

香港醫務委員會

The Medical Council of Hong Kong

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr NG Hee Liang (黃喜良醫生) (Reg. No.: M06844)

Date of hearing: 17 July 2018 (Tuesday)

Present at the hearing

Council Members/Assessors: Prof. Felice LIEH-MAK, GBS CBE JP
(Chairperson of the Inquiry Panel)
Dr CHENG Chi-man
Dr YAN Wing-wa
Mr YU Kwok-kuen, Harry
Ms NG Ka-man, Rendy

Legal Adviser: Mr Edward SHUM

Defence Solicitor representing the Defendant: Mr Alfred FUNG instructed by Messrs.
Y T CHAN & Co, Solicitors & Notaries

Government Counsel representing the Secretary: Ms Esther CHAN

1. The charge against the Defendant, Dr NG Hee Liang, is:

“That he, being a registered medical practitioner, was convicted on 25 February 2013 at the Eastern Magistrates’ Courts of offences punishable with imprisonment, namely, four counts of the offence of “Failing to keep a Register of Dangerous Drugs in the form specified in the First Schedule”, contrary to Regulations 5(1) and 5(7) of the Dangerous Drugs Regulations made under Dangerous Drugs Ordinance, Chapter 134, Laws of Hong Kong.”

Facts of the case

2. The Defendant was at all material times a registered medical practitioner. His name has been included in the General Register from 7 March 1988 to present and his name has never been included in the Specialist Register.
3. On 26 July 2012, pharmacists from the Department of Health (“DH”) visited the Defendant’s clinic at G/F., 76-80 Stone Nullah Street, Wanchai, Hong Kong for dangerous drugs (“DD”) inspection. The Defendant was asked to produce all DDs and the relevant DD registers for inspection.
4. There is no dispute that 4 kinds of DD, namely, Xanax (Alprazolam) 0.25 mg x 77 tablets, Diazepam 5 mg x 757 tablets, Panbesy (Phentermine) 30 mg x 524 capsules; and Domar (Pinazepam) 5 mg x 483 capsules, were found. However, the DD Register kept by the Defendant was found to be non-compliant with the statutory requirements under the Dangerous Drugs Regulations, Cap. 134A (the “DD Regulations”), in that (1) only 1 DD register was maintained and it included records of the 4 aforesaid DD; and (2) the address of person(s) or firm(s) from whom received or to whom supplied, amount received, invoice number and balance were found to be missing.
5. The Defendant was subsequently charged with 4 counts of the offence of “Failing to keep a register of dangerous drugs in the form specified in the First Schedule”, contrary to regulations 5(1)(a) and 5(7) of the DD Regulations. The Defendant was convicted on his own plea of the aforesaid offence at the Eastern Magistrates’ Court on 25 February 2013 and was fined a total sum of \$10,000.
6. And the Defendant’s convictions were reported to the Council through his solicitors by a letter dated 14 March 2013. In his submission to the Preliminary Investigation Committee (“PIC”) dated 7 March 2016, the Defendant admitted his mistake and explained that it was due to his inadequate understanding at the material time of the statutory requirements to keep proper DD register.

Findings of the Inquiry Panel

7. There is no dispute that the aforesaid offence is punishable with imprisonment.
8. Section 21(3) of the Medical Registration Ordinance expressly provides that:

“Nothing in this section shall be deemed to require an inquiry panel to inquire into the question whether the registered medical practitioner was properly convicted but the inquiry panel may consider any record of the case in which such conviction was recorded and any other evidence which may be available and is relevant as showing the nature and gravity of the offence.”

9. We are therefore entitled to take the aforesaid convictions as conclusively proven against the Defendant.
10. Accordingly, we also find the Defendant guilty of the disciplinary offence as charged.

Sentencing

11. The Defendant has a clear disciplinary record.
12. In line with published policy, we shall give credit to the Defendant for his frank admission in this inquiry and cooperation during the preliminary investigation stage. However, given that there is hardly any room for dispute in a disciplinary case involving criminal conviction, the credit to be given to him must necessarily be of a lesser extent than in other cases.
13. We bear in mind that the purpose of a disciplinary order is not to punish the Defendant for the offences for a second time, 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.
14. We accept that the quantity of DD involved was small and there was nothing in the evidence to suggest that the Defendant prescribed DD to his patients improperly.
15. However, the Council has repeatedly emphasized the importance of proper record of dangerous drugs in compliance with the statutory requirements. Medical practitioners being given the legal authority to supply dangerous drugs must diligently discharge the corresponding responsibility to keep records in the prescribed form. As a matter of fact, the dangerous drugs register is a simple form which can be filled in as a clerical exercise whenever drugs are received or dispensed, and there is nothing complicated about it. Any medical practitioner

exercising proper care would have no difficulty at all in complying with the statutory requirements.

16. In our view, stringent control of DD is essential to avoid misuse and abuse. Failure to comply with the statutory requirements to keep proper DD Registers may jeopardize the monitoring system of DD by public officers.
17. In the recent years, all cases of failing to comply with the statutory requirements to keep proper dangerous drugs register have been dealt with by removal from the General Register, and in less serious cases the operation of the removal order would be suspended for a period with the condition of peer audit.
18. We are told in mitigation that the Defendant has since the incident taken immediate remedial measures to rectify his shortcomings and to prevent recurrence of the same mistake. The Defendant has studied and familiarized himself with the statutory requirements for keeping proper DD registers. Since or around 2014, the Defendant no longer kept any DD in his clinic. Subsequent inspection by DH pharmacists also confirmed that there was no DD kept in the Defendant's clinic.
19. We accept that the Defendant has learnt his lesson and the chance of his repeating the same or similar breach would be low.
20. Having considered the nature and gravity of this case and the mitigation advanced by the Defendant, we order that the Defendant's name be removed from the General Register for a period of 1 month, and the operation of the removal order be suspended for a period of 6 months on the condition that he shall complete during the suspension period satisfactory peer audit by a Practice Monitor to be appointed by the Council with the following terms:
 - (a) the Practice Monitor shall conduct random audit of the Defendant's practice with particular regard to the keeping of dangerous drugs registers;
 - (b) the peer audit should be conducted without prior notice to the Defendant;
 - (c) the peer audit should be conducted at least once during the suspension period;
 - (d) during the peer audit, the Practice Monitor should be given unrestricted access to all parts of the Defendant's clinic and the relevant records which

in the Practice Monitor's opinion is necessary for proper discharge of his duty;

- (e) the Practice Monitor shall report directly to the Chairman of the Council the finding of his peer audit. Where any defects are detected, such defects should be reported to the Chairman of the Council as soon as practicable;
- (f) in the event that the Defendant does not engage in active practice at any time during the suspension period, unless otherwise ordered by the Council, the peer audit shall automatically extend until the completion of 6-month suspension period; and
- (g) in case of change of Practice Monitor at any time before the end of the 6-month suspension period, unless otherwise ordered by the Council, the peer audit shall automatically extend until another Practice Monitor is appointed to complete the remaining period of peer audit.

Prof. Felice LIEH-MAK, GBS CBE JP
Chairperson of Inquiry Panel
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