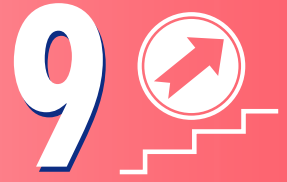


## Future Developments



- 9.1 As Hong Kong is evolving rapidly in all aspects, the environment in which the Medical Council operates is changing too. Doctors and members of the public for whom the Council serves are expecting services not only with courtesy, but also improved quality and higher efficiency. Together with the growing complexity of complaints against registered doctors, members of the public also expect greater accountability and transparency from the Council. Within the medical profession, there are discussions of ethical issues and concerns over the standard and quality of medical practice. To cater for changing needs, the Council must continue to move with the times.
- 9.2 To uphold the standard of the medical profession for the protection of the public, a Working Group on the Establishment of the Professional Performance Committee (PPC) was established to study the mechanism of a PPC to handle complaints relating to substandard performance of doctors with reference to similar establishments of various overseas medical authorities. The membership of the Working Group was as follows:-

Dr YUEN Chung-lau, Natalis, JP (Chairman)

Mrs CHENG CHO Chi-on, Mariana, JP

Dr CHOI Kin

Dr David FANG, SBS, JP

Dr HO Shiu-wei, William, JP

Professor LAU Wan-yee, Joseph

Professor Felice LIEH-MAK, CBE, JP

Dr SHIH Tai-cho, Louis

The Working Group completed the study and forwarded its recommendations on the PPC's composition, objectives, functions and working procedures to the Medical Council for consideration in March 2001. These recommendations received endorsement from the Council and were promulgated in the Council's newsletter to seek views and comments from members of the profession. The Council will further discuss and finalize the mechanism of the PPC taking into account comments from the various parties.



9.3. A 17-member Working Group on the Reform of the Medical Council, chaired by Professor Felice LIEH-MAK, CBE, JP, was established by the Council in May 2001 to make proposals to reform the Council with a view to restoring public confidence and satisfying public expectations for more transparency, accountability and fairness. The Working Group completed its work and forwarded its report together with the recommendations to the Council within four months. An opinion survey on the recommendations of the Working Group was conducted among members of the medical profession. Taking into account the recommendations of the Working Group and the result of the opinion survey, the Council had decided on the reform proposals. Some of the significant reform proposals were set out as follows:-

(a) Composition of the Medical Council

- \* The number of lay members of the Medical Council shall be increased from 4 to 8. As a consequence, the 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).

(b) Composition and Operation of the PIC

- \* The number of lay members shall be increased from 1 to 3.
- \* At the initial screening stage, no complaint shall be rejected unless there is unanimous agreement between the PIC Chairman, Deputy Chairman and the lay member.
- \* The PIC shall be given additional statutory power to require the submission of documents and evidence in the course of its investigation.

(c) Formation and Composition of a Disciplinary Committee

- \* There shall be a Disciplinary Committee to conduct disciplinary inquiries.
- \* The Disciplinary Committee at each disciplinary inquiry shall consist of a Chairperson and 6 Committee members (2 lay members and 4 medical members to be drawn from the Panel of Adjudicators).
- \* Members of the Panel of Adjudicators shall serve in this Committee by rotation.



(d) Membership of the Panel of Adjudicators

- \* The Panel of Adjudicators shall consist of forty medical members and sixteen lay members. The Council will further discuss the composition and method of appointment of the Panel of Adjudicators.

(e) Chairperson of the Disciplinary Committee

- \* 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.

(f) Procedures of disciplinary inquiry

- \* Written guidelines shall be formulated on the proper procedures and conduct of the disciplinary inquiry.
- \* Members of the Disciplinary Committee shall be fully briefed on the disciplinary procedures before they ever attend such inquiry.

(g) Expansion of disciplinary orders

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

(h) Maintenance of Standards

- \* CME shall be made a requirement for all doctors 3 years after the implementation of the voluntary system. The Council shall further explore the mechanism for dealing with doctors who do not fulfil the required CME points.
- \* The Council supports the establishment of a PPC to deal with substandard practice. The Council shall further discuss and finalize the mechanism of the PPC at a later stage.

9.4. Amendments to the Medical Registration Ordinance and its subsidiary Regulations will have to be made to implement the reform proposals, if supported by the Government.

9.5. On registration and related services, the Council Secretariat will continue to explore the use of new technology to improve the services provided, e.g. electronic delivery of different types of application forms and ultimately electronic payment for renewal of practising/retention certificates.

