香港醫務委員會

THE MEDICAL COUNCIL OF HONG KONG

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Guidelines on Dissemination of Service Information through Service Information Notices and Doctors Directories

The Medical Council recognizes that ready access to information on professional services provided by doctors is important for patients to make an informed decision in engaging such services. However, it is necessary to ensure that doctors do not supply excessive information to the extent of self-advertising or canvassing for the purpose of attracting patients. At present the dissemination of service information to the public is governed by section 4.2.3 of the Professional Code and Conduct ("the Code"), and the dissemination of service information by a doctor to his patients is governed by section 4.2.4 of the Code.

Against the above background, the Ethics Committee of the Medical Council has recently reviewed the adequacy of the present provisions in meeting public expectation. It recommended that the present scope of permitted dissemination of service information be extended in two areas, namely: -

(a) display of fee schedules and medical services provided in the form of service information notices at the exterior of doctors' offices; and

(b) collective dissemination of professional service information by approved professional medical organizations in the form of doctors directories.

These recommendations have been accepted by the Medical Council. With immediate effect all doctors are permitted to, in addition to the present provisions, disseminate their service information through (i) Service Information Notices and (ii) Doctors Directories in accordance with the following guidelines. These new provisions will be incorporated in the Code in due course.

The following guidelines are for the guidance of those medical practitioners who wish to make use of the Service Information Notice or the Doctors Directory. There is no obligation on registered medical practitioners to make use of the Service Information Notice or the Doctors Directory.

Service Information Notices

At present a doctor may provide information about his medical or ancillary services only inside his office in accordance with section 4.2.4.5 of the Code. Under the new provision he may display a Service Information Notice bearing the fee schedules and the medical services provided by him at the exterior of his office.

It is emphasized that the new provision is **not meant to encourage fee competition amongst doctors or canvassing for patients**. A doctor must ensure that the displayed consultation fees truly reflect his normal charges. He must also ensure compliance with the provisions of section 4.2.1(a) of the Code, i.e. the information shall be legal, decent, honest, truthful, factual, accurate and not exaggerated.

The Service Information Notice must comply with the following guidelines:-

Location of Notices

- At the exterior of the office on or immediately next to the entrance for patients

Number of Notices

- Maximum number of notices allowed is 2

Size of Notice

- A3 size

Format of Notice

- Single color print
- Uniform font size
- Plain text only without graphic illustrations
- The notice should not be ornate

Permitted Contents of Notice

- All information presently permitted on signboards and stationery under sections 4.2.3.1 and 4.2.3.2 of the Code
- Gender of the doctor
- Language(s) / dialect(s) spoken
- Medical services available in the office (maximum 5 items)
- Medical services provided other than in the office (maximum 5 items)
- Medical procedures and operations (maximum 5 items) 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

Doctors Directories

To enable doctors to provide information about their professional services to the public in a more open manner, the Council accepts that such information may be disseminated collectively through Doctors Directories administered by professional medical organizations approved by the Medical Council for that purpose.

A doctor must ensure that the published consultation fees truly reflect his normal charges. He must also ensure compliance with the provisions of section 4.2.1(a) of the Code, i.e. the information shall be legal, decent, honest, truthful, factual, accurate and not exaggerated.

Organizations publishing Doctors Directories are reminded of the provisions of the Personal Data (Privacy) Ordinance ("PD(P)O") and should consider including a statement of the purpose for which the personal data are collected and a warning that persons using such data for an unrelated purpose would render themselves liable to action under the PD(P)O.

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.

(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

Directory may be in electronic or printed format.

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 colour 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

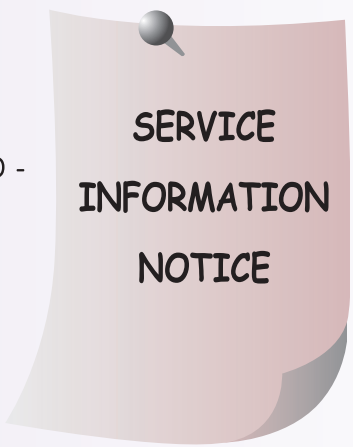
Permitted Contents of Directory

- All information presently permitted on signboards and stationery under sections 4.2.3.1 and 4.2.3.2 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 available in the doctor's office (maximum 5 items)
- Medical services provided other than in the doctor's office (maximum 5 items)
- Medical procedures and operations (maximum 5 items) 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

- Proactive distribution of the Directory or part of it to the public by individual doctors or with their forbearance may constitute professional misconduct of self-advertising / canvassing and is prohibited

- END -



Dated: February 2004

Advice / Information for All Registered Medical Practitioners

On the recommendation of the Preliminary Investigation Committee, the Council would like to draw the attention of members of the profession to the following disciplinary case examined by the Committee recently :-

Prescription of steroids to patients

A doctor in a complaint case was alleged to have prescribed steroids to the patient without giving her appropriate advice and warning of such medication.

The Preliminary Investigation Committee would like to remind registered medical practitioners that it is a good medical practice for them to properly inform the patients of the use of steroids, as well as to give appropriate warning and explanation to the patients when prescribing steroids.

About the Professional Code and Conduct

On the recommendation of the Ethics Committee, the Council would like to draw the attention of members of the profession to the following advice :-

Section 10 "Prescription and labeling of dispensed medicines"

10.1 All medications dispensed to patients directly or indirectly by a medical practitioner should be properly and separately labeled with the following essential 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 the drug;
(e) the dosages, where appropriate;
(f) the method and dosage of administration; and
(g) precautions where applicable.

With regard to section 10.1(d), medical practitioners are advised that :-

- Medical practitioners should label all medications dispensed to patients only with the trade name or pharmacological name of the drugs that are registered with the Department of Health and would eventually appear in the "Compendium of Pharmaceutical Products".

- "Trade name" means the patent drug product name or the generic drug product name.

- Chemical names which are not registered as pharmacological names with the Department of Health should not be used. (In this context it should be noted that chemical names such as potassium permanganate, potassium chloride, hydrogen peroxide, sodium bicarbonate, zinc oxide, etc. are all registered as pharmacological names.)

Besides, medical practitioners are advised to make reference to the "Compendium of Pharmaceutical Products" through the Internet.

Section 14 "Relationship between doctors and organizations"

14.1.1 Doctors who have any kind of financial or professional relationship with such an organization, or who use its facilities, bear responsibility to ensure the organization's advertising conforms to the principles and rules set out in paragraph 4.2 above. This also applies to doctors who accept for examination or treatment patients referred by any such organization. All such doctors must therefore make it their responsibility to acquaint themselves with the nature and content of the organization's advertising, and must exercise due diligence in an effort to ensure that it conforms with this guidance. Should any question be raised about a doctor's conduct in this respect, it will not be sufficient for any explanation to be based on the doctor's lack of awareness of the nature or content of the organization's advertising, or lack of ability to exert any influence over it.

Medical practitioners are reminded that it is their personal responsibility to ensure that the organizations with which they associate advertised only in conformity with the Code, and that they may be held responsible for any contravening advertisement of those organizations.

Result of the 2003 Election of the Medical Council of Hong Kong

The Medical Council held its 8th election of Medical Council Members on 12 December 2003 to fill two vacancies. Dr YEUNG Chiu Fat, Henry (楊超發醫生) has been re-elected and Prof. WEI William Ignace (韋霖教授) has been elected by obtaining 1,264 and 1,159 votes respectively. Their term of office as Members of the Medical Council commenced on 24 January 2004 for a period of three years.

Quotable Qualifications

On the recommendation of the Education and Accreditation Committee, 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 Public Health (Honours), University of Sydney	MPH (Honours) (Syd)	澳洲雪梨大學公共衛生科榮譽碩士
2	Master of Science in Child Health (International Child Health), University of Warwick	MSc in Child Health (International Child Health) (Warwick)	英國華威大學國際兒童健康學碩士
3	Master of Science in Child Health (Community Paediatrics), University of Warwick	MSc in Child Health (Community Paediatrics) (Warwick)	英國華威大學社區兒童健康學碩士
4	Certificate of Reproductive Endocrinology and Infertility, Royal Australian and New Zealand College of Obstetricians and Gynaecologists	CREI (RANZCOG)	澳洲及紐西蘭皇家婦產科醫學院生殖內分泌及不育科文憑
5	European Diploma in Hand Surgery, Federation of the European Societies for Surgery of the Hand	---	歐洲手外科醫學聯會手外科文憑
6	Postgraduate Diploma in Community Psychological Medicine, University of Hong Kong	PDipComPsychMed (HK)	香港大學社區精神醫學深造文憑
7	Master of Public Health, Johns Hopkins University	MPH (Johns Hopkins)	美國約翰霍普金斯大學公共衛生學碩士

Change of the Official Spelling of a Quotable Qualification

It is promulgated for general information that the Council, taking into account the advice from the Royal College of Physicians and Surgeons of Canada that the qualification "Fellow in Haematological Pathology, Royal College of Physicians of Canada" which is currently included in the Council's List of Quotable Qualifications has been revised and should be spelt as "Fellow in Hematological Pathology, Royal College of Physicians of Canada", decided at its meeting held on 3 September 2003 that the official spelling of the qualification should be adopted.

Revised Criteria for Vetting Quotable Qualifications

As promulgated in the last issue of the Council's Newsletter, the Medical Council, on the recommendation of the Education and Accreditation Committee, has endorsed that as a matter of policy no qualification would be approved for inclusion in the List of Quotable Qualifications before completion of the initial course leading to that qualification. The Revised Criteria for Vetting Quotable Qualifications incorporating this new policy (change underlined therein for ease of reference) are appended below for the information of members of the medical profession:-

(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) Honourary 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.

(vii) An application for the quotability of a qualification will not be considered before the completion of the initial course leading to that qualification.

Continuing Medical Education (CME) Progamme for practising doctors who are not taking CME for specialists —Questions and Answers

The Education and Accreditation Committee has received a number of enquiries relating to the captioned programme. 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 medical practitioners' information :-

Question 1: Whether a CME activity with a duration of 1.75 hours should be given 1.75 CME points or just 1 CME point as section 4.3 and section 3.3 of the guidelines issued by the Council specifies that "the basic credit point is one point for each hour of participation in CME activities" and "2 points per hour for active and 1 point per hour for receptive participation in education activities" respectively?

Answer 1: CME activities which last for 0.5 hour or more will be counted as 1 hour. For those CME activities with a duration of less than 0.5 hour, say 15 minutes, the 15 minutes should not be counted.

Question 2: In the event of a multiple lectures programme lasting for two days, whether CME scores should be accredited on the basis of per day or per programme?

Answer 2: CME scores should be allocated on the basis of per hour.

Question 3: What is the criterion for classifying a CME programme to be a "half day programme"? For instance, should a programme starts from 1400 hours but lasts until 2000 hours be regarded as a 'half day programme' or a 'whole day programme'?

Answer 3: CME credit points should be allocated to CME programmes on an hourly basis in case of doubt.

Question 4: Whether CME points should be allocated to a CME activity lasting more than 1 day on an hourly basis or in accordance with the maximum rules set out in the Council's guidelines?

Answer 4: Section 3.3 of the guidelines prescribed by the Council on the CME Programme, i.e. a maximum of 10 points for a programme lasting 2 or more days, should only apply to meetings and conferences. In regard to certificate courses, CME points should be allocated on the basis of per hour. For instance, a doctor who had attended all the sessions of a certificate course, comprising 10 lectures of 2 hours each, would be awarded 20 CME points. For a CME programme proclaimed to be a certificate course, it should be structured with comprehensive syllabus, interactive, consisting of smaller group of participants, and that enrolment before the introduction of the course would be necessary.

Question 5: Whether CME activities have to be accredited prior to their commencement?

Answer 5: Yes, all CME Programme Providers/Accreditors are reminded that all CME programmes should be accredited and advertised for information of all doctors before their commencement.

Question 6: Whether the requirement of prior accreditation of active and receptive CME activities was applicable to overseas CME, publication and self-study?

Answer 6: Whilst CME activities held in Hong Kong should be accredited and advertised for information of all doctors before their commencement, retrospective accreditation should be considered for overseas CME, publication and self-study. Doctors should submit an application, together with supporting documents, for accreditation of overseas CME activities they had attended to one of the three CME Programme Accreditors as soon as practicable. The result of accreditation should be made known to, recognized and accepted by the other two CME Programme Accreditors in order to avoid any deviation of assessment in respect of the same activity.

Question 7: Whether the maximum rules stipulated in section 3.3 of the Council's CME Guidelines (i.e. 2 points/hr of active CME, 1 point/hr of receptive CME, a maximum of 3 points for a half day programme, a maximum of 5 points for a whole day programme and a maximum of 10 points for a programme lasting two or more days) governed combined active and receptive CME? For instance, a doctor attending a 3-day conference for which he was also a presenter in one of the conference sessions (lasting for one hour) should be awarded 10 CME points or 12 points in accordance with section 3.3 of the Guidelines?

Answer 7: In the example quoted above, since the doctor who participated as a presenter in the conference had to do some preparatory work beforehand, he should be given another 2 points for the 1 hour presentation in addition to the CME points he received for attending the conference. Therefore, the doctor should be awarded 12 CME points in the above example.

Question 8: Whether a doctor attending a certificate course which started before his CME cycle should be awarded the CME points in full or should he be awarded CME points in part, counting on a pro-rata basis or on actual course hours that he spent during his CME cycle?

Answer 8: The CME points to be awarded to the doctor should be calculated on a pro-rata basis.

Question 9: According to the Council's CME Guidelines, doctors who have obtained 90 or more CME points for a 3-year CME cycle would be allowed to use the title of "CME Certified". However, doctors may not have a full 3-year CME cycle when mandatory CME is to be implemented. Would these doctors' CME points be counted on a pro-rata basis, and be allowed to use the title "CME Certified" accordingly?

Answer 9: For those doctors who do not have a full 3-year CME cycle, they should be allowed to use the title "CME Certified" as long as they have obtained 90 or more CME points when mandatory CME is to be implemented.

Question 10: How many CME points should be awarded to a web-based CME programme as the total number of hours required for completing the included quiz section by a doctor might vary?

Answer 10: CME Programme Providers should seek the programme designer's advice on the average time needed to complete the programme by a doctor before deciding how many CME points should be accredited. One CME point per hour should be given for the web-based CME programme.

Question 11: How many CME points should be awarded to a doctor who had participated in a CME programme in both active and receptive manners?

Answer 11: In order to encourage more non-specialists to act as speakers in CME programmes and to recognize the additional efforts made by these speakers in preparing the presentation materials beforehand, a doctor who was also a speaker / presenter in a CME programme should be given CME points (2 pts/hr) for his active participation in addition to the CME points he would receive in respect of the same CME programme for his receptive participation in accordance with section 3.3 of the Council's Guidelines, provided that the CME points given for his active participation did not exceed 50% of the CME points he received for his receptive participation in that particular CME programme.

{The list of questions and answers is by no means exhaustive.The answers are for general reference only and are not legally binding .}

Statistics on Disciplinary Cases Handled by the Medical Council

Complaints Received by the Medical Council

	Nature	1999	2000	2001	2002	2003
1.	Conviction in Court					
	(a) Failure to keep proper record of dangerous drugs	1	-	3	1	1
	(b) Others	6	5	7	11	14
2.	Disregard of professional responsibility to patients	120	114	121	160	166*
3.	Drug-related cases (excluding court convictions)					
	(a) Failure to properly label drugs dispensed	3	8	4	4	1
	(b) Failure to keep proper record of dangerous drugs	1	-	-	-	-
	(c) Prescription of drugs of dependence other than bona-fide treatment	-	4	1	2	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	-	-	-	1	-
6.	Improper, indecent behaviour to patients	2	3	8	2	8
7.	Abuse of professional confidence	-	-	1	1	1
8.	Advertising / canvassing	35	25	19	24	68
9.	Sharing fee & improper financial transaction	1	-	-	3	2
10.	Depreciation of other medical practitioner(s)	2	-	-	3	1
11.	Misleading, unapproved description & announcement	9	4	5	6	8
12.	Issuing misleading, false medical certificates	26	14	21	23	24
13.	Improper delegation of medical duties to unregistered persons	1	1	2	-	2
14.	Fitness to practise	-	1	-	-	-
15.	Miscellaneous	22	48	43	46	52
	Total :	**230**	**227**	**236**	**287**	**350**

Remarks:

(i) Of the 350 complaints received in 2003:

- ★ 35 cases (10%) were inactionable because the complainants failed to provide further information or statutory declaration, or the complaints were anonymous, etc.
- ★ 116 cases (33%) were dismissed by the PIC Chairman, the PIC Deputy Chairman and the Lay Member as being frivolous or groundless.
- ★ 107 cases (30%) were referred to the PIC meeting.
- ★ 90 cases (26%) are pending further information or statutory declaration.
- ★ 2 cases (1%) were referred to the Health Committee.

(ii) For cases referred to the PIC meeting, some of them have been carried forward to the PIC meetings to be held in 2004.

(iii) *The major categories of cases on disregard of professional responsibility to patients in 2003 include:

(1) failure / unsatisfactory result of surgery (21%)
(2) failure to properly / timely diagnose illness or to give proper advice (28%)

Breakdown on the complaints received in 2003 which were dismissed by the PIC Chairman, the PIC Deputy Chairman and the Lay Member

Reasons for Dismissal	No. of Cases
Doctors' attitude	19
Commercial dispute	1
Communication problem	2
Complications of treatment	5
Unsatisfactory results of treatment	22
Difference in medical opinion	5
Misdiagnosis	8
No evidence	28
Groundless	26
TOTAL	**116**

Work Statistics of the Council's Preliminary Investigation Committee in the Year of 2003

	Quarter				Total
	Jan-Mar	Apr-June	July-Sept	Oct-Dec	
No. of PIC Meetings	3	3	3	3	**12**
No. of cases considered	23	25	29	31	**108**
No. of cases dismissed (%)	17 (73.9%)	23 (92%)	17 (58.6%)	28 (90.3%)	**85 (78.7%)**
No. of cases referred to inquiry (%)	6 (26.1%)	2 (8%)	12 (41.4%)	2 (6.5%)	**22 (20.3%)**
No. of cases referred to Health Committee	- (-)	- (-)	- (-)	1 (3.2%)	**1 (1.0%)**

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

	Nature	1999	2000	2001	2002	2003
1.	Total cases considered by the PIC	39	58	80	76	108*
2.	Total cases referred by the PIC to Council for inquiries	17	15	18	14	22#
3.	Total cases referred by the PIC to Health Committee for hearing	2	-	-	-	1

Remarks:

*The major categories of cases considered by the PIC in 2003 include:

		No. of cases
(a)	Conviction in court	9
(b)	Disregard of professional responsibility to patients	
	◆ inappropriate prescription of drugs	6
	◆ failure to properly / timely diagnose illness	15
	◆ failure to give proper advice / explanation	3
	◆ conducting unnecessary or inappropriate treatment / surgery	-
	◆ failure / unsatisfactory result of surgery	4
	◆ others	10
(c)	Drug-related cases (excluding court convictions)	
	◆ improper labelling of drugs	4
	◆ others	-
(d)	Advertising / canvassing	27
(e)	Issuing untrue or misleading medical certificates	8
(f)	Misleading, unapproved description & announcement	7
(g)	Abuse of professional position to further improper association with patients	1
(h)	Sharing fee & improper financial transaction	1
(i)	Depreciation of other medical practitioner(s)	1
(j)	Miscellaneous	12
		108

#The major categories of cases referred by the PIC to the Medical Council for inquiry in 2003 include:

		No. of cases	
(a)	Conviction		
	◆ careless driving	5	*(These cases were of minor offences and the Council accepted the PIC's recommendation that no inquiry was to be held.)*
	◆ others	1	
	◆ failure to keep proper record of dangerous drugs	1	
	◆ conspiracy to falsify accounts and attempted fraud	1	
(b)	Disregard of professional responsibility to patients		
	◆ failure to properly / timely diagnose illness	3	
	◆ miscellaneous	1	
(c)	Improper labelling of drugs	2	
(d)	Advertising / canvassing	4	*(Of these 16 cases, 9 cases have been heard by the Council in 2003.)*
(e)	Depreciation of other medical practitioner(s)	1	
(f)	Issuing misleading, false medical certificate	1	
(g)	Miscellaneous	2	
		22	

Disciplinary Inquiries conducted by the Medical Council in 2003

No. of cases	Nature		Decision of the Medical Council
5	Disregard of professional responsibilities to patients	2	Removed for 12 months
		1	Removed for 3 months (suspended for 2 years)
		1	Reprimand (suspended for 2 years)
		1	Warning Letter (not gazetted)
2	Conviction		
	● failure to keep proper record of dangerous drugs		Removed for 3 months
	● conspiracy to falsify accounts and attempted fraud		Removed for 6 months
3	Labelling of Drugs	1	Removed for 3 months (suspended for 2 years)
		2	Removed for 1 month (suspended for 6 months)
1	Issuing misleading, false medical certificates		Warning Letter (not gazetted)
1	Advertising / Canvassing		Not guilty
1	Instituting his patient a treatment which was inappropriate to the patient's medical condition		To be continued

[Summary : 1 case: not guilty
11 cases: guilty
1 case: to be continued
Of these 13 cases, 4 cases were referred for inquiry by the PIC meetings held in / before 2002]

Figures on Appeal Cases

	1999	2000	2001	2002	2003
No. of Appeals lodged	-	2	2(+3*)	1	2
No. of Appeal cases carried forward from previous years	-	-	2	4	2
Total No. of Appeal cases in progress in the year	**0**	**2**	**7**	**5**	**4**

Result of Appeal Cases concluded in 2003:

(a)	Dismissed by the Court of First Instance / Court of Appeal	1
(b)	Allowed	1
(c)	Appeal withdrawn	1
		3

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

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. 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 / 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 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