



**THE MEDICAL COUNCIL
OF HONG KONG**



Annual Report 2014

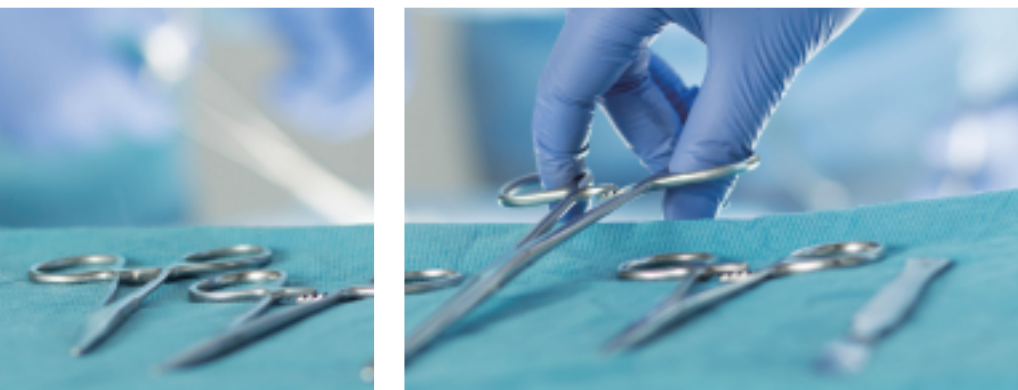
Ensuring Justice



Maintaining Professionalism



Protecting the Public



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Preface

This annual report, covering the period from 1 January to 31 December 2014, is the 20th 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 2014 –
- (a) 567 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) 992 applications for registration (including 299 applications for full registration, 399 applications for provisional registration, 184 applications for limited registration, and 110 applications for temporary registration);
 - (c) 341 applications for specialist registration;
 - (d) 13 015 renewals of annual practising/retention certificates; and
 - (e) 624 disciplinary complaints.
- 1.2 2014 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 2014, 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 2014

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 2014) 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

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
Dr IP Wing-yuk
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 and its Secretary is Miss CHOW Wan-kam, Maggie.

- 2.3 Dr CHOI Kin, Gabriel and Dr HO Pak-leung were re-elected as members of the Council for a period of 3 years with effect from 24 January 2014 in the 18th election of the Council conducted on 18 December 2013.
- 2.4 Dr CHEUNG Hon-ming and Dr LEUNG Chi-chiu were re-elected as members of the Council for a period of 3 years with effect from 24 January 2014 by the Hong Kong Medical Association.
- 2.5 The 19th election of the Council was conducted on 17 December 2014 to fill 3 vacancies for a period of 3 years with effect from 24 January 2015. The election exercise was carried out smoothly. Dr CHENG Chi-man, Dr TSE Hung-hing, JP and Dr HO Chung-ping, MH, JP, with the highest number of votes, were declared to be re-elected/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 2014) was as follows –

Dr CHOI Kin, Gabriel (Chairman)

Professor FOK Tai-fai, SBS, JP (Deputy Chairman)

Dr DUNN Lai-wah, Eva

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 2014) was as follows –

Professor CHAN Anthony Tak-cheung (from 5 September 2014 onwards)
Dr KONG Wing-ming, Henry
Mr KWONG Cho-shing, Antonio, MH

Dr KWONG Kwok-wai, Heston, JP
Professor KWONG Yok-lam
Dr LAI Sik-to, Thomas (from 5 September 2014 onwards)
Dr MOK Pik-tim, Francis (from 2 April 2014 onwards)
Mr POON Yiu-kin, Samuel (from 5 September 2014 onwards)
Professor TAN Choon-beng, Kathryn (from 5 September 2014 onwards)
Dr TUNG Yuk, Stewart, JP (from 5 September 2014 onwards)
Professor WING Yun-kwok
Mr WONG Hin-wing (from 5 September 2014 onwards)
Dr WOO Kong-sang, John (from 5 September 2014 onwards)
Mr YU Kwok-kuen, Harry

- 3.8 In 2014, the Council processed a total of 624 complaints. [Table 1](#) shows the nature of complaints. Comparative figures for the years of 2010 to 2014 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 2014, the PIC Chairman considered all the 624 cases received. Of these, 130 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 12 cases could not be pursued further because the complainants failed to provide further information or statutory declaration, or the complaints were anonymous or withdrawn. 2 cases were referred to the Health Committee for hearing. A total of 71 cases were referred to the PIC for consideration and out of which, 8 cases were subsequently referred to the Council for formal inquiry. No decision has yet been reached on the remaining 409 cases for which further information is required.
- 3.10 [Table 3](#) shows the decisions of the PIC on the cases considered. In 2014, a total of 95 cases were considered by the PIC, including complaint cases received in 2014 or before.
- 3.11 [Table 4](#) gives a closer look into the PIC’s work in 2014. A total of 12 meetings were held to consider the 95 cases. Of these 95 cases, 27 were dismissed by the PIC while 68 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 2014. A total of 23 cases (including 2 cases to be continued in 2015) were heard in the year of 2014. In 19 of the 21 cases (90.5%), 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 2010 to 2014. A total of 7 appeals had been lodged with the Court of Appeal as at 2014 (including 5 appeals which were carried forward from previous years). Of them, 2 appeals were dismissed by the Court of Appeal and 1 appeal was allowed by the Court of Appeal.

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 twice annually started from 2014 and it 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 2014) 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 LEUNG Wai-keung (from 7 August 2014 onwards)

Professor NG Kwok-wai, Enders (from 10 November 2014 onwards)

Professor TOMLINSON Brian

Dr TSOI Wai-wang, Gene

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 2014) 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

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-wei, 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 2014) 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 NG Kwok-wai, Enders

Professor NG Pak-cheung

Professor NGAN Yuen-sheung, Hextan

Dr PANG Fei-chau

Dr YAU Wai-pan (from 20 August 2014 onwards)

(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 2014) was as follows –

Professor LEUNG Wai-keung (Chairman) (from 22 August 2014 onwards)

Professor CHAN Chi-fung, Godfrey

Professor CHAN Lik-yuen, Henry (from 20 May 2014 onwards)

Dr CHEUNG Hon-ming

Dr CHUNG Wai-hung, Thomas (from 14 October 2014 onwards)

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 2014) 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, GMSM, MH

Professor LEUNG Wai-keung (from 22 August 2014 onwards)

Professor LO Chung-mau, JP

Professor NELSON Edmund Anthony

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 2014) 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 From 2014 onwards, the number of sittings of the Licensing Examination has been increased from 1 to 2 per annum. The number of candidates sitting the Licensing Examination is on the rise. Compared with 2009, the total number of candidates sitting Parts I, II and III of the 2 sittings of the 2014 Licensing Examination has been increased by 94%, 169% and 223% respectively over the past 5 years.
- 4.10 The Council set up a Task Force in 2014 to consider the possible measures to improve the Licensing Examination and to increase the flexibility in internship arrangements. The recommendations would be made to the Council for endorsement in 2015.

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 2014) 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

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 2014, the Council had, on the recommendation of the EAC, issued 19 910 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 2014, there were 1 324 medical practitioners holding valid “CME-Certified” title.
- 5.5 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 2014, the Council considered the recommendations of the EAC on a total of 15 qualifications. Of these 15 qualifications, 11 were regarded as having fulfilled the prevailing guidelines and were included in the “List of Quotable Qualifications” with the endorsement of the Council.
- 5.6 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 2014. On the recommendation of the EAC, the Council approved 341 applications of registered medical practitioners for inclusion of their names in the Specialist Register in 2014.
- 5.7 In early 2014, the Visit Team appointed by the Council to conduct the 4th 5-yearly “Accreditation Exercise of the Medical Education and Training of The Chinese University of Hong Kong and the University of Hong Kong” submitted a report to the EAC and the Council on its findings and recommendations on the medical education and training after its visits to the 2 universities in November 2013. The Council, on the recommendation of the EAC, accepted the requirements and the recommendations of the Visit Team set out in the report, and invited the 2 universities to address and take follow up actions in respect of the requirements, and to make other improvements as recommended.

- 5.8 The Council endorsed and promulgated in August 2014 the revised “Rules on Quotable Appointments” (QA Rules) and the “Guidelines on Quotability of Appointments by Private Hospitals, Nursing Homes and Medical Clinics” (QA Guidelines) proposed by the EAC. The QA Rules and QA Guidelines took effect on 1 December 2014.
- 5.9 Under the QA Rules and the QA Guidelines, a private hospital, nursing home, maternity home or medical clinic has to satisfy the Council that it has an established and objective system of offering appointments which is acceptable to the Council before its appointments can be quoted by doctors in their medical practice. In 2014, the Council, on the recommendation of the EAC, accepted the appointment systems of 12 medical institutions under the QA Rules. The names of these institutions and their approved quotable appointments were included in the “List of Quotable Appointments by Private Hospitals, Nursing Homes, Maternity Homes and Medical Clinics accepted under the Rules on Quotable Appointments” published in the Council’s website.

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 2014) was as follows –

Dr TSE Hung-hing, JP (Chairman)
Dr CHAN Chok-wan, BBS
Dr CHAN Yee-shing
Dr CHENG Chi-man
Dr CHOW Pak-chin, JP (from 5 March 2014 onwards)
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
Professor TAO LAI Po-wah, Julia

- 6.3 In 2014, the EC reviewed section 2.5 of the Code of Professional Conduct (the Code), and was concerned that the specific provision requiring consent in writing for “major surgical procedures involving general anaesthesia” under section 2.5(a) might give a misleading impression to the profession that consent in writing would not be required for other non-major surgical procedures involving general anaesthesia. The EC therefore recommended the Council to revise section 2.5(a) as follows –

“2.5 Express and specific consent is required for major treatments, invasive procedures, and any treatment which may have significant risks. Specifically –

- (a) Consent for ~~major~~ surgical procedures involving general/regional anaesthesia and parenteral sedation must be given in writing.*
- (b) For written consent, a reasonably clear and succinct record of the explanation given should be made in the consent form. The patient, the doctor and the witness (if any) should sign the consent form at the same time. Each signatory must specify his name and the date of signing next to his signature.”*

The EC's recommendation was endorsed by the Council. The revised section 2.5(i) took immediate effect upon promulgation in the 21st issue of the Council's newsletter in August 2014.

- 6.4 The EC also reviewed section 9.4 of the Code, with a view to providing clearer guidelines to the profession on labelling of dispensed medicine. The EC noted that while "dosage to be administered" might be sufficient for the instruction to a patient, it was important for other doctors subsequently taking care of the patient to also know about the strength and/or concentration of the medicine, so as to be sure the actual amount of medicine he/she has taken. On the recommendation of the EC, the Council decided to revise section 9.4 as follows –

"9.4 All medications dispensed to patients directly or indirectly by a doctor should be properly and separately labelled with all the following information –

- (a) name of prescribing doctor or proper means of identifying him;*
- (b) full name of the patient, except where the full name is unusually long (in which case the family name and such part of the given name or initials sufficient to identify the patient should be written);*
- (c) date of dispensing;*
- (d) name of medicine, which can be either –*
 - (i) the name of the medicine as it is registered with the Pharmacy and Poisons Board of Hong Kong and shown in the Compendium of Pharmaceutical Products published by the Department of Health;*
or
 - (ii) the generic, chemical or pharmacological name of the medicine;*
- (e) method of administration;*
- (f) dosage to be administered; and*
- (g) strength and/or concentration of the medicine where applicable; and*
- (h) precautions where applicable."*

The revised section 9.4 took immediate effect upon promulgation in the 21st issue of the Council's newsletter in August 2014.

- 6.5 The Council, on the recommendation of the EC, renewed its approval for the Hong Kong Orthopaedic Association to continue to publish the doctors 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 2014) was as follows –

Dr SHEA Tat-ming (Chairman) (from 5 February 2014 onwards)

Miss CHAU Man-ki, Mabel, MH

Dr CHEUNG Hobby

Dr CHOW Chun-kwan, John

Dr FAN Yuen-man, Cecilia (from 2 July 2014 onwards)

Dr HO Hung-kwong, Duncan

Dr LEUNG Kay-tai, Franky (from 7 June 2014 onwards)

Dr LO Su-vui

Dr POON Tak-lun, JP

Dr TSOI Lai-to, Sammy

Dr WONG Yee-him, John

- 7.4 In early 2014, the court dismissed the application made by a medical practitioner in 2013 to commit the HC for contempt of court on account of the Committee's failure to comply with a court order made in a judicial review case. In June 2014, the HC held a fresh hearing to consider the fitness to practise of that medical practitioner who was subsequently found mentally fit to practise.
- 7.5 In April 2014, the HC resumed a hearing to consider a case that had been adjourned for calling of witnesses and the medical practitioner concerned was found mentally fit to practise.
- 7.6 In 2014, the Chairman and the Deputy Chairman of the PIC referred 2 cases to the HC. Out of these 2 cases, 1 was adjourned as the Council had approved the application for voluntary removal of the name of the medical practitioner concerned from the General Registry. As regard to the remaining case, the hearing of the HC was held in July 2014 and the registered medical practitioner concerned was found mentally fit to practise.

8. Registration of Medical Practitioners

- 8.1 As at 31 December 2014, there were 13 417 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 12 620 in 2010 to 13 417 in 2014 (6.3%). In addition to the medical practitioners with full registration, there were 146 medical practitioners with limited registration among whom 49 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 2005 to 2014.
- 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 2014, 34 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 12 338 in 2010 to 13 015 in 2014, representing an increase of 5.5%.
- 8.6 As at 31 December 2014, there were 6 238 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-ye, Joseph, SBS (Chairman)
Dr TSE Hung-hing, JP
Dr CHOI Kin, Gabriel
Dr SHEA Tat-ming
Professor TANG Wai-king, Grace, SBS, JP
Dr CHEUNG Hon-ming
Secretary of the Medical Council

} as appropriate

The 21st issue of the newsletter was published in August 2014.

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) Rules 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 Council, the Council at its Policy Meeting in February 2014 decided to set up a dedicated Task Force to explore and recommend means to expedite the processing of complaint cases and the conduct of disciplinary inquiries. In May 2014, the Council agreed to the Task Force's proposal and forwarded to the Administration for consideration which included –
- (a) the number of lay assessors be increased from 4 to 14;
 - (b) the quorum of a meeting to the Preliminary Investigation Committee be amended so that at least one of whom shall be a lay member of the Council or a lay assessor;
 - (c) the quorum of disciplinary inquiry by the Council be amended to either –
 - (i) 4 members of the Council, who are registered medical practitioners, and 1 lay member of the Council or 1 lay assessor; or
 - (ii) 2 members of the Council, who are registered medical practitioners, and 1 lay member of the Council or 1 lay assessor and 2 assessors (subject to the majority being registered medical practitioners); and
 - (d) there be more than 1 Legal Adviser to the Council, who shall be appointed by the Chief Executive.

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				
	2010	2011	2012	2013	2014
1. Conviction in Court	34	61	63	40	58
(a) <i>Failure to keep proper record of dangerous drugs</i>	(1)	(-)	(2)	(5)	(4)
(b) <i>Others</i>	(33)	(61)	(61)	(35)	(54)
2. Disregard of professional responsibility to patients	354	294	318	311	285*
3. Issuing misleading/false medical certificates	29	29	20	41	28
4. Practice promotion	13	19	8	12	6
5. Misleading, unapproved description & announcement	14	12	8	8	12
6. Improper/indecent behaviour to patients	14	2	10	7	6
7. Abuse of professional position to further improper association with patients	-	2	-	2	2
8. Fitness to practise	-	2	2	-	2
9. Abuse of professional confidence	-	1	1	-	-
10. Depreciation of other medical practitioners	-	1	1	3	1
11. Improper delegation of medical duties to unregistered persons	1	-	1	-	-
12. Sharing fee and improper financial transaction	3	-	5	-	-
13. Other minor issues unrelated to professional responsibility	14	38	43	28	224 [#]
Total :	476	461	480	452	624

Remarks:

- (i) Of the 624 complaints received in 2014 –
- 409 cases (65.6%) are being processed or pending additional information
 - 130 cases (20.8%) 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
 - 71 cases (11.4%) were referred to the PIC meetings, out of which 8 cases (1.3%) was referred to inquiry and 10 cases (1.6%) were referred to the Council for no inquiry
 - 12 cases (1.9%) could not be pursued further because the complainants failed to provide further information or statutory declaration or the complaints were anonymous or withdrawn, etc.
 - 2 cases (0.3%) were referred to Health Committee
- * (ii) The breakdown of cases on “Disregard of professional responsibility to patients” in 2014 is as follows –
- (a) Failure/unsatisfactory result of treatment/surgery, failure to properly/timely diagnose illness and disagreement with doctor’s medical opinion – 129 cases
 - (b) Inappropriate prescription of drugs – 53 cases
 - (c) Conducting unnecessary or inappropriate treatment/surgery – 34 cases
 - (d) Failure to give proper medical advice/explanation – 16 cases
 - (e) Doctor’s unprofessional attitude/Doctor-patient communication – 8 cases
 - (f) Fees and others – 45 cases
- # There was a sharp increase in the number of complaints received in 2014 because of an influx of complaints (191 cases in total) in October 2014 on the same incident against a registered medical practitioner.

TABLE 2

Breakdown on the complaints received in 2014 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.	Disagreement with doctor's medical opinion	17
2.	Misdiagnosis	15
3.	Undesirable reactions to drugs prescribed	15
4.	Sick leave and related matters	14
5.	Doctor's attitude/Doctor-patient communication	9
6.	Unsatisfactory results of treatment/surgery	8
7.	Fees dispute	8
8.	Practice promotion/Misleading, unapproved description & announcement	6
9.	Other issues unrelated to professional misconduct	38
	Total :	130

TABLE 3

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

Nature	2010	2011	2012	2013	2014
1. Total number of cases referred to the PIC meetings	108	99	95	89	95*
2. Total number of cases referred to the Medical Council for inquiries or no inquiry after the PIC meetings	49	59	69	58	68#
3. Total number of cases referred to the Health Committee for hearing after the PIC meetings	–	–	–	–	–

Remarks:

* This figure included those cases received before 2014. They were considered by the PIC in 2014 under the following categories –

	No. of Cases
(a) Disregard of professional responsibility to patients	54
• <i>failure/unsatisfactory results of treatment/surgery</i>	15
• <i>inappropriate prescription of drugs</i>	15
• <i>failure to properly/timely diagnose illness</i>	7
• <i>failure to give proper medical advice/explanation</i>	6
• <i>conducting unnecessary or inappropriate treatment/surgery</i>	4
• <i>fees and others</i>	7
(b) Conviction in court	26
(c) Practice promotion/Misleading, unapproved description and announcement	9
(d) Issuing misleading/false medical certificates	3
(e) Medical records	1
(f) Found guilty by overseas professional regulatory bodies	1
(g) Miscellaneous	1
Total:	95

The cases referred by the PIC to the Medical Council in 2014 are classified as follows –

	No. of Cases
(A) Recommended for no inquiry	
Conviction in court	20
• <i>careless driving</i>	16
• <i>failing to comply with a prescribed traffic sign within the Tsing Ma Control Area</i>	2
• <i>failure to comply with Buildings Ordinance order</i>	1
• <i>riding/driving on a footpath</i>	1
(B) Recommended for inquiry	
(a) Conviction in court	4
• <i>failure to keep a proper record for dangerous drugs</i>	2
• <i>forgery and fraud</i>	1
• <i>behaving in a disorderly manner in a public place and resisting a police officer in the due execution of his duty</i>	1
(b) Disregard of professional responsibility to patients	28
• <i>inappropriate prescription of drugs</i>	10
• <i>failure/unsatisfactory results of treatment/surgery</i>	9
• <i>failure to properly/timely diagnose illness</i>	4
• <i>failure to give proper medical advice/explanation</i>	3
• <i>conducting unnecessary or inappropriate treatment/surgery</i>	2
(c) Practice promotion/Misleading, unapproved description & announcement	7
(d) Issuing misleading/false medical certificates	1
(e) Medical records	1
(f) Found guilty by overseas professional regulatory bodies	1
(C) Recommended for restoration inquiry†	
(a) Conviction in court	2
• <i>practice of medicine without registration</i>	1
• <i>pretending to be registered as medical practitioner, possession of Part I poison, possession of unregistered pharmaceutical product and possession of substance to which the Antibiotics Ordinance applies</i>	1
(b) Disregard of professional responsibility to patients	2
• <i>failure to give proper medical advice/explanation</i>	2
(c) Miscellaneous	2
Total:	68

† The PIC shall consider the outstanding complaint(s) against an applicant for restoration and make recommendation on the applicant's suitability for restoration to the General Register.

TABLE 4

Work statistics of the Preliminary Investigation Committee (PIC) of the Medical Council in 2014

	Quarter				Total
	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	
No. of PIC Meetings	3	3	3	3	12
No. of cases considered	23	17	27	28	95
No. of cases dismissed (%)	5 (21.7%)	2 (11.8%)	9 (33.3%)	11 (39.3%)	27 (28.4%)
No. of cases referred to the Medical Council (%)	18 (78.3%)	15 (88.2%)	18 (66.7%)	17 (60.7%)	68* (71.6%)
No. of cases referred to the Health Committee (%)	– (0%)	– (0%)	– (0%)	– (0%)	– (0%)

* Of them, 20 cases were of minor offences and the Medical Council accepted the PIC's recommendation that no inquiry was to be held (Please see details at Table 3).

TABLE 5

Disciplinary inquiries conducted by the Medical Council in 2014

Nature	No. of Cases involved	Decision of the Council
(A) Conviction in court		
(a) Indecent assault	(1)	1 charge: Removed for 1 year (suspended for 3 years) 1 charge: warning letter
(b) Misconduct in Public Office	(1)	1 charge: Removed for 1 month (suspended for 12 months) 1 charge: warning letter
(c) Failure to keep a register of dangerous drugs	(1)	Removed for 6 months (suspended for 24 months)
(d) Agent deceiving his principal with documents which contain false particulars and which is intended to mislead the principal	(1)	Removed for 3 months (suspended for 1 year)
Sub-total	4	
(B) Disregard of professional responsibility to patients	(1)	1 charge: Removed for 3 months (suspended for 24 months) 1 charge: Removed for 1 month (suspended for 24 months) 1 charge: Removed for 1 month (suspended for 24 months) [removal orders run concurrently] 1 charge: Reprimanded
	(1)	1 charge: Warning letter 1 charge: Reprimanded
	(1)	1 charge: Removed for 2 months 1 charge: Removed for 2 months [removal orders run concurrently]
	(1)	Removed for 3 months (suspended for 12 months)
	(1)	Removed for 3 months (suspended for 18 months)
	(1)	1 doctor: 1 charge: Removed for 12 months 1 charge: Removed for 6 months 1 charge: Removed for 18 months 1 charge: Removed for 24 months [removal orders run concurrently] 1 doctor: Not guilty

Nature	No. of Cases involved	Decision of the Council
	(1)	Removed for 3 months
	(1)	Warning letter
	(1)	Removed for 1 month (suspended for 12 months)
	(1)	Removed for 4 months (suspended for 24 months)
	(1)	Removed for 2 months (suspended for 12 months)
	(1)	Reprimanded
	(1)	1 charge: Not guilty 1 charge: Removed for 18 months 1 charge: Removed for 12 months [removal orders run concurrently for 6 months, making total removal period for 24 months]
	(1)	Reprimanded
	(2)	To be continued
	(1)	Not guilty
Sub-total	17	
(C) Misleading description and announcement	(1)	1 charge: Removed for 1 month (suspended for 1 year) 1 charge: Reprimanded
Sub-total	1	
(D) Improper/indecent behaviour to patients	(1)	Not guilty
Sub-total	1	
Total :	23	

[Summary: 19 cases: guilty
2 cases: not guilty
2 cases: to be continued

All cases were referred to the Council for inquiry by the PIC meetings held in/before 2014.]

TABLE 6

Figures on appeal cases

	2010	2011	2012	2013	2014
No. of appeals lodged during the year	6	5	1	4	2
No. of appeal cases carried forward from previous years	12	13	6	3	5
Total no. of appeal cases in progress in the year:	18	18	7	7	7

Results of appeal cases concluded in 2014:	No. of cases
(a) Dismissed by Court of Appeal	2
(b) Allowed by Court of Appeal	1
(c) Appeal withdrawn	0
	3

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	
2014	(1 st Sitting)	107	25	23	28	22	79	-	-	-	85	46	54	48
	(2 nd Sitting)	200	35	18	-	-	-	77	58	75	70	28	40	

* suspended from 2001 to 2013

TABLE 8

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

Part I of the Register (Full registration)

	2010	2011	2012	2013	2014
On the Resident List	11 715	11 959	12 181	12 401	12 650
On the Non-resident List	905	859	825	802	767
Total:	12 620	12 818	13 006	13 203	13 417

Part III of the Register (Limited registration)

	2010	2011	2012	2013	2014
Promulgation No. 1	–	–	–	–	–
Promulgation No. 2	106	101	118	115	97
<i>University of Hong Kong</i>	(42)	(39)	(45)	(45)	(33)
<i>The Chinese University of Hong Kong</i>	(60)	(60)	(62)	(58)	(51)
<i>Hospital Authority</i>	(3)	(2)	(11)	(12)	(13)
<i>Department of Health</i>	(1)	(–)	(–)	(–)	(–)
Promulgation No. 3	48	44	41	36	34
Promulgation No. 4	17	16	16	15	15
Promulgation No. 5	–	–	–	–	–
Promulgation No. 6	–	–	–	–	–
Promulgation No. 7	–	–	–	–	–
Promulgation No. 8	–	1	–	–	–
Total:	171	162	175	166	146

TABLE 9

Breakdown of registrations and restoration to the General Register

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Registration in Part I of the Register (Full registration)	327	322	313	329	293	280	281	260	274	299
Registration in Part II of the Register (Provisional registration for interns)	322	312	334	293	280	272	261	275	299	399
Registration in Part III of the Register (Limited registration)	207	202	218	197	170	174	195	220	192	184
Registration in Part IV of the Register (Temporary registration)	125	85	86	93	94	101	135	98	102	110
Restoration to the Register	31	20	24	41	31	23	26	21	22	34
Total :	1 012	941	975	953	868	850	898	874	889	1 026

TABLE 10

Number of registered medical practitioners in the Specialist Register

(Position as at 31 December 2014)

	No.
1. Anaesthesiology	401
2. Intensive Care	21
3. Community Medicine	26
4. Emergency Medicine	300
5. Family Medicine	380
6. Obstetrics and Gynaecology	414
7. Ophthalmology	252
8. Orthopaedics & Traumatology	383
9. Otorhinolaryngology	152
10. Paediatrics	523
11. Pathology	159
12. Internal Medicine	104
13. Cardiology	228
14. Critical Care Medicine	55
15. Dermatology and Venereology	95
16. Endocrinology, Diabetes and Metabolism	100
17. Gastroenterology and Hepatology	167
18. Geriatric Medicine	141
19. Haematology and Haematological Oncology	51
20. Nephrology	117
21. Neurology	106
22. Respiratory Medicine	163
23. Rheumatology	69
24. Psychiatry	316
25. Radiology	307
26. Clinical Oncology	111
27. Nuclear Medicine	19
28. General Surgery	474
29. Urology	112
30. Neurosurgery	65
31. Cardio-thoracic Surgery	41
32. Plastic Surgery	58
33. Paediatric Surgery	32
34. Immunology and Allergy	4
35. Infectious Disease	30
36. Medical Oncology	34
37. Administrative Medicine	7
38. Public Health Medicine	70
39. Occupational Medicine	13
40. Anatomical Pathology	5
41. Chemical Pathology	10
42. Forensic Pathology	7
43. Haematology	7
44. Immunology	2
45. Clinical Microbiology & Infection	32
46. Palliative Medicine	18
47. Clinical Pharmacology & Therapeutics	0
48. Rehabilitation	27
49. Gynaecological Oncology	2
50. Urogynaecology	3
51. Reproductive Medicine	7
52. Maternal and Fetal Medicine	0
53. Pain Medicine	1
54. Paediatric Immunology & Infectious Diseases	6
55. Developmental-Behavioural Paediatrics	10
56. Paediatric Neurology	1
Total :	6 238