

IN THE REPUBLIC OF SINGAPORE

SINGAPORE MEDICAL COUNCIL DISCIPLINARY TRIBUNAL

[2025] SMCDT (A) 2

Between

Singapore Medical Council

And

Dr Leong Kok Cheong Darren

GROUND OF DECISION

Administrative Law – Disciplinary Tribunals

Medical Profession and Practice – Commission of improper acts which brings disrepute to the medical profession – Removal from Part I of the Register of Medical Practitioners – Conditions on registration under Part II of the Register of Medical Practitioners – Conditions on re-registration under Part I of the Register of Medical Practitioners

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Singapore Medical Council
v
Dr Leong Kok Cheong Darren

[2025] SMCDT (A) 2

Disciplinary Tribunal – DT Inquiry No. 2 of 2025

Dr Yap Lip Kee (Chairman),

Prof Ong Biauwei Chi,

Mr Kow Keng Siong (Judicial Service Officer)

11 June and 21 July 2025

Administrative Law – Disciplinary Tribunals

Medical Profession and Practice – Commission of improper acts which brings disrepute to the medical profession – Removal from Part I of the Register of Medical Practitioners – Conditions to registration under Part II of the Register of Medical Practitioners – Conditions to re-registration under Part I of the Register of Medical Practitioners

21 July 2025

GROUNDS OF DECISION

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

Introduction

- 1 The defendant is Dr Leong Kok Cheong Darren (“**Dr Leong**”). He has been a medical practitioner since April 2006. At all material times, he was practising at the Changi General Hospital (“**CGH**”) in the Department of Sport & Exercise Medicine.
- 2 On 11 June 2025, Dr Leong pleaded guilty to a charge under s 59D(1)(b) of the Medical Registration Act 1997 (“**MRA**”) for having been guilty of improper conduct which brought disrepute to the medical profession. The relevant misconduct is as follows:
 - (a) Having been arrested by officers from the Central Narcotics Bureau (“**CNB**”) on 9 February 2023 at his home¹ for the commission of offences under the Misuse of Drugs Act (“**MDA**”). The offences were for –
 - (i) Consumption of methamphetamine, a specified drug under the MDA, and
 - (ii) Being in possession of not less than 2.45 g of methamphetamine and various drug-taking utensils.

¹ Respondent’s Mitigation Plea dated 04.06.25 at [18].

- (b) Having been committed to a drug rehabilitation centre (“**DRC**”) for drug treatment and rehabilitation from 16 February to 19 May 2023.²

Sentencing recommendations

3 Mr Chooi, Counsel for the Singapore Medical Council (“**SMC**”), submitted that Dr Leong ought to face the following sanctions for his misconduct:³

- (a) ***De-registration from Part I of the Register.*** Dr Leong is to be de-registered as a fully registered medical practitioner under Part I of the Register of Medical Practitioners (“**Register**”).
- (b) ***Conditions to registration under Part II of the Register.*** The following conditions are to apply if Dr Leong wishes to apply for registration under Part II of the Register. (For convenience, we shall describe this as the “**conditional registration order**”.)

Letter of Undertaking

- (i) Before commencing medical practice, Dr Leong is to provide SMC with a Letter of Undertaking in accordance with the Supervisory Framework for Conditionally/Temporarily Registered Doctors for Patients’ Safety (“**Supervisory Framework**”).

² Agreed Statement of Facts dated 30.05.25 at [12].

³ SMC’s Sentencing Submissions dated 04.06.25 at [100].

Level Three supervision

- (ii) Dr Leong is to engage in clinical practice under the equivalent of Level 3 supervision of a supervising medical practitioner under the Supervisory Framework.
- (iii) The period of the supervision is to be at least 12 months from the commencement of Dr Leong's registration under Part II of the Register.

Drug rehabilitation and treatment sessions

- (iv) Dr Leong is to attend drug rehabilitation and treatment with an SMC approved addictions specialist or counsellor ("**relevant person**").
- (v) The period of the rehabilitation and treatment is to be at least 12 months from the commencement of Dr Leong's registration under Part II of the Register.

Reports

- (vi) Dr Leong is to submit periodic reports from the relevant person stating the following matters ("**Reports**"): (1) whether he is free from drug addiction, (2) his risk of recidivism, and (3) the status of his rehabilitation ("**relevant matters**").
- (vii) Dr Leong is to be deemed to have failed to comply with the above condition if the Reports contain an adverse opinion on any of the relevant matters.

- (viii) Dr Leong is to submit the Reports on the 6th month and 12th month from the date of his registration under Part II of the Register. The Reports are to be dated within one month from the date of their submission.
- (ix) Dr Leong is to submit any other report as may be required by SMC from time to time.
- (c) ***Conditions to re-registration under Part I of the Register.*** The following conditions are to apply if Dr Leong wishes to apply for re-registration under Part I of the Register.
 - (i) *First*, Dr Leong has complied with the conditions in (b) above.
 - (ii) *Second*, Dr Leong is to attach to his application for re-registration a report from the relevant person certifying that (1) he is free from drug addiction, (2) his recidivism risk is low, and (3) he is rehabilitating well.
- (d) ***Censure.*** Dr Leong is to be censured.
- (e) ***Written undertaking.*** Dr Leong is to give a written undertaking to SMC that he will not engage in the conduct that he had been complained of or any similar conduct in the future.
- (f) ***Costs.*** Dr Leong is to pay the costs and expenses of and incidental to these proceedings, including the costs and expenses of counsel to SMC, and such reasonable expenses as are necessary for the conduct of these proceedings.

- 4 In her written mitigation, Ms Chew (Dr Leong’s Counsel) had initially submitted that a censure is sufficient sanction for Dr Leong,⁴ and that there was no need to impose the other sanctions sought by SMC. At the hearing on 11 June 2025, Ms Chew informed us that Dr Leong had since accepted SMC’s sentencing recommendations.

Our decision

- 5 We agree with SMC’s sentencing recommendations as well.
- 6 We wish to use this opportunity to comment on the following:
- (a) The relevant considerations when sentencing medical practitioners who abuse drugs.
 - (b) The relevant considerations when imposing sentences under –
 - (i) Section 59D(2)(c) – i.e., the power to de-register a medical practitioner from Part I of the Register and to impose conditions on his/her registration under Part II of the Register,
 - (ii) Section 59D(2)(d) – i.e., the power to impose conditions on a medical practitioner’s re-registration under Part I of the Register.
- (Collectively “**Relevant Powers**”.)
- (c) The sentencing precedent of *In the Matter of Dr Lim Lok Houw Mervin* [2014] SMCDT 4 (“*Mervin Lim*”).

⁴ Respondent’s Mitigation Plea dated 04.06.25 at [2] and [39].

Applicable principles

Considerations when sentencing drug abuse cases

- 7 In *Wong Meng Hang v Singapore Medical Council* [2019] 3 SLR 526 (“*Wong Meng Hang*”), the Court of Three Judges had laid down the following sentencing matrix for cases where deficiencies in a medical practitioner’s clinical care causes harm to his patient:

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

- 8 The Court of Three Judges had made clear that the above sentencing matrix does not apply to other forms of professional misconduct, such as “conduct which lies outside the ambit of a doctor’s professional responsibilities to his patient but which leads to a conviction for a criminal offence implying a defect of character that renders the doctor

unsuitable for registration as a medical practitioner”: *Wong Meng Hang* at [36].

- 9 That said, we find that using considerations of “Harm” and “Culpability” is a principled and structured approach to determine the appropriate sentence in the present case.
- 10 In terms of “Harm”, we wish to state that just like in *Singapore Medical Council v Dr Yeo Eng Hui Damian* [2019] SMCDT 6 (“**Damian Yeo**”), we take a serious view towards medical practitioners who abuse drugs. It bears highlighting that the possession and consumption of controlled drugs carry severe penalties – including imprisonment for a significant period – if prosecuted in the State Courts. We agree with *Damian Yeo* that a mere censure is insufficient to reflect the gravity of such misconduct and the harm that it poses to the reputation of the medical profession. Accordingly, as a starting point, we find that the level of harm for such misconduct should be classified as “Moderate”. If the drug-taking causes actual harm to patient(s), then the level of harm should be classified as “Severe”.
- 11 As for “Culpability”, much will depend on various factors. In our view, the culpability of an errant medical practitioner who abuse drugs can be aggravated, for instance, (a) if the period of abuse is long, or (b) if he/she is unremorseful (e.g., by stubbornly maintaining his/her innocence despite clear objective evidence to the contrary).

Considerations when exercising the Relevant Powers

- 12 In our view, the imposition of sanctions under the Relevant Powers is a good starting point sentence for a medical practitioner who abuses drugs. Let us explain.
- 13 *First*, the sanctions under the Relevant Powers are some of the more severe ones in the MRA. This is evident from the following.
- (a) The sanctions are listed third and fourth in the hierarchy of sanctions under s 59D(2) – just after (i) removal of an errant medical practitioner from the Register (s 59D(2)(a)) and (ii) suspension of such a person from the Register (s 59D(2)(b)).
 - (b) The sanctions – which can carry onerous conditions to registration on the Register – can severely restrict a medical practitioner’s ability to practice medicine.
 - (c) The period of supervision that may be imposed as a condition to registration can be significant. For instance, where the level of supervision is Level 3, the period is at least one year: see Supervisory Framework at [1.4] and [2.11].⁵
 - (d) If a medical practitioner fails to comply with the relevant conditions, his/her name may either be removed from the Register, or his/her registration may be suspended from the Register: s 59E(1).

⁵ SMC’s Sentencing Submissions dated 04.06.25 at [96] and [97].

- 14 *Second*, given the severity of sanctions under the Relevant Powers, one may reasonably take the view that they can be as harsh as suspending a medical practitioner from practice for a short duration. Such sanctions can thus achieve two objectives: *One*, to deter other medical practitioners from engaging in similar misconduct. *Two*, to demonstrate to the affected patient (if any) and the public that an errant medical practitioner has been disciplined and thus uphold the standing of the medical profession: *Singapore Medical Council v Kwan Kah Yee* [2015] 5 SLR 201 at [50]; *Wong Meng Hang* at [23] and [25].
- 15 *Third*, imposing sanctions under the Relevant Powers can also address an errant medical practitioner’s (in)ability to practice medicine competently, professionally, and/or with sound judgement. See the following passage from the Sentencing Guidelines for Singapore Medical Disciplinary Tribunals published on 15 July 2020 (“***Sentencing Guidelines***”):
- 24 These sanctions seek to restrict and/or impose conditions on a doctor’s practice. It may entail requiring the doctor to work under supervision, be subjected to treatment and/or rehabilitation sessions, provide progress reports etc. These sanctions *may be suitable in cases where* the doctor has sufficient insight into the seriousness and consequences of his or her conduct, is likely to be able to comply with the conditions and restrictions imposed, and *has the potential to positively respond to remediation, retraining, supervision and/or rehabilitation.*
- ...
28. Some situations where the imposition of conditions or restrictions may be appropriate include:
- a. *Where there are identifiable and discrete aspects of the doctor’s practice that are problematic*, and which may be addressed by the imposition of appropriate conditions or restrictions;

- b. *Where the deficiencies are not so significant such that patients will be put at risk* directly or indirectly as a result of the doctor continuing to be registered and allowed to practise; or
- c. Where the doctor has shown timely evidence of insight into the seriousness and consequences of his or her misconduct, and willingness to respond positively to conditions or restrictions.

[emphasis added]

- 16 We wish to add that in line with the above objective, the conditions that are imposed pursuant to the Relevant Powers should seek to address the underlying issues relating to a medical practitioner's misconduct. Put in another way, there should be a reasonable nexus between the misconduct in question and the conditions imposed.

Mervin Lim

- 17 We shall now address the sentencing precedent of *Mervin Lim*. In that case, Dr Lim was convicted in the State Courts of having in his possession 0.37 g of methamphetamine and drug-taking utensils. Two other drug possession charges were taken into consideration for the purpose of sentencing. Dr Lim was sentenced to a total of 12 months' imprisonment for his offences. He was subsequently charged under the precursor of s 59D(1)(a) of the MRA for conduct which implied a character defect which made him unfit for his profession. The disciplinary tribunal imposed a *censure* together with the usual orders. No conditional registration order was imposed on Dr Lim.

- 18 We did not find *Mervin Lim* to be a useful precedent.

- (a) *First*, the facts in that case are clearly distinguishable from the present case. *One*, the amount of drugs in Dr Leong’s case (2.45 g of methamphetamine) is higher than Dr Lim’s (0.37 g of methamphetamine). *Two*, Dr Leong had consumed methamphetamine for about eight years⁶ whereas Dr Lim had consumed drugs “at the spur of the moment during a momentary lapse of judgement”.⁷ *Three*, Dr Leong did not suffer an imprisonment term for his drug offences unlike Dr Lim.
- (b) *Second*, and importantly, there is no indication in *Mervin Lim* on whether the disciplinary tribunal have been alerted to the appropriateness of exercising the Relevant Powers in that case. It is unclear whether the sentencing outcome would have been different if the tribunal’s attention had been drawn to these powers, or would have remained the same (e.g., because the tribunal would have given weight to Dr Lim’s sentence of 12 months’ imprisonment for his drug offences).

Applying the principles to the present case

Level of harm posed by Dr Leong’s misconduct

- 19 Having set out the principles, we shall now apply them to the present case.

⁶ Agreed Statement of Facts dated 30.05.25 at [11].

⁷ *Mervin Lim* at [6].

20 In assessing the level of harm posed by Dr Leong's misconduct, we note that SMC did not dispute the following matters which were raised by Ms Chew:⁸

- (a) Dr Leong would consume drugs at home on Saturdays – so that the effects of the drugs would wear off on Sunday, and that he would be fit for work by Monday.
- (b) Dr Leong did not consume drugs at work. No drug or drug-taking utensil was found at his workplace.
- (c) CGH did not receive any complaint from Dr Leong's patients that he was not discharging his duties.
- (d) Finally, there is no publicity of Dr Leong's arrest, or any specific disrepute brought to the profession by his misconduct.

21 While we accept that there is no evidence of *actual* harm, Dr Leong's drug consumption *did* affect his ability to work and the *potential* for harm cannot be excluded altogether. We say this because Dr Leong had admitted to the following:⁹

19 ... My consumption of methamphetamine increased to once a week, and for a period of time in 2019, there were some instances where I found it challenging to cope with the side effects of consuming methamphetamine and *I did encounter difficulties in coming to work punctually*. ...

[emphasis added]

⁸ Respondent's Mitigation Plea dated 04.06.25 at [18], [41] and [42].

⁹ See Written Explanation in Response to Notice of Investigation dated 1 August 2023. The Written Explanation is dated 15.08.23.

- 22 That said, there is no evidence that Dr Leong’s drug-taking had caused actual harm to his patients. In the circumstances, we assessed the level of harm posed by his misconduct to be “Moderate”.

Level of Dr Leong’s culpability

- 23 We now turn to the level of Dr Leong’s culpability for his misconduct. We assessed this to be “Medium”. *First*, he had abused drugs for a very long period (eight years). *Second*, he was already a senior medical practitioner at the time of the misconduct. As pointed out in the *Sentencing Guidelines* at [69(b)]:

... the *seniority and/or eminence* of the offender...*is an aggravating factor* in medical disciplinary cases. This is because *the seniority and/or eminence of a doctor attracts a heightened sense of trust and confidence in the practitioner and the profession*, and the *negative impact on public confidence in the integrity of the medical profession is amplified* when such an offender is convicted of professional misconduct.

[emphasis added]

- 24 Ms Chew submitted that there are mitigating factors in Dr Leong’s case. These included the following:

- (a) Dr Leong had consumed drugs to deal with the pressures of being a bisexual and to manage his vocal dystonia (he sings in the church choir).
- (b) Dr Leong had shown remorse for his misconduct. For instance,
 - (i) he had made an early disclosure of his arrest by CNB to SMC,
 - (ii) he had cooperated with the disciplinary investigations and

proceedings, and (iii) he had taken steps to ensure that he did not relapse to drugs. Such steps include seeing a psychiatrist, moving back to stay with his parents (he was living alone at the time of the misconduct), strengthening his relationships with those who understand him, and developing healthy life habits. Dr Leong also tendered positive reports from his psychiatrist and social worker from Institution A on the progress that he had made to turn away from drugs.¹⁰

- (c) Dr Leong had an unblemished medical career and track record, had good character, and had contributed to society and the medical profession. These contributions included participating in medical missions to several regional countries.¹¹

25 We are of the view that the above mitigating factors carry little weight in sentencing. It is well settled that public interest is the paramount consideration when dealing with medical misconduct cases, and that this consideration overrides personal mitigating factors of the errant medical practitioners. See, for instance, the following passage in *Wong Meng Hang*:

- 24 The primacy of these public interest considerations in the sentencing inquiry in disciplinary cases means that other considerations that might ordinarily be relevant to sentencing, such as the *offender's personal mitigating circumstances* and the principle of fairness to the offender, *do not carry as much weight as they typically would in criminal cases*; and, as we later explain, these considerations *might even have to give way*

¹⁰ Respondent's Mitigation Plea dated 04.06.25 at [43], [44] and [79] to [89].

¹¹ Respondent's Mitigation Plea dated 04.06.25 at [90] to [97].

entirely if this is necessary in order to ensure that the interests of the public are sufficiently met

[emphasis added]

- 26 Considering all the factors wholistically, we assessed Dr Leong’s level of culpability for his misconduct to be “Medium”.

Duration of order

- 27 We shall now turn to the duration of the supervision period to impose on Dr Leong. On this, we make the following preliminary observations:

- (a) On a plain reading, s 59D(2)(c) and s 59D(2)(d) do not stipulate a specific/minimum supervision period before an errant medical practitioner can apply for re-registration to Part I of the Register.
- (b) In determining what the supervision period should be, SMC’s views ought to be given due weight. As the regulator of the medical profession in Singapore, SMC is well positioned to assess how long an errant medical practitioner should be placed on the Supervisory Framework before he is ready for re-registration on its Register.

- 28 We note that since September 2023, Dr Leong has been placed under a Performance Improvement Plan (“**PIP**”). The PIP is imposed by the CGH’s Committee of Inquiry with supervision from the SingHealth Disciplinary Council (“**SDC**”). As at the date of this judgment, Dr Leong has been on PIP for the past 21 months and will continue to be on the PIP for the next 10 months. The details of his PIP are as follows:

Phase	Nature of work / Supervision	Period
1 ¹²	(1) Performed administrative work which did not require interaction with patients (2) Bi-weekly reviews with Head of Department (“HOD”) (3) Three-monthly reviews with HOD, Division Head, and Human Resource personnel	19.09.23 to 07.07.24
2 ¹³	(1) Performed administrative work assigned in Phase 1 (2) Bi-weekly reviews with HOD (3) Permitted to conduct teleconsultations with existing follow-up patients – Permitted to conduct consultations in person during Phase 2 end term review (4) Daily review of case notes and prescriptions by HOD	08.07.24 to 31.10.24
3 ¹⁴	(1) Permitted to see patients face-to-face (2) Permitted to see new patients (3) Daily review of case notes and prescriptions by HOD (4) Surprise visits by HOD when Dr Leong saw patients (5) Bi-weekly reviews with HOD	01.11.24 to 30.04.25
4 ¹⁵	Monthly reviews with HOD	01.05.25 to 30.04.26

29 SMC had recommended a supervision period of at least 12 months. In making this recommendation, SMC had considered the following:

¹² Respondent’s Mitigation Plea dated 04.06.25 at [62] to [69].

¹³ Respondent’s Mitigation Plea dated 04.06.25 at [70] to [74].

¹⁴ Respondent’s Mitigation Plea dated 04.06.25 at [75] to [76].

¹⁵ Respondent’s Mitigation Plea dated 04.06.25 at [77] to [78].

- (a) Twelve months is the *minimum* supervision period under its Supervisory Framework.
- (b) Despite being on the PIP, a conditional registration order is still necessary for Dr Leong. This is because the PIP supervision is not subject to SMC's review. Furthermore, SMC did not have the opportunity to make its own assessment as to whether Dr Leong had fulfilled the relevant requirements under the Supervisory Framework.
- (c) That said, concession had been given to Dr Leong. In making a sentencing recommendation of at least 12 months' supervision, SMC had noted that the PIP is a structured supervision programme.
- (d) If the PIP was not such a programme, then SMC would have recommended a longer supervision period. In support of this, Mr Chooi referred us to *Damian Yeo*. In that case, SMC had recommended a supervision period of 18 months for Dr Yeo. He had committed drug offences that are similar to Dr Leong's. Dr Yeo was placed on a supervision programme by his hospital that was less structured than Dr Leong's. SMC's sentencing recommendation was accepted by the Disciplinary Tribunal in that case.

30 We accept SMC's explanations as to why a 12-month supervision period is appropriate. We wish to add a further reason.

- (a) According to a research paper tendered by the Defence, a drug abuser is less likely to relapse to drugs if he/she can abstain from drugs for *more than three years*:¹⁶

Only 36% of the people with 1 to 12 months of abstinence sustained it, whereas 64% relapsed. Of the individuals with 1 to 3 years of abstinence, more than 66% sustained it *Of those with 3 or more years of abstinence, 86% sustained it*

[emphasis added]

- (b) Based on the above research findings, a 12-month conditional registration order will significantly reduce Dr Leong's likelihood of relapsing to drugs. This is because such an order will bring the total period of his supervision to *about 3½ years* (i.e., from February 2023 to July 2026):

Rehabilitation, treatment, and supervision –		Period
(i)	In the DRC	16.02.23 to 19.05.23
(ii)	Home detention	19.05.23 to 04.09.23
(iii)	Under the PIP	19.09.23 to 30.04.26 (possible end date)
(iv)	Under CNB's supervision order	15.02.24 to 30.05.24
(v)	Under the Supervisory Framework (as ordered by this tribunal)	40 days from 21.07.25 (date of Tribunal's decision) for a period of one year ¹⁷

¹⁶ See Respondent's Bundle of Documents dated 04.06.25 at pages 124 and 126.

¹⁷ The 40-day period takes into account s 59F(1) of the MRA.

31 For the avoidance of doubt, we stress that by stating our views in [30] above, we are *not* suggesting that a three-year supervision period should be the sentencing norm for all medical practitioners who have abused drugs.

- (a) *First*, at risk of stating the obvious, sentencing is very facts *centric*. Apart from the facts stated in the *Sentencing Guidelines* at [24] and [28] (see [15] above), other facts which can affect the duration of the supervision period can include (a) the level of addictiveness of the drug involved and (b) the period in which the errant medial practitioner had been stopped from practice prior to the supervision period. (In Dr Leong’s case, it is about five months: see [30(b)(ii)]).
- (b) *Second*, and in any event, we have no powers to bind future disciplinary tribunals on how they should exercise their sentencing powers.

Conclusion

32 For the above reasons, we impose the following orders:

- (a) ***De-registration from Part I of the Register.*** Dr Leong is to be de-registered as a fully registered medical practitioner under Part I of the Register of Medical Practitioners (“**Register**”).
- (b) ***Conditions to registration under Part II of the Register.*** The following conditions are to apply if Dr Leong wishes to apply for registration under Part II of the Register. (For convenience, we shall describe this as the “**conditional registration order**”.)

Letter of Undertaking

- (i) Before commencing medical practice, Dr Leong is to provide SMC with a Letter of Undertaking in accordance with the Supervisory Framework for Conditionally/Temporarily Registered Doctors for Patients' Safety ("**Supervisory Framework**").

Level Three supervision

- (ii) Dr Leong is to engage in clinical practice under the equivalent of Level 3 supervision of a supervising medical practitioner under the Supervisory Framework.
- (iii) The period of the supervision is to be for 12 months from the commencement of Dr Leong's registration under Part II of the Register.

Drug rehabilitation and treatment sessions

- (iv) Dr Leong is to attend drug rehabilitation and treatment with an SMC approved addictions specialist or counsellor ("**relevant person**").
- (v) The period of the rehabilitation and treatment is to be for 12 months from the commencement of Dr Leong's registration under Part II of the Register.

Reports

- (vi) Dr Leong is to submit periodic reports from the relevant person stating the following matters ("**Reports**"): (1)

whether he is free from drug addiction, (2) his risk of recidivism, and (3) the status of his rehabilitation (“**relevant matters**”).

- (vii) Dr Leong is to be deemed to have failed to comply with the above condition if the Reports contain an adverse opinion on any of the relevant matters.
 - (viii) Dr Leong is to submit the Reports on the 6th month and 12th month from the date of his registration under Part II of the Register. The Reports are to be dated within one month from the date of their submission.
 - (ix) Dr Leong is to submit any other report as may be required by SMC from time to time.
- (c) ***Effective date.*** The orders in [32(a)] and [32(b)] shall not take effect until the expiration of 40 days after the date of this Order.
- (d) ***Conditions to re-registration under Part I of the Register.*** The following conditions are to apply if Dr Leong wishes to apply for re-registration under Part I of the Register.
- (i) *First*, Dr Leong has complied with the conditions in (b) above.
 - (ii) *Second*, Dr Leong is to attach to his application for re-registration a report from the relevant person certifying that (1) he is free from drug addiction, (2) his recidivism risk is low, and (3) he is rehabilitating well.
- (e) ***Censure.*** Dr Leong is to be censured.

- (f) ***Written undertaking.*** Dr Leong is to give a written undertaking to SMC that he will not engage in the conduct that he had been complained of or any similar conduct in the future.
- (g) ***Costs.*** Dr Leong is to pay the costs and expenses of and incidental to these proceedings, including the costs and expenses of counsel to SMC, and such reasonable expenses as are necessary for the conduct of these proceedings.

33 We wish to emphasise that our decision does not mean that Dr Leong is entitled to be re-registered to Part I of the Register immediately after the 12-month conditional registration order has lapsed. Whether he is eligible to be so registered will depend on the following:

- (a) That he has complied with the conditions stated earlier,
- (b) The 12-month supervision period may be extended by SMC if Dr Leong fails to comply with the relevant conditions at the end of that period, and
- (c) The prevailing conditions that are applicable to medical practitioners generally for registration to Part I of the Register at the material time.

34 Finally, we order that the Grounds of Decision be published with the necessary redaction of identities and personal particulars of persons involved, where appropriate.

35 The hearing is hereby concluded.

Dr Yap Lip Kee
Chairperson

Prof Ong Biauwei Chi
Member

Mr Kow Keng Siong
Judicial Service
Officer

Mr Kenny Chooi & Mr Joel Yap
(Adsan Law LLC) for SMC;

Ms Rebecca Chew & Ms Priscilla Soh
(Rajah & Tann Singapore LLP) for the Defendant.