Executive Summary
Direct Investigation Operation Report

Effectiveness of Administrative Support Provided for Complaint Handling by Secretariat of Medical Council of Hong Kong under Department of Health, and Department of Health's Regulatory Role

Introduction

Established under the Medical Registration Ordinance ("MRO"), the Medical Council of Hong Kong ("MCHK") is a statutory body regulating the healthcare profession based on the principle of professional autonomy, including handling the registration of medical practitioners, administering licensing examinations, issuing the codes and guidelines of professional conduct, and conducting disciplinary inquiries into alleged professional misconduct of medical practitioners[1]. Currently, the Boards and Councils Office ("B&C Office") under the Department of Health ("DH") provides resources of secretarial and administrative support for 15 healthcare-related statutory Boards and Councils[2], including MCHK.

2. The handling of complaints against medical practitioners for professional misconduct has an impact on not only the professional development of the healthcare sector, but also public safety and health. Nevertheless, media reports emerged in late 2025 about several cases of delay in complaint handling by MCHK, raising public concern about any inadequacies in the complaint handling mechanism and process of MCHK and its Secretariat.

3. Against this background, the Office has examined DH's role in the healthcare sector's handling of complaints against medical practitioners, the effectiveness of administrative support provided by the Secretariat under DH's establishment ("the Secretariat") for handling complaints against medical practitioners, and any room for improvement in the complaint handling mechanism.

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[1] According to MCHK's website, professional misconduct can be broadly defined as: if a medical practitioner in the pursuit of his profession has done something which will be reasonably regarded as disgraceful, unethical or dishonourable by his professional colleagues of good repute and competency, then it is open to MCHK, if that be shown, to say that he has been guilty of professional misconduct.

[2] The 15 statutory Boards and Councils are MCHK, Dental Council of Hong Kong, Nursing Council of Hong Kong, Midwives Council of Hong Kong, Supplementary Medical Professions Council and five Boards set up under the Council (i.e. Medical Laboratory Technologists Board, Occupational Therapists Board, Physiotherapists Board, Radiographers Board and Optometrists Board), Chiropractors Council, Council on Human Reproductive Technology, Human Organ Transplant Board, Pharmacy and Poisons Board, and Radiation Board.

4. During our investigation into the Secretariat under DH's establishment, the Office also found systemic issues and inadequacies in the management and operation of MCHK's complaint handling and monitoring mechanism. Given the Office's duty to enhance the quality and standards of public administration in Hong Kong and promote administrative fairness, while responding to considerations of significant public interest and high-level concern, we also give a detailed account of relevant findings and observations in this report. We endeavour to promote and facilitate the Government's review of any room for improvement in existing legislation, systems, administrative support and resource allocation, thereby ensuring that MCHK can effectively fulfil its statutory functions. Summing up our findings, we have the following observations and comments.

Our Findings

The Secretariat's functions

5. DH stated that the Secretariat facilitates MCHK's performance of statutory functions by providing administrative support, and operates under the direct leadership of MCHK. In particular, MCHK directly supervises and manages the handling and progress of complaint against registered medical practitioners, and is accountable to the public for its effectiveness. The Government's main role is to ensure that the statutory system for regulating healthcare professionals keeps pace with the times and operates smoothly to meet the needs of society. To ensure that healthcare-related regulatory bodies perform their statutory duties and maintain the professional standards of medical practitioners, the Government also has the responsibility of providing these regulatory bodies with the necessary human resources.

6. Given the Secretariat's role of providing secretarial and administrative support, we consider its functions to be solely providing MCHK with support service and acting under the latter's direction. The handling of complaints against registered medical practitioners for professional misconduct falls within the purview of MCHK. As the sole organisation vested with this power by the MRO, MCHK certainly plays the paramount role in handling such complaints. The powers conferred on MCHK by the law naturally entail corresponding responsibilities.

7. We recognise that the Government's role is to ensure that the statutory system for regulating healthcare professionals keeps pace with the times and operates smoothly to meet the needs of society. The cases cited in **paragraph 2** show that the Government should review any inadequacies in the current system's operation, including any unclear delineation of powers and responsibilities in its actual operation, which resulted in the excessively long time for handling those complaints. We consider that the Government authorities should stipulate more explicitly the powers and responsibilities of MCHK and the Secretariat, and enhance the transparency of existing mechanism and the accountability to society and the public. From a macro perspective, the Government has an overall supervisory role over the healthcare sector.

8. While Secretariat staff are under the leadership of MCHK, DH conducts their performance appraisals without formally consulting MCHK. This indicates a lack of communication between DH and MCHK, and may even lead to a perception of unclear delineation of powers and responsibilities. Moreover, it is questionable how DH could assess the performance of Secretariat staff (all of them are DH staff) without formally consulting MCHK over the years. We recommend that DH establish a communication mechanism with MCHK to assess the performance of Secretariat staff for accurate reflection in their appraisal reports. This is a fundamental requirement for the Department's performance management, ensuring that staff at every level are accountable for their own duties and fulfil supervisory responsibility towards their subordinates. DH should also consider drawing up objective criteria, such as case processing efficiency and backlog status, as the basis for the appraisals of Secretariat staff.

Need for reviewing and thoroughly improve complaint handling procedures

9. When amending the MRO in 2018, one of the Government's objectives was to clear MCHK's then existing backlog of over 700 cases within three years, followed by the completion of most inquiry cases within the two years thereafter. During the social unrest stemmed from protests in 2019 and 2020, the number of complaints received by MCHK surged above the average level over the preceding few years. Between 2020 and 2025, MCHK completed a total of 263 cases by inquiry, or an annual average of 44 cases. From receiving the complaint to completing the inquiry, more than 75% were completed within five years, but a few cases took longer, including 11 cases (4%) which took 10 to 15 years. Evidently, MCHK's efficiency in complaint handling fell short of the objectives set upon the legislative amendment. However, the number of cases concluded by inquiry has increased compared to the figures prior to the 2018 amendment to the MRO.

10. Pursuant to the MRO, MCHK's complaint handling involves independent quasi-judicial proceedings, during which it is essential to safeguard the legitimate rights and full participation of all parties concerned. However, overall speaking, the current investigations and disciplinary proceedings into complaints against registered medical practitioners are excessively long and fall far short of public expectations. This situation has serious implications, and may cause unfairness, for both complainants and complainees. Cases involving serious professional misconduct, if such misconduct exists, may even pose a risk to patient safety. The Secretariat should make more effort to provide administrative support in managing and prioritising complaints, thereby facilitating MCHK's effective exercise of the quasi-judicial functions and powers under the MRO.

11. Between 2020 and 2025, the median processing time for each stage of completed inquiry cases was as follows: 10.4 months for the pre-Preliminary Investigation Committee ("pre-PIC") stage, 14 months for the PIC stage and 11 months for the Inquiry Panel ("IP") stage. Yet, certain cases took significantly long times at the pre-PIC, PIC and IP stages. For instance, one case took 102.1 months (or around 8.5 years) at the pre-PIC stage, probably with periods of inaction. Even though these cases spanned the period before the 2018 amendment to the MRO, the overall processing time is still unreasonable. The lengthy periods of inaction in certain cases might involve individual Secretariat staff members who failed to follow up in a timely manner. The Office considers that these circumstances indicate loopholes in the monitoring of specific cases. In response, DH stated that investigation based on MCHK's report is underway, including whether disciplinary proceedings should be initiated against individual staff members.

12. As of December 2025, MCHK had a backlog of 895 complaint cases. Of which, most were outstanding for less than two years from the date of receiving the complaint (755 cases or 84%). However, a small fraction of cases were outstanding for extremely long periods, including a case at the pre-PIC stage seven years after being received by MCHK.

13. The Office is pleased to note that since the 2018 amendment to the MRO, the number of cases completed by MCHK each year has increased significantly, and the time taken for inquiry has been shortened. To further improve the efficiency of complaint handling, MCHK undertook a review in January 2025 with measures implemented, such as assigning senior officers to coordinate and monitor case progress,

with a dual-track mechanism established for monitoring; enhancing the case tracking functionality of the complaints information system, and comprehensively reviewing and updating all ongoing cases; and regularly compiling monthly progress reports for review and follow-up. These measures aim to enhance overall operational efficiency through strengthened monitoring of complaint cases, optimising workload distribution and workflow, addressing the gaps identified and resolving bottlenecks. The Office commends MCHK for proactively undertaking a review and implementing measures with positive results. Nevertheless, the Office considers that the statistics cited above reflect that MCHK's progress in complaint handling is still too slow, resulting in a persistent backlog of cases. While complex handling procedures may involve for certain complaints to ensure procedural fairness, including giving both complainants and complainees reasonable time to respond, obtaining expert opinions from relevant fields and other requisite information, and arranging reinstatement of subsequent inquiries, there remains an urgent need to critically review and thoroughly improve the complaint handling process.

14. We consider that the public expects all statutory systems for regulating healthcare professions to attach paramount importance to safeguarding the overall interest of society. Effective handling of complaints about the professional conduct of medical practitioners through dismantling barriers and streamlining procedures is vital for fostering mutual trust between patients and healthcare personnel, as well as maintaining professional standards within the healthcare sector. We concur with public opinions that MCHK's complaint handling process is in dire need of improvement. The authorities should urge the Secretariat to use its best efforts to support MCHK's review of complaint handling procedures. It should substantially strengthen the monitoring of case progress, effectively expedite the handling of complaint cases, and clear the backlog as soon as possible.

Public perception

15. DH stated that MCHK's complaint handling mechanism aims to adjudicate whether the medical practitioners involved are guilty of professional misconduct. MCHK's PICs are required to handle complaints prudently in accordance with the MRO and its subsidiary legislation, as well as relevant case laws. This includes dismissing cases that are groundless or frivolous to the extent that they cannot or should not proceed further, and where there is no *prima facie* case to warrant referral to an inquiry panel. MCHK noted that in 2023, it received a total of 598 complaints. Of these, 215 cases were dismissed because the complainants refused to make a statutory declaration to

support their allegations or to provide further information and clarification about the incident. Another 28 cases were dismissed for being frivolous[3] and thus should not proceed further. Together, these two categories accounted for about 40% of all complaints received that year. Following the 2018 amendment to the MRO, the PICs have significantly expanded lay member involvement to strengthen transparency and public trust. Figures from recent years show that each year MCHK received around 500 to 700 complaints, but only conducted 30 to 50 inquiries. In other words, the vast majority of cases were concluded by the PIC without reaching the IP stage.

16. We recognise that MCHK's decision to refer cases to an inquiry panel for inquiry is based on relevant legislation. On the other hand, the public may not be fully aware of MCHK's complaint handling procedures and legal basis. Statistically, the fact that most cases are not referred to an inquiry panel can raise public concern. We consider that the authorities should remind MCHK to enhance transparency in complaint handling, and explain to the public why some complaints are not pursued or substantiated. This will enable the public to understand MCHK's regulatory role and responsibilities, as well as the content and purpose of its complaint handling mechanism, thereby maintaining confidence in the regulatory system over the healthcare sector in Hong Kong.

Outdated information on MCHK's website

17. After viewing MCHK's website, we note that as of 26 January 2026, much of its content had not been updated for a long time or information was absent, rendering the website out of date. For instance, there was no information on MCHK's performance pledges for complaint handling[4]; records of council members' attendance at policy meetings and disciplinary inquiries were limited to 2023; and the 2024 annual report had yet to be uploaded.

18. We are pleased to learn that on 28 January, MCHK uploaded records of its members' attendance at policy meetings and disciplinary inquiries for 2024 and 2025, along with its 2024 annual report. We recommend that the authorities urge MCHK to update its website in a timely manner and ensure that current information is available.

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[3] Examples of such cases include complaints about excessively long waiting times, brief consultation periods, illegible sick leave certificates and inadequate arrangements for follow-up appointments—situations that do not constitute professional misconduct.

[4] We note that on DH's website, the B&C Office has only listed one performance pledge for complaint handling, i.e. to commence investigation into complaints against healthcare professionals within 14 working days. However, such information was not found on MCHK's website.

Failing to monitor case progress effectively

19. According to information provided by MCHK to the Health Bureau, prior to January 2025, MCHK relied solely on individual Secretariat staff to monitor case progress on their own initiative. Surprisingly, their supervisors would not monitor the progress of these cases, and would know nothing about any prolonged delays or difficulties encountered in a case. Only one staff member in the Secretariat was responsible for handling all cases referred by the PICs to inquiry panels for disciplinary inquiries and for liaising with the Department of Justice on the drafting of inquiry notices, and only after a notice of inquiry was issued would the case be passed to other Secretariat staff. This may create a bottleneck in the complaint handling process. In addition, MCHK had not set any time frame for following up on replies from complainants or expert witnesses. After scrutinising ten complaint cases that had raised public concerns or had been outstanding for a long time, we found that four cases were inexplicably suspended for 39 months (over three years) to 88 months (over seven years) with no progress in the interim. Three of these cases were suspended for more than seven years, with the longest one for 88 months (i.e. seven years and four months). These serious lapses are wholly unacceptable and grossly unfair to complainants and complainees. Extended suspension might also impair the memory of key witnesses and undermine the fairness of inquiry. These cases highlight problems with the Secretariat's practice of relying on individual staff to monitor case progress independently, revealing loopholes in internal management.

20. We are pleased to note that according to MCHK's report to the Health Bureau, after identifying certain cases with prolonged periods of no progress, MCHK promptly conducted a review and, since January 2025, has directed the Secretariat to implement a series of specific measures to improve complaint handling. Following the implementation of these measures, MCHK stated that it has ensured timely follow-up for all cases and prioritised the expeditious processing of cases received prior to 2022, thereby halving their number. Although MCHK has directed the Secretariat to expedite processing and coordinate with legal representatives and expert witnesses, prolonged handling remains unfair to both complainants and complainees, undermining the trust placed by society, the public, complainants and complainees. We recommend that the authorities urge MCHK to fully exercise its supervisory role over the Secretariat, continue to undertake a critical and thorough review of its complaint handling process, and strengthen monitoring of case progress. DH should also support MCHK in enhancing the management and performance supervision of Secretariat staff at all levels,

comprehensively reviewing and establishing an appropriate staffing structure for handling cases and other duties, thereby properly fulfilling its substantive supervisory role over the Secretariat. DH should further raise staff awareness of management and performance issues and strengthen their managerial capabilities.

21. On the other hand, lengthy delays in case processing—spanning five, ten, or even 15 years—may lead to further complications. We noted three cases where the replacement of expert witness was required because the original one declined to continue acting as witness. It cannot be ruled out that without such prolonged delays, the original experts might have remained available, which could save the additional time required for appointing new expert witnesses.

To handle complaints in chronological order

22. DH confirmed that according to the legislation, complaints received before April 2018 can only be handled by the Deemed PIC. Currently, except for cases requiring reconsideration after being handled by the Deemed PIC, PIC(1) and PIC(2) only deal with complaints received after April 2018, while the Deemed PIC is responsible for complaints received before April 2018. The Office considers it unfair to both complainants and complainees if the backlog of long outstanding cases is not promptly cleared. The Secretariat should support MCHK in expediting the processing of these long outstanding cases. According to the Secretariat, fewer than ten cases received by MCHK prior to April 2018 remain outstanding and being handled by the Deemed PIC at present. The Office expects continuous efforts to complete these cases as soon as possible.

To ascertain with complainants whether a case also involves circumstances requiring referral to coroner, and consider making effective use of information obtained from inquest

23. In one case, MCHK only became aware that an inquest was involved after the complainant provided information. Another case showed that MCHK would refer to information from the inquest when handling the matter. Since inquest information is useful reference for MCHK's complaint handling, we consider that the Secretariat should, at the outset of receiving a complaint, ascertain with the complainant whether the case is also referred to the coroner, and remind the complainant to provide MCHK with inquest information for consideration once the inquest is completed.

24. In another case, after the complainant submitted information from the inquest to MCHK, the inquiry panel, upon receiving the new information, decided to remit the case back to the PIC for reconsideration. The PIC, after reconsideration, referred the case again to the inquiry panel. However, when the expert consulted by the PIC refused to testify at the inquiry, another expert was engaged to provide opinions. The inquiry panel, in light of the new expert opinions, remitted the case back to the PIC for reconsideration again after three years. From an administrative perspective, we recommend that the authorities urge the Secretariat to strengthen its support to MCHK in critically exploring any scope to streamline procedures, such as adopting the facts established by the court, or inviting experts who have testified at an inquest to serve as expert witnesses at MCHK's disciplinary inquiries, so as to save the procedures and time for remitting cases back to the PIC due to new expert opinions or testimony.

To reach out to complainants who are not required to testify at disciplinary inquiries to ascertain whether they need simultaneous interpretation service

25. The Secretariat explained that regardless of whether a complainant is required to testify at a disciplinary inquiry, the Secretariat would notify complainants in writing of the date and time of the inquiry according to its established procedure. For complainants who are required to testify, if the parts of inquiry they attend are conducted in English (for example, when experts present require communication in English), the Secretariat will first ask the complainants whether they need simultaneous interpretation service and arrange accordingly. However, for complainants who are not required to testify, the Secretariat will not ascertain their need in advance, nor is interpretation service provided on the day of inquiry.

26. In fact, MCHK inquiries generally involve medical terminology and jargon, and are conducted entirely in English. As most complainants are lay persons, they often find the proceedings difficult to understand, which is also reflected in the public feedback we received. For complainants who are directly affected in medical incidents, the content and results of MCHK's inquiries into the medical practitioners under complaint are of vital interest to them, and they are naturally highly concerned. If complainants who are not required to testify have no access to interpretation service, and if they do not speak English well or at all, they will be unable to follow the proceedings or understand the results, which is unfair to them and highly unsatisfactory. We recommend that DH urge MCHK to go the extra mile for complainants who are not required to testify. When inviting them to attend disciplinary inquiries, the Secretariat should ascertain whether they require basic Chinese interpretation service during the

inquiries, and offer assistance accordingly.

27. We also note the reports of complainants about not having received written notification of inquiry dates. Admittedly, written notices could get lost in the post. We recommend that DH relay to MCHK to consider supplementing the existing procedures of written notification with other commonly used methods, including telephone. We consider it essential to notify complainants by supplementary methods. Given that only a few dozen cases proceed to inquiry each year, the additional work involved should be minimal and entirely manageable for the Secretariat.

To establish a mechanism allowing complainants to request a review by MCHK directly

28. At present, the medical practitioners under complaint may appeal to the Court of Appeal against the decisions of MCHK's inquiry panel. MCHK itself has no mechanism allowing complainants to request a review by MCHK directly of the decisions made by an inquiry panel. Complainants dissatisfied with MCHK's decisions can only resort to judicial review by court. Given the high litigation costs and complex procedures involved in judicial review, we recommend that the authorities explore the possibility of granting complainants a statutory right of review, enabling them to request a review by MCHK directly. This would safeguard their basic rights and strengthen public confidence in the mechanism for handling complaints against registered medical practitioners.

To formulate service pledges and provide complainants with regular updates on case progress

29. From the public feedback received, we note widespread dissatisfaction among complainants and complainees that MCHK has not formulated any service pledges, has taken too long to handle complaints, and has not provided regular updates on case progress. Even when complainants took the initiative to enquire with the Secretariat, its staff would routinely reply that the case was under follow-up and ask them to wait, without indicating when further information might be available. We consider it entirely reasonable for complainants and complainees to wish to know the progress of MCHK cases and the time required for complaint handling, which is also their basic right. We understand that no service pledges are stipulated under the current complaint mechanism, and only one pledge relating to the B&C Office is listed on DH's website, i.e. to commence investigation into complaints against healthcare professionals within

14 working days. During its complaint handling process, MCHK needs to contact all parties involved and obtain information from them, with some cases involving replacement of expert witnesses and other special circumstances. The process is complex and time-consuming, making it difficult to set a uniform service pledge. Furthermore, MCHK may have to refrain from providing complainants and complainees with too much information to safeguard the fairness of disciplinary proceedings.

30. However, from the perspective of complainants and complainees, without any target timeline for complaint handling or interim replies, they would feel anxious for not hearing from MCHK at all after an extended period. The complainants may wonder if their complaints have been lost in the bureaucratic maze, while the complainees may worry about damage to their professional reputation. The Secretariat should give both complainants and complainees regular updates on case progress. Separately, organisations responsible for handling complaints against medical practitioners in Singapore, the United Kingdom and Australia all publish information on their target timelines for complaint handling and/or provide complainants and complainees with regular updates.

31. We recommend that the authorities urge the Secretariat to support MCHK in seriously responding to the basic expectations of complainants and complainees by formulating and publishing target timelines for complaint handling. Without compromising the fairness of disciplinary proceedings, MCHK should also provide complainants and complainees with regular updates on case progress as far as possible, or at the very least inform them that their complaints are still under follow-up.

To improve its communication with complainants

32. Generally, an acknowledgement is issued upon receiving information from complainants, and a case officer system is in place to facilitate prompt responses to enquiries from complainants and complainees. These are basic and sound practices of public administration. However, the public feedback we received indicates that the Secretariat would not issue any letter or email to acknowledge receipt of supplementary information from complainants, nor would it assign specific staff members for them to contact or make enquiries about their complaints. The Secretariat's practices for communication are inefficient and fall short of public expectations. We recommend that the authorities urge MCHK to draw up administrative guidelines to improve its communication with complainants and enhance the quality of its services.

To draw on overseas experience to enhance the mechanism for handling complaints against registered medical practitioners

33. We understand that circumstances differ worldwide and what proves effective elsewhere may not always be applicable to Hong Kong. Nevertheless, Hong Kong can adopt a pragmatic approach by drawing on overseas experience and practices, applying what is suitable while striking a balance between actual operations and public views.

34. Negative perception of MCHK is noted in the public feedback we received. We believe that the negative perception is attributable to multiple factors, but a key issue is that while the participation of a certain number of medical members is required for the work of MCHK due to the involvement of numerous highly specialised matters, the proportion of lay members is very low. A proper increase in the proportion of lay members will certainly improve perceptions and introduce other professional perspectives, resulting in better governance. Moreover, repeated cases involving excessively long processing time over the years and MCHK's lack of clear timelines or targets have reinforced such perception. By contrast, certain jurisdictions have better mechanisms and practices in place regarding transparency, lay participation and complaint processing time.

35. MCHK was established to promote the professionalism of medical practitioners, with one of its missions being safeguarding the rights and welfare of patients. Yet, the current negative perception of MCHK among the public is detrimental to fostering mutual trust between patients and medical practitioners. We recommend that the authorities address public concerns and consider drawing on overseas experience in handling complaints against registered medical practitioners, and introduce improvement measures to ensure the professionalism of healthcare sector and patient safety.

36. We consider that the proportion of lay members should be properly increased to balance views and participation within MCHK, introduce broader and more diverse voices, strengthen governance and ease the negative perception held by the public.

37. We note that MCHK's complaint handling process can be extremely long without any target timelines, which is highly unsatisfactory. In the United Kingdom, general cases are targeted for completion within six months, and serious cases must proceed to hearing within nine months upon referral to the Medical Practitioners Tribunal. Each stage of the process is also subject to clear timelines. We recommend

that the authorities urge the Secretariat to support MCHK in regularly reviewing whether its complaint handling mechanism is operating effectively. For instance, it should consider setting and publishing reasonable and effective target timelines for each stage of complaint handling to ensure accountability to complainants, complainees, society and the public.

38. Furthermore, in countries such as Australia, Singapore, the United Kingdom and the United States, the relevant committees are empowered, at an early stage of case handling, to suspend or impose restrictions on the registration of medical practitioners who pose a risk to public safety. We recommend that the authorities strengthen Hong Kong's mechanism and consider legislative amendments empowering MCHK to suspend the registration of medical practitioners who pose a serious risk to patient safety (such as those convicted of serious offences committed in the course of medical practice) until completion of their disciplinary proceedings.

39. Separately, we note that in Singapore, the Inquiry Committee and the Complaints Committee may refer cases to mediation before they are completed. Given that Hong Kong has positioned itself as the capital of mediation, and this alternative dispute resolution method is conducive to fostering understanding and cooperation, the use of mediation for resolving healthcare disputes offers significant advantages. In fact, mediation has already been promoted in public and private hospitals in Hong Kong for effective resolution of disputes arising from medical misconduct and incidents. We recommend that the authorities explore the feasibility of mediation for resolving medical disputes that do not involve the professional conduct of medical practitioners.

Recommendations

40. In sum, The Ombudsman's recommendations to the authorities are as follows:

Principles of Good Public Administration

(1) Encouraging MCHK to draw on the principles of good public administration, including efficiency, fairness, reasonable and proper conduct, people-oriented mindset and openness. It should promote awareness within MCHK and request the sector to understand these principles and public expectations, and expedite the handling of public complaints against registered medical practitioners for alleged professional misconduct;

(2) Urging the Secretariat to support MCHK's formulation of administrative guidelines to ensure the effective operation of its complaint handling process. For instance, it should consider setting and publishing reasonable and effective target timelines for each key stage of complaint handling, thereby seriously discharging its obligations towards complainants and complainees;

(3) Urging MCHK to expedite the handling of complaints received prior to April 2018, strengthen monitoring of case progress and prevent future accumulation of backlogs;

(4) Urging MCHK to critically explore any scope to streamline procedures, such as adopting the facts established by the court, or inviting experts who have testified at an inquest to serve as expert witnesses at MCHK's disciplinary inquiries, so as to save the procedures and time for remitting cases back to the PIC due to new expert opinions;

(5) Urging MCHK to continue performing diligently its substantive supervisory duties over the Secretariat, including requiring the Secretariat to support MCHK's work with clear reporting on case progress and backlog status;

(6) Urging MCHK to step up the management and performance supervision of Secretariat staff;

(7) DH should enhance its own and its staff's sensitivity in management and performance issues, as well as enhance its management;

(8) Urging MCHK to conduct stocktaking of cases regularly to ensure that no cases are overlooked;

Regarding the MRO

(9) Explicitly stipulating MCHK's powers and responsibilities and ensuring that MCHK is accountable to society and the public;

(10) To strike a balance between professional autonomy on the one hand, and the principles of fairness, openness and social accountability and public expectations on the other hand, and in light of overseas experience, the authorities should consider properly increasing the proportion of lay members in MCHK to widely incorporate knowledge, experience and views from all sectors of society, thereby comprehensively optimising the governance system and structure;

(11) Enhancing the legislation to strengthen MCHK's complaint review mechanism, including allowing complainants to request a review by MCHK directly, thereby safeguarding the basic rights of complainants and complainees, and strengthening public confidence in the mechanism for handling complaints against registered medical practitioners;

(12) Empowering MCHK to suspend the registration of medical practitioners who pose a serious risk to patient safety (such as those convicted of serious offences committed in the course of medical practice) until completion of their disciplinary proceedings;

Improving Communication and Dissemination of Information

(13) Exploring with MCHK the introduction of a case officer system for the Secretariat to enhance communication with the public and improve the Department's management efficiency;

(14) Without compromising the fairness of disciplinary proceedings, urging MCHK to provide complainants and complainees with regular updates on case progress as far as possible;

(15) DH should relay to MCHK to consider supplementing the existing procedures of written notification with other commonly used methods;

(16) Exploring with MCHK the inclusion of a reminder in letters acknowledging receipt of complaints or requesting further information to advise complainants that where a case involves a coroner's inquest, complainants may provide relevant information to MCHK for reference upon the conclusion of the inquest;

(17) Relaying to MCHK to consider providing complainants with interpretation service during disciplinary inquiries to facilitate their understanding on a need basis, regardless of whether they are required to testify or not;

(18) Striving to urge MCHK to regularly update its website to ensure the availability of current information;

Other Aspects

(19) DH should consult MCHK when conducting performance appraisals for Secretariat staff;

(20) DH should adopt and consider objective criteria, such as case processing efficiency and backlog status, for the performance appraisals of Secretariat staff; and

(21) Exploring the feasibility of mediation for resolving medical disputes that do not involve the professional conduct of medical practitioners.

Office of The Ombudsman
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