



THE MEDICAL COUNCIL
OF HONG KONG

2013

Annual Report

Ensuring Justice

Maintaining Professionalism

Protecting the Public

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Preface

This annual report, covering the period from 1 January to 31 December 2013, is the 19th report published by the Medical Council of Hong Kong (the Council). Through this publication, the Council aims to keep members of the profession as well as the public better informed of the functions and work of the Council during the year.

It should be noted that this report is intended for general information only and certain functions of the Council have accordingly been simplified and/or presented in the form of an information document. For details of the statutory functions of the Council and its subsidiary bodies, readers should refer to the Medical Registration Ordinance, Cap. 161, Laws of Hong Kong, and its subsidiary legislation.

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1. Introduction

- 1.1 The Medical Council of Hong Kong (the Council) is empowered under the Medical Registration Ordinance to handle registration and disciplinary regulation of medical practitioners in Hong Kong. To assist in carrying out these functions, the Council Secretariat, which is staffed by the Department of Health, provides executive and secretarial support to the Council. Apart from conducting policy and committee meetings, the Council had processed, with the support of the Secretariat, for the year 2013 –
- (a) 538 applications to take various parts of the Licensing Examination, the passing of which shows the achievement of a standard acceptable for registration as a medical practitioner;
 - (b) 867 applications for registration (including 274 applications for full registration, 299 applications for provisional registration, 192 applications for limited registration, and 102 applications for temporary registration);
 - (c) 353 applications for specialist registration;
 - (d) 12 817 renewals of annual practising/retention certificates; and
 - (e) 452 disciplinary complaints.
- 1.2 2013 was a very busy year for the Council. This is evident from the statistics in this report, in particular, the large number of disciplinary complaints. To ensure compliance with professional ethics and facilitate experience sharing, guidelines on specific topics relating to medical practice/management were issued for the reference of medical practitioners through the Council's newsletter.
- 1.3 In 2013, the Council continued to defend itself in a number of judicial review/appeal cases. Although being challenged in such cases, the Council is committed to protecting the public, maintaining professionalism and ensuring justice in discharging its statutory functions.

2. Membership of the Medical Council and the General Election held in 2013

2.1 The Council comprises 24 medical practitioners and 4 lay members. The composition of the Council is as follows –

- (a) 2 registered medical practitioners nominated respectively by –
 - Director of Health;
 - University of Hong Kong;
 - The Chinese University of Hong Kong;
 - Hospital Authority;
 - Hong Kong Academy of Medicine;
- (b) 7 registered medical practitioners nominated and elected by the Hong Kong Medical Association;
- (c) 7 registered medical practitioners who are ordinarily resident in Hong Kong elected by all registered medical practitioners; and
- (d) 4 lay members.

The Director of Health is the ex-officio Registrar of Medical Practitioners.

2.2 The membership of the Council (as at 31 December 2013) was as follows –

Professor LAU Wan-yee, Joseph, SBS (Chairman)

Miss CHAN Ching-har, Eliza, SBS, JP

Dr CHAN Hon-yee, Constance, JP

Dr CHAN Yee-shing

Miss CHAU Man-ki, Mabel, MH

Dr CHENG Chi-man

Dr CHEUNG Hon-ming

Dr CHEUNG Tak-hong (from 24 January 2013 onwards)

Dr CHOI Kin, Gabriel

Dr CHOW Pak-chin, JP

Ms CHOY Hok-man, Constance

Professor FOK Tai-fai, SBS, JP

Dr HO Hung-kwong, Duncan

Dr HO Pak-leung

Dr HUNG Chi-tim, JP

Dr HUNG Se-fong, BBS (from 1 January 2013 onwards)

Dr IP Wing-yuk (from 24 January 2013 onwards)
Dr LAI Kit-lim, Cindy, JP
Professor LAM Lo-kuen, Cindy, JP
Dr LAM Tzit-yuen, David
Ms LAU Wai-yee, Monita
Dr LEUNG Chi-chiu
Dr LI Chung-ki, Patrick, BBS, JP
Professor Felice LIEH-MAK, GBS, CBE, JP
Dr LO Su-vui
Dr SHEA Tat-ming
Professor TANG Wai-king, Grace, SBS, JP
Dr TSE Hung-hing, JP

The Council's Legal Adviser is Mr SHUM Ping-sang, Edward, who replaced Mr Charles CC CHAN with effect from 13 November 2013, and its Secretary is Miss CHOW Wan-kam, Maggie, who replaced Mr LEUNG Chor-fai, Tony with effect from 23 December 2013.

- 2.3 Dr CHAN Yee-shing was re-elected while Dr CHEUNG Tak-hong was elected as members of the Council for a period of 3 years with effect from 24 January 2013 in the 17th election of the Council conducted on 19 December 2012.
- 2.4 Dr CHOW Pak-chin, JP was re-elected while Dr IP Wing-yuk was elected as members of the Council for a period of 3 years with effect from 24 January 2013 by the Hong Kong Medical Association.
- 2.5 The 18th election of the Council was conducted on 18 December 2013 to fill 2 vacancies for a period of 3 years with effect from 24 January 2014. The election exercise was carried out smoothly. Dr CHOI Kin, Gabriel and Dr HO Pak-leung, with the highest number of votes, were declared to be re-elected.

3. The Preliminary Investigation Committee and Disciplinary Proceedings

- 3.1 The Council's jurisdiction over the professional conduct of registered medical practitioners is laid down in the Medical Registration Ordinance (MRO) and the Medical Practitioners (Registration and Disciplinary Procedure) Regulation (the Regulation).
- 3.2 The situations that give rise to disciplinary proceedings include where a registered medical practitioner has been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment or where there is evidence that a registered medical practitioner has been guilty of misconduct in a professional respect.
- 3.3 For the purpose of giving general guidance to registered medical practitioners as to what may commonly constitute professional misconduct, the Council has published a Code of Professional Conduct (the Code) (revised in January 2009), and each registered medical practitioner has been given a personal copy of the Code.
- 3.4 The Preliminary Investigation Committee (PIC) is established by the Council to perform the following functions –
- (a) to make preliminary investigations into complaints or information touching any matter that may be inquired into by the Council or heard by the Health Committee (HC) and to give advice on the matter to any registered medical practitioner;
 - (b) to make recommendations to the Council for the holding of an inquiry under section 21 of the MRO;
 - (c) to make recommendations to the HC for conducting a hearing; and
 - (d) to make preliminary investigations upon a referral by the Education and Accreditation Committee.
- 3.5 The PIC comprises 7 members including 1 of the 4 lay members of the Council. The Chairman of the PIC is assisted by a Deputy Chairman, both of them being elected by the Council from among its members. The membership of the PIC (as at 31 December 2013) was as follows –
- Dr CHOI Kin, Gabriel (Chairman)
Professor FOK Tai-fai, SBS, JP (Deputy Chairman)
Dr DUNN Lai-wah, Eva (from 12 February 2013 onwards)
Dr FOO Kam-so, Stephen
Dr HO Chung-ping, MH, JP

Dr LEE Siu-yin, Ruby, JP
Miss CHAN Ching-har, Eliza, SBS, JP *
Miss CHAU Man-ki, Mabel, MH *
Ms CHOY Hok-man, Constance *
Ms LAU Wai-yee, Monita *

* *serving on rotation basis, each for a period of 3 months*

3.6 Complaints against registered medical practitioners touching on matters of professional misconduct are normally either lodged with the Council by individuals or referred to the Council by other bodies such as the Hong Kong Police Force, the Independent Commission Against Corruption and the press. In accordance with the established procedures, complaints will be processed through part or all of the following three stages –

- (a) Consideration by the Chairman and the Deputy Chairman to determine whether a complaint should be deliberated at PIC meeting or be referred to the Health Committee for consideration. For those complaints which are considered groundless, frivolous or not pursuable, and therefore cannot or should not proceed further, the Chairman and the Deputy Chairman will consult the lay member of the PIC before a decision is made to dismiss the complaints.
- (b) Examination at the PIC of the complaint as well as the explanation of the registered medical practitioner(s) concerned, and decision as to whether or not there is a prima-facie case to refer it to the Council for a formal inquiry.
- (c) Inquiry by the Council to hear the evidence from both the complainant and the defending registered medical practitioner(s).

3.7 At any meeting of the Council held for the purpose of an inquiry, either–

- (a) 5 members of the Council; or
- (b) not less than 3 members of the Council and 2 assessors, on a rotational basis, from the panel of assessors,

at least one of whom shall be a lay member but subject to the majority being registered medical practitioners, shall be a quorum. The membership of the panel of assessors (as at 31 December 2013) was as follows –

Dr CHAO Vai-kiong, David

Dr CHOW Shun-kit (from 5 September 2013 onwards)

Professor HO Shu-leong
Dr KONG Wing-ming, Henry (from 5 September 2013 onwards)
Mr KWONG Cho-shing, Antonio, MH
Dr KWONG Kwok-wai, Heston, JP
Professor KWONG Yok-lam
Mr LAM Kin-hong, Matthew, MH
Dr LAM Siu-wing, Andy, JP
Dr LUK Hung-to, Danny
Professor POON Wai-sang
Dr TANG Yiu-hang, Simon
Professor WING Yun-kwok
Mr YU Kwok-kuen, Harry

- 3.8 In 2013, the Council processed a total of 452 complaints. **Table 1** shows the nature of complaints. Comparative figures for the years of 2009 to 2013 are shown in the same table. As the figures show, the number of disciplinary cases received by the Council had maintained at a high level in recent years. The category of “disregard of professional responsibility to patients” mainly included cases on failure/unsatisfactory result of treatment/surgery, failure to properly/timely diagnose illness, disagreement with doctor’s medical opinion and inappropriate prescription of drugs.
- 3.9 In 2013, the PIC Chairman considered all the 452 cases received. Of these, 146 cases were dismissed jointly by the Chairman and the Deputy Chairman in consultation with the lay member of the PIC as being frivolous or groundless. **Table 2** shows the natures of these complaints. Another 9 cases could not be pursued further because the complainants failed to provide further information or statutory declaration, or the complaints were anonymous or withdrawn. A total of 34 cases were referred to the PIC for consideration and out of which, 3 cases were subsequently referred to the Council for formal inquiry. No decision has yet been reached on the remaining 263 cases for which further information is required.
- 3.10 **Table 3** shows the decisions of the PIC on the cases considered. In 2013, a total of 89 cases were considered by the PIC, including complaint cases received in 2013 or before.
- 3.11 **Table 4** gives a closer look into the PIC’s work in 2013. A total of 12 meetings were held to consider the 89 cases. Of these 89 cases, 31 were dismissed by the PIC while 58 were referred to the Council. At each PIC meeting, the presence of a lay member is mandatory.

- 3.12 The majority of complaints did not reach the inquiry stage. They were dismissed either because they were groundless, frivolous or related to allegations which did not constitute professional misconduct. As a considerable number of these complaints were related to doctors' communication skills and attitude falling short of the expectation of the patients, the PIC has since December 2012 adopted a practice of informing the doctors concerned of the dismissed complaints for their attention and improvement. Some of the complaints could not be pursued further due to the lack of supporting evidence, withdrawal of the complaints by the complainants or the complainants being unwilling to testify. There were also some complaints which in fact touched on civil claims of professional negligence or compensation. These cases should be dealt with in civil proceedings or the Small Claims Tribunal and the complainants were so advised accordingly.
- 3.13 In an inquiry, the defendant doctor is normally legally represented. The Secretary of the Council, who is normally represented by a Government Counsel of the Department of Justice, is responsible for presenting evidence to substantiate the disciplinary charges, including for example the calling of the complainant as the prosecution's witness. Hence, the complainant seldom needs to engage his or her own lawyer to present the case in a disciplinary inquiry.
- 3.14 To deal with any legal issues raised at disciplinary inquiries, the Council is assisted throughout the hearing by its own Legal Adviser.
- 3.15 In the case *Medical Council of Hong Kong v. Helen Chan* (FACV 13/2009), the Court of Final Appeal in May 2010 held that the Legal Adviser's (i) presence at the Council's private deliberations and (ii) drafting of the Council's decisions in disciplinary inquiries not only are lawful, but also contribute to safeguarding the defendant's constitutional right to hearing by a competent, independent and impartial tribunal. In view of the Court of Final Appeal's decision, the Council decided in June 2010 to resume the former practice of inviting the Legal Adviser (i) to be present during the Council's deliberations in disciplinary inquiries and (ii) to draft the Council's judgments on the basis of the Council's decisions, findings and reasoning.
- 3.16 The Legal Adviser does not take part in the Council's deliberations or decision-making. He only gives legal advice to the Council, and will inform the parties of any legal advice given during the Council's private deliberations. He will also draft the judgment on the basis of the Council's decisions, findings and reasoning. The Council will thoroughly scrutinize the draft and modify it where necessary in order to ensure that the judgment says what the Council means.

- 3.17 It should also be stressed that, before any registered medical practitioner is found guilty of any disciplinary offence, the offence has to be proved to the required standard by the evidence put before the Council. The standard of proof which applies in each case has to be commensurate with the gravity of the offence charged.
- 3.18 If a registered medical practitioner is found guilty of a disciplinary offence after an inquiry, he will face one of the following disciplinary sanctions –
- Removal from the General or Specialist Register;
 - Removal from the General or Specialist Register for such period as the Council may think fit;
 - Reprimand;
 - Suspended application of any of the above for a period not exceeding 3 years, subject to any conditions the Council may think fit; or
 - Warning letter.
- 3.19 **Table 5** shows the number of disciplinary inquiries conducted by the Council in 2013. A total of 30 cases (including 2 cases to be continued in 2014) were heard in the year of 2013. In 26 of the 28 cases (92.9%), the Council found the registered medical practitioners concerned guilty. The more prominent cases were related to the registered medical practitioners' disregard of professional responsibilities to patients.
- 3.20 A registered medical practitioner aggrieved by the disciplinary order of the Council has a right in law to appeal to the Court of Appeal. **Table 6** shows the number of appeals against the Council's orders in the 5 years from 2009 to 2013. A total of 7 appeals had been lodged with the Court of Appeal as at 2013 (including 3 appeals which were carried forward from previous years). Of them, 1 appeal was allowed by the Court of Appeal and 1 appeal was withdrawn by the registered medical practitioner concerned.

4. *The Licentiate Committee and the Licensing Examination of Medical Council*

- 4.1 The Licentiate Committee (LC) established by the Council is responsible for administering and running the Licensing Examination for non-local medical graduates. It is also responsible for the assessment of interns during the period of supervised training.
- 4.2 The Licensing Examination was introduced to replace the Licentiate Scheme with effect from 1 September 1996. Upon passing the examination and completion of the prescribed period of internship, a person will be qualified for full registration as a registered medical practitioner.
- 4.3 The Licensing Examination is held annually and consists of 3 parts –

Part I

Examination in Professional Knowledge — consisting of 2 multiple-choice question papers, set in both Chinese and English, on professional subjects including medicine, surgery, orthopaedic surgery, paediatrics, obstetrics and gynaecology, psychiatry, medical ethics/community medicine and basic sciences.

Part II

Proficiency Test in Medical English — a written professional English paper to test candidates' proficiency in medical English.

Part III

Clinical Examination — an examination to test candidates' ability to apply professional knowledge to solve clinical problems, in which candidates will be examined in medicine, surgery (including cases on orthopaedic surgery), obstetrics and gynaecology, and paediatrics. Candidates may answer in English, Cantonese or Putonghua.

- 4.4 Candidates who have passed all 3 parts of the Licensing Examination will normally be required to undergo a 12-month internship training programme in hospitals accredited by the Central Internship Committee of the Hospital Authority. During this period, an intern will work under supervision in the following disciplines –
- medicine
 - surgery
 - orthopaedics and traumatology
 - obstetrics and gynaecology
 - paediatrics
 - geriatrics
 - psychiatry

4.5 The membership of the LC (as at 31 December 2013) was as follows –

Dr CHEUNG Hon-ming (Chairman)
Dr AU Kit-sing, Derrick
Dr CHAN Kit-sheung
Professor CHENG Wing-keung, Stephen
Dr CHEUNG Wai-lun, JP
Dr CHIU Pui-yin, Amy, JP
Professor TANG Chi-wai, Sydney
Professor TOMLINSON Brian
Dr TSOI Wai-wang, Gene
Professor WONG Ka-sing, Lawrence

4.6 To discharge the respective functions of the LC, a total of 5 Sub-Committees have been set up –

(a) Examination Sub-Committee

- responsible for conducting the Licensing Examination and certifying passes and failures in the examination
- the membership (as at 31 December 2013) was as follows –
Professor TOMLINSON Brian (Chairman)
Professor CHAN Kai-ming, OBE, JP
Professor CHEUNG Nga-yin, Annie
Dr CHIU Pui-yin, Amy, JP
Professor CHIU Kwong-yuen, Peter (from 1 April 2013 onwards)
Professor CHU Kent-man
Professor CHUNG Kwok-hung, Tony
Professor HO Pak-chung
Professor LAI Bo-san, Paul
Professor LI Albert Martin
Professor NG Kwok-wai, Enders
Professor SZETO Cheuk-chun
Professor WONG Chun-nei, Virginia
Professor YUEN Man-fung

(b) Internship Sub-Committee

- responsible for the assessment and supervision of interns during the period of supervised training
- the membership (as at 31 December 2013) was as follows –
Professor CHENG Wing-keung, Stephen (Chairman)
Professor CHAN Chi-fung, Godfrey
Professor CHAN Ka-leung, JP
Professor CHAN Kai-ming, OBE, JP
Dr CHIU Pui-yin, Amy, JP
Professor CHUNG Kwok-hung, Tony
Professor FOK Tai-fai, SBS, JP
Professor IP Sau-man, Mary
Professor KWONG Yok-lam
Professor LO Chung-mau, JP
Professor LUK Dip-kei, Keith
Professor NG Kwok-wai, Enders
Professor NG Pak-cheung
Professor NGAN Yuen-sheung, Hextan
Dr PANG Fei-chau

(c) Credentials Sub-Committee

- responsible for considering and determining the eligibility of the applicants for sitting the Licensing Examination
- the membership (as at 31 December 2013) was as follows –
Professor TANG Chi-wai, Sydney (Chairman)
Professor CHAN Chi-fung, Godfrey
Dr CHEUNG Hon-ming
Professor LAM Chiu-wa, Linda
Dr LAM Tzit-yuen, David
Professor LAU Chak-sing, Wallace
Dr TOM Kam-tim

(d) Exemptions Sub-Committee

- responsible for considering and determining applications for exemption from various parts of the Licensing Examination and part of the internship training
- the membership (as at 31 December 2013) was as follows –
Dr TSOI Wai-wang, Gene (Chairman)
Professor CHENG Wing-keung, Stephen
Dr CHIU Pui-yin, Amy, JP
Dr KWOK Tin-fook
Dr LAU Chor-chiu, MH
Professor LO Chung-mau, JP
Professor NELSON Edmund Anthony
Professor TANG Chi-wai, Sydney
Professor TOMLINSON Brian

(e) Review Sub-Committee

- responsible for considering and determining applications for review from candidates aggrieved by the decisions of other sub-committees regarding the examination and/or internship training
- the membership (as at 31 December 2013) was as follows –
Mr Erik SHUM (Chairman)
Dr CHENG Beatrice
Dr CHENG Man-yung
Dr CHEUNG Lik-ching, David
Dr CHING Cheuk-tuen, Regina, JP
Professor CHIU Fung-kum, Helen

- 4.7 Apart from the LC and its Sub-Committees which oversee the overall operation of the Licensing Examination, the administrative and operational work of the examination are also shouldered by the University of Hong Kong (HKU) and The Chinese University of Hong Kong (CUHK). HKU and CUHK assist in the planning, implementation and administration and final delivery of the Licensing Examination with the support of the Hospital Authority in providing examiners, patients, venues, facilities and logistics. They also provide chief examiners for all parts of the Licensing Examination and invite overseas examiners for the Clinical Examination to ensure the quality and standard of the examination.
- 4.8 Details of the results of the Licensing Examination since 1996 are shown in [Table 7](#).
- 4.9 The number of candidates sitting the Licensing Examination is on the rise in recent years. Compared with 2008, the number of candidates sitting Parts I, II and III of the 2013 Licensing Examination has been increased by 103%, 203% and 522% respectively over the past 5 years.
- 4.10 The LC completed the comprehensive review on the policy on administration and conduct of the Licensing Examination in 2013. After studying the report of the review, the Council decided to, from 2014 onwards, increase the number of sittings of the Licensing Examination from 1 to 2 per annum.

5. The Education and Accreditation Committee

5.1 The Education and Accreditation Committee (EAC) is established by the Council to perform the following functions –

- (a) to determine, upon the recommendation of the Hong Kong Academy of Medicine (HKAM), the specialties under which names of registered medical practitioners may be included in the Specialist Register;
- (b) to recommend to the Council, on the recommendation of the HKAM, the qualification, experience and any other attributes that qualify a registered medical practitioner to have his name included in the Specialist Register under a particular specialty;
- (c) to recommend to the Council the procedures, documentations and fees payable for including the name of a registered medical practitioner in the Specialist Register;
- (d) to recommend and review the standard and structure of undergraduate medical education and medical training required for a person to become a registered medical practitioner; and
- (e) to recommend to the Council whether the name of a registered medical practitioner should be included in or removed from the Specialist Register.

5.2 The membership of the EAC (as at 31 December 2013) was as follows –

Professor TANG Wai-king, Grace, SBS, JP (Chairman)

Professor CHAN Anthony Tak-cheung

Dr CHAN Man-chung, JP

Professor CHEUNG Yiu-fai

Professor CHUNG Kwok-hung, Tony

Dr HUNG Chi-tim, JP

Professor LAM Lo-kuen, Cindy, JP

Dr LAM Tzit-yuen, David

Professor LAU Chak-sing

Professor LAW Ying-kit, Simon

Dr LEUNG Kwok-ling, Ares

Dr LI Chung-ki, Patrick, BBS, JP

Dr NG Wing-fung (from 5 October 2013 onwards)

Dr YU Cissy, MH

- 5.3 The voluntary “CME Programme for Practising Doctors who are not taking CME Programme for Specialists” (the Programme) was implemented with effect from 1 October 2001. Medical practitioners whose names are not included in the Specialist Register can participate in the Programme. Participants who have accumulated 30 or more CME points in a year within the 3-year CME cycle will be awarded a CME certificate to certify that they have achieved a satisfactory level of CME activity during that particular period. The CME certificate can be displayed inside the medical practitioner’s clinic. Since the implementation of the Programme and up to 31 December 2013, the Council had, on the recommendation of the EAC, issued 18 669 CME certificates to the participating medical practitioners.
- 5.4 Under the Programme, participating medical practitioners who have acquired 90 or more CME points in a CME cycle will be given approval to use the title “CME-Certified” on their visiting cards during the immediately following CME cycle. As at 31 December 2013, there were 1 674 medical practitioners holding valid “CME-Certified” title.
- 5.5 In 2013, the EAC conducted its 4th triennial review of the Programme for the purpose of assessing the suitability of the Programme Providers, Administrators and Accreditors for re-appointment. On the recommendation of the EAC, the Council re-appointed the following organisations for another term of 3 years with effect from 1 January 2014 –

CME Programme Providers

- (i) Association of Licentiates of the Medical Council of Hong Kong
- (ii) The Chinese University of Hong Kong
- (iii) Department of Health (DH)
- (iv) HKAM
- (v) Hong Kong Doctors Union (HKDU)
- (vi) Hong Kong Medical Association (HKMA)
- (vii) Hospital Authority (HA)
- (viii) University of Hong Kong

CME Programme Administrators

- (i) DH
- (ii) HKAM
- (iii) HKDU
- (iv) HKMA

CME Programme Accreditors

- (i) HKAM
- (ii) HKDU
- (iii) HKMA

- 5.6 The EAC is also responsible for scrutinizing applications for quotability of qualifications and recommending to the Council whether a particular qualification may be quoted on signboards, letterheads and visiting cards, etc.. In 2013, the Council considered the recommendations of the EAC on a total of 14 qualifications. Of these 14 qualifications, 7 were regarded as having fulfilled the prevailing guidelines and were included in the List of Quotable Qualifications with the endorsement of the Council.
- 5.7 The Specialist Register was established in 1998 to provide for specialist registration of registered medical practitioners qualified in various specialties. There were 56 specialties as at 31 December 2013. On the recommendation of the EAC, the Council approved 353 applications of registered medical practitioners for inclusion of their names in the Specialist Register in 2013.
- 5.8 By virtue of sections 8 and 9 of the Medical Registration Ordinance (MRO), medical graduates of The Chinese University of Hong Kong and the University of Hong Kong on completion of internship training are qualified to register as medical practitioners without taking the Licensing Examination. In order to ensure that the standards of medical graduates of the two universities are on par with that of the Licensing Examination, section 20(d) of the MRO provides that it is a statutory function of the EAC “to recommend and review the standard and structure of undergraduate medical education and medical training required for a person to become a registered medical practitioner”, as set out in paragraph 5.1(d) above. Since 1997, the Council has been conducting the 5-yearly “Accreditation Exercise of the Medical Education and Training of The Chinese University of Hong Kong and the University of Hong Kong”. On the recommendation of the EAC, the Council decided to conduct the 4th Accreditation Exercise in 2013, and appointed a Visit Team comprising the following members to conduct the accreditation visits to the 2 universities –

Chairperson:	Dr HUNG Chi Tim, JP
External Assessors (Overseas Experts):	Sir Professor Peter RUBIN
	Professor Richard HAYS
Representative of HA:	Dr LI Chi Kong, JP
Representative of HKAM:	Professor Raymond LIANG, SBS, JP
Lay member of the Council:	Miss Mabel CHAU, MH
Registered medical practitioner from the private sector:	Dr CHOI Kin, Gabriel
Secretary:	Ms Kaye BRODIE

The Visit Team conducted the visits in November 2013 and would submit a report on its findings and recommendations on the medical education and training of the 2 universities for consideration by the EAC and the Council in 2014.

- 5.9 Since the Council's decision to replace its policy on quotable appointments promulgated in May 2000 with a set of "Rules on Quotable Appointments" (QA Rules) as announced in September 2012, the EAC had been refining the QA Rules and working on the implementation arrangements and related issues. The revised QA Rules and the implementation details would be promulgated to the profession in 2014.

6. The Ethics Committee and the Code of Professional Conduct

- 6.1 The Ethics Committee (EC) is established by the Council and its functions include –
- (a) to study and review any case relating to medical ethics or professional conduct, either on its own motion or at the request in writing of not less than 20 registered medical practitioners; and
 - (b) to advise and make recommendations to the Council on matters about medical ethics and professional conduct generally.
- 6.2 The membership of the EC (as at 31 December 2013) was as follows –

Dr TSE Hung-hing, JP (Chairman)

Dr CHAN Chok-wan, BBS

Dr CHAN Yee-shing

Dr CHENG Chi-man

Ms CHOY Hok-man, Constance

Dr David FANG, SBS, JP

Dr LAI Cham-fai

Dr LEUNG Chi-chiu

Professor LEUNG Ping-chung, SBS, OBE, JP

Mrs LING LEE Ching-man, Eleanor, SBS, OBE, JP

Dr SHEA Tat-ming (from 9 January 2013 onwards)

Professor TAO LAI Po-wah, Julia

- 6.3 In 2013, the Council discussed about the issue of practice without valid practising certificates by registered medical practitioners. To draw the attention of members of the profession to the relevant statutory requirement, the Council, on the recommendation of the EC, decided that the Code of Professional Conduct (the Code) should be amended by adding the following paragraph in Part IA “Introduction” of the Code, immediately preceding the final paragraph –

A doctor must comply with the law governing the practice of medicine. Section 20A(1) of the Medical Registration Ordinance provides that “a registered medical practitioner shall not practise medicine, surgery or midwifery in Hong Kong, or any branch of medicine or surgery in Hong Kong, unless he is the holder of a practising certificate which is then in force.”

The above amendment was published in the Council’s website in October 2013 and in the 20th issue of the Council’s newsletter in December 2013.

- 6.4 On the recommendation of the EC, the Council renewed its approval for individual clusters of the Hospital Authority to continue to publish doctors directories. The Council also granted approval to the Hong Kong College of Family Physicians to publish a doctor directory of its members.

7. The Health Committee

7.1 The Health Committee (HC) is established to deal with the health aspect of medical practitioners whose fitness to practise medicine is called into question. It acts in accordance with the procedures laid down in the Medical Practitioners (Registration and Disciplinary Procedure) Regulation.

7.2 The functions of the HC are as follows –

- (a) to conduct a hearing into any case or matter concerning the health or physical or mental fitness to practise of any registered medical practitioner, whether the case or matter has been investigated by the Preliminary Investigation Committee (PIC) or not;
- (b) to conduct a hearing into matters referred to it by the Council under section 21(1) of the Medical Registration Ordinance;
- (c) to make a recommendation to the Council, after due hearing conducted under paragraph (a) or (b) above, that the name of a registered medical practitioner be removed from the General Register permanently or for any period not exceeding 12 months, and that such an order for removal be suspended subject to such conditions as recommended by the HC, where appropriate; and
- (d) to recommend the extension, not exceeding 12 months, of a period of temporary removal of name recommended under paragraph (c) above.

7.3 The membership of the HC (as at 31 December 2013) was as follows –

Dr CHOW Pak-chin, JP (Chairman)

Miss CHAU Man-ki, Mabel, MH

Dr CHEUNG Hobby (from 12 February 2013 onwards)

Dr CHOW Chun-kwan, John (from 7 February 2013 onwards)

Dr HO Hung-kwong, Duncan

Dr HUI Yin-fun, Linda

Dr LO Su-vui

Dr POON Tak-lun, JP

Dr TSOI Lai-to, Sammy

Dr WONG Yee-him, John

Dr WONG Ying, Grace

7.4 In 2013, a medical practitioner applied to commit the HC for contempt of court on account of the HC's failure to comply with a court order made in a judicial review case. The HC objected the alleged accusation and the case would be heard in early 2014.

8. Registration of Medical Practitioners

- 8.1 As at 31 December 2013, there were 13 203 medical practitioners with full registration. This figure included those residents in Hong Kong and those on the non-resident list. [Table 8](#) shows that there had been an increase in the number of registered medical practitioners from 12 424 in 2009 to 13 203 in 2013 (6.3%). In addition to the medical practitioners with full registration, there were 166 medical practitioners with limited registration among whom 51 were permitted to work in the exempted clinics.
- 8.2 Keeping the entries in the General Register and the Specialist Register up-to-date has been a major task for the Council Secretariat. Hundreds of transactions are carried out weekly, including changes of registered address or personal particulars, removal from and restoration to the registers, transfer to and from the resident and the non-resident lists respectively, issue of Certificates of Good Standing and Certificates Verifying Registration, etc..
- 8.3 [Table 9](#) lists in detail the registration figures in respect of various parts of the General Register, including “full”, “provisional”, “limited” and “temporary” registration as well as cases of restoration to the Register from 2004 to 2013.
- 8.4 A medical practitioner whose name has been removed from the General Register, whether as a consequence of disciplinary proceedings or otherwise, may apply to the Council for restoration of his name to the Register. The Council may hold an inquiry to decide whether to grant or refuse the application. [Table 9](#) shows that in 2013, 22 such applications were approved.
- 8.5 Every year, the Council Secretariat has to conduct a large-scale exercise of renewal of practising and retention certificates for all registered medical practitioners. With the increase in the number of registered medical practitioners, the number of annual practising and retention certificates issued had also risen from 12 055 in 2009 to 12 817 in 2013, representing an increase of 6.3%.
- 8.6 As at 31 December 2013, there were 5 954 medical practitioners registered on the Specialist Register under 56 specialties. The number of medical practitioners registered under each specialty is set out in [Table 10](#).

9. Communication with Medical Practitioners and the Public

- 9.1 In order to disseminate information to all medical practitioners and to solicit their views, the Council would publish a newsletter on a regular basis. The editorial board comprises –

Professor LAU Wan-yee, Joseph, SBS (Chairman)
Dr TSE Hung-hing, JP
Dr CHOI Kin, Gabriel
Dr CHOW Pak-chin, JP
Professor TANG Wai-king, Grace, SBS, JP
Dr CHEUNG Hon-ming
Secretary of the Medical Council

} as appropriate

The 20th issue of the newsletter was published in December 2013.

- 9.2 The Council has launched its website (www.mchk.org.hk) on the Internet. The following information on the website is accessible to members of the public –

- (a) Membership of the Council and its committees;
- (b) The Medical Registration Ordinance;
- (c) Publications of the Council including –
 - (i) The Code of Professional Conduct
 - (ii) Hong Kong Doctors
 - (iii) How the Council deals with Complaints
 - (iv) Newsletters of the Council
 - (v) Annual Reports of the Council;
- (d) Advice to registered medical practitioners;
- (e) List of registered medical practitioners on the General Register and the Specialist Register;
- (f) Application forms for registration;
- (g) Judgments of the Council in disciplinary inquiries;
- (h) Licensing Examination;
- (i) List of Quotable Qualifications approved by the Council;
- (j) Policy on Quotable Appointments;
- (k) CME Programme for Practising Doctors who are not taking CME Programme for Specialists;
- (l) List of Doctors Directories approved by the Council; and
- (m) Attendance of Council members.

10. Future Developments

- 10.1 With the growing complexity of complaints against registered medical practitioners, members of the public expect greater accountability and transparency in dealing with the complaints from the Council. Within the medical profession, there are also discussions on ethical issues and expression of concerns over the standard and quality of medical practice which requires the Council's attention. Having said that, the Council will continue to improve its services to meet the changing needs from both the members of the public and the profession.
- 10.2 With regard to the Reform of the Medical Council, reform proposals have been forwarded to the Administration for consideration. In addition, the Council in May 2010 proposed to the Administration to increase the number of lay members in the Preliminary Investigation Committee (PIC) by adding a new category of the PIC members, which consists of 4 - 6 lay persons who are not members of the Council. One of these lay members will be rostered to sit in each PIC meeting. The proposal will introduce the necessary improvement to the PIC and also alleviate the workload of the lay Council members in the disciplinary proceedings of the Council. Amendments to the Medical Registration Ordinance and its subsidiary Regulations will have to be made to implement the proposals, if they are supported by the Administration.

TABLE 1

Complaints received by the Medical Council

Allegations by Category	No. of Cases				
	2009	2010	2011	2012	2013
1. Conviction in Court	27	34	61	63	40
(a) <i>Failure to keep proper record of dangerous drugs</i>	(2)	(1)	(–)	(2)	(5)
(b) <i>Others</i>	(25)	(33)	(61)	(61)	(35)
2. Disregard of professional responsibility to patients	350	354	294	318	311*
3. Issuing misleading/false medical certificates	43	29	29	20	41
4. Practice promotion	15	13	19	8	12
5. Misleading, unapproved description & announcement	12	14	12	8	8
6. Improper/indecent behaviour to patients	5	14	2	10	7
7. Abuse of professional position to further improper association with patients	1	–	2	–	2
8. Fitness to practise	4	–	2	2	–
9. Abuse of professional confidence	5	–	1	1	–
10. Depreciation of other medical practitioners	1	–	1	1	3
11. Improper delegation of medical duties to unregistered persons	3	1	–	1	–
12. Sharing fee and improper financial transaction	2	3	–	5	–
13. Other minor issues unrelated to professional responsibility	25	14	38	43	28
Total :	493	476	461	480	452

Remarks:

- (i) Of the 452 complaints received in 2013 –
- 263 cases (58%) are being processed or pending additional information
 - 146 cases (32%) were dismissed by the Chairman and the Deputy Chairman of the Preliminary Investigation Committee (PIC) in consultation with the lay member as being frivolous or groundless
 - 34 cases (8%) were referred to the PIC meetings, out of which 3 cases (0.7%) was referred to inquiry
 - 9 cases (2%) could not be pursued further because the complainants failed to provide further information or statutory declaration or the complaints were anonymous or withdrawn, etc.
- * (ii) The breakdown of cases on “Disregard of professional responsibility to patients” in 2013 is as follows:
- (a) Failure/unsatisfactory result of treatment/surgery, failure to properly/timely diagnose illness and disagreement with doctor’s medical opinion – 143 cases
 - (b) Inappropriate prescription of drugs – 61 cases
 - (c) Doctor’s unprofessional attitude/Doctor-patient communication – 26 cases
 - (d) Failure to give proper medical advice/explanation – 17 cases
 - (e) Conducting unnecessary or inappropriate treatment/surgery – 8 cases
 - (f) Fees and others – 56 cases

TABLE 2

Breakdown on the complaints received in 2013 which were dismissed by the Chairman and the Deputy Chairman of the Preliminary Investigation Committee of the Medical Council as being frivolous or groundless

Nature of Complaint	No. of Cases
1. Sick leave and related matters	24
2. Doctor's attitude/Doctor-patient communication	18
3. Unsatisfactory results of treatment/surgery	17
4. Fees dispute	14
5. Disagreement with doctor's medical opinion	14
6. Misdiagnosis	12
7. Undesirable reactions to drugs prescribed	11
8. Practice promotion/Misleading, unapproved description & announcement	5
9. Alleged improper/indecent behaviour to patients	2
10. Other issues unrelated to professional misconduct	29
Total :	146

TABLE 3

Work of the Preliminary Investigation Committee (PIC) of the Medical Council

Nature	2009	2010	2011	2012	2013
1. Total number of cases referred to the PIC meetings	103	108	99	95	89*
2. Total number of cases referred to the Medical Council for inquiries or no inquiry after the PIC meetings	41	49	59	69	58#
3. Total number of cases referred to the Health Committee for hearing after the PIC meetings	2	–	–	–	–

Remarks:

* This figure included those cases received before 2013. They were considered by the PIC in 2013 under the following categories –

	No. of Cases
(a) Disregard of professional responsibility to patients	46
• <i>failure/unsatisfactory results of treatment/surgery</i>	13
• <i>inappropriate prescription of drugs</i>	13
• <i>failure to give proper medical advice/explanation</i>	7
• <i>conducting unnecessary or inappropriate treatment/surgery</i>	7
• <i>failure to properly/timely diagnose illness</i>	4
• <i>fees and others</i>	2
(b) Conviction in court	34
(c) Practice promotion/Misleading, unapproved description & announcement	4
(d) Issuing misleading/false medical certificates	2
(e) Improper/indecent behaviour to patients	1
(f) Improper association with patients	1
(g) Miscellaneous	1
Total:	89

The cases referred by the PIC to the Medical Council in 2013 are classified as follows –

	No. of Cases
(A) Recommended for no inquiry	26
Conviction in court	26
• <i>careless driving</i>	23
• <i>careless driving and installing a visual display unit other than a visual display unit that may be installed under the Road Traffic Ordinance</i>	1
• <i>failure to comply with Buildings Ordinance order</i>	1
• <i>riding/driving on a footpath</i>	1
(B) Recommended for inquiry	7
(a) Conviction in court	7
• <i>indecent assault</i>	3
• <i>indecent assault and committing an act outraging public decency</i>	1
• <i>behaving disorderly in a public place</i>	1
• <i>failure to keep a proper record of dangerous drugs</i>	1
• <i>misconduct in public office</i>	1
(b) Disregard of professional responsibility to patients	20
• <i>inappropriate prescription of drugs</i>	9
• <i>conducting unnecessary or inappropriate treatment/surgery</i>	6
• <i>failure/unsatisfactory results of treatment/surgery</i>	2
• <i>failure to properly/timely diagnose illness</i>	2
• <i>failure to give proper medical advice/explanation</i>	1
(c) Practice promotion/Misleading, unapproved description & announcement	2
(d) Improper/indecent behaviour to patients	1
(e) Improper association with patients	1
(f) Miscellaneous	1
Total:	58

TABLE 4

Work statistics of the Preliminary Investigation Committee (PIC) of the Medical Council in 2013

	Quarter				Total
	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	
No. of PIC Meetings	3	3	3	3	12
No. of cases considered	23	20	19	27	89
No. of cases dismissed (%)	7 (30.4%)	10 (50.0%)	7 (36.8%)	7 (25.9%)	31 (34.8%)
No. of cases referred to the Medical Council (%)	16 (69.6%)	10 (50.0%)	12 (63.2%)	20 (74.1%)	58* (65.2%)
No. of cases referred to the Health Committee (%)	– (0%)	– (0%)	– (0%)	– (0%)	– (0%)

* Of them, 26 cases were of minor offences and the Medical Council accepted the PIC's recommendation that no inquiry be held for these cases (please see details at Table 3).

TABLE 5

Disciplinary inquiries conducted by the Medical Council in 2013

Nature	No. of cases involved	Decision of the Council
(A) Conviction in court		
(a) Offence of indecent assault	(1)	Removed for 18 months
	(1)	Removed for 6 months
(b) Offence of behaving in a disorderly manner in a public place	(1)	Removed for 4 months (suspended for 1 year)
(c) Offence of failure to keep a register of dangerous drugs	(1)	Removed for 1 month (suspended for 1 year)
Sub-total	4	
(B) Disregard of professional responsibility to patients	(1)	Removed for 10 months
	(1)	Removed for 9 months
	(1)	Removed for 4 months (suspended for 1 year)
	(1)	Removed for 3 months
	(1)	3 charges: Removed for 1 month 1 charge: Warning letter (gazetted)
	(1)	Removed for 2 months (suspended for 1 year)
	(1)	Removed for 1 month (suspended for 1 year)
	(1)	Removed for 1 month (suspended for 6 months)
	(1)	Reprimanded
	(1)	Not guilty
	(2)	To be continued
Sub-total	12	
(C) Issuing misleading/false medical certificates	(1)	1 doctor: Warning letter (gazetted) 1 doctor: Removed for 4 months
Sub-total	1	

Nature	No. of cases involved	Decision of the Council
(D) Practice Promotion	(1) <i>(for 4 consolidated complaint cases)</i>	Removed for 8 months
	(1) <i>(for 3 consolidated complaint cases)</i>	1 charge: Removed for 1 month (suspended for 1 year) 1 charge: Removed for 1 month (suspended for 1 year) 1 charge: Removed for 3 months (suspended for 2 years) [removal orders run concurrently]
	(1) <i>(for 2 consolidated complaint cases)</i>	1 charge: Removed for 2 months (suspended for 2 years) 5 charges: Removed for 2 months (suspended for 1 year) [removal orders run concurrently]
	(2)	Removed for 1 month (suspended for 1 year)
	Sub-total	5
(E) Misleading description and announcement	(1)	1 doctor: Removed for 1 month (suspended for 6 months) 1 doctor: 1 charge: Warning letter (not gazetted) 1 charge: Removed for 1 month (suspended for 6 months)
	(1)	Removed for 1 month (suspended for 6 months)
	(1) <i>(for 2 consolidated complaint cases)</i>	Reprimanded
	(1)	Not guilty
Sub-total	4	
(F) Improper/indecent behaviour to patients	(1)	Removed for 1 year (suspended for 3 years)
	(1) <i>(for 2 consolidated complaint cases)</i>	1 charge: Removed indefinitely 1 charge: Removed for 4 months 1 charge: Reprimanded [removal orders run consecutively]
Sub-total	2	

Nature	No. of cases involved	Decision of the Council
(G) Abuse of professional confidence	(1)	Removed for 1 month
Sub-total	1	
(H) Others	(1)	Removed for 3 months (suspended for 2 years)
Sub-total	1	
Total :	30	

[Summary : 26 cases: guilty
2 cases: not guilty
2 cases: to be continued

All cases were referred to the Medical Council for inquiry by the PIC meetings held in/before 2013.]

TABLE 6

Figures on appeal cases

	2009	2010	2011	2012	2013
No. of appeals lodged during the year	4	6	5	1	4
No. of appeal cases carried forward from previous years	10	12	13	6	3
Total no. of appeal cases in progress in the year :	14	18	18	7	7

Results of appeal cases concluded in 2013:	No. of cases
(a) Dismissed by Court of Appeal	0
(b) Allowed by Court of Appeal	1
(c) Appeal withdrawn	1
Total :	2

TABLE 7

Results of the Licensing Examination

Year	Examination in Professional Knowledge			Proficiency Test in Medical English (March)			Proficiency Test in Medical English (September)			Clinical Examination			Completed Internship
	Sat	Passed	%	Sat	Passed	%	Sat	Passed	%	Sat	Passed	%	
1996	154	11	7	–	–	–	140	88	63	40	12	30	
1997	178	13	7	15	12	80	90	48	53	27	9	33	11
1998	165	43	26	7	7	100	51	43	84	49	17	35	6
1999	165	20	12	5	4	80	57	39	68	49	9	18	16
2000	132	13	10	1	0	0	48	28	58	42	10	24	10
2001	124	13	10	*	–	–	50	37	74	35	9	26	10
2002	104	11	11	*	–	–	31	13	42	33	13	39	7
2003	76	11	14	*	–	–	30	26	87	27	7	26	9
2004	77	7	9	*	–	–	20	13	65	21	9	43	7
2005	81	11	14	*	–	–	29	22	76	22	5	23	10
2006	105	21	20	*	–	–	36	29	81	26	9	35	5
2007	117	22	19	*	–	–	34	33	97	37	18	49	8
2008	138	12	9	*	–	–	38	25	66	23	8	35	9
2009	158	41	26	*	–	–	39	22	56	48	15	31	12
2010	168	43	26	*	–	–	65	64	98	72	21	29	11
2011	221	51	23	*	–	–	54	50	93	76	21	28	15
2012	237	61	26	*	–	–	74	67	91	108	47	44	23
2013	280	102	36	*	–	–	115	103	90	143	46	32	27

* suspended since March 2001

TABLE 8

Total number of registered medical practitioners in the General Register of Hong Kong

Part I of the Register (Full registration)

	2009	2010	2011	2012	2013
On the Resident List	11 496	11 715	11 959	12 181	12 401
On the Non-resident List	928	905	859	825	802
Total:	12 424	12 620	12 818	13 006	13 203

Part III of the Register (Limited registration)

	2009	2010	2011	2012	2013
Promulgation No. 1	–	–	–	–	–
Promulgation No. 2	105	106	101	118	115
<i>University of Hong Kong</i>	(34)	(42)	(39)	(45)	(45)
<i>The Chinese University of Hong Kong</i>	(63)	(60)	(60)	(62)	(58)
<i>Hospital Authority</i>	(7)	(3)	(2)	(11)	(12)
<i>Department of Health</i>	(1)	(1)	(–)	(–)	(–)
Promulgation No. 3	50	48	44	41	36
Promulgation No. 4	15	17	16	16	15
Promulgation No. 5	–	–	–	–	–
Promulgation No. 6	–	–	–	–	–
Promulgation No. 7	–	–	–	–	–
Promulgation No. 8	–	–	1	–	–
Total:	170	171	162	175	166

TABLE 9

Breakdown of registrations and restoration to the General Register

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Registration in Part I of the Register (Full registration)	351	327	322	313	329	293	280	281	260	274
Registration in Part II of the Register (Provisional registration for interns)	326	322	312	334	293	280	272	261	275	299
Registration in Part III of the Register (Limited registration)	196	207	202	218	197	170	174	195	220	192
Registration in Part IV of the Register (Temporary registration)	93	125	85	86	93	94	101	135	98	102
Restoration to the Register	23	31	20	24	41	31	23	26	21	22
Total :	989	1 012	941	975	953	868	850	898	874	889

TABLE 10

Number of registered medical practitioners in the Specialist Register

(Position as at 31 December 2013)

	No.
1. Anaesthesiology	383
2. Intensive Care	21
3. Community Medicine	28
4. Emergency Medicine	277
5. Family Medicine	356
6. Obstetrics and Gynaecology	398
7. Ophthalmology	243
8. Orthopaedics & Traumatology	363
9. Otorhinolaryngology	149
10. Paediatrics	517
11. Pathology	152
12. Internal Medicine	105
13. Cardiology	220
14. Critical Care Medicine	55
15. Dermatology and Venereology	92
16. Endocrinology, Diabetes and Metabolism	92
17. Gastroenterology and Hepatology	159
18. Geriatric Medicine	136
19. Haematology and Haematological Oncology	49
20. Nephrology	114
21. Neurology	100
22. Respiratory Medicine	161
23. Rheumatology	67
24. Psychiatry	289
25. Radiology	292
26. Clinical Oncology	105
27. Nuclear Medicine	19
28. General Surgery	451
29. Urology	107
30. Neurosurgery	64
31. Cardio-thoracic Surgery	39
32. Plastic Surgery	57
33. Paediatric Surgery	30
34. Immunology and Allergy	3
35. Infectious Disease	29
36. Medical Oncology	30
37. Administrative Medicine	7
38. Public Health Medicine	66
39. Occupational Medicine	11
40. Anatomical Pathology	5
41. Chemical Pathology	10
42. Forensic Pathology	7
43. Haematology	7
44. Immunology	2
45. Clinical Microbiology & Infection	28
46. Palliative Medicine	14
47. Clinical Pharmacology & Therapeutics	0
48. Rehabilitation	28
49. Gynaecological Oncology	2
50. Urogynaecology	3
51. Reproductive Medicine	6
52. Maternal and Fetal Medicine	0
53. Pain Medicine	0
54. Paediatric Immunology & Infectious Diseases	6
55. Developmental-Behavioural Paediatrics	0
56. Paediatric Neurology	0
Total :	5 954