

## PROFESSIONAL CODE AND CONDUCT

Since January 2005, the Medical Council has been updating the Professional Code and Conduct ("existing Code"), which in due course will be renamed as the Code of Professional Conduct ("updated Code"). Some provisions of the updated Code have already come into operation in advance of promulgation of the complete version of the updated Code. During the interim period before the existing Code is completely superseded by the updated Code, members of the medical profession are advised to regularly check the website of the Medical Council ([www.mchk.org.hk](http://www.mchk.org.hk)) for the latest position of the applicable provisions.

### Recent changes

Further changes have recently been promulgated by the Council and brought into immediate operation. These recent changes are:-

- (a) adding a new section 5.2.3.8 "Newspapers, magazines, journals and periodicals" to permit publication of service information in 4 types of printed media (w.e.f. 2 April 2008);
- (b) removal of the limit on number of medical services and procedures in Appendix E (Guidelines on Service Information Notices) and Appendix F (Guidelines on Doctors Directories) (w.e.f. 2 April 2008);
- (c) superseding paragraph 5 "Books, lectures, mass media appearances, electronic publications" of the existing Code by section 6 "Health education activities" of the updated Code (w.e.f. 7 May 2008);
- (d) revision to section 5.2.1 "Principles and rules of good communication and information dissemination" of the updated Code to elaborate on the relevant principles (w.e.f. date of this Newsletter);
- (e) revision to section 5.2.3.4 "Telephone directories published by telephone companies" of the updated Code (w.e.f. date of this Newsletter);
- (f) superseding paragraph 14.1-14.1.1 "Relationship between doctors and organizations" of the existing Code by section 18 "Relationship with health care and health products organizations" of the updated Code (w.e.f. date of this Newsletter); and
- (g) revising Appendix F (Guidelines on Doctors Directories) concerning the part on distribution of directory (w.e.f. date of this Newsletter).

Special attention is drawn to the principles and rules of communication set out in section 5.2.1 of the updated Code, in particular the requirement to declare conflict of interest under section 5.2.1.3, which also apply to all health education activities.

### Revised versions

The revised versions of the relevant provisions are set out below (changes underlined).

## ***Section 5 of the updated 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 A doctor providing information to the public or his patients must comply with the principles set out below.

5.2.1.1 Any information provided by a doctor to the public or his patients must be:-

- (a) accurate,
- (b) factual,
- (c) objectively verifiable,
- (d) presented in a balanced manner (when referring to the efficacy of particular treatment, both the advantages and disadvantages should be set out).

5.2.1.2 Such information must not:-

- (a) be exaggerated or misleading,
- (b) be comparative with or claim superiority over other

doctors,

- (c) claim uniqueness without proper justifications for such claim,
- (d) aim to solicit or canvass for patients,
- (e) be used for commercial promotion of medical and health related products and services (for the avoidance of doubt, recommendations in clinical consultations are not regarded as commercial promotion of products and services),
- (f) be sensational or unduly persuasive,
- (g) arouse unjustified public concern or distress,
- (h) generate unrealistic expectations,
- (i) disparage other doctors (fair comments excepted).

5.2.1.3 Where a doctor has a conflict of interest of any nature in a product or service, he must declare such interest before making comments on the product or service.

## 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) Gender of the doctor.
- (c) Language(s) / dialect(s) spoken.
- (d) Name of the practice.
- (e) Names of partners, assistants or associates in the practice.
- (f) Affiliated hospitals.
- (g) Availability of emergency service and emergency contact telephone number.
- (h) Quotable qualifications and appointments approved by the Council.
- (i) Specialist title approved by the Council.
- (j) Consultation hours.
- (k) Telephone, fax, pager numbers and e-mail address.
- (l) 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.

#### 5.2.3.8 *Newspapers, magazines, journals and periodicals*

A doctor may publish his service information in bona fide newspapers, magazines, journals and periodicals for the purpose of enabling the public to make an informed choice of doctors.

A publication published for the predominant purpose of promotion of the products or services of a doctor or other persons is not regarded as an acceptable newspaper, magazine, journal or periodical for this purpose.

A doctor who publishes his service information in these publications must ensure that:-

- (a) the published information includes only the information which is permitted in Service Information Notices and Doctors Directories;
- (b) the same rules as to terminology of procedure and operations for Service Information Notices and Doctors Directories are

- complied with, and no questionable terminology is adopted;
- (c) a written undertaking is secured from the publisher that his service information will not be published in a manner which may reasonably be regarded as suggesting his endorsement of other medical or health related products/services, such as publication in close proximity to advertisements for those products/services;
- (d) the published information does not exceed the size limit of 300 cm , and not more than one notice is published in the same issue of a publication; and
- (e) a proper record of the published information and the arrangements for its publication is kept for two years.

#### 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.

**Section 6 of the updated Code**

**6. Health education activities**

- 6.1 It is appropriate for a doctor to take part in bona fide health education activities, such as lectures and publications. However, he must not exploit such activities for promotion of his practice or to canvass for patients. Any information provided should be objectively verifiable and presented in a balanced manner, without exaggeration of the positive aspects or omission of the significant negative aspects.
- 6.2 A doctor should take reasonable steps to ensure that the published or broadcasted materials, either by their contents or the manner they are referred to, do not give the impression that the audience is encouraged to seek consultation or treatment from him or organizations with which he is associated. He should also take reasonable steps to ensure that the materials are not used directly or indirectly for the commercial promotion of any medical and health related products or services.
- 6.3 Information given to the public should be authoritative, appropriate and in accordance with general experience. It should be factual, lucid and expressed in simple terms. It should not arouse unnecessary public concern or personal distress, or generate unrealistic expectations. Doctors must not give the impression that they, or the institutions with which they are associated, have unique or special skills or solutions to health problems. Information should not be presented in such a way that it furthers the professional interests of the doctors concerned, or attracts patients to their care.

## **Section 18 of the updated Code**

### **18. Relationship with health care and health products organizations**

- 18.1 Medical and health products and services are offered by a variety of organizations. The Medical Council does not have jurisdiction over such organizations. However, subject to section 18.2, disciplinary action will be taken against a doctor where an advertisement in the name of the organization is in effect promotion of the doctor's practice. In this respect, the Medical Council will look at the actual effect of the advertisement.
- 18.2 A doctor who has any kind of financial or professional relationship with, uses the facilities of, or accepts patients referred by, such an organization, must exercise due diligence (but not merely nominal efforts) to ensure that the organization does not advertise in contravention of the principles and rules applicable to individual doctors. Due diligence shall include acquainting himself with the nature and content of the organization's advertising, and discontinuation of the relationship with an organization which is found to be advertising in contravention of the principles and rules.
- 18.3 Under no circumstances should a doctor permit his professional fees or contact information to be published in an organization's promotional materials.

## **Appendix E of the updated Code**

### APPENDIX E

#### **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 of the Code governing "Principles and rules of good communication and information dissemination".

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, procedures and operations provided by the doctor 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

## **Appendix F of the updated Code**

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 of the Code governing "Principles and rules of good communication and information dissemination".

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, procedures and operations provided by the doctor and range of fees
  - Only those procedures in which the doctor has received adequate training and which are within his area of competency may be quoted
  - The nomenclatures of procedures and operations should follow those promulgated by Colleges of the Hong Kong Academy of Medicine, whenever such a list is available
- Range of consultation fees, or composite fees including consultation and basic medicine for a certain number of days
- Affiliated hospitals
- Availability of emergency service and emergency contact telephone number

#### *Distribution of Directory*

Publishing organizations should distribute their directories widely in order to facilitate public access to the directories. Individual doctors may also make the directory available to the public provided that no particular entries are highlighted, extracted, or drawn to the special attention of readers.

## Quotable Qualifications

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

	Title of Qualifications	Abbreviation	Chinese Title
1.	Postgraduate Diploma of Perioperative and Critical Care Echocardiography, University of Melbourne	PGDipEcho (Melb)	墨爾本大學圍術及危重期超聲心動圖深造文憑
2.	Master of Medicine (Psychiatry), National University of Singapore	M Med (Psychiatry) (Singapore)	新加坡國立大學精神科醫學碩士
3.	Specialty Fellowship in Paediatric Surgery, The Royal College of Surgeons of Edinburgh	FRCSEd(Paed)	愛丁堡皇家外科醫學院小兒外科院士
4.	MSc in Endocrinology, Diabetes and Metabolism, The Chinese University of Hong Kong	MEDM(CUHK)	香港中文大學內分泌及糖尿治理理學碩士課程
	(Remarks: 'MSc in Endocrinology, Diabetes and Metabolism, The Chinese University of Hong Kong' (MEDM(CUHK)) and 'Professional Diploma in Diabetes Management and Education, Chinese University of Hong Kong' (DDME(CUHK)) should not be quoted simultaneously.)		
5.	Certificate of Subspecialist Accreditation in Reproductive Medicine, Hong Kong College of Obstetricians and Gynaecologists	Cert HKCOG (Reprod Med)	香港婦產科學院生殖醫學分科認可証書

At the Policy Meeting held on 5 February 2008, the Council agreed, on a request for review, to allow simultaneous quoting of the following two qualifications:-

	Title of Qualifications	Abbreviation	Chinese Title
1.	Diploma in Family Medicine, Chinese University of Hong Kong	DFM (CUHK)	香港中文大學家庭醫學文憑
2.	Master of Family Medicine, The Chinese University of Hong Kong	MFM (CUHK)	香港中文大學家庭醫學碩士

At the Policy Meeting held on 4 June 2008, the Council noted that there was an inconsistency between the heading of the sub-category 'United Kingdom and Ireland' under the category of 'Diploma and Diplomate' and the remarks "*Confined to additional qualifications obtained in the United Kingdom by examination.*" in the List. After discussion, the Council agreed that the remarks should be amended to read as "*Confined to additional qualifications obtained in the United Kingdom and Ireland by examination.*" as follows:-

	Title of Qualifications	Abbreviation	Chinese Title	Remarks
1.	Diploma in Anaesthetics	DA (***)	英國/愛爾蘭 *** 麻醉學文憑	Confined to additional qualifications obtained in the United Kingdom and Ireland by examination.  (***) In quoting any of these qualifications, the medical authority conferring the qualification must be specified.
2.	Diploma in Bacteriology	Dip Bact (***)	英國/愛爾蘭 *** 細菌學文憑	
3.	Diploma in Dermatology	Dip Derm (***)	英國/愛爾蘭 *** 皮膚病科文憑	
4.	Diploma in Industrial Health	DIH (***)	英國/愛爾蘭 *** 工業衛生學文憑	
5.	Diploma in Medical Jurisprudence (Clinical)	DMJ (Clin) (***)	英國/愛爾蘭 *** 臨床法醫學文憑	
6.	Diploma in Medical Jurisprudence (Pathology)	DMJ (Path) (***)	英國/愛爾蘭 *** 法醫病理學文憑	
7.	Diploma of Medical Services Administration	DMSA (***)	英國/愛爾蘭 *** 醫務行政學文憑	
8.	Diploma in Ophthalmology	DO (***)	英國/愛爾蘭 *** 眼科文憑	

	Title of Qualifications	Abbreviation	Chinese Title	Remarks
9.	Diploma in Laryngology and Otology	DLO ( ***)	英國/愛爾蘭 *** 耳鼻喉科文憑	<p>Confined to additional qualifications obtained in the United Kingdom and Ireland by examination.</p> <p>(***) In quoting any of these qualifications, the medical authority conferring the qualification must be specified.</p>
10.	Diploma in Child Health	DCH (***)	英國/愛爾蘭 *** 兒科文憑	
11.	Diploma in Clinical Pathology	DCP (***)	英國/愛爾蘭 *** 臨床病理學文憑	
12.	Diploma in Physical Medicine	D Phys Med (***)	英國/愛爾蘭 *** 物理治療學文憑	
13.	Diploma in Psychiatry	Dip Psyc (***)	英國/愛爾蘭 *** 精神病學文憑	
14.	Diploma in Psychological Medicine	DPM (***)	英國/愛爾蘭 *** 精神病學文憑	
15.	Diploma in Social Science	DSSc (***)	英國/愛爾蘭 *** 社會學文憑	
16.	Diploma in Medical Radiology and Electrology	DMRE (***)	英國/愛爾蘭 *** 放射及電療學文憑	
17.	Diploma in Radiology	Dip Rad (***)	英國/愛爾蘭 *** 放射學文憑	
18.	Diploma in Tropical Medicine and Hygiene	DTM&H (***)	英國/愛爾蘭 *** 熱帶病及衛生學文憑	
19.	Tuberculosis Diseases Diploma	TDD (***)	英國/愛爾蘭 *** 結核病學文憑	
20.	Diploma in Public Health	DPH (***)	英國/愛爾蘭 *** 公共衛生學文憑	
21.	Diploma in Venereology	Dip Ven (***)	英國/愛爾蘭 *** 性病科文憑	
22.	Diploma in Tuberculosis and Chest Diseases	DTCD (***)	英國/愛爾蘭 *** 結核及胸肺病學文憑	
23.	Diploma in Medical Radio-diagnosis	DMRD (***)	英國/愛爾蘭 *** 放射診斷學文憑	
24.	Diploma in Medical Radio-therapy	DMRT (***)	英國/愛爾蘭 *** 放射治療學文憑	

## REMINDERS

### 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 12,000 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.



# STATISTICS ON DISCIPLINARY CASES HANDLED BY THE MEDICAL COUNCIL

## COMPLAINTS RECEIVED BY THE MEDICAL COUNCIL

Nature	No. of Cases				
	2003	2004	2005	2006	2007
1. Conviction in Court					
(a) Failure to keep proper record of dangerous drugs	1	2	3	1	5
(b) Others	14	6	9	6	8
2. Disregard of professional responsibility to patient	166	190	237	297	320*
3. Drug-related cases (excluding court convictions)					
(a) Failure to properly label drugs dispensed	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	1	-	1	1	1
(d) Abuse of Drugs	-	-	-	-	-
(e) Others	1	-	-	-	2
4. Termination of Pregnancy	-	-	-	-	-
5. Abuse of professional position to further improper association with patients	-	-	-	-	-
6. Improper, indecent behaviour to patients	8	5	6	6	8
7. Abuse of professional confidence	1	3	4	5	3
8. Advertising/canvassing	68	25	61	50	27
9. Sharing fee & improper financial transaction	2	-	3	1	-
10. Depreciation of other medical practitioner(s)	1	2	1	2	1
11. Misleading, unapproved description & announcement	8	8	6	11	4
12. Issuing misleading, false medical certificates	24	16	25	54	55
13. Improper delegation of medical duties to unregistered persons	2	-	3	-	4
14. Fitness to practise	-	1	-	-	1
15. Miscellaneous	52	51	35	30	33
Total:	350	311	397	465	472

### Remarks:

- (i) Of the 472 complaints received in 2007:
  - 35 cases (7%) were inactionable because the complainants failed to provide further information or statutory declaration, or the complaints were anonymous, etc.
  - 146 cases (31%) were dismissed by the PIC Chairman and the PIC Deputy Chairman in consultation with the Lay Member as being frivolous or groundless.
  - 60 cases (13%) were referred to the PIC meeting.
  - 231 cases (49%) 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 2008.
- (iii) \* The major categories of cases on disregard of professional responsibility to patients in 2007 include:
  - (1) conducting inappropriate treatment or inappropriate prescription of drugs - 98 cases (31%)
  - (2) failure to properly/timely diagnose illness or to give proper advice - 67 cases (21%)
  - (3) failure/unsatisfactory result of surgery - 40 cases (13%)

## BREAKDOWN ON THE COMPLAINTS RECEIVED IN 2007 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	10
(b) Complications of treatment	4
(c) Unsatisfactory results of treatment	2
(d) Difference in medical opinion	12
(e) Misdiagnosis	13
(f) Groundless	105
TOTAL :	<u>146</u>

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

<u>Nature</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
(1) Total cases considered by the PIC	108	112	123	118	99*
(2) Total cases referred by the PIC to Council	22	25	31	33	34#
(3) Total cases referred by the PIC to Health Committee for hearing	1	-	-	-	-

Remarks:

\*The major categories of cases considered by the PIC in 2007 include:

	<u>No. of cases</u>
(a) Conviction in court	10
(b) Disregard of professional responsibility to patients	
• inappropriate prescription of drugs	11
• failure to properly/timely diagnose illness	11
• failure to give proper advice/explanation	4
• conducting unnecessary or inappropriate treatment/surgery	14
• failure/unsatisfactory result of surgery	5
• others	11
(c) Drug-related cases (excluding court convictions)	
• failure to properly label drugs dispensed	1
(d) Improper, indecent behaviour to patients	1
(e) Advertising/canvassing	6
(f) Issuing untrue or misleading medical certificates	10
(g) Misleading, unapproved description and announcement	7
(h) Abuse of professional confidence	1
(i) Miscellaneous	7
	<u>99</u>

#The major categories of cases referred by the PIC to the Medical Council in 2007 include:

	<b><u>No. of cases</u></b>	
(a) Conviction		<i>(7 cases of careless driving and 1 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	7	
• others	2	
• failure to keep proper record of dangerous drugs	1	
(b) Disregard of professional responsibility to patients		
• conducting unnecessary or inappropriate treatment / surgery	3	
• failure to give proper advice/explanation	1	
• inappropriate prescription of drugs	6	
• failure to properly diagnose illness	1	
• failure / unsatisfactory results of surgery	2	
• miscellaneous	6	
(c) Advertising/canvassing	2	
(d) Issuing untrue or misleading medical certificates	2	
(e) Miscellaneous	1	<i>(Further information being sought by Council)</i>
	<hr style="width: 100%; border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> 34	<i>(Of the 25 cases referred to the Council for inquiry, 1 case has been heard by the Council in 2007)</i>

## Work Statistics of the Council's PRELIMINARY INVESTIGATION COMMITTEE IN THE YEAR OF 2007

	Quarter				Total
	Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec.	
No. of PIC Meetings	3	3	3	3	12
No. of cases considered	31	19	23	26	99
No. of cases dismissed (%)	21 (67.7%)	14 (73.7%)	10 (43.5%)	20 (76.9%)	65 (65.7%)
No. of cases referred to Council (%)	10 (32.3%)	5 (26.3%)	13 (56.5%)	8 (23.5%)	34* (34.3%)
No. of cases referred to Health Committee (%)	- (-)	- (-)	- (-)	- (-)	- (-)

\*7 cases of careless driving and 1 other conviction cases were of minor offences and the Council accepted the PIC's recommendation that no inquiry was to be held.

## Disciplinary INQUIRIES CONDUCTED by THE MEDICAL COUNCIL IN 2007

### No. of cases

### Nature

### Decision of the Council

12	Disregard of professional responsibilities to patients	1	Removed for 10 months
		1	Removed for 2 months
		1	Removed for 1 month
		2	Removed for 3 months (suspended for 12 months)
		1	Removed for 2 months (suspended for 12 months)
		1	Removed for 1 month (suspended for 12 months)
		1	Removed for 1 month (suspended for 6 months)
		1	1 charge: Removed for 6 months 1 charge: Removed for 1 month (run concurrently and suspended for 2 years)
		1	Warning Letter (gazetted)
		2	To be continued



<u>No. of cases</u>	<u>Nature</u>	<u>Decision of the Council</u>
8	Issuing misleading, false medical certificates	1 Removed for 9 months 1 Removed for 6 months 1 9 charges each removed for 3 months 8 charges each removed for 6 months (run concurrently) 1 Removed for 3 months (suspended for 12 months) 1 Removed for 1 month (suspended for 12 months) 2 Reprimanded 1 Warning Letter (not gazetted)
20	[Summary: 18 cases: guilty 2 cases: to be continued Of these 20 cases, 19 cases were referred for inquiry by the PIC meetings held in/before 2006]	

## FIGURES ON APPEAL CASES

	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
No. of Appeals lodged	2	2	1	5	4
No. of Appeal cases carried forward from previous years	2	1	2	2	6
	<u>4</u>	<u>3</u>	<u>3</u>	<u>7</u>	<u>10</u>
Total No. of Appeal cases in progress in the year					

# MEMBERSHIP LIST of THE MEDICAL COUNCIL of HONG KONG

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Dr LUI Cho-ze, Joseph (雷操爽醫生)	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.