香港醫務委員會
The Medical Council of Hong Kong
Issue No.7-Nov 2002 • 第七期／二〇〇二年十一月

CME and the Practising Certificate

By Dr LEE Kin Hung
Chairman of the Medical Council

The decision of the Medical Council regarding the relationship of CME and the practising certificate has raised anxiety and controversy among some members of the profession. As Chairman of the Medical Council I wish to relate to all doctors clearly, accurately and thoroughly the history, the rationale, the necessity, the formulating process, the lengthy and thorough discussions that led to this decision.

The Whole Process

It dated back to 1999 when the Medical Council responded to the Harvard Report by proposing reforms on good medical practice, quality assurance and improvement to the complaint system. An opinion survey was conducted among all doctors in December 1999 on the various proposed measures including compulsory CME. The majority of the doctors who replied expressed agreement to the proposal that CME be made compulsory. The results of the survey were published in the May 2000 issue of the Medical Council Newsletter.

In early 2000 the Medical Council started to consider the necessity of compulsory CME and how to ensure compliance. The Education and Accreditation Committee (EAC) of the Medical Council was tasked to examine this issue in depth and make proposals to the Council.

Since then the EAC and the Medical Council have discussed the issue every month. In the beginning, the discussions centred on the necessity of having CME and whether it should be voluntary or compulsory. A 3-year programme of voluntary CME was started in October 2001.

Information obtained from the Academy of Medicine revealed that the vast majority of doctors were willing and able to comply. Unfortunately a minority would not. For this reason the Medical Council decided in November 2001 that CME requirements had to be made compulsory for all practising doctors after the completion of the 3-year voluntary CME cycle.

The subsequent debates concentrated on the way to ensure compliance with the compulsory CME requirements. Various means were thoroughly discussed in the EAC and debated again and again in the Medical Council. Eventually in March 2002 the Medical Council resolved that CME should be made a requirement for all practising doctors when the 3-year voluntary cycle ends in October 2004. Those who have less than 90 points by the end of a 3-year cycle will be warned and given one more year to make up. If they have less than 120 CME points by the end of the 4th year, their practising certificates will not be renewed. This decision was published in the May 2002 issue of the Medical Council Newsletter.

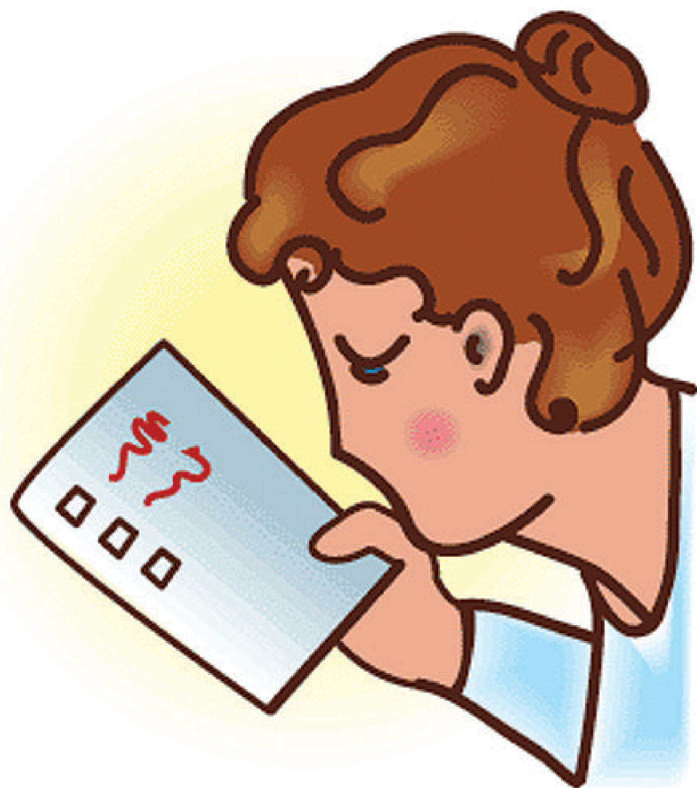
The time-table is like this. Compulsory CME will be required for all practising doctors. The first compulsory cycle will begin in January 2005. Those who do not get 90 CME points by the end of 2007 will be given one further year to attain 120 points by the end of 2008. For those who fail to achieve this, their practising certificates will not be renewed in 2009.

Following this decision the EAC is currently deliberating on the finer details of the implementation plan, including the procedure for making up the deficient CME points and getting the practising certificates renewed, the transfer from Overseas List to the Resident List, trainees becoming specialists, those who take CME abroad, those with limited registration, those who apply for restoration to the register, and so on.

The following questions and answers reveal the thorough considerations and reasoning behind this decision.

Is CME necessary?

This is already beyond debate. Most of us agree that medicine is a life-long learning profession.



Voluntary or Compulsory?

This is also beyond debate now. It is recognized that most doctors have undertaken CME on a voluntary basis for a long time. Nevertheless, one cannot deny that there are some, may be just a few, who will not take adequate CME. What the Medical Council is considering now are measures to take to ensure compliance with the CME requirements in this minority group.

Some members feel that doctors will refresh their knowledge on a voluntary basis and that no doctor should be forced to learn. This point is well taken. But still there will be some who will not complete the CME requirements voluntarily. Since it is agreed that all practising doctors should undertake CME, the scheme has to be made compulsory.

As there is little argument that CME should be made a requirement for all practising doctors, the next consideration is how to enforce compliance.

Encouragement or Punishment?

There is no argument that doctors should be encouraged to undertake CME. There is no argument that doctors who comply with the CME requirements should be awarded by giving them a "CME Certificate" at the end of the year and allowing them to use the title "CME Certified". All these encouraging measures are accepted.

Some have said that those who fail to comply with the CME requirements should not be punished. And yet the question "What to do for those who fail to comply ?" cannot be answered. In fact as the debate goes on, even the doctors' associations have proposed punitive measures for those who do not comply, as revealed later.

It is conceivable that the prospect of losing the practising certificate is really the strongest incentive for the doctor to comply with CME requirements.

How to enforce Compulsory CME?

The EAC took months to examine this issue. It was decided that some simple and effective measures should be taken. Eventually the EAC came up with four possibilities for those who do not fulfil the required CME points:-

(1) not to renew their practising certificates

(2) to impose a fine of $1,000

(3) to impose conditions of practice

(4) to require them to undergo assessment or examination

All these different measures have been discussed thoroughly. Imposing conditions of practice is not simple, transparent or implementable. Re-assessment or re-examination is clearly not appropriate. Imposing a fine is not acceptable as it implies that the practising certificate can be bought with money.

After lengthy discussions, the Medical Council resolved that linkage to the renewal of the practising certificate was the only simple, effective, transparent and implementable measure. The Council also decided that the same set of conditions should apply to specialists and non-specialists alike.

Are there exemptions?

Doctors on the Overseas List or under provisional registration are exempted. Retired doctors do not need the practising certificate. Those who are absent from practice for prolonged periods because of illness or vacation will be considered individually.

Is Not Renewing the Practising Certificate equal to Removal from the Register?

Some have confused the practising certificate with registration.

Those who do not comply with the CME requirements are not removed from the Register. They remain as registered medical practitioners. Their practising certificates are renewed anytime when they make up for the deficient CME points.

On the other hand, removal from the Register is a serious matter. Those removed and wish to register again need to apply for restoration to the Register and the Medical Council has discretions in considering the application.

Are there enough CME Activities for All?

Going to a lecture is just one of the many ways to get CME. Continuing education can be achieved through various other measures such as self-study, journal reading, group meetings, seminars and conferences, attending courses, on-line learning, and so on.

The earlier argument that doctors in private clinics in the New Territories cannot attend lectures in the Central District at 5 p.m. does not make sense anymore. Many CME activities are organized to suit doctors in different locations and at different times. CME can also be accessed from the workplace and at home via the internet.

The EAC has reviewed the current voluntary system, made calculations and concluded that the necessary infrastructure will be ready for all doctors.

Is Compulsory CME damaging our Professional Image?

Revelations to the public that some doctors are reluctant to undertake CME has seriously undermined our professional image.

Is Linkage to the Practising Certificate unique to our Medical Profession?

The accountants and lawyers have linked their continuing education to the renewal of practising certificates. The Chinese Medicine Ordinance stipulates that Chinese medicine practitioners must fulfil CME requirements before their practising certificates are renewed. The nurses and midwives are going to link their continuing education to the renewal of practising certificates. One should ask why doctors can be the exception.

Have the various Survey Results been ignored?

Various doctors groups have conducted opinion surveys and say that many doctors are against the linkage of CME with the practising certificate. The Medical Council has considered all of them before reaching its decision.

All these surveys have asked this question "Do you agree to link CME with the practising certificate?" without explaining the whole picture as illustrated in this article. The answer is naturally predictable. None of the surveys has asked this basic, fundamental and most important question "What do you suggest for those few who fail to comply with the CME requirements?". Without the answer to this question the surveys are not helpful or constructive.

Is this a Rash Decision?

This article has illustrated the whole formulating process, the reasoning, the detailed consideration of all aspects of the issue including all other alternative measures before the Medical Council reached this conclusion. The Medical Council has taken more than two years of intense debate before resolving that compulsory CME has to be linked to the renewal of the practising certificate. It is a thoroughly debated and carefully considered decision. It is certainly not a rash decision.

Some say that the implementation schedule can be delayed. They say that the lawyers have taken some ten years to implement their scheme. But from 1999 when the issue was first raised in the Medical Council to 2009 when the practising certificate may not be renewed, is it not ten years?

Are there really no other Alternative?

Apart from linkage to the practising certificate some doctors' associations have put forward two proposals :-

(1) *To compel the non-compliant doctors to display a sign "CME Inadequate"*

Is this not a punishment? Is this not an insult to the doctor and to the profession? How can the Medical Council which is accountable to the public allow inadequate doctors to practise? What about the doctors who are not in private practice? How is it implementable? What if the doctor refuses to display the sign?

The proposers say that this will be an incentive for doctors to comply with CME requirements. But the strongest incentive must be the prospect of losing the practising certificate.

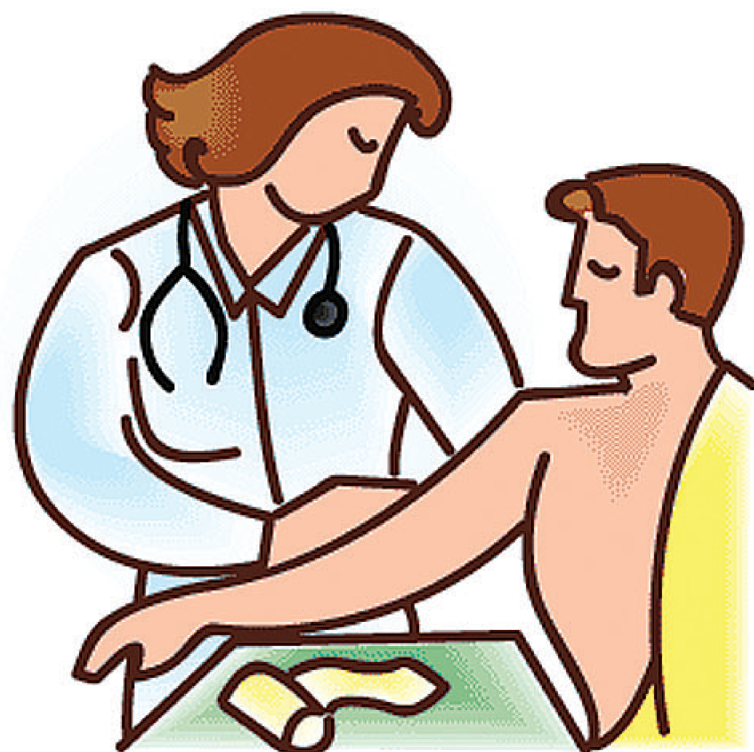
(2) *To impose a heavy fine on non-compliant doctors who must pay a large sum to renew their practising certificates*

Is this not a punishment? As stated before, the concept of obtaining the practising certificate with money cannot be accepted. And what to do if the doctor refuses to pay the fine?

Is this decision Final?

The above is a step-by-step account of how the Medical Council has made this decision. Since CME is to be compulsory all possible measures to enforce this have been thoroughly and exhaustively discussed. Linkage to the renewal of the practising certificate is the only means that is simple, transparent, effective, implementable and accountable to the public.

Hopefully this account will enable all members of the profession to understand the necessity and rationale of this decision, which will only be changed if a more efficient and practical method of ensuring compliance can be proposed.



Guidelines for All Registered Medical Practitioners

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

Termination of doctor-patient relationship

A medical practitioner has the primary responsibility to provide proper medical care to his patients. However, there may be situations where it is in the best interest of the patient for such medical care to be provided by another practitioner. Examples of such situations include the loss of trust between the doctor and the patient or the treatment is beyond the doctor's competence. In such situations the doctor may terminate the doctor-patient relationship, **provided that the patient's health interest is not jeopardized** in doing so. These examples are by no means exhaustive but doctors should exercise their professional judgement before terminating the doctor-patient relationship.

When it is decided to terminate the doctor-patient relationship, the doctor should inform the patient of his decision at the earliest opportunity. He should explain the reasons for terminating such relationship and offer to refer the patient to another doctor who has the ability to provide the necessary services to the patient.

Relationship between a doctor engaged by an employer / an insurance company and prospective employee / policy subscriber in a pre-employment / policy subscription medical examination

The Medical Council has recently examined and discussed the implications of the ruling of the Court of Appeal of England and Wales in *Kapfunde v. Abbey National plc and Dr D. Daniel* [1998] on the Professional Code and Conduct. The Council concluded that there is no conflict between section 1.2 of the Professional Code and Conduct and the ruling in *Kapfunde*. However, members of the profession are advised of the following -

- If a medical practitioner is engaged by an employer / an insurance company to conduct medical examination or have direct contact with a prospective employee / policy subscriber, there exists a doctor-patient relationship. The medical practitioner concerned should observe the guidelines in section 1.2 of the Professional Code and Conduct on "Medical examinations and subsequential reporting".

- If the potential employee / subscriber wishes to obtain further medical service / treatment arising from the result of the pre-employment / policy subscription medical examination, the medical practitioner concerned should always define his role and explain the details such as the additional consultation time and cost involved, etc. to the prospective employee / subscriber before offering such service / treatment.

Contract medicine and managed care

It has come to attention of the Medical Council that some Health Management Organizations have invited registered medical practitioners to join commercial pre-paid capitation scheme. The Medical Council would like to remind all doctors of the following provisions laid down in section 14.2 of the Professional Code and Conduct on "Contract medicine and managed care" -

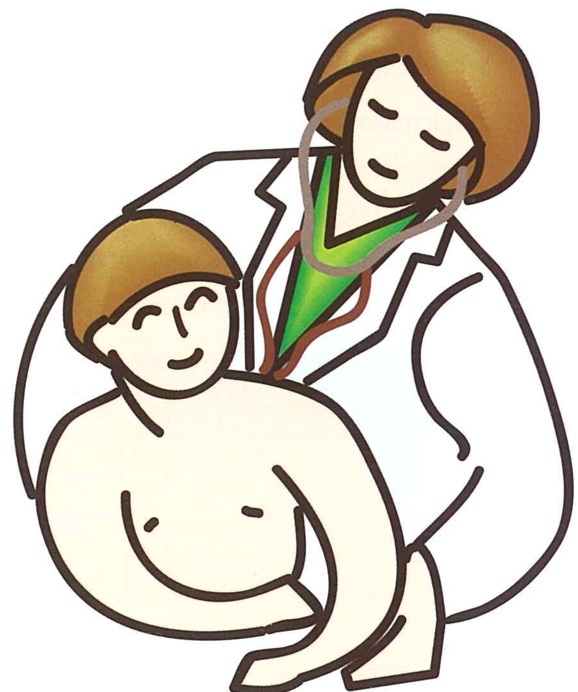
14.2.2 Doctors should exercise careful scrutiny and judgement of medical contracts and schemes to ensure that they are ethical and in the best interests of patients. Doctors should dissociate themselves from organizations that provide substandard medical services, infringe patients' rights or otherwise contravene the Professional Code and Conduct.

14.2.3 When administrators, agents, brokers, middlemen etc. are involved in a medical contract, information pertaining to the financial arrangements must be readily available to all parties on request.

14.2.5 Commercial pre-paid capitation schemes (whereby a doctor or a group of doctors undertake certain insurance-type financial risks) which may be incompatible with a high standard of medical practice should not be entered into.

14.2.6 Doctors in accepting contracts to provide service should avoid taking on unreasonable financial risk as in the case of low capitated payment. It will be unacceptable for doctors who provide substandard service to use any capitated medical scheme which they joined as their excuse.

A doctor will be in danger of contravening section 14.2 of the Professional Code and Conduct which may lead to disciplinary action by the Medical Council if he joins a commercial pre-paid capitation scheme that provides substandard medical services.



Use of the title "XX科醫生" by non-specialists

As concerns have been expressed on the use of "XX科醫生" by some non-specialists, the Medical Council would like to remind all doctors that only a registered medical practitioner whose name is included in the Specialist Register under a particular specialty is entitled to be known in the English language as "specialist" in that specialty and in the Chinese language as "專科醫生" in accordance with section 20M of the Medical Registration Ordinance.

The Medical Council is of the view that the use of "XX科醫生", i.e. quoting a title with an indication of the field of practice, by a non-specialist would cause confusion to the public and is against the purpose of the establishment of the Specialist Register. Since "XX科醫生" is not a specialist title nor an appointment approved by the Medical Council, the use of "XX科醫生" by a medical practitioner whose name is not included in the Specialist Register will be regarded as breaching the Professional Code and Conduct.

Quotable qualifications

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

	Title of Qualifications	Abbreviation	Chinese Title
1.	Master of Health Administration, University of British Columbia	MHA (UBC)	加拿大英屬哥倫比亞大學衛生行政學碩士
2.	Master of Science in Rheumatology, University of Birmingham	M Sc (Rhu) (Birm)	英國伯明罕大學風濕病科碩士
3.	Diploma in Child Health (Hong Kong), Hong Kong College of Paediatricians and Diploma in Child Health (International), Royal College of Paediatrics and Child Health	DCH (HK) (HKCPaed) DCH (International) (RCPCH)	香港兒科醫學院兒科文憑（香港） 英國皇家兒科醫學院兒科文憑（國際）
4.	Master of Health Services Management, University of New South Wales	MHSM (New South Wales)	澳洲新南威爾斯大學衛生服務管理碩士

Change of the abbreviation of a quotable qualification -Fellow in General Surgery, Royal College of Surgeons of Edinburgh

Members of the profession were informed that the above qualification, together with the abbreviation "FRCS (Surgery) (Edin)", was approved for inclusion in the Council's list of quotable qualifications via the last issue of the Council's Newsletter published in May 2002.

It is now promulgated for general information that the Council, taking into account the advice from the Royal College of Surgeons of Edinburgh that the official abbreviation of the qualification should be "FRCSEd (Gen)", decided at its meeting held on 7 August 2002 that the official abbreviation of the qualification should be adopted. In other words, medical practitioners should quote "FRCSEd (Gen)" instead of "FRCS (Surgery) (Edin)" on their stationery and/or signboards. To effect the change smoothly, the Council has also decided that there would be a 3-year transitional period effective from 7 August 2002 during which the use of either "FRCSEd (Gen)" or "FRCS (Surgery) (Edin)" by a medical practitioner would be acceptable by the Council.

The Specialist Register - List of Specialties

The Medical Council has recently approved the following 2 new specialties for inclusion in the Specialist Register -

- Gynaecological Oncology （婦科腫瘤科）
- Urogynaecology （泌尿婦科）

Enquiry relating to the application for inclusion of names under the Specialist Register 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

Advice/Information for All Registered Medical Practitioners

Professional indemnity insurance

The Medical Council has discussed and examined the need for practising medical practitioners to have professional indemnity insurance. While agreeing that professional indemnity insurance should not be made a mandatory requirement for all doctors, the Council supports that all medical practitioners, particularly those who provide patient service, should have professional indemnity insurance.

Publication of doctors' registered address in the Medical Council's homepage

Members of the profession may wish to note that under section 15 of the Medical Registration Ordinance, Cap. 161 Laws of Hong Kong, a list of names, addresses, qualifications and dates of the qualifications of all persons whose names appear on Part I (full registration) and Part III (limited registration) of the General Register has to be published annually in the Gazette. A list of names, addresses, qualifications and dates of the qualifications of registered medical practitioners whose names appear in the Specialist Register is also published in the Gazette annually. The main purpose of publishing such information is to confirm who is, or is not, registered as a medical practitioner or a specialist, and to inform the public who is entitled to practise.

To enhance communication with the medical profession and the public, the Medical Council decided in July 1997 to establish a homepage for the Council and that, among others, the information gazetted would be included in the Council's homepage. In view of the new move, every registered medical practitioner was informed, in 1998, of the publication of his / her personal data on the Council's homepage. If a medical practitioner wishes to change his / her registered address, he / she may notify the Registrar of the Medical Practitioners either in writing or by completing a form, which can be obtained from the Central Registration Office at 17/F., Wu Chung House, 213 Queen's Road East, Wan Chai, H.K. (Tel : 29618648)

To address the concern of some doctors on the publication of their residential address, being their registered address, on the Council's homepage, the Medical Council has decided that the registered address of a doctor would be allowed to be excluded from the Council's homepage if he so wished. In this connection, every registered medical practitioner will be invited to indicate in the application form for renewal of practising / retention certificate or the application form for renewal of limited registration, as appropriate, whether he / she wishes to have his / her registered address, be it a residential address, a practising address or a Post Office Box number, published in the Council's homepage.

Registration of local graduates with the General Medical Council

This is to draw medical practitioners' attention to the fact that the UK Government has recently published a consultation document that proposes a series of changes to the Medical Act 1983. One of these changes is to remove the provision of recognized overseas qualifications, save for those doctors who would benefit from the transitional arrangements. The amended legislation has proposed a short transitional period for doctors who qualify before 31 October 2003. Such doctors would have to exercise the right to provisional or full registration before 31 December 2003. Doctors who fail to apply by that date and those who qualify after 31 October 2003 would only be eligible to apply for limited registration.

Interested doctors may obtain a full copy of the consultation document under the heading 'Reform of the General Medical Council' at *www.doh.gov.uk/gmcreform.htm*

Tumour Vaccine Programme

This is to inform members of the profession of the result of an investigation into the Tumour Vaccine Programme. In the course of a disciplinary inquiry, the Medical Council has expressed grave concern about the Tumour Vaccine Programme, an experimental treatment programme, being carried out in a private hospital for over two years without proper control and monitoring.

The private hospital which operated the Tumour Vaccine Programme appointed an expert team to assess the programme. The team comprised specialists drawn from the academic sector. On conclusion of the investigation, the expert team was of the view that this modality of therapy had not been clearly proven to be efficacious and could only be conducted in clinical trial setting. The Department of Health has instructed the hospital concerned to stop the programme with immediate effect.

In addition, the Department has required all private hospitals to establish ethics committees to consider applications for clinical trials and to vet new techniques and treatment modalities before introduction in the hospitals. If a medical practitioner wishes to introduce clinical trials on treatment modalities for which efficacy has not been established, approval of the Ethics Committee of the respective hospital should be sought. The governing bodies of the private hospitals are also required to put in place peer review or auditing system to monitor clinical trials. All private hospitals are required to notify the Department of Health on introduction of new services and inspection will be carried out prior to the commencement of operation of new services.

Provision of medical records to patients / personal representatives of deceased patients

The Council has recently considered issues relating to the duration of keeping inactive medical records and to the provision of a copy of medical records to the patient / personal representatives of the deceased patients. The Council has decided to promulgate the following :

- Medical records should be kept as long as possible. Medical practitioners should be aware of the requirements imposed or recommended by the Inland Revenue Department, medical insurance companies and medical protection societies as to any minimum period for which inactive records should be kept.
- A patient has a right of access to the records. This right is not unconditional and a registered medical practitioner would be advised to seek his own legal advice as to his rights and duties regarding the disclosure of the records. This also applies in the case of the personal representative of a deceased patient, for example where there are civil proceedings in which a claim is made in respect of personal injuries to the patient or in respect of his death.
- If a patient seeks to access his personal data under the Personal Data (Privacy) Ordinance, the Ordinance does specify the circumstances when a doctor can refuse the request. This Ordinance applies only to the data of a living individual.

Views of the Working Group to Study Abuse of Sick Leave Certificates by Employees under the Employment Ordinance set up at the Labour Department

At the request of the Working Group to Study Abuse of Sick Leave Certificates by Employees under the Employment Ordinance, the Medical Council would like to draw the attention of all medical practitioners to the following views expressed by the Working Group upon conclusion of its study on the abuse of sick leave certificates by employees under the Employment Ordinance -

(a) medical certificates recommending sick leave should include key information such as the name of the patient, the medical conditions, the duration of sick leave recommended (with specific dates), and the date of issue of the medical certificates;

(b) information entered into the medical certificates should be legible and clear and abbreviations to medical terms should be avoided as far as possible; and

(c) medical practitioners should maintain an efficient system of record keeping of medical certificates that have been issued in order to facilitate clarification / verification of such information by patients and their employers.

Result of the 2002 Election of the Medical Council of Hong Kong

It is hereby announced that since the number of validly nominated candidates is the same as the number of vacancies available (i.e. three vacancies) in the 2002 Election of the Medical Council of Hong Kong, the following candidates are declared to be elected as Members of the Medical Council -

- Dr KWOK Ka Ki （郭家麒醫生）
- Professor LEONG Chi Yan John （梁智仁教授）
- Dr TSE Hung Hing （謝鴻興醫生）

Their term of office as Members of the Medical Council commence from 24 January 2003 for a period of three years.

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 / retention certificates on 1st January each year. The practising / retention certificate is now due for renewal. Please send in your 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 / 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 registered address

Under the Medical Registration Ordinance, all registered medical practitioners are required to provide the Registrar of Medical Practitioners with an address at which notices from the Medical Council may be served on him / her. For this purpose, please inform the Registrar of Medical Practitioners in writing 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.
(Fax No. 2891 7946)