香 港 醫 務 委 員 會

The Medical Council of Hong Kong

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr CHAN Tat Ming (陳達明醫生) (Reg. No.: M09382)

Date of hearing: 23 June 2026 (Tuesday) (Day 1)
26 June 2026 (Friday) (Day 2)

Present at the hearing

Council Members/Assessors: Prof. TANG Wai-king, Grace, SBS, JP
(Chairperson of the Inquiry Panel)
Dr SO Yui-chi
Prof. LEUNG Ka-li, Frankie
Ms FUNG Dun-mi, Amy, MH, JP
Mr HUNG Hin-ching, Joseph

Legal Adviser: Mr Stanley NG

Defence Counsel representing the Defendant: Mr Alfred FUNG as instructed by Messrs. Johnson Stokes & Master

Legal Officer representing the Secretary: Mr Henry HUI, Outside Counsel, as instructed by Department of Justice

The Amended Charges

1. The amended charges against the Defendant, Dr CHAN Tat Ming, are:

"The particulars of the complaint are that he, being a registered medical practitioner, disregarded his professional responsibility to his patient [redacted] *("the Patient"), in that he:*

(a) failed to perform proper and/or sufficient examination of the Patient's larynx during the consultation(s) after the operation performed on 7 September 2022 ("Operation") in or about September 2022; and/or

(b) failed to maintain adequate medical records in relation to the Operation and/or postoperative medical records in or about September 2022.

In relation to the facts alleged, either singularly or cumulatively, he has been guilty of misconduct in a professional respect."

Facts of the case

2. The name of the Defendant has been included in the General Register from 2 March 1994 to the present. His name has been included in the Specialist Register under the Specialty of Otorhinolaryngology since 12 February 2003.

3. The Defendant first saw the Patient on 21 July 2022 for advice and management of the finding of multi-nodular goiter. The Patient provided to the Defendant an ultrasound report dated 12 July 2022, which showed that he had multi-nodular goiter with mild tracheal deviation to the left and a dominant right thyroid nodule which measured 4.6 x 2.9 x 4.2 cm in size. The ultrasound report stated that the findings might *"represent an adenomatous nodule, but neoplastic lesion cannot be totally excluded"*. Ultrasound-guided fine needle aspiration of the dominant right thyroid for further evaluation was suggested.

4. The Defendant performed physical examination, including palpation of the neck and relevant areas. The Defendant found a large thyroid mass which was mobile and firm on palpation, and which was compatible with the ultrasound finding. The Defendant suggested right hemithyroidectomy with frozen section +/- total thyroidectomy ("the Operation"), which the Patient agreed.

5. On 7 September 2022, the Patient was admitted to St. Teresa's Hospital ("STH") for the Operation. The Operation was performed under general anaesthesia in the afternoon on that day. The Patient was discharged from STH on 10 September 2022.

6. After the discharge from STH, the Patient attended the Defendant's clinic for follow-up consultation on 14 September 2022. The Defendant examined the

Patient's wound. He talked to the Patient to test his voice. He removed the stitches and asked the Patient to return in 2 weeks' time.

7. On 22 September 2022, the Defendant said that the Patient returned earlier than scheduled. He said the Patient came to see him to ask for a further sick leave certificate. The Defendant inspected the Patient's wound. He spoke to the Patient to test his voice.

8. At the follow-up consultation on 28 September 2022, there is no dispute that the Patient had complained to the Defendant of hoarseness of his voice. The Defendant arranged the Patient to return in 4 weeks' time. The Patient however did not return.

9. By a statutory declaration made on 4 July 2023, the Patient lodged a complaint against the Defendant with the Medical Council ("the Council").

Burden and Standard of Proof

10. We bear in mind that the burden of proof is always on the Secretary and the Defendant does not have to prove his innocence. We also bear in mind that the standard of proof for disciplinary proceedings is the preponderance of probability. However, the more serious the act or omission alleged, the more inherently improbable must it be regarded. Therefore, the more inherently improbable it is regarded, the more compelling the evidence is required to prove it on the balance of probabilities.

11. There is no doubt that the allegations against the Defendant here are serious ones. Indeed, it is always a serious matter to accuse a registered medical practitioner of misconduct in a professional respect. Therefore, we need to look at all the evidence and to consider and determine each of the disciplinary charges against him separately and carefully.

Findings of the Inquiry Panel

12. The Defendant told us that the Operation he performed on 7 September 2022 was a difficult operation. He could not identify the recurrent laryngeal nerve ("RLN"). To minimize risk of injury to RLN, he had to perform capsular dissection. The Defendant agreed that even with capsular dissection, he could not guarantee there was no injury caused to the RLN. The Defendant agreed

that he should be more prudent post-operatively to assess if there was any injury to the RLN.

13. The Secretary's expert, Dr TONG Fu Man ("Dr TONG"), said that laryngoscopy is a standard procedure after thyroidectomy, and should be performed even if there is no complaint of hoarseness of voice by the patient. Dr TONG said that this is a standard practice in the public hospitals. Dr TONG however did not know if this is also the standard practice in the private sector. Dr TONG could not point out any authoritative guideline requiring such a practice. Dr TONG also said that there is no such practice required by the ENT College.

14. The Defendant's expert, Dr MA Kwong Hon ("Dr MA"), told us that there was no such standard practice or guideline of performing laryngoscopy after thyroidectomy when he previously worked at public hospitals. He also confirms there is no such practice in private sector.

15. What both experts could however agree on is that if there is complaint of hoarseness of voice by the patient, then there is the need to perform vocal cord examination by laryngoscopy to confirm if the RLN has been injured during thyroidectomy or not.

16. There is no dispute between the parties that there was a complaint made by the Patient to the Defendant of hoarseness of voice at the consultation on 28 September 2022.

17. Despite the Patient's complaint of hoarseness of voice that day, the Defendant still did not perform laryngoscopy to rule out RLN injury. All that the Defendant did at that consultation was to talk to and listen to the voice of the Patient. Dr MA agreed that simply by listening to voice could not rule out injury to RLN and vocal cord palsy. To rule out RLN injury and vocal cord palsy, one must perform laryngoscopy. In our view, it is therefore improper and insufficient to rule out RLN injury by simply talking to and listening to the voice of the Patient.

18. Both experts agreed that laryngoscopy is a simple and straightforward procedure, carries minimum risk with or without local anesthesia, and can be done in a matter of minutes. We find it hard to believe why the Defendant did not offer laryngoscopy to the Patient on 28 September 2022.

19. The Defendant explained that on that day he listened to the Patient's voice and he *"did not think the Patient's voice was particularly weak"*, and he could wait for 4 weeks to observe. All the Defendant wrote down in his clinical record for 28 September 2022 was *"wound ok"* for symptoms, and *"4/52"* (meaning asking the Patient to come back in 4 weeks' time). There is no entry addressing his

assessment and diagnosis of the strength of the Patient's voice at all. The Patient's chief complaint on that day was hoarseness of voice. If it was true that his assessment of the Patient's voice was not particularly weak, it is unreasonable why the Defendant did not communicate to the Patient his assessment and his plan of waiting and observing. We do not believe the Defendant's explanation.

20. The Defendant argued that even if there was RLN injury on 28 September 2022, the injury could improve over time, and therefore he could wait for 4 weeks to observe. We do not believe in what the Defendant said. There is no record at all that he had assessed and was of the view that the Patient's hoarseness might heal in 4 weeks' time. Simply listening to the Patient's voice was not a proper basis for assessing if his condition would improve or not in a few weeks' time. In any event, there was still a risk that his condition would worsen. Dr MA agreed that the sequelae of RLN injury and vocal cord palsy could be serious, depending on the palsy severity. In view of the risk and seriousness RLN injury, we are of the view that the Defendant should have offered laryngoscopy to rule out RLN injury on that consultation, instead of carrying the risks of waiting for another 4 weeks.

21. The Defendant's failure to perform laryngoscopy on 28 September 2022 was in our view serious. The Defendant's conduct had in our view fallen below the standards expected of a registered medical practitioner in Hong Kong. We therefore find him guilty of the amended charge (a).

22. The Defendant admits to the factual particulars of the amended charge (b) against him but it remains for us to consider and determine on the evidence whether he is guilty of misconduct in a professional respect.

23. We have looked at the medical records in relation to the Operation and the postoperative medical records in or about September 2022. There was no mentioning that the RLN could not be identified. In the postoperative clinical records for the three consultations, there was no documentation of laryngeal assessment and the Patient's voice quality. There was no record of any plan of laryngoscopy. The Defendant's operative and post-operative records are clearly inadequate.

24. The Defendant's conduct had in our view fallen below the standards expected of a registered medical practitioner in Hong Kong. We therefore find him guilty of the amended charge (b).

Sentencing

25. The Defendant has a clear disciplinary record.

26. We shall give credit to the Defendant for his admission to the amended charge (b).

27. We bear in mind that the primary purpose of a disciplinary order is not to punish the Defendant but to protect the public from persons who are unfit to practice medicine and to maintain public confidence in the medical profession by upholding its high standards and good reputation.

28. We have considered the character reference letters as submitted and the remedial actions taken by the Defendant.

29. Taking into consideration the nature and gravity of the case, and what we have heard and read in mitigation, we shall make a global order in respect of the amended charges (a) and (b) that the name of the Defendant be removed from the General Register for a period of 3 months. We further order that the operation of the removal order be suspended for a period of 6 months, subject to the condition that the Defendant shall complete continuing medical education ("CME") courses relating to Otorhinolaryngology to be pre-approved by the Chairman of the Council within the suspension period equivalent to 5 CME points that are not counted within the CME points for Specialists. The Defendant shall submit evidence of certification of the 5 CME points after the expiry of the suspension period.

Remark

30. The name of Defendant is included in the Specialist Register under the Specialty of Otorhinolaryngology. It is for the Education and Accreditation Committee to consider whether any action should be taken in respect of his specialist registration.

Prof. TANG Wai-king, Grace, SBS, JP
Chairperson of the Inquiry Panel
The Medical Council of Hong Kong