

立法會
Legislative Council

LC Paper No. CB(2)1355/15-16

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

**Minutes of policy briefing cum meeting
held on Monday, 18 January 2016, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex**

Members present : Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN (Chairman)
Dr Hon LEUNG Ka-lau (Deputy Chairman)
Hon Vincent FANG Kang, SBS, JP
Hon WONG Ting-kwong, SBS, JP
Hon CHAN Kin-por, BBS, JP
Hon CHEUNG Kwok-che
Hon Albert CHAN Wai-yip
Hon YIU Si-wing, BBS
Dr Hon KWOK Ka-ki
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Elizabeth QUAT, JP
Hon POON Siu-ping, BBS, MH

Members attending : Hon WONG Kwok-hing, BBS, MH
Hon SIN Chung-kai, SBS, JP

Members absent : Hon Albert HO Chun-yan
Hon CHAN Han-pan, JP
Hon Alice MAK Mei-kuen, BBS, JP
Dr Hon Helena WONG Pik-wan
Hon Christopher CHUNG Shu-kun, BBS, MH, JP

**Public Officers : Items IV and V
attending**

Dr KO Wing-man, BBS, JP
Secretary for Food and Health

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

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

Dr Constance CHAN Hon-yea, JP
Director of Health

Dr LEUNG Pak-yin, JP
Chief Executive
Hospital Authority

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

Dr LO Su-vui
Director (Strategy & Planning)
Hospital Authority

Mr Donald LI
Chief Manager (Capital Planning)
Hospital Authority

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 Louisa YU
Legislative Assistant (2) 5

Action

I. Confirmation of minutes of meeting
[LC Paper No. CB(2)640/15-16]

The minutes of the meeting held on 16 November 2015 were confirmed.

Action

II. Information paper(s) issued since the last meeting

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

III. Items for discussion at the next meeting

[LC Paper Nos. CB(2)652/15-16(01) and (02)]

3. Members agreed to discuss the following items at the next regular meeting scheduled for 15 February 2016 at 4:30 pm:

- (a) Redevelopment of Kwong Wah Hospital; and
- (b) Organ Donation.

[Post-meeting note: On the instruction of the Chairman, the agenda for the February regular meeting has been revised to include the discussion on "Measures for the prevention and control of Zika virus infection". The discussion of the item "Organ donation" has been deferred to a future meeting.]

IV. Briefing by the Secretary for Food and Health on the Chief Executive's 2016 Policy Address

[LC Paper Nos. CB(2)652/15-16(03) and CB(2)700/15-16(01) and The 2016 Policy Address]

V. An update on public hospital development

[LC Paper Nos. CB(2)652/15-16(04) and (05)]

4. Members agreed to combine the discussion of agenda items IV and V, as public hospital development plan for the coming 10 years was one of the new initiatives featured in the Chief Executive's 2016 Policy Address.

5. Members noted the following papers on the subjects under discussion:

- (a) the Administration's papers entitled "2016 Policy Address – Policy Initiatives of the Food and Health Bureau" and "An update on public hospital developments" (LC Paper Nos. CB(2)652/15-16(03) and CB(2)652/15-16(04));

Action

- (b) the speaking note of the Secretary for Food and Health ("SFH") on the policy initiatives of the Food and Health Bureau (LC Paper No. CB(2)700/15-16(01)) which was tabled at the meeting; and
- (c) the background brief entitled "Public hospital development" prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)652/15-16(05)).

Public hospital development

Public hospital projects under the 10-year hospital development plan

6. While welcoming the 10-year hospital development plan ("HDP") which would increase the number of public hospital beds by about 5 000 (i.e. from about 27 000 at present to about 32 000), Dr LEUNG Ka-lau was concerned about whether it could address the current resource shortage problem of the under-provided hospital clusters in terms of the catchment population size (such as the Kowloon East ("KE") and New Territories West ("NTW") Clusters) and meet the healthcare needs arising from a growing population of the two New Territories Clusters. He noted that about half of the additional hospital beds (i.e. about 2 400) would be provided at the new acute hospital in the Kai Tak Development Area ("KTDA").

7. Dr KWOK Ka-ki considered that the plan to expand the operating theatres facilities of the Tuen Mun Hospital ("TMH") was far from adequate to meet the service demand arising from the population growth in the NTW Cluster. In his view, it was necessary to expand the clinical service capacity of TMH by increasing the number of its convalescent or rehabilitation beds as well as acute beds. While welcoming the 10-year HDP, Mr Albert CHAN urged the Administration to accord priority to increasing the resources allocated to, and enhancing the service capacity (in particular that for the specialist outpatient services) of the under-provided NTW Cluster in terms of the population size of their catchment districts which he had long called for. Mr POON Siu-ping and Mr YIU Si-wing expressed support for the 10-year HDP.

8. SFH advised that the Government appreciated that long-term planning was needed in order to facilitate timely commencement, progression and completion of major public hospital development projects for meeting future service needs. The emergency and acute medical needs of the population in the Kowloon Region, in particular that of the Wong Tai Sin district, could be met by the development of the new acute hospital in KTDA. The new hospital would also house an oncology centre and a neuroscience centre to serve patients throughout the territory. To tackle the long-term healthcare

Action

needs of the community in the Sha Tin, Tai Po and North districts, the Hospital Authority ("HA") was planning for the phase two redevelopment plan of the Prince of Wales Hospital ("PWH"). In addition, the North District Hospital would be expanded using an adjoining reserved site to cater for the significant increase in projected population arising from the North East New Territories New Development Areas. The planned number of beds to be provided in the redeveloped PWH would be comparable with the new acute general hospital in KTDA.

9. Chief Executive, HA supplemented that for the NTW Cluster, the proposed extension of the Operating Theatre Block of TMH aimed at removing the bottleneck of TMH which mainly rested with inadequate surgical facilities. On the provision of hospital beds, it should be noted that the increase in the number of beds in the Pok Oi Hospital in recent years had helped alleviating the service pressure of the NTW Cluster. Additional beds would also be opened at the Rehabilitation Block of TMH to meet the growing demand for rehabilitation services. In addition, the new Tin Shui Wai Hospital ("TSWH") would commence operation in 2016-2017. SFH further advised that the Steering Committee on Review of HA had put forth in its report published in July 2015, among others, the recommendation that HA should adopt a refined population-based approach to enhance equality and transparency in allocating resources amongst hospital clusters. To do so, the resources allocated to each hospital cluster should be able to sustain the provision of core primary and secondary services, as well as any centralized and/or tertiary and quaternary services under its management. HA was required to implement the recommendation within three years.

Admin/HA

10. Dr LEUNG Ka-lau requested HA to provide after the meeting information on a breakdown of the catchment population and the number of beds (excluding beds for serving patients throughout the territory) per 1 000 population by hospital clusters before and after the implementation of the 10-year HDP.

11. Mr Albert CHAN remarked that at present, not many doctors were willing to work in the public hospitals belonging to the NTW Cluster. An enhancement in the hardware through the 10-year HDP could help attracting more doctors to work in the NTW Cluster. SFH advised that the proposal to construct an extension to the Operating Theatre Block of TMH for accommodating at least 18 operating theatres was unprecedented among public hospitals.

12. Dr Fernando CHEUNG expressed support for the 10-year HDP. He, however, urged the Administration to put in place measures to address the imminent problems of the crowded situation of the acute hospitals and the

Action

high working pressure of HA's frontline staff prior to the availability of the new facilities under the 10-year HDP. SFH assured members that HA would endeavour to open more new hospital beds albeit the current space constraint.

Public hospital projects beyond the 10-year HDP

13. Pointing out that almost one in every four Hong Kong people would reach the age of 65 or above some 20 years later, Mr SIN Chung-kai was concerned about the challenges posed by the rapidly ageing population on the public healthcare system. While welcoming the 10-year HDP, he urged the Administration to expeditiously map out the public hospital development in the long term beyond the 10-year HDP. Given that manpower resources could not be made available overnight, the early formulation of such plan would facilitate long-term planning in healthcare manpower requirements.

14. SFH assured members that in addition to the projects planned for implementation under the 10-year HDP, the Administration and HA had been formulating longer-term strategies to augment and modernize public hospitals for service expansion with a view to creating an additional 9 000-odd public hospital beds in total in the coming 20 to 30 years to meet the long-term healthcare needs of the community. The Administration and HA would continue to assess the service demand in the light of the changes, if any, in the demographic and epidemiological characteristics of the local population, the utilization of public hospital services and advance in medical technology in the future.

15. Mr Albert CHAN urged the Administration to consider making use of the adjacent site of TSWH, which was currently a car park of the Food and Environmental Hygiene Department, for the future expansion of the hospital. Mr POON Sui-ping was concerned about the new public hospital to be constructed at the site in the Hung Shui Kiu ("HSK") New Development Area intended to be reserved for the above purpose, and the accuracy of the media reports that the Queen Elizabeth Hospital ("QEH") would become a day rehabilitation and ambulatory centre following the relocation of its services to the new hospital in KTDA. Dr KWOK Ka-ki also expressed concern about whether the services of QEH would be relocated to the to-be-developed new hospital in KTDA.

16. SFH advised that both the development of a new public hospital in the HSK New Development Area and the redevelopment of QEH, which were not covered under the 10-year HDP, were longer-term strategies to meet the respective healthcare needs of the population in the New Territories region and the Kowloon region. The above apart, in anticipation of the rapid population growth and ageing in the Tuen Mun and Yuen Long districts, HA

Action

intended to expand the capacity of the new TSWH in the long term by using the adjoining or adjacent sites. On the redevelopment of QEH, the timetable of the project and the positioning of the redeveloped hospital would be worked out by the Administration and HA after the establishment of the new acute hospital in KTDA. One possible arrangement to be explored was to decant the clinical services of QEH to the new hospital in KTDA during the period of redevelopment, as in-situ redevelopment while maintaining the existing services with minimum disruption would be more time-consuming.

Financing of the 10-year HDP

17. Mr POON Siu-ping asked whether the \$200 billion earmarked for the implementation of HDP covered the \$50 billion fiscal reserve set aside in 2008-2009 for the implementation of healthcare reform. Raising a similar concern, Dr KWOK Ka-ki enquired whether the one-off grant of \$13 billion previously approved for HA to carry out its minor works projects for the next ten years or so was included in the \$200 billion.

18. Replying in the negative, SFH advised that about \$20 billion out of the \$50 billion fiscal reserve for healthcare reform would be used to support the implementation of the Voluntary Health Insurance Scheme including the proposed high risk pool (if it would be set up) and relevant tax deductions. Another \$10 billion would be allocated to HA to set up an endowment fund to generate investment return for funding HA's clinical public-private partnership ("PPP") programmes. The remaining sum of the \$50 billion would be reserved for other healthcare-related use.

Regulatory regime for medical practitioners

19. Dr LEUNG Ka-lau said that the medical sector generally raised no objection to the Administration's proposed legislative amendments to the Medical Registration Ordinance (Cap. 161) by increasing the number of lay members appointed by the Chief Executive on the Medical Council of Hong Kong ("the Medical Council") from four to eight, and thereby changing the ratio of lay members to medical practitioner members in the Medical Council from 1:6 (i.e. four lay members to 24 medical practitioner members) to 1:3 (i.e. eight lay members to 24 medical practitioner members). That said, there was a view in the medical sector that it was necessary to maintain the existing 1:1 ratio of appointed members to elected members of the Medical Council as agreed in the last legislative exercise in 1995-1996 where changes were introduced, among others, in the composition of the Medical Council. It was therefore proposed that the number of medical practitioner members on the Medical Council being elected by all registered medical practitioners with full and limited registration, and nominated by the

Action

Hong Kong Medical Association and elected by its Council members should in parallel be increased by four. This was also in line with the rationale of the last legislative exercise to increase the representation of elected members on the Medical Council (the number of registered medical practitioners had increased from around 3 000 in 1978 to around 8 000 in 1995), as the current number of registered medical practitioners had increased to around 13 000.

20. SFH advised that the Government had set up a steering committee in 2012 to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong ("the strategic review"). The strategic review, which was expected to be completed in mid-2016, observed that there was an international trend towards more public participation, greater transparency and accountability in the discharge of the self-regulatory functions by the healthcare professional bodies. Separately, Mr Tommy CHEUNG proposed in November 2015 to introduce a Member's Bill to amend the Medical Registration Ordinance to increase lay participation in the Medical Council and its two committees in response to the mounting public concerns over the efficiency of the Medical Council in complaint investigation and conducting of disciplinary inquiries. Against this backdrop, the Government planned to introduce a bill into LegCo in the first quarter of 2016 to amend the Medical Registration Ordinance, which would cover, among others, the proposal of Mr Tommy CHEUNG, in advance of the implementation of the full recommendations of the strategic review.

21. Dr LEUNG Ka-lau remarked that the proposal of increasing the number of elected medical practitioner members on the Medical Council did not contradict nor conflict with the proposal of increasing the lay participation in the Medical Council. SFH took note of the view.

Healthcare manpower planning

22. Mr POON Siu-ping sought clarification as to whether the generic forecasting model being developed by the University of Hong Kong ("HKU") under the strategic review for projecting healthcare manpower in Hong Kong would be adapted to adjust for the impact of the newly introduced 10-year HDP. Mr Albert CHAN raised a similar question. SFH responded that the strategic review had taken into consideration factors including population growth, demographic changes, medical advancement and new public hospital development in forecasting the healthcare manpower requirements for the next few decades. The Chairman requested the Administration to provide in writing the projected manpower supply of doctors, nurses and allied healthcare professionals to cope with the increase

Admin

Action

in service demand arising from the implementation of the 10-year HDP which would result in an increase of around 5 000 hospital beds.

23. Mr POON Siu-ping asked whether there was any quota on registration of non-locally trained medical graduates to practise in Hong Kong. SFH advised that all non-locally trained medical graduates were required to pass the Licensing Examination of the Medical Council and complete a prescribed period of internship at HA before they could register for practice in Hong Kong. Separately, specified institutions (including the Department of Health ("DH"), HA, and the medical schools of HKU and the Chinese University of Hong Kong) might apply to the Medical Council on behalf of non-locally trained doctors with proven experience and knowledge for limited registration in Hong Kong for the purpose of teaching, conducting research or performing clinical work for the institutions. The registration was currently valid for up to one year subject to annual renewal by the Medical Council. SFH further said that the legislative proposals to amend the Medical Registration Ordinance would, among others, seek to extend the term of registration and renewal of medical practitioners with limited registration from not exceeding one year to not exceeding three years. It was hoped that this proposal could facilitate non-locally trained doctors, in particular specialists, to practise in Hong Kong.

24. Mr CHEUNG Kwok-che and Dr Fernando CHEUNG remarked that an increase in the number of dentists could contribute to future expansion of the Elderly Dental Assistance Programme launched by the Community Care Fund ("CCF") which would require the participation of more community care dentists. Mr CHEUNG Kwok-che sought information about the current number of dentists per 1 000 population and that in the year when the first cohort of graduates completed their studies after an increase in the number of publicly-funded degree places in dentistry by 20 in the 2016-2017 to 2018-2019 triennium. Dr Fernando CHEUNG said that to his understanding, the ratio of dentists per 1 000 population was 0.6 in the United States, whereas that of Hong Kong was 0.2. SFH agreed to provide the information after the meeting. It should, however, be noted that the healthcare system of Hong Kong was different from that of the United States.

Admin

25. Mr CHEUNG Kwok-che said that the welfare sector was currently facing a severe shortage of occupational therapists and physiotherapists. At the request of Mr CHEUNG Kwok-che, SFH agreed to provide after the meeting the breakdown, by the healthcare professions concerned (including occupational therapists and physiotherapists), of the 68 publicly-funded degree places to be increased in other healthcare disciplines in the 2016-2017 to 2018-2019 triennium.

Admin

Action

Healthcare services for the elderly

Elderly health centres

26. Mr WONG Kwok-hing asked whether consideration could be given to establishing more elderly health centres ("EHCs") or increasing the service capacity of the existing EHCs so as to reduce the median waiting time for such services which currently stood at as long as more than 30 months.

27. SFH explained that the establishment of EHCs was aimed at promoting preventive care of the elderly, rather than meeting the healthcare needs of the whole elderly population in this regard. In the coming years, the Health and Medical Development Advisory Committee would focus its effort on advising the Government on the formulation of policies and strategies for promotion of primary care in the community setting, such as enhancing the utilization of the existing Primary Care Conceptual Models and Reference Frameworks as well as the Primary Care Directory through HA's PPP programmes. Director of Health ("DoH") supplemented that the financial provision for EHCs in 2015-2016 had included resources for the creation of two additional clinical teams to enhance service capacity.

Dental care

28. Pointing out that many elders could not afford the dental care services of the private sector, Mr YIU Si-wing asked whether the Administration had any long-term plan to provide public dental care services in districts where there were no government dental clinics, such as Tung Chung. SFH advised that the focus of the Government's dental services was on emergency dental treatment. At present, the dental care needs of those elders residing in residential care homes or receiving services in day care centres were being taken care of by the participating non-governmental organizations ("NGOs") under the Outreach Dental Care Programme for the Elderly. This apart, the Elderly Dental Assistance Programme launched by CCF to provide free dentures and related dental services for needy elders had been expanded since September 2015 to cover elders who were Old Age Living Allowance recipients in phases, starting with those aged 80 or above in the first phase.

29. Dr Fernando CHEUNG called on the Administration to consider providing specialty training of dentists for the provision of dental care to people with intellectual disability. SFH advised that the Administration was under discussion with various parties on the setting up of a training centre for such purpose at the Prince Philip Dental Hospital.

Action

Elderly Health Care Voucher Scheme

30. Mr WONG Kwok-hing asked whether the Administration would consider enhancing the Elderly Health Care Voucher Scheme ("the EHV Scheme") by lowering the eligible age from 70 to 65, as well as providing separate dental care vouchers to the eligible elders. SFH responded that the Administration would further enhance the EHV Scheme in the light of the experience gained and views from members and the community. However, it was considered that the provision of separate dental care vouchers under the Scheme would be more restrictive than the current arrangement which allowed the eligible elders to flexibly use the vouchers to pay for those private primary care services (including dental and other services) that best suited their needs.

31. Referring to the recent media reports of some unscrupulous Chinese medicine practitioners encouraging elders to use the vouchers to purchase Chinese medical items for health maintenance purpose, Mr WONG Kwok-hing expressed concern about the monitoring of the usage of EHV. DoH advised that to prevent abuse, the vouchers were not allowed to be used solely for the purchase of medical items. DH had put in place measures and procedures for checking and auditing voucher claims on the EHV Scheme. In addition, it would follow up on alleged anomalous cases upon receipt of complaints.

[Note: 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.]

Dementia care services

32. Mr CHEUNG Kwok-che sought elaboration about the Administration's plan to invite CCF to consider implementing a two-year pilot scheme to provide, based on a medical-social collaboration model, dementia care services to elders with mild and moderate dementia in the community through the District Elderly Community Centres ("DECCs") operated by NGOs under the subvention of the Social Welfare Department ("SWD").

33. SFH and Director (Cluster Services), HA ("D(CS), HA") advised that on the recommendation of the expert group set up under the Review Committee on Mental Health to study dementia care, the Administration would collaborate with HA and SWD to strengthen community care and rehabilitation services for elders with mild and moderate dementia. The initial thought was that upon medical assessment by the relevant specialty in HA, such elders would be referred to receive care at DECCs. The DECCs

Action

concerned would be given back up support from HA, and would be provided with resources and relevant training.

34. Mr CHEUNG Kwok-che sought clarification as to whether the pilot scheme would be implemented by one DECC in one district only. To his understanding, different DECCs might have their own models of care for elders with dementia which were worth piloting. SFH said that he would relay the view of Mr CHEUNG Kwok-che to the expert group for consideration. In response to Mr CHEUNG Kwok-che's enquiry on whether future regularization of the pilot scheme, if considered appropriate, would be implemented by FHB or the Labour and Welfare Bureau ("LWB"), SFH said that the Administration could consider whether it would be appropriate to regularize the pilot scheme through the \$10 billion endowment fund to HA for PPP initiatives.

Joint replacement surgeries

35. Mr YIU Si-wing asked whether the policy initiative of setting up the fifth joint replacement centre could meet the needs of the rapid ageing local population in this regard in the next decade. SFH advised that the initiative was aimed at shortening the growing waiting time for joint replacement surgeries. While it was difficult to estimate the relevant service demand in the next decade, the Administration would continue to monitor the service provision of the five joint replacement centres and the advancement in medical technology in this regard.

Services for children with developmental problems

36. Expressing support for the Administration's initiative to set up a new Child Assessment Centre ("CAC") to provide assessment and professional diagnosis for children with developmental problem, Dr KWOK Ka-ki asked how the service waiting time could be shortened with the enhancement in service capacity. DoH advised that, as it took time to set up a new CAC, the existing service of the CACs had been enhanced by the creation of a multi-disciplinary healthcare team including four Medical and Health Officers, four Clinical Psychologists and two Speech Therapists in the financial year of 2015-2016. It was expected that with the establishment and full-functioning of the new CAC, assessment for at least 90% of the newly referred cases would be completed within six months. Given the continuous increase in the number of newly referred cases, say, from 8 775 in 2013 to 9 494 in 2014, the aforesaid percentage had been dropped to nearly 70%. For children awaiting assessment, workshops and training were provided to parents of these children.

Action

37. Mr WONG Kwok-hing suggested that the new CAC could be set up at the vacated site located nearby the Siu Sai Wan Complex, as there were no CACs on the Hong Kong Island at present. SFH took note of the suggestion and advised that the current plan was to find a site on the Hong Kong Island to set up the new CAC.

38. Dr KWOK Ka-ki expressed concern about the long waiting time of the assessed cases for child and adolescent psychiatric services at HA for assessment and treatment, which, to his understanding, might be as long as two years for some cases. He sought information about when the Review Committee on Mental Health would complete its review.

39. SFH advised that for pre-school children who were assessed as having special needs, SWD had launched a Pilot Scheme on On-site Pre-School Rehabilitation Services through the Lotteries Fund in late 2015. Under the Pilot Scheme, multi-disciplinary service teams from NGOs would offer outreaching services to participating kindergartens and kindergarten-cum-child care centres to provide early intervention to children who were on the waiting list for SWD-subsented pre-school rehabilitation services. SFH further advised that it was expected that the review on mental health would be completed in 2016. D(CS), HA supplemented that HA had strengthened the manpower for child and adolescent psychiatric services in 2015-2016 by recruiting additional doctor, nurses, clinical psychologist and other allied health professionals for the KE Cluster. Efforts would continue be made in this regard in the coming financial years. In the light of the preliminary recommendations of the Review Committee, HA would strengthen its collaboration with the welfare and the education sectors with a view to enhancing the support to parents and schools concerned. In addition, HA was exploring whether more paediatricians could be involved in the provision of secondary care services for children in need, whereas the psychiatric teams would mainly provide the tertiary specialist services.

Long-term care

40. Citing the lack of day and residential places for children with severe disabilities as an example, Dr Fernando CHEUNG urged for enhanced collaboration between FHB and LWB in the provision of long-term care for the elderly, persons with disabilities and the chronically ill.

41. SFH advised that efforts had been and would continuously be made by FHB and LWB to enhance medical-social collaboration. Cases in point including the proposal to launch, through CCF, a pilot scheme to provide dementia care services to elders with mild or mild to moderate dementia in the community through DECCs; and the plan to set up a sick bay in new

Action

residential care homes for the elderly in the future to reduce the residents' need for admission. As regards the supply of subvented day and residential places for persons with disabilities, LWB would develop an Integrated Rehabilitation Services Complex at the site of the ex-Siu Lam Hospital.

Chinese medicine

42. Mr YIU Si-wing noted that each of the 18 Chinese Medicine Centres for Training and Research established by the Government was only required to employ at least 12 junior Chinese medicine practitioners ("CMPs") or CMP trainees. He was concerned about the employment opportunities for the 80-odd graduates from local Chinese medicine degree programmes and 200 to 400 graduates from Chinese medicine degree programmes in the Mainland who would return to Hong Kong each year, and the long-term development of Chinese medicine in Hong Kong.

43. SFH advised that the Government had all along been committed to promoting the development of Chinese medicine in Hong Kong. For instance, the development of the Chinese medicine hospital at the reserved site in Tseung Kwan O would, among others, serve as a platform for training and professional development of CMPs. The establishment of a testing centre for Chinese medicines with a view to setting reference standards for the safety, quality and testing methods of Chinese medicines would help to enable more local laboratories to build up their technical capability for Chinese medicines testing. In addition, the Chinese Medicine Practice Subcommittee formed under the Chinese Medicine Development Committee had started discussing the development of specialization for Chinese medicine practice.

VI. Any other business

44. There being no other business, the meeting ended at 6:37 pm.