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Panel on Health Services

Proposed extension of period of work of the Subcommittee on Issues Relating to the Development of Chinese Medicine

Purpose

This paper reports on the progress of the work of the Subcommittee on Issues Relating to the Development of Chinese Medicine ("the Subcommittee") and invites members of the Panel on Health Services ("the Panel") to endorse the proposal of the Subcommittee to extend the period of its work and continue to operate for six more months until 4 May 2016.

Background

2. The Subcommittee was appointed by the Panel on Health Services ("the Panel") on 16 June 2014 to study and review the Government's strategy, policies and initiatives to promote the long-term development of Chinese medicine and make timely recommendations. According to its work plan, the Subcommittee should focus its work on -

(a) the role and provision of Chinese medicine services in public healthcare system;

(b) development of Chinese medicines industry and support to the trade;

(c) training and professional development for, and employment prospects of, Chinese medicine practitioners ("CMPs") and Chinese medicine pharmacists; and

(d) promotion of evidence-based Chinese medicine practice as well as testing and certification of Chinese medicines.

Progress of work of the Subcommittee

3. Under the chairmanship of Hon CHAN Han-pan, the Subcommittee has held seven meetings since November 2014 with the Administration and received views from deputations at two of these meetings. The Subcommittee has studied the following major issues -

(a) introduction of Good Manufacturing Practice ("GMP") requirements to proprietary Chinese medicines ("pCms");

(b) registration, testing and development of pCms;

(c) arrangements for migration of pCms from transitional registration to formal registration;

(d) progress of the Integrated Chinese-Western Medicine Pilot Programme; and

(e) professional development and remuneration package for CMPs.

Need for continuation of work

4. The Subcommittee has been closely monitoring the progress of pCm registration, and intends to convene further meetings to follow up the matter (see paragraphs 5 to 7). Apart from issues on pCm, the Subcommittee started discussion of the professional development and remuneration package for CMPs at the last meeting on 21 July 2015. Members agreed that meetings should be held to receive views from stakeholders (see paragraph 8). Besides, as the Chinese medicine hospital to be developed in Tseung Kwan O would serve as an important platform for the training and professional development of CMPs, members agreed that the development of Chinese medicine hospital should be discussed at future meetings (see paragraphs 9 to 11).

<u>Progress of pCm registration</u>

5. The Chinese Medicine Ordinance (Cap. 549) ("CMO") stipulates, among others, that all products falling within the definition of pCms must

be registered before they can be imported, manufactured and sold in Hong Kong. The pCm registration system has been implemented since 19 December 2003. However, as at 3 July 2015, the Chinese Medicines Board ("CMB") has only issued 503 "Certificate of registration of pCm" (i.e. "HKC"). There were still 8 537 pCm products issued with "Notice of confirmation of transitional registration of pCm" (i.e. "HKP")[1]. To apply for HKC, holders of HKP are required to submit the necessary documents in respect of safety, quality and efficacy to CMB. HKC will be issued if the pCm has been assessed by CMB as meeting the registration requirements. The deadline for submitting the product quality and general stability test reports by HKP holders was 30 June 2015[2]. According to the Administration, as at 3 July 2015, over 89% of HKP holders have submitted the product quality or stability test reports.

6. The Administration has informed the Subcommittee that for those HKP holders who have not submitted the relevant reports, CMB has issued reminder letters to them requiring them to submit the reports within three months from the date of the reminder letters issued (i.e. by early October 2015). If they are unable to do so, they should provide sufficient reasons for consideration by CMB. Otherwise, CMB may consider rejecting the HKC applications concerned.

7. The Subcommittee notes that the number of pCm products which have failed to meet the deadline of submission of the relevant reports amounts to a few hundred, and some of them in fact have a long history of sale in Hong Kong and were generally regarded to have good efficacy. At the last meeting on 21 July 2015, the Subcommittee urged the Administration to provide support and assistance to the HKP holders concerned as far as possible to help them resolve the difficulties encountered in producing the relevant reports for fulfilling the registration requirements. The Subcommittee intends to conduct meetings from October to December 2015 to follow up this matter.

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[1] For pCms already manufactured, sold or supplied for sale in Hong Kong on 1 March 1999, the relevant manufacturers, importers or local agents/representatives of manufacturers outside Hong Kong may, in accordance with CMO, apply for transitional registration. If a pCm is assessed by CMB as meeting the aforesaid transitional registration requirements, and the relevant basic safety test reports (including heavy metal and toxic element, pesticide residue and microbial limit test reports) are submitted, HKP will be issued.

[2] Having assessed the overall situation of the trade, CMB resolved in June 2013 to extend the deadline for submitting the product quality and stability test reports by HKP holders from 30 June 2013 to 30 June 2015.

Professional development of CMPs

8. At present, there is neither specialist training nor specialist qualification accreditation system for CMPs in Hong Kong. To promote the development of Chinese medicine in Hong Kong, the Subcommittee considers it necessary for the Administration to enhance the professional development and recognition of CMPs. The Subcommittee commenced relevant discussion at the last meeting on 21 July 2015, during which members exchanged views with the Administration and representatives of the Hospital Authority ("HA") on issues such as the present registration system and remuneration package for CMPs in Hong Kong, as well as the latest development in promoting Chinese medicine specialization in Hong Kong. The Subcommittee has agreed to convene meetings from October to December 2015 to further discuss the subject and receive views from stakeholders.

Development of a Chinese medicine hospital

9. The Chief Executive announced in the 2014 Policy Address that the Government had 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.

10. The Administration considers that integrated Chinese-Western medicine ("ICWM"), rather than pure Chinese medicine, should be the mode of operation of the Chinese medicine hospital. To work out a feasible mode of operation for the Chinese medicine hospital, HA launched the Phase I of the ICWM Pilot Programme ("the Pilot Programme") in September 2014 in three public hospitals[3]. Under the Pilot Programme, in-patients of three disease areas are provided 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 important reference materials for the Administration's consideration of the mode of operation of Chinese medicine in-patient service.

[3] Phase I of the Pilot Programme provides ICWM treatment for HA in-patients of three disease areas, namely stroke care, acute low back pain care and cancer palliative care at Tung Wah Hospital, Pamela Youde Nethersole Eastern Hospital and Tuen Mun Hospital respectively.

11. The Subcommittee received a briefing on the implementation progress of the Pilot Programme at its meeting on 9 June 2015. The Subcommittee intends to discuss the planning and preparation work for the provision of the Chinese medicine hospital at its future meetings.

Proposed extension of period of work

12. The Subcommittee will have worked for 12 months by 4 November 2015. Having regard to the outstanding issues which need to be followed up by the Subcommittee as set out in paragraphs 5 to 11 and the time required by the Subcommittee to conclude its work and finalize its recommendations, the Subcommittee agrees that it should seek for an extension of the period of its work for six more months until 4 May 2016.

13. Rule 26(c) of the House Rules provides that a subcommittee should complete its work within 12 months of its commencement and report to the relevant Panel(s). If it is necessary for a subcommittee to work beyond 12 months, the subcommittee should, after obtaining the endorsement of the relevant Panel(s), report to the House Committee and give justifications for an extension of the 12-month period.

Advice sought

14. Members are invited to note the progress of work of the Subcommittee and endorse the proposal of the Subcommittee to extend the period of its work for six more months until 4 May 2016. Subject to the views of members of the Panel, a report will be made to the House Committee for seeking its approval of the proposal.

Council Business Division 2
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