



Code of Professional Conduct

Section 2

The Medical Council, on the recommendation of the Ethics Committee, has reviewed and revised section 2 "Consent to medical treatment" of the Code of Professional Conduct (Revised in January 2009) with a view to providing clearer guidelines to medical practitioners on informed consent. The revised section 2 is appended below for information of members of the medical profession and supersedes the previous version with immediate effect.

2. Consent to medical treatment

- 2.1 In law, a doctor cannot perform diagnostic procedures and medical treatment on a patient who does not consent to the treatment. A doctor who does so is liable to be sued for the tort of battery or prosecuted for criminal offences such as wounding and assault occasioning actual bodily harm.
- 2.2 Treatments for dealing with emergency situations can be given without obtaining prior consent.
- 2.3 Consent may be either implied or express. In respect of minor and non-invasive treatments, consent can usually be implied from a patient's conduct in consulting the doctor for his illness (but not in a situation where the consultation was only for the purpose of seeking an opinion).
- 2.4 Oral consent is acceptable for minor invasive procedures. Documenting oral consent in the patient's medical record offers protection to doctors, in case of subsequent dispute as to whether consent has been given.
- 2.5 Express and specific consent is required for major treatments, invasive procedures, and any treatment which may have significant risks. Consent for more important treatments should be given in writing.
- 2.6 Where there are statutory requirements that consent in specified circumstances be given in prescribed forms, those requirements must be complied with.
- 2.7 Consent is valid only if:-
 - (i) it is given voluntarily;
 - (ii) the doctor has provided proper explanation of the nature, effect and risks of the proposed treatment and other treatment options (including the option of no treatment); and
 - (iii) the patient properly understands the nature and implications of the proposed treatment.

2.8 After the explanation, the patient should be given reasonable time to enable the patient (or his family members in applicable cases) to make the decision properly, depending on the complexity of information, the importance of the decision and the urgency of the proposed treatment.

2.9 A patient's refusal of proposed investigation and treatment must be respected and documented.

2.10 *Proper explanation of proposed treatment and risks*

2.10.1 Explanation should be given in clear, simple and consistent language. Explanation should be given in terms which the patient can understand. It is the doctor's duty to ensure that the patient truly understands the explanation by being careful and patient.

2.10.2 The explanation should be balanced and sufficient to enable the patient to make an informed decision. The extent of explanation required will vary, depending on individual circumstances and complexity of the case.

2.10.3 The explanation should cover not only significant risks, but also risks of serious consequence even though the probability is low (i.e. low probability serious consequence risks).

2.10.4 A doctor should not withhold information necessary for making a proper decision for any reason, even if the patient's family members ask for the information to be withheld from the patient, unless in the doctor's judgment the information will cause serious harm to the patient (such as where the information may have a serious effect on the patient's mental health). However, the threshold for withholding information is high, and upsetting the patient or causing him to refuse treatment will not be proper justification for withholding information.

2.10.5 A doctor who withholds from the patient information necessary for making a proper decision must record the reason in the patient's medical records. The doctor should regularly review his decision to see whether the information could be given at a later stage without causing serious harm to the patient.

2.11 *Patients who refuse to listen*

2.11.1 If a patient wishes to give consent but refuses to be given the details of the proposed treatment, a doctor must assess the situation carefully before providing the treatment as the validity of consent in such circumstances may be questionable. The patient's refusal to be given explanation must be fully recorded in the patient's medical records.

2.12 *Child patients*

2.12.1 Consent given by a child under the age of 18 years is not valid, unless the child is capable of understanding the nature and implications of the proposed treatment. If the child is not capable of such understanding, consent has to be obtained from the child's parent or legal guardian.

2.12.2 The degree of maturity and intelligence required for a child to understand the nature and implications of the proposed treatment will depend upon the importance and complexity of the case. It is the doctor's duty to ensure that

the child is truly capable of such understanding before acting in reliance on the child's consent.

- 2.12.3 While a child may be competent to give valid consent, the child should be encouraged to involve the parents in the decision-making in respect of important or controversial procedures.
- 2.12.4 It is usually sufficient to have consent from one parent. However, in relation to major or controversial medical procedures, there may be the duty to consult the other parent. If the parents cannot agree and the dispute cannot be resolved, the doctor should seek legal advice as to whether it is necessary to apply to court for an order.
- 2.12.5 A doctor should consider seeking legal advice if the parents refuse treatment which is clearly in the best interest of the child, particularly where the treatment is necessary to save the child's life or to prevent serious deterioration of the child's health (e.g. blood transfusion for a life-saving surgery).
- 2.12.6 In exceptional situations (such as emergency, parental neglect, abandonment of the child, and inability to find the parent), treatment without parental knowledge and consent may be justified.

2.13 *Unconscious patients*

- 2.13.1 When a competent patient is unable to give consent because of reasons such as loss of consciousness, the views of the family members should be considered, provided that such views are compatible with (i) the patient's best interests; and (ii) the patient's right of self-determination.

Appendix D

Under the prevailing "Guidelines on Doctors Directories" at Appendix D to the Code of Professional Conduct, a directory may be in electronic or printed format. To cater for the need of people who may not be computer literate, the Medical Council, on the recommendation of the Ethics Committee, has decided that directories in electronic format should be in printable form, so that printed copies could be made when necessary. The revised "Guidelines on Doctors Directories" (with changes underlined for ease of reference) are appended below for information of and compliance by members of the medical profession with immediate effect:-

APPENDIX D

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

A Directory may be published in electronic or printed format. If in electronic format, it should be in a printable form.

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.

The Medical Council has also decided that:-

- (i) an application for renewal of approval for publishing a doctors directory should be accompanied by a printed copy of the directory; and
- (ii) the existing publishing organizations given approval to publish doctors directories should implement the new provisions within 6 months from the date of promulgation of the revised Guidelines on Doctors Directories.

Advice / Information for All Registered Medical Practitioners

Guidelines on Charging Fees for Laboratory Tests

On 27 April 2010, the Chairman of the Medical Council issued a letter to all registered medical practitioners drawing their attention to a disciplinary case of a doctor charging a patient excessive fees for tests performed by laboratories. While the issues of “excessive fees” and “improper financial transactions” (including rebates between doctors and other persons) are governed by sections 12 and 14 of the Code of Professional Conduct (“the Code”), the Medical Council considers it appropriate to provide further guidance to doctors on charging of fees for laboratory tests.

The following principles on charging of fees are promulgated by the Medical Council on the recommendation of its Ethics Committee:-

1. Section 14.1 of the Code provides that a doctor shall not offer or accept any financial or other inducement for referral of patients. It prohibits inducement for referral of patients in whatever form, including financial advantages and rebates.
2. The Code does not require a doctor to itemize his own professional charges in invoices/receipts. A doctor should not charge any excessive fee including investigation fee. Whether a fee is excessive will be judged according to the principles set out in section 12.3 of the Code.
3. Section 12.1 of the Code stipulates that *“Consultation fees should be made known to patients on request. In the course of investigation and treatment, all charges, to the doctors’ best knowledge, should be made known to patients on request before the provision of services. A doctor who refuses or fails to make the charges known when properly requested may be guilty of professional misconduct”*.
4. A doctor must not issue untrue or misleading invoices and receipts. Section 26.1 of the Code stipulates that *“Doctors are required to issue reports and certificates for a variety of purposes (e.g. insurance claim forms, **payment receipts**, medical reports, vaccination certificates, sick leave certificates) on the basis that the truth of the contents can be accepted without question. Doctors are expected to exercise care in issuing certificates and similar documents, and should not include in them statements which they have not taken appropriate steps to verify”*.
5. Section 26.3 of the Code further stipulates that *“Any doctor who in his professional capacity gives any certificate or similar document containing statements which are untrue, misleading or otherwise improper renders himself liable to disciplinary proceedings.”*
6. Doctors should also note that section 9(3) of the Prevention of Bribery Ordinance (Cap. 201) provides that *“Any agent who, with intent to deceive his principal, uses any **receipt, account or other document**-*
 - (a) *in respect of which the principal is interested; and*
 - (b) *which contains any statement which is false or erroneous or defective in any material particular; and*
 - (c) *which to his knowledge is intended to mislead the principal, shall be guilty of an offence.”*
7. The overriding requirement in issuing invoices/receipts is that a doctor must act honestly. If a fee is the doctor’s own charge, the description in the invoice/receipt must not give a misleading impression that the fee is collected on behalf of a third party.
8. A doctor may charge fees for all professional services rendered by him (including but not limited to: consultation, procedure, investigation, medication, interpretation of test reports, and collecting specimens for tests to be performed by a third party). For an investigation, the whole package of services rendered by a doctor to a patient should be described in the invoice/receipt as “investigation fee (檢驗費)”, in order to avoid any misunderstanding that the fee is collected on behalf of the third party.

Surrogacy Arrangement

Childbirth by surrogacy arrangement has become a matter of public concern. As the authorities with statutory responsibility for regulating surrogacy arrangements and medical practitioners respectively, the Council on Human Reproductive Technology (“CHRT”) and the Medical Council of Hong Kong (“MCHK”) consider that it is necessary to make a joint statement on this issue.

2. Surrogacy arrangement is a type of reproductive technology procedure governed by the Human Reproductive Technology Ordinance (“the Ordinance”), Cap. 561, Laws of Hong Kong. It is unlawful for a person to carry on a reproductive technology procedure except pursuant to a license issued by CHRT. A reproductive technology procedure may only be carried on in premises properly licensed for the purpose, and under the supervision of the person responsible specified in the licence.

3. Surrogacy arrangements on a commercial basis are prohibited under the Ordinance. It is unlawful for any person to do any of the following:-

- (a) make or receive any payment (whether in Hong Kong or elsewhere) for –
 - (i) initiating or taking part in any negotiations for the making of a surrogacy arrangement; or
 - (ii) offering or agreeing to negotiate the making of a surrogacy arrangement; or
 - (iii) compiling any information for use in making, or negotiating the making of, surrogacy arrangements;
- (b) seek to find a person willing to do any act in contravention of sub-paragraph (a) above;
- (c) take part in the management or control of a body (corporate or unincorporate) whose activities consist of or include any act in contravention of sub-paragraph (a) above;
- (d) take part in any act in furtherance of any surrogacy arrangement where he knows or ought to know that the arrangement is in contravention of sub-paragraph (a) above;
- (e) cause to be published or distributed, or knowingly publish or distribute, an advertisement relating to surrogacy arrangements (whether or not the advertisement invites others to do any act in contravention of sub-paragraph (a) above).

4. It is unlawful to use in a surrogacy arrangement the gametes of persons other than the husband and wife in a marriage to whom the child carried will be handed over. The Code of Practice on Reproductive Technology and Embryo Research (“the Code”) issued by CHRT stipulates that a reproductive technology procedure may be provided pursuant to a surrogacy arrangement only if the wife is unable to carry a pregnancy to term and no other treatment option is practicable.

5. While the Ordinance allows the making of surrogacy arrangements which do not involve any commercial dealing, no surrogacy arrangement is enforceable. If any party to an arrangement refuses to act pursuant to the arrangement, the other party cannot compel the defaulting party to act in accordance with the terms of the arrangement, including handing over of the child by the surrogate mother.

6. Besides legal sanctions for contravention of the provisions of the Ordinance, a medical practitioner may also be guilty of professional misconduct and liable to be disciplined by MCHK if he/she:-

- (a) not being a person to whom a licence issued by CHRT applies, participates in a reproductive technology procedure;
- (b) being a person to whom a licence applies, provides a reproductive technology procedure in breach of the provisions of the Code;
- (c) does any of the prohibited acts set out in paragraph 3 above;
- (d) uses in a surrogacy arrangement the gametes of persons other than the husband and wife in a marriage to whom the child carried will be handed over; or
- (e) provides a reproductive technology procedure pursuant to a surrogacy arrangement where the wife is not unable to carry a pregnancy to term or where other treatment options are practicable.

7. The public and medical practitioners should take care to ensure that they will not be involved in unlawful surrogacy arrangements.

8. Medical practitioners should also ensure that when they provide reproductive technology procedures they do so in compliance with the provisions of the Ordinance and the Code. If in doubt about their legal position, they should seek legal advice before proceeding to initiate or make any arrangement appertaining to reproductive technology procedures.

Council on Human Reproductive Technology and Medical Council of Hong Kong

October 2011

代母安排

以代母產子之問題，已成為公眾關注的議題。作為規管代母安排及註冊醫生的法定機構，人類生殖科技管理局(以下簡稱《管理局》)及香港醫務委員會(以下簡稱《委員會》)認為，需就此事作出聯合聲明。

2. 代母安排是《人類生殖科技條例》(香港法例第561章)(以下簡稱《條例》)所規管的一種生殖科技程序。除依據《管理局》發出的牌照進行外，任何人士進行生殖科技程序，均屬違法。生殖科技程序須於牌照所指明的處所內進行，及在牌照所指明的負責人監督下進行。

3. 《條例》禁止進行任何商業性質的代母安排。任何人士從事任何下列事情，均屬違法：-

- (a) 在香港或其他地方為以下事項而作出或接受付款—
 - (i) 提出或參與任何以作出代母安排為出發點的商議；或
 - (ii) 要約或同意商議作出代母安排；或
 - (iii) 搜集資料以將之使用於作出或商議作出代母安排；

- (b) 謀求尋覓願意作出違反(a)段的作為的人；
 - (c) 參與管理或參與控制屬法團或不屬法團的團體，而該團體的事務包含或包括任何違反(a)段的作為；
 - (d) 知道或理應知道某項代母安排是違反(a)段的作為，而進行或參與任何促進該項安排的作為；
 - (e) 安排公布或分發，或明知而公布或分發關乎代母安排的廣告，不論該廣告是否邀請任何人作出違反(a)段的作為。
4. 於代母安排中，使用並非屬於婚姻雙方且將對有關孩子行使父母權利者的配子，乃屬違法。管理局制訂的《生殖科技及胚胎研究實務守則》(以下簡稱《實務守則》)規定，只於婚姻中的妻子不能持續懷孕至產期，且無其他可行的治療方案之情況下，方可依據代母安排進行生殖科技程序。
5. 雖然《條例》容許不涉及商業交易的代母安排，任何代母安排都不可強制執行。換言之，如任何一方拒絕履行代母安排之約定條款，另一方不得強制違約一方按該代母安排之條款行事，包括交付有關孩子。
6. 如醫生作出任何下述作為，除因違反《條例》之規定而受法律制裁外，亦可能干犯專業失當行為而受《委員會》紀律處分：-
- (a) 並非《管理局》發出的牌照所適用的人士，參與生殖科技程序；
 - (b) 身為《管理局》發出的牌照所適用的人士，於違反《實務守則》之情況下，從事生殖科技程序；
 - (c) 作出上述第3段所列出之任何被禁止之行為；
 - (d) 於代母安排中，使用並非屬於婚姻雙方且將對有關孩子行使父母權利者的配子；
 - (e) 於婚姻中的妻子並非不能持續懷孕至產期，或並非無其他可行的治療方案之情況下，依據代母安排進行生殖科技程序。
7. 公眾及註冊醫生應謹慎行事，以免牽涉非法的代母安排。
8. 註冊醫生於進行生殖科技程序時，更應確保遵守《條例》及《實務守則》之規定。如在法律事宜上有疑問，應於提出或作出任何與生殖科技程序相關的安排前，先諮詢法律意見。

人類生殖科技管理局及香港醫務委員會

二零一一年十月

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 Public Health, University of New South Wales	MPH (UNSW)	新南威爾斯大學 公共衛生碩士
2.	Master of Medicine (Clinical Epidemiology), University of Sydney	MM (Clin Epi) (Syd)	悉尼大學醫學碩士 (臨床流行病學)
3.	Diploma in Clinical Toxicology, Hong Kong Poison Information Centre and Hong Kong College of Emergency Medicine	Dip Clin Tox (HKPIC & HKCEM)	香港急症科醫學院及 香港中毒諮詢中心 臨床毒理學文憑
4.	Postgraduate Diploma in Medical Toxicology, Cardiff University	PgDip Medical Toxicology (Cardiff)	卡的夫大學臨床毒理學 深造文憑
5.	Postgraduate Diploma in International Primary Health Care, University of London	PDip International Primary Health Care (Lond)	倫敦大學國際基層醫療 深造文憑
	Master of Science in International Primary Health Care, University of London	MSc International Primary Health Care (Lond)	倫敦大學國際基層醫療 碩士
	(Remarks: A medical practitioner possessing both qualifications can quote only one of them.)		
6.	Master of Health Management, University of New South Wales	MHM (UNSW)	新南威爾斯大學 衛生管理碩士
7.	Master of Science in Pain Management, Cardiff University	MSc in Pain Management (Cardiff)	卡的夫大學疼痛科碩士

The Medical Council at the Policy Meeting held on 3 November 2010 endorsed the following details of the quotable qualification “*Postgraduate Diploma in Diagnosis and Therapeutics in Internal Medicine, The University of Hong Kong*” upon being informed of the change of the abbreviation of the qualification:-

Title of Qualification	Abbreviation	Chinese Title
Postgraduate Diploma in Diagnosis and Therapeutics in Internal Medicine, The University of Hong Kong	PDipIntMed&Therapeutic (HKU)	香港大學醫學內科診斷及治療深造文憑
	PDipIntMed&Therapeutics (HKU)	
(Remarks: The abbreviation of the qualification has been changed to “PDipIntMed&Therapeutics (HKU)” with effect from the academic year 2010/11.)		

The Medical Council at the Policy Meeting held on 1 December 2010 agreed to amend the name of the quotable qualification “*Diploma in Family Medicine, Monash University*” to “*Graduate Diploma in Family Medicine, Monash University*” and the official abbreviation in the List correspondingly upon clarification of the qualification with Monash University. The relevant entry in the List has been amended as follows:-

Title of Qualification	Abbreviation	Chinese Title
Graduate Diploma in Family Medicine, Monash University	GradDipFamMed (Monash)	蒙納殊大學家庭醫學 深造文憑

Qualification only quotable by doctor(s) with specific approval

The Medical Council has also approved two specific applications for quotability of a qualification under the specifically approved category in the List as follows:-

Title of Qualification	Abbreviation	Chinese Title	Date of approval by the Medical Council	Reference
Doctor of Philosophy, The University of Hong Kong	PhD (HK)	香港大學 哲學博士	1 December 2010	MC/QQ/11/10
			1 December 2010	MC/QQ/13/10

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 Medical Council in a standard application form. The application form is available for downloading at the website of the Medical Council (<http://www.mchk.org.hk/qg.htm>). Any enquiries on this matter should be directed to the Medical Council Secretariat at 2873 4853.

Results of the 2010 Election and 2011 By-election of the Medical Council of Hong Kong

The Medical Council held its 15th election of Medical Council Members on 15 December 2010 to fill two vacancies. Dr CHOI Kin Gabriel and Dr HO Pak Leung were re-elected / elected by obtaining 1,355 and 1,308 votes respectively. Their term of office as Members of the Medical Council arising from the election commenced from 24 January 2011 for a period of three years.

A Medical Council by-election was conducted on 13 May 2011 to fill a casual vacancy arising from the resignation of Prof. SUNG Jao Yiu, SBS. Dr CHAN Yee Shing was elected by obtaining 1,300 votes. His term of office as a Member of the Medical Council arising from the by-election is for the period from 13 May 2011 to 23 January 2013.

Statistics on Disciplinary Cases Handled by the Medical Council

Complaints Received by the Medical Council

<u>Nature</u>	<u>No. of Cases</u>				
	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
1. Conviction in Court					
(a) Failure to keep proper record of dangerous drugs	1	5	6	2	1
(b) Others	6	8	8	25	33
2. Disregard of professional responsibility to patients	297	320	329	348	349*
3. Drug-related cases (excluding court convictions)	2	3	6	2	5
4. Abuse of professional position to further improper association with patients	-	-	-	1	-
5. Improper, indecent behaviour to patients	6	8	9	5	14
6. Abuse of professional confidence	5	3	7	5	-
7. Practice promotion	50	27	25	15	13
8. Sharing fee and improper financial transaction	1	-	-	2	3
9. Depreciation of other medical practitioner(s)	2	1	-	1	-
10. Misleading, unapproved description & announcement	11	4	11	12	14
11. Issuing misleading/false medical certificates	54	55	39	43	29
12. Improper delegation of medical duties to unregistered persons	-	4	-	3	1
13. Fitness to practise	-	1	-	4	-
14. Miscellaneous	30	33	29	25	14
Total :	465	472	469	493	476

Remarks:

- (i) Of the 476 complaints received in 2010:
- 21 cases (4.4%) were inactionable because the complainants failed to provide further information or statutory declaration, the complaints were anonymous or withdrawn, etc.
 - 130 cases (27.3%) were dismissed by the PIC Chairman and the PIC Deputy Chairman in consultation with the Lay Member as being frivolous or groundless
 - 69 cases (14.5%) were referred to the PIC meeting
 - 4 cases (0.8%) were referred to inquiry
 - 252 cases (52.9%) are being processed or pending additional information
- (ii) * The breakdown of cases on “disregard of professional responsibility to patients” in 2010 is as follows:
- (1) Inappropriate prescription of drugs – 37 cases
 - (2) Improper diagnosis – 57 cases
 - (3) Inappropriate medical advice/explanation – 42 cases
 - (4) Unnecessary treatment – 16 cases
 - (5) Unsatisfactory result of treatment – 91 cases
 - (6) Fees and miscellaneous – 106 cases



Breakdown on the complaints received in 2010 which were dismissed by the PIC Chairman and the PIC Deputy Chairman as being frivolous or groundless

<u>Nature of Complaint</u>	<u>No. of Cases</u>
(a) Doctors' attitude / Doctor-patient communication	29
(b) Disagreement with doctor's medical opinion	32
(c) Unsatisfactory results of treatment	12
(d) Complications of treatment	1
(e) Undesirable reactions to drugs prescribed	3
(f) Misdiagnosis	5
(g) Sick leave and related matters	12
(h) Fees dispute	16
(i) Alleged indecent behaviour to patients	4
(j) Practice promotion/descriptions/announcements	5
(k) Miscellaneous	11
Total :	130

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

<u>Nature</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
(1) Total cases considered by the PIC	118	99	151	103	108*
(2) Total cases referred by the PIC to Council for inquiries, or no inquiry	33	34	27	41	49#
(3) Total cases referred by the PIC to Health Committee for hearing	-	-	1	2	-

Remarks:

*The major categories of cases considered by the PIC in 2010 include:

	<u>No. of Cases</u>
(a) Conviction in court	34
(b) Disregard of professional responsibility to patients	
• inappropriate prescription of drugs	10
• failure to properly/timely diagnose illness	11
• failure to give proper advice/explanation	8
• conducting unnecessary or inappropriate treatment/surgery	3
• failure/unsatisfactory result of surgery	12
• others	1
(c) Drug-related cases (excluding court convictions)	
• failure to properly label drugs dispensed	0
(d) Improper, indecent behaviour to patients	1
(e) Advertising/canvassing	2
(f) Issuing misleading/false medical certificates	12
(g) Misleading, unapproved description and announcement	4
(h) Abuse of professional confidence	0
(i) Miscellaneous	10
Total :	108

#The major categories of cases referred by the PIC to the Medical Council for inquiries or no inquiry in 2010 include:

	<u>No. of cases</u>	
(a) Conviction in court		
• careless driving	26	<i>(26 cases of careless driving were of minor offences and the Council accepted the PIC's recommendation that no inquiry was to be held)</i>
• failure to keep proper record of dangerous drugs	3	
• others	3	
(b) Disregard of professional responsibility to patients		
• inappropriate prescription of drugs	3	
• failure to properly/timely diagnose illness	1	
• failure to give proper advice/explanation	0	
• conducting unnecessary or inappropriate treatment/surgery	2	
• failure/unsatisfactory results of surgery	3	
• others	1	
(c) Advertising/canvassing	2	
(d) Issuing misleading/false medical certificates	3	
(e) Abuse of professional confidence	0	
(f) Miscellaneous	2	
Total :	49	

Work Statistics of the Council's Preliminary Investigation Committee in the Year of 2010

	<u>Quarter</u>				<u>Total</u>
	<u>Jan.-Mar.</u>	<u>Apr.-June</u>	<u>July-Sept.</u>	<u>Oct.-Dec.</u>	
No. of PIC Meetings	3	3	3	3	12
No. of cases considered	24	29	31	24	108
No. of cases dismissed (%)	16 (66.7%)	16 (55.2%)	15 (48.4%)	12 (50%)	59 (54.6%)
No. of cases referred to Council (%)	8 (33.3%)	13 (44.8%)	16 (51.6%)	12 (50%)	49* (45.4%)
No. of cases referred to Health Committee (%)	- (0%)	- (0%)	- (0%)	- (0%)	- (0%)

* 26 cases of careless driving 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 2010

<u>No. of Cases</u>	<u>Nature</u>		<u>Decision of the Council</u>
15	Disregard of professional responsibility to patients	1	1 doctor 4 charges : Removed for 10 months 1 charge : Removed for 4 months (removal orders run consecutively and take effect upon publication in the Gazette) 1 charge : Warning Letter (gazetted) 1 doctor: Removed for 2 months
		1	Removed for 3 months (suspended for 2 years)
		2	Removed for 3 months (suspended for 1 year)
		1	Removed for 2 months
		3	Removed for 1 month (suspended for 1 year)
		1	Reprimanded
		1	Warning Letter (gazetted)
		1	Warning Letter (not gazetted)
		2	Not guilty
		2	To be continued
1	Issuing misleading/false medical certificates	1	Removed for 1 year
10	Practice promotion/advertising	1	Removed for 2 months (suspended for 1 year)
		1	Removed for 1 month (suspended for 2 years)
		1	Removed for 1 month (suspended for 1 year)
		1	2 doctors : Reprimanded 1 doctor : Warning Letter 2 doctors : Dismissed
		1	Reprimanded
		1	1 doctor : Warning Letter (not gazetted) 1 doctor : Not guilty
		2	Warning Letter
		2	Warning Letter (not gazetted)
6	Conviction		
	- 5 failure to keep proper record of dangerous drugs	1	Removed for 6 months
		1	1 charge: Removed for 3 months 1 charge: Reprimanded
		1	Removed for 3 months
		1	1 charge: Removed for 2 months 1 charge: Reprimanded
		1	Removed for 1 month (suspended for 1 year)
	- 1 driving whilst disqualified	1	2 charges : Removed for 2 months (suspended for 18 months) 2 charges : Warning Letter (gazetted)
1	Breach of Council's condition previously imposed after due inquiry	1	Removed for 3 months
33	[Summary : 29 cases : guilty 2 cases : not guilty 2 cases : to be continued All these cases were referred for inquiry by the PIC meetings held in/before 2009]		

Figures on Appeal Cases

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
No. of Appeals lodged	5	4	4	4	6
No. of Appeal cases carried forward from previous years	2	6	7	10	12
Total no. of appeal cases in progress in the year:	7	10	11	14	18

Results of Appeal Cases concluded in 2010:

(a) Dismissed by Court of First Instance / Court of Appeal	3
(b) Allowed	1
(c) Appeal withdrawn	5
Total :	8

Reminders

Duty to report

The Medical Council would like to remind members of the profession that they should report the conviction of any offence punishable by imprisonment to the Medical Council within 28 days of the conviction, as required under section 29 of the Code of Professional Conduct as follows:-

"A doctor who has been convicted in or outside Hong Kong of an offence punishable by imprisonment or has been the subject of adverse findings in disciplinary proceedings by other professional regulatory bodies is required to report the matter to the Council within 28 days from the conviction or the adverse disciplinary finding, even if the matter is under appeal. Failure to report within the specified time will in itself be ground for disciplinary action. In case of doubt the matter should be reported."

Change of registered address

Under the Medical Registration Ordinance, any registered medical practitioner is 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 that the practising address be provided 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 Practitioners. Given the size of the updating exercise which involves over 12,000 entries, the list of registered medical practitioners on the website will be updated in April and October each year. Any request for changing the publication of registered address and/or any other information in individual entries on the Medical Council's website will be processed only during the updating exercises.

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* serve on a rotation basis each for a period of 3 months.