香港醫務委員會
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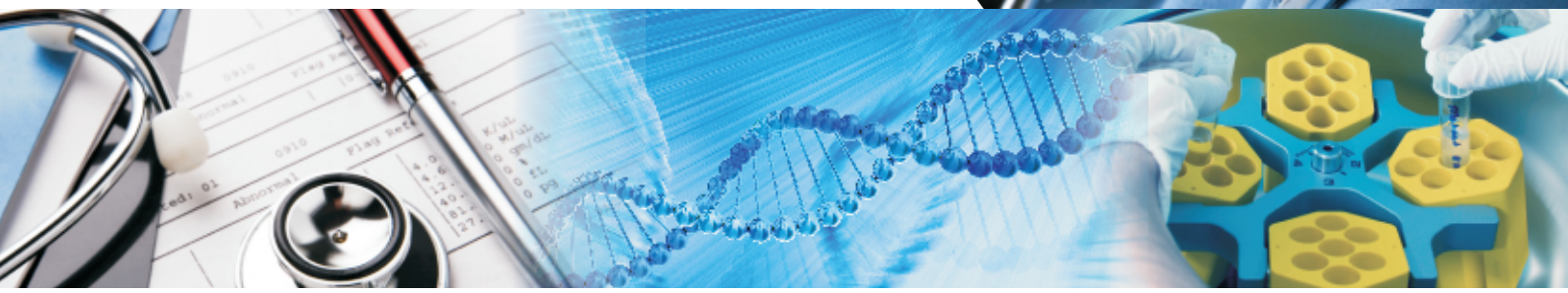

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Implications of "*Montgomery (Appellant) v Lanarkshire Health Board (Respondent) (Scotland)*"

Consent to medical treatment involves the exercise of a choice. There can be no "informed consent" unless a doctor has provided his/her patient with sufficient information so as to enable him/her to make a reasoned choice.

In the recent case of "*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.

To emphasize the importance of taking into account the individuality of each and every patient in obtaining informed consent, the Medical Council has revised section 2.10.2 of the Code of Professional Conduct ("the Code"), which is set out in this article for compliance by members of the profession.

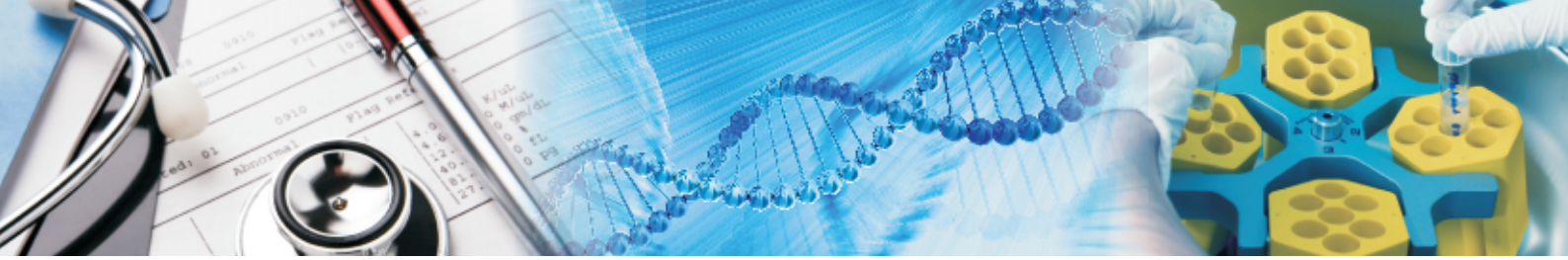
Through this article, the Medical Council would also like to give a brief account on the development of law on informed consent in UK and Hong Kong, and to draw your attention to other major principles in seeking informed consent as highlighted in the Montgomery case, in particular the disclosure of 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 have already been included in section 2 of the Code.

Background

At its Policy Meeting held on 1 April 2015, the Medical Council noted that the UK Supreme Court on 11 March 2015 had handed down its judgment in the Montgomery case concerning informed consent. The case had made a great impact on the *Bolam* test, which members of the medical profession had been relied upon over many years. The Council decided to invite the Ethics Committee to consider the judgment and its implications, and to make recommendations to the Council.

The Montgomery case

Mrs Montgomery gave birth on 1 October 1999 at Bellshill Maternity Hospital, Lanarkshire. As a result of complications during delivery, her baby was born with serious disabilities. She sought damages on behalf of her son alleging negligence of the respondent Board's employee, Dr McLellan,



who was responsible for her care during her pregnancy and labour. Mrs Montgomery has diabetes. Women with diabetes are more likely to have large babies and there is a 9-10% risk of shoulder dystocia during vaginal delivery. Though this may be resolved by emergency procedures during labour, shoulder dystocia poses various health risks to the women and baby. Mrs Montgomery had raised concern about vaginal delivery but Dr McLellan's policy was not routinely to advise diabetic women about shoulder dystocia as, in her view, the risk of a grave problem for the baby was very small, but if advised of the risk of shoulder dystocia women would opt for a caesarean section, which was not in the maternal interest.

The lower courts rejected the application by Mrs Montgomery, by application of the *Bolam* test. Both courts held that no duty was owed to her, the issue of causation did not arise. Both nonetheless held that Mrs Montgomery had not shown that, had she been advised of the risk, she would have elected to undergo a caesarean, thus avoiding the risk to the baby.

Mrs Montgomery appealed to the UK Supreme Court, which eventually allowed the appeal. It was held that the skill and judgment required of Dr McLellan in discharging her duty to advise her patient of the risks of proposed treatment were not the kind with which the *Bolam* test was concerned. Whatever Dr McLellan might have in mind when coming to the view that caesareans were not in maternal interest, this involved value judgments instead of purely medical considerations. Accordingly, the *Bolam* test, which deals with conduct supported by a responsible body of medical opinion, became quite inapposite. Mrs Montgomery was entitled to take into account her own values, her own assessment of the comparative merits of vaginal delivery and a caesarian section, whatever medical opinion might say, alongside the medical evaluation of the risks to herself and her baby, and her choices ought to be respected, unless she lacked capacity. Although she could not force Dr McLellan to offer treatment which the latter considered futile or inappropriate, she was at least entitled to information enabling her to take part in the decision.

Development of the *Bolam* test in United Kingdom

Under the *Bolam* test, which was laid down by the English High Court case back in 1957, a doctor's conduct (or omission) would not be improper if this was supported by a responsible body of medical opinion.

The applicability of the *Bolam* test was revisited in the case of "*Sidaway v Board of Governors of the Bethlem Royal Hospital and the Maudsley Hospital*" in 1985, in which the majority of the Court ruled that whether a doctor's omission to warn a patient of inherent risks of proposed treatment constituted a breach of the duty of care was normally determined by the application of the *Bolam* test.

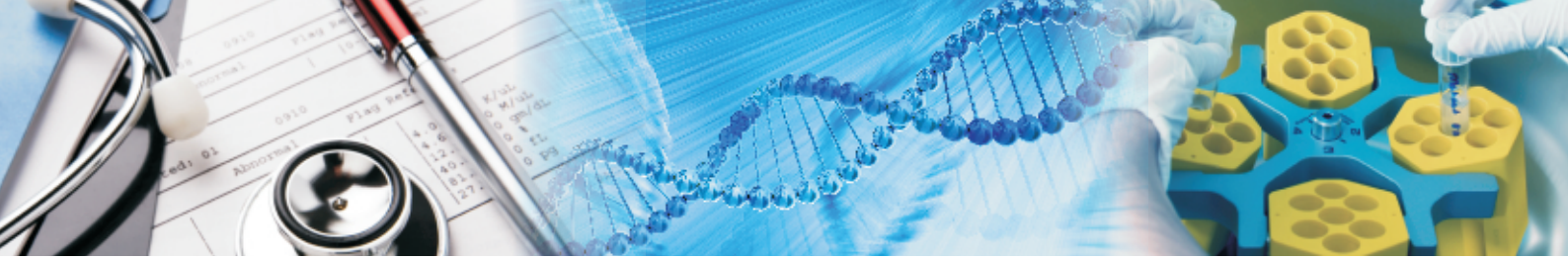
In the subsequent case of "*Chester v Afshar*" in 2005, two out of five Law Lords considered the *Bolam* test inapplicable for determining a doctor's duty of disclosure.

In the Montgomery case, the Law Lords considered that the *Bolam* test was not a sufficiently good test for determining a doctor's duty of disclosure because 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.

Development of the *Bolam* test in Hong Kong

In the case of "*Kong Wai Tsang v Hospital Authority*", the Court of Final Appeal ("CFA") commented that the applicability of the *Bolam* test was a very much developing area of the law.

In the "*TAN Ronald Francis v The Medical Council of Hong Kong*" with judgment handed down in June 2011 ("Dr TAN Ronald Francis case"), applicability of the *Bolam* test for determining a doctor's duty of disclosure was qualified to a great extent. The Court of Appeal ("CA"), following the decision of the House of Lords in "*Chester v Afshar*" case, stated that "*it is a doctor's duty to warn a patient of the possible serious risks involved and of a small but well established risk of serious injury as a result of a treatment of drug*". In other words, the doctor should not only advise the patient of the substantial



risks, but also the significant risks. This principle was in line with the ruling by the UK Supreme Court in the Montgomery case.

In the "*CHAN Po Sum v The Medical Council of Hong Kong*" with judgment handed down in December 2014 ("Dr CHAN Po Sum case"), the CA endorsed the Council's view that the explanation should cover risks of "*serious consequences even though the probability is low*" and this was also in line with the statement of principle in *Chester v Afshar*. Besides, the CA also laid down another legal principle, namely, that "*the duty to inform a patient of the significant risks will not be discharged unless she is made aware that fewer, or no risks, are associated with another procedure and unless the patient is informed of the comparable risks of different procedures she will not be in a position to give her fully informed consent to one procedure rather than another*". Indeed, this principle of requiring explanation of alternative procedures was consistent with the approach of the House of Lords in the Montgomery case.

Legal advice of the Medical Council

Although the decision made by the UK Supreme Court in the Montgomery case has yet to be discussed by the CFA, the legal principles of requiring explanation of significant risks and alternative procedures to patients laid down in the Montgomery case would likely apply in Hong Kong given that the two principles are consistent with the approach of the CA in Dr TAN Ronald Francis case and in Dr CHAN Po Sum case. Doctors in Hong Kong ought to realize that they could not rely on the *Bolam* test when facing professional negligence claim for breach of duty of disclosure and to advise patients of risks, although whether they could still rely on the *Bolam* test when being disciplined for professional misconduct is open to debate.

While the Medical Council should not give legal advice to doctors in order to maintain impartiality in its quasi-judicial function in disciplinary proceedings, it should remind doctors on the development of law so that they could regulate their own practices accordingly. It is important for the Council to strike a balance between the two matters.

The Ethics Committee's findings

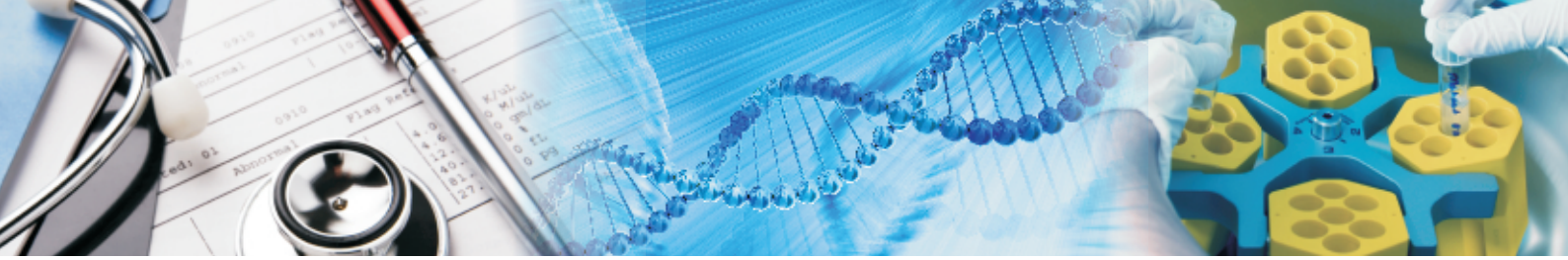
Major principles in the Montgomery case[1]

1. A doctor is under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments. The test of materiality is whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it; that, however, the doctor is entitled to withhold information as to a risk if he/she reasonably considers that its disclosure would be seriously detrimental to the patient's health or in circumstances of necessity. In other words, the assessment of whether a risk is material is fact-sensitive, and sensitive also to the characteristics of the patient. Doctors should look at the significance of risks, not only from the doctor's perspective, but also from the patient's perspective.

2. The assessment of whether a risk is material cannot be reduced to percentages. The significance of a given risk is likely to reflect a variety of factors besides its magnitude, for example, the nature of risk, the effect which its occurrence would have upon the life of a patient, the importance to the patient of the benefits sought to be achieved by the treatment, the alternative available, and the risks involved in those alternatives.

3. The doctor's advisory role involves dialogue, the aim of which is to ensure that the patient understands the seriousness of his/her condition, and the anticipated benefits and risks of the proposed treatment and any reasonable alternatives, so that he/she is then in a position to make an informed decision.

[1] see: [2015] 2 WLR 768 at paras. 89, 90, 91 & 117.



Section 2 of the Code of Professional Conduct - Consent to medical treatment

1. The requirement for explaining to the patient the significant risks as laid down in the Montgomery case has been stated in sections 2.5 and 2.10.3 of the Code, i.e.

> "2.5 Express and specific consent is required for major treatments, invasive procedures, and any treatment which may have significant risks…"
>
> "2.10.3 The explanation should cover not only significant risks, but also risks of serious consequence even though the probability is low (i.e. low probability serious consequence risks)."

2. The requirement for informing the patient of alternative treatments in the Montgomery case has been covered in section 2.7 of the Code, i.e.

> "2.7 Consent is valid only if …(ii) the doctor has provided proper explanation of the nature, effect and risks of the proposed treatment and other treatment options (including the option of no treatment)…"

3. The doctor's role in promoting good communication highlighted in the Montgomery case has been included in sections 2.10.1 and 2.10.2 of the Code, i.e.

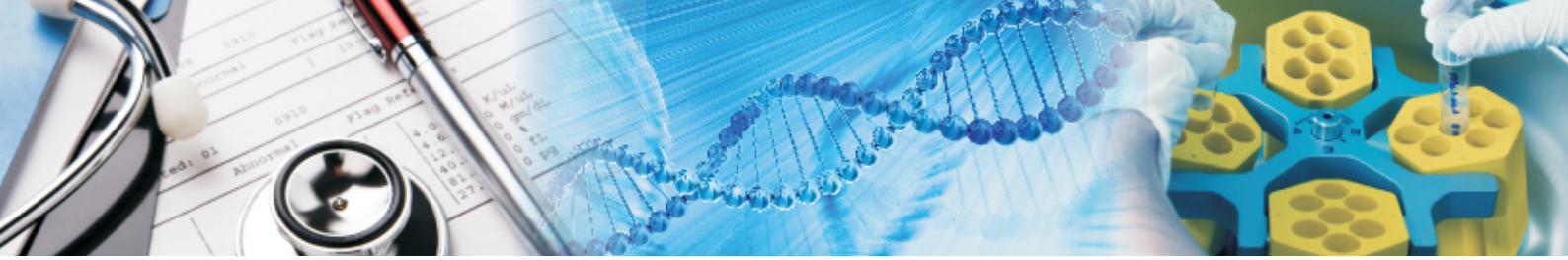
> "2.10.1 Explanation should be given in clear, simple and consistent language. Explanation should be given in terms which the patient can understand. It is the doctor's duty to ensure that the patient truly understands the explanation by being careful and patient."
>
> "2.10.2 The explanation should be balanced and sufficient to enable the patient to make an informed decision. The extent of explanation required will vary, depending on individual circumstances and complexity of the case."

The Ethics Committee's recommendation endorsed by the Medical Council

After analysing the major principles of the Montgomery case and comparing with the existing Code, the Medical Council endorsed the recommendation of the Ethics Committee to amend section 2.10.2 of the Code to emphasize the importance of proper dialogue and communication between doctor and patient, taking into consideration the individuality of each and every patient. Section 2.10.2 now becomes:

> "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 <u>of the patient</u> and complexity of the case."
>
> "2.10.2 該解釋的內容應均衡而充足，讓病人在知情下作出決定。該解釋所需涉及的範圍，會視乎<u>病人的</u>個別情況和個案的複雜程度而有不同。"

We cannot stress more the importance of a proper dialogue between a doctor and his/her patients for an informed consent. This can only be achieved by good communication between these two parties. It is the duty of a doctor to do so and to avoid value judgment on behalf of the patient. Signing a consent form is not just a formality, it should be a documentary proof of a proper informed consent obtained after proper communication with the patient and providing all the information as the case requires, taking into consideration the individuality of the patient.



Code of Professional Conduct

Apart from the amendment to section 2.10.2 of the Code as set out in page 4 of this newsletter, the Medical Council on the recommendation of the Ethics Committee has also reviewed and revised sections 5.2.3.1 and 5.2.3.5 of the Code. The revised sections, which supersede the previous versions with immediate effect, are appended below for information of and compliance by members of the profession:-

Section 5.2.3.1

"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~~.
…"

"5.2.3.1 *招牌*

招牌包括醫生用以向公眾人士標示其業務而展示的任何標誌和告示。
……
招牌只可載列下述資料：
(a) 醫生的姓名，冠以"西醫 / 男西醫 / 女西醫(Dr.)"或加上"醫生 / 醫師"的稱謂，以及"註冊醫生 / 註冊西醫(registered medical practitioner)"的名銜。
(b) 醫務所名稱。
(c) 醫務委員會批准引述的資歷~~的認可縮寫~~。
……"

The above amendments are made in order to tie in with the provision for quotable qualifications under sections 5.2.3.2(d) and 5.2.3.4(h) of the Code.

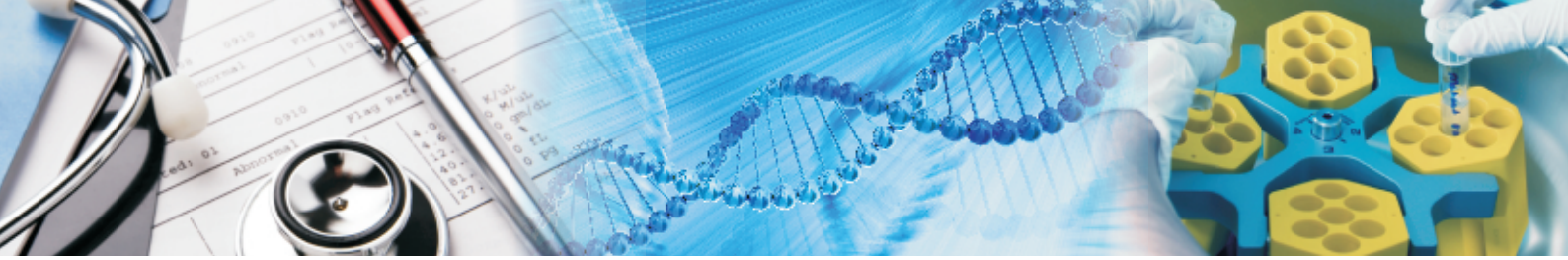
Section 5.2.3.5

"5.2.3.5 *Practice websites*

A doctor may publish his professional service information in ~~either~~ his practice website and/or the website of ~~a bona fide medical practice group, but not both~~ other medical practice group(s) of which he is a bona fide member. ~~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~~.
…"

"5.2.3.5 *業務網站*

醫生的專業服務資料可載於其本身的網站及/或其他其本身為真正成員的醫療執業團體的網站，~~但二者只可擇其一。醫生如為多於一個醫療執業團體的成員，則只可在其中一個團體的網站登載服務資料~~。
……"



The original section 5.2.3.5 of the Code provides that a doctor may only publish his professional service information in only one website, i.e. either his 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 and the Ethics Committee have decided to relax such restriction.

Renaming of a Specialty in the Specialist Register

At its meeting on 15 May 2015, the Education and Accreditation Committee of the Medical Council accepted the recommendation of the Hong Kong Academy of Medicine to rename the specialty "Occupational Medicine (職業醫學)" (S39) as "Occupational and Environmental Medicine (職業及環境醫學)" in the Specialist Register.

Concerned specialists are advised to note the above change of name of the specialty, and update your stationeries accordingly.

Quotable Appointments

The Medical Council has implemented the "Rules on Quotable Appointments" ("QA Rules") with effect from 1 December 2014.

Under the QA Rules and the "Guidelines on Quotability of Appointments by Private Hospitals, Nursing Homes and Medical Clinics", a private hospital, nursing home, maternity home or medical clinic has to satisfy the Medical Council that it has an established and objective system of offering appointments which is acceptable to the Medical Council before its appointments can be quoted by doctors in their medical practice. The names of 13 institutions with their appointment systems accepted by the Medical Council and their approved quotable appointments are included in the "List of Quotable Appointments by Private Hospitals, Nursing Homes, Maternity Homes and Medical Clinics accepted under the Rules on Quotable Appointments" ("QA List").

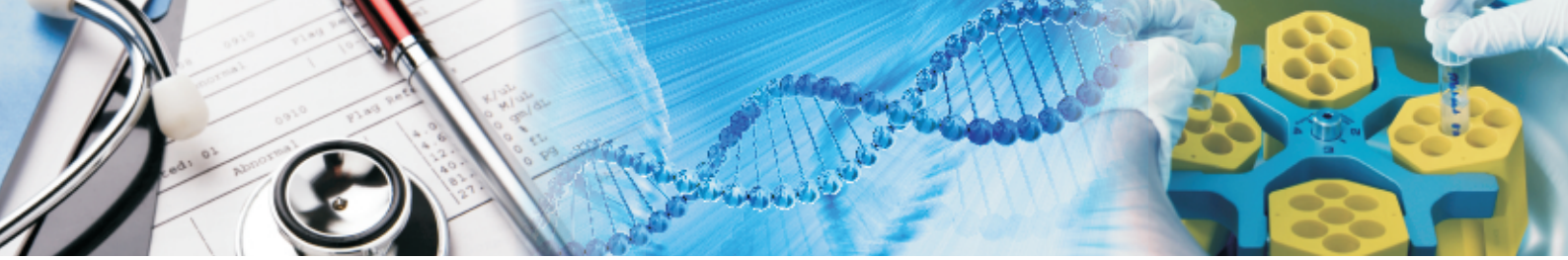
Members of the profession are required to comply with the QA Rules in quoting your appointments for the purpose of professional practice in Hong Kong. You are also advised to refer to the QA List for quotability of any appointments made by the private hospitals, nursing homes and medical clinics before quoting them.

The QA Rules and the QA List are promulgated in the website of the Medical Council at http://www.mchk.org.hk/qa.htm.

Quotable Qualifications

According to section 5 "Professional communication and information dissemination" of the Code, doctors may quote those quotable qualifications approved by the Medical Council in dissemination of service information to the public. The Guidelines on Quoting of Qualifications and the updated List of Quotable Qualifications ("the List") are promulgated in the Medical Council's website (http://www.mchk.org.hk/quotable.htm).

The Medical Council notes that there are cases of misquoting of the doctor's primary registrable qualification "*Bachelor of Medicine and Bachelor of Surgery*" ("*MBChB*" or "*MBBS*") in the following manner which gives a misleading impression that the doctor is having more than one qualification:-



"Bachelor of Medicine, University of xx
Bachelor of Surgery, University of xx
xx大學內科醫學士
xx大學外科醫學士"

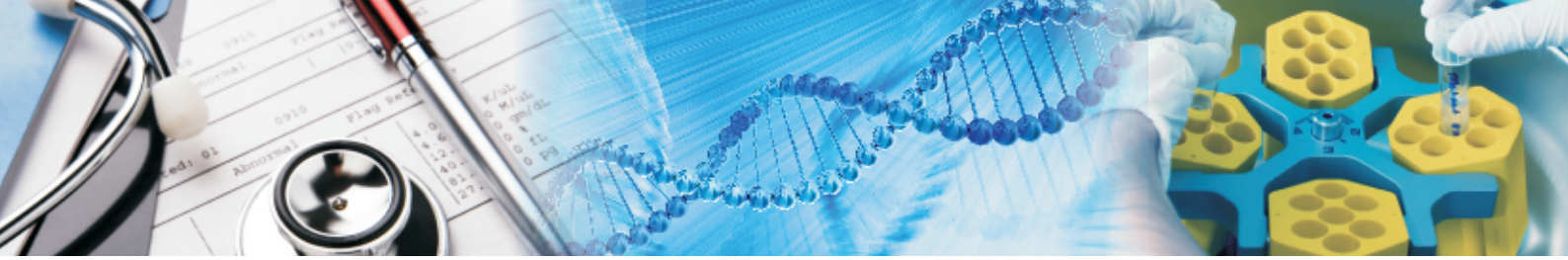
The Medical Council would like to remind doctors that quoting of any qualifications in the above manner was not allowed. Doctors should strictly comply with section 5 of the Code and the Guidelines on Quoting of Qualifications in quoting their qualifications.

Since September 2014, the Medical Council, on the recommendation of the Education and Accreditation Committee, has approved additions or changes to the List as set out in the ensuing paragraphs.

Quotable qualifications under the generally approved category

The Medical Council has approved the following qualifications for inclusion in the List:-

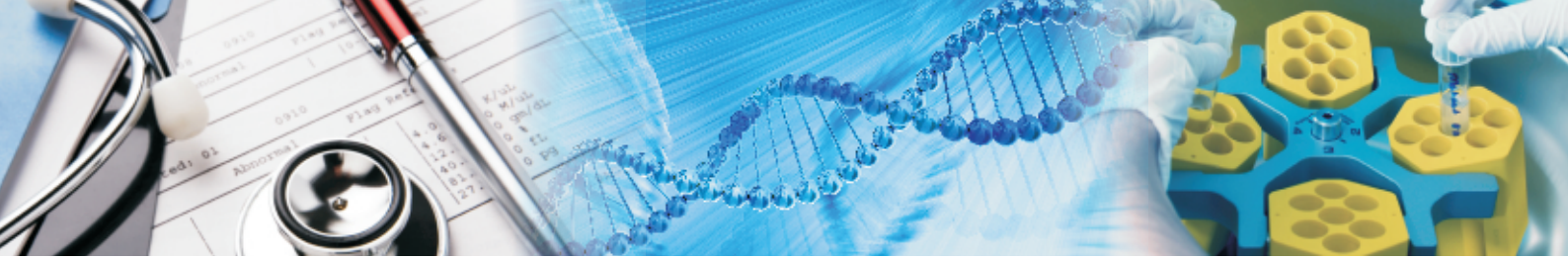
	Title of Qualification	Abbreviation	Chinese Title
1.	Board Certified in Pediatric Nephrology by the American Board of Pediatrics	/	美國兒科醫學委員會文憑(兒童腎科)
	(Remarks: As advised by the American Board of Pediatrics, the qualification does not have an abbreviation and therefore only the full title should be quoted by doctors.)		
2.	Master of Mental Health (Community Mental Health), University of Queensland	MMH Community Mental Health (UQ)	昆士蘭大學社區精神健康學碩士
3.	Postgraduate Diploma in Public Health, The Chinese University of Hong Kong	PDPH (CUHK)	香港中文大學公共衞生學學士後文憑
4.	Postgraduate Diploma in Clinical Dermatology, Queen Mary University of London	PGDipClinDerm (QMUL)	倫敦瑪麗女王大學臨床皮膚學深造文憑
5.	Master of Science in Cardiology (Advanced Cardiology Practice Concentration), The Chinese University of Hong Kong	MSc Cardiology (Advanced Cardiology Practice) (CUHK)	香港中文大學心臟科理學碩士(進階心臟科組別)
6.	Master of Health Studies (Clinical Epidemiology), University of Queensland	MHSt (Clin Epi) (UQ)	昆士蘭大學健康學碩士(臨床流行病學)
7.	Master of Science (Medical Science) in Behavioural Sleep Medicine, University of Glasgow	MSc (Med Sci) in Behavioural Sleep Medicine (Glasg)	格拉斯哥大學睡眠行為醫學碩士
8.	Diploma of Clinical Neurology, University of London	Dip (Lond)	倫敦大學臨床腦神經科文憑
9.	Master of General Practice Psychiatry (Clinical), Monash University	MGPPsych (Clin) (Monash)	蒙納殊大學普通科臨床精神醫學碩士
10.	Master of Medicine (Psychotherapy), The University of Sydney	MMed (Psychotherapy) (Syd)	悉尼大學醫學碩士(心理治療學)
11.	Member, Royal College of Surgeons in Ireland	MRCSI	愛爾蘭皇家外科醫學院院員



	Title of Qualification	Abbreviation	Chinese Title
12.	Master of Science in Geriatric Orthopaedics, The Chinese University of Hong Kong	MScGEOR (CUHK)	香港中文大學 老年骨科學理學碩士
13.	Master of Science in Health Services Management, The Chinese University of Hong Kong	MScHSM (CUHK)	香港中文大學 醫療管理學理學碩士
	Postgraduate Diploma in Health Administration, The Chinese University of Hong Kong	PgDHA (CUHK)	香港中文大學 醫療行政學學士後文憑
	Postgraduate Diploma in Health Services Management, The Chinese University of Hong Kong	PgD HSM (CUHK)	香港中文大學 醫療管理學學士後文憑
	(Remarks: (1) "*Master of Science in Health Services Management*, *The Chinese University of Hong Kong*" and "*Postgraduate Diploma in Health Administration*, *The Chinese University of Hong Kong*" should not be quoted simultaneously. (2) "*Master of Science in Health Services Management*, *The Chinese University of Hong Kong*" and "*Postgraduate Diploma in Health Services Management*, *The Chinese University of Hong Kong*" should not be quoted simultaneously.)		
14.	Certificate of Medical Genetics, The Royal College of Pathologists	/	皇家病理科醫學院 醫學遺傳學証書
	(Remarks: (1) "*The Royal College of Pathologists*" refers to the one in the United Kingdom only. (2) As advised by The Royal College of Pathologists, the qualification does not have an abbreviation and therefore only the full title should be quoted by doctors.)		
15.	Postgraduate Diploma of Tropical Medicine and Hygiene, James Cook University	PGDipTM&H (JCU)	詹姆士庫克大學熱帶病學及衞生學深造文憑
16.	Master of Reproductive Medicine, University of New South Wales	MRMed (UNSW)	新南威爾斯大學 生殖醫學碩士
17.	Diplomate with a Special Foreign Certificate, American Board of Plastic Surgery	Diplomate with a Special Foreign Certificate (ABPS)	美國整形外科醫學委員會 文憑(特許境外證書)
	(Remarks: The qualification can only be quoted by holders who are of specialist registration in the specialty of Plastic Surgery.)		
18.	Master of Science in Clinical Trials, University of London	MSc in Clinical Trials (Lond)	倫敦大學 臨床試驗科學碩士

Quotable qualifications under the specifically approved category

The Medical Council has also approved the following two applications for inclusion in the List under the specifically approved category. The qualifications can only be quoted by the specific applicants to whom approval is given.



	Title of Qualification	Abbreviation	Chinese Title	Date of approval by the Medical Council	Reference
1.	Doctor of Philosophy, The University of Hong Kong	PhD (HK)	香港大學哲學博士	3 December 2014	MC/QQ/24/14
2.	Doctor of Philosophy (Medical Science), Tohoku University	PhD (Medical Science) (Tohoku)	東北大學醫學科學哲學博士	8 July 2015	MC/QQ/08/15

Change of details of quotable qualifications

The Medical Council decided at the Policy Meeting on 3 December 2014 (i) to rectify the titles and abbreviation of the following quotable qualification based on the advice from the University of London; and (ii) to allow a three-year grace period for doctors concerned to revise the titles and abbreviation on their signboards, letter-heads and visiting cards, etc.:-

Title of Qualification	Abbreviation	Chinese Title
Postgraduate Diploma in Clinical Dermatology, University of London	PGDipClinDerm (Lond)	倫敦大學臨床皮膚學深造文憑

(Remarks: The Medical Council decided at the meeting on 3 December 2014 to rectify the titles and abbreviation of the qualification as follows:-

(i) Title of qualification: from "*Diploma in Clinical Dermatology, University of London*" to "*Postgraduate Diploma in Clinical Dermatology, University of London*"

(ii) Abbreviation: from "*DipClinDerm(Lond)*" to "*PGDipClinDerm(Lond)*"

(iii) Chinese Title: from "*倫敦大學臨床皮膚學文憑*" to "*倫敦大學臨床皮膚學深造文憑*"

There would be a 3-year transitional period during which the use of either the old titles and abbreviation or the rectified titles and abbreviation by a medical practitioner would be acceptable by the Council.)

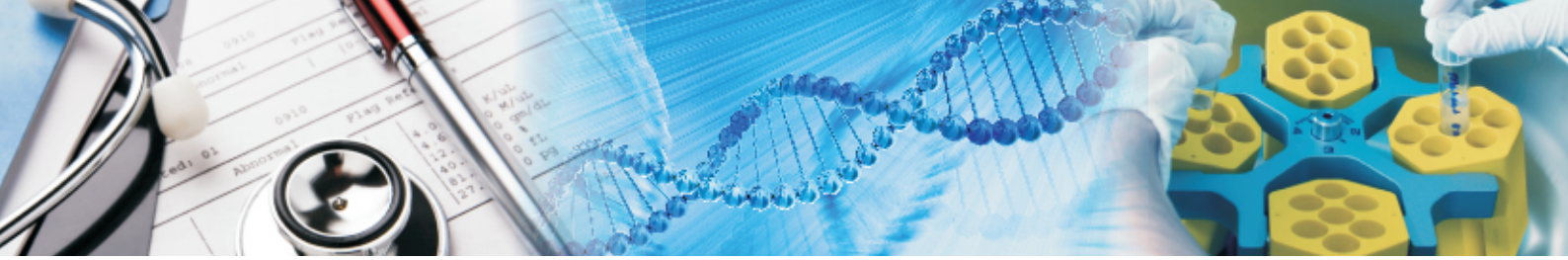
The Medical Council decided at the Policy Meeting on 2 February 2015 to add alternative official abbreviations of the following quotable qualification based on the advice from the Royal College of Physicians and Surgeons of Glasgow:-

Title of Qualification	Abbreviation	Chinese Title
Fellow, Royal College of Physicians and Surgeons of Glasgow	FRCP RCPS (Glasg) or FRCP (Glasg)	英國格拉斯哥皇家醫學院內科榮授院士
	FRCS RCPS (Glasg) or FRCS (Glasg)	英國格拉斯哥皇家醫學院外科院士
	FRCPS (Glasg) FRFPS (Glasg)	英國格拉斯哥皇家醫學院院士

(Remarks:

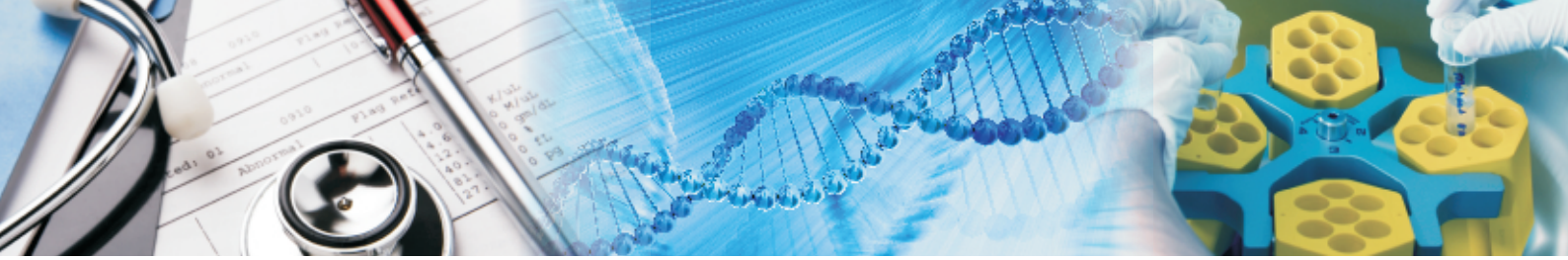
(i) Name changed from Royal Faculty of Physicians and Surgeons of Glasgow on 6 December 1962. The qualification FRFPS (Glasg) which was granted by the Faculty continues to be registrable.

(ii) The Medical Council decided at the meeting on 2 February 2015 to add "*FRCP (Glasg)*" and "*FRCS (Glasg)*" as alternative abbreviations to "*FRCP RCPS (Glasg)*" and "*FRCS RCPS (Glasg)*" respectively.)



The Medical Council decided at the Policy Meeting on 7 October 2015 to change the Chinese titles of the following quotable qualifications conferred by the University of Sydney/Cardiff University by following the Chinese translations "悉尼大學"/"卡迪夫大學" adopted by the respective universities, and the Council's policy decision in 2006 not to add the country names to the Chinese titles of the qualifications if the country names were not in the original titles. A three-year grace period is allowed for doctors concerned to revise the titles on their signboards, letter-heads and visiting cards, etc..

	Title of Qualification	Original Chinese Title	Rectified Chinese Title
1.	Master of Surgery, University of Sydney	澳洲雪梨大學 外科碩士	悉尼大學 外科碩士
2.	Master of Medicine, University of Sydney	澳洲雪梨大學 醫學碩士	悉尼大學 醫學碩士
3.	Master of Public Health, University of Sydney	澳洲雪梨大學 公共衛生科碩士	悉尼大學 公共衛生科碩士
4.	Doctor of Medicine, University of Sydney	澳洲雪梨大學 醫學博士	悉尼大學 醫學博士
5.	Doctor of Philosophy in Medicine, University of Sydney	澳洲雪梨大學 哲學博士(醫學)	悉尼大學 哲學博士(醫學)
6.	Diploma in Child Health, University of Sydney	澳洲雪梨大學 兒科文憑	悉尼大學 兒科文憑
7.	Master of Public Health (Honours), University of Sydney	澳洲雪梨大學 公共衛生科榮譽碩士	悉尼大學 公共衛生科榮譽碩士
8.	Master of Medicine in Physical Medicine (Musculoskeletal), University of Sydney	澳洲雪梨大學 物理(肌骼科)醫學碩士	悉尼大學 物理(肌骼科)醫學碩士
9.	Master of Science in Dermatology, Cardiff University	英國卡的夫大學 皮膚學碩士	卡迪夫大學 皮膚學碩士
10.	Diploma in Dermatological Science, Cardiff University Diploma in Clinical Dermatology, Cardiff University	英國卡的夫大學 皮膚科學文憑 英國卡的夫大學 臨床皮膚學文憑	卡迪夫大學 皮膚科學文憑 卡迪夫大學 臨床皮膚學文憑
11.	Diploma in Practical Dermatology, Cardiff University	卡的夫大學 實用皮膚科文憑	卡迪夫大學 實用皮膚科文憑
12.	Postgraduate Diploma in Palliative Medicine, Cardiff University	卡的夫大學 紓緩醫學深造文憑	卡迪夫大學 紓緩醫學深造文憑
13.	Master of Science in Palliative Medicine, Cardiff University	卡的夫大學 紓緩醫學碩士	卡迪夫大學 紓緩醫學碩士
14.	Postgraduate Diploma in Medical Toxicology, Cardiff University	卡的夫大學 臨床毒理學深造文憑	卡迪夫大學 臨床毒理學深造文憑



	Title of Qualification	Original Chinese Title	Rectified Chinese Title
15.	Master of Science in Pain Management, Cardiff University	卡的夫大學 疼痛科碩士	卡迪夫大學 疼痛科碩士
16.	Master of Science in Practical Dermatology, Cardiff University	卡的夫大學 實用皮膚學碩士	卡迪夫大學 實用皮膚學碩士

The Medical Council decided at the Policy Meeting on 4 November 2015 to change the Chinese titles of the following two quotable qualifications by adopting the official Chinese title "新加坡醫學專科學院院士" as advised by the Academy of Medicine, Singapore. A three-year grace period is allowed for doctors concerned to revise the titles on their signboards, letter-heads and visiting cards, etc..

	Title of Qualification	Original Chinese Title	Rectified Chinese Title
1.	Fellow of the Academy of Medicine, Singapore (Diagnostic Radiology)	新加坡醫學研究學院 學士(診斷放射學)	新加坡醫學專科學院 院士(診斷放射學)
2.	Fellow of the Academy of Medicine, Singapore (Emergency Medicine)	新加坡醫學研究學院 學士(急症科)	新加坡醫學專科學院 院士(急症科)

Application for quoting research master and doctoral degrees

Doctors are advised that individual approval would be required for quoting the specifically approved qualifications (i.e. research master and doctoral degrees other than "*Master of Surgery*" and "*Doctor of Medicine*") included in the List. Applications for quoting the specifically approved qualifications should be made to the Education and Accreditation Committee of the Medical Council.

Reminders

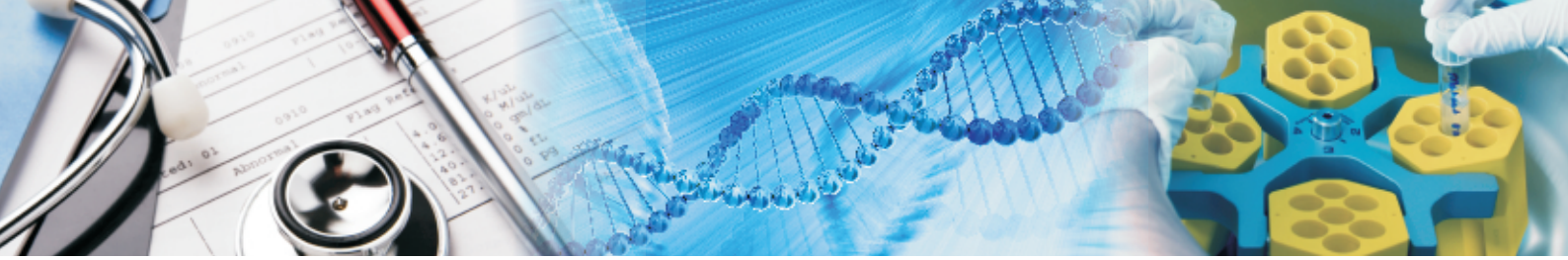
Reporting of offence punishable by imprisonment

A doctor convicted of any offence punishable by imprisonment is liable to disciplinary proceedings of the Medical Council, regardless of whether he/she is sentenced to imprisonment. Some offences, though appear to be trivial, e.g. careless driving, riding/driving on a footpath, failing to comply with a prescribed traffic sign within the Tsing Ma Control Area, failure to comply with Buildings Ordinance order, etc. are in fact offences punishable by imprisonment.

Members of the profession are reminded that upon conviction of an offence punishable by imprisonment they should report to the Medical Council within 28 days as required under section 29 of the Code as follows:

> "*A doctor who has been convicted in or outside Hong Kong of an offence punishable by imprisonment or has been the subject of adverse findings in disciplinary proceedings by other professional regulatory bodies is required to report the matter to the Council within 28 days from the conviction or the adverse disciplinary finding, even if the matter is under appeal. Failure to report within the specified time will in itself be ground for disciplinary action. In case of doubt the matter should be reported.*"

In reporting conviction cases to the Medical Council, the doctor should provide all relevant document(s) such as certificate of trial as far as possible. Provision of sufficient information saves time in making clarification with the doctor and liaising with the adjudicating court for retrieval of the



related court document(s), materials of which facilitate the deliberation of the Medical Council in deciding whether a disciplinary inquiry on the conviction by the doctor should be held in the first instance.

Timely renewal of practising/retention certificate

A notification letter was issued to individual doctors on 30 September 2015 inviting them to apply for renewal of the annual practising/retention certificates. The Medical Council would like to remind doctors to make timely application for renewal of the certificates, and draw doctors' attention to the following:-

(a) According to section 20A of the Medical Registration Ordinance ("the Ordinance"), a doctor who has not renewed the practising certificate by 31 December cannot lawfully practise medicine from 1 January of the following year onwards, until and unless he/she has obtained a valid practising certificate.

(b) Section 19(1)(b) of the Ordinance provides that the Medical Council may order the removal from the General Register of the name of any person who has not, before 30 June of a year, obtained his/her practising/retention certificate for that year. If a doctor's name is removed from the General Register, he/she will cease to be a registered doctor and cannot continue to practise. It is a criminal offence under section 28(2) of the Ordinance for a person whose name is not on the General Register to practise medicine or surgery.

Change of registered address

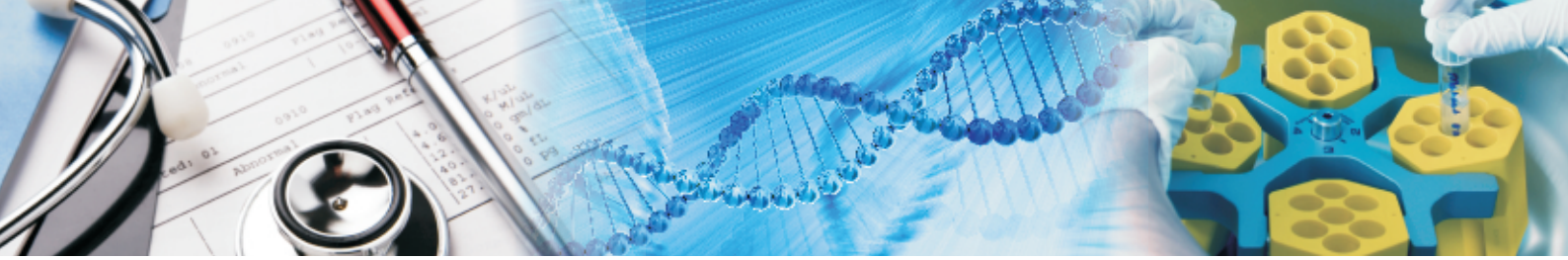
Under the Ordinance, any registered medical practitioner is required to provide the Registrar of Medical Practitioners with an address at which notices from the Medical Council may be served on him/her. For this purpose, please notify the Registrar of Medical Practitioners either in writing or by completing a form, which is available from the Council's website and can be obtained from the Central Registration Office at the following address, as soon as there is any change in your registered address:-

17/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong
Tel. No.: 2961 8648 / 2961 8655 Fax No.: 2891 7946 / 2573 1000

The address provided will be used for the purposes associated with registration under the Ordinance. The registered addresses as well as the names, qualifications and dates of qualifications of all persons whose names appear on the General Register are required to be published annually in the Gazette.

Although the registered address may be a practising address, a residential address or a Post Office Box number, the Medical Council advises the applicant that the practising address be provided as the registered address. The practising address will be of more meaningful reference for the public in ascertaining who is entitled to practise medicine in Hong Kong, and will also afford privacy to the practitioner's residential address.

While publication of the registered medical practitioner's registered address in the Gazette is a mandatory requirement under the Ordinance, the Medical Council has decided that a registered medical practitioner may choose whether to have his/her registered address published in the Council's website. Any subsequent change in your choice must be notified in writing to the Registrar of Medical Practitioners. Given the size of the updating exercise which involves over 13,000 entries, the list of registered medical practitioners on the website will be updated on a monthly basis. Any request for changing the publication of registered address and/or any other information in individual entries on the Medical Council's website will be processed only during the updating exercises.



Result of the 2014 Election of the Medical Council

The Medical Council held its 19th election of Medical Council Members on 17 December 2014 to fill three vacancies. Dr HO Chung Ping, Dr TSE Hung Hing and Dr CHENG Chi Man were elected/re-elected by obtaining 1,350, 1,309 and 1,218 votes respectively. Their term of office as Members of the Medical Council commenced from 24 January 2015 for a period of three years.

Statistics on Disciplinary Cases Handled by the Medical Council

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) Failure to keep proper record of dangerous drugs	(1)	(-)	(2)	(5)	(4)
(b) Others	(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 the 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.

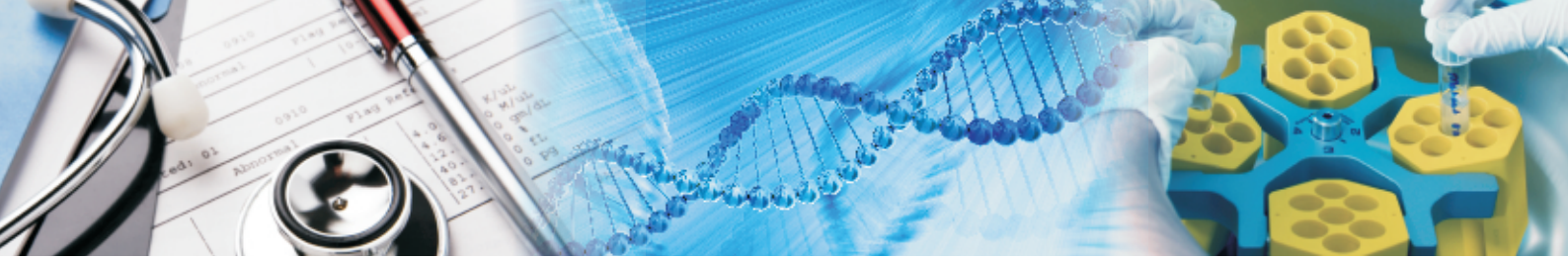


Table 2 - Breakdown on the complaints received in 2014 which were dismissed by the Chairman and the Deputy Chairman of the Preliminary Investigation Committee of the Medical Council as being frivolous or groundless

Nature of Complaints	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**

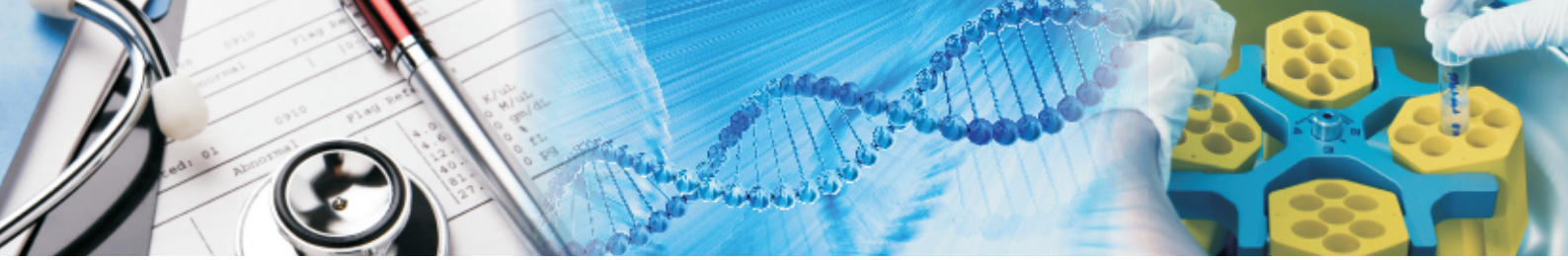
Table 3 - Work of the Preliminary Investigation Committee (PIC) of the Medical Council

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
- failure/unsatisfactory results of treatment/surgery	*15*	
- inappropriate prescription of drugs	*15*	
- failure to properly/timely diagnose illness	*7*	
- failure to give proper medical advice/explanation	*6*	
- conducting unnecessary or inappropriate treatment/surgery	*4*	
- fees and others	*7*	
(b) Conviction in court		26
(c) Practice promotion/misleading, unapproved description & announcements		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
- careless driving	*16*	
- failing to comply with a prescribed traffic sign within the Tsing Ma Control Area	*2*	
- failure to comply with Buildings Ordinance order	*1*	
- riding/driving on a footpath	*1*	
(B) Recommended for inquiry		
(a) Conviction in court		4
- failure to keep a proper record for dangerous drugs	*2*	
- forgery and fraud	*1*	
- behaving in a disorderly manner in a public place and resisting a police officer in the due execution of his duty	*1*	
(b) Disregard of professional responsibility to patients		28
- inappropriate prescription of drugs	*10*	
- failure/unsatisfactory results of treatment/surgery	*9*	
- failure to properly/timely diagnose illness	*4*	
- failure to give proper medical advice/explanation	*3*	
- conducting unnecessary or inappropriate treatment/surgery	*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
- practice of medicine without registration	*1*	
- 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	*1*	
(b) Disregard of professional responsibility to patients		2
- failure to give proper medical advice/explanation		
(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.

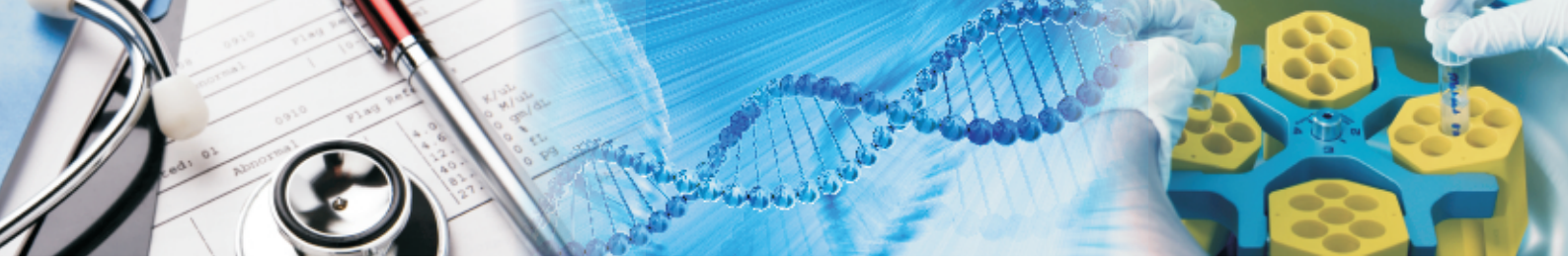


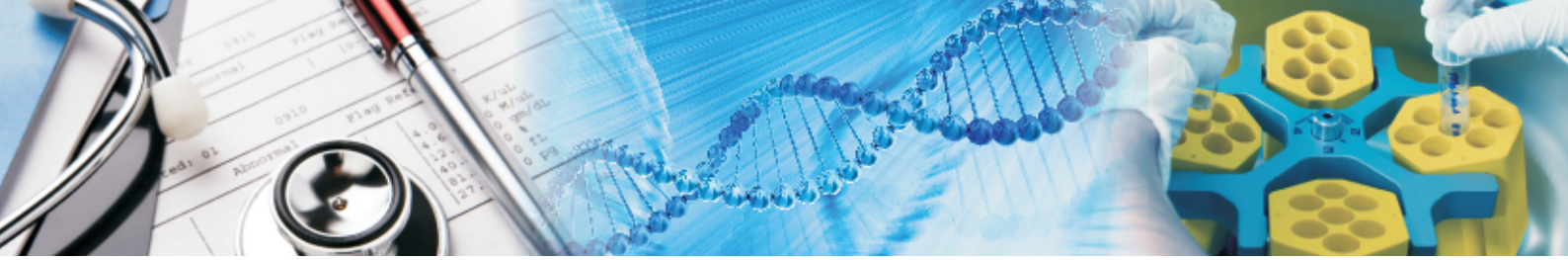
Table 4 - Work statistics of the Preliminary Investigation Committee (PIC) of the Medical Council in 2014

	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 for these cases (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)



Nature	No. of Cases Involved	Decision of the Council
(B) Disregard of professional responsibility to patients (continued)	*(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
	(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 Medical Council for inquiry by the PIC meetings held in/before 2014.]

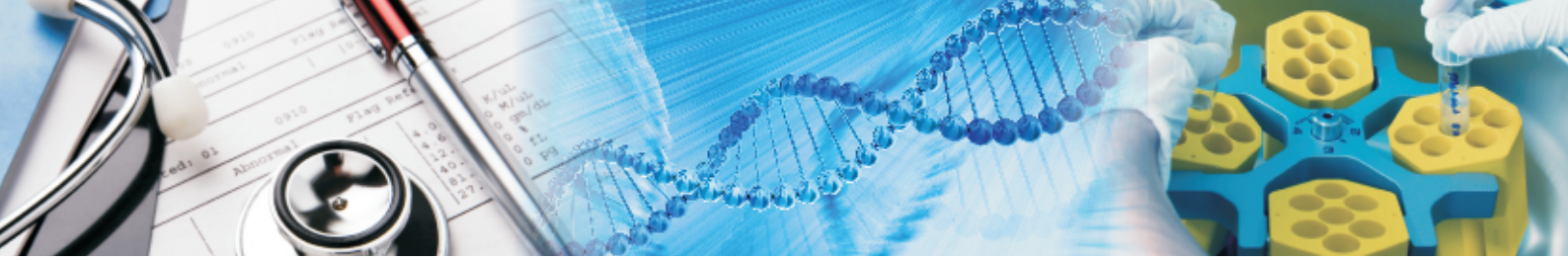


Table 6 - Figures on appeal cases

	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
Total:	**3**

Membership Lists

Medical Council of Hong Kong

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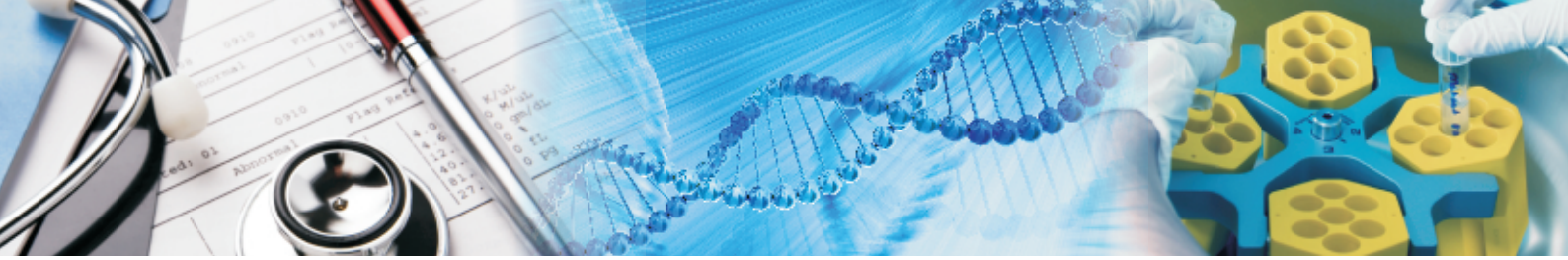
Dr CHAN Hon-yee, Constance JP (陳漢儀醫生)	Dr LAI Kit-lim, Cindy JP (黎潔廉醫生)
Dr CHAN Yee-shing (陳以誠醫生)	Dr LAM Tzit-yuen, David (林哲玄醫生)
Miss CHAU Man-ki, Mabel MH (周敏姬女士)	Dr LAU Chor-chiu GMSM MH (劉楚釗醫生)
Dr CHENG Chi-man (鄭志文醫生)	Ms LAU Wai-yee, Monita (劉慧兒女士)
Dr CHEUNG Hon-ming (張漢明醫生)	Dr LEUNG Chi-chiu (梁子超醫生)
Dr CHEUNG Tak-hong (張德康醫生)	Dr LI Tak-lai, Theresa (李德麗醫生)
Dr CHOI Kin, Gabriel (蔡堅醫生)	Prof. Felice LIEH-MAK GBS CBE JP (麥列菲菲教授)
Dr CHOW Pak-chin JP (周伯展醫生)	Prof. TANG Wai-king, Grace SBS JP (鄧惠瓊教授)
Ms CHOY Hok-man, Constance (蔡學雯女士)	Dr TUNG Sau-ying, Nancy MH (董秀英醫生)
Prof. FOK Tai-fai SBS JP (霍泰輝教授)	Dr TSE Hung-hing JP (謝鴻興醫生)
Dr HO Chung-ping MH JP (何仲平醫生)	Dr WONG Yee-him, John (黃以謙醫生)
Dr HO Hung-kwong, Duncan (何鴻光醫生)	Mr YU Kwok-kuen, Harry (余國權先生)
Dr HO Pak-leung (何栢良醫生)	Secretary : Miss Maggie CHOW (周韻琴女士)
Dr HUNG Se-fong BBS (熊思方醫生)	Legal Adviser : Mr Edward SHUM (岑炳生先生)
Dr IP Wing-yuk (葉永玉醫生)	



Education and Accreditation Committee

Prof. TANG Wai-king, Grace SBS JP (鄧惠瓊教授) (Chairman)

Dr CHAN Man-chung JP (陳文仲醫生)	Prof. LAW Ying-kit, Simon (羅英傑教授)
Prof. CHAN Anthony Tak-cheung (陳德章教授)	Dr LUK Hung-to, Danny (陸洪滔醫生)
Dr CHEUNG Tak-hong (張德康醫生)	Dr NG Wing-fung (吳榮豐醫生)
Prof. CHEUNG Yiu-fai (張耀輝教授)	Prof. WING Yuk-kwok (榮潤國教授)
Dr HO Chung-ping MH JP (何仲平醫生)	Dr YU Cissy MH (余詩思醫生)
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Prof. LAU Chak-sing (劉澤星教授)	

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Dr FANG David SBS JP (方津生醫生)	Prof. TAO LAI Po-wah, Julia (陶黎寶華教授)
Dr HO Pak-leung (何栢良醫生)	Secretary : Ms Fionne TSE (謝淑儀女士)
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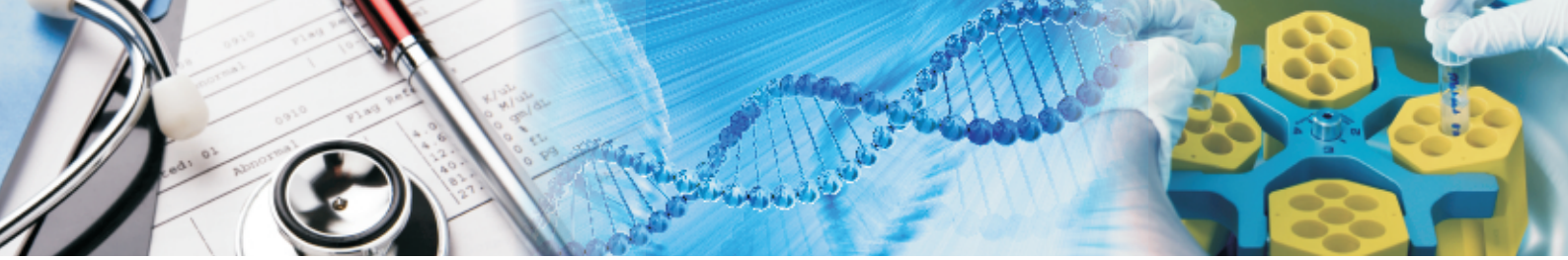
Dr HUNG Bing-kei, Gabriel (洪秉基醫生)	Legal Adviser : Mr Edward SHUM (岑炳生先生)



Licentiate Committee

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Dr PONG Chiu-fai, Jeff (龐朝輝醫生)	Secretary : Mr Joseph W H SIU (秘書 : 蕭永豪先生)

*serve on a rotation basis each for a period of 3 months

Panel of Assessors

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Ms HUI Mei-sheung, Tennessy JP (許美嫦女士)	Dr MOK Pik-tim, Francis (莫碧添醫生)
Dr KHOO Lai-san, Jennifer (邱麗珊醫生)	Mr POON Yiu-kin, Samuel (潘耀堅先生)
Dr KONG Wing-ming, Henry (江永明醫生)	Prof. TAN Choon-beng, Kathryn (陳俊明教授)
Mr KWONG Cho-shing, Antonio MH (鄺祖盛先生)	Dr TUNG Yuk, Stewart JP (董煜醫生)
Dr KWONG Kwok-wai, Heston JP (鄺國威醫生)	Prof. WING Yun-kwok (榮潤國教授)
Prof. KWONG Yok-lam (鄺沃林教授)	Mr WONG Hin-wing (黃顯榮先生)