

**Major Proposals of the Medical Registration (Amendment) Bill
2026**

(I) Reforming the composition of the Medical Council of Hong
Kong (MCHK)

- (i) Increasing the number and proportion of lay members: adding 3 lay members appointed by the Chief Executive (CE) who are registered healthcare professionals other than a medical practitioner to promote multidisciplinary collaboration;
- (ii) Rationalising the composition of medical practitioner members to enhance its diversity: adding 3 medical practitioners appointed by the CE, and adjusting the number of seats of representatives elected by all medical practitioners, and the number of seats of members of the Hong Kong Medical Association nominated and elected by its council members, to a total of 8;
- (iii) Strengthening the role of primary healthcare: including the Commissioner for Primary Healthcare (or his/her representative) as an ex-officio member; and
- (iv) Adding representatives of the new medical school: including 2 medical practitioners nominated by The Hong Kong University of Science and Technology (“HKUST”) and appointed by the CE.

(II) Enhancing MCHK’s complaint handling procedures

Enhance independence and fairness

- (i) Renaming medical assessors and lay assessors respectively as “independent medical assessors” and “independent lay assessors” (collectively as “independent assessors”) to reflect their unique roles in the complaint handling mechanism distinct from the MCHK members;
- (ii) Renaming Preliminary Investigation Committee as Medical Investigation Committee (“MIC”), requiring at

least 3 out of 5 MIC members to be independent assessors, designating deputy chairman of the MIC to be served by a lay person. Agreement from both the chairman of the MIC being a medical practitioner and the deputy chairman being a lay person will be required when dismissing a complaint for reason that it is groundless or frivolous;

- (iii) Renaming Inquiry Panel as Medical Tribunal Panel (“MTP”), requiring at least 3 out of 5 MTP members to be independent assessors, and specifying the Chairman of the MCHK must not concurrently serve as the chairperson of an MTP; and
- (iv) Adding more nominating authority for independent assessors to nominate independent assessors for appointment.

Enhance efficiency and streamline procedures

- (v) Downsizing an MIC from 7 members to 5 members, so that more MICs can be established to consider cases at the same time;
- (vi) Specifying that where a court has reached a verdict on a criminal case, an MTP should take the fact that the person was convicted and the fact leading up to the conviction as conclusive evidence, save for in exceptional circumstances; and
- (vii) Removing backward referral from an MTP to an MIC, and empower an MIC to examine witnesses by various telecommunication means;

Enable proactive case management

- (viii) Introducing a class of investigators to be appointed by the Secretary to the MCHK to support an MIC to carry out investigations into complaints received, who will submit an investigation report to an MIC for deciding whether the complaint should be referred to inquiry;
- (ix) Extending the power of an MTP to summon persons to give evidence or produce documents in their possession to an MIC to facilitate investigation into the complaints or

analyse information received by an MIC, and empowering an MIC to delegate its powers to dedicated investigators;

- (x) Specifying that the MCHK must promulgate target timeframes for specific steps in the complaint handling procedures;
- (xi) Empowering the MCHK to issue practice directions on all aspects of inquiry proceedings where parties involved must comply, including setting milestone dates for submission of documents and inquiry; and
- (xii) Specifying the overseeing role of the MCHK over the progress of complaint cases handling, and mandating the Secretary to provide report on the progress;

Rationalising disciplinary sanctions

- (xiii) Empowering the MCHK to issue codes, and explicitly setting out that breach of provisions of any code issued by the MCHK will be a ground for disciplinary sanctions; and
- (xiv) Clarifying, rationalising and differentiating different levels of sanctions available to an MTP;

Providing additional avenues of redress

- (xv) Allowing both the complainant and the medical practitioner concerned to apply to the MTP for review of its decision; and
- (xvi) Empowering the Secretary to the MCHK to lodge an appeal to the Court of Appeal if the MCHK considers the decision of an MTP is not in the public interest.

(III) Immediate handling of medical practitioners who have committed serious offences

- (i) Medical practitioners convicted of an offence endangering national security (“OENS”) and sentenced to imprisonment of 3 years or above will be permanently removed from the register of medical practitioners immediately, and not eligible for restoration;

- (ii) Medical practitioners convicted of an offence endangering national security (“OENS”) and sentenced to penalties other than imprisonment of 3 years or above will be removed from the register of medical practitioners immediately, and not eligible for restoration within 3 years. The application for restoration must be satisfied by the Secretary for Health that to approve the application will not be contrary to the interest of national security, and approved unanimously by all members of the MCHK;
- (iii) Medical practitioners convicted of an offence of serious violence or sexual offence will be removed from the register of medical practitioners immediately, and not eligible for restoration within 3 years. The application for restoration must be approved unanimously by all members of the MCHK; and
- (iv) Medical practitioners convicted of any criminal offence committed in connection with medical practice and sentenced to imprisonment (including those not convicted due to inability or insanity) will be suspended from practice until the completion of disciplinary proceedings or proceedings of the Health Committee.

(IV) Other amendments

- (i) Extending the requirement of continuing medical education to non-specialist doctors to cover all registered medical practitioners;
- (ii) Removing the additional requirement for non-Hong Kong Permanent Residents to have obtained a specialist qualification when applying to practise in Hong Kong under special registration, enabling them to apply for special registration on par with Hong Kong Permanent Residents. This include applying for special registration after sitting the Licensing Examination without completing medical internship, passing the exam and completing a period of assessment; and
- (iii) Including the HKUST into the list of local medical schools in the Medical Registration Ordinance.