

## Updating of the Professional Code AND CONDUCT

Since January 2005, the Medical Council has been updating the Professional Code and Conduct (the existing 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, the Medical Council has decided to promulgate Part II of the updated Code on "Conviction of an offence and professional proceedings" ahead of the promulgation of the complete updated Code. Part II of the updated Code will replace Part II of the existing Code on "Conviction of an offence punishable by imprisonment".

With immediate effect, Part II of the existing Code is superseded by the new Part II of the updated Code set out below:-

### Part II CONVICTION OF AN OFFENCE AND PROFESSIONAL PROCEEDINGS

A registered medical practitioner convicted of any offence punishable by imprisonment is liable to disciplinary proceedings of the Medical Council, regardless of whether imprisonment is imposed by the court. A conviction in itself will invoke the Council's disciplinary procedure even if the offence does not involve professional misconduct, although the Council may decide not to hold an inquiry where the conviction does not affect the doctor's practice as a registered medical practitioner.

Adverse findings on a registered medical practitioner in disciplinary proceedings by other professional bodies in Hong Kong or elsewhere may likewise invoke the Council's disciplinary procedure.

It is the duty of a doctor who has been convicted within or outside Hong Kong of an offence punishable by imprisonment or has been the subject of adverse findings in disciplinary proceedings by other professional bodies to report the matter to the Council promptly. Failure to do so within 28 days of the conviction or of the finding adverse to the doctor will in itself be ground for disciplinary action. In case of doubt the matter should be reported.

A particularly serious view will likely be taken in respect of offences involving dishonesty (e.g. obtaining money or goods by false pretences, forgery, fraud, theft), indecent behaviour or violence. Convictions for offences which might affect a doctor's fitness to practise (e.g. alcohol or drug related offences) will also be of particular concern to the Council.

The Council promulgated section 5 of the updated Code vide the 12th Issue of its Newsletter in March 2006. On the recommendation of the Ethics Committee, the Council has recently endorsed to revise Appendix F of the updated Code on the "Guidelines on Doctors Directories". The revised Appendix F (changes underlined therein for ease of reference) is appended below and supersedes the previous version issued in March 2006 with immediate effect:-

*APPENDIX F*

**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, or with the special approval of the Medical Council in individual cases.
- (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.

## INTERIM GUIDELINES FOR REGISTERED MEDICAL PRACTITIONERS ON PRACTICE PROMOTION

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

- Pending the outcome of the appeal to be filed to the Court, members of the medical profession should note that the Judgment (HCAL 46/2006) does not render the whole of the relevant sections of the Code unlawful. The prevailing guidelines on practice promotion are still governed by section 5 of the updated Code of Professional Conduct (the updated Code) and paragraphs 5 and 14 of the Professional Code and Conduct (the Code), subject to the limited extent that 4 specific aspects are ruled inconsistent with the freedom of expression as detailed in the Judgment. Depending on the outcome of the appeal, the Declaration may be either upheld or set aside by the Court of Appeal.
- Members of the medical profession should pay special attention to the following:-
  - Reyes J **refused** to declare that section 5 of the updated Code and paragraphs 5 and 14 of the Code constitute unlawful breaches of Articles 27 and 39 of the Basic Law and Article 16 of the Hong Kong Bill of Rights Ordinance (HKBORO), as "*such relief would have been far too broadbrush*".
  - The Court **recognizes** that there is much that is commendable in section 5 of the updated Code and paragraphs 5 and 14 of the Code. The Court also **recognizes** that some form of control is necessary but the rules put in place should be justified as proportionate in the light of a legitimate purpose.
  - The Court has **only** made a declaration that "*the Code breaches Articles 27 and 39 of the Basic Law and Article 16 of the HKBORO insofar as:-*
    - (1) *section 5 prevents a doctor from providing to the press basic information about his practice which he can otherwise provide through forms of media allowed by section 5;*
    - (2) *section 5 and Appendix E limit a doctor to mentioning only a maximum of 5 items of information about available medical services, procedures or operations in Service Information Notices;*
    - (3) *paragraph 5 prohibits a doctor from informing the public about medical and health developments if in so doing the doctor's practice is incidentally promoted; and*
    - (4) *paragraph 14.1.1 imposes strict liability on a doctor for breaches by an associated medical organisation of the Code's provisions on practice promotion.*"
- In the light of the above, members of the medical profession are advised to familiarize themselves with section 5 of the updated Code and paragraphs 5 and 14 of the Code which should be read in conjunction with the Judgment of the High Court ([www.judiciary.gov.hk](http://www.judiciary.gov.hk), Case No. HCAL 46/2006 at the 'Judgments' page).
- The Council, having regard to its quasi-judicial function, is **not** in the position to advise individuals. Medical practitioners seeking advice on questions of professional conduct arising in particular circumstances are advised to consult a professional association or their own legal advisers.

## INFORMATION FOR REGISTERED MEDICAL PRACTITIONERS

From recent events, the Council notes that paragraphs 5.1 and 14.1.1 of the Professional Code and Conduct (the Code) may be misunderstood by members of the profession. The following statements serve to clarify the interpretation:-

### **Incidental promotion of a doctor's practice during public health education activities (paragraph 5.1 of the Code)**

Paragraph 5.1 of the Code is designed to prevent doctors from promoting their practices under the disguise of public health education. Bona fide public health education activities, although they may have the incidental effect of promoting the speakers' practice or reputation, will not contravene paragraph 5.1 of the Code. However, intentional attraction of patients through such activities is prohibited as in reality it is practice promotion to serve the doctor's benefit, not public health education for public interest.

The purpose of public health education is to inform the public of health issues and medical developments, not to promote the personal attributes of a doctor. Credibility of an article, lecture or interview is not derived from the speaker's personal credentials, but from the scientific evidence supporting a claim or development. Whilst it is acceptable to make reference to the experience and authority of the doctor in a particular field where it is necessary to further the purpose of public health education, proper steps should be taken to ensure that the published or broadcasted materials do not imply that the doctor is recommended to the audience for medical consultation.

In academic lectures and communications to medical colleagues, the speaker's personal authority in an area of medicine may add credibility to what he speaks about. However, in lectures and communications to the lay public, it is generally unsafe to emphasise or allude to the personal achievements and skills of the speaker, as the lay public are unlikely to be able to distinguish between what is and what is not relevant to the medical issue. Furthermore the lay public generally cannot judge the quality of clinical outcomes, and tend to over-rely on the credentials and reputation of the speaker. If it is necessary to make reference to the speaker's personal experience, reputation, skills or practice in order to serve the purpose of emphasizing a particular point in public health education, such reference is acceptable provided that the speaker can justify the necessity of such reference and the reference is made in a non-promotional manner e.g. providing the contact telephone and consultation hours of the doctor will not be acceptable.

### **Liability of a doctor for breaches of the Code by an associated medical organization (paragraph 14.1.1 of the Code)**

Paragraph 14.1.1 of the Code does not impose strict liability on a doctor for breaches of the Code by a medical organization with which he is associated. Instead, it imposes a duty on the doctor to exercise **due diligence** to ensure the organization's compliance with the Code.

The last sentence in paragraph 14.1.1 provides that "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". It prevents a doctor from simply relying on ignorance or lack of influence as an excuse, if he has not exercised due diligence to ensure compliance with the Code by the associated organization. If he has exercised due diligence, he will not be liable. In determining if a doctor has carried out due diligence the Medical Council will always adopt a reasonable approach.

## 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 Public Health, The University of Hong Kong   | MPH (HK)                                    | 香港大學公共衛生碩士            |
| 2.   | Certificate of Subspecialist Accreditation in Maternal and Fetal Medicine, Royal College of Obstetricians and Gynaecologists | Cert RCOG (Maternal and Fetal Med)          | 皇家婦產科學院母胎醫學分科認可証書     |
| 3.   | Master of Medicine (Diagnostic Radiology), National University of Singapore  | MMed (DR), NUS                              | 新加坡國立大學診斷放射學醫學碩士      |
| 4.   | Master of Family Medicine, The Chinese University of Hong Kong   | MFM (CUHK)                                  | 香港中文大學家庭醫學碩士          |
| (Remarks: Since the qualification 'Master of Family Medicine, The Chinese University of Hong Kong' is derived partially from the qualification 'Diploma in Family Medicine, Chinese University of Hong Kong', a medical practitioner possessing both qualifications can quote only one of them.) |  |   |                       |
| 5.   | Master of Pain Medicine, University of Newcastle   | M Pain Med (U,Ncle)                         | 紐卡素大學疼痛醫學碩士           |
| 6.   | Master of Medicine (Pain Management), University of Sydney   | MMed (Pain Mgt) (Syd)                       | 悉尼大學醫學碩士(疼痛科)         |
| 7.   | Master of Science in Geriatric Medicine, Keele University  | MSc in Geriatric Medicine, Keele University | 基爾大學老人醫學碩士            |
| 8.   | Diplomate, American Board of Internal Medicine (Infectious Disease)  | Diplomate, ABIM (Infectious Disease)        | 美國內科醫學委員會文憑 (感染及傳染病學) |
| 9.   | Diploma in Men's Health, The Chinese University of Hong Kong   | DIPMEN(CUHK)                                | 香港中文大學男性健康文憑          |
| 10.  | Postgraduate Diploma in Sports Medicine and Health Science, The Chinese University of Hong Kong                              | PDipSMHS(CUHK)                              | 香港中文大學運動醫學及健康科學學士後文憑  |
|  | Master of Science in Sports Medicine and Health Science, The Chinese University of Hong Kong                                 | MScSMHS(CUHK)                               | 香港中文大學運動醫學及健康科學理學碩士   |
| (Remarks: A medical practitioner possessing both qualifications can quote only one of them.)   |  |   |                       |
| 11.  | Postgraduate Diploma in Health Services Management and Public Health, The Chinese University of Hong Kong                    | PDHSMPH(CUHK)                               | 香港中文大學醫療管理學及預防醫學學士後文憑 |

|     | Title of Qualifications   | Abbreviation                      | Chinese Title      |
|-----|---|-----------------------------------|--------------------|
| 12. | MBA Programme in Health Care, The Chinese University of Hong Kong                 | MBA(Health Care) (CUHK)           | 香港中文大學工商管理碩士課程(醫療) |
| 13. | Master of Medicine (Public Health), National University of Singapore              | M Med (Public Health) (Singapore) | 新加坡國立大學公共衛生醫學碩士    |
| 14. | Graduate Diploma in Family Practice Dermatology, National University of Singapore | Grad Dip (Derm), NUS              | 新加坡國立大學家庭醫學皮膚科文憑   |
| 15. | Diploma in Clinical Dermatology, University of London                             | DipClinDerm (Lond)                | 倫敦大學臨床皮膚學文憑        |
| 16. | Postgraduate Diploma in Child and Adolescent Health, The University of Hong Kong  | PDipCAH (HK)                      | 香港大學兒童及青少年健康深造文憑   |

## DIPLOMA IN PRACTICAL DERMATOLOGY, UNIVERSITY OF WALES COLLEGE OF MEDICINE DIPLOMA IN PRACTICAL DERMATOLOGY, CARDIFF UNIVERSITY

In response to the concerns expressed by some members of the medical profession about the decision of the Medical Council to allow quotability of the captioned qualifications, the Council would like to point out that the qualification '*Diploma in Practical Dermatology, University of Wales College of Medicine*' was renamed as '*Diploma in Practical Dermatology, Cardiff University*' after the merger of the University of Wales College of Medicine with Cardiff University in 2004. According to the qualification conferring institution, the curriculum and assessment for the qualification were radically altered in 2002-2003. Before making a recommendation on the application for inclusion of the two qualifications in the List of Quotable Qualifications (the List), the Education and Accreditation Committee (EAC) had sought the advice of an appropriate professional medical body.

Having carefully considered the advice and all relevant information, the EAC was satisfied that the post-2002 curriculum, but not the previous curriculum, fulfilled the Revised Criteria for Vetting Quotable Qualifications and the standards laid down by the Council. The Council was satisfied that the post-2002 qualification but not the previous qualification satisfied the requirements for inclusion in the List and endorsed the recommendation of the EAC.

## LETTER TO HONG KONG MEDICAL ASSOCIATION

In response to the article "Message from the President - Transparency and Information Dissemination (會長的話 — 透明度及資訊發放)" published in the April 2006 Issue of the HKMA News, the Council issued a letter to the Hong Kong Medical Association on 10 August 2006. A copy of the letter is reproduced below for information of members of the medical profession:-

10 August 2006

Dr CHOI Kin  
President  
Hong Kong Medical Association  
5th Floor  
Duke of Windsor Social Service Building  
15 Hennessy Road  
Hong Kong

Dear Dr CHOI,

I refer to the article 'Message from the President - Transparency and Information Dissemination (會長的話—透明度及資訊發放)' which was published in the April 2006 Issue of the HKMA News.

The article commented on the Medical Council's rejection of an application for inclusion in the Council's List of Quotable Qualifications ("Quotable Qualifications application") and the views of Council Members on quotable qualifications. I would like to clarify the procedures for processing such applications, as well as to express my views on the article.

Firstly, all Quotable Qualification applications are given due consideration by both the Education and Accreditation Committee ("EAC") and the Medical Council in accordance with the established and published principles. The principles are set out in the Revised Criteria for Vetting Quotable Qualifications ("the Revised Criteria"), which has recently been revised and renamed as the Revised Guidelines for Consideration of Quotable Qualifications in April 2006. With regard to the qualification in question (*Master of Social Sciences in Counselling, the University of Hong Kong*), the EAC was of the view that the qualification did not fulfill the Revised Criteria as it was not offered by a recognized medical body as defined in the Revised Criteria. Accordingly, the EAC recommended the rejection of the application. Having carefully considered the EAC's recommendation, the Council agreed that the qualification did not fulfill the Revised Criteria and decided to reject the application.

Secondly, it is noted that the article had quoted the views of Council Members expressed during the consideration of the above-mentioned application. The divulgence of views expressed by different Members at closed meetings would seriously hinder free exchange of views. This is a matter of serious concern to me and other Council Members.

Finally, the article made inappropriate comments targeted at certain categories of Council Members. I have strong reservation on the propriety of publishing such comments in the article. As you are aware, the composition of the Medical Council is governed by the Medical Registration Ordinance. Some Members are elected, and others appointed. They come from different backgrounds. Nonetheless, regardless of their background, all Members serve the Council with the common objective of upholding the standard of medical practice in Hong Kong. As a member of the medical profession, it is neither appropriate to make such comments on individual Council Members, nor is it desirable to undermine the public's trust in the Council as a whole.

We should always bear in mind that the medical profession and the Medical Council share the same objective of maintaining the public's trust in the profession. It will be more productive for the profession and the Council to work together towards this common goal.

I sincerely hope that this letter will clear up any misunderstanding which may be reflected in, or caused by, the article. I should be grateful if you would arrange for publication of this letter in the next issue of the HKMA News for information of members of the HKMA. The letter will also be published in the Council's Newsletter for information of all registered medical practitioners.

Yours sincerely,

(Prof. Felice LIEH-MAK)  
Chairman, Medical Council of Hong Kong

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

The current prescribed fees are **\$350** for a practising certificate and **\$320** 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

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

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

While publication of the registered medical practitioner's registered address in the Gazette is a mandatory requirement under the Medical Registration Ordinance, the Medical Council has decided that a registered medical practitioner may choose whether to have his/her registered address published in the Council's website. Given the size of the updating exercise which involves over 10,000 entries, the list of registered doctors on the website will be updated in April and October each year. Requests for change of information in individual entries on the website will be processed only during the updating exercises.

## **RESULTS OF THE 2006 ELECTION OF THE MEDICAL COUNCIL OF HONG KONG**

The Medical Council held its 11<sup>th</sup> election of Medical Council Members on 19 December 2006 to fill two vacancies. Prof. SUNG Jao Yiu, SBS (沈祖堯教授) has been elected by obtaining 1,429 votes whereas Dr YEUNG Chiu Fat, Henry (楊超發醫生) has been re-elected by obtaining 1,347 votes. Their term of office as Members of the Medical Council arising from the above-mentioned election commenced from 24 January 2007 for a period of three years.

# STATISTICS ON DISCIPLINARY CASES HANDLED BY THE MEDICAL COUNCIL

## COMPLAINTS RECEIVED BY THE MEDICAL COUNCIL

| Nature  | No. of Cases |      |      |      |      |
|---|--------------|------|------|------|------|
|   | 2002         | 2003 | 2004 | 2005 | 2006 |
| 1. Conviction in Court  |              |      |      |      |      |
| (a) Failure to keep proper record of dangerous drugs                            | 1            | 1    | 2    | 3    | 1    |
| (b) Others  | 11           | 14   | 6    | 9    | 6    |
| 2. Disregard of professional responsibility to patients                         | 160          | 166  | 190  | 237  | 297* |
| 3. Drug-related cases (excluding court convictions)                             |              |      |      |      |      |
| (a) Failure to properly label drugs dispensed                                   | 4            | 1    | 2    | 2    | 1    |
| (b) Failure to keep proper record of dangerous drugs                            | -            | -    | -    | 1    | -    |
| (c) Prescription of drugs of dependence other than bona-fide treatment          | 2            | 1    | -    | 1    | 1    |
| (d) Abuse of Drugs  | -            | -    | -    | -    | -    |
| (e) Others  | -            | 1    | -    | -    | -    |
| 4. Termination of Pregnancy   | -            | -    | -    | -    | -    |
| 5. Abuse of professional position to further improper association with patients | 1            | -    | -    | -    | -    |
| 6. Improper, indecent behaviour to patients                                     | 2            | 8    | 5    | 6    | 6    |
| 7. Abuse of professional confidence   | 1            | 1    | 3    | 4    | 5    |
| 8. Advertising/canvassing   | 24           | 68   | 25   | 61   | 50   |
| 9. Sharing fee & improper financial transaction                                 | 3            | 2    | -    | 3    | 1    |
| 10. Depreciation of other medical practitioner(s)                               | 3            | 1    | 2    | 1    | 2    |
| 11. Misleading, unapproved description & announcement                           | 6            | 8    | 8    | 6    | 11   |
| 12. Issuing misleading, false medical certificates                              | 23           | 24   | 16   | 25   | 54   |
| 13. Improper delegation of medical duties to unregistered persons               | -            | 2    | -    | 3    | -    |
| 14. Fitness to practise   | -            | -    | 1    | -    | -    |
| 15. Miscellaneous   | 46           | 52   | 51   | 35   | 30   |
| Total:  | 287          | 350  | 311  | 397  | 465  |

### Remarks:

- (i) Of the 465 complaints received in 2006:-
  - 14 cases (3%) were inactionable because the complainants failed to provide further information or statutory declaration, or the complaints were anonymous, etc.
  - 131 cases (28%) were dismissed by the PIC Chairman, the PIC Deputy Chairman in consultation with the Lay Member as being frivolous or groundless.
  - 95 cases (21%) were referred to the PIC meeting.
  - 225 cases (48%) 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 2007.
- (iii) \* The major categories of cases on disregard of professional responsibility to patients in 2006 include:-
  - (1) failure/unsatisfactory result of surgery (7%)
  - (2) failure to properly/timely diagnose illness or to give proper advice (17%)
  - (3) conducting inappropriate treatment or inappropriate prescription of drugs (38%)

## BREAKDOWN ON THE COMPLAINTS RECEIVED IN 2006 WHICH WERE DISMISSED BY THE PIC CHAIRMAN AND THE PIC DEPUTY CHAIRMAN

| <u>Reasons for Dismissal</u>            | <u>No. of Cases</u> |
|---|---------------------|
| (a) Doctors' attitude                   | 13                  |
| (b) Complications of treatment          | 2                   |
| (c) Unsatisfactory results of treatment | 3                   |
| (d) Difference in medical opinion       | 2                   |
| (e) Misdiagnosis                        | 6                   |
| (f) Groundless                          | 119                 |
| <b>TOTAL :</b>                          | <b>145</b>          |

## WORK STATISTICS OF THE COUNCIL'S PRELIMINARY INVESTIGATION COMMITTEE IN THE YEAR OF 2006

|   | Quarter       |               |               |               | Total         |
|---|---------------|---------------|---------------|---------------|---------------|
|   | Jan.-Mar.     | Apr.-June     | July-Sept.    | Oct.-Dec.     |               |
| No. of PIC Meetings                           | 3             | 3             | 3             | 3             | 12            |
| No. of cases considered                       | 29            | 33            | 28            | 28            | 118           |
| No. of cases dismissed (%)                    | 21<br>(72.4%) | 23<br>(69.7%) | 21<br>(75.0%) | 20<br>(71.4%) | 85<br>(72.0%) |
| No. of cases referred to inquiry (%)          | 8<br>(27.6%)  | 10<br>(30.3%) | 7<br>(25.0%)  | 8<br>(28.6%)  | 33<br>(28.0%) |
| No. of cases referred to Health Committee (%) | -<br>(-)      | -<br>(-)      | -<br>(-)      | -<br>(-)      | -<br>(-)      |

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

| <u>Nature</u>   | <u>2002</u> | <u>2003</u> | <u>2004</u> | <u>2005</u> | <u>2006</u> |
|---|-------------|-------------|-------------|-------------|-------------|
| (1) Total cases considered by the PIC                               | 76          | 108         | 112         | 123         | 118*        |
| (2) Total cases referred by the PIC to Council for inquiries        | 14          | 22          | 25          | 31          | 33#         |
| (3) Total cases referred by the PIC to Health Committee for hearing | -           | 1           | -           | -           | -           |

### **Remarks:**

\*The major categories of cases considered by the PIC in 2006 include:

|  | <u>No. of cases</u> |
|--|---------------------|
| (a) Conviction in court  | 10                  |
| (b) Disregard of professional responsibility to patients             |                     |
| • inappropriate prescription of drugs                                | 19                  |
| • failure to properly/timely diagnose illness                        | 6                   |
| • failure to give proper advice/explanation                          | 3                   |
| • conducting unnecessary or inappropriate treatment/surgery          | 16                  |
| • failure/unsatisfactory result of surgery                           | 2                   |
| • others   | 10                  |
| (c) Drug-related cases (excluding court convictions)                 |                     |
| • prescription of drugs of dependence other than bona-fide treatment | 1                   |
| (d) Improper, indecent behaviour to patients                         | 2                   |
| (e) Advertising/canvassing   | 25                  |
| (f) Issuing untrue or misleading medical certificates                | 7                   |
| (g) Misleading, unapproved description and announcement              | 6                   |
| (h) Abuse of professional confidence                                 | 2                   |
| (i) Depreciation of other medical practitioner(s)                    | 1                   |
| (j) Sharing fee and improper financial transaction                   | 1                   |
| (k) Improper delegation of medical duties to unregistered person     | 2                   |
| (l) Miscellaneous  | 5                   |
|  | <u>118</u>          |

#The major categories of cases referred by the PIC to the Medical Council for inquiry in 2006 include:

|   | <b>No. of<br/>cases</b> |  |
|---|-------------------------|--|
| (a) Conviction  |                         | <i>(8 cases of careless driving and 1 other conviction case were of minor offences and the Council accepted the PIC's recommendation that no inquiry was to be held)</i> |
| • careless driving  | 8                       |  |
| • others  | 1                       |  |
| • failure to keep proper record of dangerous drugs                | 1                       |  |
| (b) Disregard of professional responsibility to patients          |                         |  |
| • conducting unnecessary or inappropriate treatment/surgery       | 4                       |  |
| • failure to give proper advice/explanation                       | 1                       |  |
| • inappropriate prescription of drugs                             | 3                       |  |
| • miscellaneous   | 1                       |  |
| (c) Improper, indecent behaviour to patient                       | 1                       |  |
| (d) Sharing fee and improper financial transaction                | 1                       |  |
| (e) Improper delegation of medical duties to unregistered persons | 1                       |  |
| (f) Advertising/canvassing  | 5                       |  |
| (g) Issuing untrue or misleading medical certificates             | 4                       |  |
| (h) Miscellaneous   | 2                       |  |

33 *(Of the 24 cases referred to the Council for inquiry, 3 cases have been heard by the Council in 2006)*

## DISCIPLINARY INQUIRIES CONDUCTED BY THE MEDICAL COUNCIL IN 2006

| <u>No. of cases</u> | <u>Nature</u>  | <u>Decision of the Council</u>  |
|---------------------|--|---|
| 5                   | Conviction   | 1 1 charge: Removed for 1 month (suspended for 12 months);                        |
|                     | - 3 Failure to keep proper record of dangerous drugs | 1 charge: Warning Letter  |
|                     |  | 1 Removed for 1 month (suspended for 12 months)                                   |
|                     |  | 1 Warning Letter (gazetted)   |
|                     | - 1 Driving whilst disqualified                      | 2 charges: Each removed for 3 months (suspended for 2 years) (run concurrently);  |
|                     |  | 1 charge: Reprimanded   |
|                     | - 1 Unlawful abortion                                | 1 charge: Removed for 1 year;   |
|                     |  | 2 charges: Each removed for 2 years;  |
|                     |  | 1 charge: Removed for 5 years (run concurrently)                                  |
| 4                   | Labelling of Drugs                                   | 1 2 charges: Each removed for 3 months (suspended for 2 years) (run concurrently) |
|                     |  | 1 Removed for 1 month (suspended for 1 year)                                      |
|                     |  | 1 Removed for 3 months (suspended for 1 year)                                     |
|                     |  | 1 5 charges: Removed for 3 months   |
|                     |  | 1 charge: Removed for 3 months (run concurrently)                                 |
| 6                   | Practice Promotion                                   | 1 2 charges: Each removed for 1 month (suspended for 12 months);                  |
|                     |  | 1 charge: Removed for 3 months (suspended for 24 months) (run concurrently)       |
|                     |  | 1 Removed for 2 months (suspended for 2 years)                                    |
|                     |  | 1 Warning Letter (1 doctor - gazetted; 2 doctors - not gazetted)                  |
|                     |  | 2 Warning Letter  |
|                     |  | 1 To be continued   |

| <u>No. of cases</u> | <u>Nature</u>  | <u>Decision of the Council</u>   |
|---------------------|--|--|
| 3                   | Issuing misleading, false medical certificates   | 1 Removed for 3 months (suspended for 1 year)<br>1 15 charges: Removed for 18 months; 1 charge: Removed for 3 months (run concurrently)<br>1 To be continued |
| 1                   | Breach of condition imposed under an order of Medical Council  | Not guilty   |
| 4                   | Disregarded of professional responsibilities to patients   | 4 To be continued  |
| 23                  | [Summary: 16 cases: guilty<br>1 case: not guilty<br>6 cases: to be continued<br>Of these 23 cases, 22 cases were referred for inquiry by the PIC meetings held in/before 2005] |  |

## FIGURES ON APPEAL CASES

|  | <u>2002</u> | <u>2003</u> | <u>2004</u> | <u>2005</u> | <u>2006</u> |
|--|-------------|-------------|-------------|-------------|-------------|
| No. of Appeals lodged                                    | 1           | 2           | 2           | 1           | 5           |
| No. of Appeal cases carried forward from previous years  | 4           | 2           | 1           | 2           | 2           |
| <b>Total No. of Appeal cases in progress in the year</b> | <u>5</u>    | <u>4</u>    | <u>3</u>    | <u>3</u>    | <u>7</u>    |

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