23 January 2022 at [7] (ABOD, Tab 9, page 25).

10. On or about 3 January 2022, Dr Quah was visited by the Female Subject at Mayfair Medical Clinic (Yishun Chong Pang) and was shown her positive serology tests results which had been taken on 29 December 2021.¹¹ Dr Quah advised the Female Subject that she was required to take an ART test at the clinic, but the clinic staff mistakenly administered her with a COVID-19 Polymerase Chain Reaction (“PCR”) test instead.¹² The PCR test result was negative.¹³
11. On or about 4 January 2022, the Female Subject took an ART test on her own.¹⁴ The ART test result was negative.¹⁵ She informed C of this negative ART test result and the negative PCR test result taken on 3 January 2022 at Mayfair Medical Clinic (Yishun Chong Pang).¹⁶ She expressed to C that she was worried that she would not be able to obtain a letter exempting her from being vaccinated against COVID-19.¹⁷
12. C, acting on Dr Quah’s instructions, created a fake patient account for the Female Subject in Wan Medical Clinic and falsely uploaded her ART test result as positive in the MOH Portal.¹⁸ Dr Quah subsequently issued the Female Subject with an exemption letter stating that she had recovered from COVID-19 so that she could obtain a recovered status and be exempted from vaccination-differentiated Safe Management Measures (“SMMs”).¹⁹
13. On or about 5 January 2022, the Female Subject checked her records on “HealthHub” and saw that her ART test result was falsely reflected as positive.²⁰

¹¹ Complaint letter dated 23 January 2022 at [8] (ABOD, Tab 9, page 25).

¹² Complaint letter dated 23 January 2022 at [8] (ABOD, Tab 9, page 25).

¹³ Complaint letter dated 23 January 2022 at [8] (ABOD, Tab 9, page 25).

¹⁴ Complaint letter dated 23 January 2022 at [9] (ABOD, Tab 9, page 25).

¹⁵ Complaint letter dated 23 January 2022 at [9] (ABOD, Tab 9, page 25).

¹⁶ Complaint letter dated 23 January 2022 at [9] (ABOD, Tab 9, page 25).

¹⁷ Complaint letter dated 23 January 2022 at [9] (ABOD, Tab 9, page 25).

¹⁸ Complaint letter dated 23 January 2022 at [10] (ABOD, Tab 9, page 25).

¹⁹ Complaint letter dated 23 January 2022 at [10] (ABOD, Tab 9, page 25).

²⁰ Complaint letter dated 23 January 2022 at [9] (ABOD, Tab 9, page 25).

(C) Upload of false vaccination statuses

14. In or around December 2021 and January 2022, Dr Quah knowingly administered saline solution, instead of a COVID-19 vaccine, to approximately 15 unvaccinated patients (“Unvaccinated Patients”).²¹
15. Dr Quah was paid between \$1,000 and \$1,500 per dose by three of the Unvaccinated Patients.²² The usual vaccination charges across most clinics range between \$50 to \$100 per dose.²³
16. Thereafter, Dr Quah uploaded false vaccination statuses for the Unvaccinated Patients onto the MOH’s National Immunisation Registry system, by updating their COVID-19 vaccination statuses from “unvaccinated” to “vaccinated”, even though the Unvaccinated Patients had not been administered with a COVID-19 vaccine.²⁴ According to the MOH, Dr Quah has admitted to uploading false vaccination statuses for the Unvaccinated Patients.²⁵
17. On 21 January 2022, a police report was lodged.²⁶ Police investigations against Dr Quah are ongoing. In addition, criminal proceedings against Dr Quah in relation to his act of making a false representation to the MOH that an individual received a COVID-19 vaccine when she had not are also ongoing.²⁷
18. On 8 February 2022, following the SMC’s request on 31 January 2022, Dr Quah voluntarily gave a signed undertaking as follows:²⁸
 - (a) Acknowledging that he was being investigated by the Singapore Police Force and the MOH for falsifying the vaccination statuses of his patients, among other offences; and

²¹ Complaint letter dated 23 January 2022 at [12] (ABOD, Tab 9, page 26).

²² Complaint letter dated 23 January 2022 at [12] (ABOD, Tab 9, page 26).

²³ Complaint letter dated 23 January 2022 at [12] (ABOD, Tab 9, page 26).

²⁴ Complaint letter dated 23 January 2022 at [12] (ABOD, Tab 9, page 26).

²⁵ Complaint letter dated 23 January 2022 at [12] (ABOD, Tab 9, page 26).

²⁶ Ministry of Health’s press release dated 23 January 2022 titled “Investigation into Allegations of Improper Conduct of Pre-Event Testing and Falsification of Vaccination Records” at [6]-[7] (ABOD, Tab 8, page 23).

²⁷ Charge (1st Amendment) against Dr Jipson Quah [DAC-901261-2022] (ABOD, Tab 10, page 27).

²⁸ Voluntary Letter of Undertaking signed by Dr Quah Jipson (ABOD, Tab 15, page 41).

- (b) Undertaking not to practise as a medical practitioner or do any act as a medical practitioner so long as the investigations by the Singapore Police Force are ongoing or until an order (if any) is made by an IOC.
19. A Notice of Inquiry dated 24 February 2022²⁹ relating to this IOC Inquiry was issued to Dr Quah.
20. On 16 March 2022, the parties tendered the following documents to the IOC:
- (a) Counsel for the SMC tendered the SMC’s Written Submissions, SMC’s Bundle of Authorities, SMC’s Bundle of Documents, Agreed Bundle of Documents (“**ABOD**”) and Agreed Statement of Facts.
- (b) Dr Quah tendered his written Response (“**Dr Quah’s Response**”) and several enclosures therein.
21. On 23 March 2022, the parties appeared before the IOC and made oral submissions before the IOC. Dr Quah was represented by Counsel.

Framework adopted by the IOC

22. Section 59B(1) of the MRA provides as follows:

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

- (a) that his registration in the appropriate register be suspended for such period not exceeding 18 months as may be specified in the order (called in this Part an interim suspension order); or
- (b) that his registration be conditional on his compliance, during such period not exceeding 18 months as may be specified in the order, with such conditions or restrictions so specified as the Interim Orders Committee thinks fit to impose (called in this Part an interim restriction order).”

[Emphasis added]

²⁹ Notice of Inquiry by Interim Orders Committee dated 24 January 2022 (ABOD, Tab 16, page 42).

23. Pursuant to the aforesaid provision, the IOC may only order a suspension of Dr Quah’s registration or subject his registration to conditions, where the IOC is satisfied that it is:

- (a) necessary for the protection of members of the public;
- (b) otherwise in the public interest; or
- (c) in the interests of Dr Quah.

(See the decision of the IOC for Dr Wee Teong Boo dated 9 May 2017 (“**Wee Teong Boo**”) at [9], the decision of the IOC for Dr Ler Teck Siang dated 7 March 2019 (“**Ler Teck Siang**”) at [11], the decision of the IOC for Dr Chan Herng Nieng dated 18 June 2020 (“**Chan Herng Nieng**”) at [17], the decision of the IOC for Dr Ong Kian Peng Julian dated 18 June 2020 (“**Ong Kian Peng Julian**”) at [18], and the decision of the IOC for Dr Kay Aih Boon Erwin dated 19 July 2021 (“**Kay Aih Boon Erwin**”) at [14]).

24. In determining whether to impose an interim order, the IOC’s task is to consider whether the allegations in any complaint or information referred to it, irrespective of their truth or falsity, justify the suspension or conditional registration of the medical practitioner. In this regard, a two-pronged approach is adopted (see *Wee Teong Boo* at [31]):

- (a) First, the IOC must assess the extent to which the medical practitioner poses a risk to the members of the public against an assessment of the potential adverse consequences if an interim order is not made against the medical practitioner.
- (b) Second, the IOC has to balance the interests of the medical practitioner with the interests of the public, making a determination proportionate to the perceived risk to members of the public and/or to protect the public interest.

25. Further, as set out in *Wee Teong Boo* (and confirmed in *Ler Teck Siang* at [12], *Chan Herng Nieng* at [20], *Ong Kian Peng Julian* at [21] and *Kay Aih Boon Erwin* at [16]), the following principles are relevant to the IOC’s determination of whether an interim order should be made and what the appropriate interim order should be:

- (a) The IOC’s task is not a fact-finding one, nor is its remit to make any judgment on the merit of the criminal charges where allegations of criminal offences were

involved (see *Wee Teong Boo* at [32], *Ler Teck Siang* at [12.1] and *Kay Aih Boon Erwin* at [16.1]). It is also not the IOC's task to make any judgment on the merits of the allegations in a complaint or the potential outcome of pending Disciplinary Tribunal proceedings (see *Chan Heng Nieng* at [20.1], *Ong Kian Peng Julian* at [21.1] and *Kay Aih Boon Erwin* at [16.1]).

- (b) The IOC must assess the risk of harm to members of the public, as well as what is in the public interest and what is in the medical practitioner's interests. The IOC must assess the gravity of the consequences of the risk of harm (if it materialises) as well as whether the risk is high or low (see *Wee Teong Boo* at [33], *Ler Teck Siang* at [12.2], *Chan Heng Nieng* at [20.2], *Ong Kian Peng Julian* at [21.2], and *Kay Aih Boon Erwin* at [16.2]).
- (c) The fact that the allegations against the medical practitioner are of an extremely serious nature and the nature of the harm to the public that may arise (if the allegations are true) are factors that may justify an appropriately robust order from the IOC. In assessing risk, however, the IOC will also consider whether the charges (or, in this case, the Complaint) arose from an isolated incident, and whether the doctor has remained free from complaints. The IOC will also give due weight to considerations of proportionality (see *Wee Teong Boo* at [39], *Chan Heng Nieng* at [20.3], *Ong Kian Peng Julian* at [21.3], and *Kay Aih Boon Erwin* at [16.3]).
- (d) With regard to public interest and the maintenance of public confidence in the medical profession in Singapore, the applicable test is stated in the UK case of *NH v General Medical Council* [2016] EWHC 2348 (Admin) (at [12]):

"[W]ould an average member of the public be shocked or troubled to learn, if there is a conviction in this case, that the doctor had continued to practice whilst on bail awaiting trial?" (see *Wee Teong Boo* at [43], *Ler Teck Siang* at [12.4], *Chan Heng Nieng* at [20.4], and *Ong Kian Peng Julian* at [21.4] *Kay Aih Boon Erwin* at [16.4])."

- 26. In addition, as the provisions of the MRA on interim orders are modelled after the United Kingdom legislation, the IOC can take guidance from the UK General Medical Council (see *Wee Teong Boo* at [37]). In this regard, the UK General Medical Council has issued a guidance titled "*Imposing Interim Orders: Guidance for the Interim Orders Tribunal, Tribunal Chair and Medical Practitioners Tribunal*" ("**Guidance on Imposing**

Interim Orders”) which is of relevance. Guidelines 23 to 25 from the section on “Test applied” state as follows:

“Test applied

23 The IOT must consider, in accordance with section 41A, whether to impose an interim order. If the IOT is satisfied that:

a in all the circumstances that ***there may be impairment of the doctor’s fitness to practise which poses a real risk to members of the public, or may adversely affect the public interest*** or the interests of the practitioner;

and

b after ***balancing the interests of the doctor and the interests of the public***, that an interim order is necessary to guard against such risk,

the appropriate order should be made.

24 In reaching a decision whether to impose an interim order an IOT should consider the following issues:

a The ***seriousness of risk to members of the public*** if the doctor continues to hold unrestricted registration. In assessing this risk the IOT should consider the seriousness of the allegations, the weight of the information, including information about the likelihood of a further incident or incidents occurring during the relevant period.

b ***Whether public confidence in the medical profession is likely to be seriously damaged*** if the doctor continues to hold unrestricted registration during the relevant period.

c ***Whether it is in the doctor’s interests*** to hold unrestricted registration. For example, the doctor may clearly lack insight and need to be protected from him or herself.

25 In weighing up these factors, the IOT must carefully consider the ***proportionality of their response*** in dealing with the risk to the public interest (including patient safety and public confidence) and the adverse consequences of any action on the doctor’s own interests.”

[Emphasis added]

The SMC’s Case

27. The SMC sought an interim order from the IOC for Dr Quah’s registration to be suspended for a period of 18 months (“**Interim Suspension Order**”).

28. The SMC submitted that an Interim Suspension Order is necessary for the protection of Dr Quah’s patients and members of the public, in the public interest, and also warranted

and proportionate to the risk of harm to the public and public confidence in the medical profession.

(1) An Interim Suspension Order is necessary for the protection of members of the public

29. The SMC submitted that an Interim Suspension Order is necessary as there is a substantial risk of harm to Dr Quah's patients and to members of the public. The consequences of the risks of Dr Quah continuing his alleged pattern of behaviour are extremely grave.

30. The SMC contended that facilitating the upload of PET results that do not comply with statute, false ART results, and false vaccination statuses as alleged by the MOH expose the public to the following risks:

(a) Dr Quah's own patients and other members of the public are exposed to the risk of contracting COVID-19, which may result in serious illness or even death. This risk is exacerbated in view of the sheer number of individuals who were or may, directly or indirectly, be exposed to such risk due to Dr Quah's alleged conduct.

(i) No less than 430 instances of remote PET were allegedly conducted, in non-compliance with the Regulations, over about 15 days. This allowed subjects to attend events with invalid PET results and would have affected not only the subjects tested, but potentially all attendees at each event that these subjects attended.

(ii) No less than 15 patients were allegedly provided with false vaccination statuses, and one further patient was allegedly improperly issued a letter exempting her from vaccination-differentiated SMMs. These unvaccinated patients would therefore have been able to circumvent vaccination-differentiated SMMs and be exempted from PET, despite themselves being at higher risk of infection and severe illness. Again, this would have affected not only Dr Quah's patients themselves, but potentially any other

person these patients would interact with (including vulnerable members of the public such as those who are medically ineligible for COVID-19 vaccines, unvaccinated children, and the elderly).

- (b) Such exposure has the potential to lead to another wave of infection of COVID-19 across members of the public.
- (c) An increase in individuals suffering from COVID-19 or a wave of infection risks an increased strain on the healthcare system. This affects (i) the healthcare system's ability to manage both COVID-19 and non-COVID-19 cases; and (ii) the well-being of healthcare professionals.
- (d) Dr Quah's alleged actions demonstrate a cavalier attitude towards the pandemic and the measures that have been put in place to address it. Through his alleged actions, he abused the privileges accompanying his registration as a medical practitioner by the improper conduct of remote PET and deceiving the MOH, so that unvaccinated members of the public may circumvent vaccination-differentiated SMMs. He allegedly gained financially from doing so and, most egregiously, was willing to deceive the MOH in exchange for substantial fees by administering false vaccination to patients for \$1,000 to \$1,500 per dose. By so doing, members of the public were effectively encouraged not to take COVID-19 and COVID-19 related measures seriously since a doctor was ignoring such measures and/or they were able to pay their way out of adhering to these measures.
- (e) Dr Quah's alleged actions carry the risk of undermining or even undoing the combined efforts of other healthcare professionals, members of the public, and the government in transitioning to a COVID-19 resilient nation in a careful and controlled manner. Sabotaging Singapore's management of the COVID-19 pandemic risks prolongs the need for these measures and puts to waste resources that have been invested into the nation's fight against COVID-19.
- (f) The allegations that Dr Quah conducted remote PET improperly reflects a lack of due regard for the relevant regulations or for ensuring that his medical

services were of the proper standards and quality. The allegations that Dr Quah facilitated the upload of false ART results and vaccination statuses involves serious dishonesty in the clinical setting, in the course of attending to patients and making reports to the authorities. Such dishonesty raises grave concerns as to Dr Quah's probity and integrity and his character as a medical professional. The potential harm that may be caused to members of the public by doctors who lack honesty and integrity in their treatment of patients and in their reports to the authorities, and who further lack proper care for the manner in which they deliver their medical services, cannot be ignored.

(2) An Interim Suspension Order is in the interest of the public

31. The SMC submitted that it is crucial that doctors do what they can to protect and promote the health of individuals and the community, including contributing to patient and public education: see 2016 Edition of the SMC's Ethical Code and Ethical Guidelines ("2016 ECEG") at [3(c)(v)]. Doctors must also maintain the highest standards of moral integrity and intellectual honesty: see 2016 ECEG at [3(b)(i)]. The allegations against Dr Quah indicate that he may have flouted both of these basic principles.
32. Dr Quah was alleged to have facilitated the conduct of remote PET that were not in compliance with applicable statute, the upload of false ART test results to justify an exemption from vaccination, and the upload of false vaccination statuses. The alleged conduct involves an abuse of the privileges accompanying his position as a doctor and his position as a licensee or director of a licensee of medical clinics and would have undermined the measures put in place to address COVID-19. The SMC also noted that the alleged acts would likely have involved some degree of deliberation and premeditation on Dr Quah's part:
 - (a) A deliberate decision would have to be made to determine the fees that would be charged for remote PET;
 - (b) Despite the allegation that (i) there was no ART test conducted by Dr Quah or his clinic staff for the Female Subject; and (ii) the Female Subject did not visit Wan Medical Clinic at all, a fake patient account was created for the Female

Subject at Wan Medical Clinic for the upload of her false ART results. A letter exempting the Female Subject from vaccination-differentiated SMMs was also issued; and

- (c) A conscious decision would have been made to not only upload false vaccination statuses for the Unvaccinated Patients, but to charge very hefty fees to at least a number of these patients resulting in higher profit for Wan Medical Clinic.

33. The SMC submitted that an average member of the public would undoubtedly be shocked to learn that a registered medical practitioner, who had allegedly acted dishonestly and jeopardised nationwide efforts against COVID-19, was allowed to continue practising. Public confidence in the medical profession is likely to be seriously damaged if Dr Quah is not suspended in the interim, especially since the alleged improper conduct was exhibited in the clinical setting and in the midst of an ongoing pandemic.

(3) An Interim Suspension Order is warranted and proportionate to the risk of harm to the public and of damage to public confidence in the medical profession

34. In view of the seriousness of the allegations against Dr Quah (as highlighted by the fact that there are ongoing police investigations into his alleged conduct) and the abovementioned risks of harm to the public and damage to public confidence in the medical profession, the SMC submitted that an interim suspension order is warranted and that the imposition of interim conditions would be inadequate and inappropriate in the present case. Dr Quah's alleged conduct reflects a complete lack of regard for measures implemented and mandated by the government, let alone any conditions or restrictions that may be imposed against him by an IOC. The imposition of conditions and restrictions on his practice would also be insufficient to guard against public outcry, especially in response to the blatant circumvention of vaccination-differentiated SMMs through the upload of false test results and vaccination statuses. The allegations against Dr Quah go to the heart of his integrity as a doctor and of this honourable profession. There is no guarantee that Dr Quah would adhere to the conditions or restrictions imposed on him. The SMC and members of the public will have to rely solely on his

assurance that he would abide by such conditions or restrictions when it is doubtful whether he can be trusted to do so to begin with.

35. The SMC submitted that this is not an isolated incident involving a one-off lapse on Dr Quah's part. Given (a) the number of remote PET results uploaded and the number of patients with false ART test results and vaccination statuses; (b) the extent of premeditation and dishonesty involved; (c) the degree of harm that could be caused to members of the public and to public confidence should Dr Quah be allowed to continue to practise in the interim; (d) the evolving and ongoing development of the COVID-19 pandemic; and (e) the uncertainty of when the relevant proceedings and/or investigations into the allegations against Dr Quah will conclude, the SMC submitted that the maximum period of 18 months is appropriate.
36. The SMC pointed out that under section 59D of the MRA, the IOC reviewing an interim order made under section 59B(1) does not have the power to extend the period for which the interim order has effect. Accordingly, in the event that any interim order imposed on Dr Quah lapses before the relevant proceedings have concluded, Dr Quah will be allowed to practice unrestricted, and an application must be made to the General Division of the High Court under section 59F of the MRA to seek an extension of the interim order.
37. Further, the SMC highlighted that the IOC (a) must review the order within six (6) months and subsequently at three-month (3) intervals; (b) may review the order where new evidence relevant to the interim order has become available; and (c) may revoke or replace the interim suspension order with an interim restriction order: see section 59D(1) read with section 59C of the MRA. Should further developments arise in the course of the police investigations into Dr Quah, this IOC or another IOC would have the opportunity to review the interim order imposed against the backdrop of such new developments. Further, under section 59G(1) of the MRA, any interim order made will no longer be in force once the relevant proceedings have concluded.
38. The SMC submitted that the imposition of an interim suspension order to address the risks of harm in the present case would not be unprecedented. The SMC cited the UK decision of the IOC for Ms Biljani Monica dated 5 October 2021 ("**Biljani (1st**

Review”), where a 12-month interim suspension order was reviewed and maintained against a dentist, Ms Biljani Monica (“**Ms Biljani**”), who had allegedly (a) issued a false negative COVID-19 fitness to fly medical certificate; and (b) conducted COVID-19 testing without the necessary approvals and authorisation.

[**IOC’s comment:** As Counsel for the SMC appears to have made a typographical error in the name of the UK dentist (ie. it should be spelt as “*Bijlani*” instead of “*Biljani*”), all references to the name of the said dentist have been amended accordingly below.]

39. It is the SMC’s submission that the first IOC in Ms Bijlani’s matter had found that offering COVID-19 certification without the necessary approvals or authorisations was a very serious matter which could result in actual risk to patients, and the public, particularly in the middle of the ongoing pandemic: see *Bijlani v General Dental Council* [2021] EWHC 3521 (Admin) (“**Bijlani (HC)**”) at [5]. Further, standards of the profession and public confidence would be damaged if an interim order was not imposed: see *Bijlani (HC)* at [5].
40. The SMC also referred to *Bijlani (1st Review)*, where the IOC reviewing the matter noted that the case involved an allegation that the dentist had offered a COVID-19 test to a patient and that she had not made herself aware of the safeguards required to offer that test. Further, it noted that there was then an ongoing police investigation into Ms Bijlani’s alleged fraudulent conduct which highlighted the seriousness of the matters identified in that case. The serious nature of the allegations was such that any repeated improper conduct pending the final resolution of the case could place members of the public at risk of harm: see *Bijlani (1st Review)* at pg 2. The IOC therefore maintained the interim suspension order notwithstanding Ms Bijlani’s arguments that she had not breached regulations relating to COVID-19 testing: see *Bijlani (1st Review)* at pg 2.
41. The SMC highlighted that the respective IOCs at the initial hearing and upon review both concluded that imposing interim conditions on Ms Bijlani’s practice would not be feasible and would not adequately protect the public or meet the wider public interest considerations. Both IOCs considered that it would be very difficult to formulate conditions that would sufficiently mitigate the risks identified given the seriousness of the allegations – in particular, documentation before the IOCs suggested that Ms Bijlani

had not adhered to appropriate guidelines and regulations: see *Bijlani (HC)* at [5] and *Bijlani (1st Review)* at page 2.

42. The UK High Court, in hearing an application to appeal against the IOC’s decision to impose an interim suspension order against Ms Bijlani in *Bijlani (HC)*, also determined that an interim order was necessary. The UK High Court agreed that the serious nature of the allegations against Ms Bijlani was demonstrated by the police investigation and emphasised that public confidence in the system of COVID-19 testing was critical – public confidence would be undermined if illegality by medical professionals in relation to that system was not treated seriously by those responsible for the regulation of medical professionals: see *Bijlani (HC)* at [24(ii)] - [24(iii)].
43. The SMC submitted that all of the abovementioned factors highlighted in *Bijlani (1st Review)* and *Bijlani (HC)* could be found in the present allegations against Dr Quah. Although *Bijlani (1st Review)* and *Bijlani (HC)* involve a dentist practising in the UK, the SMC submitted that the case remains relevant to the present matter. The statutory test for imposing an interim order in sections 32(4) and 36V(4) of the UK Dentists Act 1984 are similar to that in section 59B of the MRA:

“32. Interim orders

(1) This section applies to the Professional Conduct Committee, the Professional Performance Committee, the Health Committee and the Interim Orders Committee, and any reference in this section to a “Committee” is a reference to any of those Committees.

[...]

(4) Where a Committee are satisfied that it is **necessary for the protection of the public** or is **otherwise in the public interest**, or is **in the interests of the person concerned**, for the person’s registration to be suspended or to be made subject to conditions, the Committee may make—

(a) an order that his registration in the register shall be suspended during such period not exceeding 18 months as may be specified in the order (an “interim suspension order”); or

(b) an order that his registration shall be conditional on his compliance, during such period not exceeding 18 months as may be specified in the order, with such conditions so specified as the Committee think fit to impose (an “order for interim conditional registration”).

[...]

36V. Interim orders

- (1) This section applies to the Professional Conduct Committee, the Professional Performance Committee, the Health Committee and the Interim Orders Committee, and any reference in this section to a “Committee” is a reference to any of those Committees.

[...]

- (4) Where a Committee are satisfied that it is **necessary for the protection of the public** or is **otherwise in the public interest**, or is **in the interests of the person concerned**, for the person’s registration in the dental care professionals register under a particular title to be suspended or to be made subject to conditions, the Committee may make—
- (a) an order that his registration in that register under that title shall be suspended during such period not exceeding 18 months as may be specified in the order (an “interim suspension order”); or
- (b) an order that his registration in that register under that title shall be conditional on his compliance, during such period not exceeding 18 months as may be specified in the order, with such conditions so specified as the Committee think fit to impose (an “order for interim conditional registration”).”

[Emphasis added]

44. Lastly, the SMC submitted that an interim suspension order of 18 months is both warranted and proportionate. The combined public interest in protecting public health, preserving the stability of the healthcare system, and maintaining public confidence in the medical profession must necessarily outweigh Dr Quah’s interests in continuing to earn income through his practice pending the outcome of the relevant proceedings against him. This is all the more so where Dr Quah had allegedly profited from the improper and dishonest provision of PET and false vaccination statuses at the expense of the nation’s efforts in combatting COVID-19 and of those whose livelihoods are affected by the pandemic. The SMC relied on *Bijlani (HC)* to submit that a financial loss to the respondent at this stage would not outweigh the obvious public interest in the making of the interim suspension order: see *Bijlani (HC)* at [27].

Dr Quah’s Case

45. Counsel for Dr Quah confirmed that there is ongoing police investigation as well as criminal proceedings in the State Courts involving one charge under section 424A(1)(a) read with section 424A(3) read with section 109 of the Penal Code 1871.

46. Counsel for Dr Quah highlighted that there has been no conviction on the above charge and the presumption of innocence would militate against imposing an interim suspension that would be prematurely punitive.
47. Counsel for Dr Quah also highlighted that there are no pending charges for conducting unsupervised PET or uploading false ART results.

(1) Complaint

48. With reference to the complaint from the MOH dated 23 January 2022, Dr Quah noted that the MOH findings below have not been the subject of judicial proceedings:
 - (a) Conduct of Unsupervised Pre-Event Testing (PET);
 - (b) Upload of false Antigen Rapid Test (ART) results; and
 - (c) Upload of false vaccination statuses.
49. Dr Quah's Counsel stated that as the process, including the Disciplinary Tribunal proceedings, may take years (not months) to complete, an interim suspension for this prolonged and protracted period would be devastating for him as he would be unable to practise and earn a living, and that this would be unduly punitive and crushing on him even before these proceedings and court proceedings reach an outcome.
50. Counsel for Dr Quah submitted the following points for consideration towards his registration being subject to conditions and/or restrictions, as opposed to suspension pending the conclusion of the inquiry/proceeding:
 - (a) Conduct of Unsupervised Pre-Event Testing ("PET")
 - (i) C was not clinic staff but was engaged as a freelancer to manage the PET for unvaccinated patients. Dr Quah proposed a monthly subscription for daily testing or standard fees for *ad hoc* testing. He trained C on how to conduct a supervised PET and authorised C to access MOH's Patient Risk Profile Portal of Wan Medical Clinic so that C would be able to upload the PET results. Dr Quah allowed remote PET via Zoom when

he thought this was permitted — but he never authorised C to conduct recorded PET via WhatsApp.

- (ii) Dr Quah may have failed to adequately supervise C and did not know how many remote PETs were conducted and/or subsequently uploaded.

(b) Upload of false Antigen Rapid Test (ART) results

- (i) The female patient has not been identified — however, the documents indicate that she had positive serology test results taken on 29 December 2021 but negative PCR and ART results on 3 and 4 January 2022. Dr Quah believed she had a previous COVID infection and had recovered - and authorised C to upload a positive ART result to register her previous COVID infection and then to reflect her status as recovered.
- (ii) Admittedly, this was an error and lapse in judgment — however, Dr Quah was focussed on the positive serology test results.

(c) Upload of false vaccination statuses

- (i) These 15 patients have not been identified — especially the three patients who purportedly paid \$1,000 – \$1,500 for the false vaccinations. Dr Quah charged all patients the same fee (\$50-\$100) for a vaccination — genuine or otherwise. However, some patients subsequently offered an additional token through C and so, there was no gross overcharging.
- (ii) Dr Quah advised all the patients to take the vaccination but these patients were genuinely distressed about the vaccination and adamantly refused — whereupon Dr Quah acceded to their request then uploaded false vaccination statuses into the MOH’s National Immunisation Registry system. Admittedly, this was an error and lapse in judgment — however, Dr Quah did attempt to persuade these patients but eventually prioritised their concerns.

(2) Circumstances

51. Dr Quah submitted that between August 2021 to January 2022, he was working as a laboratory director in a multi-national corporation and working part-time in his clinics. He was working seven days a week, including weekend evenings and public holidays, and clocked over 70 hours per week. This contributed to chronic fatigue which may have clouded his judgment. Dr Quah was seeing more than 10-20 COVID-19 positive patients daily and some of his staff came down with COVID-19 as well. The stress of managing the COVID-19 pandemic in the primary care setting, in the midst of constant policy changes affected his ability to act in the best interests for the patients and community.
52. Dr Quah stated that as a medical colleague, he has been active in the Singapore Medical Association for over 10 years and has been well regarded. He has served on the SMA News Editorial Board and contributed dozens of articles. As part of his clinical work, Dr Quah has received excellent patient reviews, both on online and offline sources. He has also been a strong proponent for medical humanities and sought to offer his time for clinical research fund-raising initiatives. As a laboratory professional, he had a key role in the development and launch of novel diagnostic technologies, which also include the cPass COVID-19 neutralizing antibody assay.
53. Since his voluntary undertaking to cease practice in February 2022, Dr Quah has lost all his sources of livelihood and he has closed all the clinics as these are suspended. He has a young family to support. He is the personal guarantor for several outstanding business loans for the clinics (about \$600K) and also has an outstanding home mortgage (about \$2M) and car loan (about \$30K). Overall, he has about \$28K in monthly repayments/instalments.

(3) Conditions

54. Dr Quah submitted that the following conditions be imposed, along with other reasonable conditions the IOC may impose:
- (a) No clinic management ie. locum/supervised practice only;

- (b) No involvement with COVID vaccinating, testing, reporting; and
- (c) No involvement with COVID-related medical processes/procedures.

55. Dr Quah hopes that the SMC will allow him to work part-time as a locum doctor or under supervision in the meantime so that he may be able to pay his bills and loans while the investigations are still ongoing. Based on the circumstances, he would refrain from COVID-19 related testing, reporting and/or vaccination activities — which can be handled by clinical staff.

Decision of the IOC

56. In the present case, the allegations against Dr Quah are of a *very serious nature*. The allegations against Dr Quah include him having done the following:

- (a) Allowed remote PET via Zoom and pre-recorded videos via WhatsApp (even though the regulations at the material time required the supervised PET to be conducted in real time and in the presence of a qualified self-administered test supervisor),³⁰
- (b) Authorised C to upload a *positive* ART test result in the MOH Portal, even though the ART test result of the female patient was *negative*;³¹ and
- (c) Knowingly administered saline solution (instead of a COVID-19 vaccine) to approximately 15 patients³² and then uploading *false* vaccination statuses into MOH's National Immunisation Registry system.³³

57. The seriousness and gravity of the allegations in relation to the aforesaid COVID-19 tests/vaccinations is demonstrated by the ongoing *police investigations* against Dr Quah, which have been confirmed by Dr Quah.³⁴ Further, Dr Quah has also confirmed

³⁰ SMC's Written Submissions at [16] (page 7).

³¹ Dr Quah's Response at [7(b)] (page 2).

³² SMC's Written Submissions at [22] (page 8).

³³ Dr Quah's Response at [7(c)] (page 2).

³⁴ Dr Quah's Response at [2] (page 1).

that *criminal proceedings*³⁵ have been instituted against him for making a false representation to MOH that an individual was vaccinated when she was not.³⁶

58. Dr Quah acknowledged in his Response (and also via his Counsel during the hearing) that an *interim order* is required, but proposed that the interim order be by way of imposing *conditions* on his registration as set out in paragraph 11 of his Response along with other reasonable conditions as the IOC may impose (instead of an interim *suspension*).
59. In determining whether an *interim suspension* against Dr Quah is warranted and necessary, the UK decisions of the IOC in *Bijlani (1st Review)* and the High Court in *Bijlani (HC)* are relevant and of useful guidance. In those cases, Ms Bijlani had allegedly (a) issued a false negative COVID-19 fitness to fly medical certificate; and (b) conducted COVID-19 testing without the necessary approvals and authorisation. The IOC determined that an interim suspension order for a period of 12 months was necessary. The High Court in *Bijlani (HC)* upheld the IOC's imposition of a 12-month suspension against Ms Bijlani.
60. The present case bears similarity with *Bijlani (1st Review)* and *Bijlani (HC)*. In this respect, Dr Quah is similarly alleged to have uploaded false ART results and false vaccination statuses, and allegedly conducted remote COVID-19 testing in breach of the regulations.
61. Further, Dr Quah's alleged conduct is egregious as it is not an isolated incident, but involved a large number of patients. In this regard, no less than **430** instances of remote PETs were allegedly conducted over 15 days, and no less than **15** patients were allegedly provided with false vaccination statuses. Dr Quah's alleged conduct would have affected not only the patients themselves, but potentially also other members of the public (including vulnerable members of the public) that these patients would have interacted with.

³⁵ Dr Quah's Response at [2] (page 1).

³⁶ Charge (1st Amendment) against Dr Jipson Quah [DAC-901261-2022] (ABOD, Tab 10, page 27).

62. Given the seriousness and extent of the allegations, we are of the view that the mere imposition of conditions on registration would not sufficiently protect the public or satisfy the wider public interest (see *Bijlani (HC)* at [5] and *Bijlani (1st Review)* at page 3).
63. The IOC also notes that Dr Quah has made the following statements in his Response:
- (a) Conduct of Unsupervised PET: “*I allowed remote PET via Zoom when I thought this was permitted...*”³⁷
 - (b) Upload of false ART results: “*...the documents indicate that [the female patient] had ... **negative PCR and ART results** on 3 and 4 January 2022. I believed she had a previous COVID infection and had recovered - and **authorised C to upload a positive ART result** to register her previous COVID infection and then to reflect her status as recovered. Admittedly, this was an error and lapse in judgment...*”³⁸
 - (c) Upload of false vaccination statuses: “*I advised all the [15] patients to take the vaccination but these patients were genuinely distressed about the vaccination and adamantly refused — whereupon I **acceded to their request then uploaded false vaccination statuses** into the MOH’s National Immunisation Registry system. Admittedly, this was an error and lapse in judgment...*”
[emphasis added]
64. Dr Quah’s own statements in his aforesaid Response appears to show that Dr Quah had *consciously* disregarded the regulations relating to COVID-19 testing. These regulations were mandated by the government and were to be strictly complied with, as COVID-19 testing had been the heart of the fight against COVID-19 at the material time. Since Dr Quah allegedly failed to abide by the regulations, there is no public confidence that he would adhere to any conditions imposed by an IOC. Furthermore, it would be difficult for the IOC to formulate workable conditions to address the

³⁷ Dr Quah’s Response at [7(a)] (page 2).

³⁸ Dr Quah’s Response at [7(b)] (page 2).

allegations in the present case, because the issues are connected to *attitudinal* problems concerning Dr Quah's integrity, honesty and probity as a medical professional.

65. Having fully considered all the facts and circumstances as well as the respective submissions of the parties, we are of the view that the appropriate period of suspension would be **18 months**. The reasons for imposing this period of suspension include the following:

(a) The allegations against Dr Quah are very serious and grave. The imposition of the maximum period of suspension allowed under the Act is necessary for the protection of members of the public and is in the public interest, given Dr Quah's alleged breaches of various government measures which have been enacted and the premeditation that appears to have been involved.

(b) Public confidence in the integrity of the COVID-19 testing system is critical in view of the ongoing pandemic. If breaches by medical professionals in relation to the safety measures mandated by the government are not treated seriously by those responsible for the regulation of medical professionals, public confidence will be seriously undermined (see *Bijlani (HC)* at [24(iii)]).

(c) We also considered that it is likely to take at least 18 months for the matters/proceedings against Dr Quah to be resolved, which would include the time needed to complete police investigations, to close criminal proceedings (and the possibility of any subsequent appeal), and to conclude any potential disciplinary proceedings against him (see *Guidance on Imposing Interim Orders* at [48]).

66. The IOC's imposition of an interim suspension of 18 months is *proportionate* to the risk of harm to the public and/or in protecting public interest. It is also necessary for protecting public health, preserving the stability of the healthcare system, and maintaining public confidence in the medical profession. The aforesaid public interest would outweigh Dr Quah's personal interests in remaining in practice to pay his bills and loans. In this regard, we agree with the High Court in *Bijlani (HC)* at [27] that a

financial loss to a professional in the position of Dr Quah would not outweigh the obvious public interest in the making of the interim suspension order.

The Order of the IOC

67. We order that Dr Quah's registration be suspended for a period of **18 months with immediate effect from 23 March 2022**, or until the conclusion of the disciplinary proceedings against Dr Quah under Part VII of the Medical Registration Act 1997, whichever is earlier.

Publication of Decision

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

Dated this 23rd day of March 2022.