

**立法會**  
**Legislative Council**

LC Paper No. CB(2)139/14-15

(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of meeting**  
**held on Monday, 19 May 2014, at 4:30 pm**  
**in Conference Room 1 of the Legislative Council Complex**

**Members present** : Dr Hon LEUNG Ka-lau (Chairman)  
Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN (Deputy Chairman)  
Hon WONG Ting-kwong, SBS, JP  
Hon CHAN Kin-por, BBS, JP  
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP  
Hon CHEUNG Kwok-che  
Hon Mrs Regina IP LAU Suk-ye, GBS, JP  
Hon Albert CHAN Wai-yip  
Hon Charles Peter MOK  
Hon CHAN Han-pan  
Dr Hon KWOK Ka-ki  
Dr Hon Fernando CHEUNG Chiu-hung  
Dr Hon Helena WONG Pik-wan  
Dr Hon Elizabeth QUAT, JP  
Hon POON Siu-ping, BBS, MH  
Dr Hon CHIANG Lai-wan, JP

**Members absent** : Hon Albert HO Chun-yan  
Hon Vincent FANG Kang, SBS, JP  
Hon Alice MAK Mei-kuen, JP

**Public Officers : Item III**  
**attending**

Professor Sophia CHAN Siu-chee, JP  
Under Secretary for Food and Health

Ms Angela LEE  
Principal Assistant Secretary for Food and Health (Health) 2

Dr CHEUNG Wai-lun  
Director (Cluster Services)  
Hospital Authority

Dr Libby LEE  
Deputising Director (Strategy & Planning)  
Hospital Authority

Dr CHEUK Tsan  
Hospital Chief Executive  
Hong Kong Buddhist Hospital  
Hospital Authority

Mr Donald LI  
Chief Manager (Capital Planning)  
Hospital Authority

Item IV

Mr Richard YUEN, JP  
Permanent Secretary for Food and Health (Health)

Miss Janice TSE, JP  
Deputy Secretary for Food and Health (Health) 1

Dr Ronald LAM  
Assistant Director of Health (Traditional Chinese Medicine)  
Department of Health

Dr CHEUNG Wai-lun  
Director (Cluster Services)  
Hospital Authority

**Attendance** : Hong Kong Registered Chinese Medicine Practitioners  
**by invitation** Association Limited

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Mr CHAN Wing-kwong  
Chairperson

Hong Kong Baptist University

Professor LU Ai-ping  
Dean and Chair Professor, School of Chinese Medicine

Ms Alma LING

Miss LAW Yee-ling

Ms Grace YU Wun-pan

Mr SZE Ka-keung

Union of Frontline Chinese Medicine Practitioners (Hong Kong)

Mr LI Wing-keung  
Chairman

Chinese Medicine Practice Subcommittee under the Chinese  
Medicine Development Committee

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Ms FENG Jiu  
Chairman

人手比例不符最低工資關注組

Mr WONG Kwai-sang  
Member

Mr CHAN Man-hon

Hong Kong Chinese Medicine Health Management Association

Mr Victor MA Kee-kin  
President

The University of Hong Kong Bachelor of Chinese Medicine  
(Full time) Alumni Association

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Mr POON Yam-chuen  
Vice Chairman

The Hong Kong Society of Chinese Medicines Limited

Mr TSUI Kam-chuen  
President

Chinese Medicine Informatics (HK) Limited

Mr KWONG Ping-nam  
Director

Mr NG Wo-mau

Mr LI Ying-fai

韓文治一針療法(國際)紀念學院有限公司

Mr NG Hon-shing  
Representative

Hong Kong Chinese Medicine Practitioners' Rights General Union

Mr YU Kwok-wai  
Chairman

School of Chinese Medicine, The Chinese University of Hong Kong

Mr Michael CHUNG Wai-yeung  
Lecturer

Han's Academy

Mr CHAN Lin-chuen  
Academic Director

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

Mr LAM Chun-pong  
Special Rapporteur on the Policy of TCM Development

Hong Kong Association for Integration of Chinese-Western Medicine

Dr YU Chau-leung  
President

Kwong Wah Hospital - The Chinese University of Hong Kong  
Chinese Medicine Clinical Research and Services Centre

Professor LI Han-dong  
Centre Manager

The Hong Kong Medicine Dealers' Guild

Ms Winnie CHEUNG Wai-lin  
Public Relations Director

Hong Kong Chinese Medicine Clinical Studies Association

Ms PANG Yin-lai  
President

Mr LEE Kai-ping

Pok Oi Hospital

Mr Jackson WONG Fan-foung  
Permanent Adviser

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

**Staff in attendance** : Ms Janet SHUM  
Senior Council Secretary (2) 5

Ms Priscilla LAU  
Council Secretary (2) 5

Ms Michelle LEE  
Legislative Assistant (2) 5

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**I. Information paper(s) issued since the last meeting**

Members noted that no information paper had been issued since the last meeting.

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**II. Items for discussion at the next meeting**

[LC Paper Nos. CB(2)1501/13-14(01) and (02)]

2. Members agreed to the Administration's proposals to discuss the "Proposed regulatory framework of medical devices" and to receive views from deputations on "Mental health policy and services" at the next regular meeting scheduled for 16 June 2014 at 4:30 pm. The Chairman drew members' attention that subject to the number of deputations attending the meeting, the duration of the meeting might be extended to allow sufficient time for members to receive views of deputations.

**III. Refurbishment of Hong Kong Buddhist Hospital**

[LC Paper Nos. CB(2)1501/13-14(03) and (04)]

3. The Chairman reminded members that in accordance with Rule 83A of the Rules of Procedures, they should disclose the nature of any direct or indirect pecuniary interests relating to this funding proposal before they spoke on the subject.

4. Under Secretary for Food and Health ("USFH") briefed members on the proposed refurbishment of Hong Kong Buddhist Hospital ("HKBH"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1501/13-14(03)).

5. Members noted the information note entitled "Refurbishment of Hong Kong Buddhist Hospital" (LC Paper No. CB(2)1501/13-14(04)) prepared by the Legislative Council ("LegCo") Secretariat.

Positioning of HKBH

6. Dr KWOK Ka-ki asked whether the Hospital Authority ("HA") would ride on the refurbishment opportunity to expand the scope of the general and specialist outpatient services of HKBH in order to meet the rising demand for medical services from the community. Given the rapid growing and ageing of the population in Wong Tai Sin district, Dr CHIANG Lai-wan enquired about the feasibility to expand the service scope of HKBH to cover more specialties, or to redevelop HKBH and the nearby Our Lady of Maryknoll Hospital into a general hospital to better serve the healthcare needs of the residents in Wong Tai Sin district. Prof Joseph LEE said that he agreed in principle to the proposed refurbishment of HKBH, but remarked that the drafting of the Administration's paper had made it unclear to members as to whether HKBH would remain as a community hospital in

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the Kowloon Central ("KC") cluster, with its inpatient services continued to focus on convalescent care, after refurbishment.

7. Replying in the positive to Prof Joseph LEE's question, USFH advised that HA was reviewing and assessing the overall demand for and supply of healthcare services in Kowloon, as well as developing a clinical services plan for the KC cluster, taking into account various factors including the rate of population growth and ageing, changes in service models and demand for medical services. A key aspect of the clinical services plan was to map out the future development directions of the hospitals in the KC cluster, with the refurbished HKBH continued to provide convalescent and rehabilitation support to the Queen Elizabeth Hospital ("QEH") and the KC cluster. The Chairman considered that it might be more appropriate to put HKBH under the Kowloon East cluster of which the resources available were far less than that of the KC cluster. Deputising Director (Strategy & Planning), Hospital Authority ("DD(S&P), HA") advised that the review and the services plan were targeted to be completed in 2014.

Admin

8. Prof Joseph LEE requested the Administration to provide, in its paper for submitting the funding proposal for refurbishment of HKBH to the Public Works Subcommittee ("PWSC"), more information on service co-ordination among the redeveloped or refurbished hospitals (such as refurbishment of HKBH and the proposed redevelopment of QEH) and newly developed hospitals (such as Hong Kong Children's Hospital and the proposed new acute general hospital in the Kai Tak Development Area) in the KC cluster.

Scope of the refurbishment

9. Noting that the Administration planned to provide 130 additional inpatient beds for convalescence and rehabilitation in the refurbished HKBH, Dr Helena WONG asked how the number of additional beds was worked out and whether these additional beds were sufficient to meet the service need in HKBH's catchment districts, in particular the service demand from an ageing population, in the forthcoming one to two decades. While expressing support for providing additional inpatient beds in the refurbished HKBH, Dr KWOK Ka-ki was concerned that there was an overall shortfall of convalescent and rehabilitation inpatient beds in public hospitals to cope with the long-term service demand. Dr Fernando CHEUNG raised a similar concern. He asked whether there would be an enhancement in the service capacity of HKBH's day rehabilitation centre, and whether the centre would take care of chronic disease patients of other age groups other than elderly patients.

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10. USFH and Hospital Chief Executive (HKBH), HA ("HCE(HKBH), HA") advised that the reason why the proposed scope of the refurbishment project of HKBH had been revised to include the opening of 130 additional convalescent and rehabilitation beds was for the purpose of strengthening the longer-term care and rehabilitation services for elderly patients suffering from chronic diseases. This apart, two floors of Block C of HKBH would be converted for day rehabilitation, geriatric day services and pilot integrative medicine in palliative care. The overall service capacity of HKBH would be enhanced after refurbishment.

11. DD(S&P), HA supplemented that the number of additional inpatient beds of HKBH was worked out based on the latest population projection by the Planning Department of HKBH's catchment area, the availability of space on the site of HKBH, and public hospital development or redevelopment plan in the nearby districts including the possible establishment of a new acute general hospital in the Kai Tak Development Area. It should also be noted that with the provision of a one-off grant of \$13 billion to HA for carrying out minor works projects in the next 10 years or so, a total of 800 additional beds would be available upon completion of the projects.

Admin

12. Prof Joseph LEE requested the Administration to provide, in its paper to be submitted to PWSC, information on the total number of beds to be provided at the refurbished HKBH with a breakdown by bed types; whether the service capacity of the refurbished HKBH could meet the projected increasing needs of the community for public inpatient convalescent and rehabilitation services; and whether there would be adequate healthcare manpower to provide the strengthened services in HKBH upon completion of the refurbishment works in September 2018.

13. Pointing out that the terminally-ill patients receiving palliative care inpatient services at HKBH were already suffering from discomfort from the illness and the stress of death, Dr Fernando CHEUNG urged HA to improve the environment of HKBH with a view to providing a more pleasant setting for these patients who were approaching the end of life. Sharing Dr Fernando CHEUNG's view, Dr KWOK Ka-ki asked whether the refurbishment works of HKBH would cover the lobby of Blocks A and B. Chief Manager (Capital Planning), HA ("CM(CP),HA") replied in the positive. Dr KWOK Ka-ki requested the Administration to provide, in its paper to be submitted to PWSC, information on how the design of the inpatient wards and the associated facilities (e.g. the lobby) of the refurbished HKBH would be geared towards creating a pleasant and comfortable environment for patients.

Admin



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14. Given that land was a scarce resource and public healthcare services were in great demand in the Wong Tai Sin district, the Chairman asked whether the refurbishment of HKBH had optimized the land use. Dr KWOK Ka-ki opined that HA should consider making use of the area of the existing car park of HKBH for the provisional of additional clinical space to meet operational needs.

15. CM(CP), HA advised that with a site area of 10 446 m<sup>2</sup>, the existing total floor area of HKBH was 23 000 m<sup>2</sup>. The six-storey hospital building of HKBH, which was located at a Government, Institutional and Community site with a height restriction due to its proximity to the then Kai Tak Airport, had reached the height limit specified in the land lease. Given that the proposed new lift tower of HKBH to be erected on the lot would exceed the prescribed height limit, HA would seek the approval of the Lands Department to relax the height limit for the construction of the tower.

16. Dr Helena WONG noted with concern that at present, the provision of fire service installation in HKBH did not comply with current standard for provision of a safe environment for healthcare services. HCE(HKBH), HA advised that HKBH which was built in 1970 was required to comply with the fire safety requirements at the time of its construction. HA would take the opportunity of refurbishment to install fire service sprinkler system for Blocks A, B and D and modification of sprinklers in Block C to meet the present-day standard.

Implementation of the refurbishment

17. Expressing support for the proposed refurbishment of HKBH, Mr POON Siu-ping enquired whether the opening of the 130 new hospital beds in addition to the existing 324 beds in Blocks A and B would lead to a reduction in space between beds. USFH advised that there would not be such an impact, as the 130 additional hospital beds would be accommodated in the new inpatient wards to be converted from the current offices and staff facilities including call rooms and overnight rooms located at the sixth floor of Blocks A and B. HCE(HKBH), HA supplemented that the floor area of the sixth floor of Blocks A and B was same as that of those floors currently used for inpatient wards.

18. Noting that HA had invited tenders for carrying out the proposed refurbishment works in February 2014, Mr POON Siu-ping asked whether the Administration had any contingency plan in case it could not obtain the funding approval from the Finance Committee of LegCo in July 2014 as scheduled due to the use of filibuster by some Members to stall the funding proposals submitted to the Finance Committee. USFH responded that

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subject to members' support, the Administration hoped that funding approval could be sought as scheduled.

19. Mr POON Siu-ping asked whether there would be disruption of patient services during the redevelopment of HKBH. Dr Helena WONG and Dr CHIANG Lai-wan raised a similar question. HCE(HKBH), HA advised that the refurbishment of 11 existing inpatient wards would be carried out in phases to avoid disruption of services. For instance, the installation of fire sprinkler system in existing inpatient wards would be carried out one cubicle at a time to keep the disruption to a minimum.

Other issue

20. Given that a number of public hospital development, redevelopment or expansion projects were now underway or in the pipeline, Dr CHIANG Lai-wan suggested that the Panel should follow up with the Administration on the subject of public hospital development at a future meeting. The Chairman advised that the subject had already been included in the list of outstanding items for discussion of the Panel. In addition, the Administration had yet to provide its follow-up actions taken in respect of the information requested by members in the context of discussing "An overview of the redevelopment and expansion plans of public hospital" at the Panel meeting on 15 July 2013. He urged the Administration to revert to the Panel on the subject and provide the requisite information as soon as possible.

Conclusion

21. In closing, the Chairman concluded that the Panel was supportive of the proposed refurbishment of HKBH.

**IV. Development of Chinese medicine hospital and integrated Chinese-Western medicine**

[LC Paper Nos. CB(2)1020/13-14(05), CB(2)1501/13-14(05) to (20), CB(2)1525/13-14(01), CB(2)1541/13-14(01) and (02), CB(2)1553/13-14(01) to (04), CB(2)1574/13-14(01) to (05), CB(2)1579/13-14(01), CB(2)1772/13-14(01) to (03)]

Views of deputations

22. At the invitation of the Chairman, a total of 27 deputations presented their views on the development of Chinese medicine hospital and integrated Chinese-Western medicine ("ICWM"). A summary of views of deputations

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is in the **Appendix**. Members also noted the written submissions from the following individuals and organization not attending the meeting -

- (a) Ms YIP Tsui-pik;
- (b) 謝昆良先生;
- (c) 杏林之聲;
- (d) Mr YEUNG Wai-sing, Eastern District Council Member; and
- (e) 張笑娟女士.

*[At this juncture, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion of this item.]*

*The Chairman then proposed and members agreed that the motion moved by Mr CHAN Han-pan and the amendment to the motion proposed by Dr CHEUNG Kwok-che and Dr Fernando CHEUNG, the wordings of which were tabled at the meeting, would be dealt with towards the end of the meeting.]*

The Administration's response to the views expressed by deputations

23. Responding to the views expressed by the deputations, Permanent Secretary for Food and Health (Health) ("PSFH(H)") made the following points -

- (a) promoting the development of Chinese medicine was one of the major policy commitments of the current term Government. The Chinese Medicine Development Committee ("the Committee") was established in February 2013 to advise the Government on the direction and long-term strategy of the future development of Chinese medicine in Hong Kong. Given that the Chinese medicine sector had high expectation on its development, the Committee and its two subcommittees (viz. the Chinese Medicine Practice Sub-committee and the Chinese Medicines Industry Sub-committee) had maintained close communication with the sector to gauge their views in this regard. The Administration had also briefed the Panel at its meeting on 17 March 2014 on the work progress of the Committee and the preparatory work being carrying out by HA

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for the launch of the ICWM Pilot Project in response to the Committee's suggestion;

- (b) the Government accepted the Committee's recommendation regarding the need to develop a Chinese medicine hospital for the provision of Chinese medicine in-patient services to the public, supporting the teaching, clinical practice and scientific research of the Schools of Chinese Medicine under the three local universities, and enhancing the quality of the professional training of Chinese medicine practitioners ("CMPs") and the scientific research of Chinese medicine in Hong Kong. A site in Tseung Kwan O, which was originally earmarked for private hospital development, had been reserved for the setting up of a Chinese medicine hospital;
- (c) while the Committee would continue to examine the feasible mode of operation and regulatory details of the Chinese medicine hospital, it was the consensus of the Committee and the Administration that, in view of the developments in medical services and the existing regulatory framework of the local healthcare system, it was not feasible for the Chinese medicine hospital to provide only Chinese medicine services without resorting to western medical equipment and treatment for some acute cases and complex illnesses. It was considered that a Chinese medicine-led hospital integrating Chinese and Western medicine approaches would be the most feasible mode of operation of the Chinese medicine hospital under the existing legal and administrative frameworks. This could also ensure that patients would receive the most appropriate treatment;
- (d) the Administration considered it more flexible for a non-governmental organization ("NGO") experienced in providing Chinese medicine services to operate the Chinese medicine hospital on self-financing basis at the initial stage of its operation. The Administration would assess the impact of the establishment of a Chinese medicine hospital on the trade;
- (e) HA would launch the ICWM Pilot Project in the third quarter of 2014 to help gather experiences in the operation and regulation of ICWM and Chinese medicine inpatient services. HA would formulate clinical plan for the three targeted diseases areas (namely stroke rehabilitation, low back pain and palliative care for cancer) covering both specified inpatient services and follow-up outpatient services. Subject to the actual needs of

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different clinical protocols, it would provide relevant professional training for healthcare personnel participating in the Pilot Project with a view to fostering mutual understanding and communication among CMPs and Western medical practitioners. HA would invite local universities to participate in the formulation and assessment of the Pilot Project and its related training programmes; and

- (f) the experiences gathered from the ICWM Pilot Project might serve as the basis for formulating the regulation for and the mode of operation of a Chinese medicine hospital. In the meantime, the Administration would continue to work with the Committee to examine issues such as the delineation of responsibilities between CMPs and Western medical practitioners working in the Chinese medicine hospital to protect patients' interests. The Administration would announce the further details when ready.

Discussion

24. Mr CHAN Han-pan and Mr CHEUNG Kwok-che considered that the response given by PSFH(H) had failed to address the various concerns raised by the deputations but kept reiterating the Government's existing stance on issues which the deputations were concerned about. Mr CHAN Han-pan, Mr CHEUNG Kwok-che and Dr Fernando CHEUNG remarked that while the proposal to develop a Chinese medicine hospital in Hong Kong was most welcomed, it was highly disappointing that the hospital would not be included in the public healthcare system with recurrent funding from the Government.

25. Mr CHAN Han-pan noted that at present, the Chinese Medicine Centres for Training and Research adopted a tripartite collaboration model which involved HA, NGOs and local universities with NGOs as the operators of the Centres. Pointing out the various problems arising from the model such as the low wages offered to graduates of Chinese medicine and pharmacy in Chinese medicine programmes employed by these Centres, he cast doubt on the feasibility and desirability for the Chinese medicine hospital, which had a responsibility to provide support in teaching, clinical internships and scientific research, to be built and operated on a self-financing basis.

26. Mr CHEUNG Kwok-che expressed concern that the high capital cost for the building and maintenance of the hospital building would be levied upon patients who would have to pay high clinical fees for their visits while

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CMPs would be given low pay. The issue of how the Chinese medicine hospital would be Chinese medicine-led also required in-depth discussion. He considered that the Panel should continue to follow up with the Administration on issues relating to the development of Chinese medicine in Hong Kong.

27. While agreeing that Hong Kong was well positioned to develop ICWM, Dr Fernando CHEUNG considered that the Administration should provide recurrent funding to the Chinese medicine hospital and formulate a remuneration structure for the Chinese medical grades in the public sector so as to ensure that the services of the Chinese medicine hospital would be affordable to most people in Hong Kong and the hospital could provide adequate support in areas of teaching and clinical internships.

Motion

28. Mr CHAN Han-pan moved the following motion which was seconded by Dr Elizabeth QUAT and Dr CHIANG Lai-wan -

"市民對中醫服務的需求日漸增多，但本港過去的中醫發展未能配合，包括香港沒有中醫院，而現時的公營醫療體系亦沒有提供中醫服務；本港的中醫藥學系畢業生薪酬水平一直偏低，不利畢業生的職業發展；而中藥產業發展面對不少問題有待解決，就此，本事務委員會促請當局：

1. 盡快落實興建中醫院；
2. 將 18 間中醫診所納入公營醫療架構；
3. 盡快改善中醫師及中藥師畢業生薪酬待遇；
4. 成立專責部門協助中藥業轉型及推廣，推動中藥產業的發展；及
5. 在本委員會下設中醫藥小組委員會，跟進中醫及中藥的發展事務。"

(Translation)

"That the past development of Chinese medicine in Hong Kong has failed to meet the increasing public demand for Chinese medicine services, including the absence of a Chinese medicine hospital in Hong Kong and Chinese medicine services are also not provided in

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the existing public healthcare system; the pay levels of Chinese medicine graduates in Hong Kong have been on the low side to the detriment of the career development of the graduates; and there are quite a number of problems to be resolved concerning the development of the Chinese medicines industry; in this connection, this Panel urges the Administration to:

1. expeditiously implement the establishment of a Chinese medicine hospital;
2. incorporate the 18 Chinese medicine clinics into the public healthcare system;
3. expeditiously improve the remuneration packages of graduates of Chinese medicine and pharmacy in Chinese medicine programmes;
4. set up a dedicated department to provide assistance to the Chinese medicines industry in the process of transformation and promotion, and to take forward the development of the Chinese medicines industry; and
5. set up a subcommittee under the Panel to follow up issues relating to the development of Chinese medicine."

29. The Chairman ruled that the motion was related to the agenda item under discussion, and invited members to consider whether the motion should be proceeded with at this meeting. Members agreed.

30. The Chairman remarked that the last item in the motion concerning the setting up of a subcommittee under the Panel to follow up issues relating to the development of Chinese medicine should be followed up by the Panel and dealt with separately. Expressing support for Mr CHAN Han-pan's proposal for the Panel to appoint a subcommittee to follow up the issues, Mr WONG Ting-kwong, Prof Joseph LEE, Dr CHIANG Lai-wan, Dr CHEUNG Kwok-che and Dr Fernando CHEUNG agreed that this proposal should be dealt with separately from other proposals in the motion.

31. Dr CHEUNG Kwok-che and Dr Fernando CHEUNG proposed to amend the motion to read as follows -

"市民對中醫服務的需求日漸增多，但本港過去的中醫發展未能配合，包括香港沒有中醫院，而現時的公營醫療體系亦沒有提供中醫服務；本港的中醫藥學系畢業生薪酬水平一直偏低，

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不利畢業生的職業發展；而中藥產業發展面對不少問題有待解決，就此，本事務委員會促請當局：

1. 盡快落實興建中醫院；
2. 將 18 間中醫診所及中醫院納入公營醫療架構，**成為經常性資助項目**；
3. **制訂公營中醫職系薪酬架構**，盡快改善中醫師及中藥師畢業生薪酬待遇；
4. 成立專責部門協助中藥業轉型及推廣，推動中藥產業的發展。；及
5. ~~在本委員會下設中醫藥小組委員會，跟進中醫及中藥的發展事務。~~"

(Translation)

"That the past development of Chinese medicine in Hong Kong has failed to meet the increasing public demand for Chinese medicine services, including the absence of a Chinese medicine hospital in Hong Kong and Chinese medicine services are also not provided in the existing public healthcare system; the pay levels of Chinese medicine graduates in Hong Kong have been on the low side to the detriment of the career development of the graduates; and there are quite a number of problems to be resolved concerning the development of the Chinese medicines industry; in this connection, this Panel urges the Administration to:

1. expeditiously implement the establishment of a Chinese medicine hospital;
2. incorporate the 18 Chinese medicine clinics **and the Chinese medicine hospital** into the public healthcare system **to provide them with recurrent funding**;
3. **formulate a remuneration structure for the Chinese medical grades in the public sector**, and expeditiously improve the remuneration packages of graduates of Chinese medicine and pharmacy in Chinese medicine programmes;



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4. set up a dedicated department to provide assistance to the Chinese medicines industry in the process of transformation and promotion, and to take forward the development of the Chinese medicines industry;~~and~~
- ~~5. set up a subcommittee under the Panel to follow up on issues relating to the development of Chinese medicine."~~

(Note: Dr CHEUNG Kwok-che and Dr Fernando CHEUNG's amendment is marked in ***bold and italic type*** or with deletion line)

32. The Chairman put the motion as amended to vote. All seven members present at the meeting voted in favour of the amended motion. The Chairman declared that the motion as amended was carried.

Way forward

33. Noting that members present were of the unanimous view that the Panel should appoint a subcommittee to follow up issues relating to the development of Chinese medicine, the Chairman said that the Clerk would prepare a paper proposing the terms of reference and work plan of the subcommittee for the consideration of members at the next meeting of the Panel. He drew members' attention that since more than eight subcommittees on policy areas were already in operation, the subcommittee to be appointed by the Panel would be placed on the waiting list.

34. There being no other business, the meeting ended at 7:12 pm.

Council Business Division 2  
Legislative Council Secretariat  
22 October 2014

**Panel on Health Services**

**Summary of views and concerns expressed by deputations  
at the meeting on Monday, 19 May 2014  
on development of Chinese medicine hospital and integrated Chinese-Western medicine**

<b>Organization/individual</b>	<b>Major views and concerns</b>
<b>The role, regulatory framework and operating body of the Chinese medicine hospital</b>	
<ul style="list-style-type: none"><li>• Chinese Medicine Informatics (HK) Ltd</li><li>• Hong Kong Chinese Medicine Health Management Association</li><li>• The Hong Kong Society of Chinese Medicines Limited</li><li>• Mr NG Wo-mau</li></ul>	<ul style="list-style-type: none"><li>• The Chinese medicine hospital should be regulated under a separate legislation as its set up and operation should be different from that of the private and public Western hospitals.</li></ul>
<ul style="list-style-type: none"><li>• Hong Kong Baptist University</li></ul>	<ul style="list-style-type: none"><li>• A Chinese medicine teaching hospital designated for supporting the teaching, clinical practice and scientific research of the School of Chinese Medicine under the three local universities, rather than a Chinese medicine hospital which focused on the provision of Chinese medicine services for members of the public, should be established in Hong Kong.</li></ul>
<ul style="list-style-type: none"><li>• Hong Kong Registered Chinese Medicine Practitioners Association Limited</li></ul>	<ul style="list-style-type: none"><li>• It would be most desirable if the Chinese medicine hospital would be a public hospital with recurrent funding support from the Government. That said, the deputation accepted the proposal for a non-governmental organization ("NGO") to run the hospital as there was an imminent need to establish a Chinese medicine hospital to provide support to the Schools of Chinese Medicine under the three local universities in the areas of teaching, clinical practice and scientific research.</li></ul>

<b>Organization/individual</b>	<b>Major views and concerns</b>
<ul style="list-style-type: none"> <li>• Hong Kong Baptist University School of Chinese Medicine (Full-time) Alumni Association</li> <li>• Hong Kong Chinese Medicine Health Management Association</li> <li>• Hong Kong Chinese Medicine Practitioners' Rights General Union</li> <li>• Union of Frontline Chinese Medicine Practitioners (Hong Kong)</li> <li>• The University of Hong Kong Bachelor of Chinese Medicine (Full time) Alumni Association</li> <li>• Miss LAW Yee-ling</li> <li>• Ms Alma LING</li> <li>• Mr LEE Kai-ping</li> <li>• Mr SZE Ka-keung</li> </ul>	<ul style="list-style-type: none"> <li>• The deputations expressed concern that a Chinese medicine hospital to be operated on a self-financing basis would result in high level of service fees and inadequate level of support for teaching, clinical practice and scientific research. They considered that the Chinese medicine hospital should be a public hospital with recurrent funding support from the Government.</li> <li>• Citing the experience of the Chinese Medicine Centres for Training and Research ("CMCTRs"), which adopted a tripartite collaboration model involving the Hospital Authority ("HA"), NGOs and local universities with NGOs as the operators, there was a view that a Chinese medicine hospital to be operated by NGO would give rise to the same problem of CMCTRs such as inclining to offer unfavourable terms and conditions of employment to local Chinese medicine graduates.</li> <li>• There was a view that the existing CMCTRs should also be incorporated in the public healthcare system.</li> </ul>
<ul style="list-style-type: none"> <li>• Mr CHAN Man-hon</li> <li>• Ms Grace YU Wun-pan</li> </ul>	<ul style="list-style-type: none"> <li>• The Government should provide financial resources for the establishment and operation of the Chinese medicine hospital for the provision of inpatient Chinese medicine services and internship platform for Chinese medicine graduates of the three local universities.</li> </ul>
<ul style="list-style-type: none"> <li>• Chinese Medicine Practice Subcommittee under the Chinese Medicine Development Committee</li> <li>• Pok Oi Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• The deputations expressed support for the establishment of a Chinese medicine hospital in Hong Kong to provide inpatient services to the public, and support for teaching, clinical practice and scientific research. They agreed that the hospital should first be operated by NGO on a self-financing basis.</li> <li>• There was a view that a Chinese medicine hospital operated by NGO could ensure the fair provision of support in teaching and clinical practice for the</li> </ul>

<b>Organization/individual</b>	<b>Major views and concerns</b>
	Schools of Chinese Medicine of the three local universities.
<ul style="list-style-type: none"> <li>Mr NG Wo-mau</li> </ul>	<ul style="list-style-type: none"> <li>The role of the Chinese medicine hospital should be for the provision of Chinese medicinal services for members of the public, rather than supporting scientific research of Chinese medicine. In so doing, the hospital should be able to be operated on a self-financing basis. In the deputation's view, whether the hospital could provide job opportunities with high pay packages for local Chinese medicine graduates should not be an issue of concern.</li> </ul>
<ul style="list-style-type: none"> <li>Mr LI Ying-fai</li> </ul>	<ul style="list-style-type: none"> <li>A teaching building should be constructed in the campus of the Chinese medicine hospital to support scientific research of Chinese medicine.</li> </ul>
<ul style="list-style-type: none"> <li>Han's Academy</li> </ul>	<ul style="list-style-type: none"> <li>A Chinese medicine hospital to be operated on a self-financing basis would become profit-oriented. This was not conducive to promoting a greater use of Chinese medicine, which could contribute to an overall reduction in public healthcare expenditure, and the long-term development of Chinese medicine.</li> </ul>
<b>The mode of operation of the Chinese medicine hospital</b>	
<ul style="list-style-type: none"> <li>Chinese Medicine Practice Subcommittee under the Chinese Medicine Development Committee</li> <li>Hong Kong Chinese Medicine Clinical studies Association</li> <li>Pok Oi Hospital</li> <li>人手比例不符最低工資關注組</li> </ul>	<ul style="list-style-type: none"> <li>The deputations agreed adopting ICWM as the mode of operation of the Chinese medicine hospital.</li> </ul>
<ul style="list-style-type: none"> <li>Hong Kong Baptist University</li> <li>Hong Kong Chinese Medicine Health</li> </ul>	<ul style="list-style-type: none"> <li>The deputations agreed adopting integrated Chinese-Western medicine ("ICWM"), with the Chinese medicine practitioners ("CMPs") playing a</li> </ul>

<b>Organization/individual</b>	<b>Major views and concerns</b>
<ul style="list-style-type: none"> <li>Management Association</li> <li>• Hong Kong Registered Chinese Medicine Practitioners Association Limited</li> <li>• The University of Hong Kong Bachelor of Chinese Medicine (Full time) Alumni Association</li> </ul>	<p>leading role in the provision of treatment to patients, as the mode of operation of the Chinese medicine hospital.</p> <ul style="list-style-type: none"> <li>• There was a view that the Chinese medicine hospital should accept referrals from registered CMPs in private practice.</li> <li>• There was another view that the Chinese medicine services to be provided by the Chinese medicine hospital should cover, among others, the specialties of acupuncture, internal medicine and geriatric medicine. Western medicine could be made use in the provision of acute and emergency treatment, laboratory and radiological investigations and certification of death.</li> </ul>
<ul style="list-style-type: none"> <li>• Mr LEE Kai-ping</li> <li>• Mr SZE Ka-keung</li> </ul>	<ul style="list-style-type: none"> <li>• The deputations considered that the arrangement for making use of ICWM for rehabilitative treatment and palliative care, as currently proposed for the ICWM Pilot Project, could not provide opportunities for CMPs to intervene from the early stage of the diseases for the benefits of patients.</li> </ul>
<ul style="list-style-type: none"> <li>• Hong Kong Baptist University School of Chinese Medicine (Full-time) Alumni Association</li> <li>• Hong Kong Chinese Medicine Practitioners' Rights General Union</li> <li>• The University of Hong Kong Bachelor of Chinese Medicine (Full time) Alumni Association</li> <li>• Mr Chan Man-hon</li> <li>• Mr LEE Kai-ping</li> </ul>	<ul style="list-style-type: none"> <li>• The Chinese medicine hospital should avoid imitating the past ICWM model adopted by the Chinese medicine hospitals on the Mainland.</li> <li>• There was a view from some deputations that the Chinese medicine hospital should accord priority to employ local Chinese medicine graduates and registered CMPs.</li> </ul>

<b>Organization/individual</b>	<b>Major views and concerns</b>
<ul style="list-style-type: none"> <li>• Hong Kong Chinese Medicine Practitioners' Rights General Union</li> <li>• The Hong Kong Society of Chinese Medicines Limited</li> <li>• Chinese Medicine Informatics (HK) Ltd</li> <li>• Mr NG Wo-mau</li> </ul>	<ul style="list-style-type: none"> <li>• The Chinese medicine hospital should be Chinese medicine-led and provide pure Chinese medicine services, rather than adopting an ICWM approach. The deputations cast doubt on the Government's stance that it was not feasible to do so.</li> </ul>
<ul style="list-style-type: none"> <li>• Mr LI Ying-fai</li> </ul>	<ul style="list-style-type: none"> <li>• The management of the Chinese medicine hospital should be CMPs, and the adoption of ICWM as the mode of operation of the hospital should aim at the modernization but not westernization of Chinese medicine. This apart, the remuneration package for Chinese medical personnel of the hospital should be set at the same level as that for the Western medical personnel. The Government should also set up a Chinese medicine hospital authority to oversee the management and operation of the hospital.</li> </ul>
<ul style="list-style-type: none"> <li>• Han's Academy</li> <li>• Hong Kong Baptist University School of Chinese Medicine (Full-time) Alumni Association</li> <li>• School of Chinese Medicine, The Chinese University of Hong Kong</li> </ul>	<ul style="list-style-type: none"> <li>• The treatment to be provided by the Chinese medicine hospital should first and foremost be based on the theory and practice of traditional Chinese medicine. Whether a case should require Western medical intervention should be determined by CMPs based on the clinical conditions of patients.</li> <li>• There was a view that to ensure a candid collaboration between CMPs and Western medical practitioners for the benefit of patients, it was necessary to ensure that each party had a basic understanding of and would respect the theory and practice of the other party.</li> <li>• There was a concern that the existing regulatory framework had limited the clinical application of Chinese medicine in areas such as providing acute and emergency treatment and conducting radiological investigations.</li> </ul>

<b>Organization/individual</b>	<b>Major views and concerns</b>
<ul style="list-style-type: none"> <li>Hong Kong Association for Integration of Chinese-Western Medicine</li> </ul>	<ul style="list-style-type: none"> <li>The deputations agreed adopting ICWM as the mode of operation of the Chinese medicine hospital, with Chinese medicine playing a leading role but supplemented with modern technology of Western medicine particularly when providing diagnosis in acute cases.</li> </ul>
<ul style="list-style-type: none"> <li>The Hong Kong Medicine Dealers' Guild</li> </ul>	<ul style="list-style-type: none"> <li>The Chinese medicine hospital should be managed by CMPs. It should employ pharmacists in Chinese medicine to ensure the efficacy and safety of the Chinese herbal medicines being dispensed. In addition, CMPs should be allowed to adopt certain Western medical practices, such as using X-ray equipment, providing injection services and performing surgeries, in their clinical practices.</li> </ul>
<b>The ICWM Pilot Project carried out by HA</b>	
<ul style="list-style-type: none"> <li>Chinese Medicine Informatics (HK) Ltd</li> <li>Kwong Wah Hospital—The Chinese University of Hong Kong Chinese Medicine Clinical Research and Services Centre</li> <li>Union of Frontline Chinese Medicine Practitioners (Hong Kong)</li> <li>Miss LAW Yee-ling</li> <li>Ms Alma LING</li> <li>Mr SZE Ka-keung</li> </ul>	<ul style="list-style-type: none"> <li>Given that ICWM Pilot Project would be implemented by HA in a Western medicine rather than a Chinese medicine inpatient setting, some deputations urged the setting up of Chinese medicine wards in public hospitals with CMPs assuming a leading role in the provision of treatment to patients for the purpose of gathering in parallel experiences in the operation of ICWM and Chinese medicine inpatient services under a Chinese medicine-led model.</li> <li>A deputation went further to suggest that another pilot project led by the School of Chinese Medicines of the three local universities and involved only CMPs and persons from the trade of Chinese medicines should be carried out to examine whether it was feasible for the Chinese medicine hospital to provide pure Chinese medicine inpatient services.</li> </ul>
<ul style="list-style-type: none"> <li>Chinese Medicine Practice Subcommittee under the Chinese Medicine Development</li> </ul>	<ul style="list-style-type: none"> <li>The deputations supported the launching of the ICWM Pilot Project for the provision of Chinese medicine inpatient and follow-up outpatient services at</li> </ul>

<b>Organization/individual</b>	<b>Major views and concerns</b>
Committee	HA which could shed light on the formulation of the regulatory regime for the Chinese medicine hospital.
<ul style="list-style-type: none"> <li>• Hong Kong Baptist University School of Chinese Medicine (Full-time) Alumni Association</li> </ul>	<ul style="list-style-type: none"> <li>• The ICWM Pilot Project should be designed and implemented from the Chinese medicine perspective in order to gather experiences on how the future Chinese medicine hospital should be operated.</li> </ul>
<ul style="list-style-type: none"> <li>• Hong Kong Chinese Medicine Clinical studies Association</li> </ul>	<ul style="list-style-type: none"> <li>• The deputation suggested the setting up of a Chinese medicine department in existing public hospitals to facilitate exchange and understanding between CMPs and Western medical practitioners prior to the establishment of the Chinese medicine hospital.</li> </ul>
<b>Chinese medicine personnel</b>	
<ul style="list-style-type: none"> <li>• Hong Kong Chinese Medicine Clinical studies Association</li> <li>• Hong Kong Chinese Medicine Practitioners' Rights General Union</li> <li>• Union of Frontline Chinese Medicine Practitioners (Hong Kong)</li> <li>• The University of Hong Kong Bachelor of Chinese Medicine (Full time) Alumni Association</li> <li>• Miss LAW Yee-ling</li> <li>• Ms Alma LING</li> <li>• Mr Chan Man-hon</li> <li>• 韓文治一針療法(國際)紀念學院有限公司</li> </ul>	<ul style="list-style-type: none"> <li>• The deputations considered it necessary to improve the remuneration packages of CMPs, in particular local graduates of Chinese medicine and pharmacy of Chinese medicine programmes; and include CMPs and pharmacists in Chinese medicine as part of the establishment of civil service and public healthcare system.</li> </ul>



<b>Organization/individual</b>	<b>Major views and concerns</b>
<ul style="list-style-type: none"> <li>• Chinese Medicine Informatics (HK) Ltd</li> <li>• The Hong Kong Society of Chinese Medicines Limited</li> </ul>	<ul style="list-style-type: none"> <li>• The deputations considered it necessary for the Administration to put in place a framework to provide for accreditation of academic and vocational qualifications for members of the trade involved in the dispensing of Chinese herbal medicines and the manufacture of proprietary Chinese medicines.</li> </ul>
<ul style="list-style-type: none"> <li>• Hong Kong Chinese Medicine Practitioners' Rights General Union</li> <li>• Union of Frontline Chinese Medicine Practitioners (Hong Kong)</li> <li>• The University of Hong Kong Bachelor of Chinese Medicine (Full time) Alumni Association</li> <li>• Mr CHAN Man-hon</li> <li>• Miss LAW Yee-ling</li> </ul>	<ul style="list-style-type: none"> <li>• The Administration should engage graduates of the Schools of Chinese Medicine under the three local universities in the formulation of the directions and strategies for the development of Chinese medicine, including the setting up of a Chinese medicine hospital, in Hong Kong.</li> <li>• Some of the deputations considered that the Chinese Medicine Development Committee should include representatives of those local graduates who already had years of working experience in the Chinese Medicine Centres for Training and Research or other settings.</li> </ul>
<ul style="list-style-type: none"> <li>• 韓文治一針療法(國際)紀念學院有限公司</li> </ul>	<ul style="list-style-type: none"> <li>• The title "doctor" should include not only practitioners of Western medicine, but also cover practitioners of Chinese medicine.</li> </ul>

<b><u>Organization/individual</u></b>	<b><u>Submission [LC Paper No.]</u></b>
Chinese Medicine Informatics (HK) Limited	LC Paper No. CB(2)1553/13-14(01)
Chinese Medicine Practice Subcommittee under the Chinese Medicine Development Committee	LC Paper No. CB(2)1574/13-14(03)
Han's Academy	LC Paper No. CB(2)1525/13-14(01)
Hong Kong Association for Integration of Chinese-Western Medicine	LC Paper No. CB(2)1553/13-14(03)
Hong Kong Baptist University	LC Paper No. CB(2)1574/13-14(01)
Hong Kong Baptist University School of Chinese Medicine (Full-time) Alumni Association	LC Paper No. CB(2)1501/13-14(14)
Hong Kong Chinese Medicine Clinical Studies Association	LC Paper No. CB(2)1722/13-14(03)
Hong Kong Chinese Medicine Health Management Association	LC Paper No. CB(2)1501/13-14(11)
Hong Kong Chinese Medicine Practitioners' Rights General Union	LC Paper No. CB(2)1574/13-14(05)
The Hong Kong Medicine Dealers' Guild	LC Paper No. CB(2)1722/13-14(02)
Hong Kong Registered Chinese Medicine Practitioners Association Limited	LC Paper No. CB(2)1501/13-14(06)
The Hong Kong Society of Chinese Medicines Limited	LC Paper No. CB(2)1579/13-14(01)
Pok Oi Hospital	LC Paper No. CB(2)1553/13-14(04)(Revised)

School of Chinese Medicine, The Chinese University of Hong Kong	LC Paper No. CB(2)1501/13-14(13)
Union of Frontline Chinese Medicine Practitioners (Hong Kong)	LC Paper No. CB(2)1501/13-14(09) and LC Paper No. CB(2)1574/13-14(02)
The University of Hong Kong Bachelor of Chinese Medicine (Full time) Alumni Association	LC Paper No. CB(2)1501/13-14(12)
Mr CHAN Man-hon	LC Paper No. CB(2)1501/13-14(10)
Miss LAW Yee-ling	LC Paper No. CB(2)1501/13-14(08)
Mr LEE Kai-ping	LC Paper No. CB(2)1501/13-14(15)
Mr LI Ying-fai	LC Paper No. CB(2)1574/13-14(04)
Ms Alma LING	LC Paper No. CB(2)1501/13-14(07)
Mr NG WO-mau	LC Paper No. CB(2)1553/13-14(02)
Ms Grace YU Wun-pan	LC Paper No. CB(2)1541/13-14(01)
人手比例不符最低工資關注組	LC Paper No. CB(2)1722/13-14(01)