



THE MEDICAL COUNCIL OF HONG KONG

GUIDANCE NOTES TO APPLICANTS FOR LIMITED REGISTRATION UNDER PROMULGATION NO. 10

Employment by a firm of solicitors registered by the Law Society of Hong Kong to carry out a medical examination of a person in Hong Kong for the sole purpose of preparing a medical expert report on that person for use in a pending court proceedings in Hong Kong

***IMPORTANT : READ THESE GUIDANCE NOTES BEFORE
COMPLETING THE APPLICATION FORM***

April 2018

Introduction

Under the Medical Registration Ordinance (“the MRO”), Chapter 161, Laws of Hong Kong, any person must register with the Medical Council of Hong Kong (“the Medical Council”) before he/she can practise medicine in Hong Kong. Practising without registration is a criminal offence under the MRO.

2. Under Section 14A of the MRO, the Medical Council may grant limited registration to persons selected for particular types of employment. The Medical Council on 17 July 2015 made Promulgation No. 10 to provide the limited registration for employment of a person by a firm of solicitors registered by the Law Society of Hong Kong to carry out a medical examination of a person in Hong Kong for the sole purpose of preparing a medical expert report on that person for use in a pending court proceedings in Hong Kong. A copy of the Promulgation No. 10 is at **Appendix A**.

3. This guide sets out the arrangements and procedures for application for limited registration under Promulgation No. 10.

How to apply under Promulgation No. 10

4. An applicant for limited registration under Promulgation No. 10 must be a medical practitioner registered with an approved medical authority outside Hong Kong.

5. An applicant should note the following in making the application:-

- (a) You should complete the application form at **Appendix B** clearly in English and in BLOCK letters. Part A should be completed by the applicant and Part B should be completed by the employing firm of solicitors. Incomplete or illegible applications will not be processed. Documents submitted will not be returned.
- (b) You should make a statutory declaration before a Commissioner of Oaths, Solicitor or Barrister in Hong Kong or a Notary Public outside Hong Kong to confirm the truth of all information provided. Declaration service is also available free of charge at the Central Registration Office.
- (c) You must ensure the truth and accuracy of all information provided. Making a false declaration (including failure to disclose relevant information) is an offence punishable with imprisonment under the Crimes Ordinance. Case of false declaration will be reported to the Police for investigation and prosecution.

6. An applicant must provide:-

- (a) **photocopies of**
 - (i) passport;
 - (ii) qualification certificate;
 - (iii) certificate of registration or other document evidencing your registration with a medical authority outside Hong Kong at the date of the application for limited registration; and
 - (iv) proof of adequate and relevant full time post-qualification clinical experience;

which must be

- (i) certified true copies by the administrator of oath before whom the statutory declaration is made; or
- (ii) verified by the Central Registration Office (you must present both the originals and the photocopies in person for verification); and
- (iii) accompanied by English and Chinese translations if they are not in English or Chinese.

(b) **originals** of the following:-

- (i) 4 recent photographs (size: 40 x 60 mm to 50 x 70 mm), one of which to be affixed to application form;
- (ii) references as to your character from at least 2 persons, not being your relatives, who have known you for at least 12 months and who have the opportunity of judging your character; and
- (iii) a certificate of good standing issued (within 3 months before the application) by each medical authority of a state, territory or place outside Hong Kong with which you are registered as a medical practitioner (if any), ***if you are resident outside Hong Kong***;

- (c) a crossed cheque or banker's draft for HK\$1,675* made payable to "The Government of the HKSAR" or "The Government of the Hong Kong Special Administrative Region". (HK\$1,270* being prescribed fee for limited registration and HK\$405* being fee for the practising certificate for the first year of registration. Practising certificate(s) for subsequent year(s) will be charged separately if limited registration will be granted for more than one year.) [*Fees subject to revision]

7. The original of the completed application form (photocopy or faxed copy **not** acceptable) together with all supporting documents and prescribed fees, should be submitted in person or by post to:-

Registrar of Medical Practitioners
c/o Central Registration Office
Department of Health
17/F, Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

Processing time required by the Medical Council

8. It will usually take about 4 weeks for the Medical Council to process a straight forward application, provided that all required information and supporting documents are in order. More complicated cases will take longer.

9. In order to ensure that approval is given in time, applicants should submit their applications as much in advance as possible, in any case **not less than 4 weeks** before the start of the employment. The Medical Council cannot guarantee approval in time for late applications.

Personal data collection statement

Purpose of collection

10. The personal data you provide will be used for purposes directly related to your application for registration as a registered medical practitioner with limited registration. It is voluntary for you to provide your personal data. However, if you do not provide sufficient information, we may not be able to process your application.

Disclosure to the public

11. In accordance with section 15 of the Medical Registration Ordinance, Part I and Part III of the General Register are published annually in the Gazette, setting out the names, addresses, qualifications and dates of the qualifications of all persons included therein. The main purpose of such publication is to inform the public who is, or is not, registered as a medical practitioner, and who is entitled to practise medicine.

12. The information published in the Gazette will also be published in the website of the Medical Council of Hong Kong. You have the option to indicate whether you agree or refuse to have your registered address published in the Medical Council's website. Any subsequent change of option should be notified in writing to the Registrar of Medical Practitioners, and the change will be reflected in the next update of the website information.

Transfer to others

13. The personal data you provide will be used mainly by the Medical Council of Hong Kong. They may also be disclosed to other persons, bodies or authorities for the purposes set out in paragraph 1 above or in circumstances permitted under the Personal Data (Privacy) Ordinance.

Access to personal data

14. You have a right to request access to and correction of your personal data held by us. A fee may be charged for such access or correction. Request for access or correction should be made in writing to:-

Secretary, The Medical Council of Hong Kong
c/o Central Registration Office
17/F, Wu Chung House
213, Queen's Road East
Wanchai, Hong Kong

Office hours and enquiry telephone numbers

15. Office hours and contact details of the Medical Council Secretariat are as follows:-

Monday 9:00 a.m. to 1:00 p.m. and 2:00 p.m. to 6:00 p.m.
Tuesday to Friday 9:00 a.m. to 1:00 p.m. and 2:00 p.m. to 5:45 p.m.
(closed on Saturdays, Sundays and Public Holidays)

Telephone : 2961 8650 / 2961 8648
Fax : 2891 7946 / 2573 1000
E-mail : cro1@dh.gov.hk

The Medical Council of Hong Kong
April 2018

G.N. 5231

MEDICAL COUNCIL OF HONG KONG

LIMITED REGISTRATION UNDER
MEDICAL REGISTRATION ORDINANCE (Chapter 161)
PROMULGATION NO. 10

The Medical Council of Hong Kong has determined that, until such time as the Council may determine otherwise, limited registration under section 14A of the Medical Registration Ordinance, Chapter 161, Laws of Hong Kong is appropriate in respect of the following employment:—

‘Employment by a firm of solicitors registered by the Law Society of Hong Kong to carry out a medical examination of a person in Hong Kong for the sole purpose of preparing a medical expert report on that person for use in a pending court proceedings in Hong Kong.’

The practice of a person registered with limited registration under this promulgation shall be subject to the restrictions and conditions as determined by the Medical Council of Hong Kong and stipulated in the letter of approval.

An applicant should be a medical practitioner registered with an approved medical authority outside Hong Kong.

Applications for limited registration under this promulgation should be made to the Registrar of Medical Practitioners in accordance with the guidelines published by the Medical Council of Hong Kong.

17 July 2015

Maggie CHOW *Secretary, Medical Council of Hong Kong*

THE MEDICAL COUNCIL OF HONG KONG

**Application for Limited Registration
under section 14A of Medical Registration Ordinance**

(Promulgation No. 10)

Part A : To be completed by the Applicant

1. I apply for registration as a medical practitioner with limited registration in accordance with section 14A of the Medical Registration Ordinance pursuant to the Promulgation No. 10 of the Medical Council of Hong Kong on Limited Registration. My personal particulars are as follows:-

- (a) Name : _____
(Surname) (Given Name)
(Note: The **full name** must be the **same** as that appeared on the passport.)
- Chinese name : _____
(If applicable)
- (b) Date of birth : _____
(DD/MM/YYYY)
- (c) Gender : * Male / Female
- (d) Passport number : _____
- Country of issue : _____
- (e) Correspondence address outside : _____
Hong Kong for communication _____
before registration _____
- (f) Registered address : _____
in Hong Kong for service of notice by _____
the Medical Council _____
<See Remark 1> _____

(* delete as appropriate)

- (g) Telephone : _____ (outside Hong Kong)

(in Hong Kong, if any)
- (h) Fax : _____ (outside Hong Kong)

(in Hong Kong, if any)
- (i) E-mail : _____ (if any)

2. I *agree/do not agree to have my registered address published in the website of the Medical Council of Hong Kong. <See Remark 2 >

3. I have been selected for the following employment to carry out a medical examination of a person in Hong Kong for the sole purpose of preparing a medical expert report on that person for use in a pending court proceedings in Hong Kong:-

- (a) Name of employing firm of solicitors : _____
- (b) Name of person to be examined : _____
- (c) Nature of pending court proceedings : _____

- (d) Pending court case number(s) : _____
- (e) Period of employment : _____ (date) to _____ (date)

(Note: the period of employment must not exceed 3 years)

4. I hold the following professional qualification(s) in medicine and surgery:-

(Note: Please provide documentary proof.)

5. I have the following post-qualification clinical experience:-

(Note: Please provide documentary proof.)

(* delete as appropriate)

6. I am also known as _____

as shown on the supporting documents submitted to the Medical Council of Hong Kong and I declare that all names refer to me, being the applicant of this application. The discrepancy in name is due to:-

(Note: This part must be completed if the applicant has used different names in his/her Passport and/or his/her certificates/diplomas of professional qualifications.)

7. I am registered as a medical practitioner with the following medical authorities (Note: set out **ALL** authorities with which you are registered):-

State/Territory/Place	Medical Authority	Period of Registration
		to
		to
		to

Submit: Certificate(s) of good standing (original) (issued by EACH medical authority within 3 months before this application) (*For resident outside Hong Kong only*)

8. I confirm that <See Remark 3>:-

- (a) I *have/have **never** been convicted of a criminal offence **punishable** with imprisonment (irrespective of whether actually sentenced to imprisonment) in **Hong Kong or elsewhere**.
- (b) I *am/am **not** currently the subject of any on-going criminal proceeding(s) in **Hong Kong or elsewhere**.
- (c) I *have/have **never** been found guilty of professional misconduct by any professional body in **Hong Kong or elsewhere**.
- (d) I *am/am **not** currently the subject of any on-going disciplinary proceeding(s) by any professional body in **Hong Kong or elsewhere**.

<Remark 1> : Although the registered address may be a practising address, a residential address or a Post Office Box number, the applicant is advised to provide the practising address as the registered address. The practising address will be of more meaningful reference for the public in ascertaining who is entitled to practise medicine in Hong Kong, and will also afford privacy to the practitioner's residential address as the registered address is published in the Gazette (which is also available in the Government's e-Gazette website).

<Remark 2> : While publication of the registered medical practitioner's registered address in the Gazette is a mandatory requirement under the Medical Registration Ordinance, the Medical Council has decided that a registered medical practitioner may choose whether to have his/her registered address published in the Council's website.

<Remark 3>: If there is any such conviction, finding of professional misconduct, or criminal or disciplinary proceedings, full details must be provided.

(* delete as appropriate)

Statutory Declaration

WARNING

Applicant must ensure the truth and accuracy of all information provided. Making a false declaration (including failure to disclose relevant information) is an offence punishable with imprisonment under the Crimes Ordinance. Cases of false declaration will be reported to the relevant authorities for investigation and prosecution.

I _____ (Applicant's FULL name) of _____

_____ (address)

solemnly and sincerely declare that all information and documents provided for this application are **true and accurate**.

Applicant's
recent photograph

**(administrator of oath
to sign across the
affixed photograph of
the applicant)**

(size: 40 x 60 mm
to 50 x 70 mm)

I make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths and Declarations Ordinance.

Applicant's Signature : _____

The above declaration was made on _____ (date) at _____ (place)

Before me (administrator of oath),

Signature: _____

Name: _____ (BLOCK letters)

#Status: ☐ Commissioner for Oaths ☐ Solicitor

☐ Barrister ☐ Notary Public

Address: _____

Tel. No.: _____ Email: _____

Official Stamp

[# A declaration made **outside Hong Kong** must be made before a **Notary Public**.]

Part B : To be completed by the employing firm of solicitors registered by the Law Society of Hong Kong)

10. I _____ (*full name*) (_____ *position*)

have been designated by _____
(employing firm of solicitors)

to certify applications for limited registration with the Medical Council of Hong Kong.

11. I certify that :-

(a) the applicant has been selected for the employment as set out item 3 above,

(b) the employment is necessary for the purpose of carrying out the medical examination of _____ (name of person to be examined) in Hong Kong for the sole purpose of preparing a medical expert report on him/her for use in a pending court proceedings in Hong Kong. Justification is as follows-

(c) the applicant's registration stated in item 7 above has been verified with the medical authority to be true, and

(d) the translations (if any) of supporting documents in a foreign language are accurate.

Certified this _____ day of _____ 20_____

(Seal/chop of the employing firm of solicitors)

(Signature of the designated person)

(Note: Please ensure that all documents specified in paragraph 6 of the Guide to Applicants are provided.)

THE MEDICAL COUNCIL OF HONG KONG

Application for Limited Registration under Promulgation No. 10

Character Reference (1)

I recommend _____ (Applicant's FULL name) for limited registration as a medical practitioner under section 14A of the Medical Registration Ordinance.

I am not a relative of the Applicant. I have known the Applicant for at least 12 months. I have sufficient opportunity of judging the Applicant's character, in the following capacities:-

In my judgment, the Applicant is a person of good character and is fit and proper to be registered as a medical practitioner with limited registration.

I have the following additional comments (if any) on the Applicant's character (attach separate sheet if necessary):-

I agree to provide, if required, details about my acquaintance with the Applicant and my knowledge of the Applicant's character. The Medical Council can contact me at the address, telephone number or email set out below.

I certify that the above information is, to the best of my knowledge, true and correct.

Signature : _____

Name : _____ (BLOCK letters)

Occupation / Profession : _____

Address : _____

Telephone No. : _____

Email : _____

Date : _____

WARNING

It is an offence punishable with imprisonment under the Crimes Ordinance to aid, abet or counsel the Applicant to procure or attempt to procure himself or herself to be registered as a medical practitioner under section 14A of the Medical Practitioners Ordinance by wilfully making or producing a certificate of character reference which the referee knows to be false or fraudulent. Referee must therefore ensure all information provided in this character reference is **true and accurate**.

THE MEDICAL COUNCIL OF HONG KONG

Application for Limited Registration under Promulgation No. 10

Character Reference (2)

I recommend _____ (Applicant's FULL name) for limited registration as a medical practitioner under section 14A of the Medical Registration Ordinance.

I am not a relative of the Applicant. I have known the Applicant for at least 12 months. I have sufficient opportunity of judging the Applicant's character, in the following capacities:-

In my judgment, the Applicant is a person of good character and is fit and proper to be registered as a medical practitioner with limited registration.

I have the following additional comments (if any) on the Applicant's character (attach separate sheet if necessary):-

I agree to provide, if required, details about my acquaintance with the Applicant and my knowledge of the Applicant's character. The Medical Council can contact me at the address, telephone number or email set out below.

I certify that the above information is, to the best of my knowledge, true and correct.

Signature : _____

Name : _____ (BLOCK letters)

Occupation / Profession : _____

Address : _____

Telephone No. : _____

Email : _____

Date : _____

WARNING

It is an offence punishable with imprisonment under the Crimes Ordinance to aid, abet or counsel the Applicant to procure or attempt to procure himself or herself to be registered as a medical practitioner under section 14A of the Medical Practitioners Ordinance by wilfully making or producing a certificate of character reference which the referee knows to be false or fraudulent. Referee must therefore ensure all information provided in this character reference is **true and accurate**.