IN THE REPUBLIC OF SINGAPORE

SINGAPORE MEDICAL COUNCIL DISCIPLINARY TRIBUNAL

[2026] SMCDT (A) 2

Between

Singapore Medical Council

And

Dr Lim Geok Leong

... Respondent

GROUNDS OF DECISION

Administrative Law – Disciplinary Tribunals

Medical Profession and Practice – Professional Conduct – Suspension from Register of Medical Practitioners

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Singapore Medical Council

v

Dr Lim Geok Leong

[2026] SMCDT (A) 2

Disciplinary Tribunal – DT Inquiry No. 2 of 2026
Prof Ng Wai Hoe (Chairman), A/Prof Andrew Tan Gee Seng, Mr Toh Yung Cheong (Judicial Service Officer)

25 February, 16 March 2026

Administrative Law – Disciplinary Tribunals

Medical Profession and Practice – Professional Conduct – Suspension from Register of Medical Practitioners

17 March 2026

GROUNDS OF DECISION

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

1 General Practitioner clinics are an important part of Singapore's primary healthcare network. Together with polyclinics, they are often the first point of contact for patients who have healthcare needs. Patients rely on doctors to assess

the seriousness of their conditions, and to refer appropriate cases to either a specialist or a hospital.

2 Dr Lim Geok Leong (the "**Respondent**") was a medical practitioner practising at Central Medical Group Pte Ltd ("**Clinic**") in 2022. On 11 April 2022, the Patient visited the Respondent at the Clinic to seek treatment for an infection of his right foot and there were four more visits to see the Respondent after the first. The Patient eventually went to a polyclinic and was then admitted to a hospital where he underwent a series of ascending foot amputations.

3 A complaint was lodged with the Singapore Medical Council and this ultimately resulted in the matter being referred to the present Disciplinary Tribunal ("**DT**").

Charges

4 The Respondent has pleaded guilty to the first charge of professional misconduct under section 59D(1)(*c*) of the Medical Registration Act 1997 ("**MRA**") before the DT and admitted to the agreed statement of facts.

(a) First charge: Failure to refer the Patient to the emergency department of a hospital and/or a specialist:

(i) On the same day of the Patient's 1st visit, despite the diagnosis made by the Respondent.

(ii) On the same day of the Patient's 5th visit, despite the presence of extensive right foot wet gangrene on the third toe extending to the second toe and dorsum of the foot and the fact that the infection was severe.

(iii) On the same day of the Patient's 2nd, 3rd, or 4th visit, despite the presence of Peripheral Arterial Disease, cellulitis, and necrosis at each of these visits.

5 In addition, the second charge was read to the Respondent and taken into consideration:

(a) Second charge: Given the Respondent's failure to refer the Patient to a specialist on the day of the 1st visit, the Respondent had to rule out the likelihood of Peripheral Arterial Disease ("**PAD**") as an assessment of likely PAD meant that the Patient had to be referred. However, the Respondent failed to examine the Patient's leg pulse and perform a capillary refill test on the Patient to determine if the Patient was likely to be suffering from PAD.

6 The full text of the charges can be found in the Agreed Bundle of Documents ("**ABOD**").

Facts

7 On 11 April 2022, the Patient first consulted the Respondent at the Clinic. The Respondent assessed the Patient to be suffering from *inter alia* severe and extensive cellulitis on his right foot (i.e. an infection) and severe diabetes based on the results of a hypocount which indicated a Random Blood Sugar level of 22.2 mmol/L.

8 The Respondent prescribed the Patient with oral antibiotics and advised the Patient to return to the Clinic for a review 4 days later. He did not refer the Patient to the emergency department of a hospital and/or a specialist after this visit.

9 The Patient thereafter consulted the Respondent at the Clinic on four further occasions on 14 April, 25 April, 30 April, and 9 May 2022. The Respondent assessed that the condition of the Patient's infection had either remained unchanged or improved since the Patient's previous visit. He continued treatment of the Patient on an outpatient basis by prescribing oral antibiotics and other medication.

10 He did not refer the Patient to the emergency department of a hospital and/or a specialist after each of these four visits.

11 On 10 May 2022, which was the day after the Patient's last visit to the Respondent, the Patient sought treatment at Clinic A. The Patient was seen by a doctor who documented the Patient as suffering from extensive right foot wet gangrene on his third toe extending to the second toe and dorsum of the foot. This was a severe infection. The Patient's condition at Clinic A on 10 May 2022 would have closely reflected the condition that was presented to the Respondent on 9 May 2022.

12 After being admitted to hospital from Clinic A, the Patient had to undergo a series of high-risk ascending amputations to his right leg which resulted in a loss of ability to walk. This was irreversible. In addition, the Patient suffered various complications that were known to be related to limb amputations.

Particulars of misconduct

13 As a medical practitioner registered under the MRA, the Respondent was required to adhere to the 2016 edition of the SMC Ethical Code and Ethical Guidelines ("**2016 ECEG**") which required him to:

(a) Provide competent, compassionate, and appropriate care to his patients.

(b) To the extent it is within his ability or control, to provide care in a timely manner to prevent suffering or deterioration of his patients' conditions.

(c) Where he cannot provide services that are necessary or most beneficial for his patients, he must offer to refer the patient to other doctors or institutions which can provide the most appropriate services.

14 The applicable standards required Dr Lim to refer a patient with an active diabetic foot condition to the emergency department of a hospital immediately when any of the following symptoms are present:

(a) Signs of inflammation, infection or acute Charcot arthropathy, such as redness, swelling or warmth;

(b) Cellulitis or pus from wound; or

(c) Wet gangrene.

15 These standards are set out in the Appropriate Care Guide for Foot assessment in people with diabetes mellitus published by the Ministry of Health ("**MOH**")'s Agency for Care Effectiveness on 6 June 2019, and as observed and approved by members of the profession of good repute and competency.

16 The Respondent departed from the relevant standard during each of the visits in failing to refer the Patient to the emergency department of a hospital and/or a specialist on the same day of each of the five visits:

(a) First visit: No referral despite the fact that the Respondent had diagnosed the Patient to be suffering from severe and extensive cellulitis on his right foot and severe diabetes.

(b) Fifth visit: No referral despite the presence of extensive right foot wet gangrene on the Patient's third toe extending to the second toe and dorsum of the foot and the fact that the infection was severe.

(c) Second, Third and Fourth visits: No referral despite the presence of Peripheral Arterial Disease, cellulitis, and necrosis.

DT's Decision on Guilt

17 The DT is satisfied, after reviewing the Agreed Statement of Facts, that the Respondent was guilty of professional misconduct under section 59D(1)(*c*) of the MRA and that the elements of the first charge has been made out.

Sentencing Positions

18 In their written submissions, the SMC submitted that the Respondent should be suspended for practice for a period of 14 months[1] while Counsel for the Respondent submitted that a suspension term of no more than 10 months would be appropriate[2]. Both parties agree that the usual consequential orders should be made by the DT.

Sentencing Approach

19 In determining the appropriate sentence, the DT was guided by the sentencing framework set out in *Wong Meng Hang* [2018] SGHC 253 and also

[1] SMC Sentencing Submissions at [18]

[2] Respondent's Mitigation and Sentencing Address at [93]

took note of the *Sentencing Guidelines for Singapore Medical Disciplinary Tribunals (SMC, 15 July 2020).*

20 The next sections of this Decision explain how the DT arrived at its decision and the factors considered. The DT adopted the following 6-step approach:

(a) Step 1: We consider the SMC's and Respondent's submissions on harm and culpability and explain how the DT came to its finding on harm and culpability.

(b) Steps 2 and 3: We identify the applicable indicative sentencing range using the matrix set out in *Wong Meng Hang* and identify the appropriate starting point within this range.

(c) Step 4: We consider offender-specific aggravating and mitigating factors that may result in an adjustment to the starting point sentence.

(d) Step 5: As the Respondent has been convicted of two offences, we consider the appropriate total sentence.

(e) Step 6: We consider whether there has been an inordinate delay and whether there should be a sentencing discount as a result.

Step 1: Harm and Culpability

Harm

21 Harm refers to the actual harm as well as the potential harm that could be caused by the Respondent's actions. While the amputation of the Patient's

right foot was no doubt very serious, the issue that the DT had to consider was the connection between the Respondent's misconduct and this event.

22 In assessing the level of harm, the DT considers the written submissions of both parties as well as the Expert Reports of Dr PE and Dr DE.

Expert report of Dr PE

23 Dr PE's report stated that the Respondent's failure to refer the Patient at any of his five visits significantly contributed to the risk of the Patient having to undergo ascending serial amputations on his right leg.[3] As the report stated at [39]:

> A deferred referral to a diabetic foot centre for patients with limb-threatening diabetic foot infection may be associated with poor treatment outcome of either major lower-extremity amputation or in-hospital mortality, particularly in patients with systemic inflammatory responsive syndrome or PAD. Delayed referrals to specialists also lead to a greater risk of adverse clinical outcomes, such as delayed healing and an increased risk of amputation.[4]

24 The DT also noted Dr PE's report pointed out that for patients with diabetes and PAD, a delay or more than 14 days from the time of primary care assessment to revascularisation has been identified as an independent predictor of major amputation.[5] The Patient's five consultations with Dr Lim spanned 29 days which was more than double this duration. Furthermore, it was the Patient who decided on his own accord to consult a different doctor.

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[3] Dr PE's Expert Report at [38]

[4] Dr PE's Expert Report at [39]

[5] Dr PE's Expert Report at [35(a)]

Expert report of Dr DE

25 Dr DE's report did not shed any light on the issue on the extent to which the Respondent's misconduct contributed or caused the amputation.

26 In particular, the report stated that:

(a) It was beyond his competence as a family physician to express any definitive opinion on this question.

(b) Given the lack of documentation and clinical photography, it was difficult to comment on how much harm was done to the foot between the first and the fifth visit.

(c) Nevertheless, his preliminary impression was that the arterial damage prior to Dr Lim's involvement in the patient's care was likely to have had a larger contribution to the subsequent amputations and cascade of events after hospitalisation.[6]

27 While Dr DE was unable to comment on causation, his report acknowledged the concept of "time is tissue"[7] which was also covered in Dr PE's report. This concept emphasises the importance of opportune intervention, because the extent of the tissue damage is affected by the time the infection is allowed to spread.[8]

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[6] Dr DE's Expert Report at [91]-[93]

[7] Dr DE's Expert Report at [9(g)]

[8] Dr PE's Expert Report at [35(a)]

DT's findings on Harm

28 The DT noted that both Expert Reports agree that the Patient's diabetic foot infection was serious and that it was crucial to refer the Patient to a hospital or a specialist as soon as possible.

29 The DT accepted that the major cause of the Patient's amputation was likely to have been his underlying diabetes and associated PAD.[9] Nevertheless, the DT agreed with the SMC that the Respondent's failure to refer the Patient at any of his five visits significantly contributed to the risk of the Patient having to undergo ascending serial amputations on his right leg. In addition, the DT accepts the SMC's point that amputations come with non-trivial associated risks which the Patient would have been exposed to.[10]

30 The Defence's submission that there was no evidence that the Patient's condition had worsened under the Respondent's care was not a mitigating factor. It was at best the lack of an aggravating factor.

31 After carefully considering these factors, the DT found that the level of harm caused by the Respondent's misconduct was at the lower end of "moderate."

Culpability

32 Culpability refers to the degree of the doctor's responsibility or blameworthiness in respect of misconduct.

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[9] Dr PE's Expert Report at [37]

[10] SMC's Sentencing Submissions at [35]

33 The DT agreed with the SMC's submission that the following factors were relevant in determining the Respondent's culpability:

(a) His state of mind, which includes his knowledge and intention.

(b) The extent to which his conduct departed from the standard of care reasonably expected of a medical practitioner.

(c) Whether the treatment was an appropriate management option.

(d) The duration of the offending behaviour.

(e) The extent to which the doctor abused his/her position of trust and confidence.

State of Mind

34 The DT agreed with the SMC's submission that the Respondent did not intentionally cause harm to the Patient and that his misconduct constitutes serious negligence.[11]

35 In relation to the Respondent's knowledge, the Respondent conducted a test which revealed that the Patient had Random Blood Sugar level of 22.2 mmol/L. Therefore, the Respondent was aware that the Patient was diabetic and his culpability should be determined based on the knowledge that he had.

36 The Defence's submission that the Patient did not inform the Respondent that he was diabetic did not reduce his culpability and did not alter the standard of care reasonably expected of him. This is clear from both expert reports. Dr DE in his report commended the Respondent for picking up on the

[11] SMC Sentencing Submissions at [46]

fact that the Respondent was diabetic. Nevertheless, Dr DE was equally clear in his report as to the standard of care required of a well-trained general practitioner in examining and treating a diabetic foot.[12]

The extent to which his conduct departed from the standard of care reasonably expected of a medical practitioner.

37 Both Dr PE and Dr DE agree in their respective reports that the Respondent did not meet the standard expected of a doctor in the management of the diabetic Patient's foot infection.[13]

38 In particular, the Respondent departed from the required standard of care as he:

(a) Embarked on a plan not to refer the Patient to a hospital or specialist without conducting a capillary refill test or palpation of pedal pulses.[14] In so doing, the Respondent deprived himself and the Patient of important decisional tools on whether to forego or continue with the plan of not referring the Patient to a hospital or specialist. While this omission was technically the subject matter of the second charge that was taken into consideration, the actions that the Respondent took and those he omitted to do as part of his decision not to refer the Patient were relevant to his culpability in respect of the first charge.

(b) Did not make an urgent referral to a specialist or the emergency department of a hospital on the same day of the first visit.

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[12] Dr DE's Expert Report at [15]

[13] Dr DE's Expert Report at [85], Dr PE's Expert Report at [26]

[14] Dr DE's Expert Report at [74(b)]

(c) Did not make an urgent referral to a specialist or the emergency department of a hospital at any of the four subsequent visits.

39 The DT was of the view that there was a significant departure from the required standard of care:

(a) Diabetic foot disorder is a common condition in Singapore. The steps a doctor should take when a diabetic patient presents with foot conditions is widely taught in medical schools. In addition, there is no shortage of information for general practitioners to refer to. For example, the MOH Appropriate Care Guide for foot assessment in people with diabetes mellitus is available on the internet and the Respondent could have referred to it in between the Respondent's five visits to the Clinic.

(b) The available photographs taken by the Patient's relative on 9 May 2022 and the 4 photographs taken by hospital staff on 10 May 2022[15] confirmed the assessment of Dr F1 (the doctor who saw the Patient at Clinic A on 9 May 2022) that the Patient's foot infection was extensive. This would closely reflect the state of the Patient's right foot on the fifth visit to the Respondent. In the DT's view, any responsible and competent doctor would refer a patient in that condition to the emergency department of a hospital.

DT's Findings on culpability

40 After considering the above factors, the DT finds that the Respondent's culpability was at the mid-point of the medium range.

[15] ABOD at pages 856-859

Steps 2 and 3: Indicative Sentencing Range & Starting Point Sentence

41 The indicative sentencing range for a case involving moderate harm and medium culpability is one to two years' suspension. As the Respondent's culpability was at the mid-point of the medium range, this means that the starting point should be higher than the starting point of one year.

42 Next, the DT referred to the following two cases cited by the SMC:

(a) *Singapore Medical Council v Mohd Syamsul Alam bin Ismail* [2019] 4 SLR 1375: The Doctor was convicted of one charge for failing to diagnose the patient with gangrene. As a result of this failure, patient was not referred to the emergency department of a hospital. In addition, he was convicted of a second charge for failing to maintain adequate medical records. On appeal, the Court of Three Judges enhanced the sentence imposed for the first charge to a suspension term of 2 years and 6 months. In allowing the appeal, the Court found the harm caused to be moderate and his culpability to be high.

(b) *In the Matter of Dr Teo Sze Yang* [2022] SMCDT 2: The Doctor was convicted for failing to conduct an adequate clinical evaluation of his patient and to refer the patient to the Tuberculosis Control Unit or specialist. The DT in that case found the harm caused to be moderate and the respondent's culpability to be medium. After accounting for offender-specific factors, a suspension term of 15 months was imposed.

43 The DT was of the view that the harm caused and the culpability of the Doctor in *Dr Teo Sze Yang's* case was similar to the present case and that the starting point sentence should be:

Charge	Harm & Culpability	Starting Point Sentence
First Charge	Moderate Harm & Medium Culpability	Suspension of 15 months

Step 4: Offender-specific factors

Defence submissions on mitigating factors

44 The mitigation plea highlighted the fact that the Respondent pleaded guilty to the charge. He has an unblemished record over a long medical career spanning over 40 years and this was his first offence. Testimonials in the form of Google review comments were submitted as evidence that the Respondent was well-regarded and valued by his patients. Finally, the Respondent made significant contributions to National Service and received a National Serviceman of the Year Letter of Commendation in 2000.

45 While the DT gave due consideration to these factors, they were not so exceptional as to justify a reduction to the starting point sentence.

SMC's submissions on aggravating factors

46 The SMC submitted that there should be a one month uplift due to the presence of the following sentencing factors:

(a) The charge that was taken into consideration.

(b) The Respondent's seniority.[16]

47 The DT agrees that these are relevant factors and had considered them when assessing the Respondent's culpability.

Step 5: Consideration of the Total Sentence

48 As the Respondent was only convicted of one charge, the issue of concurrent or consecutive sentences was not applicable. In respect of the charge which was taken into consideration, the DT was of the view that the indicative sentence reflected the overall seriousness of the incident and that an uplift in the sentence was not required.

Step 6: Consideration of sentencing discount for inordinate delay

49 The Defence's submissions highlighted the following:

(a) The Notice of Complaint ("**NOC**") was dated 4 August 2022 and the SMC's Notice of Inquiry ("**NOI**") was dated 2 June 2025. This was a period of 2 years and 10 months.

[16] SMC Sentencing submissions at [76]

(b) SMC's notification to the Respondent of the formal inquiry was dated 28 June 2023 and Dr PE's expert report was dated 13 December 2024, a period of 1 year and 5 months.

50 One-third reductions in sentences were applied by the High Court for cases involving inordinate delay where the period between the NOC and NOI exceeded three years: *SMC v Ling Chia Tien* [2024] SGHC 283 and *Yip Man Hing Kevin v SMC* [2019] SGHC 102.

51 For cases where the applicable period was less than three years, parties have cited some cases by the Disciplinary Tribunal where a sentencing discount was applied and other cases where there was no sentencing discount. Both parties did not cite any cases from the High Court where the period between the NOC and NOI was less than 3 years.

52 After considering the case history and the complexity of the medical issues, the DT was of the view that there was an inordinate delay. As the SMC stated in their submissions, diabetic foot disorder is a common condition in Singapore. The treatment guidelines and standards are widely known and well-established.[17] It was therefore reasonable to have expected the SMC to have completed their investigations and issued the NOI earlier.

53 Next, the DT considered the sentencing discount to be applied. The DT took into account the following:

(a) The SMC's explanation why more time was needed.[18]

[17] SMC Sentencing submissions at [48-49]

[18] SMC Sentencing submissions at [85]

(b) The countervailing public interest considerations highlighted by the SMC.[19]

54 The DT was of the view that while the delay was inordinate, a period of 2 years and 10 months between the NOC and NOI was not so long as to justify a one-third or one-half reduction as suggested by the Defence. After considering the factors highlighted by the SMC, the DT was of the view that a 2-month sentencing discount was appropriate.

55 Therefore, the final sentence is:

Charge	Starting Point Sentence	Sentence after applying discount for inordinate delay
First charge	15 months' suspension	13 months' suspension

Conclusion

56 Accordingly, this DT orders that:

(a) The Respondent be suspended from practice for **a period of 13 months.**

(b) The Respondent be censured;

[19] SMC Sentencing submissions at [87]

(c) The Respondent gives a written undertaking to the SMC that he will not engage in the conduct complained of or any similar conduct in the future; and

(d) The Respondent pays the costs and expenses of and incidental to these proceedings, including the costs of the solicitors to the SMC.

57 We further order that the period of suspension is to commence 60 days after the date of this order, and that the Grounds of Decision be published with the necessary redaction of identities and personal particulars of persons involved.

58 The hearing is hereby concluded.

Prof Ng Wai Hoe
Chairman

A/Prof Andrew Tan Gee Seng

Mr Toh Yung Cheong
Judicial Service Officer

Ms Angelia Thng, Ms Tang Kai Qing
and Mr Samuel Lim Ngee Tong
(M/s Braddell Brothers LLP)
for Singapore Medical Council; and

Mr Eric Tin and Mr Samuel Lim Jie Bin
(M/s Donaldson & Burkinshaw LLP)
for Dr Lim Geok Leong