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THE MEDICAL COUNCIL OF HONG KONG
行公義 ENSURING JUSTICE
守專業 MAINTAINING PROFESSIONALISM
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Code of Professional Conduct

The "Guidelines on Proper Prescription and Dispensing of Dangerous Drugs" ("the Guidelines") at Appendix E of the Code of Professional Conduct were first promulgated by the Medical Council in October 2003. The Ethics Committee has recently reviewed and revised the Guidelines taking into account the proposed amendments made by the Advisory Committee on the Use of Psychoactive Agents of the Hong Kong Medical Association. With the endorsement of the Medical Council, the revised Guidelines, which supersede the previous ones with immediate effect, are appended below for information of and compliance by members of the profession:

APPENDIX E

Guidelines on Proper Prescription and Dispensing of Dangerous Drugs

A. Application of Guidelines

1. This set of guidelines applies to the use of psychoactive substances with known potential for abuse as set out in Schedule 1 to the Dangerous Drugs Ordinance ("Dangerous Drugs"), for example, opioids like methadone (Physeptone), dipipanone (Wellconal), fentanyl (Durogesic, Fentanyl); benzodiazepines like diazepam (Diazemuls, Valium), triazolam (Halcion), flunitrazepam (Rohypnol), midazolam (Dormicum); and other psychoactive agents like phentermine (Duromine), ketamine (Ketalar) or methylphenidate (Ritalin or Concerta).

2. These guidelines reflect currently accepted professional standards on the use of Dangerous Drugs in the local context, and are intended to provide general guidance to medical practitioners for the promotion of good clinical practice.

3. The Practice Directions at the Annex below should be followed. Breach of these directions may be construed as improper use of Dangerous Drugs.

B. General Principles

1. The medical practitioner should be familiar with updated knowledge and guidelines on the use of Dangerous Drugs.

2. The medical practitioner should abstain from prescribing at the sole request of the patient Dangerous Drugs that are not medically justified by his condition.

3. Dangerous Drugs should be prescribed with due caution in order to avoid misuse and/or iatrogenic dependence.

4. Dangerous Drugs should only be prescribed after proper clinical assessment and diagnosis.

5. Dangerous Drugs should be prescribed within the range of therapeutic dosage and for such duration as necessary for the clinical condition being treated.

6. Simultaneous use of multiple Dangerous Drugs should be properly assessed and justified. Justification should be clearly documented.

7. The prescription, dispensing and/or administration of Dangerous Drugs should be carefully organized so as to avoid stock piling, resale or other inappropriate use by the patient.

8. An adequate and proper medical record should always be kept concerning the treatment of the patient with Dangerous Drugs.

9. Special clinical problems deserve expert advice. Appropriate referral to specialists or programmes should always be considered.

10. All medical practitioners should comply with all the provisions in the Dangerous Drugs Ordinance and Regulations.

C. Handling of Dangerous Drugs Dependence

Doctors who use Dangerous Drugs for the management of patients who have become dependent on such drugs ("Dependents on Dangerous Drugs") should ensure the following:-

1. They should have relevant training or experience in the management of drug dependence.

2. They should keep themselves updated with relevant guidelines/information published by appropriate professional bodies.

3. Appropriate referral should be made to substance abuse clinics, drug addiction counselling centres, and other available services or facilities in the community with resources and support for a comprehensive care (including physical, psychological, and social aspects) for Dependents on Dangerous Drugs. More information can be found in the website of Narcotics Division of the Security Bureau.

4. Dependents on Dangerous Drugs should be ensured attentive and conscientious care by the attending medical practitioner. Medical practitioners must know their limitations.

5. In every case, the attending doctor should assess the patient thoroughly, formulate a suitable management plan, keep an adequate medical record concerning the treatment of the patient with Dangerous Drugs and monitor the outcome.

D. High-Volume Consumption

Significant social harm can be caused by misuse of Dangerous Drugs supplied by medical practitioners or the inadvertent flow of such drugs into the "black market". These are especially prone to occur, when Dangerous Drugs are used in large quantities on out-patient basis in non-programme settings. To fulfill our social obligation and to avoid disrepute to our profession, the following measures are considered essential for all medical practitioners regularly prescribing large quantities of Dangerous Drugs:-

1. The use of Dangerous Drugs should be reviewed regularly to ensure that their use meets the standards as stipulated in sections B and C. In every case, the use or continued use of Dangerous Drugs should be adequately accounted for. Dangerous Drugs should be withdrawn appropriately wherever their use is considered ineffective, inappropriate, or unnecessary.

2. Careful measures should be taken to guard against misuse of Dangerous Drugs so supplied. Examples of such measures may include:-

   (a) the dosage should be within therapeutic range. Strong justification should be properly documented if it exceeds the therapeutic range.

   (b) regular follow-up assessment, preferably monthly. Exceptions with appropriate justification could be allowed.

   (c) minimize the quantity of Dangerous Drugs dispensed per visit, bearing in mind that the practitioner has the responsibility to decide the proper medication with appropriate duration and justification.

   (d) detailed record of justification and prescription.

   (e) direct supervision of drug-taking where possible.

   (f) random urine checking.

   (g) notification to Central Registry of Drug Abuse with patient's consent.

   (h) other measures as appropriate, e.g. referral to appropriate specialists (e.g. to pain clinic for patients in chronic pain), regular checking of unfinished drugs.

3. If a medical practitioner is not satisfied with the measures he has taken in relation to sections D.1 and D.2, he should seek advice and assistance from the "Advisory Committee on the Use of Psychoactive Agents" of the Hong Kong Medical Association. Continued use of large quantities of Dangerous Drugs cannot be accepted as proper medical practice, unless reasonable measures have been taken against possible misuse.

Annex – Practice Directions for the Use of Dangerous Drugs

The following Practice Directions for selected Dangerous Drugs should be followed.

1. Practice Directions for use of benzodiazepines

   (a) Initial assessment of the patient should include:-
   - (i) proper history and examination
   - (ii) appropriate investigation
   - (iii) proper diagnosis and/or diagnostic formulation
   - (iv) education and counselling

   (b) Patients on benzodiazepines should be informed of the following:-
   - (i) Drugs are only part of the management plan;
   - (ii) Drug dependence is likely to occur with improper use;
   - (iii) Various adverse effects, which include impairment of the performance of skilled tasks and driving;
   - (iv) Interactions with drugs and alcohol are potentially dangerous.

   (c) The lowest effective dose with therapeutic range which can control the symptoms should be used.

   (d) In general, initial prescription and/or dispensing of benzodiazepines should be kept to the minimum appropriate dosage and duration.

   (e) For repeated and/or prolonged prescription, there should be a properly documented management plan.

   (f) If the duration of initial treatment is likely to be prolonged, the patient should be properly reassessed periodically. Alternative methods of therapy, if any, may be offered. In case of clinical problems which cannot be adequately dealt with, expert advice should be sought, or patients be referred to appropriate specialists or programmes.

   (g) Benzodiazepines should be prescribed with caution especially to patients under 18 and the elderly in which cases the prescribing doctor should fully justify the use. Such justification should be properly documented.

   (h) Caution should be exercised in the use of benzodiazepines in the treatment of major depression.

   (i) Caution should be exercised in prescribing benzodiazepines for patients where there is a history or evidence of alcohol abuse or substance misuse (particularly sedative-hypnotic drugs).

   (j) Caution should be exercised in the use of benzodiazepines for bereavement-related problems. A tapering-off regime should be used to minimize benzodiazepine withdrawal symptoms.

   (k) Simultaneous use of multiple benzodiazepines should be prescribed with caution and its justification should be documented.

(l) The patient should be regularly monitored. An adequate and proper medical record should be kept concerning the treatment provided to the patient and the outcome.

(m) In addition, the medical practitioner shall comply with all the provisions in the Dangerous Drugs Ordinance and Regulations.

2. Practice Directions on the use of substitute drugs for opioid dependence

(a) Initial assessment of the patient should include:-
   (i) proper history and examination
   (ii) appropriate investigation
   (iii) proper diagnosis and/or diagnostic formulation
   (iv) education and counselling
   (v) promotion of detoxification programmes

(b) The medical practitioner should inform patients of other treatment modalities available in the community before putting them on long-term maintenance therapy.

(c) Treatment of opioid dependence should be prescribed only after accurate diagnosis. There should be a properly documented management plan given to the patient and accordingly recorded. In the management plan for the use of substitute drugs for opioid dependence, holistic care is important and success of therapy is highly dependent on the trust between the physician and the patient.

(d) The attending doctor should ensure that he is fully competent to provide proper care of patients under his care. Specific training in the management of drug dependence is strongly encouraged for all doctors involved in such work.

(e) The patient should be informed that drugs are only part of the management plan, and should be put in touch with available support for proper social and psychological management.

(f) The patient should be warned of risks of concurrent heroin/drug use. He should be informed of the need for random urine checking.

(g) The prescription, dispensing and/or administration of substitute drugs should be organized in such a way as to avoid stock piling by the patient, resale or other illicit usage. The minimum amount of such substitute drugs as necessary should be supplied.

(h) The patient should be regularly monitored. An adequate and proper medical record should be kept concerning the treatment provided to the patient and the outcome.

(i) Simultaneous use of other Dangerous Drugs should be justified and used with caution. Adequate and proper documentation for the justification is required.

(j) In addition, the medical practitioner shall comply with all the provisions in the Dangerous Drugs Ordinance and Regulations.

New Measures on the Process of Complaints at the Preliminary Investigation Stage of the Medical Council

Subsequent to the promulgation of the new measures on the process of complaints at the Preliminary Investigation Stage in the Newsletter Issue No. 23, the Preliminary Investigation Committee ("PIC") has received enquiries from some doctors under complaint raising their concerns that the expert report for the Medical Council was prepared based on incomplete medical information. They have also suggested that the Medical Council should obtain the medical report and record from the doctor under complaint before asking for an expert opinion.

In view of these doctors' concerns, the PIC would like to set out the following to make clear the scene and avoid misunderstanding:

(a) in accordance with the comments of the judge in *Law Yiu Wai Ray v Medical Council of Hong Kong* (HCAL 46/2015) and section 9 of the Medical Practitioners (Registration and Disciplinary Procedure) Regulation, Cap. 161E, Laws of Hong Kong, unless a complaint case is found to be frivolous or groundless and should not proceed further, it is mandatory for the Chairman or the Deputy Chairman of the PIC to direct that the complaint case be referred to the PIC for its consideration. In deciding whether the complaint case is frivolous or groundless, the Chairman or the Deputy Chairman of the PIC may seek preliminary expert advice on the available evidence. Medical records and reports from the doctor under complaint will not be obtained at this juncture; and

(b) if the Chairman or the Deputy Chairman of the PIC decides that the complaint case should be proceeded further, the doctor under complaint will be notified of the receipt of the complaint by the PIC and be provided a copy of such letter of complaint. The doctor under complaint will also be informed that the PIC is going to meet for the first time to consider the complaint. The doctor under complaint is not required to give any explanation until the PIC has met for the first time to consider the complaint case. At its first meeting, the PIC may either dismiss the complaint case or decide to seek explanation/clarification from the doctor under complaint to facilitate the making of a decision[1] on the complaint case. Upon receipt of the relevant medical records and reports and other related information from the doctor under complaint, the PIC can direct that further expert opinion on the complaint case be sought, if necessary. In gist, the PIC will take into account all available medical records and reports submitted by the doctor under complaint and the further expert opinion before finalizing its decision[1].

The PIC would like to reassure all doctors that in processing each and every complaint case, the PIC will strictly adhere to the provisions laid down in the Medical Registration Ordinance, Cap. 161, Laws of Hong Kong, and ensure that fairness be applied to all parties concerned.

[1] The duty of the PIC is to decide only whether a complaint case should be referred to the Medical Council for inquiry. It is not empowered to pass judgment or sentence.

Addition of New Specialty in the Specialist Register

The Education and Accreditation Committee of the Medical Council at its meeting on 20 October 2017 accepted the recommendation of the Hong Kong Academy of Medicine for:

(i) addition of the new specialty "Genetics and Genomics (Paediatrics) (遺傳學及基因組學專科(兒科))" (S61) to the Specialist Register, which is accredited under the Hong Kong College of Paediatricians; and

(ii) accreditation of the specialty "Clinical Toxicology (臨床毒理科)" (S59) under the Hong Kong College of Physicians in addition to the Hong Kong College of Emergency Medicine.

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, Maternity 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 their appointments for the purpose of professional practice in Hong Kong. They are also advised to refer to the QA List for quotability of any appointments made by private hospitals, nursing homes, maternity homes and medical clinics before quoting them.

The QA Rules and the QA List are promulgated on the Medical Council's website at http://www.mchk.org.hk/english/guideline/appointment.html.

Quotable Qualifications

According to section 5 "Professional communication and information dissemination" of the Code of Professional Conduct, 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 on the Medical Council's website at http://www.mchk.org.hk/english/guideline/qualification.html.

Additions and Changes to the List of Quotable Qualifications

Since January 2017, 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.

(i) Addition of quotable qualifications under the generally approved category

The Medical Council has approved the following qualifications for inclusion in the List under the generally approved category:

	Title of Qualification	Abbreviation	Chinese Title	Date of Approval by the Medical Council
1.	Master of Science in Clinical Education, University of Edinburgh	MSc in Clinical Education (Edin)	愛丁堡大學 臨床教育碩士	1 March 2017
2.	Fellow of the Academy of Medicine, Singapore (Otorhinolaryngology)	FAMS (Otorhinolaryngology)	新加坡醫學專科學院 院士 (耳鼻喉科)	1 March 2017
3.	Diplomate, American Board of Otolaryngology	DABOto	美國耳鼻喉科 醫學委員會文憑	1 March 2017
4.	Member of the College of Psychiatrists of Ireland	MCPsychI	愛爾蘭精神科醫學院 院員	1 March 2017
5.	Master of Clinical Embryology, Monash University	MClinEmbryol (Monash)	蒙納殊大學 臨床胚胎學碩士學位	7 June 2017

The Medical Council has decided to include a new entry in the List to inform the profession of the official title and abbreviation of the quotable qualification conferred by the Royal College of Ophthalmologists as follows:

Title of Qualification	Abbreviation	Chinese Title	Date of Approval by the Medical Council
Diploma of the Royal College of Ophthalmologists	DRCOphth	皇家眼科醫學院文憑	1 March 2017
(Remarks: "*The Royal College of Ophthalmologists*" refers to the one in the United Kingdom only.)			

(ii) Addition of quotable qualifications under the specifically approved category

The Medical Council has also approved the following applications for inclusion of qualifications in the List under the specifically approved category:

	Title of Qualification	Abbreviation	Chinese Title	Date of Approval by the Medical Council	Reference
1.	Master of Philosophy in Surgery, University of Queensland	MPhil (Surgery) (UQ)	昆士蘭大學哲學碩士 (外科)	1 March 2017	MC/QQ/06/15
2.	Doctor of Philosophy in Social Medicine, The Chinese University of Hong Kong	Ph.D. in Social Medicine (CUHK)	香港中文大學社會醫學哲學博士	7 June 2017	MC/QQ/02/17

The qualifications can only be quoted by the specific applicants to whom the approvals are given.

(iii) Change of details of quotable qualifications

Noting the change of the name of "*College of Emergency Medicine*" to "*Royal College of Emergency Medicine*" in United Kingdom with effect from 4 February 2015, the Medical Council decided at the Policy Meeting on 1 March 2017 to make the following addition and changes to the List:

	Title of Qualification	Abbreviation	Chinese Title	Date of Approval by the Medical Council
1.	Fellow, Royal College of Emergency Medicine	FRCEM	皇家急症科醫學院院士	1 March 2017
	(Remarks: "*Royal College of Emergency Medicine*" refers to the one in United Kingdom only.)			
2.	Fellow, College of Emergency Medicine	FCEM	急症科醫學院院士	4 July 2012
	(Remarks: (1) The name of "*College of Emergency Medicine*" was changed to "*Royal College of Emergency Medicine*" on 4 February 2015. Holders of the above qualification should now quote it as "*Fellow, Royal College of Emergency Medicine*" with the abbreviation "*FRCEM*" and the Chinese title " 皇家急症科醫學院院士 " if they are current, subscribing members. (2) "*Royal College of Emergency Medicine*" refers to the one in United Kingdom only.)			
3.	Fellow, Faculty of Accident and Emergency Medicine, United Kingdom	FFAEM	英國急症科醫學院院士	2 January 2002
	(Remarks: (1) The name of "*Faculty of Accident and Emergency Medicine*" was changed to "*College of Emergency Medicine*" on 1 January 2006 and further changed to "*Royal College of Emergency Medicine*" on 4 February 2015. Holders of the above qualification should now quote it as "*Fellow, Royal College of Emergency Medicine*" with the abbreviation "*FRCEM*" and the Chinese title " 皇家急症科醫學院院士 " if they are current, subscribing members. (2) "*Royal College of Emergency Medicine*" refers to the one in United Kingdom only.)			

The Medical Council decided at the Policy Meeting on 2 August 2017 to change the Chinese translation of the title of the following quotable qualification for maintaining consistency with other relevant qualifications currently in the List:

Title of Qualification	Abbreviation	Chinese Title
Fellow, Royal College of Radiologists	FRCR; FFR	皇家放射科醫學院院士
(Remarks: (1) Name changed from Faculty of Radiologists on 12 February 1975. (2) "*Royal College of Radiologists*" refers to the one in United Kingdom only. (3) The Medical Council decided at the meeting held on 2 August 2017 to change the Chinese translation of the qualification from " 英國皇家放射科學醫學院院士 " to " 皇家放射科醫學院院士 ", so as to maintain consistency with other quotable qualifications and to follow the Council's policy decision in 2006 not to add the country name to the Chinese title of the qualification if the country name was not in the original title. There would be a 3-year transitional period during which the use of either the old title or the revised title by a medical practitioner would be acceptable by the Council.)		

The Medical Council decided at the Policy Meeting on 4 October 2017 to change the title, abbreviation and/or remarks of the following quotable qualifications based on the advice from the Royal Australian and New Zealand College of Radiologists:

	Title of Qualification	Abbreviation	Chinese Title
1.	Fellow, Royal Australian and New Zealand College of Radiologists	FRANZCR	澳洲及紐西蘭皇家放射科醫學院院士
	(Remarks: The name "*Royal Australasian College of Radiologists*" was changed to "*Royal Australian and New Zealand College of Radiologists*" on 27 October 1998. Holders of the qualification "*Fellow, Royal Australasian College of Radiologists*" with the abbreviation "*FRACR*" and the Chinese title " 澳洲皇家放射科醫學院榮授院士 " should now quote it as "*Fellow, Royal Australian and New Zealand College of Radiologists*" with the abbreviation "*FRANZCR*" and the Chinese title " 澳洲及紐西蘭皇家放射科醫學院院士 ".)		
2.	Diploma, Royal Australasian College of Radiologists	DRACR	澳洲皇家放射科醫學院放射診斷學文憑
	(Remarks: "*Diploma, Royal Australasian College of Radiologists*" has ceased to exist and has been replaced by "*Fellow, Royal Australian and New Zealand College of Radiologists*" since 27 October 1998.)		
3.	Member, Royal Australasian College of Radiologists	MRACR	澳洲皇家放射科醫學院院士
	(Remarks: "*Member, Royal Australasian College of Radiologists*" has ceased to exist and has been replaced by "*Fellow, Royal Australian and New Zealand College of Radiologists*" since 27 October 1998.)		

Application for quoting research master and doctoral degrees

Doctors are advised that individual approval is 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.

Statistics on Complaints / Inquiries Handled by the Medical Council in 2016

Table 1 - Complaints received by the Medical Council

	2012	2013	2014	2015	2016
Number of Complaints Received	**480**	**452**	**624**	**493**	**628#**
(A) Allegations by Category					
1. Conviction in Court	63	40	58	31	53
(a) Failure to keep proper record of dangerous drugs	*(2)*	*(5)*	*(4)*	*(3)*	*(3)*
(b) Others	*(61)*	*(35)*	*(54)*	*(28)*	*(50)*
2. Disregard of professional responsibility to patients	318	311	285	289	330*
3. Issuing misleading/false medical certificates	20	41	28	24	24
4. Practice promotion	8	12	6	10	7
5. Misleading, unapproved description & announcement	8	8	12	9	150#
6. Improper/indecent behaviour to patients	10	7	6	5	8
7. Abuse of professional position to further improper association with patients	-	2	2	2	2
8. Fitness to practise	2	-	2	-	3
9. Abuse of professional confidence	1	-	-	-	-
10. Depreciation of other medical practitioners	1	3	1	1	2
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	43	28	224	122	49
(B) Progress of Complaints as at 31 December 2016					
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	322	296	436	285	23
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.	18	27	20	19	5
3. Under consideration by the Chairman and the Deputy Chairman of the PIC in consultation with Lay Member	-	14	34	98	390
4. Held in abeyance	1	4	-	-	-
5. Being considered at the PIC meetings	6	24	42	64	208
6. Dismissed by the PIC	36	31	23	8	-
7. Referred to the Medical Council for no inquiry	46	23	36	11	2
8. Referred to the Medical Council for disciplinary inquiry	48	30	26	5	-
9. Referred to the Medical Council for restoration inquiry	1	2	5	1	-
10. Referred to the Medical Council for pre-registration inquiry	-	-	-	1	-
11. Referred to the Health Committee for hearing	2	1	2	1	-

Remarks:

* The breakdown of cases on "Disregard of professional responsibility to patients" in 2016 is as follows:
- (a) Conducting unnecessary or inappropriate treatment/surgery – 127 cases
- (b) Failure/unsatisfactory result of treatment/surgery, failure to properly/timely diagnose illness and disagreement with doctor's medical opinion – 79 cases
- (c) Inappropriate prescription of drugs – 71 cases
- (d) Failure to give proper medical advice/explanation – 7 cases
- (e) Doctor's unprofessional attitude/Doctor-patient communication – 7 cases
- (f) Fees and others – 39 cases

\# There was a sharp increase in the number of complaints received in 2016 because of an influx of complaints (136 cases in total) in August/September 2016 on the same incident against a registered medical practitioner.

Table 2 - Breakdown on the complaints received in 2016 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. Fees dispute	4
2. Improper/indecent behaviour to patients	3
3. Disagreement with doctor's medical opinion	2
4. Undesirable reactions to drugs prescribed	2
5. Unsatisfactory results of treatment/surgery	2
6. Conducting unnecessary or inappropriate treatment/surgery	1
7. Sick leave and related matters	1
8. Doctor's attitude/Doctor-patient communication	1
9. Other issues unrelated to professional misconduct	7
Total :	**23**

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

Nature	2012	2013	2014	2015	2016
1. Total number of cases referred to the PIC meetings	95	89	95	129	154*
2. Total number of cases referred to the Medical Council for no inquiry after the PIC meetings	48	26	20	35	38#
3. Total number of cases referred to the Medical Council for inquiries after the PIC meetings	21	32	48	57	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 2016. They were considered by the PIC in 2016 under the following categories:

		No. of Cases
(a)	Disregard of professional responsibility to patients	72
	• *failure/unsatisfactory results of treatment/surgery*	*24*
	• *inappropriate prescription of drugs*	*17*
	• *failure to properly/timely diagnose illness*	*17*
	• *conducting unnecessary or inappropriate treatment/surgery*	*9*
	• *failure to give proper medical advice/explanation*	*3*
	• *fees and others*	*2*
(b)	Conviction in court	46
(c)	Improper/indecent behaviour to patients	7
(d)	Issuing misleading/false medical certificates	6
(e)	Misleading, unapproved description and announcement	5
(f)	Practice promotion	4
(g)	Found guilty by overseas professional regulatory bodies	4
(h)	Medical records	2
(i)	Improper association with patients	2
(j)	Handling of patient's personal data	1
(k)	Miscellaneous	5
	Total:	154

The cases referred by the PIC to the Medical Council in 2016 are classified as follows:

		No. of Cases
(A) Recommended for no inquiry		
Conviction in court		38
• *careless driving*	*34*	
• *failing to take all necessary precautions to prevent danger to public health or safety*	*1*	
• *failing to comply with a prescribed traffic sign within the Tsing Ma Control Area*	*1*	
• *using vehicle without insurance*	*1*	
• *riding as passenger in rear seat of public light bus not securely fastened with seat belt*	*1*	
(B) Recommended for inquiry		
(a) Conviction in court		8
• *failure to keep a proper record for dangerous drugs*	*6*	
• *driving a motor vehicle with alcohol concentration in breath above the prescribed limit*	*2*	
(b) Disregard of professional responsibility to patients		34
• *inappropriate prescription of drugs*	*15*	
• *failure/unsatisfactory results of treatment/surgery*	*10*	
• *failure to properly/timely diagnose illness*	*5*	
• *conducting unnecessary or inappropriate treatment/surgery*	*2*	
• *failure to give proper advice/explanation*	*2*	
(c) Practice promotion/Misleading, unapproved description & announcement		5
(d) Improper/indecent behaviour to patients		1
(e) Issuing misleading/false medical certificates		1
(f) Medical records		1
(g) Miscellaneous		3
(C) Recommended for restoration inquiry		
Found guilty by overseas professional regulatory bodies		3
(D) Recommended for pre-registration inquiry		
Found guilty by overseas professional regulatory bodies		1
	Total:	95

Table 4 - Work statistics of the Preliminary Investigation Committee ("PIC") of the Medical Council in 2016

	Quarter				Total
	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	
No. of PIC Meetings	3	3	3	3	12
No. of cases considered	33	36	40	45	154
No. of cases dismissed (%)	7 (21.2%)	6 (16.7%)	21 (52.5%)	24 (53.3%)	58 (37.7%)
No. of cases referred to the Medical Council (%)	25 (75.8%)	30 (83.3%)	19 (47.5%)	21 (46.7%)	95* (61.7%)
No. of cases held in abeyance (%)	1 (3.0%)	-- (0%)	-- (0%)	-- (0%)	1 (0.6%)

* Of them, 38 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 2016

Nature	No. of Cases Involved	Decision of the Council
(A) Conviction in court		
(a) Forgery and fraud	*(1)*	Removed for 6 months
(b) Failure to keep a register of dangerous drugs in the specified form	*(3)*	Removed for 2 months (suspended for 12 months) Removed for 2 months (suspended for 12 months) Removed for 2 months
(c) Selling a drug not of the quality demanded by the purchaser and selling a drug with a label which falsely describes the drug	*(1)* *(for 2 consolidated complaint cases)*	Removed for 2 months (suspended for 12 months)
Sub-total	**5**	
(B) Disregard of professional responsibility to patients	*(1)*	1st defendant : Not guilty 2nd defendant : Reprimand
	(1)	Warning letter (not gazetted)
	(1)	Warning letter (gazetted)
	(1)	Warning letter (not gazetted)
	(1)	Warning letter (not gazetted)
	(1)	Warning letter (not gazetted)
	(1)	Removed for 1 month (suspended for 6 months)
	(1)	Warning letter (gazetted)
	(1)	Removed for 2 months
	(1)	Warning letter (gazetted)
	(1)	Removed for 3 months
	(3)	Not guilty
	(4)	To be continued
Sub-total	**18**	
(C) Practice promotion / Quotable qualification	*(1)*	2 charges : Warning letter (gazetted) 1 charge : Removed for 1 month (suspended for 12 months)
	(1)	1 charge : Removed for 2 months 1 charge : Removed for 1 month 1 charge : Removed for 2 months 1 charge : Removed for 1 month (removal orders run concurrently) (suspended for 12 months)
	(1)	Removed for 1 month (suspended for 12 months)
Sub-total	**3**	
Total	**26**	

[Summary : 19 cases : guilty
3 cases : not guilty
4 cases : to be continued

No. of inquiry days : 37 days

All cases were referred to the Medical Council for inquiry by the PIC meetings held in/before 2016.]

Table 6 - Figures on appeal cases

	2012	2013	2014	2015	2016
No. of appeals lodged during the year	1	4	2	1	0
No. of appeal cases carried forward from previous years	6	3	5	4	0
Total no. of appeal cases in progress in the year:	**7**	**7**	**7**	**5**	**0**
No. of appeal cases concluded in 2016:	**0**				

Result of the 2016 Election of the Medical Council

The Medical Council held its 21st election of Medical Council Members on 14 December 2016 to fill two vacancies. Dr CHOI Kin, Gabriel and Dr HO Pak Leung JP were re-elected by obtaining 1,897 and 1,587 votes respectively. Their term of office as Members of the Medical Council commenced from 24 January 2017 for a period of three years.

Reminders

Reporting of offence punishable with imprisonment

A doctor convicted of any offence punishable with 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, failing to comply with Buildings Ordinance order, failing to wear seat belt, failing to display valid vehicle licence, allowing object to fall from height, etc. are in fact offences punishable with imprisonment.

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

> *"A doctor who has been convicted in or outside Hong Kong of an offence punishable with 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 29 September 2017 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 Medical 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, Wanchai, 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 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 on 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 14,000 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.

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

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