

WHAT IS MISCONDUCT IN A PROFESSIONAL RESPECT

The phrase 'misconduct in a professional respect' is not one that can easily be given a specific, all-encompassing, definition. It would appear that some practitioners may have been confused by the broad definition that is given in the Professional Code and Conduct issued by the Medical Council. The judgements of two recent cases in the Court of Appeal have given a clearer definition. The Court has said, in effect:-

'misconduct in a professional respect is a wide expression that is not restricted to dishonesty or moral turpitude but includes all professional conduct, whether by acts of omission or commission, by which a registered medical practitioner has failed to attain the standards of conduct which members of the profession expect.'

The Medical Council of Hong Kong accepts this definition and reiterates its position in the following paragraphs:-

'Any professional behaviour / practice falling short of the standards expected of a registered medical practitioner may be regarded as misconduct in a professional respect. This includes, but is not limited to, anything which will be reasonably regarded as disgraceful, unethical or dishonorable by his professional colleagues of good repute and competency.

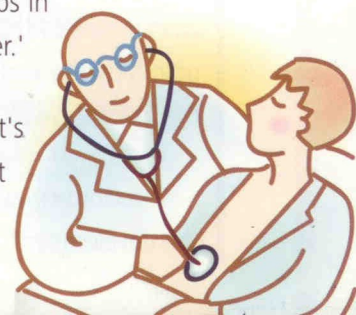
It is for the Medical Council to judge whether a medical practitioner has fallen short of the standards expected amongst doctors in the given circumstances and whether the falling short of standards would amount to misconduct in a professional respect.'

HOSPITAL DISCHARGE SUMMARY IS A GOOD MEDICAL PRACTICE

Practitioners are reminded of the provisions in Section 1.1.2 of the Professional Code and Conduct which contain the following:-

'All doctors have a responsibility to maintain clear, accurate, adequate and contemporaneous medical records of their patients. Systematic record keeping helps in ensuring patients' problems are followed and properly looked after.'

The Hospital Discharge Summary is also an integral part of the patient's record. Doctors in both public and private hospitals should consider it their duty to complete patients' hospital discharge summaries.



GUIDELINES FOR ALL REGISTERED MEDICAL PRACTITIONERS

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

Use of mobile telephone by doctors during medical or surgical procedures

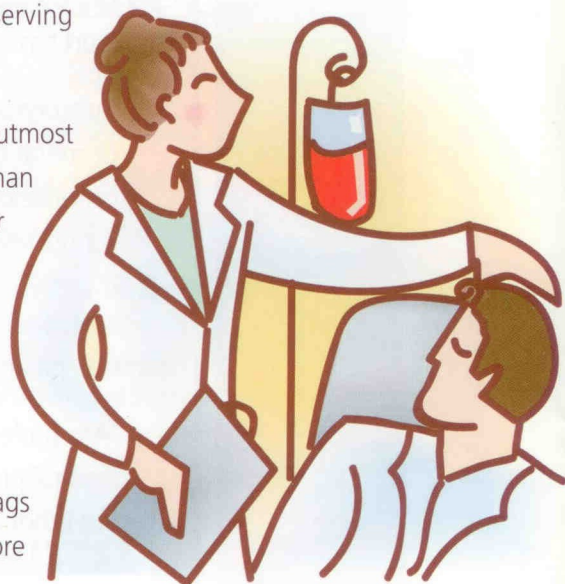
All doctors are advised to observe the following guidelines laid down in the section "The International Code of Medical Ethics" on page 5 of the Professional Code and Conduct on how they should behave when treating patients :-

- A DOCTOR SHALL, in all types of medical practice, be dedicated to providing competent medical service in full technical and moral independence, with compassion and respect for human dignity.
- A DOCTOR SHALL act only in the patient's interest when providing medical care which might have the effect of weakening the physical and mental condition of the patient.
- A DOCTOR SHALL always bear in mind the obligation of preserving human life.

A doctor has the obligation to provide service with dedication and the utmost attention in the patients' interests with compassion and respect for human dignity. A doctor should not use mobile telephone during any medical or surgical procedures except where it is in the best interest of the patients to do so.

Use of the prefix "女西醫" by doctors on medicine bags and / or signboards

All doctors are advised that using the prefix "女西醫" on medicine bags and / or signboards will be allowed on the ground that it will provide more information to the public to facilitate them in choosing a doctor.



REFORM OF THE MEDICAL COUNCIL -MANDATORY CONTINUING MEDICAL EDUCATION

This is promulgated for information that the Medical Council had recommended to the Administration in last December that Continuing Medical Education (CME) should be made a requirement for all doctors three years after the implementation of the voluntary CME system.

Over the past few months, the Council had continued to discuss and debate the means and mechanism for ensuring compliance with the CME requirements. The Council has recently decided that CME should be made a requirement for all doctors starting from October 2004 upon completion of the voluntary CME programme. Those who have less than 90 points by the end of a 3-year CME cycle will be warned, and if they have less than 120 points by the end of the 4th year (counting from the beginning of a CME cycle), their practising certificates in the ensuing year would not be renewed.

The Council will continue its discussion on the subject and will keep members of the profession informed of the developments in due course.

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 Medicine of the Elderly, Royal College of Physicians of Ireland	DME RCP (Irel)	愛爾蘭皇家內科醫學院老人醫學文憑
2.	Diplomate, American Board of Internal Medicine (Endocrinology, Diabetes and Metabolism)	DABIM (Endoc, Diab & Metab)	美國內科醫學委員會文憑 (內分泌學、糖尿病及新陳代謝)
3.	Fellow in Orthopaedic Surgery, Royal College of Surgeons of Edinburgh	FRCSEd(Orth)	英國愛丁堡皇家外科醫學院骨科院士
4.	Fellow in Otolaryngology, Royal College of Surgeons of Edinburgh	FRCSEd(ORL)	英國愛丁堡皇家外科醫學院 耳鼻喉科院士
5.	Diploma in Family Medicine, Monash University	DFM(Monash)	澳洲蒙納殊大學家庭醫學文憑
6.	Master in Family Medicine (Clinical), Monash University or Master in Family Medicine, Monash University (A medical practitioner can quote <u>only one</u> of the qualifications)	MFM (Clin) (Monash) or MFM (Monash)	澳洲蒙納殊大學家庭醫學碩士
7.	Postgraduate Diploma in Epidemiology and Biostatistics, Chinese University of Hong Kong (Approval is also given to the two former courses which were known as "Diploma in Epidemiology and Biostatistics" and "Diploma in Epidemiology and Applied Statistics". A medical practitioner can quote <u>only one</u> of the qualifications)	PDip Epidemiology and Biostatistics (CUHK) Dip Epidemiology and Biostatistics (CUHK) Dip Epidemiology and Applied Statistics (CUHK)	香港中文大學流行病學與生物統計學 學士後文憑 香港中文大學流行病學與生物統計學 文憑 香港中文大學流行病學與應用統計學 文憑
8.	Fellow in Otolaryngology, Royal College of Surgeons of England	FRCS (ORL)	英國皇家外科醫學院耳鼻喉科院士
9.	Fellow in Urology, Royal College of Surgeons of Canada	FRCS(C Urology)	加拿大皇家外科醫學院泌尿科院士
10.	Master of Science in Health and Hospital Management, University of Birmingham	M Sc (Health and Hospital Mgt) (Birm)	英國伯明罕大學健康及醫院管理碩士
11.	Diplomate, American Board of Electrodiagnostic Medicine	DABEM	美國電反應診斷醫學委員會文憑
12.	Postgraduate Diploma in Community Geriatrics, University of Hong Kong	PdipCommunityGeriatrics (Hong Kong)	香港大學社區老年醫學深造文憑
13.	Fellow, Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists	FFPM ANZCA	澳洲及紐西蘭麻醉科醫學院 痛症治療科院士
14.	Fellow in Cardiology, Royal College of Physicians of Canada	FRCPC (Cardi)	加拿大皇家內科醫學院心臟科院士
15.	Diplomate, American Board of Internal Medicine (Interventional Cardiology)	DABIM (Interventional Cardi)	美國內科醫學委員會文憑 (介入性心臟科)

QUOTABLE QUALIFICATIONS

16.	Master of Science in Health Policy, Planning and Financing, University of London	M Sc (Health Policy, Planning and Financing) (Lond)	英國倫敦大學衛生政策、計劃及財務理學碩士
17.	Master of Health Administration, University of New South Wales	MHA (New South Wales)	澳洲新南威爾斯大學衛生行政學碩士
18.	Master of Science in Orthopaedic Surgery, University of London	M Sc (Orthopaedic Surgery) (Lond)	英國倫敦大學骨科碩士
19.	Fellow, Faculty of Accident and Emergency Medicine, United Kingdom	FFAEM	英國急症科醫學院院士
20.	Master of Psychological Medicine, University of New South Wales	M Psy Med (New South Wales)	澳洲新南威爾斯大學精神醫學碩士
21.	Professional Diploma in Diabetes Management and Education, Chinese University of Hong Kong	DDME (CUHK)	香港中文大學糖尿病治理及教育專業文憑
22.	Diplomate, American Board of Physical Medicine and Rehabilitation (Spinal Cord Injury Medicine)	DABPM&R (Spinal Cord Injury Med)	美國人體醫學及復康醫學委員會文憑 (脊髓創傷科)
23.	Diplomate, American Board of Pediatrics (Pediatric Critical Care Medicine)	DABPed (Ped Critical Care Med)	美國兒科醫學委員會文憑 (小兒深切治療科)
24.	Fellow in General Surgery, Royal College of Surgeons of Edinburgh	FRCS (Surgery) (Edin)	英國愛丁堡皇家外科醫學院院士 (外科)
25.	Doctor of Philosophy, University of Melbourne *	Ph D (Melb)	澳洲墨爾本大學哲學博士
26.	Certificate in Gynaecological Oncology, Royal Australian and New Zealand College of Obstetricians and Gynaecologists or Diploma in Gynaecological Oncology, Royal Australian and New Zealand College of Obstetricians and Gynaecologists (A medical practitioner can quote <u>only one</u> of the qualifications)	Cert Gynae Onc (RANZCOG) or Dip Gynae Onc (RANZCOG)	澳洲及紐西蘭皇家婦產科醫學院婦科腫瘤科證書 澳洲及紐西蘭皇家婦產科醫學院婦科腫瘤科文憑
27.	Master of Research in Medicine, University of Hong Kong	M Res (Med) (HK)	香港大學醫學研究碩士
28.	Fellow in Immediate Medical Care, Royal College of Surgeons of Edinburgh	FRCS (Immediate Medical Care) (Edin)	英國愛丁堡皇家外科醫學院院士 (緊急醫療)
29.	Master of Science in Environmental Epidemiology and Policy, University of London	M Sc (Envir Epidemiology & Policy) (Lond)	英國倫敦大學環境流行病學及政策碩士
30.	Fellow in Anatomical Pathology, Royal College of Physicians of Canada	FRCPC (Anatomical Pathology)	加拿大皇家內科醫學院解剖病理科院士
31.	Diplomate, American Board of Internal Medicine (Critical Care Medicine)	DABIM (Critical Care Med)	美國內科醫學委員會文憑(深切治療科)

* Registered medical practitioners are allowed to use the title only if the work leading to the degree is medically related and approval has been given by the Medical Council for him / her to quote such title.

CONTINUING MEDICAL EDUCATION (CME) PROGRAMME FOR PRACTISING DOCTORS WHO ARE NOT TAKING CME PROGRAMME FOR SPECIALISTS - QUESTIONS AND ANSWERS

The Education and Accreditation Committee (EAC) has received a number of enquiries relating to the captioned programme since its implementation in October 2001. To clarify these doubts which are of concern to many medical practitioners, a list of commonly asked questions with answers has been prepared and appended below for your information :-

Question 1: Will there be any consequences (e.g. to be disqualified from the programme) if a doctor registers with more than one Administrator ?

Answer 1: Practising doctors have been advised that they should register with ANY ONE of the CME Programme Administrators and that registration with more than one Administrator will cause confusion and lead to double counting of CME scores. In addition, the EAC will request each CME Programme Administrator to provide the EAC with a list of registrant doctors for cross-checking purpose to avoid double registration of doctors.

Question 2: Whether doctors are allowed to switch from one CME Programme Administrator to another Administrator and how the CME points can be transferred ?

Answer 2: In order to avoid creating administrative inconvenience to CME Programme Administrators, doctors should only switch from one CME Programme Administrator to another Administrator after they have completed a 12-month CME period. Transfer of the CME points should be arranged between the two Administrators.

Question 3: Can specialist trainees join the CME programme for practising doctors who are not taking CME Programme for specialists ?

Answer 3: As enrolment in this programme is entirely voluntary, specialist trainees may join it if they wish to. Specialist trainees, who wish to join the voluntary CME programme, should have the freedom to choose their own CME activities. The Hong Kong Academy of Medicine will be responsible for determining which parts of the specialist training programme can be regarded as CME programme for non-specialists.

Question 4: How will it affect a doctor who is a non-specialist at the time of registration with the above programme but subsequently becomes qualified to be a specialist and takes CME programmes for specialists ?

Answer 4: The doctor concerned should proceed to undergo CME programmes for specialists and discontinue his participation in this programme.

Question 5: Will those medical practitioners whose names are included in the Specialist Register be allowed to join the programme ?

Answer 5: Specialists should not enrol in this programme and they should undergo CME programmes for specialists instead.

CONTINUING MEDICAL EDUCATION (CME) PROGRAMME FOR PRACTISING DOCTORS WHO ARE NOT TAKING CME PROGRAMME FOR SPECIALISTS - QUESTIONS AND ANSWERS

Question 6: Whether medical practitioners whose names are included in the Overseas List should be allowed to join the voluntary CME programme? If so, whether the CME activities taken outside Hong Kong by these overseas doctors which also form part of their educational requirements leading to the award of the specialist status abroad should be allowed to gain CME scores under the CME programme?

Answer 6: Since the Council's CME programme is voluntary in nature, medical practitioners whose names are included in the Overseas List should be allowed to join the programme. Overseas doctors who wish to enrol in the CME programme should register with any one of the CME Programme Administrators and submit their CME activities, which are taken outside Hong Kong and may also form part of their educational requirements leading to the award of the specialist status abroad, to any one of the three CME Programme Accreditors for determination of how many CME scores should be given. The three CME Programme Accreditors should have the requisite resources and expertise to vet these off-shore CME activities taken by overseas doctors.

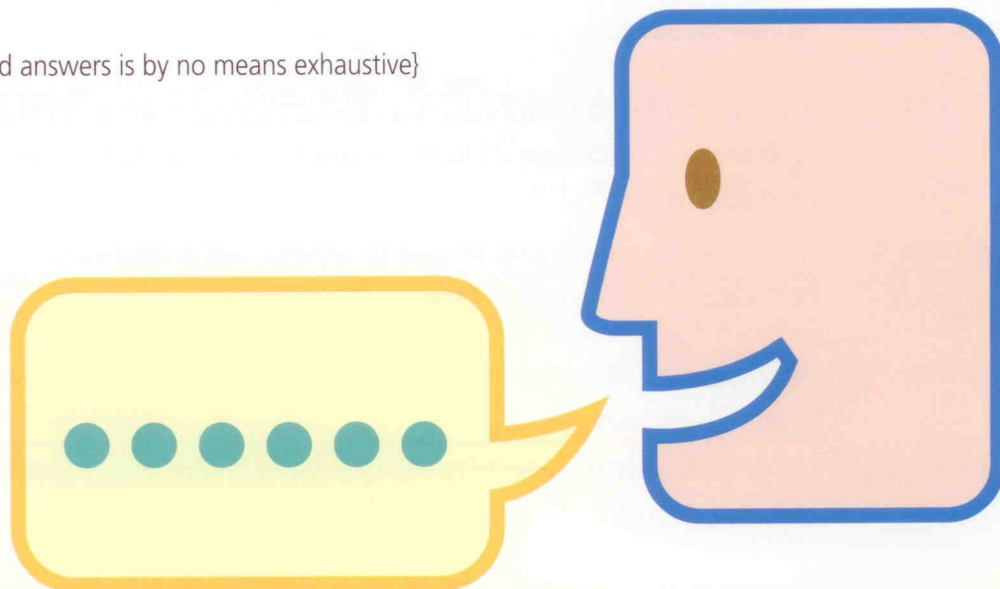
Question 7: Whether post-graduate courses organized by the Chinese University of Hong Kong and the University of Hong Kong should be accredited by themselves or forwarded to any one of the three CME Programme Accreditors for accreditation?

Answer 7: As the two universities have been given accreditation as CME Programme Providers, they should vet and award points for their post-graduate courses according to the guidelines laid down by the EAC.

Question 8: Whether distance learning and diploma courses, which are quotable, shall be recognized as CME activities and given CME credit points?

Answer 8: The EAC had no objection for the CME Programme Providers and CME Programme Accreditors to recognize distance learning and diploma courses, which are quotable, as CME activities and give CME credit points to these courses as long as they satisfy the criteria for accreditation as laid down by the EAC.

{The list of questions and answers is by no means exhaustive}



THE SPECIALIST REGISTER - LIST OF SPECIALTIES

The Medical Council has so far approved 48 specialties under which names of registered medical practitioners may be included in the Specialist Register. The current list of specialties is appended below for information of all medical practitioners :-

(01) Anaesthesiology (麻醉科)	(25) Radiology (放射科)
(02) Intensive Care (危重病學)	(26) Clinical Oncology (臨床腫瘤科)
(03) Community Medicine (社會醫學)	(27) Nuclear Medicine (核子醫學科)
(04) Emergency Medicine (急症科)	(28) General Surgery (外科)
(05) Family Medicine (家庭醫學)	(29) Urology (泌尿外科)
(06) Obstetrics and Gynaecology (婦產科)	(30) Neurosurgery (腦外科)
(07) Ophthalmology (眼科)	(31) Cardio-thoracic Surgery (心胸肺外科)
(08) Orthopaedics & Traumatology (骨科)	(32) Plastic Surgery (整形外科)
(09) Otorhinolaryngology (耳鼻喉科)	(33) Paediatric Surgery (小兒外科)
(10) Paediatrics (兒科)	(34) Immunology and Allergy (免疫及過敏病科)
(11) Pathology (病理學)	(35) Infectious Disease (感染及傳染病科)
(12) Internal Medicine (內科)	(36) Medical Oncology (內科腫瘤科)
(13) Cardiology (心臟科)	(37) Administrative Medicine (行政醫學)
(14) Critical Care Medicine (深切治療科)	(38) Public Health Medicine (公共衛生醫學)
(15) Dermatology and Venereology (皮膚及性病科)	(39) Occupational Medicine (職業醫學)
(16) Endocrinology, Diabetes and Metabolism (內分泌及糖尿病科)	(40) Anatomical Pathology (解剖病理學)
(17) Gastroenterology and Hepatology (腸胃肝臟科)	(41) Chemical Pathology (化學病理學)
(18) Geriatric Medicine (老人科)	(42) Forensic Pathology (法醫病理學)
(19) Haematology and Haematological Oncology (血液及血液腫瘤科)	(43) Haematology (血液學)
(20) Nephrology (腎病科)	(44) Immunology (免疫學)
(21) Neurology (腦神經科)	(45) Clinical Microbiology & Infection (臨床微生物及感染學)
(22) Respiratory Medicine (呼吸系統科)	(46) Rehabilitation (復康科)
(23) Rheumatology (風濕病科)	(47) Palliative Medicine (紓緩醫學科)
(24) Psychiatry (精神科)	(48) Clinical Pharmacology & Therapeutics (臨床藥理學)

Enquiry relating to the application for inclusion of names under the above-listed specialties or change of specialty should be directed to the following address :-

Medical Council Secretariat

4/F, Hong Kong Academy of Medicine Jockey Club Building,
99 Wong Chuk Hang Road,
Aberdeen, Hong Kong.

Tel No. 2873 4829 Fax No. 2554 0577

STATISTICS ON DISCIPLINARY CASES HANDLED BY THE MEDICAL COUNCIL

Complaints Received by the Medical Council

Nature	1997	1998	1999	2000	2001
1. Conviction in Court					
(a) Failure to keep proper record of dangerous drugs	4	2	1	-	3
(b) Others	5	7	6	5	7
2. Disregard of professional responsibility to patient	105	133	120	114	121*
3. Drug-related cases (excluding court convictions)					
(a) Failure to properly label drugs dispensed	7	1	3	8	4
(b) Failure to keep proper record of dangerous drugs	1	-	1	-	-
(c) Prescription of drugs of dependence other than bona-fide treatment	1	4	-	4	1
(d) Abuse of Drugs	-	-	-	-	-
(e) Others	-	1	-	-	1
4. Termination of Pregnancy	-	-	1	-	-
5. Abuse of professional position to further improper association with patients	-	-	-	-	-
6. Improper, indecent behaviour to patient	2	12	2	3	8
7. Abuse of professional confidence	1	1	-	-	1
8. Advertising / canvassing	29	33	35	25	19
9. Sharing fee & improper financial transaction	-	-	1	-	-
10. Depreciation of other medical practitioner(s)	1	2	2	-	-
11. Misleading, unapproved description & announcement	5	8	9	4	5
12. Issuing misleading, false medical certificates	8	18	26	14	21
13. Improper delegation of medical duties to unregistered persons	3	2	1	1	2
14. Fitness to practise	-	2	-	1	-
15. Miscellaneous	18	19	22	48	43
Total :	190	245	230	227	236

Remarks:

- (i) Of the 236 complaints received in 2001:
 - 32 cases (14%) were inactionable because the complainants failed to provide further information or statutory declaration, or the complaints were anonymous, & etc.
 - 102 cases (43%) were dismissed by the PIC Chairman, Deputy Chairman and the Lay Member as being frivolous or groundless.
 - 35 cases (15%) were referred to the PIC meeting.
 - 67 cases (28%) 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 2002.
- (iii) *The major categories of cases on disregard of professional responsibility to patients in 2001 include:
 - (1) failure / unsatisfactory result of surgery (22%)
 - (2) failure to properly / timely diagnose illness or to give proper advice (25%)

STATISTICS ON DISCIPLINARY CASES HANDLED BY THE MEDICAL COUNCIL

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

Nature	1997	1998	1999	2000	2001
1. Total cases considered by the PIC	44	56	39	58	80*
2. Total cases referred by the PIC to Council for inquiries	10	7	17	15	18#
3. Total cases referred by the PIC to Health Committee for hearing	-	-	2	-	-

Remarks:

*The major categories of cases considered by the PIC in 2001 include:

	No. of Cases
(a) Conviction in court	11
(b) Disregard of professional responsibility to patients	
• inappropriate prescription of drugs	6
• failure to properly / timely diagnose illness	10
• failure to give proper advice / explanation	12
• conducting unnecessary or inappropriate treatment / surgery	3
• others	6
(c) Drug-related cases (excluding court convictions)	
• improper labelling of drugs	6
• failure to keep proper record of dangerous drugs	1
(d) Advertising / canvassing	7
(e) Issuing untrue or misleading medical certificates	7
(f) Misleading, unapproved description & announcement	5
(g) Improper, indecent behaviour to patient	1
(h) Abuse of professional confidence	1
(g) Miscellaneous	4
	80

#The major categories of cases referred by the PIC to the Medical Council for inquiry in 2001 include:

	No. of Cases	
(a) Conviction		
• careless driving	4	— (These cases were of minor offences and the Council accepted the PIC's recommendation that no inquiry was to be held)
• others	6	
(b) Disregard of professional responsibility to patients		} (Of these 14 cases, 5 cases* have been heard by the Council in 2001, 1 case has been partly heard and will be continued in 2002, 8 cases will be heard in 2002.)
• inappropriate prescription of drugs	1	
• failure to properly / timely diagnose illness	1	
• failure to give proper advice / explanation	2	
• others	1	
(c) Improper labelling of drugs	2	
(d) Issuing untrue or misleading medical certificates	1	
	18	

Remarks:

*Two medical practitioners were involved in each of the 2 cases.

STATISTICS ON DISCIPLINARY CASES HANDLED BY THE MEDICAL COUNCIL

Breakdown on the complaints received in 2001 which were dismissed by the PIC Chairman, Deputy Chairman and the Lay Member

Reasons for Dismissal	No. of Cases
Doctors' attitude	11
Commercial dispute	4
Communication problem	3
Complications of treatment	10
Unsatisfactory results of treatment	14
Difference in medical opinion	6
Misdiagnosis	9
No evidence	18
Groundless	27
TOTAL	102

STATISTICS ON DISCIPLINARY CASES HANDLED BY THE MEDICAL COUNCIL

Work Statistics of the Council's Preliminary Investigation Committee in the Year of 2001

	Quarter				Total
	Jan-Mar	Apr-June	July-Sept	Oct-Dec	
No. of PIC Meetings	3	3	3	3	12
No. of cases considered	23	26	13	18	80
No. of cases dismissed (%)	19 (82.6%)	17 (65.4%)	11 (84.6%)	14 (77.8%)	61 (76.3%)
No. of cases pending further investigation (%)	- (-)	- (-)	- (-)	1 (5.5%)	1 (1.2%)
No. of cases referred to inquiry (%)	4 (17.4%)	9 (34.6%)	2 (15.4%)	3 (16.7%)	18 (22.5%)
No. of cases referred to Health Committee	- (-)	- (-)	- (-)	- (-)	- (-)

STATISTICS ON DISCIPLINARY CASES HANDLED BY THE MEDICAL COUNCIL

Disciplinary Inquiries conducted by the Medical Council in 2001

No. of Cases	Nature	Decision of the Medical Council
7	Disregard of professional responsibilities to patients	1 Removal for 12 months 1 Removal for 3 months 1 Reprimand 1 Warning letter 2 Not guilty 1 Partly heard. To be continued in 2002
4	Conviction <ul style="list-style-type: none"> • indecent assault • failure to keep proper record of dangerous drugs • practise as an unauthorized person in Singapore* • allowing a clinic to be used in breach of the conditions prescribed in Singapore* 	Removal for 12 months Removal for 2 months Removal for 6 months Reprimand
2	Issue untrue, misleading or improper sick leave certificates	2 Reprimand
1	Dissemination to the public untruthful and inaccurate information	Removal for 1 month
	[Summary: 1 case: partly heard 2 cases: not guilty 11 cases: guilty Of these 14 cases, 6 cases were referred for inquiry by the PIC meetings held in 2000]	

Remarks:

* Two medical practitioners were involved

STATISTICS ON DISCIPLINARY CASES HANDLED BY THE MEDICAL COUNCIL

Figures on Appeal Cases

	1997	1998	1999	2000	2001
No. of Appeals lodged	2	4(+1*)	-	2	2(+3*)
No. of Appeal cases carried forward from previous years	-	2	-	-	2
Total No. of Appeal cases in progress in the year	2	7	0	2	7

Result of Appeal Cases concluded in 2001:

(a) Dismissed by High Court / Court of Appeal	3
(b) Allowed	-
(c) Allowed with Substitute Order	-
(d) Appeal withdrawn	-
	3

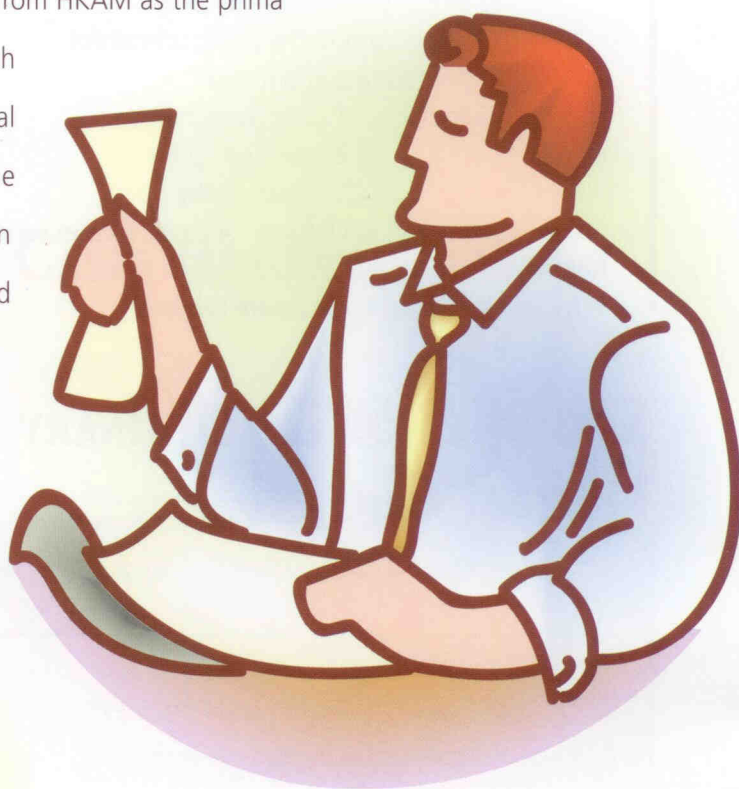
* "Judicial Review" case at the High Court / Court of Appeal

REMINDERS

Procedures for handling cases of non-compliance with Continuing Medical Education by specialists

Registered medical practitioners, whose names are included in the Specialist Register, are required to fulfil the Continuing Medical Education (CME) relevant to the specialties under which their names are included in the Specialist Register as determined by the Hong Kong Academy of Medicine (HKAM) under section 20L of the Medical Registration Ordinance (MRO), Cap. 161, Laws of Hong Kong. Cases of non-compliance with CME by specialists will be reported by HKAM to the Education and Accreditation Committee (EAC) of the Medical Council for consideration of removal of their names from the Specialist Register in accordance with section 20N of the MRO.

The EAC is concerned about the long period of time required to remove the names of specialists from the Specialist Register for failing to comply with the CME requirement whilst the specialists concerned could still be known as "specialists" in the interim. To shorten the time required to deal with cases of non-compliance with CME by specialists, the EAC will take the notification from HKAM as the prima facie evidence of a specialist's failure to comply with CME and will proceed to recommend to the Medical Council the removal of the specialist's name from the Specialist Register as it is not obligatory under section 20N(1)(a) of the MRO to give the specialist concerned an opportunity for explanation. Nevertheless, the specialist concerned will still have the right to request the EAC to review its decision under section 20N(3) of the MRO.



REMINDERS

About the Professional Code and Conduct

The Preliminary Investigation Committee would like to draw the attention of members of the profession to the following disciplinary cases discussed by the Committee recently.

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

A doctor in a complaint case was alleged to have issued a retrospective sick leave certificate to her patient. There was evidence showing that the patient was not in Hong Kong on the date of the sick leave certificate.

However, the doctor submitted that someone posed as the patient did attend her clinic on that date. The sick leave certificate was issued after bona fide consultation.

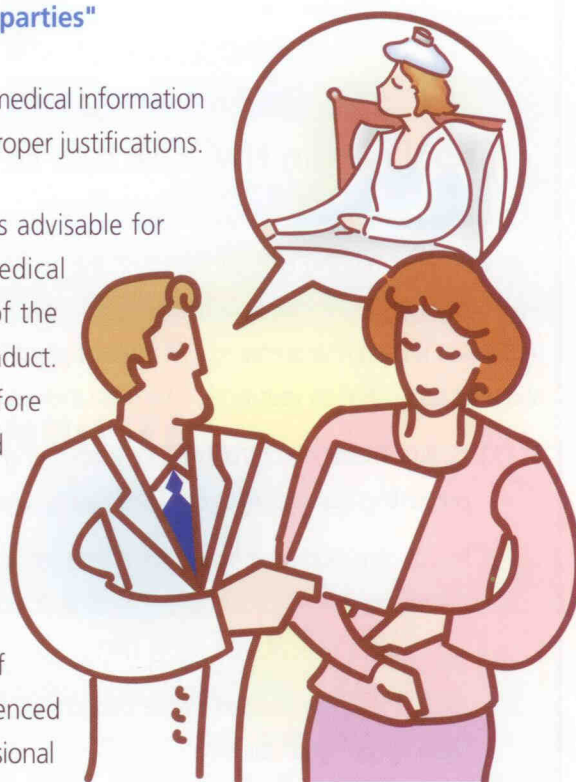


The Preliminary Investigation Committee considers that it is a good practice for doctors to ascertain the identity of their patients before consultation because there may be a need to issue a medical certificate to certify that a particular person has been examined on a particular date. Doctors are also required to register the name of the person who has been given controlled drugs under the Dangerous Drugs Ordinance. For their own protection, doctors may wish to consider taking appropriate steps to ascertain the identity of the patient when such a need arises.

Section 1.4 "Disclosure of medical information to third parties"

A doctor in a complaint case was alleged to have disclosed the medical information of his patient to the reporters without the patient's consent or proper justifications.

The Preliminary Investigation Committee considers that it is advisable for the doctors to keep strict confidentiality of the patient's medical information. The Committee would like to remind members of the need to comply with section 1.4 of the Professional Code and Conduct. That is, "a doctor should obtain consent from a patient before disclosure of medical information to a third party not involved in the medical referral. In exceptional circumstances medical information about a patient may be disclosed to a third party without the patient's consent. However, before making such a disclosure a doctor must weigh carefully the arguments for and against disclosure and be prepared to justify the decision. If in doubt, it would be wise to discuss the matter with an experienced colleague, or to seek help from a medical defence society, a professional association or an ethics committee."



REMINDERS

Renewal of annual practising / retention certificates

Under the Medical Registration Ordinance, it is necessary for all registered medical practitioners, irrespective of whether they are in private practice or public service, to apply for renewal of their annual practising or retention certificates on 1st January each year. Any medical practitioner who has not yet done so this year should send in his / her application together with the prescribed payment to the Registrar of Medical Practitioners at 17/F., Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong (Tel. 2961 8648 / 2961 8655).

The current prescribed fees are \$420 for a practising certificate and \$290 for a retention certificate. All cheques should be crossed and made payable to "The Government of the Hong Kong Special Administrative Region".

Please note that the Medical Council may order the name of any registered medical practitioner to be removed from the General Register if the practitioner concerned has failed to apply for his / her annual practising or retention certificate before 30 June of a year. His / Her name will simultaneously be removed from the Specialist Register if he / she has been registered as a "specialist".

Change of correspondence address

Under the Medical Registration Ordinance, all registered medical practitioners are required to notify the Registrar of Medical Practitioners any change of correspondence address. For this purpose, please inform the Registrar of Medical Practitioners in writing at the following address as soon as there is any change in your correspondence address :-

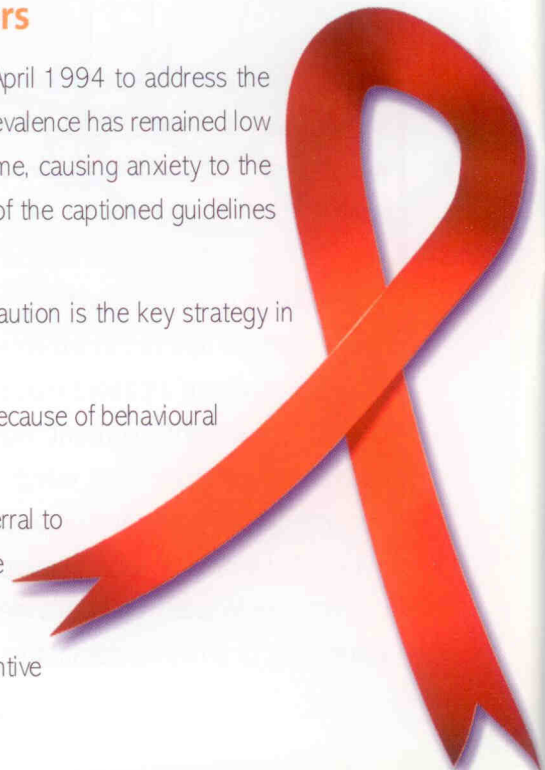
17/F., Wu Chung House,
213 Queen's Road East,
Wan Chai,
Hong Kong
(Fax No. 2891 7946)

Guidelines on HIV infection of Health Care Workers

The captioned guidelines were drawn up by the Advisory Council on AIDS in April 1994 to address the complex issues relating to HIV infection in the health care setting. While the HIV prevalence has remained low over the years, HIV infection in health care workers may still occur from time to time, causing anxiety to the profession if caught unprepared. All medical practitioners are therefore reminded of the captioned guidelines and their application to your work. The main themes of the guidelines are :-

- (1) quality infection control practice embodying the principle of universal precaution is the key strategy in preventing HIV transmission in the health care setting;
- (2) health care workers infected (or concerned about being infected) with HIV because of behavioural risk should seek counseling and medical advice; and
- (3) the attending physician of an HIV infected health care worker shall make referral to the Expert Panel formed by the Director of Health for advice on the possible need for job modification.

Full text of the guidelines may be downloaded from the Homepage of Special Preventive Programme of the Department of Health (Virtual AIDS Office www.aids.gov.hk).



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Dr. MAK Sin-ping JP (麥倩屏醫生)	

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

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Prof. LOW Chung-kai, Louis (盧忠啟教授)	Legal Adviser: Ms. M. A. CRABTREE (法律顧問: 祁德麗女士)

RESULT OF THE 2001 ELECTION OF THE MEDICAL COUNCIL OF HONG KONG

The vote counting of the 2001 Election to fill two vacancies of the Medical Council of Hong Kong was held on 27 November 2001. Dr. CHOI Kin Gabriel (蔡堅醫生) was re-elected and Prof. CHAN Kai Ming Cavor (陳啟明教授) was newly-elected by obtaining 1,503 and 1,007 votes respectively. Their terms of office as Members of the Medical Council commenced on 24 January 2002 for a period of three years.