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OF HONG KONG

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Guidelines for All Registered Medical Practitioners

Noting that telemedicine has become a more common practice of the profession, the Medical Council has set up a dedicated Task Force to discuss about the ethical principles involved and has drawn up, with reference to some overseas guidelines and the World Medical Association Statement on the Ethics of Telemedicine, the following “Ethical Guidelines on Practice of Telemedicine” for guidance of doctors.

The Medical Council of Hong Kong Ethical Guidelines on Practice of Telemedicine

Definition, Scope and Interpretation of these Ethical Guidelines

1. “Telemedicine” is defined in the World Medical Association (“WMA”) Statement on the Ethics of Telemedicine (last amended in October 2018) to mean:

“...the practice of medicine over a distance, in which interventions, diagnoses, therapeutic decisions, and subsequent treatment recommendations are based on patient data, documents and other information transmitted through telecommunication systems.”
2. However, the term “telemedicine” embraces a wide spectrum of activities, including but not limited to the following 4 domains:
 - (a) Tele-treatment of patients within the definition of WMA;
 - (b) Collaboration between doctors and/or with other healthcare professionals through telecommunication systems;
 - (c) Monitoring of patients through telecommunication systems; and
 - (d) Dissemination of service information and/or health education to the public (including patients) through telecommunication systems.
3. For the purpose of these ethical guidelines, “telecommunication systems” include telephone, email, social media (e.g. SMS, WhatsApp, Facebook, internet forum & etc.); and other means of electronic communication between two or more people in different locations, at least one of which is within the Hong Kong Special Administrative Region (“HKSAR”). And unless the context requires otherwise, words in the masculine gender include the feminine gender and words in the singular include the plural, and vice versa.

4. Dissemination of service information and/or health education to the public is generally not addressed in these ethical guidelines which focus on activities falling within the first 3 domains mentioned in paragraph 2 above. Doctors are however advised to familiarize themselves with the requirements under Part B of the Code of Professional Conduct (revised in January 2016) (“the Code”) before embarking on activities falling within the last domain mentioned in paragraph 2 above.
5. Given the diversity of telemedicine settings, these ethical guidelines aim to be broad and generic in nature since telemedicine is still in the developing stage in Hong Kong. This is not a legal document and should be given a fair interpretation in order to attain the objects of the relevant provisions. To be relevant, these ethical guidelines will be regularly updated.
6. These ethical guidelines should not be construed to authorize a doctor to engage in medical practice outside the HKSAR or in such a manner, not otherwise authorized by law. A doctor must comply with the law governing the practice of medicine in all jurisdictions where patients receive his medical services.
7. These ethical guidelines are not intended for regulation of overseas doctors who practise telemedicine on patients in Hong Kong. However, the Medical Council may report any person, who not being a registered medical practitioner (or exempted from registration) practises telemedicine on patients in Hong Kong, to the relevant professional body and/or law enforcement agency for investigation and prosecution.
8. These ethical guidelines are not meant to be exhaustive. A doctor should familiarize himself with the WMA Statement on the Ethics of Telemedicine. However, in case the principles and recommendations set out in the WMA Statement on the Ethics of Telemedicine are different, the relevant provisions in these ethical guidelines shall prevail.
9. Contravention of these ethical guidelines may render a doctor liable to disciplinary proceedings.

General Principles

10. A doctor who substitutes telemedicine for traditional modes of delivery of medical care and/or advice remains fully responsible for meeting all legal and ethical requirements and must exercise due diligence when practising telemedicine.
11. Standards of care that protect patients during face-to-face medical consultations apply equally to telemedicine.
12. The requirements under Part E of the Code that regulate the relationship between doctors and with other healthcare professionals apply equally to telemedicine.
13. A doctor should adhere to well-established principles and standards guiding privacy and security of records, informed consent, safe prescribing and other key areas of medical practice as set out in the Code, as well as any written and unwritten rules of the profession when practising telemedicine.

14. A doctor who treats or prescribes through telecommunication systems must ensure that he possesses appropriate licensure in all jurisdictions where patients receive his medical services.

Doctor-Patient Relationship

15. A “doctor-patient relationship” is the cornerstone to a doctor’s primary responsibility to provide proper medical care to his patient.
16. Establishment of a “doctor-patient relationship” may not be easy to discern especially when the doctor and patient are in separate locations and/or no prior in-person relationship exists between them. It is advisable to practise telemedicine only in cases in which a prior in-person relationship exists between a doctor and a patient. Where an existing “doctor-patient relationship” is not present, a doctor must take appropriate steps to establish a credible “doctor-patient relationship” with a patient before practising telemedicine.
17. Moreover, a “doctor-patient relationship” is based on trust and mutual respect. It is therefore essential that a doctor and a patient must be able to identify each other reliably when telemedicine is employed. In case of doubt, a doctor should advise for in-person consultation with a patient.
18. It is however pertinent to note that a “doctor-patient relationship” may not always be present in telemedicine. Provision of consulting services by a doctor to another doctor, with whom alone the patient maintains a “doctor-patient relationship”, will nonetheless fall within the scope and definition of telemedicine.

Evaluation and Treatment of Patient

19. A doctor should ensure that a patient is properly evaluated and treated. A documented medical evaluation and collection of medical history commensurate with the presentation of a patient.
20. The use of telemedicine depends on the factors of clinical context and clinical goals, and whether the telemedicine technology applied is reasonably appropriate and compatible with these two factors. The doctor must be satisfied that the patient is suitable for a telemedicine interaction and that the standard of care delivered via telemedicine is reasonable considering the specific context. Telemedicine must not be viewed as a cost-effective substitute for in-person consultation with patients.
21. Any telemedicine service must be provided as part of a structured and well organized system and the overall standard of care delivered by the system must not be less compared to a service not involving telemedicine. A doctor should receive proper training on the use and operation of the system. He must also ensure that the device to be used in the system is fit for its purpose and with high stability.

22. A doctor should exercise caution in providing telemedical advice to patients, bearing in mind that he may not be licensed to practise in the jurisdictions where patients are situated. It is acceptable to provide patients with general information on their medical conditions. In case of emergency, a doctor may also provide patients with information on first aid. However, if specific medical advice or treatment is required and in-person consultation cannot be promptly arranged, patients should be advised to consult doctors in the vicinity.

Informed Consent

23. Proper informed consent requires that all necessary information regarding the telemedicine interaction be explained fully to the patient in a clear and understandable manner, including how telemedicine works, its limitations and adequacy to meet the desired standard of care, other suitable alternatives available, privacy concerns, the possibility of technological failure including confidentiality breaches, protocols for contact during virtual visits, prescribing policies, and coordinating care with other healthcare professionals.
24. If a physical examination is likely to add critical information, the doctor should not proceed until a physical examination can be arranged.

Prescription

25. A doctor may prescribe for a patient via electronic means only when he has adequate knowledge of the patient's health, and is satisfied that the medicine serves the patient's needs. A doctor must consider: (a) the limitations of the medium through which he is communicating with the patient; (b) the need for physical examination or other assessments; and (c) whether he has access to the patient's medical records.
26. Before prescribing any medicine for the first time to the patient, it is advisable for the doctor to have an in-person consultation with that patient.
27. A doctor should make sure that any instructions, e.g. for administration or monitoring the patient's condition, are understood by the patient and/or the caregiver. A doctor prescribing for an overseas patient should also have regard to differences in a product's licensed name, indications and recommended dosage regimen.
28. A doctor should keep a detailed record of the advice he had delivered as well as the information he has received and on which the advice is based in the patient's medical record.

Medical Records and Confidentiality

29. When practising telemedicine, a doctor owes the same professional responsibilities in respect of medical record keeping and patient confidentiality as for in-person consultation with patients. A doctor is advised to familiarize himself with the requirements under section 1 of Part A of the Code.

Relationship with Other Healthcare Professionals

30. A doctor should clarify with other healthcare professionals involved in the practice of telemedicine their respective roles and responsibilities in the duty of care to the patient.
31. If a doctor asks for another healthcare professional's advice or second opinion, he remains responsible for treatment and other decisions and recommendations given through him to the patient.
32. If a doctor receives a referral which does not contain the information required to make a fair assessment of the patient, he should request the relevant information or return the referral to the referrer with a request for more specific information.
33. A doctor working with or receiving reports from other healthcare professionals should ensure that the required standards of care to the patient are followed and must notify the other healthcare professionals if he has concerns about the quality of care being provided.

Privacy and Patient Confidentiality

34. The doctor must aim to ensure that patient confidentiality and data integrity are not compromised. Data obtained during a telemedical consultation must be secured through encryption and other security precautions must be taken to prevent access by unauthorized persons.
35. The doctor should be aware of the security issues specific to the use of electronic communications, e.g. difficult to verify a person's identity. A doctor should check with the patient before sending sensitive information by electronic means to the patient.

Limitations

36. The doctor needs to be aware of the limits of any telemedicine applications and electronic communications, and to ensure that he does not attempt to provide a service which puts the patient's safety at risk. In particular, a doctor needs to be aware of the inherent risks in providing treatment when a physical examination of the patient is not possible.
37. A doctor should advise the patient of any limits associated with telemedicine applications and electronic communications. For example, the doctor should advise patients not to use email if urgent advice is required. A doctor may also advise patients that he would not accept a certain type of electronic communication due to its limitations.
38. If technical and environmental limitations affect the quality of a telemedicine consultation such that minimum standards cannot be met, the consultation must be terminated and alternatives must be considered.

Quotable Qualifications

According to section 5 “Professional communication and information dissemination” of the Code of Professional Conduct, doctors may quote those quotable qualifications approved by the Medical Council in dissemination of service information to the public. The Guidelines on Quoting of Qualifications and the updated List of Quotable Qualifications (“the List”) are promulgated on the Medical Council’s website at <http://www.mchk.org.hk/english/guideline/qualification.html>.

Additions to the List of Quotable Qualifications

Since January 2019, the Medical Council, on the recommendation of the Education and Accreditation Committee, has approved additions to the List as set out in the ensuing paragraphs.

(i) Addition of quotable qualifications under the generally approved category

The Medical Council has approved the following qualifications for inclusion in the List under the generally approved category:

Title of Qualification	Abbreviation	Chinese Title	Date of Approval by the Medical Council
1. Postgraduate Diploma in Oncology, University of London	PgDip Oncology (Lond)	倫敦大學腫瘤科深造文憑	3 April 2019
2. Fellow, The Australasian College of Dermatologists	FACD	澳洲皮膚科醫學院院士	3 April 2019
3. Master of Science in Reproductive Medicine and Clinical Embryology, The Chinese University of Hong Kong	MSc in Reprod Med & Clin Embryol (CUHK)	香港中文大學生殖醫學與臨牀胚胎學理學碩士	5 June 2019
4. Founding Fellowship of Faculty of Clinical Forensic Medicine of Royal College of Pathologists of Australasia	FFCFM (RCPA)	澳洲皇家病理科醫學院臨床法醫學系創院院士	3 July 2019

(ii) Addition of quotable qualifications under the specifically approved category

The Medical Council has also approved the following qualifications for inclusion in the List under the specifically approved category:

Title of Qualification	Abbreviation	Chinese Title	Date of Approval by the Medical Council	Reference
1. Doctor of Medicine (Research), University of London	MD (Res) (Lond)	倫敦大學醫學博士 (科研)	6 March 2019	MC/QQ/04/18
2. Doctor of Philosophy in Cutaneous Immunology, King's College London	PhD (Cutaneous Immunology) (KCL)	倫敦國王學院皮膚免疫學哲學博士	6 March 2019	MC/QQ/11/18
3. Doctor of Philosophy, The University of Hong Kong	PhD (HK)	香港大學哲學博士	3 April 2019	MC/QQ/05/19
4. Doctor of Philosophy, The University of Hong Kong	PhD (HK)	香港大學哲學博士	5 June 2019	MC/QQ/03/19
5. Doctor of Philosophy, The University of Hong Kong	PhD (HK)	香港大學哲學博士	5 June 2019	MC/QQ/04/19

The qualifications can only be quoted by the specific applicants to whom the approvals are given.

Application for Quoting Research Master and Doctoral Degrees

Doctors are advised that individual approval is required for quoting the specifically approved qualifications (i.e. research master and doctoral degrees other than “Master of Surgery” and “Doctor of Medicine”) included in the List. Applications for quoting the specifically approved qualifications should be made to the Education and Accreditation Committee of the Medical Council.

Quotable Appointments

The Medical Council has implemented the Rules on Quotable Appointments (“the QA Rules”) with effect from 1 December 2014.

Under the QA Rules and the Guidelines on Quotability of Appointments by Private Hospitals, Nursing Homes, Maternity Homes and Medical Clinics, a private hospital, nursing home, maternity home or medical clinic has to satisfy the Medical Council that it has an established and objective system of offering appointments which is acceptable to the Medical Council before its appointments can be quoted by doctors in their medical practice. The names of 14 institutions with their appointment systems accepted by the Medical Council and their approved quotable appointments are included in the List of Quotable Appointments by Private Hospitals, Nursing Homes, Maternity Homes and Medical Clinics accepted under the Rules on Quotable Appointments (“the QA List”).

Members of the profession are required to comply with the QA Rules in quoting their appointments for the purpose of professional practice in Hong Kong. They are also advised to refer to the QA List for quotability of any appointments made by private hospitals, nursing homes, maternity homes and medical clinics before quoting them.

The QA Rules and the QA List are promulgated on the Medical Council’s website at <http://www.mchk.org.hk/english/guideline/appointment.html>.

Addition of New Specialties in the Specialist Register

The Education and Accreditation Committee of the Medical Council at its meetings held on 18 January 2019 and 19 July 2019 accepted the recommendations of the Hong Kong Academy of Medicine for addition of two new specialties, namely “Paediatric Endocrinology (兒童內分泌科)” (S62) and “Genetic and Genomic Pathology (遺傳及基因組病理學)” (S63), to the Specialist Register respectively.

Statistics on Complaints / Inquiries Handled in 2018

Table 1 - Complaints received by the Medical Council

Number of Complaints Received	2014	2015	2016	2017	2018
	624*	493	628*	496	639*
(A) Allegations by category					
1. Conviction in Court	58	31	53	57	55
(a) Failure to keep proper record of dangerous drugs	(4)	(3)	(3)	(2)	(2)
(b) Others	(54)	(28)	(50)	(55)	(53)
2. Disregard of professional responsibility to patients	285	289	330	321	446 [#]
3. Issuing misleading / false medical certificates	28	24	24	36	29
4. Practice promotion	6	10	7	13	33
5. Misleading, unapproved description and announcement	12	9	150	9	6
6. Improper / indecent behaviour to patients	6	5	8	7	17
7. Abuse of professional position to further improper association with patients	2	2	2	-	-
8. Fitness to practise	2	-	3	-	-
9. Abuse of professional confidence	-	-	-	2	2
10. Depreciation of other medical practitioners	1	1	2	-	1
11. Sharing fee and improper financial transaction	-	-	-	2	3
12. Medical records	-	-	-	11	6
13. Handling of patient's personal data	-	-	-	3	1
14. Other minor issues unrelated to professional responsibility	224	122	49	35	40
(B) Progress of complaints as at 31 December 2018					
1. Dismissed by the Chairman and the Deputy Chairman of the relevant Preliminary Investigation Committee ("PIC") in consultation with a lay member as being frivolous or groundless	439	323	197	109	5
2. Could not be pursued further because the complainants failed to provide further information or statutory declaration or the complaints were anonymous or withdrawn, etc.	24	30	38	18	2
3. Under consideration by the Chairman and the Deputy Chairman of the relevant PIC in consultation with a lay member	1	2	21	124	395
4. Held in abeyance	-	1	2	-	-
5. Being considered at the PIC meetings	6	18	72	173	220
6. Dismissed by the relevant PIC	64	81	235	33	10
7. Referred to the Medical Council for no disciplinary inquiry	40	19	41	29	6
8. Referred to the Medical Council for no pre-registration inquiry	-	-	1	2	1
9. Referred to the Medical Council / Inquiry Panel for disciplinary inquiry	42	17	20	4	-
10. Referred to the Medical Council for restoration inquiry	6	1	-	1	-
11. Referred to the Medical Council for pre-registration inquiry	-	1	1	2	-
12. Referred to the Health Committee for hearing	2	-	-	1	-

Remarks:

* The net number of complaints received in 2014 and 2016 were 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. The net number of complaints received in 2018 was 506 as there were 74 complaints on the same incident against a registered medical practitioner and 61 complaints on another incident against 3 registered medical practitioners received in 2018 respectively.

The breakdown of cases on "Disregard of professional responsibility to patients" in 2018 is as follows:

- (a) Inappropriate prescription of drugs – 195 cases
- (b) Conducting unnecessary or inappropriate treatment / surgery – 118 cases
- (c) Failure / unsatisfactory result of treatment / surgery, failure to properly / timely diagnose illness and disagreement with doctor's medical opinion – 56 cases
- (d) Fees and others – 28 cases
- (e) Doctor's unprofessional attitude / Doctor-patient communication – 23 cases
- (f) Failure to give proper medical advice / explanation – 20 cases
- (g) Treatment (others) – 6 cases

Table 2 - Breakdown on the complaints received in 2018 which were dismissed by the Chairman and the Deputy Chairman of the deemed PIC of the Medical Council as being frivolous or groundless

<u>Nature of Complaints</u>	<u>No. of Cases</u>
1. Fees dispute	3
2. Undesirable reactions to drugs prescribed	1
3. Other issues unrelated to professional misconduct	1
Total:	5

Remarks:

No complaint was dismissed by the Chairman and the Deputy Chairman of the new PIC of the Medical Council as being frivolous or groundless in 2018.

Table 3 - Work of the PICs of the Medical Council

<u>Nature</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
1. Total number of cases referred to the PIC meetings	95	129	154	368	242*
2. Total number of cases referred to the Medical Council for no disciplinary inquiry / pre-registration inquiry after the PIC meetings	20	35	38	53	41 [#]
3. Total number of cases referred to the Medical Council / Inquiry Panel for disciplinary inquiry / restoration inquiry after the PIC meetings	48	57	57	38	39 [#]
4. Total number of cases referred to the Health Committee for hearing after the PIC meetings	-	1	-	1	1

Remarks:

* This figure included those cases received before 2018. They were considered by the PICs in 2018 under the following categories:

	<u>No. of Cases</u>
(a) Disregard of professional responsibility to patients	153
• <i>conducting unnecessary or inappropriate treatment / surgery</i>	57
• <i>inappropriate prescription of drugs</i>	32
• <i>failure / unsatisfactory results of treatment / surgery</i>	28
• <i>failure to properly / timely diagnose illness</i>	25
• <i>failure to give proper medical advice / explanation</i>	5
• <i>fees and others</i>	5
• <i>doctor's unprofessional attitude / doctor-patient communication</i>	1
(b) Conviction in court	46
(c) Misleading, unapproved description and announcement	10
(d) Issuing misleading / false medical certificates	7
(e) Practice promotion	7
(f) Improper / indecent behaviour to patients	4
(g) Fee dispute	3
(h) Medical records	1
(i) Fitness to practise	1
(j) Handling of patient's personal data	1
(k) Abuse of profession confidence	1
(l) Miscellaneous	8
Total:	242

No case was referred by the new PIC to the Medical Council in 2018. The cases referred by the deemed PIC to the Medical Council in 2018 are classified as follows:

	No. of Cases
(A) Recommended for no disciplinary inquiry	
Conviction in court	38
• <i>careless driving</i>	31
• <i>dangerous driving</i>	3
• <i>riding or driving on a footpath</i>	1
• <i>camping / erecting tent or temporary shelter within a country park without permit or otherwise in designated camping site</i>	1
• <i>failing to comply with a prescribed traffic sign within the Tsing Ma Control Area</i>	1
• <i>failing to comply with the Mandatory Provident Funds Schemes Ordinance</i>	1
(B) Recommended for no pre-registration inquiry	
(a) Conviction in court	3
• <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
(b) Found guilty by an overseas medical school	1
(C) Recommended for disciplinary inquiry	
(a) Conviction in court	7
• <i>dangerous drugs related conviction</i>	3
• <i>driving a motor vehicle with alcohol concentration in breath exceeding the prescribed limit</i>	1
• <i>indecent assault</i>	1
• <i>fraud</i>	1
• <i>committing an act outraging public decency</i>	1
(b) Disregard of professional responsibility to patients	21
• <i>inappropriate prescription of drugs</i>	10
• <i>failure / unsatisfactory results of treatment / surgery</i>	5
• <i>failure to properly / timely diagnose illness</i>	3
• <i>conducting unnecessary or inappropriate treatment / surgery</i>	2
• <i>failure to give proper medical advice/ explanation</i>	1
(c) Practice promotion / Misleading, unapproved description and announcement	2
(d) Misleading description and announcement	3
(e) Abuse of professional confidence	1
(f) Improper association with patients	1
(g) Fee dispute	1
(h) Other issues unrelated to professional misconduct	2
(D) Recommended for restoration inquiry	
Other issues unrelated to professional misconduct	1
Total:	80

Table 4a - Work statistics of the deemed PIC of the Medical Council in 2018

	Quarter				Total
	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	
No. of PIC meetings	3	3	3	3	12
No. of cases considered	65	63	55	51	234
No. of cases dismissed (%)	44 (67.7%)	36 (57.1%)	34 (61.8%)	39 (76.5%)	153 (65.4%)
No. of cases referred to the Medical Council (%)	20 (30.8%)	27 (42.9%)	21 (38.2%)	12 (23.5%)	80* (34.2%)
No. of cases referred to the Health Committee (%)	1 (1.5%)	0 (0%)	0 (0%)	0 (0%)	1 (0.4%)

* Of them, 41 cases were of minor offences and the Medical Council accepted the PIC's recommendation that no disciplinary inquiry / no pre-registration inquiry was to be held (Please see details at Table 3).

Table 4b - Work statistics of the new PIC of the Medical Council in 2018

	Quarter				Total
	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	
No. of PIC meetings	-	-	-	1	1
No. of cases considered	-	-	-	8	8
No. of cases dismissed (%)	-	-	-	8 (100%)	8 (100%)
No. of cases referred to the Medical Council (%)	-	-	-	0 (0%)	0 (0%)
No. of cases referred to the Health Committee (%)	-	-	-	0 (0%)	0 (0%)

Table 5 - Disciplinary inquiries conducted in 2018

Nature	No. of cases involved	Decision
(A) Conviction in court		
(a) Failure to keep a register of dangerous drugs in the specified form	(2)	Removed for 1 month (suspended for 6 months)
(b) Fraud	(1)	Removed for 3 months (suspended for 12 months)
(c) Offence of committing an act of outraging public decency	(1)	Removed for 4 months (suspended for 12 months)
(d) Indecent assault	(1)	Removed for 6 months
Sub-total	5	
(B) Disregard of professional responsibility to patients		
	(1)	Warning letter (not gazetted)
	(1)	Warning letter (gazetted)
	(2)	Reprimanded
	(3)	Removed for 1 month (suspended for 12 months)
	(1)	Removed for 1 month (suspended for 18 months)
	(1)	Removed for 2 months (suspended for 12 months)
	(1)	Removed for 3 months (suspended for 12 months)
	(2)	Removed for 3 months (suspended for 24 months)
	(2)	Removed for 6 months
	(1)	Not guilty
	(2)	Disciplinary inquiries to continue in 2019
Sub-total	17	
(C) Practice promotion / Quotable qualification		
	(1)	Warning letter (gazetted)
	(1)	Reprimanded
Sub-total	2	
Total	24	

[Summary : 21 cases: guilty
1 case : not guilty
2 cases: to continue in 2019

No of inquiry days : 35 days

All cases were referred for inquiry by the PIC meetings held in/before 2018.]

Table 6 - Figures on appeal cases

	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
No. of appeals lodged during the year	2	1	0	2	2
No. of appeal cases carried forward from previous years	5	4	0	0	2
Total no. of appeal cases in progress in the year:	7	5	0	2	4

Results of appeal cases concluded in 2018:

	<u>No. of Cases</u>
(a) Dismissed by Court of Appeal	1
(b) Allowed by Court of Appeal	0
(c) Appeal withdrawn	1
Total:	2

Result of Election of Medical Members of the Medical Council

The Medical Council held its 24th election of Medical Council Members to fill two vacancies with vote counting conducted on 17 December 2019. Dr CHOI Kin, Gabriel and Dr HO Pak-leung, JP were re-elected by obtaining 5 199 and 5 147 votes respectively. Their term of office as Members of the Medical Council will commence from 24 January 2020 for a period of three years.

Reminders

Reporting of offence punishable with imprisonment

A doctor convicted of any offence punishable with imprisonment is liable to disciplinary proceedings of the Medical Council, regardless of whether he/she is sentenced to imprisonment. Some offences, though appear to be trivial, e.g. careless driving, riding / possessing bicycle within country park or special area without consent of the authority, driving / using an unregistered / unlicensed vehicle, using vehicle without insurance, riding / driving on a footpath, camping / erecting tent or temporary shelter within a country park without permit or otherwise in designated camping site, failing to comply with a prescribed traffic sign within the Tsing Ma Control Area, failing to comply with the Mandatory Provident Funds Schemes Ordinance, etc. are in fact offences punishable with imprisonment.

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

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

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

Timely renewal of practising / retention certificate

A notification letter was issued to individual doctors on 30 September 2019 inviting them to apply for renewal of the annual practising / retention certificates. The Medical Council would like to remind doctors to make timely application for renewal of the certificates, and draw doctors' attention to the following:

- (a) According to section 20A of the Medical Registration Ordinance (“the Ordinance”), a doctor who has not renewed the practising certificate by 31 December cannot lawfully practise medicine from 1 January of the following year onwards, until and unless he/she has obtained a valid practising certificate.

(b) Section 19(1)(b) of the Ordinance provides that the Medical Council may order the removal from the General Register of the name of any person who has not, before 30 June of a year, obtained his/her practising / retention certificate for that year. If a doctor's name is removed from the General Register, he/she will cease to be a registered doctor and cannot continue to practise. It is a criminal offence under section 28(2) of the Ordinance for a person whose name is not on the General Register to practise medicine or surgery.

Change of registered address

Under the Ordinance, any registered medical practitioner is required to provide the Registrar of Medical Practitioners with an address at which notices from the Medical Council may be served on him/her. For this purpose, please notify the Registrar of Medical Practitioners either in writing or by completing a form, which is available from the Medical Council's website and can be obtained from the Central Registration Office at the following address, as soon as there is any change in your registered address:

17/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong
(Tel. No.: 2961 8648 / 2961 8758
Fax No.: 2891 7946 / 2573 1000)

The address provided will be used for the purposes associated with registration under the Ordinance. The registered addresses as well as the names, qualifications and dates of qualifications of all persons whose names appear on the General Register are required to be published annually in the Gazette.

Although the registered address may be a practising address, a residential address or a Post Office Box number, the Medical Council advises that the **practising address** be provided as the registered address. The practising address will be of more meaningful reference for the public in ascertaining who is entitled to practise medicine in Hong Kong, and will also afford privacy to the practitioner's residential address.

While publication of the registered medical practitioner's registered address in the Gazette is a mandatory requirement under the Ordinance, the Medical Council has decided that a registered medical practitioner may choose whether to have his/her registered address published on the Council's website. Any subsequent change in your choice must be notified in writing to the Registrar of Medical Practitioners. Given the size of the updating exercise which involves over 14 000 entries, the list of registered medical practitioners on the website will be updated on a monthly basis. Any request for changing the publication of registered address and/or any other information in individual entries on the Medical Council's website will be processed only during the updating exercises.

Membership Lists (as at 31 December 2019)

The Medical Council of Hong Kong

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Dr LO Chi-yuen, Albert (盧志遠醫生)

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Dr LUNG David Christopher (龍振邦醫生)

Dr CHOI Kin, Gabriel (蔡堅醫生)

Mr MUI Cheuk-nang, Kenny (梅卓能先生)

Dr CHOW Yu-fat (周雨發醫生)

Dr PONG Chiu-fai, Jeffrey (龐朝輝醫生)

Prof. FOK Tai-fai SBS JP (霍泰輝教授)

Dr SHEA Tat-ming, Paul (佘達明醫生)

Dr HO Hung-kwong, Duncan (何鴻光醫生)

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Dr HO Pak-leung JP (何栢良醫生)

Dr WAI Yuk-chun, Veronica (韋玉珍醫生)

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

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Mr HUNG Hin-ching, Joseph (孔憲正先生)

Dr YEUNG Hip-wo, Victor (楊協和醫生)

Dr IP Wing-yuk (葉永玉醫生)

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

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