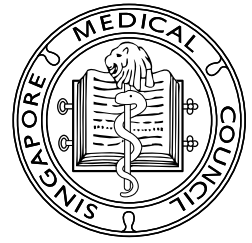
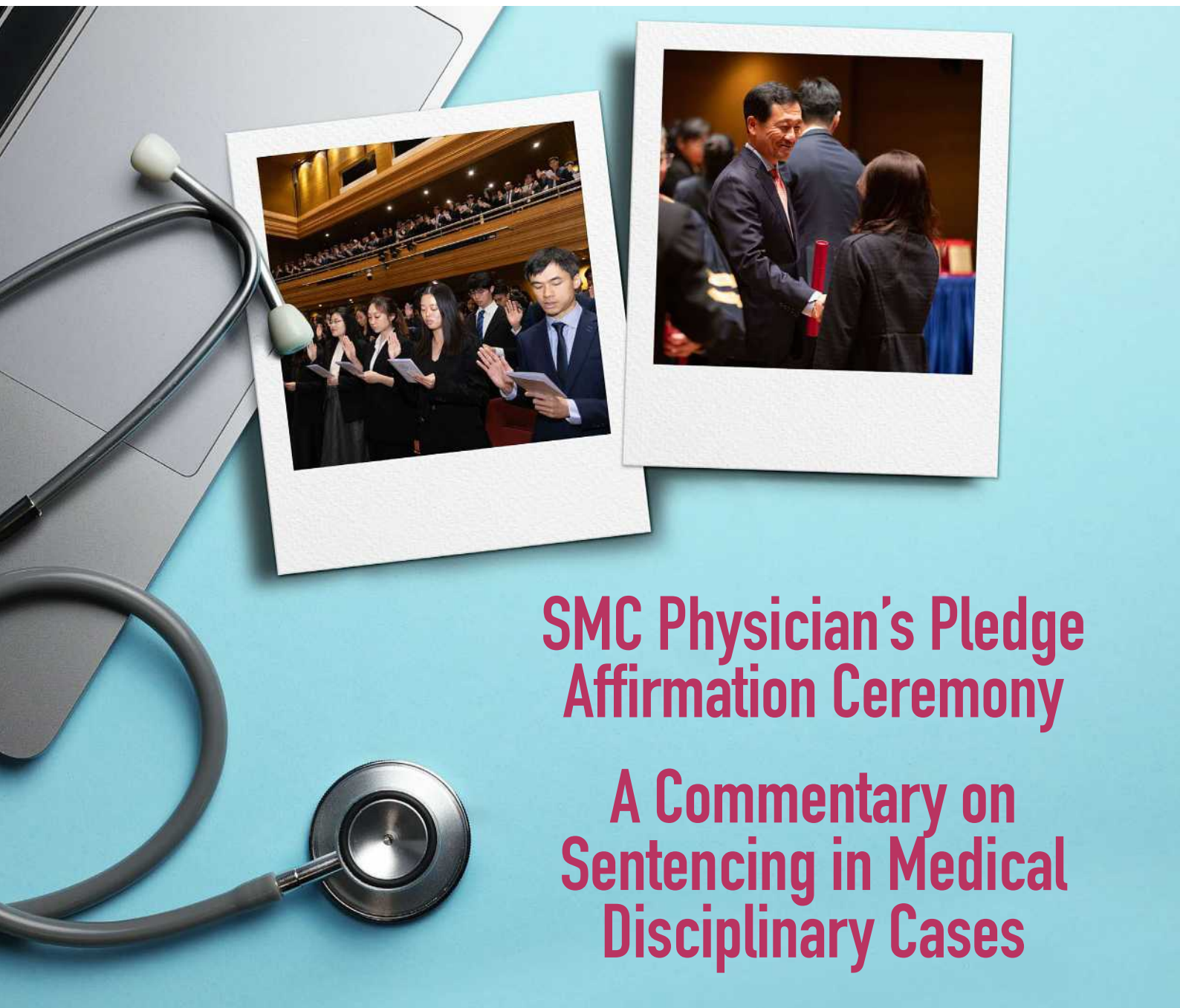


SMC Newsletter



28th Edition
Dec 2025



SMC Physician's Pledge Affirmation Ceremony

A Commentary on Sentencing in Medical Disciplinary Cases

In this issue

SMC Physician's Pledge, then and now
Page 21

**A Commentary on Sentencing in Medical
Disciplinary Cases**
Page 29

Contents

page

03

**SMC
President's
Message**

page

05

**SMC Physician's Pledge
Affirmation Ceremony,
September 2025**

page

20

**30th Anniversary
of Physician's
Pledge
Affirmation
Ceremony**

page

26

**Summary and
Learning Points
from the Case
Involving Dr AYG
[2024] 4 SLR 1364**

page

29

**A Commentary on
Sentencing in Medical
Disciplinary Cases**

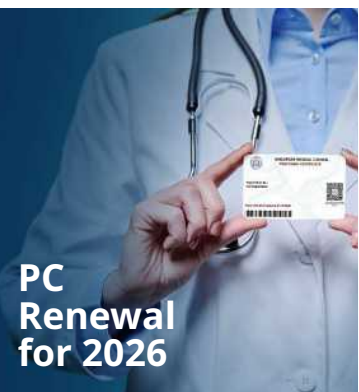
page

38

**Outcome of
SMC Election 2025**

page

39

**PC
Renewal
for 2026**

SMC President's Message

Dear Colleagues,

Season's greetings. The September 2025 SMC Physician's Pledge Affirmation Ceremony was a significant milestone being the 30th anniversary of the Pledge. We have in this issue published the reflections of a current as well as a former Council member, Dr Wong Chiang Yin and Professor Lynette Shek respectively, who participated in the first Pledge.



In this year's ceremony, held on 20 September 2025 at the Yong Siew Toh Conservatory of Music, National University of Singapore, 525 doctors affirmed their commitment to uphold professional conduct and ethics. Mr Ong Ye Kung, Minister for Health and Coordinating Minister for Social Policies, was our Guest-of-Honour and he announced the Care Team Transformation, led by Principal Doctors with broad-based competencies to meet the needs of an ageing population, and the growing role of Hospital Clinicians in supporting integrated and coordinated care.

Our Series in Professional Ethics returns in this issue with the article "Summary and Learning Points from the Case Involving Dr AYG" which focuses on practice guidelines and highlights key learning points from a concluded case. To complement this, we have included a commentary by Professor Kenneth Mak, Registrar of SMC on sentencing in medical disciplinary cases. This article explains how the medical disciplinary process under the Medical Registration Act 1997 ("MRA") operates and illustrates how Disciplinary Tribunals ("DTs") arrive at sentencing decisions by drawing reference from two recent DT cases. We hope these articles will be a valuable guide and reminder of your responsibilities in professional practice.

The SMC Election was held from 22 July to 5 August 2025 to fill five vacancies in the SMC arising from the end of term of office of five elected members on 10 October 2025. 98.46% of eligible doctors cast their votes in a competitive field of 14 candidates.

We congratulate the five Council members, Dr Chong Yew Lam, Dr Ho Kok Sun, Dr Lau Tang Ching, Dr Leong Choon Kit and Dr Tan Yia Swam who were successfully elected to serve the new three-year term beginning on 11 October 2025. We thank all doctors who voted.

Finally, we wish to remind all fully and conditionally registered doctors whose Practising Certificates (PCs) are expiring on 31 December 2025 that the renewal period has commenced on 2 September 2025 and you would have received messages from the SMC to renew your PC. Please ensure you have met the requirements for Mandatory Medical Ethics (MME) Core Points and Continuing Medical Education (CME) points to get your PC renewed in time.

May this end of the year be also a time to reflect and spend time with family and loved ones. Together, let us look forward to the new year with renewed strength, purpose, and unity as a profession.

Warm regards,



Professor Chee Yam Cheng
SMC President

SMC Physician's Pledge Affirmation Ceremony, September 2025

The Singapore Medical Council (SMC) held its second Physician's Pledge Affirmation Ceremony of 2025 on 20 September at the Yong Siew Toh Conservatory of Music, National University of Singapore. At the ceremony, 525 doctors—the vast majority of whom were provisionally registered—took the Physician's Pledge, affirming their duty to patients and commitment to uphold high professional and ethical standards in their medical practice.

Gracing the occasion were the Guest-of-Honour, Mr Ong Ye Kung, Minister for Health and Coordinating Minister for Social Policies, members of the Medical Council, and distinguished guests from the medical professional bodies, medical schools and healthcare institutions.

The ceremony also saw eight doctors receiving the MOH National Outstanding Postgraduate Year 1 (PGY1) Award from the Director-General of Health, Professor Kenneth Mak, in recognition of their exceptional performance and leadership during their PGY1 training in 2024.





Speech by Minister for Health and Coordinating Minister for Social Policies, Mr Ong Ye Kung

The Latest Pillar of Medical Manpower

Professor Kenneth Mak, Director-General of Health and Registrar, SMC,
Members of the SMC,
Distinguished guests,
Ladies and gentlemen,

I am pleased to join you this afternoon at the SMC Physician's Pledge Affirmation Ceremony.

Congratulations to all our young doctors, for working hard and successfully completing medical school. In a few moments, you will be taking the Physician's Pledge—a solemn

promise to do your best for your patients, to learn throughout your career and to uphold the trust that society places in you.

 ...the Singapore
healthcare system is
responding by embarking
on a historical
transformation”

You will begin your career at a very exciting time. Because of rapid population ageing, the Singapore healthcare system is responding by embarking on a historical transformation, and you will be in the thick of it.

You would have heard of all the changes—population health, Healthier SG, Age Well SG, leveraging AI and technology, shifting care from hospitals to community. Today, I will talk about a less-discussed aspect—transforming the care team in hospitals. This change will have a profound impact on your work and your medical career choices.

Need for Care Team Transformation

The care team model in our public acute hospitals has traditionally been specialist-led. So if a patient is in hospital for say, a knee replacement surgery—which is what I went through—the team looking after him will comprise the anaesthetist, physiotherapist, nurses and then an orthopaedic surgeon—the specialist who leads the team.

This model has worked well, especially when we had a much younger patient profile, and hospital visits tended to be acute and episodic. Like the young man, or me, going for a knee replacement. I had one problem which is my knee—I go in, it's fixed, and I'm out, one-day stay, and you just need the specialist to fix a specific condition within a very short period of time.

But over time, this has become the default hospital care model, in Singapore and also around the world. Patients have also come to expect that the specialist—the 'dua lo kun', the big doctor, will oversee their care, regardless of their clinical needs.

Take for example my late mother, she developed a heart condition in her 40s and she started seeing a cardiologist. As she aged and developed multiple conditions, she still ran to the same cardiologist for every condition, who then referred her to other organ specialists. The cardiologist is her 'dua lo kun'—her big doctor, who took care of her very well. But it is not the ideal model, especially when we are going to have many more seniors with multiple, complex conditions.



Consider an elderly patient with a head injury. Under our current system, he goes to a hospital he might see many specialists upon admission to the hospital—one to manage the head injury, another to investigate what caused the giddiness that led to the fall and injury of the head, and yet another to manage his underlying chronic illnesses.

Each specialist will tend to focus on his or her respective area of expertise. For the patient and his family, this may mean speaking to multiple specialists, repeating his symptoms each time, being prescribed many treatment plans and medications, and trying to make sense of them all.

Upon discharge, he may have to navigate numerous follow-up clinic visits. Sometimes, patients may end up waiting a couple of hours for their turn to see the specialist, only for the consult to be over in a few minutes if his condition is stable—and this experience is repeated across clinics.

It is better if we can consolidate and coordinate the various treatments, and for the patient and his caregivers to have a holistic view of the patient's health, and to be

It is better if we can consolidate and coordinate the various treatments, and for the patient and his caregivers to have a holistic view of the patient's health, and to be advised on the integrated health plan and care plan. This requires a major transformation of our care teams in hospitals.

advised on the integrated health plan and care plan. This requires a major transformation of our care teams in hospitals. It will take some years, but the process has started and there will be momentum in the change.

The Broad-Based Principal Doctor

Earlier this year, we introduced a new care team model across selected disciplines in all our public hospitals—general surgery, orthopaedics, paediatric surgery and so on.



We moved away from multiple specialist-led teams operating in parallel, to a unified care team under one lead Principal Doctor. For the Principal Doctor to be able to coordinate and integrate care across specialists, he will need broad-based competencies and experiences.

Many experienced specialists who have treated patients of varying conditions and beyond their area of specialty are able to play the role of the Principal Doctor. That is, however, not enough. Now, we need to consciously train clinicians to acquire broad-based competencies, as a career pathway distinct from being a specialist.

Hence, we started the Hospital Clinician Scheme across public hospitals. Hospital Clinicians go through a separate path of training and development, to help them acquire broad-based competencies. There are about 150 Hospital Clinicians in our system, with a huge potential for growth.

We are already seeing benefits for patients and their caregivers when we streamline care in such a manner. Take for example, Mr Haji Osman, he's a patient at Alexandra Hospital. He has multiple complex cardiac and renal conditions. He used to shuttle between different specialists across hospitals. This placed a significant burden on his caregiver, which is his daughter Hadijah, who had to regularly take time off her work.

Today, under the care of Dr Neeta Kesu Belani, a Senior Hospital Clinician at Alexandra Hospital, Mr Osman's previously scattered appointments have been consolidated into a coordinated care plan. Where possible, visits to clinics were replaced by teleconsultations. This has made an enormous difference to the daughter Hadijah. More importantly, Mr Osman's multiple conditions are now better managed.



...we started the Hospital Clinician Scheme across public hospitals. Hospital Clinicians go through a separate path of training and development, to help them acquire broad-based competencies."

The Hospital Clinician

To attract more doctors to become Hospital Clinicians, MOH will enhance the scheme. One major improvement is to enhance the career track of Hospital Clinicians from three levels currently to four—similar to that of Specialists. The fourth and apex level will be called Senior Principal Hospital Clinicians.

Let me explain the career path briefly. You join the track at the entry level of Hospital Clinician, where you will undergo training to build up foundational broad-based competencies. The rigour of training is similarly anchored on Entrustable Professional Activities (EPAs), like residency training.



Recipients of the National Outstanding PGY1 Award with Minister Ong Ye Kung and Prof Kenneth Mak, DGH, MOH

After you attain all the EPAs assessed through workplace-based assessment and achieve the Graduate Diploma in Hospital Practice awarded by the Academy of Medicine Singapore, you will qualify to be promoted to the next level, as a Senior Hospital Clinician.

As you gain further experience as a Senior Hospital Clinician, you may start assuming the role of a Principal Doctor. That is when you can progress to the third level, as a Principal Hospital Clinician.

Principal Hospital Clinicians will take on professional leadership roles within public healthcare institutions. They may take on roles such as chief of a clinical service, or orchestrating a major institution-wide programme in quality improvement or in education. With these additional leadership responsibilities, you can progress into the apex grade, as a Senior Principal Hospital Clinician.

One major improvement is to enhance the career track of Hospital Clinicians from three levels currently to four—similar to that of Specialists. The fourth and apex level will be called Senior Principal Hospital Clinicians.

For a high-performing doctor, you could achieve the apex grade in your early forties. The remuneration of Hospital Clinician levels will be reviewed and set, to be commensurate with doctors in the other tracks who take on similar roles. I encourage junior doctors, as well as new graduates, who are interested in hospital-based practice to consider joining the Hospital Clinician scheme as an attractive option that offers a fulfilling career.

With these changes, we now have three pillars to clinical practice—in alphabetical order: Family Physicians, who anchor care in the community and develop trusted relationships with their patients; Hospital Clinicians, with broad-based competencies to coordinate and integrate care; and Specialists, with deep expertise in specific diseases and organs.

Each has strengths and capabilities that complement the others. Together, they offer career trajectories that are similar in terms of progression milestones and leadership opportunities, and most importantly—meaningful and fulfilling.

With the changes we introduced, we should abolish the term “non-specialists” from our lexicon. We don’t use the term officially; you may sometimes still spot it in certain

Together, they offer career trajectories that are similar in terms of progression milestones and leadership opportunities, and most importantly—meaningful and fulfilling.”



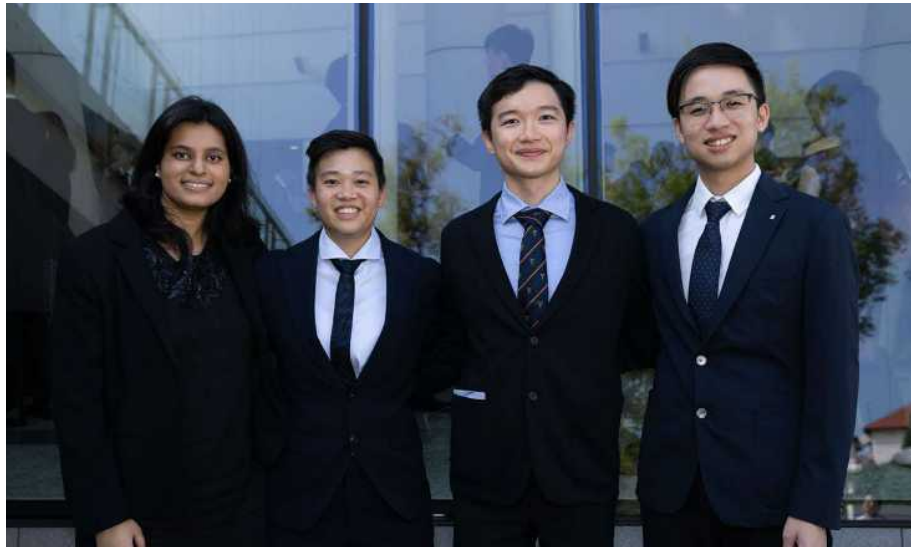
websites, but officially we don't use the term, but I think the dichotomy exists in our minds. I am guilty of it. Every time I meet a junior doctor or a fresh graduate, I will ask "Are you planning to apply for residency? Which ones are you considering?" I should really be asking "Do you wish to be a (in alphabetical order) Family Physician, Hospital Clinician or Specialist?"

The Bedrock of Everything You Do

Regardless of which career pathway you eventually choose, remember that ethical practice should remain the bedrock of everything you do.

As you take the Pledge, know that you are not only committing yourself to clinical excellence, but are upholding the highest standards of professional conduct and values that define the medical profession. The SMC Ethical Code and Ethical Guidelines, and the Mandatory Medical Ethics requirement for continuing medical education will support you in your journey even as you navigate increasingly complex medical and clinical scenarios.

I wish you a successful and fulfilling career ahead, and may you always hold fast to the values that brought you to medicine. Thank you.



... you are not only committing yourself to clinical excellence, but are upholding the highest standards of professional conduct and values that define the medical profession.



Speech by Registrar, Singapore Medical Council, Professor Kenneth Mak

Mr Ong Ye Kung, Minister for Health and Coordinating Minister for Social Policies,
Fellow Council Members,
Distinguished Guests,
Ladies and Gentlemen,

On behalf of the Singapore Medical Council, it gives me great pleasure to welcome you to the Physician's Pledge Affirmation Ceremony. The SMC Physician's Pledge Ceremony marks a significant milestone in your career. Reciting the Physician's Pledge affirms our unwavering professional and ethical obligations as medical practitioners and fulfils a key requirement for your full registration with the SMC for medical practice. We are privileged to have with us today, Mr Ong Ye Kung, the Minister for Health and Coordinating Minister for Social Policies, as our Guest-of-Honour to witness the Physician's Pledge Ceremony.

On this occasion, there will also be 10 doctors from the 2024 cohort who will be receiving the National Outstanding PGY1 Award. This is an annual award presented by the Ministry of Health to recognise PGY1 medical graduates who have consistently exhibited excellence, demonstrated exceptional clinical competence, exemplary leadership qualities, and outstanding interpersonal skills during their year-long training programme.

The Significance of the Physician's Pledge

This year marks the 30th year since SMC organised its first Physician's Pledge Ceremony in 1995. Throughout these years, we have seen succeeding generations of young doctors joining the profession. The earlier groups of doctors are now practising as senior doctors in our public healthcare system and may have been your teachers, mentors or supervisors. By training and guiding succeeding generations of young doctors, they have contributed to building and developing a trustworthy and reliable healthcare system in Singapore. Today, more than 500 of you are here to take your Pledge and will make your personal contributions in your healthcare career.

The Physician's Pledge is not a ritual to be attended once and subsequently forgotten. It is your promise of a lifelong commitment as a medical professional, solemnly pledged and publicly declared before the Singapore Medical Council, its invited guests and your colleagues. This solemn oath embodies the ethical principles in the SMC's Ethical Code and Ethical Guidelines, or ECEG for short, which guides every doctor's professional conduct.

The foundation of our medical practice rests upon integrity, honesty, ethics, and professionalism. These values are integral to the ethos of the medical profession.



...your promise of a lifelong commitment as a medical professional, solemnly pledged and publicly declared before the Singapore Medical Council, its invited guests and your colleagues. This solemn oath embodies the ethical principles...



As doctors, we should be guided by our conscience in our practice, to display honesty and probity in all that we do, in order to make the right clinical decisions for our patients. The Court of Three Judges in Wong Meng Hang explained that where the dishonesty of the doctor relates to a defect in character making the doctor unsuited for the medical

profession, the default penalty will be a striking off unless there are exceptional circumstances to not strike the doctor off the Register of Medical Practitioners. For other cases of dishonesty, the Court of Three Judges has stated that all relevant facts and circumstances of the case would have to be considered to determine if a striking off order should be imposed. These cases make clear that dishonesty, even where no patient harm is involved, will not be viewed lightly, especially if the dishonest conduct is repeated. In such circumstances, a sufficiently heavy penalty, for example, a long suspension or even a striking off may be imposed by the relevant tribunal to ensure that public confidence in the medical profession is maintained.

In this regard, the ECEG makes clear the obligation on all doctors to uphold the highest standards of moral integrity and ethical behaviour. It also provides a standard on which professional practice is judged and referenced in SMC's disciplinary processes.

The ECEG can be found on the SMC website and will serve as a valuable reference throughout your medical career. I urge all of you to take time to read it and familiarise yourself with the principles and guidelines stated in the ECEG.



Continuous Learning and the Fundamentals

Last year, SMC received 101 complaints against 141 medical practitioners, which is a relatively small number considering our Register of more than 18,000 doctors. The largest categories of complaints fall under unnecessary or inappropriate treatments, attitude or communication issues, no or inappropriate or inadequate informed consent, and false or inappropriate certification. Although the proportion of complaints is small compared to the population of registered doctors, there have been some very serious complaints received by SMC. I urge you to be aware of the cases that SMC encounters by reading the cases on our website and our Annual Reports as well as the few cases in the Court of Three Judges. These cases contain valuable insights that will guide you throughout your career.

While it is sobering to see how lapses in judgment, professionalism, moral integrity and dishonesty can severely impact a doctor's journey, they remind us of the high



Three years ago, SMC worked with the three professional bodies...to administer an Emotional Support Programme to support, reassure and guide doctors on what to expect from the disciplinary process and how to cope with the stress.

standards expected of the medical profession. The path to rebuilding trust once broken can be challenging, which underscores the importance of upholding ethical principles from the start. Nevertheless, doctors who faced disciplinary proceedings need not face this predicament, stressful situation or fears alone. Three years ago, SMC worked with the three professional bodies—the Academy of Medicine Singapore, the College of Family Physicians Singapore and the Singapore Medical Association, for them to administer an Emotional Support Programme to support, reassure and guide doctors on what to expect from the disciplinary process and how to cope with the stress. An e-leaflet containing information on the doctor support service is included in the notice of complaint that SMC sends to a doctor to inform that there is a complaint lodged against him/her.

On the other hand, doctors who are facing challenging situations, be it personal, family or health issues, need to be open and approach your employing institution or mentors for help. As doctors, you must take care of yourself first before you are able to take care of your patients. I hope you will continue to learn from the many exemplary doctors around you who serve with integrity, professionalism and dedication to patient well-being.

Compulsory CME on Medical Ethics for doctors

In June this year, SMC announced that the Mandatory Medical Ethics or MME CME curriculum will be expanded from the current four core areas to a total of 15 areas of practice. These 15 areas were jointly established in partnership with the three professional bodies: the Academy of Medicine Singapore, the College of Family Physicians Singapore and the Singapore Medical Association. From 1 January



2026, the first group of medical practitioners will have renewed their practising certificates after having fulfilled a minimum of five core MME points. The Council introduced compulsory Continuing Medical Education modules on Medical Ethics for all registered medical practitioners in 2024. This requirement, which stemmed from the recommendations by the Ministry of Health Workgroup rightly underscores and emphasises the vital role of ongoing ethics education and training into daily medical practice. We thank our three professional bodies for enabling the implementation of the MME. The general curriculum they devised for all MME providers to follow enables a more structured way of delivering MME modules, training and education to meet the remit of SMC.

Since July 2025, SMC had also invited applications from CME providers to submit their proposed MME CME programmes for our review. As we expect more MME CME providers from 2026, doctors would be able to participate in a greater variety of MME CME activities to accumulate their MME CME core points for the next Practising Certificate renewal cycle in 2026-2027. Information on MME CME can be found on the SMC website as well as the websites of the three professional bodies. I encourage you to visit the websites.



“ We must always remember our calling and the Physician’s Pledge, to practise our profession with conscience and dignity, placing the health of our patients as our first consideration.”

Staying in Touch

The Council regularly updates its website with essential information, including newsletters, case studies, guidelines, and circulars focusing on professional ethics. We strongly recommend that you read the communications on the SMC website and those which are sent to your email regularly, as they contain important updates that may significantly impact your medical practice.

Conclusion

In conclusion we acknowledge that the path ahead in our medical careers presents challenges, considerable pressures at times with periods of intense demand. Yet these challenges are not insurmountable and can be overcome by the support we have. We must always remember our calling and the Physician’s Pledge, to practise our profession with conscience and dignity, placing the health of our patients as our first consideration. I urge everyone of us to comply with the provisions of the Ethical Code and constantly strive to add to our knowledge and skill.

Thank you.

Physician's Pledge

I solemnly pledge to:

dedicate my life to the service of humanity;

give due respect and gratitude to my teachers;

practise my profession with conscience and dignity;

make the health of my patient my first consideration;

*respect the secrets which are confided
in me;*

*uphold the honour and noble
traditions of the medical profession;*

*respect my colleagues as my
professional brothers and sisters;*

*not allow the consideration of race,
religion, nationality or social standing
to intervene between my duty and
my patient;*

maintain due respect for human life;

*use my medical knowledge in
accordance with the laws of humanity;*

*comply with the provisions of the
Ethical Code; and constantly strive to
add to my knowledge and skill.*

*I make these promises solemnly, freely and
upon my honour.*



30th Anniversary of Physician's Pledge Affirmation Ceremony

This year holds a special significance for SMC as it is the 30th anniversary of the Physician's Pledge Affirmation Ceremony, first inaugurated on 2 May 1995. Under the Medical Registration Regulations 2010, section 16(1), attending and taking the Physician's Pledge at the SMC Physician's Pledge Affirmation Ceremony is one of the eligibility requirements to apply for Full Registration.

Over the past three decades, the Ceremony has become the cornerstone in building a medical profession in Singapore who practise with ethics and professionalism. Taking the Physician's Pledge is making solemn promises to strive to practise ethically and professionally with dedication, respect and conscience. In this issue, two senior doctors from the pioneer batch—Dr Wong Chiang Yin, SMC Council member and Chairman of the SMC Ethics Committee, and Professor Lynette Shek Pei-Chi, former SMC Council member, and currently Professor in the Department of Paediatrics at the Yong Loo Lin School of Medicine, National University of Singapore, and Senior Consultant, Khoo Teck Puat – National University Children's Medical Institute, National University Hospital—share their reflections on the enduring significance of the Pledge.

SMC Physician's Pledge, then and now

Dr Wong Chiang Yin

SMC Council Member and Chairman, SMC Ethics Committee

The 1994 graduating class of NUS Faculty of Medicine (as it was known then), was given the job of being the first doctors to take the Physician's Pledge in 1995, after finishing our housemanship. I use the word "job" because if I may speak for most of those in our class, we did not consider it as our singular honour to be entrusted with fulfilling this new requirement before one can be fully registered with the Singapore Medical Council (SMC). Moreover, if my memory serves me correctly, the Pledge Taking took place on 2 May 1995, a day before we were to begin our first postings as Medical Officers.

We were told that if we did not take the Pledge, we would not be fully registered with the SMC and hence unable to be promoted to Medical Officers. As with all things that were foisted suddenly on twenty-somethings and without much

consultation with them, taking the Pledge was not exactly a popular thing with us then. But being the typical obedient Gen-Xers that we were, we duly followed instructions and arrived at the College of Medicine Building (COMB) Auditorium and took the Pledge, led by our top student, Dr (now Professor) Lynette Shek standing at the podium. It was over rather quickly and most of us have only faint memories of the event. I think the Guest-of-Honour was then Minister for Health, Mr George Yeo.



Our class was a small one, with less than 160 students, and those that took the Pledge that day probably numbered less than 140. All of us could fit into the COMB Auditorium, along with a few invited guests. In retrospect, it was indeed a historical occasion because medical graduates who graduated before 1994 never took the Pledge. Or rather more correctly, medical graduates who attained full registration before 1995 never took the Pledge (unless you become members of the SMC and have to witness new doctors taking the Pledge, as I do now, every time I attend a Pledge Taking Ceremony as a SMC member, I also take the Pledge again).



Alas, I think most of us in the Auditorium that day was not alive to this important fact because most of us had already been dulled and deafened by a year of sleep deprivation and incessant beeps of our pagers.

30 years on, one might ask, is the Physician's Pledge still a necessary obligation and ritual? The short answer is a "Yes"; and for the following reasons:

Firstly, the Pledge is a neat summary of the core ethical precepts of our medical profession. The beauty of the Pledge is that its contents are uncontroversial. Indeed, it is what our patients expect of us and what we expect of ourselves and our peers. It is true that ethical precepts are described in better detail in SMC's Ethical Code and Ethical Guidelines (ECEG). However, admittedly after talking to many doctors on such matters over the years, I am of the unfortunate view that not many doctors have read the ECEG cover to cover, notwithstanding what an important document the ECEG is with respect to our professional careers. Therefore, the concise Physician's Pledge serves to remind doctors in plain English of the barest minimum and most important ethical precepts that we must adhere to.

Secondly, unlike 30 years ago when the profession increased its ranks by about 200 doctors a year, the number of fully-registered doctors increases to 630 a year now. The medical profession of the past had a rather homogenous origin in terms of undergraduate medical training, with perhaps 80% of new entrants coming from the same medical school. Today, we have three local medical schools producing about 500 graduates and about another 200 foreign-trained doctors coming from a wide range of overseas medical schools from different countries. With such numbers and variety of medical schools, understandably, not everyone is on the same page in terms of ethics and professionalism when they graduate.



Photos of past Pledge Ceremonies in the late 1990s and early 2000s

The Pledge serves to remind every doctor attaining full registration of what is expected of them by the regulatory authorities and the profession and puts or resets everyone on the same starting point before a doctor attains full registration. This is important because full registration is a privilege given to doctors who are deemed to be able to practise in an independent manner within the scope of technical competency that one has been trained to do.



Thirdly, there are new challenges to the way we practise that behave us to remind ourselves that we must remain steadfast to the ethical precepts found in the Pledge. For example, the commitment to “make the health of my patient my first consideration” is not something that simply occurs naturally. It is something that is challenged quite often by other stakeholders in the healthcare sector every day. Evidence-based medicine which we profess to practise as much as possible, can be sometimes challenged by insurance-based medicine.

The duty of care that is enshrined in the Pledge is likewise challenged by the “test of suitability” that many in the financial and commercial world practise. i.e. we have to put our patients’ interest first and to do what we think is best or most appropriate for them. But in these other sectors, there is no such obligation or requirement, and one only has to offer their customers (as opposed to our patients) something that is “good enough” or suitable, and not necessarily the best or most appropriate. There are many areas where our duty of care intersect with such financial and commercial practices, and hence the many opportunities for an ethics contest, which if we are careless, can eventually lead to erosion of ethical standards and professionalism in the medical profession.

The Pledge therefore remains relevant if not even more important in these complicated times than when it was first introduced 30 years ago.

Reflections

Professor Lynette Shek Pei-Chi

*Professor, Yong Loo Lin School of Medicine, National University of Singapore,
Senior Consultant, Khoo Teck Puat – National University Children's Medical Institute,
National University Hospital*

The class of 1994 from NUS was the first batch of graduates to take the Singapore Medical Council Physician's Pledge and I had the honour of leading my class in this when we had completed our housemanship. I was surprised that graduating classes before this did not have this exercise and felt that it was very appropriate to remind us, as we graduate, of the need to uphold the highest standards as doctors. I still have my signed copy of the Pledge Certificate over 30 years on, and it is in pristine condition. The words stated in the Pledge still ring true for every doctor, among others that it is our calling to dedicate our lives to serve others, to respect those who have taught us and to uphold the honour of the profession. I often see doctors display their professional certificates in their clinics, and I would suggest that we also display this signed Pledge, as a reminder of the high standard to which we are called.





Series in PROFESSIONAL ETHICS

Summary and Learning Points from the Case Involving Dr AYG [2024] 4 SLR 1364

Dr Lai Siang Hui, SMC Council member

Background

The Singapore Medical Council (SMC) brought charges against Dr A following a complaint by the relative of a patient who had passed away under his care. The charges were framed under the Medical Registration Act (MRA) and fell into two categories: (1) professional misconduct, and (2) failure to provide professional services expected of a senior and experienced psychiatrist.

Dr A had treated the patient for approximately 30 months for insomnia, depression, post-traumatic stress disorder, obsessional ruminations, and anxiety. Over the course of treatment, he prescribed the patient various combinations of psychiatric medications.

When the patient passed away, the death was reported to and investigated by the State Coroner, who determined the cause of death to be mixed drug intoxication. Postmortem toxicology revealed multiple psychiatric medications at concentrations exceeding their respective therapeutic ranges.

Following the Coroner's findings, a dispute arose between the patient's relatives and his insurers over insurance payout. The key issue was whether the death was due to a deliberate overdose. If it had been a case of suicide, the insurers could refuse the claim. The case eventually reached the Court of Appeal, which found that the patient had not ingested more than what was prescribed by Dr A, and had likely not foreseen that his prescribed intake would be fatal.

Armed with this finding, the patient's family filed a complaint with the SMC. A Disciplinary Tribunal (DT) was convened to examine Dr A's prescribing practices.

The DT scrutinised, in particular, his:

- frequent switching between benzodiazepines, apparently without allowing adequate time for each to take effect;
- prolonged and concurrent prescription of multiple benzodiazepines;
- prescription of benzodiazepines together with opioids; and
- prescription of Zolpidem and Mirtazapine in excess of recommended maximum doses.

The DT's Decision

The DT acquitted Dr A of professional misconduct but convicted him of failing to provide professional services at the level expected of a senior psychiatrist. For the acquittal, the DT concluded that his conduct did not amount to a deliberate or intentional departure from accepted standards. It recognised that Dr A had shown care and concern for his patient and had attempted to meet expected standards. However, his prescriptions were deemed insufficiently grounded in clear medical principles.

The DT imposed a 24-month suspension, a censure, and required Dr A to provide a written undertaking not to repeat the conduct. Both Dr A and the SMC appealed the decision.

Findings of the Court of Three Judges (C3J)

The case was heard by the Court of Three Judges (C3J), the apex court for appeals from DT cases in Singapore. The C3J overturned the DT's acquittal on the professional misconduct charge but upheld the other findings. Dr A's suspension was increased to 36 months, in addition to the other sanctions.

The C3J accepted parts of Dr A's explanation, including:

- that he had switched medications in response to the patient's reported side effects;
- that he had explained the need for long-term benzodiazepines for chronic insomnia; and
- that he believed the patient was capable of managing the medications responsibly despite risks of dependence.

However, the C3J found critical shortcomings:

- His concurrent prescriptions of multiple benzodiazepines and their combination with opioids were not adequately supported by expert opinion. Expert evidence confirmed that these combinations significantly increased the risk of complications including respiratory depression and death. The court rejected his justification that the patient's complex condition warranted such prescriptions.

- His prescriptions of Mirtazapine and Zolpidem exceeded maximum dosages stated in package inserts, and he failed to explain why the benefits outweighed the risks of overdose and death.

The C3J emphasised that doctors must account for drug interactions and justify any decision to exceed recommended dosages.

The court also stressed that Dr A's conduct, given his seniority and prominence—he had served as President of the Singapore Psychiatric Association, Chairman of the Chapter of Psychiatrists at the Academy of Medicine, Singapore, and Chairman of the Psychiatric Committee of Mount Elizabeth Hospital—had undermined public confidence in the profession.

Learning Points for Doctors

This case highlights several key lessons:

1. Adherence to Guidelines

- Doctors should remain familiar with and be guided by the best practice guidelines such as MOH Practice Guidelines and other authoritative advisories.
- Any departure from established standards must be carefully justified, well-documented, and supported by sound medical reasoning.
- Even senior doctors should maintain a spirit of lifelong learning and seek peer consultation when managing complex cases.

2. Role of Guidelines in Disciplinary Proceedings

- The C3J acknowledged that deviations from guidelines may sometimes be warranted.
- However, such departures will be scrutinised carefully, and doctors must be prepared to show that their decision-making was justified, evidence-based, and in the patient's best interests.

3. Risk Communication and Documentation

- Potential risks associated with deviations from guidelines must be discussed thoroughly with the patient to enable informed decision-making.
- Such discussions must be clearly documented in the medical records.

Additional Reference

For more information, doctors may also refer to the article, ***"When is it ethically defensible for a medical practitioner to deviate from clinical practice guidelines?"*** [here](#). It was first published in the Annals of the Academy of Medicine, Singapore, on 1 October 2025.

A Commentary on Sentencing in Medical Disciplinary Cases

Professor Kenneth Mak, Registrar, Singapore Medical Council

A recent newspaper article questioning sentencing decisions in medical disciplinary cases may have caused some concern among the medical community. This commentary explains how the medical disciplinary process under the Medical Registration Act 1997 (“MRA”) operates. It then illustrates how sentencing decisions are made by a Disciplinary Tribunal (“DT”) by drawing reference from two recent DT decisions.

How Complaints are Processed

While it is a DT’s sentencing decision that is reported and receives the most attention, not every complaint against a doctor goes to a DT. Here is what actually happens when a complaint against a doctor is lodged with the SMC:

First, an Inquiry Committee (“IC”) looks at the complaint. They dismiss complaints that are frivolous, vexatious, misconceived or lacking in substance. If they do not dismiss a complaint, they will either issue the doctor a letter of advice or send the complaint to a Complaints Committee (“CC”) to inquire into the complaint. The decision of an IC is not appealable, which means that aggrieved complainants (or doctors) cannot appeal against the decision of the IC.

The CC then looks deeper into the complaint, including conducting investigations and obtaining expert evidence. After completing its inquiry, the CC may either (a) recommend to the SMC to refer the complaint to a DT (where they are of the view that the case is serious enough to warrant the referral), or (b) take other actions, for example, issuing a letter of warning and/or direct the doctor to undergo specified training/courses.

If the case is recommended for referral to the DT, and the SMC accepts the CC’s recommendations, the SMC then refers the complaint to the President of the **Disciplinary Commission** (i.e. **a body independent of the SMC**) for the appointment of a DT. A typical DT comprises two senior doctors and a District

Judge and SMC is not involved in any way in the decision-making of a DT, including decisions on sentence.

How Sentences Are Decided

If the SMC proves its case against the doctor, or if the doctor admits to the charge, the DT will first find the doctor guilty of the charges by SMC. Thereafter, the DT has the powers to impose various orders on the doctor, including imposition of a fine of up to \$100,000, suspension of registration for up to three (3) years, or removal from the medical register completely.

At the sentencing stage, first, the SMC and the doctor would make submissions to the DT on the appropriate sentence. The DT will consider the submissions of the SMC and the doctor before it makes its decision. At both the sentencing submissions and the decision-making stage, the SMC and the DT take guidance from (1) previous case decisions of DTs which are similar to the case at hand (known as precedents), (2) judgments of the Court of Three Judges ("**C3J**"), which is the highest tribunal on medical disciplinary matters in Singapore and (3) the SMC's Sentencing Guidelines for Singapore Medical Disciplinary Tribunals published in 2020 ("**Sentencing Guidelines**").

A very important C3J judgment on sentencing in DT cases is the case of *Wong Meng Hang v SMC* [2019] 3 SLR 526 ("**Wong Meng Hang**"). The *Wong Meng Hang* judgment laid down (1) a 4-step sentencing framework for sentencing in clinical management cases and (2) guidance on how sentencing in disciplinary cases of dishonest doctors should be dealt with. The Sentencing Guidelines proposed that the *Wong Meng Hang* sentencing framework may also be extended to non-clinical management cases, and this has been accepted by the C3J in the case of *OKPJ* [2023] 3 SLR 1756.

The *Wong Meng Hang* sentencing framework

There are four steps set out in the *Wong Meng Hang* sentencing framework.

Step 1: First, determine how much harm / potential harm was caused (slight, moderate, or severe) and how much the doctor was to blame (low, medium, or high).

For harm, what is relevant is not just the actual harm caused to the patient/ victim or the potential harm the patient is exposed to but also the harm to the reputation of the profession. As for culpability of the errant doctor, relevant factors include whether there was any premeditation, any attempt to cover up and the extent of the doctor's departure from the applicable standards.

Step 2: Use the following table to find the appropriate sentence range:

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

Step 3: Look at similar past cases (i.e. whether based on facts or charges) to identify a starting point for the sentence. The C3J has cautioned that reference to sentencing precedents should be made on the basis that the facts and circumstances of the cases as a whole are truly comparable.

Step 4: Adjust the sentence based on the individual doctor's situation. This includes but is not limited to the seniority of the doctor, the doctor's insight into his misconduct and the doctor's level of cooperation with investigations.

Seriousness of dishonesty in the sentencing of dishonest doctors in medical disciplinary proceedings

The C3J in *Wong Meng Hang* made clear that dishonesty by doctors is looked upon very seriously. As highlighted in my speech at the 2025 SMC Physician's Pledge Ceremony in September,

 [T]he foundation of our medical practice rests upon integrity, honesty, ethics, and professionalism. These values are integral to the ethos of the medical profession. As doctors, we should be guided by our conscience in our practice, to display honesty and probity in all that we do, in order to make the right clinical decisions for our patients.”

The general rule

In *Wong Meng Hang*, the C3J guided that where dishonesty reveals a character defect making a doctor unsuitable for practice, **striking off** the Register is almost always the appropriate penalty. This typically occurs in two scenarios:

- a. When the dishonesty is central to a criminal offence the doctor committed; or
- b. When the dishonesty violates the trust between doctor and patient.

Other dishonesty cases not falling into the two typical scenarios

Even when the dishonesty concerned does not fall into these two categories, DTs must carefully consider the following non-exhaustive factors:

- a. the nature of the deception and the interest implicated,
- b. the extent and nature of the deception,
- c. the doctor's motivations and reasons for the dishonesty (does it indicate a fundamental lack of integrity or is it a case of misjudgement?),
- d. whether the doctor benefited from the dishonesty, and
- e. the harm caused (or potential for harm).

Thus, where a doctor is found to have committed a disciplinary offence involving dishonesty, the SMC or the DT would not apply the *Wong Meng Hang* sentencing framework but instead apply the general rule and the non-exhaustive list of factors to determine the appropriate sentence to be imposed on the errant doctor.

In the following section, we will show how the guidance from the C3J and the Sentencing Guidelines were applied in two recent cases, one involving dishonesty and the other relating to a doctor convicted of voyeurism-related offences.

Table A: past cases involving dishonesty

S/N	Case	Brief Facts	Sentence
1.	YCYC [2025] SMCDT (A) 3	Forged two medical certificate ("MC") using another doctor's name and MCR number as a legitimate excuse for three days of absence from duty. Dr YCYC then lied twice to her employers that she had indeed consulted with that doctor and was issued the MC. She subsequently admitted to her employers about forging the two MCs. SMC submitted for a suspension of 36 months in its sentencing submissions. It also noted that the DT was free to make the final sentencing decision, including striking off the doctor's name from the register if the DT was minded to do so.	36 months' suspension. As the case does not fall within the two scenarios in which striking off is the default punishment, the DT thus considered the non-exhaustive list of factors (as stated above) when deciding the sentence.
2.	CSJ [2020] 5 SLR 1099	Provided misleading and inaccurate information on his affiliations to certain organisations and inventing co-authors for his research papers and had breached medical confidentiality. Dr CSJ further lied to the Complaints Committee inquiring into the complaint that the fictitious co-authors were real.	Struck off the register.
3.	JAS [2018] SMCDT 8	Breached his temporary-registration conditions by working as a locum doctor, had issued an MC stating that he was unfit for work for a day and issued a backdated MC to himself by signing off as a <i>locum</i> doctor.	The case was decided prior to Wong Meng Hang and whilst the Disciplinary Tribunal stated that it had " <i>seriously considered striking off</i> " Dr JAS, due to the absence of a clear " <i>dishonesty rule</i> ", as well as other relevant factors, it had instead ordered a 36-month suspension and a \$15,000 fine.

As can be seen in Table A above, the sentence the DT meted out in the recent 2025 case involving dishonesty followed the established principles as laid down in the case of *Wong Meng Hang* and past precedent cases (especially *JAS*). The table also shows that SMC's sentencing position in that case was consistent with the precedents.

Voyeurism cases

In the recent case of *MSWJ* [2025], the doctor was convicted of one charge of voyeurism, which is an offence under section 377BB(3) of the Penal Code and punishable under section 377BB(7) of the same Act.

In that case, both the SMC and the DT applied the *Wong Meng Hang* sentencing framework.

Table B below provides a summary of DT cases of doctors convicted of voyeurism criminal offences. The disciplinary sentences ranged from three- to 14-month suspension, depending on factors such as the number of victims, the doctor's mental health conditions (which may have an impact on the doctor's culpability), and the specific circumstances of each case.

Table B: past cases involving voyeurism offences

S/N	Case	Brief Facts	Sentence
1.	<i>CHY</i> [2024] SMCDT 2	Attempted to record the victim while she was showering [Moderate harm + Low culpability: Indicative suspension up to 1 year]	3 months' suspension
2.	<i>LYW</i> [2020] SMCDT 4	Recorded a video of a victim while she was using the toilet [Did not use the <i>Wong Meng Hang</i> framework and considered precedents.]	4 months' suspension

S/N	Case	Brief Facts	Sentence
3.	<i>DKR</i> [2020] SMCDT 6	Recorded 2 upskirt videos of 2 victims at a supermarket Found to have Persistent Depressive Disorder which compromised the respondent doctor's ability to manage his impulses and urges. [Moderate harm + Low culpability: Indicative suspension from 3 months up to 1 year.]	4 months' suspension followed by 12 months' conditional registration
4.	<i>GTMA</i> [2021] SMCDT 7	Took photos and videos of at least 16 victims changing. DT found the level of harm to be "low" and Dr GTMA's culpability to be "medium." [Low harm + Medium culpability: Indicative suspension from 3 months up to 1 year.]	3 months' suspension per charge, total 9 months' suspension).
5.	<i>NJC</i> [2022] SMCDT 4	Recorded 23 victims urinating at urinals. Found to have Adjustment Disorder with depressed and anxious mood which contributed to the commission of the offence. [Low harm + High end of low culpability: Indicative suspension from 3 months up to 1 year.]	4 months' suspension, followed by 18 months' conditional registration

S/N	Case	Brief Facts	Sentence
6.	<i>MSWJ</i> [2025] SMCDT (A) 5	Took a photo and videos of one victim showering. SMC submitted for a 6-months suspension. DT found the level of harm to be “moderate” and Dr MSWJ’s culpability to be on the high end of “low.” [Moderate harm + Low culpability: Indicative suspension up to 1 year.]	6 months’ suspension.
7.	<i>SCS</i> [2021] SMCDT 1	Took upskirt images of at least 18 victims. Disciplinary Tribunal found the level of harm to be “moderate” and Dr SCS’s culpability to be “medium.” [Moderate harm + Medium culpability: Indicative suspension of 1 to 2 years]	14 months’ suspension.

In the case of *MSWJ*, the SMC considered the precedents and submitted for six (6) months’ suspension to be imposed on the errant doctor. While this case involved a single victim, the SMC noted that the victim was a female clinic assistant showering in the toilet in the clinic. Unlike *CHY* who did not actually take any video but merely attempted to record the victim showering, the doctor in *MSWJ* made two video recordings and one image of the said clinic assistant. The SMC’s submission of six-month suspension was necessary to serve as a deterrent against similar conduct in future. Doctors are involved in examining their patients’ bodies in order to diagnose and treat them and the actions of doctors who engage in voyeuristic behaviour betray that trust.

The DT in *MSWJ* suspended the errant doctor for six months. In the DT's Grounds of Decision, the DT stated that *"it was incumbent on this DT to come to an independent and objective determination on the appropriate sentence in this case."* This demonstrates the independence of the DT in its decision-making.

As can be seen, the SMC's submissions and the DTs' decisions in the two recent cases of *YCYC* and *MSWJ* were consistent with guidance given by the C3J and case precedents.

Trust the SMC and your fellow doctors involved in the decision-making in the complaints and disciplinary process

Self-regulation is a hallmark of professional bodies and is a privilege granted by society based on trust. Parliament has empowered the SMC to regulate the medical profession through the processes provided for under the MRA.

The SMC does not do this unilaterally. Apart from the Council members, there are approximately 36 doctors who serve on committees that assist the SMC in carrying out its work. In relation to the complaints and disciplinary processes, approximately 315 doctors are presently serving on the Complaints Panel, from which members of the ICs, CCs and DTs are drawn.

For self-regulation to continue to work, the medical profession must continue to uphold the highest standards of integrity and good conduct in order to maintain the trust that the public has in the medical profession. You must also continue to trust in and contribute to the various committees that help with the SMC's work. I trust that this commentary not only gives doctors a better idea of the SMC disciplinary processes and how sentencing submissions and decisions are made but also reassures doctors that SMC's sentencing positions are taken only after careful deliberation and reference to the relevant guidance from the case law, whether from the C3J or previous DT cases.

Outcome of SMC Election 2025

The SMC held an election from 22 July 2025 to 5 August 2025 to fill five vacancies arising from the end of term of office for five Council members.

The five candidates successfully elected as Council members under section 4(1)(f) of the Medical Registration Act 1997 for a term of office of three years with effect from 11 October 2025 are:

Dr Chong Yew Lam



Dr Ho Kok Sun



Dr Leong Choon Kit



Dr Lau Tang Ching



Dr Tan Yia Swam



We congratulate the members on their successful election and welcome them to the Council.

PC Renewal for 2026

Fully and conditionally registered doctors whose Practising Certificates (PCs) are expiring on 31 December 2025, can submit their PC renewal application from 2 September 2025 onwards.



1. Renewal Criteria

- Obtained sufficient Continuing Medical Education (CME) points* within the qualifying period.
- Must not have outstanding fine for not voting in previous SMC's Elections (applies to doctors on full registration only)

2. How to Renew?

- Doctors need to **log into the Professional Registration Systems (PRS)** on the SMC website with their Singpass and 2-factor authentication before their PC expires to apply for a renewal.

3. Late Application

- Applications submitted on and after **4 December 2025** will be considered as late applications. A late application fee of S\$80 will apply.
- Please note all applications submitted after **23 December 2025 at 23:59 hours** cannot be approved in time for 1 January 2026.

4. Reminder to update contact details

- Doctors are reminded to log into the PRS to **update their contact details** such as **email addresses, handphone numbers and employment information** so as not to miss any important notifications from SMC.

*Note: Doctors whose PCs are expiring on 31 December 2025 are required to fulfil Mandatory Medical Ethics (MME) Core Points for PC renewal for year 2026.



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