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Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the special meeting on 30 April 2018

Role and operation of Chinese Medicine Centres for Training and Research

Purpose

This paper provides background information and summarizes the concerns of members of the Panel on Health Services ("the Panel") and the Subcommittee on Issues Relating to the Development of Chinese Medicine ("the Subcommittee") formed under the Panel in the Fifth Legislative Council on issues relating to the Chinese Medicine Centres for Training and Research ("CMCTRs").

Background

2. To promote the development of "evidence-based" Chinese medicine and provide training placements¹ for graduates of local Chinese medicine degree programmes², the Administration has since 2003 established in phases one CMCTR in each of the 18 districts, with the 18th one set up in mid-2014. CMCTRs operate on a tripartite collaboration model involving the Hospital Authority ("HA"), non-governmental organizations ("NGOs") and local universities providing Chinese medicine degree programmes. The NGOs concerned are responsible for the day-to-day clinic operation. With the

¹ A total of 216 training places are provided in the 18 CMCTRs. The training programme currently takes three years.

² At present, there are three local universities offering full-time Chinese medicine undergraduate programme accredited by the Chinese Medicine Practitioners Board of the Chinese Medicine Council of Hong Kong, namely Hong Kong Baptist University, The Chinese University of Hong Kong and The University of Hong Kong. There are around 80 undergraduates enrolled each year.

implementation of the Integrated Chinese-Western Medicine Pilot Programme to gather more experience in the operation of integrated Chinese-Western medicine and Chinese medicine inpatient services before the establishment of the Chinese medicine hospital, CMCTRs also serve as a platform to take forward the Pilot Programme.³

3. Services provided by CMCTRs are not part of the regular services of HA. Since 2003, the standard fee for Chinese medicine general consultation service has been maintained at \$120 (including consultation fee and two doses of Chinese medicines),⁴ while the fees for other Chinese medicine services (such as acupuncture, bone-setting and tui-na) provided by CMCTRs are determined by the NGOs concerned. At present, each CMCTR is required to provide no less than 60 000 consultations per year.⁵ The total number of attendances at the 18 CMCTRs were more than 1.10 million, 1.16 million and 1.21 million in 2015, 2016 and 2017 respectively.

4. The Government provides subsidy to CMCTRs and the NGOs concerned operate these CMCTRs on a self-financing basis. In the 2018-2019 Estimates, the Government has earmarked \$112 million for the 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, and enhancement and maintenance of the Chinese Medicine Information System. Staff of CMCTRs, including Chinese medicine practitioners ("CMPs"), are employed by the respective operating NGOs. Each CMCTR is required to employ at least two full-time equivalent of senior CMPs and 12 junior CMPs or CMP trainees. Fresh graduates of local Chinese medicine degree programmes are engaged as junior CMPs in the first year and as CMP trainees in the second and third years.

³ The Pilot Programme covers the provision of inpatient services (including day hospital services) and follow-up outpatient services (including outpatient services provided by Western medical practitioners as well as those provided by the relevant CMCTRs) for HA inpatients of selective disease areas, namely stroke care, cancer palliative care and low back pain. Phase I of the Pilot Programme was launched on 22 September 2014 and implemented at Tung Wah Hospital, Tuen Mun Hospital and Pamela Youde Nethersole Eastern Hospital ("PYNEH"). Phase II was launched immediately after Phase I on 21 December 2015 in seven public hospitals (including the three public hospitals of Phase I and four newly added hospitals, namely Prince of Wales Hospital, Shatin Hospital, Princess Margaret Hospital and Kwong Wah Hospital). Phase III is launched in April 2018, in which one more disease area will be added and implemented at PYNEH.

⁴ Each CMCTR is required to set aside at least 20% of the attendance quota of the Chinese medicine general consultation service for recipients of Comprehensive Social Security Assistance, who can receive the service with the fee of \$120 waived.

⁵ No less than 30 000 consultations should be Chinese medicine general consultations and the remaining ones can be consultations on other Chinese medicine services such as acupuncture and tui-na.

As at end-December 2017, a total of 401 CMPs were employed at the 18 CMCTRs, of whom 258 were graduates of local Chinese medicine degree programmes.

Deliberations of the Panel and the Subcommittee

Incorporating Chinese medicine services into the public healthcare system

5. Given the increasing demand for Chinese medicine services from members of the public, there were views that the Administration should include the services provided by CMCTRs as part of the standard services of HA. It was suggested that CMCTRs should be run by the Government to demonstrate its commitment to the development of Chinese medicine in Hong Kong.

6. The Administration explained that a tripartite collaboration model was adopted for the operation of CMCTRs, under which the NGOs concerned were responsible for the day-to-day operation of CMCTRs. As such, the services of CMCTRs did not form part of the standard services of HA, and fell outside the scope of civil service medical benefits under prevailing policy. Each CMCTR was required to set aside at least 20% of the attendance quota of the Chinese medicine general consultation service for recipients of Comprehensive Social Security Assistance, who could receive the service with fee waived. Besides, individual CMCTR run by NGO also provided discounts for different groups of people, such as the elderly. In the Administration's view, CMCTRs provided a reasonable fee level for members of the public.

7. There were views that consideration should be given to including the services provided by CMCTRs in the scope of medical and dental benefits for civil service eligible persons. The Administration stressed that the discussions on the development of Chinese medicine and the provision of Chinese medicine services as part of the medical benefit for civil service eligible persons should be handled separately. The Civil Service Bureau would keep in view any significant changes to the nature and mode of service delivery of CMCTRs in future that would warrant a review of their implications on the scope of civil service medical benefits.

Role of CMCTRs

8. There was a view that since CMCTRs were operated on a self-financing basis, its support in the promotion of the development of "evidence-based" Chinese medicine and the provision of training for CMPs was limited. Some members were of the view that the Administration should allocate more

resources to enhance the role of CMCTRs in these two areas. They also expressed concern about the measures put in place to enhance CMPs' clinical professional standard.

9. The Administration advised that HA had set up junior and senior scholarship scheme to encourage CMPs working at CMCTRs to attend courses offered by various Chinese medicine institutions in the Mainland. In addition, to equip CMPs with the relevant research knowledge and therapy technologies, HA had developed the training programmes in Chinese medicine for serving CMPs, such as training courses in modern western medicine; visiting scholar scheme under which Chinese medicine experts from Mainland institutions were invited to provide clinical teaching and experience sharing session; as well as training in scientific research knowledge of Chinese medicine.

Remuneration package for CMPs employed by CMCTRs

10. Members noted that fresh graduates of local full-time Chinese medicine undergraduate degree programmes who chose 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. Members were concerned that the terms of employment and remuneration package of CMPs serving in CMCTRs were determined by NGOs and the annual adjustment to their pay levels would be based on market conditions. Some members called on the Administration to consider introducing a qualification framework and an official pay scale for CMPs to enhance their professional development and give them a clear career prospect.

11. The Administration advised that the governing board of each CMCTR comprised representatives from HA, NGOs and local universities to oversee the management and operation of CMCTRs, and to keep in view the remuneration package for CMPs. At the meeting on 19 May 2014, the Panel passed a motion urging the Administration to, among others, incorporate the 18 CMCTRs and the Chinese medicine hospital into the public healthcare system to provide them with recurrent funding; and formulate a remuneration structure for the Chinese medical grades in the public sector and improve the remuneration packages of graduates of Chinese medicine and pharmacy in Chinese medicine programme.

Future direction for the development of Chinese medicine

12. Members noted that as announced in the Chief Executive's 2017 Policy Address, the 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. As a first step, the Government would set up a

dedicated unit under the Food and Health Bureau ("FHB") to oversee Chinese medicine development. At the Panel meeting on 20 November 2017, members were briefed on the proposed re-organization of the Health Branch of FHB which included the directorate staffing support for the dedicated Chinese Medicine Unit. While welcoming the proposal to create the Chinese Medicine Unit, members were concerned about how the Unit would help promoting the development of Chinese medicine in Hong Kong.

13. The Administration advised that the dedicated unit would be responsible for, among others, deciding the positioning of Chinese medicine in the public healthcare system; enhancing the current tripartite collaboration model adopted by CMCTRs, and reviewing the remuneration package and promotion arrangements for staff members in CMCTRs; and fostering the professional development of CMPs and related healthcare professionals. It would maintain close liaison with the Chinese medicine sector, as well as coordinate and implement strategies and measures for promoting the development of Chinese medicine in Hong Kong.

Recent developments

14. The proposed establishment changes arising from the re-organization of the Health Branch of FHB, including the setting up of the Chinese Medicine Unit, were endorsed at the meeting of the Establishment Subcommittee on 26 March 2018. The proposals will take effect upon approval by the Finance Committee.

Relevant papers

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

**Relevant papers on the role and operation of
Chinese Medicine Centres for Training and Research**

Panel on Health Services	18.3.2013 (Item IV)	Agenda Minutes
Panel on Health Services	17.3.2014 (Item IV)	Agenda Minutes CB(2)1798/13-14(01)
Panel on Health Services	19.5.2014 (Item IV)	Agenda Minutes
Subcommittee on Issues Relating to the Development of Chinese Medicine	-	Report
Panel on Health Services	16.10.2017 (Item IV)	Agenda Minutes
Panel on Health Services	20.11.2017 (Item V)	Agenda Minutes
Panel on Health Services	12.2.2018 (Item IV)	Agenda