HEALTH CARE IN DANGER

Dr. Alvin YS CHAN
Vice-President, the Hong Kong Medical Association
Chairman of the HKMA International Affairs Committee
MBBS (HK), DCH (Glasgow), MRCP (UK), FHKAM(Paed), FHKC(Paed), MRCPCH, FRCP (Edin)
• The health care in Hong Kong had been in danger
• The bullets were not from terrorists from outside Hong Kong or from insane citizens
• The bullets fired were from the Government
OUTLINE

1. Background of the Hong Kong Medical Council (MCHK)
2. Government’s Amendment Bill
3. Controversies
4. The HKMA’s Counter-proposal
The Hong Kong Medical Council

- The Medical Council of Hong Kong is established under the Medical Registration Ordinance, Cap. 161.
- To assist in carrying out these functions, the Council Secretariat, which is staffed by the Department of Health, provides executive and secretarial support to the Council.
- The Council's functions cover the:
  - registration of medical practitioners
  - conduct of licentiate examination
  - maintenance of ethics
  - professional standards
  - discipline in the profession
The Medical Registration (Amendment) Bill 2016

- First introduced by a legislator representing the catering industry
- He proposed a private bill to increase the number of lay members in the Medical Council of Hong Kong by 4
- He withdrew his private bill when the Government subsequently agreed to absorb his proposal in the Government’s own amendment bill of the Medical Registration Ordinance
Legislator first introduced a Member's Bill on Medical Registration Ordinance for self-interest

Proposed to lower the licentiate standards for non-local doctors

Declaration of Interest: Not related to my daughter and son-in-law

Practising Doctors Registered in the U.S.

Tommy CHEUNG
MCHK STRUCTURE

Appointed (14)

- 2 Doctors from Dept. of Health
- 2 Doctors from HKU
- 2 Doctors from CUHK
- 2 Doctors from Hospital Authority
- 2 Doctors from Academy of Medicine
- 4 Lay Members

Elected (14)

- 7 Doctors indirectly elected from HKMA
- 7 Doctors directly elected from the profession

7
Change in ratio under the Amendment Bill

<table>
<thead>
<tr>
<th>Appointed Member to Elected Member Ratio</th>
<th>Lay Member to Doctor Member Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:1</td>
<td>1:6</td>
</tr>
<tr>
<td>1:1.3</td>
<td>1:3</td>
</tr>
</tbody>
</table>
The Medical Registration (Amendment) Bill 2016

- Adding 4 lay members in the Medical Council of Hong Kong will **TIP THE BALANCE** of elected versus appointed membership **in favor of APPOINTED members**

- Appointed members will almost always **vote for the Government as instructed by the Government**

- Giving the Government a **majority vote** on matters of regulating doctors is **effectively a forfeiture of our PROFESSIONAL AUTONOMY**
Hong Kong has high life expectancy and low infant mortality rate → the system had been effective for years

<table>
<thead>
<tr>
<th>Major Health Indicator</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality rate (No. of deaths per 1000 live births)</td>
<td>1.7</td>
<td>1.3#</td>
</tr>
<tr>
<td>Life expectancy at birth (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>81.2</td>
<td>81.2#</td>
</tr>
<tr>
<td>Female</td>
<td>86.9</td>
<td>87.3#</td>
</tr>
</tbody>
</table>

# Provisional figure
The Administration introduced the Medical Registration (Amendment) Bill 2016 on 2 March 2016

Objectives

1. To increase lay participation in the Medical Council
2. Improve its complaint investigation and disciplinary inquiry mechanism
3. Facilitate the admission of non-locally trained doctors, in particular specialists, to practice in Hong Kong
Increase the number of lay members appointed by CE to the Medical Council from four to eight

Increase the number of lay persons appointed to Preliminary Investigation Committee (PIC) and the Health Committee from one to two

Enable the Medical Council to establish more than one PIC

Extend the term of registration and renewal of medical practitioners with limited registration

Redefine the quorum for disciplinary inquiries and increase the number of assessors (all appointed)

Enable solicitor or counsel (apart from the legal officers appointed by the Secretary for Justice) to be appointed to carry out the duties of the Secretary of the Medical Council in respect of inquiries

Increase the number of legal advisers to the Medical Council; and provide for incidental matters and make related technical amendments
Most of the Clauses were NOT controversial, except

1. Increase the number of lay members appointed by CE to the Medical Council from four to eight without adding medical members

2. Extend the term of registration and renewal of medical practitioners with limited registration

3. Redefine the quorum for disciplinary inquiries and increase the number of assessors (all appointed)
Tip the balance of elected versus appointed membership

Appointed 14  
Elected 14

Appointed + 4 lay members 18  
Elected 14  

PROFESSIONAL AUTONOMY UNDERMINED
Limited Registration

- To extend the maximum term of limited registration and renewal of such registration from a period of not exceeding **one year** to a period of not exceeding **three years**
- Facilitate non-locally trained doctors to practice in Hong Kong **without sitting the licensing examination**

**PROFESSIONAL AUTONOMY UNDERMINED**
A judgement in Judicial Review defined Inquiry Meeting as equivalent to MCHK Meeting

**Existing Arrangement**

- **Quorum of an inquiry meeting**
  - (5 members)
  - (a) at least five Council members, or
  - (b) not less than three Council members and two assessors, at least one of whom shall be a lay Council member but subject to the majority being registered medical practitioners

**Under the Amendment Bill**

- **Quorum of an inquiry meeting**
  - (5 members)
  - at least one Council member who is a registered medical practitioner
  - • Only one Council member could not represent the MCHK
  - • Professional autonomy undermined
### Existing Arrangement

Pool of members for conducting inquiry (total: 42 persons)

14 assessors –

- 10 assessors who are registered medical practitioners i.e. two each nominated and appointed by DH, HA, HKU, CUHK and HKAM, and 4 lay assessors all nominated and appointed by the Secretary for Food and Health

---

### Under the Amendment Bill

Pool of members for conducting inquiry (total: 66 persons)

34 assessors –

- 20 assessors who are registered medical practitioners i.e. four each nominated and appointed by DH, HA, HKU, CUHK and HKAM, and 14 lay assessors all nominated and appointed by the Secretary for Food and Health
CONFLICT OF INTEREST

MAJORITY VOTE ≠ MCHK

CANNOT REPRESENT MCHK

PROFESSIONAL AUTONOMY UNDERMINED
Professional Autonomy had been guaranteed in the Basic Law

**Article 142**

“The Government of the Hong Kong Special Administrative Region shall, on the basis of maintaining the previous systems concerning the professions, **formulate provisions on its own** for assessing the qualifications for practice in the various professions.”

“The Government of the Hong Kong Special Administrative Region shall continue to recognize the professions and the professional organizations recognized prior to the establishment of the Region, and **these organizations may, on their own, assess and confer professional qualifications.”**
Preliminary Investigation Committee

Structure:
- Chairman x 1
- Deputy Chairman x 1
- Lay member x 1

It is not possible to form more PICs and efficiently clear the accumulated complaints by adding 4 lay members without adding medical members.

Defeats the purpose.
HKMA’s Counter-proposals

4+4 Proposal

Lay Member to Doctor Member Ratio = 1:3.5

Appointed + 4 lay members

Elected + 4 elected doctors

18


6+6 Proposal

Lay Member to Doctor Member Ratio = 1:3

Appointed + 6 lay members

Elected + 6 elected Doctors

20

20
Unfortunately, the Government did not accept the proposed corresponding increase of elected doctor members (i.e. “4+4” or “6+6” proposals) on the ground that there are already 24 doctor members in the current MCHK.
Public’s Perception - Survey on the Review of the MCHK

Research Background

- Dr. Hon LEUNG KL, Legislative Councilor representing the medical constituency, commissioned Public Opinion Programme (POP) at The University of Hong Kong to gauge views of HK citizens on the MCHK reform bill

- The research instrument used in this study was designed, operated and analyzed entirely and independently by the POP Team
**Public’s Perception - Survey on the Review of the MCHK**

**Contact Information**

<table>
<thead>
<tr>
<th>Survey date</th>
<th>5-7/4/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target population</td>
<td>Cantonese-speaking Hong Kong citizens of age 18 or above</td>
</tr>
<tr>
<td>Survey method</td>
<td>Random telephone survey conducted by real interviewers</td>
</tr>
<tr>
<td>Sampling method</td>
<td>Telephone numbers are randomly generated using known prefixes assigned to telecommunication services providers under the Numbering Plan provided by the Office of the Communications Authority (OFCA). Invalid numbers are then eliminated according to computer and manual dialing records to produce the final sample. If more than one eligible subject had been available, the one who had his/her birthday next was selected</td>
</tr>
<tr>
<td>Sample size</td>
<td>1,003 successful cases</td>
</tr>
<tr>
<td>Effective response rate</td>
<td>68.5%</td>
</tr>
<tr>
<td>Standard error</td>
<td>Less than 1.6% (i.e. at 95% confidence level, the maximum sampling error of all percentages should be no more than +/-3.2 percentage points)</td>
</tr>
</tbody>
</table>
Public’s Perception - Survey on the Review of the MCHK

1. Do you think the lay representation should be increased, decreased or remain status quo?

- Increase: 323, 32%
- Decrease: 320, 32%
- Remain Status Quo: 178, 18%
Public’s Perception - Survey on the Review of the MCHK

2. To what extent do you agree the appointed to elected ratio should remain at status quo, i.e. 1:1?

- Strongly agree: 11%
- Agree: 34%
- Neutral: 10%
- Disagree: 22%
- Strongly Disagree: 9%
- No Comments: 14%
Asian Urban-Wellbeing Indicators Comparative Report: Hong Kong, Singapore, Shanghai (Source: Civic Exchange)

Question:
Out of your 8 choices, what is the number 1 issue that the government should address?

- Compared to Shanghai (#2) and Singapore (#1), medical care policies in Hong Kong (#4) are not first priorities
- Housing shortage, education and quality of Government are more urgent matters in HK
Bullets fired by the Government concerning Professional Autonomy

- Engineered smearing program through mass media
- Mass media’s messages unanimously attack and accuse our motives to be defending profession’s interest in the expense of public interests
- Tear doctor-patient relationships apart

Joint statement of patient rights organization to show support to Government’s Bill

"Doctors should support the Medical Council Reform so citizens could believe doctors are safeguarding patients’ interest and social justice”

Mr. HO Hei Wah
(Patient representative)
As a result

- Doctor’s image were damaged by the smearing campaigns
- Medical platform seemed to be divided within
  1. Ex-president, Dr. Louis SHIH resigned just 2 months before the Annual General Meeting
    - Dr. SHIH attacked the stand of HKMA and the alliance after his resignation
    - Dr. SHIH offered his agreement to the Government proposal
  2. Medical Council Chairman and Ex-Chairman also lined up with patient rights organizations to attack HKMA and alliance
  3. HKMA Vice-President who failed to be re-elected also expressed disagreement with the views of the HKMA
Our Defense

- Professional Autonomy endangered as shown in slides above
- Doctors were antagonized by patient rights group
- The HKMA formed an **alliance** with
  - Hong Kong Public Doctors' Association
  - Frontline Doctor’s Union
  - Doctor’s Union
  - Médecins Inspirés
  - Eramedics (HKU Medical Students)
  - Lumos (CUHK Medical Students)
Support from other civic organizations

ArchiVision, a civic organization formed by architects, wrote an open letter to urge their functional constituency legislator to support doctors for maintaining professional autonomy.

Other supporting organizations included:
- Médecins Inspirés
- Nurse Politik
- Keyboard Frontline
- Frontline Tech Workers Concern Group
The alliance co-organized
- Sit-in demonstrations, which lasted for 7 days over three weeks
- Forum on the Reform of MCHK- invited representative from the Food and Health Bureau
Last but not least

- Dr. Hon LEUNG KL, LegCo Councilor representing the medical sector, fulfilled his role to ask for meaningful discussions and amendments.

- Eventually, the Amendment Bill failed to be voted by the last day of the Legislative Council session in 2016.

- The Government never considered and rejected any further amendments of their proposals.
- Thank you -