

## Updating of the Professional Code and Conduct

Since January 2005, the Medical Council has been updating the Professional Code and Conduct (the Code) issued in November 2000 to incorporate previously approved changes, to improve clarity and remove ambiguities, and to re-arrange the provisions in a more systematic manner. The Code will be renamed as the "Code of Professional Conduct" (the updated Code) upon promulgation.

Subject to finalizing a few more changes, the updated Code will be printed and promulgated in the near future. However, in view of recent concerns on the provisions on practice promotion, the Medical Council has decided to promulgate section 5 of the updated Code on "Professional communication and information dissemination" ahead of the promulgation of the complete updated Code. Section 5 of the updated Code will replace paragraph 4 of the existing Code on "Communication in professional practice".

In section 5.2.2.1 of the updated Code, the definition of practice promotion is restated to remove any misunderstanding that communication with other registered healthcare professionals might be regarded as practice promotion. Provisions in relation to practice websites, service information notices and doctors directories are set out in sections 5.2.3.5, 5.2.3.6 and 5.2.3.7 respectively. Section 5 also contains other minor changes with a view to improving readability of the section in question.

With immediate effect, section 5 and Appendices A, B, E, F of the updated Code, which are promulgated below, supersede paragraph 4 of the existing Code and the subsequent amendments promulgated in the 10<sup>th</sup> Issue of Council's Newsletter in December 2004. Before the publication of the complete updated Code, the new section should be referred to as "section 5 of the updated Code" whereas paragraph 5 of the existing Code on "Books, lectures, mass media appearances, electronic publications" should be referred to as "paragraph 5 of the Code".

## 5. Professional communication and information dissemination

### 5.1 *The need for good communication and accessible information*

5.1.1 Good communication between doctors and patients, and between doctors, is fundamental to the provision of good patient care.

5.1.2 A key aspect of good communication in professional practice is to provide appropriate information to users of a doctor's service and to enable those who need such information to have ready access to it. Patients need such information in order to make an informed choice of doctors and to make the best use of the services the doctor offers. Doctors, for their part, need information about the services of their professional colleagues. Doctors in particular need information about specialist services so that they may advise patients and refer them, where appropriate, for further investigations and/or treatment.

5.1.3 Persons seeking medical service for themselves or their families can nevertheless be particularly vulnerable to persuasive influence, and patients are entitled to protection from misleading advertisements. Practice promotion of doctors' medical services as if the provision of medical care were no more than a commercial activity is likely both to undermine public trust in the medical profession and, over time, to diminish the standard of medical care.

### 5.2 *Principles and rules of good communication and information dissemination*

5.2.1 Information refers to information of any form, computer-related information, internet modalities, telemedicine related items and any other form of electronic transmission. Any information provided by a doctor to the public or his patient:-

(a) shall be legal, decent, honest, truthful, factual, accurate, and not exaggerated; and

(b) shall not claim superiority over or disparage other doctors or their work.

#### 5.2.2 *Practice promotion*

5.2.2.1 Practice promotion means publicity for promoting the professional services of a doctor, his practice or his group, excluding communication with registered medical and dental practitioners, Chinese medicine practitioners, chiropractors, nurses, midwives, pharmacists, medical laboratory technologists, radiographers, physiotherapists, occupational therapists and optometrists. Practice promotion in this context will be interpreted by the Medical Council in its broadest sense, and includes any means by which a doctor or his practice is publicized, in Hong Kong

or elsewhere, by himself or anybody acting on his behalf or with his forbearance (including the failure to take adequate steps to prevent such publicity in circumstances which would call for caution), which objectively speaking constitutes promotion of his professional services, irrespective of whether he actually benefits from such publicity.

5.2.2.2 Practice promotion by individual doctors, or by anybody acting on their behalf or with their forbearance, to people who are not their patients is not permitted except to the extent allowed under section 5.2.3.

### 5.2.3 *Dissemination of service information to the public*

A doctor, whether in private or public service, may provide information about his professional services to the public (i.e. persons other than his patients as defined in section 5.2.4.1) only in the ways set out below. Where the provision refers to medical practice groups, it means a group in which all doctors in the group practise in the same premises and are governed by a genuine management structure.

#### 5.2.3.1 *Signboards*

Signboards include any signs and notices exhibited by a doctor to identify his practice to the public.

Doctors in group practice may exhibit either their own individual signboards or a shared signboard. Both individual and shared signboards must comply with the requirements set out in Appendix A.

Signboards should not be ornate. Illumination is allowed only to the extent required to enable the contents to be read. Blinking lights are not allowed.

A signboard may carry only the following information:-

- (a) Name of the doctor with the prefix Dr. ( 西醫/男西醫 /女西醫 ) or the Chinese suffix “醫生/醫師”, and the title "registered medical practitioner" ( 註冊醫生/註冊西醫 ).
- (b) Name of the practice.
- (c) Quotable qualifications approved by the Council in the approved abbreviated forms.

- (d) Specialist title approved by the Council.
- (e) Name and logo of the medical establishment with which the doctor is associated. (Only bona fide logos which are graphic symbols designed for ready recognition of the medical establishment may be displayed.)
- (f) Consultation hours.
- (g) Indication of the location of the practice in the building.

A doctor 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 section 5.2.

#### 5.2.3.2 *Stationery*

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

- (a) Name of the doctor with the prefix Dr. ( 西醫 / 男西醫 / 女西醫 ) or the Chinese suffix “醫生/醫師”.
- (b) Name of the practice.
- (c) Names of partners, assistants or associates in the practice.
- (d) Quotable qualifications and appointments and other titles approved by the Council.
- (e) Specialist title approved by the Council.
- (f) Name and logo of the medical establishment with which the doctor is associated. (Only bona fide logos which are graphic symbols designed for ready recognition of the medical establishment may be displayed.)
- (g) Consultation hours.
- (h) Telephone, fax, pager numbers and e-mail address.
- (i) Address(es) and location map of the practice.

#### 5.2.3.3 *Announcements in mass 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 section 5.2.1 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 section 5.2.3.2 together with the date of the commencement or alteration of the conditions of practice. Photographs are not allowed. Examples of permitted announcements are given in Appendix B.

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

Other announcements

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

#### 5.2.3.4 *Telephone directories published by telephone companies*

Entries in telephone directories published by telephone companies in respect of subscribers to their telephone services may be listed under the appropriate descriptive heading e.g. medical practitioners, physicians and surgeons. Doctors included in the Specialist Register may have their names listed under the appropriate specialty.

Telephone directory entries may only carry the following information:-

- (a) Name of the doctor.
- (b) Name of the practice.
- (c) Names of partners, assistants or associates in the practice.
- (d) Quotable qualifications and appointments approved by the Council.
- (e) Specialist title approved by the Council.
- (f) Consultation hours.
- (g) Telephone, fax, pager numbers and e-mail address.

(h) Address(es) of the practice.

The characters of all the entries should be uniform, i.e. of the same size, not bold-type, and not in italic etc.

#### 5.2.3.5 *Practice websites*

A doctor may publish his professional service information in either his practice website or the website of a bona fide medical practice group, but not both. If a doctor is a member of more than one medical practice group, he may publish his service information in the website of only one of the groups. In other words, he may publish the information in only one website.

The website may carry only the service information which is permitted on doctors directories under section 5.2.3.7. The same rules on doctors directories in electronic format also apply to practice websites. Hyperlinkage may be established between the website and specialist doctors directories in which the doctor's name is listed.

#### 5.2.3.6 *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.

#### 5.2.3.7 *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.

#### 5.2.4 *Dissemination of service information to patients*

No attempt should be made to put pressure on patients and there should be no abuse of the trust of patients in the dissemination of information.

5.2.4.1 A patient in this context refers to someone who has, at any time, consulted that doctor, a partner in his practice, or a doctor in a practice which that doctor has taken over, and whose name appears in the records of the practice.

5.2.4.2 A doctor may provide information about his service to his patients provided that such information:-

(a) is not disseminated in such a way as to constitute practice promotion to non-patients;

(b) conforms with section 5.2.1;

(c) does not involve intrusive visits, telephone calls, fax or e-mails by himself or by people acting on his behalf;

(d) does not abuse the patient's trust or exploit his lack of knowledge;

(e) does not put the patient under undue pressure; and

(f) does not offer guarantees to cure particular conditions.

5.2.4.3 Doctors in private practice as well as those in public organizations are bound by the same rules.

5.2.4.4 A doctor may provide information about the acceptance of credit facilities inside his office.

5.2.4.5 A doctor may provide information about medical or ancillary services inside his office.

5.2.4.6 A doctor should not take advantage of his professional capacity in the promotion and sale of medical products or health claim substances.

#### 5.2.5 *Unsolicited visits or telephone calls*

Doctors' services may not be promoted by means of unsolicited visits, telephone calls, fax, e-mails or leaflets by doctors or persons acting on their behalf or with their forbearance.

## 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 5.2.3.1 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.

(SAMPLE)  
**COMMENCEMENT OF PRACTICE**

Dr. ....

\* .....

wishes to announce

the commencement of his practice

as from

..... (date/day) .....

at

..... (address) .....

Tel.: ..... Fax: ..... Pager : .....

Mobile Phone : ..... E-mail Address : .....

Consultation Hours: .....

+ A tea reception will be held at ..... (time) .....

\* *the specialist title, qualifications and appointments approved by the Medical Council of Hong Kong in their English forms may be shown*

+ *optional*

(SAMPLE)  
**REMOVAL NOTICE**

Dr. ....

\* .....

wishes to announce

the relocation of his practice

as from

..... (date/day) .....

at

..... (address) .....

Tel.: ..... Fax: ..... Pager : .....

Mobile Phone : ..... E-mail Address : .....

Consultation Hours: .....

+ A tea reception will be held at ..... (time) .....

\* *the specialist title, qualifications and appointments approved by the Medical Council of Hong Kong in their English forms may be shown*

+ *optional*

## 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 5.2.1(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 5.2.3.1 and 5.2.3.2 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 5.2.1 (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.
- (d) 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.
- (e) 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.
- (f) 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 5.2.3.1 and 5.2.3.2 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 as far as possible those promulgated by Colleges of the Hong Kong Academy of Medicine
- 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.

# GUIDELINES FOR ALL REGISTERED MEDICAL PRACTITIONERS

The following are promulgated for the guidance of all members of the medical profession:-

## **Doctor-patient relationship in disability assessment examinations**

Recently the Ethics Committee considered the issue of whether a doctor-patient relationship exists between the examining doctor and the examinee in disability assessment examinations which are usually commissioned by insurance companies or law firms for the purpose of compensation assessment. The following guidelines are issued by the Council on the recommendation of the Ethics Committee:-

- (1) As in pre-employment examinations and insurance policy subscription examinations, a doctor-patient relationship exists between the examining doctor and the examinee in disability assessment examinations. The examining doctor is under a duty to conduct the examination with due care and competence, and to provide the examination results to the examinee upon request. However, where the examination is conducted for the purpose of litigation, the legal obligation to preserve confidentiality of the information will override the duty to provide the examination results to the examinee.
- (2) Generally, a medical examination commissioned by a solicitor for the sole or dominant purpose of advising a person with regard to existing or pending litigation will be protected by legal professional privilege. Section 60 of the Personal Data (Privacy) Ordinance provides an exemption from Data Protection Principle 6 in respect of information subject to legal professional privilege. Where the exemption applies, the examining doctor is not obliged to provide the examination results to the examinee. If in doubt, the examining doctor should consult the Privacy Commissioner for Personal Data or his own lawyer as to whether the exemption will apply.
- (3) There is a conflict of interest between the duty of advising the litigating party objectively and the duty to a patient receiving treatment. A doctor conducting examination for the purpose of litigation should refrain from providing treatment to the examinee in order to maintain his impartiality and objectivity. However, based on the principle of beneficence, the doctor should inform the examinee of incidental findings which are life threatening or may pose serious harm to the examinee or other persons (such as in the case of infectious diseases). If the examinee asks for treatment, the examining doctor should refer the examinee to another doctor.

### Unacceptable Practice: Self-Issuance of Sick Leave Certificates

The Medical Council recently received a written enquiry on whether a doctor could issue sick leave certificates in respect of himself.

Section 33 of the Employment Ordinance provides that an employee shall be paid sickness allowance in respect of sickness days certified by a medical practitioner. The Council considers that the provision refers to the medical practitioner issuing the sick leave certificate and the employee as two different persons, and the medical practitioner should not certify his own sick leave.

The Council also considers that a sick leave certificate can only be issued after proper medical consultation of the patient by the doctor. As a doctor cannot be his own patient, a sick leave certificate must be issued by the doctor in respect of another person.

In the circumstances, the Council wishes to draw to the attention of all medical practitioners that the practice of self-issuance of sick leave certificates is unacceptable.



## RESULTS OF THE 2005 ELECTION OF THE MEDICAL COUNCIL OF HONG KONG

The Medical Council held its 10<sup>th</sup> election of Medical Council Members on 22 December 2005 to fill three vacancies. Dr. SHIH Tai-cho, Louis (史泰祖醫生) has been elected by obtaining 1,418 votes whereas Dr. TSE Hung-hing (謝鴻興醫生) and Prof. LEONG Chi-yan, John, OBE, JP, (梁智仁教授) have been re-elected by obtaining 1,374 and 1,013 votes respectively. Their terms of office as Members of the Medical Council arising from the above-mentioned election commenced from 24 January 2006 for a period of three years.



# Application for sitting the National Qualification Examination for Doctors (國家醫師資格考試) in the Mainland

Under the "Mainland and Hong Kong Closer Economic Partnership Arrangement" ("CEPA"), Hong Kong permanent residents who are eligible to practise western medicine in Hong Kong are allowed to sit the Mainland's National Qualification Examination for Doctors. Detailed information concerning the examination can be obtained from the website of the National Medical Examination Centre at <http://www.nmec.org.cn>.

Applications for sitting the National Qualification Examination are usually called for in April each year. Announcement on the application details will be published in the website of the Ministry of Health at <http://www.moh.gov.cn> in late March/early April. Registered medical practitioners who are Hong Kong permanent residents and wish to sit the Examination are required to submit their applications to the Secretariat of the Medical Council of Hong Kong within the stipulated application period for onward transmission to the National Medical Examination Centre for processing.

Upon notification from the Ministry of Health about the application details for the 2006 National Qualification Examination for Doctors, the Secretariat of the Medical Council of Hong Kong will arrange for advertisement to be placed in three local newspapers to invite applications for sitting the examination. Relevant information will also be uploaded onto the website of the Medical Council at <http://www.mchk.org.hk>. Those interested in sitting the examination are invited to note the above arrangement made for the 2006 National Qualification Examination for Doctors. Any enquiries relating to this matter can be directed to:-

The Medical Council Secretariat  
4/F, Hong Kong Academy of Medicine Jockey Club Building,  
99 Wong Chuk Hang Road, Aberdeen, Hong Kong.  
(Tel. No.: 2873 4742)

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

It has come to the Council's attention that some doctors might have misunderstood that by joining the CME Programme run by the individual CME Programme Administrator (Administrator), they will be regarded as having enrolled in the Programme automatically. In this connection, doctors are reminded that should they wish to join the Council's CME Programme, they are required 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>



# REVISED GUIDELINES FOR CONSIDERATION OF QUOTABLE QUALIFICATIONS

On the recommendation of the Education and Accreditation Committee (the EAC), the Medical Council would like to promulgate a set of Revised Guidelines for Consideration of Quotable Qualifications (the Revised Guidelines) which aims to provide clearer guidance to the applicants and to achieve higher consistency in processing applications for inclusion of qualifications in the List of Quotable Qualifications (the List). **The Revised Guidelines will take effect from 1 April 2006.** Applications received on or before 31 March 2006 by the Secretariat (the date of post mark will be taken as the date of receipt of the application) will be vetted according to the existing Revised Criteria for Vetting Quotable Qualifications while those received on or after 1 April 2006 will be considered according to the Revised Guidelines.

Members of the medical profession are hereby reminded that the fulfillment of the Revised Guidelines will be the minimum requirement for consideration for inclusion in the List and the Council and the EAC will also take into consideration other relevant factors arising in the particular circumstances of each case. The Revised Guidelines are appended below for ease of reference:-

## Revised Guidelines for Consideration of Quotable Qualifications (With effect from 1 April 2006)

The List of Quotable Qualifications (the List) is maintained by the Medical Council of Hong Kong ("the Council"). Inclusion in the List is approved by the Council on the recommendation of the Education and Accreditation Committee ("the EAC"). These guidelines are set out to facilitate the processing of applications for inclusion in the List.

### Objectives of Quotable Qualifications Scheme

1. The objectives of the Quotable Qualifications Scheme are:-

- (a) To give recognition to the basic medical education which is required for registration as a medical practitioner in Hong Kong.
- (b) To give recognition to further training which significantly enhances the professional expertise of the medical practitioner.
- (c) To provide information to the public as to additional medical training of significance received by the medical practitioner.
- (d) To provide information to medical practitioners as to additional medical training of significance received by other medical practitioners to facilitate decisions on referral of patients.

### Factors to be considered for Quotable Qualifications

2. The following factors are basic requirements which must be fulfilled before a qualification is considered for inclusion in the List:-
  - (a) A qualification should satisfy fully the spirit of the provisions of the Professional Code and Conduct (to be retitled to 'Code of Professional Conduct' upon promulgation of the updated Code under revision) regarding communication in professional practice.
  - (b) The training should be:-
    - (i) directly related to medical practice;
    - (ii) at post-graduate level;
    - (iii) of a standard accepted by the EAC; and
    - (iv) of at least 6 months of full-time structured and supervised training or study (part-time or distance learning courses may be accepted if in the opinion of the EAC the duration and quality of training are equivalent to a 6 month full-time course).
  - (c) The qualification should be acquired after formal assessment by a recognized medical body. Alternatively, the qualification should be independently vetted (e.g. by external examiners) by a recognized medical body.
3. For the purposes of these guidelines, a recognized medical body means:-
  - (a) a tertiary education institution which provides medical education recognized by the Council to be of equivalent standard to the Faculty of Medicine of the University of Hong Kong or the Chinese University of Hong Kong; or
  - (b) a post-graduate medical institution of equivalent standard to the Hong Kong Academy of Medicine.
4. An application for inclusion in the List will not be considered before the completion of the initial course leading to the qualification.
5. Master of Surgery (MS), Doctor of Medicine (MD), and honorary higher medical qualifications conferred by a recognized medical body will generally be accepted for inclusion in the List. Other master or doctoral degrees conferred by a recognized medical body shall be considered individually, depending on their relevance to medical practice.
6. The Council and the EAC may also consider other relevant factors arising in the particular circumstances of each case.

## QUOTABLE QUALIFICATIONS

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

	Title of Qualifications	Abbreviation	Chinese Title
1.	Diploma in Practical Dermatology, Cardiff University  (Name changed from "Diploma in Practical Dermatology, University of Wales College of Medicine" after the merger of the University of Wales College of Medicine with Cardiff University with effect from August 2004.)  (Please see Remarks below)	DPD (Cardiff)  DPD (Wales)	卡的夫大學實用皮膚科文憑  英國威爾斯大學醫學院實用皮膚科文憑
Remarks: The qualification "Diploma in Practical Dermatology, University of Wales College of Medicine" obtained prior to the academic year 2002-2003 is <u>not</u> quotable.)			
2.	Fellow of the College of Family Physicians of Canada	FCFPC	加拿大家庭醫學學院院士
3.	Master of Healthcare Administration, University of Minnesota	MHA (Minnesota)	明尼蘇達大學衛生行政學碩士
4.	Graduate Diploma in Child Psychotherapy Studies, Monash University	Grad. Dip. Child P.S. (Monash)	澳洲蒙納殊大學兒童心理治療學文憑
5.	Postgraduate Diploma in Epidemiology of Infectious Diseases, The Chinese University of Hong Kong	PDip EID (CUHK)	香港中文大學傳染病流行病學學士後文憑
6.	Postgraduate Diploma in Community Geriatrics, The Chinese University of Hong Kong	PdipCommunityGeriatrics (CUHK)	香港中文大學社區老年醫學學士後文憑
7.	Diploma in Palliative Medicine, Cardiff University  (Name changed from "Diploma in Palliative Medicine, University of Wales College of Medicine" after the merger of the University of Wales College of Medicine and Cardiff University with effect from August 2004.)  (Please see Remarks below)	Dip. Pall. Med. (Cardiff)  Dip. Pall. Med. (Wales)	英國卡的夫大學紓緩醫學文憑  英國威爾斯大學醫學院紓緩醫學文憑
(Remarks: The qualification "Diploma in Palliative Medicine, University of Wales College of Medicine" obtained prior to June 2004 is <u>not</u> quotable.)			
8.	Master of Arts in Biomedical Informatics, Columbia University	MA in Biomedical Informatics, Columbia University	美國哥倫比亞大學生物醫學資訊碩士
9.	Master of Science in Population and International Health, Harvard School of Public Health	SM PIH (Harvard)	美國哈佛大學公共衛生學院人口及國際衛生學碩士
10.	Subspecialty Certification in Pain Medicine, American Board of Physical Medicine and Rehabilitation	Subspecialty Certification in Pain Medicine, ABPMR	美國人體醫學及復康醫學委員會疼痛醫學分科證書
11.	Master of Science in Health Economics and Health Policy, University of Birmingham	MSc Health Economics & Health Policy (B'ham)	英國伯明罕大學衛生經濟學及衛生政策學碩士
12.	CUHK Diploma in Advances in Medicine	Dip Med (CUHK)	香港中文大學內科醫學文憑

In addition, the Medical Council endorsed changes in the following 5 quotable qualifications, which are currently included in the List of Quotable Qualifications, as a result of the changes in names of the qualifications and/or the conferring authorities:-

Full Title	Abbreviation	Chinese Title
Postgraduate Diploma in Occupational Medicine, The Chinese University of Hong Kong	PG DOM (CUHK) DOM (CUHK)	香港中文大學職業醫學學士後文憑 香港中文大學職業醫學文憑
Remarks: Name changed from Diploma in Occupational Medicine, The Chinese University of Hong Kong with effect from 10 December 2003.		

Full Title	Abbreviation	Chinese Title
Fellow, Royal Australian and New Zealand College of Ophthalmologists	FRANZCO FRACO	澳洲及紐西蘭皇家眼科醫學院院士 澳洲皇家眼科醫學院院士
Remarks: Name changed from Fellow, Royal Australian College of Ophthalmologists with effect from 2 May 2000. Either the new designation FRANZCO or the old one FRACO can be quoted but <u>not</u> both.		

Full Title	Abbreviation	Chinese Title
Diploma in Clinical Dermatology, Cardiff University	DCD (Cardiff) Dip Derm Sc (Cardiff) Dip Derm Sc (Wales)	英國卡的夫大學臨床皮膚學文憑 英國卡的夫大學皮膚科學文憑 英國威爾斯大學皮膚科學文憑
Remarks: Name changed from 'Diploma in Dermatological Science, University of Wales (College of Medicine)' to 'Diploma in Dermatological Science, Cardiff University' in August 2004; and from 'Diploma in Dermatological Science, Cardiff University' to 'Diploma in Clinical Dermatology, Cardiff University' with effect from June 2006. A medical practitioner can quote <u>only one</u> of the qualifications.		

Full Title	Abbreviation	Chinese Title
Master of Science in Dermatology, Cardiff University	M Sc in Dermatology (Cardiff) M Sc (Dermatol) (Wales)	英國卡的夫大學皮膚學碩士 英國威爾斯大學皮膚學碩士
Remarks: Name changed from 'Master of Science in Dermatology, University of Wales (College of Medicine)' after the merger of the University of Wales College of Medicine and Cardiff University with effect from August 2004.		

Full Title	Abbreviation	Chinese Title
Fellow, The Royal Australasian College of Medical Administrators	FRACMA	澳洲皇家醫務行政學院院士
Remarks: Name changed from 'Fellow, Australian College of Medical Administrators' to 'Fellow, The Royal Australian College of Medical Administrators' in August 1979; and from 'Fellow, The Royal Australian College of Medical Administrators' to 'Fellow, The Royal Australasian College of Medical Administrators' in August 1997. Only the new title FRACMA can be quoted.		

# STATISTICS ON DISCIPLINARY CASES HANDLED BY THE MEDICAL COUNCIL

## COMPLAINTS RECEIVED BY THE MEDICAL COUNCIL

Nature	No. of Cases				
	2001	2002	2003	2004	2005
1. Conviction in Court					
(a) Failure to keep proper record of dangerous drugs	3	1	1	2	3
(b) Others	7	11	14	6	9
2. Disregard of professional responsibility to patient	121	160	166	190	237*
3. Drug-related cases (excluding court convictions)					
(a) Failure to properly label drugs dispensed	4	4	1	2	2
(b) Failure to keep proper record of dangerous drugs	-	-	-	-	1
(c) Prescription of drugs of dependence other than bona-fide treatment	1	2	1	-	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	8	2	8	5	6
7. Abuse of professional confidence	1	1	1	3	4
8. Advertising/canvassing	19	24	68	25	61
9. Sharing fee & improper financial transaction	-	3	2	-	3
10. Depreciation of other medical practitioner(s)	-	3	1	2	1
11. Misleading, unapproved description & announcement	5	6	8	8	6
12. Issuing misleading, false medical certificates	21	23	24	16	25
13. Improper delegation of medical duties to unregistered persons	2	-	2	-	3
14. Fitness to practise	-	-	-	1	-
15. Miscellaneous	43	46	52	51	35
Total:	236	287	350	311	397

### Remarks:

- (i) Of the 397 complaints received in 2005:-
  - 38 cases (10%) were inactionable because the complainants failed to provide further information or statutory declaration, or the complaints were anonymous, etc.
  - 151 cases (38%) were dismissed by the PIC Chairman, the PIC Deputy Chairman and the Lay Member as being frivolous or groundless.
  - 67 cases (17%) were referred to the PIC meeting.
  - 141 cases (35%) are pending further information or statutory declaration.
- (ii) For cases referred to the PIC meeting, some of them have been carried forward to the PIC meetings to be held in 2006.
- (iii) \* The major categories of cases on disregard of professional responsibility to patients in 2005 include:-
  - (1) failure/unsatisfactory result of surgery (8%)
  - (2) failure to properly/timely diagnose illness or to give proper advice (16%)
  - (3) conducting inappropriate treatment or inappropriate prescription of drugs (46%)

## BREAKDOWN ON THE COMPLAINTS RECEIVED IN 2005 WHICH WERE DISMISSED BY THE PIC CHAIRMAN, THE PIC DEPUTY CHAIRMAN AND THE LAY MEMBER

<u>Reasons for Dismissal</u>	<u>No. of Cases</u>
(a) Doctors' attitude	13
(b) Communication problem	5
(c) Complications of treatment	8
(d) Unsatisfactory results of treatment	33
(e) Difference in medical opinion	16
(f) Misdiagnosis	5
(g) No evidence	4
(h) Groundless	67
TOTAL :	<u>151</u>

## Work Statistics of the Council's PRELIMINARY INVESTIGATION COMMITTEE IN THE YEAR OF 2005

	Quarter				Total
	Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec.	
No. of PIC Meetings	3	3	3	3	12
No. of cases considered	30	37	22	34	123
No. of cases dismissed (%)	24 (80.0%)	28 (75.7%)	14 (63.6%)	26 (76.5%)	92 (74.8%)
No. of cases referred to inquiry (%)	6 (20.0%)	9 (24.3%)	8 (36.4%)	8 (23.5%)	31 (25.2%)
No. of cases referred to Health Committee (%)	- (-)	- (-)	- (-)	- (-)	- (-)



# Work of THE COUNCIL'S PRELIMINARY INVESTIGATION COMMITTEE (PIC)

<u>Nature</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>
(1) Total cases considered by the PIC	80	76	108	112	123*
(2) Total cases referred by the PIC to Council for inquiries	18	14	22	25	31#
(3) Total cases referred by the PIC to Health Committee for hearing	-	-	1	-	-

## **Remarks:**

\*The major categories of cases considered by the PIC in 2005 include:-

	<u>No. of cases</u>
(a) Conviction in court	12
(b) Disregard of professional responsibility to patients	
• inappropriate prescription of drugs	13
• failure to properly/timely diagnose illness	17
• failure to give proper advice/explanation	5
• conducting unnecessary or inappropriate treatment/surgery	10
• failure/unsatisfactory result of surgery	8
• others	13
(c) Drug-related cases (excluding court convictions)	
• failure to properly label drugs dispensed	2
• prescription of drugs of dependence other than bona-fide treatment	1
(d) Improper, indecent behaviour to patients	1
(e) Advertising/canvassing	16
(f) Issuing untrue or misleading medical certificates	8
(g) Misleading, unapproved description and announcement	7
(h) Abuse of professional confidence	1
(i) Depreciation of other medical practitioner(s)	1
(j) Miscellaneous	8
	123

#The major categories of cases referred by the PIC to the Medical Council for inquiry in 2005 include:-

	<b>No. of cases</b>	
(a) Conviction		<i>(4 cases of careless driving and 2 other conviction cases were of minor offences and the Council accepted the PIC's recommendation that no inquiry was to be held)</i>
• careless driving	4	
• others	5	
• failure to keep proper record of dangerous drugs	3	
(b) Disregard of professional responsibility to patients		
• inappropriate prescription of drugs	3	
• failure to properly/timely diagnose illness	3	
• failure/unsatisfactory result of surgery	1	
(c) Drug-related cases (excluding court convictions)		
• failure to properly label drugs dispensed	1	
• prescription of drugs of dependence other than bona-fide treatment	1	
(d) Advertising/canvassing	6**	<i>**1 case was accepted by the Council that no inquiry was to be held</i>
(e) Issuing untrue or misleading medical certificates	3	
(f) Miscellaneous	1	
	<hr style="width: 50%; margin: 0 auto;"/> <u>31</u>	<i>(Of the 24 cases referred to the Council for inquiry, 4 cases have been heard by the Council in 2005)</i>

# DISCIPLINARY INQUIRIES CONDUCTED BY THE MEDICAL COUNCIL IN 2005

<u>No. of cases</u>	<u>Nature</u>	<u>Decision of the Council</u>	
3	Disregard of professional responsibilities to patients	1	Removed for 3 months
		1	Warning Letter (not gazetted)
		1	Not guilty
3	Conviction		
	-2 failure to keep proper record of dangerous drugs	1	Removed for 6 months
	-1 deception	1	*Removed for 1 month and Reprimanded
			Reprimanded
1	Labelling of drugs		Removed for 3 months (suspended for 1 year)
1	Issuing misleading, false medical certificates		Removed for 9 months
7	Practice promotion	2	Warning Letter (gazetted)
		1	Warning Letter (not gazetted)
		4	To be continued
1	Depreciation of other medical practitioner		Reprimanded
1	Made fraudulent misrepresentations		Not guilty
17	[Summary: 2 cases: not guilty 11 cases: guilty 4 cases: to be continued Of these 17 cases, 13 cases were referred for inquiry by the PIC meetings held in/before 2004]		

\* Note: Removed for 1 month for one charge and reprimanded for the other two charges.

## FIGURES ON APPEAL CASES

	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>
No. of Appeals lodged	2(+3*)	1	2	2	1
No. of Appeal cases carried forward from previous years	2	4	2	1	2
Total No. of Appeal cases in progress in the year	<u>7</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>3</u>

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

## REMINDERS

### About the Professional Code and Conduct

The Preliminary Investigation Committee (the Committee) would like to draw the attention of members of the profession to the following disciplinary case discussed by the Committee recently:-

#### Part II: Conviction of an offence punishable by imprisonment

A doctor was alleged to have failed to report to the Medical Council of a conviction within 28 days of the conviction, contrary to Part II of the Professional Code and Conduct for the Guidance of Registered Medical Practitioners (the Code). The doctor concerned submitted that he did not report the conviction to the Medical Council at the material time because he was lodging an appeal to the court against his conviction.

The Committee would like to remind members of the profession that they should strictly observe Part II of the Code concerning the reporting of conviction of any offence punishable by imprisonment to the Medical Council within 28 days of the conviction, which reads as follows:-

*"A registered medical practitioner who is convicted of any offence which is punishable by imprisonment is liable to disciplinary proceedings by the Medical Council, regardless of the penalty imposed by the court. A conviction in itself gives the Council jurisdiction even if the offence does not involve professional misconduct, although the Council may decide that no inquiry will be held where the conviction does not appear to affect the doctor's practice as a registered medical practitioner. It is the duty of a registered medical practitioner who has been convicted inside or outside the HKSAR of an offence punishable by imprisonment to report the conviction to the Medical Council. Failure to do so within 28 days of the conviction will be grounds for disciplinary action. In case of doubt the conviction should be reported."*

The Committee also emphasizes that a doctor has the duty to report the conviction within 28 days even if he is going to lodge an appeal to the court against his conviction.

## **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. No.: 2961 8648/2961 8655).

The current prescribed fees are \$420 for a practising certificate and \$290 for a retention certificate, but the fees are subject to adjustment from time to time. 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 medical 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 7946/2573 1000

# MEMBERSHIP LIST of THE MEDICAL COUNCIL of HONG KONG

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Dr. MAK Sin-ping JP (麥倩屏醫生)	Secretary : Miss Evelyn LEUNG (秘書 : 梁迅慈女士)

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