

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

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**DISCIPLINARY INQUIRY**  
**MEDICAL REGISTRATION ORDINANCE, CAP. 161**

Defendant: Dr WONG Yat Ching (黃一清醫生) (Reg. No.: M02975)

Date of hearing: 22 October 2019 (Tuesday)

Present at the hearing

Council Members/Assessors: Prof. LAU Wan-yee, Joseph, SBS  
(Chairperson of the Inquiry Panel)  
Dr CHOW Yu-fat  
Dr YAM Kwong-yui  
Mr KWONG Cho-shing, Antonio, MH  
Mr NG Ting-shan

Legal Adviser: Mr Edward SHUM

Defence Solicitor representing the Defendant: Mr Warren SETO of  
Messrs. Mayer Brown

Government Counsel representing the Secretary: Mr Raymond WONG

1. The charge against the Defendant, Dr WONG Yat Ching, is:

“That he, being a registered medical practitioner, was convicted at the Kowloon City Magistrates’ Courts on 8 June 2017 of nine counts of the offence of failing to keep a Register of Dangerous Drugs in the specified form, which is an offence punishable with imprisonment, contrary to Regulations 5(1)(a) 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 name of the Defendant was at all material times and still is included in the General Register. His name has never been included in the Specialist Register.
3. On 7 November 2016, pharmacists from Department of Health (“DH”) visited the Defendant’s clinic for dangerous drugs (“DD”) inspection.
4. There is no dispute that the following 9 types of DD were found:
  - (1) Nitrazepam 5 mg tablet(s);
  - (2) Alprazolam 0.25 mg tablet(s);
  - (3) Midazolam 15 mg tablet(s);
  - (4) Diazepam 10 mg tablet(s);
  - (5) Phentermine 30 mg capsule(s);
  - (6) Bromazepam 1.5 mg tablet(s);
  - (7) Triazolam 0.25 mg tablet(s);
  - (8) Lorazepam 1 mg tablet(s); and
  - (9) Pinazepam 5 mg capsule(s).
5. However, the DD registers kept by the Defendant on transactions within the previous two years beginning on 7 November 2014 were found to be non-compliant with the statutory requirements under the Dangerous Drugs Regulations, Cap. 134A (the “DD Regulations”) in that:
  - (1) the address(es) of the supplier(s), invoice number(s) and balance(s) were missing from three sets of DD registers; and
  - (2) the address(es) of supplier(s), patient’s identity card number(s) and balance(s) were missing from another set of DD registers.
6. The Defendant further revealed to the DH pharmacists that he kept some DD in a locked receptacle at his home and he agreed to bring them back to his clinic for inspection on the following day.
7. On 8 November 2016, DH pharmacists returned to the Defendant’s clinic. The Defendant further produced for their inspection some DD, a 2-page DD register, three DD booklets and several invoices from four different DD suppliers. Again these DD registers were found to be non-compliant with the statutory requirements in that:-

- (1) the address(s) of suppliers were missing from the 2-page DD register;  
and
  - (2) the name(s) and address(es) of the supplier(s), patient's identity card number(s) and invoice number(s) were missing from the other three DD booklets.
8. The Defendant later went through his consultation records and noted that the quantity of Diazepam 10 mg tablets found in the Defendant's clinic was 8 tablets less than the total quantity stated in the relevant DD register.
  9. The Defendant was subsequently charged with nine 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.
  10. The Defendant was convicted on his own plea of the aforesaid offences at the Kowloon City Magistrates' Courts on 8 June 2017 and was fined a total sum of \$27,000.
  11. There is no dispute that the aforesaid offences are punishable with imprisonment. And the Defendant's convictions were reported to the Medical Council through his solicitors by a letter dated 14 June 2017.

### **Findings of the Inquiry Panel**

12. Section 21(3) of the Medical Registration Ordinance, Cap. 161, 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 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."*
13. We are therefore entitled to treat the aforesaid convictions as conclusively proven against the Defendant.
14. Accordingly, we also find the Defendant guilty of the disciplinary offence as charged.

## Sentencing

15. The Defendant has a clear disciplinary record.
16. In line with published policy, we shall give credit to the Defendant for his frank admission and full cooperation throughout these disciplinary proceedings. 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.
17. We bear in mind that the purpose of a disciplinary order is not to punish the Defendant for the criminal 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.
18. We accept that there was nothing in the evidence to suggest that the Defendant prescribed DD to his patients improperly.
19. However, the Council has repeatedly emphasized the importance of proper record of DD in compliance with the statutory requirements. Medical practitioners being given the legal authority to supply DD must diligently discharge the corresponding responsibility to keep records in the prescribed form. As a matter of fact, the DD 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.
20. 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.
21. In the recent years, all cases of failing to comply with the statutory requirements to keep proper DD registers 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.

22. We are told in mitigation that the Defendant has since the incident taken immediate remedial measures to rectify his shortcomings. In particular, the Defendant has reduced the DD kept in his clinic to five types. He also instructed his clinical assistant to keep separate DD register for each type of DD and to carry out daily check of the running balance. In addition, the Defendant would carry out weekly check of the running balance.
23. We accept that the Defendant has learnt his lesson but we need to ensure that the chance of his repeating the same or similar breach should be low.
24. 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 2 months, and the operation of the removal order be suspended for a period of 12 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 all or any of the clinic(s) 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 every 6 months 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(s) and the relevant record(s) 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 12-month suspension period; and

- (g) in case of change of Practice Monitor at any time before the end of the 12-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. LAU Wan-yee, Joseph, SBS  
Chairperson of the Inquiry Panel  
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