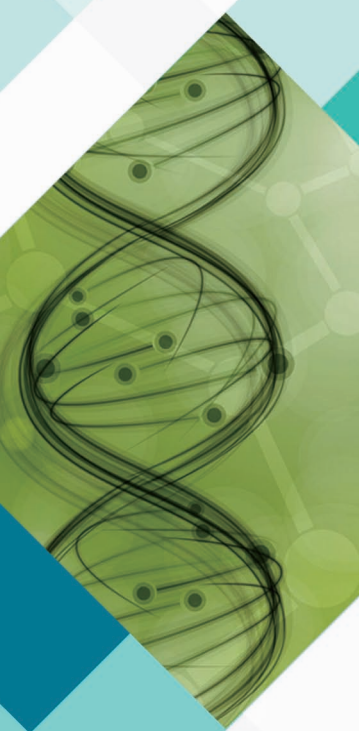




THE MEDICAL COUNCIL
OF HONG KONG

Annual Report 2016

Ensuring Justice
Maintaining Professionalism
Protecting the Public



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Preface

This annual report, covering the period from 1 January to 31 December 2016, is the 22nd report published by the Medical Council of Hong Kong (the Council). Through this publication, the Council aims to keep members of the profession as well as the public better informed of the functions and work of the Council during the year.

It should be noted that this report is intended for general information only and certain functions of the Council have accordingly been simplified and/or presented in the form of an information document. For details of the statutory functions of the Council and its subsidiary bodies, readers should refer to the Medical Registration Ordinance, Cap. 161, Laws of Hong Kong, and its subsidiary legislation.

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1. Introduction

- 1.1 The Medical Council of Hong Kong (the Council) is empowered under the Medical Registration Ordinance to handle registration and disciplinary regulation of medical practitioners in Hong Kong. To assist in carrying out these functions, the Council Secretariat, which is staffed by the Department of Health, provides executive and secretarial support to the Council. Apart from conducting policy and committee meetings, the Council had processed, with the support of the Secretariat, for the year 2016 –
- (a) 524 applications to take various parts of the Licensing Examination, the passing of which shows the achievement of a standard acceptable for registration as a medical practitioner;
 - (b) 1 013 applications for registration (including 379 applications for full registration, 380 applications for provisional registration, 168 applications for limited registration, and 86 applications for temporary registration);
 - (c) 315 applications for specialist registration;
 - (d) 13 525 renewals of annual practising/retention certificates; and
 - (e) 628 disciplinary complaints.
- 1.2 2016 was a very busy year for the Council. This is evident from the statistics in this report, in particular, the large number of disciplinary complaints. To ensure compliance with professional ethics and facilitate experience sharing, guidelines on specific topics relating to medical practice/management were issued for the reference of medical practitioners through the Council's newsletter.

2. Membership of the Medical Council and the General Election held in 2016

2.1 The Council comprises 24 medical practitioners and 4 lay members. The composition of the Council is as follows –

- (a) 2 registered medical practitioners nominated respectively by –
 - Director of Health;
 - University of Hong Kong;
 - The Chinese University of Hong Kong;
 - Hospital Authority;
 - Hong Kong Academy of Medicine;
- (b) 7 registered medical practitioners nominated and elected by the Hong Kong Medical Association;
- (c) 7 registered medical practitioners who are ordinarily resident in Hong Kong elected by all registered medical practitioners; and
- (d) 4 lay members.

The Director of Health is the ex-officio Registrar of Medical Practitioners.

2.2 The membership of the Council (as at 31 December 2016) was as follows –

Professor LAU Wan-yee, Joseph, SBS (Chairman)

Dr CHAN Hon-yee, Constance, JP

Dr Hon Pierre CHAN (from 24 January 2016 onwards)

Miss CHAU Man-ki, Mabel, MH

Dr CHENG Chi-man

Dr CHEUNG Hon-ming

Dr CHEUNG Tak-hong, JP

Dr CHOI Kin, Gabriel

Dr CHOW Pak-chin, BBS, JP

Ms CHOY Hok-man, Constance

Professor FOK Tai-fai, SBS, JP

Dr HO Chung-ping, MH, JP

Dr HO Hung-kwong, Duncan

Dr HO Pak-leung, JP

Dr HUNG Se-fong, BBS

Dr IP Wing-yuk
Dr LAI Kit-lim, Cindy, JP
Dr LAM Tzit-yuen, David
Dr LAU Chor-chiu, GMSM, MH, JP
Ms LAU Wai-yee, Monita
Dr LEUNG Chi-chiu
Dr LI Tak-lai, Theresa
Professor Felice LIEH-MAK, GBS, CBE, JP
Professor TANG Wai-king, Grace, SBS, JP
Dr TSE Hung-hing, JP
Dr TUNG Sau-ying, Nancy, MH
Dr WONG Yee-him, John
Mr YU Kwok-kuen, Harry

The Council's Legal Adviser is Mr SHUM Ping-sang, Edward and its Secretary is Ms LAI Yuk-wan, Lisa.

- 2.3 Dr CHEUNG Tak-hong, JP was re-elected while Dr Hon Pierre CHAN was elected as members of the Council for a period of 3 years with effect from 24 January 2016 in the 20th election of the Council conducted on 16 December 2015.
- 2.4 Dr CHOW Pak-chin, BBS, JP and Dr IP Wing-yuk were re-elected as members of the Council for a period of 3 years with effect from 24 January 2016 by the Hong Kong Medical Association.
- 2.5 The 21st election of the Council was conducted on 14 December 2016 to fill 2 vacancies for a period of 3 years with effect from 24 January 2017. The election exercise was carried out smoothly. Dr CHOI Kin, Gabriel and Dr HO Pak-leung, JP, with the highest number of votes, were declared to be re-elected.

3. The Preliminary Investigation Committee and Disciplinary Proceedings

- 3.1 The Council's jurisdiction over the professional conduct of registered medical practitioners is laid down in the Medical Registration Ordinance (MRO) and the Medical Practitioners (Registration and Disciplinary Procedure) Regulation.
- 3.2 The situations that give rise to disciplinary proceedings include where a registered medical practitioner has been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment or where there is evidence that a registered medical practitioner has been guilty of misconduct in a professional respect.
- 3.3 For the purpose of giving general guidance to registered medical practitioners as to what may commonly constitute professional misconduct, the Council has published a Code of Professional Conduct (the Code) (revised in January 2016), and each registered medical practitioner has been given a personal copy of the Code.
- 3.4 The Preliminary Investigation Committee (PIC) is established by the Council to perform the following functions –
- (a) to make preliminary investigations into complaints or information touching any matter that may be inquired into by the Council or heard by the Health Committee (HC) and to give advice on the matter to any registered medical practitioner;
 - (b) to make recommendations to the Council for the holding of an inquiry under section 21 of the MRO;
 - (c) to make recommendations to the HC for conducting a hearing; and
 - (d) to make preliminary investigations upon a referral by the Education and Accreditation Committee.
- 3.5 The PIC comprises 7 members including 1 of the 4 lay members of the Council. The Chairman of the PIC is assisted by a Deputy Chairman, both of them being elected by the Council from among its members. The membership of the PIC (as at 31 December 2016) was as follows –

Dr CHEUNG Tak-hong, JP (Chairman) (from 1 June 2016 onwards)

Professor FOK Tai-fai, SBS, JP (Deputy Chairman)

Dr CHEUNG Fuk-chi, Eric

Dr FOO Kam-so, Stephen

Dr LEE Siu-yin, Ruby, JP

Dr PONG Chiu-fai, Jeff
Miss CHAU Man-ki, Mabel, MH *
Ms CHOY Hok-man, Constance *
Ms LAU Wai-yee, Monita *
Mr YU Kwok-kuen, Harry *

* serving on rotation basis, each for a period of 3 months

3.6 Complaints against registered medical practitioners touching on matters of professional misconduct are normally either lodged with the Council by individuals or referred to the Council by other bodies such as the Hong Kong Police Force, the Independent Commission Against Corruption and the press. In accordance with the established procedures, complaints will be processed through part or all of the following 3 stages –

- (a) Consideration by the Chairman and the Deputy Chairman to determine whether a complaint should be deliberated at PIC meeting or be referred to the HC for consideration. For those complaints which are considered groundless, frivolous or not pursuable, and therefore cannot or should not proceed further, the Chairman and the Deputy Chairman will consult the lay member of the PIC before a decision is made to dismiss the complaints.
- (b) Examination at the PIC of the complaint as well as the explanation of the registered medical practitioner(s) concerned, and decision as to whether or not there is a prima-facie case to refer it to the Council for a formal inquiry.
- (c) Inquiry by the Council to hear the evidence from both the complainant and the defending registered medical practitioner(s).

3.7 At any meeting of the Council held for the purpose of an inquiry, either –

- (a) 5 members of the Council; or
- (b) not less than 3 members of the Council and 2 assessors, on a rotational basis, from the panel of assessors,

at least one of whom shall be a lay member but subject to the majority being registered medical practitioners, shall be a quorum. The membership of the panel of assessors (as at 31 December 2016) was as follows –

Professor CHAN Anthony Tak-cheung
Ms HUI Mei-sheung, Tennessy, MH, JP



Dr KHOO Lai-san, Jennifer
Dr KONG Wing-ming, Henry
Mr KWONG Cho-shing, Antonio, MH
Dr KWONG Kwok-wai, Heston, JP
Professor KWONG Yok-lam
Dr LAI Sik-to, Thomas
Dr MOK Pik-tim, Francis
Mr POON Yiu-kin, Samuel
Professor TAN Choon-beng, Kathryn
Dr TONG Fu-man (from 5 September 2016 onwards)
Professor WING Yun-kwok
Mr WONG Hin-wing

- 3.8 In 2016, the Council processed a total of 628 complaints. [Table 1](#) shows the nature of complaints. Comparative figures for the years of 2012 to 2016 are shown in the same table. As the figures show, the number of disciplinary cases received by the Council had maintained at a high level in recent years. The category of “disregard of professional responsibility to patients” mainly included cases on conducting unnecessary or inappropriate treatment/surgery, failure/unsatisfactory result of treatment/surgery, failure to properly/timely diagnose illness, disagreement with doctor’s medical opinion and inappropriate prescription of drugs.
- 3.9 In 2016, the PIC Chairman considered all the 628 cases received. Of these, 23 cases were dismissed jointly by the Chairman and the Deputy Chairman in consultation with the lay member of the PIC as being frivolous or groundless. [Table 2](#) shows the nature of these complaints. Another 5 cases could not be pursued further because the complainants failed to provide further information or statutory declaration, or the complaints were anonymous or withdrawn. A total of 210 cases were referred to the PIC for consideration and out of which, 2 cases were subsequently referred to the Council for no inquiry. No decision has yet been reached on the remaining 390 cases for which further information is required.
- 3.10 [Table 3](#) shows the decisions of the PIC on the cases considered. In 2016, a total of 154 cases were considered by the PIC, including complaint cases received in 2016 or before.

- 3.11 **Table 4** gives a closer look into the PIC's work in 2016. A total of 12 meetings were held to consider the 154 cases. Of these 154 cases, 58 were dismissed by the PIC, 57 were referred to the Council for inquiry, 38 were referred to the Council for no inquiry, and 1 case was held in abeyance. At each PIC meeting, the presence of a lay member is mandatory.
- 3.12 The majority of complaints did not reach the inquiry stage. They were dismissed either because they were groundless, frivolous or related to allegations which did not constitute professional misconduct. As a considerable number of these complaints were related to doctors' communication skills and attitude falling short of the expectation of the patients, the PIC has since December 2012 adopted a practice of informing the doctors concerned of the dismissed complaints for their attention and improvement. Some of the complaints could not be pursued further due to the lack of supporting evidence, withdrawal of the complaints by the complainants or the complainants being unwilling to testify. There were also some complaints which in fact touched on civil claims of professional negligence or compensation. These cases should be dealt with in civil proceedings or the Small Claims Tribunal and the complainants were so advised accordingly.
- 3.13 In an inquiry, the defendant doctor is normally legally represented. The Secretary of the Council, who is normally represented by a Government Counsel of the Department of Justice, is responsible for presenting evidence to substantiate the disciplinary charges, including for example the calling of the complainant as the prosecution's witness. Hence, the complainant seldom needs to engage his or her own lawyer to present the case in a disciplinary inquiry.
- 3.14 To deal with any legal issues raised at disciplinary inquiries, the Council is assisted throughout the hearing by its own Legal Adviser.
- 3.15 In the case *Medical Council of Hong Kong v Helen Chan* (FACV 13/2009), the Court of Final Appeal in May 2010 held that the Legal Adviser's (i) presence at the Council's private deliberations and (ii) drafting of the Council's decisions in disciplinary inquiries not only are lawful, but also contribute to safeguarding the defendant's constitutional right to hearing by a competent, independent and impartial tribunal. In view of the Court of Final Appeal's decision, the Council decided in June 2010 to resume the former practice of inviting the Legal Adviser (i) to be present during the Council's deliberations in disciplinary inquiries and (ii) to draft the Council's judgments on the basis of the Council's decisions, findings and reasoning.

- 3.16 The Legal Adviser does not take part in the Council's deliberations or decision-making. He only gives legal advice to the Council, and will inform the parties of any legal advice given during the Council's private deliberations. He will also draft the judgment on the basis of the Council's decisions, findings and reasoning. The Council will thoroughly scrutinize the draft and modify it where necessary in order to ensure that the judgment says what the Council means.
- 3.17 It should also be stressed that, before any registered medical practitioner is found guilty of any disciplinary offence, the offence has to be proved to the required standard by the evidence put before the Council. The standard of proof which applies in each case has to be commensurate with the gravity of the offence charged.
- 3.18 If a registered medical practitioner is found guilty of a disciplinary offence after an inquiry, he will face one of the following disciplinary sanctions –
- Removal from the General or Specialist Register;
 - Removal from the General or Specialist Register for such period as the Council may think fit;
 - Reprimand;
 - Suspended application of any of the above for a period not exceeding 3 years, subject to any conditions the Council may think fit; or
 - Warning letter.
- 3.19 **Table 5** shows the number of disciplinary inquiries conducted by the Council in 2016. A total of 26 cases (including 4 cases to be continued in 2017) were heard in the year of 2016. In 19 of the 22 completed cases (86.4%), the Council found the registered medical practitioners concerned guilty. The more prominent cases were related to the registered medical practitioners' disregard of professional responsibilities to patients.
- 3.20 A registered medical practitioner aggrieved by the disciplinary order of the Council has a right in law to appeal to the Court of Appeal. **Table 6** shows the number of appeals against the Council's orders in the 5 years from 2012 to 2016. No appeal was lodged with the Court of Appeal in 2016.

New measures on the process of complaints at the Preliminary Investigation Stage

- 3.21 Section 9 of the Medical Practitioners (Registration and Disciplinary Procedure) Regulation states that unless a complaint case is found to be frivolous or groundless and should not proceed further or is referred to the HC for a hearing, it is mandatory for the Chairman or the Deputy Chairman of the PIC to direct that the case be referred to the PIC for its consideration (i.e. stage (b) stated in paragraph 3.6 above).
- 3.22 In the past, when a complaint case proceeded into the PIC stage, the doctor under complaint would be notified of the receipt of the complaint by way of a PIC Notice. He or she would be invited to make representation, if any, to the particulars of complaint stated in the PIC Notice before the PIC met to discuss the case concerned. Following the comments of the judge in *Law Yiu Wai Ray v Medical Council of Hong Kong* (HCAL 46/2015), refined measures have been adopted with regard to the process of complaint cases at PIC stage.
- 3.23 Specifically, the doctor under complaint will be notified of the receipt of the complaint by the PIC and be provided a copy of such letter of complaint. The doctor of complaint will be informed that the PIC will meet for the first time to consider the complaint. However, he or she is not required to give any explanation at this stage. At the first meeting to consider a complaint case, the PIC may either dismiss the complaint case or decide to seek explanation/clarification from the doctor under complaint to facilitate the making of a decision¹ on the complaint case. In the latter scenario, the PIC will inform the doctor under complaint the allegations or disciplinary charges against him/her (if any) and invite him or her to provide a written explanation in response. The above new measures aim at expediting process of complaint case by streamlining the procedures so involved and keeping it in compliance with the law. It is hoped that the new measures will assure and promote the professional competency of doctors in Hong Kong and uphold our principle of professional self-regulation.
- 3.24 By a letter dated 30 September 2016 and the 23rd issue of the Council's newsletter of December 2016, the Council informed the medical profession of the above new measures.

1 The duty of the PIC is to decide only whether a complaint case should be referred to the Council for inquiry. It is not empowered to pass judgment or sentence.

4. *The Licentiate Committee and the Licensing Examination of Medical Council*

- 4.1 The Licentiate Committee (LC) established by the Council is responsible for administering and running the Licensing Examination for non-local medical graduates. It is also responsible for the assessment of interns during the period of supervised training.
- 4.2 The Licensing Examination was introduced to replace the Licentiate Scheme with effect from 1 September 1996. Upon passing the examination and completion of the prescribed period of internship, a person will be qualified for full registration as a registered medical practitioner.
- 4.3 The Licensing Examination is held twice annually starting from 2014 and it consists of 3 parts –

Part I

Examination in Professional Knowledge — consisting of 2 multiple-choice question papers, set in both Chinese and English, on professional subjects including medicine, surgery, orthopaedic surgery, paediatrics, obstetrics and gynaecology, psychiatry, medical ethics/community medicine and basic sciences.

Part II

Proficiency Test in Medical English — a written professional English paper to test candidates' proficiency in medical English.

Part III

Clinical Examination — an examination to test candidates' ability to apply professional knowledge to solve clinical problems, in which candidates will be examined in medicine, surgery (including cases on orthopaedic surgery), obstetrics and gynaecology, and paediatrics. Candidates may answer in English, Cantonese or Putonghua.

- 4.4 Candidates who have passed all 3 parts of the Licensing Examination will normally be required to undergo a 12-month internship training programme in hospitals accredited by the Committee of Internship of the Hospital Authority. During this period, an intern will work under supervision in the following disciplines –
- medicine
 - surgery
 - orthopaedics and traumatology
 - obstetrics and gynaecology
 - paediatrics
 - geriatrics
 - psychiatry

4.5 The membership of the LC (as at 31 December 2016) was as follows –

Dr CHEUNG Hon-ming (Chairman)

Dr AU Kit-sing, Derrick

Dr CHAN Kit-sheung

Dr CHAN Ming-wai, Angus

Dr CHEUNG Wai-lun, JP

Dr LAM Man-kin, Ronald, JP (from 7 September 2016 onwards)

Professor LAU Yu-lung

Professor LEUNG Wai-keung

Professor NG Kwok-wai, Enders

Professor WONG Ka-sing, Lawrence

4.6 To discharge the respective functions of the LC, a total of 5 Sub-Committees have been set up –

(a) Examination Sub-Committee

- responsible for conducting the Licensing Examination and certifying passes and failures in the examination
- the membership (as at 31 December 2016) was as follows –

Professor WONG Ka-sing, Lawrence (Chairman)

Dr CHAN Kar-loen, Karen

Professor CHEUNG Yiu-fai

Professor CHIU Kwong-yuen, Peter

Professor KHOO Ui-soon

Professor LAI Bo-san, Paul

Dr LAM Man-kin, Ronald, JP (from 7 September 2016 onwards)

Dr LEUNG Ka-kit, Gilberto

Professor LEUNG Tak-yeung

Professor LI Albert Martin

Professor NG Kwok-wai, Enders

Professor SZETO Cheuk-chun

Professor YUEN Man-fung

Professor YUNG Shu-hang, Patrick

(b) Internship Sub-Committee

- responsible for the assessment and supervision of interns during the period of supervised training
- the membership (as at 31 December 2016) was as follows –

Professor LAU Yu-lung (Chairman)

Professor CHAN Chi-fung, Godfrey

Professor CHAN Ka-leung, JP

Professor CHAN See-ching

Dr CHAN Siu-mui, Tina

Professor CHIM Chor-sang, James

Professor CHUNG Kwok-hung, Tony

Dr HO Yuen-ha, Sara (from 13 December 2016 onwards)

Professor KUMTA Shekhar Madhukar

Professor LAI Bo-san, Paul

Professor LAU Chak-sing, Wallace

Professor NG Hung-yu, Ernest

Professor NG Kwok-wai, Enders

Professor NG Pak-cheung

Dr YAU Wai-pan

(c) Credentials Sub-Committee

- responsible for considering and determining the eligibility of the applicants for sitting the Licensing Examination
- the membership (as at 31 December 2016) was as follows –

Professor LEUNG Wai-keung (Chairman)

Professor CHAN Lik-yuen, Henry

Dr CHEUNG Hon-ming

Dr CHIANG Kwok-shing, Alan

Dr CHUNG Wai-hung, Thomas

Dr IP Wing-yuk

Professor LAM Chiu-wa, Linda

Dr MAN Chi-yin

Dr WONG Tin-chun, Gordon

(d) Exemptions Sub-Committee

- responsible for considering and determining applications for exemption from various parts of the Licensing Examination and part of the internship training
- the membership (as at 31 December 2016) was as follows –

Professor NG Kwok-wai, Enders (Chairman)

Dr CHAN Yiu-che

Dr CHOI Mei-yee, Sarah, JP

Dr KWOK Tin-fook

Dr LAU Ip-tim

Professor LAU Yu-lung

Professor LEUNG Ting-fan

Professor LEUNG Wai-keung

Professor WONG Ka-sing, Lawrence

(e) Review Sub-Committee

- responsible for considering and determining applications for review from candidates aggrieved by the decisions of other sub-committees regarding the examination and/or internship training
- the membership (as at 31 December 2016) was as follows –

Mr Erik SHUM (Chairman)

Dr CHENG Man-yung

Professor Leung Yu-hung, Anskar

Professor LI Albert Martin

Dr LI Mun-pik, Teresa

Dr WAT Ming-sun, Nelson

- 4.7 Apart from the LC and its Sub-Committees which oversee the overall operation of the Licensing Examination, the administrative and operational work of the examination are also shouldered by The Chinese University of Hong Kong (CUHK) and the University of Hong Kong (HKU). CUHK and HKU assist in the planning, implementation and administration and final delivery of the Licensing Examination with the support of the Hospital Authority in providing examiners, patients, venues, facilities and logistics. They also provide chief examiners for all parts of the Licensing Examination and invite overseas/external examiners for the Clinical Examination to ensure the quality and standard of the examination. The overseas/external examiners appointed for the Clinical Examination of the Licensing Examination held in 2016 were as follows –

<u>Subject</u>	<u>First Sitting</u>	<u>Second Sitting</u>
Medicine	Professor Richard Holmes HOLLOWAY	Professor Matthew WALTERS
Obstetrics and Gynaecology	Professor Richard EDMONDSON	Dr Jan Mairi Boyd GRACE
Paediatrics	Professor WANG Jiu-yao	Professor LEE Way-seah
Surgery	Professor Peter FRIEND	Professor Mitsuru SASAKO

- 4.8 Details of the results of the Licensing Examination since 1996 are shown in [Table 7](#).
- 4.9 Starting from 2014, the number of sittings of the Licensing Examination has been increased from 1 to 2 per annum. The number of candidates sitting the Licensing Examination is on the rise. Compared with 2011, the total number of candidates sitting Parts I, II and III of the 2 sittings of the 2016 Licensing Examination has been increased by 33%, 80% and 74% respectively over the past 5 years.
- 4.10 To attract more non-locally trained doctors to serve in Hong Kong, the Council has relaxed the requirements on the period of internship assessment. Applicants who have passed the Licensing Examination and have a specialist qualification may apply to the Council for exemption from internship assessment of the relevant specialty. Under this arrangement, the period of internship assessment can be shortened from 1 year to half year. This arrangement is applicable to those who start their internship assessment on or after 1 January 2016.

5. The Education and Accreditation Committee

5.1 The Education and Accreditation Committee (EAC) is established by 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;
- (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 EAC (as at 31 December 2016) was as follows –

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

Professor CHAN Anthony Tak-cheung

Dr CHAN Man-chung, JP

Professor CHEUNG Yiu-fai

Dr HO Chung-ping, MH, JP

Dr IP Wing-yuk

Dr LAM Tzit-yuen, David

Professor LAU Chak-sing

Professor LAW Ying-kit, Simon


Dr LI Kai-ming (from 5 October 2016 onwards)

Dr LI Tak-lai, Theresa (from 12 July 2016 onwards)

Dr LUK Hung-to, Danny

Professor WING Yun-kwok

Dr YU Cissy, MH

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- 5.3 The Specialist Register was established in 1998 to provide for specialist registration of registered medical practitioners qualified in various specialties. There were 58 specialties as at 31 December 2016. On the recommendation of the EAC, the Council approved 315 applications of registered medical practitioners for inclusion of their names in the Specialist Register in 2016.
- 5.4 The Council strives to encourage registered medical practitioners to undergo continuous medical education (CME) to keep themselves up-to-date on current developments in medical practice, so as to maintain a high professional standard and to protect the public. While it is a statutory requirement for specialists to undergo such CME relevant to their specialties as determined by the HKAM, the Council has implemented the voluntary “CME Programme for Practising Doctors who are not taking CME Programme for Specialists” (the Programme) since 1 October 2001. As at 31 December 2016, there were over 2 500 medical practitioners whose names were not included in the Specialist Register participating in the Programme.
- 5.5 Under the Programme, participating medical practitioners who have accumulated 30 or more CME points in a year within the 3-year CME cycle will be awarded a CME certificate to certify that they have achieved a satisfactory level of CME activity during that particular period. The CME certificate can be displayed inside the medical practitioner’s clinic. Since the implementation of the Programme and up to 31 December 2016, the Council had, on the recommendation of the EAC, issued 22 159 CME certificates to the participating medical practitioners.
- 5.6 Besides, participating medical practitioners who have acquired 90 or more CME points in a CME cycle will be given approval to use the title “CME-Certified” on their visiting cards during the immediately following CME cycle. As at 31 December 2016, there were 1 268 medical practitioners holding valid “CME-Certified” title.
- 5.7 In 2016, the EAC conducted its 5th triennial review of the Programme for the purpose of assessing the suitability of the Programme Providers, Administrators and Accreditors for re-appointment. On the recommendation of the EAC, the Council re-appointed the following organisations for another term of 3 years with effect from 1 January 2017 –

CME Programme Providers

- (i) Association of Licentiates of the Medical Council of Hong Kong
- (ii) Department of Health (DH)
- (iii) Hong Kong Academy of Medicine (HKAM)
- (iv) Hong Kong Doctors Union (HKDU)
- (v) Hong Kong Medical Association (HKMA)
- (vi) Hospital Authority (HA)

- (vii) The Chinese University of Hong Kong (CUHK)
- (viii) University of Hong Kong (HKU)


CME Programme Administrators

- (i) DH
- (ii) HKAM
- (iii) HKDU
- (iv) HKMA

CME Programme Accreditors

- (i) HKAM
- (ii) HKDU
- (iii) HKMA

- 5.8 The Council will keep the Programme under constant review and will liaise closely with the CME Programme Providers for providing more CME activities and for facilitating participation in the activities, say by the provision of more online CME.
- 5.9 The EAC is also responsible for scrutinizing applications for quotability of qualifications and recommending to the Council whether a particular qualification may be quoted on signboards, letterheads and visiting cards, etc.. In 2016, the Council considered the recommendations of the EAC on a total of 13 qualifications. Of these 13 qualifications, 5 were regarded as having fulfilled the prevailing guidelines and were included in the “List of Quotable Qualifications” with the endorsement of the Council.
- 5.10 The “Rules on Quotable Appointments” (QA Rules) and the “Guidelines on Quotability of Appointments by Private Hospitals, Nursing Homes, Maternity Homes and Medical Clinics” were implemented by the Council with effect from 1 December 2014. Under the QA Rules, appointments made by HA, CUHK, HKU and DH are quotable by registered medical practitioners in their medical practice. As for a private hospital, nursing home, maternity home or medical clinic, it has to satisfy the Council that it has an established and objective system of offering appointments which is acceptable to the Council before its appointments are quotable. The names of the 13 institutions with their appointment systems accepted by the Council and their approved quotable appointments have been included in the “List of Quotable Appointments by Private Hospitals, Nursing Homes, Maternity Homes and Medical Clinics accepted under the Rules on Quotable Appointments” published on the Council’s website.

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- 5.11 In 2016, the Accreditation Team entrusted by the EAC completed a review of the MBChB admission policy of CUHK and the Joint CUHK/Cambridge (“3+3”) Scheme, and submitted a report to the EAC. Agreeing to the findings and recommendations in the report, the Council on the recommendation of the EAC accepted the admission policy of direct entry to Year 2 of the MBChB programme as accredited, and endorsed the intended Joint CUHK/Cambridge (“3 + 3”) Scheme.
- 5.12 The EAC also entrusted the Accreditation Team to review the new arrangement of HKU to turn the third year of the MBBS programme into a personalized “Enrichment Year” for incoming medical students in 2016. The Accreditation Team will report its findings and recommendations to the Council and the EAC.
- 5.13 On the recommendation of the EAC, the Council has decided to set up a new mechanism for the 2 local universities to apply for accreditation of any new medical programmes anytime in-between the 5-yearly regular accreditation exercises. The Council will accept any such application from the universities and refer it to the EAC, which will then entrust the Accreditation Team to consider if the new programme would meet the required standard, and to report its findings and recommendations for consideration by the Council and the EAC.
- 5.14 The “Hong Kong Doctors” was first published by the Council in August 2011 to set out the attributes and skills expected of medical graduates of the 2 local universities. It has provided a framework for the universities to design and fine-tune their medical curricula and schemes of assessment with a view to meeting the Council’s requirements. It has been used by the Council as a guide to review the structure and to evaluate the standard of undergraduate medical education and training of the universities for accreditation purpose. In 2016, the EAC set up a Working Group to review the document in consultation with the 2 universities, with a view to incorporating elements that advance the guidelines to the next level. The EAC will seek the Council’s endorsement of the revised document.

6. *The Ethics Committee and the Code of Professional Conduct*

- 6.1 The Ethics Committee (EC) is established by the Council and its functions include –
- (a) to study and review any case relating to medical ethics or professional conduct, either on its own motion or at the request in writing of not less than 20 registered medical practitioners; and
 - (b) to advise and make recommendations to the Council on matters about medical ethics and professional conduct generally.
- 6.2 The membership of the EC (as at 31 December 2016) was as follows –
- Dr TSE Hung-hing, JP (Chairman)
Dr CHAN Chok-wan, BBS
Dr Hon Pierre CHAN (from 3 February 2016 onwards)
Ms CHOY Hok-man, Constance
Dr David FANG, SBS, JP
Dr HO Pak-leung, JP
Dr HUNG Se-fong, BBS
Dr LAI Cham-fai
Dr LEUNG Chi-chiu
Professor LEUNG Ping-chung, SBS, OBE, JP
Mrs LING LEE Ching-man, Eleanor, SBS, OBE, JP
Professor TAO LAI Po-wah, Julia
- 6.3 The Council, on the recommendation of the EC, renewed its approval for the Department of Health, the Hong Kong Doctors Union, the Hong Kong Medical Association and the Hong Kong College of Family Physicians to continue to publish their doctors directories.
- 6.4 A new version of the Code of Professional Conduct (the Code) was published in January 2016. The updated Code incorporated the revised provisions which had been promulgated to the profession vide the Council's newsletters and website since October 2011.

7. The Health Committee

7.1 The Health Committee (HC) is established to deal with the health aspect of medical practitioners whose fitness to practise medicine is called into question. It acts in accordance with the procedures laid down in the Medical Practitioners (Registration and Disciplinary Procedure) Regulation.

7.2 The functions of the HC are as follows –

- (a) to conduct a hearing into any case or matter concerning the health or physical or mental fitness to practise of any registered medical practitioner, whether the case or matter has been investigated by the Preliminary Investigation Committee (PIC) or not;
- (b) to conduct a hearing into matters referred to it by the Council under section 21(1) of the Medical Registration Ordinance;
- (c) to make a recommendation to the Council, after due hearing conducted under paragraph (a) or (b) above, that the name of a registered medical practitioner be removed from the General Register permanently or for any period not exceeding 12 months, and that such an order for removal be suspended subject to such conditions as recommended by the HC, where appropriate; and
- (d) to recommend the extension, not exceeding 12 months, of a period of temporary removal of name recommended under paragraph (c) above.

7.3 The membership of the HC (as at 31 December 2016) was as follows –

Dr CHOW Pak-chin, BBS, JP (Chairman)

Dr CHAN Nim-tak, Douglas

Miss CHAU Man-ki, Mabel, MH

Dr CHOW Chun-kwan, John

Dr FAN Yuen-man, Cecilia

Dr HO Hung-kwong, Duncan


Dr HUNG Bing-kei, Gabriel

Dr LIU Tak-chiu, John

Dr POON Tak-lun, JP

Dr TSOI Lai-to, Sammy

Dr WONG Yee-him, John

- 
- 7.4 In February 2016, the HC held 2 hearings to consider 2 cases relating to fitness to practise which were referred in 2015 by the PIC and the Temporary Chairman of the Council respectively. One registered medical practitioner was found mentally fit to practise, while the other registered medical practitioner was found mentally unfit to practise and was subsequently removed from the General Register permanently.
- 7.5 In May 2016, the HC held a hearing to consider a case relating to fitness to practise which was referred by the Chairman and the Deputy Chairman of the PIC in 2015. The registered medical practitioner concerned was subsequently found physically fit to practise.

8. *Registration of Medical Practitioners*

- 8.1 As at 31 December 2016, there were 14 013 medical practitioners with full registration. This figure included those resident in Hong Kong and those on the non-resident list. [Table 8](#) shows that there had been an increase in the number of registered medical practitioners from 13 006 in 2012 to 14 013 in 2016 (7.7%). In addition to the medical practitioners with full registration, there were 134 medical practitioners with limited registration among whom 39 were permitted to work in the exempted clinics.
- 8.2 Keeping the entries in the General Register and the Specialist Register up-to-date has been a major task for the Council Secretariat. Hundreds of transactions are carried out weekly, including changes of registered address or personal particulars, removal from and restoration to the registers, transfer to and from the resident and the non-resident lists respectively, issue of Certificates of Good Standing and Certificates Verifying Registration, etc..
- 8.3 [Table 9](#) lists in detail the registration figures in respect of various parts of the General Register, including “full”, “provisional”, “limited” and “temporary” registration as well as cases of restoration to the Register from 2007 to 2016.
- 8.4 A medical practitioner whose name has been removed from the General Register, whether as a consequence of disciplinary proceedings or otherwise, may apply to the Council for restoration of his name to the Register. The Council may hold an inquiry to decide whether to grant or refuse the application. [Table 9](#) shows that in 2016, 16 such applications were approved.
- 8.5 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, the number of annual practising and retention certificates issued had also risen from 12 684 in 2012 to 13 525 in 2016, representing an increase of 6.6%.
- 8.6 As at 31 December 2016, there were 6 797 medical practitioners registered on the Specialist Register under 58 specialties. The number of medical practitioners registered under each specialty is set out in [Table 10](#).

9. *Communication with Medical Practitioners and the Public*

- 9.1 In order to disseminate information to all medical practitioners and to solicit their views, the Council would publish a newsletter on a regular basis. The editorial board comprises –

Professor LAU Wan-yee, Joseph, SBS (Chairman)	}	as appropriate
Dr CHEUNG Hon-ming		
Dr CHEUNG Tak-hong, JP		
Dr CHOW Pak-chin, BBS, JP		
Professor TANG Wai-king, Grace, SBS, JP		
Dr TSE Hung-hing, JP		
Secretary of the Council		

The 23rd issue of the newsletter was published in December 2016.

- 9.2 The Council has launched its website (www.mchk.org.hk) on the Internet. The following information on the website is accessible to members of the public –
- (a) Medical Registration Ordinance;
 - (b) Membership and functions of the Council and its committees;
 - (c) Registration requirements and application forms for registration;
 - (d) List of registered medical practitioners on the General Register and the Specialist Register;
 - (e) List of doctors directories approved by the Council;
 - (f) Licensing Examination;
 - (g) Code of Professional Conduct;
 - (h) Complaints and disciplinary inquiries;
 - (i) CME Programme for Practising Doctors who are not taking CME Programme for Specialists;
 - (j) Guidelines and information for medical practitioners;
 - (k) Quotable qualifications;
 - (l) Quotable appointments;
 - (m) Publications and press releases; and
 - (n) Useful links.

10. Future Developments

- 10.1 With the growing complexity of complaints against registered medical practitioners, members of the public expect greater accountability and transparency in dealing with the complaints from the Council. Within the medical profession, there are also discussions on ethical issues and expression of concerns over the standard and quality of medical practice which requires the Council's attention. Having said that, the Council will continue to improve its services to meet the changing needs from both the members of the public and the profession.
- 10.2 With regard to the Reform of the Council, the Administration introduced the Medical Registration (Amendment) Bill 2016 (the Amendment Bill) into the Legislative Council (LegCo) in March 2016. The Amendment Bill consolidated the proposal submitted by the Council to the Administration in May 2014 to expedite the processing of complaint cases and the conduct of disciplinary inquiries. The Amendment Bill sought to increase the number of lay members appointed by the Chief Executive to the Council from 4 to 8, and the respective number of lay persons appointed to Preliminary Investigation Committee (PIC) and the Health Committee from 1 to 2; enable the Council to establish more than one PIC; extend the term of reference of registration of medical practitioners with limited registration; change the quorum for disciplinary inquiries and increase the number of assessors; enable solicitor or counsel to be appointed to carry out the statutory duties of the Secretary of the Council in inquiries; and increase the number of legal advisers to the Council. The proceedings of the Amendment Bill however could not be completed and the Amendment Bill lapsed upon the prorogation of the Fifth LegCo in July 2016.
- 10.3 The Administration indicated to introduce the Medical Registration (Amendment) Bill 2017 to the LegCo in the second half of the 2016-2017 legislative session. The Council will keep in view the development of the legislative amendments.

TABLE 1

Complaints received by the Medical Council

	2012	2013	2014	2015	2016
Number of Complaints Received	480	452	624	493	628[#]
(A) Allegations by Category					
1. Conviction in Court	63	40	58	31	53
(a) Failure to keep proper record of dangerous drugs	(2)	(5)	(4)	(3)	(3)
(b) Others	(61)	(35)	(54)	(28)	(50)
2. Disregard of professional responsibility to patients	318	311	285	289	330 [*]
3. Issuing misleading/false medical certificates	20	41	28	24	24
4. Practice promotion	8	12	6	10	7
5. Misleading, unapproved description & announcement	8	8	12	9	150 [#]
6. Improper/indecent behaviour to patients	10	7	6	5	8
7. Abuse of professional position to further improper association with patients	–	2	2	2	2
8. Fitness to practise	2	–	2	–	3
9. Abuse of professional confidence	1	–	–	–	–
10. Depreciation of other medical practitioners	1	3	1	1	2
11. Improper delegation of medical duties to unregistered persons	1	–	–	–	–
12. Sharing fee and improper financial transaction	5	–	–	–	–
13. Other minor issues unrelated to professional responsibility	43	28	224	122	49

	2012	2013	2014	2015	2016
Number of Complaints Received	480	452	624	493	628[#]
(B) Progress of Complaints as at 31 December 2016					
1. Dismissed by the Chairman and the Deputy Chairman of the Preliminary Investigation Committee (PIC) in consultation with Lay Member as being frivolous or groundless	322	296	436	285	23
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.	18	27	20	19	5
3. Under consideration by the Chairman and the Deputy Chairman of the PIC in consultation with Lay Member	–	14	34	98	390
4. Held in abeyance	1	4	–	–	–
5. Being considered at the PIC meetings	6	24	42	64	208
6. Dismissed by the PIC	36	31	23	8	–
7. Referred to the Medical Council for no inquiry	46	23	36	11	2
8. Referred to the Medical Council for disciplinary inquiry	48	30	26	5	–
9. Referred to the Medical Council for restoration inquiry	1	2	5	1	–
10. Referred to the Medical Council for pre-registration inquiry	–	–	–	1	–
11. Referred to the Health Committee for hearing	2	1	2	1	–

Remarks:

- * The breakdown of cases on “Disregard of professional responsibility to patients” in 2016 is as follows:
- (a) Conducting unnecessary or inappropriate treatment/surgery – 127 cases
 - (b) Failure/unsatisfactory result of treatment/surgery, failure to properly/timely diagnose illness and disagreement with doctor’s medical opinion – 79 cases
 - (c) Inappropriate prescription of drugs – 71 cases
 - (d) Failure to give proper medical advice/explanation – 7 cases
 - (e) Doctor’s unprofessional attitude/Doctor-patient communication – 7 cases
 - (f) Fees and others – 39 cases
- # There was a sharp increase in the number of complaints received in 2016 because of an influx of complaints (136 cases in total) in August/September 2016 on the same incident against a registered medical practitioner.

TABLE 2

Breakdown on the complaints received in 2016 which were dismissed by the Chairman and the Deputy Chairman of the Preliminary Investigation Committee of the Medical Council as being frivolous or groundless

Nature of Complaints		No. of Cases
1.	Fees dispute	4
2.	Improper/indecent behaviour to patients	3
3.	Disagreement with doctor's medical opinion	2
4.	Undesirable reactions to drugs prescribed	2
5.	Unsatisfactory results of treatment/surgery	2
6.	Conducting unnecessary or inappropriate treatment/surgery	1
7.	Sick leave and related matters	1
8.	Doctor's attitude/Doctor-patient communication	1
9.	Other issues unrelated to professional misconduct	7
Total :		23

TABLE 3

Work of the Preliminary Investigation Committee (PIC) of the Medical Council

Nature	2012	2013	2014	2015	2016
1. Total number of cases referred to the PIC meetings	95	89	95	129	154*
2. Total number of cases referred to the Medical Council for no inquiry after the PIC meetings	48	26	20	35	38 [#]
3. Total number of cases referred to the Medical Council for inquiries after the PIC meetings	21	32	48	57	57 [#]
4. Total number of cases referred to the Health Committee for hearing after the PIC meetings	–	–	–	1	–

Remarks:

* This figure included those cases received before 2016. They were considered by the PIC in 2016 under the following categories:

	No. of Cases
(a) Disregard of professional responsibility to patients	72
• failure/unsatisfactory results of treatment/surgery	24
• inappropriate prescription of drugs	17
• failure to properly/timely diagnose illness	17
• conducting unnecessary or inappropriate treatment/surgery	9
• failure to give proper medical advice/explanation	3
• fees and others	2
(b) Conviction in court	46
(c) Improper/indecent behaviour to patients	7
(d) Issuing misleading/false medical certificates	6
(e) Misleading, unapproved description and announcement	5
(f) Practice promotion	4
(g) Found guilty by overseas professional regulatory bodies	4
(h) Medical records	2
(i) Improper association with patients	2
(j) Handling of patient's personal data	1
(k) Miscellaneous	5
Total:	154

The cases referred by the PIC to the Medical Council in 2016 are classified as follows:

	No. of Cases
(A) Recommended for no inquiry	
Conviction in court	38
• <i>careless driving</i>	34
• <i>failing to take all necessary precautions to prevent danger to public health or safety</i>	1
• <i>failing to comply with a prescribed traffic sign within the Tsing Ma Control Area</i>	1
• <i>using vehicle without insurance</i>	1
• <i>riding as passenger in rear seat of public light bus not securely fastened with seat belt</i>	1
(B) Recommended for inquiry	
(a) Conviction in court	8
• <i>failure to keep a proper record for dangerous drugs</i>	6
• <i>driving a motor vehicle with alcohol concentration in breath above the prescribed limit</i>	2
(b) Disregard of professional responsibility to patients	34
• <i>inappropriate prescription of drugs</i>	15
• <i>failure/unsatisfactory results of treatment/surgery</i>	10
• <i>failure to properly/timely diagnose illness</i>	5
• <i>conducting unnecessary or inappropriate treatment/surgery</i>	2
• <i>failure to give proper advice/explanation</i>	2
(c) Practice promotion/Misleading, unapproved description & announcement	5
(d) Improper/indecent behaviour to patients	1
(e) Issuing misleading/false medical certificates	1
(f) Medical records	1
(g) Miscellaneous	3
(C) Recommended for restoration inquiry	
Found guilty by overseas professional regulatory bodies	3
(D) Recommended for pre-registration inquiry	
Found guilty by overseas professional regulatory bodies	1
Total:	95

TABLE 4

Work statistics of the Preliminary Investigation Committee (PIC) of the Medical Council in 2016

	Quarter				Total
	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	
No. of PIC Meetings	3	3	3	3	12
No. of cases considered	33	36	40	45	154
No. of cases dismissed (%)	7 (21.2%)	6 (16.7%)	21 (52.5%)	24 (53.3%)	58 (37.7%)
No. of cases referred to the Medical Council (%)	25 (75.8%)	30 (83.3%)	19 (47.5%)	21 (46.7%)	95* (61.7%)
No. of cases held in abeyance (%)	1 (3.0%)	– (0%)	– (0%)	– (0%)	1 (0.6%)

* Of them, 38 cases were of minor offences and the Medical Council accepted the PIC's recommendation that no inquiry was to be held (Please see details at Table 3).

TABLE 5

Disciplinary inquiries conducted by the Medical Council in 2016

Nature	No. of Cases Involved	Decision of the Council
(A) Conviction in court		
(a) Forgery and fraud	(1)	Removed for 6 months
(b) Failure to keep a register of dangerous drugs in the specified form	(3)	Removed for 2 months (suspended for 12 months) Removed for 2 months (suspended for 12 months) Removed for 2 months
(c) Selling a drug not of the quality demanded by the purchaser and selling a drug with a label which falsely describes the drug	(1) (for 2 consolidated complaint cases)	Removed for 2 months (suspended for 12 months)
Sub-total	5	
(B) Disregard of professional responsibility to patients	(1)	1 st defendant: Not guilty 2 nd defendant: Reprimand
	(1)	Warning letter (not gazetted)
	(1)	Warning letter (gazetted)
	(1)	Warning letter (not gazetted)
	(1)	Warning letter (not gazetted)
	(1)	Warning letter (not gazetted)
	(1)	Removed for 1 month (suspended for 6 months)
	(1)	Warning letter (gazetted)
	(1)	Removed for 2 months
	(1)	Warning letter (gazetted)
	(1)	Removed for 3 months
	(3)	Not guilty
	(4)	To be continued
Sub-total	18	

Nature	No. of Cases Involved	Decision of the Council
(C) Practice promotion/ Quotable qualification	(1)	2 charges: Warning letter (gazetted) 1 charge: Removed for 1 month (suspended for 12 months)
	(1)	1 charge: Removed for 2 months 1 charge: Removed for 1 month 1 charge: Removed for 2 months 1 charge: Removed for 1 month (removal orders run concurrently) (suspended for 12 months)
	(1)	Removed for 1 month (suspended for 12 months)
Sub-total	3	

Total : 26

[Summary: 19 cases: guilty
3 cases: not guilty
4 cases: to be continued]

No. of inquiry days: 37 days

All cases were referred to the Medical Council for inquiry by the Preliminary Investigation Committee meetings held in/before 2016.]

TABLE 6

Figures on appeal cases

	2012	2013	2014	2015	2016
No. of appeals lodged during the year	1	4	2	1	0
No. of appeal cases carried forward from previous years	6	3	5	4	0
Total no. of appeal cases in progress in the year:	7	7	7	5	0
No. of appeal cases concluded in 2016:	0				

TABLE 7

Results of the Licensing Examination

Year		Examination in Professional Knowledge			Proficiency Test in Medical English (March)			Proficiency Test in Medical English (September)			Clinical Examination			Completed Internship
		Sat	Passed	%	Sat	Passed	%	Sat	Passed	%	Sat	Passed	%	
1996		154	11	7	–	–	–	140	88	63	40	12	30	
1997		178	13	7	15	12	80	90	48	53	27	9	33	11
1998		165	43	26	7	7	100	51	43	84	49	17	35	6
1999		165	20	12	5	4	80	57	39	68	49	9	18	16
2000		132	13	10	1	0	0	48	28	58	42	10	24	10
2001		124	13	10	*	–	–	50	37	74	35	9	26	10
2002		104	11	11	*	–	–	31	13	42	33	13	39	7
2003		76	11	14	*	–	–	30	26	87	27	7	26	9
2004		77	7	9	*	–	–	20	13	65	21	9	43	7
2005		81	11	14	*	–	–	29	22	76	22	5	23	10
2006		105	21	20	*	–	–	36	29	81	26	9	35	5
2007		117	22	19	*	–	–	34	33	97	37	18	49	8
2008		138	12	9	*	–	–	38	25	66	23	8	35	9
2009		158	41	26	*	–	–	39	22	56	48	15	31	12
2010		168	43	26	*	–	–	65	64	98	72	21	29	11
2011		221	51	23	*	–	–	54	50	93	76	21	28	15
2012		237	61	26	*	–	–	74	67	91	108	47	44	23
2013		280	102	36	*	–	–	115	103	90	143	46	32	27
2014	(1 st Sitting)	107	25	23	28	22	79	–	–	–	85	46	54	48
	(2 nd Sitting)	200	35	18	–	–	–	77	58	75	70	28	40	
2015	(1 st Sitting)	121	18	15	42	30	71	–	–	–	62	24	39	79
	(2 nd Sitting)	176	41	23	–	–	–	56	50	89	66	16	24	
2016	(1 st Sitting)	163	22	13	60	57	95	–	–	–	68	14	21	45
	(2 nd Sitting)	132	14	11	–	–	–	37	33	89	64	27	42	

* suspended from 2001 to 2013

TABLE 8

Total number of registered medical practitioners in the General Register of Hong Kong

Part I of the Register (Full registration) (as at 31 December)

	2012	2013	2014	2015	2016
On the Resident List	12 181	12 401	12 650	12 981	13 298
On the Non-resident List	825	802	767	745	715
Total:	13 006	13 203	13 417	13 726	14 013

Part III of the Register (Limited registration) (as at 31 December)

	2012	2013	2014	2015	2016
Promulgation No. 2	118	115	97	104	93
University of Hong Kong	(45)	(45)	(33)	(30)	(27)
The Chinese University of Hong Kong	(62)	(58)	(51)	(62)	(52)
Hospital Authority	(11)	(12)	(13)	(12)	(14)
Department of Health	(0)	(0)	(0)	(0)	(0)
Promulgation No. 3	41	36	34	31	27
Promulgation No. 4	16	15	15	13	12
Promulgation No. 9	–	–	–	2	2
Promulgation No. 10	–	–	–	0	0
Promulgation No. 12	–	–	–	0	0
Total:	175	166	146	150	134

Remarks:

- (i) The types of employment as described in Promulgations No. 1, 5, 6, 7, 8 and 11 no longer exist.
- (ii) Promulgation No. 9, 10 and 12 came into force in 2015.

TABLE 9

Breakdown of registrations and restoration to the General Register

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Registration in Part I of the Register (Full registration)	313	329	293	280	281	260	274	299	397	379
Registration in Part II of the Register (Provisional registration for interns)	334	293	280	272	261	275	299	399	383	380
Registration in Part III of the Register (Limited registration)	218	197	170	174	195	220	192	184	198	168
Registration in Part IV of the Register (Temporary registration)	86	93	94	101	135	98	102	110	109	86
Restoration to the Register	24	41	31	23	26	21	22	34	17	16
Total :	975	953	868	850	898	874	889	1 026	1 104	1 029

TABLE 10

Number of registered medical practitioners in the Specialist Register

(Position as at 31 December 2016)

	No.
1. Anaesthesiology	449
2. Intensive Care	21
3. Community Medicine	24
4. Emergency Medicine	335
5. Family Medicine	423
6. Obstetrics and Gynaecology	437
7. Ophthalmology	270
8. Orthopaedics & Traumatology	423
9. Otorhinolaryngology	162
10. Paediatrics	554
11. Pathology	166
12. Internal Medicine	104
13. Cardiology	248
14. Critical Care Medicine	62
15. Dermatology and Venereology	104
16. Endocrinology, Diabetes and Metabolism	108
17. Gastroenterology and Hepatology	183
18. Geriatric Medicine	157
19. Haematology and Haematological Oncology	54
20. Nephrology	129
21. Neurology	118
22. Respiratory Medicine	172
23. Rheumatology	76
24. Psychiatry	355
25. Radiology	343
26. Clinical Oncology	130
27. Nuclear Medicine	19
28. General Surgery	513
29. Urology	119
30. Neurosurgery	68
31. Cardio-thoracic Surgery	44
32. Plastic Surgery	62
33. Paediatric Surgery	35
34. Immunology and Allergy	4
35. Infectious Disease	30
36. Medical Oncology	35

	No.
37. Administrative Medicine	9
38. Public Health Medicine	83
39. Occupational and Environmental Medicine	13
40. Anatomical Pathology	7
41. Chemical Pathology	11
42. Forensic Pathology	8
43. Haematology	9
44. Immunology	2
45. Clinical Microbiology & Infection	33
46. Palliative Medicine	21
47. Clinical Pharmacology & Therapeutics	0
48. Rehabilitation	26
49. Gynaecological Oncology	2
50. Urogynaecology	3
51. Reproductive Medicine	10
52. Maternal and Fetal Medicine	0
53. Pain Medicine	2
54. Paediatric Immunology & Infectious Diseases	8
55. Developmental-Behavioural Paediatrics	11
56. Paediatric Neurology	3
57. Clinical Toxicology	0
58. Paediatric Respiratory Medicine	0
Total :	6 797