

# 立法會 *Legislative Council*

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## **Panel on Health Services**

### **Background brief prepared by the Legislative Council Secretariat for the meeting on 17 March 2014**

#### **Provision of Chinese medicine services in the public healthcare system**

#### **Purpose**

This paper provides background information on the development of Chinese medicine and summarizes the concerns of the members of the Panel on Health Services ("the Panel") on issues relating to the provision of Chinese medicine services in the public healthcare system in Hong Kong.

#### **Background**

##### Regulatory framework of Chinese medicine

2. The Chinese Medicine Ordinance (Cap. 549) ("the Ordinance"), enacted in July 1999, provides a statutory framework for the regulation of the practice, use, trading and manufacturing of Chinese medicines in Hong Kong. Based on the principle of professional self-regulation, the Chinese Medicine Council of Hong Kong ("CMCHK") has been established under the Ordinance to, among others, develop and implement these regulatory measures. A Chinese Medicine Practitioners Board and a Chinese Medicines Board ("CMB") have also been set up under CMCHK to assist it in pursuing its functions.

3. Under the Ordinance, all Chinese medicine practitioners ("CMPs") should be registered before they can practise Chinese medicine in Hong Kong. The Ordinance also stipulates that all proprietary Chinese medicines ("pCms") must be registered by CMB before they can be imported, manufactured or sold in Hong Kong. The relevant provisions under the Ordinance concerning mandatory registration of pCms and requirements on labelling and package insert for pCms have come into effect since 3 December 2010 and 1 December 2011 respectively.

All Chinese medicines traders who engage in a business of retail and wholesale of Chinese herbal medicines, or manufacture or wholesale of pCms are also required under the Ordinance to obtain the relevant Chinese medicines traders licence from CMB before the commencement of their business.

4. To further ensure the safety of pCm and to keep up with the international trends of developing Good Manufacturing Practice ("GMP") for medicines, it was announced in the 2010-2011 Policy Address that a timetable for mandatory compliance with GMP for manufacture of pCm would be worked out. In May 2011, CMB recommended the adoption of the Pharmaceutical Inspection Convention and Pharmaceutical Inspection Co-operation Scheme ("PIC/S") GMP standard as a licensing requirement for local manufacturers in pCm, and implementation of PIC/S GMP standard in four years.

#### Provision of public Chinese medicine outpatient services

5. To promote the development of "evidence-based" Chinese medicine and provide training placements for local Chinese medicine degree programme graduates, the Administration has committed to establishing 18 public Chinese Medicine Centres for Training and Research (or commonly known as "Chinese medicine clinics" ("CMCs")). Each CMC operates on a tripartite collaboration model involving the Hospital Authority ("HA"), a non-governmental organization ("NGO") and a local university. The initial target of the Administration is to establish 18 CMCs by 2005. So far, 17 CMCs have been set up. The remaining CMC in the Islands District will be commissioned in 2014.

#### Standards and testing of Chinese medicines

6. To safeguard public health and facilitate research and trade in Chinese medicines, the Department of Health ("DH") has been developing the Hong Kong Chinese Materia Medica Standards ("HKCMMS") since 2002 to ascertain the authenticity, safety and quality of commonly used Chinese Materia Medica. As at December 2013, six editions of HKCMMS covering standards for a total of 200 Chinese Materia Medica have been published.

7. On the research and development ("R&D") of Chinese medicines, the Innovation and Technology Fund has been providing funding support to universities, R&D institutions and companies to conduct, among others, applied research projects relating to R&D and testing of Chinese medicines. A Committee on Research and Development of Chinese Medicines was set up in December 2011 to explore strategies to promote R&D and testing of Chinese medicines in Hong Kong.

### Training and professional development of CMPs

8. Three local universities (i.e. The University of Hong Kong, The Chinese University of Hong Kong and the Hong Kong Baptist University) offer full-time University Grants Committee-funded degree programmes in Chinese medicine. Graduates of these programmes are eligible for the CMP Licensing Examination to qualify as registered CMPs. A Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development was established by the Administration in January 2012 to conduct a strategic review on healthcare manpower planning and professional development. The review covers 13 healthcare professions including CMPs who are subject to statutory regulation. The Administration will conclude the review in 2014.

### The Chinese Medicine Development Committee

9. The Chief Executive announced in his 2013 Policy Address the establishment of a Chinese Medicine Development Committee ("CMDC"). Established in February 2013, CMDC is tasked to give recommendations to the Government concerning the direction and long-term strategy of the future development of Chinese medicine in Hong Kong. Chaired by the Secretary for Food and Health, CMDC focuses its study on four key areas, namely, the development of Chinese medicine services; personnel training and professional development; R&D; and development of the Chinese medicines industry (including Chinese medicines testing). In May 2013, the Chinese Medicine Practice Sub-committee and the Chinese Medicines Industry Sub-committee were formed under CMDC to study the relevant specific areas.

### **Deliberations of the Panel**

10. The Panel discussed issues relating to the provision of Chinese medicine services in the public healthcare system at a number of meetings since 2000. The deliberations and concerns of members are summarized below.

### Directions for the development of Chinese medicine

11. Concern was raised about the timeframe for CMDC to complete its study on the policies and measures to further the development of Chinese medicine. Some members considered that the Administration should first clearly define the position of Chinese medicine in primary, secondary and tertiary care in the healthcare system to facilitate the study of CMDC. There was a view that Chinese medicine should be classified as a supplementary treatment in the public healthcare system so that, where appropriate, doctors could make referral for patients to receive the treatment. Members also called on the Administration to ensure that the development directions would be formulated from the perspective of Chinese medicine, rather than a Western medicine perspective.

12. The Administration agreed with the need to map out the positioning of Chinese medicine in the healthcare system. Given that the healthcare system was currently Western medicine-based and there was a need to promote integrated Chinese and Western medical services, the Administration would engage the Western and Chinese sectors to examine the direction for developing Chinese medicine in Hong Kong. Its initial thought was that Chinese medicine would be regarded as one of the components, instead of a supplementary treatment, in future hospital services involving close collaboration with Western medicine in both clinical and non-clinical settings.

#### Establishment of a Chinese medicine hospital

13. Members had long called for the establishment of a Chinese medicine hospital in Hong Kong. In their view, the establishment of a Chinese medicine hospital to provide inpatient services for members of the public and training grounds for local Chinese medicine graduates was crucial to foster the development of Chinese medicine in tertiary care in Hong Kong.

14. At the Panel meeting on 20 January 2014 to receive a briefing from the Secretary for Food and Health on the 2014 Policy Address in relation to health matters, members were advised that the Government had accepted CMDC's recommendation and decided to reserve a site in Tseung Kwan O, which was originally earmarked for private hospital development, for setting up a Chinese medicine hospital. Members were concerned about the mode of operation and scope of services of the proposed Chinese medicine hospital. In particular, question was raised as to whether X-ray examinations and diagnostic imaging services, which were required to be performed by trained professionals in Western medicine, would be provided by the hospital.

15. The Administration advised that given that the local healthcare system was based on Western medicine, it would not be feasible to set up a Chinese medicine hospital providing only Chinese medicine services. In this regard, a Chinese medicine hospital adopting integrated Chinese-Western medicine was considered the most feasible mode of operation under the existing legal and administrative frameworks. Hence, there was no cause for concern about the meeting of the professional requirements for operating the modern medical equipment for diagnosis and treatment on patients if these equipments would be made available in the proposed Chinese medicine hospital.

16. The Administration further advised that it would carry out some practical research projects before the establishment of the Chinese medical hospital in order to gather experiences in the operation and regulation of integrated Chinese-Western medicine and Chinese medicine inpatient services. These would serve as the basis for formulating the mode of operation of the Chinese

medicine hospital. Taking into account that international and Mainland evidence showed that the combined use of Chinese and Western medicines was effective in pain management and treatment for cancers and stroke, the study would first be focused on these areas.

17. Members noted that the Administration would select an operating body to run the Chinese medicine hospital on a self-financing basis. Question was raised about the regulatory regime for monitoring the operation of the hospital.

18. The Administration advised that same as those private hospitals providing Western medical services, DH would monitor compliance of the Chinese medicine hospital with the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165). The Administration had established a Steering Committee on Review of the Regulation of Private Healthcare Facilities in October 2012 to conduct a review on the regulatory regime for private healthcare facilities with a view to strengthening the regulatory standards. The review would cover, among others, the regulatory approach for private healthcare facilities providing Chinese medicine inpatient services. The Administration would consult the public on the various regulatory proposals put forward by the Steering Committee and prepare for the necessary legislative procedures in accordance with the results of the consultation.

#### Integration of Chinese and Western medical services in public hospitals

19. Members were concerned about the present collaboration between Chinese and Western medical services for patients receiving treatment in public hospitals. The Administration advised that there had been increasing interface between Chinese and Western medicine services in public hospitals in recent years. More than 20 public hospitals had provided Chinese and Western medicine shared care services covering pain management, rehabilitation treatment of stroke/diseases of the nervous system, cancer treatment, palliative care, treatment of diabetes mellitus, dysthymia, gynaecology, orthopedics and traumatology, osteopathy, as well as treatment of ear, nose and throat diseases.

20. Noting that the redeveloped Kwong Wah Hospital ("KWH") would accommodate reprovisioned facilities for enhanced Chinese and Western medicine hospital services, including designated floor areas for the provision of inpatient integrated Chinese and Western medicine services with 56 beds to be operated by the Tung Wah Group of Hospitals ("TWGHs"), there was a view that HA should provide the service as part of its standard services. The Administration advised that at present, efforts in promoting the development of Chinese medicine were focused on the levels of primary care and general outpatient services. It was considered that the Chinese medicine services to be provided in the redeveloped KWH should continuously be operated by TWGHs. However, the Administration adopted an open attitude towards whether such services should be subsidized by public money.

### The setting up of and services provided by CMCs

21. Given that the progress of setting up CMCs in the public sector had lagged far behind the original schedule, members urged the Administration to expedite its pace to provide the Chinese medicine outpatient service in the 18 districts as planned. The Administration explained that the progress of establishing CMCs in the 18 districts would be determined having regard to the availability of sites. The criteria for selecting suitable sites included accessibility, proximity to residential areas, timing of availability of the sites for conversion works, as well as whether the clinics would be able to attract sufficient number of patients to sustain themselves financially and their impact on the private Chinese medicine practice in the surrounding areas.

22. There were views that the Administration should include the services provided by CMCs as part of the standard services of HA. It was suggested that CMCs should be run by the Government to demonstrate its commitment to the development of Chinese medicine in Hong Kong. Consideration should also be given to including the services provided by CMCs in the scope of medical and dental benefits for civil service eligible persons ("CSEPs").

23. The Administration explained that a tripartite collaboration model was adopted for the operation of CMCs, under which the NGOs concerned were responsible for the day-to-day operation of CMCs. As such, the services of CMCs did not form part of the standard services of HA, and fell outside the scope of civil service medical benefits under prevailing policy. The Administration stressed that while CMDC would explore the positioning of Chinese medicine in the public healthcare system, the discussions on the development of Chinese medicine and the provision of Chinese medicine services as part of the medical benefit for CSEPs should be handled separately. The Civil Service Bureau would keep in view any significant changes to the nature and mode of service delivery of CMCs in future that would warrant a review of their implications on the scope of civil service medical benefits.

### **Relevant papers**

24. A list of the relevant papers on the Legislative Council website is in **Appendix**.

**Relevant papers on the development of Chinese medicine**

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Health Services	13.11.2000 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	10.2.2003 (Items IV and V)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)1267/02-03(01)</a>
Panel on Health Services	8.12.2003 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)945/03-04(01)</a>
Panel on Health Services	13.6.2005 (Item VI)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	14.11.2005 (Item VI)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	14.5.2007 (Items IV and V)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)2534/06-07(01)</a>
Panel on Health Services	17.10.2008 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	16.10.2009 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	15.10.2010 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	20.10.2011 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	11.6.2012 (Item III)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)55/12-13(01)</a>

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Health Services	21.1.2013 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	18.3.2013 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	20.1.2014 (Item III)	<a href="#">Agenda</a>

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