

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

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Date of hearing: 8 September 2010
Defendant: Dr LAM Wai Kwong Ringo (林偉光醫生)

1. The charges alleged against the Defendant, Dr LAM Wai Kwong Ringo, are that:

1st Notice of Inquiry

“On 24 September 2008, he, being a registered medical practitioner, was convicted at the Eastern Magistrates’ Courts of eleven counts of an offence punishable with imprisonment, namely failing to keep a register or records of dangerous drug, contrary to Regulation 5(1)(a) and 5(7) of the Dangerous Drugs Regulations made under the Dangerous Drugs Ordinance, Cap. 134, Laws of Hong Kong.”

2nd Notice of Inquiry

“In or about November 2008 he, being a registered medical practitioner, quoted on his name card the following qualifications which were not quotable qualifications approved by the Medical Council:

- (a) ‘B.A. (Cantab, U.K.)’ & ‘英國劍橋大學醫科學士’
- (b) ‘M.A. (Cantab, U.K.)’ & ‘英國劍橋大學醫科碩士’;
- (c) ‘F.F.M.A.C.C.S. (Australia)’ & ‘澳洲醫學美容外科醫學院院士’.

In relation to the facts alleged, he has been guilty of misconduct in a professional respect.”

1st Charge

2. On 4 January 2008, staff of the Department of Health conducted an inspection of a clinic in the name of Cambridge United Medical Practice Limited. The Defendant was the doctor in charge of the clinic.
3. There were 15 types of dangerous drugs in the physical stock of the clinic. However, dangerous drugs registers were kept only in respect of 4 of the dangerous drugs. No register was kept in respect of the remaining 11 dangerous drugs, namely:-
 - (i) Mogadon 5 mg tablets;
 - (ii) Rivotril 0.5 mg tablets;
 - (iii) Domar capsules;
 - (iv) Ritalin 10 mg tablets;
 - (v) Librium 5 mg tablets;
 - (vi) Ativan 1 mg half fragments;
 - (vii) Lorivan 1 mg tablets;
 - (viii) Medocalum 5 mg tablets;
 - (ix) Durogesic 25 ug/h patches;
 - (x) Redusa Forte 35 mg capsules;
 - (xi) Tranxene 5 mg capsules.
4. It is a requirement under the Dangerous Drugs Regulations that all doctors who possess or supply dangerous drugs must keep proper registers in the prescribed format. It is a criminal offence punishable by 3 years imprisonment to contravene this requirement.
5. The Defendant was prosecuted for the criminal offence of failing to keep a register of dangerous drugs, contrary to regulation 5(1) and 5(7) of the Dangerous Drugs Regulations. On 24 September 2008, the Defendant pleaded guilty to and was convicted of 11 counts of the offence.
6. Before us today, the Defendant admitted that he was duly convicted of the 11 counts of offences. We find him guilty of the 1st Charge.

2nd Charge

7. In or about November 2008, a person was referred by a friend to the Defendant for opinion on plastic surgery. He visited the Defendant's clinic to make initial enquiry, and left with the Defendant's name card.
8. In the Defendant's name card, the following qualifications were quoted:
 - (a) "B.A. (Cantab, U.K.)" & "英國劍橋大學醫科學士";
 - (b) "M.A. (Cantab, U.K.)" & "英國劍橋大學醫科碩士";
 - (c) "F.F.M.A.C.C.S. (Australia)" & "澳洲醫學美容外科醫學院院士".
9. These 3 qualifications are and were not quotable qualifications approved by the Medical Council for use on signboards and name cards.
10. In 2001, the Medical Council had advised the Defendant that the qualifications BA (Cantab) and MA (Cantab) were not approved for use on signboards and name cards.
11. These facts are admitted by the Defendant. We have to consider whether the Defendant's conduct constituted professional misconduct.
12. Apart from the fact that the 3 qualifications were not approved by the Medical Council, the qualifications BA (Cantab) and MA (Cantab) were wrongly and misleadingly translated as "英國劍橋大學醫科學士" and "英國劍橋大學醫科碩士" respectively.
13. The degrees of Bachelor of Arts and Master of Arts should be translated as "文學學士" and "文學碩士". To translate them as degrees in medicine is a deliberate attempt to mislead the public that he has had both basic and higher training in medicine in the University of Cambridge. The only purpose for doing so is to attract patients to his practice by misrepresentation. This is depraved conduct.
14. We are satisfied that the Defendant's conduct has fallen below the standard expected amongst registered medical practitioners, and therefore constituted professional misconduct. We find him guilty of the 2nd Charge.

Sentencing

15. The Defendant has a clear record.
16. We give him credit for his admission of the allegations in both charges during preliminary investigation and in this inquiry. However, the criminal convictions in the 1st Charge are indisputable and the mitigation of the admission is accordingly of less weight.
17. The 2 charges are of different nature, committed at different times and entirely unrelated. We have to consider sentencing separately.
18. We have repeatedly said in previous cases that doctors are given the legal right to possess and supply dangerous drugs with the corresponding duty to comply with the statutory requirements to keep proper record of the drugs. The requirements are designed to ensure that all dangerous drugs are properly accounted for and documented, so as to prevent abuse and avoid the drugs falling into the wrong hands. On top of the legal sanctions for non-compliance with the legal requirements, there is a professional duty on all doctors to keep full and accurate record of dangerous drugs as a measure to ensure that dangerous drugs are only used for proper medical treatment.
19. The recording requirement is simple and easy to comply with. There is no reason why a doctor as an educated professional exercising proper care will fail to comply with the requirement. Non-compliance with the requirement is not a minor matter or technical breach. Cases of failure to keep proper record of dangerous drugs have been consistently dealt with by removal from the General Register.
20. The convictions involved 11 types of dangerous drugs, some of which can be drugs of abuse. The dangerous drugs involved over 3,000 tablets/capsules. We consider that removal from the General Register for 3 months is appropriate. Giving him credit for implementing remedial measures and admission of the charge, we order that the Defendant's name be removed from the General Register for a period of 2 months in respect of the 1st Charge.
21. In respect of the 2nd Charge, we are of the view that this is not the usual case of quoting unapproved qualifications. Despite having been advised by the Medical Council that the qualifications were not approved, the Defendant

quoted them in breach of the prohibition. This is a deliberate and blatant breach of the Code of Professional Conduct.

22. Furthermore, the Chinese qualifications “英國劍橋大學醫科學士” and “英國劍橋大學醫科碩士” are untruthful and must be calculated to be deceptive, having regard to the fact that the majority of the public are Chinese speaking and may not understand the significance of the qualifications BA (Cantab) and MA (Cantab) in acronym. In any case, a person reading the Chinese qualifications may not notice the English qualifications at all, as they are printed on opposite sides of the name card. This is an act of dishonesty.
23. The Council considers that honesty is a very important element in medical practice. An act of dishonesty is a serious matter. We are of the view that an order of removal from the General Register for 1 month is warranted. However, having regard to the fact that (i) he is at the same time facing another order of removal from the General Register and the totality principle in sentencing; (ii) he has rectified the name card; and (iii) his admission of the facts alleged in the 2nd Charge, we are of the view that an exception act of leniency is appropriate in this case. We order that in respect of the 2nd Charge the Defendant be reprimanded. We emphasize that this is an exceptional sentence and should not be taken as a precedent in future cases of dishonesty.
24. In summary, in respect of the 1st Charge we order that the Defendant’s name be removed from the General Register for a period of 2 months. In respect of the 2nd Charge we order that the Defendant be reprimanded. The orders shall be published in the Gazette in accordance with the provisions of the Medical Registration Ordinance.
25. While it is for the Council to consider the Defendant’s application for restoration to the General Register when the application is made, we recommend that restoration should be subject to a condition of peer audit and supervision for a period of 24 months with the following terms:-
 - (a) The supervising doctor shall conduct random audit of the Defendant’s practice with particular regard to the keeping of dangerous drugs registers.

- (b) The supervision and audit should be conducted at least once every 6 months during the 24 months immediately following restoration to the General Register.
- (c) The supervision and audit should be conducted without prior notice to the Defendant.
- (d) During the audit, the supervising doctor shall be given unrestricted access to all parts of the clinic and the relevant records which in the supervising doctor's opinion is necessary for proper discharge of his duty.
- (e) The supervising doctor shall report directly to the Council the findings of his supervision and audit at 6-monthly intervals. Where any defects are detected, such defects should be reported to the Council as soon as practicable.

Prof. Felice Lieh-Mak, CBE, JP
Chairman, Medical Council