

IN THE REPUBLIC OF SINGAPORE
SINGAPORE MEDICAL COUNCIL INTERIM ORDERS COMMITTEE

Between
Singapore Medical Council

And
Dr Fong Yan Kit

... Respondent

Interim Orders Committee:

Dr Subramaniam Suraj Kumar (Chairman)
Prof Tan Puay Hoon
Dr Tan Yia Swam
Ms Engelin Teh SC (Legal Counsel)

Counsel for the SMC:

Mr Edmund Kronenburg
Ms Esther Lim
Ms Tang Kai Qing
Mr Timothy Chan
(M/s Braddell Brothers LLP)

Counsel for the Respondent:

Mr Tham Hsu Hsien
Mr Ivan Khoo Yi
Ms Kesia Yang
(M/s Allen & Gledhill LLP)

DECISION OF THE INTERIM ORDERS COMMITTEE

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

Purpose of the Inquiry

1. This Interim Orders Committee (“**IOC**”) was appointed under section 59J(1) of the Medical Registration Act 1997 (“**MRA**”) (version as at 1 July 2022) to inquire into and determine whether an interim order under section 59L(1) of the MRA should be made against Dr Fong Yan Kit (“**Dr Fong**”).

The Medical Practitioner in question

2. Dr Fong is and was at all material times a medical practitioner registered under the MRA. Since 3 May 2005, Dr Fong has been registered under the MRA as a specialist in urology. In 2006, Dr Fong joined Raffles Hospital (“**Hospital**”) as a specialist in urology.

Relevant facts giving rise to the Inquiry

3. On 28 April 2022, at approximately 3.00 am, the late Madam P (“**Madam P**”) presented to the Accident & Emergency department of the Hospital with complaints of left loin pain, gross haematuria (frank blood in her urine) and vomiting. A computed tomography (“**CT**”) scan conducted on Madam P on 28 April 2022 showed a 7.5 cm tumour on the lower pole of her left kidney. Dr Fong reviewed the CT scan and Madam P and advised her to undergo a laparoscopic left radical nephrectomy (“**Surgery**”). Madam P consented to undergoing the Surgery which was scheduled for the afternoon of 29 April 2022.
4. On 29 April 2022, Dr Fong performed the Surgery on Madam P at the Hospital. During the Surgery,
 - 4.1. Dr Fong identified Madam P’s left ureter and the ovarian vessels;
 - 4.2. Dr Fong identified Madam P’s left renal vein (“**LRV**”);
 - 4.3. Dr Fong identified what he believed was a branch of Madam P’s left renal artery (“**LRA**”) and proceeded to isolate it, place clips on it, ligate it and transect it;
 - 4.4. Dr Fong placed clips on Madam P’s LRV, and ligated and transected Madam P’s LRV;
 - 4.5. Dr Fong then identified a vessel which he believed to be another branch of the LRA and placed clips on it, before ligating and transecting it;
 - 4.6. Dr Fong subsequently found what he believed to be an additional artery leading to the lower pole of Madam P’s kidney (which was, with the benefit of hindsight, Madam P’s actual LRA), and proceeded to ligate and transect it;
 - 4.7. Dr Fong then identified the left ureter and proceeded to sever and ligate it; and

- 4.8. Dr Fong then freed the left kidney from the surrounding connective tissue and fat and proceeded to remove the left kidney.
5. With the benefit of hindsight, two of the vessels which Dr Fong had believed were branches of the LRA, and which he had ligated and transected during the Surgery, turned out to be Madam P's superior mesenteric artery ("SMA") and coeliac trunk / axis ("CA"). The ligations of Madam P's SMA and CA were not identified intra-operatively, and were discovered on 1 May 2022.
6. Following the conclusion of the Surgery:-
- 6.1. On 30 April 2022 at approximately 8.00 am, when Dr Fong reviewed Madam P, she complained of bloatedness. Her condition on examination was unremarkable, her abdomen was soft and tender, and her full blood count and renal function tests that morning were normal. Dr Fong came to a working diagnosis of post-operative ileus.
- 6.2. On 30 April 2022 at approximately 2.30 pm, Madam P made a further complaint of gassy pain and bloatedness. Dr Fong was informed by the duty nurse over the phone. Madam P was prescribed IV Erythromycin 500mg every 6 hourly and 10mg of IV Maxolon. The nurse administered medications for pain and nausea.
- 6.3. On 30 April 2022 at approximately 4.30 pm, Madam P complained of worsening abdominal pain. IM Pethidine 75mg and IV Zofran 4mg were administered by the nursing staff as needed. Madam P then fell asleep.
- 6.4. On 30 April 2022 at approximately 8.53 pm, Madam P woke up and made a complaint of abdominal pain. The nursing staff provided her with a warm compress and informed Dr Fong. Dr Fong asked the nursing staff to administer IV Nexium 40mg every 6 hourly for gastric pain and bloatedness and told them that he would review Madam P.
- 6.5. On 30 April 2022 at approximately 9.30 pm, Dr Fong saw Madam P, who complained of bloatedness. Dr Fong noted that Madam P's vital signs were stable, and she was afebrile. Her abdomen was soft and distended, and there was no guarding. Bowel sounds were sluggish. Dr Fong's working diagnosis remained that of ileus as there were no acute abdominal signs pointing towards anything more sinister. Dr Fong ordered that she be placed "*nil by mouth*", her IV Erythromycin was to be continued, and she was given a fleet enema. She was also given IM Pethidine 75mg for pain relief.

- 6.6. On 1 May 2022 at approximately 1.30 am, Madam P complained of difficulty in breathing and her SPO2 reading was 99% on room air. She was provided intranasal oxygen at 2 l/min, which appeared to resolve her difficulty.
- 6.7. On 1 May 2022 at approximately 3.25 am, the resident medical officer (“**RMO**”) was called by nursing staff to review Madam P. Madam P had developed hypotension with a blood pressure of 82/40mmHg, with pulse rate of 100 beats per minute and temperature of 35.7°C. She passed motion which was bloody. After infusion of 500ml IV Hartmann, her blood pressure had increased to 94/52mmHg. The RMO’s working diagnosis was bleeding gastrointestinal tract.
- 6.8. The RMO informed Dr Fong of the developments at about 3.40 am. Dr Fong then ordered an urgent CT scan of the abdomen and pelvis, and to transfer Madam P to the ICU for monitoring. The RMO ordered for a nasogastric tube (“**NGT**”) to be inserted from Madam P’s nose to stomach, and IV gelafundin was started. Dr Fong returned to the Hospital.
- 6.9. On 1 May 2022 at approximately 4.30 am, Dr Fong reviewed Madam P. Her blood pressure had fallen to 70/40mmHg. Her abdomen was soft, distended, there was some stale blood in the NGT.
- 6.10. At around 5.00 am, Dr Fong accompanied Madam P for an urgent CT scan. At around 5.30 am, he conducted a bedside review of the CT scan results, which showed a distended colon, but there was no excessive free air or free fluid in the abdominal cavity.
- 6.11. Shortly thereafter, Dr FW1, the anaesthetist, and Dr FW2, the general surgeon on duty, were called to assist. The working diagnosis was that of bleeding gastrointestinal tract (“**BGIT**”).
- 6.12. At around 6.30 am, Madam P went into cardiac arrest and had pulseless electrical activity. Cardiopulmonary resuscitation was commenced, and a cardiac rhythm returned.
- 6.13. At around 7.15 am, Dr Fong recalled speaking to the radiologist, Dr FW3, about surgical clips near Madam P’s SMA and the CA and poor perfusion of Madam P’s intra-abdominal organs.

- 6.14. At around 8.15 am to 8.30 am, Madam P went into cardiac arrest and cardiopulmonary resuscitation was commenced, and cardiac rhythm returned sometime thereafter. While resuscitation was ongoing, Dr FW4 arrived at or around 8.15 am, and an emergency cricothyroidotomy was performed.
- 6.15. A bedside gastroscopy was performed by Dr FW2 at about 9.45 am.
- 6.16. At about 11.40 am, a referral was made to Dr FW5, a vascular interventional radiologist.
- 6.17. At approximately 12.30 pm, Dr FW5 reviewed the CT scans taken on 1 May 2022.
7. An urgent referral was made to Dr FW6, a vascular surgeon. Dr FW6 advised that an emergency surgery to re-join the ligated CA and SMA be attempted on Madam P (**“Emergency Surgery”**).
8. The Emergency Surgery commenced at about 2.53 pm. Unfortunately, the intra-operative findings were that of extensive ischaemia of the liver, gallbladder, spleen, stomach, small and large bowels (**“Damaged Organs”**). The decision was made on table not to do any further intervention as the Damaged Organs were not salvageable due to infarction. Madam P’s blood pressure was also very low despite inotropic support, and her pupils were noted to be fixed and dilated.
9. Madam P’s condition continued to deteriorate, and she passed away on 2 May 2022 at about 3.05 am at the Hospital. An autopsy was conducted by Dr FW7, Forensic Pathologist, Forensic Medicine Division, Health Sciences Authority and Madam P’s cause of death was certified as *“infarction of intra-abdominal organs”* due to *“surgical ligation of coeliac trunk and superior mesenteric artery during [the Surgery]”*.
10. On or about 1 June 2023, the Singapore Medical Council (**“SMC”**) received a complaint dated 1 June 2023 against Dr Fong from the daughter of Madam P, Ms C (**“Complainant”**), in respect of Dr Fong’s treatment and care of Madam P (**“Complaint”**). The Complainant alleged, *inter alia*, that Dr Fong:-
- 10.1. did not inform Madam P’s family prior to the Surgery that there was a likelihood of the wrong artery being ligated, and that it could lead to Madam P’s death;
- 10.2. may have acted negligently and failed to take adequate precautionary measures before and during the Surgery; and

- 10.3. conducted inadequate monitoring and checks post-Surgery.
11. On or about 24 July 2023, the SMC appointed a Complaints Committee (“CC”) to inquire into the Complaint.
 12. On or about 22 August 2023, Dr Fong submitted his written explanation to the CC in response to the Complaint. On or about 27 October 2023, Dr Fong submitted a further written explanation in response to further queries that the CC had following Dr Fong’s written explanation dated 22 August 2023.
 13. On or about 23 July 2024, after considering the evidence and Dr Fong’s written explanations, the CC recommended to the SMC that a formal inquiry be held by a Disciplinary Tribunal (“DT”). On or about 5 August 2024, the SMC determined that it was appropriate that a formal inquiry be held by a DT.
 14. On 15, 16 and 29 May 2025, an inquiry into Madam P’s death was held at the Coroner’s Court.
 15. The State Coroner, FW8 (“Coroner”), released a Coroner’s Certificate dated 6 November 2025 (“Coroner’s Certificate”). The Coroner’s Certificate certified that Madam P’s cause of death was “*infarction of intra-abdominal organs*” due to “*surgical ligation of coeliac trunk and superior mesenteric artery during [the Surgery]*” and was iatrogenic in nature. The Coroner returned a finding of medical misadventure.
 16. On or about 7 February 2026, the Straits Times published an article titled “*Surgical error led to patient’s death in 2022: Medical Expert in Coroner’s inquiry*”.
 17. On or about 12 March 2026, the Straits Times published an article titled “*Doctor who mistakenly cut woman’s arteries during kidney surgery charged with causing her death*”. The article reported that Dr Fong had been charged for causing death by a negligent act not amounting to culpable homicide in the State Courts on 12 March 2026, for causing the death of Madam P while performing the Surgery.
 18. In light of the foregoing, the SMC, by a letter dated 10 April 2026, referred the Complaint to this IOC in accordance with section 59J(4) of the MRA for the purpose of considering whether an order should be made under section 59L(1) of the MRA as being necessary for the protection of members of the public, or is otherwise in the public interest, or is in the interest of Dr Fong.

19. On or about 11 May 2026, the IOC served a Notice of Inquiry dated 11 May 2026 on Dr Fong.
20. On 10 June 2026, Counsel for the SMC tendered to the IOC the SMC's written submissions by way of its Opening Statement and Bundle of Authorities as well as the Agreed Statement of Facts and Agreed Bundle of Documents all of which were dated 10 June 2026.
21. The SMC submits that pending the determination by the DT, an interim restriction order should be made against Dr Fong on the following terms, that:-
 - 21.1. Dr Fong's registration shall be subject (with immediate effect) to the restriction that he must not engage in laparoscopic surgeries for a period of 18 months, or until the conclusion of the disciplinary proceedings against Dr Fong under Part 7 of the MRA, whichever is earlier; and
 - 21.2. Dr Fong must inform any organisation or person employing him for medical work that his registration is subject to the above condition.

("SMC's Proposed IO")

22. On the same day, Counsel for Dr Fong also tendered to the IOC, Dr Fong's Written Submissions, Bundle of Authorities, and Bundle of Documents all dated 10 June 2026.
23. In his Written Submissions, Dr Fong states, *inter alia*, that until the completion of the DT proceedings, he is prepared to be placed under the following conditions and restrictions:-
 - 23.1. Dr Fong must not offer and/or perform major abdominal surgery as a primary surgeon or primary doctor;
 - 23.2. Dr Fong must inform the SMC of all places where he practises or intends to practise as a specialist in urology; and
 - 23.3. Dr Fong must inform any organisation or person employing him for medical work as a specialist in urology that his registration is subject to the above conditions.

("Dr Fong's Proposed IO" or "his Proposed IO")

Framework adopted by the IOC

24. Section 59L(1) of the MRA states as follows:-

“**59L.**—(1) Subject to subsection (4), where, upon due inquiry into any complaint or information referred to an Interim Orders Committee, the 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 it 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 a period not exceeding 18 months specified in the order (called in this Part an interim suspension order); or

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

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

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

25.2. otherwise in the public interest; or

25.3. in the interests of Dr Fong.

(See the decision of the IOC for Dr Wee Teong Boo dated 9 May 2017 (“*Wee Teong Boo*”) at [9], the decision of the IOC for Dr Ler Teck Siang dated 7 March 2019 (“*Ler Teck Siang*”) at [11], the decision of the IOC for Dr Chan Herng Nieng dated 18 June 2020 (“*Chan Herng Nieng*”) at [17], the decision of the IOC for Dr Ong Kian Peng Julian dated 18 June 2020 (“*Ong Kian Peng Julian*”) at [18], the decision of the IOC for Dr Kay Aih Boon Erwin dated 19 June 2021 (“*Kay Aih Boon Erwin*”) at [14], the decision of the IOC for Dr Jipson Quah dated 23 March 2022 (“*Jipson Quah*”) at [23], the decision of the IOC for Dr Khoo Boo Kian dated 28 March 2022 (“*Khoo Boo Kian*”) at [12], the decision of the IOC for Dr Yang Ing Woei dated 9 March 2023 (“*Yang Ing Woei*”) at [13], the decision of the IOC for Dr Wong Siong Sung dated 23 May 2023 (“*Wong Siong Sung*”) at [19], and the decision of the IOC for Dr Kong Sim Guan dated 28 July 2023 (“*Kong Sim Guan*”) at [33].)

26. In arriving at its decision whether to impose an interim order, the IOC's task is to consider whether the allegations in any complaint or information referred to it, irrespective of their truth or falsity, justify the suspension or conditional registration of the medical practitioner. To determine this, a two-pronged approach is adopted (see *Wee Teong Boo* at [31]):
 - 26.1. First, the IOC must assess the extent to which the medical practitioner poses a risk to the members of the public against an assessment of the potential adverse consequences if an interim order is not made against the medical practitioner.
 - 26.2. Second, the IOC has to balance the interests of the medical practitioner with the interests of the public — making a determination proportionate to the perceived risk to members of the public and/or to protect the public interest.
27. As set out in *Wee Teong Boo* (and confirmed in *Ler Teck Siang* at [12], *Chan Herng Nieng* at [20], *Ong Kian Peng Julian* at [21], *Kay Aih Boon Erwin* at [16], *Jipson Quah* at [25], *Khoo Boo Kian* at [16]), *Yang Ing Woei* at [17], *Wong Siong Sung* at [21], and *Kong Sim Guan* at [35]), the following principles are relevant to the IOC's determination of whether an interim order should be made and of the appropriate interim order to be made:-
 - 27.1. The IOC's task is not a fact-finding one, nor is its remit to make any judgment on the merit of the criminal charges where allegations of criminal offences were involved (*Wee Teong Boo* at [32], *Ler Teck Siang* at [12.1]) or to make any judgment of the merits of the allegations in a complaint or the potential outcome of pending DT proceedings (*Chan Herng Nieng* at [20.1], *Ong Kian Peng Julian* at [21.1], *Kay Aih Boon Erwin* at [16.1], *Jipson Quah* at [25(a)], *Khoo Boo Kian* at [16(a)], *Yang Ing Woei* at [17(a)], *Wong Siong Sung* at [21.1], and *Kong Sim Guan* at [35(a)]). Applied to the present case, it is similarly not the IOC's remit to make a judgment on the merit of the allegations in the information referred to the IOC or the potential outcome of the pending DT proceedings.
 - 27.2. The purport of section 59L(1) of the MRA is that the IOC must assess the risk of harm to members of the public, as well as what is in the public interest and what is in the medical practitioner's interests. The IOC must assess the gravity of the consequences of the risk (if it materialises) as well as whether the risk is high or low (*Wee Teong Boo* at [33], *Ler Teck Siang* at [12.2], *Chan Herng Nieng* at [20.2], *Ong Kian Peng Julian* at [21.2], *Kay Aih Boon Erwin* at [16.2], *Jipson Quah* at [25(b)], *Khoo Boo Kian* at

[16(b)], *Yang Ing Woei* at [17(b)], *Wong Siong Sung* at [21.2], and *Kong Sim Guan* at [35(b))].

- 27.3. The fact that the allegations against the medical practitioner are of an extremely serious nature and the nature of the harm to the public (if true) are factors that may justify an appropriately robust order from the IOC. In assessing risk, however, the IOC will also consider whether the complaint and the charges arose from an isolated incident, and whether the doctor has remained free from complaints. The IOC will also give due weight to considerations of proportionality (*Wee Teong Boo* at [39], *Ler Teck Siang* at [12.3], *Chan Herng Nieng* at [20.3], *Ong Kian Peng Julian* at [21.3], *Kay Aih Boon Erwin* at [16.3], *Jipson Quah* at [25(c)], *Khoo Boo Kian* at [16(c)], *Yang Ing Woei* at [17(c)], *Wong Siong Sung* at [21.3], and *Kong Sim Guan* at [35(c))].
- 27.4. With regard to the public interest and the maintenance of public confidence in the medical profession in Singapore, the applicable test is as stated in the UK case of *NH v General Medical Council* [2016] EWHC 2348 (Admin) (at [12]): “[W]ould an average member of the public be shocked or troubled to learn, if there is a conviction in this case, that the doctor had continued to practice whilst on bail awaiting trial?” (*Wee Teong Boo* at [43], *Ler Teck Siang* at [12.4], *Chan Herng Nieng* at [20.4], *Ong Kian Peng Julian* at [21.4], *Kay Aih Boon Erwin* at [16.4], *Jipson Quah* at [25(d)], *Khoo Boo Kian* at [16(d)], *Yang Ing Woei* at [17(d)], *Wong Siong Sung* at [21.4], and *Kong Sim Guan* at [35(d))]. Applied to the present case, the question is whether an average member of the public would be shocked or troubled to learn that Dr Fong is allowed to continue practising medicine, including his practice as a specialist urologist, unrestricted pending the conclusion of the relevant proceedings against him for his serious surgical error while carrying out the Surgery, which led to Madam P’s death.
28. In addition, as the provisions of the MRA on interim orders are modelled after United Kingdom legislation, the IOC can take guidance from the UK General Medical Council (see *Wee Teong Boo* at [37]). It is relevant to refer to *Imposing Interim Orders: Guidance for the Interim Orders Tribunal, Tribunal Chair and Medical Practitioners Tribunal* published by the UK’s Medical Practitioners Tribunal Service in February 2024 (“**UK Interim Orders Guidance Note**”). Guideline 29 from the section on “Factors to consider” is set out below:-

“Factors to consider

- 29** In reaching a decision on 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:
 - I. the seriousness of the allegations
 - II. the weight of the information which includes information about the likelihood of a further incident or incidents occurring during the relevant period, such as the number of alleged incidents and whether the doctor has previous and relevant fitness to practise history
- 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 regarding the impact of a serious health condition and need to be protected from themselves."

The SMC's case in its Opening Statement

- 29. The SMC, in its Opening Statement, submits that the imposition of the SMC's Proposed IO on Dr Fong's registration is necessary for the protection of members of the public as should Dr Fong be allowed to continue practising without any restriction, there is a significant risk of harm to patient safety, and that the potential consequences of such risk are grave. The SMC submits that Dr Fong had misidentified and deliberately ligated and transected Madam P's CA and SMA, leading to the avoidable outcome of Madam P's death, raising serious doubts as to Dr Fong's skill and/or competence as a urologist, and that Dr Fong's error was plainly egregious. The SMC also submits that Dr Fong appears to lack insight into his conduct.
- 30. The SMC further submits that the imposition of the SMC's Proposed IO is in the public interest as there is a risk of public confidence in the standard of the medical profession being undermined should it become known to the public that Dr Fong was permitted to continue practising with no restrictions, given the gravity of the error and the fact that the outcome of the Coroner's Inquiry and the fact of ongoing criminal proceedings against Dr Fong have been widely reported in the media.
- 31. Taking into account the risk of harm and the gravity of the potential consequences should the risk materialise, the SMC is of the view that it is necessary that Dr Fong's registration be subject to the SMC's Proposed IO.

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

32. It is the SMC's submission that there is a substantial risk of harm to members of the public if Dr Fong is allowed to practise unrestricted pending the conclusion of the disciplinary proceedings given that:

32.1. The Coroner found that Dr Fong had made erroneous ligations and transections, which eventually led to Madam P's death. Dr Fong had misidentified Madam P's CA and SMA as branches of her LRA and deliberately ligated and transected them on that basis. It was not the case that a risk of the Surgery had materialised. The Coroner also found that Madam P's death was avoidable, and that but for Dr Fong's surgical error, Madam P would not have passed away.

32.1.1. In respect of the SMC's reliance on the Coroner's findings, the SMC submits that the purpose of a Coroner's Inquiry is for the Coroner to inquire into the cause of and circumstances connected with a death. Accordingly, where the Coroner has made certain findings of fact, including as to the cause of death, the Coroner's Certificate is evidence of those facts. The SMC further acknowledges that the Coroner's findings are not binding or conclusive in any subsequent civil or disciplinary proceedings. Nevertheless, the SMC submits that the Court, as well as tribunals or committees constituted in disciplinary proceedings, can, and should, give due consideration to the factual findings made by the Coroner.

32.2. Dr Fong's failure to prevent what was a completely avoidable outcome raises serious doubts as to whether he actually possesses the requisite skill and/or competence expected of a urologist. This is reinforced by the following:-

32.2.1. The Surgery was a routine procedure, which Dr Fong himself acknowledged, and should have fallen well within the scope of his specialty and/or practice as a urologist. Yet, Dr Fong had wrongly identified and ligated Madam P's arteries, even though her CA and SMA had not been displaced from their usual anatomical positions. During the Coroner's Inquiry, Dr Fong accepted that the CT scan of Madam P's left kidney taken one day before the Surgery demonstrated that Madam P's kidney had a normal anatomy, consisting of one renal vein and one renal artery, with no early branching of the renal artery.

32.2.2. Dr Fong likely has a fundamental misunderstanding and/or misapprehension of the human anatomy, and his mistaken ligation during the Surgery may not have been a one-off, inadvertent error. Even at the hearing of the Coroner's Inquiry some three years after Madam P's death, Dr Fong had still wrongly identified the location of the aorta and initially maintained that his understanding was correct before eventually conceding his mistake.

32.2.3. Dr Fong deviated from the correct sequence of ligations and transections (which he expressly accepted during the Coroner's Inquiry) during the Surgery. The order in which Dr Fong ligated and transected the vessels was described by the Coroner to be "*unfathomable*".

32.2.4. Dr Fong also did not adopt appropriate measures to confirm if the blood vessels he intended to ligate and transect were indeed Madam P's renal arteries, before he carried out the ligations and transections.

32.2.5. Dr Fong had at least three different opportunities during the Surgery to recognise his erroneous ligation and take steps to rectify his mistake, prior to the conclusion of the Surgery, all of which he missed.

33. The SMC submits that Dr Fong's error was plainly egregious given that it resulted in Madam P's death, and that the gravity of Dr Fong's conduct is underscored by the fact that he has since been charged with causing death by a negligent act not amounting to culpable homicide, arising from his conduct of the Surgery.

34. Accordingly, it is the SMC's submission that should Dr Fong be allowed to continue practising unrestricted, there is a real risk that another patient could suffer the same fatal outcome.

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

35. The SMC submits that further, or in the alternative, the imposition of the SMC's Proposed IO on Dr Fong's registration is in the public interest given that the outcome of the Coroner's Inquiry and the fact of ongoing criminal proceedings against Dr Fong have received widespread media attention. Thus, there is a high likelihood and risk that public confidence in the standards of the medical profession will be seriously undermined if Dr Fong were to be given full liberty to practise unrestricted, while awaiting the determination by the DT, despite having made a serious error while carrying out a routine procedure that fell within his specialty.

36. The SMC further submits that given the severity of the matter, and considering that criminal charges have been brought against Dr Fong in respect of the Surgery, an average member of the public would likely be shocked or troubled to learn that a registered medical practitioner and specialist in urology, having committed such a serious surgical error, was allowed to continue practising without restriction.
37. The SMC supports its position with reference to the UK Interim Orders Guidance Note at Guideline 40, which states that the threshold for an interim order to be imposed may be met where there is information that a doctor's clinical skills and/or professional knowledge and competence are, or are likely to be, such that he/she poses a real risk to members of the public if he/she were to continue practising without restriction, which may be indicated by one particularly serious failure by a medical practitioner to provide a proper standard of care. It is the SMC's submission that Dr Fong's case falls within this scenario, specifically, that there was a particularly serious lapse on Dr Fong's part in making the erroneous ligations.
- (3) An interim order is appropriate, workable, and proportionate to the risk of harm to the public and of damage to public confidence in the medical profession**
38. In view of the seriousness of the allegations against Dr Fong and the above-mentioned risks of harm to the public and of damage to public confidence in the medical profession, the SMC submits that an interim order, in the form of the SMC's Proposed IO, is appropriate, workable, and proportionate.
39. The SMC submits that the SMC's Proposed IO is clearly necessary to protect patient safety. Given that the Surgery Dr Fong performed was a form of laparoscopic surgery, an order prohibiting Dr Fong from carrying out this type of surgery would directly mitigate the risk of a similar incident occurring with other patients. The SMC points out that past interim order committees have issued similar interim orders subjecting the medical practitioner's registration to conditions/restrictions which were specifically targeted at addressing the medical practitioner's alleged misconduct.
40. The SMC submits that the SMC's Proposed IO sought is proportionate because it would not impose an undue burden on Dr Fong, as it does not preclude him from practising altogether.
41. The SMC further submits that, in accordance with the UK Interim Orders Guidance Note at Guideline 50, the SMC's Proposed IO sought is also clear in delineating the scope of what Dr

Fong is not permitted to do and is thus capable of being complied with, while enabling any breaches to be readily identified.

42. It is the SMC's position that having regard to the totality of the circumstances, the need to protect the public and public interest far outweighs any adverse impact that an interim order may have on Dr Fong. Accordingly, the SMC submits that the circumstances justify the SMC's Proposed IO being made.

(4) Whether Dr Fong is currently still actively practising does not preclude the IOC from making the SMC's Proposed IO

43. The SMC points out that in the course of the present proceedings, Dr Fong has made known to the SMC that he has been on a leave of absence from his employment at the Hospital since 12 March 2026, until further notice.

44. The SMC submits that whether Dr Fong is currently still actively practising is irrelevant and would not impede or preclude the IOC from making the SMC's Proposed IO, should the IOC deem such an order to be necessary and appropriate.

45. The SMC relies on the UK Interim Orders Guidance Note that expressly states at Guidelines 33 to 34 that "*the fact that a doctor does not currently have a licence does not replace the role of the tribunal in ensuring patient safety*", as a registered doctor remains entitled to a practising certificate unless the doctor's registration has been suspended. The SMC points out, with reference to the UK Interim Orders Guidance Note at Guideline 37, that the IOC should bear in mind that if it does not impose an interim order on an unlicensed doctor, that doctor may, at a later date, successfully apply for a licence which would not be subject to any restrictions meant to protect patients or the wider public interest. Thus, the SMC submits that absent any interim orders made by the IOC, Dr Fong may resume active practice at any time, as he continues to hold a valid practising certificate. Therefore, if an interim order is not made now, there would not be any safeguards in place to protect patient safety.

Dr Fong's case in his Written Submissions

46. Dr Fong highlights that:-

- 46.1. He has voluntarily stopped performing major abdominal surgery on patients since 20 June 2022, and had voluntarily written to the Hospital, requesting to be relieved from performing all advanced laparoscopic and robotic surgeries;
- 46.2. After the commencement of criminal proceedings against Dr Fong, since 12 March 2026, he has been placed on an indefinite leave of absence by the Hospital;
- 46.3. He is prepared to voluntarily undertake not to perform any major abdominal surgery until the DT proceedings against him are completed, and has, since March 2026, been engaged only in clinical practice as a locum at private general practice clinics on an ad-hoc basis; and
- 46.4. He is prepared to be placed under his Proposed IO until the completion of the DT proceedings against him.
47. Dr Fong submits that his Proposed IO is adequate for the protection of members of the public and/or public interest.

Application of the Relevant Legal Principles

48. Dr Fong's submission with regard to the framework to be adopted by the IOC and the principles applicable to the IOC's decision under section 59L(1) of the MRA is essentially in line with those set out at [24] to [28] above.
- (a) Evidence admitted during the Coroner's Inquiry and cited within the Coroner's Certificate is inadmissible in these proceedings
49. Dr Fong objects to the SMC's reliance on evidence that was admitted during the Coroner's Inquiry and cited within the Coroner's Certificate as factual evidence, and in particular, Prof CIE's ("**Prof CIE**") report(s) and/or evidence (oral or written) (the "**CI Evidence**").
50. Dr Fong submits that pursuant to section 45 of the Coroners Act 2010, no oral testimony or conditioned statement admitted during the Coroner's Inquiry is admissible in any subsequent judicial or disciplinary proceedings as evidence of any fact stated therein, including the present proceedings before the IOC, which are part of the disciplinary proceedings regime as set out at Part 7 of the MRA, insofar as the SMC seeks to rely on the CI Evidence.

51. Dr Fong further submits that it would be incredibly prejudicial and unfair for the SMC to rely on a partial and incomplete account of Prof CIE's complete views, as Prof CIE's report(s) and/or evidence are not made available in their entirety to the IOC. Dr Fong submits that hearsay evidence, while not automatically inadmissible in DT proceedings pursuant to section 59A of the MRA, is less reliable than direct evidence in the context of IOC hearings. Dr Fong also submits that it is in the nature of a Coroner's Inquiry that Prof CIE's evidence as the State expert would not be challenged by any expert opinion. In summary, Dr Fong's position is that the SMC should not be permitted to rely on the views expressed by a State expert during the Coroner's Inquiry to seek to justify its case against Dr Fong, and in any event, there should be little weight attached to Prof CIE's evidence.
52. Dr Fong submits that while the Coroner's Certificate is admissible in subsequent judicial or disciplinary proceedings as evidence of the facts as determined by or found by the Coroner, any factual findings will not be binding or conclusive of any facts in issue in the subsequent judicial or disciplinary proceedings, including the present IOC proceedings. Dr Fong highlights that under the Coroners Act 2010, the inquiry shall not determine any question of criminal, civil or disciplinary liability.
53. Dr Fong submits that the oral testimony and/or conditioned statements which are cited in the Coroner's Certificate, or opinions formed by the Coroner, are not factual findings made by the Coroner and should be carefully distinguished.

(b) Risk of harm to members of the public

54. It is Dr Fong's position that any risk of harm to the public can be addressed by imposing specific and relevant conditions and that this approach towards any potential risk to the public was adopted by the IOC in *Kong Sim Guan* and *Wong Siong Sung*. Dr Fong submits that in the present case, the potential risk of harm to the public relates to the alleged lack of clinical competence by him in the performance of the Surgery for: (1) allegedly failing to properly perform the Surgery and failing to identify the correct anatomical structures, and (2) an alleged delay by Dr Fong in investigating the post-operative complications suffered by Madam P. As such, he submits that the imposition of his Proposed IO is sufficient to neutralise/address the potential harm as:-
- 54.1. Under the first condition of Dr Fong's Proposed IO, Dr Fong will not be permitted to offer and/or perform major abdominal surgery as a primary surgeon or primary doctor, including surgeries such as the Surgery. This would negate the risk of potential harm

resulting from any alleged lack of clinical competence by Dr Fong. Further and in any event, Dr Fong has been placed on a leave of absence by the Hospital and works as a locum in general practice clinics, and would not be in a position to offer and/or perform major abdominal surgery on any patients; and

- 54.2. The risks of potential harm arising from any alleged lack of clinical competence by Dr Fong are also mitigated by the second and third conditions of Dr Fong's Proposed IO which require Dr Fong to inform the SMC of where he intends to work, and to inform any organisation or person employing him for medical work as a urologist that his registration is subject to the first and second conditions of Dr Fong's Proposed IO. Dr Fong highlights that there is thus no risk of him performing major abdominal surgeries on patients.
55. Accordingly, Dr Fong submits that the risk of potential harm to the public arising from the Complaint would be sufficiently contained/neutralised if he is allowed to continue medical practice subject to his Proposed IO and that it is not necessary to impose any other conditions or restrictions on his registration and/or suspend his registration.
- (c) It would not be in the public's interest to impose any further conditions or restrictions on, or to suspend Dr Fong's registration
56. On the applicable test in assessing public interest and the maintenance of public confidence, Dr Fong submits that an average member of the public will not be shocked or troubled to learn that he has been allowed to practise pending the conclusion of any disciplinary proceedings, as with Dr Fong's Proposed IO, his registration is not unfettered – there are safeguards in place to ensure that public trust and confidence in the medical profession is not undermined. Dr Fong points out that under the second and third conditions of his Proposed IO, the SMC will be informed of the places where he practises or intends to practise as a urologist, and Dr Fong has to inform any organisation or person employing him for medical work as a urologist that his registration is subject to the first condition of Dr Fong's Proposed IO.
57. It is Dr Fong's position that his case is of a different nature compared to other cases where the IOC had seen fit to impose conditions or restrictions, or to suspend a doctor's registration, as he had proper training in and has more than 20 years of experience in carrying out laparoscopic nephrectomies, and this was an isolated incident, unlike the case of *Jipson Quah*, where the doctor's registration was suspended due to repeated incidents and the potential impact on the public health care regime in the face of a global pandemic.

58. Dr Fong points out that the injury and/or severance of the SMA and/or CA is a known complication of laparoscopic nephrectomy, with an under-reported incidence rate of 1.6%, as they are in close anatomical proximity to the left renal vessels. Dr Fong also highlights that the limited field of vision in a laparoscopic surgery may give rise to an optical illusion/perceptive deficit, causing a surgeon to mistakenly identify the SMA and/or CA as the LRA or one of its branches. Dr Fong explains that in such circumstances, vessels encountered in the operative field may appear, based on their position relative to the renal vein and surrounding structures, to be the renal artery or its branches. According to Dr Fong, this perceptive deficit is further exacerbated by the lack of tactile feedback in a laparoscopic surgery which can allow a surgeon to correct the optical illusion/perceptive deficit, unlike in an open surgery.
59. Dr Fong submits that there was no deliberate or dishonest concealment of the injury to Madam P, as he had been unaware that he had severed the wrong vessels at the material time. In particular, there was no “13 minute pause” where Dr Fong “*failed to accept the mistake and call for help*”, based on what was allegedly observed by Prof CIE of the intra-operative video footage. Dr Fong highlights that no finding was made by the Coroner during the Coroner’s Inquiry that Dr Fong had paused during the Surgery, and that the intra-operative video showed that he was continuously engaged in operative steps. Dr Fong also relies on a letter from Dr RE, a general surgeon competent in such procedures, who confirmed from his review of the entire intra-operative video, that “*there was no 13 minute period in the recording that showed Dr Fong had paused and stopped the [S]urgery because he knew or thought that he had transected the wrong arteries*”.
60. Dr Fong further submits that the DT proceedings have been pending since August 2024, and the SMC had not sought to suspend or otherwise limit his registration until 1 year and 8 months later, despite the SMC’s lawyers, Braddell Brothers LLP, being in attendance at the Coroner’s Inquiry. Dr Fong submits that this shows the limited risk that is posed by his continued registration, and that Dr Fong’s Proposed IO would be sufficient for public interest and/or public confidence.
61. Dr Fong’s position is that it would be fair to allow him to continue to practise by treating and managing patients who fall outside the ambit of the Complaint. Dr Fong highlights that (1) the first condition is wider than what is already necessary, given that his misidentification of the SMA and CA as branches of the LRA likely arose as a result of a perceptive error on his part, due to the Surgery being a laparoscopic surgery, and thus, the risk of potential harm would only arise in the limited context where Dr Fong is performing a laparoscopic major abdominal

surgery, and (2) an overly broad condition or restriction and/or suspension would place an even more significant strain on Dr Fong's family finances and would be disproportionate, considering that Dr Fong is the sole breadwinner supporting a homemaker wife and four children, and that as a result of his voluntary restriction, Dr Fong's income has suffered a significant drop since 2022.

The Inquiry Hearing

62. From the outset, Counsel for Dr Fong informed the IOC that, in light of the terms of the SMC's Proposed IO set out at paragraph 20 of the SMC's Opening Statement, Dr Fong was prepared to consent to the SMC's Proposed IO being made.

63. The IOC raised the following concerns:-

63.1. Whether the scope of the SMC's Proposed IO which was to restrict Dr Fong from performing laparoscopic surgery only was sufficient, having regard to the need to protect the public and to maintain public confidence in the medical profession;

63.2. What would be the scope of Dr Fong's practice if the IOC were to restrict him from performing laparoscopic surgery only, given that the practice of urology encompasses other surgical procedures; and

63.3. Could the mistake made by Dr Fong during the Surgery also have been made during an open surgery?

64. In respect of the IOC's concern as to the sufficiency of the SMC's Proposed IO:-

64.1. Counsel for the SMC submitted that the SMC's Proposed IO was sufficient. Counsel for the SMC explained that, as the procedure which is the subject of the present IOC Inquiry involved laparoscopic surgery, the proposed restriction by SMC was limited to laparoscopic surgery. Counsel further submitted that insofar as the DT may find that there were errors in the visualisation and recognition of anatomical structures during the laparoscopic surgery, such findings would warrant a restriction to laparoscopic surgery, but not to other forms of surgery.

64.2. The IOC pointed out to Counsel for the SMC that Dr Fong's Proposed IO was broader in scope than the SMC's Proposed IO. In response, Counsel for the SMC stated that it was

open to the IOC to impose restrictions of a wider scope, but that the SMC's instructions were to seek the specific restrictions set out in the SMC's Proposed IO.

64.3. Counsel for Dr Fong agreed that the SMC's Proposed IO was sufficient and stated that Dr Fong considered the proposed restrictions acceptable and was prepared to consent to them. Counsel for Dr Fong further explained that the reason Dr Fong had proposed the broader interim orders that he did was because, at that point in time, he did not know what restrictions the SMC was seeking.

64.4. The IOC pointed out that the broader restrictions set out in Dr Fong's Proposed IO were already effectively in place at the Hospital and that the broader restrictions reflected Dr Fong's own insights into what would constitute safety for future patients and what would make his colleagues and the hospital comfortable. Notwithstanding that, simply because the SMC had proposed less restrictive terms, the IOC is asked to agree to the SMC's Proposed IO.

64.5. The IOC further highlighted to Counsel for the SMC that, in the SMC's Opening Statement, the SMC had submitted that the IOC should take into account that the allegations were "*of an extremely serious nature*" and may justify "*an appropriately robust order*" to protect the public. The SMC had also submitted in its Opening Statement that the applicable test was whether the average member of the public would "*be shocked or troubled to learn, in the event of an eventual conviction, that the medical practitioner was allowed to practise*" unrestricted during the interim period.

64.6. The IOC reiterated its concern to Counsel for the SMC that, if Dr Fong was permitted to perform surgeries other than laparoscopic surgeries, he could easily act as either the first surgeon or second surgeon, and the IOC would thereby still be permitting him to pose a risk to public safety.

64.7. Counsel for the SMC reiterated that he was constrained by the instructions from the SMC, and stated that it was entirely within the discretion of the IOC to impose interim restriction orders that were wider in scope than those proposed by the SMC, should the IOC consider the SMC's Proposed IO insufficient for any reason.

65. In relation to the specific issue of public safety, Dr Fong's competency, and whether he might commit the same error in surgeries other than laparoscopic procedures, Counsel for Dr Fong referred the IOC to Dr RE's opinion, which was included in Dr Fong's Bundle of Documents.

Dr RE stated that “[d]uring his 20 years in Raffles Hospital, [Dr Fong] has performed or assisted in at least 200 laparoscopic surgeries. He has performed more than 60 open and laparoscopic nephrectomy in the last 20 years and there has not been a single case of accidental transection of the SMA or postoperative death”.

66. The IOC highlighted that, although Dr Fong had not encountered any issues arising from his previous surgeries, once an incident such as the present one had occurred, the possibility and risk of a subsequent similar event would necessarily be a matter of concern from the public’s perspective.
67. In response to queries by the IOC, Dr Fong confirmed that he was no longer practising as a surgeon, and was practising as a general practitioner working on a locum basis.

Decision of the IOC

68. The IOC has carefully considered all the facts and circumstances in relation to the present case and the respective parties’ submissions.
69. The IOC is satisfied that it is necessary for the protection of members of the public and in the public interest that the following order is made.
70. The IOC orders that with effect from 17 June 2026, the registration of Dr Fong as a medical practitioner is subject to the following conditions or restrictions, for a period of 18 months or until the conclusion of the proceedings against Dr Fong under Part 7 of the MRA, whichever is sooner:-
- 70.1. Dr Fong must not offer and/or perform any surgery whether as a primary, secondary or assistant surgeon, save for minor office procedures which are appropriately performed in a primary care setting;
- 70.2. Dr Fong must inform the SMC of all places at which he practises or intends to practise.
- 70.3. Dr Fong must inform any organisation or person employing him for medical work that his registration is subject to the above conditions.

Publication of Decision

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

Dated this 17th day of June 2026.