

**立法會**  
**Legislative Council**

LC Paper No. CB(2)349/18-19

(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of special meeting  
held on Monday, 30 April 2018, at 9:30 am  
in Conference Room 1 of the Legislative Council Complex**

- Members present** :
- Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman)
  - Dr Hon Pierre CHAN (Deputy Chairman)
  - Hon WONG Ting-kwong, GBS, JP
  - Hon Starry LEE Wai-king, SBS, JP
  - Hon CHAN Kin-por, GBS, JP
  - Hon Mrs Regina IP LAU Suk-ye, GBS, JP
  - Hon Paul TSE Wai-chun, JP
  - Hon YIU Si-wing, BBS
  - Hon Charles Peter MOK, JP
  - Hon CHAN Chi-chuen
  - Hon CHAN Han-pan, JP
  - Hon Alice MAK Mei-kuen, BBS, JP
  - Dr Hon KWOK Ka-ki
  - Dr Hon Helena WONG Pik-wan
  - Dr Hon Elizabeth QUAT, BBS, JP
  - Hon POON Siu-ping, BBS, MH
  - Dr Hon CHIANG Lai-wan, JP
  - Hon CHU Hoi-dick
  - Dr Hon Junius HO Kwan-yiu, JP
  - Hon SHIU Ka-fai
  - Hon SHIU Ka-chun
  - Hon KWONG Chun-yu
- Members absent** :
- Hon Tommy CHEUNG Yu-yan, GBS, JP
  - Dr Hon Fernando CHEUNG Chiu-hung

**Public Officers :** Mr Howard CHAN Wai-kee, JP  
**attending** Deputy Secretary for Food and Health (Health) 1  
Food and Health Bureau

Miss Grace KWOK Wing-see  
Principal Assistant Secretary for Food and Health  
(Health) 1  
Food and Health Bureau

Ms Winnie YEUNG Su-jung  
Principal Executive Officer (Health)  
Food and Health Bureau

Mr James LAM Fong-tat  
Assistant Secretary for Food and Health (Health) 2  
Food and Health Bureau

Dr Eric ZIEA Tat-chi  
Chief (Chinese Medicine Department)  
Hospital Authority

**Attendance :** Liberal Party  
**by invitation**

Mr Stephen CHAN  
Member

Dr LEE Kai-ping

Mr Henry CHAN Ho-yin

Prof Vincent CHUNG

Dr KU Ping-yui

Union of Frontline Chinese Medicine Practitioners  
(Hong Kong)

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Mr CHAN Man-hon  
General Secretary

Miss LAW Yee-ling

Mr CHU Ka-chun

Dr NG Chi-sun

Hong Kong Baptist University School of Chinese  
Medicine (Full Time) Alumni Association

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Mr LAM Chun-pong  
Chairperson

Miss CHEUNG Hoi-shan

Prof Vivian WONG TAAM Chi-woon

Mr NG Ping-yu

Hong Kong Baptist University Chinese Medicine Society

Miss FONG Hoi-yan  
President

**Clerk in attendance** : Ms Maisie LAM  
Chief Council Secretary (2) 5

**Staff in attendance** : Miss Kay CHU  
Senior Council Secretary (2) 5

Ms Priscilla LAU  
Council Secretary (2) 5

Miss Maggie CHIU  
Legislative Assistant (2) 5

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**I. Role and operation of Chinese Medicine Centres for Training and Research**

[LC Paper Nos. CB(2)1258/17-18(01) to (02)]

At the invitation of the Chairman, Deputy Secretary for Food and Health (Health) 1 ("DSFH(H)1") briefed members on the role and operation of the Chinese Medicine Centres for Training and Research ("CMCTRs"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1258/17-18(01)).

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2. Members noted the information note entitled "Role and operation of Chinese Medicine Centres for Training and Research" prepared by the Legislative Council Secretariat (LC Paper No. CB(2)1258/17-18(02)).

Presentation of views by deputations

3. The Chairman reminded the organizations and individuals attending the meeting that they were not covered by the protection and immunity provided under the Legislative Council (Powers and Privileges) Ordinance (Cap. 382) when addressing the Panel. At the invitation of the Chairman, a total of 14 organizations and individuals presented their views on the role and operation of CMCTRs. A summary of their views is in the **Appendix**. Members also noted the 10 written submissions from organizations and individuals not attending the meeting.

Discussion

*The Administration's response to the views expressed by deputations*

4. Responding to the views expressed by the deputations, DSFH(H)1 and Chief (Chinese Medicine Department), Hospital Authority ("C(CMD), HA") made the following points:

- (a) CMCTRs were set up in each of the 18 districts to promote the development of evidence-based Chinese medicine and provide training placements for graduates of local undergraduate programmes in Chinese medicine. The Administration would brief the Panel on the positioning and development direction of the Chinese medicine hospital, which encompassed, among others, the interaction and synergy between the hospital and CMCTRs, upon completion of the relevant consultancy study ("the consultancy study") in mid-2018. The services provided by CMCTRs were not part of the regular services of the Hospital Authority ("HA"). The standard fee for Chinese medicine general consultation service had been maintained at the level of \$120 since the establishment of the first CMCTR in 2003. In addition, each CMCTR was required to set aside at least 20% of its consultation quota for Comprehensive Social Security Assistance recipients, who could receive the service with the fee of \$120 being waived;
- (b) under the tripartite collaboration model, CMCTRs were operated by the non-governmental organizations ("NGOs")

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concerned. All Chinese medicine practitioners ("CMPs") working at the 18 CMCTRs were employed by the operating NGOs, with their remuneration package being determined by the NGOs concerned. A committee was set up for each CMCTR to oversee its governance and to give views on, among others, promotion of CMPs. The prevailing required years of experience in clinical practice for graduates of local full-time Chinese medicine undergraduate programmes to promote to the rank of senior CMPs was 10 years or above. Separately, starting from December 2017, the Administration had allocated additional funding for the operating NGOs to increase the salaries of staff at CMP rank of CMCTRs. In the meantime, a review was being conducted by HA on the remuneration package and promotion opportunities for staff employed at all levels in CMCTRs. The Administration would allocate additional funding to enhance the career prospects of the CMCTR staff in the light of the findings of the review which was expected to complete within the financial year of 2018-2019;

- (c) to nurture local Chinese medicine professionals, NGOs operating CMCTRs were required to employ at least 12 CMP trainees from local full-time Chinese medicine undergraduate programmes, in each CMCTR and provide them with three-year on-the-job training. Knowledge-based and clinical-based training accounted for 20% and 80% of the training hours respectively. In addition, CMPs of CMCTRs were provided with opportunities to participate in visiting scholar scheme, scholarship scheme and Chinese medicine research;
- (d) given the drop in the number of CMPs from the Mainland to serve as senior CMPs at CMCTRs, HA would explore with the NGOs operating CMCTRs to employ more qualified local CMPs, the number of which was growing in recent years, to fill the vacancies of senior CMPs at CMCTRs; and
- (e) on the development of evidence-based Chinese medicine, HA had over the years collaborated with CMCTRs and local universities to conduct Chinese medicine research projects. To date, more than 50 scholar articles had been published in academic journals. This apart, a Chinese Medicine Research Practical Training Programme was launched in 2015-2016 to equip CMPs of each CMCTR with clinical research skills so as to enhance the research capacity of CMCTRs. Six CMCTRs

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joined the Training Programme while two research projects had completed. Separately, an annual seminar on research and development of Chinese medicine was organized by the Committee on Research and Development of Chinese Medicine and HA was one of the co-organisers.

*Operation of the Chinese Medicine Centres for Training and Research*

5. Noting that \$112 million was earmarked in the 2018-2019 Estimate for, among others, the operation of CMCTRs, Mrs Regina IP enquired about the actual amount of funding provided to support the operation of CMCTRs as well as their on-the-job training for CMPs. C(CMD), HA advised that the three-year on-the-job training was provided by CMCTRs for graduates of local full-time Chinese medicine undergraduate programmes. It should be noted that the \$112 million would cover expenditures arising from various fronts which included operation of CMCTRs, maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine herbs, development and provision of training in evidence-based Chinese medicine, as well as enhancement and maintenance of the Chinese Medicine Information System. Mrs Regina IP requested the Administration to provide in writing a breakdown of the above provision by the expenditure items, including the amount of subsidy provided to each CMCTR directly.

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6. Pointing out that the \$112 million constituted a minimal proportion of the \$61.5 billion recurrent subvention to HA in 2018-2019, Mr KWONG Chun-yu cast doubt on the determination of the Administration to promote the development of Chinese medicine. He requested the Administration to advise the respective percentages of the above provision as a share of the recurrent subvention to HA and public health expenditure in 2018-2019. Dr CHIANG Lai-wan opined that at least 10% of the public health expenditure should be for the purpose of Chinese medicine development.

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7. Mr SHIU Ka-fai noted that the standard fee for Chinese medicine general consultation services at CMCTRs, which was set at \$120 (including consultation fee and up to two doses of Chinese medicine), was far higher than HA's general outpatient charge for Eligible Persons which was at the level of \$50. He surmised whether a higher service cost and inadequate subvention for CMCTRs were reasons contributed to the above. In his view, the relatively higher fee charged by CMCTRs was not conducive to encouraging members of the public to use Chinese medicine general consultation services and hence, ran contrary to the government policy of promoting the development of Chinese medicine in Hong Kong. Mr CHAN Han-pan raised a similar view. He expressed his intention to

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move, jointly with Ms Starry LEE, a motion urging the Administration to increase the recurrent funding for CMCTRs, incorporate CMCTRs into the public healthcare system and set up a pay scale for CMPs. Mr KWONG Chun-yu criticized that the subsidy provided by the Administration for Chinese medicine general consultation services was on the low side when compared with HA's general outpatient services. Dr Helena WONG opined that CMCTRs should not be operated by NGOs on a self-financing basis but should be incorporated into the public healthcare system.

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8. DSFH(H)1 advised that the Administration had increased the recurrent subvention to HA to support the operation of CMCTRs in recent years. The Chinese Medicine Unit set up under the Food and Health Bureau ("FHB") would hammer out the positioning of Chinese medicine service in the public healthcare system. Mr CHAN Han-pan said that many NGOs concerned had difficulty in running CMCTRs as the use of the increased subvention was confined to particular purposes. At Mr SHIU Ka-fai's request, DSFH(H)1 agreed to advise in writing the respective average costs per attendance of the Chinese medicine general consultation service provided by CMCTRs and the general outpatient services provided by HA.

9. Mr POON Siu-ping sought information about the breakdown of the some 1.2 million attendances at the 18 CMCTRs in 2017 by CMCTRs. He was concerned that, as raised by some deputations, CMPs employed by CMCTRs were required to meet the consultation quota. DSFH(H)1 advised that each CMCTR was required under the contract with HA to provide no less than 60 000 attendances for consultations each year, of which no less than 30 000-odd attendances should be for Chinese medicine general consultations. C(CMD), HA supplemented that there were 20 CMPs of each CMCTR on average.

10. Mr YIU Si-wing considered that the consultancy study should map out, among others, the future positioning of CMCTRs in view of the trend of a growing demand for Chinese medicine services as evidenced by the increase in the total number of attendances at the 18 CMCTRs from around 1.10 million in 2015 to 1.21 million in 2017. Dr CHIANG Lai-wan remarked that the attendances at private Chinese medicine clinics were not reflected in the above figures. She called on the Administration to address the increasing public demand for Chinese medicine services. Mr POON Siu-ping was of the view that the Chinese medicine services provided by CMCTRs should be incorporated into the public healthcare system which could help enhance the role of CMPs. Dr CHIANG Lai-wan, Ms Alice MAK and Dr Elizabeth QUAT further considered that Chinese medicine services should be part of civil service medical benefits.

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11. DSFH(H)1 advised that the role of Chinese medicine in the public healthcare system was an area covered by the consultancy study. The scopes of the medical and dental benefits for civil service eligible persons were set out in the Civil Service Regulations. FHB would keep close communication with the Civil Service Bureau as and when appropriate in deciding the positioning of Chinese medicine in the public healthcare system.

12. Mr SHIU Ka-fai noted with concern that some CMPs had strong views about the mixing of single herb granules for patients of CMCTRs. In response to Mr SHUI Ka-fai's invitation of views from deputations, Mr LAM Chun-pong of the Hong Kong Baptist University School of Chinese Medicine (Full Time) Alumni Association said that only a mixed preparation of multiple herbs could preserve the chemical interaction of ingredients in the decoction process. The management of CMCTRs had failed to fully consult the Chinese medicines experts before making the decision. Prof Vivian WONG TAAM said that fingerprint analyses had showed that results derived from granule formulas mixed from singles and granule formulas decocted from multiple herbs were different. That said, the efficacy of each granule so prepared had to be assessed individually. Dr CHIANG Lai-wan opined that personnel engaged in dispensing of Chinese herbal medicines should be subject to registration. Mr SHIU Ka-fai remarked that there was a need to strengthen the training of persons who engaged in the preparation of herbal decoction. At the Chairman's invitation, Mr LAM Chun-pong of the Hong Kong Baptist University School of Chinese Medicine (Full Time) Alumni Association said that the level of supervision over the preparation of herbal decoction varied among different Chinese medicine clinics. In general, Chinese Medicine Pharmacists were responsible for managing the pharmacies, whereas Chinese medicine dispensers were responsible for carrying out the dispensing duties.

*Remuneration package for Chinese Medicine practitioners*

13. Mr POON Siu-ping was of grave concern that there was disparity in working hours and salaries among CMPs employed by different CMCTRs as the terms of employment and remuneration package for CMPs were determined by the NGOs operating the CMCTRs. He asked whether the employment guidelines issued by HA for the NGOs concerned had any binding effect. C(CMD), HA advised that HA selected suitable NGOs to run CMCTRs through tendering exercises and regulated their operation by contract. These NGOs were required to submit quarterly financial reports on the use of the annual subvention from HA to operate the CMCTRs concerned including total personal emolument expenditure of CMCTRs.



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At present, the service contract between the operating NGOs and HA set out the minimum staffing requirement in terms of the number of CMPs. The subvention would be suspended if the NGOs concerned had breached the service contract.

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14. Mrs Regina IP sought clarification as to whether the government subvention provided directly to CMTRs covered only the staff cost of those CMPs under the three-year on-the-job training but not the other CMPs. C(CMD), HA advised that the staff cost for the other CMPs was to be borne by the operating NGOs. Mrs Regina IP requested the Administration to advise in writing whether the annual subsidy provided to each CMCTR directly had fully covered the annual salary costs for the 12 training places for CMP trainees required to be provided by each CMCTR for graduates of local full-time undergraduate programmes in Chinese medicine.

15. Holding the view that senior CMPs assumed an important role at CMCTRs in terms of provision of Chinese medicine consultation services, training for junior CMPs or CMP trainees and research support, Mr YIU Si-wing was concerned about whether the existing remuneration packages of CMCTRs were attractive enough to recruit and retain senior CMPs. At his invitation, Prof Vivian WONG TAAM said that a pay scale for CMPs of CMCTRs should be formulated with reference to that for medical professionals employed by HA. C(CMD), HA reiterated that CMPs serving at CMCTRs were employed by the operating NGOs. Their terms of employment and remuneration packages were determined by the NGOs concerned. At present, there were CMPs with more than 10 years of working experience employed as Senior CMPs or Chinese Medicine Consultants or Chinese Medicine Senior Consultants and their monthly salary were around \$80,000 in average.

16. Mr CHAN Han-pan was gravely concerned that the salary level of graduates of local full-time Chinese medicine undergraduate programmes employed by CMCTRs was far lower than that of local medical graduates employed by HA. Dr Elizabeth QUAT expressed concern over the lack of career prospect and the low salary level of these graduates. Dr Helena WONG raised a similar concern. Dr Junius HO considered that a pay scale should be established for CMPs by making reference to HA's pay scale for medical practitioners so as to retain talents at CMCTRs and the future Chinese medicine hospital.

17. DSFH(H)1 advised that the Administration together with HA would review the remuneration package and promotion opportunities for staff employed at all levels in the 18 CMCTRs, and allocate additional funding to enhance their career prospects in the light of the review findings. The

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Chairman requested the Administration to advise (a) in the form of table(s), the existing entry requirements, monthly salary range and the range of actual years of experience of each rank of CMPs employed by the 18 CMCTRs; and (b) the mechanism put in place by HA to monitor the salary levels and annual pay adjustments for CMPs employed by the 18 CMCTRs.

18. Dr KWOK Ka-ki considered that all graduates of local full-time Chinese medicine undergraduate programmes should be provided with at least one-year on-the-job training under a reasonable remuneration package to enhance the standard of practice of the Chinese medicine industry. To do so, the Administration could encourage operators of Chinese medicine mobile clinics to employ more local graduates. DSFH(H)1 advised that some Chinese medicine mobile clinics were operated by those NGOs operating CMCTRs as well. C(CMD), HA supplemented that CMCTRs provided three-year on-the-job training for CMP trainees. CMCTRs also played a role in the enhancement of standards of Chinese medicine practice through promoting patient safety and quality control. For example, the development of clinical practice guidelines and reporting mechanism of adverse incidents.

*[At 11:27 am, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time at 12:00 noon to allow more time for discussion.]*

*Development of Chinese medicine*

19. Ms Starry LEE considered that the dominant role played by Western medicine in the public healthcare system, in terms of positioning and resource allocation, had limited the development of Chinese medicine in Hong Kong in the last two decades. She enquired about the efforts made by the current-term Government to promote the long-term development of Chinese medicine. Ms Starry LEE, Mr CHAN Han-pan and Dr CHIANG Lai-wan were of the view that the consultancy study should look into the incorporation of Chinese medicine services into the highly subsidized public healthcare system which the Democratic Alliance for the Betterment of Hong Kong had long been calling for, so as to provide an additional choice for members of the public seeking healthcare services. Dr Elizabeth QUAT opined that given the edge of Hong Kong in developing integrated Chinese-Western medicine and the effectiveness of Chinese medicine in disease prevention, treatment of stroke-related diseases and pain relief, the role of Chinese medicine in primary healthcare should be strengthened to cope with the challenges brought about by an ageing population. Mr KWONG Chun-yu held the view that the development of Chinese medicine in Hong Kong hinged on, among others, whether Chinese

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medicine services would be incorporated into the public healthcare system. Dr Helena WONG said that the position of the Democratic Party was that Chinese medicine services and Western medicine services should have an equal role in the public healthcare system. In particular, Chinese medicine could play a more active role in the effort of the current-term Government to promote primary healthcare. Ms Alice MAK remarked that the past development of Chinese medicine was stagnant under the policy that Chinese medicine only assumed a secondary role in public healthcare system. She urged the Administration to adopt a new mindset to promote the development of Chinese medicine which, in her view, would in turn help reduce admission and relieve the pressure faced by public hospitals.

20. DSFH(H)1 advised that the Chinese Medicine Development Committee was set up in 2013 to promote the overall development of Chinese medicine in Hong Kong. As announced in the Chief Executive's 2017 Policy Address, the current-term Government would strive to facilitate the development of Chinese medicine in Hong Kong so that it would assume a more prominent role in promoting public health. One of the measures in this regard was to set up a \$500 million Chinese Medicine Development Fund to provide support in areas such as applied research, Chinese medicine specialization, knowledge exchange and cross-market co-operation. Separately, the Administration was actively developing the Chinese medicine hospital and would map out the development direction, including the positioning of the hospital, in the light of the findings of the consultancy study. Dr Elizabeth QUAT urged the Administration to fully consult the Chinese medicine sector on the development of Chinese medicine and the use of the Chinese Medicine Development Fund. DSFH(H)1 assured members that the Administration would gauge the views of the Chinese medicine sector on the way forward and revert to the Panel on the details when available. Dr Junius HO considered that the resources allocated for promoting the development of Chinese medicine was still on the low side.

21. Dr Helena WONG requested the Administration to share with members of the Panel the insights gained from the delegation of the Administration, led by the Secretary for Food and Health, to Guangzhou and Beijing to visit, among others, Chinese medicine hospitals from 24 to 27 April 2018. DSFH(H)1 advised that the delegation had visited several Chinese medicine hospitals and a Chinese medicine university. It had also called on relevant Mainland authorities including the National Health Commission, the State Administration of Traditional Chinese Medicine and the Health and Family Planning Commission of Guangdong Province to learn more about the development of Chinese medicine hospitals.

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22. Dr Junius HO asked why the Chinese medicine hospital was not included in the 10-year Hospital Development Plan such that adequate provision would be earmarked for the construction of the hospital under a concrete timeline. On the mode of development of the Chinese medicine hospital, he opined that the Administration should draw on the experience of the Chinese medicine hospitals on the Mainland. The Chinese medicine hospital should be positioned as a teaching hospital to support the teaching, clinical training and research of the Schools of Chinese Medicine of the local universities. DSFH(H)1 advised that the Administration had set aside resources for the construction of the Chinese medicine hospital. In addition, the Chinese Medicine Hospital Project Office had been set up under FHB to coordinate the development of the hospital. Efforts had been and would continuously be made by the Administration to exchange views with the relevant experts from the Mainland to study the mode of development for the Chinese medicine hospital which was suitable for Hong Kong.

*Development of Chinese medicine research*

23. Noting that one of the purposes of establishing CMCTRs was to facilitate the development of evidence-based Chinese medicine, Mr YIU Si-wing sought elaboration about the work in this regard. C(CMD), HA reiterated that HA collaborated with CMCTRs and local universities to conduct systematic research programmes on Chinese medicine herbs and diseases, and provided research-related training for Chinese medicine professionals under the Chinese Medicine Research Practical Training Programme. Mr YIU Si-wing was of the view that CMCTRs should focus its efforts on the provision of Chinese medicine services for members of the public and on-the-job training for CMPs.

24. Dr KWOK Ka-ki called on the Administration to strengthen the development of evidence-based Chinese medicine research in areas other than clinical trial. C(CMD), HA advised that there were cases of basic science Chinese medicine research to produce evidence-based results in Chinese medicine studies in local Universities. A case in point was a research under the grant of the National Institutes of Health of the United States to investigate the use of Chinese medicine in the treatment of irritable bowel syndrome.

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Motions

25. The Chairman ruled that the motion proposed by Mrs Regina IP and the motion jointly proposed by Mr CHAN Han-pan and Ms Starry LEE, the wordings of which had been tabled at the earlier part of the meeting, were directly related to the agenda item under discussion, and invited members to consider whether the motions should be proceeded with at this meeting. Members agreed.

26. Mrs Regina IP moved the following motion:

"鑒於社會對中醫服務有很大的需求，本會促請特區政府為三方合作中醫教研中心提供以下的支援：

1. 盡快將 18 間三方合作中醫教研中心納入公營醫療體系，使中醫服務得到公帑恆常的資助，讓市民得到可負擔而高質素的中醫服務；
2. 為三方合作中醫教研中心的中醫及輔助人員設立具吸引力的薪級表及晉升階梯，以吸引及挽留人才；及
3. 成立專項基金以支援本地傳統中醫學的培訓及研究發展。"

(Translation)

"Given the keen demand for Chinese medicine services in society, this Panel urges the Government of the Special Administrative Region to provide the following support for CMCTRs operated under the tripartite collaboration model:

1. incorporating expeditiously the 18 CMCTRs into the public healthcare system, so as to provide public funds for Chinese medicine services on a recurrent basis to facilitate the provision of affordable and high-quality Chinese medicine services for the public;
2. setting up an attractive pay scale and promotion ladder for CMPs and supporting staff working at CMCTRs, in order to attract and retain talents; and
3. establishing a designated fund to support the training as well as research and development in traditional Chinese medicine in Hong Kong."

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27. Mr CHAN Han-pan and Ms Starry LEE moved the following motion:

"鑒於市民對中醫服務需求殷切，本會促請政府：

1. 提升中醫教研中心的恆常資助金額；
2. 為受聘於中醫教研中心的中醫師及接受為期 3 年培訓的進修中醫師提供薪級表；及
3. 將中醫教研中心納入公營醫療體系。"

(Translation)

"Given the keen demand for Chinese medicine services, this Panel urges the Government to:

1. increase the amount of recurrent funding for CMCTRs;
2. set up a pay scale for CMPs employed by CMCTRs and CMP trainees receiving the three-year training at CMCTRs; and
3. incorporate CMCTRs into the public healthcare system."

28. Mrs Regina IP opined that FHB should formulate a policy to provide a direction for the development of Chinese medicine in Hong Kong. Mr CHAN Han-pan was of the view that the Administration should shoulder the responsibility to provide public inpatient and outpatient Chinese medicine services, with a view to promoting primary healthcare and public health.

29. The Chairman put Mrs Regina IP's motion to vote. The results were: seven members voted in favour of the motion, and no member voted against the motion or abstained from voting. The Chairman declared that the motion was carried.

30. The Chairman then put the motion jointly moved by Mr CHAN Han-pan and Ms Starry LEE to vote. The results were: seven members voted in favour of the motion, and no member voted against the motion or abstained from voting. The Chairman declared that the motion was carried.

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**II. Any other business**

31. There being no other business, the meeting ended at 12:13 pm.

Council Business Division 2  
Legislative Council Secretariat  
29 November 2018

## Panel on Health Services

**Special meeting on Monday, 30 April 2018, at 9:30 am  
in Conference Room 1 of the Legislative Council Complex**

**Summary of views and concerns expressed by organizations/individuals on  
Role and operation of Chinese Medicine Centres for Training and Research**

No.	Name of deputation/individual	Submission / Major views and concerns
1.	Liberal Party	<ul style="list-style-type: none"> <li>• The services provided by the Chinese Medicine Centres for Training and Research ("CMCTRs") should be incorporated into the public healthcare system.</li> <li>• The consultation quota of the Chinese medicine general consultation service provided by CMCTRs should be further increased and the service charges should be set at an affordable level, so as to meet the increasing demand for Chinese medicine services from members of the public.</li> </ul>
2.	Dr LEE Kai-ping	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)1258/17-18(03)</li> </ul>
3.	Mr Henry CHAN Ho-yin	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)1289/17-18(01)</li> </ul>
4.	Prof Vincent CHUNG	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)1258/17-18(04)</li> </ul>
5.	Dr KU Ping-yui	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)1258/17-18(05)</li> </ul>
6.	Union of Frontline Chinese Medicine Practitioners (Hong Kong)	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)1258/17-18(06)</li> </ul>
7.	Miss LAW Yee-ling	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)1258/17-18(07)</li> </ul>
8.	Mr CHU Ka-chun	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)1258/17-18(08)</li> </ul>
9.	Dr NG Chi-sun	<ul style="list-style-type: none"> <li>• The training provided for Chinese Medicine practitioners at CMCTRs was not adequate.</li> </ul>
10.	Hong Kong Baptist University School of Chinese Medicine (Full Time) Alumni Association	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)1258/17-18(09)</li> </ul>
11.	Miss CHEUNG Hoi-shan	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)1314/17-18(01)</li> </ul>
12.	Prof Vivian WONG TAAM Chi-woon	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)1258/17-18(11)</li> </ul>
13.	Mr NG Ping-yu	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)1258/17-18(12)</li> </ul>
14.	Hong Kong Baptist University Chinese Medicine Society	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)1258/17-18(13)</li> </ul>