



香港醫務委員會  
THE MEDICAL COUNCIL  
OF HONG KONG

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## Amendment of Code of Professional Conduct

The current edition of the *Code of Professional Conduct* (“the Code”) was published in October 2022. The Medical Council has since kept *the Code* under constant review in light of international practices, local peer opinion, legal requirements, public expectations and moral obligations. In preparation for the commencement of the Mandatory Reporting of Child Abuse Ordinance and the Advance Decision on Life-sustaining Treatment Ordinance in 2026, the Medical Council, on the recommendation of its Ethics Committee (“EC”), has decided to amend the relevant sections of *the Code* as elaborated below.

### Section 1.4.3

The Mandatory Reporting of Child Abuse Ordinance (Cap. 650) was published in the Gazette on 19 July 2024 and will come into effect on 20 January 2026.

Under Cap. 650, 25 categories of specified professionals, including registered medical practitioners, must make a report as soon as practicable if a reasonable ground to suspect a child, defined as a person under the age of 18, is suffering from serious harm or is at real risk of suffering serious harm comes into their notice during the course of work. To provide greater clarity to the specified professionals in fulfilling their duty to report serious child abuse cases, Cap. 650 has specified the elements constituting serious harm in Schedule 2.

Reference materials to facilitate the specified professionals’ early identification and reporting of child abuse cases under Cap. 650 can be found at the e-learning platform (<https://www.childprotectiontraining.hk>). The Government will also issue guidelines to provide practical guidance for the specified professionals before the commencement of Cap. 650 in January 2026.

Offenders are liable on summary conviction to a fine at level 5, or on conviction on indictment to a fine at level 5 and to imprisonment for three months.

To ensure compliance with Cap. 650, the following underlined phrase will be added to section 1.4.3 of *the Code*:

*“However, before making disclosure without the patient’s consent a doctor must weigh carefully the arguments for and against disclosure and be prepared to justify the decision. Provided that there would be no undue delay, if in doubt, it would be prudent to seek advice from an experienced colleague, a medical defence society, a professional association or an ethics committee.”*

## Section 2.2

The Advance Decision on Life-sustaining Treatment Ordinance (Cap. 651) was published in the Gazette on 29 November 2024 and will come into effect on 30 May 2026.

Cap. 651 specifies that any person aged 18 or above and who is mentally capable of deciding on a life-sustaining treatment may make an advance medical directive (“AMD”). No medical professional with notice of a valid and applicable AMD can perform any life-sustaining treatment specified in the instruction for the person concerned.

Reference materials to assist members of the profession to deepen their understanding of Cap. 651 may be found at the Health Bureau’s website

([https://www.healthbureau.gov.hk/en/press\\_and\\_publications/otherinfo/241100\\_adlto/index.html](https://www.healthbureau.gov.hk/en/press_and_publications/otherinfo/241100_adlto/index.html))

Offenders who breach Cap. 651 are liable on conviction to a fine at level 5 and to imprisonment for six months to three years, or on conviction on indictment to imprisonment for 10 years to 14 years.

For compliance with Cap. 651, the following underlined phrases will be added to section 2.2 of *the Code*:

*“Subject to notice of a valid and applicable advance medical directive within the meaning of the Advance Decision on Life-sustaining Treatment Ordinance (Cap. 651), treatments for dealing with emergency situations can be given in the best interests of the patient without obtaining prior consent.”*

To reflect the latest version of the International Code of Medical Ethics published by the World Medical Association in 2022, the Medical Council has endorsed the recommendation of the EC to update Section C of Part I of *the Code* accordingly. The updated version is appended below:

### C. THE INTERNATIONAL CODE OF MEDICAL ETHICS

The International Code of Medical Ethics is adopted by the World Medical Association. It is endorsed by the Medical Council of Hong Kong, except where the contrary intention appears from the context of this Code of Professional Conduct. The Council will have regard to the International Code in the exercise of its disciplinary power.

The latest version of the International Code of Medical Ethics published by the World Medical Association in 2022 is reproduced below. Members of the profession are advised to check any subsequent amendments at the World Medical Association’s website (<https://www.wma.net>).

#### PREAMBLE

The World Medical Association (WMA) has developed the International Code of Medical Ethics as a canon of ethical principles for the members of the medical profession worldwide. In concordance with the WMA Declaration of Geneva: The Physician’s Pledge and the WMA’s entire body of policies, it defines and elucidates the professional duties of physicians towards their patients, other physicians and health professionals, themselves, and society as a whole.

The physician must be aware of applicable national ethical, legal, and regulatory norms and standards, as well as relevant international norms and standards.

Such norms and standards must not reduce the physician's commitment to the ethical principles set forth in this Code.

The International Code of Medical Ethics should be read as a whole and each of its constituent paragraphs should be applied with consideration of all other relevant paragraphs. Consistent with the mandate of the WMA, the Code is addressed to physicians. The WMA encourages others who are involved in healthcare to adopt these ethical principles.

## GENERAL PRINCIPLES

1. The primary duty of the physician is to promote the health and well-being of individual patients by providing competent, timely, and compassionate care in accordance with good medical practice and professionalism.

The physician also has a responsibility to contribute to the health and well-being of the populations the physician serves and society as a whole, including future generations.

The physician must provide care with the utmost respect for human life and dignity, and for the autonomy and rights of the patient.

2. The physician must practise medicine fairly and justly and provide care based on the patient's health needs without bias or engaging in discriminatory conduct on the basis of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, culture, sexual orientation, social standing, or any other factor.
3. The physician must strive to use health care resources in a way that optimally benefits the patient, in keeping with fair, just, and prudent stewardship of the shared resources with which the physician is entrusted.
4. The physician must practise with conscience, honesty, integrity, and accountability, while always exercising independent professional judgement and maintaining the highest standards of professional conduct.
5. Physicians must not allow their individual professional judgement to be influenced by the possibility of benefit to themselves or their institution. The physician must recognise and avoid real or potential conflicts of interest. Where such conflicts are unavoidable, they must be declared in advance and properly managed.
6. Physicians must take responsibility for their individual medical decisions and must not alter their sound professional medical judgements on the basis of instructions contrary to medical considerations.
7. When medically appropriate, the physician must collaborate with other physicians and health professionals who are involved in the care of the patient or who are qualified to assess or recommend care options. This communication must respect patient confidentiality and be confined to necessary information.

8. When providing professional certification, the physician must only certify what the physician has personally verified.
9. The physician should provide help in medical emergencies, while considering the physician's own safety and competence, and the availability of other viable options for care.
10. The physician must never participate in or facilitate acts of torture, or other cruel, inhuman, or degrading practices and punishments.
11. The physician must engage in continuous learning throughout professional life in order to maintain and develop professional knowledge and skills.
12. The physician should strive to practise medicine in ways that are environmentally sustainable with a view to minimising environmental health risks to current and future generations.

## **Duties to the patient**

13. In providing medical care, the physician must respect the dignity, autonomy, and rights of the patient. The physician must respect the patient's right to freely accept or refuse care in keeping with the patient's values and preferences.
14. The physician must commit to the primacy of patient health and well-being and must offer care in the patient's best interests. In doing so, the physician must strive to prevent or minimise harm for the patient and seek a positive balance between the intended benefit to the patient and any potential harm.
15. The physician must respect the patient's right to be informed in every phase of the care process. The physician must obtain the patient's voluntary informed consent prior to any medical care provided, ensuring that the patient receives and understands the information needed to make an independent, informed decision about the proposed care. The physician must respect the patient's decision to withhold or withdraw consent at any time and for any reason.
16. When a patient has substantially limited, underdeveloped, impaired, or fluctuating decision-making capacity, the physician must involve the patient as much as possible in medical decisions. In addition, the physician must work with the patient's trusted representative, if available, to make decisions in keeping with the patient's preferences, when those are known or can reasonably be inferred. When the patient's preferences cannot be determined, the physician must make decisions in the patient's best interests. All decisions must be made in keeping with the principles set forth in this Code.
17. In emergencies, where the patient is not able to participate in decision making and no representative is readily available, the physician may initiate an intervention without prior informed consent in the best interests of the patient and with respect for the patient's preferences, where known.
18. If the patient regains decision-making capacity, the physician must obtain informed consent for further intervention.
19. The physician should be considerate of and communicate with others, where available, who are close to the patient, in keeping with the patient's preferences and best interests and with due regard for patient confidentiality.

20. If any aspect of caring for the patient is beyond the capacity of a physician, the physician must consult with or refer the patient to another appropriately qualified physician or health professional who has the necessary capacity.
21. The physician must ensure accurate and timely medical documentation.
22. The physician must respect the patient's privacy and confidentiality, even after the patient has died. A physician may disclose confidential information if the patient provides voluntary informed consent or, in exceptional cases, when disclosure is necessary to safeguard a significant and overriding ethical obligation to which all other possible solutions have been exhausted, even when the patient does not or cannot consent to it. This disclosure must be limited to the minimal necessary information, recipients, and duration.
23. If a physician is acting on behalf of or reporting to any third parties with respect to the care of a patient, the physician must inform the patient accordingly at the outset and, where appropriate, during the course of any interactions. The physician must disclose to the patient the nature and extent of those commitments and must obtain consent for the interaction.
24. The physician must refrain from intrusive or otherwise inappropriate advertising and marketing and ensure that all information used by the physician in advertising and marketing is factual and not misleading.
25. The physician must not allow commercial, financial, or other conflicting interests to affect the physician's professional judgement.
26. When providing medical care remotely, the physician must ensure that this form of communication is medically justifiable and that the necessary medical care is provided. The physician must also inform the patient about the benefits and limitations of receiving medical care remotely, obtain the patient's consent, and ensure that patient confidentiality is upheld. Wherever medically appropriate, the physician must aim to provide care to the patient through direct, personal contact.
27. The physician must maintain appropriate professional boundaries. The physician must never engage in abusive, exploitative, or other inappropriate relationships or behaviour with a patient and must not engage in a sexual relationship with a current patient.
28. In order to provide care of the highest standards, physicians must attend to their own health, well-being, and abilities. This includes seeking appropriate care to ensure that they are able to practise safely.
29. This Code represents the physician's ethical duties. However, on some issues there are profound moral dilemmas concerning which physicians and patients may hold deeply considered but conflicting conscientious beliefs.

The physician has an ethical obligation to minimise disruption to patient care. Physician conscientious objection to provision of any lawful medical interventions may only be exercised if the individual patient is not harmed or discriminated against and if the patient's health is not endangered.

The physician must immediately and respectfully inform the patient of this objection and of the patient's right to consult another qualified physician and provide sufficient information to enable the patient to initiate such a consultation in a timely manner.

## **Duties to other physicians, health professionals, students, and other personnel**

30. The physician must engage with other physicians, health professionals and other personnel in a respectful and collaborative manner without bias, harassment, or discriminatory conduct. The physician must also ensure that ethical principles are upheld when working in teams.
31. The physician should respect colleagues' patient-physician relationships and not intervene unless requested by either party or needed to protect the patient from harm. This should not prevent the physician from recommending alternative courses of action considered to be in the patient's best interests.
32. The physician should report to the appropriate authorities conditions or circumstances which impede the physician or other health professionals from providing care of the highest standards or from upholding the principles of this Code. This includes any form of abuse or violence against physicians and other health personnel, inappropriate working conditions, or other circumstances that produce excessive and sustained levels of stress.
33. The physician must accord due respect to teachers and students.

## **Duties to society**

34. The physician must support fair and equitable provision of health care. This includes addressing inequities in health and care, the determinants of those inequities, as well as violations of the rights of both patients and health professionals.
35. Physicians play an important role in matters relating to health, health education, and health literacy. In fulfilling this responsibility, physicians must be prudent in discussing new discoveries, technologies, or treatments in non-professional, public settings, including social media, and should ensure that their own statements are scientifically accurate and understandable.

Physicians must indicate if their own opinions are contrary to evidence-based scientific information.

36. The physician must support sound medical scientific research in keeping with the WMA Declaration of Helsinki and the WMA Declaration of Taipei.
37. The physician should avoid acting in such a way as to weaken public trust in the medical profession. To maintain that trust, individual physicians must hold themselves and fellow physicians to the highest standards of professional conduct and be prepared to report behaviour that conflicts with the principles of this Code to the appropriate authorities.
38. The physician should share medical knowledge and expertise for the benefit of patients and the advancement of health care, as well as public and global health.

## **Duties as a member of the medical profession**

39. The physician should follow, protect, and promote the ethical principles of this Code. The physician should help prevent national or international ethical, legal, organisational, or regulatory requirements that undermine any of the duties set forth in this Code.
40. The physician should support fellow physicians in upholding the responsibilities set out in this Code and take measures to protect them from undue influence, abuse, exploitation, violence, or oppression.



## New Practice Direction on Coronial Proceedings

The Judiciary has recently announced the new *Practice Direction – 39 on Coronial Proceedings* (“PD”) which has taken effect from 2 June 2025. The new PD aims to facilitate the Coroner’s Court to deal with cases in an efficient, expeditious and timely manner. Case management and target timetables for death investigations and inquests are introduced to ensure speedy determination of all issues in coronial proceedings. All properly interested persons, their legal representatives and those who are asked to assist the Coroner by providing relevant information and reports are required to meet the target timetable and any directions made by the Coroner with reasonable diligence. Where a person has failed to comply with a direction by the deadline, the Coroner may conduct a Directions Hearing, which may be held in chambers or in open court, to seek explanations from the person concerned, and make orders and/or directions as deemed necessary and appropriate.

Concerning deaths for which medico-legal issues are involved, the medical practitioners responsible for the deceased’s medical care at different junctures are required to furnish witness statement(s) and/or medical report(s) to the Coroner according to the timeframe as set out in part C (paragraphs 13 to 18) of the PD. For deaths in official custody, the medical practitioners who were responsible for the deceased’s medical care within 1 year before the time of death shall, in line with paragraph 28 of the PD, furnish medical reports to the Coroner within 3 months after the Coroner has ordered death investigation (part C of the PD as mentioned above is also applicable in case medico-legal issues are involved).

The PD has been uploaded onto the Judiciary’s website (<https://legalref.judiciary.hk/lrs/common/ju/newpds.jsp>). Members of the medical profession may wish to refer to the PD and consult their lawyers for advice in case of doubt.

## Electronic Services for Registration and Related Matters

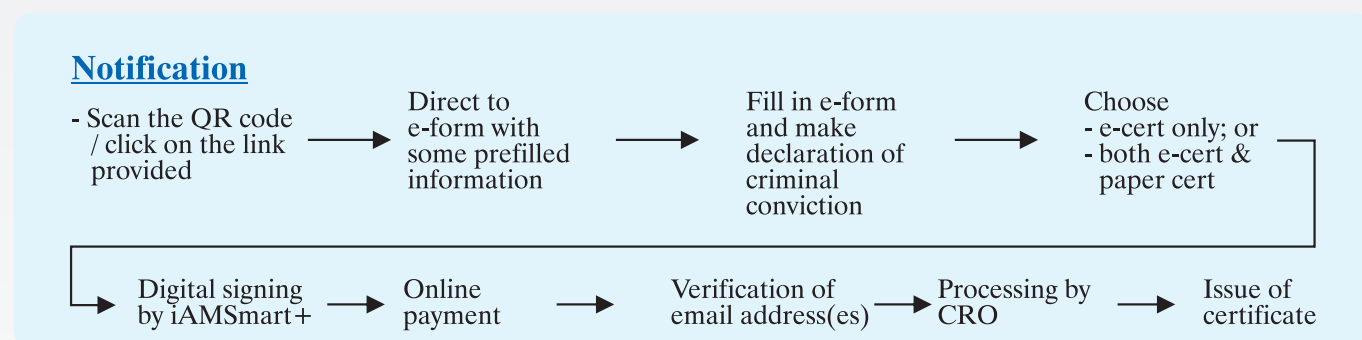
### Roll-out of Electronic Services

In line with the Government’s policy objective of digitalization of public services, the Central Registration Office of the Department of Health (“CRO”) has rolled out electronic services for registration and related matters of various healthcare professions since 2024 by phase. Doctors can now make use of the online platform concerned to acquire a range of registration related services, e.g. renewal of practising certificate / retention certificate, change of registered address, transfer from resident list to non-resident list and vice versa, and application for certificate of good standing.

For renewal of practising certificate / retention certificate, doctors making online application will receive an electronic version of the certificate (“e-cert”) through email. They may also request for a hard copy of the certificate (“paper cert”) to be delivered to their registered addresses. In the last annual renewal exercise, more than 8 000 doctors out of some 16 000 registrants had applied for practising certificate / retention certificate for 2025 electronically.

## Renewal of Practising Certificate / Retention Certificate for 2026

Following the existing practice, doctors will be notified to renew their practising certificate / retention certificate in around September 2025. To facilitate electronic submission of application, the notification letter will provide a personalized QR code / hyperlink to direct applicant to the e-application form (“e-form”) with some basic information (e.g. registration number) prefilled. Doctors could also settle the prescribed fee through the online platform by various common electronic payment methods, e.g. credit card and Faster Payment System. In order to provide legal backing for the declaration in the application, an applicant needs to have an “iAM Smart+” account to digital sign the e-form. The steps for making online application are as follows:



Doctors are encouraged to make use of the online platform to renew the practising certificate / retention certificate. More information about “iAM Smart+” is available at:

<https://www.iamsmart.gov.hk/en/> (for general information)

<https://www.iamsmart.gov.hk/en/easy-reg.html> (for registration)

## Special Registration

In a bid to alleviate the frontline manpower shortage and better respond to service needs, the Government has introduced another pathway, i.e. special registration, since 2021 for qualified non-locally trained doctors to return to Hong Kong and practise in the public healthcare sector. Pursuant to the amended Medical Registration Ordinance (“MRO”) (Cap. 161), the Government announced on 12 November 2021 the establishment of the Special Registration Committee (“SRC”). The SRC is responsible for making recommendations to the Registrar of Medical Practitioners (“the Registrar”), i.e. Director of Health, on the list of recognized medical qualifications for the purposes of special registration under section 14C of the MRO.

The SRC has so far recommended to the Registrar a total of 150 medical qualifications for recognition. The prevailing list of recognized medical qualifications showing the place and name of awarding institutions, title of medical qualifications and duration of medical programmes is available on the Medical Council’s website ([https://www.mchk.org.hk/english/registration/recognised\\_medical\\_qualifications.html](https://www.mchk.org.hk/english/registration/recognised_medical_qualifications.html)). The list has been drawn up by the SRC after detailed examination of the stipulated aspects (including international rankings of the awarding institutions, programme curriculum, medium of instruction, etc.). The key consideration is whether the medical programmes are broadly comparable to any medical programmes offered by a local university. Study on relevant programmes of the awarding institutions concerned by the SRC is still ongoing. Enquiries on matters relating to special registration can be directed to the SRC secretariat by email at [src-secretariat@dh.gov.hk](mailto:src-secretariat@dh.gov.hk).



## Quotable Qualifications

According to section 5 “Professional communication and information dissemination” of the *Code of Professional Conduct*, doctors may quote those quotable qualifications approved by the Medical Council in the dissemination of service information to the public. To ensure accuracy, doctors should be careful in wording the English and Chinese titles and abbreviations of the qualifications. It is important to specify the conferring authority or medical school for both the full titles and abbreviations.

If doctors wish to quote a qualification that is not currently listed in the *List of Quotable Qualifications* (“*QQ List*”), they must submit a new application to the Medical Council through its Education and Accreditation Committee (“EAC”). Additionally, for specifically approved qualifications (such as research master and doctoral degrees other than “Master of Surgery” and “Doctor of Medicine”), individual approval from the Medical Council is necessary.

The *Guidelines on Quoting of Qualifications* and the current *QQ List* can be found on the Medical Council’s website (<https://www.mchk.org.hk/english/guideline/qualification.html>).

### Change of official abbreviation of quotable qualification “*Fellow, Royal College of Physicians of London*” under the grandfathering arrangement

The Medical Council decided on 4 December 2024 to adopt the official abbreviation of the qualification as advised by the Royal College of Physicians, i.e. “FRCP”, instead of the previously adopted abbreviation “FRCP (Lond)”. There will be a transitional period from 4 December 2024 to 3 December 2027, during which the use of either “FRCP” or “FRCP (Lond)” by a medical practitioner would be acceptable by the Medical Council.

### Qualifications that have ceased to exist and have been replaced by another qualification

The following four qualifications in the *QQ List* have ceased to exist and have been replaced by another qualification:

- Member, Royal College of Pathologists (“MRCPath”)
- Member, Royal Australasian College of Radiologists (“MRACR”)
- Diploma, Royal Australasian College of Radiologists (“DRACR”)
- Fellowship of the Joint Faculty of Intensive Care Medicine, Australian and New Zealand College of Anaesthetists and Royal Australian College of Physicians (“FJFICM”)

The Medical Council decided on 4 September 2024 that doctors holding these obsolete qualifications should quote the replacement qualifications if they are in possession of the latter. There will be a transitional period from 4 September 2024 to 3 September 2027 for doctors concerned to revise the abbreviation on their signboards, letter-heads, and visiting cards etc.

In addition, a note has been added to the concerned doctors’ entries in the General Register with MRCPath entered stating that MRCPath had ceased to exist and had been replaced by Fellow, Royal College of Pathologists (“FRCPath”).

## New quotable qualifications under the *QQ List*

For the year of 2024, the Medical Council, on the EAC's recommendation, has approved the following qualifications for inclusion in the *QQ List* under the generally approved category:

Title of Qualification		Abbreviation	Chinese Title	Date of Approval by the Medical Council
1.	Certificate of Subspecialist Accreditation in Paediatric Neurology, Hong Kong College of Paediatricians	Cert HKCPaed (PN)	香港兒科醫學院 兒童腦神經科證書	10 January 2024
2.	Master of Science in Public Health (Global Health), King's College London	MSc Public Health (Global Health) (KCL)	倫敦國王學院 公共衛生理學碩士 (環球衛生)	6 March 2024
3.	Fellow in Clinical Toxicology, Hong Kong College of Emergency Medicine	FHKCEM (Clinical Toxicology)	香港急症科醫學院 臨床毒理學院士	3 April 2024
4.	European Diploma in Intensive Care Medicine, European Society of Intensive Care Medicine	EDIC	歐洲危重病學學會 危重病學歐洲文憑	5 June 2024
5.	Certificate of Subspecialist Accreditation in Paediatric Endocrinology, Hong Kong College of Paediatricians	Cert HKCPaed (PE)	香港兒科醫學院 兒童內分泌科證書	5 June 2024
6.	Professional Diploma Programme in Occupational and Environmental Medicine, The Chinese University of Hong Kong	PDOEM (CUHK)	香港中文大學職業及 環境醫學專業文憑	5 June 2024

### Remarks:

The qualification was initially titled as "Diploma in Occupational Medicine, Chinese University of Hong Kong", as approved by the Council for inclusion in the List of Quotable Qualifications on 3 May 2000. It was first changed to "Postgraduate Diploma in Occupational Medicine, The Chinese University of Hong Kong" with effect from 10 December 2003, as approved by the Council on 5 October 2005. Subsequently, it was further changed to "Professional Diploma Programme in Occupational and Environmental Medicine, The Chinese University of Hong Kong" with effect from 12 May 2020, as approved by the Council on 5 June 2024.

Holders of the qualification should quote it based on the date of conferment, with the following details:

Holders awarded the qualification before 10 December 2003 should quote it as "Diploma in Occupational Medicine, Chinese University of Hong Kong", using the abbreviation "DOM (CUHK)" and the Chinese title "香港中文大學職業醫學文憑".

Holders awarded the qualification from 10 December 2003 and before 12 May 2020 should quote it as "Postgraduate Diploma in Occupational Medicine, The Chinese University of Hong Kong", using the abbreviation "PG DOM (CUHK)" and the Chinese title "香港中文大學職業醫學學士後文憑".

Holders awarded the qualification from 12 May 2020 should quote it as "Professional Diploma Programme in Occupational and Environmental Medicine, The Chinese University of Hong Kong" using the abbreviation "PDOEM (CUHK)" and the Chinese title "香港中文大學職業及環境醫學專業文憑".

Title of Qualification		Abbreviation	Chinese Title	Date of Approval by the Medical Council
7.	Master of Healthcare Quality and Safety, Harvard University	MHQS (Harvard)	哈佛大學衛生質素及安全碩士	3 July 2024
8.	Fellow of the International Academy of Cytology	FIAC	國際細胞學院院士	4 September 2024
9.	Fellow in Critical Care Medicine, Royal College of Physicians of Canada	FRCPC (Critical Care Medicine)	加拿大皇家內科醫學院深切治療科院士	6 November 2024
10.	International Conjoint Fellowship of the Royal Australian College of General Practitioners	ICFRACGP	澳洲皇家全科醫學院院士（國際）	6 November 2024
11.	Master of Research in Medical Robotics and Image Guided Intervention, Imperial College London	/	倫敦帝國學院醫療機械人及影像導向介入治療研究碩士	6 November 2024
12.	Master of Applied Science in Population Health Management, Johns Hopkins University	/	美國約翰霍普金斯大學人口衛生管理應用科學碩士	4 December 2024
13.	Master of Science in Clinical Neurology, University College London	MSc Clinical Neurology, UCL	倫敦大學學院臨床腦神經科碩士	4 December 2024

In addition, the Medical Council, on the EAC's recommendation, has approved the following qualification for inclusion in the *QQ List* under the specifically approved category:

Title of Qualification		Abbreviation	Chinese Title	Date of Approval by the Medical Council	Reference
1.	Doctor of Philosophy, The University of Hong Kong	PhD (HK)	香港大學哲學博士	6 November 2024	MC/QQ/18/24

For the avoidance of doubt, the qualification under the specifically approved category can only be quoted by those applicants to whom the approvals have been given.

## Quotable Appointments

Private healthcare facilities and medical clinics must meet the Medical Council's requirements for their appointment systems to be considered acceptable. Only then can doctors quote these appointments in their medical practice. The Medical Council has so far accepted the appointment systems of 21 institutions, and the approved quotable appointments are listed in *List of Quotable Appointments by Private Healthcare Facilities and Medical Clinics accepted under the Rules on Quotable Appointments* ("QA List").

It is important for doctors to adhere to the revised *Rules on Quotable Appointments* ("QA Rules"), which took effect from 1 January 2021 in the light of the enactment of the Private Healthcare Facilities Ordinance (Cap. 633), when mentioning their appointments for professional practice in Hong Kong. They are encouraged to refer to the *QA List* on the Medical Council's website to ensure the quotability of appointments made by private healthcare facilities and medical clinics.

For more details, the *QA Rules* and the *QA List* can be found on the Medical Council's website (<http://www.mchk.org.hk/english/guideline/appointment.html>).

## Addition of New Specialty in the Specialist Register

At its meetings on 17 November 2023 and 19 January 2024 respectively, the EAC of the Medical Council accepted the recommendations of the Hong Kong Academy of Medicine for addition of the new specialty Interventional Radiology (介入放射科) (S67) to the Specialist Register.



# Statistics on Complaints / Inquiries Handled in 2023

**Table 1 - Complaints received by the Medical Council**

Number of Complaints Received	2019 3 286*	2020 3 356*	2021 538	2022 729*	2023 598
<b>(A) Allegations by category</b>					
1. Conviction in court	47	58	57	53	68
(a) Failure to keep proper record of dangerous drugs	(0)	(0)	(1)	(0)	(1)
(b) Others	(47)	(58)	(56)	(53)	(67)
2. Disregard of professional responsibility to patients	438	243	334	361	386 <sup>#</sup>
3. Issuing misleading / false medical certificates	748	28	29	66	45
4. Practice promotion	9	39	15	21	29
5. Misleading, unapproved description and announcement	6	12	37	10	5
6. Improper / indecent behaviour to patients	17	11	8	7	7
7. Fitness to practise	-	-	2	3	2
8. Abuse of professional confidence	-	1	-	-	1
9. Depreciation of other medical practitioners	-	1	1	1	6
10. Sharing fee and improper financial transaction	5	2	11	2	3
11. Failure to maintain proper medical records	75	22	12	5	3
12. Mishandling of patient's personal data	19	4	6	7	4
13. Improper delegation of medical duties to unregistered persons	2	2	-	-	-
14. Other issues unrelated to professional responsibility	1 920	2 933	26	193	39
<b>(B) Progress of complaints as at 31 December 2023</b>					
1. Dismissed by the Chairman and the Deputy Chairman of the relevant PIC in consultation with a lay member as being frivolous or groundless	144	175	23	31	5
2. Could not be pursued further because the complainants failed to provide further information or statutory declaration or the complaints were anonymous or withdrawn, etc.	2 765	2 923	232	342	26
3. Under consideration by the Chairman, the Deputy Chairman or a lay member of the relevant PIC	-	-	-	33	413
4. Held in abeyance	4	3	2	1	-
5. Being considered at the PIC meetings	7	6	26	95	97
6. Dismissed by the relevant PIC	290	169	176	160	44
7. Referred to the Medical Council for no disciplinary inquiry	37	51	38	46	10
8. Referred to the Medical Council for no pre-registration inquiry	2	1	2	-	-
9. Referred to the Medical Council for no restoration inquiry	-	1	-	-	-
10. Referred to the inquiry panel for disciplinary inquiry	35	25	37	20	-
11. Referred to the Medical Council for restoration inquiry	-	1	-	-	-
12. Referred to the Medical Council for pre-registration inquiry	2	-	-	-	2
13. Referred to the Health Committee for hearing	-	1	2	1	1

**Remarks:**

- \* The net number of complaints received in 2019, 2020 and 2022 is as follows:
- (a) Among the 3 286 complaint cases received in 2019, 2 742 cases can be consolidated into 11 groups of same / very similar complaints against 11 doctors. As such, the net number of complaints received in 2019 was 555.
  - (b) Among the 3 356 complaint cases received in 2020, 2 653 cases can be consolidated into 11 groups of same / very similar complaints against 11 doctors. As such, the net number of complaints received in 2020 was 714.
  - (c) The net number of complaints received in 2022 was 568 as there were 162 complaints on the same incident against a doctor received in 2022.
- # The breakdown of cases on "Disregard of professional responsibility to patients" in 2023 is as follows:
- (a) Failure / unsatisfactory result of treatment / surgery, failure to properly / timely diagnose illness and disagreement with doctor's medical opinion – 121 cases
  - (b) Conducting unnecessary or inappropriate treatment / surgery – 64 cases
  - (c) Inappropriate prescription of drugs – 71 cases
  - (d) Doctor's unprofessional attitude / doctor-patient communication – 52 cases
  - (e) Failure to give proper medical advice / explanation – 37 cases
  - (f) Other treatment-related issues – 41 cases

**Table 2 - Breakdown on the complaints received in 2023 which were dismissed by the Chairman and the Deputy Chairman of the PICs of the Medical Council as being frivolous or groundless**

<u>Nature of Complaints</u>	<u>No. of Cases</u>
1. Doctor's unprofessional attitude / ineffective doctor-patient communication	1
2. Failure to properly / timely diagnose illness	1
3. Inappropriate prescription of drugs	2
4. Issuing misleading / false medical certificates	1
Total:	5

**Table 3 - Work of the PICs of the Medical Council**

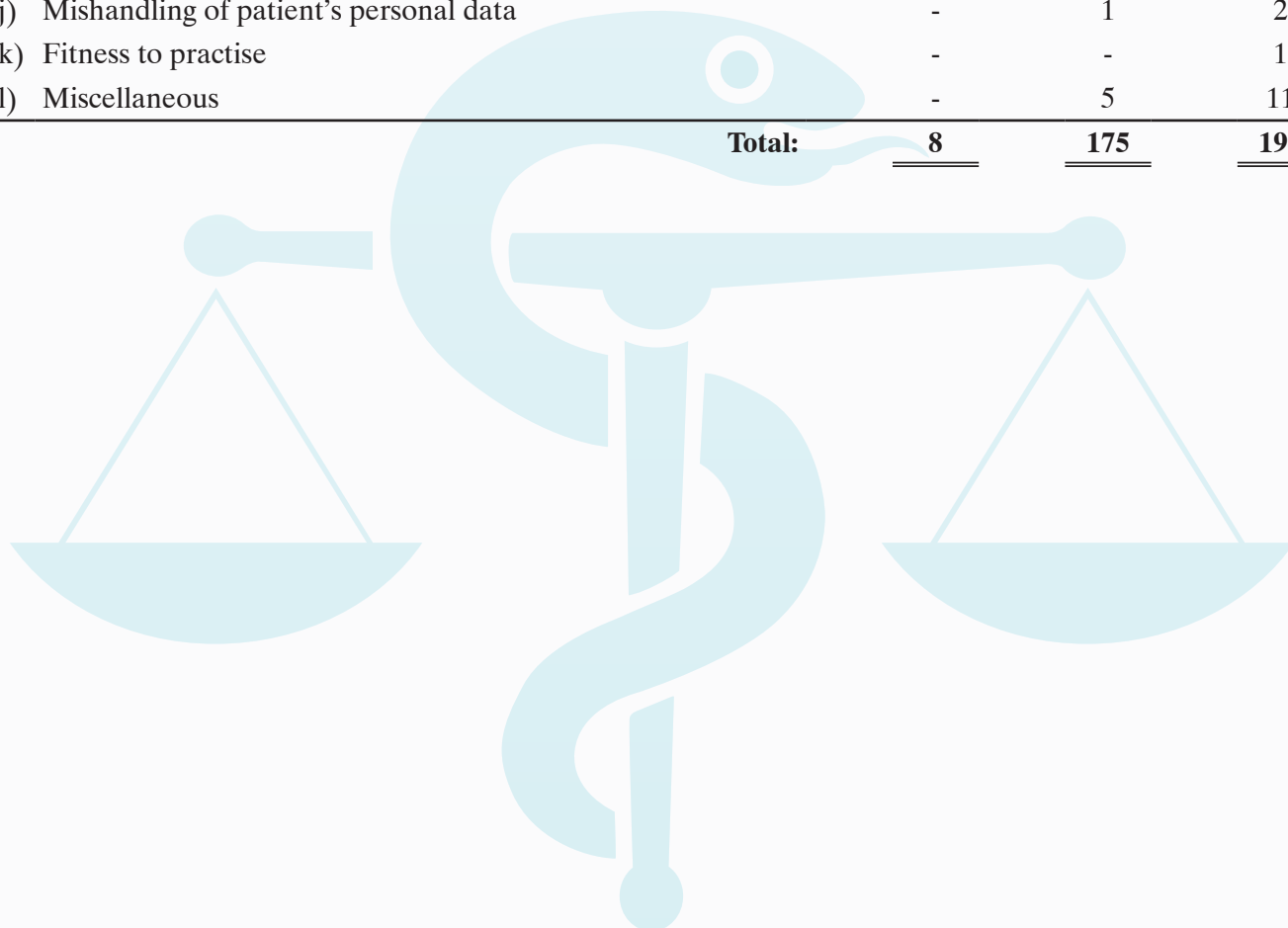
<u>Nature</u>	<u>2019</u>		<u>2020</u>		<u>2021</u>		<u>2022</u>		<u>2023</u>				
	<u>Deemed PIC</u>	<u>New PIC</u>	<u>Deemed PIC</u>	<u>New PIC</u>	<u>Deemed PIC</u>	<u>PIC(1)</u>	<u>PIC(2)</u>	<u>Deemed PIC</u>	<u>PIC(1)</u>	<u>PIC(2)</u>	<u>Deemed PIC</u>	<u>PIC(1)</u>	<u>PIC(2)</u>
1. Total number of cases conducted by the PICs	224	249	105	281	56	221	102	18	219	148	8*	175*	194*
2. Total number of cases referred by the PICs to the Medical Council for no disciplinary inquiry / restoration inquiry / pre-registration inquiry	28	23	7	49	-	30	31	-	12	25	- <sup>#</sup>	15 <sup>#</sup>	18 <sup>#</sup>
3. Total number of cases referred by the PICs to the Medical Council / inquiry panel for disciplinary inquiry / restoration inquiry / pre-registration inquiry	26	13	21	32	19	39	7	8	35	21	6 <sup>#</sup>	31 <sup>#</sup>	29 <sup>#</sup>
4. Total number of cases referred by the PICs to the Health Committee for hearing	-	2	-	-	-	-	-	-	2	1	-	-	1



**Remarks:**

\* This figure included those cases received before 2023. Cases concluded by the PICs in 2023 fell under the following categories:

	<u>No. of Cases</u>		
	<u>Deemed PIC</u>	<u>PIC(1)</u>	<u>PIC(2)</u>
(a) Disregard of professional responsibility to patients	7	119	120
• <i>inappropriate prescription of drugs</i>	-	19	24
• <i>conducting unnecessary or inappropriate treatment / surgery</i>	3	32	21
• <i>failure to properly / timely diagnose illness</i>	-	22	19
• <i>doctor's unprofessional attitude / ineffective doctor-patient communication</i>	1	12	8
• <i>failure / unsatisfactory results of treatment / surgery</i>	3	19	27
• <i>failure to give proper medical advice / explanation</i>	-	10	10
• <i>disagreement with doctor's medical opinion</i>	-	5	9
• <i>other treatment-related issues</i>	-	-	2
(b) Conviction in court	-	18	20
(c) Practice promotion / misleading, unapproved description and announcement	-	8	14
(d) Issuing misleading / false medical certificates	1	8	8
(e) Fee dispute	-	8	12
(f) Failure to maintain proper medical records	-	2	1
(g) Depreciation of other medical practitioners	-	-	2
(h) Improper / indecent behaviour to patients	-	2	2
(i) Sharing fee and improper financial transaction	-	4	1
(j) Mishandling of patient's personal data	-	1	2
(k) Fitness to practise	-	-	1
(l) Miscellaneous	-	5	11
<b>Total:</b>	<b><u>8</u></b>	<b><u>175</u></b>	<b><u>194</u></b>



# Cases referred by the PICs to the Medical Council / inquiry panel in 2023 are classified as follows:

		<u>No. of Cases</u>		
		<u>Deemed PIC</u>	<u>PIC(1)</u>	<u>PIC(2)</u>
<b>(A) Recommended for no disciplinary inquiry</b>		-	15	18
Conviction in court				
• <i>careless driving</i>			15	16
• <i>dangerous driving</i>				1
• <i>riding/driving on a footpath</i>				1
<b>(B) Recommended for disciplinary inquiry</b>				
(a) Conviction in court		-	2	2
• <i>careless driving and using vehicle without insurance</i>			1	
• <i>driving/using an unregistered / unlicensed vehicle and using vehicle without insurance</i>			1	
• <i>misconduct in public office and fraud</i>				1
• <i>riot</i>				1
(b) Disregard of professional responsibility to patients		5	17	13
• <i>conducting unnecessary or inappropriate treatment / surgery</i>	3		6	6
• <i>failure to properly / timely diagnose illness</i>			5	3
• <i>failure / unsatisfactory results of treatment / surgery</i>	2			1
• <i>inappropriate prescription of drugs</i>			5	2
• <i>doctor's unprofessional attitude / ineffective doctor-patient communication</i>			1	1
(c) Issuing misleading / false medical certificates		1	5	2
(d) Practice promotion / misleading, unapproved description and announcement		-	1	7
(e) Sharing fee and improper financial transaction		-	2	1
(f) Miscellaneous		-	2	2
(g) Mishandling of patient's personal data		-	1	2
<b>(C) Recommended for pre-registration inquiry</b>		-	1	-
Conviction in court				
• <i>common assault</i>			1	
<b>Total:</b>		<b>6</b>	<b>46</b>	<b>47</b>

**Table 4a - Work statistics of the deemed PIC of the Medical Council in 2023**

	Quarter				Total
	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	
No. of PIC meetings	2	1	1	2	6
No. of cases concluded	2	3	1	2	8
No. of cases dismissed (%)	0 (0%)	1 (33.3%)	0 (0%)	1 (50%)	2 (25%)
No. of cases referred to the inquiry panel (%)	2 (100%)	2 (66.7%)	1 (100%)	1 (50%)	6 (75%)
No. of cases referred to the Health Committee (%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

**Table 4b - Work statistics of the PIC(1) of the Medical Council in 2023**

	Quarter				Total
	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	
No. of PIC meetings	3	3	3	3	12
No. of cases concluded	41	42	53	39	175
No. of cases dismissed (%)	31 (75.6%)	29 (69%)	35 (66%)	34 (87.2%)	129 (73.7%)
No. of cases referred to the Medical Council / inquiry panel (%)	10 (24.4%)	13 (31%)	18 (34%)	5 (12.8%)	46* (26.3%)
No. of cases referred to the Health Committee (%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

\* Among the 46 cases, 15 cases were of minor nature and the Medical Council accepted the PIC's recommendation that no disciplinary inquiry was to be held (Please see details in Table 3).

**Table 4c - Work statistics of the PIC(2) of the Medical Council in 2023**

	Quarter				Total
	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	
No. of PIC meetings	3	3	3	3	12
No. of cases concluded	51	56	52	35	194
No. of cases dismissed (%)	38 (74.5%)	41 (73.2%)	35 (67.3%)	32 (91.4%)	146 (75.3%)
No. of cases referred to the Medical Council / inquiry panel (%)	13 (25.5%)	14 (25%)	17 (32.7%)	3 (8.6%)	47* (24.2%)
No. of cases referred to the Health Committee (%)	0 (0%)	1 (1.8%)	0 (0%)	0 (0%)	1 (0.5%)

\* Among the 47 cases, 18 cases were of minor nature and the Medical Council accepted the PIC's recommendation that no disciplinary inquiry was to be held (Please see details in Table 3).

**Table 5 - Disciplinary inquiries conducted in 2023**

Nature	No. of cases involved	Decision
<b>(A) Conviction in court</b>		
(a) Common assault	1	Not guilty
(b) Driving a motor vehicle with alcohol concentration in breath above the prescribed limit	1	Warning letter (gazetted)
(c) Indecent assault	1	Removed for 6 months
(d) Manslaughter	1	Removed indefinitely
(e) Taking part in unlawful assembly	1	Removed for 6 months (suspended for 36 months)
<b>Sub-total:</b>	<b>5</b>	
<b>(B) Disregard of professional responsibility to patients</b>	3	Warning letter (not gazetted)
	2	Warning letter (gazetted)
	2	Reprimanded
	1	Removed for 1 month (suspended for 3 months)
	1	Removed for 1 month (suspended for 6 months)
	1	Removed for 1 month (suspended for 12 months)
	1	Removed for 2 months (suspended for 12 months)
	1	1 <sup>st</sup> Defendant Removed for 3 months (suspended for 18 months) 2 <sup>nd</sup> Defendant Not guilty
	1	1 <sup>st</sup> Defendant & 2 <sup>nd</sup> Defendant Removed for 3 months (suspended for 24 months)
	3	Removed for 6 months (suspended for 18 months)
	2	Removed for 6 months (suspended for 24 months)
	1	Removed for 1 month
	1	Removed for 6 months
	1	Not guilty
	2	Disciplinary inquiries to continue in 2024
<b>Sub-total:</b>	<b>23</b>	
<b>(C) Issue misleading forms for applying restraint / medical examination forms in residential care home for the elderly</b>	2	Removed for 1 month (suspended for 6 months)
<b>Sub-total:</b>	<b>2</b>	

Nature	No. of cases involved	Decision
(D) Practice promotion / Misleading, unapproved description and announcement	1	Warning letter (gazetted)
	1	Reprimanded
	1	1 <sup>st</sup> Defendant & 2 <sup>nd</sup> Defendant Removed for 1 month (suspended for 3 months)
	2	Removed for 1 month (suspended for 12 months)
	1	1 <sup>st</sup> Defendant Removed for 3 months (suspended for 24 months) 2 <sup>nd</sup> Defendant Removed for 1 month (suspended for 6 months) 3 <sup>rd</sup> Defendant Removed for 1 month (suspended for 6 months) 4 <sup>th</sup> Defendant Removed for 2 months (suspended for 12 months)
	3	Removed for 2 months
	2	Removed for 4 months
	2	Disciplinary inquiries to continue in 2024
Sub-total:		13
(E) Others	1	Removed for 1 month (suspended for 12 months)
	1	Removed for 6 months
	1	Disciplinary inquiries to continue in 2024
Sub-total:		3
Total:		46

**Table 6 - No. of appeal cases**

	2019	2020	2021	2022	2023
No. of appeals lodged during the year	0	3	3	1	3
No. of appeal cases carried forward from previous years	2	0	3	5	2
<b>Total no. of appeal cases in progress in the year:</b>	<b>2</b>	<b>3</b>	<b>6</b>	<b>6</b>	<b>5</b>

**Results of appeal cases concluded in 2023: 0**

# Results of Elections of the Medical Council

## Medical Members

The Medical Council held its 29<sup>th</sup> election of Medical Council Members to fill three vacancies with vote counting conducted on 16 December 2024. Dr Pierre CHAN and Dr David Christopher LUNG were re-elected by obtaining 2,121 and 1,762 votes respectively. Their term of office as Members of the Medical Council commenced from 24 January 2025 for a period of three years.

## Lay Members

The Medical Council held its 3<sup>rd</sup> election of Lay Council Members to fill three vacancies with vote counting conducted on 22 November 2024. Mr CHAN Wing-kai and Mr LAM Chi-yau were re-elected by obtaining 28 and 24 votes respectively. Ms LEE Yin-han, Yvonne and Mr LAU Kar-wah both received 19 votes. Pursuant to section 28 of the Medical Council (Election and Appointment of Lay Members) Regulation (Cap. 161F), the Secretary of the Medical Council conducted drawing of lots on 22 November 2024 in the presence of the Chairman of the Medical Council to determine which of the two candidates who received the same number of votes was elected. After the drawing of lots, Ms LEE Yin-han, Yvonne was declared to be elected. The term of office of Mr CHAN Wing-kai, Mr LAM Chi-yau and Ms LEE Yin-han, Yvonne as Lay Members of the Medical Council commenced from 21 December 2024 for a period of three years.

## Reminders

### Timely completion of CME

All doctors whose names are included in the Specialist Register (“specialists”) are reminded of the importance of fulfilling the Continuing Medical Education (“CME”) requirement. Undertaking CME activities is not only a professional obligation but also a statutory requirement under section 20L of the Medical Registration Ordinance. Failure to comply with the CME requirement puts their status as specialists at risk and may result in removal of name from the Specialist Register.

In the last CME cycle of 2020-22, cases of specialists failing to comply with the CME requirement in a timely manner have been reported to the Medical Council. As a result, some of these specialists were required to participate in the remedial programme organized by the Hong Kong Academy of Medicine (“the Academy”) in order to make up the deficient CME points. Some others had their names removed from the Specialist Register and could not continue to practise as specialists. The Medical Council noted that in some cases, specialists were found to have failed to comply with the CME requirement because some of the activities they had taken part in could not be recognized as CME activities and the specialists concerned only became aware of it at a late stage.

To ensure compliance with the CME requirements in a timely manner, the Medical Council advises all specialists to make advance planning and closely monitor their progress in accumulating CME points during the 3-year CME cycle through the respective constituent colleges within the Academy. Should there be any enquiries or doubts on whether certain activities could be counted for meeting the CME requirement, they could always approach the respective colleges for advice and assistance.



Ongoing professional development is important in maintaining the high standards of medical practice of individual practitioners. It also has a bearing on the fulfillment of the medical profession's commitment to providing quality healthcare service to the community.

## Reporting of offences punishable with imprisonment

A doctor convicted of any offence punishable with imprisonment is liable to disciplinary proceedings of the Medical Council, regardless of whether he / she is sentenced to imprisonment. Examples of offences punishable with imprisonment are careless driving, crossing continuous double white lines, driving / using an unregistered / unlicensed vehicle, using vehicle without insurance, riding / driving on a footpath, left-driving expressway: restriction on vehicles using the right most lane (by holder of probationary driving licence), riding / possessing bicycle within country park or special area without consent of the Authority, entering part that has been closed within country park, riding as passenger in rear seat of public light bus not securely fastened with seat belt, littering from vehicles (against owner), failing to comply with Buildings Ordinance for not arranging qualified persons to conduct windows inspection/repair, etc.

Members of the profession are reminded that they should report to the Medical Council **within 28 days upon conviction of an offence punishable with imprisonment**, as required under section 29 of the *Code of Professional Conduct* as follows:

*“A doctor who has been convicted in or outside Hong Kong of an offence punishable with imprisonment or has been the subject of adverse findings in disciplinary proceedings by other professional regulatory bodies is required to report the matter to the Council within 28 days from the conviction or the adverse disciplinary finding, even if the matter is under appeal. Failure to report within the specified time will in itself be ground for disciplinary action. In case of doubt the matter should be reported.”*

In reporting conviction cases to the Medical Council, the doctor should provide all relevant document(s) such as the certificate of trial as far as possible. Provision of sufficient information saves the Medical Council from having to make clarification with the doctor and/or liaise with the adjudicating court for retrieval of the related court document(s) and will facilitate the Medical Council in making an earlier decision on whether a disciplinary inquiry on the conviction should be held.

## Change of registered addresses

Under the Medical Registration Ordinance (Cap. 161), a registered medical practitioner is required to provide the Registrar of Medical Practitioners with an address at which notices from the Medical Council may be served on him / her. For this purpose, members of the profession should notify the Registrar of Medical Practitioners by completing the electronic form “Notification of Change of Registered Address” (<https://eform.cefs.gov.hk/form/dh0105/en/>) as soon as there is any change in the registered address.

The address provided will be used for the purposes associated with registration under Cap. 161. The registered addresses as well as the names, registration numbers and other relevant particulars of all persons whose names appear on Part I, III or V of the General Register are required to be published annually in the Gazette. Although a registered address may be a practising address, a residential address or a Post Office Box number, the Medical Council advises that **practising address** be provided as registered address. The practising address will be of more meaningful reference for the public in ascertaining who is entitled to practise medicine in Hong Kong, and will also afford privacy to the practitioner's residential address.

While publication of a registered medical practitioner's registered address in the Gazette is a mandatory requirement under Cap. 161, the Medical Council has decided that a registered medical practitioner may choose whether to have his / her registered address published on the Medical Council's website. The list of registered medical practitioners on the Medical Council's website will be updated on a monthly basis.

## Requirement for Storage of Dangerous Drugs in Clinics by Registered Medical Practitioners

Members of the profession are reminded to comply with the storage requirement stipulated in Part IV of the Dangerous Drugs Ordinance (Cap. 134). According to section 23 of Cap. 134, every dangerous drug, other than a preparation specified in Part II of the First Schedule, in the actual custody of a person authorized by section 22 to be in possession thereof shall, except when the necessities of the practice or exercise of the profession, function or employment by virtue of which that person is so authorized otherwise require, be kept in a **locked receptacle** which can be opened only by him or by some other person authorized by that section to be in possession of the dangerous drug.

For details, please refer to the relevant provisions in Cap. 134 (<https://www.elegislation.gov.hk/hk/cap134>).

## Specification of Address of the Patient in Prescriptions

Section 9(3)(c) under Part 2 "Additional Restrictions on the Sale of Poisons" of the Pharmacy and Poisons Regulations (Cap. 138A) made under the Pharmacy and Poisons Ordinance (Cap. 138) states that a prescription given by a registered medical practitioner shall specify the name and **address\*** of the person for whose treatment it is given.

Members of the profession are reminded of the relevant statutory requirement when issuing prescriptions to their patients. For details, please refer to the relevant provisions in the Pharmacy and Poisons Regulations (<https://www.elegislation.gov.hk/hk/cap138A>).

*\*Remarks: Email address of a patient is unlikely to be acceptable for this purpose. In case of doubt, members of profession should consult their own lawyers.*



# Membership Lists (as at 31 December 2024)

The Medical Council of Hong Kong	
Prof. TANG Wai-king, Grace, SBS, JP (Chairman) (鄧惠瓊教授)	
Mrs BIRCH LEE Suk-yee, Sandra, GBS, JP (李淑儀女士)	Dr LAM Man-kin, Ronald, JP (林文健醫生)
Prof. CHAN Ka-leung, Francis, SBS, JP (陳家亮教授)	Miss Queenie Fiona LAU, SC (劉恩沛女士)
Dr Pierre CHAN (陳沛然醫生)	Dr LEE Wai-hung, Danny (李偉雄醫生)
Mr CHAN Wing-kai (陳永佳先生)	Ms LEE Yin-han, Yvonne (李燕嫻女士)
Dr CHAN Yee-shing (陳以誠醫生)	Prof. LIANG Hin-suen, Raymond, SBS, JP (梁憲孫教授)
Dr CHENG Chi-man (鄭志文醫生)	Dr LING Siu-chi, Tony (凌霄志醫生)
Dr CHEUNG Chin-pang (張展鵬醫生)	Ms LIU Lai-yun, Amanda (廖麗茵女士)
Dr CHOI Kin, Gabriel (蔡堅醫生)	Dr David Christopher LUNG, MH (龍振邦醫生)
Dr CHOW Wing-sun (周榮新醫生)	Dr MAK Siu-king (麥肇敬醫生)
Dr CHOW Yu-fat (周雨發醫生)	Dr Marcus Mitchell MARCET (馬思特醫生)
Dr CHUNG Kin-lai (鍾健禮醫生)	Dr SO Yui-chi (蘇睿智醫生)
Prof. FOK Tai-fai, SBS, JP (霍泰輝教授)	Prof. WONG Chi-sang, Martin (黃至生教授)
Ms FUNG Dun-mi, Amy, MH, JP (馮丹媚女士)	Mr WONG Hin-wing, Simon, MH, JP (黃顯榮先生)
Dr HO Hung-kwong, Duncan (何鴻光醫生)	Dr YEUNG Hip-wo, Victor (楊協和醫生)
Dr HO Pak-leung, JP (何栢良醫生)	Secretary : Ms Catherine WONG (黃慧儀女士)
Dr IP Wing-yuk (葉永玉醫生)	Legal Advisers : Mr Edward SHUM (岑炳生先生)
Mr LAM Chi-yau (林志韜先生)	Mr Stanley NG (吳焯軍先生)

## Education and Accreditation Committee

Dr LEE Wai-hung, Danny (Chairman)  
(李偉雄醫生)

Prof. CHAN Ka-leung, Francis, SBS, JP  
(陳家亮教授)

Dr CHONG King-yee  
(莊勁怡醫生)

Dr CHUNG Kin-lai  
(鍾健禮醫生)

Prof. LAM Hung-san, Hugh Simon  
(林鴻生教授)

Prof. LAM Lo-ken, Cindy, MH, JP  
(林露娟教授)

Dr LAU Kui-kai, Gary  
(劉巨基醫生)

Dr LEE Pui-wah, Pamela  
(李珮華醫生)

Dr MAK Siu-king  
(麥肇敬醫生)

Dr SUN Tin-fung, David  
(孫天峯醫生)

Prof. WONG Chi-sang, Martin  
(黃至生教授)

Prof. WONG Yeung-shan, Samuel  
(黃仰山教授)

Dr WU Wing-yee, Clara  
(胡詠儀醫生)

Secretary : Mr Patrick WONG  
(黃旭東先生)

Legal Adviser : Mr Edward SHUM  
(岑炳生先生)



## Ethics Committee

Dr YEUNG Hip-wo, Victor (Chairman)  
(楊協和醫生)

Dr CHAN Nim-tak, Douglas  
(陳念德醫生)

Dr Pierre CHAN  
(陳沛然醫生)

Dr CHAN Tsz-tai  
(陳子泰醫生)

Dr CHOW Wing-sun  
(周榮新醫生)

Dr CHOY Chung-ming, Eric  
(蔡中銘醫生)

Dr HO Hung-kwong, Duncan  
(何鴻光醫生)

Ms HUI Mei-sheung, Tennessy, MH, JP  
(許美嫦女士)

Mr LAM Chi-yau  
(林志紬先生)

Dr LING Siu-chi, Tony  
(凌霄志醫生)

Mr MA Siu-leung, BBS, MH  
(馬紹良先生)

Dr TSE Chun-yan, MH  
(謝俊仁醫生)

Secretary : Mr William CHOW  
(周志成先生)

Legal Adviser : Mr Edward SHUM  
(岑炳生先生)

## Health Committee

Dr CHOW Yu-fat (Chairman)  
(周雨發醫生)

Mr CHAN Wing-kai  
(陳永佳先生)

Dr CHAN Yee-shing  
(陳以誠醫生)

Dr CHAU Wai-ho, Steven  
(周偉浩醫生)

Prof. CHEUNG Chi-wai  
(張志偉教授)

Dr CHICK Wai-keung  
(戚偉強醫生)

Dr HO Pak-leung, JP  
(何栢良醫生)

Dr KWOK Ching-yee  
(郭靜儀醫生)

Mr LAI Kwan-ho, Raymond  
(賴君豪先生)

Dr LAI Wing-him  
(黎榮謙醫生)

Dr LEE Siu-yin, Ruby, JP  
(李兆妍醫生)

Dr TSANG Kay-yan  
(曾祈殷醫生)

Secretary : Ms Maria CHOW  
(周群英女士)

Legal Adviser : Mr Edward SHUM  
(岑炳生先生)

## Licentiate Committee

Dr CHOI Kin, Gabriel (Chairman)  
( 蔡堅醫生 )

Dr CHAN Kwok-ki, MH, JP  
( 陳國基醫生 )

Dr CHAN Wai-man, Mandy  
( 陳慧敏醫生 )

Dr CO Tiong-hong, Michael  
( 許長峯醫生 )

Prof. KONG Pik-shan, Alice  
( 江碧珊教授 )

Prof. LEE Ho-fun, Victor  
( 李浩勳教授 )

Dr LEUNG Ching-kan, Jackie  
( 梁靜勤醫生 )

Dr LEUNG Sze-lee  
( 梁士莉醫生 )

Prof. LEUNG Wai-hong, Thomas  
( 梁慧康教授 )

Dr TANG Yiu-hang, Simon  
( 鄧耀鏗醫生 )

Secretary : Ms Daphne LEUNG  
( 梁婉儀女士 )

Legal Adviser : Mr Edward SHUM  
( 岑炳生先生 )

## Deemed Preliminary Investigation Committee

Prof. FOK Tai-fai, SBS, JP (Chairman)  
( 霍泰輝教授 )

Dr IP Wing-yuk (Deputy Chairman)  
( 葉永玉醫生 )

Mrs BIRCH LEE Suk-yee, Sandra, GBS, JP \*  
( 李淑儀女士 )

Dr CHAN Kam-hoi  
( 陳金海醫生 )

Dr FOO Kam-so, Stephen  
( 傅鑑蘇醫生 )

Ms FUNG Dun-mi, Amy, MH, JP \*  
( 馮丹媚女士 )

Miss Queenie Fiona LAU, SC \*  
( 劉恩沛女士 )

Dr NG Kwok-keung, JP  
( 吳國強醫生 )

Dr Raymond TSO  
( 曹忠豪醫生 )

Mr WONG Hin-wing, Simon, MH, JP \*  
( 黃顯榮先生 )

Secretary : Miss Rosita TAM  
( 譚淑華女士 )

\* serving on a rotation basis, each for a period of three months



## Preliminary Investigation Committee (1)

Dr CHENG Chi-man (Chairman)  
(鄭志文醫生)

Dr HAU Kai-ching (Deputy Chairman)  
(侯佳禎醫生)

Mr CHAN Wing-kai  
(陳永佳先生)

Ms CHUI Hoi-yee, Heidi  
(徐凱怡女士)

Dr CHEUNG Chin-pang  
(張展鵬醫生)

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(林浩恩先生)

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