申訴專員公署
Office of The Ombudsman

主動調查行動報告
Direct Investigation Operation Report

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就投訴處理所提供的支援及成效、衞生署的相關監管
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

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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
February 2026

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INTRODUCTION

BACKGROUND

1.1 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.

1.2 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, the media reported in October 2025 on a 15-year delay by MCHK in handling a complaint concerning an infant left with cerebral palsy, while MCHK Secretariat ("the Secretariat") was unable to explain the delay. MCHK stayed the proceedings permanently on the grounds that too much time had passed for the medical practitioner under complaint to be given a fair hearing.

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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, Allied Health 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.

The incident raised significant public concern from all sectors. Subsequently, further media reports emerged alleging that MCHK had delayed handling complaints involving the death of a woman after childbirth, and the death of a patient after taking prescribed medication. All the above cases were outstanding for nearly ten years or even longer. The public is extremely concerned about any inadequacies in the complaint handling mechanism and process of MCHK and its Secretariat.

1.3 Against this backdrop, The Ombudsman announced on 5 November 2025 the launch of a direct investigation operation against DH pursuant to section 7(1)(a)(ii) of The Ombudsman Ordinance, Cap. 397 of the Laws of Hong Kong.

SCOPE OF INVESTIGATION

1.4 In this direct investigation operation, 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 for handling complaints against medical practitioners; and
- any room for improvement in the complaint handling mechanism.

1.5 On 5 November 2025, the Office announced the launch of this direct investigation operation and invited public views on this topic. A number of submissions reached us subsequently. The views from members of the public and stakeholders are detailed in **chapter 4**.

PROCESS OF INVESTIGATION

1.6 In the course of this investigation, the Office scrutinised information and data provided by DH, obtained information from the Health Bureau ("HHB"), met with concern groups and relevant persons, and scrutinised the public views received. When investigating 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 effectively fulfils its statutory functions.

1.7 Information we requested and received from HHB included the report submitted to the Bureau by MCHK on 24 December 2025 after a comprehensive review of its existing mechanism for complaint investigations and disciplinary inquiries, together with improvement recommendations; and further information submitted to the Bureau by MCHK on 14 January 2026 at its request (see **para. 2.16(1)**). Separately, the Office requested DH to provide information such as the statistical data on MCHK's handling of complaints against medical practitioners and the sequence of events of relevant cases. MCHK took the initiative to provide us with information on 16 January 2026 via DH to facilitate our investigation.

1.8 On 26 January 2026, we issued a draft investigation report to DH for comment, with a copy to MCHK. Upon considering their comments, we completed this final report on 4 February 2026.

2

THE SECRETARIAT'S FUNCTIONS, MECHANISM FOR HANDLING COMPLAINTS AGAINST REGISTERED MEDICAL PRACTITIONERS FOR ALLEGED PROFESSIONAL MISCONDUCT AND MCHK'S BACKGROUND INFORMATION

2.1 HHB stated that 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 to provide these regulatory bodies with the necessary human resources.

THE SECRETARIAT'S FUNCTIONS

2.2 DH stated that the Secretariat provides MCHK with administrative support, such as arranging meetings, preparing discussion papers and following up on resolutions, as well as administrative support for investigations and disciplinary proceedings into public complaints against registered medical practitioners for professional misconduct. While Secretariat staff are civil servants under DH's establishment, they are under the direct leadership of MCHK and perform duties as Secretariat staff to support MCHK in discharging its statutory functions under the MRO.

MECHANISM FOR HANDLING COMPLAINTS AGAINST REGISTERED MEDICAL PRACTITIONERS FOR ALLEGED PROFESSIONAL MISCONDUCT

2.3 MCHK has established several committees[3] and sub-committees under the MRO. Of which, the Preliminary Investigation Committees ("PICs") investigate complaints against registered medical practitioners for alleged professional misconduct, and refer cases to an MCHK inquiry panel ("IP") for disciplinary proceedings. Since the 2018 amendment to the MRO, all PICs established thereafter have comprised four medical members and three lay members. The statutory procedures for investigating complaints against registered medical practitioners and the mechanism for disciplinary inquiries are governed by the statutory framework under the MRO and its subsidiary legislation, i.e. the Medical Practitioners (Registration and Disciplinary Procedure) Regulation ("the Regulation"), with independent judicial functions and powers conferred upon the IP. The three-stage statutory process established under current framework involves multiple participants at each stage, including complainants, medical practitioners under complaint, legal representatives, expert witnesses, PIC and IP, with an aim of safeguarding the legitimate rights and interests of all relevant parties.

2.4 All complaints against registered medical practitioners are submitted to a PIC for initial consideration by the Chairman and/or Deputy Chairman, who will examine evidence from the complainant and decide whether the complaint should be deliberated at PIC meetings or referred to the Health Committee. Where appropriate, the Deputy Chairman of PIC will also consider the complaint received.

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[3] Including three Preliminary Investigation Committees, the Health Committee, the Ethics Committee, the Education and Accreditation Committee, the Special Registration Committee and the Licentiate Committee.

Cases Decided to be Pursuable by PIC

2.5 Pursuant to the Regulation, except for complaints which are frivolous or groundless and should not proceed further, or have been referred to the Health Committee for hearing, PIC Chairman or Deputy Chairman must direct that the case be referred to the PIC for consideration. PIC meetings will be convened to deliberate on all relevant documents (including medical records and reports), the statements of the complainant and the response of the medical practitioner concerned. It may be necessary to obtain and consider further evidence from expert witnesses and legal advice.

2.6 After deliberation, the PIC can refer the case to an IP for disciplinary proceedings, issue a letter of advice to the medical practitioner, refer the case to the Health Committee for hearing, or decide that no further action is required. MCHK will inform the complainant and medical practitioner of the PIC's decision in writing.

Disciplinary Inquiry

2.7 If the PIC finds a *prima facie* case after deliberating on evidence and documents relevant to the complaint about professional misconduct, it will refer the case to an IP for disciplinary proceedings to adjudicate whether the complaint is substantiated.

2.8 The IP will hear the evidence from both the complainant and the medical practitioner under complaint.

2.9 After inquiry, if the registered medical practitioner is found guilty of misconduct or disciplinary offence, the IP can order to take one or more of the disciplinary sanctions, including removal from the General or Specialist Register permanently or for such period as the IP may think fit, or reprimand. Subject to any conditions the IP may think fit, the above sanctions can be suspended from taking effect for not more than three years. The IP can also issue a warning letter to the medical practitioner.

Cases Dismissed by PIC

2.10 If PIC Chairman and Deputy Chairman both consider that a complaint is frivolous or groundless and should not proceed further, they will consult a lay member of the PIC before making the decision to dismiss the complaint. Separately, some cases

cannot proceed further because the complainant has withdrawn the complaint, has not provided further information or statutory declaration, etc.[4] MCHK will inform the complainant of its decision and grounds in writing.

MCHK's Composition, Structure and Background

2.11 Pursuant to section 3(2) of the MRO, MCHK shall comprise 32 members, including 24 medical practitioner members and 8 lay members[5]. Medical assessors and lay assessors are appointed by MCHK for its committees and sub-committees under sections 20BB and 20BC of the MRO respectively.

2.12 Over the past, MCHK has adjusted and refined its operations in response to social demand. For example, in response to the growing demand for telemedicine services, MCHK has issued the ethical guidelines on practice of telemedicine. Following the Legislative Council's passage of the Medical Registration (Amendment) Ordinance 2021 to introduce a pathway for non-locally trained doctors under special registration, MCHK established the Special Registration Committee to assess medical qualifications from different regions.

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[4] For example:
- allegations that do not constitute professional misconduct;
- complaints where the doctor cannot be identified;
- complaints where the complainants are unwilling to make statutory declaration to support the allegations, or to provide further information and clarification of the matter;
- complaints about hospitals, whether public or private, which should be dealt with by the Hospital Authority or DH;
- cases where there is not enough evidence to prove the complaint;
- complaints which are not related to a doctor's medical work; and
- anonymous complaints.

[5] The composition is as follows:
(a) 2 registered medical practitioners nominated respectively by –
- University of Hong Kong;
- The Chinese University of Hong Kong;
- Hong Kong Academy of Medicine ("HKAM");

(b) the Director of Health, or his or her representative, as an *ex officio* member;
(c) the Chief Executive of the Hospital Authority, or his or her representative, as an *ex officio* member;
(d) 7 registered medical practitioners who are members of the Hong Kong Medical Association ("HKMA") nominated and elected by the HKMA;
(e) 7 registered medical practitioners who are ordinarily resident in Hong Kong elected by all registered medical practitioners;
(f) 2 registered medical practitioners who are Fellows of the HKAM nominated and elected by the HKAM;
(g) 4 lay members appointed by the Chief Executive;
(h) 3 lay members elected by patient organisations; and
(i) 1 lay member nominated by the Consumer Council.

Monitoring of Complaint Handling

2.13 Regarding how the Secretariat handles complaints against registered medical practitioners, DH explained that:

(1) The validity of all work or actions undertaken by the Secretariat derives from the MRO and the powers granted by MCHK. The Secretariat is subject to the leadership of MCHK, to which it is accountable. The Secretariat's actions must not exceed the scope of MCHK's instructions, and are based on the process stipulated by MCHK.

(2) No special authority or status is granted under the MRO for DH to supervise or monitor MCHK's performance of its overall or specific areas of duties and functions. Complaint and discipline-related matters handled by MCHK and the Secretariat fall within MCHK's duties and statutory purview, involving its decisions, instructions and operations. MCHK directly supervises and manages the progress of case handling. MCHK's formulation and control of such process are essentially inseparable from its statutory functions. As an independent statutory body, MCHK adheres to the principle of professional autonomy in legally exercising its regulatory powers over the healthcare profession. It formulates, implements and amends its decisions and workflow on its own initiative. DH is not empowered to interfere with or supervise how MCHK performs these statutory functions.

(3) If Secretariat staff encounter difficulties in carrying out their duties or require decisions at the policy level, they will refer to MCHK for instructions. DH's role has always been to provide MCHK with Secretariat manpower or other resources to support its operational needs. On the other hand, if MCHK raises concerns about the manpower and resource allocation of the Secretariat or the performance of staff, DH will follow up, including considering whether to initiate disciplinary proceedings against individual staff members under existing mechanism. Although all Secretariat staff are civil servants under DH's establishment, there is currently no mechanism for DH to consult MCHK when conducting the performance appraisals of MCHK Secretary or other Secretariat staff.

MANAGEMENT MEASURES INTRODUCED BY MCHK FOR COMPLAINT HANDLING IN RECENT YEARS

2.14 DH stated that over the years, MCHK has continuously reviewed its existing mechanism and implemented a range of improvement measures within the existing statutory framework. During the social unrest stemming from the protests in 2019 and 2020, the number of complaints received by MCHK surged to 3,286 and 3,356 respectively, far exceeding the annual average of 576 complaints over the preceding five years. Nevertheless, since the 2018 amendment to the MRO and its subsidiary legislation, the number of cases completed every year has had a twofold increase, the processing time for inquiry cases has been shortened by one quarter, and the number of cases pending inquiry has halved. Furthermore, comparing with a total of 132 cases[6] or an annual average of 21 cases completed by inquiry over the five years preceding the 2018 amendment to the MRO (i.e. 2013–2017), the number of inquiries has more than doubled.

2.15 To further improve the efficiency of complaint handling, MCHK voluntarily undertook a review in 2024 with measures implemented to strengthen monitoring of complaint cases and resolving bottlenecks. The measures included:

(1) instructing the Secretariat to take stock of all cases pending inquiry, with a focus on expediting case processing and on coordination with legal representatives and expert witnesses;

(2) enhancing the case tracking functionality of the complaints information system, with senior officers assigned by the Secretariat to conduct monthly reviews of case progress, thereby ensuring timely follow-up and early identification of cases with exceptional issues for speedy processing; and

(3) establishing clear time frames for each stage of the process and issue regular reminders for overdue responses. Cases exceeding the time frame are escalated to senior officers for instructions to ensure more effective case management and reduce overall processing time.

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[6] Data show that between 2013 and 2018, the number of MCHK cases completed by inquiry were 28, 21, 14, 22, 23 and 24 respectively.

AUTHORITIES' REVIEW OF COMPLAINT HANDLING MECHANISM UNDER MRO

2.16 DH stated 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. To this end, the Government keeps the MRO under regular review to enable MCHK's more effective performance of its statutory functions, including the function of complaint handling. Where necessary, it proposes amendments to the MRO to ensure that MCHK fulfils its mission of "ensuring justice, maintaining professionalism and protecting the public". In response to public concerns about MCHK's complaint handling (see **para. 1.2**), the authorities have taken or will take action as follows:

(1) In late October 2025, MCHK was requested in writing to holistically review its existing mechanism in handling complaint investigation and disciplinary inquiries, and introduce improvement recommendations. After receiving MCHK's report on 24 December 2025, HHB requested MCHK to provide clarifications and further information regarding monitoring mechanism over the progress of the PICs and IPs in handling complaints, and their respective roles in monitoring case progress. Further information has been obtained.

(2) Based on the recommendations in MCHK's report (see **para. 2.16(1)**) and its operational needs, propose amendments to the MRO were proposed, with the target to submit a bill to the Legislative Council in early 2026.

(3) Consultations with the sector and stakeholders to be launched on amendments to the MRO and the strengthening of MCHK's complaint handling mechanism, including meetings with professional bodies, patient organisations and other stakeholders to hear their views.

2.17 DH also stated that it will conduct investigations based on MCHK's report, including any need to initiate disciplinary proceedings against individual staff members. Looking forward, DH will strengthen communication with MCHK regarding the effectiveness of administrative support provided by the Secretariat, staffing and resource requirements and performance management, with a view to enhancing the Secretariat's work efficiency.

Our Comments

2.18 The authorities have clarified 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 complaints against registered medical practitioners, and is accountable to the public for its effectiveness (see **paras. 2.2 and 2.13(2)**).

2.19 Given the Secretariat's role to provide 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.

2.20 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 (see **para. 2.1**). The cases cited in **paragraph 1.2** show that the authorities 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. Case analysis is provided in **paragraphs 4.2 to 4.14**. We consider that the 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.

2.21 While Secretariat staff are under the leadership of MCHK (see **para. 2.13(1)**), DH conducts their performance appraisals without formally consulting MCHK (see **para. 2.13(3)**). 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.

3

STATISTICS AND INFORMATION

STATISTICS

3.1 The number of complaints received by MCHK against registered medical practitioners for alleged professional misconduct between 2020 and 2025 is set out in **table 1**.

Table 1: Complaints received by MCHK

	Year					
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
No. of complaints received	3,356	538	729	598	624	616

3.2 The number of complaint cases completed by MCHK between 2020 and 2025 is set out in **table 2**.

Table 2: Cases completed by MCHK

Completion stage	Year					
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
No. of cases completed at pre-PIC stage	551	1,260	2,746	2,249	168	295
No. of cases completed at PIC stage	339	315	321	312	285	307
No. of cases completed at IP stage	56	51	36	41	37	42
Total	**946**	**1,626**	**3,103**	**2,602**	**490**	**644**

3.3 The number of inquiries completed by MCHK between 2020 and 2025, and the processing time from receiving a complaint to completing the inquiry are set out in **table 3**.

Table 3: Processing time from receiving complaint to completing inquiry (only including cases with inquiry completed between 2020 and 2025)

MCHK's processing time from receiving complaint to completing inquiry	No. of cases	Cumulative percentage
Less than 1 year	10	3.8%
1 to within 2 years	47	21.7%
2 to within 3 years	52	41.4%
3 to within 4 years	52	61.2%
4 to within 5 years	38	75.7%
5 to within 6 years	30	87.1%
6 to within 7 years	8	90.1%
7 to within 8 years	8	93.2%
8 to within 9 years	5	95.1%
9 to within 10 years	2	95.8%
10 to within 11 years	1	96.2%
11 to within 12 years	4	97.7%
12 to within 13 years	2	98.5%
13 to within 14 years	3	99.6%
14 to within 15 years	1	100%
Total	**263**	

3.4 The time taken by MCHK in each stage of complaint handling for inquiry cases completed between 2020 and 2025 is set out in **table 4**.

Table 4: Processing time in each stage of complaint handling for inquiry cases completed by MCHK (only including cases with inquiry completed between 2020 and 2025)

	Year of completing inquiry						Overall in 2020–2025
	2020	**2021**	**2022**	**2023**	**2024**	**2025**	
Pre-PIC stage							
Shortest time (months)	5.3	1.7	2.2	1.5	2	1.3	1.3
Longest time (months)	50.7	**102.1**	36.6	40.6	24.1	44.1	**102.1**
Average time (months)	19.4	15.2	11.6	10.7	9.1	14.5	13.9
Median time (months)	16.9	11.2	8.6	8.8	8.4	10.1	10.4
PIC stage							
Shortest time (months)	1.3	1.7	1.3	1.4	1.7	1.1	1.1
Longest time (months)	28.1	33.1	**63.9**	56	62.7	54.7	**63.9**
Average time (months)	12.7	15.7	15.8	17.3	19.1	14.8	15.7
Median time (months)	13.7	16.6	11.4	13.7	12.9	14.1	14
IP stage							
Shortest time (months)	3.3	2.3	2.7	4.9	4.7	2.5	2.3
Longest time (months)	43.7	47	56.8	75.6	103.4	**125.3**	**125.3**
Average time (months)	15.6	11.1	9.4	15.9	19.9	35.5	17.7
Median time (months)	13.6	7.7	6.5	11.5	13.7	15.2	11

3.5 As at the end of December 2025, the number of outstanding cases of MCHK, the stage of these cases and the processing time taken by MCHK from receiving these cases are set out in **table 5**.

Table 5: Outstanding cases of MCHK at end of December 2025

Time lapse from receiving case to end of Dec 2025	No. of outstanding cases (895 in total)		
	Pre-PIC stage	PIC stage	IP stage
Less than 6 months	264	28	0
6 months to within 1 year	157	103	2
1 to within 2 years	92	103	6
2 to within 3 years	2	40	17
3 to within 4 years	0	22	11
4 to within 5 years	0	9	9
5 to within 8 years	**1**	9	2
8 to within 11 years	0	3	3
11 to within 14 years	0	2	4
14 to within 16 years	0	1	5
Total	**516**	**320**	**59**

3.6 Data show that the progress of complaint handling fell short of the objectives set upon the 2018 amendment to the MRO (see **para. 3.7**), and some cases took very long time. MCHK explained that:

(1) In 2019 and 2020, the number of complaints surged to over 3,000 respectively, leading to a sharp increase in the workload of MCHK. Between 2019 and 2024, the average annual workload increased over threefold compared with that in and before 2017, with over 1,500 cases handled each year. Even excluding the peaks in 2019 and 2020, the average number of new complaints received annually in the past four years reached 622, which was 24% higher than the roughly 500 cases before the legislative amendment.

(2) Despite the sharp increase in complaints, MCHK's overall capacity and efficiency has been markedly improved following the legislative amendment, which has strengthened the mechanism for complaint handling and disciplinary proceedings. The average number of complaint cases completed every year has increased substantially, the processing time for inquiry cases has been shortened by one quarter,

and the number of cases pending inquiry has halved. In addition, since MCHK instructed the Secretariat to implement a series of improvement measures[7] in January 2025, all cases have been followed up in a timely manner, with priority given to the expeditious processing of cases received prior to 2022, thereby halving their number.

(3) For certain complaint cases that take very long time, the current procedures for investigating complaints against registered medical practitioners and the mechanism for disciplinary inquiries are governed by the statutory framework under the MRO and the Regulation. The three-stage statutory process established under current framework involves multiple participants, including complainants, medical practitioners under complaint, legal representatives, expert witnesses, PIC and IP. MCHK is obliged to handle complaints in accordance with the law, strictly carrying out thorough and proper investigation as required by the statutory process under the existing statutory framework. To safeguard the legitimate rights and full participation of all parties, the process includes giving both complainants and complainees reasonable time to respond, obtaining expert opinions from relevant fields and other requisite information, and arranging resumption of subsequent inquiries. The process is essential to ensure procedural fairness, weigh various aspects concerned, and effectively discharge MCHK's independent quasi-judicial functions and powers under the MRO. Yet, the processing time for certain cases will be inevitably prolonged as a result.

Our Observations and Comments

3.7 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

[7] The measures implemented by MCHK since January 2025 include: 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; regularly compiling monthly progress reports for review and follow-up; enhancing the content of monthly progress reports for MCHK members to monitor more effectively the overall progress of case handling; referring cases with no progress for more than six months to PICs for directions; setting clear response time frames and issuing reminders for each stage of the process, and escalating cases if the time frames are exceeded; and in relation to pre-inquiry liaison work with the Department of Justice, allocating inquiry cases to three staff members for handling in parallel to improve efficiency.

by the completion of most inquiry cases within the two years thereafter. During the social unrest stemming from the protests in 2019 and 2020, the number of complaints received by MCHK surged above the average level over the preceding few years (see **paras. 2.14 and 3.6(1)**). Between 2020 and 2025, MCHK completed a total of 263 cases by inquiry, or an annual average of 44 cases. From receiving a 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 (see **para. 3.3, table 3**). 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 (see **para. 2.14**).

3.8 Pursuant to the MRO, MCHK's complaint handling involves independent quasi-judicial proceedings, during which it is essential to safeguard the legitimate rights of all parties concerned (see **para. 3.6(3)**). However, overall speaking, the current investigations and disciplinary proceedings into complaints against registered medical practitioners are excessively long and fall well below public expectations. This situation has serious implications, and may cause unfairness, for both complainants and complainees. Cases involving serious professional misconduct, if it has really existed, may even pose a risk to patient safety. The Secretariat should make more efforts 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.

3.9 **Table 4** shows that during the six years between 2020 and 2025, the median processing time for each stage of completed inquiry cases was as follows: 10.4 months for the pre-PIC stage, 14 months for the PIC stage and 11 months for the inquiry stage. Yet, **table 4** shows that certain cases took significantly long times at the pre-PIC, PIC and inquiry stages. For instance, one case took 102.1 months (or around 8.5 years) at the pre-PIC stage, probably with periods of inaction (see case studies in **paras. 4.2, 4.8, 4.12 and 4.13**). 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 (see **para. 2.17**). (Our comments are given in **paras. 4.16 and 4.17**)

3.10 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 (see **para. 3.5, table 5**).

3.11 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 to enhance overall operational efficiency through strengthened monitoring of complaint cases, optimising workload distribution and workflow, addressing the gaps identified and resolving bottlenecks (see **paras. 3.6(1) and 3.6(2)**). 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 resumption of subsequent inquiries, there remains an urgent need to critically review and thoroughly improve the complaint handling process.

3.12 We consider that the public expects all statutory regulatory systems for healthcare professions to take safeguarding the overall interest of society as their priority. 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

3.13 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 IP. 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[8] 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 inquiry stage.

3.14 We recognise that MCHK's decision to refer cases to an IP for inquiry is based on the Regulation. 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 IP 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

3.15 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:

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

(1) no information on MCHK's performance pledges [9] for complaint handling;

(2) records of council members' attendance at policy meetings and disciplinary inquiries were limited to 2023; and

(3) its 2024 annual report had yet to be uploaded.

Our Comments

3.16 We are pleased to learn that on 28 January 2026, 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.

[9] 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.

4

CASE STUDIES

4.1 To understand the specific circumstances of complaint handling by MCHK and the Secretariat, the Office has scrutinised ten complaints handled by MCHK that have raised public concerns or have been outstanding for a long time. Seven cases are selected below to illustrate areas where improvement is required in the current complaint handling mechanism.

CASE (1)

4.2 In 2009, a medical incident occurred involving the family member of Complainant A. In 2010, Complainant A lodged a complaint with MCHK against two medical practitioners concerned. The key events are listed in **table 6**.

Table 6: Major sequence of events of Complainant A's case handled by MCHK

	October 2010 to August 2011
(1)	PIC Chairman gave directive on handling of the complaint. PIC received Complainant A's statutory declaration and expert opinions. PIC Chairman, Deputy Chairman and lay Council member agreed on dismissing Complainant A's case against one of the doctors ("Doctor A").
	August 2011 to October 2012
(2)	**No progress in case handling for 14 months.**

	October 2012 to January 2014
(3)	The Legal Aid Department ("LAD") requested MCHK to provide information regarding the application for legal aid from Complainant A's side. The Department of Justice ("DoJ") advised on the charges against the other doctor ("Doctor B") specified in the draft PIC Notice.
	January to July 2014
(4)	PIC discussed the case at its meeting in July 2014 and referred the case to MCHK for inquiry.
	July 2014 to July 2016
(5)	MCHK issued Notice of Inquiry to Doctor B in November 2014. Documents were exchanged in preparation for inquiry among the legal representatives of Complainant A, Doctor B and the hospital concerned, and the Legal Officer appointed by DoJ. Doctor B's application for adjournment of inquiry was approved by MCHK Temporary Chairman.
	July to September 2016
(6)	MCHK received and handled requests and/or enquiries from Doctor B and Complainant A.
	September 2016 to June 2018
(7)	Legal Officer requested further information, such as medical reports or notes of Doctor B and the hospital concerned.
	June 2018 to June 2024
(8)	**No progress in case handling for 73 months.**
	June to October 2024
(9)	This case was identified during MCHK's stocktaking of cases pending inquiry in June 2024. Subsequently, MCHK Secretary and Legal Officer worked together to expedite case processing. Complainant A's legal representative enquired with MCHK on case progress.

	November 2024 to February 2025
(10)	MCHK informed Complainant A's legal representative of case progress, including that a new expert witness was required because the original one had withdrawn from the case. In the same month, Complainant A's legal representative enquired when and why the expert witness had withdrawn. MCHK issued a reply next month but without responding to the legal representative's questions. It only stated that it was actively looking for a new expert witness after the withdrawal of the original one, and endeavoured to make an appointment and complete the report as soon as possible. Legal Officer advised on the case. On the other hand, MCHK obtained expert opinions for preparation of supplementary report. Based on the legal advice from Legal Officer, MCHK Secretary requested the hospital concerned to provide relevant medical records or reports, and to clarify the documents provided earlier. Doctor B's legal representative confirmed the information provided earlier and agreed to the dates of inquiry.
	March 2025
(11)	MCHK informed all parties of two dates for inquiry in October 2025.
	March to December 2025
(12)	All parties provided further information and clarification in preparation for inquiry. Inquiry held in October 2025. IP decided to stay the proceedings permanently. IP held a review inquiry in November 2025. Subsequently, IP fixed two dates in April and May 2026 for resumption of inquiry.

4.3 Relevant parties informed the Office that the IP, Legal Officer appointed by DoJ, witnesses and Complainant A had provided 24 possible dates between January and March 2026 on which they would be available for attending the inquiry. Nonetheless, Doctor B and his legal representative claimed that they were unable to accommodate any of those dates and requested the inquiry be held between April and June 2026. Eventually, the inquiry was scheduled for two dates within April to June 2026.

CASE (2)

4.4 In 2016, Complainant B's family member passed away following a medical incident. In 2017, Complainant B lodged a complaint with MCHK against four medical practitioners concerned and submitted the family member's autopsy report. The key events are listed in **table 7**.

Table 7: Major sequence of events of Complainant B's case handled by MCHK

	November 2017 to July 2019
(1)	PIC Chairman gave directives on handling of the complaint. PIC received Complainant B's statutory declaration, medical records of the hospital concerned and expert opinions. MCHK issued PIC Notice without charge to the doctors concerned.
	July 2019 to May 2021
(2)	PIC received further information from Complainant B and the doctors concerned, and invited the expert to provide supplementary opinions. PIC dismissed Complainant B's case against one of the doctors ("Doctor C"), and decided to proceed with the complaint against the other three doctors ("Doctors D to F"). DoJ advised on the charges against Doctors D to F. MCHK issued PIC Notice with charges to Doctors D to F.
	June to October 2021
(3)	PIC decided to refer the case to IP ("the first referral to IP").
	October 2021 to October 2022
(4)	After consulting Legal Officer, MCHK issued Notice of Inquiry to the doctors concerned.

	Documents were exchanged in preparation for inquiry among all parties, namely Complainant B, the legal representatives of Doctors D to G and Legal Officer. A coroner's inquest was conducted into the death of Complainant B's family member in September 2022. Complainant B provided MCHK with information obtained from the inquest that same month. MCHK notified Complainant B that, in light of the new information she had provided for the case, IP had decided to remit her case back to PIC for reconsideration ("the first remitting back to PIC").
	October 2022 to March 2023
(5)	PIC invited expert to provide supplementary opinions. PIC decided to refer the case to IP ("the second referral to IP").
	March 2023 to April 2025
(6)	After consulting Legal Officer, MCHK issued Notice of Inquiry to Doctors D to F. The expert engaged at PIC stage declined to serve as witness at the inquiry. Legal Officer advised that a new expert be engaged. As a result, the Chairman of IP approved the doctors' application for adjournment of inquiry.
	May to September 2025
(7)	New expert provided opinions on the case. In view of the new expert opinions, the Chairman of IP approved Legal Officer's application to remit the case back to PIC ("the second remitting back to PIC").
	October to December 2025
(8)	MCHK wrote to Complainant B to follow up on its letter dated April 2023. MCHK stated that the inquiry was originally scheduled for July 2025. However, since the expert at PIC stage was unable to serve as an expert witness at the inquiry, MCHK had to engage another expert to provide opinions on the case. After considering the new expert's report, Legal Officer applied for remitting the case back to PIC for reconsideration due to new information indicating that the inquiry should not proceed ("the second remitting back to PIC"). The Chairman of IP approved this application.

After considering the new expert opinions, PIC would continue to discuss this case.

4.5 Relevant parties informed the Office that:

(1) On each occasion that Complainant B enquired about the case progress by telephone, MCHK only replied several days later that the case was still underway;

(2) One of the doctors concerned had already explicitly admitted his blunder at the coroner's inquest. It was inexplicable why MCHK could not conduct an inquiry sooner; and

(3) Complainant B had never received MCHK's letter of April 2023. Prior to July 2025, nor had she been notified by MCHK of the inquiry date in July 2025 (see **para. 4.4, item (8) in table 7**).

CASE (3)

4.6 In 2018, Complainant C's family member passed away following a medical incident. In January 2019, Complainant C lodged a complaint with MCHK against three medical practitioners concerned. The key events are listed in **table 8**.

Table 8: Major sequence of events of Complainant C's case handled by MCHK

	January 2019 to January 2020
(1)	PIC Chairman gave directives on handling of the complaint. PIC received the statutory declaration and supplementary information from Complainant C, and medical records from the hospital concerned. MCHK issued PIC Notice without charge to the doctors concerned.
	January 2020 to July 2022
(2)	PIC invited two experts to provide opinions.

	DoJ advised on the charges against the doctors concerned. PIC issued PIC Notice with charges to the doctors concerned.
	July 2022 to April 2023
(3)	PIC considered submissions from legal representatives of the doctors concerned and invited experts to provide supplementary opinions. PIC decided to refer the case to IP.
	April 2023 to June 2024
(4)	After consulting the Legal Officer appointed by DoJ, MCHK issued Notice of Inquiry to the doctors concerned. In May 2023, MCHK notified Complainant C that it would hold an inquiry, with details to be provided later. In the same month, Complainant C provided MCHK with information obtained from the coroner's inquest. As advised by Legal Officer, MCHK sought opinions from two **new** experts. In light of new expert opinions, the Chairman of IP approved Legal Officer's application to remit the case back to PIC.
	June 2024 to December 2025
(5)	In light of new expert opinions, PIC revised the charges against the doctors concerned. DoJ advised on the revised charges. One of the new experts provided supplementary opinions. MCHK issued PIC Notice with revised charges to the doctors concerned.

4.7 Relevant parties informed the Office that:

(1) Complainant C lodged the complaint with MCHK in January 2019, but it was not until four months later in May that MCHK requested her to sign a consent form and submit supplementary documents;

(2) Prior to the original scheduled inquiry date, Complainant C had never been notified by MCHK of the inquiry date (see **para. 4.6, item (4) in table 8**). (Note: DH claimed that MCHK Secretariat notified Complainant C of the inquiry date by email on 29 April 2024, and of the cancellation of scheduled inquiry and remit of the case back to PIC for reconsideration by email on 18 June 2024.)

(3) After Complainant C submitted information obtained from the coroner's inquest to MCHK in May 2023 (see **item (4) in table 8**), MCHK contacted Complainant C by telephone in July 2024, informing her that the inquiry had to be adjourned due to the new information. It was not until November 2025 when Complainant C's family enquired about the case status with MCHK that they found out the case had been remitted back to PIC. MCHK was unable to tell whether and when the inquiry would be resumed.

CASE (4)

4.8 In 2016, Complainant D's family member passed away following a medical incident. In April 2016, Complainant D's sister lodged a complaint with MCHK against the medical practitioner concerned. The key events are listed in **table 9**.

Table 9: Major sequence of events of Complainant D's case handled by MCHK

	April 2016 to May 2017
(1)	PIC Chairman gave directives on handling of the complaint. PIC received the statutory declaration and supplementary information from Complainant D's sister. MCHK issued PIC Notice without charge to the doctor concerned.
	May 2017 to July 2018
(2)	PIC discussed the complaint from Complainant D's sister at its meeting in October 2017. In November, PIC requested Complainant D's sister to provide supplementary information.

	PIC obtained legal advice from DoJ and supplementary information from Complainant D's sister. DoJ advised on the charges against the doctor concerned. MCHK issued PIC Notice with charges to the doctor concerned.
	July 2018 to February 2019
(3)	PIC discussed the complaint from Complainant D's sister at its meeting in December 2018. After considering the submission of the doctor's legal representative, PIC decided to dismiss the complaint. MCHK notified Complainant D of PIC's decision.
	March to April 2021
(4)	Complainant D obtained written records of the coroner's inquest. After collating the relevant materials, Complainant D requested MCHK to reconsider the case with detailed grounds and information from the inquest. After considering the new information from Complainant D, PIC Chairman directed that the case be referred to a new PIC for further discussion.
	April 2021 to July 2024
(5)	**No progress in case handling for 39 months.**
	July 2024 to December 2025
(6)	In July 2024, Complainant D enquired about the case progress. It was then discovered that the case had been suspended for a long time. In October 2024, MCHK replied to Complainant D that the new PIC would respond later. The new PIC discussed the case at its meeting and decided to consult DoJ. DoJ advised on the revised charges. MCHK issued the PIC Notice with revised charges to the doctor concerned.

4.9 Relevant parties informed the Office that Complainant D had not received any notification from MCHK since October 2024.

CASE (5)

4.10 In May 2021, a family member of Complainant E passed away in a medical incident. In June 2021, Complainant E's family lodged a complaint with MCHK against the medical practitioner concerned. The key events are listed in **table 10**.

Table 10: Major sequence of events of Complainant E's case handled by MCHK

	June 2021 to January 2022
(1)	PIC Chairman gave directives on handling of the complaint. PIC received the statutory declaration and supplementary information from Complainant E, and medical reports from the hospital concerned. MCHK issued PIC Notice without charge to the doctor concerned.
	January 2022 to May 2023
(2)	PIC invited two experts to provide opinions. DoJ advised on the charges against the doctor concerned. MCHK issued PIC Notice with charges to the doctor concerned.
	May 2023 to February 2024
(3)	PIC considered the submission of the doctor's legal representative and invited the experts to provide supplementary opinions. PIC decided to refer the case to IP.
	February 2024 to December 2025
(4)	The Legal Officer appointed by DoJ advised on the draft Notice of Inquiry, and recommended that the inquiry be adjourned pending the conclusion of coroner's inquest. Documents were exchanged in preparation for inquiry among all parties, namely the legal representative of the doctor concerned, Legal Officer, the police and the coroner's court.

4.11 Relevant parties informed the Office that between 2022 and 2025, Complainant E made several enquiries with MCHK about the case progress. On each occasion, MCHK invariably replied that the case would only proceed after the conclusion of coroner's inquest. (Note: DH stated that on 25 March 2024, MCHK Secretariat notified Complainant E by email that PIC had decided to refer the case to IP for inquiry. During the preparation for inquiry, Legal Officer instructed in October 2024 that the inquiry of this case could only proceed after the conclusion of coroner's inquest.)

CASE (6)

4.12 In 2010, Complainant F lodged a complaint with MCHK against a registered medical practitioner. The key events are listed in **table 11**.

Table 11: Major sequence of events of Complainant F's case handled by MCHK

	May 2010 to June 2011
(1)	PIC Chairman gave directives on handling of the complaint. MCHK received documents from Complainant F's legal representative and relevant information from the court. DoJ advised on the charges against the doctor concerned. MCHK issued PIC Notice with charges to the doctor concerned.
	June 2011 to August 2014
(2)	Documents were exchanged regarding the criminal proceedings against the doctor among all parties, namely the legal representatives of Complainant F and the doctor, the police, the hospital concerned and DoJ. To avoid prejudicing the doctor's right to remain silent, PIC Chairman directed that the disciplinary proceedings be deferred pending the outcome of the criminal proceedings. The police notified MCHK of the outcome of the criminal proceedings.

	September 2014 to June 2016
(3)	PIC Chairman gave directives on handling of the complaint. Documents were exchanged in preparation for PIC meeting among all parties, namely the legal representatives of Complainant F and the doctor, and DoJ. MCHK received relevant information from the court and expert opinions.
	July 2016 to April 2017
(4)	DoJ advised on the revised charges. MCHK issued PIC Notice with revised charges to the doctor concerned. The doctor applied for an extension to file submission due to a change of legal representative. PIC Chairman granted special approval. PIC discussed and decided to refer the case to MCHK for inquiry.
	April to June 2017
(5)	Legal Officer advised on draft Notice of Inquiry.
	June 2017 to June 2024
(6)	**No progress in case handling for 84 months.**
	June 2024 to January 2025
(7)	During a stocktaking of cases pending inquiry in June 2024, MCHK discovered the case had been suspended for a long time. Documents were exchanged in preparation for inquiry between MCHK and Legal Officer. The expert engaged at PIC stage declined to serve as witness at the inquiry. Since another expert is required, Legal Officer applied for remitting the case back to PIC, which was approved by MCHK Chairman.
	January to December 2025
(8)	PIC Chairman gave directives on engaging another expert. New expert provided opinions on the case.

DoJ advised on revised charges. MCHK issued PIC Notice with revised charges to the doctor concerned. The doctor applied for an extension to make submission.

CASE (7)

4.13 In 2011, Complainant G lodged a complaint with MCHK against a registered medical practitioner. The key events are listed in **table 12**.

Table 12: Major sequence of events of Complainant G's case handled by MCHK

	May 2011 to May 2013
(1)	PIC Chairman gave directives on handling of the complaint. PIC received Complainant G's statutory declaration, medical reports of the hospital concerned and expert opinions on the case. DoJ advised on the charges against the doctor concerned. MCHK issued PIC Notice with charges to the doctor concerned.
	May to October 2013
(2)	PIC discussed the case and decided to refer it to MCHK for inquiry.
	October 2013 to November 2014
(3)	After consulting Legal Officer, MCHK issued a Notice of Inquiry to the doctor concerned, with the inquiry scheduled for December 2014. The expert engaged at PIC stage declined to serve as witness at the inquiry. Documents were exchanged between the doctor's legal representative and Legal Officer. A new expert provided opinions on the case.

	In the light of new expert opinions, Legal Officer considered it necessary to revise the charges against the doctor. Hence, an application was made to remit the case back to PIC, which was approved by MCHK Temporary Chairman.
	November 2014 to September 2015
(4)	PIC Chairman gave directives on revised charges. DoJ advised on revised charges. MCHK issued PIC Notice with revised charges to the doctor concerned. PIC discussed the case and decided to refer it to MCHK for inquiry.
	September 2015 to February 2017
(5)	After consulting Legal Officer, MCHK issued a Notice of Inquiry to the doctor concerned, with the inquiry scheduled for March 2017. Since MCHK's legal representative was unable to arrange a time, MCHK Temporary Chairman approved MCHK Secretary's application for adjournment of inquiry.
	February 2017 to May 2020
(6)	**No progress in case handling for 39 months.**
	May 2020
(7)	MCHK invited experts.
	May 2020 to June 2024
(8)	**No progress in case handling for 49 months.**
	June 2024 to December 2025
(9)	During a stocktaking of cases pending inquiry in June 2024, MCHK discovered the case had been suspended for a long time. Documents were exchanged in preparation for inquiry among relevant parties, namely Complainant G, the legal representative of the doctor, Legal Officer and expert. On the other hand, IP set another date for inquiry.

PERIODS OF INACTION IN CASE HANDLING

4.14 Based on information provided by MCHK via DH, cases (1), (4), (6) and (7) had no progress for lengthy periods between 2017 and 2024 (see **para. 4.2, items (2) and (8) in table 6; para. 4.8, item (5) in table 9; para. 4.12, item (6) in table 11; and para. 4.13, items (6) and (8) in table 12**). DH stated that it has initiated investigation under established personnel management procedures into any performance or disciplinary issues on the part of the staff members concerned; it would consider whether proper follow-up action is required.

INFORMATION AND VIEWS FROM RELEVANT CONCERN GROUPS AND MEMBERS OF THE PUBLIC

4.15 Relevant concern groups and members of the public told us that:

(1) Since the 2018 legislative amendment, MCHK's Deemed PIC (i.e. the original PIC) has been responsible for handling complaints received before April 2018, while the newly established PIC(1) and PIC(2) have been responsible for handling complaints received in and after April 2018. Probably due to the outstanding cases accumulated prior to 2019, the Deemed PIC needed more time to clear the backlog, resulting in the unusual situation where newer cases were completed earlier than older ones. (Note: The Deemed PIC's functions are stipulated by the legislation, under which complaints received before April 2018 can only be handled by the Deemed PIC.)

(2) MCHK will acknowledge receipt of complaints in writing, but will not do so for any supplementary information submitted by complainants thereafter. Complainants have to submit information in person to ensure that their information is received by MCHK.

(3) MCHK is often perceived to be bureaucratic and slack. While it has not formulated any service pledges, it should have at least issued interim replies to complainants.

(4) MCHK has not put in place a case officer system, which makes it more difficult for complainants to enquiry about case progress. They often needed to wait for the Secretariat's hotline staff to respond after retrieving case details, and routinely received a brief reply that the case was still under follow-up.

(5) MCHK should effectively use the information obtained from coroner's inquest, including expert reports submitted to the coroner and statements of the medical practitioners concerned. This would shorten the time required for PIC and IP to gather evidence and adjudicate cases, or avoid repeated back-and-forth between PIC and IP, thereby enhancing the efficiency of case handling.

(6) MCHK generally conducts its disciplinary inquiries in English, but no simultaneous interpretation service into Chinese is provided. Even though complainants attended the inquiries, they could hardly understand the proceedings due to lack of proficiency in English or the use of difficult medical terminology and jargon.

(7) MCHK has not set up a mechanism for complainants to request a review of the IP's decision. Complainants who wish to do so can only apply to the court for judicial review.

(8) MCHK gives the perception of being an enclosed coterie of doctors harbouring each other. Even when MCHK found a doctor guilty of professional misconduct, the penalties imposed were too lenient, which was unfair to complainants and inconducive to improving the overall healthcare quality. Moreover, a backlog can easily build up due to the limited number of disciplinary inquiries conducted each year.

OUR OBSERVATIONS AND COMMENTS

Failing to monitor case progress effectively

4.16 According to information provided by MCHK to HHB, 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 IPs for disciplinary inquiries and for liaising with DoJ 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. As shown in the sequence of events in cases (1), (4), (6) and (7), these cases were inexplicably suspended for 39 months (over three years) to 88 months (over seven years) with no progress in the interim (see **para. 4.2, items (2) and (8) in table 6; para. 4.8, item (5) in table 9; para. 4.12, item (6) in table 11; and para. 4.13, items (6) and (8) in table 12**). Three of these cases were suspended for more than seven years, with the longest one for 88 months, or seven years and four months (see **para. 4.13, items (6) and (8) in table 12**). 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 and mechanism of relying on individual staff to monitor case progress independently, revealing loopholes in internal management.

4.17 We are pleased to note that according to MCHK's report to HHB, 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 (see **para. 3.6(2)**). 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, thereby properly fulfilling its substantive supervisory role over the Secretariat. DH should further raise staff's sensitivity in management and performance issues and strengthen their managerial capabilities.

4.18 On the other hand, lengthy delays in case processing—spanning five, ten, or even 15 years—may lead to further complications. Cases (2), (6) and (7) all involved the replacement of expert witness because the original one declined to continue acting as witness (see **para. 4.4, item (6) in table 7; para. 4.12, item (7) in table 11; and para. 4.13, item (3) in table 12**). 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

4.19 DH confirmed that pursuant 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 in and 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 are 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

4.20 In case (4), MCHK only became aware that an inquest was involved after the complainant provided information (see **para. 4.8, item (4) in table 9**). Cases (2) to (5) showed that MCHK would refer to information from the inquest when handling the matter (see **para. 4.4, item (4) in table 7; para. 4.7(3); para. 4.8, item (4) in table 9; and para. 4.11**). 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.

4.21 In case (2), after Complainant B submitted information from the inquest to MCHK, the IP, upon receiving the new information in September 2022, decided to remit the case back to the PIC for reconsideration. The PIC, after reconsideration, referred

the case again to the IP. However, when the expert consulted by the PIC refused to testify at the inquiry, another expert was engaged to provide opinions. The IP, in light of the new expert opinions, remitted the case back to the PIC for reconsideration again in September 2025. The back-and-forth took three years (see **para. 4.4, items (4) to (7) in table 7**). 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 (i.e. the "second remitting back to PIC" in case (2)).

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

4.22 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 procedures. 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.

4.23 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 (see **para. 4.15(6)**). 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.

4.24 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

4.25 At present, the medical practitioners under complaint may appeal to the Court of Appeal against the decisions of MCHK's IPs. MCHK itself has no mechanism allowing complainants to request a review by MCHK directly of the decisions made by an IP. 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

4.26 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 (see **paras. 4.15(3) and 4.15(4)**). 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 (see **chapter 3, note 9**). 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.

4.27 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 (see **paras. 5.4, 5.7 and 5.11**).

4.28 We recommend that the authorities urge the Secretariat to support MCHK in seriously responding to the basic expectations of complainants and complainees, such as proposing that MCHK formulate and publish 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

4.29 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 (see **paras. 4.15(2) and 4.15(4)**). Such 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.

5

OVERSEAS EXPERIENCE

5.1 During the investigation, the Office has drawn on the experience of Australia, Singapore, the United Kingdom and the United States in handling complaints against registered medical practitioners. Our findings are summarised below.

AUSTRALIA

5.2 The Medical Board of Australia is responsible for handling complaints against registered medical practitioners[10]. It comprises eight practitioner members and four community members in a ratio of 67% to 33%. Its operations are supported by the Australian Health Practitioner Regulatory Agency, which also supports the operations of 14 other healthcare-related boards.

5.3 The Australian Health Practitioner Regulatory Agency will assess the notifications received. During this process, the Agency will contact the notifier; usually, the health practitioner involved is also contacted. Moreover, the Agency will assess the risk posed by the health practitioner to the public. In serious cases, the Agency will conduct an investigation and, where necessary, take immediate action to protect public safety, such as suspending the registration of complainees or imposing restrictions on their registration. Upon completing the investigation, the Medical Board of Australia decides whether and what follow-up actions are required. The Board may refer the case to a panel for hearing. For the most serious cases, the Board or the panel may refer the case to a tribunal in relevant state or territory for hearing.

5.4 According to information on the Australian Health Practitioner Regulatory Agency's website, the Agency tries to finish the assessment process within 60 days and most notifications are closed within 90 days. According to its annual report, during

[10] In Australia, complaints against registered medical practitioners are referred to as "notifications".

investigations, the Agency will update the notifiers and the health practitioners involved on the case status at least every 90 days.

SINGAPORE

5.5 The Singapore Medical Council is responsible for handling complaints against registered medical practitioners. It comprises 27 medical professionals.

5.6 An Inquiry Committee will conduct preliminary inquiry into a complaint. Should the Inquiry Committee consider it necessary to proceed, the case will be referred to a Complaints Committee for inquiry. Where formal investigation is warranted, the Complaints Committee will refer the matter to a Disciplinary Tribunal for inquiry. The Disciplinary Tribunal comprises two medical practitioners and one judge or lawyer. The Inquiry Committee, Complaints Committee and Disciplinary Tribunal are all independent of the Singapore Medical Council. Alternatively, with the consent of both parties involved, the Inquiry Committee and the Complaints Committee may refer cases, before they are completed, to the Singapore Mediation Centre for resolution.

5.7 The Singapore Medical Council's website stipulates that the Inquiry Committee requires six weeks to deliberate on cases, while the Complaints Committee takes six months to conduct an inquiry. If needed, Complaints Committee must apply to the High Court for more time to conduct inquiry. Meanwhile, the Disciplinary Tribunal's website clearly sets out the target time frames for the Inquiry Committee, Complaints Committee and Disciplinary Tribunal to handle complaints against registered medical practitioners.

5.8 Where necessary, the Singapore Medical Council may issue an order to suspend the registration of complainees or impose restrictions on their registration.

UNITED KINGDOM

5.9 The General Medical Council of the United Kingdom is responsible for handling complaints[11] against registered doctors, physician associates and anaesthesia associates. It comprises six registrant members and six lay members in a ratio of 50% to 50%.

[11] In the United Kingdom, complaints against registered medical practitioners are referred to as "concerns".

5.10 The General Medical Council will consider whether the concerns raised meet the threshold for investigation. If so, the Council will proceed directly to investigation. Where evidence indicates a likelihood that that doctor's fitness to practise is impaired, but the evidence is unclear or further information is needed, the Council will conduct an inquiry. Based on evidence obtained from the inquiry, the Council may switch to an investigation. In the most serious cases, the Council may refer the matter to the Medical Practitioners Tribunal for hearing.

5.11 The General Medical Council's website specifies that it aims to complete an investigation within six months; cases referred by the Council to the Medical Practitioners Tribunal will be heard within nine months. The Council's annual report also provides time frames for other key procedures of case handling.

5.12 At the outset of an investigation, the General Medical Council will consider whether the doctor's practice should be suspended or restricted immediately. Where necessary, the Council will refer the case to the Medical Practitioners Tribunal for its Interim Orders Tribunal to conduct a hearing.

UNITED STATES

5.13 In the United States, each state has its own State Medical Board to handle complaints against registered physicians. Most of the State Medical Boards comprise both physicians and members of the public.

5.14 The specific procedures for handling complaints against registered physicians vary from state to state. Generally, upon receiving a complaint, the State Medical Board will assess whether the matter falls within its remit. Before commencing an investigation, the State Medical Board will assess whether the physician concerned poses an imminent threat to the public. If so, it may typically suspend the physician's registration or impose restrictions immediately. Upon completing the investigation, the State Medical Board will conduct a hearing for serious cases. Should the parties reach a settlement agreement prior to the hearing, the Board will decide whether to accept it. If not, the Board will proceed with the hearing. If the physician is found to have breached the state's Medical Practice Act, the Board will impose discipline.

OUR OBSERVATIONS

5.15 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.

5.16 Negative perception of MCHK is noted in the public feedback we received (see **paras. 4.3, 4.5, 4.7, 4.9, 4.11 and 4.15**). 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, cases involving excessively long processing time have happened time and again 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.

5.17 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.

5.18 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.

5.19 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.

5.20 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.

5.21 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.

6

COMMENTS AND RECOMMENDATIONS

6.1 Empowered by the MRO, MCHK regulates 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 handling complaint and discipline-related matters about alleged professional misconduct of medical practitioners. MCHK directly supervises and manages all its decisions, instructions and operations, including complaint handling procedures and progress, and is accountable to the public for its effectiveness. 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 authorities also have the responsibility to provide relevant regulatory bodies with the necessary human resources. Currently, the B&C Office under DH provides resources of secretarial and administrative support for 15 healthcare-related statutory Boards and Councils, including MCHK. While the Secretariat is composed of DH staff, it is authorised by MCHK to take direct responsibility of execution and administrative support.

6.2 The target of this investigation is the Secretariat under DH's establishment. When investigating the Secretariat, we also found serious management and operational issues in the mechanism for handling complaints against registered medical practitioners for alleged professional misconduct. Due to the significant public interest and high-level concern involved, we also give a detailed account of relevant findings and observations in **chapters 2 to 5** of this report, with a view to enhancing the quality and standards of public administration. We endeavour to promote and facilitate the Secretariat's improvement of complaint handling mechanism and operations, which is directly supervised by MCHK. The authorities should also strengthen their overall supervisory role to ensure that MCHK effectively perform its statutory duties in line with public expectations.

RECOMMENDATIONS

6.3 In the light of our analysis in **chapters 2 to 5**, 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 the pursuit of good public administration and public expectations, and expedite the handling of public complaints against registered medical practitioners for alleged professional misconduct (see **paras. 2.19, 3.11 and 3.12**);

(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 (see **para. 4.28**);

(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 (see **paras. 4.17 and 4.19**);

(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 (see **para. 4.21**);

(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 (see **paras. 3.12 and 4.17**);

(6) Urging MCHK to step up the management and performance supervision of Secretariat staff (see **para. 4.17**);

(7) DH should enhance its own and its staff's sensitivity in management and performance issues, as well as enhance its management (see **para. 4.17**);

(8) Urging MCHK to conduct stocktaking of cases regularly to ensure that no cases are overlooked (see **para. 2.15(1)**);

Regarding the MRO

(9) Explicitly stipulating MCHK's powers and responsibilities and ensuring that MCHK is accountable to society and the public (see **para. 2.20**);

(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 (see **para. 5.18**);

(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 (see **para. 4.25**);

(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 (see **para. 5.20**);

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 (see **para. 4.29**);

(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 (see **para. 4.28**);

(15) DH should relay to MCHK to consider supplementing the existing procedures of written notification with other commonly used methods (see **para. 4.24**);

(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 (see **para. 4.20**);

(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 (see **para. 4.23**);

(18) Striving to urge MCHK to regularly update its website to ensure the availability of current information (see **para. 3.16**);

Other Aspects

(19) DH should consult MCHK when conducting performance appraisals for Secretariat staff (see **para. 2.21**);

(20) DH should adopt and consider objective criteria, such as case processing efficiency and backlog status, for the performance appraisals of Secretariat staff (see **para. 2.21**); and

(21) Exploring the feasibility of mediation for resolving medical disputes that do not involve the professional conduct of medical practitioners (see **para. 5.21**).

ACKNOWLEDGEMENTS

6.4 The Ombudsman thanks HHB, DH and MCHK for their full cooperation in the course of this investigation, and concern groups and members of the public for submitting their valuable views.

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