

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 Yuk Teck (Reg. No.: M10209)

Date of hearing: 24 September 2019 (Tuesday)

Present at the hearing

Council Members/Assessors: Prof. LAU Wan-yee, Joseph, SBS  
(Chairperson of the Inquiry Panel)  
Dr PONG Chiu-fai, Jeffrey  
Dr YEUNG Chiu-fat, Henry  
Mr LAM Chi-yau  
Mr WOO King-hang

Legal Adviser: Mr Edward SHUM

Defence Solicitor representing the Defendant: Ms Phyllis CHIU of  
Messrs. Mayer Brown

Government Counsel representing the Secretary: Miss Jessie TANG

1. The amended charge against the Defendant, Dr WONG Yuk Teck, is:

“That he, being a registered medical practitioner, was convicted at the Eastern Magistrates’ Courts on 15 February 2016 of five 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 the 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 had been included in the General Register from 4 September 1995 to present. His name has never been included in the Specialist Register.
3. On 20 July 2015, pharmacists from the Department of Health (“DH”) visited the Defendant’s clinic in Aberdeen for dangerous drugs (“DD”) inspection.
4. There is no dispute that five types of DD, namely, Akamon (Bromazepam) 3 mg tablets; Lorazepam 2 mg tablets; Diazepam 5mg tablets; Methylphenidate 20mg tablets and Phentermine 15mg capsules were found. DH pharmacists also found the physical stock of DD kept in the Defendant’s clinic to tally with the balance shown on the corresponding DD Registers.
5. However, the DD Registers kept by the Defendant were found to be non-compliant with the statutory requirements under the Dangerous Drugs Regulations, Cap. 134A (the “DD Regulations”) in that:
  - (i) identity card number(s) of patient(s) were missing;
  - (ii) invoice number(s) were missing;
  - (iii) name(s) and address(es) of supplier(s) were also missing; and
  - (iv) amount of DD received and supplied were not recorded under separate columns.
6. The Defendant was subsequently charged with 5 counts of the offence of “failing to keep a Register of Dangerous Drugs in the specified form”, contrary to Regulations 5(1)(a) and 5(7) of the DD Regulations.
7. The Defendant was convicted on his own plea of the aforesaid offences at the Eastern Magistrates’ Court on 15 February 2016 and was fined a total sum of \$15,000.
8. 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 29 February 2016.

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

9. 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.”*

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

### **Sentencing**

12. The Defendant has a clear disciplinary record.
13. 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.
14. 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.
15. We accept that there was nothing in the evidence to suggest that the Defendant prescribed DD to his patients improperly.

16. 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.
17. 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.
18. 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.
19. 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 familiarized himself with the statutory requirements on entry of necessary information in the DD registers. Moreover, the Defendant no longer keeps any DD in his clinic after the subject incident in 2015.
20. 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.
21. 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 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 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. LAU Wan-yee, Joseph, SBS  
Chairperson of the Inquiry Panel  
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