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Specified minimum suspension term for doctors and other healthcare professionals: a time to rethink, review and revoke?

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In *Eu Kong Weng v. Singapore Medical Council*[3], a case on informed consent, the High Court, in dismissing the registered medical practitioner's appeal against conviction and sentence, commented in the judgement as follows:

"…. We agree that a suspension is called for, and if we had the discretion, we would have imposed a shorter period of suspension. However, the law does not allow us to do that as the three-month suspension is the minimum mandated by s 45(2)(b) of the [Medical Registration] Act."

The High Court's comment has inspired the authors to examine the rationale of the minimum suspension regime in the Medical Registration Act and other legislations regulating healthcare professionals. This article will argue that it is timely to consider reviewing and revoking this regime in the absence of cogent justification for its continued existence. It is the authors' hope that this article can contribute to policy discourse and pave the way toward the complete abolition of the minimum suspension term for our doctors and other healthcare professionals who are subject to a similar regime.

The Present Statutory Framework

Section 45(2)(b) of the Medical Registration Act[4] referred to in *Eu Kong Weng's* case is now section 53(2)(b) pursuant to Act No. 1 of 2010. This provision essentially empowers the Disciplinary Committee (now called the "Disciplinary Tribunal" and referred to in this article as "DT") to impose a suspension term of not less than three months and not more than three years as one of the sanctions.

A suspension term is expulsion *pro tanto* (which means expulsion only to that extent). In the order of severity of punishment, it ranks below de-registration and above a fine. A doctor who practises whilst under suspension can be prosecuted in a criminal court under section 63 of the Medical Registration Act, which is punishable by imprisonment or fine, or both. The minimum three-month suspension term is a specified minimum sentence fixed by Parliament. It limits the DT's discretion in the following manner: (a) the DT may decide not to impose a suspension term at all and impose other sanctions under section 53 of the Medical Registration Act, such as a fine or censure[5]; (b) if the DT decides to impose suspension, it must impose a term of three months and above, up to a maximum of three years.

A specified minimum sentence is to be distinguished from a mandatory minimum sentence, as explained by the High Court in *Lim Li Ling v. Public Prosecutor*[6]:

"… Generally speaking, there are two key variables that affect a court's sentencing discretion: (a) the type of sentence, ie whether to impose imprisonment, caning, and/or a fine; and (b) the quantum of that sentence, eg, the duration of imprisonment or number of strokes of the cane. … a "mandatory minimum sentence" makes it compulsory for the court to impose a particular type of sentence and additionally requires the court to ensure that the quantum of that sentence complies with the minimum level which Parliament has expressly stipulated. … the term "specified minimum sentence", as used in contradistinction to the term "mandatory minimum sentence", refers to situations where Parliament has expressly prescribed a minimum quantum for a particular type of sentence but has not made the imposition of this minimum sentence mandatory. … the court is given the discretion to decide whether to impose a particular type of sentence but is required to comply with a stipulated minimum quantum if it ultimately decides to impose a sentence of that type. Such sentences are described as being "specified", rather than "mandatory", minimum sentences because the court can avoid having to comply with the minimum quantum simply by deciding not to impose the particular type of sentence (be it imprisonment, caning or fine) to which the minimum quantum applies."

Mandatory minimum sentences and specified minimum sentences are usually found in penal statutes or legislations that proscribe certain conduct in furtherance of strong policy objectives. Examples of mandatory minimum imprisonment terms are found in the punishment provisions for robbery[7], trafficking in a controlled drug[8], and providing shelter to immigration offenders.[9] Specified minimum fines are prescribed for offences of assisting in a public lottery[10] and advancing money for conducting the business of a common betting-house.[11]

A survey of the available Singapore Medical Council ("SMC") sentencing precedents since 2001[12] reveals that denominations of suspension terms imposed were invariably in months. Depending on the circumstances and gravity of the disciplinary offence, suspension terms tend to be three months, which is the minimum, or in multiples of three, i.e. six, nine, twelve, fifteen,

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eighteen and twenty-four months. Very rarely, suspension terms of four, five, sixteen and twenty months have also appeared.

Rethinking: No specified minimum suspension for other local non-healthcare professions and medical professions of other jurisdictions

A similar specified minimum suspension regime can be found in section 40(2)(b) of the Dental Registration Act[13], section 45(2)(b) of the Pharmacists Registration Act[14] and section 53(2)(b) of the Allied Health Professionals Act 2011.[15] These Acts, like the Medical Registration Act, prescribe a maximum suspension term of three years. The most likely reason for this consistency in sentencing framework is that these Acts were enacted after the Medical Registration Act. All these Acts are also administered by the Ministry of Health, which has oversight in the regulation of healthcare professionals, hence the apparent standardisation.

Yet the Traditional Chinese Medicines Practitioners Act[16] ("TCMPA"), the Optometrists and Opticians Act[17] ("OOA") and the Nurses and Midwives Act[18] ("NMA"), which are also administered by the Ministry of Health, do not provide for any specified minimum suspension. Section 19(2)(d) of the TCMPA and section 20(4)(d) of the OOA provide for suspension not exceeding three years; section 19(2)(b) of the NMA provides for suspension not exceeding two years. There seems no plausible reason why TCM practitioners, opticians, optometrists, nurses and midwives are not subject to the same minimum suspension regime as doctors, dentists, pharmacists and allied health professionals, considering that they also provide complementary and alternative health-related treatment to members of the public, and are subject to their respective standards of practice, ethical code and ethical guidelines in terms similar to the SMC's. The parliamentary materials in respect of the TCMPA, the OOA and the NMA do not help to explain this apparent disparity.

Another observation is that other professionals in Singapore do not appear to have similar minimum suspension provisions in their professional legislations. For example, accountants, architects and professional engineers convicted of professional misconduct face a suspension term not exceeding two years under section 52(2)(b) of the Accountants Act,[19] section 31G(2)(b) of the Architects Act[20] and section 31G(2)(b) of the Professional Engineers Act[21], respectively, with no minimum suspension period prescribed. Lawyers face a longer suspension term of up to five years, again, with no minimum prescribed under section 83(1)(b) of the Legal Profession Act.[22] Interestingly, section 52(3)(a) of the Estate Agents Act[23] prescribes no minimum or maximum suspension period.

This begs the question why doctors, along with dentists, pharmacists and allied health professionals, seem to be subject to a stricter regime than TCM practitioners, optometrists and opticians, nurses and midwives, and non-healthcare professionals. For example, a lawyer who has very strong mitigating factors in his case can be given one day's suspension even though the maximum suspension period is five years. But a doctor with similarly strong mitigating factors will have to face at least three months' suspension so long as the DT decides that the disciplinary offence in question merits suspension. Admittedly, the professions are different in nature and each is rightly subject to its own regulatory regime. But is it necessary to completely remove, in the case of doctors, dentists, pharmacists and allied health professionals, their disciplinary tribunal's discretion to impose a suspension term of less than three months?

A brief survey of equivalent legislation in forward-looking Commonwealth jurisdictions shows no similar specified minimum suspension term for their doctors. Section 35D(2)(b) of the United Kingdom's Medical Act 1983 empowers the Fitness to Practise Panel to order suspensions "not exceeding 12 months as may be specified in the direction".[24] In New Zealand, section 101(1)(b) of the Health Practitioners Competence Assurance Act 2003 states that the Health Practitioners Disciplinary Tribunal may order suspensions "for a period not exceeding 3 years".[25] Section 196(2)(d) of the Australian Health Practitioner Regulation National Law Act 2009 stipulates suspension "for a specified period" without stipulating any minimum.[26] Similarly, section 30(ii) of Malaysia's Medical Act 1971 gives the Malaysian Medical Council the power to order suspension "for such period as it may think fit".[27] Although it appears that section 21(ii) of the Hong Kong Medical Registration Ordinance has no express provision on suspension, it gives the Hong Kong Medical Council the power to order the name of the practitioner be removed from the register "for such period as it may think fit".[28] The provision appears to operate as a quasi-suspension term with no minimum period specified.

Reviewing: Tracing the origins of the minimum suspension term

We therefore turn to examine the legislative rationale for the specified minimum suspension regime in Singapore. This regime, introduced in 1971 via our Medical Registration Act, appears to be "Uniquely Singapore". Prior to the 1971 amendment to the Act, there existed only a single punishment of de-registration if a registered medical practitioner was found guilty of "infamous conduct in a professional respect". The need for the 1971 amendment was explained by then Minister for Health Mr Chua Sian Chin[29] as follows:

"Sir, I wish now to turn to penalties for misconduct. Under the present law, the Medical Council has recourse to only two methods of dealing with a practitioner when he is found guilty of misconduct. This is either (i) to let him off, or (ii) to remove him from the register of practitioners, in which case he will not be able to practise. It is felt that there may be certain intermediate misdemeanours where a less severe penalty than striking off the Register could be imposed. As it is, the Medical Council sometimes is not prepared to impose the maximum penalty of removal of the practitioner's name from the Register because the misconduct might not have been serious enough for them to

do so. Yet to take no action would also be unjustified. For this reason, the amendments proposed would allow for the Medical Council to impose other penalties such as the issue of warnings or suspensions for a period of not less than three months and not more than one year in those cases where less severe penalties are considered appropriate."

Unfortunately, the proposed amendment was passed without any questions from the Members of Parliament, or any explanation or elaboration by the Minister, as to how this minimum suspension term of three months was arrived at. The suspension term in the Medical Registration Act was revisited 25 years later in 1997, when the Act was further amended. In moving the amendments, then Minister for Health Mr Yeo Cheow Tong noted that[30]:

"The wide difference in severity of the penalties provided in the existing MRA has often resulted in a lower penalty being imposed on the doctor. For example, if a doctor has been found guilty of an offence which warrants more than a censure, but which was not serious enough to merit a suspension, he is likely to end up with only a censure. In such cases, a fine would have been more appropriate."

One of the 1997 amendments to the Act was to raise the maximum suspension term from one to three years. However, again no question was raised as to the rationale for maintaining the minimum three-month suspension. In that same Parliamentary sitting, the concept of "professional misconduct" also replaced "infamous conduct in a professional respect" as the new threshold for invoking disciplinary punishments, the significance of which will be discussed below.

Since 1971, the development and practice of medicine and law have seen rapid advances. It may well be that the three-month specified minimum was justified in 1971 as a necessary compromise to mitigate the rigours of a single (and draconian) punishment of de-registration. In that era, registered medical practitioners who were slapped with a three-month suspension term probably already count themselves lucky that they were spared de-registration. But those were the days when a doctor had to be convicted of "infamous conduct in a professional respect". One has to ask whether keeping the minimum suspension term today, 40 years on, is still justifiable, especially since its rationale was never elaborated or debated in Parliament in 1971, and its efficacy remained unquestioned in Parliament when the maximum suspension term was increased in 1997. There is a Latin maxim *Cessante Ratione Cessat Ipsa Lex*, which means that when the rationale for a law ceases to exist, the law in question should also cease to exist. In this case, since the rationale for having a specified minimum term of suspension is not even clear to begin with, its continued existence needs to be questioned.

Revoking: Reasons to sound the death knell for the specified minimum suspension term

Two significant developments since 1971 further warrant a rethink of the minimum suspension term. The first consideration is the transition from the restrictive "infamous conduct in a professional respect" to the conceptually broader "professional misconduct" formulation, which our High Court elucidated in the 2008 case of *Low Cze Hong v. Singapore Medical Council*.[31]

Low Cze Hong's case concerned an appeal against conviction on two charges of "professional misconduct". The High Court held that "professional misconduct" could be made out in at least two situations: first, where there was an intentional, deliberate departure from standards observed or approved by members of the profession of good repute and competency; second, where there had been such serious negligence that it objectively portrayed an abuse of the privileges that accompanied registration as a medical practitioner.

In contrast, "infamous conduct in a professional respect" is a more restrictive concept, having been judicially defined more than a century ago in *Allinson v General Council of Medical Education and Registration*[32] to mean conduct which would be "reasonably regarded as disgraceful or dishonourable by a professional brethren of good repute and competency" and involving "some moral turpitude, fraud or dishonesty or such persistent and reckless disregard of duty.": *Dudley Ernest Lyncoln Wager Felix v General Dental Council*.[33]

The High Court in *Low Cze Hong's* case also considered Parliament's explanation for the replacement of "infamous conduct in a professional respect" with "professional misconduct":

"Today, doctors are disciplined only if they are convicted of any heinous offence, or are guilty of infamous conduct in a professional respect. This is too restrictive a definition of the offences for which disciplinary action can be taken by the [SMC]. The proposed amendments will allow the SMC to discipline doctors who have been guilty of any improper act or conduct which brings disrepute to his profession, or who have been guilty of professional misconduct."[34]

The High Court held that "professional misconduct" plainly embraces a wider scope of conduct for which disciplinary action can be taken by the SMC. This judicial interpretation of "professional misconduct" portends to the potential for more disciplinary matters coming under the purview of the SMC. Greater flexibility for the DT in determining the type and quantum of punishment is therefore necessary to ensure that each case is accorded the justice that it deserves. The second consideration is the clear rationale underlying the extensive 2010 amendments to the disciplinary aspects of the Medical Registration Act, especially in widening the range of sanctions that the DT is empowered to order.

In introducing the amendments to the Medical Registration Act in 2010, then Minister for Health Mr Khaw Boon Wan noted that[35]:

"….(Presently) the Disciplinary Committee can impose a financial penalty not exceeding $10,000 on a medical practitioner who is convicted. The next level of penalty is a suspension of between

three months and three years. There is, therefore, a significant gap in the range of penalties in the current Act.

The new section 53 will allow the Tribunal to impose a fine of up to $100,000, thereby enabling the Tribunal to mete out a penalty that is appropriate to the severity of the case. This section will also allow the Disciplinary Tribunal to impose other orders, for example, changing his medical registration from one that is fully registered and unsupervised to one that is conditionally registered and supervised. The SMC, by so doing, can thus impose appropriate conditions or restrictions on the practitioner. The Disciplinary Tribunals will also be able to mete out the new range of orders available to the Complaints Committee. All this enhances the powers of the Tribunal by expanding the array of possible orders."

The array of penalties that were introduced with those amendments is indeed helpful in bridging the "significant gap" in the range of penalties under the Act. But increasing the maximum fine from $10,000 to $100,000 does not help to bridge the gap in cases of culpability falling beyond the maximum fine but below the minimum suspension term of three months. The maximum fine only gives the DT the discretion to impose up to this quantum if it decides that a fine is an appropriate type of sanction, but not if it feels that a suspension is indicated as the appropriate type of sanction. For example, a DT may feel that suspension will send a desired signal to the medical profession and the public, but substantial mitigating factors that exist in the facts of the case could make a three-month suspension seem a little harsh. Under the current law, the DT would be bound, should it choose suspension, to order a minimum suspension term of three months. *Eu Kong Weng's* case immediately comes to mind as one such example.

Removing the minimum suspension term in section 53(2)(b) of the Medical Registration Act will therefore give the DT much more latitude and flexibility in calibrating a punishment of the *type* and *quantum* that befits the species of disciplinary offence, with regard to public interest. Retention of the minimum suspension term could potentially have an adverse impact on patient care, either by removing a good doctor from practice longer than necessary and depriving patients of that doctor's expertise in order to serve the ends of policy, or by implementing a punishment (e.g. censure or fine) that is inadequate for the purpose and sends the wrong message to doctors and the public. It would be more consonant with the tenor and rationale of the 2010 amendments to enhance the power of the DT by expanding the array of possible orders for it to do justice in a particular case.

Removing the specified minimum term also brings section 53(2)(b) in line with two other sections in the Medical Registration Act that provide for suspension orders. Section 37A allows a registered medical practitioner to seek a voluntary suspension of not more than three years from the SMC if he feels that his fitness to practise is impaired by reason of his physical or mental condition, or the quality of the professional services provided by him does not meet the standard which is reasonably expected of a medical practitioner. Section 49(1)(g)(ii) allows a registered medical practitioner who receives a complaint to agree with the Complaints Committee to be suspended for not more than three years. Neither section prescribes any minimum period of suspension.

The practical effect is that a registered medical practitioner who voluntarily seeks suspension under section 37A, or agrees to suspension under section 49(1)(g)(ii), can be suspended for any period from one day to three years, while a registered medical practitioner dealt with by the DT under section 53(2)(b) must face at least three months suspension if that is imposed. While one may reason that a registered medical practitioner who volunteers or agrees to be suspended ought to be treated more leniently, thereby justifying the lack of a specified minimum in sections 37A and 49(1)(g)(ii), the flip side is that the DT seems to wield limited discretionary power as compared to the SMC or the Complaints Committee when it comes to deciding the quantum of suspension term. As demonstrated in *Eu Kong Weng's* case, these constraints of the DT are the exact same constraints fettering the High Court's discretion in the event of an appeal, since the appellate court's sentencing powers are derived from and delineated by the same Act.

A possible argument in favour of retaining the specified minimum suspension is the need to achieve "deterrence". One might argue that since the provision in question has been the law for the past 40 years and appears to be applied uneventfully, it should not be tinkered with. The short retort is, notwithstanding its decades of existence, complaints against registered medical practitioners have not come down and on the contrary, continue to be on the rise.[36] The increase in complaints is attributed to several factors, including the rise in the number of doctors and our population, the rise in public expectations of the medical profession, and an increasing willingness on the part of patients, encouraged at times by social media, to complain whenever their experience falls short of expectations. This tide has not, and will not turn, just because more draconian punishments are meted out, and to this extent, the deterrent argument could be said to ring hollow. There is also no conclusive empirical evidence to suggest that a minimum suspension will achieve the desired deterrent effect on an errant medical practitioner. In any case, views on the efficacy of mandatory or specified minimum sentences in the context of criminal cases are at best divided and do not lend authority to the argument that such a sentence necessarily deters disciplinary offences.

In contrast, abolishing the specified suspension term will keep the disciplinary sanctions in tandem with the avowed legislative object of giving the DT a wider range of sentencing options to do justice under the current Medical Registration Act. Such a move also brings the suspension regime of doctors in line with those applicable to other professions in Singapore and the medical profession in Commonwealth jurisdictions. By a parity of reasoning, the specified suspension term in

the legislations regulating other healthcare professionals in Singapore as mentioned in this article should also be abolished.

A further criticism of the specified minimum suspension is that it does not sit well with the proportionality principle in sentencing. The sentencing objectives in disciplinary proceedings are to protect the public, maintain professional standards, punish the practitioner in question, and where appropriate, rehabilitate the practitioner. But the application of these objectives ought to be contextualised, taking into account all relevant aggravating and mitigating factors in each case. These factors necessarily differ according to the factual matrix and gravity of each case, and vary according to the individual circumstances of each offender. That the mitigation plea is such an integral part of the sentencing process underscores the need for differentiated sentencing treatment, which is in turn anchored on the principle of proportionality. As a law professor puts it succinctly:

"… proportionality is an essential in achieving justice in sentencing, as is indeed the case in all matters governed by discretion. There is a little complication. Proportionality in sentencing makes its demands at two levels and these must be clearly distinguished. Not only must the type of sanction be proportionate to the gravity of the misconduct but also the extent or quantum of the sanction must be proportionate to the individualised situation, the personal equation, of the offender. The protection of the public must be achieved, but not overachieved…. Conversely, and obviously, the protection of the public should not be under-achieved."[37]

A DT in exercising its discretion to fix the *type* and *quantum* of sentence in each case therefore not only has to ensure the correct application of the correct sentencing objectives, it must also ensure that the sentence is calibrated and balanced proportionately such that the punishment fits not only the offence but also the offender. A specified minimum suspension term actually interferes with the full application of the proportionality principle by disallowing the DT to impose a suspension term lesser than three months, even if that lower term may be more proportionate to the circumstances of the case and the degree of blameworthiness of the doctor.

The solution rests in the hands of our sovereign Parliament. When Parliament feels that a law has outlived its purpose or that the mischief giving rise to the law is no longer present, Parliament has not hesitated to repeal the law. An example is the removal of mandatory minimum sentences in certain Penal Code offences. These sentences were introduced in 1984 primarily to ensure that the courts would not mete out inadequate or "soft" punishments amidst rising crime trends.[38] When the Penal Code was reviewed 23 years later in 2007, the mandatory minimum imprisonment terms for theft of motor vehicle (section 379A), dishonestly receiving stolen property (section 411), assisting in concealment or disposal of stolen property (section 414) and lurking house-trespass or house-breaking in order to commit an offence punishable with imprisonment (section 454) were all removed. Associate Professor Ho Peng Kee, then Senior Minister of State for Home Affairs, explained that a key objective of reviewing the Penal Code to update the penalty regime "is to provide our judges with greater sentencing discretion to mete out appropriate sentences in the cases they hear."[39] This was echoed by Member of Parliament Mdm Ho Geok Choo[40]:

"Sir, this, like the increase in fine quantums, allows judges greater flexibility in sentencing. It is a clear sign that we trust the courts to balance the broader societal need to deter serious offences with the need to treat the individual offender fairly. In the explanatory notes to the amendment, it was said: "Minimum imprisonment terms will be removed, where possible." I agree with this approach."

In the same spirit, we should place our faith and trust in the DT to do right in every case that comes before it. Disciplinary offences are quasi-criminal in nature. Just as mandatory minimum imprisonment fetter judicial sentencing discretion in criminal cases, specified minimum suspension fetter the exercise of quasi-judicial sentencing discretion by the DT in terms of limiting the lowest possible quantum it can impose.

If the concern is that a DT may not know how to work out an appropriate suspension term without a baseline of sorts to guide it, the legal assessor or the legal person[41] appointed to the DT, who are by virtue of their legal training *au fait* with sentencing considerations, can always provide the necessary advice to the DT. In the present climate where the decisions of public institutions are expected to be transparent, well-reasoned and able to withstand intense public scrutiny, these public expectations will also act as a check on the DT in the discharge of its functions.

Section 55 of the Medical Registration Act now allows the SMC to appeal to the High Court against the orders of a DT if it is dissatisfied with the DT's decision. A complainant dissatisfied with the DT's decision may also apply to a Review Committee to direct the SMC to file an appeal. These processes are in place to ensure that the punishment, including a suspension term meted out by the DT, which is deemed manifestly inadequate or wrong in principle, can be corrected on appeal, thereby acting as sufficient safeguards for what may be perceived as ludicrous terms of suspension.

Conclusion

In the final analysis, the protection of the public and upholding of professional standards must always be balanced with substantive and procedural fairness to the professional who finds himself on the wrong side of the law. Allowing the DT the greatest degree of flexibility to calibrate and determine the most appropriate sentence in terms of type and quantum for each case, according to the facts and circumstances of each case, will best serve the ends of justice. Such a step is unlikely to compromise public trust and confidence in the fair administration of disciplinary justice for the entire healthcare industry.

Since there seems no compelling rationale for keeping the specified minimum suspension and there is a lack of logical, let alone cogent, basis for capping the minimum at three months,

it is high time to cast away this anachronistic creature of statute, which interferes with the proportionality principle and fetters the full and free exercise of the sentencing discretion of the DT and the High Court. Abolishing the specified minimum suspension sentence will promote rather than subvert the wider objectives underpinning the 2010 amendments to the Medical Registration Act, taking into account the wider remit and infinite scenarios of what could constitute "professional misconduct" under the Act. The move will also bring our doctor's suspension regime in line with those of other professionals in Singapore, and in sync with those of medical professionals in Commonwealth jurisdictions. In a nutshell, there is simply no good reason for our medical and healthcare professionals to be subject to a seemingly more constrained regime, where suspension terms are concerned. Change is imperative.

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Endnotes

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[3] [2011] 2 SLR 1089.

[4] Cap. 174, 2004 Rev Ed.

[5] Under section 53(2) of the Medical Registration Act, the DT may:

(a) by order remove the name of the registered medical practitioner from the appropriate register;

(b) by order suspend the registration of the registered medical practitioner in the appropriate register for a period of not less than 3 months and not more than 3 years;

(c) where the registered medical practitioner is a fully registered medical practitioner in Part I of the Register of Medical Practitioners, by order remove his name from Part I of that Register and register him instead as a medical practitioner with conditional registration in Part II of that Register, and section 21(4) to (9) shall apply accordingly;

(d) where the registered medical practitioner is registered in any register other than Part I of the Register of Medical Practitioners, by order impose appropriate conditions or restrictions on his registration;

(e) by order impose on the registered medical practitioner a penalty not exceeding $100,000;

(f) by writing censure the registered medical practitioner;

(g) by order require the registered medical practitioner to give such undertaking as the Disciplinary Tribunal thinks fit to abstain in future from the conduct complained of; or

(h) make such other order as the Disciplinary Tribunal thinks fit, including any order that a Complaints Committee may make under section 49(1).

[6] [2007] 1 SLR(R) 165 at [80].

[7] Section 392 of the Penal Code (Cap. 224, 2008 Rev Ed).

[8] Sections 5(1) and 33 read with Second Schedule to the Misuse of Drugs Act (Cap. 185, 2008 Rev Ed).

[9] Section 57B of the Immigration Act (Cap. 133, 2008 Rev Ed).

[10] Section 5(a) of the Common Gaming Houses Act (Cap. 49, 1985 Rev Ed).

[11] Section 4 of the Betting Act (Cap. 21, 2011 Rev Ed).

[12] See SMC website, last accessed on 29 January 2012, at: http://www.healthprofessionals.gov.sg/content/hprof/smc/en/topnav/publication.html; http://www.healthprofessionals.gov.sg/content/hprof/smc/en/topnav/press_releases_and_published_grounds_of_decision/press_releases.html; http://www.healthprofessionals.gov.sg/content/hprof/smc/en/topnav/press_releases_and_published_grounds_of_decision/published_grounds_of_decisions.html.

[13] Cap. 76, 2009 Rev Ed.

[14] Cap. 230, 2008 Rev Ed.

[15] Act No. 1 of 2011. As at the date of submission of this commentary, the Allied Health Professionals Act 2011 is not in force. Allied Health Professions under the purview of this Act are Audiologist, Clinical Psychologist, Dietitian, Occupational Therapist, Physiotherapist, Podiatrist, Prosthetist/Orthotist. Radiation Therapist, Radiographer and Speech Therapist.

[16] Cap. 333A, 2001 Rev Ed.

[17] Cap. 213A, 2008 Rev Ed.

[18] Cap. 209, 2000 Rev Ed.

[19] Cap. 2, 2005 Rev Ed.

[20] Cap. 12, 2000 Rev Ed.

[21] Cap. 253, 1992 Rev Ed.

[22] Cap. 161, 2009 Rev Ed.

[23] Cap. 95A, 2011 Rev Ed.

[24] See General Medical Council's website, last accessed on 30 January 2012 at: http://www.gmc-uk.org/about/legislation/medical_act.asp.

[25] See New Zealand Medical Council's website, last accessed on 30 January 2012 at: http://www.mcnz.org.nz/Links/Legislation/tabid/301/Default.aspx.

[26] See Australian Health Practitioner Regulation Agency's website, last accessed on 30 January 2012 at: http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx.

[27] See Malaysian Medical Association's website, last accessed on 30 January 2012 at: http://www.mma.org.my/Resources/Acts/tabid/64/Default.aspx.

[28] See Hong Kong Medical Council's website, last accessed on 30 January 2012 at: http://www.mchk.org.hk/.

[29] Singapore Parliamentary Debates, Official Report (2 December 1971), Vol. 31, col. 415.

[30] Singapore Parliamentary Debates, Official Report (25 August 1997), Vol. 67, col. 1566-1567.

[31] [2008] 3 SLR(R) 612.

[32] [1894] 1 QB 750.

[33] [1960] AC 704.

[34] Singapore Parliamentary Debates, Official Report (25 August 1997) vol 67 col. 1566.

[35] Singapore Parliamentary Debates, Official Report (11 January 2010), Vol. 86, col. 1895.

[36] Statistics obtained from SMC's Annual Reports:

	2006	2007	2008	2009	2010
Total number of complaints received by SMC	81	115	138	96	152

Further statistics obtained from Singapore Parliamentary Debates, Official Report (9 April 2012), "Treatment of Complaints made to the Singapore Medical Council" vol 89 at col 86 (Mr Gan Kim Yong, Minister for Health): "There were 189 concluded complaints out of all the complaints received between 2009 and 2011 relating to the quality of medical services rendered. Of these 189 cases, the Complaints Committees took the following actions – 77 doctors were issued letters of advice, 11 doctors were issued letters of warning and 10 doctors were referred to the Disciplinary Committee or Tribunal. There were 38 appeals to the Minister of which 18 were for cases that were dismissed, another 18 for cases in which letters of advice were given and two for cases given letters of warning. Of these 38 cases, the Minister directed that four be referred to the Disciplinary Committees/Disciplinary Tribunals for further inquiry. The SMC was directed to change the determination of the Complaints Committees in another three appeals. The Minister affirmed the determination of the Complaints Committee for 20 of the appeals, while the remaining 11, which were lodged more recently, are undergoing review."

[37] Professor Tan Yock Lin, "Sentencing for Legal Professional Misconduct", (2000-1)21 Sing LR 62-99 at p. 92.

[38] Singapore Parliamentary Debates, Official Report (26 July 1984), Vol. 44, col. 1866.

[39] Singapore Parliamentary Debates, Official Report (22 October 2007), Vol. 83, col. 2175.

[40] Singapore Parliamentary Debates, Official Report (23 October 2007), Vol. 83, cols. 2467-2468.

[41] Section 50(1) of the Medical Registration Act allows the appointment of (i) a person who has at any time held office as a Judge or Judicial Commissioner of the Supreme Court; (ii) an advocate and solicitor of not less than 15 years' standing as an advocate and solicitor; (iii) an officer in the Singapore Legal Service who has in the aggregate not less than 15 years of full-time employment in the Singapore Legal Service, to the Disciplinary Tribunal.