

香港醫務委員會
The Medical Council of Hong Kong

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr KWONG Po Yin (鄭葆賢醫生) (Reg. No.: M16573)

Date of hearing: 3 July 2026 (Friday)

Present at the hearing

Council Members/Assessors: Dr CHOI Kin, Gabriel
(Chairperson of the Inquiry Panel)
Prof. LIANG Hin-suen Raymond, SBS, JP
Prof. TAN Choon-beng, Kathryn
Mrs BIRCH LEE Suk-yea, Sandra, GBS, JP
Mr WONG Ka-kin, Andy

Legal Adviser: Mr Stanley NG

Defence Counsel representing the Defendant: Mr Eddie NG as instructed by
Messrs. Kennedys

Legal Officer representing the Secretary: Miss Isabella WONG,
Government Counsel

The Charge

1. The amended charge against the Defendant, Dr KWONG Po Yin, is:

“That on or about 25 July 2024, she, being a registered medical practitioner, disregarded her professional responsibility to her patient [REDACTED] (“the Patient”), in that, she failed to diagnose the Patient with “hypothyroidism” and failed to offer proper and appropriate treatment to the Patient by prescribing Carbimazole to the Patient.

In relation to the facts alleged, she 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 since 1 July 2011 to the present. Her name has been included in the Specialist Register under the Specialty of Emergency Medicine since 5 June 2019.
3. The Patient has a history of thyrotoxicosis and was followed up at Hospital Authority Staff Clinic (“HASC”) at Tuen Mun Hospital (“TMH”). The Patient attended HASC of TMH on 15 July 2024. The Patient was advised by the attending doctor to stop taking the drug “Carbimazole”, and to undergo blood test on 24 July 2024, which she did accordingly.
4. On the night of 25 July 2024, the Patient still felt unwell even after stopping Carbimazole. At around 8:30 p.m., the Patient attended the Accident and Emergency Department (“AED”) of North Lantau Hospital (“NKH”), and was attended by the Defendant. The Patient complained of dizziness and tiredness. The Defendant assessed the Patient and reviewed her latest blood test report. The Defendant diagnosed the Patient with “hyperthyroidism” and prescribed her with Carbimazole 5mg to be taken once a day, two tablets each time. The Defendant suggested the Patient to arrange for an early follow-up at HASC of TMH. After the Patient left NKH, she took 2 tablets of Carbimazole.
5. On 26 July 2024, the Patient continued to feel unwell and attended HASC of TMH. The attending doctor diagnosed the Patient with “hypothyroidism” and suggested her to stop taking Carbimazole.
6. In the afternoon of 26 July 2024, the Patient complained to NKH against the Defendant. A consultant doctor at NKH had reviewed her case and confirmed that the Defendant should not have prescribed Carbimazole to her.
7. According to a letter dated 2 August 2024 from NKH to the Patient, NKH confirmed that the Defendant should not have prescribed Carbimazole to her.
8. By a statutory declaration made on 20 December 2024, the Patient lodged a complaint against the Defendant with the Medical Council (“Council”).

Burden and Standard of Proof

9. We bear in mind that the burden of proof is always on the Secretary and the Defendant does not have to prove her 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.
10. There is no doubt that the allegation made against the Defendant here is serious. 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 the disciplinary charge against the Defendant carefully.

Findings of the Inquiry Panel

11. The Defendant admits the factual particulars of the amended charge against her but it remains for us to consider and determine on the evidence whether she is guilty of misconduct in a professional respect.
12. According to the Defendant's submission to the Preliminary Investigation Committee ("PIC") of the Council dated 16 April 2025, the Defendant said that at the consultation on 25 July 2024, she had misread the information in the Patient's latest medical records and therefore made the inadvertent mistake that the Patient suffered from "hyperthyroidism".
13. We have looked at the Patient's blood test report. The blood test result for 24 July 2024 showed "Free T4, Serum" at "<5.5pmol/L" and "TSH" raised at "50.9mIU/L", indicating that the Patient had "hypothyroidism", not "hyperthyroidism". In our view, if the Defendant had been more careful and paid more attention to the Patient's latest blood test result, she would have easily diagnosed the Patient with "hypothyroidism", instead of "hyperthyroidism".
14. It is clearly stated in paragraph 9.1 of the Code of Professional Conduct (2022 Edition):

“A doctor may prescribe medicine to a patient only after proper consultation and only if drug treatment is appropriate.”.

15. Given that the Defendant had failed to diagnose the Patient with “hypothyroidism”, but instead incorrectly diagnosed “hyperthyroidism”, we also find that the prescription of Carbimazole was improper and inappropriate.
16. We are satisfied that the Defendant had disregarded her professional responsibility to the Patient by failing to diagnose “hypothyroidism” and failing to offer proper and appropriate treatment. The Defendant had by her conduct in the present case fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we find the Defendant guilty of misconduct in a professional respect as charged.

Sentencing

17. The Defendant has a clear disciplinary record.
18. In line with our published policy, we shall give the Defendant credit in sentencing for her admission and cooperation throughout these disciplinary proceedings.
19. 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 practise medicine and to maintain public confidence in the medical profession by upholding its high standards and good reputation.
20. We have considered the character reference letters as submitted and the letter written by the Defendant to the Inquiry Panel.
21. The Defendant told us that she has since the incident taken remedial measures, including by paying extra attention when reviewing past medical records, especially for patients with longstanding medical conditions, and typing out a summary of the patient’s medical history in her own consultation note to heighten her awareness of the disease progress so as to minimize the risk of missing certain information from the records for patients with long medical history. With these remedial measures in place, we accept that the chance of re-offending is low.

22. Taking into consideration the nature and gravity of the Defendant's case and what we have heard and read in mitigation, we order that a warning letter be issued to the Defendant. We further order that our order shall be published in the Gazette.

Remark

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

Dr CHOI Kin, Gabriel
Chairperson of the Inquiry Panel
The Medical Council of Hong Kong