

**For information
on 21 July 2015**

Legislative Council Panel on Health Services

Subcommittee on Issues Relating to the Development of Chinese Medicine

**Professional Development and Remuneration Package for
Chinese Medicine Practitioners**

Purpose

This paper provides for Members' reference the background information and the latest development regarding the promotion of Chinese medicine specialisation and the remuneration package for Chinese medicine practitioners ("CMPs") in Hong Kong.

The Present Registration System for CMP

2. According to section 74 of the Chinese Medicine Ordinance (Cap. 549), a registered CMP may add the description of "general practice", "acupuncture" or "bone-setting" to his/her title of "registered Chinese medicine practitioner". However, such descriptions only "indicate his/her stream of practice in Chinese medicine" but not the specialist registration of the CMP concerned. At present, there is neither specialist training nor specialist qualification accreditation system for CMPs in Hong Kong.

The Latest Development in Promoting Chinese Medicine Specialisation in Hong Kong

3. The Government has all along been committed to promoting the development of Chinese medicine in Hong Kong. The current-term Government is actively examining the future development needs of the Chinese medicine sector, so that the widely accepted traditional Chinese medicine can play a more active role in promoting public health. In this regard, the Chief

Executive set up the Chinese Medicine Development Committee (“CMDC”) in February 2013 to focus on the study of four major areas of Chinese medicine, namely the 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). Chaired by the Secretary for Food and Health, the CMDC is comprised of representatives from the Chinese medicine practice, Chinese medicines 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 were formed under the CMDC to focus deliberation on various aspects.

4. As for Chinese medicine practice, the development of Chinese medicine services, personnel training and professional development are complementary to one another. In this regard, the Chief Executive announced in the 2014 Policy Address that the Government had accepted the CMDC’s recommendation and reserved a site in Tseung Kwan O for the development of a Chinese medicine hospital. Apart from providing in-patient service for the public, the Chinese medicine hospital can provide facilities to support teaching, clinical practice and scientific research of the Schools of Chinese Medicine of the three local universities. The Chinese medicine hospital will also serve as an important platform for personnel training and professional development of CMPs, and help strengthen and enhance the quality of professional training for CMPs, as well as scientific research of Chinese medicine in Hong Kong.

5. The Government also agrees to the CMDC’s preliminary view that it would be more feasible for an operating body to run the Chinese medicine hospital on a self-financing basis with integrated Chinese-Western medicine (“ICWM”), rather than pure Chinese medicine, as the mode of operation. We will work out a feasible mode of operation for the Chinese medicine hospital in collaboration with the CMDC. Since Chinese medicine in-patient service is novel in Hong Kong, we agree with the CMDC that specific research and pilot projects should be conducted before the establishment of the Chinese medicine hospital. This will help gather experience on ICWM and operation of Chinese medicine in-patient service, which will form the basis for formulating the mode of operation of the Chinese medicine hospital.

6. To this end, the Hospital Authority (“HA”) launched the Phase I of the ICWM Pilot Programme in September 2014 in three public hospitals under the HA to provide in-patients of three disease areas (namely stroke care, acute low

back pain care and cancer palliative care) with ICWM treatment during in-patient stay and follow-up Chinese medicine out-patient service. The results of the pilot programme and the experience gained will be the important reference materials for the Government and the CMDC in considering the mode of operation of Chinese medicine in-patient service, and in studying the future development and training needs for Chinese medicine specialisation.

7. While the CMDC is considering the feasible mode of operation of the Chinese medicine hospital, its Chinese Medicine Practice Sub-committee has started discussing the development of Chinese medicine specialisation. The Sub-committee has made reference to the specialist training and registration of medical practitioners in Hong Kong as well as the development of Chinese medicine specialisation in other areas (please refer to **Annex 1** and **Annex 2**; in Chinese only), and taken heed of the concerns and views expressed by representatives of the trade at the meetings. In recent years, the Chinese medicine sector and academia have also discussed the development of Chinese medicine specialisation and organised related forums. The development of specialist registration of medical practitioners in Hong Kong demonstrates that the development of medical specialisation requires multi-faceted consideration and extensive consultation with different sectors. Moreover, a considerable amount of sophisticated planning and preparation work would be required in the development of medical specialisation, such as providing all registered CMPs with postgraduate training, as well as assessing the eligibility of specialist training curricula. Apart from making reference to the development of specialist registration of medical practitioners, we also need to consider a series of factors including the unique theories and modes of practice in Chinese medicine, the manpower and basic facilities available for the provision of Chinese medicine services, the resources required and public acceptability so that we can have a comprehensive discussion about the development of Chinese medicine specialisation in Hong Kong. The Chinese Medicine Practice Sub-committee will continue to study the issue and maintain communication with the industry, and will make recommendations to the Government in due course.

Current Remuneration Package for CMPs in Hong Kong

8. Most CMPs in Hong Kong are engaged in private practice while some are employed by retail shops or chain stores selling Chinese herbal medicines. Some others are employed by Chinese medicine clinics (“CMCs”) (there are about 60 CMCs in Hong Kong) operated by local universities and non-

governmental organisations (“NGOs”) on a self-financing basis, providing Chinese medicine services in the community at affordable prices.

9. To promote the development of “evidence-based” Chinese medicine and provide training placements for graduates of local Chinese medicine degree programmes, the Government has established 18 Chinese Medicine Centres for Training and Research (“CMCTRs”) in the territory by phase since 2003, with the 18th one set up in the Islands District in mid-2014. The CMCTRs operate in a tripartite collaboration model involving the HA, NGOs and local universities providing Chinese medicine degree programmes. The NGOs are responsible for the day-to-day clinic operation. Fresh graduates of local full-time Chinese medicine undergraduate degree programmes who choose to apply for working and receiving training at CMCTRs would be employed as junior CMPs in the first year and as CMP trainees in the second and third years. NGOs operating CMCTRs are required to employ at least 12 junior CMPs or CMP trainees and provide them with training. The entry requirements of CMPs in CMCTRs are set out in **Annex 3** (in Chinese only). Their terms of employment and remuneration packages are determined by the NGOs and annual adjustment to their pay levels will be based on market conditions. Having regard to the needs of the NGOs, the annual subsidy provided for each CMCTR was increased from \$2.21 million to \$3.25 million in April 2013.

10. With the development of Chinese medicine practice and the growing popularity of Chinese medicine treatments, the competitiveness of CMPs will increase. The development of the Chinese medicine hospital will also enhance their professional standard and recognition. As the market demand for CMPs increases, we envisage that their salary and recognition will continue to increase.

Food and Health Bureau
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香港醫生專科的培訓和註冊

醫生專科培訓

醫學本科生在完成大學醫科學士課程及臨床實習並註冊成為醫生後，可申請報讀專科培訓。專科訓練分兩個階段：分別為三至四年的基礎專科培訓及三至五年的進階專科培訓。培訓年期因個別分科學院而異，但總年期不可少於六年。專科培訓內容包括專科知識，以及針對治療某個專科的技術及態度。

2. 專科培訓對學員有嚴謹的要求，學員須為香港醫務委員會（下稱「醫委會」）註冊的醫生方可申請接受專科基礎培訓，在「香港醫學專科學院」（下稱「醫專」）轄下的分科學院認可的培訓中心及一般為該學院院士的指定導師指導下接受培訓。培訓課程完整而全面，包括門診服務，住院服務，醫療程序，專題研習及報告，期刊閱讀，參與學術會議或研討會，發表論文，及撰寫訓練日誌等。學員須接受持續的評審，例如導師的指導或評語，每三至六個月的評估，其他學員的反饋。考核包括培訓中期考試，末期考試，適用於醫療程序的直接觀察評審，及培訓末期論文等。

3. 提供醫生專科培訓的機構必須為醫專轄下的分科學院認可的醫療機構，一般是公私營醫院的專科部門或公營專科診所。醫專轄下的分科學院對培訓機構亦有嚴謹的要求，分科學院會審核和認證培訓機構，以確保其設施和其他條件（例如病人數量及病例的多樣性等），及導師的水平和資歷符合學院的要求。培訓機構必須通過分科學院最少每五年進行的再驗證程序。

4. 學員在完成基礎專科培訓後，須通過分科學院中期考試後方可接受進階專科培訓，並須通過分科學院期末考試及評審及格後，才能申請成為其分科學院的院士。

醫生專科註冊

5. 醫委會的專科醫生名冊於 1998 年設立。根據《醫生註冊條例》(第 161 章)，醫委會須根據醫專的建議而決定專科的分類，及根據該等專科分類而將符合資格的註冊醫生的姓名列入專科醫生名冊內。只有專科醫生名冊上的註冊醫生方可使用所屬專科的專科醫生名銜。

6. 一般而言，註冊醫生在通過專科培訓成為醫專的分科學院院士後，並獲醫專證明已完成有關專科的醫學訓練並符合有關延續醫學教育的規定後，可向醫委會申請成為專科醫生。醫委會轄下教育及評審委員會會考慮有關申請，並向醫委會作出建議。若醫委會批准該項申請，便會把申請人的姓名列入專科醫生名冊的相關專科內。本港法例亦規定專科醫生須符合醫專就其專科所訂定的延續醫學教育要求，以維持其專科醫生的資格。專科醫生的名單每年會在政府憲報刊登，並上載至醫委會的網頁。

香港醫學專科學院

7. 醫專是根據《香港醫學專科學院條例》(第 419 章)成立的獨立法定機構，獲授權組織、監察及評核所有醫學專科訓練，並頒授有關資格，同時亦負責提供延續醫學教育。醫專成立的宗旨是促進專科醫學技術的發展、鼓勵延續醫學教育、提高專業及執業水準及操守、促進改善香港市民健康護理、提升執業醫生間的合作精神，以及促進醫學資訊及意見交流。醫專由 15 所分科學院組成，由院務委員會負責管理。該委員會目前共有六名幹事(包括主席，兩名副主席，名譽秘書，名譽司庫，編輯)，15 名分科學院的主席，五名經選舉產生的院務委員，以及一名增選委員。

香港以外地區的中醫專科發展

中國內地

雖然中國自古以來已有中醫分科的概念，但一直沒有統一採用的分科標準，分科大多建基於傳統中國哲學思想，而每個時代中醫的分科標準和數目亦各有不同。

2. 現時中國內地各地的綜合醫院多有開設中醫分科，但不同醫院採用不同中醫部門分科的標準，比較普遍的有中醫內科、外科、婦科、針灸、推拿科等科室。

3. 總括而言，中醫專科發展在中國內地仍在起步探索及討論的階段。內地至今尚未有制訂國家認可的醫生(包括中醫或西醫)專科分科、培訓、考核的標準及註冊機制。

台灣

4. 台灣於九十年代由中醫民間團體成立了中醫專科醫學會，設有兒科、婦科和內科等的中醫專科資格。台灣中醫師如欲取得該學會頒授的專科證書，必須通過中醫專科學會的評審。但中醫專科醫學會為自治團體，其頒授的中醫專科證書尚未被台灣當局認可。台灣至今尚未設置當局認可的中醫專科訓練及註冊制度。

中醫教研中心中醫師的入職經驗要求

現時，於中醫教研中心執業的中醫師按經驗劃分成不同職級，如下表所示。

職位名稱	經驗要求
初級中醫師	少於 1 年臨床經驗
一級／二級進修中醫師	2 至 3 年臨床經驗
二級中醫師	多於 3 年臨床經驗
一級中醫師	多於 6 年臨床經驗
高級中醫師	多於 10 年臨床經驗
顧問中醫師	多於 15 年臨床經驗

2. 中醫教研中心的中醫師由有關的非政府機構聘用，詳細聘用條款及薪酬按非政府機構的人事管理條件釐訂。