

**For discussion  
on 16 November 2001**

**LegCo Panel on Health Services  
Subcommittee on improvements to the medical complaints mechanism**

Purpose

This paper serves to brief members of the Subcommittee on the progress of the Medical Council's reform proposals.

Latest Development

2. At the policy meeting held on 7 November 2001, the Medical Council discussed and considered various reform proposals recommended by the Working Group on the Reform of the Medical Council. The recommendations of the Working Group that were accepted by the Medical Council are listed at Appendix I.

Way Forward

3. The Medical Council will forward these reform proposals, together with the proposed corresponding amendments to the Medical Registration Ordinance, to the Administration for consideration.

*The Medical Council of Hong Kong  
November 2001*

## **Appendix I**

The recommendations of the Working Group for Reform of the Medical Council accepted by the Medical Council are set out below :-

### **Composition of the Medical Council**

2. The number of lay members of the Medical Council shall be increased from four to eight. As a consequence, the Medical Council shall consist of 32 members (8 lay members, 12 directly elected members, 2 members elected by the Hong Kong Medical Association and 10 appointed members).

### **Complaint Handling Mechanism**

#### *Complaint Procedures*

3. The Medical Council shall improve its existing procedures for handling complaints by setting up a Complaint Receiving Division with the following functions :-

- (a) to receive complaints against doctors;
- (b) to assist complainants in filing their complaints;
- (c) to refer complaints to the Preliminary Investigation Committee (PIC) or other organizations; and
- (d) to mediate between doctors and complainants in cases not relating to professional conduct, health or competence.

#### *Composition and Operation of the PIC*

4. The number of lay members in the PIC shall be increased from one to three.

5. At the initial screening stage, no complaint shall be rejected unless there is unanimous agreement between the PIC Chairman, Deputy Chairman and a lay member.

6. The PIC shall be given additional statutory powers to require the submission of documents and evidence in the course of its investigation.

### **Disciplinary Inquiry**

7. There shall be a Disciplinary Committee to conduct disciplinary inquiries.

8. The Disciplinary Committee at each disciplinary inquiry shall consist of a Chairperson and 6 Committee members comprising :-

- 1 medical member of the Medical Council;
- 2 lay members (1 from the Medical Council and the other from the Panel of Assessors); and
- 3 medical members from the Panel of Assessors.

9. Members of the Medical Council and Members of the Panel of Assessors shall serve in this Committee by rotation.

### **Membership of the Panel of Assessors**

10. The Panel of Assessors shall consist of forty medical members and sixteen lay members.

### **Chairperson of the Disciplinary Committee**

11. The Chairperson of the Disciplinary Committee shall be a person with a judiciary background. This person shall not be a Member of the Medical Council.

### Procedures of disciplinary inquiry

12. Written guidelines shall be formulated on the proper procedures and conduct of the disciplinary inquiry. In addition, members of the Disciplinary Committee shall be fully briefed on the disciplinary procedures before they ever attend such inquiry.

### Legal support for the complainant

13. Section 24 of the Medical Registration Ordinance specifies that a complainant is entitled to be represented by counsel or by a solicitor throughout the inquiry. Section 25(2) of the Medical Practitioners (Registration and Disciplinary Procedure) Regulation provides that at the request of the complainant or his counsel or solicitor, the Council may permit the complainant or his counsel or solicitor to present the case against the defendant if the Council thinks it appropriate in the circumstances of the case. In this regard, the Working Group has no further proposal.

### Legal representation for the Secretary

14. The Working Group supports the proposed amendment to section 21(2) of the Medical Practitioners (Registration and Disciplinary Procedure) Regulation as approved by the Medical Council in January 2001 to provide flexibility by appointing legal counsel outside the Department of Justice.

### Expansion of disciplinary orders

15. The range of orders that can be made upon the finding that a disciplinary offence has been committed shall be expanded to include the imposition of conditions/restrictions on practice.

### Contents of judgement

16. The judgement/decision of the Disciplinary Committee shall consist of the following:-

- Charge;
- Facts;

- Decision with reasons;
- Mitigation, if any;
- Order of the Disciplinary Committee; and
- Reasons for such an order.

(this has already been put in place through administrative practice)

### **Maintenance of Standards**

17. CME shall be made a requirement for all doctors 3 years after the implementation of the voluntary system. The Medical Council shall further explore the mechanism for dealing with doctors who do not fulfill the required CME points.

18. The Medical Council supports the establishment of a Professional Performance Committee (PPC) to deal with substandard practice.

### **Other Recommendations**

#### *Policy meeting of the Medical Council*

19. The Medical Council shall give a press briefing after each policy meeting.

(this has already been put in place through administrative practice)

#### *Public Relations Strategy of the Medical Council*

20. The Medical Council shall develop a public relations strategy to enhance communication with the public.

#### *Attendance of Council Members*

21. The attendance of all Council members shall be posted on the website.

(this has already been put in place through administrative practice)

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