

出國報告（出國類別：其他）

參加香港醫療保護 協會醫療法律專家 訓練課程

服務機關：衛生福利部

姓名職稱：石崇良司長

劉越萍簡任技正

林淑芬科長

派赴國家/地區：香港特別行政區

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報告日期：107年11月21日

摘要

醫療保護協會（Medical protection society, MPS）在香港發展超過 60 年歷史，目前香港並未強制規定醫師投保醫責險，但有 85% 的醫師為 MPS 會員，一旦發生醫療事故，由 MPS 提供會員相關諮詢、支持、補償與教育訓練等服務。MPS 亦致力於開發並提供會員多樣化的教育訓練課程，透過線上教學、網路資源及行動載具提供會員學習，以提高參與意願，期由根本預防醫療糾紛之發生。

本次出國期間與英國及亞太醫療保護協會相關人士進行交流，除了解其制度發展、服務內容與課程設計等，亦得以一窺香港醫糾案件處理程序，並藉由實際參與 MPS 舉辦之醫療法律專家訓練課程（Medical legal advice training course），了解其相關課程內容設計，對於規劃我國第三方機構之專家諮詢內容及訓練，助益良多，並可作為我國未來制定相關政策之參考。

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壹、目的

醫療保護協會 (Medical protection society, MPS), 自 1892 年於英國成立迄今約 120 年, 屬非營利性組織, 累積有超過 20 個國家、30 萬名會員, 強調以醫師專業提供醫師各種保護與諮詢服務, 目前在加勒比海及百慕達群島、愛爾蘭、新加坡、香港、馬來西亞、紐西蘭、澳洲均設有分部, 針對會員提供醫療糾紛諮商, 支持協處、事故補償及辦理醫療糾紛預防相關教育訓練課程等服務, 致力於降低醫療爭議訴訟發生率, 給予會員實質上的依靠。該協會每年由醫療糾紛個案蒐集數據作進一步分析研究, 提出建議解決或預防方案, 再經由舉辦各類課程提供會員相關教育訓練, 以避免類似案件再度發生。

考量本部刻正積極推動醫療事故預防及爭議處理法之立法, 該組織之運作與成立宗旨任務內容與業務推動有相關性, 除藉由與 MPS 之英國及亞太醫療保護協會相關人士進行交流, 了解其對於會員面臨醫療糾紛案件之支持關懷、風險管理、資金規劃與補償運作等機制, 並實際參與其所舉辦相關教育訓練課程, 對於後續評估將該制度引進國內及建立醫療事故補償機制之規劃應有助益。

貳、過程

一、行程安排

本次出訪共計安排 4 天之交流研習課程，包含與英國及亞太 MPS 人士交流活動、參加醫療法律專家訓練課程及澳洲認知研究中心訓練課程交流等三大部分，各項目課程及時間如下表：

課程項目	時間	地點	講者
MPS 交流活動	107/08/24 12:00-17:00	Conference Room, Mayer Brown JSM	Dr Pardeep Sandhu Dr Ming Keng Teoh Director Harris Shum Director Martin Burns Dr Katie Grant Caroline Bennett
	107/08/27 09:00-10:00	Kennedys Seminar Room	Dr Ming Keng Teoh
醫療法律專家訓練 課程	107/08/25-26 12:30-18:00	Hong Kong Medical Association	
Cognitive Institute 訓 練課程與交流	107/08/25 09:15-11:15	OZO Wesley Hotel TALK meeting room	Dr Justin Cheng
	107/08/27 10:00-12:00	Kennedys Seminar Room	Matthew O' Brien

二、醫療保護協會（Medical protection society, MPS）簡介

MPS 係英國於 1892 年由醫師們自主成立的團體，旨在服務醫師，以保護其權益免受侵害，發展迄今，已成為全球最大的醫師互助責任保險組織之一，目前參與的國家和地區有：香港、英國、愛爾蘭、澳洲、紐西蘭、南非、以色列、新加坡、馬來西亞等約 20 個國家、30 萬名醫師會員。MPS 是一個非營利性的組織，透過會員所繳交的會費提供會員廣泛且多元的服務，包含 24 小時即時醫療法律諮詢、醫療過失全額賠償、處理媒體或網路對醫師的誹謗、專屬律師協助醫療訴訟與談判、提供諮商輔導、定期發行專刊分析醫糾案例、研發醫病溝通及風險管理教育訓練課程等。

MPS 除了設有顧問醫師提供會員專業諮詢外，亦有特約專屬律師及精算師，就各地區會員按其國家地區生活水準、法律訴訟費用、各專科風險程度、職級及賠償金額

等，計算所應負擔之年費。與一般商業保險不同，MPS 不會因風險過高而拒絕醫師為其會員，反而會進一步分析其風險所在，提供會員必要的輔導與一對一的教育訓練服務，以降低風險發生機率。以香港為例，一般主治醫師每年會費約新臺幣 4 萬元，而醫美診所或婦產科醫師則約 30 至 40 萬元不等。

MPS 提供會員無上限的賠償協助，賠償以事件發生時為基準，於該期間內具會員身分者均會協助處理，不論其是否已離開 MPS 或退休時被索賠亦然；此外，另有專業法律人員代表會員出席臨床疏忽訴訟、紀律聽證會、調查委員會等，涉及事件受媒體注目時亦會協助準備聲明稿、擔任發言人等，亦提供法律倫理諮詢服務，為會員解決醫療法律與倫理困境，並且幫助醫師會員處理病人的投訴，使醫師和醫院都不用因賠償相關事務而舟車勞頓、心神不寧，進而影響執業心情 (<https://www.medicalprotection.org/uk>)。

MPS 於亞洲地區發展現況

地區	成立時間	會員人數	案件數/年
香港	1954	11,701	520
新加坡	1972	5,998	430
馬來西亞	1975	4,387	142

三、MPS 交流活動

(一)活動時間：8 月 26 日上午 10：00-12：30

(二)參與人員：

MPS：Dr Pardeep Sandhu、Dr Ming Keng Teoh、Director Harris Shum

Cognitive Institute：Managing Director Matthew O' Brien

(三)活動目的：由我國與會代表與 MPS 主要核心人物進行閉門會議，討論將 MPS 制度規劃引入我國之可行性。

(四)內容摘要：

1. 臺灣現況說明

(1)醫療爭議事件，每年於院內發生的案件無明確數字，地方衛生局調處案件約 500 件(調處成功率約 30%)，進入法院案件約 300 件，其中不到 7%案件判決有罪。

(2)醫師對醫療爭議事件的顧慮點包括：賠償時要負擔的比例、上法院負舉證責任，欠缺法律專業知識，有孤立無援、感到無助、挫折及被告的恐懼、被醫院解聘、

暴力威脅。

- (3) 目前無法令規定醫師需參加強制醫療責任險，僅部分醫療院所設有醫師互助基金、各地方醫師公會則提供互助金或醫師業務責任險等機制，以因應可能的醫療糾紛賠償需要。
2. MPS 很少主動提出要進入某個國家，以往的經驗都是由醫師主動聯絡 MPS，才開始去評估要收多少費用。
3. MPS 針對不同的案件之服務內容，主要依有沒有要求賠償加以區分。

Protection

Not Claims (80%)

Doctor

-
- advice
 - complaint
 - MLA
 - medical council
 - hospital
 - policy
 - media
 - employment
 - \$

Claims (20%)

Doctor /Lawyer

-
- injury
 - support before claim/court
 - \$\$\$

45%: PCC

55%: Hospital (including
public/private)

4. MPS 可協助的模式

Claim

- 全部整合一起的互助基金模式
- 部分負擔 + 有上限的

Non-Claim

- 提供支援

5. 以 Claim 的方案，需要以保險公司方式去運作，但 MPS 不希望以保險公司去運作。其原因如下：

- (1) 保險公司用風險去計算要繳的費率，將使低風險的醫師因自認無風險而欠缺參加誘因。

- (2)用保險公司運作時，需依保險法的要求額外付稅額以及其他法規要求的提撥或準備基金，且有部分資金無法動用，基金的運用除會被法規限制外，亦需依法令規定定期去檢視基金能承擔可能風險，此為以保險機制運作時需額外付出的支出。
- (3)一般醫師參加 MPS 比保險費用要貴，保險要共同負擔、MPS 沒有收費上限，保險有理賠上限、MPS 則無，保險沒有協助醫療端作風險管理及預防。
- 6. 建議先行導入 MPS 機制的先趨計畫，由醫策會和 MPS 合作，找出可行的實施模式。
- 7. Cognitive Institute 的風險預防課程較不受試辦模式的限制，可以放在合作計畫中同步進行。

四、參加醫療法律專家訓練課程

(一)時間：8 月 25 日至 26 日下午 12：30~18：00

(二)目的：課程訓練目的為使培訓醫師了解醫療爭議處理過程中，法院需要醫療專家提供醫療方面的評析報告、配合訴訟進行的相關醫療諮詢及出庭。醫療專家具具有法律賦予的職責協助提供法律事務中相關醫療專業建議，並且應超然於其他專業上相關的指導或對價的關係。

(四)內容摘要：本課程係由香港醫師會與 MPS 合辦，為期二日。

1. 依香港民法規定，病人提告醫師，需舉證構成醫療疏失的四要件，包括：(1)醫師有醫療照護上的職責，(2)醫師違反了該職責，(3)前二項要件有因果關聯，(4)病人有受到傷害。而不論是告訴人或被告，雙方都會需要有關醫療法律專家協助提供有關臨床照護的專業意見，以作為進入後續抗告時的參考。在此一過程中，醫療法律專家的意見，在病人、律師、法官都不了解醫療專業知識之情況下，就具決定性的影響力。
2. 課程內容包括：醫療法律專家的角色、法院的期待、醫療爭議案件的處理流程、何謂知情同意、訴訟的程序、專家報告的撰寫規則、賠償的處理原則、專家報告實作練習、刑事庭的進程序、出庭的準備及注意原則、調解及爭議協處制度等。此課程在協助醫師作為醫療法律專家時，應明白本身於法庭上的角色，不再僅是醫療專家而已，必須提供法官要求的確證或驗證職責，也必須要避免利益及專業上的角色衝突。
3. 作為一個醫療法律專家，醫師既不是代表同理病人的處境、也不是來捍衛專業

團體的立場，必須要能中立的提出「事實」的證明，當作為被告方時，應向法院提出「事實證據 (factual evidence)」(亦即你對病人做了哪些事)；當作為被徵詢的專家時，法官所要求提供的，則是「專家意見證據 (opinion evidence)」，關於這二種不同的角色，醫師必須很清楚自己現在是哪一個。作為醫療法律專家要能投注相當的時間、詳讀所有的案件文件、法官或律師提出的詢問，並且明白什麼是要避免的行為。

4. 在香港，醫病雙方可以各自找律師及醫療法律專家進行法庭攻防，形成互相制約機制，而醫療法律專家所提供專業意見也因為法律的制衡機制，而減低其立場偏頗的可能性。

五、Cognitive Institute 訓練課程與交流

(一)時間：8月25日上午09：15~11：15、8月27日上午10：00~12：00

(二)目的：本課程係由澳洲認知研究中心(Cognitive Institute)的執行長 Matthew O' Brien 及 MPS 在香港當地種子教師 Justin Cheng 醫師，特別設計的病安工作坊(Achieving Safer and Reliable Practice Workshop)，展現 MPS 如何在全球各地進行醫療爭議預防之教育課程。

(三)內容摘要：

1. MPS 一年在全球舉辦上千場類似的工作坊，醫師會員有一半以上會參加此類課程，課程清單如下：

Cognitive Institute 團隊或個人的訓練課程

課程群組	課程模組
Building Clinical Leadership	1.Implementing Reliability Improvement for Safer Healthcare (8 hr) 2.Mastering Difficult Colleague Interactions (3.5 hr) 3.Mastering Supervision Challenges (7 hrs) 4.Mastering Improved Clinician Performance (7 hrs) 5.Mastering Clinician Coaching & Feedback (4 hrs)
Performance and Professionalism	4. Mastering Improved Clinician Performance (7 hrs) 5. Mastering Clinician Coaching & Feedback (4 hrs) 6. Building Resilience and Avoiding Burnout (3 hrs)
Safer and Reliable Healthcare	1.Implementing Reliability Improvement for Safer Healthcare (8 hr) 2.Mastering Difficult Colleague Interactions (3.5 hr) 4.Mastering Improved Clinician Performance (7 hrs) 6. Building Resilience and Avoiding Burnout (3 hrs)

	7. Leading Reliability Improvement for Safer Healthcare (8 hr)
	8. Mastering Safer and Reliable Practice (3 hrs)
	9. Clinical Incident Management (16 hrs)
	10. Open Disclosure Expert Training (8 hrs)
Patient Communication	11. Clinical Communication Programme (24 hrs)
	12. Difficult Doctor Patient Relationships (4 hrs)
	13. Doctor Patient Communication (4.5 hrs)
	14. Mastering Difficult Interactions With Patient (3 hrs)
	15. Patient Communication Skills Masterclass (8 hrs)
Open Disclosure	9. Clinical Incident Management (16 hrs)
	10. Open Disclosure Expert Training (8 hrs)
	16. Mastering Open Disclosure (3 hrs)
	17. Open Disclosure E-learning
	--Module 1: Open Disclosure Principles (25 mins)
	--Module 2: Open Disclosure Conversation (45 mins)
Clinical Supervision Teaching and Mentoring	3. Mastering Supervision Challenges (7 hrs)
Colleague Interactions	2. Mastering Difficult Colleague Interactions (3.5 hr)
	11. Clinical Communication Programme (24 hrs)
	18. One-on-One Training (8 hrs)
	19. Difficult Colleague Interactions Masterclass (8 hrs)
Individual Improvement	11. Clinical Communication Programme (24 hrs)
	18. One-on-One Training (8 hrs)
Risk Management Courses	14. Mastering Difficult Interactions With Patient (3 hrs)

資料來源：<https://www.cognitiveinstitute.org/> accessed 2018/9/9

2. 大部分人都明白病人安全事件是可以被避免的，然而要由 90%的避免發生，提升至 99%的病人安全確保，需要由人為因子方面去突破，才能提升專業可信賴度至 99%。課程提出一個人為因子對人們進行決策的影響，突顯在醫療決策上找出人因突破點的重要性。
3. 另藉由臨床實際案例分享，講述團隊合作溝通處置發生的問題，並藉由分組討論方式，就該案例團隊中麻醉主治醫師、外科主治醫師、其他麻醉團隊、整個事件發生的流程、開刀房的領導管理、開刀房的環境設備等六個不同角度去探討事件發生的可能問題、如何改善或避免問題發生，以深入討論如何預防事件的發生，進一步發展相關學習案例供後進學習，避免同樣事件再度發生。（相關影片連結 <https://www.youtube.com/watch?v=JzlvgtPIof4&sns=em>）

4. 推出以機構或體系為主的品質及病安改善倡議運動，機構推廣專案包括以「為安全發聲（Speak Up for Safety）」的運動，其中有段新加坡 K K 婦女及兒童醫院由該醫院的院長、各級主管、品管病安委員會召集人、護理長、病人等錄製影片（<https://www.youtube.com/watch?v=BK31KTV2gEA>），分別述說他們對於「為安全發聲（Speak Up for Safety）」這件事的看法及鼓勵大家勇敢發聲，並於影片製作完成後在醫院各處播放，帶動全機構對病安的重視，除展現出領導者管理的決心，也邀請病人共同參與，其作法很值得作為我國推廣病安品質工作之借鏡。

參、心得與建議

- 一、我國目前在醫療爭議事件之處理上，雖已有事前溝通、事發關懷、事後調處等相關規劃設計，惟對於醫療爭議事故事件補償部分，除醫療機構自行投保醫療責任險或互助金外，僅有針對生產事故事件立法提供救濟協助，尚未有全面性的醫療爭議事故事件補償機制。MPS 的作法，除藉由醫師會員繳交之保險費提供全面性的事故賠償保障外，另提供專業的支持、諮詢服務與法律扶助，協助處理應對媒體不實報導與賠償協商，更針對會員個別需要提供不同的教育訓練課程，以矯正其行為，降低糾紛發生，並藉以提升品質與降低成本，值得我國參考借鏡。
- 二、醫療法律專家訓練課程方面，對於課程設計及辦理的模式，建議可引入我國，未來於培訓醫學法律專家時，亦可邀請法官或律師授課，並參考所定專家評析報告格式及撰寫指引，發展適合我國於鑑定報告或第三方專家評析意見之撰寫格式及教育訓練模式。
- 三、MPS 的運作係以成本導向，給付予撰寫鑑定或評析報告者高額費用，使有意願撰寫，進而連動後續相關律師費用，而為使費用控管於可控制範圍內，則促使其積極投入於前段預防機制之建立，除預防事故發生外，並於事故發生後進行全面檢討改善及制定學習案例，以避免同樣事件再度發生。
- 四、MPS 提供會員 24 小時諮詢服務，建議可學習如何引入我國以付費模式營運，俾能長久運作；另有關醫師擔心醫療事故發生後遭有心人士散布負面新聞，影響其聲譽部分，MPS 亦提供相關法律支援協助服務，建議亦可導入我國。
- 五、澳洲認知研究中心有一課程是特別針對困難員工（difficult doctor）設計的教育訓練課程，應該很多醫院都有此困擾，建議可作為與 MPS 合作的啟動機制；另所推動的勇於發聲（Speak Up）活動，由醫院高層出來宣誓所拍攝的宣導片，十分有說服力，雖然少了具體執行作為，但對年輕的醫療工作者，會有鼓勵的效果。

六、醫糾調解 (mediation) 的觀念，建議可納入醫學教育的通識課程中，PGY 及 intern 已有在醫院見實習的經驗，應該很能感受到與病人溝通的重要性，而醫學生因尚未接觸臨床實務，課程的成效較不易顯現。

肆、活動照片



時間：107 年 8 月 24 日 地點：Mayer Brown JSM 律師事務所
主題：MPS 發展與簡介



時間：107 年 8 月 24 日 15:00-16:00 地點：Mayer Brown JSM 律師事務所
主題：與英國 MPS 視訊會議



時間：107年8月25日 09:00-11:00 地點：TALK Room, Wesley Hotel
主題：Achieving Safer and Reliable Practice Workshop



時間：107年8月26日 地點：Hong Kong Medical Association
主題：MPS Medical Expert Training Workshop



時間：107年8月26日 10:00-12:00 地點：Kowloon Hotel Hong Kong
主題：與 MPS 核心人員閉門會議



時間：107年8月27日 11:00-12:00 地點：Kennedys 律師事務所會議室
主題：團體內部焦點座談

附錄（活動議程及課程資料）

MPS-Taiwan Delegation – Schedule of Meetings

Friday 24 August 2018

Venue: Conference Room, Mayer Brown JSM, 18/F Princess Buildings, Hong Kong

12.00 – 13.00	<p>Welcome and Introduction to MPS</p> <p>Dr Pardeep Sandhu, Executive Director for Professional Services, MPS</p> <p>Harris Shum, Regional Director – Asia, MPS</p> <p>Dr Ming Keng Teoh, Head of Medical Services – Asia, MPS</p>
13.00 – 14.00	<p>Lunch</p>
14.00 – 15.00	<p>The current situation in Taiwan</p> <p><i>(Videoconference with MPS head office in London)</i></p> <p>Healthcare system, training and regulation of healthcare professionals in Taiwan (Taiwan speaker)</p> <p>Medical negligence litigation, the law and the judicial system (Taiwan speaker)</p> <p>The current medicolegal challenges facing the medical profession (Taiwan speaker)</p>
15.00 – 16.00	<p>The MPS Story</p> <p><i>(Videoconference with MPS head office in London)</i></p> <p>Welcome from MPS Executive</p> <p>Risk and Underwriting Martin Burns, Director of Underwriting and Pricing, MPS</p> <p>Medicolegal Overview from Professional Services Division Dr Katie Grant, Medicolegal Adviser, MPS</p> <p>Claims Management Caroline Bennett, Head of Regional and International Claims, MPS</p>
16.00 – 17.00	<p>Discussion and Q&A</p>

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1 of 4

MPS Evening Cocktail Reception

Date: Friday 24 August 2018

Time: 18.30 – 20.30

Venue: Hong Kong Club, 1 Jackson Road, Central, Hong Kong

Room: Harcourt Room – First Floor

Dress Code: Smart Casual

(Please note no denim, jeans, t-shirts, tracksuits, shorts, shoes for sporting activities and flip-flops not acceptable).

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Saturday 25 August 2018

09.15 – 11.15 (Refreshments served from 08.45)	Workshop: Achieving Safer and Reliable Practice Presenter: Dr Justin CHENG, MPS Education Faculty Member Venue: OZO Wesley Hong Kong 22 Hennessy Road, Wanchai Room: TALK
12.30 – 18.30 (Lunch on arrival)	MPS Medical Experts Training (Day 1) Venue: Auditorium The Hong Kong Medical Association Wanchai Premises 1/F, Duke of Windsor Social Service Building 15 Hennessy Road, Wanchai

Sunday 26 August 2018

10.00 – 12.00	Closed Door Meeting
12.30 – 18.00 (lunch on arrival)	MPS Medical Experts Training (Day 2) Venue: Auditorium The Hong Kong Medical Association Wanchai Premises 1/F, Duke of Windsor Social Service Building 15 Hennessy Road, Wanchai

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Monday 27 August 2018

Venue: Kennedys Seminar Room, 7F HK Club Building, Chater Road, Hong Kong

09.00 – 09.45	Role of mediation and alternative dispute resolution in medical negligence claims and patient complaints Dr Ming Keng Teoh , Head of Medical Services – Asia, MPS
09.45 – 10.30	How MPS shares its international expertise to support hospitals and doctors to deliver safe, reliable care Matthew O'Brien , General Manager (Asia Pacific) Educational Services, MPS and Managing Director of Cognitive Institute
10.30 – 11.30	Discussion: What Taiwan Hospitals and Doctors Need – Challenges and Solutions Dr Ming Keng Teoh , Head of Medical Services – Asia, MPS
11.30 – 12.00	Wrap Up and Next Steps Dr Pardeep Sandhu , Executive Director for Professional Services, MPS

12.00 – 13.00	Farewell Lunch Shanghai Garden Restaurant Shop 203, 2/F Hutchison House 10 Harcourt Road Admiralty
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Change – fit for the rising challenge






WE ARE MPS . WE ARE PEACE OF MIND

Harris Shum
Regional Director, MPS

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1

A CHANGING WORLD

1892	X-ray	Antibiotics	Transplant	Technology
				
Founded in 1892, members pooled resources to provide each other with legal defence for their medical practices.	We have seen the introduction of sterilized medical gloves (1894), x-rays (1895) , electrocardiography (1903) etc.	We have also seen the vitamins (1912), hormones (1902), antibiotics (1928), blood typing(1900), insulin (1921) etc..	Pacemaker (1957), Organ transplants (1950s), DNA (1950s), CT Scan (1973), Artificial heart (1982)	Stem cell research, bionics, laparoscopic surgery (2000s)

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2

A CHANGING MPS



Evolving	International	Healthcare	Same purpose	Member-focused
As medicine has changed, so too has MPS changed unrecognisably during this time.	We have 300,000+ members around the world across Hong Kong, Singapore, Malaysia, the UK, Ireland, South Africa, Australia, New Zealand and the Caribbean.	We cover doctors working across all specialties, dentists and other healthcare professionals as well as hospitals and healthcare providers.	But our purpose to protect members and help them reduce the risks they face has never changed.	We have evolved to meet changing needs, to help enable changes in how healthcare is delivered whilst still retaining our member-focused approach which has stood the test of time.

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3

CHANGE MAKER



- Medico legal advice and support**
 Highly-trained specialists are selected from a wide range of healthcare, legal, insurance and financial backgrounds, giving us unrivalled knowledge & expertise, keeping pace with advances in medicine & dentistry, staying ahead of the curve – anticipating challenges and risks before they emerge.
- Risk Management**
 To protect our members we provide ongoing learning and development opportunities to help avoid complaints, claims and litigation. We shape this work to address the risks of the countries in which we operate.
- Creating a safety culture**
 We have developed an initiative called Speaking Up For Safety, which is aimed at improving the openness of communication – both speaking and listening – to improve patient safety. We have hospitals from different countries signed up to this initiative.
- Ensuring everyone is protected**
 We have worked with Governments in Malaysia, the UK and Ireland to introduce mandatory indemnity. This is a trend we expect other countries to follow and we can support them in doing so.
- Controlling the cost of clinical negligence**
 We have developed and published a detailed proposals for legal reform to help reduce the cost of clinical negligence. This includes detailed policy papers we have published for South Africa, Ireland and the UK.
- Supporting new ways of delivering care**
 We have set up practice based schemes in the UK which support arrangements for new models of care across the UK.
- Helping to identify areas of high value claims and taking action**
 In the UK we identified the areas where we are seeing the highest claims against GPs and recognised that improvements could be made in the clinical guidance for cauda equina in particular and worked with the National Institute for Healthcare and Clinical Excellence to improve their guidance. We are also working closely with medical societies in South Africa to help them understand the areas where we are seeing the most costly claims.

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4

We bring in change

We cannot wind back the clock.....



Throughout our time we have played a massive role during healthcare transition phases in different countries

MPS uses its expertise to tackle the challenges that come with an ever changing healthcare environment

Embracing change with our differentiators, we remain resilient as well as adaptable with superior services

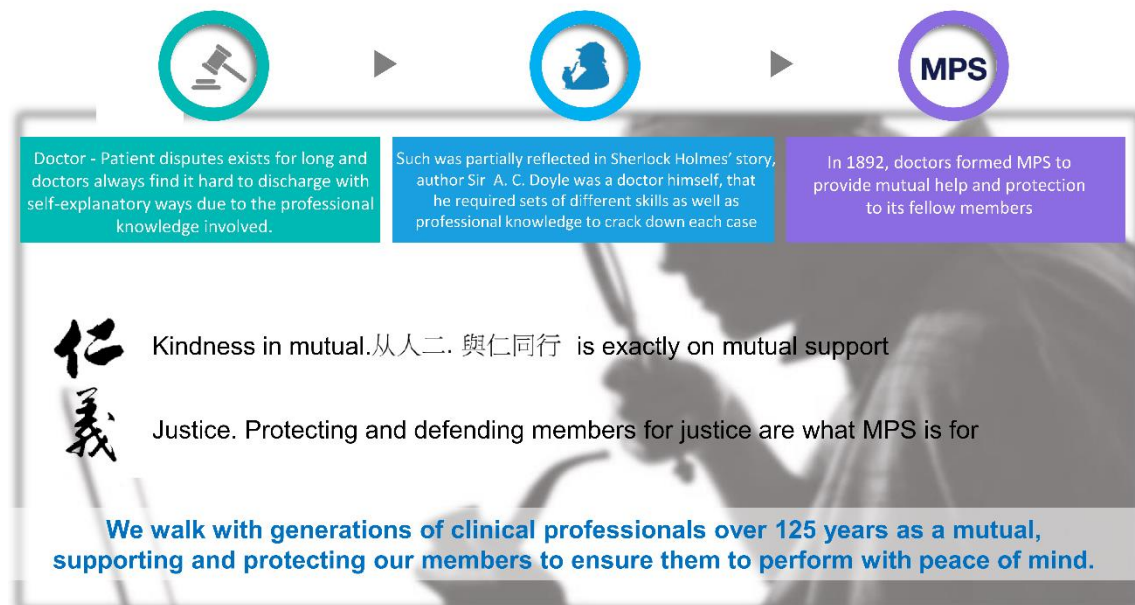
If it is to explain our approach in the way of Chinese culture to sum up :

信智禮義仁

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5

125+ years ago, when doctors in trouble



Doctor - Patient disputes exists for long and doctors always find it hard to discharge with self-explanatory ways due to the professional knowledge involved.

Such was partially reflected in Sherlock Holmes' story, author Sir A. C. Doyle was a doctor himself, that he required sets of different skills as well as professional knowledge to crack down each case

In 1892, doctors formed MPS to provide mutual help and protection to its fellow members

仁 Kindness in mutual. 从人二. 與仁同行 is exactly on mutual support

義 Justice. Protecting and defending members for justice are what MPS is for

We walk with generations of clinical professionals over 125 years as a mutual, supporting and protecting our members to ensure them to perform with peace of mind.

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6



In 1928, Dr. David Landsborough III (蘭大衛), a medical missionary from UK carried the first skin grafting operation in Taiwan for the local Taiwanese child. He harvested the donor skin from his wife, Marjorie Landsborough, to save a poor boy.



Although the grafted skin could not grow onto the wound, the graft of love was permanently imprinted on Taiwanese People's hearts.

David Landsborough III, 1870 – 1957



Passing onto his son, Dr. David Landsborough IV (蘭大弼) and his wife Jean Murray Landsborough, who were both MPS member, carried on as a medical missionary in Asia upon graduating from medical school in UK. He was born in Taiwan and contributed in Taiwan for more than 30 years.

David Landsborough IV, 1914 – 2010 (MPS member)

The ties between MPS and David Landsborough IV extended from UK to Taiwan, where we see both 仁 and 義 shown from the Landsborough family.

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7

UNDERWRITING & RISK

12 birds on a tree, you shot one, how many are left ?



Formed by doctors, we recognized that doctors could make mistake



Therefore, we understand the way that commercial insurers work (cherry-pick risk and profit driven model) may not be fit for the sector



In MPS, we share and spread the risk to ensure that doctors are protected and maintain healthcare stability & promoting a no blame culture

This is the beauty of “Mutual” and our “not-for-profit” model, which differentiates our Underwriting and Risk process from competitors



Expertise. 觀一葉而知秋.

We capitalize knowledge and data to manage risk and protect for the clinicians' future

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27/04/2015

8

CLAIMS

As in different sports, no players could ensure making no mistake/ miss a "shot"



Your career relies on your reputation. Whether it's a claim for clinical negligence, an MC matter or a criminal investigation, our expert team is the best in their field.

When adverse incidents happened, we recognized that doctors require more support, relieving from stress and returning to field

Our unrivalled team of medicolegal advisers, legally qualified claims managers and local panel lawyers would provide thorough legal advice and representation to ensure the best outcome for you.

In MPS, we exercise discretion positively and help members where a contract of insurance would almost certainly not have responded.



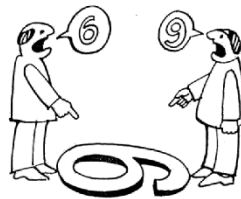
Trust. 人言為信.

We build trust for more than 125 years and honour our promise to deliver best professional services and assistance to our members when they need it

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PSD/ Medico-legal Services

Sometimes, it is about finding the right person to understand and represent you.....



Every day we help members deal with difficult issues arising from their clinical practice, such as medicolegal issues, ethical dilemmas, adverse incidents and patient complaints.

With a large team of medicolegal specialists, whatever your question, problem or dilemma, we can help you get the answers you need.

Our Medico/ Dento legal services model is a unique differentiator that sets us apart from competitors. We are doctors who can listen and understand your case fully



Rules, Ethics & Respect. 禮節規範.

We know that even the most experienced clinicians can face unexpected challenges at some point in their careers, our medicolegal specialists could help you overcome these challenges.

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Introduction



As a leading provider of professional protection for doctors, we are delighted to provide an overview of Medical Protection to the delegates from the Joint Commission of Taiwan.

We are a member-owned, not-for-profit organisation with the sole purpose of protecting the careers and reputations of our members.

We can help with legal and ethical problems that arise from a member's professional practice. This includes clinical negligence claims, complaints, medical council inquiries, legal and ethical dilemmas, disciplinary procedures, police inquiries, inquests and fatal-accident inquiries.

With 125 years of experience and more than 300,000 members worldwide, we use our insight and experience to influence positive change in the countries where we have members, in order to enhance the careers of those working in healthcare.

In each of those countries we work in partnership with medical associations, combining local expertise with global experience to offer members access to specialist advice across a range of claims and regulatory issues.

125 years of experience isn't just a number; it's over a century of knowledge, expertise and resources that protects members today and future generations of doctors to come.



*Dr Pardeep Sandhu
Executive Director, Medical Protection Society*

Worldwide membership



Why Medical Protection?

NOT-FOR-PROFIT

As a not-for-profit membership organisation, our focus is solely on supporting and protecting members, not only today but for as long as they need us.

DOCTORS FOR DOCTORS

Formed on the principle of doctors for doctors, as fellow professionals we care about each and every member and understand their needs and challenges.

MORE THAN DEFENCE

Our 125 years' experience has shown us that focusing on knowledge, communication and good clinical risk management is the best way to help our members protect themselves. No other defence organisation offers such a wide range of expert, practical support so members can confidently trust us with their career and reputation.

EXPERT TRAINING AND MEDICOLEGAL ADVICE

Not only can our members turn to us for professional indemnity and world-class legal representation in times of trouble, they can also access expert training and medicolegal advice to help them reduce the threat and impact of a complaint, claim or investigation.

FLEXIBLE BUSINESS MODEL

Healthcare is constantly changing and is rarely straightforward. Our business model ensures we can offer help in unusual circumstances, or where developments in the delivery or regulation of healthcare gives rise to new issues.

Unique protection for a unique profession

At the core of our team are medicolegal specialists – healthcare professionals with extensive training in providing advice and assistance with legal and ethical problems arising from professional practice.



DEFENCE

to protect professional reputations

Expert defence services to help resolve matters quickly. Members can request assistance with issues including:

- ✓ inquests
- ✓ disciplinary procedures
- ✓ criminal proceedings arising from their clinical practice
- ✓ Good Samaritan acts
- ✓ humanitarian work.



SUPPORT

for professional development

World-class education programmes to help reduce risks and improve patient care. Members have access to:

- ✓ free interactive skills workshops
- ✓ events and conferences with fully accredited CME
- ✓ over 40 online modules.



ADVICE

whenever it is needed

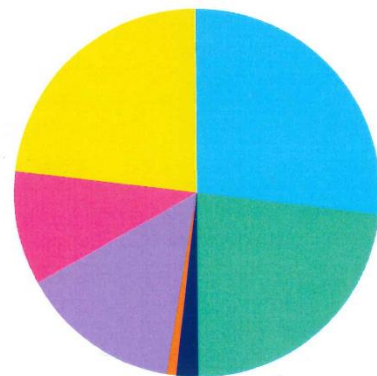
Independent, impartial advice to help resolve problems arising from clinical practice, (e.g. assistance responding to complaints, writing reports, ethical dilemmas arising in practice). Resources include:

- ✓ free medicolegal advice line
- ✓ emergency advice available 24/7
- ✓ online case reports
- ✓ medicolegal factsheets on common concerns
- ✓ leading journal Casebook.

Protection is about more than defence

Doctors request advice on a variety of subjects in relation to their clinical practice

27% Advice	10% Regulatory
23% Report	2% Criminal matter
23% Complaint	1% Disciplinary
14% Inquest	



This demonstrates the importance of having medicolegal specialists at the heart of our team, working in partnership with fellow professionals to add real value.

Supporting the delivery of quality healthcare and patient safety

Through our local knowledge and international expertise, we have a deep commitment to supporting the continuous improvement of healthcare.

Medical Protection plays a role in the delivery of quality and sustainable healthcare by actively working to help reduce the number of complaints and claims being made.

We are committed to helping our members prevent patient safety incidents from occurring in the first place, not just helping to resolve a claim or complaint once it has occurred.

Because we believe that prevention is better than cure, we provide resources to individual doctors and partner with healthcare organisations to provide risk management solutions.

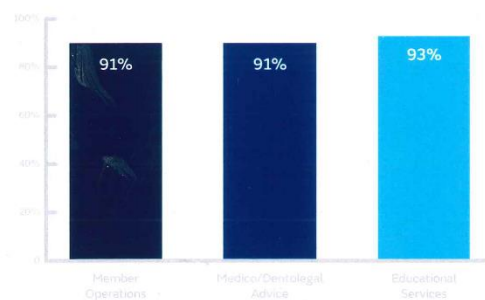
These include:

- Risk management workshops
- ★ Specialty specific masterclasses
- Publications and risk management advice
- 📱 E-learning modules accessible 24/7

Protection from a partner you can rely on

We survey the members who contact us to understand their evaluation of the services provided, and we use this feedback to consider how we can continue to improve those services.

The average of the monthly feedback scores achieved from members who contacted Member Operations or our medicolegal advice lines, as well as those attending Educational Services workshops is as follows:



Source: Member Satisfaction Survey Results, Medical Protection 2017 Data



315k

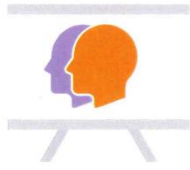
Members worldwide



£454m

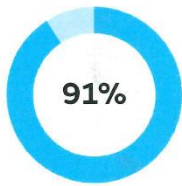
Revenue in 2016

(member subscriptions and other income)



c900

Risk management workshops
each year



91%
of members who attend an
educational workshop say they will
change their working practices as a
result of taking part



Flexible products and services

We can offer flexible products and services tailored to different needs and requirements.



Individual memberships



Group – individual memberships provided on a group basis, a model operating in many of the countries where we provide protection.



Corporate – the corporate entity is the member and with 100 corporate clients worldwide, we are experienced in meeting varied corporate requirements.



Government – we have worked with government in countries such as South Africa, British Virgin Islands, Cayman Islands, together with the UK and Ireland. We can tailor protection to meet the needs of government.



We hope you found this information useful.

Our combined approach of offering support, advice, risk management and defence is what differentiates us from other indemnity providers.

The professional indemnity we can offer is part of a wider membership package, which is resource rich with education courses, workshops and renowned publications and newsletters.

With a worldwide membership, we have the additional advantage of an international perspective on medicolegal risks and trends in different countries, putting us in a unique position to anticipate, and prepare members for new and emerging challenges.

Fully understanding the risks you face, the complexities of the environment, and the experiences of medical professionals are fundamental to our approach.

No one understands life for doctors like we do.

Dr Pardeep Sandhu
Executive Director, Medical Protection Society

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9733_08/18

TRAINING COURSE FOR MEDICAL EXPERTS

Medical Protection | 

SATURDAY and SUNDAY
25-26
AUGUST 2018

Auditorium, 1/F
Duke of Windsor Social Service Building
15 Hennessy Road, Wanchai
Hong Kong

CME points: Three points for each day



Jointly organised by
Medical Protection and
The Hong Kong Medical Association



PROGRAMME

DAY ONE – SATURDAY 25 AUGUST 2018	
	CHAIR Dr Ming Keng TEOH, Head of Medical Services – Asia, Medical Protection
13.00 – 14.00	REGISTRATION AND LUNCH
14.00 – 14.05	WELCOME Dr Pardeep SANDHU, Executive Director of Professional Services, Medical Protection and Dr HO Chung Ping, MH, JP, President, The Hong Kong Medical Association
14.05 – 14.15	OPENING ADDRESS Dr CHUI Tak-yi, JP, Under Secretary for Food and Health
14.15 – 14.45	ROLE OF MEDICAL EXPERTS Dr Ming Keng TEOH, Head of Medical Services – Asia, Medical Protection
14.45 – 15.10	WHAT JUDGES WANT His Honour Judge LEONG
15.10 – 15.40	UNDERSTANDING MEDICAL NEGLIGENCE Chris HOWSE, Howse Williams Bowers
15.40 – 16.00	UNDERSTANDING INFORMED CONSENT Dr David KAN, Howse Williams Bowers
16.00 – 16.15	TEA BREAK
16.15 – 16.45	LITIGATION PROCESS IN HONG KONG Jaime LAM and William CHAN, Mayer Brown JSM
16.45 – 17.30	CHALLENGING CLAIMS CASES – INTERACTIVE DEBATE Facilitators: Dr David KAN, Howse Williams Bowers and Dr Ming Keng TEOH, Head of Medical Services – Asia, Medical Protection Panel: Jaime LAM, Mayer Brown JSM and Christine TSANG, Kennedys
17.30 – 17.55	EXPERT REPORTS – THE BRIEF AND PREPARATION Christine TSANG, Kennedys
17.55 – 18.30	QUESTIONS AND ANSWERS SESSION All speakers
18.30	END OF DAY ONE

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2016/07/18

TRAINING COURSE FOR MEDICAL EXPERTS

Medical
Protection



PROGRAMME

DAY TWO – SUNDAY 26 AUGUST 2018	
	CHAIR Dr Pardeep SANDHU, Executive Director of Professional Services, Medical Protection
12.30 – 13.30	LUNCH AND REFRESHMENTS
13.30 – 14.00	CLAIMS HANDLING – ETHICAL CONSIDERATIONS AND DIFFICULT DECISIONS Dr Ming Keng TEOH, Head of Medical Services – Asia, Medical Protection
14.00 – 15.00	EXPERT REPORTS BREAKOUT GROUPS – THE GOOD, BAD AND UGLY Facilitators: Dr Bernard MURPHY and Oonagh TONER, Howse Williams Bowers Group leaders: <ul style="list-style-type: none"> ▪ Tracy CHEUNG, Kennedys ▪ Sandy CHO, Kennedys ▪ Andrew LOVELL, Kennedys ▪ Quincy NG, Mayer Brown JSM ▪ Warren SETO, Mayer Brown JSM
15.00 – 15.15	EXPERT REPORTS – SUMMARY OF LEARNING POINTS AND DISCUSSION Dr Bernard MURPHY and Oonagh TONER, Howse Williams Bowers
15.15 – 15.45	A MEDICAL EXPERT IN MEDICAL COUNCIL INQUIRIES, CORONER'S INQUESTS, CRIMINAL COURTS, TRIBUNALS AND OTHER SITUATIONS Woody CHANG and Sally WONG, Mayer Brown JSM
15.45 – 16.00	TEA BREAK
16.00 – 16.30	APPEARANCE IN COURT – COURTROOM SKILLS Russell COLEMAN SC, Temple Chambers
16.30 – 16.45	MEDIATION AND ALTERNATIVE DISPUTE RESOLUTION (ADR) Tracy CHEUNG, Kennedys
16.45 – 17.15	ROLE PLAY – COURTROOM SKILLS AND GIVING EVIDENCE IN COURT Facilitators: Dr Bernard MURPHY, Howse Williams Bowers and Dr Danny LEE, Consultant General Surgeon and Medical Protection Associate
17.15 – 17.30	QUICKFIRE QUIZ Warren SETO and Sally WONG, Mayer Brown JSM
17.30 – 17.55	QUESTIONS AND ANSWERS SESSION All speakers
17.55 – 18.00	PRIZE PRESENTATION AND CLOSING REMARKS Dr Ming Keng TEOH, Head of Medical Services – Asia, Medical Protection
18.00	END OF COURSE – CERTIFICATES AND FEEDBACK FORMS

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