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Date: Friday, April 01, 2016 04:59PM
Subject: Medical Registration (Amendment) Bill 2016

Dear Sirs,

I am writing to contribute to the deliberations regarding the above mentioned Bill. Before going into the details later, I would first of all like to say that whilst not objecting to the appointment of more lay members of the Medical Council, I would like to see the balance of the elected members (whether directly or indirectly elected) to the appointed members (medical or lay members) maintained at a ratio of no less than one elected member to one appointed member to maintain professional autonomy. Personally I would like to see all medically qualified members elected, with only the proposed eight lay members appointed by the administration. This would not be incompatible with the wish to increase lay participation as stated in paragraph 2 (a) of the LC Paper No. CB(2)1118/15-16(02).

In relation to 2(c) of the above-mentioned paper, neither paragraph 12 of the same paper, nor paragraph 8 of the LC Brief (FHCR1/F/3261/92) provide any proper justification, in my opinion, for the specific proposals to facilitate the admission of non-locally trained doctors, in particular specialists, to practise in Hong Kong. In my reading, there is little substantial argument presented to persuade except for an unsubstantiated assertion about the sustainability of the local medical system. In light of the well publicized conflict of interest of the initial proposer of the Private Members' Bill (which was later taken up by the Administration as the current Bill under discussion), it is unfortunate that the Government cannot provide substantive arguments to support its case. My response to this is that the relevant sections of the Bill drafted for such purposes relating to 2c of CB(2)1118/15-16(02) should be rejected by Legco until such time as the Government can put forth a proper argument justifying the proposed amendments.

As for the problems relating to complaints procedure, I would like to offer the following observations, given my experience of being the Chairman of the medication incident investigation panel for my hospital for the last 20 years. Part of the increase in work is undoubtedly due to various members of the Medical Council actively pursuing a policy of eliciting more complaints to investigate, due to the large numbers of medical incidents reported in the media. This is unreasonable, if the Council is unable to deal with what it already had on its hands despite its best efforts. Increasingly there seem to be tendency to investigate incidents and institute change, even when a change in the way certain procedures are done will not impact on the occurrence of the untowards events. There is also a reluctance for both administrators and managers to admit that some factors, which are not readily amenable to change (such as a perennial shortage of manpower, increasing complexity of procedures offering more opportunities for errors and less tolerance of deviation from the ideal situation), are of more relevance to the cause of the various untowards incidents than the changeable factors. They then institute changes that invite more errors whilst providing little in the way of correcting the most relevant factors. This basically is fiddling whilst Rome burns.

There are other contributors to the debate who have publicized their opinions, including a professor who had done a proper analysis of the root causes for the delays in handling complaints

and showed them unrelated to the various "corrective actions" proposed by the Bill. Because of this I would urge the Council to reject the proposed sections relating to reforming the complaints process, not because reform is not needed, but that the proposed measures are the wrong medicine for the condition.

Your sincerely,

Dr Peter Au-Yeung