RP14/00-01

Medical Complaints Mechanism in Overseas Places

28 June 2001

Prepared by

Ms Elyssa WONG

Research and Library Services Division
Legislative Council Secretariat

5th Floor, Citibank Tower, 3 Garden Road, Central, Hong Kong
Telephone : (852) 2869 7735
Facsimile : (852) 2525 0990
Website : http://legco.gov.hk
E-mail : library@legco.gov.hk

C O N T E N T S

ACKNOWLEDGEMENTS

We gratefully acknowledge the assistance given to us by many people in this research report. In particular, we would like to thank Mr David Price of the Department of Health of the United Kingdom and the Complaints Unit of the Medical Board of California for their kind assistance in providing us with valuable information.

EXECUTIVE SUMMARY

1. A person may lodge a complaint about a doctor's conduct to the General Medical Council or the National Health Service in the United Kingdom (UK), to the Medical Board of California in California, to the College of Physicians and Surgeons of Ontario in Ontario and to the New South Wales Health Care Complaints Commission or the New South Wales Medical Board in New South Wales. A person may only go to the Health Service Ombudsman of the UK for complaints when he is not satisfied with the result of local resolution of his complaints.

2. Doctors enjoy a majority membership in all the above regulatory bodies which are responsible for handling medical complaints. Lay members occupy about 24% to 40% of membership in these regulatory bodies.

3. In the four overseas places studied, the General Medical Council, the National Health Service, the Health Service Ombudsman, and the College of Physicians and Surgeons of Ontario perform both the investigation and adjudication functions while the Medical Board of California and the New South Wales Complaints Commission perform only the investigation function. The adjudication function is handled by the Medical Quality Hearing Panel of California and the New South Wales Medical Board.

4. The sanction powers that the medical boards in the four overseas places studied enjoy are listed as follows: erasure of a doctor's registration from the medical register, suspension of a doctor's registration, placing conditions on a doctor's registration and the power to reprimand a doctor. In Ontario and New South Wales, the medical boards can also require a doctor who is the subject of the complaint to pay a fine.

5. The complaints handling procedures are similar in all the four overseas places studied. They involve: (1) receipt of a complaint; (2) attempt of local resolution; (3) investigation of complaint; and (4) disciplinary hearing.

6. In the four overseas places studied, all decisions of the regulatory bodies can be subject to appeal.

MEDICAL COMPLAINTS MECHANISM IN OVERSEAS PLACES

PART 1 - INTRODUCTION

1. Background

1.1 The Subcommittee on Improvements to the Medical Complaints Mechanism at its meeting on 21 May 2001 requested the Research and Library Services Division to make a comparative analysis of the medical complaints mechanism in the United Kingdom, California, Ontario and New South Wales.

2. Objectives of the Research

2.1 The objectives of this research paper are to compare and analyze the constitution of authorities / committees responsible for handling complaints about a doctor's conduct in the United Kingdom (hereafter 'the UK'), California, the United States (hereafter 'California'), Ontario, Canada (hereafter 'Ontario'), and New South Wales, Australia (hereafter 'New South Wales'), the powers and responsibilities of these authorities / committees, their procedures of handling such medical complaints, and the channels for appeal. Since the research focuses on the mechanism of medical complaints about a doctor's conduct, authorities and complaint procedures relating to other medical issues will not be discussed.

3. Methodology

3.1 Information for this research report is obtained from the internet and relevant reference materials. Enquiries for information have also been sent to the relevant authorities in the UK, California, Ontario and New South Wales. As of the date of the publication of this research report, the authorities in the UK and California have responded.

PART 2 - AUTHORITIES RESPONSIBLE FOR HANDLING MEDICAL COMPLAINTS ABOUT DOCTORS' CONDUCT

4. Authorities

Table 1 - Authorities Responsible for Handling Medical Complaints About Doctors' Conduct[1]

Overseas Place	Authority	Status
United Kingdom	General Medical Council	An independent statutory body
	National Health Service	An organization managed by the Department of Health
	Health Service Ombudsman	An independent statutory officer
California	Medical Board of California	A state government agency
Ontario	The College of Physicians and Surgeons of Ontario	An independent, self-regulating body for the province's medical profession
New South Wales, NSW	NSW Health Care Complaints Commission	An independent statutory body
	NSW Medical Board	An independent statutory body

Remark:

1. The term "doctors' conduct" is a general term. It includes professional misconduct, unprofessional conduct and unsatisfactory professional conduct. Complaints about doctors' conduct are dealt with by the above authorities.

5. Constitution of the Authorities and Their Committees

Table 2 - Constitution of Authorities and Their Committees Responsible for Handling Medical Complaints

Authorities / Committees	Doctors	Lay members	Constitution
General Medical Council	♦ 79	♦ 25	♦ 104 members: ~ 54 doctors elected by doctors on the medical register; ~ 25 members of the public nominated by the Privy Council; and ~ 25 doctors appointed by educational bodies - the universities, medical royal colleges, etc.
♦ Preliminary Proceedings Committee	♦ 5	♦ 2	♦ 7 members: ~ 5 medical members of the General Medical Council; and ~ 2 lay members of the General Medical Council.
♦ *Panel of the Professional Conduct Committee	♦ 5	♦ 2	♦ usually made up of 7 members: ~ 5 medical members; and ~ 2 lay members.
National Health Service, NHS ♦ Independent Review Panel	♦ 2	♦ 1	♦ 3 members: ~ 1 lay chairman nominated by the government; ~ 1 convenor who is a specially trained member of the NHS trust or of the local health authority; and ~ a member from the local health authority or a member for hospital complaints.
Health Service Ombudsman	♦ Not applicable	♦ Not applicable	♦ The Health Service Ombudsman is an officer of the House of Commons, appointed by the Queen, and reports to Parliament of the United Kingdom.

* We do not have the exact number of members in the Professional Conduct Committee. The Professional Conduct Committee consists of members from the General Medical Council and members appointed by the General Medical Council from outside its membership. At the moment, there are 31 members from the General Medical Council sitting in the Professional Conduct Committee. The Professional Conduct Committee is organized into panels. There are five to eight such panels.

Authorities / Committees	Doctors	Lay members	Constitution
Medical Board of California	♦ 12	♦ 7	♦ 19 members: ~ 12 doctors and 5 members of the public appointed by the governor; ~ 1 member of the public appointed by the Speaker of the Assembly; and ~ 1 member of the public appointed by the Senate Rules Committee.
♦ Division of Medical Quality	♦ 8	♦ 4	♦ 12 members: ~ 8 medical members from the Medical Board of California; and ~ 4 lay members from the Medical Board of California.
**Medical Quality Hearing Panel of California	♦ Not applicable	♦ Not applicable	♦ no fewer than 5 administrative law judges who possess medical training as recommended by the Division of Medical Quality of the Medical Board of California and approved by the Director of the Office of Administrative Hearings.
The College of Physicians and Surgeons of Ontario ♦ College Council	♦ 19	♦ between 13 and 15	♦ no fewer than 32 and no more than 34 members: ~ 16 doctors elected by their peers on a geographical basis; ~ 3 doctors appointed from among five faculties of medicine at the University of Western Ontario, the University of Toronto, and the University of Ottawa; and ~ no fewer than 13 and no more than 15 members of the public appointed by the provincial government.
♦ Complaints Committee	♦ 6	♦ 3	♦ 9 members: ~ 6 medical members from the College Council; and ~ 3 lay members from the College Council.
~ Each panel of the Complaints Committee	♦ 2	♦ ≥1	♦ at least 3 members: ~ at least 1 lay member from the College Council; and ~ 2 medical members from the College Council.

** The Medical Quality Hearing Panel is established under the Office of Administrative Hearings which is a quasi-judicial tribunal that hears administrative disputes. All hearings before the Medical Board of California involving doctor discipline are conducted before an administrative law judge of the Office of Administrative Hearings.

Authorities / Committees	Doctors	Lay members	Constitution
(con'd) The College of Physicians and Surgeons of Ontario			
♦Discipline Committee	♦ 10	♦ 4	♦ 14 members: ~ 6 medical members from the College Council; ~ 4 lay members from the College Council; and ~ 4 doctors who are not College Council members.
~ Each panel of the Discipline Committee	♦ between 1 and 3	♦ ≥2	♦ between 3 and 5 members: ~ at least 2 lay members from the College Council; and ~ the remainders are medical members from the College Council.
New South Wales Health Care Complaints Commission	♦ Not applicable	♦ Not applicable	♦ 1 Commissioner appointed by the state governor.
New South Wales Medical Board	♦ 12	♦ 8	♦ 20 nominees appointed by the state governor: ~ 1 registered medical practitioner who is an officer of the Department of Health; ~ 1 barrister or solicitor nominated by the Minister of Health; ~ 2 registered medical practitioners nominated by the Australian Medical Association Limited; ~ 1 member of the public nominated by the Community Relations Commission; ~ 1 registered medical practitioner nominated by universities; ~ 8 registered medical practitioners nominated by medical bodies; and ~ 6 members of the public nominated by the Minister of Health, not less than 4 of whom are persons who are conversant with the interests of patients as consumers of medical services.

Authorities / Committees	Doctors	Lay members	Constitution
Professional Standards Committee of New South Wales	♦ 2	♦ 1	♦ 3 members: ~ 2 registered medical practitioners appointed by the New South Wales Medical Board; and ~ 1 lay person appointed by the New South Wales Medical Board.
Medical Tribunal of New South Wales	♦ 2	♦ 2	♦ 4 members: ~ the Chairperson is a judge of the District Court appointed by the state governor; ~ 2 registered medical practitioners appointed by the New South Wales Medical Board; and ~ 1 lay person appointed by the New South Wales Medical Board.

6. Jurisdiction of the Authorities

Functions

Table 3 - Functions of the Authorities Relating to Handling Medical Complaints

Overseas Place	Authority	Receipt of complaint	Investigation of Complaint	Adjudication of complaint	Disciplinary action	Description
United Kingdom	General Medical Council, GMC	✓	✓	✓	✓	♦ To consider concerns about doctors which are so serious as to raise the question of whether they should continue to be registered without restriction or registered at all. The GMC is not a substitute for the NHS complaints system which has a different purpose and a much wider focus.
	National Health Service, NHS	✓	✓	✓	✓	♦ To deal with complaints relating to failures in services within the NHS including services provided by doctors, for example, failure to respond to an out-of-hours call.
	Health Service Ombudsman	✓	✓	✓	×	♦ To investigate complaints about services provided within the NHS such as failures in service or maladministration such as avoidable delay, not following proper procedures, rudeness, etc. ♦ Where the incident happened after 31 March 1996, the Ombudsman may also investigate: ~ complaints about the care and treatment provided by a doctor; and ~ other complaints about family doctors providing a NHS service locally.

Overseas Place	Authority	Receipt of complaint	Investigation of Complaint	Adjudication of complaint	Disciplinary action	Description
California	Medical Board of California	✓	✓	×	✓	♦ To investigate complaints against doctors about alleged misconduct or connected with the performance of professional services; ♦ To discipline physicians who violate the law.
	Medical Quality Hearing Panel	×	×	✓	×	♦ To conduct hearings which involve doctors' discipline.
Ontario	The College of Physicians and Surgeons of Ontario	✓	✓	✓	✓	♦ To investigate and resolve complaints about medical practice; ♦ To maintain a disciplinary process for dealing with cases of misconduct and incompetence.
New South Wales, NSW	NSW Health Care Complaints Commission	✓	✓	×	×	♦ To deal with complaints relating to the professional conduct of a health practitioner and health services; ♦ To take prosecution action in the Medical Tribunal and the Professional Standards Committee; ♦ To publish and distribute information on the complaints process and outcomes; ♦ To monitor, identify and advise on trends in complaints and recommend policy changes.
	NSW Medical Board	✓	×	✓	✓	♦ To administer the complaints and disciplinary provisions of the relevant legislation.

Powers

Table 4 - Sanction Powers of Authorities Responsible for Handling Medical Complaints About Doctors' Conduct

Authority	Erase a doctor's registration or revoke a doctor's licence	Suspend a doctor's registration or licence	Impose conditions on a doctor's registration or licence	Reprimand a doctor	Others
General Medical Council	✓	✓	✓	✓	
National Health Service					The health authorities are given power to suspend or remove doctors from their lists.
Health Service Ombudsman	×	×	×	×	If complaints are justified, the Ombudsman can recommend a remedy. Though he has no powers to enforce the recommendations, the government almost always accepts the recommendations.
Medical Board of California	✓	✓	✓	✓	
The College of Physicians and Surgeons of Ontario	✓	✓	✓	✓	To require the doctor who is the subject of the complaint to pay a fine.
New South Wales Health Care Commission	×	×	×	×	If complaints are justified, the Commissioner may recommend disciplinary actions.
New South Wales Medical Board	✓	✓	✓	✓	To require the doctor who is the subject of the complaint to pay a fine.

PART 3 - COMPLAINTS HANDLING PROCEDURES

7. Complaints Handling Procedures

7.1 It is noted that the complaints handling procedures adopted by different authorities in the four overseas places are quite similar to each other. They all involve the following stages:

1. A patient lodges a complaint about a doctor's conduct to the relevant authority.
2. The authority asks the doctor who is the subject of the complaint to prepare a response to the complaint and tries to resolve the issue between the two parties.
3. If the issue cannot be resolved, the authority investigates the issue and decides whether or not the issue should be referred to a disciplinary committee.
4. The disciplinary committee conducts a hearing to determine whether the complaint is substantiated by evidence and if so, the proper sanctions.

Please refer to diagrams 1 to 4 for the complaints handling procedures in the UK, California, Ontario and New South Wales.

7.2. If the complainant or the doctor is not satisfied with the decisions made by the authorities, he may seek to appeal. Please see Table 6 for details.

Diagram 1 - Medical Complaints Procedures in the United Kingdom

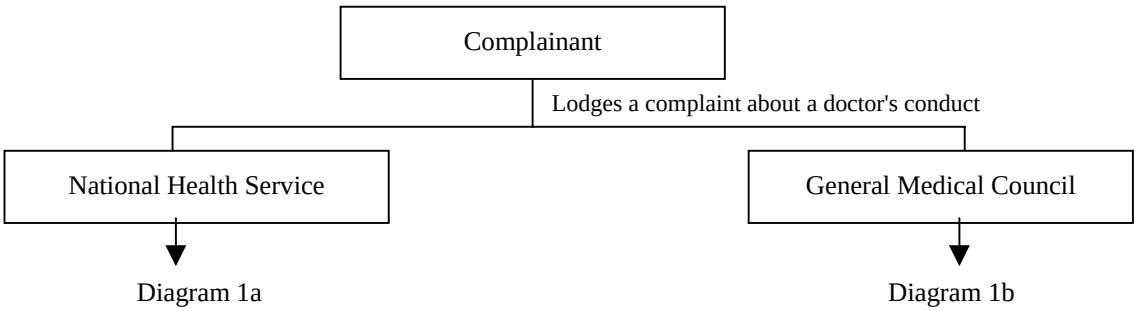


Diagram 1a - National Health Service

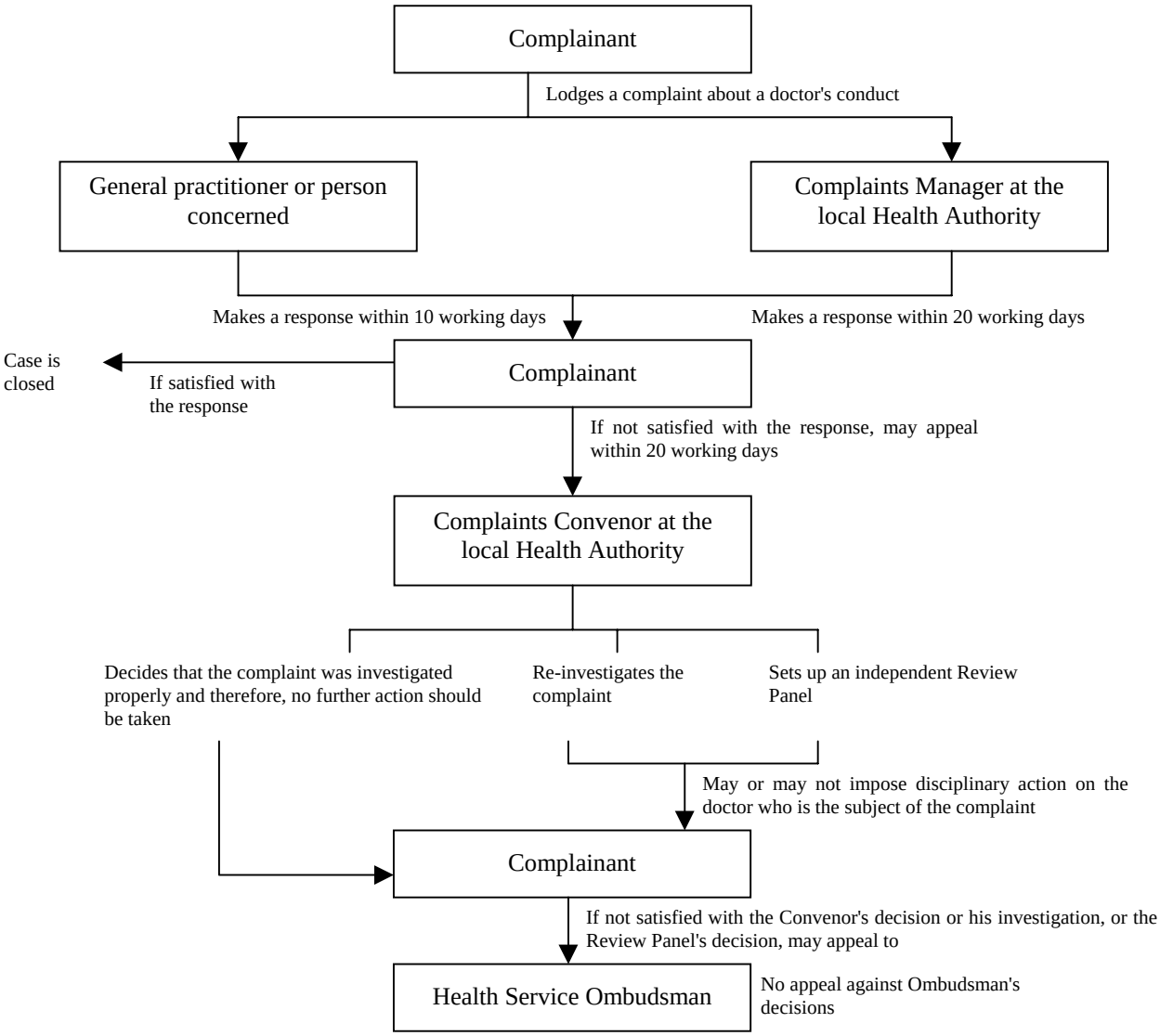
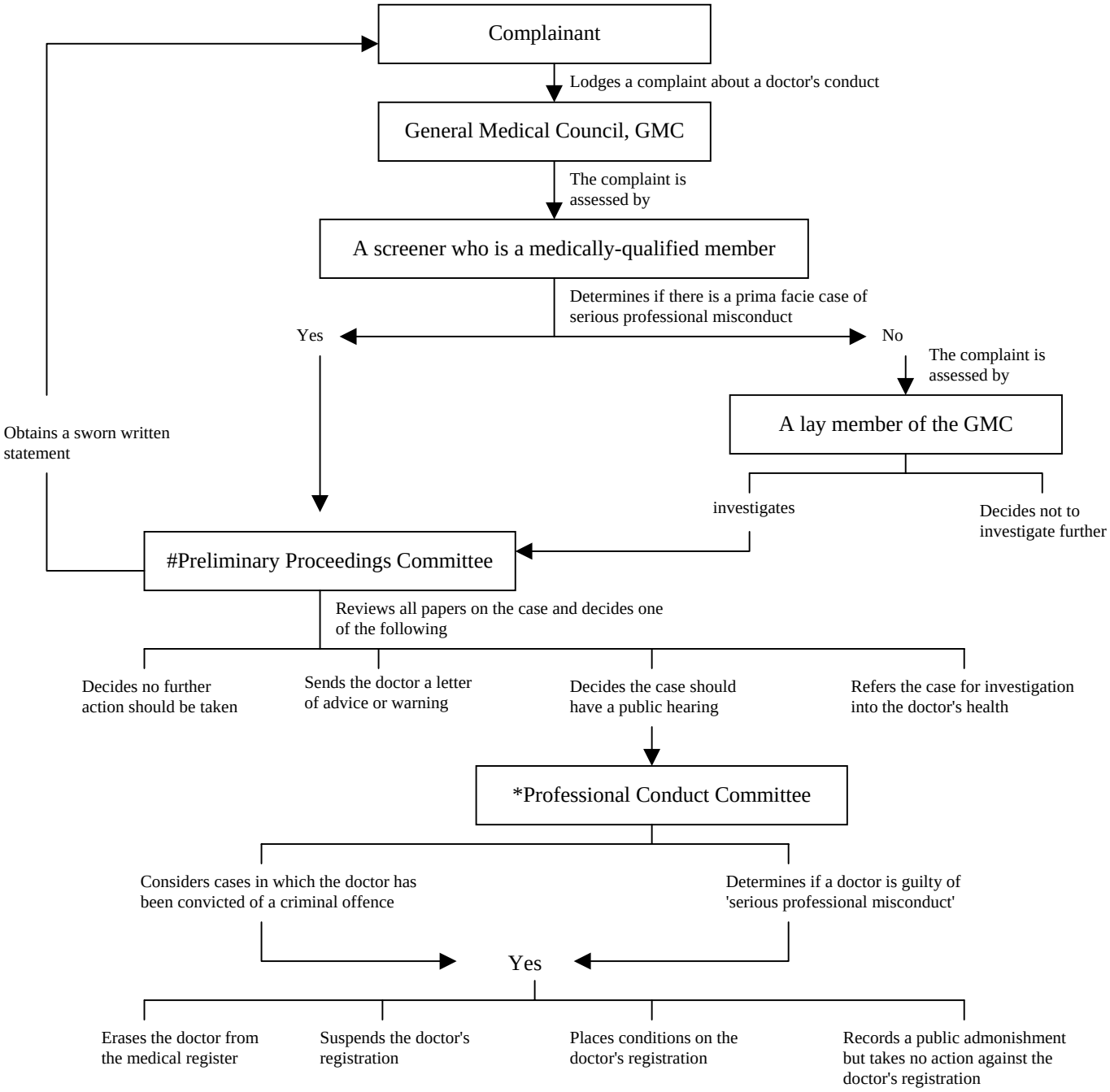


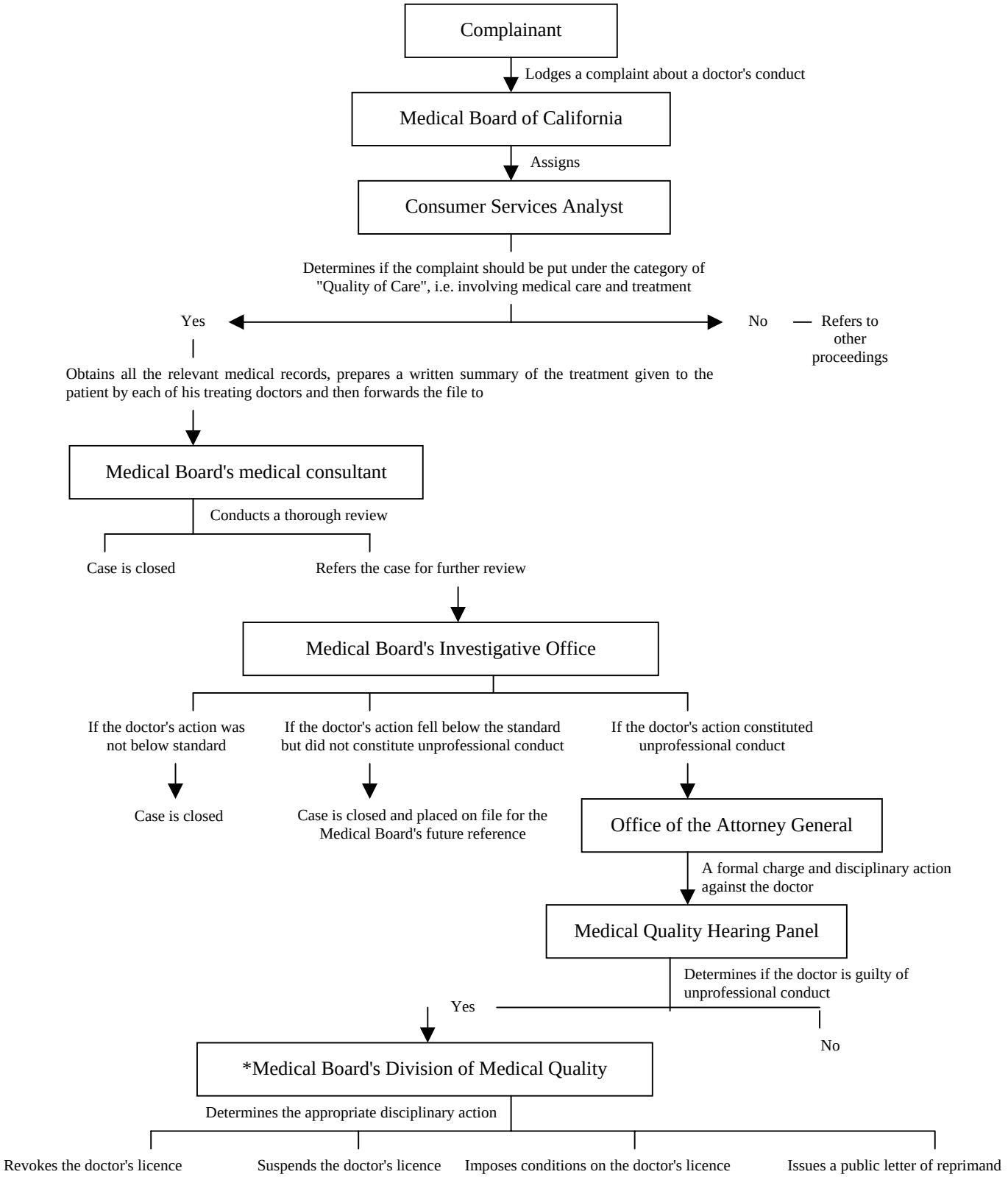
Diagram 1b - General Medical Council



If the complainant is not satisfied with the decision of the Preliminary Proceedings Committee, he may bring the case to the court for civil litigation against the doctor. We do not have information on the availability of avenues for appeal against decisions of the Preliminary Proceedings Committee.

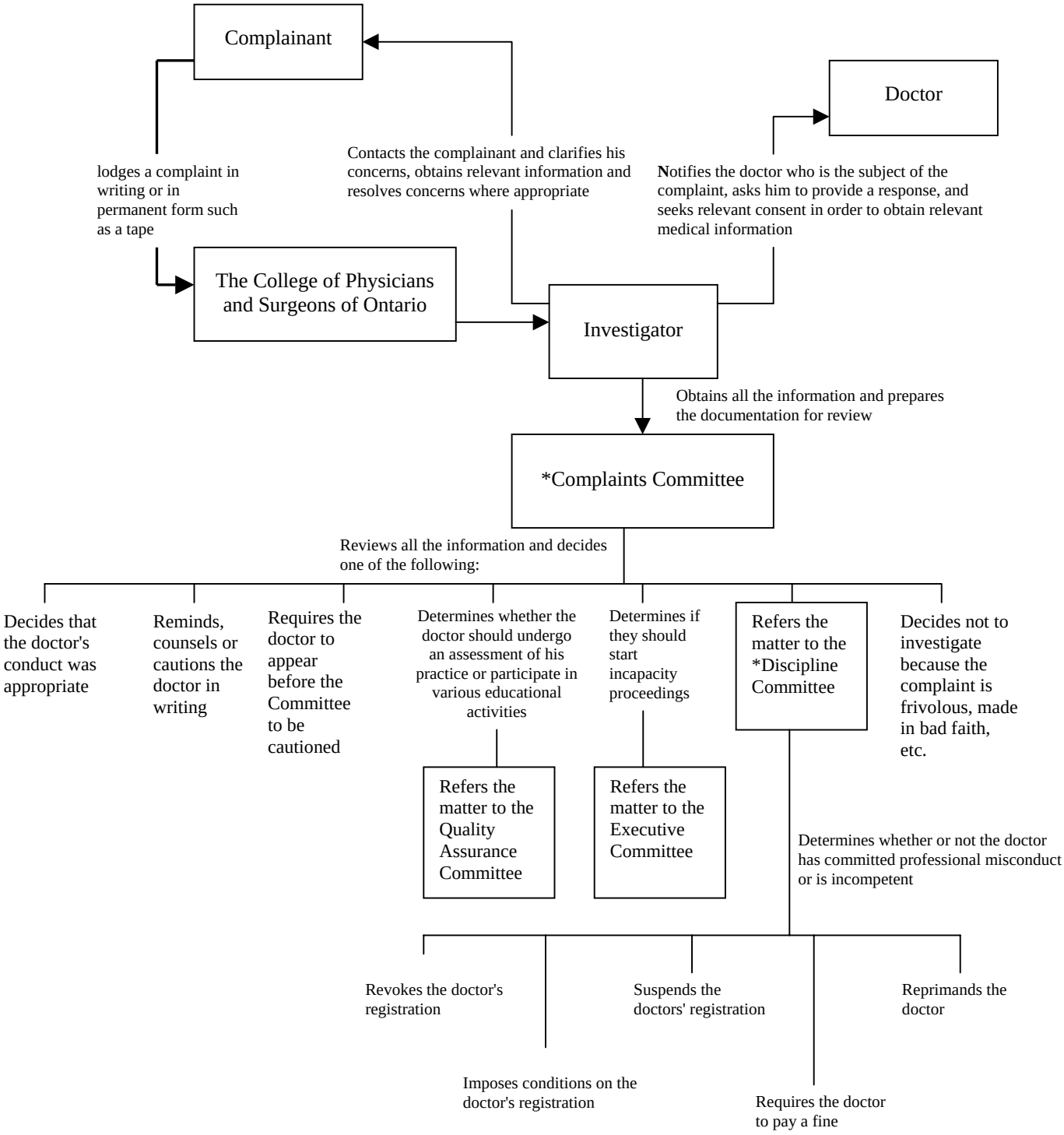
* The doctor who is the subject of the complaint may appeal to the Privy Council if he is not satisfied with the decision made by the Professional Conduct Committee.

Diagram 2 - Medical Complaints Procedures in California



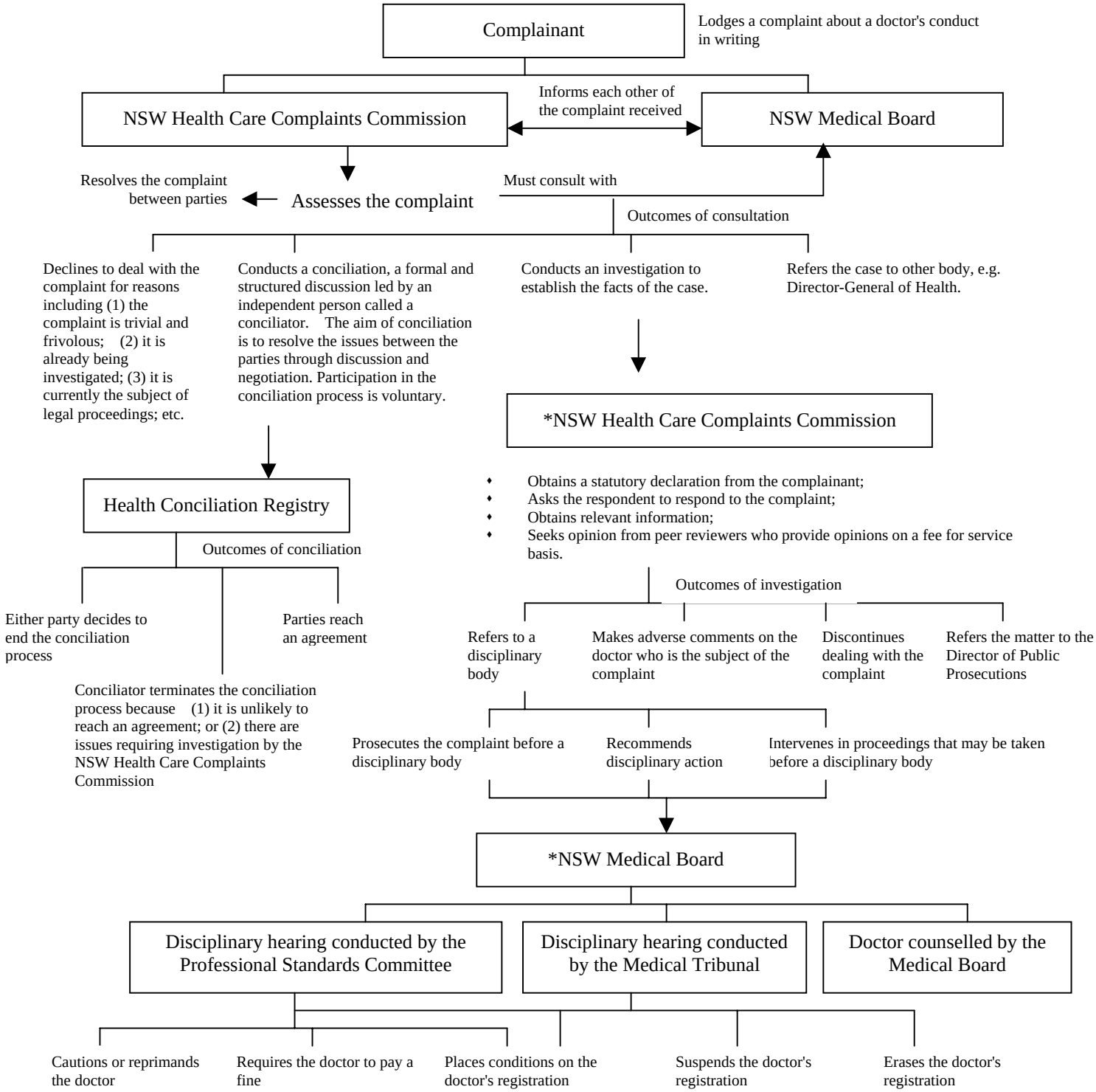
*The doctor who is the subject of the complaint may appeal to the Superior Court if he is not satisfied with the decision of the Division of Medical Quality

Diagram 3 - Medical Complaints Procedures in Ontario



*The complainant or the doctor who is the subject of the complaint may appeal to the Health Professionals Appeal and Review Board, and ultimately, to the Divisional Court if they are not satisfied with the decisions of the Complaints Committee or the Discipline Committee.

Diagram 4 - Medical Complaints Procedures in New South Wales, NSW



*The complainant or the doctor who is the subject of the complaint may appeal to the Medical Tribunal and ultimately, to the Superior Court if they are not satisfied with the decisions of the NSW Health Care Complaints Commission or the NSW Medical Board.

8. Procedural Rules

Table 5 - Procedural Rules for Handling Medical Complaints About Doctors' Conduct

	General Medical Council	National Health Service	Health Service Ombudsman	Medical Board of California	The College of Physicians and Surgeons of Ontario	NSW Health Care Commission / NSW Medical Board
Scope of investigation	Serious professional misconduct.	A breach of contract in terms of performance or conduct.	Whether the complaint is justified.	Unprofessional conduct.	Professional misconduct.	Professional misconduct or unsatisfactory professional conduct.
Standard of proof	*Criminal standard of proof.	No information available.	No information available.	'Clear and convincing evidence'.	**Between the civil standard and the criminal standard of proof.	Sufficient evidence to substantiate the complaint.
Proceedings	♦ ***Private meetings for the Preliminary Proceedings Committee. ♦ Open meetings for the Professional Conduct Committee.	No information available.	Private meetings with people concerned.	Open meetings.	♦ Open meetings for College Council and Discipline Committee. ♦ The Complaints Committee only conducts a review of documentation only.	♦ Open meetings for Medical Tribunal. ♦ Meetings of the Professional Standards Committee held at the Medical Board's premises are not open to the public.

1. * Criminal standard is traditionally worded as 'beyond reasonable doubt'; now sometimes expressed as 'satisfied so as to be sure'. There is no legal requirement to use the criminal standard - it is a matter of custom and practice.[1]
2. ** The Divisional Court of Ontario held in *Re Bernstein and College of Physicians and Surgeons of Ontario* (1977), 76 D.L.R. (3d) 38, 15 O.R. (2d) 447 (Div. Ct.) that the standard of proof in a discipline hearing lies somewhere between the usual civil standard of proof (i.e. by a preponderance of evidence or on the balance of probabilities) and the criminal standard of proof (i.e. beyond a reasonable doubt).[2]
3. *** Preliminary Proceedings Committee meetings are sometimes open to the public and reporters may attend the meetings and there may be reports about the meetings on the radio, TV news, national and local newspapers.

[1] General Medical Council, *Acting Fairly to Protect Patients: Reform of the GMC's Fitness to Practise Procedures*, March 2001.
[2] Bohnen, L S., *Regulated Health Professions Act. A Practical Guide*. Canada Law Book Inc., 1994, p.71.

(Con'd)	General Medical Council	National Health Service	Health Service Ombudsman	Medical Board of California	The College of Physicians and Surgeons of Ontario	NSW Health Care Commission / NSW Medical Board
Separation of investigation and adjudication of complaint	Yes. Performed by different committees without any overlap of membership.	No.	No.	Yes. Performed by different authorities.	Yes. Performed by different committees without any overlap of membership.	Yes. Performed by different authorities.
Time limit to lodge a complaint	No.	Yes. Within 6 months of the events leading to the complaint or 6 months after the complainant realizes the events which have led to the complaint - as long as this is no more than a year after the incident.	Yes. Within 1 year from the date when the complainant becomes aware of the events which are the subject of the complaint.	Not specified.	Yes. Within 1 year from the date when the complainant knew or ought to have known the facts upon which the negligence or malpractice is alleged.	Yes. 5 years and sufficient reasons for the delay in lodging the complaint.

9. Channels for Appeal

Table 6 - The Appeal Mechanism

Authorities	Appellant	Subject of the Appeal	Appeal to …
General Medical Council	♦ Doctors	♦ Decisions of the Professional Conduct Committee or the General Medical Council	♦ Privy Council
National Health Service	♦ Complainants	♦ Decisions of the Complaints Convenor at the Health Authority or decisions of the independent Review Panel	♦ Health Service Ombudsman
	♦ Doctors	♦ Disciplinary actions	♦ Family Health Services Appeals Authority or the local NHS Trusts
Health Service Ombudsman	♦ Not applicable	♦ Not applicable	♦ Decision is final; no appeal is allowed
Medical Board of California	♦ Doctors	♦ Disciplinary actions	♦ Superior Court
The College of Physicians and Surgeons of Ontario	♦ Complainants / doctors	♦ Decisions of the Complaints Committee, matters concerning a doctor's registration hearing or review, and proceedings before a panel of the Discipline Committee	♦ Health Professions Appeal and Review Board, and ultimately, to the Divisional Court
NSW Health Care Complaints Commission / NSW Medical Board	♦ Complainants	♦ Assessment of the complaints or the outcome of the investigation	♦ NSW Health Care Complaints Commission / NSW Medical Board
	♦ Complainants / Doctors	♦ Decisions of the NSW Health Care Complaints Commission / NSW Medical Board	♦ Medical Tribunal, and ultimately, to the Supreme Court

PART 4 - ANALYSIS

10. Introduction

10.1 The rationale of establishing a medical complaints mechanism is public protection - protection of patients from doctors who are either unfit to practise or whose conduct or services are below the required professional standard. At the same time, the mechanism should be able to allow doctors to do what they are qualified to do without fear of being subject to undue influence. Our findings show that the overseas places studied opt for a self-regulatory system, i.e. doctors are 'self-governed' by an appointed board or an elected council which functions independently of the government (with the exception of the Medical Board of California which is a government agency). However, the membership of the Medical Board of California does not include government officials but appointed medical members and members of the public.

11. Self-Regulation

11.1 In the UK, California, Ontario, and New South Wales, patients may lodge complaints about doctors' conduct via the medical board, that is, the regulatory body of the medical profession. In the UK and New South Wales, there are other channels available to patients for medical complaints. The channels are the medical service provider, the National Health Service and a commission dedicated to handle medical complaints, the New South Wales Health Care Complaints Commission respectively.

11.2 According to Wallace et al. (2000)[3], self-regulation is generally understood as superior to alternative forms of regulation because it directly involves the parties who have the best institutional knowledge about the need for action. Therefore, in the medical boards of the four places studied, medical members (doctors) occupy the majority membership. The advantages of a professionally-led regulatory model are the high confidence it secures over its members and the expertise it enjoys via the services provided by its medical members.

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[3] Wallace, Ironfield, Orr, *Analysis of Market Circumstances Where Industry Self-Regulation is Likely to be Most and Least Effective*, Tasman Asia Pacific Pty Ltd., May 2000.

11.3 However, regulation of the medical profession cannot be achieved effectively without the involvement of people from outside the profession. The involvement of lay members is fundamental to the effective operation of a professionally-led regulatory model. It increases transparency in the regulatory process and hence, public confidence. It ensures that the regulatory body exercises its independent powers in the interest of the public. It also demonstrates a high level of accountability to patients and the public. Lastly, it assures the public that actions of the self-regulatory body would not be constrained by any sectional interest. If all members are medical members, there is a possibility that they feel a personal and professional kinship with those they regulate. Therefore, in the four overseas places studied, lay members occupy about 24% to more than 40% of the membership of the medical boards.

12. Undertaking of the Investigation and Adjudication Functions by Two Separate Bodies

12.1 In the four overseas places studied, some regulatory bodies such as the General Medical Council, the National Health Service, the Health Service Ombudsman, and the College of Physicians and Surgeons of Ontario perform both the investigation and the adjudication functions while others such as the Medical Board of California, and the New South Wales Medical Board perform only one of them. (The Medical Board of California performs only the investigation function while the New South Wales Medical Board performs only the adjudication function.) Nevertheless, for those who perform both functions, measures are in place to demonstrate that the complaints handling procedures are fair. That is, they separate decision-makers of the functions of investigation and adjudication and this can reinforce public confidence that decisions are made purely on the merits of each case.

12.2 However, it has been argued that investigation and adjudication are both crucial functions of a regulatory body, and that to hive off one or both of them would undermine professionally-led regulation. It is also important to retain professional ownership of the decision making at all stages as it is the retention of ownership which defines professionally-led regulation. Therefore, to ensure that the complaints procedures are fair, regulatory bodies which perform both functions usually appoint different persons to handle the two functions.

13. Scope of Investigation

13.1 A clearly-defined scope of investigation facilitates the decision-making process of the regulatory bodies and allows the public to understand the rationale behind the decision or action taken by the regulatory bodies. In California, Ontario and New South Wales, there is legislation defining the meaning of "unprofessional conduct", "professional misconduct" or "unsatisfactory professional conduct". (Copies of the relevant legislation is available in the Legislative Council Library.) In the UK, the current scope of investigation is "serious professional misconduct". At present, the General Medical Council cannot make a finding lesser than "serious professional misconduct". The rules require that if the facts which have been proved are insufficient to amount to "serious professional misconduct", the only available outcome is that the doctor is not guilty of serious professional misconduct and the case is concluded. The General Medical Council may then issue a letter of advice which may include a warning to deal with these cases or refer them to be dealt with through the National Health Service complaints system. However, this arrangement is deemed unsatisfactory by many people in the UK and the General Medical Council is currently conducting a public consultation on this issue.

14. Standard of Proof

14.1 Standard of proof is one of the criteria which constitutes checks and balances on the rights and powers of the prosecution and the defence. It concerns fairness and the appropriate balance between public protection and rights for individuals who have been accused of wrongdoing.

14.2 Based on the information we have obtained, only the General Medical Council adopts the criminal standard of proof ("beyond any reasonable doubt") which is considered as being a "higher" standard of proof. Others such as the Medical Board of California, the College of Physicians and Surgeons of Ontario and the New South Wales Medical Board adopt a "lower" standard of proof (e.g. "on the balance of probabilities").

14.3 The choice of the standard of proof should depend on the gravity of the offence. If the consequence of the allegation would bring about erasure of a doctor's registration from the register, it can be argued that the appropriate standard of proof should be a criminal standard, i.e. beyond any reasonable doubt.

14.4 However, a standard of proof other than the criminal standard would lower the threshold of proof. The advantages of adopting a civil standard or a standard other than the criminal standard are that it offers greater protection for patients, and helps boost public confidence in the regulatory system. This is because the criminal standard is too high to meet such that professional misconduct or deficient performance of doctors may be too difficult to be proved.

15. Proceedings

15.1 In the four overseas places studied, nearly all disciplinary proceedings are open to the public[4]. Open meetings are viewed as a safeguard to justice. As a general rule, a medical member's embarrassment if any, is *not* a sufficient reason to exclude the public.

16. Appeal

16.1 In the four overseas places studied, all decisions of the regulatory bodies can be subject to appeal by the complainant or the doctor. The availability of such avenues for appeal is particularly important because it subjects the decision of the regulatory bodies to scrutiny by a higher authority, sometimes to the courts.

[4] Except the proceedings of the Professional Standards Committee of New South Wales. If their meetings are held at the New South Wales Medical Board's premises, they may not be open to the public. In addition, public access to disciplinary proceedings might be restricted under certain specified circumstances. Examples are matters of public security, when private individual interests outweigh public interests, e.g. a sexual misconduct case or when a person is involved in a criminal proceeding or a civil suit.

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20. Website of the National Health Service, at **http://www.nhs.uk/**.

21. Website of the New South Wales Medical Board, at **http://www.nswmb.org.au/**.

22. Website of the Office of Administrative Hearings of the California Department of General Services, at **http://www.oah.dgs.ca.gov/**.

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Research Paper No.:
Title: Medical Complaints Mechanism in Overseas Places

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2. **Too long** ☐ **Relatively lengthy** ☐ **A bit short** ☐ **Too short** ☐ _____

_____

_____

3. **Clear** ☐ **Fairly clear** ☐ **Sometimes unclear** ☐ **Rather unclear** ☐ _____

_____

Name _____

(Member /Assistant to _____)

Please fold

Ms Eva LIU
Head, Research and Library Services
Research and Library Services Division
Legislative Council Secretariat
5/F, Citibank Tower
3 Garden Road, Central
Hong Kong

Please fold