



THE MEDICAL COUNCIL OF HONG KONG



- **Ensuring Justice**
- **Maintaining Professionalism**
- **Protecting the Public**



Annual Report 2015

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Preface

This annual report, covering the period from 1 January to 31 December 2015, is the 21st 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 2015 –
- (a) 523 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) 1 087 applications for registration (including 397 applications for full registration, 383 applications for provisional registration, 198 applications for limited registration, and 109 applications for temporary registration);
 - (c) 314 applications for specialist registration;
 - (d) 13 222 renewals of annual practising/retention certificates; and
 - (e) 493 disciplinary complaints.
- 1.2 2015 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 2015, 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 2015

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 2015) was as follows –

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

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 Chung-ping, MH, JP (from 24 January 2015 onwards)

Dr HO Hung-kwong, Duncan

Dr HO Pak-leung

Dr HUNG Se-fong, BBS
Dr IP Wing-yuk
Dr LAI Kit-lim, Cindy, JP
Dr LAM Tzit-yuen, David
Dr LAU Chor-chiu, GMSM, MH (from 24 January 2015 onwards)
Ms LAU Wai-yee, Monita
Dr LEUNG Chi-chiu
Dr LI Tak-lai, Theresa (from 1 January 2015 onwards)
Professor Felice LIEH-MAK, GBS, CBE, JP
Professor TANG Wai-king, Grace, SBS, JP
Dr TSE Hung-hing, JP
Dr TUNG Sau-ying, Nancy, MH (from 24 January 2015 onwards)
Dr WONG Yee-him, John (from 24 January 2015 onwards)
Mr YU Kwok-kuen, Harry (from 1 September 2015 onwards)

The Council's Legal Adviser is Mr SHUM Ping-sang, Edward and its Secretary is Miss CHOW Wan-kam, Maggie.

- 2.3 Dr CHENG Chi-man and Dr TSE Hung-hing, JP were re-elected while Dr HO Chung-ping, MH, JP was elected as members of the Council for a period of 3 years with effect from 24 January 2015 in the 19th election of the Council conducted on 17 December 2014.
- 2.4 Dr HO Hung-kwong, Duncan and Dr LAM Tzit-yuen, David were re-elected while Dr WONG Yee-him, John was elected as members of the Council for a period of 3 years with effect from 24 January 2015 by the Hong Kong Medical Association.
- 2.5 The 20th election of the Council was conducted on 16 December 2015 to fill 2 vacancies for a period of 3 years with effect from 24 January 2016. The election exercise was carried out smoothly. Dr CHEUNG Tak-hong and Dr CHAN Pierre, 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 2015) was as follows –

Dr CHOI Kin, Gabriel (Chairman)
Professor FOK Tai-fai, SBS, JP (Deputy Chairman)
Dr CHEUNG Fuk-chi, Eric (from 12 February 2015 onwards)
Dr FOO Kam-so, Stephen
Dr LEE Siu-yin, Ruby, JP

Dr PONG Chiu-fai, Jeff (from 2 February 2015 onwards)

Miss CHAU Man-ki, Mabel, MH *

Ms CHOY Hok-man, Constance *

Ms LAU Wai-yee, Monita *

Mr YU Kwok-kuen, Harry * (from 2 September 2015 onwards)

* *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 3 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 2015) was as follows –

Professor CHAN Anthony Tak-cheung

Ms HUI Mei-sheung, Tennessy, JP (from 5 September 2015 onwards)

Dr KHOO Lai-san, Jennifer (from 5 September 2015 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
Dr MOK Pik-tim, Francis
Mr POON Yiu-kin, Samuel
Professor TAN Choon-beng, Kathryn
Dr TUNG Yuk, Stewart, JP
Professor WING Yun-kwok
Mr WONG Hin-wing

- 3.8 In 2015, the Council processed a total of 493 complaints. [Table 1](#) shows the nature of complaints. Comparative figures for the years of 2011 to 2015 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 conducting unnecessary or inappropriate treatment/surgery, failure/unsatisfactory result of treatment/surgery, failure to properly/timely diagnose illness and disagreement with doctor’s medical opinion.
- 3.9 In 2015, the PIC Chairman considered all the 493 cases received. Of these, 149 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 7 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 25 cases were referred to the PIC for consideration and out of which, 2 cases were subsequently referred to the Council for formal inquiry. No decision has yet been reached on the remaining 312 cases for which further information is required.
- 3.10 [Table 3](#) shows the decisions of the PIC on the cases considered. In 2015, a total of 129 cases were considered by the PIC, including complaint cases received in 2015 or before.
- 3.11 [Table 4](#) gives a closer look into the PIC’s work in 2015. A total of 12 meetings were held to consider the 129 cases. Of these 129 cases, 36 were dismissed by the PIC, 57 were referred to the Council for inquiry, 35 were referred to the Council for no inquiry, and 1 case was referred to the HC for hearing. 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 2015. A total of 21 cases (including 7 cases to be continued in 2016) were heard in the year of 2015. In 12 of the 14 cases (85.7%), 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 2011 to 2015. A total of 5 appeals had been lodged with the Court of Appeal as at 2015 (including 4 appeals which were carried forward from previous years). Of them, 3 appeals were dismissed by the Court of Appeal and 1 appeal was subsequently withdrawn.

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 starting 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 2015) was as follows –

Dr CHEUNG Hon-ming (Chairman)

Dr AU Kit-sing, Derrick

Dr CHAN Kit-sheung

Dr CHAN Ming-wai, Angus (from 12 February 2015 onwards)

Dr CHAN Siu-mui, Tina (from 13 July 2015 onwards)

Dr CHEUNG Wai-lun, JP

Professor LAU Yu-lung (from 12 February 2015 onwards)

Professor LEUNG Wai-keung

Professor NG Kwok-wai, Enders

Professor WONG Ka-sing, Lawrence (from 13 February 2015 onwards)

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 2015) was as follows –

Professor WONG Ka-sing, Lawrence (Chairman) (from 3 March 2015 onwards)

Professor CHAN Kai-ming, OBE, JP

Dr CHAN Kar-loen, Karen (from 15 May 2015 onwards)

Dr CHAN Siu-mui, Tina (from 13 July 2015 onwards)

Professor CHEUNG Yiu-fai (from 15 May 2015 onwards)

Professor CHIU Kwong-yuen, Peter

Professor CHUNG Kwok-hung, Tony

Professor KHOO Ui-soon (from 15 May 2015 onwards)

Professor LAI Bo-san, Paul

Dr LEUNG Ka-kit, Gilberto (from 15 May 2015 onwards)

Professor LI Albert Martin

Professor NG Kwok-wai, Enders

Professor SZETO Cheuk-chun

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 2015) was as follows –

Professor LAU Yu-lung (Chairman) (from 3 March 2015 onwards)

Professor CHAN Chi-fung, Godfrey

Professor CHAN Ka-leung, JP

Professor CHAN Kai-ming, OBE, JP

Professor CHAN See-ching (from 15 May 2015 onwards)

Dr CHAN Siu-mui, Tina (from 15 May 2015 onwards)

Professor CHIM Chor-sang, James (from 15 May 2015 onwards)

Professor CHUNG Kwok-hung, Tony

Professor FOK Tai-fai, SBS, JP

Professor LAU Chak-sing, Wallace (from 15 May 2015 onwards)

Professor NG Hung-yu, Ernest (from 15 May 2015 onwards)

Professor NG Kwok-wai, Enders

Professor NG Pak-cheung

Dr PANG Fei-chau

Dr YAU Wai-pan

(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 2015) was as follows –

Professor LEUNG Wai-keung (Chairman)

Professor CHAN Lik-yuen, Henry

Dr CHEUNG Hon-ming

Dr CHIANG Kwok-shing, Alan (from 15 May 2015 onwards)

Dr CHUNG Wai-hung, Thomas

Professor LAM Chiu-wa, Linda

Dr LAM Tzit-yuen, David

Dr MAN Chi-yin (from 15 May 2015 onwards)

Dr WONG Tin-chun, Gordon (from 15 May 2015 onwards)

(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 2015) was as follows –

Professor NG Kwok-wai, Enders (Chairman) (from 3 March 2015 onwards)

Dr CHAN Yiu-che (from 15 May 2015 onwards)

Dr CHOI Mei-yee, Sarah (from 15 May 2015 onwards)

Dr KWOK Tin-fook

Dr LAU Ip-tim (from 15 May 2015 onwards)

Professor LAU Yu-lung (from 3 March 2015 onwards)

Professor LEUNG Wai-keung

Professor NELSON Edmund Anthony

Professor WONG Ka-sing, Lawrence (from 3 March 2015 onwards)

(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 2015) was as follows –

Mr Erik SHUM (Chairman)

Dr CHENG Man-yung

Professor CHIU Fung-kum, Helen

Professor LEUNG Yu-hung, Anskar (from 15 May 2015 onwards)

Dr LI Mun-pik, Teresa (from 15 May 2015 onwards)

Dr WAT Ming-sun, Nelson (from 15 May 2015 onwards)

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/external examiners for the Clinical Examination to ensure the quality and standard of the examination. The overseas/external examiners appointed for the Clinical Examination of the Licensing Examination held in 2015 were as follows –

Subject	First Sitting	Second Sitting
Medicine	Dr TONG Kwok-lung, Matthew, JP	Professor Chim C LANG
Obstetrics and Gynaecology	Professor CHENG Po-jen	Professor Sailesh KUMAR
Paediatrics	Dr CHAN Poh-chong	Professor WANG Jiu-Yao
Surgery	Professor Krishnakumar MADHAVAN	Professor Sam MCCLINTON

4.8 Details of the results of the Licensing Examination since 1996 are shown in [Table 7](#).

4.9 Starting from 2014, 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 2010, the total number of candidates sitting Parts I, II and III of the 2 sittings of the 2015 Licensing Examination has been increased by 77%, 51% and 78% respectively over the past 5 years.

4.10 To attract more non-locally trained doctors to serve in Hong Kong, the Council endorsed in 2015 the recommendations of the Task Force to relax the requirements on the period of internship assessment. Applicants who have passed the Licensing Examination and have a specialist qualification may apply to the Council for exemption from internship assessment of the relevant specialty. Under the new arrangement, the period of internship assessment can be shortened from 1 year to half year. This new arrangement is applicable to those who start their internship assessment on or after 1 January 2016.

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 2015) was as follows –

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

Professor CHAN Anthony Tak-cheung

Dr CHAN Man-chung, JP

Dr CHEUNG Tak Hong (from 7 January 2015 onwards)

Professor CHEUNG Yiu-fai

Dr HO Chung-ping, MH, JP (from 2 February 2015 onwards)

Dr IP Wing-yuk (from 2 February 2015 onwards)

Dr LAM Tzit-yuen, David

Professor LAU Chak-sing

Professor LAW Ying-kit, Simon

Dr LUK Hung-to, Danny (from 24 January 2015 onwards)

Dr NG Wing-fung

Professor WING Yun-kwok (from 12 February 2015 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 2015, the Council had, on the recommendation of the EAC, issued 21 068 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 2015, there were 1 272 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 2015, the Council considered the recommendations of the EAC on a total of 27 qualifications. Of these 27 qualifications, 16 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 2015. On the recommendation of the EAC, the Council approved 314 applications of registered medical practitioners for inclusion of their names in the Specialist Register in 2015.
- 5.7 The “Rules on Quotable Appointments” (QA Rules) and the “Guidelines on Quotability of Appointments by Private Hospitals, Nursing Homes, Maternity Homes and Medical Clinics” (QA Guidelines) were implemented by the Council with effect from 1 December 2014. Under the QA Rules, appointments made by the Hospital Authority (HA), The Chinese University of Hong Kong (CUHK), the University of Hong Kong (HKU) and the Department of Health are quotable by registered medical practitioners in their medical practice. As for a private hospital, nursing home, maternity home or medical clinic, it 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 are quotable. In addition to the 12 medical institutions with appointment systems accepted by the Council under the QA Rules in 2014, the Council on the recommendation of the EAC accepted the appointment

system of 1 more medical institution in 2015. The names of these 13 institutions and their approved quotable appointments have been 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.

- 5.8 By virtue of sections 8 and 9 of the Medical Registration Ordinance (MRO), medical graduates of CUHK and HKU on completion of internship training are qualified to register as medical practitioners without taking the Licensing Examination. As set out in paragraph 5.1(d) above, 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*”. Since 1998, the Council has been conducting the 5-yearly “Accreditation Exercise of the Medical Education and Training of CUHK and HKU”.
- 5.9 In response to the recommendation of the Visit Team appointed by the Council for the 2013 Accreditation Exercise, the Council on the recommendation of the EAC had decided to make it a mandatory requirement for the 2 universities to undertake a survey of their students on their views on their respective medical programmes as a component of their pre-visit material at the next Accreditation Exercise. As entrusted by the Council, a Working Group comprising the Chairperson of the Visit Team Dr HUNG Chi Tim, JP, together with 3 local members of the Visit Team, namely Professor Raymond LIANG, SBS, JP, Dr LI Chi Kong, JP and Miss Mabel CHAU, MH had made a proposal on the contents of the survey to be taken by the 2 universities and the implementation details. On the recommendation of the EAC, the Council endorsed the proposal and invited the 2 universities to implement the yearly survey starting from 2016.
- 5.10 In July 2015, the Council decided to review the MBChB admission policy of CUHK and its Joint CUHK/Cambridge (“3+3”) Scheme which were announced by CUHK in late June 2015. On the recommendation of the Council, the EAC entrusted the same Visit Team appointed for the 2013 Accreditation Exercise to conduct the said review. The Visit Team will report its findings and recommendations to the Council and the EAC in 2016.

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 2015) was as follows –
- Dr TSE Hung-hing, JP (Chairman)
 - Dr CHAN Chok-wan, BBS
 - Dr CHAN Yee-shing
 - Ms CHOY Hok-man, Constance
 - Dr David FANG, SBS, JP
 - Dr HO Pak-leung (from 12 February 2015 onwards)
 - Dr HUNG Se-fong, BBS (from 10 March 2015 onwards)
 - 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 2015, the EC considered the implications of the judgment by the UK Supreme Court in the case *Montgomery (Appellant) v. Lanarkshire Health Board (Respondent) (Scotland)* [2015] 2 WLR 768 (the Montgomery case). One of the key issues before the UK Supreme Court was the extent of the duty of a doctor to advise a patient of risks involved in a medical procedure. The UK Supreme Court held that the Bolam test (i.e. whether a doctor's omission to warn a patient was accepted as proper by a responsible body of medical opinion) was not a sufficiently good test for determining a doctor's duty of disclosure. The UK Supreme Court further held that a doctor should assess the significance of risks not only from his/her own perspective as a doctor but also from the perspective of his/her patient; and a doctor's advisory role involved dialogue rather than routinely demanding a patient's signature on a consent form.

- 6.4 To emphasize the importance of taking into account the individuality of each and every patient in obtaining informed consent, the Council on the recommendation of the EC reviewed and revised section 2.10.2 of the Code of Professional Conduct (the Code) as follows –

“2.10.2 The explanation should be balanced and sufficient to enable the patient to make an informed decision. The extent of explanation required will vary, depending on individual circumstances of the patient and complexity of the case.”

The revised section 2.10.2 took immediate effect upon promulgation in the 22nd issue of the Council’s newsletter in December 2015.

- 6.5 The Council also endorsed the recommendation of the EC to publish an article in the Council’s newsletter in December 2015 to give a brief account on the development of law on informed consent in UK and Hong Kong, and to draw the attention of the profession to other major principles in seeking informed consent as highlighted in the Montgomery case, in particular the disclosure of significant risks of treatment and availability of alternative treatments, as well as the importance of communication and proper dialogue with patients. Such principles in fact had already been included in section 2 of the Code.
- 6.6 To tie in with the provision for quotable qualifications under section 5.2.3.2(d) and 5.2.3.4(h) of the Code, the Council on the recommendation of the EC reviewed and revised section 5.2.3.1 of the Code as follows –

“5.2.3.1 Signboards

Signboards include any signs and notices exhibited by a doctor to identify his practice to the public.

...

A signboard may carry only the following information –

- (a) Name of the doctor with the prefix Dr. (西醫/男西醫/女西醫) or the Chinese suffix “醫生/醫師”, and the title “registered medical practitioner” (註冊醫生/註冊西醫).*
- (b) Name of the practice.*
- (c) Quotable qualifications approved by the Council in ~~the approved~~ abbreviated forms.*

...”

The revised section 5.2.3.1 took immediate effect upon promulgation in the 22nd issue of the Council’s newsletter in December 2015.

- 6.7 The original section 5.2.3.5 of the Code provided that a doctor might only publish his/her professional service information in only one website, i.e. either his/her practice website or the website of a bona fide medical practice group, but not both. In view of the fact that a doctor could practise in his/her own private clinic(s) and more than one medical group at the same time, the Council on the recommendation of the EC reviewed and revised section 5.2.3.5 of the Code to relax such restriction as follows –

“5.2.3.5 Practice websites

*A doctor may publish his professional service information in either his practice website and/or the website of other medical practice group(s) of which he is a bona fide member ~~a bona fide medical practice group~~, but not both. ~~If a doctor is a member of more than one medical practice group, he may publish his service information in the website of only one of the groups. In other words, he may publish the information in only one website.~~
...”*

The revised section 5.2.3.5 took immediate effect upon promulgation in the 22nd issue of the Council’s newsletter in December 2015.

- 6.8 The Council has been compiling a new version of the Code to incorporate the revised provisions which have been promulgated to the profession vide the Council’s newsletters and website since October 2011. The new version of the Code will be published and issued to each registered medical practitioner in early 2016.

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 2015) was as follows –
- Dr CHOW Pak-chin, JP (Chairman) (from 2 February 2015 onwards)
Dr CHAN Nim-tak, Douglas (from 2 February 2015 onwards)
Miss CHAU Man-ki, Mabel, MH
Dr CHOW Chun-kwan, John
Dr FAN Yuen-man, Cecilia
Dr HO Hung-kwong, Duncan
Dr HUNG Bing-kei, Gabriel (from 8 July 2015 onwards)
Dr LIU Tak-chiu, John (from 12 February 2015 onwards)
Dr POON Tak-lun, JP
Dr TSOI Lai-to, Sammy
Dr WONG Yee-him, John (from 2 February 2015 onwards)
- 7.4 In April 2015, the HC held a hearing to consider a case relating to fitness to practise which was referred by the PIC in 2014. The registered medical practitioner concerned was subsequently found mentally fit to practise.
- 7.5 There were 2 cases referred to the HC in 2015. Out of these 2 cases, 1 was referred by the PIC and the other was referred by the Temporary Chairman of the Council before the commencement of a disciplinary inquiry. Hearings of the HC for these 2 cases have been scheduled for 2016.

8. Registration of Medical Practitioners

- 8.1 As at 31 December 2015, there were 13 726 medical practitioners with full registration. This figure included those resident 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 12 818 in 2011 to 13 726 in 2015 (7.1%). In addition to the medical practitioners with full registration, there were 150 medical practitioners with limited registration among whom 44 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 2006 to 2015.
- 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 2015, 17 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 12 424 in 2011 to 13 222 in 2015, representing an increase of 6.4%.
- 8.6 As at 31 December 2015, there were 6 520 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 CHEUNG Hon-ming
Dr CHOI Kin, Gabriel
Dr CHOW Pak-chin, JP
Professor TANG Wai-king, Grace, SBS, JP
Dr TSE Hung-hing, JP
Secretary of the Medical Council

} as appropriate

The 22nd issue of the newsletter was published in December 2015.

- 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.
- 10.3 Arising from a High Court case in which the judge raised concern about the delay of the Council in complaint handling, together with a proposed Member's Bill to amend the Medical Registration Ordinance to increase the lay members of the Council, the Administration indicated to introduce an alternative Bill to bring in some urgent improvements to enable the Council to handle complaint investigation more expeditiously within the first quarter of 2016.

TABLE 1

Complaints received by the Medical Council

	2011	2012	2013	2014	2015
Number of Complaints Received	461	480	452	624	493
(A) Allegations by category					
1. Conviction in Court	61	63	40	58	31
(a) Failure to keep proper record of dangerous drugs	(-)	(2)	(5)	(4)	(3)
(b) Others	(61)	(61)	(35)	(54)	(28)
2. Disregard of professional responsibility to patients	294	318	311	285	289*
3. Issuing misleading/false medical certificates	29	20	41	28	24
4. Practice promotion	19	8	12	6	10
5. Misleading, unapproved description & announcement	12	8	8	12	9
6. Improper/indecent behaviour to patients	2	10	7	6	5
7. Abuse of professional position to further improper association with patients	2	-	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	1
11. Improper delegation of medical duties to unregistered persons	-	1	-	-	-
12. Sharing fee and improper financial transaction	-	5	-	-	-
13. Other minor issues unrelated to professional responsibility	38	43	28	224	122
(B) Progress of complaints as at 31 December 2015					
1. Dismissed by the Chairman and the Deputy Chairman of the Preliminary Investigation Committee (PIC) in consultation with Lay Member as being frivolous or groundless	211	295	313	392	149
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.	10	17	9	12	7
3. Under consideration by the Chairman and the Deputy Chairman of the PIC in consultation with Lay Member	89	25	56	132	312
4. Held in abeyance	1	1	3	-	-
5. Being considered at the PIC meetings	15	28	13	59	21
6. Dismissed by the PIC	40	25	15	1	1
7. Referred to the Medical Council for no inquiry	46	47	21	14	1
8. Referred to the Medical Council for disciplinary inquiry	46	39	19	10	2
9. Referred to the Medical Council for restoration inquiry	2	1	2	2	-
10. Referred to the Health Committee for hearing	1	2	1	2	-

Remarks:

- * The breakdown of cases on "Disregard of professional responsibility to patients" in 2015 is as follows:
- Conducting unnecessary or inappropriate treatment/surgery – 79 cases
 - Failure/unsatisfactory result of treatment/surgery, failure to properly/timely diagnose illness and disagreement with doctor's medical opinion – 78 cases
 - Inappropriate prescription of drugs – 51 cases
 - Failure to give proper medical advice/explanation – 29 cases
 - Doctor's unprofessional attitude/Doctor-patient communication – 3 cases
 - Fees and others – 49 cases

TABLE 2

Breakdown on the complaints received in 2015 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 Complaints	No. of Cases
1. Disagreement with doctor's medical opinion	12
2. Misdiagnosis	8
3. Undesirable reactions to drugs prescribed	5
4. Sick leave and related matters	5
5. Unsatisfactory results of treatment/surgery	3
6. Practice promotion/Misleading, unapproved description & announcement	2
7. Doctor's attitude/Doctor-patient communication	1
8. Fees dispute	1
9. Other issues unrelated to professional misconduct	112
Total :	149

TABLE 3

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

Nature	2011	2012	2013	2014	2015
1. Total number of cases referred to the PIC meetings	99	95	89	95	129*
2. Total number of cases referred to the Medical Council for no inquiry after the PIC meetings	26	48	26	20	35#
3. Total number of cases referred to the Medical Council for inquiries after the PIC meetings	33	21	32	48	57#
4. Total number of cases referred to the Health Committee for hearing after the PIC meetings	–	–	–	–	1

Remarks:

* This figure included those cases received before 2015. They were considered by the PIC in 2015 under the following categories:

	No. of Cases
(a) Disregard of professional responsibility to patients	63
• <i>failure/unsatisfactory results of treatment/surgery</i>	17
• <i>inappropriate prescription of drugs</i>	15
• <i>failure to properly/timely diagnose illness</i>	9
• <i>failure to give proper medical advice/explanation</i>	9
• <i>conducting unnecessary or inappropriate treatment/surgery</i>	8
• <i>fees and others</i>	5
(b) Conviction in court	48
(c) Practice promotion	6
(d) Misleading, unapproved description and announcement	5
(e) Issuing misleading/false medical certificates	1
(f) Depreciation of other medical practitioners	1
(g) Improper financial transaction	1
(h) Found guilty by overseas professional regulatory bodies	1
(i) Miscellaneous	3
Total:	129

The cases referred by the PIC to the Medical Council in 2015 are classified as follows:

	No. of Cases
(A) Recommended for no inquiry	
Conviction in court	35
• <i>careless driving</i>	30
• <i>failure to comply with Buildings Ordinance order</i>	2
• <i>dangerous driving</i>	1
• <i>riding/possessing bicycle within country park or special area without consent</i>	1
• <i>failing to display valid vehicle licence</i>	1
(B) Recommended for inquiry	
(a) Conviction in court	9
• <i>failure to keep a proper record for dangerous drugs</i>	6
• <i>fraud and obtaining access to a computer with dishonest intent</i>	1
• <i>theft</i>	1
• <i>failure to provide specimen of breath for a screening breath test by a person who is driving a motor vehicle on a road</i>	1
(b) Disregard of professional responsibility to patients	32
• <i>inappropriate prescription of drugs</i>	12
• <i>failure/unsatisfactory results of treatment/surgery</i>	6
• <i>conducting unnecessary or inappropriate treatment/surgery</i>	5
• <i>failure to properly/timely diagnose illness</i>	5
• <i>failure to give proper advice/explanation</i>	4
(c) Practice promotion/Misleading, unapproved description & announcement	8
(d) Miscellaneous	2
(C) Recommended for restoration inquiry	
(a) Conviction in court	3
• <i>practice of medicine without registration</i>	1
• <i>practice of medicine without registration, possession of dangerous drugs, possession of substance to which the Antibiotics Ordinance applies, possession of Part I poison</i>	1
• <i>conspiracy to engage in corrupt conduct at election</i>	1
(b) Medical certificates	1
(c) Miscellaneous	2
Total:	92

TABLE 4

Work statistics of the Preliminary Investigation Committee (PIC) of the Medical Council in 2015

	Quarter				Total
	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	
No. of PIC Meetings	3	3	3	3	12
No. of cases considered	33	34	32	30	129
No. of cases dismissed (%)	9 (27.3%)	9 (26.5%)	8 (25.0%)	10 (33.3%)	36 (27.9%)
No. of cases referred to the Medical Council (%)	23 (69.7%)	25 (73.5%)	24 (75.0%)	20 (66.7%)	92* (71.3%)
No. of cases referred to the Health Committee (%)	1 (3.0%)	– (0%)	– (0%)	– (0%)	1 (0.8%)

* Of them, 35 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 2015

Nature	No. of Cases Involved	Decision of the Council
(A) Conviction in court		
(a) Misconduct in public office and false accounting	(1)	Removed for 6 months
(b) Failure to keep a register of dangerous drugs	(1)	Removed for 2 months (suspended for 12 months)
(c) Behaving in a disorderly manner in public place and resisting a police officer in the due execution of his duty	(1)	Removed for 4 months (suspended for 12 months)
(d) Indecent assault	(1)	1 charge: Removed permanently 1 charge: Warning letter
Sub-total	4	
(B) Disregard of professional responsibility to patients	(1)	1 charge: Warning letter 1 charge: Not guilty
	(1)	Warning letter (not gazetted)
	(1)	1 charge: Removed for 6 months 1 charge: Removed for 6 months 1 charge: Removed for 3 months 1 charge: Not guilty (removal orders run concurrently) (suspended for 12 months)
	(1)	1 charge: Removed for 12 months 1 charge: Removed for 9 months (removal orders run concurrently) (suspended for 12 months)
	(1)	Not guilty
	(7)	To be continued
Sub-total	12	

Nature	No. of Cases Involved	Decision of the Council
(C) Practice Promotion	(1)	1 charge: Removed for 1 month 1 charge: Removed for 1 month 1 charge: Removed for 1 month 1 charge: Removed for 1 month (removal orders run concurrently) (suspended for 12 months)
	(1) (for 3 consolidated complaint cases)	Removed for 1 month (suspended for 12 months)
	(1)	Removed for 3 months (suspended for 36 months)
Sub-total	3	
(D) Issuing misleading/false medical certificates	(1)	Warning letter (not gazetted)
	(1)	Not guilty
Sub-total	2	
Total :	21	

[Summary: 12 cases: guilty
2 cases: not guilty
7 cases: to be continued

All cases were referred to the Medical Council for inquiry by the PIC meetings held in/before 2015.]

TABLE 6

Figures on appeal cases

	2011	2012	2013	2014	2015
No. of appeals lodged during the year	5	1	4	2	1
No. of appeal cases carried forward from previous years	13	6	3	5	4
Total no. of appeal cases in progress in the year:	18	7	7	7	5

Results of appeal cases concluded in 2015:

	No. of cases
(a) Dismissed by Court of Appeal	3
(b) Allowed by Court of Appeal	0
(c) Appeal withdrawn	1
Total:	4

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	
2015	(1 st Sitting)	121	18	15	42	30	71	-	-	-	62	24	39	79
	(2 nd Sitting)	176	41	23	-	-	-	56	50	89	66	16	24	

* 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) (as at 31 December)

	2011	2012	2013	2014	2015
On the Resident List	11 959	12 181	12 401	12 650	12 981
On the Non-resident List	859	825	802	767	745
Total:	12 818	13 006	13 203	13 417	13 726

Part III of the Register (Limited registration) (as at 31 December)

	2011	2012	2013	2014	2015
Promulgation No. 1	–	–	–	–	–
Promulgation No. 2	101	118	115	97	104
<i>University of Hong Kong</i>	(39)	(45)	(45)	(33)	(30)
<i>The Chinese University of Hong Kong</i>	(60)	(62)	(58)	(51)	(62)
<i>Hospital Authority</i>	(2)	(11)	(12)	(13)	(12)
<i>Department of Health</i>	(–)	(–)	(–)	(–)	(–)
Promulgation No. 3	44	41	36	34	31
Promulgation No. 4	16	16	15	15	13
Promulgation No. 5	–	–	–	–	–
Promulgation No. 6	–	–	–	–	–
Promulgation No. 7	–	–	–	–	–
Promulgation No. 8	1	–	–	–	–
Promulgation No. 9	–	–	–	–	2
Promulgation No. 10	–	–	–	–	–
Promulgation No. 11	–	–	–	–	–
Promulgation No. 12	–	–	–	–	–
Total:	162	175	166	146	150

TABLE 9

Breakdown of registrations and restoration to the General Register

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Registration in Part I of the Register (Full registration)	322	313	329	293	280	281	260	274	299	397
Registration in Part II of the Register (Provisional registration for interns)	312	334	293	280	272	261	275	299	399	383
Registration in Part III of the Register (Limited registration)	202	218	197	170	174	195	220	192	184	198
Registration in Part IV of the Register (Temporary registration)	85	86	93	94	101	135	98	102	110	109
Restoration to the Register	20	24	41	31	23	26	21	22	34	17
Total :	941	975	953	868	850	898	874	889	1 026	1 104

TABLE 10

Number of registered medical practitioners in the Specialist Register

(Position as at 31 December 2015)

	No.
1. Anaesthesiology	424
2. Intensive Care	21
3. Community Medicine	25
4. Emergency Medicine	319
5. Family Medicine	403
6. Obstetrics and Gynaecology	425
7. Ophthalmology	257
8. Orthopaedics & Traumatology	404
9. Otorhinolaryngology	159
10. Paediatrics	538
11. Pathology	164
12. Internal Medicine	105
13. Cardiology	240
14. Critical Care Medicine	59
15. Dermatology and Venereology	98
16. Endocrinology, Diabetes and Metabolism	104
17. Gastroenterology and Hepatology	176
18. Geriatric Medicine	148
19. Haematology and Haematological Oncology	52
20. Nephrology	123
21. Neurology	111
22. Respiratory Medicine	167
23. Rheumatology	74
24. Psychiatry	338
25. Radiology	318
26. Clinical Oncology	120
27. Nuclear Medicine	19
28. General Surgery	498
29. Urology	114
30. Neurosurgery	69
31. Cardio-thoracic Surgery	40
32. Plastic Surgery	62
33. Paediatric Surgery	31
34. Immunology and Allergy	4
35. Infectious Disease	30
36. Medical Oncology	36
37. Administrative Medicine	7
38. Public Health Medicine	78
39. Occupational and Environmental Medicine	13
40. Anatomical Pathology	6
41. Chemical Pathology	10
42. Forensic Pathology	8
43. Haematology	8
44. Immunology	2
45. Clinical Microbiology & Infection	32
46. Palliative Medicine	19
47. Clinical Pharmacology & Therapeutics	0
48. Rehabilitation	27
49. Gynaecological Oncology	2
50. Urogynaecology	3
51. Reproductive Medicine	9
52. Maternal and Fetal Medicine	0
53. Pain Medicine	2
54. Paediatric Immunology & Infectious Diseases	6
55. Developmental-Behavioural Paediatrics	10
56. Paediatric Neurology	3
Total :	6 520