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The Education and Accreditation Committee and Registration of Medical Practitioners

5.1 The Education and Accreditation Committee is established under the Council to perform the following functions:-

- (a) to determine, upon the recommendation of the Hong Kong Academy of Medicine (HKAM), the specialties under which names of registered medical practitioners may be included in the Specialist Register;
- (b) to recommend to the Council, on the recommendation of the HKAM, the qualification, experience and any other attributes that qualify a registered medical practitioner to have his name included in the Specialist Register under a particular specialty determined by the Committee under paragraph (a);
- (c) to recommend to the Council the procedures, documentations and fees payable for including the name of a registered medical practitioner in the Specialist Register;
- (d) to recommend and review the standard and structure of undergraduate medical education and medical training required for a person to become a registered medical practitioner; and
- (e) to recommend to the Council whether the name of a registered medical practitioner should be included in or removed from the Specialist Register.

5.2 The membership of the Committee (as at 31 December 2002) was as follows:-

Professor TANG Wai-king, Grace, JP (Chairman)

Dr CHOI Kin, Gabriel

Dr CHU Kin-wah

Professor CHUNG Sheung-chee, Sydney

Professor COCKRAM, Clive Stewart

Professor Tony GIN (who replaced Professor CHAN Kai-ming, Cavor, OBE with effect from 6 February 2002)

Dr HUNG Chi-tim

Dr KO Tak-him, Patrick

Professor LIANG Hin-suen, Raymond

Professor Felice LIEH-MAK, CBE, JP

Dr SHIH Tai-cho, Louis

Dr SO Pik-han, Kathleen

Dr YUEN Ka-wai

Professor YUEN Kwok-yung



5.3 The voluntary "CME programme for practising doctors who are not taking CME programme for specialists" was implemented with effect from 1 October 2001. To assess the quantity and quality of the CME programmes provided by the CME Programme Providers, the EAC conducted a review of the voluntary programme six months after its implementation, i.e. in April 2002. The review was carried out in two dimensions, i.e. quantitative and qualitative. The CME Programme Providers were invited to provide the following data to the EAC for consideration :-

- (a) Variety of CME activities provided;
- (b) Number of CME hours provided;
- (c) Maximum capacity of the CME activities provided;
- (d) Cost to participating doctors for different CME activities; and
- (e) Cost to the organization in providing different CME activities.

In addition, the quality of the CME programmes was reviewed by the EAC through the following means:-

- (i) examining the reports prepared by the CME Programme Providers on feedback/ comments obtained from participating doctors; and
- (ii) conducting on-site sample check of the CME activities provided by the CME Programme Providers.

Results of the review were satisfactory.



- 5.4 The Council has decided that CME should be made a requirement for all doctors upon completion of the voluntary CME programme. Those who have less than 90 points by the end of a 3-year CME cycle will be warned and given one more year to make up. If they have less than 120 points by the end of the 4th year (counting from the beginning of a CME cycle), their practising certificates in the ensuing year will not be renewed. Following this decision, the EAC has been deliberating and making recommendations to the Council on the finer details of the implementation plan, including the procedure for making up the deficient CME points and getting the practising certificates renewed, the transfer from Overseas List to the Resident List, trainees becoming specialists, those who take CME abroad, those with limited registration and those who apply for restoration to the Register.
- 5.5 In accordance with section 20I(d) of the Medical Registration Ordinance, the EAC conducted the first review on the standard and structure of medical education and medical training of the University of Hong Kong and the Chinese University of Hong Kong in 1998. Five years have elapsed since the last review. The EAC recommended to the Council that a Visiting Team be formed for visiting the medical faculties of the two universities in March 2003 with a view to reviewing the standard and structure of medical education and training provided by the two universities. After discussion, the Council decided that the composition of the Visiting Team was as follows:-
- Professor Rosie YOUNG, GBS, CBE, JP, Past Chairman of the Medical Council (Chairperson)
 - Professor John HAMILTON, Academic Director (Phase I Medicine), Department of Medicine, University of Durham, United Kingdom (Overseas Expert)
 - Professor Richard LARKINS, Dean, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, Australia (Overseas Expert)
 - Dr William HO, JP, Chief Executive of the Hospital Authority
 - Dr HUNG Chi Tim, representative of the Hong Kong Academy of Medicine
 - Miss Nora YAU, MH, JP, Lay Member of the Medical Council



- 5.6 The Education and Accreditation Committee is also given the responsibility to scrutinize qualifications, upon application, to see whether they are acceptable to the Medical Council for use on signboards, letterheads and visiting cards, etc. In 2002, the Committee considered 34 qualifications. Of these 34 qualifications, 23 were regarded by the Committee as having met the prevailing vetting criteria and were included in the list of quotable qualifications after the endorsement of the Medical Council.
- 5.7 As at 31 December 2002, there were over 10,700 medical practitioners with full registration with the Medical Council of Hong Kong. This figure included those resident in Hong Kong and those on the overseas list. **Table 9** shows that there has been an increase in the number of registered medical practitioners from 9,527 in 1998 to 10,731 in 2002 (13%). In addition to the medical practitioners with full registration, there were 215 medical practitioners with limited registration among whom 92 were permitted to work in the exempted clinics.
- 5.8 Keeping the entries on the register up-to-date has been a major task. Hundreds of transactions are carried out weekly, including changes of registered address or personal particulars, removal from and restoration to the register, transfer to and from the local and overseas lists respectively, issue of Certificates of Good Standing and Certificates Verifying Registration, etc. In addition, as a public service, the Council Secretariat dealt with over 45,000 general enquiries from members of the profession and the public in 2002.
- 5.9 **Table 10** lists in detail the registration figures in respect of various parts of the General Register, including "provisional" and "limited" registrations as well as cases of restoration to the Register from 1996 up to 2002. As the figures show, there was a drop in the number of applications for registration in Part I of the General Register since 1997 due to the amendment of the Medical Registration Ordinance in respect of the qualification for registration. Overseas medical graduates, except those recognised under the transitional arrangement, are required to sit for the Licensing Examination.



- 5.10 A medical practitioner whose name had been removed from the General Register, whether as a consequence of disciplinary proceedings or otherwise, is entitled to apply to the Medical Council to have his name restored to the Register. The Council may hold an inquiry to decide whether to grant the application or refuse it. **Table 10** shows that in 2002, there were 31 such applications and all were approved except one.
- 5.11 In addition, every year the Council Secretariat has to conduct a large-scale exercise of renewal of practising and retention certificates for all registered medical practitioners. With the increase in the number of registered medical practitioners over the years, the issue of annual practising certificate has also risen in actual numbers from 9,100 in 1998 to 10,300 in 2002, an increase of 13%.
- 5.12 The "Specialist Register" was established in 1998 to provide for registration of medical practitioners qualified in various specialties. **Table 11** shows there were 3,015 doctors registered under 50 specialties as at 31 December 2002 and the number of registered medical practitioners under each specialty.