香港醫務委員會
THE MEDICAL COUNCIL OF HONG KONG

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Establishment of the Professional Performance Committee

It is the goal and function of the Medical Council to uphold the standard of the medical profession for the protection of the public. In order to ensure that doctors are competent in the provision of medical services, the Medical Council proposes to establish a Professional Performance Committee as a mechanism to handle complaints relating to seriously deficient performance of doctors after making reference to similar establishments of various overseas medical authorities, and would like to seek views and comments from members of the profession on the proposed mechanism.

Proposed composition of the Professional Performance Committee

The Professional Performance Committee will consist of:—

(i) a Chairman elected by the Medical Council from amongst its members;

(ii) one member nominated by the University of Hong Kong;

(iii) one member nominated by the Chinese University of Hong Kong;

(iv) one member nominated by the Hospital Authority;

(v) one member nominated by the Department of Health;

(vi) one member nominated by the Hong Kong Academy of Medicine;

(vii) one member nominated by the Hong Kong Medical Association;

(viii) two lay members of the Medical Council; and

(ix) a general practitioner or family physician in private practice appointed by the Medical Council.

Proposed objectives of the Professional Performance Committee

The Professional Performance Committee will have the following objectives:—

(i) to make investigation into complaints in the area of alleged deficiency in professional performance and to uphold the standard of medical practice through a remedial, instead of a punitive process;

(ii) to deal with cases concerning the competency or standard of practice of a doctor and determine

whether a doctor's professional performance is considered as seriously deficient under peer review; and

(iii) to provide advice to the doctor at the conclusion of a complaint case where appropriate or direct the doctor to undergo remedial education/training if the doctor's professional performance has been considered seriously deficient.

Proposed functions of the Professional Performance Committee

The Professional Performance Committee will have the following functions:—

(i) to make investigation into complaints of alleged deficiency in professional performance referred by the Medical Council or the Chairman/Deputy Chairman of the Preliminary Investigation Committee and conduct assessment on the performance of doctors being complained of;

(ii) to give advice to any doctor being complained of to improve his performance or to direct the doctor concerned to undergo remedial education/training if his performance has been considered seriously deficient after assessment;

(iii) to impose conditions on a doctor's practice for a specified period of time so that the health of the public would not be jeopardized pending improvement in the performance of a doctor;

(iv) to refer the case to the Medical Council for holding an inquiry if a doctor refuses to take or fails to complete the remedial education/training or rectify deficiency;

(v) to refer the case to the Medical Council for holding an inquiry if the professional performance of a doctor is still seriously deficient and no improvement is noted after remedial education/training.

Proposed procedures of the Professional Performance Committee

The procedures of the Professional Performance Committee will involve the following stages:—

(i) Screening

The Chairman and one member of the Committee will give initial consideration to cases of alleged deficiency in professional performance which have been identified and referred by the Medical Council or the Chairman/Deputy Chairman of the Preliminary Investigation Committee.

All members of the Committee except the lay members will be responsible for screening the cases on a rotation basis.

If there is a prima facie case of alleged deficiency in professional performance after screening, the Chairman and the member of the Committee vetting the case will refer the case to the Professional Performance Committee for discussion at the meeting. The Professional Performance Committee will decide whether assessors should be appointed to conduct the assessment.

(ii) Assessment of performance

If the Professional Performance Committee considers that there is a prima facie case of alleged deficiency in professional performance, the doctor's performance will be examined by three assessors selected from a panel list covering both public and private sectors.

The assessors will look into the doctor's performance under the scope defined by the Committee.

The doctor being assessed will be informed of the names of the assessors in advance and has a right to refuse certain person to be appointed as an assessor for his own case if justifiable grounds are provided.

The Professional Performance Committee will apply to the Medical Council for an order to conduct a clinical audit or assessment if the doctor does not cooperate with the assessors during the investigation.

The assessors will submit an assessment report containing a profile of the doctor's performance to the Committee for consideration.

(iii) Reconciliation

The Committee will advise the doctor to improve his performance or direct the doctor to undergo remedial education/training if the Committee considers that the performance of the doctor has been seriously deficient.

The Professional Performance Committee may impose conditions on a doctor's practice for a specified period of time so that the health of the public would not be jeopardized pending improvement in the performance of a doctor. Doctors aggrieved by the restriction on practice imposed by the Professional Performance Committee could appeal to the Medical Council against the decision.

(iv) Remedial training

If the performance of the doctor has been seriously deficient, the doctor will undertake remedial education/training prescribed or endorsed by the Professional Performance Committee.

If the doctor refuses to take or fails to complete the remedial education/training, the Committee will refer the case to the Medical Council for holding an inquiry.

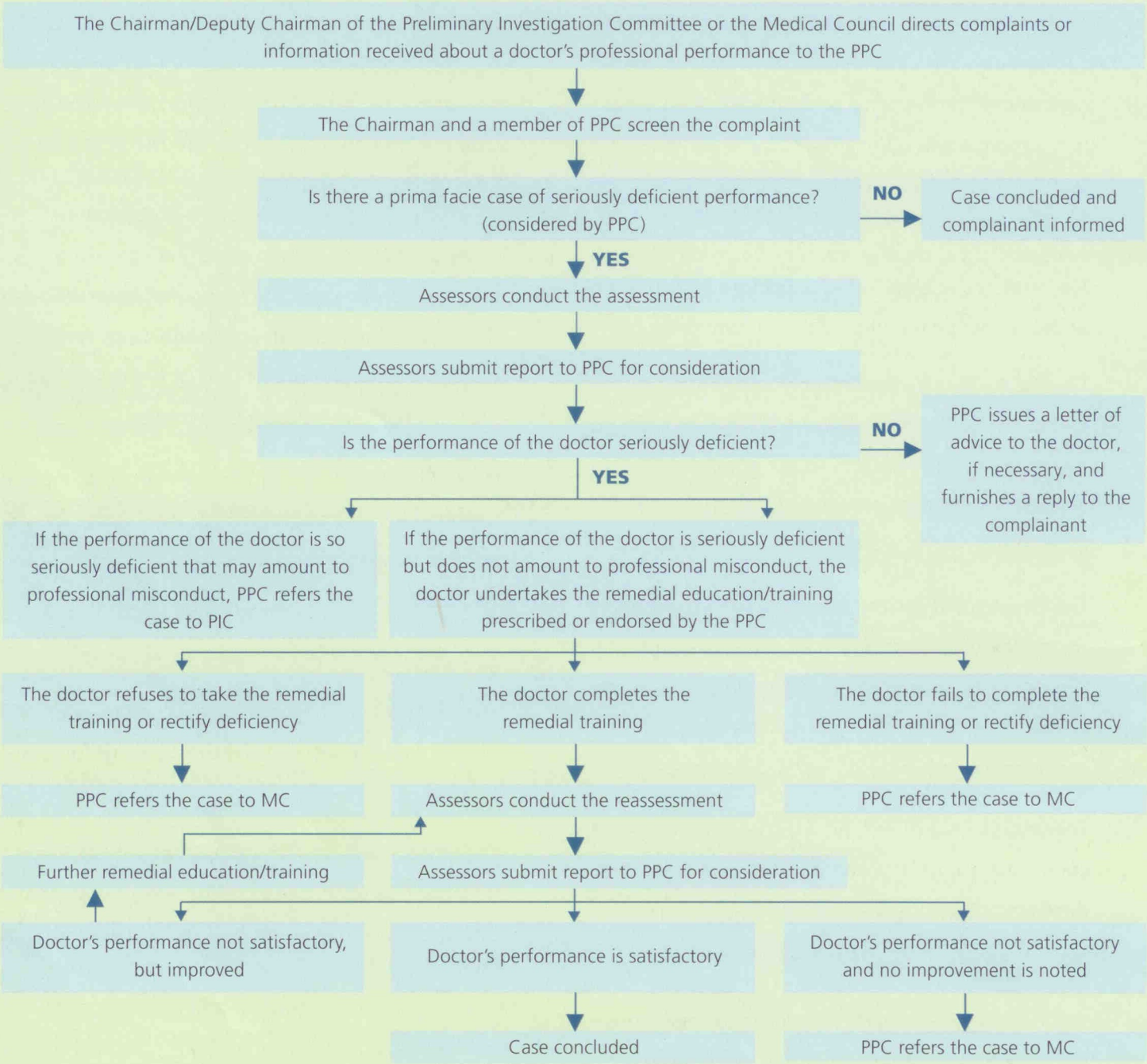
(v) Reassessment

The performance of the doctor will be re-examined by the same assessors after remedial education/ training.

The doctor will be required to undertake further remedial education/training if the performance of the doctor has improved but is still considered not satisfactory.

The Committee will refer the case to the Medical Council for holding an inquiry if the professional performance of the doctor is still seriously deficient and no improvement is noted after remedial education/training.

Flow Chart on the Procedures of the Professional Performance Committee



Views and comments on the proposed Professional Performance Committee are welcome.
Please forward your views or comments to the Medical Council Secretariat at the following address:—

Hong Kong Academy of Medicine Jockey Club Building, 4/F.,
99 Wong Chuk Hang Road,
Aberdeen, Hong Kong
Fax No. 2554 0577

Adoption of the Revised Criteria for Vetting Quotable Qualifications

The Medical Council would like to promulgate **the revised criteria for vetting quotable qualifications which will become operative on 1 January 2002**. Applications for inclusion into the list of quotable qualifications received on or before 31 December 2001 by the Secretary (the date of post mark will be taken as the date of receipt of the application) will be vetted according to the set of prevailing criteria while those received on or after 1 January 2002 will be vetted according to the set of revised criteria. The set of prevailing criteria, which is still being used by the Education and Accreditation Committee, and the set of revised criteria are appended below for ease of reference:—

Revised criteria for vetting quotable qualifications

(i) satisfy fully the spirit of the Professional Code and Conduct as is expressed in paragraph 4.

(ii) been ordinarily acquired through formal assessment by a recognized medical body, or assessment involving some sort of public vetting of the evaluation process (for example external examiners) from a recognized medical body acceptable to the Education and Accreditation Committee.
(In this regard a recognized medical body would be:—
(a) that providing tertiary education recognized by the Medical Council to be similar to that of the University of Hong Kong or the Chinese University of Hong Kong ; or
(b) a post-graduate body with standards equivalent to that of the Royal Colleges or to those set by the Hong Kong Academy of Medicine.)

(iii) the course of study should ordinarily be full-time, post-graduate structured and supervised training or study related to medical practice of an appropriate duration which will be at least 6 months. Where the course is not full-time, the Education and Accreditation Committee may apportion the equivalency in time if the Education and Accreditation Committee considers that the course is valid.

(iv) MD, MS awarded by a recognized medical body should be quotable.

(v) Honorary higher medical qualifications from recognized medical body as defined above should be quotable.

(vi) Master or PhD from recognized medical body shall be considered individually. If the work leading to the degree is medically related, then the doctor may quote that degree.

Prevailing criteria for vetting quotable qualifications

(i) satisfy fully the spirit of the Professional Code and Conduct as is expressed in paragraph 9.

(ii) been ordinarily acquired through examination by a recognized association, or been ordinarily acquired from a recognized medical body acceptable to the Standing Committee.
(In this regard a recognized medical body would be:—
(a) that providing tertiary education similar to that of the University of Hong Kong or the Chinese University of Hong Kong; and
(b) a post-graduate body with standards equivalent to that of the Royal Colleges or to those set by the Hong Kong Academy of Medicine.)

(iii) the course of study should ordinarily be post-graduate supervised training related to medical practice of an appropriate duration which will usually be at least 6 months.

(iv) MD, MS or other higher qualification awarded by a recognized medical body acceptable to the Standing Committee should be quotable.

Quotable Qualifications

The Medical Council approved the following qualifications be included in the list of quotable qualifications:—

TITLE OF QUALIFICATIONS	ABBREVIATION	CHINESE TITLE
1. Diploma in Occupational Medicine, Chinese University of Hong Kong	DOM (CUHK)	香港中文大學職業醫學文憑
2. Diplomate, American Board of Physical Medicine and Rehabilitation	DABPM&R	美國人體醫學及復康醫學委員會文憑
3. Fellow in Physical Medicine and Rehabilitation, Royal College of Physicians of Canada	FRCPC (PM&R)	加拿大皇家內科醫學院人體醫學及復康醫學院士
4. Diplomate, American Board of Radiology (Radiation Oncology)	DABR (Radiation Onc)	美國放射科醫學委員會文憑(放射腫瘤科)
5. Fellow in Radiation Oncology, Royal College of Physicians of Canada	FRCPC (Radiation Onc)	加拿大皇家內科醫學院放射腫瘤科院士
6. Diplomate, American Board of Internal Medicine (Pulmonary Disease)	DABIM (Pulmonary D)	美國內科醫學委員會文憑(肺病學)
7. Diplomate, American Board of Plastic Surgery	DABPS	美國整形外科醫學委員會文憑
8. Diplomate, American Board of Pediatrics (Pediatric Gastroenterology)	DABPed (PedGe)	美國兒科醫學委員會文憑(小兒腸胃科)
9. Diplomate, American Board of Hospice and Palliative Medicine	DABHPM	美國善終及紓緩治療醫學醫學委員會文憑
10. Master of Science in Epidemiology, University of London	M Sc (Epidemiology) (Lond)	英國倫敦大學流行病學碩士
11. Diploma, Royal Australian and New Zealand College of Obstetricians and Gynaecologists (title formerly known as Diploma, Royal Australian College of Obstetricians and Gynaecologists. A medical practitioner is allowed to use either one title of the qualification but not both)	DRANZCOG DRACOG	澳洲及紐西蘭皇家婦產科醫學院文憑 澳洲皇家婦產科醫學院文憑
12. Diploma in Child Health, South Australia	DCH (SA)	南澳洲兒科文憑
13. Master of Science in Epidemiology and Biostatistics, Chinese University of Hong Kong	M Sc (Epidemiology & Biostatistics) (CUHK)	香港中文大學流行病學與生物統計學理學碩士
14. Doctor of Philosophy, University of Southampton *	Ph D (Soton)	英國修咸頓大學哲學博士
15. Doctor of Philosophy, University of London *	Ph D (Lond)	英國倫敦大學哲學博士
16. Postgraduate Diploma in Infectious Diseases, University of Hong Kong	PDipID (HK)	香港大學感染及傳染病學深造文憑
17. Master of Public Health, Harvard School of Public Health	MPH (Harvard)	美國哈佛大學公共衛生學碩士

* *A registered medical practitioner is allowed to use the title subject to approval being given by the Medical Council upon application*

Guidelines for all registered medical practitioners

The following guidelines are also promulgated for the guidance of all members of the profession:—

Presence of a chaperone during an intimate examination

In good clinical practice, a chaperone is recommended during an intimate examination because the chaperone is an ultimate safeguard for both the patient and the doctor. If the patient prefers to be examined without a chaperone, the request should be honoured and recorded in the medical record. This guideline is adopted with reference to a report of the Working Group of the Royal College of Obstetricians and Gynaecologists on intimate examination.

Keeping of medical records

All doctors have a responsibility to maintain clear, accurate, adequate and contemporaneous medical records of their patients. A proper record should include both positive and negative physical examination findings which are subject to the judgement of the examiner. Detailed guidelines have been set out in Section 1.1 of the Professional Code and Conduct.

Professional Code and Conduct

All doctors are advised to observe the following guidelines which are meant to supplement the principles laid down in Section 2 "Consent" and Section 26 "Care for the terminally ill" of the Code, when treating mentally incapacitated adults—

Section 2 "Consent"

- Doctors should make reference to Part IVC of the Mental Health Ordinance if consent is to be obtained from a mentally incapacitated adult patient.

Section 26 "Care for the terminally ill"

- If the patient is mentally incapacitated, views and consent of his/her appointed guardian should be taken account of.
- Guardianship has to be considered if the decision of withholding or withdrawing life support procedures involves a mentally incapacitated adult patient.
- In general, doctors should consult the Guardianship Board in situations where it is not clear whether a guardian has been appointed or not.

Enquiries to the Guardianship Board can be addressed to —

Unit 807, 8/F, Hong Kong Pacific Centre
28 Hankow Road, Tsim Sha Tsui
Kowloon, Hong Kong
Tel No. (852) 2369 1999
Fax No. (852) 2739 7171
Website: www.adultguardianship.org.hk

Statistics on Disciplinary Cases Handled by the Medical Council

Complaints Received by the Medical Council

Nature	1996	1997	1998	1999	2000
1. Conviction in court					
(a) Failure to keep proper record of dangerous drugs	-	4	2	1	-
(b) Others	1	5	7	6	5
2. Disregard of professional responsibility to patient	101	105	133	120	114*
3. Drug-related cases (excluding court convictions)					
(a) Failure to properly label drugs dispensed	3	7	1	3	8
(b) Failure to keep proper record of dangerous drugs	-	1	-	1	-
(c) Prescription of drugs of dependence other than bona-fide treatment	1	1	4	-	4
(d) Abuse of drugs	-	-	-	-	-
(e) Others	-	-	1	-	-
4. Termination of pregnancy	1	-	-	1	-
5. Abuse of professional position to further improper association with patients	-	-	-	-	-
6. Improper, indecent behaviour to patient	4	2	12	2	3
7. Abuse of professional confidence	2	1	1	-	-
8. Advertising/canvassing	20	29	33	35	25
9. Sharing fee & improper financial transaction	-	-	-	1	-
10. Depreciation of other medical practitioner(s)	1	1	2	2	-
11. Misleading, unapproved description & announcement	4	5	8	9	4
12. Issuing misleading, false medical certificate	13	8	18	26	14
13. Improper delegation of medical duties to unregistered persons	2	3	2	1	1
14. Fitness to practise	-	-	2	-	1
15. Miscellaneous	15	18	19	22	48
TOTAL	**168**	**190**	**245**	**230**	**227**

Statistics on Disciplinary Cases Handled by the Medical Council

Complaints Received by the Medical Council

REMARKS

i) Of the 227 complaints received in 2000:
- 34 cases (15%) were inactionable because the complainants failed to provide further information or statutory declaration, or the complaints were anonymous, & etc.
- 77 cases (34%) were dismissed by the PIC Chairman and Deputy Chairman as being frivolous or groundless
- 67 cases (30%) were referred to the PIC meeting; and
- 49 cases (21%) 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 2001.

*iii) The major categories of cases on disregard of professional responsibility to patients in 2000 include:
(1) failure/unsatisfactory result of surgery (24%)
(2) failure to properly/timely diagnose illness or to give proper advice (38%)

Breakdown on the complaints received in 2000 which were dismissed by the PIC Chairman and Deputy Chairman

Reasons for Dismissal	No. of Cases
Doctors' attitude	9
Commercial dispute	5
Communication problem	6
Complications of treatment	8
Unsatisfactory results of treatment	4
Difference in medical opinion	4
Misdiagnosis	3
No evidence	7
Groundless	31
TOTAL	**77**

Statistics on Disciplinary Cases Handled by the Medical Council

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

	Nature	1996	1997	1998	1999	2000
1.	Total cases considered by the PIC	42	44	56	39	58
2.	Total cases referred by the PIC to Medical Council for inquiries	9	10	7	17	15
3.	Total cases referred by the PIC to Health Committee for hearing	-	-	-	2	-

REMARKS

The major categories of cases considered by the PIC in 2000 include:

	No. of Cases
(a) Conviction in court	3
(b) Disregard of professional responsibilities to patients	
• inappropriate prescription of drugs	9
• failure to properly/timely diagnose illness	11
• failure to give proper advice/explanation	7
• conducting unnecessary or inappropriate treatment/surgery	3
• others	3
(c) Advertising/canvassing	9
(d) Issuing untrue or misleading medical certificates	6
(e) Depreciation of other medical practitioner(s)	1
(f) Improper labelling of drugs	4
(g) Miscellaneous	2
	58

The major categories of cases referred by the PIC to the Medical Council for inquiry in 2000 include:

	No. of Cases	
(a) Conviction	3*	(These cases were of minor offences and the Council accepted the PIC's recommendation that no inquiry is to be held.)
(b) Disregard of professional responsibility to patients		
• inappropriate prescription of drugs	3	(Of these 12 cases, 5 cases have been heard by the Council in 2000. 7 cases will be heard in 2001.)
• failure to properly/timely diagnose illness	1	
• failure to give proper advice/explanation	1	
• others	1	
(c) Advertising/canvassing	2	
(d) Issue of misleading or untrue medical certificate	4	
	15	

Statistics on Disciplinary Cases Handled by the Medical Council

Work Statistics of the Council's Preliminary Investigation Committee in the Year of 2000

	QUARTER				
	Jan. - Mar.	Apr. - June	July - Sept.	Oct. - Dec.	Total
No. of PIC Meetings	2	3	3	3	11
No. of cases considered	10	17	14	17	58
No. of cases dismissed (%)	8 (80.0%)	12 (70.6%)	9 (64.3%)	10 (58.8%)	39 (67.2%)
No. of cases pending further investigation (%)	- (-)	- (-)	- (-)	4 (23.5%)	4 (6.9%)
No. of cases referred to inquiry (%)	2 (20.0%)	5 (29.4%)	5 (35.7%)	3 (17.7%)	15 (25.9%)
No. of cases referred to Health Committee	- (-)	- (-)	- (-)	- (-)	- (-)

Statistics on Disciplinary Cases Handled by the Medical Council

Disciplinary Inquiries conducted by the Medical Council in 2000

No. of Cases	Nature	Findings by Medical Council	
5	Disregard of professional responsibilities to patients	1	Warning letter (hearing carried forward from 1999)
		2	Reprimand
		1	Warning letter
		1	Not guilty
1	Failure to keep proper records of dangerous drugs	Removal for 6 months, suspended for 1 year	
1	Conviction of theft	Reprimand	
3	Issue untrue, misleading or improper sick leave certificates	2	Warning letter
		1	Removal for 1 year
2	Using misleading titles/information on signboard	1	Warning letter
		1	Removal for 1 month
1	Claiming superiority and disparaging the work of other doctors	Not guilty	

[Summary : 2 cases : not guilty
11 cases : guilty

Of these 13 cases, 8 cases were referred for inquiry by the PIC meetings held in 1999.]

Statistics on Disciplinary Cases Handled by the Medical Council

Figures on Appeal Cases

	1996	1997	1998	1999	2000
No. of Appeals lodged	Nil	2	4 (+1*)	-	2
No. of Appeal cases carried forward from previous years	4	-	2	-	-
Total No. of Appeal cases in progress in the year	**4**	**2**	**7**	**0**	**2**

Result of Appeal Cases concluded in 2000:

(a) Dismissed by the Court of First Instance/the Court of Appeal	-
(b) Allowed	-
(c) Allowed with Substitute Order	-
(d) Appeal withdrawn	-
	0

* *"Judicial Review" case at the Court of First Instance.*

About the Professional Code and Conduct

The Preliminary Investigation Committee would like to remind all medical practitioners to pay particular attention to the guidelines set out in the following sections of the Code to avoid the danger of inadvertently transgressing accepted codes of professional ethical behaviour which may lead to disciplinary action by the Medical Council or miscommunication with the patient/patient's family leading to unnecessary complaints.

Section 3 "Untrue or misleading certificates and other professional documents"

Any medical practitioner 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. *In particular, medical practitioners are warned that they should not issue more than one set of original receipt or document to their patients for the purpose of assisting the patients' insurance claims. Should any question be raised in this regard, it may not be sufficient for any excuse to be based on ignorance or a lack of knowledge of the contents of the patients' insurance schemes.*

Section 4.2.4 "Dissemination of information about professional services to patients"

Medical practitioners may display information about the acceptance of credit facilities, medical and ancillary services inside the premises where they practise. *The meaning of "inside" is interpreted as physically not outside the premises.*

Section 10 "Prescription and labelling of dispensed medicines"

All medication dispensed to patients directly or indirectly by a medical practitioner should be properly and separately labeled with the following information:—

(a) name of doctor or means of identifying the doctor who prescribes the medication;
(b) a name that properly identifies the patient;
(c) the date of dispensing;
(d) the trade name or pharmacological name of drug;
(e) the dosages, where appropriate;
(f) the method and dosage of administration; and
(g) precautions where applicable.

Section 13.1 "Fees"

Consultation fees should be made known to patients on request. In particular, medical practitioners are advised to explain to patients clearly on how consultation fees are charged when patients are admitted to hospital, for example according to number of visits or number of days during the patients' hospitalization.

Removal of names from the General Register/Specialist Register

Doctors are reminded that ***removal*** from the General Register will occur when the registered medical practitioner has not, before 30 June of a year, obtained his practising certificate or retention certificate for that year or where he has failed to supply the Registrar with an ***address*** in the HKSAR at which notices from the Council may be served on him. The doctor's name will simultaneously be removed from the Specialist Register if he/she has been registered as a "specialist".

For this reason medical practitioners are urged to inform the Registrar of Medical Practitioners in writing of any change in correspondence address at the following address:—

Wu Chung House, 17/F.,
213 Queen's Road East,
Wan Chai, Hong Kong
(Fax No. 2891 7946)

Membership of the Medical Council of Hong Kong

Dr. LEE Kin-hung MBE (Chairman) 李健鴻醫生

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Miss YAU Ho-chun, Nora MH JP* 邱可珍女士

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

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Membership of the Health Committee

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Dr. Margaret CHAN OBE JP 陳馮富珍醫生
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