



中華人民共和國香港特別行政區政府總部醫務衛生局
Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

Our Ref.: HHB CR 1/3912/23
Your Ref.:

Tel. No: 3509 8684
Fax No.: 2840 0467

29 March 2023

Mr Colin CHUI
Clerk to Panel
Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Mr CHUI,

**Legislative Council Panel on Health Services
Follow-up Actions Relating to the Development of Chinese Medicine**

With reference to the follow-up actions relating to the development of Chinese medicine as set out in LC Paper No. CB(4)169/2023(02), the supplementary information is provided as follows –

As regards item 1 of the list of follow-up actions, the Government's response was provided in the reply issued by the then Food and Health Bureau on 7 November 2019 (i.e. LC Paper No. CB(2)167/19-20(01)), and the aforementioned reply is at Annex 1.

As for item 9 of the list of follow-up actions, information in relation to the employment requirements of the post of the Commissioner for Chinese Medicine Development was provided in Enclosure 2 of the relevant discussion paper for the Establishment Subcommittee issued on 8 March 2023 (i.e. EC(2022-23)22), and the aforementioned paper is at Annex 2.

Yours sincerely,

(Dominic Ho)
for Secretary for Health



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

Our Ref. :
Your Ref. : CB2/PL/HS

Tel : 3509 8940
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11 November 2019

Ms Maisie LAM
Clerk to Panel on Health Services
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Road
Central
Hong Kong

Dear Ms LAM,

Panel on Health Services
Follow-up to policy briefing on 21 October 2019

Thank you for your letter dated 22 October 2019. In consultation with the Security Bureau, the Department of Health (DH) and the Hospital Authority (HA), our consolidated reply is provided below.

Primary Healthcare Services

2. Hong Kong has a twin-track healthcare system, with the public sector being the cornerstone providing the safety net for all. According to Hong Kong's Domestic Health Accounts¹, the Government's current health expenditure on curative care and preventive care was \$52.8 billion and \$4.2 billion respectively in 2017/18, accounting for 68% and 5% of the Government's current total health expenditure (\$77.7 billion).

¹ The figures are compiled in accordance with the international standards given in *A System of Health Accounts 2011* published collaboratively by the Organisation for Economic Co-operation and Development, Eurostat and World Health Organization.

3. Based on preliminary estimates, the Government's current health expenditure on curative care increased to \$58.1 billion in 2018/19 and \$63.9 billion in 2019/20, whereas expenditure on preventive care increased to \$4.7 billion and \$5.7 billion respectively in these two years.

4. Public health expenditure has increased continuously for the past 10 years. Promoting primary healthcare services, strengthening disease prevention and control, and enhancing the existing public healthcare services have been our major policy directions. We will prepare the appropriate budget each year according to the situation and do not have figures for the next 5 or 10 years.

5. As announced in the Chief Executive's Policy Address 2017, the Food and Health Bureau (FHB) has established the Steering Committee on Primary Healthcare Development in November 2017 with a view to comprehensively review the existing planning of primary healthcare services and develop a blueprint for the sustainable development of primary healthcare services for Hong Kong. The FHB has also set up the Primary Healthcare Office in March 2019 to oversee and steer the development of primary healthcare services at the bureau level.

6. As regards the development of District Health Centres (DHCs), the first-ever DHC has commenced operation in September 2019. The setting up of DHC is a key step in a bid to shift the emphasis of the present healthcare system and people's mindset from treatment-oriented to prevention-focused. We will endeavour to establish DHCs in six more districts and to fund non-governmental organisations to set up interim "DHC Express" of smaller scale in the remaining districts within the term of the current government to provide health promotion, consultation and chronic disease care services so as to lay the foundation for a prevention-focused primary healthcare system.

7. We shall continue to plan ahead on matters regarding the long term development of primary healthcare, including planning of manpower and infrastructure, evaluation of DHC's service emphasis and interfacing of primary healthcare services, with a view to developing a blueprint for the sustainable development of primary healthcare in Hong Kong.

Tear Gas

8. Tear gas is a crowd dispersal equipment through which a safe distance with the crowd is created and direct clashes reduced, thereby conducting dispersal. The components of tear gas may contain different chemicals. In general, post-exposure symptoms to tear gas include stinging and burning sensation to eyes and other mucous membranes, tearing, salivation, runny nose, tight chest, headache, nausea, burning sensation of skin, and erythema of skin. These symptoms will usually disappear in a short time after exposure ends. The public should leave the area with tear gas smoke immediately. Skin exposed to tear gas should be washed thoroughly with water and soap and contaminated clothing should be changed. Eyes with discomfort should be irrigated with large amount of water or saline. For persons who are in an indoor environment when tear gas is being released nearby, they should close all doors and windows, turn off the air conditioner, and could seal the gaps over the doors and windows with wet towels. To our understanding, tear gas is basically suspended particulates. Upon firing, most of the suspended particulates will be dispersed and carried away by the wind. Even if a trace amount of particulates remain, the effect is very limited and may simply be washed off.

9. Health effects of tear gas depend on a number of factors such as the specific chemical composition of the tear gas, duration and dose of exposure, exposure route, health conditions of the individuals and the physical environment during exposure. Individuals who had been exposed to tear gas with persistent symptoms should promptly consult healthcare professionals.

Development of Chinese Medicine

Remuneration Package for Employees of Chinese Medicine Centres for Training and Research

10. To promote the development of “evidence-based” Chinese medicine (CM) and provide training placements for graduates of local undergraduate programmes in Chinese medicine, a Chinese Medicine Centre for Training and Research (CMCTR) has been set up in each of the 18 districts. These CMCTRs operate under a tripartite collaboration model involving the HA, non-governmental organisations (NGOs) and local universities offering undergraduate programmes in CM (i.e. the Hong Kong Baptist University, the Chinese University of Hong Kong and the University of Hong Kong). The

NGOs are responsible for the running and day-to-day operation of the CMCTRs² (operators). As at 31 December 2018, there were a total of 403 Chinese medicine practitioners (CMPs) of various ranks employed by the CMCTRs (256 of them were graduates of local undergraduate programmes in CM) accounting for about 4% of the CMPs in Hong Kong.

11. All staff working at the 18 CMCTRs (including CMPs of various ranks and other supporting staff) are employees of the NGOs operating the CMCTRs. Their remuneration is determined by the operators concerned. The Government has, from time to time, reviewed the remuneration packages of staff employed in the CMCTRs. At the latest review in December 2018, additional recurrent resources were allocated to increase the salaries of staff at all levels, whereby the monthly salaries of CMPs who have practised for four to nine years were increased to not less than \$35,000, and those of CMP trainees (i.e., CMPs who have practised for less than three years) were increased by 10% to not less than \$22,000. The salaries of senior CMPs and supporting staff at various levels were raised by 5% at the same time. The Government announced in the 2018 Policy Address that CM would be incorporated into part of Hong Kong's health care system. In this connection, the Government will further increase the recurrent subvention for providing subsidised CM out-patient services through the CMCTRs. The remuneration packages and promotion opportunities for CMCTR staff will also be kept under review, with a view to further enhancing their career prospects and promoting the development of CM (including to tie in with the new CM hospital) in Hong Kong.

Medical services provided to persons in custody by the Correctional Services Department

12. The Correctional Services Department (CSD) is committed to providing a secure, safe, humane, decent and healthy custodial environment for persons in custody (PICs). As far as the health of PICs is concerned, the CSD ensures that necessary and appropriate medical services are provided to all PICs in accordance with the Prison Rules (Cap. 234A) so that they can receive optimal care. Every correctional institution has a hospital or sick bay where medical

² Under the tripartite collaboration model, the HA selects suitable NGOs to run the CMCTRs through tendering exercises, and regulates their operation by contract. The NGOs are responsible for running the CMCTRs and their day-to-day operation, supporting relevant scientific research projects, and providing "evidence-based" training for CMPs of the CMCTRs in accordance with the contract terms, while the universities are responsible for providing research and academic support for the NGOs. Apart from receiving funding support from the Government, the CMCTRs also operate through providing fee-charging services.

services are provided to PICs by Medical Officers seconded from the DH and correctional staff with professional nursing qualifications. According to Rule 143 of the Prison Rules, the Medical Officer of a correctional institution shall have the medical charge and shall be responsible for the treatment when sick of all the prisoners in a prison. Therefore, the Medical Officer assumes full responsibility of the treatment of all PICs when sick. He must make professional judgment and assumes responsibility for his judgment, including legal responsibilities. Thus, when considered necessary, he will refer sick PICs to receive medical services under Hong Kong's public healthcare system, including accident and emergency services, specialist out-patient and in-patient services provided by the HA, as well as medical examinations and treatments provided by specialist clinics under the DH. At present, CM services are not part of the regular services of the HA and the DH. Seconded Medical Officers of correctional institutions will not refer PICs to receive private medical services, including CM services.

Yours sincerely,



(Mr Ricky WU)

for Secretary for Food and Health

c.c. Department of Health

(Attn. : Assistant Director of Health (Chinese Medicine))

Hospital Authority

(Attn. : Chief, Chinese Medicine Department)

Security Bureau

(Attn. : AS (Security) B1)

For discussion
on 15 March 2023

EC(2022-23)22

ITEM FOR ESTABLISHMENT SUBCOMMITTEE OF FINANCE COMMITTEE

**HEAD 140 – GOVERNMENT SECRETARIAT :
HEALTH BUREAU
Subhead 000 Operational expenses**

Members are invited to recommend to the Finance Committee the creation of the following in the Health Bureau with effect from 1 April 2023 or upon approval of the Finance Committee (whichever is later) –

A new one-rank grade and 1 permanent post/non-civil service position of Commissioner for Chinese Medicine Development
(D2) (\$183,850 - \$200,950)

PROBLEM

We need a dedicated directorate officer to lead the Chinese Medicine Unit (CMU) of the Health Bureau (HHB) to promote in a focused manner the development of Chinese medicine (CM) in Hong Kong on all fronts and strengthen the co-ordination of CM-related tasks at the professional and policy levels.

PROPOSAL

2. We propose to create a new one-rank grade and one permanent post of the Commissioner for Chinese Medicine Development (C for CMD) with effect from 1 April 2023 or upon approval of the Finance Committee (whichever is later), to be filled by a non-civil servant or a civil servant (irrespective of grades).

/JUSTIFICATION

JUSTIFICATION

3. CM has all along been an integral part of Hong Kong's healthcare system. Established under the then Food and Health Bureau in 2018, the CMU co-ordinates and promotes the development of CM in Hong Kong at the policy level. Over the past four years or so, the CMU has taken forward initiatives in various aspects in collaboration with the Hospital Authority (HA) and stakeholders in the CM sector. The CMU is currently headed by the Principal Assistant Secretary for Health 7/Head (CMU)¹, which is a five-year supernumerary post to lapse on 1 April 2023. To further promote the development of CM in Hong Kong on all fronts, as announced in the Chief Executive's 2022 Policy Address, the Government will strengthen the functions of the CMU of the HHB. In particular, in order to demonstrate the Government's commitment to promoting the long-term development of CM in Hong Kong, having reviewed the existing structure of the CMU, we consider it necessary to create a new one-rank grade and a permanent directorate post/non-civil service position. To this end, we propose to convert the post of Head (CMU) into a dedicated post of C for CMD to be created from 2023-24. The C for CMD will be tasked with leading the CMU in a dedicated and focused manner in promoting the development of CM in Hong Kong and strengthening the co-ordination of CM-related tasks at the professional and policy levels. In addition, the number of other non-directorate supporting staff in the CMU will be increased correspondingly.

Further Expansion of the Scope of Work and Responsibilities of the CMU

4. Under the leadership of the C for CMD, in addition to handling routine policy matters relating to the development of CM, the CMU will take forward initiatives on numerous fronts in phases, including –

- (a) jointly formulating with the CM sector a blueprint for the overall development of CM that will set short-, medium- and long-term objectives and put forward recommendations for the overall development and long-term planning of CM in Hong Kong. To this end, the CMU will engage various stakeholders in the CM sector through extensively collecting their views, conducting focused discussions on individual topics and exploring practical options, reviewing the current situation and legislation, etc. Depending on the discussion with the CM drug sector, the blueprint will cover a wide range of topics such as the positioning and strategies for the development of CM, professional development and training of CM personnel, development of CM services, development of the CM

/sector,

¹ In addition to routine policy matters relating to the development of CM, the officer currently oversees policy matters on oral health.

sector, CM-related research, publicity and literacy enhancement, application of technology and collaboration with the Guangdong-Hong Kong-Macao Greater Bay Area (GBA), the Mainland and the international community;

- (b) increasing the annual quota of government-subsidised CM out-patient services provided at the 18 Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) to 800 000 so as to further enhance the role of CM in primary healthcare services;
- (c) regularising and expanding integrated Chinese-Western medicine (ICWM) services, including increasing the numbers of participating hospitals and selected disease areas and further exploring the possibility of developing new “cancer care” ICWM services to bring the advantages of CM and ICWM into full play in supporting cancer patients of different stages;
- (d) further enhancing the implementation of the Chinese Medicine Development Fund (CMDf), including commissioning large-scale training, publicity and research projects on strategic themes, taking forward more industry capability building initiatives, streamlining the approval process, enhancing the funding schemes and expanding the target beneficiaries, with a view to providing more effective and appropriate support to the CM sector and enabling the CMDf to play a more active role in achieving the objective of promoting the long-term development of CM;
- (e) exploring with the CM sector to roll out relevant initiatives to promote the professional development of Chinese medicine practitioners (CMPs) and CM drug professionals as well as the development of training and research development in CM;
- (f) strengthening education and promotion on CM among the public to further enhance their understanding of CM with a view to encouraging wider use of CM;
- (g) deepening Hong Kong’s collaboration in CM with the Mainland, the GBA and the international community in areas such as talent nurturing, research, exchange, industry and market development of the CM sector and the CM drug trade to actively integrate into the national development of CM, fully utilising Hong Kong’s important role as the country’s window to the international markets for bringing the city’s advantages into full play in promoting the modernisation and internationalisation of CM; and

/(h)

- (h) pursuing on an ongoing basis the establishment of two flagship institutions, namely the Chinese Medicine Hospital (CMH) and the Government Chinese Medicines Testing Institute (GCMTI).

Need to Create a New One Rank Grade and a Permanent Directorate Post/ Non-Civil Service Position of the Commissioner for Chinese Medicine Development

5. As stated in paragraph 3 above, the Government plans to strengthen the functions and establishment of the CMU from 2023-24 onwards in order to take forward various policy initiatives as mentioned in paragraph 4 above. Considering that CM is an integral part of Hong Kong's healthcare system, and the issues involved in the policy portfolio of the development of CM are highly complex, upon the lapse of the existing supernumerary post of Principal Assistant Secretary for Health 7/Head (CMU) on 1 April 2023, we consider it necessary for the CMU to be led by an officer in a permanent directorate post (i.e. the post of C for CMD proposed to be created) in a dedicated manner. We need to take forward a number of policy initiatives that have profound impact on the long-term development of CM, in particular formulating strategies and long-term planning of the overall development of CM in Hong Kong, exploring ways to give full play to the advantages and functions of CM in the healthcare system (including primary healthcare services, development of CM in-patient services, ICWM services, etc.), and it would be necessary to balance all relevant factors in formulating various strategic planning initiatives. In addition, as the policy portfolio of the development of CM involves various stakeholders, including different government bureaux and departments, over 100 relevant associations/organisations in the CM sector, CMPs and CM drug traders, universities, research institutions, other healthcare professional associations/organisations, etc., the C for CMD, as a directorate officer, would effectively facilitate the participation of these stakeholders in taking forward various initiatives to promote the development of CM in concerted efforts.

6. The C for CMD will take a steering role in taking forward the aforementioned tasks, including formulating a blueprint for the overall development of CM, reviewing existing CM-related legislation/regulations, and exploring the promotion of the professional development of CMPs and CM drug personnel. The CMU, under the leadership of a directorate officer, will foster and assist the CM sector to reach consensus on controversial development issues as well as formulate and implement feasible options, through extensive and in-depth stakeholder engagement activities and liaison work. To further enhance the role of CM in Hong Kong's healthcare system, the C for CMD will also promote mutual understanding and inter-disciplinary collaboration between the CM sector and other healthcare professionals.

7. The C for CMD will also be responsible for overseeing policy matters relating to the flagship CM institutions (namely the CMH and the GCMTI) and the CMDF (a policy tool to provide financial support to the CM sector in different areas). On the service development front, the C for CMD will be responsible for overseeing the development of government-subsidised CM services (including those provided through CMCTRs and the ICWM Programme), and promote wider use of information technology in the CM sector. In taking forward the aforementioned tasks, the C for CMD will need to maintain close liaison with stakeholders in the CM sector, the HA, and relevant offices, departments and organisations within and outside the Government.

8. In addition, the C for CMD will play an instrumental role in promoting CM, including through public education and publicity activities to accelerate popularisation of CM, and representing Hong Kong in maintaining close liaison with the Mainland (including the GBA) and international CM counterparts in fostering measures promoting mutual co-operation, trade facilitation and industry development, with a view to promoting the further development of the local CM sector in markets outside Hong Kong. The C for CMD, as a directorate officer, will lead the discussion with relevant regions/parties for formulating the co-operation framework and implementing relevant initiatives, and will also represent the Government to participate in CM-related events, seminars and conferences held locally and internationally to tell the good stories of Hong Kong and further promote the achievements of the local CM sector.

9. To this end, we propose to create a new one-rank grade and one permanent directorate post/non-civil service position of the C for CMD, to be filled by a non-civil servant or a civil servant (irrespective of grades), at the rank equivalent to D2, to head the CMU. Given the scope and complexity of the C for CMD's responsibilities as mentioned above, and the experience of the CMU being headed by an Administrative Officer Staff Grade C (at D2 level) over the past years, we consider it appropriate for the post of C for CMD to be pitched at the D2 level. The C for CMD will be responsible to the Deputy Secretary for Health 2 on policy matters relating to the development of CM in Hong Kong, and will oversee the operation and work of the CMU. We are inclined to fill the post of C for CMD by recruiting an officer from outside of the Government with CM-related academic or other qualifications, CM-related work experience, extensive network in the CM sector, and experience in administration and management, and have drawn up the tentative entry requirements on the aforesaid basis. Subject to the identification of a sufficient number of suitable candidates who fully meet the above criteria, the specific entry requirements for external recruitment will be adjusted as appropriate to ensure a competitive selection process.

Encl. 1 10. The proposed job description of C for CMD is at Enclosure 1 and the
 Encl. 2 tentative entry requirements for the post are at Enclosure 2. The organisation chart
 Encl. 3 of the CMU upon the creation of the proposed C for CMD post is at Enclosure 3. With effect from the 2023-24 financial year, we will also strengthen the manpower of the CMU, with the proposed C for CMD supported by eight officers in non-directorate civil service posts². In view of the complexity of the policy portfolio of the development of CM, we also plan to engage non-civil service contract (NCSC)³ staff with professional background, expertise and connections in the areas of CM practice, CM drugs, public education and publicity, professional education and academic research, etc. to support the work of the CMU.

ALTERNATIVES CONSIDERED

Encl. 4 11. We have critically examined whether there is scope for internal redeployment of relevant staff at D2 level for discharging the duties of the C for CMD. Having regard to the routine duties and workload of the existing directorate officers in the HHB, we consider it not operationally feasible for these officers to absorb and share other duties without affecting the quality of their work as all of them are fully engaged in their respective duties (see Enclosure 4 for details), not to mention focus on taking forward tasks for the long-term development of CM in Hong Kong.

FINANCIAL IMPLICATIONS

12. The proposed creation of the C for CMD post will require an additional notional annual salary cost at mid-point of \$2,340,600 and an additional full annual average staff cost, including salaries and staff on-cost, of about \$3,226,896. In addition, the seven non-directorate permanent civil service posts and the one time-limited non-directorate civil service post as mentioned in paragraph 10 above will require an additional notional annual mid-point salary cost of \$7,556,820 and the full annual average staff cost, including salaries and staff on-cost, is about \$10,761,912. The HHB will earmark sufficient provision in the Estimates of the relevant financial years to meet the cost of the proposal.

/PUBLIC

² Including seven non-directorate permanent civil service posts (one Chief Executive Officer (CEO), two Senior Executive Officers (SEOs), one Executive Officer (EO) I, one EOII, one Personal Secretary I, and one Assistant Clerical Officer) and one three-year time-limited non-directorate civil service post (one Senior Administrative Officer).

³ Posts include Assistant Chinese Medicine Officer (EOII-equivalent), Chinese Medicine Officer (EOI-equivalent), Senior Chinese Medicine Officer (SEO-equivalent), Consultant Chinese Medicine Practitioner and Consultant Chinese Medicine Officer (CEO-equivalent).

PUBLIC CONSULTATION

13. We consulted the Legislative Council Panel on Health Services on the proposal on 10 February 2023. Members supported the submission of the proposal to the Establishment Subcommittee for consideration and considered that the C for CMD should possess CM professional background. Members requested the Government to provide the entry requirements of the C for CMD when submitting the proposal to the Establishment Subcommittee. The relevant information is at Enclosure 2.

ESTABLISHMENT CHANGES

14. The establishment changes of the civil service posts under Head 140 in the past two years are as follows –

Establishment (Note)	Number of posts			
	Existing (as at 1 March 2023)	As at 1 April 2022	As at 1 April 2021	As at 1 April 2020
A [@]	14 + (1) [#]	12 + (1)	12 + (1)	12 + (1)
B	81	78	74	65
C	135	118	118	108
Total	230 + (1)	208 + (1)	204 + (1)	185 + (1)

Note –

A - ranks in the directorate pay scale or equivalent

B - non-directorate ranks, the maximum pay point of which is above MPS Point 33 or equivalent

C - non-directorate ranks, the maximum pay point of which is at or below MPS Point 33 or equivalent

() - number of supernumerary directorate posts endorsed by the Finance Committee

@ - not including supernumerary posts created under delegated authority

- as at 1 March 2023, there were two unfilled directorate posts in the HHB

CIVIL SERVICE BUREAU COMMENTS

15. The Civil Service Bureau supports the proposal of creating a new one-rank grade and 1 permanent post/non-civil service position of C for CMD to be pitched at D2 level. The grading and ranking of the proposed post are considered appropriate having regard to the level and scope of responsibilities.

/ADVICE

ADVICE OF THE STANDING COMMITTEE ON DIRECTORATE SALARIES AND CONDITIONS OF SERVICE

16. The Standing Committee on Directorate Salaries and Conditions of Service has advised that the grading proposed for the C for CMD would be appropriate.

Health Bureau
March 2023

**Proposed Job Description of
Commissioner for Chinese Medicine Development**

- Post title** : Commissioner for Chinese Medicine Development
- Rank** : Commissioner for Chinese Medicine Development (D2)/
D2-equivalent non-civil service position
- Responsible to** : Deputy Secretary for Health 2
(Administrative Officer Staff Grade B)

Main Duties and Responsibilities –

1. To oversee policy matters on the overall development of Chinese Medicine (CM) in Hong Kong, including the positioning of CM in the healthcare system and the overarching CM development strategies;
2. To oversee policy matters in relation to the legislative framework on CM, the regulation and professional development of CM practitioners, CM traders and related personnel, and the inter-disciplinary collaboration between different healthcare professionals;
3. To oversee policy matters in relation to the development of education, training and scientific research in CM;
4. To oversee policy matters in relation to service development, including government-subsidised CM services (including those provided through the Chinese Medicine Clinics cum Training and Research Centres and Integrated Chinese-Western Medicine Programme) and the use of information technology by CM sector;
5. To oversee policy matters in relation to the development of the Chinese Medicine Hospital and the Government Chinese Medicines Testing Institute;
6. To oversee policy matters in relation to trade facilitation measures in CM, and matters in relation to the implementation and enhancement of the Chinese Medicine Development Fund;
7. To oversee the implementation of public education and publicity strategies for promoting CM; and

8. To maintain close liaison with the local, Mainland (including the Greater Bay Area) and international CM sector in taking forward co-operation initiatives in CM with a view to promoting the further development of Hong Kong's CM sector in markets outside Hong Kong.

**Tentative Entry Requirements of
Commissioner for Chinese Medicine Development**

The applicants of the post should possess the following criteria –

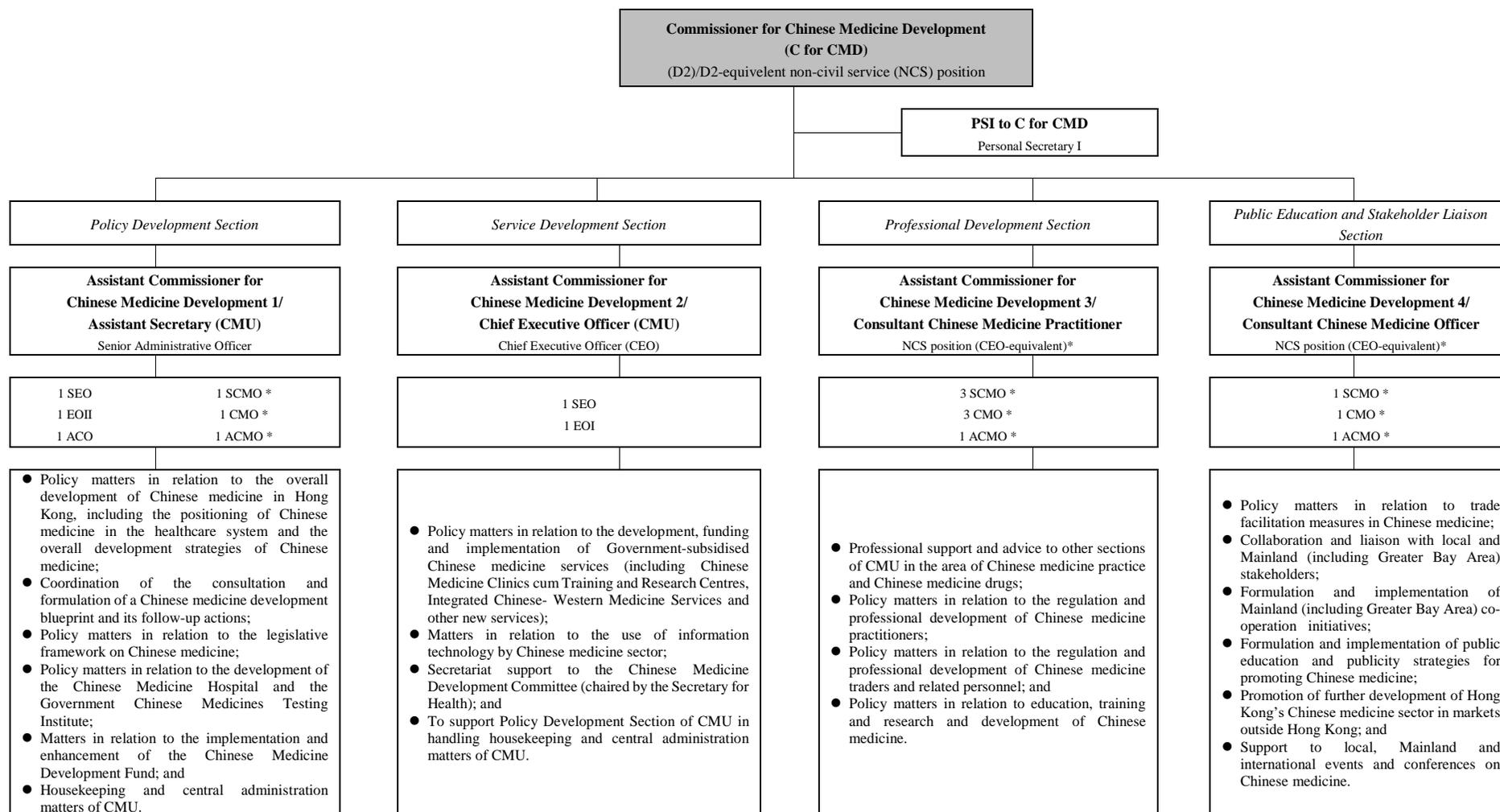
- | | |
|---|---|
| <i>Basic Requirements</i> | (1) The candidate must be a permanent resident of the Hong Kong Special Administrative Region at the time of appointment; |
| | (2) A pass result in the Basic Law and National Security Law Test; |
| <i>Academic and Professional Qualifications</i> | (3) A Bachelor or post-graduate degree from a university in Hong Kong or equivalent; |
| | (4) Academic or professional qualification related to Chinese medicine (CM), such as being a registered Chinese medicine practitioner with the Chinese Medicine Council of Hong Kong; |
| <i>Work Experience</i> | (5) At least 12 years of professional, administrative and/or management experience related to CM, such as clinical practice, pharmaceutical management, administration, research, teaching, etc.; |
| <i>Other Competencies and Skills</i> | (6) Familiarity with the dynamics of the local CM sector, and national and local policies on the development of CM; familiarity with the public administration and policy making process in Hong Kong and having prior experience in dealing or working with the CM sector and/or promoting CM would be an advantage; |
| | (7) Strong ability in liaison and co-operation with the CM sector as well as government departments and related organisations; interpersonal network in the CM sector and experience in dealing with Mainland and/or international authorities and/or organisations would be an advantage; |

/(8)

*Language
Requirements*

- (8) Excellent leadership, analytical, presentation, communication, organisational and staff management skills; and
- (9) Strong command of written English and written Chinese, and proficiency in Cantonese, Putonghua and spoken English.

Health Bureau (Chinese Medicine Unit) Proposed Organisation Chart



Note

Directorate post proposed to be created
* Non-civil service (NCS) position

Legend

ACMO	Assistant Chinese Medicine Officer	EO	Executive Officer
ACO	Assistant Clerical Officer	SCMO	Senior Chinese Medicine Officer
CMO	Chinese Medicine Officer	SEO	Senior Executive Officer

Health Bureau
Routine Duties and Responsibilities of Other Relevant Existing D2 Officers
(excluding temporary supernumerary posts)

Secretary for Health's Office

Administrative Assistant to Secretary for Health

1. Provision of administrative assistance for the Secretary for Health

Division 1

Principal Assistant Secretary for Health 1

1. Prevention and control of communicable and non-communicable diseases
2. Contingency planning and emergency response relating to communicable disease outbreak, including the infectious disease emergency response system and facilities development
3. Regulation of pharmaceutical products and related health claims, as well as undesirable medical advertisements
4. Clinical services provided by the Department of Health and its preventive care programme
5. Health related matters under the Mainland and Hong Kong Closer Economic Partnership Arrangement
6. Promotion of breastfeeding
7. Co-ordination of health advice on environmental issues
8. Co-ordination on issues related to the arrangement of obstetric services for eligible Mainland women giving birth in Hong Kong

Principal Assistant Secretary for Health 2

1. Statutory, administrative and contractual relationship with the Hospital Authority (HA) (including governance)
2. Resource allocation and budgetary control for the HA and monitoring of the HA's financial performance
3. Capital works of the HA, public hospital development programmes and plans, monitoring of the implementation of the first ten-year hospital development plan, and planning of the second ten-year hospital development plan

4. The HA's human resource management, manpower development plans, information technology (IT) development programme and other programme development
5. The HA's fees and charges
6. The HA's management of the Samaritan Fund
7. Complaints against the HA

Principal Assistant Secretary for Health 6

1. Development and implementation of the Electronic Health Record (eHR) Programme
2. Legal, privacy, security and IT issues relating to eHR sharing
3. Management of the eHR Office and the financial resources for the development and implementation of the eHR Programme
4. Engagement of the public, healthcare professionals and stakeholders in participation of the eHR Sharing System
5. Secretariat support to the Steering Committee on eHR Sharing and its Working Groups, as well as the eHR Programme Steering Committee
6. Use of IT and data for healthcare services
7. Health and medical research policies

Head (Voluntary Health Insurance Scheme)

1. Implementation and co-ordination of all operational aspects of the Voluntary Health Insurance Scheme (VHIS)
2. Regular review and update of complying requirements of the VHIS
3. Promoting of good business practices
4. Management of the VHIS Office

Division 2

Principal Assistant Secretary for Health 5

1. Policy matters relating to the development and promotion of primary healthcare
2. Anti-smoking and tobacco control policies and legislation
3. Policies on human reproductive technology
4. Policies on human organ transplant and donation
5. Policies on end-of-life care
6. Public-private-partnership initiatives on primary healthcare, including the Elderly Health Care Voucher Scheme

Division 3

Principal Assistant Secretary for Health 3

1. Policy matters relating to the regulation, manpower planning and professional development of healthcare professionals
2. Accredited Registers Scheme for Healthcare Professions
3. Task Force on Nursing Specialisation
4. Policy matters relating to mental health
5. Advisory Committee on Mental Health
6. Task Force on Dementia Community Support Scheme
7. Task Force on Student Mental Health Support Scheme
8. Mental Health Review Tribunal

Principal Assistant Secretary for Health 4

1. Development and implementation of the VHIS
2. Policies on the regulation of private healthcare facilities
3. Policies on the development of private hospitals in Hong Kong and the Greater Bay Area
4. Policies on the development of genomic medicine
5. Policies on the regulation of health products for advanced therapies
6. Policies on the regulation of medical devices and radiation
