

IN THE REPUBLIC OF SINGAPORE
SINGAPORE MEDICAL COUNCIL INTERIM ORDERS COMMITTEE

Between

Singapore Medical Council

And

Dr Kong Sim Guan

... Respondent

Interim Orders Committee:

Prof Alan Ng (Chairman)
Adj A/Prof Tan Tze Lee
Prof John Lim Chien Wei
Mr Kenny Chooi (Legal Assessor)

Counsel for the SMC:

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

Respondent Appeared In-Person

DECISION OF THE INTERIM ORDERS COMMITTEE

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

A. 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 Kong Sim Guan @ Sim Heng Guan (“**Dr Kong**”) pending the conclusion of proceedings under Part 7 of the MRA.

B. The Medical Practitioner in question

2. Dr Kong is a medical practitioner registered under the MRA. He was previously a psychiatrist and practising doctor at Clinique Suisse, 290 Orchard Road, Paragon #08-01/02, Singapore 238859. At the material time, he was the Clinical Director of Private Ambulance Operator < Company’s name redacted > (“Coy A”).

C. Relevant facts (as raised by the SMC) giving rise to the Inquiry

3. On 29 June 2021, the Singapore Medical Council (“SMC”) received information from the Ministry of Health (“MOH”) regarding Dr Kong’s purported lapses in providing care to his patient (“Complaint”) during a medical evacuation (“Evacuation”).¹ The salient facts relating to the Complaint are set out below.

C.1 Background facts

4. On 7 June 2021, Dr Kong’s patient (the “Patient”), was conveyed from RS Awal Bros Batam Hospital (“RSAB”) to Tan Tock Seng Hospital (“TTSH”) / National Centre for Infectious Disease (“NCID”).²
5. The Regulatory Compliance and Enforcement Division (“RCE”) of MOH conducted an investigation and interviewed certain parties involved in the Evacuation. The RCE made the following findings:³
- (a) Dr Kong was the only registered doctor involved in the Evacuation of the Patient and the only registered doctor involved in the sea conveyance of the Patient from Batam to Singapore via ferry.
 - (b) At Tanah Merah Ferry Terminal (“TMFT”), Dr Kong was met by an ambulance crew with a driver and an Emergency Medical Technician (“EMT”) from < Company’s name redacted > (“Coy B”) but he did not identify himself as the

¹ Complaint letter dated 29 June 2021 at [1] (Singapore Medical Council’s Bundle of Documents (Volume 1) dated 21 July 2023 [“ISBOD”], Tab 6, page 60).

² Complaint letter dated 29 June 2021 at [2] (ISBOD, Tab 6, page 60).

³ Complaint letter dated 29 June 2021 at [3] (ISBOD, Tab 6, pages 60 to 61).

attending doctor, and sat at the front of the ambulance next to the ambulance driver, for the land conveyance of the Patient between TMFT and TTSH / NCID.

- (c) Under paragraph 4.1 of the MOH Standards for Emergency Ambulance Service (2017) (“**EAS Standards**”), the crew leader of an emergency ambulance service crew must be a Paramedic, Ambulance Nurse who fulfils the stipulated requirements, or an Ambulance Doctor (as defined in the EAS Standards).⁴ Despite knowing that he was the only qualified person to be the crew leader for the conveyance, Dr Kong continued to sit at the front of the ambulance, away from the Patient, and did not dispute the land conveyance from TMFT to TTSH / NCID proceeding only with an EMT in the cabin of the ambulance.
 - (d) The Patient went into medical emergency during the ambulance trip prior to arrival at TTSH / NCID. As Dr Kong was seated at the front of the ambulance, he was not able to render assistance.
6. In assessing Dr Kong’s failure in the standard of care required of a medical practitioner, the MOH referred to the 2016 edition of the SMC Ethical Code and Ethical Guidelines (“**2016 ECEG**”). The MOH assessed that Dr Kong failed to render the requisite care to the Patient, and that his lapses include breaches of Guidelines A1(2), B3, and D7 of the 2016 ECEG.⁵

Duty of Care under Guideline A1(2)

- (a) Dr Kong failed to identify that the Patient was in critical condition at the point of transfer from the ferry to the ambulance at TMFT, after the EMT assessed the Patient’s Glasgow Coma Scale (“**GCS**”) to be 3 prior to the start of the land conveyance from TMFT to TTSH / NCID, which should warrant an escalation of the case to the Singapore Civil Defence Force (“**SCDF**”) instead of proceeding with the land conveyance to TTSH / NCID.⁶

⁴ EAS Standards (Singapore Medical Council’s Bundle of Documents (Volume 2) dated 21 July 2023 [“**2SBOD**”], Tab 28(a), page 423).

⁵ Complaint letter dated 29 June 2021 at [4] (1SBOD, Tab 6, pages 61 to 62).

⁶ Complaint letter dated 29 June 2021 at [4(a)] (1SBOD, Tab 6, page 61). For completeness, the letter from Complaints Committee 10/2021 to the SMC captioned “Information on Dr Kong Sim Guan (M01713B)” dated 21 April 2023 (“**CC’s Referral**”) states that it did not have clear evidence that the EMT assessed the Patient’s GCS at this juncture. In this regard, we would just note that the CC’s Referral did not conclude the Complaints

- (b) Dr Kong failed to provide care to the Patient during the journey from TMFT to TTSH / NCID while the Patient remained in his care, by sitting at the front of the ambulance next to the ambulance driver.⁷

Documentation in Medical Records under Guideline B3

- (c) Dr Kong failed to document the monitoring of the Patient's condition and vitals enroute from Batam to TMFT.⁸

Professional behaviour in the healthcare team under Guideline D7

- (d) Dr Kong failed to identify himself as a doctor and the clinical director of Coy A to the crew of Coy B, which could have allowed the EMT who was seated with the Patient behind the ambulance to escalate the emergency situation to Dr Kong during the deterioration of the Patient before arrival at TTSH / NCID.⁹
- (e) Despite knowing that he was the only registered medical professional of the ambulance crew, Dr Kong claimed that the EMT invited him to sit at the front of the ambulance and that the EMT would monitor the Patient at the back of the ambulance. This was contrary to Coy B's account that Dr Kong had insisted on sitting at the front of the ambulance despite being asked by the ambulance driver to accompany the Patient at the back.¹⁰

C.2 Deployment for the Evacuation

7. Dr Kong was deployed by Coy A for the Evacuation of the Patient, a 67-year-old male Singaporean, from RSAB to TTSH / NCID on 7 June 2021.¹¹ According to Dr Kong, prior to the deployment:

Committee's investigations and, in any event, the IOC's tasking is not a fact-finding one (see paragraph 29(a) of SMC's Submissions).

⁷ Complaint letter dated 29 June 2021 at [4(a)] (1SBOD, Tab 6, page 62).

⁸ Complaint letter dated 29 June 2021 at [4(b)] (1SBOD, Tab 6, page 62).

⁹ Complaint letter dated 29 June 2021 at [4(c)] (1SBOD, Tab 6, page 62).

¹⁰ Complaint letter dated 29 June 2021 at [4(c)] (1SBOD, Tab 6, page 62). For completeness, the CC's Referral states that it did not have evidence suggesting that Dr Kong had insisted on sitting in front of the ambulance or that Dr Kong was asked by the ambulance driver to accompany the Patient at the back of the ambulance. In this regard, again, we would note that the CC's Referral did not conclude the Complaints Committee's investigations and, in any event, the IOC's tasking is not a fact-finding one (see paragraph 29(a) of SMC's Submissions).

¹¹ Complaint letter dated 29 June 2021 at [2] (1SBOD, Tab 6, page 60); Statement of Dr Kong dated 24 February 2022 ("Dr Kong's 1st Statement") at A2, A3 (2SBOD, Tab 24, page 376).

- (a) Dr Kong was informed by Mr F1 of Coy A (“**Mr F1**”) that the Patient was COVID-19 positive with some medical problems and would be enclosed in a Portable Mobile Isolation Unit (“**PMIU**”) while being transferred to Singapore.¹²
 - (b) Dr Kong conducted online research on the PMIU via Google search and acquainted himself with its characteristics but could not find any training manual for its use.¹³ Based on his research, Dr Kong knew that the PMIU had pockets that allowed him to have direct access to the Patient to monitor his vital signs.¹⁴
 - (c) Dr Kong knew that breathlessness was one of the complications of COVID-19.¹⁵
8. Dr Kong was the only registered doctor involved in the Evacuation.

C.3 Sea conveyance of the patient from Batam to TMFT

9. Dr Kong was the only person involved in the transfer of the Patient from Batam to Singapore via ferry.¹⁶ According to Dr Kong:
- (a) The only medical equipment he brought was his personal equipment such as a stethoscope, a torch, and oral medication, as well as two oxygen cylinders, Personal Protective Equipment (“**PPE**”), a face mask, and a rebreathing mask supplied by Coy A.¹⁷

¹² Dr Kong’s 1st Statement at A4-a, A4-b (2SBOD, Tab 24, pages 376 to 377).

¹³ Letter from Dr Kong to the SMC captioned “Account of Medical Transport and Reply to Charges” (“**Dr Kong’s Written Explanation**”) at [4] (1SBOD, Tab 9(a)(i), page 199).

¹⁴ Dr Kong’s 1st Statement at A8 (2SBOD, Tab 24, page 379); Second Further Statement of Dr Kong dated 28 April 2022 (“**Dr Kong’s 3rd Statement**”) at A61-c (2SBOD, Tab 29, page 444).

¹⁵ First Further Statement of Dr Kong dated 3 March 2022 (“**Dr Kong’s 2nd Statement**”) at A41 (2SBOD, Tab 25, page 390).

¹⁶ Complaint letter dated 29 June 2021 at [3] (1SBOD, Tab 6, page 61); Dr Kong’s Written Explanation at [6] (1SBOD, Tab 9(a)(i), page 200).

¹⁷ Dr Kong’s Written Explanation at [7] (1SBOD, Tab 6, page 200); Dr Kong’s 1st Statement at A4-c (2SBOD, Tab 24, page 377).

- (b) Dr Kong did not bring monitoring equipment such as a pulse oximeter or blood pressure monitor.¹⁸ Despite knowing that he was conveying a COVID-19 positive patient who had to be transported via a PMIU and that he was supposed to monitor the Patient's oxygen level, it slipped his mind to bring an oximeter.¹⁹
 - (c) Dr Kong was of the view that Mr F1 had to equip him (*i.e.*, Dr Kong) with the necessary equipment and ensure that the equipment issued was in good order, and he (*i.e.*, Dr Kong) was not a trained medical technician who would know such things.²⁰
10. On 7 June 2021, Dr Kong took the ferry from TMFT to Batam Ferry Terminal (“**BFT**”).²¹ According to Dr Kong:
- (a) While he was on the ferry to BFT, Mr F1 informed Dr Kong that the Patient had cancer and heart diseases.²²
 - (b) There was a delay in the Patient's arrival at BFT and Mr F1 informed Dr Kong that this was because the Patient was having breathlessness and had to be stabilised in RSAB first before being transported to BFT.²³
 - (c) Dr Kong was in full PPE and N95 mask, face shield, goggles, gown, and gloves during the sea conveyance of the Patient from BFT to TMFT.²⁴
11. When Dr Kong took over the Patient at BFT, the Patient was in a PMIU.²⁵ During the handover of the Patient, Dr Kong did not objectively monitor or document the status of

¹⁸ CC's Referral at [9] (2SBOD, Tab 49, page 676).

¹⁹ Dr Kong's 1st Statement at A9 (2SBOD, Tab 24, page 379).

²⁰ Dr Kong's 3rd Statement at A62-d, A62-e (2SBOD, Tab 29, page 447).

²¹ Dr Kong's Written Explanation at [8] (1SBOD, Tab 9(a)(i), page 200).

²² Dr Kong's 1st Statement at A3 (2SBOD, Tab 24, page 376).

²³ Dr Kong's Written Explanation at [8] (1SBOD, Tab 9(a)(i), page 200); Dr Kong's 1st Statement at A14 (2SBOD, Tab 24, page 380); Dr Kong's 3rd Statement at A60-c (2SBOD, Tab 29, pages 442 to 443).

²⁴ CC's Referral at [8(a)] (2SBOD, Tab 49, pages 675 to 676); Dr Kong's 1st Statement at A10 (2SBOD, Tab 24, page 379).

²⁵ CC's Referral at [8(a)] (2SBOD, Tab 49, pages 675 to 676); Dr Kong's 1st Statement at A11 (2SBOD, Tab 24, page 379).

the Patient, such as level of consciousness, pulse rate, respiratory rate, blood pressure, or oxygen saturation level (collectively, the “**Patient’s Status**”).²⁶

12. During the sea conveyance of the Patient from Batam to TMFT, Dr Kong also did not objectively monitor or document the Patient’s Status.²⁷ According to Dr Kong, it was his role to check or monitor the Patient’s vital signs, including his oxygen level, but he did not monitor the Patient’s pulse, blood pressure, or oxygen level as he did not have the necessary equipment.²⁸
13. According to Dr Kong, during the sea conveyance from Batam to TMFT, Dr Kong observed that the Patient had a look of despair, pointed to the Patient’s own chest, shook his head as if he was giving up, and attempted to talk to Dr Kong.²⁹ Despite the Patient appearing to be in distress, Dr Kong did not attend to him by checking the Patient’s Status.³⁰
14. According to Dr Kong, he also did not record the Patient’s vital signs after the ferry berthed at TMFT.³¹

C.4 Ground conveyance of the Patient from TMFT to TTSH / NCID

15. According to Dr Kong, he remained in full PPE and N95 mask, face shield, goggles, gown, and gloves during ground conveyance of the Patient from TMFT to TTSH / NCID.³²

²⁶ CC’s Referral at [8(a)] (2SBOD, Tab 49, pages 675 to 676); Dr Kong’s 1st Statement at A15 (2SBOD, Tab 24, page 379); Dr Kong’s 3rd Statement at A64-a, A64-c, A65 (2SBOD, Tab 29, pages 448 to 450).

²⁷ Complaint letter dated 29 June 2021 at [4(b)] (1SBOD, Tab 6, page 62); CC’s Referral at [8(a)] (2SBOD, Tab 49, pages 675 to 676); Dr Kong’s Written Explanation at [53] and [60] (1SBOD, Tab 9(a)(i), page 207 to 208); Dr Kong’s 1st Statement at A15 (2SBOD, Tab 24, page 380).

²⁸ 1st Statement of Dr Kong at A4-f, A20 (2SBOD, Tab 24, page 378 and 381); Third Further Statement of Dr Kong dated 5 May 2022 (“**Dr Kong’s 4th Statement**”) at A83 (2SBOD, Tab 31, page 464).

²⁹ Dr Kong’s Written Explanation at [10] (1SBOD, Tab 9(a)(i), page 200); Dr Kong’s 1st Statement at A22-a (2SBOD, Tab 24, page 382).

³⁰ CC’s Referral at para [8(b)] (2SBOD, Tab 49, page 676); Dr Kong’s 1st Statement at A22-a, A22-b (2SBOD, Tab 24, page 382).

³¹ Dr Kong’s 1st Statement at A30 (2SBOD, Tab 24, page 384).

³² CC’s Referral at [8(a)] (2SBOD, Tab 49, page 676); Dr Kong’s 1st Statement at A10 (2SBOD, Tab 24, page 379).

16. At TMFT, Dr Kong was met by an ambulance crew with a driver and an EMT from Coy B.³³ Dr Kong did not identify himself as the attending doctor, as a doctor, or as the Clinical Director from Coy A to the ambulance crew.³⁴
17. During the transfer of the Patient from the ferry to the ambulance:
 - (a) Dr Kong did not objectively monitor or document the Patient's Status.³⁵
 - (b) Dr Kong failed to identify that the Patient was in critical condition, which should warrant an escalation of the case to the SCDF instead of proceeding with the ground conveyance to TTSH / NCID.³⁶
18. Dr Kong knew that he was the only registered medical professional of the ambulance crew.³⁷ According to Dr Kong, the EMT invited him to sit at the front of the ambulance and the EMT would monitor the Patient instead.³⁸
19. Dr Kong knew that he was the only qualified person to be the crew leader for the ground conveyance from TMFT to TTSH / NCID.³⁹ Throughout the ground conveyance, Dr Kong sat at the front passenger seat of the ambulance, next to the ambulance driver, and only the EMT was with the Patient in the cabin of the ambulance.⁴⁰ Dr Kong did not monitor the Patient's Status.⁴¹ Dr Kong also did not provide care to the Patient during the ground conveyance.⁴²

³³ Complaint letter dated 29 June 2021 at [3] (1SBOD, Tab 6, page 61); Dr Kong's Written Explanation at [13] (1SBOD, Tab 9(a)(i), page 201).

³⁴ Complaint letter dated 29 June 2021 at [3], [4(c)] (1SBOD, Tab 6, page 61); Dr Kong's 1st Statement at A33, A37 (2SBOD, Tab 24, page 385 to 387); Dr Kong's 4th Statement at A75 (2SBOD, Tab 31, page 459).

³⁵ Complaint letter dated 29 June 2021 at [4(a)] (1SBOD, Tab 6, page 61); CC's Referral at [8(c)] (2SBOD, Tab 49, page 676); Dr Kong's 2nd Statement at A42 (2SBOD, Tab 25, page 391).

³⁶ Complaint letter dated 29 June 2021 at [4(a)] (1SBOD, Tab 6, page 61).

³⁷ Complaint letter dated 29 June 2021 at [4(c)] (1SBOD, Tab 6, page 62).

³⁸ Complaint letter dated 29 June 2021 at [4(c)] (1SBOD, Tab 6, page 62).

³⁹ Complaint letter dated 29 June 2021 at [3] (1SBOD, Tab 6, page 61).

⁴⁰ Complaint letter dated 29 June 2021 at [3], [4(c)] (1SBOD, Tab 6, pages 61 to 62).

⁴¹ CC's Referral at [8(d)] (2SBOD, Tab 49, page 676).

⁴² Complaint letter dated 29 June 2021 at [4(a)] (1SBOD, Tab 6, page 62).

20. The Patient's condition deteriorated and he went into a medical emergency during the ground conveyance, before his arrival at TTSH / NCID.⁴³ Dr Kong was not able to render assistance as he was seated at the front of the ambulance.⁴⁴

C.5 The Patient's arrival at TTSH / NCID

21. The ambulance arrived at TTSH / NCID at 5.07pm on 7 June 2021.⁴⁵ On arrival at TTSH / NCID, the Patient was noted to be pulseless, not breathing, and unresponsive.⁴⁶
22. After disembarking from the ambulance at TTSH / NCID, Dr Kong did not check whether the Patient's oxygen mask was still fitted on his face⁴⁷ and did not notice fogging on the PMIU.⁴⁸
23. TTSH / NCID commenced cardiopulmonary resuscitation, which was terminated after about 30 minutes in view of medical futility.⁴⁹ Dr Kong saw TTSH / NCID resuscitating the Patient and left a few minutes later.⁵⁰
24. The Patient passed away. His time of death was 5.48pm on 7 June 2021.⁵¹

C.6 Complaints Committee's Referral

25. The Complaint was referred to a Complaints Committee, which subsequently referred the matter to an Interim Orders Committee due to the following:
- (a) The Complaints Committee had concerns with how Dr Kong conducted himself as the sole registered doctor in charge of evacuating the Patient, particularly in relation to the following.⁵²

⁴³ Complaint letter dated 29 June 2021 at [3], [4(c)] (1SBOD, Tab 6, pages 61 to 62).

⁴⁴ Complaint letter dated 29 June 2021 at [3] (1SBOD, Tab 6, page 61).

⁴⁵ Complaint letter dated 29 June 2021 at [2] (1SBOD, Tab 6, page 60).

⁴⁶ Complaint letter dated 29 June 2021 at [2] (1SBOD, Tab 6, page 60).

⁴⁷ Fourth Further Statement of Dr Kong dated 18 May 2022 ("**Dr Kong's 5th Statement**") at A86 (2SBOD, Tab 38, page 525).

⁴⁸ Dr Kong's 5th Statement at A90-c (2SBOD, Tab 38, pages 527).

⁴⁹ Complaint letter dated 29 June 2021 at [2] (1SBOD, Tab 6, page 60).

⁵⁰ Dr Kong's 5th Statement at A87 (2SBOD, Tab 38, pages 525 to 526).

⁵¹ Complaint letter dated 29 June 2021 at [2] (1SBOD, Tab 6, page 60).

⁵² CC's Referral at [8] (2SBOD, Tab 49, pages 675 to 677).

- (i) Dr Kong did not objectively monitor or document the Patient's Status during the taking over of the Patient at BFT and during the sea conveyance from Batam to Singapore, even though the Patient, who was COVID-19 positive, was housed in a PMIU and Dr Kong was in full PPE;
 - (ii) Dr Kong did not attend to the Patient by checking the Patient's Status when the Patient appeared in distress during the sea conveyance from Batam to Singapore;
 - (iii) Dr Kong did not objectively monitor or document the Patient's Status during the handover of the Patient to the ambulance crew at TMFT; and
 - (iv) Dr Kong sat in the front of the ambulance rather than at the back of the ambulance with the Patient to monitor the Patient's Status during the ground conveyance of the Patient from TMFT to TTSH / NCID;
- (b) The Complaints Committee had concerns on whether Dr Kong competently carried out the land and sea medical evacuation of the Patient. For example, Dr Kong had failed to bring the appropriate basic monitoring equipment for the Evacuation, such as a pulse oximeter or blood pressure monitor;⁵³
- (c) The Complaints Committee was also concerned that Dr Kong may not have demonstrated the requisite level of competence in monitoring the Patient's condition or in caring for the Patient during the whole Evacuation from BFT to TTSH / NCID. In this regard, the Complaints Committee noted that there may be a *prima facie* breach of one or more provisions of the 2016 ECEG. The Complaints Committee referred to Guidelines A1(2), B3, and D7 of the 2016 ECEG;⁵⁴ and

⁵³ CC's Referral at [9] (2SBOD, Tab 49, page 676).

⁵⁴ CC's Referral at [10] (2SBOD, Tab 49, pages 676 to 677).

- (d) In light of the foregoing, the Complaints Committee was concerned that there is a real and potential risk that similar incidents may occur in the future in respect of medical evacuation or transport assignments involving Dr Kong.⁵⁵

D. Documents and submissions tendered by the parties

26. A Notice of Inquiry dated 3 July 2023⁵⁶ relating to this IOC Inquiry was issued to Dr Kong.
27. On 21 July 2023, Counsel for the SMC tendered the SMC’s Written Submissions, SMC’s Bundle of Authorities, and SMC’s Bundle of Documents (Volumes 1 and 2).
28. On 24 July 2023, Dr Kong sent his Points of Disagreement (“**POD**”) with the Draft Agreed Statement of Facts.
29. On 25 July 2023, Counsel for the SMC sent the Draft Agreed Statement of Facts (which had not been agreed to between the parties).
30. On 27 July 2023, Counsel for the SMC tendered the SMC’s List of Key Undisputed Facts.
31. On 28 July 2023, the parties appeared before the IOC and made oral submissions before the IOC. Dr Kong appeared in person.

E. Framework adopted by the IOC

32. 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

⁵⁵ CC’s Referral at [11] (2SBOD, Tab 49, page 677).

⁵⁶ Notice of Inquiry by Interim Orders Committee dated 3 July 2023 (2SBOD, Tab 50, pages 678 to 691).

- (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]

33. Pursuant to the aforesaid provision, the IOC may only order a suspension of Dr Kong’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 Kong.

(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 Heng Nieng dated 18 June 2020 (“**Chan Heng 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 Jipson Quah dated 23 March 2022 (“**Jipson Quah**”) at [23]).

34. 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.

35. Further, as set out in *Wee Teong Boo* (and confirmed in *Ler Teck Siang* at [12], *Chan Heng Nieng* at [20], *Ong Kian Peng Julian* at [21], and *Jipson Quah* at [25]), 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] and *Ler Teck Siang* at [12.1]). 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 Herng Nieng* at [20.1], *Ong Kian Peng Julian* at [21.1], and *Jipson Quah* at [25(a)]).
- (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 Herng Nieng* at [20.2], *Ong Kian Peng Julian* at [21.2], and *Jipson Quah* at [25(b)]).
- (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 Herng Nieng* at [20.3], *Ong Kian Peng Julian* at [21.3], and *Jipson Quah* at [25(c)]).
- (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], *Ong Kian Peng Julian* at [21.4] and *Jipson Quah* at [25(d)])

36. In addition, as the provisions of the MRA on interim orders are modelled after the United Kingdom (“UK”) legislation, the IOC can take guidance from the UK General Medical Council (see *Wee Teong Boo* at [37] and *Jipson Quah* at [26]). 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]

37. 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, *inter alia*, deficient professional performance. It is not limited to considerations of adverse physical or mental health.

F. The SMC's Case

38. The SMC sought an interim order from the IOC that Dr Kong's registration as a medical practitioner be conditional on his compliance with the following conditions and restrictions for a period of 18 months:

- (a) Dr Kong must not offer or agree to act as a medical practitioner and/or provide medical services for any medical evacuation or medical transport assignments (including on ambulance services such as emergency ambulance or medical transport vehicles);
- (b) The above condition does not preclude Dr Kong from administering immediate life-saving procedures (e.g., cardiopulmonary resuscitation if a patient is in cardiac arrest) where Dr Kong is amongst the nearest available medical practitioners;
- (c) Dr Kong must inform the SMC of all places at which he practises or intends to practice; and
- (d) Dr Kong must inform any organisation or person employing him for medical work that his registration is subject to the above conditions,

(collectively, the "**Conditions**").

39. The SMC submitted that the imposition of the aforesaid Conditions for a period of 18 months is necessary for the protection of Dr Kong's patients and members of the public, and is in the public interest, warranted and proportionate to the risk of harm to the public and damage to public confidence in the medical profession.

F.1 An interim order is necessary for the protection of members of the public

40. The SMC submitted that the imposition of the aforesaid Conditions for a period of 18 months is necessary as there is a substantial risk of harm to Dr Kong's patients and to members of the public. The alleged dereliction of the duty of care owed to the Patient is potentially grave.
41. The SMC contended that the risks of harm to Dr Kong's patients include:
- (a) any decline in medical condition in the course of the medical evacuation or transport assignment going unnoticed;
 - (b) unnecessary distress or discomfort during the evacuation or transport assignment; and
 - (c) a delay in patients receiving urgent and/or timely medical treatment in response to any deterioration in condition.
42. Based on the Complaint, the Patient had COVID-19 and other health conditions such as cancer and heart diseases. He also had to be stabilised for breathlessness immediately before the Evacuation, and thereafter exhibited signs of distress during the sea conveyance. Dr Kong however did not monitor or document the Patient's status even then. He had not brought basic monitoring equipment such as a pulse oximeter and blood pressure monitor even though he was aware he had to monitor such vital signs and, despite being in full PPE and the PMIU having pockets allowing direct access to the Patient, did not make use of such pockets. Further, he did not sit with the Patient in the cabin of the ambulance during the ground conveyance, which effectively precluded him from properly monitoring and documenting the Patient's status. The Patient had been entirely dependent on Dr Kong, as the sole registered medical practitioner involved in the Evacuation, to keep him safe and intervene in a timely manner if necessary. However, the allegations against Dr Kong reflect a dearth of due care on Dr Kong's part in preparing for and carrying out the Evacuation.

43. There are hence serious concerns arising from Dr Kong's management of the Patient given that timely and/or urgent medical treatment could have been but was not provided. A 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, which is a very real possibility for patients undergoing a medical evacuation or transport. The potential harm and consequences arising from a delay in treatment are therefore extremely severe.
44. While it is not the role of the IOC to determine whether Dr Kong had in fact conducted himself in the manner alleged, the SMC submitted that the Complaint strongly suggests that there is a high risk that Dr Kong had done so. The MOH RCE had itself already conducted investigations, and the Complaints Committee referred the Complaint to this IOC after further investigations being conducted.
45. Patients must be able to trust that doctors supervising their evacuation or transport will act in their best interests. As Guideline A1(2) of the 2016 ECEG requires, the care of one's patient is a doctor's primary concern and doctors must, to the extent that it is within the doctor's ability or control, provide care in a timely manner to prevent suffering or deterioration of patients' conditions.⁵⁷ Therefore, when doctors undertaking evacuation or transport assignments do not adequately prepare for or exercise reasonable vigilance during the assignment, it not only results in potential harm to patients, but there is also harm to the public's trust in the medical profession.
46. Further, Guideline B3(1) of the 2016 ECEG requires doctors to maintain clear, legible, accurate, and contemporaneous medical records of sufficient detail to enable a high quality of continuing care.⁵⁸ This is important in medical evacuations and transport assignments, where a patient is being transferred to another healthcare institution to receive treatment. The doctor caring for the patient during the assignment would be best-placed to provide the receiving healthcare institution with the patient's latest medical condition, and this becomes particularly crucial where the patient requires

⁵⁷ SMC's Bundle of Authorities ("SBOA"), Tab 8.

⁵⁸ SBOA, Tab 8.

prompt medical care or where the patient's medical condition fluctuated or deteriorated in the course of the assignment.

47. Additionally, it was not acceptable for Dr Kong to have sat in the front of the ambulance, away from the Patient, in view of Guideline D7 of the 2016 ECEG.⁵⁹ As the only person qualified to be the crew leader and the only registered medical professional, he ought to have remained with the Patient regardless of whether he had been invited to sit elsewhere. As Guideline D7(2) states, good behaviour that supports high standards of patient care requires that doctor not manifest behaviour that significantly interferes with or jeopardises patient care or poses risks of harm to colleagues or patients. Dr Kong's decision to sit at the front of the ambulance compromised the Patient's welfare as this would have introduced delay in noticing and responding to the Patient's needs.
48. In view of the pervasiveness of the alleged failure to monitor and document the Patient's status throughout the entirety of the Evacuation, the risk that similar incidents will continue to occur in future cannot be said to be low. This was not a momentary slip-up. The risk to public safety if Dr Kong is allowed to continue practicing without restriction is further exacerbated by the fact that Dr Kong presently does not appear to have a fixed place of practice; there is no institutional oversight of his activities and nothing preventing him from undertaking further medical evacuations or transport assignments.
49. The SMC therefore submitted that it is essential to protect vulnerable patients seeking medical care and treatment, particularly where they are dependent on the doctor-in-charge of the evacuation or transport assignment for their wellbeing and safety. Such patients include individuals seeking prompt treatment, but also extends to patients whose conditions may suddenly deteriorate and any delays could lead to adverse outcomes. The Conditions thus prevent Dr Kong from offering or agreeing to act as a medical practitioner and/or provide medical services for any medical evacuation or medical transport assignments (including on ambulance services such as emergency ambulance or medical transport vehicles).

⁵⁹ SBOA, Tab 8.

F.2 An interim order is in the interest of the public

50. Further and/or in the alternative, the SMC submitted that if the allegations against Dr Kong are true, there is a risk that public trust and confidence in the medical profession would be seriously undermined if Dr Kong were to be given full liberty to practise uninhibited, while awaiting the determination of the Complaints Committee or, if an inquiry is to be held by a Disciplinary Tribunal, the determination by the Disciplinary Tribunal.
51. Ensuring the applicable standard of care is provided to patients is important in upholding public trust and confidence in the medical profession (as per the 2016 ECEG).
52. The 2016 ECEG also requires medical practitioners to adhere to the Ethical Code (3)(a) and Guidelines A1, A5, B1, B3, and D7 so as to enable the public to have trust and confidence in the profession.⁶⁰
53. The common thread throughout all of the above guidelines is the need to ensure that patient care is not compromised. Doctors are under the overarching duty to provide appropriate, necessary, and timely care and treatment to their patients. They must (a) treat patients in emergency situations with the urgency and timeliness necessary to save lives or prevent adverse outcomes; and (b) work with other healthcare professionals in a manner that best serves the best interests of patients, including by maintaining proper medical records of the patient's condition.
54. The SMC submitted that if the allegations against Dr Kong are true, members of the public would be shocked to learn that a registered medical practitioner, who had failed to prepare even basic monitoring equipment and thereafter neglected to monitor and document the Patient's vital signs and thereby potentially caused delay to the Patient's receipt of necessary treatment, was allowed to continue practising without restriction.

⁶⁰ SBOA, Tab 8.

55. 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 Kong was not restrained during this period.

F.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

56. In view of the seriousness of the allegations against Dr Kong and the abovementioned risks of harm to the public and damage to public confidence in the medical profession, the SMC submitted that an interim order is warranted and proportionate.
57. At the outset, Dr Kong's alleged conduct reflects a lack of regard for the 2016 ECEG and patient welfare, the fundamental principle behind the practice of medicine. The protection of members of the public from doctors who undertake medical assignments but do not apply their minds to providing proper care to their patients, potentially at the cost of their patient's health or even life, is crucial. While there may be some financial impact on Dr Kong arising from the imposition of the Conditions, this cannot outweigh the need to protect the public and the public interest.
58. The SMC submitted that the 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 has not sought that Dr Kong be suspended from practice, but rather that the Conditions be imposed on his registration. In this regard, Dr Kong should be prevented from offering or agreeing to act as a medical practitioner and/or provide medical services for any medical evacuation or medical transport assignments (including on ambulance services such as emergency ambulance or medical transport vehicles), a role in respect of which he has allegedly shown a serious dereliction of duties.
59. The Conditions are also targeted at the subject of the Complaint, which involved out-of-clinic care for a patient who was being evacuated to receive medical treatment elsewhere. The SMC acknowledges that a balance must be struck between the risk of harm to the public and Dr Kong's ability to treat patients. That said, while the Patient may have been an unusual case in that he had COVID-19 and was contained in the

PMIU, Dr Kong's general lack of preparation, documentation, and monitoring of the Patient is a risk that could apply to all patients being medically evacuated or transported. There is also always a risk that such patients may go into a medical emergency and doctors must therefore exercise due diligence in preparing for the evacuation or transport as well as in monitoring their patients and documenting the status of their patients, to continue to ensure that patients receive proper medical care.

60. The proposed Conditions are also not intrusive or unduly burdensome on Dr Kong. The Conditions such as (a) informing the SMC of all places at which he practises or intends to practise; and (b) informing any organisation or person employing him for medical work that his registration is subject to the above conditions are administrative, and do not impose a substantial burden on Dr Kong. Further, these requirements will enable the SMC to ensure that the risk of harm to the public is mitigated, as well as to monitor Dr Kong's compliance with the Conditions and ensure the protection of the public.
61. Finally, the Conditions do not preclude Dr Kong from administering immediate lifesaving procedures (*e.g.*, cardiopulmonary resuscitation if a patient is in cardiac arrest) where Dr Kong is amongst the nearest available medical practitioners.

F.4 The Conditions should be imposed for a period of 18 months

62. As for the length of the interim order, the SMC submitted that an interim order of 18 months should be imposed as the Complaint is currently still pending before the Complaints Committee which has yet to make a determination as to whether the Complaint should be referred for formal inquiry by a Disciplinary Tribunal.
63. 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 on which the order was made and, subsequently, to review the order at three-month intervals for so long as the order is in force. It may also review the order where new evidence relevant to the order has become available after the making of the order. At these review hearings, the IOC may revoke or vary the interim order that was previously made, replace an interim suspension order with an interim restriction order, or replace an interim restriction order with an interim suspension order: see section 59D of the MRA.⁶¹ Should further

⁶¹ SBOA, Tab 1.

developments arise in the course of the proceedings against Dr Kong, this IOC or another IOC would have the opportunity to review the interim order imposed against the backdrop of such new developments.

64. However, it should also be noted 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 Kong lapses before the relevant proceedings have concluded, Dr Kong 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.⁶²
65. Therefore, given the uncertainty of when the relevant proceedings will conclude, the SMC submitted that the maximum period of 18 months is appropriate. In any case, under section 59G(1) of the MRA, any interim order made will no longer be in force once the relevant proceedings have concluded.⁶³ For the purposes of the present case, the “relevant proceedings” would include:⁶⁴
- (a) when the Complaints Committee makes an order under section 49(1) of the MRA that no formal inquiry by a Disciplinary Tribunal is necessary (and provided (i) no appeal to the Minister for Health under sections 49(10) or 49(11) of the MRA is made against that decision within 30 days after being notified of the determination of the Complaints Committee or such an appeal is withdrawn; or (ii) the Minister makes an order under sections 49(13)(a) or 49(13)(d) of the MRA); or
 - (b) when the Complaints Committee refers the matter for formal inquiry by a Disciplinary Tribunal, and the Disciplinary Tribunal (i) makes an order under section 53(2) which has taken effect; or (ii) dismisses the matter under section 53(4) of the MRA.

⁶² SBOA, Tab 1.

⁶³ SBOA, Tab 1.

⁶⁴ SBOA, Tab 1.

66. Therefore, seeking the maximum period of 18 months will not result in any prejudice to Dr Kong since any interim order made will no longer be in force once the relevant proceedings have concluded.

G. Dr Kong's Case

67. In Dr Kong's POD, he stated that he could not agree with most of the facts detailed in the Draft Agreed Statement of Facts (which had essentially reiterated various points made in the SMC's submissions).

68. Dr Kong's main points of disagreement are set out below.

G.1 The Complaint and RCE Findings

69. Dr Kong stated that according to Mr F1, the escort of a Covid patient from Batam back to Singapore is that of a medical transport. In previous cases of transport from Batam, whether carried out by himself or by the medic, Mr F1 was in full control. Mr F1 decided what was important to bring along and he also briefed Dr Kong on every item that Dr Kong was instructed to bring. This was so in all cases of transport from Batam, including all the uneventful cases that successfully completed the trip and the case which Dr Kong was in charge of that landed in difficulty. Dr Kong noted that for all Covid patients transported from Batam to Singapore, they were not medical evacuation cases.

70. With regard to the land conveyance, Dr Kong stated that Mr F1 had showed him photos of an EMT accompanying a Covid patient from Batam, with the EMT seated on the front seat next to the driver in full PPE.

71. For the Patient in the present case, Mr F1 informed Coy B that Dr Kong (a medical doctor) would be accompanying the Patient, and therefore when the EMT approached him, the EMT addressed him as Dr Kong.

72. While at the Tanah Merah jetty, Dr Kong informed the EMT that the Patient should be monitored with special attention given to the oxygen to be administered. The EMT then

invited him to sit next to the driver. Dr Kong asked the EMT if he was sure, he indicated so. Dr Kong was fully prepared to be in the cabin of the ambulance, so that he would be present with the patient, but since the EMT said that he would do so, Dr Kong did not insist.

G.2 Potential breaches under the 2016 ECEG

73. Dr Kong also claimed that the EMT did not perform the GCS on the Patient.
74. With regard to documentation, Dr Kong said that he did jot down a few observations which he had made. These were related to the Patient's movements, including arms and legs movements, his breathing and pulse which Dr Kong could measure by observing the Patient's breathing and carotid pulse, which was difficult as Dr Kong had to turn his head several times to catch the right angle. What was scribbled was a couple of words and some figures. It was difficult to write these down as the sea was choppy and after some attempts, Dr Kong abandoned trying to record altogether.
75. When Dr Kong reached home, his wife helped him to clean up and everything that came from Batam and the ferry were all thrown away for fear of contamination. By the time he realized that one of the scraps of paper contained these scribbles, they had already been thrown away and were irretrievable.
76. As regards Dr Kong's professional behaviour in the healthcare team, Dr Kong stated as follows:
 - (a) Mr F1 did inform Coy B that a doctor would accompany the Patient.
 - (b) The EMT did address Dr Kong as Dr and asked him for instructions as to how to monitor the patient and then volunteered to take over that role.
 - (c) The EMT then asked Dr Kong to sit in front while he would monitor the patient.
 - (d) Throughout the journey, Dr Kong's anxious nature caused him to look behind at the cabin to see what was happening. Each time he looked back, the EMT would be seated calmly opposite the PMIU.

- (e) There was no indication throughout the journey that the EMT had detected an emergency with the Patient. If he had indicated that an emergency had occurred, Dr Kong would probably have stopped the ambulance and attended to the emergency.
- (f) The EMT's behaviour in disembarking the patient and wheeling the trolley towards NCID did not indicate any emergency or any hurry to rush the patient towards NCID.

77. Dr Kong was told that the EMT did continuous monitoring of the patients breathing periodically throughout the journey. In the many times that Dr Kong had looked behind at the cabin, at no time did Dr Kong see the EMT doing any assessment or recording on a notepad or anywhere. The monitoring, measuring of the breathing and recording would take time to execute and Dr Kong would at least be able to see him doing such a recording since he did several of them.

G.3 Sea conveyance of the Patient from Batam to TMFT

78. Dr Kong said that whatever he needed for the transport, Mr F1 would provide. Dr Kong did mention to Mr F1 the different items he would be bringing along with him for Mr F1 to review. Mr F1 seemed alright with that. If Mr F1 did think that Dr Kong needed an oximeter and a blood pressure meter, Mr F1 would have told him so, and he could bring it with him if Mr F1 was not able to supply.
79. When the PMIU arrived at the BFT, the PMIU was accompanied by at least two nursing staff. After they had placed the PMIU in the open section of the ferry (there was no way the PMIU could enter the airconditioned section of the ferry), they proceeded to review the status of the Patient with Dr Kong. Accordingly, they reported on the Patient's respiration, pulse and blood pressure. Dr Kong noted that they were all within normal limits. They gave the oximeter reading as above 90+, probably 95 if Dr Kong's memory served him right. After they completed the review, they removed all the equipment and stuff belonging to the hospital including the oximeter. As Dr Kong was present at the review, and they reported the readings to him, Dr Kong would have known what these were.

80. What was unusual with this particular case of medical transport was that Batam hospital did not pass to Dr Kong any medical notes relating to the Patient. In the two or three previous transports of patients Dr Kong was involved in, the sending hospital would provide a set of medical notes pertaining to the patient so that Dr Kong could evaluate the patient's condition objectively. The fact that the Batam hospital failed to hand over copies of notes relating to the Patient means that Dr Kong was completely in the dark as to what was the Patient's clinical condition as well as any associated risks.
81. Throughout the journey from Batam to TMFT, Dr Kong was near or next to the PMIU. Being an anxious person, Dr Kong was watching him all the while. The only thing to do was to watch his movements and activity. Dr Kong watched him breathe and counted his respiratory rate, and tried to look for his carotid pulse, and counted his heart rate when Dr Kong located the carotid pulse. That was how Dr Kong passed the time.
82. The fact that Dr Kong had observed the Patient's distress and behaviour was an indication that his observation made him aware of what the Patient was going through. Dr Kong noted that the Patient's distress did not last long, not more than 15 minutes by his estimation. As the Patient was also on his mobile phone, his distress could be related to the conversations he was having or to how he felt about his symptoms. As Dr Kong did not understand Malay, he was unable to sort out which was which.
83. After the Patient's distress, he seemed to have calmed down. If the calls he had had troubled him probably after complaining and ventilating his frustration, he was perhaps much calmer.
84. Throughout the journey on board the ferry, Dr Kong was at all times on his feet around the Patient looking at him and his movements, looking at his breathing and counting them and occasionally looking to catch the carotid pulse to see that it was still moving. When Dr Kong was exhausted, he would sit down on the stairs nearby with the PMIU in his sight. Because Dr Kong was always around the PMIU in the open section of the ferry, that was how he was affected by the heat as it was a hot day, and he was attired in full PPE which made it very warm and he ended up dehydrated as well. If Dr Kong had neglected him as the Draft Agreed Statement of Facts implied, then he would be in

the air-conditioned section keeping himself cool and he would not have suffered from the heat and dehydration.

85. With regard to the recording of the Patient's vital signs, Dr Kong said that he did not do so because the responsibility for doing that had been handed over to the EMT.

G.4 Ground conveyance of the Patient from TMFT to TTSH/NCID

86. While Dr Kong was the only medical practitioner, the EMT is equally trained to assume the role of medical monitoring and resuscitation should the Patient go into distress. For the Coy A, the person that normally does so would be Mr F1, a trained senior medic, or his usual medic.

87. This means that normally it would be an EMT that would be responsible for the monitoring, whether it be the Coy B EMT or the Coy A EMT. The fact that Dr Kong was a medical practitioner is irrelevant.

G.5 Dr Kong's personal takeaway

88. There had been mistakes made and shortcomings in this transport of the Patient from Batam. Dr Kong had no prior experience of such responsibility, and if given the opportunity again Dr Kong would have done better.
89. Dr Kong had come out of retirement to help Mr F1 and his ambulance service out of friendship. However, this episode had put a strain on Dr Kong physically. As a heart patient, Dr Kong does not wish to put his health and his life on the line just for doing such a service.
90. Dr Kong had already made preparations to downgrade his medical licence further and had already made inquiries as to how he could restrict his medical licence. Specifically, his medical licence currently only allows him to prescribe for himself and his family. He wants to go back to full retirement permanently.

H. SMC's List of Key Undisputed Facts dated 27 July 2023

91. In the absence of an Agreed Statement of Facts from the parties, the IOC directed Counsel for the SMC to prepare a document setting out the key undisputed facts (with appropriate cross-references).
92. Pursuant to the IOC's directions, Counsel for SMC tendered its List of Key Undisputed Facts between the Complaint and CC's Referral, and Dr Kong's position ("**SMC's List of Key Undisputed Facts**") on 27 July 2023.
93. The **key undisputed facts** (as stated in the SMC's List of Key Undisputed Facts dated 27 July 2023) are set out below:
 - (a) At the material time, Dr Kong was a registered medical practitioner.
 - (b) At the material time, Dr Kong held the title of Clinical Director of Coy A.
 - (c) On 7 June 2021, the Patient was conveyed from BFT to TMFT via ferry, and thereafter to TTSH / NCID via ambulance.
 - (d) Dr Kong was the only registered doctor involved in the conveyance of the Patient.
 - (e) The Patient had COVID-19.
 - (f) The Patient was in a PMIU during the conveyance.
 - (g) Dr Kong was in full PPE during the conveyance.
 - (h) Dr Kong did not use a pulse oximeter for the conveyance.
 - (i) At BFT, Dr Kong did not document the Patient's vital signs.
 - (j) After berthing at TMFT, Dr Kong did not document the Patient's vital signs.
 - (k) At TMFT, Dr Kong was met by an ambulance crew with a driver and an EMT from Coy B.

- (l) At TMFT, Dr Kong did not check the condition of the Patient before leaving TMFT for TTSH / NCID.
 - (m) During the conveyance of the Patient via ambulance from TMFT to TTSH / NCID, Dr Kong sat in the front of the ambulance, next to the driver, while the Patient was in the back cabin of the ambulance.
 - (n) The Patient passed away on 7 June 2021.
94. During the hearing on 28 July 2023, the IOC asked Dr Kong whether he agreed with the aforesaid 14 key facts stated in the SMC's List of Key Undisputed Facts dated 27 July 2023.
95. Dr Kong informed the IOC that he agreed that the aforesaid 14 key facts (as stated in the SMC's List of Key Undisputed Facts dated 27 July 2023) are correct.
96. As such, the 14 key facts stated in the aforesaid SMC's List of Key Undisputed Facts were undisputed by Dr Kong during the hearing on 28 July 2023.

I. Decision of the IOC

97. The IOC has carefully considered all the documents and submissions before us (including the oral submissions which were made at the hearing on 28 July 2023), and has also taken into account all the facts and circumstances of the case.
98. In the present case, the key undisputed facts and the other allegations raised by the SMC against Dr Kong are of a serious nature. The key undisputed facts are, by themselves, already of a rather serious nature (even leaving aside the other allegations by the SMC against Dr Kong that are equally, if not even more, serious).
99. In this regard, the key undisputed facts which are of a serious nature include the following:
- (a) Dr Kong, who held the title of Clinical Director of Coy A, was the only registered doctor involved in the conveyance of the Patient.

- (b) The Patient had COVID-19.
- (c) Dr Kong did not use a pulse oximeter for the conveyance.
- (d) At BFT, Dr Kong did not document the Patient's vital signs.
- (e) After berthing at TMFT, Dr Kong did not document the Patient's vital signs.
- (f) At TMFT, Dr Kong did not check the condition of the Patient before leaving TMFT for TTSH / NCID.
- (g) During the conveyance of the Patient via ambulance from TMFT to TTSH / NCID, Dr Kong sat in the front of the ambulance, next to the driver, while the Patient was in the back cabin of the ambulance.
- (h) The Patient passed away on 7 June 2021.

100. The seriousness and gravity of the consequences of the risk of harm (if it materialises) arising from acts or conduct as set out in the foregoing paragraph would include (among others):

- (a) undue discomfort or distress to the patient during the evacuation or transport assignment;
- (b) any decline in the patient's medical condition during the course of the medical evacuation or transport assignment being unnoticed;
- (c) a delay in the patient receiving urgent and/or timely medical treatment in response to any deterioration in condition;
- (d) an exacerbation of the patient's medical condition if the patient suffers from a time-sensitive or life-threatening condition which requires urgent medical treatment; and

- (e) a reduction in the patient's chances of survival, resulting in adverse consequences or even death.
101. In determining whether the Conditions sought by the SMC against Dr Kong are warranted and proportionate, it is important that the public is protected against doctors who undertake urgent medical assignments but fail to discharge their duty to provide proper care to their patients, thereby putting their patients' health, or even lives, at stake.
102. Public confidence in the integrity of medical evacuations is critical, especially in view of the Patient's death in the present case. If there is a conviction in this case (by a subsequent Disciplinary Tribunal), an average member of the public would be shocked or troubled to learn that the doctor had continued to undertake medical evacuations without any restriction (see *NH v General Medical Counsel* at [12]; *Wee Teong Boo* at [43]; and *Jipson Quah* at [25(d)]), even though he had failed to prepare basic monitoring equipment and neglected to document the Patient's vital signs and check his condition, thereby potentially causing delay to the Patient receiving urgent and life-saving treatment.
103. Although the complaint against Dr Kong appears to be an isolated incident (albeit involving the death of the Patient), the IOC notes that the SMC has not sought that Dr Kong be suspended from practice but merely that the Conditions be imposed on his registration. These Conditions appear to the IOC to be reasonable as Dr Kong's apparent failure to carry out his duties in the present case is a risk that may potentially apply to all future patients undergoing medical evacuations. As such patients could also face medical emergencies, it is imperative that doctors exercise utmost care and due diligence to inter alia prepare for the evacuation or transport, and conscientiously monitor the patients' vital signs and document their medical status, to ensure that the patients receive the necessary and appropriate medical care.
104. Further, the Conditions do not preclude Dr Kong from administering immediate life-saving procedures (eg., cardiopulmonary resuscitation if a patient is in cardiac arrest) where Dr Kong is amongst the nearest available medical practitioners.

105. The IOC also notes that Dr Kong has stated in his POD that his current medical licence only allows him to prescribe for himself and his family, and that he intends to further restrict his medical licence as he wishes to go into full retirement permanently. If so, the Conditions are consistent with Dr Kong's aforesaid intention and would not be unduly burdensome on Dr Kong.
106. In this regard, when asked by the IOC during the hearing on 28 July 2023, Dr Kong informed the IOC that he was agreeable to the Conditions being imposed on him, as he intended to go into retirement.
107. As such, after balancing the interests of the public and the interests of Dr Kong, the former will clearly outweigh and prevail against the latter. In any event, it is necessary to impose the Conditions against Dr Kong for an appropriate duration as there would otherwise be nothing to stop Dr Kong from deciding in the future to upgrade his medical licence to a fully registered one, thereby being able to provide medical services for medical evacuation or medical transport assignments again.
108. By reason of the matters aforesaid, the IOC is satisfied that it is necessary for the protection of members of the public or otherwise in the public interest that the Conditions be imposed on Dr Kong's registration as a medical practitioner.
109. The IOC is also of the view that it would be proportionate to the risk of harm to the public and/or in protecting public interest to impose the interim order on Dr Kong for a period of 18 months.

J. The Order of the IOC

110. We order that Dr Kong's registration as a medical practitioner be conditional on his compliance with the following conditions and restrictions for a period of 18 months from 28 July 2023, or until the conclusion of the disciplinary proceedings against Dr Kong under Part 7 of the Medical Registration Act 1997, whichever is earlier:
- (a) Dr Kong must not offer or agree to act as a medical practitioner and/or provide medical services for any medical evacuation or medical transport assignments

(including ambulance services such as emergency ambulance or medical transport vehicles). This condition does not preclude Dr Kong from administering immediate life-saving procedures (e.g., cardiopulmonary resuscitation if a patient is in cardiac arrest) where Dr Kong is amongst the nearest available medical practitioners;

- (b) Dr Kong must inform the Singapore Medical Council of all places at which he practises or intends to practice; and
- (c) Dr Kong must inform any organisation or person employing him for medical work that his registration is subject to the above conditions.

K. Publication of Decision

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

Dated this 28th day of July 2023.