

IN THE REPUBLIC OF SINGAPORE

SINGAPORE MEDICAL COUNCIL DISCIPLINARY TRIBUNAL

[2025] SMCDT (A) 3

Between

Singapore Medical Council

And

Dr Cherida Yong Chun Yin

... Respondent

GROUND OF DECISION

Administrative Law – Disciplinary Tribunals

Medical Profession and Practice – Professional Conduct – Suspension

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Singapore Medical Council

v

Dr Cherida Yong Chun Yin

[2025] SMCDT (A) 3

Disciplinary Tribunal – DT Inquiry No. 3 of 2025

Prof Ho Lai Yun (Chairman), Dr Chan Kin Ming, Mr Bala Reddy (Legal Professional)

19, 23 June 2025, 25 July 2025

Administrative Law – Disciplinary Tribunals

Medical Profession and Practice – Professional Conduct – Suspension

25 July 2025

GROUND OF DECISION

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

Introduction and Background

1. These disciplinary proceedings are instituted by the Singapore Medical Council (“SMC”) pursuant to section 59D(1)(b) of the Medical Registration Act 1997 (“MRA”) against Dr Cherida Yong (“the Respondent”), a provisionally registered medical practitioner. The charges concern conduct that brings disrepute to the medical profession arising from the deliberate creation and submission of two forged medical certificates, each falsely attributed to Clinic A without the clinic's knowledge or authorisation.
2. At the material time, the Respondent was practising as a House Officer at Singapore General Hospital (“SGH”). On two occasions, namely 1 July 2022 and 12 September 2022, she absented herself from work without a legitimate medical excuse and, in a

calculated attempt to justify her absence, submitted medical certificates which she had fabricated, each using the name and registration number of Dr F1 to falsely purport issuance by Clinic A. Neither certificate was issued by the clinic, nor was the clinic aware of or authorised their issuance.

3. The deception came to light when administrative checks at SGH revealed discrepancies in the submitted certificates. On 10 November 2022, Ms F2 forwarded the July MC to Dr F3, who then sent it to the support team at Clinic A for verification. The support team confirmed that the Respondent had not consulted Clinic A on 1 July 2022. The September MC was verified as fraudulent by SingHealth's administrative processes, confirming that the Respondent had not consulted Clinic A on 12 September 2022. Confronted with this information, the Respondent ultimately admitted to having generated both certificates to falsely legitimise her absence from duty. She claimed to have done so under personal stress, but there was no evidence of any mental health condition impairing her capacity for reasoned judgment or volition. Following internal investigations by the hospital, the matter was referred to the SMC.
4. The Respondent, represented by counsel Mr. Navin Naidu, subsequently admitted to the charges and consented to the tender of an Agreed Statement of Facts ("ASOF"). As such, liability was not in issue before this Tribunal. The hearing was convened for the sole purpose of determining the appropriate sanction. The SMC sought a maximum period of suspension or, in the alternative, an order of striking off. The Respondent, for her part, accepted the seriousness of the conduct and submitted that a term of suspension in the range of 20 months would be sufficient.
5. The deliberate falsification of official medical documents by a medical practitioner represents a serious violation of professional integrity. Although no patients were harmed and the conduct was limited to two incidents, this misconduct, while unrelated to clinical care, strikes at a foundational ethical obligation of the profession. The wilful forgery of two medical certificates, each misusing Dr F1's name and registration number, constitutes a repeated act of deception that compromises her professional reputation, erodes institutional trust, and undermines the credibility of medical certification processes. The

sanction we impose must reflect both the respondent's culpability and the broader need for deterrence and normative clarity within the disciplinary framework.

The Charges

6. The Respondent faced the following two charges under section 59D(1)(b) of the Medical Registration Act 1997:
 - (a) That she had, on or about 1 July 2022, submitted to her employer at SGH a forged medical certificate purporting to have been issued by Clinic A, which she had created herself without the clinic's authorisation, and which she knew to be false, and that she is guilty of such conduct which brings disrepute to the medical profession under section 59D(1)(b) of the Medical Registration Act;
 - (b) That she had, on or about 12 September 2022, submitted to her employer at SGH a forged medical certificate purporting to have been issued by Clinic A, which she had created herself without the clinic's authorisation, and which she knew to be false, and that she is guilty of such conduct which brings disrepute to the medical profession under section 59D(1)(b) of the Medical Registration Act.
7. The particulars of the charges are not in dispute. Each charge concerns a deliberate act of dishonesty in the creation and submission of forged medical certificates, using Dr F1's name and registration number, falsely representing that they were issued by Clinic A.

Agreed Facts

8. The proceedings rest upon an Agreed Statement of Facts, jointly tendered by the parties and not the subject of dispute. At the relevant time, the Respondent was serving her posting as a House Officer at SGH, having been granted provisional registration by the Singapore Medical Council with effect from 2 May 2022.
9. On or about 1 July 2022, the Respondent failed to report for duty at SGH. Thereafter, she submitted to her supervising officer a medical certificate dated that same day, which

purported to have been issued by Clinic A. The document bore Dr F1's name and Medical Council Registration number, derived from an earlier legitimate certificate issued to the Respondent, and was presented in a format consistent with that of a standard certificate issued by a registered medical practitioner. In fact, the certificate had been fabricated in its entirety by the Respondent, who neither consulted Clinic A nor had any authority to issue or deploy documentation purporting to originate from the clinic.

10. Similarly, on or about 12 September 2022, the Respondent once again failed to report for duty and submitted a second forged medical certificate, also purporting to be issued by Clinic A and bearing Dr F1's name and Medical Council Registration number. As with the earlier certificate, the Respondent created the document herself without the clinic's knowledge or consent. The document was submitted to SGH as a legitimate excuse for absence.
11. In the course of internal inquiries, it was confirmed that the Respondent had not consulted Clinic A on the relevant dates, and the certificates were not issued or authorised by the clinic. When confronted, the Respondent initially denied but ultimately admitted to having fabricated both documents. She acknowledged that her conduct was dishonest and fell short of the standards of probity expected of a member of the medical profession.
12. There is no suggestion that any patient came to harm as a result of the Respondent's conduct. The falsified medical certificates were submitted solely to her employer and were intended to justify her absence from clinical duties. That, however, does not mitigate the seriousness of the misconduct. The deliberate fabrication of official documents undermines professional trust and regulatory integrity. It reflects not a lapse in judgment but a sustained intention to deceive, carried out on more than one occasion. The Respondent has not sought to dispute the material facts and has accepted responsibility for her actions.

Submissions of the SMC on Sentencing

13. The SMC, through its counsel Mr Kenny Chooi, submitted that the present case involved deliberate and calculated acts of dishonesty, warranting the most serious disciplinary

sanction. The SMC sought a suspension for the maximum period of 36 months permitted under the Act, or in the alternative, the removal of the Respondent from the Register of Medical Practitioners.

14. In support of its position, the SMC relied on three principal cases: *Singapore Medical Council v Chua Shunjie* [2020] 5 SLR 1099, *Singapore Medical Council v Joel Arun Sursas* [2022] SMC DT 1, and *Wong Meng Hang v Singapore Medical Council* [2019] 3 SLR 526. The prosecution also cited *Law Society of Singapore v Choy Chee Yean* [2010] 3 SLR 560, *Law Society of Singapore v Wee Wei Fen* [1999] 3 SLR(R) 559, *Public Prosecutor v BDB* [2018] 1 SLR 127 and *Law Society of Singapore v Ravi s/o Madasamy* [2016] 5 SLR 1141 in their submissions. It submitted that these decisions reflect the gravity with which dishonest conduct is treated in professional disciplinary proceedings and emphasised the importance of general deterrence in maintaining public confidence and upholding the standards of the profession.
15. In *Singapore Medical Council v Chua Shunjie* [2020] 5 SLR 1099, the respondent submitted a falsified curriculum vitae to a residency selection panel, claiming authorship of non-existent publications, fabricated academic and professional credentials, and false institutional affiliations. The Disciplinary Tribunal initially imposed a suspension of 18 months. On appeal by the SMC, the Court of Three Judges substituted this with an order for striking off, emphasising that sustained and premeditated dishonesty, particularly were aimed at securing institutional benefit through a calculated and structured deception, would ordinarily warrant removal from the register. While Dr Yong's case does not involve the same structural deceit, her fabrication of two forged medical certificates, both misusing the name and registration number of Dr F1, bears a serious resemblance in terms of dishonesty and its corrosive effect on professional integrity.
16. In *Singapore Medical Council v Joel Arun Sursas* [2018] SMCDT 8, the respondent pleaded guilty to three charges involving dishonesty: (1) issuing a medical certificate giving the misleading impression it was issued by another doctor, (2) practising as a locum doctor in breach of conditions attached to his temporary medical registration, and (3) issuing a backdated medical certificate. Three additional charges of issuing misleading medical certificates were taken into consideration for sentencing. The Disciplinary

Tribunal imposed a suspension of thirty-six months, the maximum permitted under the Medical Registration Act, and a financial penalty of \$15,000, emphasising the need for general deterrence at [54], [56]. The SMC submitted that the sentence in *Joel* underscored the disciplinary gravity of multiple, deliberate, and premeditated acts of dishonesty, even in the absence of patient harm, a principle applicable to the present case involving the Respondent's forgery of medical certificates.

17. In *Wong Meng Hang v Singapore Medical Council* [2019] 3 SLR 526, the misconduct involved gross clinical negligence resulting in the death of a patient. The decision was cited not for its factual similarity but for the proposition that misconduct, whether clinical in nature or grounded in dishonesty, represents a fundamental breach of professional standards and calls for severe sanction. The Court of Three Judges reaffirmed that the disciplinary regime serves not merely to punish but to preserve public confidence and uphold the ethical integrity of the profession at [23], [75(a)].
18. The SMC submitted that no psychiatric illness or coercion mitigated the Respondent's culpability. The dishonesty was premeditated, repeated, and calculated, warranting the highest sanction available.
19. While acknowledging the Respondent's early plea of guilt, the SMC submitted that limited weight should be accorded to it in mitigation, having regard to the strength of the evidence and the gravity of the misconduct. It invited the Tribunal to impose a sanction that would reflect the seriousness of the breach, uphold the integrity of the profession, serve as a deterrent to like conduct, and maintain public confidence in the regulatory framework governing medical practitioners.

Mitigation and Submissions on Sentence by the Defence

20. The Respondent, through her counsel Mr Navin Naidu, acknowledged the seriousness of the misconduct and accepted that a disciplinary sanction was warranted. She entered an early plea of guilt, admitted to the Agreed Statement of Facts, and extended full cooperation throughout both the investigation and the disciplinary process. These were put forward as indicators of genuine remorse and a willingness to accept responsibility.
21. Counsel urged the Tribunal to have regard to the fact that this was a first lapse by a young doctor, provisionally registered, with no prior adverse record. The misconduct, though undeniably dishonest, was committed in a moment of weakness and personal stress, rather than with any intent to secure financial gain or professional advancement. There was no suggestion of patient harm or of any impact on clinical care.
22. Mr Naidu further submitted that the forged medical certificates were created solely for the purpose of explaining the Respondent's own absences from duty. The dishonesty was confined to an administrative context and did not form part of a broader pattern of deceit. The Respondent admitted her wrongdoing at the earliest opportunity, did not persist in denial, and made no attempt to mislead investigators. Her conduct, counsel argued, demonstrated not only a recognition of fault but also a capacity for insight and rehabilitation.
23. The Defence further submitted that the Respondent's youth, relative inexperience, and the emotional strain she was experiencing at the material time ought properly to be taken into account. The stress under which she acted was said to provide some context, albeit not justification, for her conduct. The Tribunal will address the psychiatric reports of Dr D1 and Dr D2 later in these Grounds. We were also invited to consider the professional and reputational consequences already borne by the Respondent, including her de facto suspension from practice pending the resolution of these proceedings.
24. The Defence sought to distinguish the case of *Singapore Medical Council v Chua Shunjie*, upon which the Prosecution had placed considerable reliance. In Chua, the respondent had fabricated an extensive range of academic credentials and publications in a concerted

effort to deceive a residency selection committee into awarding him a place in a competitive training programme. The deceit in that case was sustained, calculated, and aimed at achieving significant professional gain.

25. In contrast, Dr Yong's misconduct involved two discrete acts of forgery, each committed to evade internal disciplinary scrutiny arising from absenteeism. The forged documents were not employed to gain entry into a training scheme, to obtain employment, or to secure any regulatory or academic recognition. The deception was confined to her immediate employer and was uncovered shortly after the documents were submitted. No institutional body was misled into conferring any benefit or advantage upon her.
26. The Defence emphasised that, unlike *Chua*, where the motivation was strategic and designed to produce long-term professional gain, Dr Yong's actions were reactive, prompted by short-term anxiety, and aimed solely at avoiding censure for non-attendance. Her conduct was not intended to simulate merit, but rather to conceal dereliction. In both motive and likely consequence, it was submitted, there exists a material distinction.
27. In support of its position, the Defence relied on the case of *Singapore Medical Council v Joel Arun Sursas* [2022] SMC DT 8, which was said to offer a closer analogue to the present matter. That case involved dishonesty of a comparable nature, by deliberately giving the misleading, and inaccurate impression that the medical certificate was issued to him by another doctor. While the misconduct was treated with due seriousness, the Disciplinary Tribunal imposed a suspension rather than an order for striking off, having regard to the totality of the circumstances and concluding that the conduct, though grave, did not disclose a character beyond redemption. A similar sentence was urged in this case.
28. The Defence ultimately submitted that a suspension of twenty months would meet the objectives of deterrence, uphold public confidence in the profession, and reflect the principle of proportionality. Such a sanction would acknowledge the seriousness of the misconduct, while giving due weight to the mitigating circumstances and the Respondent's demonstrated potential for rehabilitation. The sentence proposed was described as principled, balanced, and proportionate to the nature and context of the wrongdoing.

Decision of the Disciplinary Tribunal

29. The Tribunal is entrusted with the responsibility of determining the appropriate disciplinary sanction in respect of two charges of conduct which bring disrepute to the medical profession arising from acts of dishonesty committed by the Respondent, a provisionally registered medical practitioner. The Respondent has admitted to both charges and admitted to an Agreed Statement of Facts. As liability is not in dispute, the proceedings before the Tribunal concern solely the issue of sentencing. In reaching its determination, the Tribunal has carefully considered the agreed facts, the parties' respective submissions, the psychiatric evidence adduced, and the applicable principles derived from the relevant legal authorities.

Applicability of the Harm-Culpability Framework

30. The Tribunal is of the view that the harm-culpability framework, originally developed for clinical negligence in *Wong Meng Hang v Singapore Medical Council* serves as a useful analytical tool when adapted for cases involving dishonesty, as demonstrated in *Singapore Medical Council v Chua Shunjie*. In such cases, harm is redefined not as physical or clinical impact on patients, but as institutional harm, professional trust, and reputational integrity. The central concerns are the breach of ethical duty, the abuse of institutional processes, and the corresponding diminution of public confidence in the profession. The core elements of culpability, namely deliberateness, premeditation, and repetition, remain essential, and the framework, as adapted through the factors outlined in *Wong Meng Hang* for dishonesty at [73], retains conceptual value when applied with appropriate modification.
31. On the facts, the Respondent's conduct was deliberate and repeated. On two separate occasions, she fabricated medical certificates, each using Dr F1's name and registration number, purporting to have been issued by Clinic A. The certificates were submitted to SGH to excuse her absence from duty. The misconduct involved the deception of her employer and the fabrication and use of false documents. These were not impulsive or isolated acts but formed a pattern of behaviour carried out with intent over a period of time.

Case Authorities and Principles

32. In *Wong Meng Hang v Singapore Medical Council*, the Court of Three Judges dealt with a case of gross clinical negligence resulting in a patient's death following elective liposuction. Although the facts are materially different from the present matter, the case is significant for establishing the harm-culpability framework now widely applied in disciplinary sentencing. The Court held that sanctions must be assessed with reference to the degree of harm, whether actual or potential, and the level of culpability, including considerations such as intent, recklessness, and repetition. While the framework arose in a clinical context, the Tribunal is satisfied that it remains conceptually applicable to cases involving dishonesty, provided appropriate adjustments are made to reflect the institutional and ethical dimensions of the harm in such cases.
33. In *Singapore Medical Council v Chua Shunjie*, the respondent submitted a fraudulent curriculum vitae as part of an application to a residency selection panel. The CV contained a suite of fabricated claims, including co-authorship of academic publications that did not exist, fictitious academic achievements, and misrepresentations of clinical experience and leadership appointments. The deceit was not confined to a single misstatement but comprised a series of coordinated falsehoods aimed at enhancing the respondent's professional profile. When the matter came before the Disciplinary Tribunal, a suspension of eighteen months was imposed. On appeal by the Prosecution, the Court of Three Judges substituted that sentence with an order for striking off. The Court emphasised the strategic and premeditated nature of the deception, noting that it had been carefully engineered to obtain institutional advantage and to influence decision-makers in a competitive selection process. The Court observed at [41]:

“It is one thing to act dishonestly to conceal a personal failing; it is another to construct an elaborate edifice of deceit aimed at acquiring institutional benefit.”

34. The Court further held that the majority in the Disciplinary Tribunal had erred in underappreciating the significance of sustained dishonesty directed at obtaining

professional advancement, and that such misconduct required removal from the register in order to uphold the integrity of the profession and protect the public.

35. We accept the analytical distinction drawn in *Chua*. While Dr Yong's conduct was plainly deliberate and involved repeated acts of deception, it lacked the structural planning, sustained misrepresentation, and institutional ambition that characterised the misconduct in *Chua*. Her acts, though serious, were reactive and confined to the avoidance of disciplinary scrutiny, rather than directed at securing advancement through false claims of merit.
36. The Tribunal considers *Singapore Medical Council v Joel Arun Sursas* [2022] SMC DT 8 to be a pertinent comparator. In that case, the respondent, a provisionally registered doctor, issued a false medical certificate in the name of another registered practitioner, thereby committing impersonation. He also practised in breach of registration conditions and issued a backdated certificate to a colleague. The Disciplinary Tribunal imposed the maximum suspension of thirty-six months, underscoring the need for general deterrence. Although patient harm did not occur, the Tribunal noted the heightened seriousness of the misconduct because it involved deception relating to professional documentation and the integrity of the registration regime. While Dr Yong did not breach her registration conditions or compromise patient safety, her repeated and deliberate fabrication of forged certificates, both misusing the name and registration number of Dr F1, reflects a comparable degree of institutional and ethical breach. A similarly severe disciplinary response is therefore warranted.
37. In *Law Society of Singapore v Choy Chee Yean* [2010] 3 SLR 560, the respondent, a solicitor, was convicted of burglary in Hong Kong after pleading guilty to stealing items from a hotel room, an offence involving dishonesty [6], [38]. Despite psychiatric evidence of a Major Depressive Episode, the court found the respondent's guilty plea established dishonest intent, rejecting his claim of lacking such intent as a collateral attack on the conviction at [26]–[27]. The court emphasised that dishonesty by a professional, even in a single incident, typically warrants striking off to protect the profession's reputation and public confidence. In the present case, Dr Yong's deliberate forgery of two medical certificates, misusing a colleague's professional details, constitutes dishonest conduct that

undermines the medical profession's integrity. However, unlike *Choy Chee Yean*, where a criminal conviction necessitated a severe sanction, Dr Yong's misconduct, while serious, did not involve a criminal conviction.

38. In *Law Society of Singapore v Wee Wei Fen* [1999] 3 SLR(R) 559, the respondent, a solicitor, was convicted of two counts of forgery and one count of cheating, involving forging a cheque, a court order, and misappropriating client funds at [5], [13], [17]). The court held that such dishonest conduct, committed in her professional capacity, demonstrated a character defect unfit for the legal profession, warranting striking off despite mitigating factors like work stress and lack of personal gain, which carried negligible weight at [30], [39]–[40]. The paramount considerations were protecting public confidence and the profession's reputation, with disciplinary action serving punitive, deterrent, and protective functions at [33]. In Dr Yong's case, her deliberate forgery of two medical certificates similarly constitutes dishonest conduct that erodes trust in the medical profession. However, unlike *Wee Wei Fen*, where the offences were criminal and committed in a professional capacity, Dr Yong's misconduct did not involve direct professional duties, and no criminal conviction was recorded. Thus, while the principle of severe sanctions for dishonesty applies, a maximum period of suspension is appropriate to reflect the lesser severity compared to *Wee Wei Fen*, balancing deterrence with the specific circumstances of her case.
39. *Public Prosecutor v BDB* [2018] 1 SLR 127, although a criminal prosecution, underscores the principle that dishonesty within regulated professions must be viewed with particular severity. The Court reaffirmed that the absence of financial gain or actual harm does not diminish the seriousness of deceit that corrodes institutional trust and professional expectations. These principles apply with equal force in the disciplinary context. The Tribunal takes the view that Dr Yong's acts of dishonesty, though not criminally prosecuted, require a sanction that signals the profession's intolerance for such conduct.
40. The Defence relied on *Law Society of Singapore v Chia Choon Yang* [2018] SGHC 174, where the High Court observed at [24], [25], and [41] that striking off is not inevitable for dishonest conduct that is isolated, accompanied by genuine remorse, and where there is a realistic prospect of rehabilitation, a principle reinforced by *Wong Meng Hang v*

Singapore Medical Council at [73] and applied in *Singapore Medical Council v Chua Shunjie* at [60]. The Tribunal accepts this principle. Dr Yong's conduct, though grave, was confined to two instances of forgery, ultimately admitted upon investigation, and not part of a wider pattern of institutional or career-oriented deceit. These factors, indicating a prospect of rehabilitation, militate against striking off and support the imposition of the maximum three-year suspension permitted under section 59D(2)b of the Medical Registration Act.

41. In *Law Society of Singapore v Ravi s/o Madasamy* [2016] 5 SLR 1141, the Court of Three Judges held that in cases of misconduct involving dishonesty, personal mitigating circumstances centred on a mental condition carry no meaningful weight at [54(d)]. The court further cautioned at [54(e)] that even in situations that do not involve dishonesty, the psychiatric evidence must cohere with the surrounding factual matrix to be given weight, scrutinising the respondent's actions against medical evidence for consistency at [60]–[66]. In the present case, the Defence relied on psychiatric reports by Dr D1, who diagnosed the Respondent with adjustment disorder, and Dr D2, who found no diagnosable psychiatric disorder. We do not accept Dr D1's diagnosis as a contributing cause of the Respondent's misconduct. As explained below (see paragraphs 43–49), the Respondent's forgery of two medical certificates was premeditated, executed on separate occasions, and undertaken with full awareness of its implications, which is inconsistent with a mental condition causing impulsivity. Given the dishonest nature of the misconduct, the principle in *Ravi* at [54(d)] precludes significant reliance on psychiatric mitigation, reinforcing the need to protect public confidence in the medical profession.

Psychiatric Evidence and the Tribunal's Findings

42. The Respondent referred to psychiatric reports from two psychiatrists. The first, prepared by Dr D2 of Hospital B and dated 7 February 2023, concluded that the Respondent did not suffer from any diagnosable psychiatric disorder at the material time. A subsequent report from Dr D2, dated 10 March 2023 reaffirmed this assessment. Following two consultations conducted in close temporal proximity to the offences, Dr D2 found no evidence of any psychiatric condition that might impair the Respondent's executive function, moral judgment, or impulse control. Dr D2 recorded that the Respondent was

alert, coherent, goal-directed in her thinking, and demonstrated full insight into the nature and consequences of her actions. While some situational stressors were acknowledged, principally involving work pressure and familial expectations, these were assessed to be within the range of ordinary psychological fluctuation and not causally connected to the misconduct. Dr D2 concluded that the Respondent was, at all material times, capable of distinguishing right from wrong.

43. A third psychiatric report, commissioned by the Defence and authored by Dr D1, was dated 6 May 2025. Dr D1 diagnosed the Respondent with an “adjustment disorder with depressed mood.” He attributed the diagnosis to psychological stressors arising from the Respondent’s transition into clinical work, coupled with perceived interpersonal and workplace pressures. However, the Tribunal finds this report internally inconsistent and methodologically limited. Dr D1 simultaneously observed that the Respondent was alert, oriented, and displayed no signs of cognitive impairment or psychotic thinking, yet purported to conclude that her capacity to exercise sound judgment was significantly impaired. This contradiction, between unimpaired executive function on the one hand and impaired judgment on the other, was not explained, nor supported by any structured clinical tools or collateral sources. The diagnosis appeared to rest almost entirely on the Respondent’s retrospective self-reporting. No corroboration from supervisors, colleagues, or contemporaneous records was adduced, and no psychological testing was administered. These shortcomings significantly diminish the report’s probative value.
44. More fundamentally, Dr D1’s account is externally inconsistent with the Respondent’s own conduct and with the conclusions reached by Dr D2. The Respondent’s acts, namely, the fabrication of two medical certificates on separate dates using the name and registration number of Dr F1, and their submission to her employer, were deliberate and sequential. They involved the use of digital tools, formatting to resemble legitimate documentation, and the misuse of Dr F1’s professional details. These actions do not reflect emotional disorganisation or impaired reality testing, but rather purposeful conduct designed to evade internal disciplinary consequences. Dr D2’s findings, based on in-person assessments conducted in close proximity to the events, support this view. She expressly concluded that the Respondent retained full cognitive capacity and insight. Her functioning during the relevant period was not suggestive of impaired reasoning or

judgment. In the Tribunal's view, the factual substratum of the offences contradicts the notion that her mental state was compromised in any legally or medically meaningful sense.

45. The Tribunal further notes that Dr D1 appeared to attribute some of the Respondent's difficulties to the impact of Graves' disease. However, the prosecution submitted that the condition was well controlled with medication and did not contribute materially to her psychological profile. We agree. The stressors cited by Dr D1, such as transitioning into clinical work, social expectations, and familial pressure, are not uncommon and were not shown to bear a proximate or aggravating connection to the timing, nature, or persistence of the misconduct. These are general contextual factors, not causative explanations.
46. Of even greater concern is paragraph 21 of Dr D1's report, which contains language nearly identical to a passage found on page 42 of an academic article annexed to the report, titled "*The Concept of Judgment in the Medico-Legal Context: A View from Israel.*" The paragraph appears to have been imported almost verbatim into what purports to be an analysis of the Respondent's individual mental state. The replication of academic exposition in lieu of bespoke psychiatric assessment raises legitimate concerns as to the rigour and independence of the evaluation. It suggests that the conclusions may have been influenced more by general theory than by focused clinical inquiry into the specific case. This further undermines the reliability and utility of the report in the disciplinary context.
47. Accordingly, the Tribunal accords limited weight to the psychiatric evidence adduced in mitigation. Neither Dr D1's report, standing alone, nor the three reports taken collectively, establishes a persuasive or causally robust link between any psychiatric impairment and the misconduct in question. The Tribunal reiterates the principle laid down in *Ravi s/o Madasamy v Law Society of Singapore* [2016] 5 SLR 1141 at [54(d)] and [54(e)], that in cases involving dishonesty, mental health conditions will carry no meaningful weight. Even in cases that do not involve dishonesty any mental health condition to be relevant to sentencing, must be clearly substantiated and demonstrably connected to the acts of misconduct. That threshold has not been met in this case.

Tribunal's Determination

48. Upon a comprehensive assessment of the evidence, the Tribunal unanimously concludes that the appropriate sanction is the maximum term of suspension permissible under the Medical Registration Act. The Respondent's misconduct was deliberate, calculated, involving the fabrication of two foF1's name and registration number, derived from a prior legitimate certificate, to falsely purport issuance by Clinic A. These acts constituted a grave and premeditated deception aimed at misleading her institutional employer, SGH, into accepting that her absences from duty were medically justified. The construction of documents bearing formal markers of authenticity for both the July and September MCs reflects a repeated course of dishonest conduct, not an isolated lapse in judgment.
49. The Tribunal rejects the characterisation of the misconduct as impulsive or attributable to transient emotional stress. The Respondent's actions were not spontaneous or the product of impaired cognitive control. The deliberate fabrication of the two medical certificates, using Dr F1's details to deceive her employer, demonstrates a calculated pattern of dishonesty. The Respondent did not come forward of her own volition; the misconduct was detected through internal verification processes, and only then was it admitted to. These aggravating features, including the absence of voluntary disclosure, collectively elevate the culpability of her conduct to the highest level short of warranting removal from the register.
50. Nonetheless, the Tribunal is cognisant that this case is distinguishable from *Singapore Medical Council v Chua Shunjie* [2020] 5 SLR 1099. In *Chua*, the respondent engineered an elaborate false résumé including fabricated publications and awards, for the specific purpose of gaining an unfair advantage in a competitive residency programme. The deceit was not only sustained and multifaceted but was directed at institutional gatekeepers within the professional development and regulatory framework. By contrast, Dr Yong's misconduct, though deliberate and serious, was confined to misleading her employer in an attempt to shield herself from internal disciplinary consequences arising from absenteeism. There is no suggestion that her acts were designed to obtain registration as a medical practitioner, employment, or academic distinction, nor that they had any downstream institutional effect beyond the immediate context. Importantly, no patients were placed at risk, and her conduct was not linked to clinical negligence or substandard care.

51. The psychiatric evidence does not materially reduce the Respondent's culpability. Dr D2's assessments (dated 7 February and 10 March 2023) concluded that the Respondent was not suffering from any psychiatric disorder at the material time and retained full capacity for moral reasoning, demonstrating alertness, coherence, and insight. Dr D1's contrary opinion, diagnosing adjustment disorder, is undermined by internal contradictions, lack of methodological rigour, and inconsistency with the wider factual matrix. The Tribunal is guided by the principle in *Law Society of Singapore v Ravi s/o Madasamy* at [54(d)], that in cases of misconduct involving dishonesty, such as the Respondent's forgery, psychiatric conditions carry no meaningful weight as mitigating factors. Further, the court in *Ravi* cautioned that even in situations that do not involve dishonesty, the psychiatric opinions must cohere with the established facts to be given weight, as seen in its scrutiny of the respondent's actions against medical evidence at [60]–[66]. The Respondent's acts, executed with precision and concealment, are inconsistent with cognitive or affective dysfunction of any significant degree. The Tribunal is therefore not persuaded that the psychiatric evidence displaces or substantially mitigates the Respondent's culpability.
52. The Tribunal is also mindful of mitigating factors. The Respondent is a young practitioner with no prior record. She pleaded guilty at the earliest opportunity and cooperated fully with the investigation. The dishonest conduct, while grave, was confined in scope and context. There was no manipulation of professional licensing or educational credentials, no repeated misconduct beyond the two known incidents, and no benefit obtained in the form of appointment, remuneration, or institutional status. The Tribunal accepts that the Respondent has displayed genuine remorse and has endured professional setbacks, including de facto suspension from practice pending the conclusion of these proceedings.
53. Yet the fact remains that the Respondent forged official medical documents. This not only violated the trust reposed in her as a registered medical practitioner but also undermined the integrity of the documentary processes upon which institutional employers and regulatory bodies rely. Professional self-regulation is premised upon honesty, probity, and mutual trust among practitioners. When that trust is breached, particularly through deception involving the misuse of a colleague's professional details, the disciplinary response must be unambiguous. The Tribunal is therefore satisfied that only the maximum

suspension term available under the disciplinary framework would adequately reflect the seriousness of the misconduct, uphold public confidence, and serve as a general deterrent to the profession.

Assessment of Sentence

54. The Tribunal is mindful that the sentencing process begins with an independent determination of the appropriate sanction, having regard to the seriousness of the misconduct. Only thereafter should the sanction be calibrated in light of any aggravating or mitigating factors. In the present case, the Tribunal has independently assessed the seriousness of the Respondent's conduct and determined that a 36-month suspension represents the proportionate and just sanction. In reaching this conclusion, the Tribunal has not disregarded the mitigating factors advanced by the Defence, including the Respondent's early plea of guilt, the absence of any prior disciplinary record, and her full cooperation during the investigation and proceedings. However, the egregious nature of the dishonesty, consisting of repeated acts of fabricating official documentation using Dr F1's name and registration number, and the calculated deception of her institutional employer, so elevates the gravity of the misconduct that no downward calibration is warranted. The Tribunal is satisfied that the imposition of the maximum statutory period of suspension is necessary to reflect the seriousness of the breaches and to uphold the standing of the profession.

Alleged Delay in Proceedings

55. The Tribunal also considered the submission that the disciplinary proceedings had been subject to delay and that this ought to be taken into account in determining the sentence. Having reviewed the chronology of events and the procedural steps taken, the Tribunal does not find that there has been any undue or culpable delay that would warrant a reduction in the sanction imposed. The timeline reflects the complexity of the matter, the need for psychiatric evaluation, and the procedural safeguards afforded to the Respondent throughout the process. The Respondent was not subjected to any undue hardship or prejudice arising from the duration of the proceedings. Accordingly, the Tribunal finds that the assertion of delay does not provide any basis for a discount in sentence.

Totality Principle

56. Accordingly, the Tribunal imposes a suspension of 36 months in respect of each of the two charges. Each charge pertains to a separate episode of dishonesty, involving the fabrication of a forged medical certificate using the name and registration number of Dr F1, and its submission to an institutional employer as justification for absence from duty. These were not impulsive lapses but deliberate and premeditated acts. In line with established disciplinary precedent and the principle of totality, the Tribunal directs that the suspensions are to run concurrently. The total sentence is therefore a suspension of 36 months from the medical register. This sanction is both principled and proportionate and serves to reinforce the integrity of the profession while providing clear guidance on the disciplinary consequences of conduct involving professional dishonesty.

Opportunity for Reflection

57. The Tribunal is not unmindful of the Respondent's youth, her provisional registration status at the material time, and the personal challenges she may have faced in the early stages of her professional career. While the misconduct was grave and necessitates a strong disciplinary response, the Tribunal recognises that this need not define her future in the profession. The suspension period presents a critical opportunity for reflection, reorientation, and growth. The Respondent is encouraged to spend this time meaningfully, whether through further education, service-oriented engagement, or structured rehabilitative programmes, to demonstrate genuine insight into the seriousness of her conduct and her commitment to the ethical standards of the profession. Should she seek re-entry in future, it will fall to her to persuade the regulators that she has not only acknowledged the breach but taken active steps to restore the trust essential to the calling she once embraced. The Tribunal expresses its hope that she will do so with sincerity and resolve.

Orders of the Tribunal

58. Having found the Respondent guilty on both charges of conduct which brings disrepute to the medical profession under section 59D(1)(b) of the Medical Registration Act, the Tribunal orders under section 59D(2) as follows:

- (a) In respect of the First Charge, the Respondent shall be suspended from practice for a period of thirty-six (36) months;
- (b) In respect of the Second Charge, the Respondent shall be suspended from practice for a period of thirty-six (36) months;
- (c) The periods of suspension in (a) and (b) above shall run concurrently;
- (d) The period of suspension shall take effect 40 days from the date of this Order, to account for the statutory appeal period and the administrative time required for service of notice;
- (e) The Respondent shall be censured;
- (f) The Respondent shall provide a written undertaking to the Singapore Medical Council that she will not engage in the conduct complained of or any similar conduct in the future;
- (g) The Respondent shall pay the costs and expenses of and incidental to these proceedings, including the costs of the solicitors to the SMC.

Prof Ho Lai Yun
Chairman

Dr Chan Kin Ming
Member

Mr Bala Reddy
Legal Professional

Mr Kenny Chooi, Mr Joel Yap
(Adsan Law LLC)
for Singapore Medical Council; and

Mr Navindraram Naidu, Ms Kuan Jin Yin
(Dentons Rodyk & Davidson LLP)
for Dr Cherida Yong Chun Yin