

## AMENDMENT TO THE PROFESSIONAL CODE AND CONDUCT

Safe drugs dispensing by medical practitioners is of primary concern to the Medical Council. The Council has formed an ad hoc working group to review the ways and means to ensure the safe dispensing of drugs in doctors' private clinics. On the recommendation of the ad hoc working group, the Council has after deliberation endorsed to revise the title of section 10 and add a new paragraph. The opportunity is taken to incorporate relevant amendments promulgated previously and to rearrange the paragraphing of section 10. The revised section 10 (changes underlined therein for ease of reference) is appended below and supersedes the previous version issued in November 2000 with immediate effect.

### 10. Prescription and dispensing of medicine

10.1 A medical practitioner who dispenses medicine to patients has the personal responsibility to ensure that the drugs are strictly in accordance with the prescription and are properly labelled before the drugs are handed over to the patients. The practitioner should establish suitable procedures for ensuring that drugs are properly labelled and dispensed. Practitioners are advised to observe the provisions of the Good Dispensing Practice Manual issued by the Hong Kong Medical Association.

10.2 All medications dispensed to patients directly or indirectly by a medical practitioner should be properly and separately labelled with the following essential information:-

- (a) name of doctor or means of identifying the doctor who prescribes the medication;
- (b) a name that properly identifies the patient;
- (c) the date of dispensing;
- (d) the trade name or pharmacological name of the drug;

[Trade name means the patent drug name or the generic drug product name.]

Pharmacological name in this context means only those registered with the Department of Health. All registered pharmacological names will be included in the Compendium of Pharmaceutical Products published by the Department of Health.

Some chemical names such as potassium permanganate, potassium chloride, hydrogen peroxide, sodium bicarbonate, zinc oxide are also registered as pharmacological names. Chemical names which are not so registered should not be used.]

- (e) the dosages, where appropriate;
- (f) the method and dosage of administration; and
- (g) precautions where applicable.

10.3 The only exemptions are:-

- (a) medicines for clinical trials with informed consent from patients; and
- (b) situations in which it may not be in the interest of the patient to label and prescribe the medicine, such as medicines supplied solely for psychological effect on the patient.

10.4 After proper consultation, if the practitioner considers that drug treatment is appropriate, the patient will be given the choice of either receiving medicine directly from the practitioner or taking a prescription from him. In either case, the practitioner has the responsibility to decide the proper medication with appropriate duration.



## PROPER BEDSIDE MANNERS

At least 3 separate studies have now shown that good bedside manners and effective communication with patients can translate into positive clinical outcomes. If this is not enough to induce doctors to improve their bedside manners, then they should be reminded that a great number of complaints are brought to the Medical Council because of miscommunication and misunderstanding. In addition, some patients have specifically complained that their doctors were arrogant, rude, and failed to listen to what they had to say.

No one will disagree that it is far better to spend extra effort to ensure effective bedside communication, rather than the costly exercise of having to defend a complaint. It is in the doctor's interest as well as the interest of his patients to practise good bedside manners.

While there is no comprehensive guide to proper and effective bedside manners, doctors should pay attention to the following: -

- Adequate time should be allocated for the patient interview and physical examination.
- A caring and compassionate attitude is necessary in the art of healing. Doctors should be courteous in their verbal and body language. There is no place for rude language, rough manners, overbearing or condescending attitude.
- Doctors should clearly explain to patients (and relatives) about their condition and management in simple, understandable terms.
- Always respect a patient's privacy, dignity, confidentiality, and choice.
- Clinic staff under a doctor's supervision should also have reasonable communication skills and courtesy.

Finally, improving one's clinical competence and skills can also enhance effective communication with patients. However, studies have actually shown that patients care more about their doctors' bedside manners than their technical skills. So, doctors, do not forget your basic manners when pursuing technological advancement, for without the former, the latter can do nothing to win and keep the trust of your patients.

Doctors who wish to have access to a more global perspective may refer to the following:-

- Guidelines on "Good Medical Practice" issued by the General Medical Council ([www.gmc-uk.org/standards/GMP.pdf](http://www.gmc-uk.org/standards/GMP.pdf))
- "Bedside Manners" published by the Medical Defence Malaysia ([www.mdm.org.my/articles.php?newsID=25](http://www.mdm.org.my/articles.php?newsID=25))
- "Patients respond to good bedside manners" published by the American Medical Association in its AMNews ([www.ama-assn.org/amednews/2001/04/16/h1sc0416.htm](http://www.ama-assn.org/amednews/2001/04/16/h1sc0416.htm))

# CONTINUING MEDICAL EDUCATION (CME) PROGRAMME FOR PRACTISING DOCTORS WHO ARE NOT TAKING CME PROGRAMME FOR SPECIALISTS

Members of the medical profession are advised to take note of the following in relation to the captioned Programme.

## **Enrollment**

It has come to the Council's attention that some doctors might have misunderstood that by joining the CME Programme run by individual medical association or organization, they would be regarded as having enrolled in the captioned Programme automatically. In this connection, doctors are reminded that should they wish to join the Council's CME Programme, they have to register with one of the following four CME Programme Administrators as their sole Administrator for the purpose of reporting their CME points to the Council:-

Administrator	Telephone Number	Website
Department of Health	2961 8798	<a href="http://www.info.gov.hk/dh">www.info.gov.hk/dh</a>
Hong Kong Academy of Medicine	2871 8888	<a href="http://www.hkam.org.hk">www.hkam.org.hk</a>
Hong Kong Doctors Union	2388 2728	<a href="http://www.hkdu.org">www.hkdu.org</a>
Hong Kong Medical Association	2527 8285	<a href="http://www.hkma.org">www.hkma.org</a>

## **'CME-Certified' title**

Under the captioned Programme, the Council had decided that medical practitioners would be qualified to quote the title 'CME-Certified' on their visiting cards if they came within any one of the following situations:-

- (i) Doctors who had obtained 90 or more CME points upon completion of a full 3-year CME cycle (i.e. 90 CME points in a full 3-year CME cycle);
- (ii) Doctors who had obtained 90 or more CME points but accrued in less than 3 years by 31 December 2004 (i.e. 90 CME points in less than 3 years); and
- (iii) Doctors who failed to obtain 90 or more CME points upon completion of their 1<sup>st</sup> 3-year CME cycle ended on 30 September 2004 but had cumulatively obtained 90 or more CME points by 31 December 2004 (i.e. 90 CME points over a period of 3 years and 3 months).

The title 'CME-Certified (延續醫學進修證書)' would be valid for the 3 years following the CME cycle in which the 90 CME points were acquired and the validity period should be set out in brackets following the title. The title would be quotable only during the validity period.

Doctors would not be allowed to quote both the title 'CME-Certified' and the specialist title concurrently on their visiting cards. However, doctors who became specialists during the validity period of the title 'CME-Certified' would be allowed to quote either the title 'CME-Certified' or the specialist title on their visiting cards, but not both.

At present the validity period of the title 'CME-Certified' commenced in the month in which approval was given by the Council for the qualified doctors to quote the title, instead of the month following immediately after the end of the respective CME cycles. Given the time required for the CME Programme Administrators to report the CME points (ranging from 3 to 6 months after the end of the last CME cycle) and for the Council to give approval, the arrangement was designed to enable the qualified doctors to enjoy the use of the title for a full 3-year period without being affected by the delay in reporting. As concern was expressed about the arrangement for the commencement date of the next validity period for the title if the same doctor again qualified in his next CME cycle, the Education and Accreditation Committee (EAC) has reviewed such an arrangement. On the recommendations of the EAC, the Council has endorsed the following:-

- There would be a new CME cycle from 1 January 2005 to 31 December 2007 for all doctors who joined the captioned Programme before 31 December 2004.
- CME points acquired during the interim period from the end of a doctor's 1<sup>st</sup> CME cycle to the beginning of the 2005-2007 CME cycle would be carried forward to the new CME cycle.
- CME Programme Administrators would be required to report all CME points within 3 months after the end of a CME cycle.
- The 2<sup>nd</sup> validity period of the title would be from January 2008 to December 2010.
- If the Council's approval for the 2<sup>nd</sup> validity period has not been given before the expiry of the 1<sup>st</sup> validity period and that the doctor has records of doing CME, the doctor concerned would be permitted to continue using the title until he is notified of the outcome of the Council's processing of his CME points for the 2005-2007 CME cycle.



## Quotable Qualifications

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

Title of Qualifications	Abbreviation	Chinese Title
1. Master of Medicine (Ophthalmology), National University of Singapore	M.Med (Ophth) (Singapore)	新加坡國立大學眼科醫學碩士
2. Diplomate of the Certification Board of Nuclear Cardiology, U.S.A.	Diplomate of the CBNC	美國核子心臟科文憑
3. Master of Social Science (Counselling), University of South Australia	MSocSc (Couns) (South Australia)	南澳洲大學社會科學碩士 (輔導)
4. Doctor of Philosophy, University of Oxford*	DPhil (Oxon)	牛津大學哲學博士
5. Fellow of the Royal College of Surgeons of England (Urology)	FRCS Eng (Urol)	英國皇家外科醫學院院士 (泌尿科)
6. Diploma in Health Services Management and Public Health, The Chinese University of Hong Kong	DHSMPh (CUHK)	香港中文大學醫療管理學及預防醫學文憑
7. Fellow of the Academy of Medicine, Singapore (Diagnostic Radiology)	FAMS (DR)	新加坡醫學研究學院學士 (診斷放射學)
8. Fellow of the Academy of Medicine, Singapore (Emergency Medicine)	FAMS (Emergency Medicine)	新加坡醫學研究學院學士 (急症科)
9. CUHK Diploma Programme in Advances in Medicine	Dip Med (CUHK)	香港中文大學內科醫學文憑課程
10. Certificate of Subspecialist Accreditation in Gynaecological Oncology, Royal College of Obstetricians and Gynaecologists	Cert RCOG (Gynae Onc)	英國皇家婦產科學院婦科腫瘤分科認可證書
11. Certificate of Subspecialist Accreditation in Reproductive Medicine, Royal College of Obstetricians and Gynaecologists	Cert RCOG (Reprod Med)	英國皇家婦產科學院生殖醫學分科認可證書
12. Fellowship of the Joint Faculty of Intensive Care Medicine, Australian and New Zealand College of Anaesthetists and Royal Australasian College of Physicians	FJFICM	澳洲及紐西蘭麻醉科醫學院及澳洲皇家內科醫學院危重病學聯合學系院士

\* Registered medical practitioners are allowed to use the title only if the work leading to the degree is medically related and approval has been given by the Medical Council for him/her to quote such title.

# STATISTICS ON DISCIPLINARY CASES HANDLED BY THE MEDICAL COUNCIL

## COMPLAINTS RECEIVED BY THE MEDICAL COUNCIL

Nature	No. of Cases				
	2000	2001	2002	2003	2004
1. Conviction in Court					
(a) Failure to keep proper record of dangerous drugs	-	3	1	1	2
(b) Others	5	7	11	14	6
2. Disregard of professional responsibility to patient	114	121	160	166	190*
3. Drug-related cases (excluding court convictions)					
(a) Failure to properly label drugs dispensed	8	4	4	1	2
(b) Failure to keep proper record of dangerous drugs	-	-	-	-	-
(c) Prescription of drugs of dependence other than bona-fide treatment	4	1	2	1	-
(d) Abuse of Drugs	-	-	-	-	-
(e) Others	-	1	-	1	-
4. Termination of Pregnancy	-	-	-	-	-
5. Abuse of professional position to further improper association with patients	-	-	1	-	-
6. Improper, indecent behaviour to patients	3	8	2	8	5
7. Abuse of professional confidence	-	1	1	1	3
8. Advertising/canvassing	25	19	24	68	25
9. Sharing fee & improper financial transaction	-	-	3	2	-
10. Depreciation of other medical practitioner(s)	-	-	3	1	2
11. Misleading, unapproved description & announcement	4	5	6	8	8
12. Issuing misleading, false medical certificates	14	21	23	24	16
13. Improper delegation of medical duties to unregistered persons	1	2	-	2	-
14. Fitness to practise	1	-	-	-	1
15. Miscellaneous	48	43	46	52	51
Total :	227	236	287	350	311

### Remarks:

- (i) Of the 311 complaints received in 2004:
- 40 cases (13%) were inactionable because the complainants failed to provide further information or statutory declaration, or the complaints were anonymous, etc.
  - 119 cases (38%) were dismissed by the PIC Chairman, the PIC Deputy Chairman and the Lay Member as being frivolous or groundless.
  - 81 cases (26%) were referred to the PIC meeting.
  - 70 cases (23%) are pending further information or statutory declaration.
  - 1 case was referred to the Health Committee.
- (ii) For cases referred to the PIC meetings, some of them have been carried forward to the PIC meetings to be held in 2005.
- (iii) \* The major categories of cases on disregard of professional responsibility to patients in 2004 include:
- (1) failure/unsatisfactory result of surgery (14%)
  - (2) failure to properly/timely diagnose illness or to give proper advice (21%)

## BREAKDOWN ON THE COMPLAINTS RECEIVED IN 2004 WHICH WERE DISMISSED BY THE PIC CHAIRMAN, THE PIC DEPUTY CHAIRMAN AND THE LAY MEMBER

Reasons for Dismissal	No. of Cases
(a) Doctors' attitude	13
(b) Communication problem	5
(c) Complications of treatment	10
(d) Unsatisfactory results of treatment	7
(e) Difference in medical opinion	9
(f) Misdiagnosis	2
(g) No evidence	12
(h) Groundless	61
	TOTAL: <u>119</u>

## Work STATISTICS of THE COUNCIL'S PRELIMINARY INVESTIGATION COMMITTEE IN THE YEAR of 2004

	Quarter				Total
	Jan.-Mar	Apr.-June	July-Sept.	Oct.-Dec.	
No. of PIC Meetings	2	3	3	3	11
No. of cases considered	24	31	25	32	112
No. of cases dismissed (%)	16 (66.7%)	25 (80.6%)	19 (76.0%)	27 (84.4%)	87 (77.7%)
No. of cases referred to inquiry (%)	8 (33.3%)	6 (19.4%)	6 (24.0%)	5 (15.6%)	25 (22.3%)
No. of cases referred to Health Committee (%)	- (-%)	- (-%)	- (-%)	- (-%)	- (-%)



# Work of the Council's PRELIMINARY INVESTIGATION COMMITTEE (PIC)

Nature	2000	2001	2002	2003	2004
(1) Total cases considered by the PIC	58	80	76	108	112*
(2) Total cases referred by the PIC to Council for inquiries	15	18	14	22	25#
(3) Total cases referred by the PIC to Health Committee for hearing	-	-	-	1	-

## Remarks:

\* The major categories of cases considered by the PIC in 2004 include:

	No. of cases
(a) Conviction in court	9
(b) Disregard of professional responsibility to patients	
• inappropriate prescription of drugs	8
• failure to properly/timely diagnose illness	9
• failure to give proper advice/explanation	5
• conducting unnecessary or inappropriate treatment/surgery	2
• failure/unsatisfactory result of surgery	12
• others	14
(c) Drug-related cases (excluding court convictions)	
• prescription of drugs of dependence other than bona-fide treatment	1
(d) Advertising/canvassing	30
(e) Issuing untrue or misleading medical certificates	6
(f) Misleading, unapproved description and announcement	6
(g) Sharing fee and improper financial transaction	2
(h) Depreciation of other medical practitioner(s)	1
(i) Miscellaneous	7
	<u>112</u>

# The major categories of cases referred by the PIC to the Medical Council for inquiry in 2004 include:

	<b>No. of cases</b>	
(a) Conviction		} (These cases were of minor offences and the Council accepted the PIC's recommendation that no inquiry was to be held)
• careless driving	7	
• others	1	
• failure to keep proper record of dangerous drugs	1	} (Of these 17 cases, 6 cases have been heard by the Council in 2004)
(b) Disregard of professional responsibility to patients		
• inappropriate prescription of drugs	2	
• failure to properly/timely diagnose illness	1	
• failure to give proper advice/explanation	1	
• failure/unsatisfactory result of surgery	1	
(c) Prescription of drugs of dependence other than bona-fide treatment	1	
(d) Advertising/canvassing	6	
(e) Depreciation of other medical practitioner(s)	1	
(f) Misleading, unapproved description and announcement	1	
(g) Issuing untrue or misleading medical certificates	1	
(h) Miscellaneous	1	
	<u>25</u>	



# DISCIPLINARY INQUIRIES CONDUCTED BY THE MEDICAL COUNCIL IN 2004

No. of Cases	Nature	Decision of the Council
3	Disregard of professional responsibilities to patients	1 Removed for 18 months 1 Removed for 1 month (suspended for 6 months) 1 To be continued
1	Conviction - failure to keep proper record of dangerous drugs	Removed for 9 months
2	Labelling of drugs	1 Reprimanded 1 Removed for 3 months (suspended for 1 year)
2	Issuing misleading, false medical certificates	1 Removed for 3 months 1 Not guilty
2	Advertising/canvassing	1 Warning Letter (gazetted) 1 Warning Letter (not gazetted)
1	Misleading, unapproved description & announcement	Warning Letter (not gazetted)
1	Depreciation of other medical practitioner	Removed for 3 months (suspended for 2 years)
12	[Summary: 1 case: not guilty 10 cases: guilty 1 case: to be continued Of these 12 cases, 6 cases were referred for inquiry by the PIC meetings held in/before 2003]	

## FIGURES ON APPEAL CASES

	2000	2001	2002	2003	2004
No. of Appeals lodged	2	2(+3*)	1	2	2
No. of Appeal cases carried forward from previous years	-	2	4	2	1
Total No. of Appeal cases in progress in the year	2	7	5	4	3
Result of Appeal Cases concluded in 2004:					
(a) Dismissed by Court of First Instance/ Court of Appeal	1				
(b) Allowed	-				
(c) Appeal withdrawn	-				
	1				

\* "Judicial Review" case at the Court of First Instance/ Court of Appeal

## RESTORATION TO THE GENERAL REGISTER

Under section 21(1)(ii) of the Medical Registration Ordinance (the Ordinance), after a disciplinary inquiry the Council may order the removal of a registered medical practitioner's name from the General Register for a specified period.

There is some concern as to whether a medical practitioner ordered to be removed for a specified period from the General Register will be entitled to automatic restoration to the General Register upon expiry of the specified period. The notion of automatic restoration has been firmly rejected by the Court of Final Appeal in the case of *The Medical Council of Hong Kong v. David Chow Siu Shek* in June 2000. Therefore the Council will consider each application for restoration on the merits of the case.

Under section 25(3) of the Ordinance, the Council in its absolute discretion may either allow or refuse an application for restoration to the General Register. If the application is allowed, conditions may also be imposed on the applicant where the Council considers appropriate. The Council's concern in considering the application is not the punishment of the applicant's misconduct, but his suitability to practise medicine as the Council's duty is to protect the public by ensuring that only suitable persons are given the right to practise medicine. Applicants must therefore demonstrate to the satisfaction of the Council they are suitable to be restored.

## REMINDER

### 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

# LETTER ISSUED by THE MEDICAL COUNCIL

In response to the concern of the Association of Licentiates of Medical Council of Hong Kong about an article published by the Oriental Daily and the Sun respectively reporting a disciplinary inquiry held in August 2004 which might convey a wrong message to members of the public that Licentiates of Medical Council of Hong Kong had not received training in surgery, the Council decided to clarify the matter by issuing a letter each to the Oriental Daily and the Sun. A copy of the letter is reproduced below for information of members of the medical profession:-

香港九龍灣宏泰道  
東方報業中心  
東方日報編輯部/太陽報編輯部

先生／小姐：

關於貴報在2004年8月31日刊登有關「西醫誇大資格遭警告」/「以內地資格在港行醫烏龍醫生接警告信」的一篇報導，內容提及持有香港醫務委員會執照的註冊西醫所接受的醫學訓練，醫務委員會（下稱“委員會”）澄清如下：

- 除香港大學及香港中文大學的醫科畢業生外，凡有意向委員會註冊以獲取執業醫生資格的醫科畢業生，必須通過委員會舉辦的執業資格試，並須於認可的醫院或醫療機構完成一段註冊前的駐院實習訓練。申請參加執業資格試的醫科畢業生必須於提出申請時已圓滿地完成不少於五年的屬委員會批准類型的全時間醫學訓練，並是委員會接納的醫學資格的持有人。該五年醫學訓練必須包括一段不少於十二個月的駐院實習訓練期。此外，申請人必須具有良好品格。
- 執業資格試包括下列3個部分：
  - 第一部份：專業知識考試  
這部分考試為測試考生的專業知識而設。考生須應考以下學科的試題：基本科學、醫學道德、社會醫學、內科、外科、矯形外科、精神科學、兒科及婦產科。
  - 第二部份：醫學英語技能水平測驗  
為一項英語筆試。委員會希望藉這項考試確保考生的英語水平足夠應付其專業工作需要。
  - 第三部份：臨牀考試  
這項考試為測試考生應用專業知識解決臨牀問題的能力而設。考生接受測試的範圍包括內科、外科(包括矯形外科手術的病例)、婦產科及兒科。
- 考生通過考試後，必須在認可的醫院或醫療機構擔任駐院實習醫生，接受為期十二個月的訓練和評估。在這段期間，他們會獲得臨牀指導，以便熟悉本地醫療制度和常見疾病。成功完成駐院實習訓練的考生可向委員會申請註冊。
- 根據《醫生註冊條例》訂明，每名註冊醫生有權從事內科、外科及助產科執業。

香港醫務委員會秘書處

2005年2月3日

副本送：香港醫務委員會執照醫生協會  
香港醫學會  
香港西醫工會

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Prof. LAM Siu-ling, Karen (林小玲教授)	Secretary : Ms. Bessie LIANG (秘書：梁秀雯女士)
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Dr. LAI Cham-fai (黎湛暉醫生)	Dr. TSE Hung-hing (謝鴻興醫生)
Prof. LEUNG Ping-chung SBS OBE JP (梁秉中教授)	Dr. YEUNG Chiu-fat, Henry (楊超發醫生)
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Dr. CHOW Pak-chin (周伯展醫生)	Dr. POON Tak-lun (潘德鄰醫生)
Dr. CHUNG Wai-hung (鍾偉雄醫生)	Dr. SHUM Ping-shiu BBS JP (沈秉韶醫生)
Dr. FOO Kam-so, Stephen (傅鑑蘇醫生)	Dr. YUEN Hon (袁漢醫生)
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Dr. CHAN Pui-kwong (陳培光醫生)	Dr. CHIN Kien-howe, Robert (陳健浩醫生)
Prof. CHAN Yan-keung, Thomas (陳恩強教授)	Dr. TAM Lai-fan, Gloria JP (譚麗芬醫生)
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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.