

IN THE REPUBLIC OF SINGAPORE
SINGAPORE MEDICAL COUNCIL INTERIM ORDERS COMMITTEE

Between
Singapore Medical Council

And
Dr Wong Siong Sung

... Respondent

Interim Orders Committee:

Dr Subramaniam Suraj Kumar – Chairman
Adj A/Prof Lee Cheng
Dr Lee Yee Mun
Ms Engelin Teh SC (Legal Assessor)

Counsel for the SMC:

Mr Chia Voon Jiet
Ms Charlene Wong
Ms Lee I-Lin
(Drew & Napier LLC)

Counsel for the Respondent:

Ms Christine Tee
Ms Simaa Ravichandran
(Allen & Gledhill LLP)

DECISION OF THE INTERIM ORDERS COMMITTEE

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

Purpose of the Inquiry

1. This Interim Orders Committee (“**IOC**”) was appointed under section 59A of the Medical Registration Act 1997 (2020 Rev Ed) (version in force up to 30 June 2022) (“**MRA**”) to inquire into and determine whether an interim order under section 59B(1) of the MRA should be made against Dr Wong Siong Sung (“**Dr Wong**”).

The Medical Practitioner in question

2. Dr Wong is and was at all material times a medical practitioner registered under the MRA and in private practice at Healthy Heart Specialist Centre (“**HHSC**”) and Somerset Imaging Centre (“**SIC**”) where he is and was at all material times the medical director and senior consultant cardiologist.

Relevant facts giving rise to the Inquiry

3. HHSC and SIC offer various diagnostic tests and scans. In the course of Dr Wong’s practice at HHSC and SIC, Singapore Ambulance Association (“**SAA**”) and Singapore Emergency Ambulance Services (“**SEAS**”) conveyed patients to HHSC and SIC for assessment.
4. By way of a letter dated 3 August 2021 (the “**Complaint**”), the SMC received information from the Ministry of Health (“**MOH**”) regarding Dr Wong’s:
 - 4.1. intentional over-medicalisation of cases conveyed to HHSC and SIC through prescribing extensive diagnostic tests and/or scans without reasonable medical indication(s), resulting in overcharging and hindrance to access by patients in receiving timely care at an acute hospital; and
 - 4.2. failure to resolve financial conflicts of interest which may have compromised the objectivity of the clinical management of patients referred to HHSC and SIC.
5. Following a complaint over the medical mismanagement of several patients under Dr Wong, the MOH conducted an audit at HHSC and SIC on 6 August 2020. Prior to the audit, the MOH obtained a list of patients whom the MOH believed a delay in conveyance to hospital might have resulted in an adverse outcome for the patients and, during the audit, the MOH also randomly sampled eight patients who were conveyed to HHSC and SIC by private ambulance. Following its review of the cases audited, the MOH found that:-
 - 5.1. Various diagnostic tests or scans, which were over and beyond what was indicated and/or necessary to make an appropriate assessment of the patients at the time the patients were conveyed to HHSC and SIC, were ordered and performed on five patients. These patients are P1, P2, P3, P4, and P4 (collectively, the “**Patients**”).

- 5.2. For three of the Patients, namely, P1, P2 and P3, their conveyance to a hospital for urgent treatment was delayed as a result of unnecessary diagnostic tests and/or scans being ordered and performed at HHSC and SIC.
- 5.3. Dr Wong admitted to paying one Mr A a monetary commission so that SAA and SEAS would convey cases to HHSC and SIC for assessment (“**Dr Wong’s Admission**”). The commission Dr Wong paid to Mr A ranged between 10% to 20% of each patient’s total bill incurred at HHSC and SIC. All five Patients were conveyed by SAA and/or SEAS to HHSC and SIC for investigations.
6. In addition to the Patients, SEAS conveyed A1, A2, A3 and A4 to HHSC and SIC for assessment in the course of Dr Wong’s practice at HHSC and SIC.
7. The MOH obtained a number of documents and information, including:-
 - 7.1. clinic and hospital records relating to P1, P2, P3, P4, and P5 (*i.e.*, the Patients);
 - 7.2. ambulance conveyance records relating to P2, P3, P4, P5, A1, A2, A3, and A4;
 - 7.3. expert views of E1 and E2, both specialists in emergency medicine and physician leaders at the MOH’s Unit for Pre-hospital Emergency Care, on P1 and P2;
 - 7.4. expert views of a part-time physician (“**PTP**”) with the MOH on P1, P2, P3, P4, and P5 (*i.e.*, the Patients);
 - 7.5. Dr Wong’s Admission;
 - 7.6. a police report by B1, a radiographer formerly employed by HHSC/SIC, made against Dr Wong (the “**Police Report**”);
 - 7.7. an email from the Corrupt Practices Investigation Bureau (“**CPIB**”) relating to Dr Wong;
 - 7.8. tip-offs / complaints against Dr Wong from B1, one B2 (marketing staff employed by HHSC/SIC), one P6 (a patient of Dr Wong), and the CPIB; and
 - 7.9. SEAS’ standard operating procedures (“**SOP**”).

8. The Complaint was referred to a Complaints Committee (“CC”), which subsequently referred the matter to an interim orders committee to be convened for the purpose of considering whether an order should be made under section 59B(1) of the MRA as being necessary for the protection of members of the public, or is otherwise in the public interest, or is in the interest of Dr Wong. In particular, the CC noted that there appeared to be a total disregard for the welfare of patients in at least three cases, with no immediate resuscitative measures taken when they were obviously needed. From the Agreed Statement of Facts dated 10 May 2023 (“ASOF”), the IOC notes that the CC:

8.1. was concerned that there might have been a prima facie breach of one or more provisions of the 2016 Edition of the SMC’s Ethical Code and Ethical Guidelines (“ECEG”) and referenced Guidelines H3(1), H3(2), H3(4), and H3(5) of the ECEG;

8.2. noted that there appeared to be a total disregard for the welfare of three of the Patients (namely, P1, P2, and P3) with no immediate resuscitative measures taken when obviously needed;

8.3. noted that extensive unnecessary investigations were carried out or recommended that led to or would have led to delay in appropriate urgent treatment; and

8.4. was of the view that there was a potential risk that similar incidents would occur in future thereby compromising the safety of patients.

Facts relating to the Patients

9. Facts relating to the Patients were set out in the ASOF as follows:

9.1. Facts relating to P1

9.1.1. On 27 June 2020, after P1 sustained a fall and a knock to the head, P1 was conveyed from his home to HHSC and SIC by SAA at about 10.40am. When P1 was received at HHSC and SIC from the ambulance crew, P1 was recorded to have been awake but drowsy and not really responsive. He was also recorded to have eyes that opened spontaneously but not responsive to stimulation and unable to obey commands. P1 was also recorded to have had slight breathlessness.

- 9.1.2. At HHSC and SIC, P1 underwent computed tomography (“CT”) scans of his brain, cervical spine, thorax, and pelvis. An electrocardiogram (“ECG”) was also done on P1. The CT scan of P1’s brain showed a large haemorrhagic contusion spanning the right temporal parietal lobe, with large amount of right subarachnoid haemorrhage extending to the basal cisterns, with midline shift to the left of 2mm and effacement of the right lateral ventricle and right temporal horn.
- 9.1.3. According to the Police Report, during a CT scan, P1’s condition deteriorated, and P1 vomited and had difficulty breathing. In his medical records, P1 was recorded to have been vomiting and have at least one episode of vomiting. After P1 vomited, Dr Wong unsuccessfully attempted intubation for airway protection.
- 9.1.4. P1 was subsequently conveyed from HHSC and SIC to Hospital A, where he was admitted on 27 June 2020 at about 1.50pm. P1 eventually passed away in Hospital A due to a haemorrhagic stroke. He was pronounced dead on 30 June 2020.
- 9.1.5. According to the Complaint, various diagnostic tests were ordered and performed on five patients, including P1, over and beyond what was indicated and/or necessary to make an appropriate assessment of the patients at the time the patients were conveyed to HHSC and SIC and clinic staff at HHSC and SIC were instructed by Dr Wong to perform extensive diagnostic imaging scans and tests on P1, which included CT scans of the lower half of the body, and with little regard for P1’s deteriorating central nervous system status. Further, 140 minutes elapsed from the time that P1 was conveyed from his home to HHSC and SIC, to the time that he was conveyed to Hospital A. In this regard:
- (a) E1 and E2 were of the view that P1’s case was a Priority 1 case due to altered mental state, which was a case that needs to receive immediate/urgent medical attention.
 - (b) E1 was also of the view that such patients were usually conveyed to the nearest emergency department with standby. Typically, imaging such as X-rays and CT scans were to be conducted once the patient was stabilised and within 30 minutes of the patient’s arrival. A pan

trauma CT scan seemed unnecessary for P1, and the delay of more than two hours had a negative impact on P1 though the outcome of P1 might have been the same or expected as this would require a neurosurgeon's expert opinion.

- (c) The MOH PTP was of the view that the management of a case with traumatic brain injury is time sensitive. Brain and cervical CT scans should be done when the patient is stabilised, with full monitoring, but P1 was given extensive CT surveillance from head to pelvis without consideration for the condition of P1's central nervous system, and the usual standard of practice would have been for an early transfer by ambulance to an acute hospital with neurosurgical specialty.

9.2. Facts relating to P2

- 9.2.1. On or about 6 May 2020, after P2 sustained a fall, Dr Wong was called to P2's home to see her. Dr Wong arranged for P2 to be conveyed by SEAS to HHSC and SIC, and instructed that an X-ray be performed to assess a suspected hip fracture.
- 9.2.2. A left hip X-ray performed at HHSC and SIC showed a transverse displaced fracture in the proximal neck of the left femur. After the X-ray was performed, Dr Wong recommended another scan to further assess the fracture. According to a retrospective record dated 10 August 2020, Dr Wong suggested a magnetic resonance imaging ("MRI") scan to differentiate "new versus old fracture" but P2's family wished to transfer P2 to a public hospital due to financial constraints. According to the MOH, Dr Wong had recommended a CT scan to further assess the fracture and, following a disagreement over the cost of a CT scan, P2's family called 995 to convey P2 to a public hospital for further treatment.
- 9.2.3. P2 was conveyed by the Singapore Civil Defence Force to the Accident and Emergency Department of Hospital B, where she was admitted on 7 May 2020 at 12.43am. At Hospital B, P2 was assessed to have been suffering from hyponatremia due to poor oral intake and electrolyte replacement therapy ("ERT") was administered.

9.2.4. According to the Complaint, various diagnostic tests were ordered and performed on five patients, including P2, over and beyond what was indicated and/or necessary to make an appropriate assessment of the patients at the time the patients were conveyed to HHSC and SIC and Dr Wong recommended a CT scan despite P2 being disoriented, restless, and confused upon arrival at HHSC and SIC. Further, had P2 remained at HHSC and SIC for a CT scan, the initiation of ERT would have been further delayed and might have led to a more serious adverse event. In this regard:

- (a) E2 was of the view that P2's case was a Priority 1 case due to altered mental state, which was a case that needed to receive immediate/urgent medical attention.
- (b) E1 was of the view that there was no need for a further CT or MRI scan and, even if such a scan was required, it should be in consultation with an orthopaedic surgeon who would render definitive care. He was also of the view that patients strongly suspected to have a hip fracture would always need admission to hospital and immediate access to orthopaedic speciality. Given that P2 was strongly suspected to have a left hip fracture, she should have been directly transferred to an acute hospital or emergency department for assessment, and the trip to SIC was unnecessary. Hyponatraemia, with the delay in transferring P2 to an emergency department, would not have affected P2 so much as this was likely a slow process, and the pain and suffering experienced by P2 from repeated transfers was a greater concern.

9.3. Facts relating to P3

9.3.1. On 20 June 2020, Dr Wong was called to P3's home to see him due to loss of appetite. At or about 10.30am, Dr Wong recorded that P3 was lethargic, with poor appetite, and was hypotensive. Dr Wong ordered that CT scans of P3's thorax, brain, abdomen, and pelvis and MRI scans of P3's heart and prostate be performed. P3 was conveyed by SEAS to HHSC and SIC.

9.3.2. SEAS noted P3 to be hypotensive and had SpO2 levels of 92%, 80%, 86%, and 94%. SEAS also informed the staff at HHSC and SIC that P3's oxygen saturation was not maintained well. According to the Police Report, P3 had

abdominal pains and was assessed to have low oxygen saturation while he was conveyed by SEAS to HHSC and SIC.

9.3.3. At HHSC and SIC, P3's blood pressure and SpO2 levels were further recorded as follows:

- (a) at or about 1.15pm, with remark "Before CT", 124/93mmHg and 93% respectively;
- (b) with the remark "CT", 80/65mmHg and nil respectively;
- (c) with the remark "After CT", 124/85mmHg and 90% respectively;
- (d) at or about 2.15pm, with the remarks "MRI" and "heart", 161/52mmHg and 85% respectively;
- (e) at or about 2.22pm, with the remarks "MRI" and "heart", 149/114mmHg and nil respectively;
- (f) at or about 2.38pm, with the remarks "MRI" and "heart", 134/115mmHg and nil respectively;
- (g) at or about 3.04pm, with the remark "Before MRI prostate", nil and 75-90% respectively; and
- (h) with the remarks "[...] MRI prostate", 152/104mmHg and 85-95% respectively.

9.3.4. At or about 3.04pm, prior to the conduct of the prostate MRI, P3 was restless. He was not able to hold himself still to complete the MRI even after being secured with multiple belts, and the MRI was not completed.

9.3.5. P3 remained at HHSC and SIC from about 1.15pm to about 5.45pm. During this time, an MRI scan of P3's heart, and CT scans of P3's thorax, brain, abdomen and pelvis were carried out. He was subsequently conveyed home at his family's decision, and his family signed an acknowledgement that P3 was in critical condition, needed to be hospitalised for further treatment, and could be in life-threatening condition if no treatment was received.

9.3.6. According to the Complaint, various diagnostic tests were ordered and performed on five patients, including P3, over and beyond what was indicated and/or necessary to make an appropriate assessment of the patients at the time the patients were conveyed to HHSC and SIC and despite P3 being hypotensive on presentation with low oxygen saturation at 92%, Dr Wong ordered CT scans of P3's thorax, brain, abdomen, and pelvis and MRI scans of P3's heart and prostate instead of prioritising immediate resuscitation or stabilisation. MRI imaging was carried out in a poorly resuscitated patient and MRI prostate scans were not completed as P3 became increasingly restless.

9.4. Facts relating to P4

9.4.1. P4 had a history of panic attacks. He also had a history of normal CT pulmonary angiogram, CT coronary angiogram, and ECG which were done in April 2020.

9.4.2. On or about 27 June 2020, P4 suffered from dizziness and localised chest discomfort and was conveyed by SEAS to HHSC and SIC. Dr Wong recorded that P4 had chest discomfort, shortness of breath, palpitation and headache, with a history of loss of consciousness, and diagnosed him with chest discomfort. Dr Wong further recorded that P4 was on antidepressants and Xanax.

9.4.3. Dr Wong ordered that P4 undergo an ECG which was performed on 27 June 2020 at about 11.13pm, biochemistry tests for albumin, calcium, phosphate, magnesium, creatine kinase, creatine kinase-MB, and troponin T (high sensitive) based on collections made on 28 June 2020 at about 3.25am, a cardiac MRI which was performed on 29 June 2020, and 24-hour holter monitoring which was performed for 28 June 2020 to 30 June 2020.

9.4.4. According to the Complaint, various diagnostic tests were ordered and performed on five patients, including P4, over and beyond what was indicated and/or necessary to make an appropriate assessment of the patients at the time the patients were conveyed to HHSC and SIC and Dr Wong ordered that P4 undergo extensive diagnostic tests which included the scans and tests identified at [9.4.3] above. The MOH PTP noted, among other things, that instead of ruling out a recurrence of a panic attack or a side effect of Xanax such as

palpitation and tachycardia, MRI heart investigations were carried out to assess cardiomyopathy and palpitation despite P4's history of normal CT pulmonary angiogram, and CT coronary angiogram done in April 2020.

9.5. Facts relating to P5

- 9.5.1. On or about 4 July 2020, P5 had a seizure and was conveyed by SEAS to HHSC and SIC. Based on the admission assessment form for P5 dated 4 July 2020, Dr Wong's diagnosis of P5 was recorded to be "*Seizure Activity*" and "*Palpitation [...]*". Based on the Letter of Certification for P5 dated 5 July 2020, Dr Wong certified that it was necessary for P5 to be treated as an inpatient for the following medical condition(s): (a) the principal diagnosis of "*Grand mal seizures, unspecified (with or without petit mal), without mention of intractable epilepsy*"; and (b) the secondary diagnosis of "*Palpitations*".
- 9.5.2. Dr Wong ordered that P5 undergo an MRI extended stroke screen, ECG scans, 24-hour holter monitoring, and biochemistry tests for sodium, potassium, chloride, bicarbonate, urea, creatinine, bilirubin, total protein, albumin, globulin, Alb/Glo ratio, Alk Phos, AST /SGOT, ALT /SGPT, GGT, cholesterol, triglycerides, HDL-Chol, LDL-Chol, Chol/HDL ratio, glucose, glycated Hb A1c, calcium, phosphate, magnesium, uric acid, T3 free, T4 free, TSH, red blood cells, haemoglobin, haematocrit, mean cell volume, mean cell HGB, mean cell HGB concentration, red blood cells distribution width, mean platelet volume, platelets, white blood cells, neutrophils, lymphocytes, monocytes, eosinophils, basophils, PT, and PTT. All of these were performed on 4 July 2020.
- 9.5.3. According to the Complaint, various diagnostic tests were ordered and performed on five patients, including P5, over and beyond what was indicated and/or necessary to make an appropriate assessment of the patients at the time the patients were conveyed to HHSC and SIC and Dr Wong ordered that P5 undergo extensive diagnostic tests which included the scans and tests identified at [9.5.2] above. The MOH PTP noted, among other things, that P5 was sent to a cardiologist instead of the emergency, paediatrics, neurology, or paediatric neurology departments.

Dr Wong's Admission

10. Dr Wong's Admission was made to MOH inspectors during the MOH's audit. According to the Police Report, Dr Wong was formerly a medical director of SEAS and had "*business mo[n]ey relations*" with Mr A, who is a paramedic and a director of SEAS and would direct cases to Dr Wong regardless of whether the case involved a stroke, trauma, or other serious illness and despite Dr Wong being a cardiologist.
11. All five Patients, as well as A1, A2, A3, and A4, were conveyed to HHSC and SIC by SEAS and SAA in May to July 2020.
12. As of 13 October 2020, the CPIB was taking no further action in relation to the Complaint against Dr Wong, HHSC, and SIC but was in agreement with the MOH that Dr Wong was likely to have contravened Guideline H3(5) of the SMC ECEG, which was a matter that fell under the purview of the SMC.

Notice of Inquiry

13. On 20 January 2023, the Notice of Inquiry by the IOC ("**NOI**") was issued to Dr Wong. By way of a letter dated 9 May 2023, Counsel for the SMC informed the IOC that parties had agreed to amend pages 2 and 4 of the NOI and a copy of the Amended NOI dated 8 May 2023, which had been sent to Counsel for Dr Wong, was enclosed in the said letter.
14. At the time of the hearing by this IOC, the Complaint was before the CC and had not yet been referred to a Disciplinary Tribunal ("**DT**"). The matter was referred to the IOC for the purpose of considering whether an order should be made under section 59B(1) of the MRA as being necessary for the protection of members of the public or as otherwise in the public interest, or in the interest of Dr Wong. In its letter dated 25 October 2022 to the SMC requesting that an interim orders committee be convened, the CC noted that there appeared to be a total disregard for the welfare of patients in at least three cases, with no immediate resuscitative measures taken when they were obviously needed. Extensive unnecessary investigations were also carried out or recommended, that led to (or would have led to) delay in appropriate urgent treatment. As such, the CC was of the view that there was a potential risk that similar incidents would occur in future, thereby compromising the safety of patients.
15. Pending the determination of the CC and/or the DT, SMC submits that an interim order should be made against Dr Wong in which Dr Wong's registration as a medical practitioner should be conditional on his compliance with the following restrictions for a period of 18 months:-

- 15.1. Dr Wong must not manage or treat patients conveyed by ambulance services (including emergency ambulance or medical transport vehicles) to the place(s) at which he practises (“**First Condition**”);
- 15.2. Dr Wong must only work in a group practice setting where there is at least one other registered medical professional, and must not be the sole practising doctor physically working in the place(s) at which he practises at any one time. Dr Wong must maintain a log stating the name(s) of the other practising registered medical professional(s) working in the place(s) at which he is practising at any given time (“**Second Condition**”);
- 15.3. Dr Wong must not order diagnostic tests and/or scans when managing patients with symptoms or a presentation suggestive of a life-threatening or time-sensitive acute medical condition, where delays in resuscitation may lead to poor clinical outcomes, without first consulting one or more of the other practising registered medical professional(s) working in the place(s) at which he is practising. Dr Wong must also maintain records of such consultations, counter-signed by the said medical professional(s) (“**Third Condition**”);
- 15.4. Dr Wong must inform the SMC of all places at which he practises or intends to practise (“**Fourth Condition**”);
- 15.5. Dr Wong must not offer or pay commissions, or otherwise offer or provide gratuitous payments, gifts or rewards, to ambulance services (including emergency ambulance or medical transport vehicles) for patients referred to the place(s) at which he practises (“**Fifth Condition**”); and
- 15.6. Dr Wong must inform any organisation or person employing him for medical work that his registration is subject to the above conditions (“**Sixth Condition**”),

(collectively, the “**Proposed Conditions**”).
16. On 16 May 2023, Counsel for the SMC tendered to the IOC the SMC’s written submissions, Bundle of Authorities and Bundle of Documents dated 16 May 2023 as well as the ASOF and Agreed Bundle of Documents dated 10 May 2023.
17. On the same day, Counsel for Dr Wong also tendered to the IOC Dr Wong’s written submissions and Bundle of Authorities dated 16 May 2023.

Framework adopted by the IOC

18. Section 59B(1) of the MRA states 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).”

19. From the aforesaid provision, it follows that the IOC can only arrive at a determination to suspend Dr Wong’s registration or to subject Dr Wong’s registration to conditions, where it is satisfied that such an order is:-

19.1. necessary for the protection of members of the public; or

19.2. otherwise in the public interest; or

19.3. in the interest of Dr Wong.

(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], the decision of the IOC for Dr Kay Aih Boon Erwin dated 19 June 2021 (“*Kay Aih Boon Erwin*”) at [14], the decision of the IOC for Dr Yang Ing Woei dated 9 March 2023 (“*Yang Ing Woei*”) at [13], and the decision of the IOC for Dr Khoo Boo Kian dated 28 March 2022 (“*Khoo Boo Kian*”) at [12])

20. In arriving at its decision 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. To determine this, a two-pronged approach is adopted (see *Wee Teong Boo* at [31]):

- 20.1. 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.
 - 20.2. 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.
21. 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], *Kay Aih Boon Erwin* at [16], *Yang Ing Woei* at [17], and *Khoo Boo Kian* at [16]), the following principles are relevant to the IOC's determination of whether an interim order should be made and of the appropriate interim order to be made:-
- 21.1. 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 (*Wee Teong Boo* at [32], *Ler Teck Siang* at [12.1]) or to make any judgment of the merits of the allegations in a complaint or the potential outcome of pending DT proceedings (*Chan Herng Nieng* at [20.1], *Ong Kian Peng Julian* at [21.1], *Kay Aih Boon Erwin* at [16.1], *Yang Ing Woei* at [17(a)], and *Khoo Boo Kian* at [16(a)]). Applied to the present case, it is similarly not the IOC's remit to make a judgment on the merit of the allegations in the information referred to the IOC or the potential outcome of the pending CC proceedings or potential DT proceedings.
 - 21.2. The purport of section 59B(1) of the MRA is that the IOC must assess the risk of harm to members of the public, as well as what is in the public interest and what is in the medical practitioner's interests. The IOC must assess the gravity of the consequences of the risk (if it materialises) as well as whether the risk is high or low (*Wee Teong Boo* at [33], *Ler Teck Siang* at [12.2], *Chan Herng Nieng* at [20.2], *Ong Kian Peng Julian* at [21.2], *Kay Aih Boon Erwin* at [16.2], *Yang Ing Woei* at [17(b)], and *Khoo Boo Kian* at [16(b)]).
 - 21.3. The fact that the allegations against the medical practitioner are of an extremely serious nature and the nature of the harm to the public (if 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, 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 (*Wee Teong Boo* at [39], *Ler Teck Siang* at [12.3], *Chan Heng Nieng* at [20.3], *Ong Kian Peng Julian* at [21.3], *Kay Aih Boon Erwin* at [16.3], *Yang Ing Woei* at [17(c)], and *Khoo Boo Kian* at [16(c)]).

- 21.4. With regard to the public interest and the maintenance of public confidence in the medical profession in Singapore, the applicable test is as 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?” (*Wee Teong Boo* at [43], *Ler Teck Siang* at [12.4], *Chan Heng Nieng* at [20.4], *Ong Kian Peng Julian* at [21.4], *Kay Aih Boon Erwin* at [16.4], *Yang Ing Woei* at [17(d)], and *Khoo Boo Kian* at [16(d)]). Applied to the present case, the question is whether an average member of the public would be shocked or troubled to learn that Dr Wong is allowed to continue practising medicine unrestricted pending the conclusion of the relevant proceedings against him for intentionally subjecting his patients (conveyed to him by way of ambulance) who were in need of timely and/or urgent medical attention to unnecessary tests and scans thereby causing delay to their receipt of necessary treatment as well as the fact that Dr Wong had benefited financially from such arrangements with private ambulance operators and that these patients were thus deprived of access to more appropriate medical treatment at an acute hospital.
22. In addition, as the provisions of the MRA on interim orders are modelled after United Kingdom legislation, the IOC can take guidance from the UK General Medical Council (see *Wee Teong Boo* at [37]). It is relevant to refer to *Imposing Interim Orders: Guidance for the Interim Orders Tribunal, Tribunal Chair and Medical Practitioners Tribunal* (“**Guidance on Imposing Interim Orders**”) issued by the UK General Medical Council. Guidelines 23 to 25 from the section on “Test applied” are set out below:-

“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]

- 23. Further, under section 35C(2)(b) of the UK Medical Act 1983 (1983 Chapter 54), a person's fitness to practise shall be regarded as "impaired" for the purposes of that Act by reason of, amongst others, deficient professional performance. It is not limited to considerations of physical or mental fitness.

The SMC's case in its Written Submissions

- 24. It is noted that the SMC is not seeking an interim suspension order against Dr Wong but an order subjecting Dr Wong's registration to the Proposed Conditions set out in [15] above.
- 25. The SMC, in its written submissions, submits that the imposition of the Proposed Conditions on Dr Wong's registration for a period of 18 months is necessary for the protection of his patients and members of the public as the allegations against Dr Wong are extremely serious. The SMC submits that given the number of patients who are the subject of the Complaint, there is a substantial risk of harm to public health and safety; and the delay in patients receiving timely and/or urgent medical treatment as a result of extensive diagnostic scans and/or tests

performed by Dr Wong without reasonable medical indication(s) could potentially lead to severe and/or adverse outcomes.

26. The SMC further submits that the imposition of the Proposed Conditions is in the public interest as there is a risk of public confidence in the medical profession being undermined if the allegations against Dr Wong, including the fact that he allowed financial considerations to influence the objectivity of his clinical judgment in the management of his patients, are proven to be true, and Dr Wong is allowed to hold unrestricted registration pending the outcome of the relevant proceedings against him. Taking into account the risk of harm and the gravity of the potential consequences should the risk materialise, the SMC is of the view that it is necessary that Dr Wong's registration be subject to the Proposed Conditions.

(1) An interim order is necessary for the protection of members of the public

27. It is the SMC's submission that there is a substantial risk of harm to Dr Wong's patients and to members of the public if Dr Wong is allowed to practice unrestricted pending the conclusion of the relevant proceedings given that:

27.1. Dr Wong admitted that he had paid Mr A monetary commission so that SAA and SEAS would convey cases to HHSC and SIC;

27.2. all the Patients were conveyed to HHSC and SIC by SAA and SEAS;

27.3. Dr Wong performed various diagnostics tests and/or scans on the Patients which were over and beyond what was indicated and/or necessary to make an appropriate assessment at the time they were conveyed to HHSC and SIC; and

27.4. in three out of five patients, there was a delay in the patient receiving timely and/or urgent medical treatment.

28. The SMC highlights that the risks of harm to Dr Wong's patients include: (a) a delay in patients receiving urgent and/or timely medical treatment; (b) a failure to receive appropriate treatment and options for their care that may be more beneficial to them than what is available at HHSC and SIC; and (c) over-medicalisation resulting in the overcharging of patients.

29. For three patients, P1, P2 and P3, extensive diagnostics tests and/or scans were ordered and performed at HHSC and SIC instead of prioritizing immediate resuscitation and/or the stabilization of the patients' respective conditions.

- 29.1. In the case of P1, the experts opined that management of a case with traumatic brain injury was time-sensitive and given P1's deteriorating central nervous system, he ought to have been conveyed to the nearest emergency department for urgent medical treatment, and the delay caused by the performance of extensive diagnostic imaging scans and tests on P1 had a negative impact on P1 (though the outcome may have been the same or expected).
- 29.2. In the case of P2, the experts also opined that P2 ought to have been conveyed to an acute hospital or emergency department for assessment and that the trip to SIC was unnecessary. Hyponatraemia, with the delay in transferring P2 to an emergency department, would not have affected P2 as this is likely a slow process, but the pain and suffering experienced by P2 was a greater concern.
- 29.3. In the case of P3, extensive CT scans and MRI were performed instead of prioritising immediate resuscitation or stabilisation of P3, despite P3 being hypotensive with low oxygen saturation. The scans could not be completed as P3 became increasingly restless and was ultimately conveyed home at his family's decision.
30. The SMC submits that there are serious concerns arising from Dr Wong's management and treatment of the above patients given that timely and/or urgent medical treatment were not provided and any delay in receiving timely and/or urgent medical treatment could potentially reduce a patient's chances of survival, lead to the deterioration of the patient's condition or result in adverse outcomes and even death. The significance of any delay is further magnified if the patient suffers from a life-threatening or time-sensitive condition requiring urgent medical treatment. The potential harm and consequences arising from a delay in treatment are therefore extremely severe.
31. The SMC points out that patients P1, P2 and P5 were conveyed to HHSC and SIC instead of an acute hospital with the relevant specialty to their respective injury and/or condition for urgent medical attention which resulted in them not having access to other options for their care that may have been more beneficial to them than what was available at HHSC and SIC. Dr Wong, who is a cardiologist, proceeded to manage and treat P1, P2 and P5:-
- 31.1. in the case of P1, who suffered a brain injury, one of the experts opined that P1 should have been transferred to an acute hospital with neurosurgical specialty, which was not available at HHSC and SIC.

- 31.2. in the case of P2, given P2's suspected hip fracture, any scans required should have been in consultation with an orthopaedic surgeon who would have rendered definitive care.
- 31.3. in the case of P5, who had a seizure and was conveyed by SEAS to HHSC and SIC, one of the experts noted that P5 was sent to a cardiologist instead of the emergency department, or a paediatrics, neurology or paediatric neurology department.

The SMC submits that Dr Wong's management and treatment of patients P1, P2, and P5 strongly suggest that he was not upholding his patients' welfare or acting in his patients' best interest due to his financial arrangement with SAA and SEAS.

32. Given the fee arrangement between Dr Wong and Mr A, there is a clear benefit and incentive for Dr Wong to over-medicalise and to order extensive tests and/or scans without reasonable medical indication as the commission promised to Mr A is a percentage of the patient's total bill at HHSC and SIC. As such, the SMC submits that there is a risk that Dr Wong's financial considerations will influence the objectivity of his clinical judgment in the management of his patients which could result in various consequences such as the overcharging of patients and a loss of trust in the medical profession.
33. All five Patients were ordered extensive diagnostic tests and/or scans:-
 - 33.1. P1 underwent CT scans of his brain, cervical spine, thorax, and pelvis, and an ECG.
 - 33.2. P2 underwent an X-ray following which Dr Wong recommended a further scan to assess the fracture.
 - 33.3. P3 was ordered CT scans of his thorax, brain, abdomen, and pelvis and MRI scans of his heart and prostate.
 - 33.4. P4 was ordered an ECG, biochemistry tests for albumin, calcium, phosphate, magnesium, creatine kinase, creatine kinase-MB, and troponin T (high sensitive), a cardiac MRI, and 24-hour holter monitoring.
 - 33.5. P5 underwent an MRI extended stroke screen, ECG scans, 24-hour holter monitoring, and biochemistry tests for sodium, potassium, chloride, bicarbonate, urea, creatinine, bilirubin, total protein, albumin, globulin, Alb/Glo ratio, Alk Phos, AST/SGOT, ALT /SGPT, GGT, cholesterol, triglycerides, HDL-Chol, LDL-Chol, Chol/HDL ratio,

glucose, glycated Hb A1c, calcium, phosphate, magnesium, uric acid, T3 free, T4 free, TSH, red blood cells, haemoglobin, haematocrit, mean cell volume, mean cell HGB, mean cell HGB concentration, red blood cells distribution width, mean platelet volume, platelets, white blood cells, neutrophils, lymphocytes, monocytes, eosinophils, basophils, PT, and PTT.

34. While it is not the role of the IOC to determine whether Dr Wong had in fact prescribed such tests and/or scans without reasonable medical indication(s), the SMC submits that the Complaint strongly suggests that there is a high risk that Dr Wong is doing so:-
 - 34.1. Extensive diagnostics tests and/or scans were ordered and performed at HHSC and SIC for patients P1, P2, and P3 instead of prioritizing immediate resuscitation and/or the stabilization of the patients' respective conditions.
 - 34.2. Extensive diagnostics tests and/or scans were ordered and performed at HHSC and SIC for patients P1, P2, and P5 instead of transferring them to an acute hospital with access to the specialty relevant to the patients' respective injury and/or condition.
 - 34.3. The expert noted, amongst others, that for patient P4, instead of ruling out a recurrence of a panic attack or a side effect of Xanax such as palpitation and tachycardia, MRI heart investigations were carried out instead.
35. While Dr Wong had submitted a written explanation responding to the Complaint, the SMC submits that fact-finding is not the task of the IOC and the IOC's remit is not to judge the merits of the allegations in the Complaint or the potential outcome of the pending CC proceedings or potential DT proceedings. The IOC is concerned with the consequences of the risk of harm if it materialises.
36. The SMC points out that patients trust that their doctors will act in their best interests when giving advice or offering treatment to them and will resolve any conflicts of interest in the best interests of patients. Therefore, when doctors prescribe tests and/or scans that are unnecessary and/or without reasonable medical indication, it not only results in increased costs of medical services, but also in harm to the public's trust in the medical profession. There is also a risk that patients or their families may decide to decline further medical treatment because they are unable to afford further medical intervention at HHSC and SIC. In the case of P2, there appeared to be a disagreement with Dr Wong over the cost of a CT scan that he had recommended. Fortunately, P2 was conveyed to a public hospital for further treatment. However, for P3, he was conveyed home instead of being transferred to an acute hospital at the family's decision

after extensive tests and/or scans were performed at HHSC and SIC (though the reasons for the decision are not clear).

37. The SMC brought to the IOC's attention that the MOH, in conducting its audit, randomly sampled eight patients who were conveyed to HHSC and SIC by private ambulance and of these patients, the MOH found five cases of over-medicalisation with three resulting in consequent delays to urgent treatment. The SMC submits that it is likely that similar incidents may have occurred in other cases that were not audited by the MOH and that the risk that similar incidents will continue to occur in future thus cannot be said to be low. The risk to public safety if Dr Wong is allowed to continue practising without restriction is further exacerbated by the fact that Dr Wong is in private practice, where there may be less institutional oversight of his activities. Although the MOH had by way of a letter dated 28 February 2023, informed Healthy Heart Specialist Centre Pte Ltd (licensee of HHSC) that it has completed its investigations in relation to P2, P3, and P1 and was satisfied that Healthy Heart Specialist Centre Pte Ltd had not breached the Private Hospitals and Medical Clinics Regulations, this (or the absence of a finding of any breach of the conditions of HHSC's licence) should not be taken to translate into the absence of any other misconduct or breach of the ECEG on the part of Dr Wong. It was also not stated that the investigation relating to P4 and P5 had been concluded.
38. The SMC therefore submits that it is essential to protect vulnerable patients in need of prompt medical care and treatment, where any delays could lead to adverse outcomes. Accordingly, the SMC submits that the Proposed Conditions will (a) prevent Dr Wong from managing or treating any patients conveyed by ambulance services, including emergency ambulance or medical transport vehicles, to the place(s) at which he practises; (b) Dr Wong must work in a group practice setting where there is at least one other registered medical professional at any one time; (c) for patients with symptoms or a presentation suggestive of a life-threatening or time-sensitive acute medical condition who are not conveyed by ambulance services, Dr Wong is required to consult another medical practitioner before ordering any diagnostic scans and/or tests which could potentially delay timely care and treatment to the patient.
39. The SMC also submits that there is a need to ensure that Dr Wong cannot continue his financial arrangements with SAA and SEAS, or any other ambulance service operator and cites Guidelines H3(1) and (2) of the ECEG which provide that a doctor must always place patients' best interests above any business or financial considerations, and must not let business or financial considerations influence the objectivity of his clinical judgment in his management of patients. The SMC also highlighted Guideline H3(5) of the ECEG which provides that a doctor must not participate in fee splitting or fee sharing by offering gratuitous payments, gifts or other rewards for patients referred from any source. By his conduct, Dr Wong has failed to place his

patients' best interests above that of his own. Although Dr Wong claims that "*the centre had no idea that the centre should not had any monetary arrangement with the ambulance team*", this prohibition is contained in the ECEG which is "based on the *fundamental* tenets of medical ethics" (emphasis added) and contains "basic principles". Dr Wong's claimed lack of knowledge of such a rule cannot be taken to lessen the severity of his conduct and in any event, it does not lessen the potential harm to patients.

40. Patients must also be able to trust that ambulance services (and their doctors) will convey them to an appropriate healthcare institution or facility based on their medical condition(s) and the medical treatment required as they may not have knowledge of what services are available at a particular institution or facility, or their medical condition(s) to make informed decisions, especially in urgent medical situations. Given the incentive for SAA and SEAS to convey patients to HHSC and SIC, there is a high risk that patients will be conveyed to HHSC and SIC regardless of their medical condition(s) and the medical treatment required. Further, while only SAA and SEAS were the ambulance operators identified in the MOH's audit, there is a risk that Dr Wong may have financial arrangements with other ambulance services and/or operators. The SMC submits that Dr Wong must not offer or pay commissions, or otherwise offer or provide gratuitous payments, gifts or rewards, to any ambulance services. To ensure that such fee arrangements cannot continue, and cases are conveyed to HHSC and SIC for genuine medical reasons, Dr Wong must also be prevented from treating and/or managing any patients conveyed to his place(s) of practice via any ambulance service (including emergency ambulance or medical transport vehicles), and such patients should be treated by another medical professional.
41. It is SMC's submission that an interim order subjecting Dr Wong's registration to the Proposed Conditions is necessary given the risk of harm and the gravity of the consequences if these risks were to materialise.

(2) An interim order is in the interest of the public

42. The SMC submits that further, or in the alternative, the imposition of the Proposed Conditions on Dr Wong's registration is in the public interest for if the allegations against Dr Wong are found to be true, and he failed to treat patients in emergency situations with the urgency and timelines necessary to save lives or prevent adverse outcomes, and instead allowed his financial interests to influence his clinical judgment in the management of his patients, there is a risk that public trust and confidence in the medical profession would be seriously undermined if Dr

Wong were to be given full liberty to practice uninhibited, while awaiting the determination of the CC or, if an inquiry is to be held by a DT, the determination by the DT.

43. It is the SMC's position that ensuring the applicable standard of care is provided to patients is important in upholding public trust and confidence in the medical profession and that the prescription of medication by a medical practitioner is a unique privilege and must never be abused. The SMC refers to its ECEG to emphasise this.
44. Pursuant to the ECEG, the SMC submits that doctors are under the overarching duty to provide appropriate and necessary care and treatment to their patients. They must (a) treat patients in emergency situations with the urgency and timelines necessary to save lives or prevent adverse outcomes; and (b) uphold patients' welfare and best interests as their highest consideration and resolve any conflicts of interest in the best interests of patients. Doctors should also practise within the limits of their own competence and where a doctor is unable to provide services that are necessary for his patients or most beneficial for his patients, he must offer to refer them to other institutions who can provide them with the most appropriate services.
45. The SMC submits that if the allegations against Dr Wong are true, members of the public would be shocked to learn that a registered medical practitioner, who had intentionally subjected his patients in need of timely and/or urgent medical attention conveyed to him by way of ambulance to unnecessary tests and scans thereby causing delay to their receipt of necessary treatment, was allowed to continue practising without restriction. This is especially so as Dr Wong had benefited financially from such financial arrangements with private ambulance operators, and that these patients were thus deprived of access to more appropriate medical treatment at an acute hospital. Given the nature of the allegations and the gravity of the consequences and potential harm to patients, public confidence will certainly be damaged if the allegations are proven true and Dr Wong was not restrained during this period.

(3) An interim order is warranted and proportionate to the risk of harm to the public and of damage to public confidence in the medical profession

46. In view of the seriousness of the allegations against Dr Wong and the above-mentioned risks of harm to the public and of damage to public confidence in the medical profession, the SMC submits that an interim order is warranted and proportionate.
47. The SMC submits that Dr Wong's alleged conduct reflects a lack of regard for the ECEG and patient welfare which is the fundamental principle behind the practice of medicine. The

protection of members of the public from doctors who seek to improperly benefit financially, especially at the cost of their patient's health and potentially life, is crucial. Even if Dr Wong claims that he only prescribed the necessary tests and/or scans for his patients, given the number of cases in which delays in treatment and over-medicalisation were found, and bearing in mind Dr Wong's own admission, there is clearly a substantial risk that Dr Wong has placed his own financial interests above the best interests of his patients. While there will undoubtedly be some financial impact on Dr Wong arising from the imposition of the Proposed Conditions, this cannot outweigh the need to protect the public and the public interest.

48. The SMC notes that while Dr Wong has stated in his written explanation that *“we had decided that the centre would no longer accept any more ambulance cases since mid 2020”*, the SMC is unable to confirm if this is true and highlights that (a) the five Patients were conveyed to HHSC and SIC by SEAS and SAA up to July 2020, with the MOH's audit being carried out on 6 August 2020; and (b) even if HHSC and SIC no longer receive ambulance cases, it does not prevent Dr Wong from resuming financial arrangements with ambulance services and operators in future. This is particularly so in view of Dr Wong's explanation, where reference was made to the private ambulance operators being in financial distress and asking the *“centre [...] to help them financially on humanitarian and compassionate ground”*, and that *“[i]t was hard for the centre to say no to such request. We as centre, had started the service or business in early March 2020 where immediately we faced lockdowns and circuit breaker measures. Our business had been adversely affected with little income and with great expenses to pay”*.
49. The SMC submits that the Proposed Conditions sought are proportionate because they are no more restrictive than necessary to mitigate the risks of harm to the public or damage to public confidence. The SMC is not seeking that Dr Wong be suspended from practice, but rather that the Proposed Conditions be imposed on his registration. The Proposed Conditions only prohibit Dr Wong from managing or treating patients conveyed by ambulance services to the place(s) at which he practises, given the risk of harm of any delay in such patients receiving timely and/or urgent medical treatment, and the high risk of Dr Wong participating in such arrangements with private ambulance operators to benefit himself financially. The Proposed Conditions ensure that Dr Wong cannot participate in such arrangements. Ambulance services will no longer have any incentive or benefit in conveying patients to HHSC or SIC save for genuine medical reasons, as such patients will be treated by another medical practitioner at HHSC and SIC and not Dr Wong. The Proposed Conditions also ensure that Dr Wong works in a group practice setting, where there is at least one other registered medical practitioner at any one time. This ensures that there will be more oversight over Dr Wong's practice. In particular, for patients with symptoms or a presentation of life-threatening or time-sensitive conditions, Dr Wong cannot order or recommend diagnostics tests and/or scans without first consulting one or more of the

other medical practitioner(s) working in the place(s) at which he is practising. This is to ensure that patients in need of prompt and/or urgent medical treatment will receive such treatment without a delay caused by extensive diagnostics tests and/or scans.

50. While there is still a risk that Dr Wong may over-medicalise cases that have not been conveyed to him by ambulance services and do not have life-threatening or time-sensitive conditions, the SMC notes that such patients were not the subject of the Complaint. The SMC further submits that in such cases, the risk of harm to the public is significantly lower. The risk of over-medicalisation is low given that such patients would have come to HHSC and SIC on their own accord, and they were not, like in the Complaint, conveyed via ambulance services. The risk of adverse outcomes from a delay in treatment is also low as they would not be in a position where they have to make immediate decisions as to their treatment or care and have the option of seeking second opinion. Ultimately, the SMC acknowledges that a balance must be struck between the risk of harm to the public and Dr Wong's ability to treat his other patients.
51. The SMC further submits that the Proposed Conditions are not intrusive or unduly burdensome on Dr Wong. The Proposed Conditions such as (a) informing the SMC of all places at which he practises or intends to practise; (b) maintaining a log stating the name(s) of the other medical practitioners working in the place(s) at which he is practising at any given time; and (c) maintaining records of his consultations with patients with life-threatening or time-sensitive conditions counter-signed by the other medical practitioner that was consulted are administrative, and do not impose a substantial burden on Dr Wong. More importantly, these requirements will enable the SMC to ensure that the risk of harm to the public is mitigated, as well as to monitor Dr Wong's compliance with the Proposed Conditions and ensure the protection of the public.
52. It is the SMC's position that the Proposed Conditions (in particular the Third Condition set out at [15.3] above), do not preclude Dr Wong from treating patients in cases of a medical emergency. The condition requires that Dr Wong consult another medical practitioner before he orders any diagnostic tests and/or scans for patients with life-threatening or time-sensitive acute medical conditions. However, if a patient is in cardiac arrest, the condition does not preclude Dr Wong from administering immediate life-saving procedures such as cardiopulmonary resuscitation.

(4) The Proposed Conditions should be imposed for a period of 18 months

53. The SMC submits that an interim order of 18 months should be imposed as the Complaint is currently still pending before the CC which has yet to make a determination as to whether the Complaint should be referred for formal inquiry by a DT.
54. Pursuant to section 59C of the MRA, the IOC (or another IOC appointed in its place) is bound by law to review the order within six months from the date the order was made and subsequently, to further review it at three-monthly intervals for so long as the order is in force. At the review hearings, the IOC may revoke or vary the interim order that was previously made in accordance with section 59D of the MRA. Should further developments arise in the course of the proceedings against Dr Wong, this IOC or another IOC would have the opportunity to review the interim order imposed against the backdrop of such new developments. However, the IOC does not have the power to extend the duration of the existing interim order under section 59D of the MRA and would have to apply to the General Division of the High Court to extend the duration of the interim order under section 59F of the MRA.
55. Therefore, given the uncertainty of when the relevant proceedings will conclude, the SMC submits that the maximum period of suspension of 18 months is appropriate. In any event, under section 59G(1) of the MRA, any interim order made will no longer be in force once the relevant proceedings have concluded. For the purposes of the present case, the “relevant proceedings” would conclude:
- 55.1. when the CC makes an order under section 49(1) of the MRA that no formal inquiry by a DT is necessary (and provided (i) no appeal to the Minister for Health under sections 49(10) or 49(11) of the MRA was made against that decision within 30 days after being notified of the determination of the Complaints Committee or such an appeal was withdrawn; or (ii) the Minister makes an order under sections 49(13)(a) or 49(13)(d) of the MRA); or
- 55.2. when the CC refers the matter for formal inquiry by a DT, and the DT (i) makes an order under section 53(2) which has taken effect; or (ii) dismisses the matter under section 53(4) of the MRA.
56. Therefore, seeking an interim order for the maximum period of 18 months will not result in any prejudice to Dr Wong, since under section 59G(1) of the MRA, any interim order made will no longer be in force once the relevant proceedings have concluded.
57. In conclusion, the SMC submits that there is ample basis for the IOC to impose the Proposed Conditions on Dr Wong’s registration as a medical practitioner for a period of 18 months, and

that such an order is necessary for the protection of members of the public and is also in the public interest.

Dr Wong's case in his Written Submissions

58. Dr Wong highlights that he had, on 22 February 2023, provided a signed voluntary undertaking to the SMC to undertake that he would, until the time of the present IOC hearing:-

58.1. not manage or treat patients conveyed by ambulance services (including emergency ambulance or medical transport vehicles) to place(s) which he practises;

58.2. with effect from 1 March 2023, only work in a group practice setting where there is at least one other registered medical professional, and will not be the sole practising doctor physically working in the place(s) at which he practises at any one time;

58.3. with effect from 1 March 2023, not order diagnostic tests and/or scans when managing patients with symptoms or a presentation suggestive of a life-threatening or time-sensitive acute medical condition, where delays in resuscitation may lead to poor clinical outcomes, without first consulting one or more of the other practising registered medical professionals(s) working in the place(s) at which he practises; and

58.4. not offer or pay commissions, or otherwise offer or provide gratuitous payments, gifts or rewards, to ambulance services (including emergency ambulance or medical transport vehicles) for patients referred to the place(s) at which he practises.

("Voluntary Undertaking").

59. Dr Wong submits that he has abided by the conditions in the Voluntary Undertaking and that for the purpose of the IOC hearing, both Dr Wong and the SMC have agreed that it is not necessary for his medical registration to be suspended and instead, certain conditions and restrictions ought to be imposed on Dr Wong's registration.

60. Dr Wong points out that the Proposed Conditions that the SMC is seeking as set out in [15.1] to [15.6] above are substantially similar to those set out in his Voluntary Undertaking.

61. Dr Wong's position is that he is in-principle agreeable to the Proposed Conditions pending the conclusion of the present inquiry or proceedings under Part 7 of the MRA, or for a period of 18

months (whichever is shorter) but wishes to highlight that the wording of the Proposed Conditions ought to be revised to take into account the following:-

- 61.1. It is Dr Wong's position that the First Condition is potentially over-inclusive, as it would cover a possible (albeit rare) situation where one of Dr Wong's existing stable patients (whom he sees in the clinic on an outpatient basis) is conveyed by ambulance services to a hospital (in an unstable condition or otherwise), admitted to the hospital, and needs to be reviewed by Dr Wong in an inpatient setting to facilitate continuity of care. Dr Wong submits that it would be in his existing patients' best interests if he is permitted to treat and manage them in such a scenario, if they do not display symptoms or a presentation suggestive of a life-threatening or time-sensitive acute medical condition, where delays in resuscitation may lead to poor clinical outcomes.
- 61.2. In respect of the Second Condition, Dr Wong informs the IOC that he had, from 1 March 2023 to 11 April 2023, arranged for a locum doctor and from 12 April 2023 onwards, hired a full-time registered medical practitioner to work at HHSC and SIC. However, should the full-time medical practitioner be unable to work through no fault of Dr Wong (for example, if he/she takes urgent leave), arrangements will be made for a locum doctor to stand in and Dr Wong will use his best efforts to ensure that he will not be the sole practising doctor physically working, i.e., that the locum doctor should arrive before the full-time medical practitioner leaves the premises. Dr Wong points out that there might, in rare instances, be a short gap of time before the locum doctor arrives such that Dr Wong is the sole practising doctor during that gap of time. It is Dr Wong's position that any harm to patients/ the public during that period is adequately addressed by his compliance with the First Condition and Third Condition.
62. It is Dr Wong's submission that the Proposed Conditions subject to his proposed revisions above are, in the circumstances, adequate for the protection of members of the public, and/or in the public interest and/or Dr Wong's interest as Dr Wong has admitted, without qualification, to the facts set out in the ASOF tendered by the SMC.
63. Dr Wong submits that other than the Proposed Conditions, no further conditions or restrictions should be imposed on his registration, and that his registration should not be suspended.

Application of the Relevant Legal Principles

64. Dr Wong's submission with regard to the framework to be adopted by the IOC and the principles applicable to the IOC's decision under section 59B(1) of the MRA is essentially in line with the SMC's submission as set out in [18] to [23] above.

(a) Risk of harm to members of the public

65. It is Dr Wong's position that any risk of harm to the public can be addressed by imposing specific and relevant conditions and that this specific approach towards any potential risk to the public was adopted by the IOC in *Kay Aih Boon Erwin* and *Khoo Boo Kian*. He submits that in the present case, the potential risk of harm to the public relates to: (1) alleged over-medicalisation of patients conveyed by private ambulance providers to HHSC and SIC through prescribing extensive diagnostic tests/scans without reasonable medical indication(s), (2) alleged hindrance to timely care or prompt resuscitation at acute hospitals; and (3) alleged financial conflict of interest arising from Dr Wong's relationship with private ambulance operators. As such, he submits that the imposition of the Proposed Conditions is sufficient to neutralise/address the potential harm as:-

65.1. under the First Condition, Dr Wong will not be permitted to manage or treat patients conveyed by ambulance services (including emergency ambulance or medical transport vehicles). This restriction extends to *all* types of ambulance services, not just the *private* ambulance service providers. As Dr Wong will not manage or treat these patients, the risk of over-medicalisation of these patients and hindrance to timely care are effectively neutralised. Further and in any event, HHSC and SIC have not accepted any cases from private ambulance operators since in or around June 2020;

65.2. the risks of over-medicalisation of these patients and hindrance to timely care are also mitigated by the Second and Third Conditions which require Dr Wong to work in a group practice and to consult another registered medical professional in managing patients with life-threatening or time-sensitive acute medical conditions. Dr Wong highlights that he will not, in the course of his current practice, come across such patients, as HHSC and SIC do not accept such patients; and

65.3. the risk relating to the alleged financial conflict of interest is neutralised by the First and Fifth (sic) Conditions, which prohibit Dr Wong from offering or paying commissions or otherwise providing gratuity to ambulance services.

Dr Wong reiterates that since the issuance of the Complaint by the MOH on 3 August 2021, he has not been notified of any other complaints against him.

66. Accordingly, Dr Wong submits that the risk of potential harm to the public arising from the Complaint would be sufficiently contained / neutralised if Dr Wong is allowed to continue medical practice subject to the Proposed Conditions and that it is not necessary to impose any other conditions or restrictions on his registration.
- (b) It would not be in the public's interest to impose any further conditions or restrictions on, or to suspend Dr Wong's registration
67. On the applicable test in assessing public interest and the maintenance of public confidence, Dr Wong submits that an average member of the public will not be shocked or troubled to learn that he has been allowed to practise pending the conclusion of any disciplinary proceedings, as with the Proposed Conditions, Dr Wong's registration is not unfettered – there are safeguards in place to ensure that public trust and confidence in the medical profession is not undermined. Dr Wong points out that under the Third Condition, he must maintain records of consultations and such medical records have to be countersigned by another medical professional and that under the Fifth Condition, the SMC will be informed of the places where Dr Wong practises or intends to practise.
68. It is Dr Wong's position that his case is “*less outrageous*” when compared to other cases where the IOC had seen fit to impose conditions or restrictions, or to suspend a doctor's registration as he is not facing any criminal proceedings or police investigations unlike the cases of *SMC v Dr Jipson Quah* and *Ler Teck Siang* where both doctors were the subject of police investigations and criminal proceedings. Accordingly, Dr Wong submits that his conduct does not meet the level of infamy that would cause a general loss of public confidence in the medical profession and there is no risk of public confidence in the medical professional being undermined if he is allowed to practise pending the conclusion of any disciplinary proceedings.
69. Dr Wong says that it would be fair to allow him to continue to practise (albeit with restrictions that are operationally workable and in his existing patients' best interests), by treating and managing patients who fall outside the ambit of the Complaint.
70. Dr Wong submits that other than the Proposed Conditions (with the wording of the same to be revised to take into account the points raised by him and as set out in [61.1] and [61.2] above), it is not necessary for the protection of the members of the public, or otherwise in the public interest or the interest of Dr Wong to impose any further conditions or restrictions, or to suspend, Dr Wong's registration.

The Inquiry Hearing

71. Given Dr Wong's position that he is in principle agreeable to the Proposed Conditions save that the wording of the Proposed Conditions ought to be revised to take into account his concerns as set out in [61.1] and [61.2] above, Counsel for the SMC circulated a draft of the Proposed Conditions which was modified to address Dr Wong's concerns.
72. In addition to the concerns raised by Dr Wong, the IOC also raised the following concerns:-
- 72.1. In relation to the Second Condition which provides for Dr Wong to work in a group practice setting where there is at least one other registered professional ("RP"), the IOC notes: first, it is not specified what constitutes a group practice in terms of the number of doctors in the group practice; secondly, and more importantly, if there is only one such RP, and that RP is the employee of Dr Wong and also his junior and not his peer, the employer-employee relationship may result in a conflict in the decision-making role of the RP in supervising Dr Wong in his management of the case at hand. It was pointed out to Dr Wong that, unlike an employer-employee situation, if the RP is a partner in the group practice, he would be Dr Wong's peer and therefore under no obligation to make decisions in favour of Dr Wong.
- 72.2. Such employer-employee relationship raises another concern in respect of the Sixth Condition where Dr Wong must inform the organisation or person employing him for medical work that his registration is subject to the restrictions imposed by the IOC. In the situation where Dr Wong continues to work in his own practice and employs a RP, would Dr Wong have to inform the RP of the restrictions imposed by the IOC and what would then be the role of the RP given that he is employed by Dr Wong?
- 72.3. Some of the cases that were referred to in the Complaint involved house calls but the Proposed Conditions do not address such situations.
- 72.4. In relation to the Third Condition where Dr Wong must not order diagnostic tests and/or scans when managing patients with symptoms or a presentation suggestive of a life-threatening or time-sensitive acute medical condition, etc, the spectrum of conditions should be broader and should include medically unstable patients.
73. In respect of the Third Condition where a RP needs to be consulted, various suggestions were explored in consultation with Counsel for the SMC and Counsel for Dr Wong in respect of the IOC's concerns on the employer-employee relationship, including not having the setting of a

group practice or a doctor who must be physically present in Dr Wong's clinic; and instead, having a group of peers or panel comprising senior doctors of at least 15 years standing or experience (“**Panel Doctors**”) who can be called upon to make a decision in the circumstances set out in the Third Condition

74. It was suggested that Panel Doctors should be pre-approved by the SMC. SMC, however, expressed its views that forming such a panel would be challenging: first, SMC would have to verify the years of standing or experience of the Panel Doctors; secondly, SMC may need to know what other parameters are necessary for the Panel Doctors; thirdly, the Panel Doctors will essentially be taking on the responsibilities on a volunteer basis and will not be paid; fourthly, the Panel Doctors will be required to be on call to attend to such matters at short notice; and fifthly, the Panel Doctors will have to take on the responsibility for the decisions that they would have to make together with Dr Wong. Given these factors, the SMC was of the view that it was not in a position to come up with a panel of doctors for the purpose of the Third Condition. The option of Dr Wong coming up with a panel of doctors to be chosen by him was surfaced but such process would likely raise conflict issues.
75. The IOC explored various options with Counsel for both parties. Dr Wong then suggested that if the scenario in the Third Condition presents itself, i.e. where the patients are medically unstable or have symptoms or a presentation suggestive of a life-threatening or time-sensitive acute medical condition, Dr Wong will not “*entertain any sort of further management*” in his clinics and will immediately arrange for the patient to be brought to the hospital. As such, there will be no situation where Dr Wong will need to consult with a RP as originally contemplated in the Third Condition.
76. On that basis, both parties came to an agreement on the final revisions to the Proposed Conditions which took into consideration the concerns highlighted by Dr Wong's Counsel as well as those highlighted by the IOC.

Decision of the IOC

77. The IOC has carefully considered (i) all the facts and circumstances in relation to the present case; (ii) both parties' written and oral submissions; (iii) the legal authorities cited by both parties; (iv) the Agreed Bundle of Documents; (v) SMC's Bundle of Documents; and (vi) the ASOF.
78. The IOC is satisfied that it is necessary for the protection of members of the public and in the public interest that the following order is made.

79. The IOC orders that with effect from 23 May 2023, the registration of Dr Wong as a medical practitioner is to be made subject to the following conditions or restrictions, for a period of 18 months or until the conclusion of the proceedings against Dr Wong under Part 7 of the MRA, whichever is sooner:-
- 79.1. Dr Wong must not manage or treat patients conveyed by ambulance services (including emergency ambulance or medical transport vehicles), unless:
- 79.1.1. the patient is conveyed by ambulance services to, admitted to, and managed by a hospital; and
- 79.1.2. a registered medical professional(s) at such a hospital approaches Dr Wong to review the patient and/or the patient requests to be reviewed by Dr Wong in an inpatient setting.
- 79.2. Dr Wong must not perform house calls for patients.
- 79.3. Save in hospital inpatient settings, Dr Wong must not order diagnostic tests and/or scans when managing medically unstable patients or patients with symptoms or a presentation suggestive of a life-threatening or time-sensitive acute medical condition. This does not preclude Dr Wong from treating patients in cases of a medical emergency, such as administering immediate life-saving procedures (e.g., cardiopulmonary resuscitation if a patient is in cardiac arrest).
- 79.4. Dr Wong must not offer or pay commissions, or otherwise offer or provide gratuitous payments, gifts or rewards, to ambulance services (including emergency ambulance or medical transport vehicles) for patients referred to the place(s) at which he practises.
- 79.5. Dr Wong must inform the SMC of all places at which he practises or intends to practise.
- 79.6. Dr Wong must inform any organisation or person employing him for medical work that his registration is subject to the above conditions.

Publication of Decision

80. The IOC orders that the Grounds of Decision be published with the necessary redaction of identities and personal particulars of persons involved.

Dated this 23rd day of May 2023.