

Primary Care Directory

Demonstration of Enrolment Procedure



General Public

The Primary Care Directory (the Directory) is a web-based electronic database containing practice information and professional qualification of primary care providers in the community to facilitate the public to search for suitable primary care doctors, dentists and Chinese medicine practitioners (CMPs).

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[Search for Primary Care Provider](#) →

Primary Care Provider

Registered doctors, dentists and practising CMPs in Hong Kong who are committed to providing directly accessible, comprehensive, continuing, co-ordinated and person-centred primary care services, are eligible for enrolment in the Directory.

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-  [Frequently Asked Questions](#)
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You may visit our “Primary Care Directory” at www.pcdirectory.gov.hk and click on “Enrol Now” to start the enrolment online.

Disclaimer

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[Try a different image](#)



Enter the characters shown

C4Z53

I have read and agree to the terms of this Disclaimer.

[Next](#)

Please read the "Disclaimer" carefully and then key in the characters shown in the image. Then click the checkbox to agree to the terms of the "Disclaimer".

Please indicate your type of practice.

* indicates mandatory.

* Type of Practice

- Hospital Authority
- Non-governmental Organisation
- Private
- University

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Please click the checkbox to indicate your type of practice.

Please fill in your personal particulars.
 You may click the question mark icon to
 read the input tips of the relevant field.

1. Fill in the Form
 All the information provided below (except

Completion
 provide information which is true, correct and in compliance with the Code of

[Back](#) [Next](#)

* indicates mandatory.

* Personal Particulars | * Professional Information | * Practice Information | Others

* HKIC No. (Will not be disclosed to the public)

Submission of HKIC copy
 Upload softcopy now [Select ...](#)
 Will submit by fax or post to Primary Healthcare Commission

* Name on HKIC [?](#) Surname · First Name (in English) (in Chinese)

Also Known As [?](#) Surname · First Name (in English) (in Chinese)

Gender -- Please Select -- Photo [Select ...](#)

* Email [?](#)

* Confirm Email

Please check the box if you agree to display your email address to the public.

* Mobile Phone No. [?](#) +852

I do not wish to receive SMS about the operation of Primary Care Directory sent by the Primary Healthcare Commission.

Daytime Contact Telephone No. [?](#)

(Will not be disclosed to the public)

Pager [?](#) Page

Please check the box if you agree to display your pager no. to the public.

* Correspondence Address (in English) -- Please Select Region --

(Will not be disclosed to the public) -- Please Select District --

You may also click "Need help"
 to read all the input tips.

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[Need help?](#)

You have to provide HKIC copy for verification purpose, either upload of soft copy during online enrolment; or by fax or post to the Primary Healthcare Commission of the Health Bureau within one week.

4. Completion

Please provide information which is true, correct and in compliance with the Code of

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* indicates mandatory.

1. Fill in the Form

All the information provided below
Conduct / Discipline / Practice of

* Personal Particulars * Professional Information * Practice Information Others

* HKIC No. (Will not be disclosed to the public) [] [] ([])
Submission of HKIC copy
 Upload softcopy now [] [] [Select ...]
 Will submit by fax or post to Primary Healthcare Commission

* Name on HKIC [Surname] [First Name] (in English) [] (in Chinese)
Also Known As [Surname] [First Name] (in English) [] (in Chinese)

Gender [-- Please Select --] Photo [Select ...]

* Email [] []
* Confirm Email []
 Please check the box if you agree to display your email address to the public.

* Mobile Phone No. (Will not be disclosed to the public) +852 []
 I do not wish to receive SMS about the operation of Primary Care Directory sent by the Primary Healthcare Commission.

Daytime Contact Telephone No. (Will not be disclosed to the public) []

Pager [] Page []
 Please check the box if you agree to display your pager no. to the public.

* Correspondence Address (in English) (Will not be disclosed to the public)
[-- Please Select Region --] [-- Please Select District --] [-- Please Select Sub District --]
[] , Sub District, Region

You may upload a recent passport-type photograph to be displayed in the Directory by clicking the "Select" button.

Need help?

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- ▶▶▶ 1. Fill in the Form 2. Confirm Details 3. Terms and Conditions 4. Completion

All the information provided below (except otherwise indicated) will be uploaded to the Primary Care Directory. Please provide information which is true, correct and in compliance with the Code of Conduct / Discipline / Practice of your profession.

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* Personal Particulars * Professional Information Qualification Information * Practice Information Others * indicates mandatory.

* HKIC No. (Will not be disclosed to the public) () Submission of HKIC copy
 Upload softcopy now [Select ...](#)
 Will submit by fax or post to Primary Healthcare Commission

* Name on HKIC (in English) (in Chinese)
 Also Known As (in English) (in Chinese)

Gender Photo [Select ...](#)

* Email
 * Confirm Email
 Please check the box if you agree to use your email address to the public.

* Mobile Phone No. (Will not be disclosed to the public) +852

Day (Will not be disclosed to the public)
 Page (Will not be disclosed to the public)
 * Cor (in (Will not be disclosed to the public)

ng Chuk Hang, Hong Kong

For Chinese medicine practitioner, you can only use your name which is contained in the List of Chinese medicine practitioners maintained by the Chinese Medicine Council of Hong Kong.

For doctor and dentist, you may add your Christian name which is not included in your HKIC.

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▶▶▶ 1. Fill in the Form

2. Confirm Details

3. Terms and Conditions

4. Completion

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* indicates mandatory.

* Personal Particulars	* Professional Information	Qualification Information	* Practice Information	Others
* HKIC No. (Will not be disclosed to the public)	S [652585] (9)		Submission of HKIC copy	
* Name on HKIC ?	CHAN, TAI MAN			
Also Known As ?	CHAN, DAVID			
Gender	Male		<div style="border: 2px solid blue; padding: 5px;">Please provide a valid email address for communication. You may choose whether to display your email address to the public.</div>	
* Email ?	pcd@pcd.com			
* Confirm Email	pcd@pcd.com		<div style="border: 2px solid blue; padding: 5px;">Click "Next" to proceed to "Professional Information" section.</div>	
	<input type="checkbox"/> Please check the box if you agree to display your email address to the public.			
* Mobile Phone No. ? (Will not be disclosed to the public)	+852 [90000000]		<input type="checkbox"/> I do not wish to receive SMS about the operation of Primary Care Directory sent by the Primary Healthcare Commission.	
Daytime Contact Telephone No. ? (Will not be disclosed to the public)	21234567			
Pager ?	<input type="text"/> Page <input type="text"/>		<input type="checkbox"/> Please check the box if you agree to display your pager no. to the public.	
* Correspondence Address (in English) (Will not be disclosed to the public)	Hong Kong <input type="text"/>			
	<input type="text"/>		<input type="text"/> , Wong Chuk Hang, Hong Kong	

Please provide a correspondence address for communication. This address will not be disclosed to the public.

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* Personal Particulars * Professional Information Qualification Information * Practice Information Others

* indicates mandatory.

+ Add Profession

* Type of Primary Care Provider

- Please Select --
- Please Select --
- Chinese Medicine Practitioner
- Dentist
- Doctor

Select your "Type of Primary Care Provider".

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[* Personal Particulars](#) [* Professional Information](#) [Qualification Information](#) [* Practice Information](#) [Others](#)

* indicates mandatory.

Doctor X [+ Add Profession](#)

* Registration No. [?](#)

Stream of Practice [?](#)

Title of Specialist

Specialist Registration No. [?](#)

Click "Next" to proceed.

[? Need help?](#)

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Fill in the respective professional information.

Type in keywords in the "Select Qualification" text box.
A list of qualifications matching with the keywords will be shown up for selection.

on
information which is true, correct and in compliance with the Code of

[Back](#) [Next](#)

* indicates mandatory.

* Personal Particulars

Doctor

Select Qualification

mbbs

[View Full List](#)

According to the "Code of Practice for Quoting of Qualifications" and refer to the "List of Quotable Additional Qualifications" available on the MCHK's website. Quotable qualifications approved by the MCHK. Please follow the guidelines when quoting qualifications in the Directory.

Click to select the qualification

Type	Qualification

Continuing Education / Professional Development

Currently participate in the "CME Programme for Practising Doctors who are not taking CME Programme for Specialists" of the Medical Council of Hong Kong and approved to use the title "CME-Certified" (-)

Information on "CME-certified" title will only be quotable and displayed in the Directory during the validity period. Please update the CME status where appropriate.

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* Personal Particulars * Professional Information **Qualification Information** * Practice Information Others

* indicates mandatory

Doctor

Qualification

Enter the year of obtaining the qualification.

Please fill in

- * Type
- * Abbreviation
- * Qualification (in English) Bachelor of Medicine and Bachelor of Surgery of the University of Hong Kong
- Qualification (in Chinese) 香港大學內外全科醫學士
- * Year Obtained

[Cancel](#) [Add](#)

Click "Add".

List

Qualifications approved by the MCHK. Please follow the qualifications in the Directory.

Specialists" of the Medical Council of Hong Kong and

od. Please update the CME status where appropriate.

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* indicates mandatory.

* Personal Particulars * Professional Information **Qualification Information** * Practice Information Others

Doctor

Select Qualification

Type in to search

[View Full List](#)

Qualification is added .

According to the "[Code of Professional Conduct](#)" issued by the Medical Council of Hong Kong (MCHK), doctors may quote those quotable qualifications and refer to the "[Guidelines on Quoting of Qualifications](#)" and refer to the "[List of Quotable Additional Qualifications](#)" available on the MCHK's website when quoting qualifications to the Directory.

Type	Qualification	
Basic Qualification	Bachelor of Medicine and Bachelor of Surgery of the University of Hong Kong / 香港大學內外全科醫學士 / MBBS (HK) [1998]	Edit Remove

Continuing Education / Professional Development

Currently participate in the "CME Programme for Practising Doctors who are not taking CME Programme for Specialists" of the Medical Council of Hong Kong and approved to use the title "CME-Certified" (-)

Information on "CME-certified" title will only be quotable and displayed in the Directory during the validity period. Please update the CME status where appropriate.

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* Personal Particulars

* Professional Information

Qualification Information

* Practice Information

Others

* indicates mandatory.

Doctor

Select Qualification

dfm

[View Full List](#)

According to the "Code of Practice" of the MCHK. Please follow the "Code of Practice" qualifications in the Directory.

Diploma in Family Medicine, Chinese University of Hong Kong / 香港中文大學家庭醫學文憑 /

DFM(CUHK)

Diploma in Family Medicine, Hong Kong College of Family Physicians / 香港家庭醫學學院家庭醫學文

憑 / DFM (HKCFP)

Diploma in Family Medicine, Monash University / 澳洲蒙納殊大學家庭醫學文憑 / DFM(Monash)

quote qualifications approved by the MCHK's website when quoting

Type

Basic Qualification

Bachelor of Medicine and Bachelor of Surgery of the

Alternatively, you may click "View full list" to select your qualification from the list.

[Edit](#)

[Remove](#)

Continuing Education / Professional Development

Currently participate in the "CME Programme for Practising Doctors who are not taking CME Programme for Specialists" of the Medical Council of Hong Kong and approved to use the title "CME-Certified" (-)

Information on "CME-certified" title will only be quotable and displayed in the Directory during the validity period. Please update the CME status where appropriate.

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View full list

Please select your qualification. If you cannot find your qualification, please press the button "Input my qualification".

Qualification ^

(Sample Only) Bachelor of Medical Science in HK Polytechnic University / (樣本)香港理工大學醫學科學學士 / (Sample Only) Bachelor of Medical Science in HK Polytechnic University	> Select
Associate, Faculty of Occupational Medicine of the Royal College of Physicians of London / 英國皇家內科醫學院職業醫學科醫學院附屬院員 / AFOM RCP (Lond)	> Select
Bachelor of Hygiene, University of Durham / 英國都咸大學衛生科學士 / B Hy (Durh)	> Select
Bachelor of Medical Sciences, The Chinese University of Hong Kong / 香港中文大學醫學科學學士 / BMedSc (CUHK)	> Select
Bachelor of Medicine and Bachelor of Surgery of the Chinese University of Hong Kong / 香港中文大學內外全科醫學士 / MBChB (CUHK)	> Select
Bachelor of Medicine and Bachelor of Surgery of the University of Hong Kong / 香港大學內外全科醫學士 / MBBS (HK)	> Select
Bachelor of Science (Public Health), University of Edinburgh / 英國愛丁堡大學公共衛生科學士 / B Sc (PH) (Edin)	> Select
Bachelor of Science in Biomedical Sciences, The University of Hong Kong / 香港大學理	
Certificant member, College of Family Physicians of Canada / 加拿大家庭醫學院證書 / C	
Certificate in Gynaecological Oncology, Royal Australian and New Zealand College of O 西蘭皇家婦產科醫學院婦科腫瘤科證書 / Cert Gynae Onc (RANZCOG)	

1 2 3 4 5 6 7 8 9 10 ... Page 1 of 49 (484 items)

< Cancel > Input my qualification

If you cannot find your qualification, you may press the button "Input my qualification" to input your qualification.

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▶▶▶ 1. Fill in the Form

2. Confirm Details

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All the information provided below (except otherwise indicated) will be uploaded to the Primary Care Directory. Please provide information which is true, correct and in compliance with the Code of Conduct / Discipline / Practice of your profession.

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* Personal Part

Doctor

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MCHK. Pleas
qualifications

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Basic Qualif

Qualification

Please fill in your qualification. ?

* Type

-- Please Select --

* Abbreviation

-- Please Select --

* Qualification (in English)

Basic Qualification

Qualification (in Chinese)

Additional Qualification

* Year Obtained

YYYY

× Cancel

+ Add

You may select the type of qualification and input the corresponding abbreviation, full title and year obtained.

Click "Add".

Continuing Education /
Professional Development

Currently participate in the "CME Programme for Practising Doctors who are not taking CME Programme for Specialists" of the Medical Council of Hong Kong and approved to use the title "CME-Certified" (-)

Information on "CME-certified" title will only be quotable and displayed in the Directory during the validity period. Please update the CME status where appropriate.

[Edit](#)

[× Remove](#)

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* Personal Particulars * Professional Information **Qualification Information** * Practice Information Others

* indicates mandatory.

Doctor

Select Qualification

Type in to search

> View Full List

According to the ["Code of Professional Conduct"](#) issued by the Medical Council of Hong Kong (MCHK), doctors may quote those quotable qualifications approved by the MCHK. Please follow the ["Guidelines on Quoting of Qualifications"](#) and refer to the ["List of Quotable Additional Qualifications"](#) available on the MCHK's website when quoting qualifications in the Directory.

Type	Qualification	
Basic Qualification	Bachelor of Medicine and Bachelor of Surgery of the University of Hong Kong / 香港大學內外全科醫學士 / MBBS (HK) [1998]	<input type="button" value="Edit"/> <input type="button" value="Remove"/>
Additional Qualification	Diploma in Family Medicine, Chinese University of Hong Kong / 香港中文大學家庭醫學文憑 / DFM(CUHK) [2000]	<input type="button" value="Edit"/> <input type="button" value="Remove"/>
Additional Qualification	Master of Family Medicine, The Chinese University of Hong Kong / 香港中文大學家庭醫學碩士 / MFM (CUHK) [2005]	<input type="button" value="Edit"/> <input type="button" value="Remove"/>

Continuing Education / Professional Development

Currently participate in the "CME Programme for Practising Doctors who are not taking CME Programme for Specialists" of the Medical Council of Hong Kong and approved to use the title "CME-Certified" (07/2023 - 06/2026)

Information on "CME-certified" title will only be quotable and displayed in the Directory during the validity period. Please update the CME status where appropriate.

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You may provide information about your Continuing Education / Professional Development.

▶▶▶ 1. Fill in the Form 2. Con
All the information provided below (except other
Conduct / Discipline / Practice of your profession

For Chinese medicine practitioner, when you click the "Select Qualification" text box, a link with selection of practising qualifications will be shown up for selection.

on which is true, correct and in compliance with the Code of

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* Personal Particulars * Professional Information **Qualification** Practice Information

Click the link to select practising qualification.

Chinese Medicine Practitioner

Select Qualification

[Heir to / Apprentice to / Direct Disciple of](#)

> View Full List

> View Full List

According to the "Code of Practice for Listed Chinese Medicine Practitioners" issued by the Chinese Medicine Council of Hong Kong (CMCHK), Chinese medicine practitioner may exhibit his/ her academic title(s) and/ or practising qualification(s) allowed by the Practitioners Board of the CMCHK . Please refer to respective Code of Conduct available on the CMCHK's website when quoting academic title(s) and practising qualification(s) in the Directory.

Type	Qualification

Continuing Education / Professional Development

Currently participating in continuing education in Chinese Medicine (CME) as prescribed by the Practitioners Board of the Chinese Medicine Council of Hong Kong and complied with the requirements determined by the Practitioners Board

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For Chinese Medicine Practitioner

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* indicates mandatory.

* Personal Particulars * Professional Information **Qualification Information** * Practice Information

Chinese Medicine Practitioner

Select Qualification

According to the "Code of Practice" of the Chinese Medicine Council of Hong Kong, please refer to respective Code of Practice.

Type	Qualification

Continuing Education / Professional Development

Qualification

Please fill in your qualification. ?

* Type Practising Qualification

Qualification (in English)

Qualification (in Chinese)

Qualification (in English)

Qualification (in Chinese) 中醫師

ed by the Chinese
of the CMCHK. Please

Council of Hong Kong and

You may select the type of practising qualification and input the Name of Master.

Click "Add".

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For Chinese Medicine Practitioner

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* Personal Particulars * Professional Information **Qualification Information** * Practice Information

* indicates mandatory.

Chinese Medicine Practitioner

Select Qualification

[View Full List](#)

According to the "[Code of Professional Conduct for Registered Chinese Medicine Practitioners in Hong Kong](#)" and "[Code of Conduct for Listed Chinese Medicine Practitioners](#)" issued by the Chinese Medicine Council of Hong Kong (CMCHK), Chinese medicine practitioner may exhibit his/ her academic qualifications in Chinese medicine. Please refer to respective Code of Conduct available on the CMCHK's website when quoting academic qualifications. **Practising Qualification is added.**

Type	Qualification	
Practising Qualification	Heir to Wong Tai Fu / 黃大賦中醫師祖傳	Edit Remove

Continuing Education / Professional Development

Currently participating in continuing education in Chinese Medicine (CME) as prescribed by the Practitioners Board of the Chinese Medicine Council of Hong Kong and complied with the requirements determined by the Practitioners Board

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For Chinese Medicine Practitioner

For Chinese medicine practitioner, you may also type in keywords in the “Select Qualification” text box to show a list of academic titles matching with the keywords for selection.

1. Fill in the

All the information provided below (where applicable) will be uploaded to the Primary Care Directory. Please provide information which is true, correct and in compliance with the Code of Conduct / Discipline / Practice of your profession.

4. Completion

Please provide information which is true, correct and in compliance with the Code of Conduct / Discipline / Practice of your profession.

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* Personal Particulars * Professional Information * Qualification Information * Practice Information

Chinese Medicine Practitioner

Select Qualification

BEIJING

*** of the Beijing College of Acupuncture – Moxibustion and Orthopaedics - Traumatology in People's Republic of China / 中華人民共和國北京針灸骨傷學院***

*** of the Beijing University of Traditional Chinese Medicine in People's Republic of China / 中華人民共和國北京中醫藥大學***

*** of the College of Traditional Chinese Medicine and Pharmacy of the Beijing Union University in People's Republic of China / 中華人民共和國北京聯合大學中醫藥學院***

[Heir to / Apprentice to / Direct Disciple of](#)

Click to select the academic title

According to the “Code of Practice for Registered Chinese Medicine Practitioners” issued by the Chinese Medicine Council of Hong Kong, the following qualification(s) allowed by the Practitioners Board of the CMCHK . Please refer to respective Code of Practice for details.

Type

Continuing Education / Professional Development

Currently participating in continuing education in Chinese Medicine (CME) as prescribed by the Practitioners Board of the Chinese Medicine Council of Hong Kong and complied with the requirements determined by the Practitioners Board

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For Chinese Medicine Practitioner

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* Personal Particulars * Professional Information **Qualification Information** * Practice Information

* indicates mandatory

Chinese Medicine Practitioner

Select Qualification

[View Full List](#)

According to the [“Code of Professional Conduct for Registered Chinese Medicine Practitioners in Hong Kong”](#) and [“Code of Conduct for Chinese Medicine Practitioners”](#) issued by the Chinese Medicine Council of Hong Kong (CMCHK), Chinese medicine practitioner may exhibit his/ her academic title(s) and/ or practising qualification(s) followed by the Practitioners Board of the CMCHK. Please refer to respective Code of Conduct available on the CMCHK’s website when quoting academic title(s) and practising qualification(s).

You may also click “View full list” to select your academic title from the list.

Type	Qualification

Continuing Education / Professional Development

Currently participating in continuing education in Chinese Medicine (CME) as prescribed by the Practitioners Board of the Chinese Medicine Council of Hong Kong and complied with the requirements determined by the Practitioners Board

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For Chinese Medicine Practitioner

View full list

Please select your qualification. If you cannot find your qualification, please press the button "Input my qualification".

Qualification	
*** of the Anhui College of Traditional Chinese Medicine in People's Republic of China / 中華人民共和國安徽中醫學院***	Select
*** of the Beijing College of Acupuncture – Moxibustion and Orthopaedics - Traumatology in People's Republic of China / 中華人民共和國北京針灸骨傷學院***	Select
*** of the Beijing University of Traditional Chinese Medicine in People's Republic of China / 中華人民共和國北京中醫藥大學***	Select
*** of the Changchun University of Traditional Chinese Medicine in People's Republic of China / 中華人民共和國長春中醫藥大學***	Select
*** of the Chengdu University of Traditional Chinese Medicine in People's Republic of China / 中華人民共和國成都中醫藥大學***	Select
*** of the Chinese University of Hong Kong / 香港中文大學***	Select
*** of the College of Traditional Chinese Medicine and Pharmacy of the Beijing Union University in People's Republic of China / 中華人民共和國北京聯合大學中醫藥學院***	Select
*** of the College of Traditional Chinese Medicine of the Hebei Medical University in People's Republic of China / 中華人民共和國河北醫科大學中醫學院***	Select
*** of the College of Traditional Chinese Medicine of the Xinjiang Medical University in People's Republic of China / 中華人民共和國新疆醫科大學中醫學院***	Select
*** of the Fujian University of Traditional Chinese Medicine in People's Republic of China / 中華人民共和國福建中醫藥大學***	Select

1 2 3 4 Page 1 of 4 (34 items)

[Cancel](#) [Input my qualification](#)

For Chinese Medicine Practitioner

If you cannot find your academic title from the list, you may press the button "Input my qualification" to input your academic title.

1. Fill in the Form

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All the information provided below (except otherwise indicated) will be uploaded to the Primary Care Directory. Please provide information which is true, correct and in compliance with the Code of Conduct / Discipline / Practice of your profession.

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* indicates mandatory.

Personal Particulars Professional Information Qualification Information

Chinese Medicine Practitioner

Qualification

Please fill in your qualification. ?

* Type Practising Qualification

Qualification (in English)

Qualification (in Chinese)

Qualification (in English) -- Please Select --

Qualification (in Chinese) -- Please Select --

Cancel Add

Input the title and type of degree, conferring medical authority and place of origin of the academic title

Click "Add"

For Chinese Medicine Practitioner

Need help?

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* Personal Particulars * Professional Information **Qualification Information** * Practice Information

* indicates mandatory.

Chinese Medicine Practitioner

Select Qualification

Type in to search

> View

According to the "Code of Professional Conduct for Registered Chinese Medicine Practitioners in Hong Kong" and "Code of Conduct for Listed Chinese Medicine Practitioners in Hong Kong" of the Chinese Medicine Council of Hong Kong (CMCHK), Chinese medicine practitioner may exhibit his/ her academic title(s) and/ or practising qualification(s) in the Directory. Please refer to respective Code of Conduct available on the CMCHK's website when quoting academic title(s) and practising qualification(s) in the Directory.

Click "Next" to proceed to the "Practice Information" section.

Type	Qualification	
Practising Qualification	Heir to Wong Tai Fu / 黃大賦中醫師祖傳	<input type="button" value="Edit"/> <input type="button" value="Remove"/>
Academic Title	Bachelor of Chinese Medicine of the Chinese University of Hong Kong / 香港中文大學中醫學學士	<input type="button" value="Edit"/> <input type="button" value="Remove"/>
Academic Title	Master of Chinese Medicine of the Beijing University of Traditional Chinese Medicine in People's Republic of China / 中華人民共和國北京中醫藥大學中醫碩士	<input type="button" value="Edit"/> <input type="button" value="Remove"/>

Continuing Education / Professional Development

Currently participating in continuing education in Chinese Medicine (CME) as prescribed by the Practitioners Board of the Chinese Medicine Council of Hong Kong and complied with the requirements determined by the Practitioners Board

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For Chinese Medicine Practitioner



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All the information provided below (except otherwise indicated) will be used to provide information which is true, correct and in compliance with the Code of Conduct / Discipline / Practice of your profession.

Select your type of practice.

provide information which is true, correct and in compliance with the Code of

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* indicates mandatory.

* Personal Particulars * Professional Information Qualification Information * Practice Information

+ Add Practice

* Type of Primary Care Provider Doctor

* Type of Practice Hospital Authority Non-governmental Organisation Private University

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All the information provided below (except otherwise indicated) will be uploaded to the Primary Care Directory. Please provide your Name / Conduct / Discipline / Practice of your profession.

Fill in your practice name, address and contact information of your practice.

* Personal Particulars * Professional Information Qualification Information * Practice Information Others

Practice 1 X + Add Practice

* Type of Primary Care Provider Doctor
* Type Private

* General Information Opening Hours Service Provision & Fee Other Information

Practice Name Dr Chan Tai Man's Clinic (in English)
陳大文醫務所 (in Chinese)

* Practice Address Kowloon
Yau Tsim Mong Mongkok
Shop B, G/F, Healthy Building, 12 Healthy Street, Mongkok, Kowloon (in English)
九龍 旺角 健康路12號健康大廈地下B舖 (in Chinese)

* Contact Number Telephone 23456789 Emergency Contact Number 23456799 Fax 21212121

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▶▶▶ 1. Fill in the Form 2. Confirm Details 3. Terms and Conditions 4. Completion

All the information provided below (except otherwise indicated) will be uploaded to the Primary Care Directory. Please provide information which is true, correct and in compliance with the Code of Conduct / Discipline / Practice of your profession.

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* indicates mandatory

Input the regular opening hours of your clinic.

If service will be provided during public holidays, please input the service hours under "Special Arrangement" by clicking "+Add Public Holiday".

Please note that "No Service" will be set by default for public holidays unless service hours are inputted under the "Special Arrangement".

* Personal Particulars * Add Pra

Practice 1 X + Add Pra

* Type of Primary Care Provider D

* Type

* General Information Opening Service Provision & Fee Other Information

Regular

Start Date	End Date	Timeslot 1	Timeslot 2	Timeslot 3
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>

If service is provided on public holidays, please input the service hours under "Special Arrangement".

By Appointment

Special Arrangement

Start Date	End Date	Timeslot 1	Timeslot 2
<input type="text"/>	<input type="text"/>	-- Please Select --	<input type="text"/> - <input type="text"/>

Service provided by other Doctor

+ Add Public Holiday + Add Remove

The information on special arrangement will be displayed on the list of doctors who provide services during long holidays, i.e. the Lunar New Year, Easter and Christmas holiday, on the Primary Care Directory website.

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▶▶▶ 1. Fill in the Form
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All the information provided below (except otherwise indicated) will be uploaded to the Primary Care Directory for public viewing. You will be held liable for the Conduct / Discipline / Practice of your profession.

Please select the public holidays that you will provide service or you may click "Select all" to select public holidays.

compliance with the Code of

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* indicates mandatory.

* Personal Particulars * Professional Information Qualification Information Practice Information

Practice 1 ✕ [+ Add Practice](#)

* Type of Primary Care Provider

* Type

* General Information Opening Hours

Regular

Start Date	End Date
<input type="text"/>	<input type="text"/>

If service is provided on public holidays

By Appointment

Special Arrangement

Start Date	End Date
<input type="text"/>	<input type="text"/>

The information on special arrangement services during long holidays, i.e. New Year's Day, Chinese New Year, etc., is available on the Primary Care Directory website.

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Public Holiday

Please select **Public Holiday**

Select all

2019

- 05/04/2019-Ching Ming Festival
- 19/04/2019-Good Friday
- 20/04/2019-The day following Good Friday
- 22/04/2019-Easter Monday
- 01/05/2019-Labour Day
- 13/05/2019-The day following the Birthday of the Buddha
- 07/06/2019-Tuen Ng Festival
- 01/07/2019-Hong Kong Special Administrative Region Establishment Day
- 14/09/2019-The day following the Chinese Mid-Autumn Festival

[✕ Cancel](#) [✔ Confirm](#)

Click "Confirm"



1. Fill in the Form

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All the information provided below (except otherwise indicated) will be uploaded to the Primary Care Directory. Please provide information which is true, correct and in compliance with the Code of Conduct / Discipline / Practice of your profession.

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* Personal Particulars * Professional Information Qualification Information **Practice Information** Others

* indicates mandatory.

Practice 1 X + Add Practice

In the selected public holidays, please select "Other opening hour" and input the opening hours during the selected day(s)

Click "Next" to proceed to "Service Provision & Fee" section.

Regular

Start Date	End Date	Timeslot 1	Timeslot 2	Timeslot 3		
Monday	Friday	09:00 - 13:00	15:00 - 20:30		<input type="checkbox"/> 24 Hours	✕ Remove
Saturday	Saturday	09:00 - 13:30			<input type="checkbox"/> 24 Hours	✕ Remove

If service is provided on public holidays, please input the service hours under "Special Arrangement".

By Appointment

[+ Add](#)

Special Arrangement

Start Date	End Date	Service	Timeslot 1	Timeslot 2	Timeslot 3	
19/04/2019	Good Friday	No Service				✕ Remove
20/04/2019	The day following Good Friday	Other opening hour	09:00 - 14:00	16:00 - 20:00		✕ Remove
21/04/2019	21/04/2019	Other opening hour	09:00 - 14:00	16:00 - 20:00		✕ Remove
22/04/2019	Easter Monday	Other opening hour	09:00 - 14:00	16:00 - 20:00		✕ Remove

Check this box if the service will be provided by other doctor

The information provided by other doctors who provide service on the Primary Care Directory

[+ Add Public Holiday](#) [+ Add](#)

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All the information provided below (except otherwise indicated) will be uploaded to the Primary Care Directory. Please provide information which is true, correct and in compliance with the Code of Conduct / Discipline / Practice of your profession.

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- * Personal Particulars
- * Professional Information
- Qualification Information
- * Practice Information
- Others

* indicates mandatory

Practice 1 X + Add Practice

- * Type of Primary Care Provider Doctor
- * Type Private

- * General Information
- Opening Hours
- Service Provision & Fee
- Other Information

Government Primary Care Enhancement Programme

Your enrolment status in other government primary care enhancement programmes, namely the Health Care Voucher Scheme and Vaccination Subsidy Scheme, will be automatically added to the Directory.

Payment Method [Select ...](#)

Basic Consultation Fee \$ - \$ include

List of Service Provision

Please check the service(s) you are providing. The following messages apply to the service provision and fee are subject to update. Please check with the relevant authority.

You may choose the services provided in your clinic. There are different categories and sub-levels. You may press "Show Sub-level" to show all the items of services.

		space only or the space for per hour/session.
COVID19	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>
+ Disease Prevention and Health Promotion [Show Sub-level]	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>
+ Family Planning and Contraception Service [Show Sub-level]	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>
+ Investigation and Diagnostic Tests on Site [Show Sub-level]	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>
+ Management of Acute and Chronic Illnesses [Show Sub-level]	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>
+ Minor Procedures [Show Sub-level]	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>
+ Mental Health Care and Counselling [Show Sub-level]	<input type="checkbox"/>	<input type="text"/> per hour/session

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Government Primary Care
Enhancement Programme

Your enrolment status in other government primary care enhancement programmes, namely the Health Care Voucher Scheme and Vaccination Subsidy Scheme, will be automatically added to the Directory.

Payment Method Select ...

Basic Consultation Fee \$ - \$ including days of common/simple medicines

List of Service Provision Please check the service(s) Service provision and fee a		Fee (Optional)
COVID19	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>
- Disease Prevention and Health Promotion [Hide Sub-level]	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>
Dietary counselling	<input type="checkbox"/>	<input type="text"/> per hour/session
Exercise prescription	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>
- Immunisation [Hide Sub-level]	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>
Bacille Calmette-Guerin (BCG) vaccine	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>
Chickenpox vaccine	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>
Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus vaccine (Combined)	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>
Diphtheria and Tetanus vaccine	<input checked="" type="checkbox"/>	<input type="text"/> - <input type="text"/>
Haemophilus Influenzae B vaccine	<input checked="" type="checkbox"/>	<input type="text"/> - <input type="text"/>
Hepatitis A vaccine	<input checked="" type="checkbox"/>	<input type="text" value="200"/> - <input type="text" value="300"/>
Hepatitis B vaccine	<input checked="" type="checkbox"/>	<input type="text" value="200"/> - <input type="text" value="300"/>
Hepatitis A and B vaccines (combined)	<input checked="" type="checkbox"/>	<input type="text" value="300"/> - <input type="text"/>
Human Papillomavirus vaccine (Cervical cancer vaccine)	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>
Inactivated Poliovirus vaccine	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>
Influenza vaccine	<input type="checkbox"/>	<input type="text"/> - <input type="text"/>

You may click the box to select the service provided in the clinic. The corresponding fee or range of fee may be inputted.

You may click "Add Practice" to add information of another practice.

▶▶▶ 1. Fill in the Form

All the information provided below (except for the Code of Conduct / Discipline / Practice of your profession)

4. Completion

Please provide information which is true, correct and in compliance with the Code of

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* indicates mandatory.

* Personal Particulars * Professional Information * Qualification Information * Practice Information Others

Practice 1 X + Add Practice

* Type of Primary Care Provider Doctor
* Type Private

* General Information Opening Hours Service Provision & Fee Other Information

Language / Dialect Spoken [Select ...](#)

- Cantonese
- English
- Putonghua

Primary Care Team Members
You may select your Primary Care Team Members who are located in the same practice address as yours and/ or in your established network with you.

Same Practice Address Select ...	Not in the Same Practice Address Select ...
<ul style="list-style-type: none"> Doctor Nurse Pharmacist 	<ul style="list-style-type: none"> Clinical Psychologist Medical Laboratory Technologist Occupational Therapist

Barrier Free Facilities [Select ...](#)

When complete, click "Next" to check the inputted information.

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Please double check the information before submission.

1. Fill in the Form

 [Edit Personal Particulars](#)

▶▶▶ 2. Confirm Details

 [Edit Professional Information](#)

3. Terms and Conditions

 [Edit Qualification Information](#)

4. Completion

 [Edit Practice Information](#)



Please confirm your information provided.

You may press the link to edit the information if needed.



Personal Particulars

HKIC No. **	S652585(9)
Name in English (Also Known As)	CHAN, TAI MAN (CHAN, DAVID)
Name in Chinese (Also Known As)	陳大文 (Not provided)
Gender	Male
Email **	pcd@pcd.com
Mobile Phone No. **	+852 90000000
Daytime Contact Telephone No. **	21234567
Pager **	Not provided
Correspondence Address **	Room 1505, 15/F, The Hub, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong

** Will not be disclosed to public

Note: If you have selected the Hospital Authority as the only practice under the profession of "Doctor", your email address, mobile, daytime contact telephone number and pager number will not be displayed to the public in your "Doctor" profile.

Professional Information

Doctor [1 Practice(s)]

Registration No.	M12345
Stream of Practice	Not provided



1. Fill in the Form

2. Confirm Details

▶▶▶ 3. Terms and Conditions

4. Completion

Terms and Conditions

1. Eligibility criteria for enrolment

1.1 In order for an application for enrolment by the Government of the Hong Kong Special Administrative Region ("Government"), the applicant must:

- (a) must either be a registered medical practitioner under the Medical Registration Ordinance;
or a registered dentist under the Dentist Registration Ordinance;
or a registered Chinese medicine practitioner under the Chinese Medicine Registration Ordinance (Cap. 549) ("CMO") who holds a valid practising certificate issued under that Ordinance;
or a Chinese medicine practitioner registered with the Chinese Medicine Practitioners Board established under the CMO and whose name is entered on the list of Chinese medicine practitioners maintained by the Chinese Medicine Practitioners Board;

(b) must commit to the provision of directly accessible, comprehensive, continuing and co-ordinated person-centred primary care services.

1.2 The Government reserves the sole discretion in determining whether or not to approve an application notwithstanding anything provided in these Terms and Conditions. Without prejudice to the Government's sole discretion, the Government may not approve an application if the Government has reasonable grounds to believe that any of the circumstances set out in paragraph 5.2 of these Terms and Conditions has occurred.

2. Conditions for maintenance of listing

I have read and agree to the Terms and Conditions

You must click the checkbox to confirm you have read and agreed to the Terms and Conditions.

< Back > Submit

Click "Submit" to proceed.

1. Fill in the Form

2. Confirm Details

3. Terms and Conditions

▶▶▶ 4. Completion



Thank you for your application for enrolment in the Primary Care Directory. You may save or print your enrolment information for reference.

Enrolment Reference No. **PCDA24830-1-1**
Submission Time **30/08/2024 17:40**

An enrolment reference no. is created for the application.

To complete the enrolment procedure, please fax or post your Hong Kong Identity Card (HKIC) copy to the Primary Healthcare Commission of the Health Bureau within one week. Please quote the above Enrolment Reference No. in your HKIC copy. We shall process your application upon receipt of your HKIC copy.

Fax 3583 4549

Address Primary Healthcare Commission, Health Bureau
Unit 1505-06, 15/F, THE HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong

Under normal circumstances, we shall inform you via email whether your application is successful or not within 20 working days.

> Save or Print

> Complete

You can save or print out the enrolment application with the information provided for reference.