

For information
on 17 March 2014

Legislative Council Panel on Health Services

Development of Chinese Medicine and Integrated Chinese-Western Medicine Project

Purpose

This paper seeks to brief Members on the work progress of the Chinese Medicine Development Committee (“the Committee”) and the latest work of the Government in the promotion of Chinese medicine development in Hong Kong.

Background

2. The Chief Executive established the Committee in February 2013 to focus on the study of four major areas, namely development of Chinese medicine services, personnel training and professional development, research and development as well as development of the Chinese medicines industry (including Chinese medicines testing). The Committee is chaired by the Secretary for Food and Health and comprised of representatives from the Chinese medicine practice, Chinese medicine trade, academia, research and development, testing and healthcare sectors, as well as lay persons. The Chinese Medicine Practice Sub-committee and the Chinese Medicines Industry Sub-committee have been set up under the Committee to focus deliberation on different aspects.

Work Progress of the Chinese Medicine Development Committee

3. The Committee and its two sub-committees have already held a number of meetings to discuss various aspects of the Chinese medicine. The Committee has studied and endorsed the views submitted by its two sub-committees regarding the development of Chinese medicine hospital, integrated Chinese-Western medicine (“ICWM”) and the Hong Kong

Chinese Materia Medica Standards (“HKCMMS”) project, and has given its recommendations to the Government. The Committee will continue to carry out more in-depth studies to follow up on the above recommendations. The two sub-committees have also embarked on the deliberation of other subjects, such as strengthening the training for Chinese medicine practice and promoting the testing of Chinese medicines.

4. On the development of a Chinese medicine hospital, the Chinese medicine sector generally agrees that Hong Kong has the need and readiness to develop a Chinese medicine hospital to provide Chinese medicine in-patient services. This will also help enhance the professional training and standards of Chinese medicine practitioners in Hong Kong. As such, the Chief Executive announced in the 2014 Policy Address that the Government has accepted the Committee’s recommendation and reserved a site in Tseung Kwan O, which was originally earmarked for private hospital development, for setting up a Chinese medicine hospital. The site is located at Pak Shing Kok, Area 78 of Tseung Kwan O, and it is estimated that 400 beds could be provided. We also agree with the Committee’s recommendation which preliminarily considers that it would be more feasible for an operating body to run the Chinese medicine hospital on a self-financing basis with ICWM, rather than pure Chinese medicine, as the mode of operation. We shall, in collaboration with the Committee, examine the feasible mode of operation and regulatory details of the Chinese medicine hospital. We are of the view that apart from providing in-patient services to the public, the Chinese medicine hospital can also provide facilities to support the teaching, clinical practice and scientific research of the Schools of Chinese Medicine under the three local universities, and help strengthen and enhance the quality of the professional training of Chinese medicine practitioners and the scientific research of Chinese medicine in Hong Kong.

5. Since the development of a Chinese medicine hospital requires detailed and thorough study and planning, we therefore agree with the Committee’s recommendation to carry out some specific research projects before the establishment of the Chinese medicine hospital, such as the introduction of in-patient services in public hospitals under the ICWM pilot project. This will help gather experiences in the operation and regulation of ICWM and Chinese medicine in-patient services. Such experiences will also serve as the basis for formulating the regulation for the mode of operation of a Chinese medicine hospital.

6. On the development of Chinese medicines, the Government has also accepted the Committee's recommendation which supports the continuation of the HKCMMS project to study and formulate standards for more Chinese herbal medicines; and the consideration of including study on the standard setting for Chinese medicines decoction pieces under the HKCMMS project, so that HKCMMS can be more widely adopted. The Department of Health is now consulting experts in scientific research to actively explore the feasibility of implementing the recommendations.

ICWM Pilot Project of the Hospital Authority

7. In response to the Committee's suggestion, the Hospital Authority ("the HA") is carrying out preparatory work for the implementation of the ICWM Pilot Project ("the Pilot Project"), which aims to make use of the advantages of ICWM to provide appropriate medical treatment for patients; gather experiences for the development of Chinese medicine in-patient services and the establishment of the Chinese medicine hospital; facilitate the training of Chinese medicine graduates; and explore the development of Chinese medicine specialisation. The HA has set up a dedicated task force to undertake the preparatory work of the Pilot Project, including the design of relevant clinical and operational frameworks. Details are set out in the ensuing paragraphs.

Clinical Framework

8. The clinical framework of the Pilot Project comprises the following three elements:

(i) Selection of disease areas:

The HA will draw up a clinical plan targeting at three disease areas. The criteria for selecting the disease areas include: (a) the disease areas where the treatment of Chinese medicine, or the synergy effect generated by treatment of ICWM, are effective with the support of scientific proof; (b) the disease areas that a certain number of patients is anticipated; and (c) the diseases that the inclusion and exclusion criteria can be clearly defined. The clinical plan will clearly set out the inclusion and exclusion criteria, and the indications of Chinese and Western medicine treatments, etc. After preliminary screening, the HA proposes to formulate the clinical plan specifically for three disease areas, namely stroke rehabilitation,

low back pain and palliative care for cancer.

(ii) Scope of service:

Apart from providing specified in-patient services (including day hospital services), the clinical plan will also include follow-up out-patient services (including out-patient services provided by Western medical practitioners as well as those provided by the relevant Chinese Medicine Centres for Training and Research (“CMCTRs”)) to the patients concerned. The clinical protocol for each disease area will clearly define the entry and exit points of services according to the conditions of the disease area.

(iii) Clinical Management:

To ensure the safe operation of “evidence-based practice”, the HA will implement a series of clinical management measures. The clinical protocol of each disease area should be based on scientific evidence and jointly developed by a working group comprising experts in Chinese medicine and Western medicine. It should include clinical guidelines for integrating Chinese medicine with Western medicine, inclusion and exclusion criteria, clinical outcome indicators and clinical risk management. The HA will also set up a reporting system for adverse events and incidents, and arrange for clinical audits. Subject to the actual needs of different clinical protocols, the HA will provide relevant professional training for healthcare personnel participating in the Pilot Project with a view to fostering mutual understanding and communication among Chinese and Western medical practitioners.

Operational framework

9. The operational framework of the Pilot Project consists of two major components:

(i) Operational guidelines:

To foster exchanges and collaboration among Chinese and Western medical practitioners, the HA will develop operational guidelines for the Pilot Project, setting out the roles and responsibilities of Chinese and Western medical personnel; workflow of transfer, discharge and follow-up treatment of patients; as well as the patients’ medical records sharing system. The operational guidelines will also cover

arrangements on aspects such as finance, insurance, risk management and complaints to ensure proper administration management.

(ii) Project management:

The HA will draw up the design outline of the Pilot Project through feasibility studies and consultation with the relevant stakeholders. The design outline will cover areas such as care model, basic infrastructure, targets and outcomes, and funding arrangement. The HA will oversee and monitor the progress of the Pilot Project and conduct evaluation on its effectiveness.

Work plan

10. Test run for each disease based protocol will be conducted in two hospitals under the HA in collaboration with the respective CMCTRs. In addition, the HA will invite local universities to participate in the formulation and assessment of the Pilot Project and its related training programmes.

11. The preparatory work of the Pilot Project has commenced. The HA plans to finalise the disease based programmes in April 2014 and launch the clinical programmes in mid-2014. As regards the evaluation of the effectiveness of the project, interim review and final review will be conducted in the third quarter of 2015 and the third quarter of 2016 respectively. The HA will brief the Committee and its Chinese Medicine Practice Sub-committee on the progress of the project and submit the relevant reports as appropriate.

Clinical Training for Local Undergraduate Degree Programmes for Chinese Medicine

12. From 1998 onwards, universities in Hong Kong gradually started offering full-time undergraduate degree programmes for Chinese medicine. The University Grants Committee (“UGC”) currently provides funding to three local universities (including the Baptist University of Hong Kong, the Chinese University of Hong Kong and the University of Hong Kong) to run UGC-funded undergraduate degree programmes for Chinese medicine which have a steady intake of about 90 students per year. The three universities are currently offering six-year full-time undergraduate degree programmes for Chinese medicine.

13. The undergraduate degree programmes for Chinese medicine run by the three universities all cover Chinese medicine practice and Chinese medicines, as well as basic knowledge of Western medicine, which aims to enhance students' understanding of the degree subject as well as Western medicine treatment. Moreover, the programmes all comprise clinical internship, which is arranged by the universities concerned in collaboration with local Chinese medicine clinics and/or Chinese medicine hospitals in the Mainland. The UGC provides the necessary funding to the universities for them to arrange internship placements for their students in cooperation with the relevant clinics/hospitals or other public health facilities.

14. The 17 CMCTRs, which operate on a tripartite collaboration model involving the HA, non-governmental organisations ("NGOs") and local universities with the NGOs as the operators of the CMCTRs, will also coordinate with the universities to provide clinical internship opportunities for students of the local full-time undergraduate degree programmes for Chinese medicine (the 18th CMCTR will be set up in the Islands District in mid-2014). Fresh graduates of the local full-time Chinese medicine undergraduate degree programmes can also choose to apply to work and receive training at the CMCTRs, being employed as junior Chinese medicine practitioners in the first year and as Chinese medicine practitioner trainees in the second and third years. NGOs operating the CMCTRs are required to employ at least 12 junior Chinese medicine practitioners/Chinese medicine practitioner trainees and provide training for them. As at January 2014, a total of 224 graduates of local Chinese medicine undergraduate degree programmes were employed by the CMCTRs.

15. The Chinese Medicine Practice Sub-committee under the Committee has also started studying the enhancement of personnel training and professional development for Chinese medicine practitioners. In collaboration with the Committee and the three universities, the Government will further examine ways to enhance training in the areas concerned (including clinical internships). Besides, as mentioned in Paragraph 4 above, the proposed Chinese medicine hospital can also provide facilities to support the teaching, clinical practice and scientific research of the Schools of Chinese Medicine under the three local universities, and help strengthen and enhance the quality of the professional training of Chinese medicine practitioners and the scientific research of Chinese medicines in Hong Kong.

Advice Sought

16. Members are invited to note the content of this paper.

**Food and Health Bureau
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