

## PROFESSIONAL CODE AND CONDUCT

The Medical Council has reviewed paragraph 4.2.3 of the Professional Code and Conduct with a view to providing clearer guidelines to medical practitioners in solo or group practice on dissemination of professional services information to the public. On the recommendation of the Ethics Committee, the Council has after deliberation endorsed a number of changes. Medical practitioners working in group practice may exhibit either their own individual signboards or a shared signboard for the practice. Bona fide logos are permitted on stationery and signboards. The allowed size of announcements of commencement of practice or altered conditions of practice is increased from 100cm<sup>2</sup> to 300cm<sup>2</sup>. The range of fees of medical services is allowed to be included in the Service Information Notice and the Doctors Directory and two new paragraphs for incorporating the Guidelines on Dissemination of Service Information through Service Information Notices and Doctors Directories into the Code are added. The revised paragraphs 4.2.3.1, 4.2.3.2, 4.2.3.3, 4.2.3.6, 4.2.3.7 and the relevant Appendices (changes underlined therein for ease of reference) are appended below for the information of members of the medical profession and supersede the previous version issued in November 2000 with immediate effect.

### 4.2.3 Dissemination of information about professional services to the public

A doctor, whether in private or public service, may provide information about his professional services to the public only in the following ways:-

#### 4.2.3.1 Signboards

The word "signboard" includes any sign(s) and composite notice(s) exhibited by a registered medical practitioner to identify his practice to the public.

Not more than two signboards may be exhibited and only on the premises at which the practice to which they refer is conducted. Additional signboards complying with the requirements set out in Appendix A may also be exhibited. They should not be ornate or illuminated (except at night or where situated in a dark place). Any such illumination must be the minimum necessary to allow the contents to be read and must not flash.

A medical practitioner working in association with a medical establishment may put both his name and the name of that establishment on the signboard. The same set of restrictions on permitted sizes and measurements of signboards would apply in both cases. Details of permitted sizes and measurements are given in Appendix A.

Medical practitioners working in group practice may exhibit either their own individual signboards or a shared signboard. The permitted sizes of shared signboards are detailed in Appendix A.

The only particulars which may appear on signboards are:-

- (a) The name of the registered medical practitioner and the name by which the practice is known, in Chinese or English, with the prefix Dr. (西醫/男西醫/女西醫) or the Chinese suffix "醫生" or "醫師".
- (b) The term "registered medical practitioner" (註冊醫生或註冊西醫).
- (c) Qualifications recognized by the Council in the approved Chinese and English abbreviated forms.
- (d) An indication of the location in the building of the medical practitioner's office.
- (e) The hours of attendance at such office.
- (f) The specialist title as approved by the Medical Council.
- (g) The name and logo of the medical establishment with which the practitioner is associated. (Only bona fide logos which are graphic symbols designed for ready recognition of the medical establishment may be displayed.)

A medical practitioner should not allow his name to appear on any signboard which carries merchandise or service promotion. He should not allow the placement of his signboard in a way which gives the appearance that he is associated with other signboards which do not comply with paragraph 4.2.

In addition to the permitted signboards, a doctor may exhibit directory boards, directional notices, and notices of consulting hours in accordance with the provisions of Appendix A.

#### 4.2.3.2 Stationery

Stationery (visiting cards, letterheads, envelopes, prescription slips, notices etc.) may only carry the following information:-

- (a) the practitioner's name, and (where appropriate) the name of the practice, and the names of partners, assistants or associates in the practice;
- (b) specialist title, qualifications and appointments approved by the Council in their Chinese and English forms;

- (c) address(es) and location map of the practice;
- (d) telephone, fax, pager numbers, e-mail address;
- (e) consultation hours; and
- (f) the name and logo of the medical establishment with which the practitioner is associated. (Only bona fide logos which are graphic symbols designed for ready recognition of the medical establishment may be displayed.)

#### 4.2.3.3 *Announcements by media*

##### Commencement and Altered Conditions of Practice

Announcements of commencement of practice or altered conditions of practice (e.g. change of address, partnership etc.) are permissible only in newspapers provided that all announcements are completed within two weeks of the commencement/change taking place AND comply with paragraph 4.2.1 of this Code. The size of the announcement must not exceed 300cm<sup>2</sup> and the announcement may contain only the information specified in paragraph 4.2.3.2 together with the date of the commencement or alteration of the conditions of practice. Examples of permitted announcements are given in Appendix B.

Similar announcement via other media including printing, mailing, broadcasting and electronic means is not permitted. Photographs are not allowed.

##### Other announcements

Letters of gratitude or announcements of appreciation from grateful patients or related persons identifying the practitioner concerned should not be published in the media or made available to members of the public. A practitioner should take all practical steps to discourage any such publications.

#### 4.2.3.6 Service information notices

A doctor may display at the exterior of his office a service information notice bearing the fee schedules and the medical services provided by him. The service information notice must comply with the guidelines set out in Appendix E.

#### 4.2.3.7 Doctors directories

A doctor may provide information about his professional services to the public through doctors directories published by professional medical organizations approved by the Medical Council for that purpose.

A doctors directory must comply with the guidelines set out in Appendix F. A doctor who provides information for publication, or permits publication of such information, in a doctors directory has a personal responsibility to ensure that the directory is in compliance with the guidelines.

## Details of Permitted Sizes and Measurements of Signboards

### I. Signboard

The area of a signboard is taken to be the length multiplied by the breadth of its face, or faces, including all borders.

The areas of any number of visible faces (i.e. can be read from different directions) on the signboards must not in aggregate exceed the permitted maximum size of signboards in that precise location.

*Generally permitted.* Every registered medical practitioner is permitted to exhibit not more than two signboards on or beside that door which gives immediate and direct access to his surgery. The size of the signboards beside that door must not exceed ten square feet.

#### *Additional signboards permitted*

##### A. For Ground Floor offices with direct access from the pavement

*One signboard:* the wording of which is visible from the street, exhibited below first floor level.

N.B. For offices in this category, no more than three signboards in total may be exhibited.

##### B. For offices situated within a building having one public entrance

*One signboard:* the wording of which is visible from the street, exhibited at the floor level where the practice is conducted.

*One signboard:* the wording of which is visible from the street, exhibited adjacent to the public entrance to the building.

N.B. For offices in this category no more than four signboards in total may be exhibited.

##### C. For offices situated within a building having more than one public entrance

*One signboard:* the wording of which is visible from the street, exhibited at the floor level where the practice is conducted.

*Two signboards:* the wording of which is visible from the street, exhibited adjacent to a maximum of two public entrances to the building.

N.B. For offices in this category no more than five signboards in total may be exhibited.

**NOTE** A. The maximum number of signboards permitted in total includes the number "Generally permitted" plus the number shown under "Additional signboards permitted".

- B. (1) No additional signboard exhibited below First Floor level may exceed ten square feet.
- (2) No additional signboard exhibited at Mezzanine Floor or First Floor level may exceed thirteen square feet.
- (3) No additional signboard exhibited at a level above First Floor level may exceed twenty square feet.

### Shared signboards

The upper limits on the permitted sizes of shared signboards are detailed below :-

- (a) For a group practice with 2 medical practitioners working in that practice, the permitted size of a shared signboard must not exceed 20 square feet.
- (b) For a group practice with 3 or more medical practitioners working in that practice, the permitted size of a shared signboard must not exceed 30 square feet.

The upper limits on the permitted sizes of shared signboards also apply to the size of the additional shared signboards exhibited at different floor levels.

Medical practitioners are allowed to include other health care professionals working in the same practice in the shared signboards. However, the other health care professionals working in that practice should not be included in the calculation of the permitted size of the shared signboard.

### *II. Directory Boards*

Where directory boards are provided in buildings having a number of entrances and lobbies there will be no objection to the use of whatever number of boards are provided. The particulars which may appear on directory boards are those which may appear on signboards. Each entry must conform to the standard size for every other entry on the board.

### *III. Directional Notices*

Directional notices must contain only the name of the registered medical practitioner, the permitted prefix and the room number of his premises. They can be exhibited only inside a building. The numbers which may be exhibited will be left to the discretion of the practitioner but the guidance given at section 4.2.3.1 of the Code must be given due consideration.

Directional notices must not exceed one square foot in area and all borders must be included in the calculation.

### *IV. Notices of Consulting Hours*

Every registered medical practitioner is permitted to exhibit one separate notice containing his name and details of his surgery hours provided that this information is not already shown on some other sign. The placement of such a notice is left entirely to the practitioner. However, it is emphasized that only one such notice is permitted and its maximum size, including borders, is limited to two square feet.

### Guidelines on Service Information Notices

A doctor may display a Service Information Notice bearing the fee schedules and the medical services provided by him at the exterior of his office. He must ensure that the displayed consultation fees truly reflect his normal charges. He must also ensure compliance with the provisions of section 4.2.1(a) of the Code, i.e. the information shall be legal, decent, honest, truthful, factual, accurate and not exaggerated.

The Service Information Notice must comply with the following guidelines:-

#### Location of Notices

- At the exterior of the office on or immediately next to the entrance for patients

#### Number of Notices

- Maximum number of notices allowed is 2

#### Size of Notice

- A3 size

#### Format of Notice

- Single color print
- Uniform font size
- Plain text only without graphic illustrations
- The notice should not be ornate

#### Permitted Contents of Notice

- All information presently permitted on signboards and stationery under sections 4.2.3.1 and 4.2.3.2 of the Code
- Gender of the doctor
- Language(s) / dialect(s) spoken
- Medical services available in the office (maximum 5 items) and range of fees
- Medical services provided other than in the office (maximum 5 items) and range of fees
- Medical procedures and operations (maximum 5 items) and range of fees
  - ~ Only those procedures in which the doctor has received adequate training and which are within his area of competency may be quoted
  - ~ The nomenclatures of procedures and operations should follow those promulgated by Colleges of the Hong Kong Academy of Medicine, whenever such a list is available
- Range of consultation fees, or composite fees including consultation and basic medicine for a certain number of days
- Affiliated hospitals
- Availability of emergency service and emergency contact telephone number

### Guidelines on Doctors Directories

A doctor may disseminate his professional service through Doctors Directories published by professional medical organizations approved by the Medical Council for that purpose.

He must ensure that the published consultation fees truly reflect his normal charges. He must also ensure compliance with the provisions of section 4.2.1 (a) of the Code, i.e. the information shall be legal, decent, honest, truthful, factual, accurate and not exaggerated.

A Doctors Directory must comply with the following guidelines:-

#### Parameters of Directory

- (a) A Directory should be open to all registered medical practitioners. Inclusion in a Directory should not be restricted to members of particular associations or organizations, except for directories established and maintained by Colleges of the Hong Kong Academy of Medicine and recognized specialty associations.
- (b) Doctors may be categorized as specialist practitioners according to their specialties (i.e. practitioners included under the various specialties in the Specialist Register) and general practitioners.
- (c) Each registered medical practitioner should be given the same choice of information for inclusion in the same Directory.
- (e) Professional medical organizations fulfilling the following criteria may apply to the Medical Council for approval to set up their Directories:-
  - (i) an established body which is legally recognized;
  - (ii) non-profit sharing in nature; and
  - (iii) having the objectives of promoting health care and safeguarding the health interests of the community.
- (f) Approved organizations are responsible for verifying the accuracy of the information before publication. They should establish a mechanism for regular updating of the published information.
- (g) A medical practitioner providing information for publication in a Directory should ensure compliance with the relevant provisions in the Code.

#### Format of Directory

Directory may be in electronic or printed format.

For printed format, the following rules should apply :-

- Single color print
- Uniform font size

- Plain text only without graphic illustrations
  - Accentuation of particular entries by bordering, highlighting or otherwise is prohibited
- For electronic format, the following rules should apply :-
- Single and uniform color font for particulars of individual doctor
  - Graphic illustrations limited to logos of organizations and those used to access different categories or locations of doctors
  - Accentuation of particular entries by blinking, bordering, highlighting or otherwise is prohibited
  - If possible, random listing of same category or location of doctors in each search is advisable

#### Permitted Contents of Directory

- All information presently permitted on signboards and stationery under sections 4.2.3.1 and 4.2.3.2 of the Code
- District where the office of the doctor is located
- Passport-type photograph of the doctor
- Gender of the doctor
- Language(s) / dialect(s) spoken
- Medical services available in the doctor's office (maximum 5 items) and range of fees
- Medical services provided other than in the doctor's office (maximum 5 items) and range of fees
- Medical procedures and operations (maximum 5 items) and range of fees.
  - ~ Only those procedures in which the doctor has received adequate training and which are within his area of competency may be quoted
  - ~ The nomenclatures of procedures and operations should follow those promulgated by Colleges of the Hong Kong Academy of Medicine, whenever such a list is available
- Range of consultation fees, or composite fees including consultation and basic medicine for a certain number of days
- Affiliated hospitals
- Availability of emergency service and emergency contact telephone number

#### Distribution of Directory

Proactive distribution of the Directory or part of it to the public by individual doctors or with their forbearance may constitute professional misconduct of self-advertising / canvassing and is prohibited.



## CONSULTATION PAPER : SUBSTITUTE DECISION-MAKING AND ADVANCE DIRECTIVES IN RELATION TO MEDICAL TREATMENT

The Medical Council has recently examined the Consultation Paper : Substitute Decision-making and Advance Directives in relation to Medical Treatment (the Consultation Paper) issued by the Law Reform Commission of Hong Kong (the Commission). The Consultation Paper concerns proposals to reform the law relating to (a) decision-making by a third party in relation to the medical treatment or the management of the property and affairs of persons who are comatose or in a vegetative state (i.e. substitute decision-making after the onset of incapacity),



and (b) the giving of advance directives by an individual as to the health care or medical treatment he wished to receive at a later stage when the individual is no longer capable of making such decisions (i.e. advance directives before the onset of incapacity).

After examining the reform options in relation to advance directives set out in the Consultation Paper, the Council is in favour of creating a legislative framework for advance directives ultimately in order to provide the necessary safeguards to medical practitioners in ascertaining the wishes and instructions of patients in relation to medical treatment. However, having considered that the concept of advance directives is still new to the community and that it will be premature to legislate when the public had little knowledge and/or understanding of the concept, the Council considers that Option E, which encourages the use of advance directives through administrative means under the existing common law, could be adopted at the present moment. The whole issue should be revisited after the launching of the publicity programmes to promote public awareness of the concept of advance directives in three years time.

The Council also considers Recommendations (1) to (8) in relation to advance directives and Recommendations (9) to (10) in relation to substitute decision-making for persons in a coma or vegetative state. The Council is of the view that the Law Reform Commission should only make recommendations on the general principles for the proposed reform, and implementation details should be worked out by the administrative departments in accordance with the principles. Any recommendation should be administratively viable and should avoid implementation problems for the service providers. The Council's views and comments on the recommendations are summarized as follows :

### **Recommendation 1**

*Promotion of public understanding of the concept of advance directives, and to encourage use of a model form for making advance directives.*

Given that the concept of advance directives is not generally understood by the public, the promotion of the concept of advance directives by non-legislative means is acceptable at the present moment. The option of legislating for advance directives should be revisited after the launching of the publicity programmes to promote public awareness of the concept in three years time. Whilst promoting the patient's right of self-determination in relation to medical treatment, the importance of non-interference in professional clinical judgement should also be emphasized to the public.

### **Recommendation 2**

*The Government in particular the Department of Health and District Offices to launch publicity programmes to promote public awareness of the concept of advance directives.*

This is supported.

### **Recommendation 3**

*To enlist the support of various organizations including the Medical Council, the Hospital Authority, hospitals and clinics in the publicity campaign.*

The Medical Council agrees to support the promotion of public awareness. While agreeing in principle, concern was expressed on the additional workload on public sector doctors resulting from increased use of advance directives. The administrative departments and healthcare professionals should be sufficiently prepared and should work out the implementation details and necessary resources before launching the publicity programmes.

### **Recommendation 4**

*To set out in a model form for advance directives definitions of the terms 'terminally ill' and 'life-sustaining treatment'.*

Given that the treatment of any patient must be based on the patient's actual condition at the time, it is inappropriate for a person to select specific treatment ahead of time. This would put unnecessary restriction on the choice of treatment. Therefore only the advance directive for withholding or withdrawing life sustaining treatment, or alternately the desire to be kept alive for as long as is reasonably possible by any available treatment, should be included.

The definitions of 'terminally ill' and life-sustaining equipment are too rigid. There is reservation on the definitions. It may not be necessary to define these terms rigidly, at least before the stage of legislation.

Furthermore it is unnecessary to include 'nutrition' in palliative case as it may be inappropriate and controversial.

### **Recommendation 5**

*The model form for advance directives should be witnessed by 2 persons including a medical practitioner, and the Medical Council and relevant professional bodies to be encouraged to issue guidelines for doctors witnessing such forms.*

The hospitals or institutions should be free to develop their own forms for advance directives unless and until legislation requires otherwise. It is agreed that a medical practitioner should be one of the witnesses to the advance directive in relation to medical treatment. Preferably, this should be the doctor who has treated the patient so that he/she can readily assess whether the patient is of sound mind at the time he makes the advance directive. He/She should also ensure that the patient knows the nature and implications of the advance directive.

### **Recommendation 6**

*Advance directives may be revoked at any time when the maker is mentally competent. Written directives to be revoked in writing and preferably witnessed by 1 person, but oral revocation may be accepted in acute emergencies*

There should be a mechanism whereby an individual could revoke his advance directive provided that the revocation is made when he is mentally competent and made in the proper circumstances. Where the revocation is of a written advance directive, a witness is required for the written revocation.

### **Recommendation 7**

*To establish a Central Registry for safe-keeping of all advance directives open 24 hours a day for confirmation in emergencies.*

The confidentiality of advance directives should be upheld. Concern was expressed on how oral advance directives could be kept by the Central Registry. If only written advance directives are kept by the Central Registry, checking with the registry would not confirm whether any oral advance directive has been made by an individual. More details are necessary regarding the documentation of oral advance directives.

### **Recommendation 8**

*To encourage consultation with legal advisers and family members before making advance directives.*

The recommendation is supported.



### Recommendation 9

*To amend the definition of 'mentally incapacitated persons' in the Mental Health Ordinance to include persons who are unable to make decisions for themselves and those who are unable to communicate their decisions (which will include comatose or vegetative patients).*

The proposed expansion of the definition of 'mentally incapacitated person' to cover comatose or vegetative persons is controversial from a human rights point of view. In addition, there is a problem with the original definition of 'mentally incapacitated person' in the Mental Health Ordinance because mental incapacity is defined in terms of diagnosis but not functional abilities.

It would be confusing if the definition of 'mentally incapacitated person' is further expanded to include two different categories of persons, namely those who are unable to make decisions and those who are unable to communicate their decisions, within the Ordinance.

### Recommendation 10

*To encourage the Medical Council or other professional bodies to issue guidelines on (a) the assessment on the ability to communicate, (b) the treatment of comatose and vegetative patients, and (c) the criteria for basic care.*

The Medical Council would review the existing practice and to issue guidelines if necessary to enhance consistency of medical practice regarding advance directives.

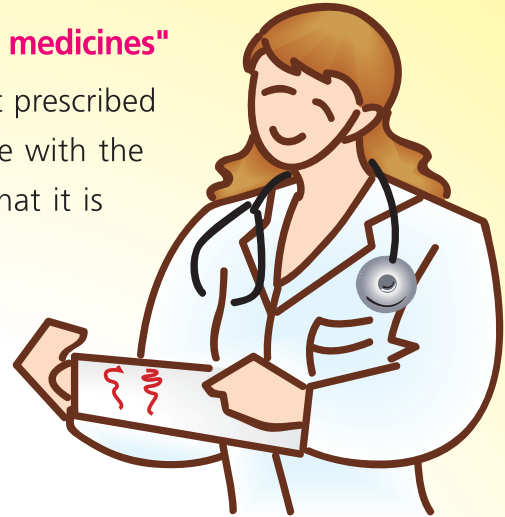


# Advice / Information for All Registered Medical Practitioners

On the recommendation of the Ethics Committee, the Council would like to draw the attention of members of the profession to the following advice :-

## Section 10 "Prescription and labelling of dispensed medicines"

Non-medicinal contents of topical cream or ointment prescribed to patients should be properly labelled in accordance with the Professional Code and Conduct (the Code) except that it is placed as a placebo.



## Section 14 "Relationship between doctors and organizations"

It has come to the attention of the Medical Council that some members of the profession have frequently received invitations from all types of discounted health service organizations inviting them to be a member of the panel of the doctors. The Council would like to reiterate its position on the matter as follows:-

- (a) The Medical Council has no jurisdiction over health or medical organizations. However, a doctor should only join such organizations as their panel doctor if the organizations conform to the principles set out in paragraph 14.2 of the Code. If, after joining an organization, the doctor discovers that the organization does not conform to such principles, he should terminate his association with the organization.
- (b) Provided that the medical scheme involved does not contravene the provisions of the Code, it is a matter of the individual doctor's discretion as to whether or not to accept an invitation to join as the scheme's panel doctor. Payment by cash or credit would not affect the legitimacy of the scheme, as long as no improper financial arrangement is involved.
- (c) Practice promotion may be committed by either a doctor himself or others acting directly or indirectly on his behalf. In normal circumstances he will not be responsible for the acts of persons who act without his agreement. However, a doctor's knowing acquiescence in or forbearance of the acts of others which amount to canvassing for him may render him liable even if the canvassing is not instigated by him in the first place, particularly where such acquiescence or forbearance amounts to encouragement of the improper acts. If a doctor is aware that his name has been used by others for the purpose of canvassing, irrespective of whether or not he is associated with them, he should take proper action to prevent that canvassing from continuing.

The Council would also like to remind members of the profession again of the need to familiarize themselves with the following section of the Professional Code and Conduct for the guidance of registered medical practitioners :-

14.1.1 Doctors who have any kind of financial or professional relationship with such an organization, or who use its facilities, bear responsibility to ensure the organization's advertising conforms to the principles and rules set out in paragraph 4.2 above. This also applies to doctors who accept for examination or treatment patients referred by any such organization. All such doctors must therefore make it their responsibility to acquaint themselves with the nature and content of the organization's advertising, and must exercise due diligence in an effort to ensure that it conforms with this guidance. Should any question be raised about a doctor's conduct in this respect, it will not be sufficient for any explanation to be based on the doctor's lack of awareness of the nature or content of the organization's advertising, or lack of ability to exert any influence over it.

Medical practitioners are reminded that it is their personal responsibility to ensure that the organizations with which they associate advertise only in conformity with the Code, and that they may be held responsible for any contravening advertisement of those organizations.



## QUOTABLE QUALIFICATIONS

The Medical Council approved the following qualifications for inclusion in the List of Quotable Qualifications :-

	<i>Title of Qualifications</i>	<i>Abbreviation</i>	<i>Chinese Title</i>
1.	Fellow of Australasian College for Emergency Medicine, Australasian College for Emergency Medicine	FACEM	澳洲急症科醫學院院士
2.	Master of Science in Public Health, University of Edinburgh	MSc Public Health (Edin)	英國愛丁堡大學公共衛生科碩士
3.	Master of Science in Palliative Medicine, University of Wales College of Medicine	MSc in Palliative Medicine (Wales)	英國威爾斯大學紓緩醫學碩士
4.	Diploma in Maternal Fetal Medicine, Royal Australian and New Zealand College of Obstetricians and Gynaecologists	DMFM (RANZCOG)	澳洲及紐西蘭皇家婦產科醫學院母胎醫學文憑
5.	Diploma in Medical Informatics, Royal College of Surgeons of Edinburgh	DMI (RCSEd)	英國愛丁堡皇家外科醫學院醫療資訊管理文憑
6.	Master of Science in Infectious Diseases, (Distance Learning) London School of Hygiene & Tropical Medicine, University of London External Programme	MSc in Infectious Diseases (LSHTM, London External Programme)	英國倫敦大學感染及傳染病學碩士 (倫敦衛生及熱帶病學學院校外課程)
7.	Master of Science in Infectious Diseases, Imperial College of Science, Technology and Medicine, University of London	MSc in Infectious Diseases (Imperial College, London)	英國倫敦大學感染及傳染病學碩士 (倫敦帝國學院)
8.	Master of Science in Public Health Medicine, London School of Hygiene & Tropical Medicine, University of London	MSc in Public Health Medicine, LSHTM (Lond)	英國倫敦大學公共衛生醫學碩士
9.	Master of Science (Medical Science) in Sports Medicine, University of Glasgow	MSc (Med Sci) Sports Medicine (Glasg)	格拉斯哥大學運動醫學碩士
10.	Master of Medicine in Physical Medicine (Musculoskeletal), University of Sydney	MMPhysMed (Mu.sk) (Syd)	澳洲雪梨大學物理 (肌骨科) 醫學碩士

	<i>Title of Qualifications</i>	<i>Abbreviation</i>	<i>Chinese Title</i>
11.	Diploma in Family Medicine, Hong Kong College of Family Physicians	DFM (HKCFP)	香港家庭醫學學院家庭醫學文憑
12.	Master of Medicine (Emergency Medicine), National University of Singapore	MMed (EM) (Singapore)	新加坡國立大學急症科醫學碩士
13.	Member, Royal College of Ophthalmologists	MRCOphth	英國皇家眼科醫學院院員





In addition, the Medical Council endorsed the changes in the following 2 qualifications, which are currently included in the List of Quotable Qualifications, as a result of the change of name from 'Faculty of Public Health Medicine of the Royal Colleges of Physicians of the United Kingdom' to 'Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom':-

Full Title: Fellow, Faculty of Public Health, Royal Colleges of Physicians of London and Edinburgh and Royal College of Physicians and Surgeons of Glasgow

Abbreviation: FFPH\*, FFPHM\*, FFCM\*

Chinese Title: 英國皇家內科醫學院公共衛生科院士

Remark: Name changed from 'Faculty of Community Medicine' to 'Faculty of Public Health Medicine' on 8 December 1989 and from 'Faculty of Public Health Medicine' to 'Faculty of Public Health' on 25 June 2003. \*Either the new designation FFPH or the old ones FFPHM/FFCM can be quoted but not more than one.

Full Title: Member, Faculty of Public Health, Royal Colleges of Physicians of London and Edinburgh and Royal College of Physicians and Surgeons of Glasgow

Abbreviation: MFPH\*, MFPHM\*, MFCCM\*

Chinese Title: 英國皇家內科醫學院公共衛生科院員

Remark: Name changed from 'Faculty of Community Medicine' to 'Faculty of Public Health Medicine' on 8 December 1989 and from 'Faculty of Public Health Medicine' to 'Faculty of Public Health' on 25 June 2003. \*Either the new designation MFPH or the old ones MFPHM/MFCCM can be quoted but not more than one.

## SPECIALIST REGISTRATION - COMPLETION OF APPLICATION FORM

A registered medical practitioner who wishes to have his name included in the Specialist Register shall apply to the Registrar of Medical Practitioners by completing the application form for specialist registration. Please note the following points when filling in the application form :-

- The application form should contain the qualifications held by the applicant which entitle him to apply for specialist registration.
- The completed application form must be declared in the presence of a barrister, a solicitor, or a commissioner for oaths/a notary public (depending on whether the applicant is resident in Hong Kong) who shall sign across the applicant's photo on the application form.
- An applicant is required by law to produce an evidence of identity in the form of a statement by a barrister, a solicitor or a commissioner for oaths/a notary public depending on whether the applicant is resident in Hong Kong) to the effect that he has personally checked and is satisfied that the applicant's personal particulars and photo provided in the application form are the same as shown in the applicant's identity card or passport or both. It is a statement by a third party (i.e. a barrister / solicitor / commissioner for oaths / notary public) to verify the identity of the applicant. A declaration or statement to the same effect made by the applicant before a commissioner for oaths does not fulfill the legislative requirement because the commissioner for oaths, who has only certified that the applicant has made the declaration before him, has not verified the applicant's identity as required.
- The regional offices of the Department of Health provide free statutory declaration service during office hours, except on Sundays and Public Holidays. The addresses and telephone numbers of the regional offices have been set out in the guidance notes of the application form.



## REMINDERS

### **Renewal of annual practising / retention certificates**

Under the Medical Registration Ordinance, it is necessary for all registered medical practitioners, irrespective of whether they are in private practice or public service, to apply for renewal of their annual practising / retention certificates on 1st January each year. The practising / retention certificate is now due for renewal. Please send in your application together with the prescribed payment to the Registrar of Medical Practitioners at 17/F., Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong (Tel. 2961 8648 / 2961 8655).

The current prescribed fees are \$420 for a practising certificate and \$290 for a retention certificate. All cheques should be crossed and made payable to "The Government of the Hong Kong Special Administrative Region".

Please note that the Medical Council may order the name of any registered medical practitioner to be removed from the General Register if the practitioner concerned has failed to apply for his / her annual practising / retention certificate before 30 June of a year. His / her name will simultaneously be removed from the Specialist Register if he / she has been registered as a "specialist".

### **Change of registered address**

Under the Medical Registration Ordinance, all registered medical practitioners are 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 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,  
Wan Chai, Hong Kong

Tel. No. 2961 8648 / 2961 8655

Fax No. 2891 7946

# MEMBERSHIP LIST of THE MEDICAL COUNCIL of HONG KONG

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Dr. CHAN Yee-shing (陳以誠醫生)	Dr. LI Siu-lung, Steven (李少隆醫生)
Mrs. CHENG CHO Chi-on, Mariana BBS JP (鄭曹志安女士)	Mrs. Eleanor LING LEE Ching-man, OBE SBS JP (林李靜文女士)
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Dr. LAW Chi-lim, Robert (羅致廉醫生)	Secretary : Mr. AU Hing-yuen (秘書：區慶源先生)
Prof. LEONG Chi-yan, John OBE JP (梁智仁教授)	Legal Adviser : Mr. Charles C. C. CHAN (法律顧問：陳左澤先生)
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Dr. MAK Sin-ping JP (麥倩屏醫生)	Secretary : Ms. Daisy WONG (秘書：黃玉琮女士)

\* serve on rotation basis in the sequence of alphabetical order of their surnames for a period of 3 months.

Government of the Hong Kong Special Administrative Region

Department of Health



## 2004 Health Manpower Survey on Doctors

The Department of Health is conducting the 2004 Health Manpower Survey (HMS) on doctors. The Survey aims to collect updated information on the characteristics and employment status of registered doctors in Hong Kong. The survey results will provide an important basis for health manpower planning.

Like previous Survey, self-administered questionnaires were sent together with the letters for renewal of practising certificates to all registered doctors in Hong Kong in early November 2004. The information collected will be handled in strict confidence and analysed in aggregate form to protect your privacy. Upon completion of the Survey, the results with the personal data anonymized will be released through the homepage of the Department of Health.

Although participation in the Survey is voluntary, your active participation is extremely important to make the Survey a success. ***Please return your completed questionnaire to the Central Registration Office of the Boards and Councils Office using the preprinted reply envelope by 31 December 2004 (Friday).***

If you wish to have more information on the Survey, please visit the homepage of the Department of Health at [http://www.info.gov.hk/dh/health\\_new](http://www.info.gov.hk/dh/health_new). For further enquiries, please contact the Health Statistics Section, Department of Health at 2961 8566.

*December 2004*

## CONTINUING MEDICAL EDUCATION (CME) PROGRAMME FOR PRACTISING DOCTORS WHO ARE NOT TAKING CME FOR SPECIALISTS ✓ USE OF THE TITLE "CME CERTIFIED"

Practising doctors who have accumulated the required minimum credit points during a three-year Continuing Medical Education (CME) cycle, i.e. 90 credit points, will be allowed to use the title "CME certified" or the Chinese title "延續醫學進修證書" on their visiting cards.

## RESULT OF THE 2004 ELECTION OF THE MEDICAL COUNCIL OF HONG KONG

It is hereby announced that since the number of validly nominated candidates is the same as the number of vacancies available (i.e. two vacancies) in the 2004 Election of the Medical Council of Hong Kong, the following candidates are declared to be elected as Members of the Medical Council -

- Dr CHOI Kin (蔡堅醫生)
- Dr CHU Leung Wing (朱亮榮醫生)

Their term of office as Members of the Medical Council will commence from 24 January 2005 for a period of three years.

## OBITUARY

### Dr CHAN Fu-luk

The Medical Council would like to express its sympathy and condolences to the family of Dr CHAN Fu-luk who passed away on 14 August 2004. Dr CHAN had been appointed as a Member of the Education and Accreditation Committee of the Medical Council since January 2004. He will be sadly missed by all of us who had the privilege of knowing and working with him.