



**THE MEDICAL COUNCIL
OF HONG KONG**

Annual Report 2017



**Ensuring Justice
Maintaining Professionalism
Protecting the Public**

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Preface

This annual report, covering the period from 1 January to 31 December 2017, is the 23rd 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 2017 –
- (a) 440 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) 1 154 applications for registration (including 378 applications for full registration, 471 applications for provisional registration, 197 applications for limited registration, and 108 applications for temporary registration);
 - (c) 265 applications for specialist registration;
 - (d) 13 812 renewals of annual practising/retention certificates; and
 - (e) 496 disciplinary complaints.
- 1.2 2017 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 2017

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 2017) was as follows –

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

Dr CHAN Hon-yee, Constance, JP

Dr Hon Pierre CHAN

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, BBS
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
Dr LO Chi-yuen, Albert (from 22 April 2017 onwards)
Professor TANG Wai-king, Grace, SBS, JP
Dr TSE Hung-hing, JP
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 CHOI Kin, Gabriel and Dr HO Pak-leung, JP were re-elected as members of the Council for a period of 3 years with effect from 24 January 2017 in the 21st election of the Council conducted on 14 December 2016.
- 2.4 Dr CHEUNG Hon-ming and Dr LEUNG Chi-chiu were re-elected as members of the Council for a period of 3 years with effect from 24 January 2017 by the Hong Kong Medical Association.
- 2.5 The 22nd election of the Council was conducted on 11 December 2017 to fill 3 vacancies for a period of 3 years with effect from 24 January 2018. The election exercise was carried out smoothly. Dr LAM Tzit-yuen, David, Dr CHENG Chi-man and Dr WAI Yuk-chun, Veronica, with the highest number of votes, were declared to be re-elected/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 (the 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 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) Initial consideration by the Chairman and Deputy Chairman of the Preliminary Investigation Committee (PIC) in consultation with a lay Council member of PIC to decide whether the complaint is groundless or frivolous, and should not proceed further or that it should be referred to PIC for full consideration or be referred to the Health Committee (HC) for consideration;
 - (b) Examination at PIC meetings of the complaint as well as explanation of the medical practitioner(s) concerned, and the forming of a decision on whether or not there is a prima facie case to refer the complaint to the Council for holding of an inquiry; and
 - (c) Inquiry by the Council to hear the evidence from both the complainant and the defending registered medical practitioner(s).

3.5 The 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 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.

3.6 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 2017) was as follows –

Dr CHEUNG Tak-hong, JP (Chairman)

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

Dr CHONG Yee-hung (from 12 February 2017 onwards)

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 *

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

3.7 Section 9 of the 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 3.4 above).

- 3.8 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 in 2016 with regard to the process of complaint cases at the PIC stage.
- 3.9 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.
- 3.10 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 2017) was as follows –

Professor CHAN Anthony Tak-cheung
Ms HUI Mei-sheung, Tennessy, MH, JP
Dr KONG Wing-ming, Henry
Professor KWONG Yok-lam
Dr LAI Sik-to, Thomas

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.

Dr LI Mun-pik, Teresa (from 6 September 2017 onwards)
Dr MOK Pik-tim, Francis
Mr POON Yiu-kin, Samuel
Professor TAN Choon-beng, Kathryn
Professor WING Yun-kwok
Mr WONG Hin-wing
Mr WOO King-hang (from 6 September 2017 onwards)
Dr YAM Kwong-yui (from 6 September 2017 onwards)
Dr YAN Wing-wa (from 6 September 2017 onwards)

- 3.11 In 2017, the Council processed a total of 496 complaints. **Table 1** shows the nature of complaints. Comparative figures for the years of 2013 to 2017 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, inappropriate prescription of drugs, failure/unsatisfactory result of treatment/surgery, failure to properly/timely diagnose illness and disagreement with doctor’s medical opinion.
- 3.12 In 2017, the PIC Chairman considered all the 496 cases received. Of these, 53 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 12 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 153 cases were referred to the PIC for consideration and out of which, 3 cases were subsequently referred to the Council for no inquiry and one case was referred to the HC for hearing. No decision has yet been reached on the remaining 278 cases for which further information is required.
- 3.13 **Table 3** shows the decisions of the PIC on the cases considered. In 2017, a total of 368 cases were considered by the PIC, including complaint cases received in 2017 or before.
- 3.14 **Table 4** gives a closer look into the PIC’s work in 2017. A total of 12 meetings were held to consider the 368 cases. Of these 368 cases, 276 were dismissed by the PIC, 38 were referred to the Council for inquiry, pre-registration inquiry or restoration inquiry, 53 were referred to the Council for no inquiry or no pre-registration inquiry, and 1 case was referred to the HC for hearing. At each PIC meeting, the presence of a lay member is mandatory.

- 3.15 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 of compensation. These cases should be dealt with in civil proceedings or the Small Claims Tribunal and the complainants were so advised accordingly.
- 3.16 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.
- 3.17 To deal with any legal issues raised at disciplinary inquiries, the Council is assisted throughout the hearing by its own Legal Adviser.
- 3.18 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.
- 3.19 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.

- 3.20 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.
- 3.21 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.
- 3.22 **Table 5** shows the number of disciplinary inquiries conducted by the Council in 2017. A total of 26 cases (including 3 cases to be continued in 2018) were heard in the year of 2017. In 18 of the 23 completed cases (78.3%), 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.
- 3.23 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 2013 to 2017. A total of 2 appeals had been lodged with the Court of Appeal in 2017 and both cases were allowed.

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 on 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 2017) 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

Professor LAU Yu-lung

Professor LEUNG Wai-keung

Professor NG Kwok-wai, Enders

Professor SZETO Cheuk-chun (from 10 May 2017 onwards)

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 2017) was as follows –

Professor SZETO Cheuk-chun (Chairman) (from 27 May 2017 onwards)

Dr CHAN Kar-loen, Karen

Professor CHEUNG Yiu-fai

Professor CHIU Kwong-yuen, Peter

Professor HUNG Fan-ngai, Ivan (from 1 January 2017 onwards)

Professor KHOO Ui-soon

Professor LAI Bo-san, Paul

Dr LAM Man-kin, Ronald, JP

Dr LEUNG Ka-kit, Gilberto

Professor LEUNG Tak-yeung

Professor LI Albert Martin

Professor LUK On-yan, Andrea (from 20 July 2017 onwards)

Professor NG Kwok-wai, Enders

Professor YUNG Shu-hang, Patrick, JP

(b) Internship Sub-Committee

- responsible for the assessment and supervision of interns during the period of supervised training
- the membership (as at 31 December 2017) was as follows –

Professor LAU Yu-lung (Chairman)

Professor CHAN Chi-fung, Godfrey

Dr CHAN Siu-mui, Tina

Professor CHIM Chor-sang, James

Professor HUI Shu-cheong, David, BBS (from 1 January 2017 onwards)

Professor KUMTA Shekhar Madhukar

Professor LAI Bo-san, Paul

Professor LANG Hung-hin, Brian (from 23 February 2017 onwards)

Professor LAU Chak-sing, Wallace, JP

Professor LEUNG Tak-yeung (from 1 January 2017 onwards)

Professor LEUNG Ting-fan (from 25 January 2017 onwards)

Professor NG Hung-yu, Ernest

Professor NG Kwok-wai, Enders

Dr WONG Ming-yan, Sharon (from 13 October 2017 onwards)

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 2017) 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 2017) 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 SZETO Cheuk-chun (from 27 May 2017 onwards)

(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 2017) 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 2017 were as follows –

| <u>Subject</u> | <u>First Sitting</u> | <u>Second Sitting</u> |
|----------------------------|------------------------------|-----------------------------------|
| Medicine | Dr TONG Kwok Lung, Matthew | Professor Matthew Thomas NAUGHTON |
| Obstetrics and Gynaecology | Professor Ahmed Ashour AHMED | Professor Sharon T CAMERON |
| Paediatrics | Dr Michael Alan LEVINE | Dr Chih-Hsing HUNG |
| Surgery | Professor Norihiro KOKUDO | Professor Jimmy Bok Yan SO |

- 4.8 Starting from 2014, the number of sittings of the Licensing Examination has been increased from 1 to 2 per annum. Details of the results of the Licensing Examination since 1996 are shown in [Table 7](#).
- 4.9 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.

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 2017) 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 LAW Ying-kit, Simon

Professor LEUNG Ka-kit, Gilberto (from 8 February 2017 onwards)

Dr LI Kai-ming

Dr LI Tak-lai, Theresa

Dr LUK Hung-to, Danny

Professor WING Yun-kwok

Dr YU Cissy, MH

- 5.3 The Specialist Register was established in 1998 to provide for specialist registration of registered medical practitioners qualified in various specialties. There were 59 specialties as at 31 December 2017. On the recommendation of the EAC, the Council approved 265 applications of registered medical practitioners for inclusion of their names in the Specialist Register in 2017.
- 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 2017, there were over 2 700 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 2017, the Council had, on the recommendation of the EAC, issued 23 227 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 2017, there were 1 056 medical practitioners holding valid “CME-Certified” title.
- 5.7 To facilitate participation in the CME activities, the Council in 2017 endorsed the recommendation of the EAC that attending the CME Lecture Online Scheme of the Hong Kong Medical Association should be regarded as the same as attending lectures physically in earning CME points under the Programme. 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.
- 5.8 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 2017, the Council considered the recommendations of the EAC on a total of 13 qualifications. Of these 13 qualifications, 7 were regarded as having fulfilled the prevailing guidelines and were included in the “List of Quotable Qualifications” with the endorsement of the Council.

- 5.9 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 14 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.
- 5.10 In 2017, the Accreditation Team entrusted by the EAC completed a review of 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. Agreeing to the findings and recommendations in the report, the Council on the recommendation of the EAC accepted the new arrangement as accredited.
- 5.11 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 2017, the Working Group set up by the EAC completed a review of the document in consultation with the 2 universities. The Council on the recommendation of the EAC endorsed the revisions to the document proposed by the Working Group and published the revised document, which is also available on the Council’s website.

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 2017) was as follows –
- Dr TSE Hung-hing, JP (Chairman)
 - Dr CHAN Chok-wan, BBS
 - Dr Hon Pierre CHAN
 - 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 “Guidelines on Proper Prescription and Dispensing of Dangerous Drugs” (“the Guidelines”) at Appendix E of the Code of Professional Conduct were first promulgated by the Council in October 2003. In 2017, the EC reviewed and revised the Guidelines taking into account the proposed amendments made by the Advisory Committee on the Use of Psychoactive Agents of the Hong Kong Medical Association. With the endorsement of the Council, the revised Guidelines were promulgated to the profession in the 24th issue of the Council’s newsletter in December 2017.
- 6.4 The Council, on the recommendation of the EC, renewed its approval for the Hong Kong Orthopaedic Association to continue to publish the doctors directory of its members.

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 2017) was as follows –

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

Dr CHAN Hin-biu, Bill (from 12 February 2017 onwards)

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 TSOI Lai-to, Sammy

Dr WONG Yee-him, John

Dr YEUNG Hip-wo, Victor (from 30 December 2017 onwards)

- 
- 7.4 In September 2017, 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 late 2016. The registered medical practitioner concerned was subsequently found mentally fit to practise.
 - 7.5 In December 2017, the HC held another hearing to consider a case relating to fitness to practise which was referred by the Chairman of the Council in the same year. The registered medical practitioner concerned was subsequently found mentally unfit to practise and was removed from the General Register for 12 months.

8. Registration of Medical Practitioners

- 8.1 As at 31 December 2017, there were 14 290 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 13 203 in 2013 to 14 290 in 2017 (8.2%). In addition to the medical practitioners with full registration, there were 144 medical practitioners with limited registration among whom 32 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 2008 to 2017.
- 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 2017, 9 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 12 817 in 2013 to 13 812 in 2017, representing an increase of 7.8%.
- 8.6 As at 31 December 2017, there were 7 012 medical practitioners registered on the Specialist Register under 59 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-ye, Joseph, SBS (Chairman)

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 24th issue of the newsletter was published in December 2017.

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 Government introduced the Medical Registration (Amendment) Bill 2017 into the Legislative Council on 7 June 2017 with a view to increasing lay participation in the Council, improving its complaint investigation and disciplinary inquiry mechanism, and extending the validity period and renewal period of limited registration from not exceeding one year to not exceeding three years. The Council will keep in view the development of the legislative amendments.

TABLE 1

Complaints received by the Medical Council

| | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|------|------|------|------|------|
| Number of Complaints Received | 452 | 624# | 493 | 628# | 496 |
| (A) Allegations by Category | | | | | |
| 1. Conviction in Court | 40 | 58 | 31 | 53 | 57 |
| (a) Failure to keep proper record of dangerous drugs | (5) | (4) | (3) | (3) | (2) |
| (b) Others | (35) | (54) | (28) | (50) | (55) |
| 2. Disregard of professional responsibility to patients | 311 | 285 | 289 | 330 | 321* |
| 3. Issuing misleading/false medical certificates | 41 | 28 | 24 | 24 | 36 |
| 4. Practice promotion | 12 | 6 | 10 | 7 | 13 |
| 5. Misleading, unapproved description & announcement | 8 | 12 | 9 | 150 | 9 |
| 6. Improper/indecent behaviour to patients | 7 | 6 | 5 | 8 | 7 |
| 7. Abuse of professional position to further improper association with patients | 2 | 2 | 2 | 2 | – |
| 8. Fitness to practise | – | 2 | – | 3 | – |
| 9. Abuse of professional confidence | – | – | – | – | 2 |
| 10. Depreciation of other medical practitioners | 3 | 1 | 1 | 2 | – |
| 11. Sharing fee and improper financial transaction | – | – | – | – | 2 |
| 12. Medical records | – | – | – | – | 11 |
| 13. Handling of patient's personal data | – | – | – | – | 3 |
| 14. Other minor issues unrelated to professional responsibility | 28 | 224 | 122 | 49 | 35 |

| | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|------|------|------|------|------|
| (B) Progress of Complaints as at 31 December 2017 | | | | | |
| 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 | 296 | 439 | 317 | 172 | 53 |
| 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. | 29 | 23 | 29 | 17 | 12 |
| 3. Under consideration by the Chairman and the Deputy Chairman of the PIC in consultation with Lay Member | 2 | 2 | 21 | 115 | 278 |
| 4. Held in abeyance | 4 | – | 1 | 1 | – |
| 5. Being considered at the PIC meetings | 11 | 17 | 30 | 104 | 149 |
| 6. Dismissed by the PIC | 51 | 55 | 59 | 178 | – |
| 7. Referred to the Medical Council for no inquiry | 23 | 40 | 21 | 37 | 3 |
| 8. Referred to the Medical Council for no pre-registration inquiry | – | – | – | 1 | – |
| 9. Referred to the Medical Council for disciplinary inquiry | 33 | 40 | 12 | 2 | – |
| 10. Referred to the Medical Council for restoration inquiry | 2 | 6 | 1 | – | – |
| 11. Referred to the Medical Council for pre-registration inquiry | – | – | 1 | 1 | – |
| 12. Referred to the Health Committee for hearing | 1 | 2 | 1 | – | 1 |

Remarks:

- * The breakdown of cases on “Disregard of professional responsibility to patients” in 2017 is as follows:
- Conducting unnecessary or inappropriate treatment/surgery – 120 cases
 - Inappropriate prescription of drugs – 75 cases
 - Failure/unsatisfactory result of treatment/surgery, failure to properly/timely diagnose illness and disagreement with doctor’s medical opinion – 64 cases
 - Doctor’s unprofessional attitude/Doctor-patient communication – 28 cases
 - Fees and others – 23 cases
 - Failure to give proper medical advice/explanation – 7 cases
 - Treatment (others) – 4 cases
- # The net number of complaints received in 2014 and 2016 are 434 and 493 respectively as there were 191 and 136 complaints on the same incident against the same registered medical practitioner received in 2014 and 2016 respectively.

TABLE 2

Breakdown on the complaints received in 2017 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. | Conducting unnecessary or inappropriate treatment/surgery | 8 |
| 2. | Sick leave and related matters | 7 |
| 3. | Misdiagnosis | 6 |
| 4. | Fees dispute | 5 |
| 5. | Unsatisfactory results of treatment/surgery | 5 |
| 6. | Doctor's attitude/Doctor-patient communication | 5 |
| 7. | Undesirable reactions to drugs prescribed | 4 |
| 8. | Disagreement with doctor's medical opinion | 3 |
| 9. | Misleading, unapproved description & announcement | 1 |
| 10. | Other issues unrelated to professional misconduct | 9 |
| | Total: | <u>53</u> |

TABLE 3

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

| Nature | 2013 | 2014 | 2015 | 2016 | 2017 |
|--|------|------|------|------|-----------------|
| 1. Total number of cases referred to the PIC meetings | 89 | 95 | 129 | 154 | 368* |
| 2. Total number of cases referred to the Medical Council for no inquiry/pre-registration inquiry after the PIC meetings | 26 | 20 | 35 | 38 | 53 [#] |
| 3. Total number of cases referred to the Medical Council for inquiry/pre-registration inquiry/restoration inquiry after the PIC meetings | 32 | 48 | 57 | 57 | 38 [#] |
| 4. Total number of cases referred to the Health Committee for hearing after the PIC meetings | – | – | 1 | – | 1 |

Remarks:

* This figure included those cases received before 2017. They were considered by the PIC in 2017 under the following categories:

| | No. of Cases |
|--|--------------|
| (a) Disregard of professional responsibility to patients | 141 |
| • <i>failure to properly/timely diagnose illness</i> | 34 |
| • <i>failure/unsatisfactory results of treatment/surgery</i> | 31 |
| • <i>conducting unnecessary or inappropriate treatment/surgery</i> | 31 |
| • <i>inappropriate prescription of drugs</i> | 25 |
| • <i>failure to give proper medical advice/explanation</i> | 6 |
| • <i>doctor's unprofessional attitude/doctor-patient communication</i> | 4 |
| • <i>fees and others</i> | 10 |
| (b) Misleading, unapproved description and announcement | 146 |
| (c) Conviction in court | 57 |
| (d) Practice promotion | 6 |
| (e) Issuing misleading/false medical certificates | 3 |
| (f) Medical records | 3 |
| (g) Improper/indecent behaviour to patients | 1 |
| (h) Depreciation of other medical practitioners | 1 |
| (i) Fitness to practise | 1 |
| (j) Miscellaneous | 9 |
| Total: | 368 |

The cases referred by the PIC to the Medical Council in 2017 are classified as follows:

| | No. of Cases |
|--|--------------|
| (A) Recommended for no inquiry | |
| Conviction in court | 51 |
| • <i>careless driving</i> | 47 |
| • <i>failing to comply with Buildings Ordinance order</i> | 1 |
| • <i>failing to display valid vehicle licence</i> | 1 |
| • <i>allowing object to fall from height</i> | 1 |
| • <i>failing to comply with a prescribed traffic sign within the Tsing Ma Control Area</i> | 1 |
| (B) Recommended for no pre-registration inquiry | |
| Conviction in court | 2 |
| • <i>careless driving</i> | 1 |
| • <i>driving under influence with blood alcohol content of 0.08% or higher, contrary to section 23152(b) of the California Vehicle Code of the United States</i> | 1 |
| (C) Recommended for inquiry | |
| (a) Conviction in court | 5 |
| • <i>dangerous drugs related conviction</i> | 3 |
| • <i>driving while disqualified and using a vehicle without third party insurance</i> | 1 |
| • <i>crossing continuous double white lines</i> | 1 |
| (b) Disregard of professional responsibility to patients | 23 |
| • <i>inappropriate prescription of drugs</i> | 8 |
| • <i>failure/unsatisfactory results of treatment/surgery</i> | 6 |
| • <i>failure to properly/timely diagnose illness</i> | 5 |
| • <i>conducting unnecessary or inappropriate treatment/surgery</i> | 2 |
| • <i>fees and others</i> | 2 |
| (c) Practice promotion | 2 |
| (d) Misleading description and announcement | 3 |
| (e) Medical certificates | 2 |
| (D) Recommended for pre-registration inquiry | |
| Found guilty by overseas professional regulatory bodies | 1 |
| (E) Recommended for restoration inquiry | |
| Found guilty by overseas professional regulatory bodies | 2 |
| Total: | 91 |

TABLE 4

Work statistics of the Preliminary Investigation Committee (PIC) of the Medical Council in 2017

| | Quarter | | | | Total |
|---|---------------|---------------|----------------|---------------|----------------|
| | Jan-Mar | Apr-Jun | Jul-Sept | Oct-Dec | |
| No. of PIC meetings | 3 | 3 | 3 | 3 | 12 |
| No. of cases considered | 37 | 59 | 206 | 66 | 368 |
| No. of cases dismissed (%) | 22 (59.5%) | 30 (50.8%) | 170 (82.5%) | 54 (81.8%) | 276 (75.0%) |
| No. of cases referred to the Medical Council (%) | 15 (40.5%) | 29 (49.2%) | 36 (17.5%) | 11 (16.7%) | 91* (24.7%) |
| No. of cases referred to the Health Committee (%) | – (0%) | – (0%) | – (0%) | 1 (1.5%) | 1 (0.3%) |

* Of them, 53 cases were of minor nature and the Medical Council accepted the PIC's recommendation that no inquiry/no pre-registration inquiry was to be held (Please see details at Table 3).

TABLE 5

Disciplinary inquiries conducted by the Medical Council in 2017

| Nature | No. of cases involved | Decision of the Council |
|--|-----------------------|---|
| (A) Conviction in court | | |
| (a) Failure to keep a register of dangerous drugs in the specified form | (5) | Removed for 2 months (suspended for 12 months) Removed for 1 month (suspended for 18 months) Removed for 1 month (suspended for 6 months) Removed for 2 months (suspended for 12 months) Removed for 1 month (suspended for 6 months) |
| (b) Theft | (1) | Removed for 2 months (suspended for 24 months) |
| (c) Driving a motor vehicle with alcohol concentration in breath above the prescribed limit and careless driving | (1) | Warning letter (gazetted) |
| (d) Fraud and obtaining access to a computer with dishonest intent | (1) | Removed for 3 months (suspended for 12 months) |
| (e) Failure to provide specimen of breath for a screening breath test by a person who is driving a motor vehicle on a road | (1) | Removed for 1 month (suspended for 12 months) |
| Sub-total | 9 | |

| Nature | No. of cases involved | Decision of the Council |
|--|-----------------------|---|
| (B) Disregard of professional responsibility to patients | (1) | Removed for 3 months |
| | (1) | Removed for 1 month (suspended for 12 months) |
| | (1) | Removed for 1 month (suspended for 36 months) |
| | (1) | Removed for 1 month (suspended for 6 months) |
| | (1) | Removed for 6 months |
| | (1) | Removed for 1 month (suspended for 24 months) |
| | (1) | Removed for 3 months |
| | (5) | Not guilty |
| | (3) | To be continued |
| Sub-total | 15 | |
| (C) Practice promotion/ Quotable qualification | (1) | Removed for 1 month (suspended for 12 months) |
| | (1) | Removed for 1 month (suspended for 12 months) |
| Sub-total | 2 | |
| Total: | 26 | |

[Summary: 18 cases: guilty
 5 cases: not guilty
 3 cases: to be continued

No of inquiry days: 38 days

All cases were referred to the Medical Council for inquiry by the Preliminary Investigation Committee meetings held in/before 2017.]

TABLE 6

Figures on appeal cases

| | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|----------|----------|----------|----------|----------|
| No. of appeals lodged during the year | 4 | 2 | 1 | 0 | 2 |
| No. of appeal cases carried forward from previous years | 3 | 5 | 4 | 0 | 0 |
| Total no. of appeal cases in progress in the year: | 7 | 7 | 5 | 0 | 2 |

Results of appeal cases concluded in 2017:

| | No. of cases |
|----------------------------------|--------------|
| (a) Dismissed by Court of Appeal | 0 |
| (b) Allowed by Court of Appeal | 2 |
| (c) Appeal withdrawn | 0 |
| Total: | 2 |

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 | |
| 2017 | (1 st Sitting) | 109 | 31 | 28 | 45 | 40 | 89 | - | - | - | 63 | 27 | 43 | 37 |
| | (2 nd Sitting) | 116 | 29 | 25 | - | - | - | 44 | 44 | 100 | 63 | 26 | 41 | |

* 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)

| | 2013 | 2014 | 2015 | 2016 | 2017 |
|--------------------------|---------------|---------------|---------------|---------------|---------------|
| On the Resident List | 12 401 | 12 650 | 12 981 | 13 298 | 13 602 |
| On the Non-resident List | 802 | 767 | 745 | 715 | 688 |
| Total: | 13 203 | 13 417 | 13 726 | 14 013 | 14 290 |

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

| | 2013 | 2014 | 2015 | 2016 | 2017 |
|--|------------|------------|------------|------------|------------|
| Promulgation No. 2 | 115 | 97 | 104 | 93 | 110 |
| <i>University of Hong Kong</i> | (45) | (33) | (30) | (27) | (48) |
| <i>The Chinese University of Hong Kong</i> | (58) | (51) | (62) | (52) | (48) |
| <i>Hospital Authority</i> | (12) | (13) | (12) | (14) | (14) |
| <i>Department of Health</i> | (0) | (0) | (0) | (0) | (0) |
| Promulgation No. 3 | 36 | 34 | 31 | 27 | 22 |
| Promulgation No. 4 | 15 | 15 | 13 | 12 | 10 |
| Promulgation No. 9 | – | – | 2 | 2 | 2 |
| Promulgation No. 10 | – | – | 0 | 0 | 0 |
| Promulgation No. 12 | – | – | 0 | 0 | 0 |
| Total: | 166 | 146 | 150 | 134 | 144 |

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

| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|------------|------------|------------|------------|------------|------------|--------------|--------------|--------------|--------------|
| Registration in Part I of the Register (Full registration) | 329 | 293 | 280 | 281 | 260 | 274 | 299 | 397 | 379 | 378 |
| Registration in Part II of the Register (Provisional registration for interns) | 293 | 280 | 272 | 261 | 275 | 299 | 399 | 383 | 380 | 471 |
| Registration in Part III of the Register (Limited registration) | 197 | 170 | 174 | 195 | 220 | 192 | 184 | 198 | 168 | 197 |
| Registration in Part IV of the Register (Temporary registration) | 93 | 94 | 101 | 135 | 98 | 102 | 110 | 109 | 86 | 108 |
| Restoration to the Register | 41 | 31 | 23 | 26 | 21 | 22 | 34 | 17 | 16 | 9 |
| Total: | 953 | 868 | 850 | 898 | 874 | 889 | 1 026 | 1 104 | 1 029 | 1 163 |

TABLE 10

Number of registered medical practitioners in the Specialist Register (Position as at 31 December 2017)

| | No. |
|---|------------|
| 1. Anaesthesiology | 459 |
| 2. Intensive Care | 24 |
| 3. Community Medicine | 24 |
| 4. Emergency Medicine | 339 |
| 5. Family Medicine | 434 |
| 6. Obstetrics and Gynaecology | 447 |
| 7. Ophthalmology | 283 |
| 8. Orthopaedics & Traumatology | 442 |
| 9. Otorhinolaryngology | 168 |
| 10. Paediatrics | 558 |
| 11. Pathology | 167 |
| 12. Internal Medicine | 102 |
| 13. Cardiology | 252 |
| 14. Critical Care Medicine | 62 |
| 15. Dermatology and Venereology | 105 |
| 16. Endocrinology, Diabetes and Metabolism | 112 |
| 17. Gastroenterology and Hepatology | 190 |
| 18. Geriatric Medicine | 160 |
| 19. Haematology and Haematological Oncology | 53 |
| 20. Nephrology | 132 |
| 21. Neurology | 124 |
| 22. Respiratory Medicine | 175 |
| 23. Rheumatology | 77 |
| 24. Psychiatry | 376 |
| 25. Radiology | 356 |
| 26. Clinical Oncology | 141 |
| 27. Nuclear Medicine | 20 |
| 28. General Surgery | 537 |
| 29. Urology | 126 |
| 30. Neurosurgery | 71 |
| 31. Cardio-thoracic Surgery | 44 |
| 32. Plastic Surgery | 63 |
| 33. Paediatric Surgery | 35 |
| 34. Immunology and Allergy | 4 |

| | No. |
|---|--------------|
| 35. Infectious Disease | 32 |
| 36. Medical Oncology | 36 |
| 37. Administrative Medicine | 9 |
| 38. Public Health Medicine | 86 |
| 39. Occupational and Environmental Medicine | 13 |
| 40. Anatomical Pathology | 10 |
| 41. Chemical Pathology | 13 |
| 42. Forensic Pathology | 8 |
| 43. Haematology | 9 |
| 44. Immunology | 3 |
| 45. Clinical Microbiology & Infection | 35 |
| 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 | 12 |
| 56. Paediatric Neurology | 4 |
| 57. Clinical Toxicology | 3 |
| 58. Paediatric Respiratory Medicine | 5 |
| 59. Genetics and Genomics (Paediatrics) | 0 |
| Total: | 7 012 |