



- 行公義  
Ensuring Justice
- 守專業  
Maintaining Professionalism
- 護社羣  
Protecting the Public

### Advice / Information for All Registered Medical Practitioners

The Council, on the recommendation of the Preliminary Investigation Committee (PIC), would like to draw the attention of members of the profession to the following disciplinary cases discussed by the Committee recently:-

#### Seizure of medical records by liquidators

The Council noted from a complaint case reported by the PIC that *"all books and records of the clinic were seized by and remained in the possession of the Joint and Several Liquidators of the clinic"* and the doctor being complained of *"had instructed his lawyer to request the liquidator to release the medical records of the patient, but failed to secure the release of such, for the purpose of allowing him to provide follow-up medical treatment to those patients he had treated"*. The Council had expressed serious concern that the liquidators' financial dealings with the clinic's assets posed detriment to the medical conditions of patients.

The Council was advised that during the liquidation process, the liquidator would take charge of all assets of the clinic in order to discharge the liabilities of the clinic in accordance with the priorities determined by the law. However, *prima facie* the medical records of patients were irrelevant to the liquidator's financial concerns and there was no reason that the medical records could not be released to the doctors to facilitate proper follow-up of the patients' medical conditions. As the liquidator's duty was to collect the assets of a company on winding-up, the medical records of patients of a clinic should not affect the assets or financial situation of the clinic and should not be retained by the liquidator. Even if the liquidator considered that the original medical records were properties which had to be retained, there was no reason that photocopies of the medical records could not be released to the doctor concerned to ensure proper follow up of the patients' medical conditions. It was the information contained in the medical record which was important for the patients' follow up, not the record itself. In case the liquidator acted unreasonably to refuse providing even photocopies of the medical records, the doctor concerned should apply to the Court for a mandatory injunction compelling the liquidator to release the medical records or copies thereof.

Doctors are therefore advised of the general principle that patients' welfare should be safeguarded during any liquidation process; and their duty to apply to the Court for the release of the medical records in case the liquidators acted unreasonably to refuse providing even photocopies of the medical records.

#### Intramuscular injection in the buttock region

The PIC had considered a complaint case involving a doctor giving an injection to his patient's right buttock which resulted in right sciatic nerve neuropathy.

The Council, on the recommendation of the PIC, would like to remind members of the profession that intramuscular injection in the buttock should be administered with the patient lying flat in prone position.

The injection should be made on the upper-outer quadrant of the buttock to avoid damaging the sciatic nerve. If the injection was administered with the patient in a sitting position, the anatomy could be distorted especially if the patient was obese. In addition, paediatricians would not give injection at the buttock region of child patients because of possible injury to the sciatic nerve.

For patients with acute pain requiring injection for immediate pain relief, intravenous injection should be considered as the first option. If intravenous injection was not feasible, injection in the buttock would be administered. Lying prone was the best position, but many old patients could not assume that position because it might be painful or suffocating to them. If the patient could not assume the prone position, the lateral decubitus position was acceptable. If the injection was given on the right buttock the patient should lie down on the left in lateral decubitus position.

Doctors are advised of the above general principle and proper protocol in administering intramuscular injection in the buttock region.

## REMINDER

### Change of registered address

Under the Medical Registration Ordinance, all registered medical practitioners are required to provide the Registrar of Medical Practitioners with an address at which notices from the Medical Council may be served on him/her. For this purpose, please notify the Registrar of Medical Practitioners either in writing or by completing a form, which can be obtained from the Central Registration Office at the following address as soon as there is any change in your registered address:-

17/F, Wu Chung House  
213 Queen's Road East  
Wan Chai, Hong Kong

Tel. No.: 2961 8648/2961 8655  
Fax No.: 2891 7946/2573 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. Any subsequent change in your choice must be notified in writing to the Registrar of Medical Practitioner and the change will be incorporated in the website during the updating exercise in April and October each year. 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.

## 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.	Master of Aviation Medicine, University of Otago	MAvMed (Otago)	奧塔哥大學航空醫學碩士
2.	Postgraduate Diploma in Aeromedical Retrieval & Transport, University of Otago	PGDipAeroRT (Otago)	奧塔哥大學航空拯救運送醫學深造文憑
	(Remarks: A doctor with both MAvMed and PGDipAeroRT should quote only the former, if the papers taken for MAvMed included all papers taken for PGDipAeroRT.)		
3.	Diploma in Community Gynaecology, Hong Kong College of Obstetricians and Gynaecologists	DCG (HKCOG)	社區婦科文憑(香港婦產科學院)
4.	Postgraduate Diploma in Musculoskeletal Medicine, University of Otago	PGDipMSM (Otago)	奧塔哥大學肌肉骨骼醫學深造文憑
5.	Doctor of Medicine, University of New South Wales	MD (UNSW)	新南威爾斯大學醫學博士
6.	Master of Science in Healthcare Informatics, University of Bath	MSc Healthcare Informatics (University of Bath)	巴斯大學醫療資訊理學碩士
7.	Master of Tropical Health, University of Queensland	MTH (Qld)	昆士蘭大學熱帶衛生碩士
8.	Certificate in Maternal Fetal Medicine, Royal Australian and New Zealand College of Obstetricians and Gynaecologists	CMFM (RANZCOG)	澳洲及紐西蘭皇家婦產科醫學院母胎醫學證書
	(Remarks: CMFM (RANZCOG) and 'Diploma in Maternal Fetal Medicine, RANZCOG' should not be quoted simultaneously.)		
9.	Postgraduate Diploma in Public Health, The University of Hong Kong	PDipPH (HK)	香港大學公共衛生深造文憑
	(Remarks: PDipPH (HK) and 'Master of Public Health, The University of Hong Kong' should not be quoted simultaneously.)		
10.	Graduate Diploma in Medicine (Ophthalmic Science), The University of Sydney	GradDipMed (OphthSc) (Syd)	悉尼大學醫科文憑(眼科科學)
11.	Master of Science in Psychiatric Research, University of London	MSc Psychiatric Research (Lond)	倫敦大學精神醫學研究碩士
12.	Master of Science in Clinical Paediatrics, University of London	MSc (Clinical Paediatrics) (Lond)	倫敦大學臨床兒科學碩士

At the Policy Meeting held on 7 January 2009, the Council agreed to change the Chinese title of the qualification 'MSc in Endocrinology, Diabetes and Metabolism, The Chinese University of Hong Kong' in accordance with the request of the Chinese University of Hong Kong to read as follows:-

Full Title	Abbreviation	Chinese Title
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病治理理學碩士
(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.)		

At the Policy Meeting held on 4 February 2009, the Council noted that the qualification 'Member, Royal College of Pathologists' had been replaced by the qualification 'Fellow, Royal College of Pathologists' with effect from 1 January 2008. After discussion, the Council agreed to add a remark to the entry of the qualification in the List to reflect the position as follows:-

Full Title	Abbreviation	Chinese Title
Member, Royal College of Pathologists	MRCPath	英國皇家病理科醫學院院士
(Remarks: MRCPath has ceased to exist since 1 January 2008, as it has been replaced by "Fellow, Royal College of Pathologists" and the Royal College of Pathologists has issued replacement certificates to all former holders of the qualification to confirm their FRCPath status.)		



## Qualification only quotable by doctor(s) with specific approval

In June 2009, the Council also approved the following qualification for inclusion in the List as a separate category:-

Title of Qualification	Abbreviation	Chinese Title	Date of approval by the Medical Council
Doctor of Philosophy, University of Cambridge	Ph.D. (Cantab)	劍橋大學哲學博士	3 June 2009

The above qualification can only be quoted by doctor(s) with the specific approval of the Council.

## Application for quoting research master and doctoral degrees

Registered medical practitioners are advised that individual approval would be required for quoting the specifically approved qualifications (i.e. research master and doctoral degrees other than 'Master of Surgery' and 'Doctor of Medicine') included in the List. Applications for quoting the specifically approved qualifications should be made to the Education and Accreditation Committee of the Council in a standard application form. The application form is available for downloading at the website of the Council (<http://www.mchk.org.hk/qq.htm>). Any enquiries on this matter should be directed to the Council Secretariat at 2873 4853.

# Statistics on Disciplinary Cases Handled by the Medical Council

## Complaints Received by the Medical Council

Nature	No. of Cases				
	2004	2005	2006	2007	2008
1. Conviction in Court					
(a) Failure to keep proper record of dangerous drugs	2	3	1	5	6
(b) Others	6	9	6	8	8
2. Disregard of professional responsibility to patients	190	237	297	320	329*
3. Drug-related cases (excluding court convictions)					
(a) Failure to properly label drugs dispensed	2	2	1	-	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	2
(d) Abuse of Drugs	-	-	-	-	1
(e) Others	-	-	-	2	2
4. Termination of Pregnancy	-	-	-	-	-
5. Abuse of professional position to further improper association with patients	-	-	-	-	-
6. Improper, indecent behaviour to patients	5	6	6	8	9
7. Abuse of professional confidence	3	4	5	3	7
8. Practice promotion	25	61	50	27	25
9. Sharing fee & improper financial transaction	-	3	1	-	-
10. Depreciation of other medical practitioner(s)	2	1	2	1	-
11. Misleading, unapproved description & announcement	8	6	11	4	11
12. Issuing misleading, false medical certificates	16	25	54	55	39
13. Improper delegation of medical duties to unregistered persons	-	3	-	4	-
14. Fitness to practise	1	-	-	1	-
15. Miscellaneous	51	35	30	33	29
<b>Total :</b>	<b>311</b>	<b>397</b>	<b>465</b>	<b>472</b>	<b>469</b>

### Remarks:

- (i) Of the 469 complaints received in 2008:
  - 25 cases (5%) were inactionable because the complainants failed to provide further information or statutory declaration, the complaints were anonymous or withdrawn, etc.
  - 158 cases (34%) were dismissed by the PIC Chairman and the PIC Deputy Chairman in consultation with the Lay Member as being frivolous or groundless.
  - 55 cases (12%) 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 2009.
- (iii) \* The major categories of cases on disregard of professional responsibility to patients in 2008 include:
  - (1) failure to properly/timely diagnose illness or to give proper advice - 87 cases (26%)
  - (2) conducting inappropriate treatment or inappropriate prescription of drugs - 83 cases (25%)
  - (3) failure/unsatisfactory result of surgery - 38 cases (12%)

## Breakdown on the complaints received in 2008 which were dismissed by the PIC Chairman and the PIC Deputy Chairman

Nature of Complaint	No. of Cases
(a) Doctors' attitude / Doctor-patient communication	35
(b) Disagreement with doctor's medical opinion	19
(c) Unsatisfactory results of treatment	18
(d) Complications of treatment	6
(e) Undesirable reactions to drugs prescribed	10
(f) Misdiagnosis	10
(g) Sick leave and related matters	18
(h) Fees dispute	13
(i) Alleged indecent behaviour to patients	2
(j) Practice promotion/descriptions/announcements	10
(k) Miscellaneous	17
<b>Total :</b>	<b>158</b>

## Work of the Council's Preliminary Investigation Committee (PIC)

Nature	2004	2005	2006	2007	2008
(1) Total cases considered by the PIC	112	123	118	99	151 *
(2) Total cases referred by the PIC to Council for inquiries, or no inquiry	25	31	33	34	27#
(3) Total cases referred by the PIC to Health Committee for hearing	-	-	-	-	1

### Remarks:

\*The major categories of cases considered by the PIC in 2008 include:

	No. of Cases
(a) Conviction in court	8
(b) Disregard of professional responsibility to patients	
• inappropriate prescription of drugs	7
• failure to properly/timely diagnose illness	20
• failure to give proper advice/explanation	5
• conducting unnecessary or inappropriate treatment/surgery	20
• failure/unsatisfactory result of surgery	16
• others	19
(c) Drug-related cases (excluding court convictions)	
• failure to properly label drugs dispensed	0
(d) Improper, indecent behaviour to patients	3
(e) Advertising/canvassing	22
(f) Issuing untrue or misleading medical certificates	18
(g) Misleading, unapproved description and announcement	5
(h) Abuse of professional confidence	2
(i) Miscellaneous	6
	<b>151</b>

#The major categories of cases referred by the PIC to the Medical Council for inquiry in 2008 include:

	No. of cases	
(a) Conviction		<i>(1 case 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	1	
• others	1	
• failure to keep proper record of dangerous drugs	4	
(b) Disregard of professional responsibility to patients		
• conducting unnecessary or inappropriate treatment/surgery	2	
• failure to give proper advice/explanation	1	
• inappropriate prescription of drugs	3	
• failure to properly diagnose illness	1	
• failure / unsatisfactory results of surgery	1	
• miscellaneous	2	
(c) Advertising/canvassing	6	
(d) Issuing untrue or misleading medical certificates	3	
(e) Abuse of professional confidence	1	
(f) Miscellaneous	1	
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	27	
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## Work Statistics of the Council's Preliminary Investigation Committee in the Year of 2008

	Quarter				Total
	Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec.	
No. of PIC Meetings	3	3	2	3	11
No. of cases considered	43	31	29	48	151
No. of cases dismissed (%)	18 (41.9%)	13 (41.9%)	12 (41.4%)	32 (66.7%)	75 (49.7%)
No. of cases referred to Council (%)	7 (16.3%)	2 (6.5%)	10 (34.5%)	8 (16.7%)	27* (17.9%)
No. of cases referred to Health Committee (%)	- (-)	- (-)	1 (3.4%)	- (-)	- (-)

\* 1 case 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.

## Disciplinary Inquiries conducted by the Medical Council in 2008

No. of Cases	Nature	Decision of the Council	
13	Disregard of professional responsibility to patients	1	4 charges : Each removed for 12 months (run concurrently)
		1	10 charges : Removed for 6 months
			1 charge : Removed for 10 months
			1 charge : Removed for 9 months (run concurrently)
		1	Removed for 6 months
		1	2 charges : Each removed for 3 months (run concurrently)
		1	1 charge : Removed for 2 months
			2 charges : Each removed for 1 month (run concurrently)
		2	Reprimanded
		4	Warning Letter (not gazetted)
		1	Not guilty
		1	To be continued
2	Labelling of drugs	1	Removed for 3 months (suspended for 2 years)
		1	Removed for 1 month (suspended for 12 months)
2	Issuing misleading, false medical certificates	1	Removed for 6 months
		1	Removed for 1 month



No. of Cases	Nature	Decision of the Council	
3	Practice promotion	1	Removed for 2 months (suspended for 1 year)
		1	Warning Letter (gazetted)
		1	Dismissed
3	Conviction		
	- 2 failure to keep proper record of dangerous drugs	2	Removed for 1 month
	- 1 theft; and possession of a dangerous drug	1	1 charge : Removed for 3 months 1 charge : Removed for 1 month (suspended for 2 years) (run concurrently)
23	[Summary : 1 case : not guilty 1 case : dismissed 20 cases : guilty 1 case : to be continued Of these 23 cases, 21 cases were referred for inquiry by the PIC meetings held in/before 2007]		

## Figures on Appeal Cases

	2004	2005	2006	2007	2008
No. of Appeals lodged	2	1	5	4	4
No. of Appeal cases carried forward from previous years	1	2	2	6	7
<b>Total No. of Appeal cases in progress in the year</b>	<b><u>3</u></b>	<b><u>3</u></b>	<b><u>7</u></b>	<b><u>10</u></b>	<b><u>11</u></b>

### Results of Appeal Cases concluded in 2008:

(a) Dismissed by Court of First Instance / Court of Appeal	-
(b) Allowed	2
(c) Appeal withdrawn	-
	<u>2</u>

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Dr LUI Cho-ze, Joseph (雷操奭醫生)	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.