IN THE REPUBLIC OF SINGAPORE

SINGAPORE MEDICAL COUNCIL DISCIPLINARY TRIBUNAL

[2023] SMCDT 6

Between

Singapore Medical Council

And

Dr Maninder Singh Shahi

... Respondent

GROUNDS OF DECISION

Administrative Law — Disciplinary Tribunals

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

TABLE OF CONTENTS

Singapore Medical Council
v
Dr Maninder Singh Shahi

[2023] SMCDT 6

Disciplinary Tribunal – DT Inquiry No 6 of 2023
Dr Lim Cheok Peng (Chairman), Dr Kwan Yew Seng, Mr Shawn Ho (Judicial Service Officer)
28 November 2023

GROUNDS OF DECISION

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

Introduction

1 The Respondent, Dr Maninder Singh Shahi, is a medical practitioner registered with the Singapore Medical Council ("**SMC**"), under the Medical Registration Act (Cap. 174) ("**MRA**").

2 At all material times, the Respondent practised as a General Practitioner at 81 Family Clinic located at 86 Marine Parade Central, #01-670, Singapore 440086 ("**the Clinic**").

Brief background

3 A brief background of the case was as follows:

S/No	Date	Event
1	5 December 2016	Date of Complaint

2	24 November 2017	Notice of Complaint was issued
3	24 April 2020	Complaint Committee's notification to the Respondent on referral to Disciplinary Tribunal
4	26 September 2022	Notice of Inquiry served on the Respondent
5	26 October 2022	First Pre-Inquiry Conference ("**PIC**")
6	23 March 2023	Second PIC

Plea of guilt

4 The Respondent pleaded guilty to 14 charges, including that of:

(a) inappropriately prescribing benzodiazepines, Zopiclone and/or Zolpidem ("**Inappropriate Prescription Charges**"),[1]

(b) failing to refer patients or refer them in a timely manner to a psychiatrist or medical specialist ("**No-Referral Charges**"),[2] and

(c) failing to maintain sufficient details in the patient's medical records ("**Inadequate Records Charges**").[3]

5 The Respondent admitted to the facts without qualification. The Disciplinary Tribunal found the Respondent guilty of professional misconduct and convicted him.

6 The Agreed Statement of Facts is found at **Annex A** below.

7 The Respondent also admitted and consented to 3 charges to be taken into consideration for the purposes of sentencing.[4] One charge was withdrawn.[5]

[1] 1st, 3rd, 5th, 8th, 11th, 13th and 16th Charges.

[2] 2nd, 4th, 6th, 9th, 12th and 17th Charges.

[3] 18th Charge.

[4] 7th, 10th and 15th Charges.

[5] 14th Charge.

8 We ordered that:

(a) the Respondent be suspended for 36 months (with the period of suspension to commence 40 days after the date of the suspension order);

(b) the Respondent be censured;

(c) the Respondent provide a written undertaking to the SMC that he would not engage in the conduct complained of or any similar conduct in the future;

(d) the Respondent pay the costs and expenses of and incidental to these proceedings, including the costs of SMC's solicitors.

Sentencing

Prescribed punishment

9 The types of punishments are listed in s 53(2) of the MRA. The prescribed punishment for the charges includes:

(a) Orders of suspension from practice under s 53(2)(*b*), for periods ranging between a minimum of three months to a maximum of three years.

(b) A fine of up to $100,000 under s 53(2)(*e*).

(c) An order for removal of the errant doctor from the register of approved practitioners under s 53(2)(*a*).

10 A disciplinary tribunal may opt for a combination of the above sanctions (s 53(1) of the MRA). Any period of suspension imposed by a disciplinary tribunal must not exceed three years (s 53(2)(*b*) of the MRA).

11 This statutory cap applies regardless of how many charges the medical practitioner is found guilty of in a single proceeding. This is clear from the language of s 53(2)(*b*), which provides that "*the* Disciplinary Tribunal may … by order suspend the registration

of the registered medical practitioner" [emphasis added]. The reference to a single disciplinary tribunal necessarily means that the cap applies to the *overall* period of suspension imposed by a disciplinary tribunal in a single proceeding: *SMC v Wee Teong Boo* [2023] SGHC 180 ("*Wee Teong Boo*") at [7].

12 Where a medical practitioner is found guilty of multiple charges of professional misconduct, and each charge attracts a period of suspension, it is therefore not open to a disciplinary tribunal to impose *consecutive* periods of suspension if doing so would mean that the aggregate period of suspension faced by the medical practitioner exceeds three years: *Wee Teong Boo* at [7].

13 When deciding whether or not to strike a doctor off the register of medical practitioners under s 53(2)(*a*), the ultimate question is whether the misconduct was so serious that it renders the doctor unfit to remain as a member of the medical profession: *Wong Meng Hang v SMC* [2018] 3 SLR 526 ("*Wong Meng Hang*") at [66].

14 A number of factors may be relevant to this broader inquiry (*Wong Meng Hang* at [67]):

(a) Flagrant abuse of privileges accompanying registration as a medical practitioner. Striking off should be considered when the misconduct in question involves a flagrant abuse of the privileges accompanying registration as a medical practitioner. Cases such as *In the Matter of Dr Ho Thong Chew* [2014] SMCDT 12 and *In the Matter of Dr AAN* [2009] SMCDC 2, involved doctors who had access to prescription drugs by virtue of being doctors, and grossly violated the trust that had been placed in them by their profession and by society.[6]

(b) Practitioner's misconduct has caused grave harm. Striking off should also be considered where the practitioner's misconduct has caused grave harm. Such harm was evident in relation to the individual patients in Dr AAN's case as they developed a dependency on the hypnotic drugs he had prescribed.[7]

[6] *Wong Meng Hang v SMC* at [67(a)].

[7] *Wong Meng Hang v SMC* at [67(b)].

(c) Where a doctor deliberately and improperly prescribes and sells controlled medicines over extended periods of time. Culpability will be a critical and relevant consideration. Striking off may be warranted where a doctor deliberately and improperly prescribes and sells controlled medicines over extended periods of time, thereby acting in callous disregard of his professional duties as well as the health of his patients or the general public (see, *eg*, *In the Matter of Dr AAN* [2009] SMCDC 2 and *In the Matter of Dr Ho Thong Chew* [2014] SMCDT 12).[8]

(d) Case discloses an element of dishonesty. Striking off should be considered when the facts of the case disclose an element of dishonesty. In Dr AAN's and Dr Ho's cases, deception was inherent in the maintenance of inaccurate patient records and other clinical documents in order to facilitate the improper prescription and sale of the hypnotic drugs and cough syrup respectively.[9]

(e) Persistent lack of insight into the seriousness and consequences of his misconduct. Finally, where any of the above factors exists, a further consideration which might suggest striking off is warranted is where the errant doctor has shown a persistent lack of insight into the seriousness and consequences of his misconduct.[10]

15 A disciplinary tribunal in determining the appropriate sentence for professional misconduct must not only consider the individual charges but should also assess the effect of the misconduct on the standing of the profession: *Wee Teong Boo* at [1].

16 In *Wee Teong Boo*, the Court of Three Judges found that Dr Wee's culpability for the Inappropriate Prescription charges was high because:

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[8] *Wong Meng Hang v SMC* at [67(c)]. *Wee Teong Boo* at [11(c)].

[9] *Wong Meng Hang v SMC* at [67(e)].

[10] *Wong Meng Hang v SMC* at [67(f)].

(a) No clinical basis for prescriptions. Aside from the fact that the duration and frequency of Dr Wee's misconduct was significant,[11] Dr Wee had *no* clinical basis for his prescriptions and must have been cognisant of the fact that his prescriptions were perpetuating his patients' drug dependency issues. This was a flagrant abuse of Dr Wee's privileges as a medical practitioner and a gross dereliction of his duties as a doctor, which justified a finding of high culpability.[12]

(b) Systemic disregard for patients' well-being. Dr Wee's disregard for his patients' well-being was clearly *systemic*, as evidenced by the number of patients involved, the frequency of his prescriptions, and the overall duration of his misconduct. Dr Wee's case appeared to involve the highest number of patients in all precedent cases decided post-*Wong Meng Hang* (*i.e.*, 15 patients, including the patients who were the subject of the TIC charges), and was one of the most egregious cases of professional misconduct to date involving the inappropriate prescription of codeine-containing cough mixtures and benzodiazepines.[13]

(c) Persistent lack of insight into seriousness of conduct. Dr Wee appeared to demonstrate a persistent lack of insight into the seriousness of his misconduct. When Dr Wee was first confronted by the SMC as to the basis for his prescriptions, Dr Wee sought to explain that he was helping his patients "manage" their dependency by prescribing them with diluted forms of codeine-containing cough mixture. Dr Wee's explanation alone suggested a severe lack of insight into his role as a doctor. More troublingly, however, Dr Wee maintained this explanation up to the time of the appeal.[14]

17 In *Wee Teong Boo*, the Court of Three Judges also stated that:

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[11] *Wee Teong Boo* at [61].

[12] *Wee Teong Boo* at [39].

[13] *Wee Teong Boo* at [67].

[14] *Wee Teong Boo* at [68].

(a) Given that the harm caused by the Inappropriate Prescription charges was moderate, and Dr Wee's culpability was high, it followed that the indicative sentencing range was a suspension of two to three years for each of the Inappropriate Prescription charges.[15]

(b) That being said, the sentencing ranges set out in *Wong Meng Hang* are only a guide and can be departed from where it is appropriate to do so. Particularly in cases where an errant doctor faces multiple charges, each of which attracts a substantial term of suspension, it would be appropriate for a sentencing tribunal or court to consider if the doctor's overall misconduct warrants an order striking him or her off instead.[16]

(c) Given that the statutory cap in s 53(2)(*b*) of the MRA limits the *overall* period of suspension that may be imposed by a disciplinary tribunal to three years, it may well be the case that where an errant doctor has committed multiple counts of professional misconduct, a term of suspension would not adequately reflect the seriousness of the doctor's misconduct and may let the doctor's additional offending go unpunished. Accordingly, while it clearly should not be the case that an errant doctor will be struck off in *every* instance where a disciplinary tribunal would have desired to impose a suspension that exceeds three years, we note that a disciplinary tribunal should nonetheless remain alive to the possibility of striking the errant doctor off, in place of imposing a term of suspension.[17]

SMC's submissions on sentence

18 The SMC sought, amongst other things, a suspension of 36 months.[18]

19 The SMC's Sentencing Submissions included the following points:

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[15] *Wee Teong Boo* at [63].

[16] *Wee Teong Boo* at [64].

[17] *Wee Teong Boo* at [64].

[18] SMC's Submissions on Sentencing at [7] and [97].

(a) For the Inappropriate Prescription Charges, the level of harm is moderate (highest end of the range)[19] and the culpability is high,[20] with varying levels of severity for each of the Inappropriate Prescription Charges.[21]

(b) By repeatedly and inappropriately prescribing benzodiazepines and/or non-benzodiazepine hypnotics under the Inappropriate Prescription Charges, the Respondent exposed his patients to a substantial potential for serious injury / harm.[22]

(c) He knew and/or ought to have known that the following patients: P1, P2 and P7 were part of a vulnerable class of patients, as they were elderly / became elderly during the material period.[23]

(d) He prescribed the patients with benzodiazepines and/or non-benzodiazepine hypnotics over a significantly prolonged period – they ranged from 7 years to 13 years. His prescription for long-term use of benzodiazepines and/or non-benzodiazepine hypnotics undoubtedly created and/or fuelled his patients' dependence and tolerance toward the said medicines.[24]

(e) His misconduct undoubtedly undermined public confidence in the medical profession.[25]

(f) The extent of departure from the standard of care or conduct reasonably expected of a medical practitioner was significant.[26]

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[19] SMC's Submissions on Sentencing at [31].

[20] SMC's Submissions on Sentencing at [34].

[21] SMC's Submissions on Sentencing at [28].

[22] SMC's Submissions on Sentencing at [32].

[23] SMC's Submissions on Sentencing at [32(c)].

[24] SMC's Submissions on Sentencing at [32(d)].

[25] SMC's Submissions on Sentencing at [33].

[26] SMC's Submissions on Sentencing at [36].

(g) His culpability for the Inappropriate Prescription Charges was at least as high as (or if not higher than) that of Dr Wee Teong Boo. This is notwithstanding the fact that there is similarly no express admission made by the Respondent that his patients suffered from drug dependency issues.[27]

(h) For each of the Inappropriate Prescription Charges, he breached the Relevant Guidelines multiple times and to a great degree.[28]

(i) The duration of his inappropriate prescriptions was significantly longer than that in *Wee Teong Boo*. The longest duration of the Respondent's inappropriate prescription was a period of 13 years and 8 months in respect of P3, whereas the longest duration in *Wee Teong Boo* was a much shorter period of 7 years and 11 months. For P7, the Respondent had prescribed him benzodiazepines for 15 years and 4 months. Notably, the longest duration of Dr Wee's prescriptions (i.e. 7 years and 11 months for P9) is close to the shortest duration of the Respondent's prescriptions (i.e. 7 years and 8 months for P2).[29]

(j) The extent and manner of the Respondent's involvement in causing the harm was significant. All things being equal, senior doctors would generally be more culpable than junior doctors. Given that the Respondent is a senior doctor, his culpability should be higher as compared to a junior doctor in the same position.[30]

(k) His overall management of all his patients had severely deviated from the recommended standard of care.[31]

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[27] SMC's Submissions on Sentencing at [36(d)].

[28] SMC's Submissions on Sentencing at [36(d)(i)].

[29] SMC's Submissions on Sentencing at [36(d)(ii)].

[30] SMC's Submissions on Sentencing at [33(b)(3)] and [37].

[31] SMC's Submissions on Sentencing at [38(a)]. PE's Expert Report at 219, 224, 239, 247, 250, 257 and 262 [2AB pages 1035, 1040, 1055, 1063, 1066, 1073 and 1078].

(l) Based on the "high culpability – moderate harm" category of the Sentencing Matrix, he ought to be sentenced to a period of suspension ranging between 2 – 3 years (or 24 – 36 months) for each Inappropriate Prescription Charge.[32]

(m) As a starting point, the following sentences for each of the 7 Inappropriate Prescription Charges are appropriate, bearing in mind the severity of his misconduct for each charge:[33]

Charge	Comments	Period of Suspension
1st Charge	(a) Period of misconduct spanned around 11 years and 1 month. (b) Involved around 357 discrete breaches of the Relevant Guidelines. (c) Involved an elderly patient.	28 months
3rd Charge	(a) Period of misconduct spanned around 7 years and 8 months. (b) Involved around 193 discrete breaches of the Relevant Guidelines. (c) Involved an elderly patient.	26 months
5th Charge	(a) Period of misconduct spanned around 13 years and 8 months. (b) Involved around 684 discrete breaches of the Relevant Guidelines.	30 months
8th Charge	(a) Period of misconduct spanned around 11 years and 1 month. (b) Involved around 283 discrete breaches of the Relevant Guidelines.	24 months

[32] SMC's Submissions on Sentencing at [41].

[33] SMC's Submissions on Sentencing at [42].

11th Charge	(a) Period of misconduct spanned around 9 years and 3 months. (b) Involved around 129 discrete breaches of the Relevant Guidelines.	24 months
13th Charge	(a) Period of misconduct spanned around 13 years and 5 months. (b) Involved around 291 discrete breaches of the Relevant Guidelines.	24 months
16th Charge	(a) Period of misconduct spanned around 11 years and 3 months. (b) Involved around 161 discrete breaches of the Relevant Guidelines. (c) Involved an elderly patient.	26 months

(n) For the No-Referral Charges, the level of harm is moderate (highest end of the range)[34] and his culpability is high (lower end of the range)[35].[36]

(o) PE had explained that a referral to and/or consultation with a psychiatrist is appropriate where there is long-term use of benzodiazepines, due to "the adverse effects of long-term use of benzodiazepines".[37] By continuing to prescribe benzodiazepines and/or non-benzodiazepine hypnotics for long-term use without making the necessary referrals, the Respondent exposed his patients to a substantial risk of serious injury/ harm.[38]

[34] SMC's Submissions on Sentencing at [47].

[35] SMC's Submissions on Sentencing at [50].

[36] SMC's Submissions on Sentencing at [45].

[37] PE's Expert Report at [31] [2AB page 1004].

[38] SMC's Submissions on Sentencing at [48].

(p) The Respondent failed to make any referrals over an extended period of approximately 10 years for most of his patients (with some exceeding 10 years, i.e. close to 14 years in respect of the 6th Charge).[39]

(q) Based on the "high culpability – moderate harm" category of the Sentencing Matrix, he ought to be sentenced to a period of suspension ranging between 2 – 3 years (or 24 – 36 months) for each No-Referral Charge[40].[41]

(r) As a starting point, the following sentences for each of the 6 No-Referral Charges are appropriate, bearing in mind the severity of his misconduct for each charge:[42]

Charge	Comments	Period of Suspension
2nd Charge	(a) Period of misconduct spanned around 11 years and 1 month. (b) Involved an elderly patient, who had presented with *inter alia* insomnia.	28 months
4th Charge	(a) Period of misconduct spanned around 7 years and 8 months. (b) Involved an elderly patient.	24 months
6th Charge	(a) Period of misconduct spanned around 13 years and 8 months. (b) Involved a patient who had presented with *inter alia* insomnia.	26 months
9th Charge	(a) Period of misconduct spanned around 11 years and 1 month.	26 months

[39] SMC's Submissions on Sentencing at [50(b)].

[40] SMC's Submissions on Sentencing at [20].

[41] SMC's Submissions on Sentencing at [51].

[42] SMC's Submissions on Sentencing at [42].

	(b) Involved a patient who had presented with *inter alia* insomnia.	
12th Charge	(a) Period of misconduct spanned around 9 years and 3 months. (b) Involved a patient who had presented with *inter alia* insomnia.	24 months
17th Charge	(a) Period of misconduct spanned around 11 years and 3 months. (b) Involved an elderly patient.	26 months

(s) The extent of his breaches was extremely high, given that he had made no attempt at all to refer any of the patients to a psychiatrist or specialist for further management.[43]

(t) For the Inadequate Records Charge i.e. the 18th Charge, a sentence of 6 months' suspension ought to be imposed, as a starting point.[44]

(u) His misconduct is especially serious, and is more egregious than the misconduct in *Dr Mohd Syamsul* and *Dr Tan Kok Jin*, for the following main reasons:[45]

(i) As set out in Schedule 7B of the ASOF, over the span of around 15 years and 4 months, the Respondent did not document any reason for prescribing medication to P7 (including medical history/ medical condition, his findings, diagnoses and/or the reasons/ bases for his prescriptions to P7 in relation to P7's medical condition), on 84 occasions. On a further 5 occasions, he provided insufficient details for his prescriptions.[46]

[43] SMC's Submissions on Sentencing at [50(a)].

[44] SMC's Submissions on Sentencing at [58].

[45] SMC's Submissions on Sentencing at [59].

[46] SMC's Submissions on Sentencing at [59(a)].

(ii) His PMR for these consultations were wholly bereft of details and failed to show why P7 was repeatedly prescribed benzodiazepines on a continued basis.[47]

(iii) Other than such bare information, his handwriting for the PMR for P7 was largely illegible.[48]

(v) To reflect the seriousness of his misconduct in respect of the 14 Proceeded Charges, the following approach should be adopted:[49]

(i) the DT should order the sentence for one charge (i.e., the most serious of the Inappropriate Prescription Charges, i.e. the 5th Charge (30 months)) to run consecutively, with the sentences for the remaining 6 of the Inappropriate Prescription Charges to run concurrently;[50]

(ii) the DT should order the sentence for one charge (i.e., the most serious of the No-Referral Charges, i.e., the 2nd Charge (28 months)) to run consecutively, with the sentences for the remaining 5 of the No-Referral Charges to run concurrently;[51] and

(iii) the DT should order the Inadequate Records Charge (i.e. the 18th Charge (6 months)) to run consecutively.[52]

(w) The Respondent's seniority should be regarded as an aggravating factor. He is an experienced doctor with almost 35 years of experience.[53]

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[47] SMC's Submissions on Sentencing at [59(b)].

[48] SMC's Submissions on Sentencing at [59(c)].

[49] SMC's Submissions on Sentencing at [63].

[50] SMC's Submissions on Sentencing at [63(a)].

[51] SMC's Submissions on Sentencing at [63(b)].

[52] SMC's Submissions on Sentencing at [63(c)].

[53] SMC's Submissions on Sentencing at [69(b)].

(x) His repeated breaches of the Relevant Guidelines over a significant period of time ought to be regarded as an aggravating factor, to which significant weight ought to be attributed.[54]

(y) Disciplinary tribunals have also repeatedly emphasised that the main sentencing principle in cases involving inappropriate prescriptions of benzodiazepines and non-benzodiazepine hypnotics is that of deterrence, given that such misconduct appears to be ever more prevalent.[55]

(z) Although there was some time spent prosecuting the Respondent, the DT should not apply any discount to his sentence, taking into consideration *inter alia* the SMC's legitimate reasons for any delay on its part.[56]

(aa) Further and in the alternative, if the learned Tribunal is minded to grant a discount, it ought to be at most a one-third discount to the calibrated starting position, bearing in mind the aggravating factors in the present case (and any upward adjustment to the calibrated starting position arising therefrom).[57]

(bb) The SMC acknowledges that a period of around 4 years and 10 months had lapsed between the issuance of the Notice of Complaint dated 24 November 2017 and the NOI on 26 September 2022. However, the time spent in the present case is not at all considerable, bearing in mind that:[58]

(i) Around 1 month of delay was attributable to the Respondent, as he required additional time to submit his written explanation and

[54] SMC's Submissions on Sentencing at [70(b)].

[55] SMC's Submissions on Sentencing at [76(a)].

[56] SMC's Submissions on Sentencing at [73].

[57] SMC's Submissions on Sentencing at [76(b)].

[58] SMC's Submissions on Sentencing at [78].

documents to the SMC's Complaint's Committee, in response to the Notice of Complaint.[59]

(ii) The SMC's Investigation Division had to consider his Letter of Explanation dated 23 November 2018 (issued nearly 1 year after the Notice of Complaint), in addition to his Letter of Explanation dated 5 January 2018.[60]

(iii) There were initially 13 patients' worth of prescriptions and medical documents which had to be investigated. This number was eventually narrowed down to 7 patients in the NOI. However, the documentation which had to be reviewed was nonetheless voluminous (as evident from the sheer length of the Agreed Bundle of Documents, which spans 3 volumes).[61]

(iv) The Respondent faces a total of 18 distinct Charges involving 7 patients.[62]

(v) The majority of his PMR were illegible (where they were handwritten) and spanned hundreds of consultations over several years, for each patient.[63]

(vi) It was entirely reasonable for PE, the SMC's expert to require more time to finalise his expert report. In addition to the abovementioned documents, he was also required to review *inter alia* the Relevant Guidelines applicable to the Respondent during the material period spanning around 14 years (from 2002 to 2016), i.e. the 2002 Benzodiazepine Guidelines, 2003 Anxiety Guidelines, 2004 CPG

[59] SMC's Submissions on Sentencing at [78(a)].

[60] SMC's Submissions on Sentencing at [78(b)].

[61] SMC's Submissions on Sentencing at [78(c)].

[62] SMC's Submissions on Sentencing at [78(d)].

[63] SMC's Submissions on Sentencing at [78(e)].

(Depression), 2008 Benzodiazepine Guidelines, 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) and 2015 Anxiety Guidelines.[64]

(cc) In the alternative to making a suspension order, it is open to the DT to make a striking-off order against the Respondent.[65]

(dd) His patients were in fact dependent on the medications prescribed to them, or had become dependent on such medications as a result of the prescriptions, and he must have been aware of this.[66] The fact that his patients had developed dependency issues as a result of his improper prescriptions should be considered even more aggravating.[67]

(ee) He did not have sound or sufficient clinical basis for his prescriptions.[68] In particular, in respect of the Inadequate Records Charge, he completely failed to document any reason whatsoever for his prescriptions on almost every occasion that P7 consulted him (i.e., 84 out of 89 occasions).[69] On this basis, he arguably had very little to no clinical basis for his prescriptions to P7.[70]

20 The SMC's Table of Precedents is found at **Annex B** below.

Mitigation plea

21 The Defence sought a term of suspension of not more than 18 months and for the usual consequential orders to apply.[71]

22 The Mitigation Plea included the following points:

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[64] SMC's Submissions on Sentencing at [78(f)].

[65] SMC's Submissions on Sentencing at [91].

[66] SMC's Submissions on Sentencing at [93(a)].

[67] SMC's Submissions on Sentencing at [93(a)].

[68] SMC's Submissions on Sentencing at [93(b)].

[69] SMC's Submissions on Sentencing at [59(a)].

[70] SMC's Submissions on Sentencing at [93(b)].

[71] Respondent's Written Plea-In-Mitigation and Submissions on Sentence ("Mitigation Plea") at [2].

(a) The Respondent is remorseful and accepts the consequences of his wrongdoing.[72] He asks for leniency.[73]

(b) The Respondent is 61 years old and has been practising as a family doctor for the past 35 years in the East Coast / Marine Parade area. He is married with seven children (aged between 24 to 34 years old).[74]

(c) The welfare of his patients has always been his top priority. He is passionate about being a family doctor and is dedicated to serving the interests of his patients and the wider community.[75]

(d) The shock and stress of the investigative process subsequently took a toll on his mental health and well-being and he was not able to continue working as he used to. He has since handed over the primary care of his clinic to his daughter and has been going in to the clinic to see his patients only in the evenings. He spends the rest of his time together with his wife and children while reflecting on his mistakes and how he can move forward.[76]

(e) He was not motivated by profit or greed when he prescribed the hypnotics to his patients. Rather, his primary motive was always to help his patients. He had a long-standing relationship with the seven patients. Most of them did not only go to see him when they needed or wanted the hypnotics, but also when they had other conditions. The seven patients presented with stress-related issues such as insomnia and/or anxiety, which affected their daily living. He was concerned for them and continued to prescribe the hypnotics in the (admittedly erroneous) belief that he was helping them.[77]

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[72] Mitigation Plea at [2].

[73] Mitigation Plea at [2].

[74] Mitigation Plea at [3].

[75] Mitigation Plea at [3].

[76] Mitigation Plea at [5].

[77] Mitigation Plea at [6].

(f) The Respondent was running an extremely busy practice. He had been seeing as many as 40 to 70 patients a day for many years. How he managed the seven patients that are the subject of the charges represent but a handful of his many other patient interactions, and it is submitted, does not reflect the overall level of professionalism and compassion that the Respondent has shown towards his patients as a whole.[78]

(g) The Respondent did try to refer three of the six patients to a psychiatrist, namely, P1, P4 and P7. However, the patients had their own reservations about seeking help from institutions such as IMH and/or the concern about the cost of seeing a private psychiatrist. For these reasons, they told him that they were not keen to see a psychiatrist. In that situation, he did not want to alienate the patients and felt it was important that they remained in his care, where he could continue to monitor their condition.[79]

(h) The medical records recovered represent the brief contemporaneous notes he had taken during his consultations with the patients. It was his practice to only take brief notes during the consultation and thereafter input additional notes relating to the treatment and prescription of the hypnotics into the clinic's Microsoft Access relational database, which was the software he was using at the time to store data. Unfortunately, these digital records were lost when the hard disk crashed sometime in late 2015. The loss of these records was not intentional.[80]

(i) He is genuinely remorseful. This is evidenced not only by the fact that he pleaded guilty at the earliest opportunity, but also by his contemporaneous conduct after investigations commenced in 2016.[81]

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[78] Mitigation Plea at [7].

[79] Mitigation Plea at [9].

[80] Mitigation Plea at [10].

[81] Mitigation Plea at [10].

(j) He fully cooperated, first with the audit, and then with the investigation. At the request of the MOH investigator, he handed over all the records relating to P1 and P3 and thereafter voluntarily produced the records pertaining to P2, P4, P5 and P6. His ready cooperation helped to facilitate the SMC's prosecution against him.[82]

(k) To the best of his knowledge, some of his patients (in particular, P1 and P6) were able to stop their dependence on the hypnotics.[83]

(l) For the Inappropriate Prescription Charges, applying *Wong Meng Hang's* sentencing approach, it was submitted that a term of not more than two years' suspension would be appropriate purely as a starting point for each of the overprescription charges.[84] Harm can be classified as "moderate" and culpability as the lower end of "high".[85]

(m) He accepts that his overprescription charges involve offending conduct that spanned seven to 14 years and concerned seven patients. While there is no evidence of actual harm caused to the seven patients, he acknowledges that the prolonged period of offending would have exposed his patients "to a very real risk of developing dependency on the prescribed benzodiazepines, which carried the potential for greater harm" (*SMC v Dr Tan Joong Piang* [2019] SMCDT 9 at [41]). While he reiterates that his motivations were well-meaning, he accepts that his wrongdoing must be considered serious and he did not act with proper regard for the applicable guidelines.[86]

(n) He acknowledges that the facts of *Dr Tan Joong Piang* bear similarity to the present facts in terms of the period of offending and the number of patients involved. However, he submits that his culpability is lower than that of *Dr Tan*

[82] Mitigation Plea at [11(b)].

[83] Mitigation Plea at [11(a)].

[84] Mitigation Plea at [20].

[85] Mitigation Plea at [21].

[86] Mitigation Plea at [21(a)].

Joong Piang. In that case, the doctor not only overprescribed hypnotics to his patients, he repeatedly allowed them to collect the hypnotics through a proxy and/or without a prior clinical review with him. The DT noted that this was a "blatant breach of the fundamental duty on the part of a medical practitioner to assess a patient's medical condition before issuing a prescription" and was a factor which "exacerbated" the doctor's offending conduct (at [47] – [49]). There was no such practice in the present case. In fact, quite the opposite. Not only did the Respondent routinely perform a thorough clinical review on each of the occasions when he prescribed the hypnotics,[87] he spent a considerable amount of time with his patients, listening to them as they shared their personal problems and advising them as needed. He genuinely cared for his patients and empathised with their struggles.[88]

(o) Given that his culpability should be classified at the lower end of "high", it was submitted that the indicative starting point should be a two-year suspension. [89]

(p) Mitigating weight ought to be given to the fact that he has demonstrated clear remorse and has fully cooperated with investigations and has chosen to plead guilty at the earliest opportunity.[90] Therefore, the DT was urged to apply a one-third discount to the two years' suspension to arrive at a term of 16 months' suspension.[91]

(q) He further accepts that the fact that he is a senior member of the profession and his patients "would have reposed a higher degree of trust and confidence in him", would constitute an aggravating factor (*Wee Teong Boo* at [72]). Accordingly, he was prepared to accept a slight uplift of the sentence of 16

[87] Mitigation Plea at [6].

[88] Mitigation Plea at [21(c)].

[89] Mitigation Plea at [22].

[90] Mitigation Plea at [11].

[91] Mitigation Plea at [23(a)].

months' suspension to 18 months' suspension per charge to account for this aggravating factor.[92]

(r) For the No-Referral charges, by reason of the protracted period and the number of patients involved, the harm caused can be classified as "moderate".[93] He accepts that he had a duty to encourage his patients to see a psychiatrist and seek help for their issues. He asks that the DT takes into consideration his efforts in doing so (see [(g)] above).[94] He respectfully submits that his culpability should be classified at the lower end of "medium".[95]

(s) On the basis that harm is "moderate" and culpability is "medium", the indicative sentencing range should be one to two years' suspension. If the DT accepts that his culpability is at the lower end of "medium", the indicative starting point should be a one-year suspension.[96]

(t) His remorse and early plea of guilt ought to be afforded mitigating weight and a one-third discount should be applied to the one year's suspension, to arrive at a term of 8 months' suspension.[97]

(u) For the charge of failing to keep adequate medical records, the Respondent acknowledges that no clinical documentation could be produced for most of the visits made by P7. Though he wishes to reiterate that this was due to the hard disk crash in 2015, he is prepared to accept that an uplift from the usual three months' suspension may be warranted, and urges the DT to impose a sentence of no more than four months' suspension for this charge.[98]

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[92] Mitigation Plea at [23(b)].

[93] Mitigation Plea at [35].

[94] Mitigation Plea at [9].

[95] Mitigation Plea at [26].

[96] Mitigation Plea at [27].

[97] Mitigation Plea at [28].

[98] Mitigation Plea at [29].

(v) If the DT is minded to have three sentences run consecutively – one sentence for each type of charge – this would mean an aggregate sentence of 30 months' suspension:

(i) One overprescription charge: 18 months' suspension;

(ii) One failure to refer to psychiatrist charge: 8 months' suspension; and

(iii) One inadequate records charge: 4 months' suspension.[99]

(w) By way of comparison, the DT in *Dr Tan Joong Piang* had imposed a sentence of 33 months' suspension. A shorter term of suspension for the Respondent would be appropriate if the DT agrees with our submissions[100] that his culpability is not as high. Furthermore, he is being convicted of 14 charges whereas Dr Tan was convicted of 18 charges.[101]

(x) The Notice of Complaint was issued on 24 November 2017 and the Notice of Inquiry was served on him on 26 September 2022 – a delay of nearly five years. By the time this matter is scheduled to be heard before the DT on 28 November 2023, he would have waited six long years.[102]

(y) While it would be consistent with precedents for him to be granted a 50% sentencing discount on the period of suspension, he accepts the seriousness of his wrongdoing. At the same time, he wishes to reiterate the anguish the delay has caused him. This is particularly as he had all along admitted his wrongdoing and asked to be dealt with accordingly.[103]

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[99] Mitigation Plea at [30].

[100] Mitigation Plea at [21(c)].

[101] Mitigation Plea at [31].

[102] Mitigation Plea at [32].

[103] Mitigation Plea at [34].

(z) He wishes to highlight for the DT's consideration a lower sentencing discount of up to 40% on the 30 months' suspension, which will result in a final sentence of 18 months' suspension. However, he will leave the sentencing discount to be granted to the discretion of this learned DT.[104]

(aa) Unlike in *Wee Teong Boo*, the evidence does not support a claim that the Respondent is unfit to remain as a member of the profession and that he should be struck off.[105]

(bb) A key finding made against Dr Wee by the Court of Three Judges in *Wee Teong Boo* at [39] was that he had absolutely no clinical basis for his prescriptions and must have been aware that his prescriptions served only to perpetuate his patients' drug dependency issues.[106]

(cc) The same cannot be said for the Respondent. From the outset, he has consistently maintained that his overarching concern was to help his patients with their medical issues, and he genuinely believed that the treatment would be beneficial to them.[107] Most if not all of his patients struggled with difficult medical issues relating to chronic insomnia, stress and/or anxiety, and the hypnotics prescribed by him were meant to alleviate actual symptoms that they suffered from.[108]

(dd) At the time, his genuine desire was always to address their ailments and minimise their suffering. Beyond simply prescribing them with the hypnotics, he would often also take the time to listen to and counsel his patients during his consultations with them with a view of helping them eventually overcome their underlying conditions.[109] The DT was urged to consider his Written Explanation

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[104] Mitigation Plea at [35].

[105] Mitigation Plea at [37].

[106] Mitigation Plea at [42].

[107] Mitigation Plea at [45].

[108] Mitigation Plea at [45].

[109] Mitigation Plea at [6]-[8] and [46].

to the SMC in full when assessing his overall culpability and in considering the appropriate sanction to mete out to him.[110]

(ee) Another key factor taken into account by the Court of Three Judges in assessing the egregiousness of Dr Wee's misconduct was that the number of patients that were the subjects in Dr Wee's prosecution (15 patients) appeared to have been the highest post-*Wong Meng Hang*. It was therefore submitted that *Wee Teong Boo* represents the high-water mark of cases involving inappropriate prescriptions of medications, and a sanction of striking off was therefore warranted. In the present case, the Respondent's charges pertain to seven patients, and he also faces fewer charges (17 charges) than Dr Wee (25 charges).[111]

(ff) Finally, another striking difference between Dr Wee and the Respondent was the fact that Dr Wee consistently demonstrated a "severe lack of insight into his role as a doctor" and right up to the appeal had "yet to grasp the full gravity of his misconduct"; whereas the Respondent was quick to acknowledge the mistakes he made. He has gone out of his way to demonstrate his remorse by taking steps to correct his mistakes and his cooperation helped the SMC to gather most if not all of the evidence that is presently before this DT.[112]

Decision on sentence

23 In line with established precedents and the *Sentencing Guidelines for Singapore Medical Disciplinary Tribunals* published on 15 July 2020 (the "Sentencing Guidelines") at [73]-[78], the Disciplinary Tribunal adopted a two-step sentencing approach, namely, to determine the appropriate individual sentence for each charge and thereafter calibrate the overall sentence to ensure proportionality.

24 The Sentencing Guidelines are a useful tool in applying the sentencing framework set

[110] Mitigation Plea at [47].

[111] Mitigation Plea at [48].

[112] Mitigation Plea at [11] and [49].

out in *Wong Meng Hang*: *Wee Teong Boo* at [12].

Wong Meng Hang sentencing framework.

(a) Inappropriate prescription charges

25 In assessing the sentence for the inappropriate prescription charges, the Disciplinary Tribunal was guided by the sentencing framework set out in *Wong Meng Hang*. *Wong Meng Hang* laid down a four-step sentencing framework. The four steps are:

(a) Step 1: Identify the level of harm and culpability.

(b) Step 2: Identify the applicable indicative sentencing range.

(c) Step 3: Identify the appropriate starting point within the indicative sentencing range.

(d) Step 4: Adjust the starting point to take into account offender-specific factors.

(1) Step 1: Identify the level of harm and culpability

26 Harm. Harm refers to the type and gravity of the harm or injury that was caused to the patient and to society by the commission of the offence: *Wong Meng Hang* at [30(a)].

27 Harm can take various forms, including bodily injury, emotional or psychological distress, even serious economic harm, increased predisposition to certain illnesses, loss of chance of recuperation or survival, and at the most severe end of the spectrum, death: *Wong Meng Hang* at [30(a)].

28 Apart from actual harm, the potential harm that could have resulted from the breach, even if such harm did not actually materialise on the given facts, should be considered. When assessing potential harm, both (i) the seriousness of the harm risked, and (ii) the likelihood of the harm arising should be considered. Potential harm should be taken into account only if there was a sufficient likelihood of the harm arising: *Sentencing*

Guidelines at [47]-[50].

29 In assessing the level of harm or potential harm, the Disciplinary Tribunal should be careful not to double-count any factors which may already have been taken into account in assessing the level of culpability: *Ye Lin Myint v Public Prosecutor* [2019] 5 SLR 1005 at [58].

30 The Disciplinary Tribunal considered the points raised by the SMC.

31 The Disciplinary Tribunal also considered the points raised by the Defence, including that to the best of the Respondent's knowledge, some of his patients (in particular, P1 and P6) were able to stop their dependence on the hypnotics.[113]

32 The Disciplinary Tribunal considered that there was a total of 7 patients involved. This was fewer than the 15 patients, including the patients who were the subject of the TIC charges, in *Wee Teong Boo*. He also faced fewer charges (17 charges) than Dr Wee (25 charges).[114]

33 While there was no evidence of actual harm caused to the 7 patients, the prolonged period of offending would have exposed his patients "to a very real risk of developing dependency on the prescribed benzodiazepines, which carried the potential for greater harm" (*SMC v Dr Tan Joong Piang* [2019] SMCDT 9 at [41]). His wrongdoing must be considered serious and he did not act with proper regard for the applicable guidelines.[115]

34 Some of the patients had underlying drug dependency issues and the inappropriate prescriptions may have intensified their addictions. P1 was already elderly when the Respondent prescribed her benzodiazepines,[116] P2 would have turned elderly after 12

[113] Mitigation Plea at [11(a)].

[114] Mitigation Plea at [48].

[115] Mitigation Plea at [21(a)].

[116] Agreed Bundle of Documents at page 219.

December 2007,[117] and P7 would have turned elderly after 30 July 2005.[118]

35 In the present case, the harm was moderate for each inappropriate prescription charge.

36 Culpability. Culpability is the degree of blameworthiness disclosed by the misconduct: *Wong Meng Hang* at [30(b)]. This may be assessed by reference to the extent and manner of the offender's involvement in causing the harm, the extent to which the offender's conduct departed from standards reasonably expected of a medical practitioner, the offender's state of mind when committing the offence, and all of the circumstances surrounding the commission of the offence: *Wong Meng Hang* at [30(b)].

37 Disciplinary Tribunals may consider the following non-exhaustive factors when assessing the level of culpability: *Sentencing Guidelines* at [53]-[54]:

(a) The doctor's state of mind.

(b) The extent of premeditation and planning involved, including the lengths to which the doctor went to cover up his or her misconduct.

(c) Whether the doctor was motivated by financial gain, and the extent of profits gained by that doctor from his or her breach.

(d) The extent of departure from the standard of care or conduct reasonably expected of a medical practitioner.

(e) The extent and manner of the doctor's involvement in causing the harm.

(f) Whether the treatment was an appropriate management option, and within the doctor's area of competence.

[117] Agreed Bundle of Documents at page 224.

[118] Agreed Bundle of Documents at page 262.

(g) The extent to which the doctor failed to take prompt action when patient safety or dignity was compromised.

(h) The urgency of the situation.

(i) The duration of the offending behaviour, having regard to the circumstances underlying the continuance of the offending conduct.

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

38 Here, the Respondent did not appear to have a structured treatment plan for the patients. The inappropriate prescriptions were frequent and made over an extended period involving offending conduct that spanned seven to 14 years:[119] *Wong Meng Hang v SMC* at [67(c)].

39 In the present case, the culpability was high for each inappropriate prescription charge.

(2) Step 2: Identify the applicable indicative sentencing range

40 In *Wong Meng Hang* at [33], the following indicative sentencing ranges were laid down with a harm-culpability matrix:[120]

[119] Mitigation Plea at [21(a)].

[120] See also the Sentencing Guidelines at [17] and [42]-[46].

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

41 In cases where an order of suspension is warranted, this will commonly be accompanied by other punishments and orders including a fine, censure or the requirement of an undertaking to be furnished: *Wong Meng Hang* at [34].

42 Applying the above framework to the present case and having regard to the Disciplinary Tribunal's analysis on the facts that harm was moderate and culpability high for each inappropriate prescription charge, the applicable sentencing range for each charge was suspension of 2 to 3 years.

(3) Step 3: Identify the appropriate starting point within the indicative sentencing range

43 Having regard to facts and circumstances of the present case, the appropriate starting point was a suspension of about 2.5 years for each charge.

(4) Step 4: Adjust the starting point to take into account offender-specific factors

44 Antecedents. The Respondent had no previous antecedents.

45 The Disciplinary Tribunal considered the Respondent's long and unblemished record

and that there was a low likelihood of re-offending given that he was 61 years old and semi-retired[121] (see *In the Matter of Dr Siew Hin Chin* [2017] SMCDT 5 at [61]).

46 In this regard, the Mitigation Plea stated that he has handed over the primary care of his clinic to his daughter and has been going in to the clinic to see his patients only in the evenings. He spends the rest of his time together with his wife and children while reflecting on his mistakes and how he can move forward.[122]

47 Plea of guilt and cooperation with authorities. Due weight was given to the Respondent's plea of guilt and cooperation with the authorities: *Angliss Singapore Pte Ltd v Public Prosecutor* [2006] 4 SLR(R) 653 at [77]. This saved resources that would have been expended with a full trial.

48 TIC Charges. The effect of taking into consideration outstanding charges is to enhance the sentence that would otherwise have been imposed for the proceeded charges. In the present case, 3 charges were taken into consideration for sentencing purposes.[123]

49 Seniority of Respondent. The Respondent's seniority in the medical profession was an aggravating factor. This was because the negative impact on public confidence in the profession's integrity was correspondingly amplified: *SMC v Lim Lian Arn* [2019] 5 SLR 739 at [15(a)] and *Ang Peng Tiam* v *SMC* [2017] 5 SLR 356 at [93] ("*Ang Peng Tiam*").

50 The *Sentencing Guidelines* at [69(b)] state: "the seniority and/or eminence of a doctor attracts a heightened sense of trust and confidence in the practitioner and the profession, and the negative impact on public confidence in the integrity of the medical profession is amplified when such an offender is convicted of professional misconduct."

51 After considering the offender-specific factors, we were of the view that:

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[121] Mitigation Plea at [5].

[122] Mitigation Plea at [5].

[123] 7th, 10th and 15th Charges.

(a) the sentence for each charge should be adjusted downwards to a suspension of 24 months,

(b) save for the 5th charge (30 months' suspension because it involved a period of misconduct spanning around 13 years and 8 months and around 684 discrete breaches of the Relevant Guidelines).

(b) No-Referral charges

52 The Disciplinary Tribunal considered the points raised by the SMC and the Defence.

53 For the No-Referral Charges, the harm was moderate and his culpability was high.

54 The Disciplinary Tribunal considered that the Respondent failed to make any referrals over an extended period of approximately 10 years for most of his patients (with some exceeding 10 years, i.e., close to 14 years in respect of the 6th Charge).[124]

55 Applying the *Wong Meng Hang* framework to the present case and having regard to the Disciplinary Tribunal's analysis on the facts that harm was moderate and culpability high for each No-Referral charge, the applicable sentencing range for each charge was suspension of 2 to 3 years.

56 Having regard to facts and circumstances of the present case, the appropriate starting point was a suspension of about 2.5 years for each charge.

57 After considering the offender-specific factors, we were of the view that the sentence for each charge should be adjusted downwards to a suspension of 24 months.

(c) Inadequate records charges

58 For the inadequate records charges, the four-step sentencing framework in *Wong Meng Hang* was not applied: *Wong Meng Hang* at [36].

[124] SMC's Submissions on Sentencing at [50(b)].

59 This was consistent with the High Court's sentencing approach in *SMC v Mohd Syamsul Alam bin Ismail* [2019] SGHC 58 at [12]-[13], where the four-step sentencing framework was not applied to the charge of failure to keep adequate medical records.

60 Case law indicates that a sentence of 3 months' suspension is usually meted out for such charges (*SMC v Mohd Syamsul Alam bin Ismail* [2019] 4 SLR 1375) at [12]-[13] and *SMC v Dr Tan Kok Jin [2019] SMCDT 3* at [48]. The clinical documentation in these cases was found to be inadequate or scanty.[125]

61 The Disciplinary Tribunal also considered the points raised by the Defence, including:

(a) The medical records recovered represent the brief contemporaneous notes the Respondent had taken during his consultations with the patients. It was his practice to only take brief notes during the consultation and thereafter input additional notes relating to the treatment and prescription of the hypnotics into the clinic's Microsoft Access relational database, which was the software he was using at the time to store data. Unfortunately, these digital records were lost when the hard disk crashed sometime in late 2015. The loss of these records was not intentional.[126]

(b) The Respondent acknowledges that no clinical documentation could be produced for most of the visits made by P7. Though he wishes to reiterate that this was due to the hard disk crash in 2015, he is prepared to accept that an uplift from the usual three months' suspension may be warranted, and urges the DT to impose a sentence of no more than four months' suspension for this charge.[127]

62 The Disciplinary Tribunal agreed with the SMC that:

[125] Mitigation Plea at [29].

[126] Mitigation Plea at [10].

[127] Mitigation Plea at [29].

(a) Over the span of around 15 years and 4 months, the Respondent did not document any reason for prescribing medication to P7 (including medical history/ medical condition, his findings, diagnoses and/or the reasons/ bases for his prescriptions to P7 in relation to P7's medical condition), on 84 occasions. On a further 5 occasions, he provided insufficient details for his prescriptions.[128]

(b) His PMR for these consultations were bereft of details and failed to show why P7 was repeatedly prescribed benzodiazepines on a continued basis.[129]

(c) Other than such bare information, his handwriting for the PMR for P7 was largely illegible.[130]

63 All things considered, the Disciplinary Tribunal was of the view that an appropriate sentence was 6 months' suspension for this charge.

Delay in prosecution

64 The Defence argued that there had been a delay in prosecution and that the sentence ought to be reduced accordingly. Such a reduction is given to take into account the mental anguish, anxiety and distress suffered by a doctor in having a charge hanging over his head during the period of delay: *Ang Peng Tiam* and *Jen Shek Wei v SMC* [2018] 3 SLR 943 where a 50% reduction was given.

65 Here, nearly five years elapsed between 24 November 2017 when the Notice of Complaint was issued and 26 September 2022 when he was served with the Notice of Inquiry.[131]

66 That said, the period of delay and considerations of fairness may be outweighed by countervailing concerns in the public interest, especially in cases where the offence in

[128] SMC's Submissions on Sentencing at [59(a)].

[129] SMC's Submissions on Sentencing at [59(b)].

[130] SMC's Submissions on Sentencing at [59(c)].

[131] Mitigation Plea at [32].

question is particularly heinous: *Ang Peng Tiam* at [118]. Therefore, where important public interest considerations demand the imposition of a heavier penalty, the existence of prejudicial delay in the proceedings may have no mitigating effect at all in the sentencing of the offender: *Wong Meng Hang* at [26].

67 In disciplinary proceedings, broader public interest considerations are paramount and will commonly be at the forefront when determining the appropriate sentence. Vital public interest considerations include the need to uphold the standing and reputation of the profession (*Wee Teong Boo* at [72]), as well as to prevent an erosion of public confidence in the trustworthiness and competence of its members. This is undoubtedly true for medical practitioners, in whom the public and, in particular, patients repose utmost trust and reliance in matters relating to personal health, including matters of life and death. (See also the *Sentencing Guidelines* at [9]-[11]).

68 As observed in *Low Cze Hong v SMC* [2008] 3 SLR(R) 612 at [88], the hallowed status of the medical profession is founded upon a bedrock of unequivocal trust and a presumption of unremitting professional competence, and failures by practitioners in the discharge of their duties must be visited with sanctions of appropriate gravity: *Wong Meng Hang* at [23].

69 General deterrence is also engaged: *Wee Teong Boo* at [72]. General deterrence is a matter of considerable importance because it is intended to create awareness in the public and more particularly among potential offenders that punishment will be certain and unrelenting for certain offences and offenders. This is a central and operative sentencing objective in most, if not all disciplinary cases: *Wong Meng Hang* at [25].

70 Finally, a discount in sentence for any delay in prosecution is not automatic or routine. In every case in which there has been a delay, all the circumstances have to be scrutinised to determine whether the application of a discount is appropriate and will not trivialise or undermine the sanction being meted out: *Wee Teong Boo* at [74].

71 We sought to strike the appropriate balance between affording fairness to the Respondent and ensuring that the sentence meted out sufficiently encapsulates the

gravity of his misconduct and gives effect to general deterrence.[132]

72 All things considered, we were of the view that no discount should be afforded in the present case.

Aggregate Sentence

73 Sentence. All told, the Respondent was suspended for 36 months.

Charge	Sentence	Status
Inappropriate Prescription Charges		
1st	24 months' suspension	Concurrent
3rd	24 months' suspension	Concurrent
5th	**30 months' suspension**	**Consecutive**
8th	24 months' suspension	Concurrent
11th	24 months' suspension	Concurrent
13th	24 months' suspension	Concurrent
16th	24 months' suspension	Concurrent
No-Referral Charges		
2nd	24 months' suspension	Concurrent
4th	24 months' suspension	Concurrent
6th	24 months' suspension	Concurrent
9th	24 months' suspension	Concurrent
12th	24 months' suspension	Concurrent
17th	24 months' suspension	Concurrent
Inadequate Records Charges		
18th	**6 months' suspension**	**Consecutive**
Total Suspension: 36 months		

[132] Mitigation Plea at [35].

74 Proportionality Principle. The Disciplinary Tribunal kept in mind the proportionality principle in sentencing: *Public Prosecutor v Law Aik Meng* [2007] 2 SLR(R) 814 at [30]. Under the proportionality principle, the sentence to be imposed must not only bear a reasonable proportion to the maximum prescribed penalty, but also to the gravity of the offence committed.

75 Totality Principle. The sentence is in line with the totality principle. The totality principle, in essence, requires the Disciplinary Tribunal to review the aggregate sentence and consider whether the aggregate is just and appropriate.

76 If, after such a consideration, the Disciplinary Tribunal decides that the aggregate sentence should be reduced, it may either re-calibrate the individual sentences or re-assess which of the sentences should run consecutively: *Mohamed Shouffee Bin Adam v Public Prosecutor* [2014] 2 SLR 998 at [25], [52], [58], [59] and [81] (see also the *Sentencing Guidelines* at [82] to [85]).

77 In assessing the total sentence to be imposed, the Disciplinary Tribunal considered the overall culpability of the Respondent, the aggravating factors highlighted by the SMC and the mitigating circumstances raised by the Respondent.

78 Applying the above principles and having regard to all the circumstances, the Disciplinary Tribunal found it fitting to order the sentence imposed.

Conclusion

79 We ordered that:

(a) the Respondent be suspended for 36 months (with the period of suspension to commence 40 days after the date of the suspension order);

(b) the Respondent be censured;

(c) the Respondent provide a written undertaking to the SMC that he would not engage in the conduct complained of or any similar conduct in the future;

(d) the Respondent pay the costs and expenses of and incidental to these proceedings, including the costs of SMC's solicitors.

80 We further ordered that the Grounds of Decision be published with the necessary redaction of identities and personal particulars of persons involved.

81 We are grateful for the hard work and helpful submissions of both sides.

Dr Lim Cheok Peng Chairman	Dr Kwan Yew Seng	Mr Shawn Ho Judicial Service Officer

Mr Edmund J Kronenburg, Mr Colin Wu and Ms Tang Kai Qing (M/s Braddell Brothers LLP)
for the Singapore Medical Council; and

Ms Kuah Boon Theng S.C. and Ms Sheena Tjoa (M/s Legal Clinic LLC)
for Dr Maninder Singh Shahi

Annex A: Agreed Statement of Facts

1. At all material times, Dr Maninder Singh Shahi ("**Dr Maninder**") was a medical practitioner registered with the Singapore Medical Council ("**SMC**"), under the Medical Registration Act 1997 ("**MRA**"). Dr Maninder has been a registered medical practitioner since 11 August 1988.

2. At all material times, Dr Maninder was a General Practitioner at 81 Family Clinic, presently located at 86 Marine Parade Central #01-670 Singapore 440086 ("**Clinic**").

3. As a medical practitioner registered under the MRA, Dr Maninder was required to adhere to the 2002 edition of the SMC Ethical Code and Ethical Guidelines ("**2002 ECEG**"), which was in force at all material times. Dr Maninder was aware, and in any event ought to have been aware, that he was obliged and/or required under the 2002 ECEG *inter alia*:-

   (a) to practise within the limits of his own competence in managing a patient (*per* Guideline 4.1.1.6 of the 2002 ECEG) ("**Requirement Set 6**");

   (b) to keep clear, accurate and legible records at the time that a consultation takes place, or not long afterwards, with such records being of sufficient detail so that any other doctor reading them would be able to take over the management of a case, and to document all clinical details and/or investigation results (*per* Guideline 4.1.2 of the 2002 ECEG) ("**Requirement Set 9**"); and

   (c) to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs (*per* Guideline 4.1.3 of the 2002 ECEG) ("**Requirement Set 1**").

4. At all material times, Dr Maninder was aware, and in any event ought to have been aware, that he was obliged and/or required to comply with *inter alia* :-

   (a) the standards in relation to the prescription of benzodiazepines as set out in the Ministry of Health's ("**MOH**") Guidelines for Prescribing Benzodiazepines dated 17 August 2002 (MH 36:14/71) ("**2002 Benzodiazepine Guidelines**");

(b) the standards in relation to the prescription of medication for anxiety disorders as set out in the MOH Clinical Practice Guidelines on Anxiety Disorders (7/2003) dated November 2003 ("**2003 Anxiety Guidelines**");

(c) the standards in relation to the prescription of benzodiazepines and other hypnotics as set out in the MOH Clinical Practice Guidelines on the Prescribing of Benzodiazepines (2/2008) dated September 2008 ("**2008 Benzodiazepine Guidelines**");

(d) the standards in relation to the prescription of benzodiazepines and other hypnotics as set out in the MOH Administrative Guidelines on the Prescribing of Benzodiazepines and Other Hypnotics dated 14 October 2008 (MH 70:41/24 Vol. 3) ("**2008 Admin Guidelines (Benzodiazepines and other Hypnotics)**"); and

(e) the standards in relation to the prescription of medication for anxiety disorders as set out in the MOH Clinical Practice Guidelines on Anxiety Disorders (1/2015) ("**2015 Anxiety Guidelines**"),

(collectively, the "**Relevant Guidelines**").

5. At all material times, Dr Maninder was aware, and in any event ought to have been aware, that the Relevant Guidelines were applicable to him, and as observed or approved by members of the profession of good repute and competency, required him to comply with *inter alia* the following requirements :-

(a) avoid the concurrent prescription of two or more benzodiazepines (*per* paragraph 5(5) of the 2002 Benzodiazepine Guidelines) ("**Requirement Set 2 – 2002**");

(b) avoid the concurrent prescription of two or more benzodiazepines (*per* paragraph (i) of the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics)) ("**Requirement Set 2 – 2008**");

(c) when treating insomnia, prescribe benzodiazepines for intermittent use (e.g. 1 night

in 2 or 3 nights) and only when necessary (*per* paragraphs 4(1) and 4(2) of the 2002 Benzodiazepine Guidelines) ("**Requirement Set 3 – 2002**");

(d) when treating insomnia, prescribe benzodiazepines for intermittent use (e.g. 1 night in 2 or 3 nights) and only when necessary (*per* paragraph (f) of the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics)) ("**Requirement Set 3 – 2008**");

(e) limit benzodiazepine use to short-term relief (between 2 to 4 weeks) (*per* paragraphs 3 and 4 of the 2002 Benzodiazepine Guidelines) ("**Requirement Set 4 – 2002**");

(f) limit benzodiazepine use to short-term relief (between 2 to 4 weeks) (*per* paragraphs 3.1 and 5.1.1 of the 2008 Benzodiazepine Guidelines) ("**Requirement Set 4 – 2008**");

(g) avoid the concomitant prescription of benzodiazepines and opioid analgesics (*per* paragraph 2.3 of the 2008 Benzodiazepine Guidelines) ("**Requirement Set 5 – 2008**");

(h) limit chronic benzodiazepine prescription where possible, and refer patients with refractory insomnia to psychiatrists for further management (*per* paragraph 4(4) of the 2002 Benzodiazepine Guidelines) ("**Requirement Set 7 - 2002**");

(i) that patients who require or have been prescribed benzodiazepines / other hypnotics beyond a cumulative period of 8 weeks should not be further prescribed benzodiazepines / other hypnotics and must be referred to the appropriate specialist for further management (*per* paragraph (n) of the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) ("**Requirement Set 7 - 2008**");

(j) treat the prescription of Zolpidem and Zopiclone (which are non-benzodiazepine hypnotics) with the same cautions as benzodiazepines (*per* paragraph 3.1 of the 2008 Benzodiazepine Guidelines) ("**Requirement Set 8 - 2008**");

(k) where benzodiazepines are repeatedly prescribed to a patient, to clearly document in the patient medical records ("**PMR**") the following aspects : (1) justification for repeat prescription, (2) comprehensive assessment of the patient, (3) diagnosis, (4) psychosocial history of the patient, and (5) evidence that the psychosocial aspects have been attended to (*per* paragraph 1(5) of the 2002 Benzodiazepine Guidelines) ("**Requirement Set 10 - 2002**");

(l) the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics), which provide as follows :-

(1) paragraph (c), which states that :-

"*The following information must be documented in the medical record of every patient who is prescribed with benzodiazepines / other hypnotics:*
(i) Comprehensive history, including psychosocial history and previous use of benzodiazepines or other hypnotics;
(ii) Comprehensive physical examination findings, including evidence of misuse of benzodiazepines or other drugs; and
(iii) Withdrawal symptoms to benzodiazepines / other hypnotics previously experienced by the patient if any."

(2) paragraph (d), which states that :-

"*The following information must be documented in the medical records of every patient each time he/she is prescribed benzodiazepines / other hypnotics either initially or as repeat prescriptions:*
(i) The prescribed type / name of benzodiazepine / hypnotic, its dosage and duration of use;
(ii) Indication(s) and/or justification(s) for prescribing benzodiazepines / other hypnotics; and
(iii) Physical signs or evidence of tolerance, physical / psychological dependence or any illicit use or misuse of benzodiazepines or other drugs (e.g. needle tracks on skin, inappropriate lethargy)."

(collectively, "**Requirement Set 10 – 2008**");

(m) that there must be appropriate clinical review, clear indications and adequate documentation for any continued or repeat benzodiazepine prescription (*per* paragraph 5.1 of the 2008 Benzodiazepine Guidelines) ("**Requirement Set 11 – 2008**");

(n) selective serotonin reuptake inhibitors ("**SSRIs**") (and not benzodiazepines) are recommended as the first-line drug treatment for anxiety disorders (including anxiety with depression) (*per* paragraph 5(b) of the 2003 Anxiety Guidelines) ("**Requirement Set 12 – 2003**");

(o) SSRIs (and not benzodiazepines) are recommended as the first-line drug treatment for anxiety disorders (including anxiety with depression) (*per* pages 5 – 6 of the 2015 Anxiety Guidelines) ("**Requirement Set 12 – 2015**");

(p) where benzodiazepines are prescribed as part of treatment of a patient's anxiety disorders, the lowest effective dose to achieve symptom relief should be used over a limited period (i.e. between 2 to 4 weeks), with the dose gradually tapered off (*per* page 31 of the 2003 Anxiety Guidelines) ("**Requirement Set 13 – 2003**"); and

(q) where benzodiazepines are prescribed as part of treatment of a patient's panic disorders, it should be tapered and withdrawn by 4 weeks (*per* paragraph 3.2.4 of the 2015 Anxiety Guidelines) ("**Requirement Set 13 – 2015**").

BACKGROUND

6. On or about 10 October 2016, the SMC received information in relation to Dr Maninder's prescribing practices with respect to benzodiazepines and hypnotics.

7. After considering the information, the SMC referred Dr Maninder to the Chairman of the Complaints Panel, pursuant to Section 39(3)(*a*) of the MRA.

8. The SMC subsequently appointed a Complaints Committee ("**CC**") to investigate the matter.

9. During the investigation into the matter, Dr Maninder sent letters of explanation dated 5 January 2018 and 23 November 2018 to the CC (collectively, "**Written Explanations**"), in which he admitted *inter alia* that :-

   (a) he had "*at times failed to comply with the prescription guidelines set out in the Ministry of Health's Clinical Practice Guidelines on Prescribing of Benzodiazepines (2/2008), which [he] deeply regret[s]*"; and

   (b) his "*past practices of keeping notes in relation to the Sunsedyl prescriptions of P6 and P4 fell below the standards set out by the Singapore Medical Council for keeping medical records.*"

10. On or about 24 April 2020, after considering *inter alia* the Written Explanations, the CC notified Dr Maninder that he had been referred to a Disciplinary Tribunal ("**DT**") for a formal inquiry.

11. On or around 26 September 2022, pursuant to Regulation 27 of the Medical Registration Regulations 2010 (version in force as at 30 June 2022) ("**MRR**"), the SMC served a Notice of Inquiry dated 26 September 2022 ("**NOI**") on Dr Maninder. The NOI sets out 18 Charges and 18 alternate Charges against Dr Maninder.

12. Upon considering Dr Maninder's written representations, set out in letters from his Counsel, Legal Clinic LLC, to the SMC's Counsel, Braddell Brothers LLP, dated 23 November 2022, 8 December 2022 and 25 January 2023, the SMC consented to the following, pursuant to Regulation 33 of the MRR :-

   (a) to proceed only with the 1st, 2nd, 3rd, 4th, 5th, 6th, 8th, 9th, 11th, 12th 13th, 16th, 17th and 18th Charges of the NOI ("**Proceeded Charges**");

   (b) for the 7th, 10th and 15th Charges of the NOI ("**TIC Charges**") to be taken into consideration by the DT for the purposes of sentencing; and

(c) to withdraw the 14th Charge and alternate 14th Charge,

in view of Dr Maninder's willingness to plead guilty to the Proceeded Charges, with the TIC Charges taken into consideration for the purpose of sentencing.

FACTS RELATING TO THE PROCEEDED CHARGES

1ST AND 2ND CHARGES

13. Between 10 May 2005 and 13 June 2016, Dr Maninder was consulted by one P1 on 164 occasions for *inter alia* her insomnia, the particulars of which are set out in Schedule 1 annexed hereto.

14. In relation to the prescription of medicines to his patients, Dr Maninder was aware, and in any event ought to have been aware, that the standards applicable to him, and as observed or approved by members of the profession of good repute and competency required him to, *inter alia* :-

(a) prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to P1's needs, on each of the occasions that he prescribed benzodiazepines to P1 as set out in Schedule 1 annexed hereto (*per* **Requirement Set 1**);

(b) avoid the concurrent prescription of two or more benzodiazepines to P1 on each of the occasions that he prescribed benzodiazepines to P1 as set out in Schedule 1 annexed hereto (*per* **Requirement Set 2 – 2002** and **Requirement Set 2 – 2008**);

(c) ensure that benzodiazepine use was limited to short-term relief (between 2 to 4 weeks), at the lowest dose, intermittently (e.g. 1 night in 2 or 3 nights) (*per* **Requirement Set 3 – 2002**, **Requirement Set 3 – 2008**, **Requirement Set 4 – 2002** and **Requirement Set 4 – 2008**); and

(d) avoid the concomitant prescription of benzodiazepines and opioid analgesics, after

the 2008 Benzodiazepine Guidelines were published in September 2008 (*per* **Requirement Set 5 – 2008**),

(collectively, "**Charge 1 Standards**").

15. Notwithstanding paragraph 14 above, Dr Maninder departed from the Charge 1 Standards in that :-

(a) he concurrently prescribed two benzodiazepines on various occasions to P1, the particulars of which are set out in Schedule 1 annexed hereto;

(b) he prescribed benzodiazepines to P1 on various occasions to treat her insomnia, beyond the period of intermittent use (e.g. 1 night in 2 or 3 nights), the particulars of which are set out in Schedule 1 annexed hereto;

(c) despite having already prescribed P1 with benzodiazepines for 4 weeks, he continued to prescribe benzodiazepines to P1 after the aforesaid period of 4 weeks (as set out in Schedule 1 annexed hereto), and hence, failed to ensure that benzodiazepine use was limited to short-term relief (between 2 to 4 weeks);

(d) he concomitantly prescribed benzodiazepines with medication containing opioid analgesics, namely Sunsedyl and/or Tramadol, on various occasions to P1, after the 2008 Benzodiazepine Guidelines were published in September 2008, the particulars of which are set out in Schedule 1 annexed hereto; and

(e) he failed to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs, as stated in (a) to (d) above.

16. In relation to the provision of clinical care to his patients, Dr Maninder was aware, and in any event ought to have been aware, that the standards applicable to him, and as observed or approved by members of the profession of good repute and competency required him to, *inter alia* :-

(a) practise within the limits of his own competence in managing P1 (*per* **Requirement Set 6**);

(b) limit chronic benzodiazepine prescription to P1 where possible, and refer P1 to a psychiatrist for further management in respect of her refractory insomnia (*per* **Requirement Set 7 – 2002**); and

(c) refer P1 to a psychiatrist or medical specialist with the necessary expertise for the further management of P1's medical condition(s) and/or P1's need for benzodiazepine medication, if he had already prescribed benzodiazepines / other non-benzodiazepine hypnotics beyond a cumulative period of 8 weeks to P1, after the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) were published on 14 October 2008 (*per* **Requirement Set 7 – 2008**),

(collectively, "**Charge 2 Standards**").

17. Notwithstanding paragraph 16 above, Dr Maninder departed from the Charge 2 Standards in that :-

(a) he prescribed P1 with benzodiazepines for a prolonged period (as set out in Schedule 1 annexed hereto) to treat her insomnia, and failed to refer P1 to a psychiatrist for further management;

(b) he prescribed P1 with benzodiazepines for a cumulative period of 8 weeks (as set out in Schedule 1 annexed hereto), but he failed thereafter to refer P1 to a psychiatrist or medical specialist with the necessary expertise for the further management of P1's medical condition(s) and/or P1's need for benzodiazepine medication, after the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) were published on 14 October 2008; and

(c) he failed to practise within the limits of his own competence in managing P1, as stated in (a) to (b) above.

3RD AND 4TH CHARGES

18. Between 21 October 2008 and 13 July 2016, Dr Maninder was consulted by one P2 on 100 occasions for *inter alia* his insomnia, the particulars of which are set out in Schedule 2 annexed hereto.

19. In relation to the prescription of medicines to his patients, Dr Maninder was aware, and in any event ought to have been aware, that the standards applicable to him, and as observed or approved by members of the profession of good repute and competency required him to, *inter alia* :-

    (a) prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to P2's needs, on each of the occasions that he prescribed Zopiclone (which is non-benzodiazepine hypnotic) to P2 as set out in Schedule 2 annexed hereto (*per* **Requirement Set 1**);

    (b) ensure that the use of Zopiclone (which is a non-benzodiazepine hypnotic) was limited to short-term relief (between 2 to 4 weeks), at the lowest dose, intermittently (e.g. 1 night in 2 or 3 nights) (*per* **Requirement Set 3 – 2008**, **Requirement Set 4 – 2008** and **Requirement Set 8 – 2008**); and

    (c) avoid the concomitant prescription of non-benzodiazepine hypnotics and opioid analgesics (*per* **Requirement Set 5 – 2008** and **Requirement Set 8 – 2008**),

    (collectively, "**Charge 3 Standards**").

20. Notwithstanding paragraph 19 above, Dr Maninder departed from the Charge 3 Standards in that :-

    (a) he prescribed Zopiclone (which is a non-benzodiazepine hypnotic) to P2 on various occasions to treat his insomnia, beyond the period of intermittent use (e.g. 1 night in 2 or 3 nights), the particulars of which are set out in Schedule 2 annexed hereto;

(b) despite having already prescribed P2 with Zopiclone (which is a non-benzodiazepine hypnotic) for 4 weeks, he continued to prescribe Zopiclone to P2 after the aforesaid period of 4 weeks (as set out in Schedule 2 annexed hereto), and hence, failed to ensure that the use of Zopiclone was limited to short-term relief (between 2 to 4 weeks);

(c) he concomitantly prescribed Zopiclone (which is a non-benzodiazepine hypnotic) with medication containing opioid analgesics, namely Sunsedyl, on various occasions to P2, the particulars of which are set out in Schedule 2 annexed hereto; and

(d) he failed to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs, as stated in (a) to (c) above.

21. In relation to the provision of clinical care to his patients, Dr Maninder was aware, and in any event ought to have been aware, that the standards applicable to him, and as observed or approved by members of the profession of good repute and competency required him to, *inter alia* :-

(a) practise within the limits of his own competence in managing P2 (*per* **Requirement Set 6**); and

(b) refer P2 to a psychiatrist or medical specialist with the necessary expertise for the further management of P2's medical condition(s) and/or P2's need for non-benzodiazepine hypnotic medication, if he had already prescribed non-benzodiazepine hypnotics beyond a cumulative period of 8 weeks to P2 (*per* **Requirement Set 7 – 2008**),

(collectively, "**Charge 4 Standards**").

22. Notwithstanding paragraph 21 above, Dr Maninder departed from the Charge 4 Standards in that :-

(a) he prescribed P2 with Zopiclone (which is a non-benzodiazepine hypnotic) for a cumulative period of 8 weeks (as set out in Schedule 2 annexed hereto), but he failed thereafter to refer P2 to a psychiatrist or medical specialist with the necessary expertise for the further management of P2's medical condition(s) and/or P2's need for non-benzodiazepine hypnotic medication; and

(b) he failed to practise within the limits of his own competence in managing P2, as stated in (a) above.

5TH AND 6TH CHARGES

23. Between 19 August 2002 and 16 April 2016, Dr Maninder was consulted by one P3 on 318 occasions for *inter alia* his insomnia, the particulars of which are set out in Schedule 3A annexed hereto.

24. In relation to the prescription of medicines to his patients, Dr Maninder was aware, and in any event ought to have been aware, that the standards applicable to him, and as observed or approved by members of the profession of good repute and competency required him to, *inter alia* :-

(a) prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to P3's needs, on each of the occasions that he prescribed benzodiazepines to P3 as set out in Schedule 3A annexed hereto (*per* **Requirement Set 1**);

(b) ensure that benzodiazepine use was limited to short-term relief (between 2 to 4 weeks), at the lowest dose, intermittently (e.g. 1 night in 2 or 3 nights) (*per* **Requirement Set 3 – 2002**, **Requirement Set 3 – 2008**, **Requirement Set 4 – 2002** and **Requirement Set 4 – 2008**); and

(c) avoid the concomitant prescription of benzodiazepines and opioid analgesics, after the 2008 Benzodiazepine Guidelines were published in September 2008 (*per* **Requirement Set 5 – 2008**),

(collectively, "**Charge 5 Standards**").

25. Notwithstanding paragraph 24 above, Dr Maninder departed from the Charge 5 Standards in that :-

    (a) he prescribed benzodiazepines to P3 on various occasions to treat his insomnia, beyond the period of intermittent use (e.g. 1 night in 2 or 3 nights), the particulars of which are set out in Schedule 3A annexed hereto;

    (b) despite having already prescribed P3 with benzodiazepines for 4 weeks, he continued to prescribe benzodiazepines to P3 after the aforesaid period of 4 weeks (as set out in Schedule 3A annexed hereto), and hence, failed to ensure that benzodiazepine use was limited to short-term relief (between 2 to 4 weeks);

    (c) he concomitantly prescribed benzodiazepines with medication containing opioid analgesics, namely Codeine, Tramadol and/or Talwin, on various occasions to P3, after the 2008 Benzodiazepine Guidelines were published in September 2008, the particulars of which are set out in Schedule 3A annexed hereto; and

    (d) he failed to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs, as stated in (a) to (c) above.

26. In relation to the provision of clinical care to his patients, Dr Maninder was aware, and in any event ought to have been aware, that the standards applicable to him, and as observed or approved by members of the profession of good repute and competency required him to, *inter alia* :-

    (a) practise within the limits of his own competence in managing P3 (*per* **Requirement Set 6**);

    (b) limit chronic benzodiazepine prescription to P3 where possible, and refer P3 to a psychiatrist for further management in respect of his refractory insomnia (*per* **Requirement Set 7 – 2002**); and

(c) refer P3 to a psychiatrist or medical specialist with the necessary expertise for the further management of P3's medical condition(s) and/or P3's need for benzodiazepine medication, if he had already prescribed benzodiazepines / other non-benzodiazepine hypnotics beyond a cumulative period of 8 weeks to P3, after the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) were published on 14 October 2008 (*per* **Requirement Set 7 – 2008**),

(collectively, "**Charge 6 Standards**").

27. Notwithstanding paragraph 26 above, Dr Maninder departed from the Charge 6 Standards in that :-

(a) he prescribed P3 with benzodiazepines for a prolonged period (as set out in Schedule 3A annexed hereto) to treat his insomnia, and failed to refer P3 to a psychiatrist for further management;

(b) he prescribed P3 with benzodiazepines for a cumulative period of 8 weeks (as set out in Schedule 3A annexed hereto), but he failed thereafter to refer P3 to a psychiatrist or medical specialist with the necessary expertise for the further management of P3's medical condition(s) and/or P3's need for benzodiazepine medication, after the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) were published on 14 October 2008; and

(c) he failed to practise within the limits of his own competence in managing P3, as stated in (a) to (b) above.

8TH AND 9TH CHARGES

28. Between 30 December 2004 and 22 February 2016, Dr Maninder was consulted by one P4 on 112 occasions for *inter alia* his insomnia and anxiety disorder(s), the particulars of which are set out in Schedule 4A annexed hereto.

29. In relation to the prescription of medicines to his patients, Dr Maninder was aware, and in any event ought to have been aware, that the standards applicable to him, and as observed or approved by members of the profession of good repute and competency required him to, *inter alia* :-

(a) prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to P4's needs, on each of the occasions that he prescribed benzodiazepines and/or Zopiclone (which is a non-benzodiazepine hypnotic) to P4 as set out in Schedule 4A annexed hereto (*per* **Requirement Set 1**);

(b) avoid the concurrent prescription of two or more benzodiazepines to P4 on each of the occasions that he prescribed benzodiazepines to P4 as set out in Schedule 4A annexed hereto (*per* **Requirement Set 2 – 2002** and **Requirement Set 2 – 2008**);

(c) ensure that benzodiazepine use was limited to short-term relief (between 2 to 4 weeks), at the lowest dose, intermittently (e.g. 1 night in 2 or 3 nights) (*per* **Requirement Set 3 – 2002**, **Requirement Set 3 – 2008**, **Requirement Set 4 – 2002** and **Requirement Set 4 – 2008**);

(d) ensure that non-benzodiazepine hypnotic use was limited to short-term relief (between 2 to 4 weeks), at the lowest dose, intermittently (e.g. 1 night in 2 or 3 nights), after the 2008 Benzodiazepine Guidelines were published in September 2008 (*per* **Requirement Set 3 – 2002**, **Requirement Set 3 – 2008**, **Requirement Set 4 – 2002**, **Requirement Set 4 – 2008** and **Requirement Set 8 - 2008**);

(e) avoid the concomitant prescription of benzodiazepines and opioid analgesics, after the 2008 Benzodiazepine Guidelines were published in September 2008 (*per* **Requirement Set 5 – 2008**);

(f) prescribe SSRIs, and not benzodiazepines, as the first-line drug treatment for a patient suffering from anxiety disorders (*per* **Requirement Set 12 – 2003** and **Requirement Set 12 – 2015**); and

(g) where benzodiazepines were prescribed as part of treatment of a patient's anxiety disorders, prescribe the lowest effective dose to achieve symptom relief, which should be used over a limited period (i.e. between 2 to 4 weeks) and with the dose gradually tapered off (*per* **Requirement Set 13 – 2003** and **Requirement Set 13 – 2015**),

(collectively, "**Charge 8 Standards**").

30. Notwithstanding paragraph 29 above, Dr Maninder departed from the Charge 8 Standards in that :-

(a) he concurrently prescribed two or more benzodiazepines on various occasions to P4, the particulars of which are set out in Schedule 4A annexed hereto;

(b) he prescribed benzodiazepines to P4 on various occasions to treat his insomnia, beyond the period of intermittent use (e.g. 1 night in 2 or 3 nights), the particulars of which are set out in Schedule 4A annexed hereto;

(c) he prescribed Zopiclone (which is a non-benzodiazepine hypnotic) to P4 on various occasions to treat his insomnia, beyond the period of intermittent use (e.g. 1 night in 2 or 3 nights), after the 2008 Benzodiazepine Guidelines were published in September 2008, the particulars of which are set out in Schedule 4A annexed hereto;

(d) despite having already prescribed P4 with benzodiazepines for 4 weeks, he continued to prescribe benzodiazepines to P4 after the aforesaid period of 4 weeks (as set out in Schedule 4A annexed hereto), and hence, failed to ensure that benzodiazepine use was limited to short-term relief (between 2 to 4 weeks);

(e) despite having already prescribed P4 with Zopiclone (which is a non-benzodiazepine hypnotic) for 4 weeks, he continued to prescribe Zopiclone (which is a non-benzodiazepine hypnotic) to P4 after the aforesaid period of 4 weeks (as set out in Schedule 4A annexed hereto), after the 2008 Benzodiazepine Guidelines were published in September 2008, and hence, failed to ensure that non-

benzodiazepine hypnotic use was limited to short-term relief (between 2 to 4 weeks);

(f) he concomitantly prescribed benzodiazepines with medication containing opioid analgesics, namely Sunsedyl and/or Codeine, on various occasions to P4, after the 2008 Benzodiazepine Guidelines were published in September 2008, the particulars of which are set out in Schedule 4A annexed hereto;

(g) he prescribed benzodiazepines to P4 without first prescribing SSRIs as treatment for his anxiety disorder(s);

(h) he prescribed benzodiazepines to P4 as treatment for his anxiety disorder(s) beyond the period of 2 – 4 weeks, the particulars of which are set out in Schedule 4A annexed hereto; and

(i) he failed to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs, as stated in (a) to (h) above.

31. In relation to the provision of clinical care to his patients, Dr Maninder was aware, and in any event ought to have been aware, that the standards applicable to him, and as observed or approved by members of the profession of good repute and competency required him to, *inter alia* :-

(a) practise within the limits of his own competence in managing P4 (*per* **Requirement Set 6**);

(b) limit chronic benzodiazepine prescription to P4 where possible, and refer P4 to a psychiatrist for further management in respect of his refractory insomnia (*per* **Requirement Set 7 – 2002**); and

(c) refer P4 to a psychiatrist or medical specialist with the necessary expertise for the further management of P4's medical condition(s) and/or P4's need for benzodiazepine and/or other non-hypnotic benzodiazepine medication, if he had

already prescribed benzodiazepines / other non-benzodiazepine hypnotics beyond a cumulative period of 8 weeks to P4, after the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) were published on 14 October 2008 (*per* **Requirement Set 7 – 2008**),

(collectively, "**Charge 9 Standards**").

32. Notwithstanding paragraph 31 above, Dr Maninder departed from the Charge 9 Standards in that :-

(a) he prescribed P4 with benzodiazepines for a prolonged period (as set out in Schedule 4A annexed hereto) to treat his insomnia, and failed to refer P4 to a psychiatrist for further management;

(b) he prescribed P4 with benzodiazepines and/or Zopiclone (which is a non-benzodiazepine hypnotic) for a cumulative period of 8 weeks (as set out in Schedule 4A annexed hereto), but he failed thereafter to refer P4 to a psychiatrist or medical specialist with the necessary expertise for the further management of P4's medical condition(s) and/or P4's need for benzodiazepine and/or other non-benzodiazepine hypnotic medication, after the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) were published on 14 October 2008; and

(c) he failed to practise within the limits of his own competence in managing P4, as stated in (a) to (b) above.

11TH AND 12TH CHARGES

33. Between 10 April 2007 and 14 July 2016, Dr Maninder was consulted by one P5 on 54 occasions for *inter alia* his insomnia and anxiety disorder(s), the particulars of which are set out in Schedule 5 annexed hereto.

34. In relation to the prescription of medicines to his patients, Dr Maninder was aware, and in any event ought to have been aware, that the standards applicable to him, and as

observed or approved by members of the profession of good repute and competency required him to, *inter alia* :-

(a) prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to P5's needs, on each of the occasions that he prescribed benzodiazepines and/or Zopiclone (which is a non-benzodiazepine hypnotic) to P5 as set out in Schedule 5 annexed hereto (*per* **Requirement Set 1**);

(b) ensure that benzodiazepine use was limited to short-term relief (between 2 to 4 weeks), at the lowest dose, intermittently (e.g. 1 night in 2 or 3 nights) (*per* **Requirement Set 3 – 2002**, **Requirement Set 3 – 2008**, **Requirement Set 4 – 2002** and **Requirement Set 4 – 2008**);

(c) ensure that non-benzodiazepine hypnotic use was limited to short-term relief (between 2 to 4 weeks), at the lowest dose, intermittently (e.g. 1 night in 2 or 3 nights), after the 2008 Benzodiazepine Guidelines were published in September 2008 (*per* **Requirement Set 3 – 2002**, **Requirement Set 3 – 2008**, **Requirement Set 4 – 2002**, **Requirement Set 4 – 2008** and **Requirement Set 8 - 2008**);

(d) prescribe SSRIs, and not benzodiazepines, as the first-line drug treatment for a patient suffering from anxiety disorders (*per* **Requirement Set 12 – 2003** and **Requirement Set 12 – 2015**); and

(e) where benzodiazepines were prescribed as part of treatment of a patient's anxiety disorders, prescribe the lowest effective dose to achieve symptom relief, which should be used over a limited period (i.e. between 2 to 4 weeks) and with the dose gradually tapered off (*per* **Requirement Set 13 – 2003** and **Requirement Set 13 – 2015**),

(collectively, "**Charge 11 Standards**").

35. Notwithstanding paragraph 34 above, Dr Maninder departed from the Charge 11 Standards in that :-

(a) he prescribed a benzodiazepine to P5 on various occasions to treat his insomnia, beyond the period of intermittent use (e.g. 1 night in 2 or 3 nights), the particulars of which are set out in Schedule 5 annexed hereto;

(b) he prescribed Zopiclone (which is a non-benzodiazepine hypnotic) to P5 on various occasions to treat his insomnia, beyond the period of intermittent use (e.g. 1 night in 2 or 3 nights), after the 2008 Benzodiazepine Guidelines were published in September 2008, the particulars of which are set out in Schedule 5 annexed hereto;

(c) despite having already prescribed P5 with a benzodiazepine for 4 weeks, he continued to prescribe a benzodiazepine to P5 after the aforesaid period of 4 weeks (as set out in Schedule 5 annexed hereto), and hence, failed to ensure that benzodiazepine use was limited to short-term relief (between 2 to 4 weeks);

(d) despite having already prescribed P5 with Zopiclone (which is a non-benzodiazepine hypnotic), he continued to prescribe Zopiclone to P5 after the aforesaid period of 4 weeks (as set out in Schedule 5 annexed hereto), after the 2008 Benzodiazepine Guidelines were published in September 2008, and hence, failed to ensure that non-benzodiazepine hypnotic use was limited to short-term relief (between 2 to 4 weeks);

(e) he prescribed a benzodiazepine to P5 without first prescribing SSRIs as treatment for his anxiety disorder(s);

(f) he prescribed a benzodiazepine to P5 as treatment for his anxiety disorder(s) beyond the period of 2 – 4 weeks, the particulars of which are set out in Schedule 5 annexed hereto; and

(g) he failed to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs, as stated in (a) to (f) above.

36. In relation to the provision of clinical care to his patients, Dr Maninder was aware, and in any event ought to have been aware, that the standards applicable to him, and as observed or approved by members of the profession of good repute and competency required him to, *inter alia* :-

(a) practise within the limits of his own competence in managing P5 (*per* **Requirement Set 6**);

(b) limit chronic benzodiazepine prescription to P5 where possible, and refer P5 to a psychiatrist for further management in respect of his refractory insomnia (*per* **Requirement Set 7 – 2002**); and

(c) refer P5 to a psychiatrist or medical specialist with the necessary expertise for the further management of P5's medical condition(s) and/or P5's need for benzodiazepine and/or other non-hypnotic benzodiazepine medication, if he had already prescribed benzodiazepines / other non-benzodiazepine hypnotics beyond a cumulative period of 8 weeks to P5, after the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) were published on 14 October 2008 (*per* **Requirement Set 7 – 2008**),

(collectively, "**Charge 12 Standards**").

37. Notwithstanding paragraph 36 above, Dr Maninder departed from the Charge 12 Standards in that :-

(a) he prescribed P5 with a benzodiazepine for a prolonged period (as set out in Schedule 5 annexed hereto) to treat his insomnia, and failed to refer P5 to a psychiatrist for further management;

(b) he prescribed P5 with a benzodiazepine and/or Zopiclone (which is a non-benzodiazepine hypnotic) for a cumulative period of 8 weeks (as set out in Schedule 5 annexed hereto), but he failed thereafter to refer P5 to a psychiatrist or medical specialist with the necessary expertise for the further management of P5's medical condition(s) and/or P5's need for benzodiazepine and/or other non-

benzodiazepine hypnotic medication, after the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) were published on 14 October 2008; and

(c) he failed to practise within the limits of his own competence in managing P5, as stated in (a) to (b) above.

13TH CHARGE

38. Between 19 January 2003 and 23 June 2016, Dr Maninder was consulted by P6 on 150 occasions for *inter alia* his insomnia, the particulars of which are set out in Schedule 6A annexed hereto.

39. In relation to the prescription of medicines to his patients, Dr Maninder was aware, and in any event ought to have been aware, that the standards applicable to him, and as observed or approved by members of the profession of good repute and competency required him to, *inter alia* :-

(a) prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to P6's needs, on each of the occasions that he prescribed benzodiazepines, Zopiclone and/or Zolpidem (which are non-benzodiazepine hypnotics) to P6 as set out in Schedule 6A annexed hereto (*per* **Requirement Set 1**);

(b) avoid the concurrent prescription of two or more benzodiazepines to P6 on each of the occasions that he prescribed benzodiazepines to P6 as set out in Schedule 6A annexed hereto (*per* **Requirement Set 2 – 2002** and **Requirement Set 2 – 2008**);

(c) avoid the concurrent prescription of Zopiclone and Zolpidem (which are non-benzodiazepine hypnotics) to P6, after the 2008 Benzodiazepine Guidelines were published in September 2008 (*per* **Requirement Set 2 – 2002**, **Requirement Set 2 – 2008** and **Requirement Set 8 - 2008**);

(d) ensure that benzodiazepine use was limited to short-term relief (between 2 to 4 weeks), at the lowest dose, intermittently (e.g. 1 night in 2 or 3 nights) (*per*

Requirement Set 3 – 2002, **Requirement Set 3 – 2008**, **Requirement Set 4 – 2002** and **Requirement Set 4 – 2008**);

(e) ensure that non-benzodiazepine hypnotic use was limited to short-term relief (between 2 to 4 weeks), at the lowest dose, intermittently (e.g. 1 night in 2 or 3 nights), after the 2008 Benzodiazepine Guidelines were published in September 2008 (*per* **Requirement Set 3 – 2002**, **Requirement Set 3 – 2008**, **Requirement Set 4 – 2002**, **Requirement Set 4 – 2008** and **Requirement Set 8 - 2008**); and

(f) avoid the concomitant prescription of benzodiazepines, Zopiclone and/or Zolpidem (which are non-benzodiazepine hypnotics) with opioid analgesics, after the 2008 Benzodiazepine Guidelines were published in September 2008 (*per* **Requirement Set 5 – 2008** and **Requirement Set 8 - 2008**),

(collectively, "**Charge 13 Standards**").

40. Notwithstanding paragraph 39 above, Dr Maninder departed from the Charge 13 Standards in that :-

(a) he concurrently prescribed two benzodiazepines on various occasions to P6, the particulars of which are set out in Schedule 6A annexed hereto;

(b) he concurrently prescribed Zopiclone and Zolpidem (which are non-benzodiazepine hypnotics) on various occasions to P6, after the 2008 Benzodiazepine Guidelines were published in September 2008, the particulars of which are set out in Schedule 6A annexed hereto;

(c) he prescribed benzodiazepines to P6 on various occasions to treat his insomnia, beyond the period of intermittent use (e.g. 1 night in 2 or 3 nights), the particulars of which are set out in Schedule 6A annexed hereto;

(d) he prescribed Zopiclone and/or Zolpidem (which are non-benzodiazepine hypnotics) to P6 on various occasions to treat his insomnia, beyond the period of intermittent use (e.g. 1 night in 2 or 3 nights), after the 2008 Benzodiazepine

Guidelines were published in September 2008, the particulars of which are set out in Schedule 6A annexed hereto;

(e) despite having already prescribed P6 with benzodiazepines for 4 weeks, he continued to prescribe benzodiazepines to P6 after the aforesaid period of 4 weeks (as set out in Schedule 6A annexed hereto), and hence, failed to ensure that benzodiazepine use was limited to short-term relief (between 2 to 4 weeks);

(f) despite having already prescribed P6 with Zopiclone and/or Zolpidem (which are non-benzodiazepine hypnotics) for 4 weeks, he continued to prescribe Zopiclone and/or Zolpidem to P6 after the aforesaid period of 4 weeks (as set out in Schedule 6A annexed hereto), after the 2008 Benzodiazepine Guidelines were published in September 2008, and hence, failed to ensure that non-benzodiazepine hypnotic use was limited to short-term relief (between 2 to 4 weeks);

(g) he concomitantly prescribed benzodiazepines, Zopiclone and/or Zolpidem (which are non-benzodiazepine hypnotics) with medication containing opioid analgesics, namely Sunsedyl, on various occasions to P6, after the 2008 Benzodiazepine Guidelines were published in September 2008, the particulars of which are set out in Schedule 6A annexed hereto; and

(h) he failed to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs, as stated in (a) to (g) above.

16TH, 17TH AND 18TH CHARGES

41. Between 9 November 2002 and 24 February 2014, Dr Maninder was consulted by P7 on 81 occasions for *inter alia* his insomnia, the particulars of which are set out in Schedule 7A annexed hereto.

42. In relation to the prescription of medicines to his patients, Dr Maninder was aware, and in any event ought to have been aware, that the standards applicable to him, and as

observed or approved by members of the profession of good repute and competency required him to, *inter alia* :-

(a) prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to P7's needs, on each of the occasions that he prescribed benzodiazepines to P7 as set out in Schedule 7A annexed hereto (*per* **Requirement Set 1**);

(b) ensure that benzodiazepine was limited to short-term relief (between 2 to 4 weeks), at the lowest dose, intermittently (e.g. 1 night in 2 or 3 nights) (*per* **Requirement Set 3 – 2002**, **Requirement Set 3 – 2008**, **Requirement Set 4 – 2002** and **Requirement Set 4 – 2008**),

(collectively, "**Charge 16 Standards**").

43. Notwithstanding paragraph 42 above, Dr Maninder departed from the Charge 16 Standards in that :-

(a) he prescribed benzodiazepines to P7 on various occasions to treat his insomnia, beyond the period of intermittent use (e.g. 1 night in 2 or 3 nights), the particulars of which are set out in Schedule 7A annexed hereto;

(b) despite having already prescribed P7 with benzodiazepines for 4 weeks, he continued to prescribe benzodiazepines to P7 after the aforesaid period of 4 weeks (as set out in Schedule 7A annexed hereto), and hence, failed to ensure that benzodiazepine use was limited to short-term relief (between 2 to 4 weeks); and

(c) he failed to prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs, as stated in (a) to (b) above.

44. In relation to the provision of clinical care to his patients, Dr Maninder was aware, and in any event ought to have been aware, that the standards applicable to him, and as

observed or approved by members of the profession of good repute and competency required him to, *inter alia* :-

(a) practise within the limits of his own competence in managing P7 (*per* **Requirement Set 6**); an

(b) refer P7 to a psychiatrist or medical specialist with the necessary expertise for the further management of P7's medical condition(s) and/or P7's need for benzodiazepine medication, if he had already prescribed benzodiazepines / other non-benzodiazepine hypnotics beyond a cumulative period of 8 weeks to P7, after the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) were published on 14 October 2008 (*per* **Requirement Set 7 – 2008**),

(collectively, "**Charge 17 Standards**").

45. Notwithstanding paragraph 44 above, Dr Maninder departed from the Charge 17 Standards in that :-

(a) he prescribed P7 with benzodiazepines for a cumulative period of 8 weeks (as set out in Schedule 7A annexed hereto), but he failed thereafter to refer P7 to a psychiatrist or medical specialist with the necessary expertise for the further management of P7's medical condition(s) and/or P7's need for benzodiazepine medication, after the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) were published on 14 October 2008; and

(b) he failed to practise within the limits of his own competence in managing P7, as stated in (a) above.

46. In relation to the documentation of PMR, Dr Maninder was aware, and in any event ought to have been aware, that the standards applicable to him, and as observed or approved by members of the profession of good repute and competency required him to, *inter alia* :-

(a) ensure that the PMR of P7 were clear, accurate, legible and made at the time that a consultation with P7 took place, or not long afterwards, on each of the occasions

that he was consulted by P7 as set out in Schedule 7B annexed hereto, including ensuring that his medical records of P7 were of sufficient detail so that any other doctor reading them would be able to take over the management of the case, and documenting all clinical details, investigation results, discussion of treatment options, informed consents and treatment by drugs or procedures (*per* **Requirement Set 9**);

(b) clearly document the following aspects of P7 in the PMR on each occasion that he was consulted by P7 as set out in Schedule 7B annexed hereto: (1) justification for repeat prescription, (2) comprehensive assessment of P7, (3) diagnosis, (4) psychosocial history of P7, and (5) evidence that the psychosocial aspects have been attended to (*per* **Requirement Set 10 – 2002**);

(c) document in the PMR of P7 the following information, on each occasion that he was consulted by P7 as set out in Schedule 7B annexed hereto, after the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) were published on 14 October 2008 :-

(1) comprehensive history of P7, including psychosocial history and previous use of benzodiazepines / other hypnotics;

(2) comprehensive physical examination findings of P7, including evidence of misuse of benzodiazepines or other drugs; and

(3) withdrawal symptoms to benzodiazepines / other hypnotics previously experienced by P7, if any,

(*per* **Requirement Set 10 – 2008**);

(d) document in the PMR of P7 the following information, on each occasion that he prescribed benzodiazepines to P7 as set out in Schedule 7B annexed hereto, either initially or as repeat prescriptions, after the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) were published on 14 October 2008 :-

(1) the prescribed type / name of the benzodiazepine, its dosage and duration of use;

(2) indication(s) and/or justification(s) for prescribing benzodiazepines; and

(3) physical signs or evidence of tolerance, physical / psychological dependence or any illicit use or misuse of benzodiazepines or other drugs (e.g. needle tracks on skin, inappropriate lethargy),

(*per* **Requirement Set 10 – 2008**); and

(e) ensure that there is appropriate clinical review, clear indications and adequate documentation in the PMR of P7 for any continued or repeat benzodiazepine prescription on each occasion as set out in Schedule 7B annexed hereto, after the 2008 Benzodiazepine Guidelines were published in September 2008 (*per* **Requirement Set 11 – 2008**),

(collectively, "**Charge 18 Standards**").

47. Notwithstanding paragraph 46 above, Dr Maninder departed from the Charge 18 Standards in that :-

(a) he failed to clearly document the following aspects of P7 in the PMR on each occasion that he was consulted by P7 as set out in Schedule 7B annexed hereto: (1) justification for repeat prescription, (2) comprehensive assessment of P7, (3) diagnosis, (4) psychosocial history of P7, and (5) evidence that the psychosocial aspects have been attended to;

(b) he failed to document in the PMR of P7 the following information, on each occasion that he was consulted by P7 as set out in Schedule 7B annexed hereto, after the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) were published on 14 October 2008 :-

(1) comprehensive history of P7, including psychosocial history and previous

use of benzodiazepines / other hypnotics;

(2) comprehensive physical examination findings of P7, including evidence of misuse of benzodiazepines or other drugs; and

(3) withdrawal symptoms to benzodiazepines / other hypnotics previously experienced by P7, if any;

(c) he failed to document in the PMR of P7 the following information, on each occasion that he prescribed benzodiazepines to P7 as set out in Schedule 7B annexed hereto, after the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) were published on 14 October 2008 :-

(1) the prescribed type / name of the benzodiazepine, its dosage and duration of use;

(2) indication(s) and/or other justification(s) for prescribing benzodiazepines; and

(3) physical signs of evidence of tolerance, physical / psychological dependence or any illicit use or misuse of benzodiazepines or other drugs (e.g. needle tracks on skin, inappropriate lethargy);

(d) he failed to ensure that there was appropriate clinical review, clear indications and adequate documentation in the PMR of P7 for any continued or repeat benzodiazepine prescription on each occasion as set out in Schedule 7B annexed hereto, after the 2008 Benzodiazepine Guidelines were published in September 2008; and

(e) he failed to ensure that the PMR of P7 were clear, accurate and legible medical records at the time that a consultation with P7 took place, or not long afterwards, including ensuring that his medical records of P7 were of sufficient detail so that any other doctor reading them would be able to take over the management of the case, with all clinical details, investigation results, discussion of treatment options,

informed consents and treatment by drugs or procedures documented, as set out in (a) to (d), above.

48. Dr Maninder's departures from the standards observed or approved by members of the profession of good repute and competency, as set out at paragraphs 15, 17, 20, 22, 25, 27, 30, 32, 35, 37, 40, 43, 45 and 47 above, were intentional and deliberate.

CONCLUSION

49. Dr Maninder's aforesaid conduct constituted an intentional, deliberate departure from standards observed or approved by members of the profession of good repute and competency. Dr Maninder is guilty of professional misconduct and has thereby committed 14 counts under Section 53(1)(*d*) of the MRA. He stands charged accordingly.

Annex B: SMC's Table of Precedents

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
1.	Dr Chia Kiat Swan (***Singapore Medical Council v Dr Chia Kiat Swan*** [2019] SMCDT 1) **[PBA TAB 18]**	a) Dr Chia Kiat Swan ("**Dr Chia**") faced 12 charges for: (i) Inappropriate prescriptions of benzodiazepines (4 charges), in breach of Guideline 4.1.13 of the 2002 ECEG. (ii) Failing to keep medical records of sufficient detail of the patients' history, examination(s), diagnosis, symptoms and/or advice (4 charges), in breach of Guideline 4.1.2 of the 2002 ECEG. (iii) Failing to refer patients to a specialist (4 charges), in breach of Guideline 4.1.1.6 of the 2002 ECEG. b) Under the 7th and 9th charges, Dr Chia had prescribed two benzodiazepines (Bromazepam and Diazepam) concurrently to his patients, when the benzodiazepines ought not to have been concurrently prescribed, for a period of	e) **Final sentence:** • Suspension for a period of 16 months (note: this was reduced from the global sentence of a 24-month suspension); • $15,000 fine; • Censure; • Written undertaking to the SMC that he will not engage in the conduct complained of, or of any similar conduct; and • Usual Costs Orders. f) **Application of the sentencing matrix in *Wong Meng Hang* [PBA TAB 30]*:*** (i) Harm: Moderate The DT agreed with counsels' submission that inappropriate prescriptions of benzodiazepines to patients over long periods of time have the effect of placing them at a very real risk of developing

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
		approximately 7 years and 9 months. c) Under the 10th charge, Dr Chia had concurrently prescribed more than one type of benzodiazepine (namely, Librax, Bromazepam and/or Midazolam) to his patient, when the benzodiazepines ought not to have been concurrently prescribed, on 67 occasions for a period of approximately 7 years and 4 months. d) Dr Chia pleaded guilty to 8 charges, and consented to the remaining 4 charges being taken into consideration for sentencing.	dependence on those benzodiazepines, with potential to cause further harm (at [11] and [15]). In this case, Dr Chia's inappropriate prescriptions were over a long period of time of up to 11 years and 8 months, and his failure to appropriately and effectively manage his patients' medical conditions had resulted in their prolonged suffering from their conditions (at [12]). (ii) Culpability: Upper range of medium or lower range of high The DT was of the view that Dr Chia's culpability lay somewhere at the upper range of the "medium" level" or the lower range of the "high" level (at [16]). This was because Dr Chia was aware of, but had, over a long period (up to 11 years and 8 months), repeatedly and to a serious extent failed to adhere to the benzodiazepines guidelines by inappropriately prescribing benzodiazepines and in excessive amounts (at [13]). However, he had not acted maliciously or been deliberately indifferent or reckless as to his patients' well-being (at [14]). g) **Offender-specific factors:** (i) **Aggravating factor(s)**: NA. Offender-specific factors were not addressed in the Grounds of Decision.

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			(ii) **Mitigating factor(s):** NA. Offender-specific factors were not addressed in the Grounds of Decision. h) **Discount for delay in prosecution:** The DT applied a one-third discount. The starting point of a 24-month suspension was reduced by one-third to take into account a 2 year and 8 month delay in prosecution (at [19]). (Note: The Prosecution had conceded that there was an "inordinate delay" in the prosecution of the delay from the time of issue of the Notice of Complaint against Dr Chia to the service of the Notice of the Inquiry on Dr Chia, but the reasons for this delay were not stated in the Grounds of Decision.)
2.	Dr Eugene Ung (***Singapore Medical Council v Dr Eugene Ung*** [2021] SMCDT 4)	a) Dr Eugene Ung faced 13 charges for the inappropriate prescription of benzodiazepines and other hypnotics, in breach of Guideline 4.1.3 of the 2002 ECEG, as well as paragraph (e),[133]	d) **Final sentence:** • Suspension for a period of 10 months; • Censure; • Written undertaking to the SMC that he will not engage in the conduct complained of, or of any similar conduct; and

[133] Paragraph (e) of the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics): Medical practitioners are strongly discouraged from prescribing highly addictive benzodiazepines such as Midazolam and Nimetazepam (except for midazolam use in surgical procedures) **[1AB page 191]**

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
	[PBA TAB 19]	paragraph (i)[134] and paragraph (n)(i)[135] of the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics). (i) In at least 6 of these charges, Dr Eugene Ung had concurrently prescribed benzodiazepines. (ii) In all 13 of these charges, Dr Eugene Ung had *inter alia* prescribed benzodiazepine(s) beyond a cumulative period of 8 weeks. His periods of prescriptions ranged from approximately 1 year 8 months (Charge 10) to approximately 3 years 3 months (Charge 20). b) Dr Eugene Ung also faced 9 charges for the failure to maintain medical records of sufficient detail, in breach of Guideline 4.1.2 of the 2002 ECEG.	• Usual Costs Orders. e) **Application of the sentencing matrix in *Wong Meng Hang* for the inappropriate prescription charges**: (i) Harm: Slight The DT found that the harm caused by Dr Eugene Ung was 'slight' under the sentencing matrix, as there was a general risk of harm from the long-term use of benzodiazepines and hypnotics, and there was potential harm in the form of an increased likelihood for tolerance or psychological and physical dependence. There was, however, no evidence of actual harm caused to any patient, for example, that any patient in fact developed such dependence (at [52]). (ii) Culpability: Medium The DT agreed with the Prosecution's submissions

[134] Paragraph (i) of the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics): The concurrent prescribing of two or more benzodiazepines should be avoided **[1AB page 191]**

[135] Paragraph (n)(i) of the 2008 Admin Guidelines (Benzodiazepines and other Hynotics): Patients who require or have been prescribed benzodiazepines and other hypnotics beyond a cumulative period of eight weeks should not be further prescribed with such medicines and must be referred to the appropriate specialist for further management **[1AB page 192]**

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
		c) Dr Eugene Ung pleaded guilty to all 22 charges.	that Dr Eugene Ung's culpability was medium under the sentencing matrix. There was no evidence that the respondent doctor's inappropriate prescription of benzodiazepines and hypnotics was done for any improper motives, such as improper financial gain. However, his lack of restraint in prescribing the medicine to each of the 13 patients was systemic: the prescriptions were made by him over extended periods of time (i.e. periods upwards of 2 years) and in the course of many consultations (at [53]). f) **Offender-specific factors:** (i) **Aggravating factor(s)**: The DT found Dr Eugene Ung's seniority in the profession (i.e. close to 40 years of practice) to be an aggravating factor (at [66]). (ii) **Mitigating factor(s):** Dr Eugene Ung's cooperation with the investigations, early plea and guilty and demonstration of remorse were all found to be mitigating factors (at [66]). g) **Sentencing approach taken:** (i) The DT imposed a period of suspension of **four months <u>each</u> for the 4 most serious inappropriate charges** (at [67]). The DT found that a period of

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			suspension at the lower end of the indicative sentencing range (of three months to one year for slight harm-medium culpability) was appropriate for the following reasons (at [59]): (1) Dr Eugene Ung's dosages were not excessive and were well within the recommended daily dosages in the 2008 Benzodiazepine Guidelines. (2) The DT accepted that Dr Eugene Ung's prescriptions were not motivated by financial gain but were out of a genuine desire to help each patient, and there had been no evidence of actual harm caused to any patient. (3) However, the long periods of inappropriate prescriptions were still far in excess of a cumulative period of eight weeks. (ii) The DT imposed a period of suspension of two months each for the 2 most serious inadequate records charges (at [73]). (iii) The 4 most serious inappropriate prescriptions charges and the 2 most serious inadequate records charges were ordered to run <u>consecutively</u>. The

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			remaining sentences were ordered to run concurrently. An aggregate sentence of 20-months' suspension was reached (at [72] – [74]). (iv) The DT had downward calibrated the aggregate sentence as the respondent doctor's misconduct was less egregious than in the precedent cases of ***Dr Chia Kiat Swan*** (see S/N 1 above), ***Dr Tan Kok Jin*** (see S/N 7 below) and ***Dr Tan Joong Piang*** [2019] SMCDT 9 ("***Dr Tan Joong Piang***"). (1) In ***Dr Chia Kiat Swan*** **(**see S/N 1 above) and ***Dr Tan Joong Piang*** (see S/N 11 below)**,** the respondent doctors' periods of inappropriate prescriptions had been <u>far longer</u> (ranging from around 7 years to more than 14 years) as compared to Dr Eugene Ung's periods of prescriptions (ranging from about 2 years to 3 years). (2) In ***Dr Tan Kok Jin*** (see S/N 7 below), the respondent doctor's inappropriate prescription charges all included the prescription of Midazolam and Erimin, which are highly addictive benzodiazepines commonly abused by drug addicts.

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			(v) Accordingly, the DT found that a correspondingly lower aggregate sentence than the sentences prescribed in the abovenamed precedents was appropriate (at [77]). **Discount for delay in prosecution:** The DT applied a 50% discount. The 20-month aggregate suspension was then reduced by 50% to take into account a 3 year and 2 month delay in prosecution. The DT found that in general, where the period of delay exceeded three years, a 50% discount was applied to the period of suspension (at [80]). The reasons for delay were not stated in the Grounds of Decision.
3.	Dr Wong Choo Wai (***In the Matter of Dr Wong Choo Wai*** [2011] SMCDC 9) **[PBA TAB 13]**	a) Dr Wong Choo Wai ("**Dr Wong**") faced a total of 27 charges for failing to exercise due care in the management of the patients referred to in the charges, in particular, that he: (i) had prescribed benzodiazepines to his patients without exercising an acceptable standard of diligence and care (in breach of the 2002 Benzodiazepine Guidelines); (ii) had prescribed medication containing codeine to his patients without exercising	c) **Final sentence:** • Suspension for a period of 6 months; • $5,000 fine; • Censure; • Written undertaking to the SMC that he will not engage in the conduct complained of, or of any similar conduct; and • Usual Costs Orders. d) **Application of the sentencing matrix in *Wong Meng***

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
		an acceptable standard of diligence and care; (iii) had failed to properly record or document in the patients' Patient Medical Records, sufficient details of the patients' diagnosis, symptoms, condition and/or any management plan to enable a proper assessment of the patient's medical condition during the period of treatment; and/or (iv) had failed to refer the patients to the relevant specialist for further management of benzodiazepines medication and/or codeine medication and/or failed to refer the patient for blood or chest x-ray investigations, as the case may be. b) 19 of the 27 charges were for the inappropriate prescription of benzodiazepines. In particular, 3 of these 19 charges were for the concurrent prescription of 2 or more benzodiazepines (at [11(3)]).	***Hang*:** The sentencing matrix was not considered by the DC as this case predates the decision in ***Wong Meng Hang***. e) **Offender-specific factors:** (i) **Aggravating factor(s)**: NA. Offender-specific factors were not addressed in the Grounds of Decision. (ii) **Mitigating factor(s)** (at [41])**:** (1) Dr Wong was a first-time offender with a clean record; (2) He had pleaded guilty to 4 out of the 27 charges; (3) There were a few instances of advice by Dr Wong advocating referral of patients to specialists; (4) He had voluntarily stopped accepting patients with insomnia; and (5) There were credible testimonials by patients in favour of Dr Wong. f) **Other sentencing considerations:** (i) A global sentencing approach was adopted. The DC was of the view that a period of suspension was mandatory to account for Dr Wong's misconduct.

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			(ii) The DC observed that where sentences imposed in the sentencing precedents were on the lower-end, <u>the doctor concerned had pleaded guilty as opposed to the contest of the charges and/or had ceased his practice.</u> In the present case, the majority of the charges had been contested by Dr Wong. While this was not an aggravating factor *per se*, it was nevertheless a relevant consideration for the purpose of sentencing (at [42]). g) **Discount for delay in prosecution:** NA, there was no delay in prosecution.
4.	Dr ABW (***In the Matter of Dr ABW*** [2011] SMCDC 4) **[PBA TAB 4]**	a) Dr ABW pleaded guilty to 20 charges of inappropriate prescriptions of hypnotics and/or medication containing codeine (at [4]). Note: no specific guideline was cited in the Grounds of Decision.	b) **Final sentence:** • Suspension of 5 months; • Fine of $5,000; • Written undertaking to the SMC that he will not engage in the conduct complained of, or of any similar conduct; • Censure; and • Usual Costs Orders. c) **Application of the sentencing matrix in *Wong Meng***

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			Hang*:** The sentencing matrix was not considered by the DC as this case predates the decision in ***Wong Meng Hang. After "*taking into account the mitigating factors presented, the circumstances of the case and considering the sentencing precedents cited*", the DT arrived at a global sentence of a 5 months' suspension (at [12]). d) **Offender-specific factors:** (i) **Aggravating factor(s)**: For a substantial number of the patients concerned, the prescription on an overall basis for these patients took place over several years, and involved large quantities of prescribed medication. Such a practice did not allow for close monitoring by Dr ABW of the patients' condition to formulate appropriate treatment (at [10(d)]). (ii) **Mitigating factor(s):** Dr ABW had pleaded guilty and demonstrated his remorse by ceasing his prescription of hypnotics (at [11]). **Discount for delay in prosecution:** NA, there was no delay in prosecution.
5.	Dr Wee Teong Boo	a) Dr Wee Teong Boo ("**Dr Wee**") pleaded guilty to 20 charges of serious negligence comprising of 7	c) **Final sentence:**

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
	(***Singapore Medical Council v Dr Wee Teong Boo*** [2022] SMCDT 1) **[PBA TAB 28]**	charges of inappropriately prescribing codeine-containing cough mixture, 3 charges of inappropriately prescribing benzodiazepines and 10 charges of keeping inadequate medical records. b) Dr Wee also admitted and consented to a further 5 charges relating to his inadequate record keeping to be taken into consideration for the purposes of sentencing.	• Suspension for a period of 20 months; • Censure; • Written undertaking to the SMC that he will not engage in the conduct complained of, or of any similar conduct; and • Usual Costs Orders. • NB: In ***Singapore Medical Council v Wee Teong Boo*** *vide.* C3J/OA 4/2022, the C3J exercised its discretion to order that Dr Wee be struck off the Register of Medical Practitioners (see S/N 6 below). d) **Application of the sentencing matrix in *Wong Meng Hang***: (i) Harm: Moderate The DT accepted that the harm in the present matter was more egregious relative to ***Dr Eugene Ung***, in which the DT in that case had determined that the harm caused by Dr Eugene Ung was slight (see S/N 2 above). This was because (at [22] – [23]): (1) There was only a "*likelihood*" that patients in ***Dr Eugene Ung***'s case had developed addictions to benzodiazepines, whereas it was

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			confirmed (and Dr Wee) was aware that 5 of his patients had suffered from drug dependency. (2) ***Dr Eugene Ung***'s case had involved only the inappropriate prescription of benzodiazepines, while Dr Wee's case involved codeine admixtures and benzodiazepines. (ii) Culpability: Medium The DT was unable to accept the SMC's submissions that Dr Wee's culpability fell into the 'high' spectrum of the harm-culpability matrix. The DT noted that Dr Wee's culpability was medium for the following reasons: (1) Dr Wee had been convicted of serious negligence as opposed to intentional and deliberate misconduct (at [20(c)]). (2) Dr Wee had not exploited his patients for profit (at [20(d)] and [21]). (3) Dr Wee had prescribed the drugs to his patients out of a compassionate albeit misguided belief that he was helping to de-escalate these patients' issues and keep them away from

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			underground, unregulated supply of these drugs (at [20(e)]). e) **Offender-specific factors:** (i) **Aggravating factor(s)** (at [21]): (1) There was a total of 10 patients involved and Dr Wee did not appear to have any structured treatment plan for them. (2) Some of the patients had underlying drug dependency issues and the inappropriate prescriptions may have intensified their addictions. (3) Dr Wee's inappropriate prescriptions were frequent and were made over an extended period of time. (ii) **Mitigating factor(s)** (at [28]): (1) The DT took into account Dr Wee's cooperation with the investigations and his expression of remorse over the matter. (2) The DT also noted that Dr Wee's misconduct

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			did not appear to have been motivated by financial gain. f) **Sentencing approach taken:** (i) The DT was of the view that a starting point of a 12 month suspension was appropriate for the bulk of the inappropriate prescription charges (at [29]). (ii) Uplift in sentence (at [29]): (1) The DT was of the view that an uplift in sentence was warranted for 3 of the charges in view of the high number of inappropriate prescriptions (i.e. 38, 90 and 49 separate occasions of inappropriate prescriptions for P3, P11 and P13 respectively) coupled with the patients' pre-existing drug addictions in these cases. Further, for P11, Dr Wee had prescribed multiple psychoactive drugs. (2) An uplift in sentence was also warranted for P10 in view of the long duration of inappropriate prescriptions (i.e. for 6 months and 23 days) and the prescription of multiple benzodiazepines (i.e. Diazepam and

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			Midazolam). (iii) In relation to the 9 charges for Dr Wee's inadequate record keeping, the DT was of the view that a sentence of three months' suspension was appropriate. (iv) Aggregate sentence: 30 months' suspension (sentences for P3 and P11, which were the most serious inappropriate prescriptions charges, with sentences of 12 and 18 months' suspension respectively, were ordered to run consecutively): at [36]. g) **Discount for delay in prosecution**: The DT applied a one-third discount to account for a 2 year and 11 month delay (at [40]). The reasons for the delay were not stated in the Grounds of Decision.
6.	Dr Wee Teong Boo (***Singapore Medical Council v Wee Teong Boo*** [2023] SGHC 180)	a) See S/N 5 above. b) The SMC appealed against the 20 months' suspension term imposed by the DT in ***Singapore Medical Council v Dr Wee Teong Boo*** [2022] SMCDT 1. The SMC sought a sentence of a 36 months' suspension term. In the alternative, the SMC highlighted that the C3J had the power to make a striking-off order.	d) **Final sentence:** • Striking-off; and • Costs to the SMC in the sum of S$65,000. e) **Application of the *Wong Meng Hang* framework:** (i) Harm: Moderate (No change from DT's decision):

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
	[PBA TAB 29]	c) The appeal was allowed by the C3J.	There was no need for the C3J to review the DT's assessment of the harm caused, as the SMC did not appeal against this aspect of the DT's decision. The SMC submitted before the DT that the harm caused by Dr Wee's misconduct was moderate. However, the C3J observed that it may well have been the case that they would have found a finding of severe harm to be warranted. (ii) Culpability: High (The C3J overturned the DT's finding of medium culpability): (1) Dr Wee had no clinical basis for his prescriptions, and must have been aware of the fact that his prescriptions were perpetuating his patients' drug dependency issues. (i) In respect of certain patients whom Dr Wee expressly admitted (in his Letter of Explanation, and thereafter in the Agreed Statement of Facts) suffered from dependency issues, the C3J held that it was plain that Dr Wee prescribed the medications to these patients for the sole purpose of fuelling their addictions, and not on account of any underlying medical conditions.

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			(ii) In respect of certain patients whom Dr Wee did not make any mention / admission of them being dependent on the medications, the C3J held that an inference could be drawn that these patients suffered from drug dependency issues (or had developed such dependency through Dr Wee's improper prescriptions), and Dr Wee must have been aware that his prescriptions were perpetuating their dependency issues. The C3J held that such an inference could be drawn based on the (a) frequency and (b) duration of the prescriptions, i.e. these patients had obtained prescriptions from Dr Wee frequently over an extended period. f) **The appropriate overall sentence:** The C3J held that Dr Wee's misconduct in relation to the charges for his inappropriate prescriptions were so serious as to render him unfit to remain as a member of the medical profession. (i) It was apparent to the C3J that Dr Wee's misconduct was a flagrant abuse of the privileges of being a registered medical practitioner, as Dr Wee not only made his prescriptions without any sound clinical

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			basis, he did so for the sole purpose of allowing his patients to abuse such substances. (ii) Dr Wee's disregard for his patients' well-being was systemic, as evidenced by the number of patients involved, the frequency of his prescriptions, and the overall duration of his misconduct. (iii) Dr Wee appeared to demonstrate a persistent lack of insight into the seriousness of his misconduct. In his Letter of Explanation, Dr Wee sought to explain to the SMC that his prescriptions were meant to help his patients 'manage' their dependency, which was a position he maintained up to the time of appeal before the C3J. g) **Offender-specific factors:** (i) **Aggravating factor(s):** NA. This was not addressed in the Grounds of Decision. (ii) **Mitigating factor(s):** The C3J held that Dr Wee's personal mitigating circumstances did not militate against the making of a striking-off order. Further, the C3J held that the main mitigating factors which were in Dr Wee's favour, i.e. the fact that Dr Wee entered a timely plea of guilt, cooperated with investigations

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			and faced an inordinate delay in prosecution, ultimately carried little weight. This was in light of (a) the seriousness of Dr Wee's misconduct, such that the need to uphold the standing of the medical profession and for general deterrence overrode the interest in ensuring fairness on account of Dr Wee's personal circumstances, and (b) the fact Dr Wee was a senior member of the profession, having been registered as a medical practitioner for over 30 years.
7.	Dr Tan Kok Jin (***Singapore Medical Council v Dr Tan Kok Jin*** [2019] SMCDT 3) **[PBA TAB 26]**	a) Dr Tan Kok Jin ("**Dr Tan KJ**") faced a total of 34 charges in relation to his prescriptions of benzodiazepines, his failure to keep proper medical records and/or his failure to refer the relevant patients to appropriate specialists. He pleaded guilty to 14 charges and consented to 20 charges to be taken into consideration for sentencing. b) Of the 14 charges, 11 charges were for the inappropriate prescription of benzodiazepines (Nimetazepam or Midazolam) for periods ranging from approximately 1 year and 4 months to approximately 2 years and 9 months, in breach of Guideline 4.1.3 of the 2002 ECEG and paragraphs	c) **Final sentence:** • Suspension for a period of 12 months; • Censure; • Written undertaking to the SMC that he will not engage in the conduct complained of, or of any similar conduct; and • Usual Costs Orders. d) **Application of the *Wong Meng Hang* framework:** (i) Harm: Slight Though there was no evidence of actual harm caused to each of the 11 patients, the DT was satisfied that

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
		(e)[136] and (f)[137] of the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics). Of these 11 charges, the DT found that the 1st charge (P1), the 13th charge (P5) and the 31st charge (P11) were the most egregious given the quantity of benzodiazepines prescribed (approximately 850 to 1100 tablets), the frequency and duration of the inappropriate prescriptions (over a period of 2 years and 9 months). Further, in terms of quantity, the total number of tablets administered per patient was also substantial (approximately 440 to 1100 tablets of Nimetazepam over a period of 1 year 4 months to 2 years and 9 months). For many of the patients, the benzodiazepines had been prescribed in such quantity and with such frequency that the patients were in effect prescribed one tablet a day, which went way beyond the recommended prescription under paragraph (f) of the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) (at [40]).	there was still potential harm to each patient due to the risk of developing tolerance and drug dependence (at [43]). (ii) Culpability: Medium (1) Dr Tan KJ's departures from the maximum period of eight weeks for prescription of benzodiazepines under the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) were egregious, given that that his periods of inappropriate prescriptions ranged from approximately 1 year and 4 months to approximately 2 years and 9 months. (2) However, the DT was of the view that Dr Tan KJ had not been motivated by any financial or profit-making considerations in his management of his patients and there was no dishonesty on his part. Whenever he wanted to refer the patients to the Institute of Mental Health, the patients had objected for fear of the associated stigma.

[136] Paragraph (e) of the Annex A of the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics): Medical practitioners are strongly discouraged from prescribing highly addictive benzodiazepines such as midazolam and nimetazepam (except for midazolam use in surgical procedures) **[1AB page 191]**

[137] Paragraph (f) of the Annex A of the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics): Benzodiazepines / other hypnotics, when used for treating insomnia, should be prescribed for intermittent use (e.g. 1 night in 2 or 3 nights) and only when necessary **[1AB page 191]**

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			e) **Sentencing approach taken:** The DT chose to impose separate sentences for the different sets of charges, given that there were different breaches of the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) and/or the 2002 ECEG and each breach may have carried a different level of culpability and harm to the patient in question (at [35] – [37]). (i) For the charges relating to the inappropriate prescriptions: **6 months suspension each** for the most serious charges (i.e. the 1st charge, the 13th charge and the 31st charge), as Dr Tan had prescribed approximately 850 to 1100 tablets of benzodiazepines over a period of 2 years and 9 months to these 3 patients (at [44]). Further, given the nature of P5's and P11's jobs (P5 was a technician and P11 was a taxi driver), the DT found that Dr Tan KJ ought to have taken greater care when prescribing the benzodiazepines to them to avoid excessive sedation (at [45]). (ii) For Dr Tan KJ's failure to refer the patient to a specialist (i.e. the 3rd charge): 3-month suspension (at [46]). (iii) For Dr Tan KJ's failure to keep proper medical

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			records (i.e. the 2nd charge): 3-months suspension (at [47]). (iv) To reflect the severity of the misconduct involving many patients, the DT ordered that the sentences for the 1st, 2nd, 3rd, 13th and 31st charges were to run consecutively; and the sentences for the remaining charges which the SMC proceeded with were to run concurrently (at [49]). (v) Aggregate sentence: 24 months' suspension. f) **Offender-specific factors:** (i) **Aggravating factor(s):** NA. This was not addressed in the Grounds of Decision. (ii) **Mitigating factor(s):** The DT took into account Dr Tan KJ's early plea of guilt, his clean track record and his immediate cessation of further prescription of the benzodiazepines once he was notified of the complaint (at [50]). g) **Discount for delay in prosecution**: The DT applied a 50% discount to account for a 3 year and 10 month delay between the dates of service of the Notice of Complaint and the

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			Notice of Inquiry (at [55]). The reasons for the SMC's delay were not stated in the Grounds of Decision.
8.	Dr Tang Yen Ho Andrew (***Singapore Medical Council v Dr Tang Yen Ho Andrew*** [2019] SMCDT 8) **[PBA TAB 27]**	a) Dr Tang Yen Ho Andrew ("**Dr Tang**") faced 30 charges for the inappropriate prescription of codeine-based medication, failure to keep proper medical records and/or failure to exercise competent and due care in his management of medical conditions of the patient. b) The charges involved 10 patients. c) Dr Tang refused to participate in the inquiry. d) Dr Tang was convicted of 10 charges for inappropriate prescription of codeine-based medication and acquitted of the other charges.	e) **Final sentence** :- • Suspension for a period of 36 months; • Fine of $25,000; • Censure; • To give a written undertaking not to engage in conduct complained of or any similar conduct; and • Usual Costs Order. f) **Application of the *Wong Meng Hang* framework:** (i) Harm: Slight The DT stated that Dr Tang's prescriptions of cough mixture containing codeine were given short durations and were part of a treatment plan (at [38]). (ii) Culpability: Low to mid-range of Medium The DT stated that prescriptions were given over shorter durations compared to ***Dr Chia Kiat Swan*** (see S/N 1 above) and ***Dr Tan Kok Jin*** (see S/N 7 above). It further stated that Dr Tang's medical record keeping was not inadequate (at [39] and [41]).

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			g) **Sentencing approach taken :-** (i) The DT imposed a sentence of 7 months' suspension per charge for the 3 most serious charges, with the 3 sentences to run consecutively. For the remaining 7 charges, a 5 months' suspension was imposed, with these sentences to run concurrently. An aggregate sentence of 21 months' suspension was reached (at [56]). (ii) The 21 months' suspension was then increased by 6 months, to a 27 months' suspension, in view of the respondent doctor's refusal to participate in the proceedings. (iii) The 27 months' suspension was then further increased to a 36 months' suspension with an additional fine to account for the respondent doctor's antecedents (at [66] and [68]). h) **Offender-specific factors:** (i) **Aggravating factor(s):** The DT highlighted that Dr Tang had previously been convicted in 2013 for *inter alia* for the inappropriate prescription of hypnotic medication and cough mixtures containing codeine and breached an undertaking to *inter alia* follow the guidelines for codeine containing cough mixtures (at [14], [59] and [62]).

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			(ii) **Mitigating factor(s):** NA. This was not addressed in the Grounds of Decision. i) **Discount for delay in prosecution**: The DT found that there was no inordinate delay, as any delay that may have prolonged the proceedings was due to either the lack of non-cooperation on the part of Dr Tang, or his refusal to participate in the proceedings (at [64]).
9.	Dr Siew Hin Chin (***In the Matter of Dr Siew Hin Chin*** [2017] SMCDT 5*)* **[PBA TAB 10]**	a) Dr Siew Hin Chin ("**Dr Siew**") had pleaded guilty to three charges of professional misconduct under Section 53(1)(d) of the MRA. Under the 2nd charge, Dr Siew had prescribed a wide range, large dosages and high frequencies of benzodiazepines and other hypnotics to his patient over the treatment period of approximately four years and eight months, which had amounted to breaches under Guidelines 4.1.1.1, 4.1.3 and 4.1.2 of the 2002 ECEG, the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) and the 2008 Benzodiazepine Guidelines. Dr Siew had also concurrently prescribed two or more benzodiazepines without having an adequate clinical rationale for doing so.	b) **Final sentence:** • Suspension of 6 months; • Fine of $15,000; • Censure; • Written undertaking to the SMC that he will not engage in the conduct complained of, or of any similar conduct; and • Usual Costs Orders. c) Note: The DT had agreed with the SMC's submissions to order a 6-month suspension, though it deliberated whether this sentencing submission "*might have been on the lenient side when compared to the other precedent cases*" (at [60]), given the seriousness of Dr Siew's misconduct, his seniority and specialty in psychiatry and other aggravating factors considered. The DT opined that this case "*ought not to be*

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			seen as setting a sentencing benchmark for professional misconduct involving the inappropriate prescription of benzodiazepines and other hypnotics by a specialist in psychiatry" (at [61]). Accordingly, in other cases which are similar, "*suitable and appropriate*", "***the SMC should have the latitude to submit for a higher sentence***" (at [61]). d) Application **of the sentencing matrix in *Wong Meng Hang*:** The sentencing matrix was not considered by the DT as this case predates the decision in ***Wong Meng Hang***. (i) However, even though the sentencing matrix was not applied in this case, the DT had found that Dr Siew's misconduct was serious and sufficiently egregious to warrant a sentence at the upper end of the sentencing range (at [57]). In fact, after having regard to the seriousness of Dr Siew's misconduct, his seniority and standing as a registered specialist in psychiatry, the aggravating factors present, the DT deliberated whether the SMC's sentencing submission of six months' suspension was "*on the lenient side when compared to the precedent cases*" (at [60]). (ii) It is therefore arguable that if the sentencing matrix was applied to Dr Siew's case, the DT might have found that there Dr Siew's misconduct classified under serious harm and high culpability for the

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			following reasons :- (1) The DT rejected Dr Siew's submissions that he had genuinely cared for the patient or had acted according to what he believed to be in the patient's best interests, in light of Dr Siew's egregious breaches on multiple occasions (at [54]). (2) In light of Dr Siew's "*liberal*" prescriptions of benzodiazepines and hypnotics and his breaches of the guidelines, the DT agreed with the SMC's submissions that his misconduct warranted a stiffer sentence to deter like-minded doctors from blatantly disregarding their patient's interest and well-being (at [55]). (3) The DT also noted that the complaint had been made by the patient's mother out of concern and the high number of medications prescribed to him by Dr Siew. The DT agreed with the SMC's submissions that in such situations and where the patient has psychiatric conditions, especially those on treatment with benzodiazepines and other hypnotics, such patients are vulnerable and are often not in a position to determine what is suitable or appropriate for their health and well-being (at

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			[56]). (4) Dr Siew had continued prescribing benzodiazepines and Z-group hypnotics to the patient even in circumstances that gave rise to a plausible suspicion of drug dependence and/or abuse (at [57]). e) **Offender-specific factors:** (i) **Aggravating factor(s)**: (1) Dr Siew was a consultant psychiatrist and was registered as a specialist in psychiatry. Accordingly, the DT found that he should be held to a higher standard expected of him as compared to other respondent doctors who practised as general practitioners (at [50]). (2) Dr Siew had admitted that he was fully aware of his obligations under the 2002 ECEG, the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) and the 2008 Benzodiazepine Guidelines, yet he had still chosen to breach the guidelines (at [51]). (3) The DT found it deeply troubling that Dr Siew

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			had prescribed the wide range, large dosages, and high frequency of benzodiazepines and other hypnotics to his patient over the treatment period of approximately four years and eight months. His inappropriate prescriptions of benzodiazepines had averaged about 15 tablets a week over 243 weeks, which vastly exceeded the limit of four weeks prescribed in the 2008 Benzodiazepine Guidelines (at [52]). (4) Dr Siew had also frequently issued repeat prescriptions of medications ahead of the patient's originally planned repeat visit and had concurrently prescribed two or more benzodiazepines (at [53]). (ii) **Mitigating factor(s):** Dr Siew had pleaded guilty to his charges, he had a long and unblemished record and there was a low likelihood of re-offending given that he was 63 years old and already semi-retired (at [61]). f) **Discount for delay in prosecution**: NA, there was no delay in prosecution.
10.	Dr Lee Siu Lin	a) Dr Lee Siu Lin ("**Dr Lee**") pleaded guilty to three charges of professional misconduct under Section	c) **Final sentence:**

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
	(***Singapore Medical Council v Dr Lee Siu Lin*** [2018] SMCDT 10) **[PBA TAB 23]**	53(1)(d) of the MRA. b) Under the 1st charge, Dr Lee had prescribed a benzodiazepine (Bromazepam) to her patient at close intervals for a duration of 1 year and 13 days after the first prescription, on 14 separate occasions, in breach of Guideline 5.1.1 of the 2008 Benzodiazepine Guidelines, and had failed to refer the patient to a specialist for further management, in breach of paragraphs (k) and (n) of the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics). The 2nd and 3rd charges related to Dr Lee's inappropriate prescriptions of codeine-containing cough mixtures.	• Suspension for a period of 4 months; • Fine of $12,000; • Censure; • Written undertaking to the SMC that she will not engage in the conduct complained of, or of any similar conduct; and • Usual Costs Orders. d) **Application of the *Wong Meng Hang* framework:** The sentencing matrix was not considered by the DT as this case predates the decision in ***Wong Meng Hang***. e) **Offender-specific factors:** (i) **Aggravating factor(s):** (1) Dr Lee had inappropriately prescribed Bromazepam to her patient at close intervals for a duration of 1 year and 13 days after the first prescription. She doubled the dosage of Bromazepam approximately 3 months after the first prescription, and save for three occasions, she maintained the increased dosage for approximately 9 months (at [41]). (2) In relation to Dr Lee's inappropriate

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			prescriptions of codeine-containing cough mixtures, she prescribed her patient with codeine-containing cough mixtures at an alarming frequency, ranging from intervals of between two to four days (at [43]). (ii) **Mitigating factor(s):** (1) Dr Lee had cooperated with the MOH and the SMC throughout the investigations and had pleaded guilty from the outset. In her letter of explanation to the Complaints Committee, she had accepted responsibility and expressed regret for her actions (at [24] and [46]). (2) Dr Lee had stopped prescribing benzodiazepines and codeine-containing cough mixtures after MOH conducted an inspection of her clinic (at [50]). f) **Discount for delay in prosecution**: The DT applied a sentencing discount of less than 50%. There had been a delay of around six years in the prosecution of Dr Lee (at [26]). The matter was referred by the SMC to the Complaints Committee in 2012, and Dr Lee had only received the Notice of Complaint in 2016. The DT accepted that though there had been an inordinate delay, the calculation of the relevant

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			period would only be from when Dr Lee had first received the Notice of Complaint in 2016, i.e. from which point she would have been under anxiety and distress (at [47] – [48]). The DT thus found that the delay for which Dr Lee was in no way responsible was only slightly over two years, and "*the discount [for this delay] ought to be less than half*" (at [49]). Accordingly, the original sentence of 6 months' suspension was reduced to 4 months (at [51]).
11.	Dr Tan Joong Piang (***Singapore Medical Council v Dr Tan Joong Piang*** [2019] SMCDT 9) **[PBA TAB 25]**	a) Dr Tan Joong Piang ("**Dr Tan JP**") faced 18 charges in total, 6 charges for the inappropriate prescription of hypnotics to patients, 6 charges for the failure to maintain medical records of sufficient detail and 6 charges for the failure to refer his patients to a psychiatrist or other appropriate specialist. b) The charges involved 6 patients. c) Dr Tan JP pleaded guilty to all 18 charges.	d) **Final sentence:** • Suspension of 22 months' suspension (reduced from 33 months); • Censure; • To give a written undertaking not to engage in conduct complained of or any similar conduct; and • Usual Costs Orders. e) **Application of the *Wong Meng Hang* framework:** (i) Harm: Moderate (a) The DT stated that while there was no evidence of actual harm caused, 6 patients were involved, all of whom were vulnerable patients given that they were of advanced age / elderly. As Dr Tan JP inappropriately prescribed hypnotics over an

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			extremely long period of time "*from upwards of 10 years, to the longest period of 14 years and 2 months*", the DT concluded that there was "*a very real risk of developing dependency on the prescribed benzodiazepines, which carried the potential for greater harm*" and "*also prolonged the patients' suffering from insomnia*" (at [36] – [41]). (b) The DT added that "*where inappropriate prescription of benzodiazepines resulted in potential dependency albeit without further acute detriment, the level of harm should still be considered as* ***moderate***" to underscore "*the very real risk that the inappropriate prescription of hypnotics would lead to dependency or addiction, which in turn carries potential risk of even greater harm*" (at [42]). (ii) Culpability: High (a) The DT stated that Dr Tan JP's culpability was severe, given *inter alia* that the duration of time and number of patients involved revealed a persistent and flagrant pattern of disregard for the 2002 Benzodiazepine Guidelines and 2008 Admin Guidelines (Benzodiazepines and other Hypnotics) (at [45]).

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			(b) The DT found that Dr Tan JP had prescribed excessive amounts of hypnotics despite a lack of adequate documentation and safeguards in the manner of prescription, which were "*clearly systemic*" and not just ad-hoc or a result of mere oversight (at [46] – [48]). (c) By consistently failing to properly review his patients and failing to adequately document the indications and justifications for the prescription or continued prescription of benzodiazepines, Dr Tan JP's conduct involved a "*deliberate and systemic dereliction of duty*" (at [49] – [50]). (d) The DT found that because of the frequency and multiplicity of the various breaches, the reality was that Dr Tan JP stood to profit by "closing one eye" in the way he prescribed hypnotics (at [56]). f) **Sentencing approach taken:** (1) The DT adopted a 33-months' suspension as the starting point (at [28] and [61]). (2) The 33 months' suspension was then reduced by one-

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			third, to 22 months, to take into account (a) a 2.5-year delay in prosecution and (b) the remorse demonstrated by Dr Tan JP (at [63] and [64]). g) **Discount for delay in prosecution:** The DT applied a one-third discount based on *inter alia* a 2.5-year delay in prosecution (at [63] and [64]).
12.	Dr Ng Teck Keng (***In the Matter of Dr Ng Teck Keng*** [2014] SMCDT 9*)* **[PBA TAB 9]**	a) Dr Ng Teck Keng ("**Dr Ng**") pleaded guilty to one charge of prescribing a benzodiazepine (Midazolam) for a period exceeding 7 years and in large quantities (i.e. a total of 80 tablets of Midazolam 15mg on 8 occasions within a 5 month period), in breach of Guideline 4.1.3 of the SMC 2002 ECEG and the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics).	b) **Final sentence:** • Suspension for a period of 4 months; • Censure; • Written undertaking to the SMC that he will not engage in the conduct complained of, or of any similar conduct; and • Usual Costs Orders. c) **Application of the *Wong Meng Hang* framework:** The sentencing matrix was not considered by the DT as this case predates the decision in ***Wong Meng Hang***. The DT observed that for cases involving the inappropriate prescriptions of benzodiazepines, the trend was for a suspension of 3 – 4 months to be ordered (that observation was made in 2014) (at [16]). Nevertheless, the DT found that

S/N	Name of Doctor	Brief Summary of Charges against Doctor	Sentence by Disciplinary Committee ("DC") / Disciplinary Tribunal ("DT") / Court of Three Judges ("C3J")
			Dr Ng's misconduct was so egregious that a 3-month suspension would not be sufficient. The DT found that Dr Ng had not only over-prescribed medications to his patient for an extremely long period of time (i.e. exceeding 7 years and by large quantities), Dr Ng had also mismanaged his patient, as the patient was eventually warded in the ICU due to an overdose (at [18]). d) **Offender-specific factors:** (i) **Aggravating factor(s):** (1) Dr Ng had inappropriately prescribed Midazolam for a very long period of time exceeding 7 years to feed the patient's addiction (at [15(a)]). (2) Dr Ng had also prescribed huge amounts of Midazolam to the patient within a short period, i.e. a total of 80 tablets of Midazolam 15mg on 8 occasions within a 5-month period (at [15(b)]). (3) The patient was eventually warded in the ICU due to an overdose (at [15(b)]). (4) Though Dr Ng had received a letter from the complainant requesting him to refrain from

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			treating the patient with the prescription of medication that would support his addiction, Dr Ng still continued with his inappropriate prescription for an additional period of approximately 1 year 3 months (at [15(c)]). (ii) **Mitigating factor(s):** The DT recognised that Dr Ng had not been motivated by financial gain in making the inappropriate medical prescriptions (at [19]). e) **Discount for delay in prosecution**: NA, there was no delay in prosecution.
13.	Dr Heng Boon Wah Joseph (***In the Matter of Dr Heng Boon Wah Joseph*** [2016] SMCDT 8) **[PBA TAB 7]**	a) Dr Heng Boon Wah Joseph ("**Dr Heng**") pleaded guilty to 47 charges of professional misconduct under Section 53(1)(d) of the MRA. He had acted in breach of Guidelines 4.1.1.6 and 4.1.3 of the 2002 ECEG in having failed to provide the appropriate care, management and treatment to his patients, by inappropriately prescribing hypnotics in breach of the 2008 Benzodiazepine Guidelines and the 2008 Admin Guidelines (Benzodiazepines and other Hypnotics). b) Specifically, Dr Heng had given multiple	c) **Final sentence:** • Suspension for a period of 4 months; • Fine of $15,000; • Censure; • Written undertaking to the SMC that he will not engage in the conduct complained of, or of any similar conduct; and • Usual Costs Orders. d) **Application of the Wong Meng Hang framework:** The sentencing matrix was not considered by the DT as this case

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		prescriptions of Nitrados beyond the recommended 2 to 4 week period and had continued the prescription beyond a cumulative period of 8 weeks whilst failing to refer affected patients to a medical specialist or psychiatrist for further and/or joint management. Dr Heng pleaded guilty to the 47 charges, and consented to the remaining 31 charges to be taken into consideration for the purposes of sentencing.	predates the decision in ***Wong Meng Hang***. The DT stated at [14] that the length of a suspension and the quantum of a fine, if any, depended on, amongst other things, the facts of the case and the culpability of the respondent. e) **Offender specific factors:** (i) **Aggravating factor(s):** There were a substantial number of charges involved. Further, Dr Heng had continued prescribing Nitrados to patients when the circumstances gave rise to a plausible suspicion of drug dependence / abuse (at [15]). (ii) **Mitigating factor(s):** Dr Heng had pleaded guilty early. He had also fully cooperated during the investigation. The DT also noted Dr Heng's contributions to the underprivileged in society, his remorsefulness, and the good testimonials from his patients (at [16]). **Discount for delay in prosecution:** While the DT did not expressly state what discount it had applied for a delay in prosecution (if any), it stated that in determining the appropriate sentence, it considered the fact that Dr Heng had received extracurial punishment due to the lengthy disciplinary process. Nearly two and a half years elapsed between 3 September 2013 when SMC notified the Respondent of the complaint against him and 2 February 2016 when he was served with the Notice of

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			Inquiry (at [17]).