

Symposium of the CMAAO General Assembly
Thailand 2016

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)

1



- **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**



PROFESSIONAL
AUTONOMY &
STANDARD IN
HEALTHCARE
SERVICES
ENDANGERED

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

Tommy
CHEUNG

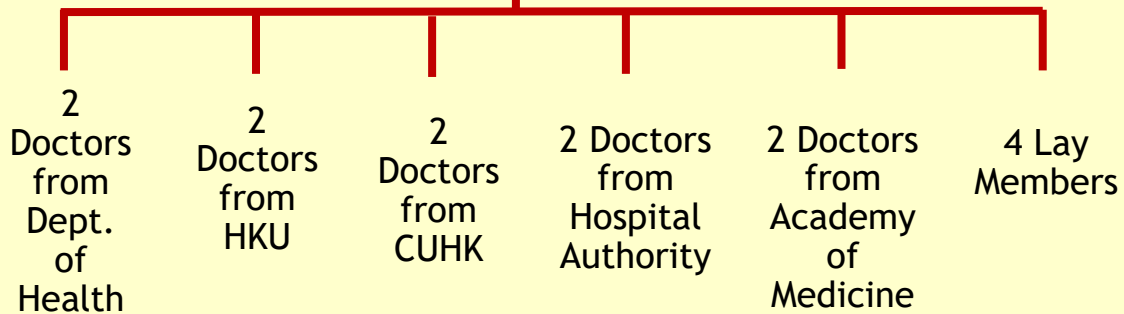


Practising Doctors
Registered in the U.S.

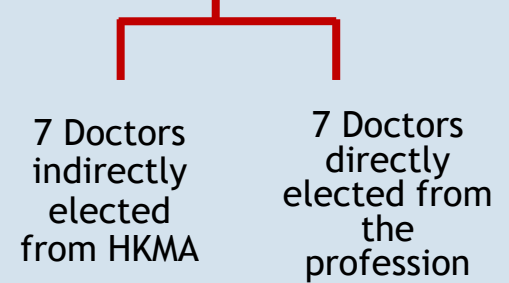
MCHK STRUCTURE



Appointed (14)



Elected (14)



7



Change in ratio under the Amendment Bill

Appointed Member to Elected
Member Ratio

1:1

1:1.3

Lay Member to Doctor Member
Ratio

1:6

1:3

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

Major Health Indicator		2014	2015
Infant mortality rate (No. of deaths per 1000 live births)		1.7	1.3 [#]
Life expectancy at birth (years)	Male	81.2	81.2 [#]
	Female	86.9	87.3 [#]

Provisional figure



GOVERNMENT'S AMENDMENT BILL

- 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



GOVERNMENT'S AMENDMENT BILL

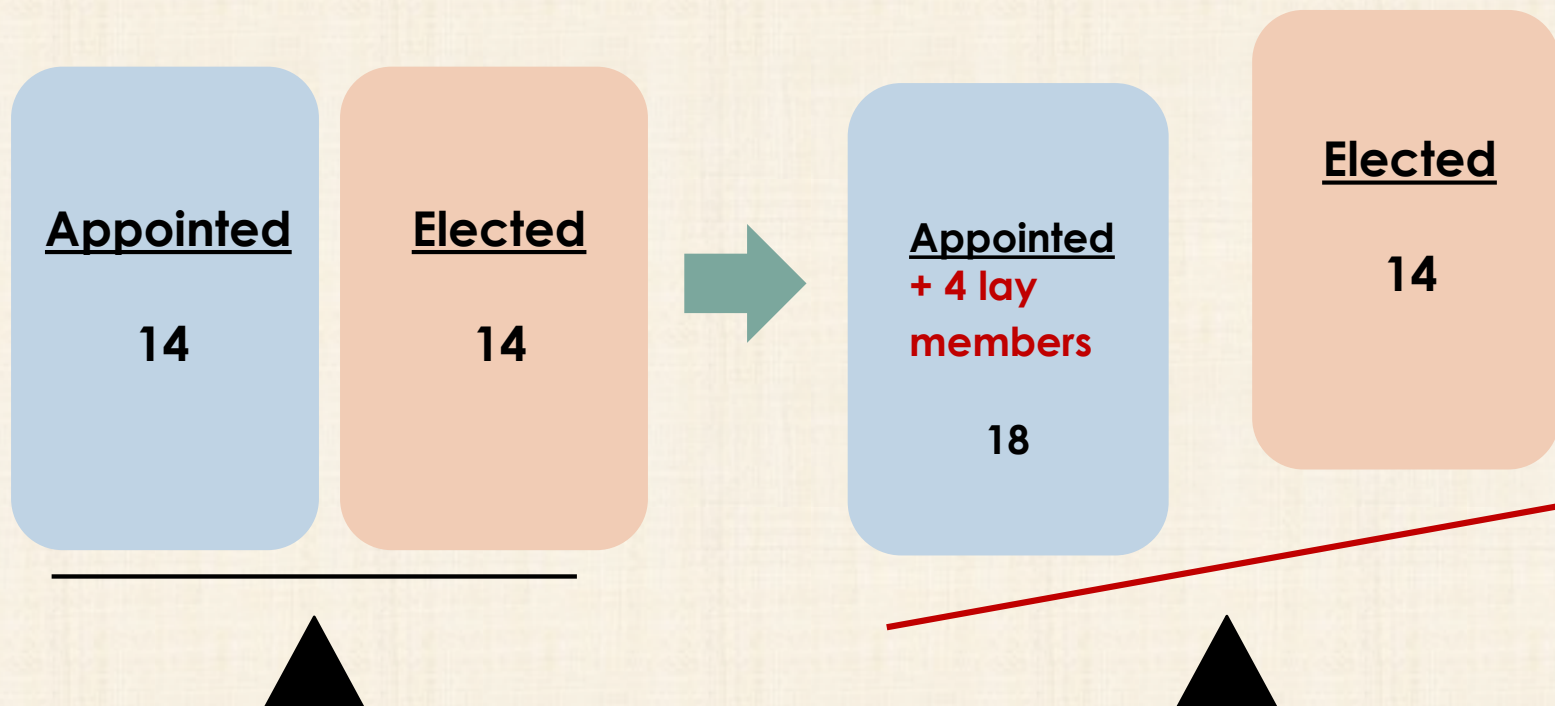
- **Increase the number of lay members appointed by CE to the Medical Council from four to eight**
- Increase the number of lay persons appointed to Preliminary Investigation Committee (PIC) and the Health Committee from one to two
- Enable the Medical Council to establish more than one PIC
- **Extend 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

**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

A judgement in Judicial Review defined Inquiry Meeting as equivalent to MCHK Meeting

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**



**MAJORITY
VOTE**

≠

MCHK

**CANNOT
REPRESENT
MCHK**

**PROFESSIONAL
AUTONOMY
UNDERMINED**

**CONFLICT
OF
INTEREST**



衛生署

Department of Health



醫院管理局

HOSPITAL
AUTHORITY



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

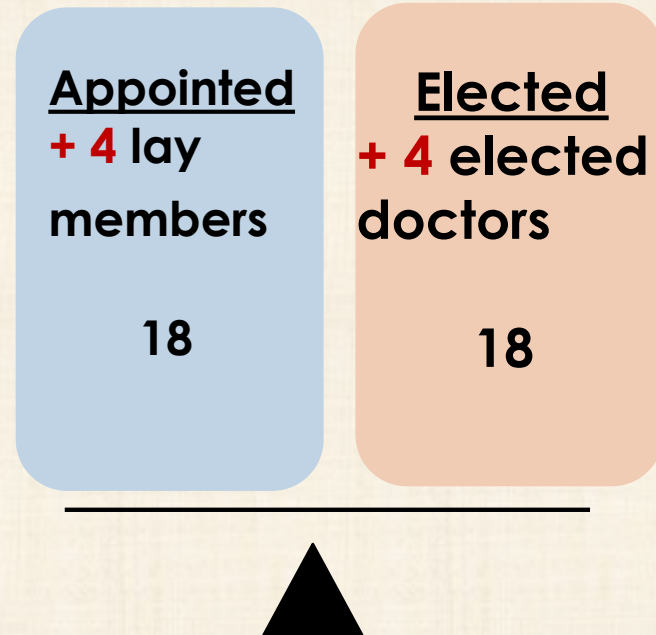
Defeats the purpose

HKMA's Counter-proposals

4+4 Proposal

Lay Member to Doctor Member

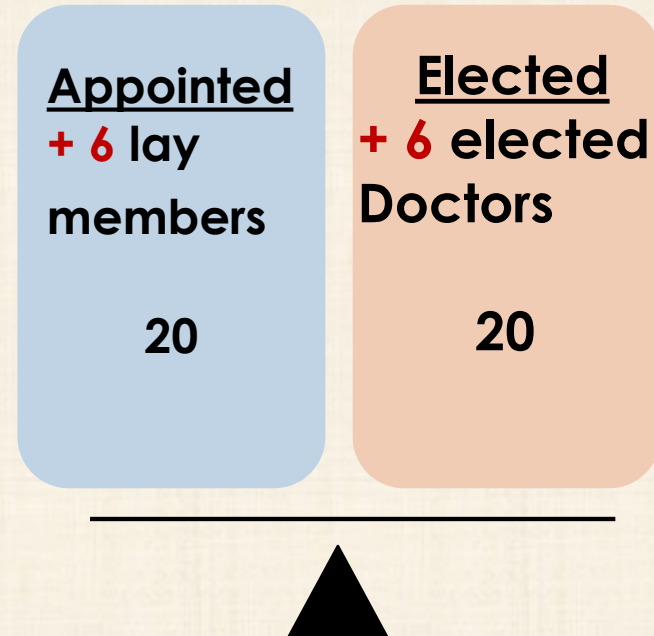
Ratio = **1:3.5**



6+6 Proposal

Lay Member to Doctor Member

Ratio = **1:3**



GOVERNMENT'S RESPONSE

22

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**



香港大學民意研究計劃
Public Opinion Programme
The University of Hong Kong

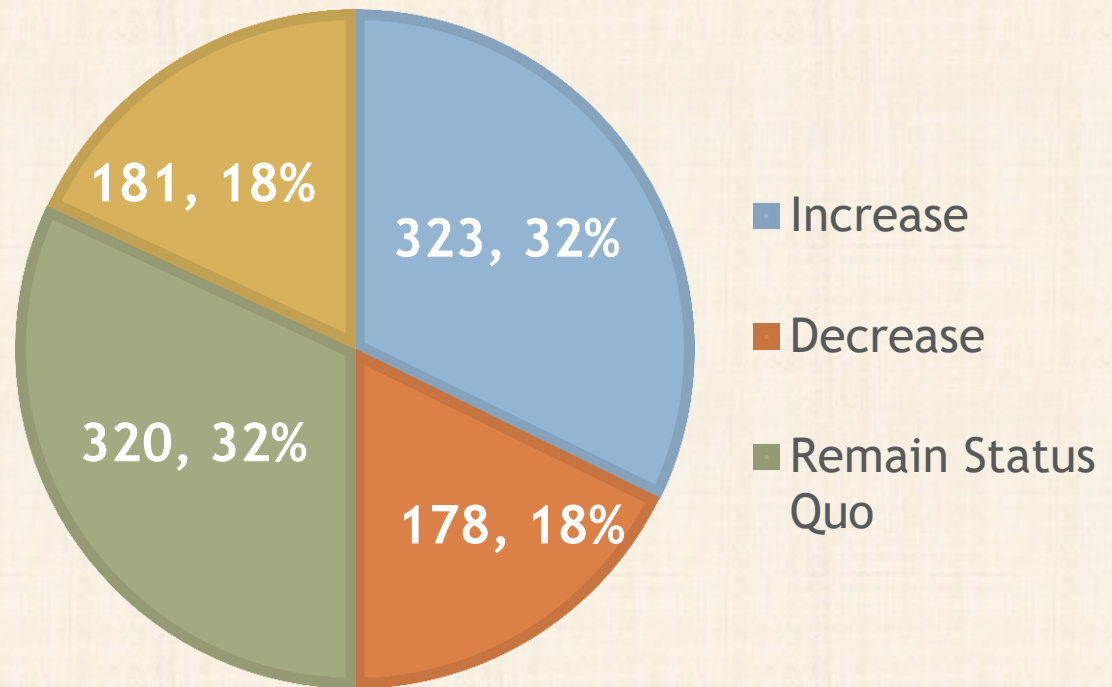
Public's Perception - Survey on the Review of the MCHK

Contact Information

Survey date	5-7/4/2016
Target population	Cantonese-speaking Hong Kong citizens of age 18 or above
Survey method	Random telephone survey conducted by real interviewers
Sampling method	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
Sample size	1,003 successful cases
Effective response rate	68.5%
Standard error	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)

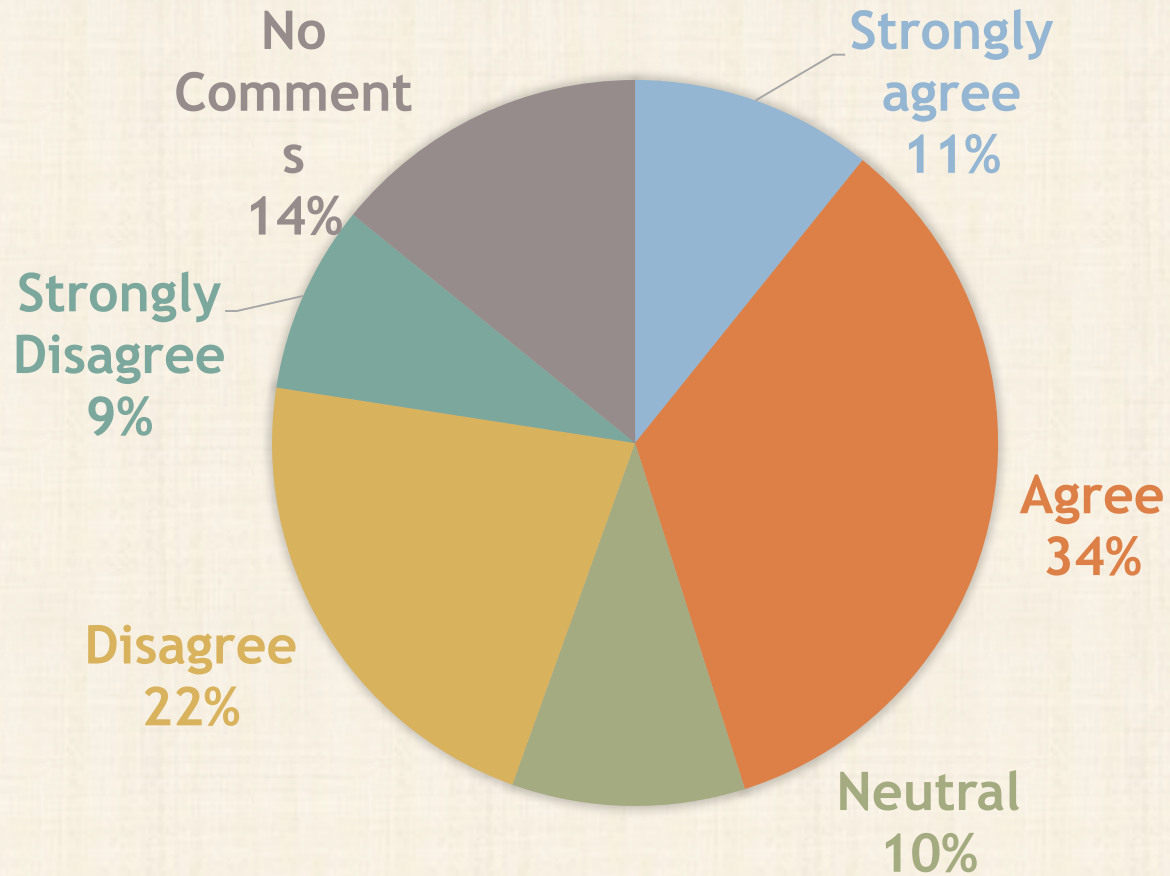
Public's Perception - Survey on the Review of the MCHK

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



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?



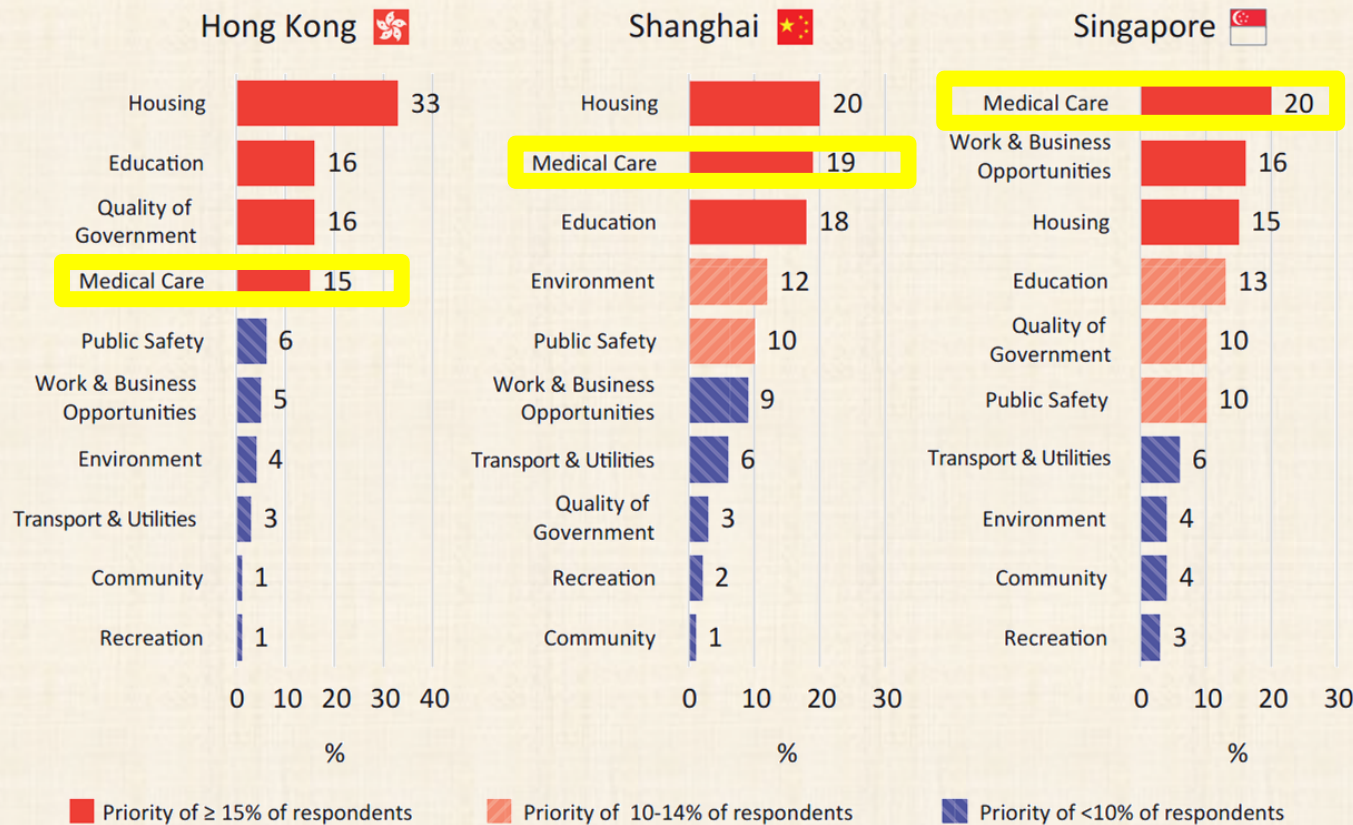
Asian Urban-Wellbeing Indicators

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 (#2), 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)

苦等十五年 公義何時見
就《2016年醫生註冊(修訂)條例草案》的聯署聲明

2001年，醫務委員會在社會公義的壓力自行提出改革方案，可惜十五年來仍沒有任何進展。《2016年醫生註冊(修訂)條例草案》旨在改革醫務委員會，令其更向公眾問責，及紓緩公立醫院人手緊絀情況。就此，我們同意：

- 一、增加醫務委員會內代表社會意見人士的數目至佔全體委員四分之一；
- 二、在不增加醫生委員的情況下，維持醫務委員會內選任及委任一比一的比例；
- 三、改善投訴機制，加快處理醫生失德投訴的速度；
- 四、延長有限度註冊期由一年至三年，吸引合乎中級資歷的海外醫生回港到公立醫院工作，以紓緩公立醫院人手緊絀情況。

聯署團體/人士：

香港社區組織協會	香港斜視重影病患者協會	腦同盟	香港肌無力協會
香港病人權益協會	香港灼傷互助會	香港造口人協會	銀屑護理會
香港復康聯盟	香港強脊會	關心您的心	香港肝臟移植協康會
香港復康聯盟	慧進會	香港眼角膜關懷協會	香港黃金五十
香港病人組織聯盟	新健社	系統性血管炎互助小組	
史泰祖醫生 (前醫學會主席)		雷兆輝醫生 (MH, 太平紳士)	
伍杏修先生 (註冊社工)		葉建忠先生 (註冊社工)	
阮博文教授 (香港理工大學專業及持續教育學院院長)			
李湖樹教授 (香港中文大學賽馬會公共衛生及基層醫療學院助理教授、生命倫理學中心研究總監)			
何寶英博士 (香港理工大學應用社會科學系高級講師)			

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 -

34

