

MEDICAL REGISTRATION ORDINANCE (Chapter 161)

ORDER MADE BY THE INQUIRY PANEL OF
THE MEDICAL COUNCIL OF HONG KONG

DR TAI HOK LEUNG (REGISTRATION NO.: M11689)

It is hereby notified that after due inquiry held on 6 October 2023 in accordance with section 21 of the Medical Registration Ordinance, Chapter 161 of the Laws of Hong Kong, the Inquiry Panel of the Medical Council of Hong Kong found Dr TAI Hok Leung (Registration No.: M11689) guilty of the following charges:—

‘That from about December 2020 to April 2021, he, being a registered medical practitioner, improperly made voucher claim(s) under the Health Care Voucher (‘HCV’) System, in the circumstances where one would reasonably have understood them to be impermissible claims under the rules of the HCV Scheme for making claims, in that he made voucher claims in respect of ordering laboratory tests for elderly persons without,

*(i) providing medical consultations to the elderly persons before the laboratory tests; and/or
(ii) seeing the elderly persons in person.*

In relation to the facts alleged, either singularly or cumulatively, he has been guilty of misconduct in a professional respect.’

2. The Government’s Health Care Voucher Scheme (‘HCVS’) provides health care vouchers annually to elders aged 65 or above to subsidize their use of primary care services in the private sector. Health care professionals who are registered in Hong Kong, including medical practitioners, are eligible to enroll in the HCVS as service providers. Dr TAI was an enrolled healthcare service provider (‘EHCP’) under the HCVS.

3. From 24 December 2020 to 12 April 2021, the Health Care Voucher (‘HCV’) Division of the Department of Health (‘DH’) received six complaints from different voucher recipients (‘VRs’)/ VR’s family members, alleging inter alia that Dr TAI might have deducted vouchers without seeing the VRs and without providing healthcare services in person to the VRs.

4. To investigate the cases, the HCV Division conducted inspections on 15 January 2021 and 16 April 2021 to check a total of 27 voucher claims made by Dr TAI. Five VRs of the respective complaint cases and six VRs (6 claims involved) randomly selected for call ascertainment (collectively the ‘Eleven VRs’) confirmed that they had not seen nor received healthcare service in person from Dr TAI. The respective voucher claims of the Eleven VRs were made by Dr TAI between December 2020 and April 2021.

5. The HCV Division had also required Dr TAI to declare if he had provided healthcare service in person to the VRs of all voucher claims ever made under his EHCP account. According to the first written declaration submitted by Dr TAI to HCV Division dated 11 February 2021 (‘1st Declaration’), there were 21 voucher claims in total, and Dr TAI gave information in respect of 20 of the 21 voucher claims made under his EHCP account. For all these 20 voucher claims, amongst other matters, Dr TAI declared the following:—

(i) For all the 20 voucher claims made under his EHCP account, he had not provided healthcare services to the VRs in person.

(ii) The respective medical services provided were ‘medical checkup by blood tests’, ‘Health Checkup by blood tests’ or ‘chest X-Ray’.

(iii) He had provided healthcare service/products according to the health need of the VR for that visit and his professional judgment. Dr TAI wrote ‘...Screening for common important conditions in asymptomatic old-age individuals’, ‘Referred by physician for respiratory symptoms’, ‘Screening for common conditions in asymptomatic individuals’, ‘... The conditions tested are common in geriatric group’, and ‘...The conditions checked are common & important in geriatric population’.

6. Dr TAI had submitted to HCV Division a second written declaration dated 19 April 2021 (‘2nd Declaration’). In his 2nd Declaration, Dr TAI outlined the workflow of the outreach health check-up program for the elderly as follows:—

1. *The colleagues will inform the VR the fee and the details of the examination before the visit.*
2. *On the day before the blood taking, the member of outreach phlebotomy team will phone the VR for confirmation.*
3. *On the day of examination, the member of outreach team will visit the VR. Have the consent form signed before the blood taking and other physical examination.*
4. *When the lab report is ready, I will be responsible for a written comment, interpretation and follow-up plan. I, or my assistant, will phone the VR for initial explanation. Then the VR will have an in-person detailed consultation at my office at no additional consultation fee.'*

Dr TAI also explained that the in-person consultation was an integral part of the health check program and they were still waiting for the patients on the list to arrange the consultation. Dr TAI added that his role in the service provision included (i) training and arrangement of outreach phlebotomy team; (ii) interpretation and workup plan for the lab report; and (iii) consultation to the VR.

7. In his 2nd Declaration, Dr TAI gave information of another voucher claim which he had omitted to provide information in his 1st Declaration. In respect of this voucher claim, Dr TAI again declared that he had not provided healthcare service to the concerned VR in person but provided healthcare service/products according to the health need of the VR for that visit and his professional judgment. Dr TAI wrote 'Screening for common important condition in asymptomatic old-age individuals'.

8. According to the investigation findings of the HCV Division, as of 23 April 2021, no in-person consultation had been provided to any of the VRs claimed under Dr TAI's EHCP account. He had not assessed the health condition of the VRs properly before ordering the laboratory test. For example, in one complaint case, according to the family member, the VR already had regular blood tests conducted once every half year at Government clinic for the follow-up of his chronic disease, and therefore the blood test ordered by Dr TAI was redundant. This suggested that Dr TAI might have ordered laboratory tests not according to the health need of the VR.

9. By a letter dated 4 June 2021, DH lodged a complaint against Dr TAI to the Medical Council.

10. Subsequently, Dr TAI had written a letter to the HCV Division dated 4 November 2021. In the letter, Dr TAI explained inter alia that when the lab report in respect of the VR was available, he would write down his observations, analysis and/or comments there. Dr TAI said the health care services involved were his lab report analysis and the professional opinion he gave. He said he would also refer the VR to specialist when appropriate in his professional judgment.

11. Dr TAI had also provided a declaration dated 17 March 2022 in respect of another 6 voucher claims (3rd Declaration). Dr TAI admitted in his 3rd Declaration in respect of these 6 voucher claims that he did not provide healthcare service to the VRs in person.

12. It is stated in paragraph 17.1 of the Code of Professional Conduct (the 'Code') (2016 edition) that:—

'A doctor may refer a patient for diagnostic ... services to ... any other provider of health care services permitted by law to furnish such services, if in his clinical judgment this may benefit the patient...'

13. Dr TAI had never provided medical consultations to the VRs in person at all. Dr TAI would not have known about the medical histories and the medical conditions of the VRs, and if it was indicated for them to undergo the blood tests/chest X-Rays. There was also no opportunity for Dr TAI to confirm with the VRs in person if it was really their wish to undergo the blood tests/chest X-Rays. Dr TAI would also not know if what the members of the outreach team told the VRs about the blood tests/chest X-Rays were correct or anything important was missing.

14. As the HCV Division pointed out, in one complaint case, the concerned VR already had regular blood tests conducted once every half year at Government clinic for follow-up of chronic disease, and therefore the blood test ordered by Dr TAI was redundant. The Inquiry Panel agreed with the HCV Division that this showed that Dr TAI provided health-care service not according to the health need of the VR.

15. The Inquiry Panel did not accept that health-care services could be indiscriminately prescribed to VRs, who were all elderly patients, without prior medical consultations on the pretext that the conditions checked were common and important in geriatric population. In the circumstances, the Inquiry Panel was not satisfied that Dr TAI's referral of the VRs for blood tests/chest X-Rays were in the patients' best interests and benefits.

16. In the view of the Inquiry Panel, Dr TAI's conduct had fallen below the standards expected of registered medical practitioners in Hong Kong. He was therefore found guilty of misconduct in a professional respect as per both charges (i) and (ii).

17. Taking into consideration the nature and gravity of the case against Dr TAI and what the Inquiry Panel had read and heard in mitigation, the Inquiry Panel made a global order in respect of disciplinary charges (i) and (ii) that the name of Dr TAI be removed from the General Register for a period of 1 month, and that the operation of the Order be suspended for a period of 6 months.

18. The orders are published in the *Gazette* in accordance with section 21(5) of the Medical Registration Ordinance. Full decision of the Inquiry Panel of the Medical Council is published in the official website of the Medical Council of Hong Kong (<http://www.mchk.org.hk>).

LAU Wan-ye, Joseph *Chairman, The Medical Council of Hong Kong*