

立法會
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Panel on Health Services

**Subcommittee on Issues Relating to the
Development of Chinese Medicine**

**Minutes of the third meeting
held on Monday, 4 May 2020, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex**

Members present : Hon CHAN Han-pan, BBS, JP (Chairman)
Hon CHAN Hoi-yan (Deputy Chairman)
Prof Hon Joseph LEE Kok-long, SBS, JP
Hon Mrs Regina IP LAU Suk yee, GBS, JP
Hon Alice MAK Mei-kuen, BBS, JP
Dr Hon KWOK Ka-ki
Dr Hon Helena WONG Pik-wan
Hon Elizabeth QUAT, BBS, JP
Hon SHIU Ka-fai, JP
Hon SHIU Ka-chun
Dr Hon Pierre CHAN

Public Officers attending : Items I to III

Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

Mr Howard CHAN Wai-kee, JP
Deputy Secretary for Food and Health (Health)¹
Food and Health Bureau

Dr CHEUNG Wai-lun, JP
Project Director (Chinese Medicine Hospital Project Office)
Food and Health Bureau

Ms Ellen CHAN Sheung-man
Principal Assistant Secretary for Food and
Health (Health) 7/Head (Chinese Medicine Unit)
Food and Health Bureau

Dr NG Chi-sun
Consultant Chinese Medicine Practitioner
Food and Health Bureau

Dr Christine WONG Wang
Assistant Director of Health (Chinese Medicine)
Department of Health

Mr Robert LAW Kwok-wai
Chief Pharmacist (Chinese Medicine)
Department of Health

Ms Rowena WONG
Chief (Chinese Medicine Department)
Hospital Authority

Ms Henny HUI Ling-wan
Manager (Chinese Medicine Integrative Medicine)
Hospital Authority

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

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

Miss Maggie CHIU
Legislative Assistant (2) 5

Action

- I. Anti-epidemic efforts and roles that may be performed by Chinese medicine practitioners in the handling of the COVID-19 epidemic**
[LC Paper No. CB(2)875/19-20(01)]

The Subcommittee deliberated (index of proceedings attached at **Annex**).

Action

2. At 4:44 pm, the Chairman ruled that the term "Wuhan pneumonia" used by Dr KWOK Ka-ki during discussion was an "unparliamentary" language as the World Health Organization ("WHO") had stated that the naming of new human infectious diseases should avoid causing offence to any regions. The disease Dr KWOK referred to had been officially named by WHO as "coronavirus disease 2019". Dr KWOK Ka-ki raised a point of order to the Chairman and remarked that "you are nuts" ("你傻的" in Chinese). The Chairman ruled that Dr KWOK's expression was offensive and requested Dr KWOK to withdraw that remark. Given that Dr KWOK refused to do so, the Chairman ordered Dr KWOK to withdraw from the meeting at 4:46 pm.

(Dr KWOK Ka-ki then left the conference room.)

II. Government-subsidised Chinese medicine outpatient services and Integrated Chinese-Western Medicine inpatient services
[LC Paper Nos. CB(2)875/19-20(02) and (03)]

3. The Subcommittee deliberated (index of proceedings attached at **Annex**).

III. Development of Chinese Medicine Hospital
[LC Paper Nos. CB(2)875/19-20(04) and (05)]

4. The Subcommittee deliberated (index of proceedings attached at **Annex**).

IV. Any other business

5. The Chairman informed members that according to its work plan, the Subcommittee had originally scheduled a meeting to receive views from deputations on the development of Chinese medicine in Hong Kong as well as a duty visit to better understand services provided by the Chinese Medicine Centres for Training and Research (which had been renamed as Chinese Medicine Clinics cum Centres for Training and Research starting from March 2020), the Integrated Chinese and Western Medicine inpatient services and the operation of temporary Government Chinese Medicines Testing Institute in February 2020. In view of the situation of coronavirus disease 2019 in Hong Kong, he had decided that the meeting and the visit should not be proceeded with as scheduled. He would decide whether re-arrangements would be made in this regard after having taken into account

Action

the development of the epidemic.

6. Members agreed to discuss "Regulatory regime for Chinese herbal medicines and proprietary Chinese medicines and development of the industry" and "Development of the Government Chinese Medicine Testing Institute" at the next meeting of the Subcommittee. The Chairman said that members would be informed of the meeting date and time in due course.

7. There being no other business, the meeting ended at 6:14 pm.

Council Business Division 2
Legislative Council Secretariat
23 October 2020

**Proceedings of the third meeting of the
Subcommittee on Issues Relating to the Development of Chinese Medicine
on Monday, 4 May 2020, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex**

Time marker	Speaker	Subject(s)/Discussion	Action required
<i>Agenda item I: Anti-epidemic efforts and roles that may be performed by Chinese medicine practitioners in the handling of the COVID-19 epidemic</i>			
000535 - 000618	Chairman	Opening remarks	
000619 - 000848	Chairman Admin	Briefing by the Administration on its efforts in facilitating the anti-epidemic role of Chinese medicine in the fight against coronavirus disease 2019 ("COVID-19") [LC Paper No. CB(2)875/19-20(01)].	
000849 - 002407	Chairman Mr SHIU Ka-chun Admin Dr KWOK Ka-ki Ms CHAN Hoi-yan	<p>Mr SHIU Ka-chun remarked that there was already a suggestion in 2003 among local academics and experts of the World Health Organization to use Chinese medicine to treat patients of severe acute respiratory syndrome ("SARS"). He asked why the Administration still considered it not an opportune time to engage Chinese medicine practitioners ("CMPs") in inpatient treatment of COVID-19 at this stage and did not make reference to the use of Integrated Chinese-Western medicine in the Mainland for treating COVID-19 patients.</p> <p>The Administration advised that in Hong Kong, the treatment of acute diseases in the public healthcare system was through Western medicine under strict medication and infection control protocols. Given that a lot was still unknown about COVID-19, the Hospital Authority ("HA") had devised the Western medicine treatment protocol based on the experience gained from SARS. Engaging CMPs in inpatient treatment would require not only detailed discussions and coordination among CMPs and Western medical practitioners, but also an understanding of the interactions between Chinese medicine and Western medicine and the safety of their integrated use. In the outpatient setting, HA had since 24 April 2020 implemented the Special Chinese Medicine Out-patient Programme ("the Programme") in Chinese Medicine Clinics cum Training and Research Centres ("CM Clinics") in phases to provide, among others, a maximum of 10 free Chinese medicine general consultations for discharged HA patients who had received COVID-19 treatment within six months from their discharge dates. Mr SHIU Ka-chun proposed to increase the number of free consultations provided to ensure full rehabilitation of the patients concerned.</p> <p>Dr KWOK Ka-ki considered that the running of the Programme should be centralized at one to two CM Clinics to facilitate medical research and asked about the referral mechanism for joining the Programme. The Administration advised that the patients concerned would be given a letter with information and enrollment details of the Programme upon their discharge. A hotline had also been set up to receive enquiries of the</p>	

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		<p>Programme.</p> <p>In response to Dr KWOK Ka-ki's enquiries about the ingredients of the two proprietary Chinese medicines ("pCm") presented by the National Administration of Traditional Chinese Medicine ("NATCM") (i.e. "Lianhua Qingwen Jiaonang" and "Huxiang Zhengqi Pian") and efficacy of these pCms as antiviral agents for COVID-19, the Administration advised that the relevant Mainland authorities had, after identifying the causes of the disease, recommended the inclusion of these two pCms in the treatment protocol based on Chinese medicine theories. Clinical observations showed that these two pCms were effective for the treatment of COVID-19. Specifically, it had been shown that "Lianhua Qingwen Jiaonang" could suppress viral replication.</p> <p>The Chairman's rulings on the term used by Dr KWOK Ka-ki to refer to the disease and an expression made by Dr KWOK Ka-ki directed to the Chairman.</p>	
002408 - 002851	Chairman Ms CHAN Hoi-yan Admin	<p>Referring to the projected manpower surplus of CMPs according to the Report of the Strategic Review on Healthcare Manpower Planning Professional Development promulgated by the Administration in 2017, Ms CHAN Hoi-yan called on the Administration and HA to tap on the capacity of CMPs to handle cases of non-acute diseases in the community setting through public-private partnership so that healthcare manpower of HA could focus on combating the COVID-19 epidemic, increase the annual amount of the Elderly Health Care Voucher, and facilitate the provision of mobile Chinese medicine services by non-governmental organizations ("NGOs").</p> <p>The Administration took note of the suggestions and advised that the provision of publicly-subsidized Chinese medicine outpatient services in the 18 CM Clinics since March 2020 had provided another consultation choice to members of the public.</p>	
002852 - 003444	Chairman Mr SHIU Ka-fai Admin	<p>Mr SHIU Ka-fai expressed appreciation for the presentation of the two pCms by NATCM.</p> <p>In response to Mr SHIU Ka-fai's enquiries, the Administration elaborated the details of the Programme as set out in LC Paper No. CB(2)875/19-20(01), and added that follow-up consultation would be provided to all discharged COVID-19 patients who would like to participate in this Programme. The situation whereby recovered discharged patients were retested positive was due to the prolonged viral ribonucleic acid shedding in the body of the patients. Current evidence did not support correlation of the prolonged shedding with infectivity.</p>	
003445 - 004847	Chairman Mrs Regina IP Admin	<p>Mrs Regina IP enquired about the ingredients and clinical efficacy of the two pCms presented by NATCM. The Chairman criticized that when comparing to the role of Chinese medicine in the treatment of SARS in 2003, the Administration had taken a step backward in the application of Chinese medicine to combat the pandemic of COVID-19. He was particularly concerned that the two pCms presented by NATCM</p>	

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		<p>had neither been provided for patients of COVID-19 in the clinical setting nor persons who were of higher risk of contracting COVID-19 and had to undergo compulsory quarantine in quarantine centres.</p> <p>The Administration reiterated the functions of the two pCms under traditional Chinese medicine theory. According to the Diagnosis and Treatment Protocols for Novel Coronavirus Pneumonia (Trial Version 7), "Huoxiang Zhengqi Pian" was recommended for use on COVID-19 patients with mild symptoms during medical observation. It emphasized the need to perform clinical care of COVID-19 cases in a prudent way as the clinical features of the disease remained incomplete at the early stage of the outbreak. To ensure the safety in the use of the two pCms presented by NATCM, the Administration had invited an alliance set up by industry associations of the Chinese medicine industry to distribute the two pCms and set up a hotline to handle enquiry in this regard.</p> <p>The Chairman criticized that the above arrangement might result in the two pCms being distributed to persons who just wanted them but not mostly in need of them. He maintained the view that the two pCms should be given to COVID-19 patients and persons under quarantine. The Administration could arrange CMPs to give advice to these persons on the safe use of the drug.</p>	
<i>Agenda item II: Government-subsidised Chinese medicine outpatient services and Integrated Chinese-Western Medicine inpatient services</i>			
004848 - 005128	Chairman Admin	Briefing by the Administration on the new publicly-subsidized Chinese medicine outpatient services in the 18 CM Clinics and the Integrated Chinese Western Medicine ("ICWM") inpatient services [LC Paper No. CB(2)875/19-20(02)].	
005129 - 010310	Chairman Mr SHIU Ka-fai Admin	<p>Mr SHIU Ka-fai's view that the monthly salaries of CMPs in the 18 CM Clinics in the financial year of 2019-2020, which were at the level of not less than \$35,000 for CMPs with more than three years' experience of clinical practice and not less than \$22,000 for CMP trainees with not more than three years' experience of clinical practice, were too low when comparing to the entry salary of Resident Trainee of HA.</p> <p>The Chairman's concern that the minimum monthly salaries of CMPs and CMP trainees in the 18 CM Clinics were only comparable to the respective salaries of registered nurses and kindergarten teachers. He considered that the Administration should raise the salary levels of CMPs at various ranks in the 18 CM Clinics in tandem with the introduction of the new publicly-subsidized Chinese medicine outpatient services by formulating a pay scale and conducting regular review in this regard. By so doing, a salary benchmark would be set for the private Chinese medicine sector and high caliber talents could be attracted to join the Chinese medicine profession.</p> <p>The Administration advised that CMPs working in the 18 CM Clinics were employees of the respective NGOs operating the</p>	

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		<p>Clinics and their terms of employment and remuneration packages were determined by the NGOs concerned. With the additional government funding for the NGOs, the salaries of CMPs at various ranks working in the CM Clinics had been increased in the past seven years. It should also be noted that a new training programme for CMP trainees, who spent about 80% of their working hours on receiving training during the first year of the programme, had also been launched in March 2020 to enhance their clinical ability and professional standard. As set out in LC Paper No. CB(2)875/19-20(02), the Administration would continue to devote more resources and review the remuneration packages for staff of the CM Clinics, with a view to further enhancing their career prospects and preparing for the development of the Chinese Medicine Hospital ("CMH").</p> <p>In response to Mr SHIU Ka-fai's enquiry about the publicity of the new publicly-subsidized Chinese medicine outpatient services, the Administration advised that publicity of the new services had been arranged through the 18 CM Clinics, District Councils and various online platforms. Promotion of the services would continue.</p>	
<i>Agenda item III: Development of Chinese Medicine Hospital</i>			
010311 - 010634	Chairman Admin	Briefing by the Administration on the work progress of the development of CMH [LC Paper No. CB(2)875/19-20(04)].	
010635 - 011541	Chairman Mr SHIU Ka-fai Admin	<p>In response to Mr SHIU Ka-fai and the Chairman's enquiries about the work progress for the development of CMH, the Administration advised that the experience of HA suggested that it took about 10 years to develop a new hospital. To shorten the period as far as practicable, the Administration had commenced work in relation to the design of CMH and the tendering exercise for identifying a non-profit making organization to operate CMH. As announced on 2 May 2020, the four prequalified tenderers that would be invited to join the next stage of the tender for the operation of CMH, which was tentatively scheduled to be issued in mid-2020, were the Hong Kong Baptist University, Pok Oi Hospital, Tung Wah Group of Hospitals and Yan Oi Tong Limited. The Administration planned to consult the Sai Kung District Council on the project in early May 2020. It was expected that subject to the COVID-19 epidemic development and the funding approval of the Finance Committee, the operator of CMH could be identified by end-2020 and CMH would commence operation in phases by end-2024 or early 2025.</p> <p>Mr SHIU Ka-fai was concerned about the operational model and financial arrangements of CMH to ensure that it could properly perform its functions in the delivery of hospital services and serve as a training and a clinical research platform. Expressing concern that CMH would not be incorporated into the public healthcare system, the Chairman asked about the role of the Administration in the running of CMH and the mechanism to be put in place to monitor the operation and service quality of CMH.</p>	

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		<p>The Administration advised that CMH would adopt a public-private partnership model whereby the Administration would build and set up CMH including equipping it with the necessary furniture, equipment and information technology systems; subsidize a combination of specified inpatient and outpatient services, which was expected to represent more than 50% of the total service volume of CMH; and provide recurrent funding for the above services as well as the approved training and research programmes on cost recovery basis. Such arrangement allowed flexibility for CMH to positively interact with the market so as to promote the development of Chinese medicine in Hong Kong. The Administration would monitor execution of the service deed and formulate from time to time policies on Chinese medicine development that the operator of CMH had to meet. The above apart, CMH would be subject to the regulation of the Private Healthcare Facilities Ordinance (Cap. 633).</p>	
011542 - 011729	Chairman Admin	<p>In response to the Chairman's enquiry about the collaboration between CMH and the 18 CM Clinics and the patient referral mechanism for CMH services, the Administration advised that a mechanism would be established between CMH and the 18 CM Clinics to facilitate referral of patients, knowledge and talents. Specific honorary appointment terms would also be developed to cater for CMH's engagement of experienced personnel practicing in the private sector. Referrals from Chinese medicine and Western medicine sectors in both the public and private healthcare systems would also be facilitated.</p>	
011730 - 012652	Chairman Prof Joseph LEE Admin	<p>The Chairman enquired about the training for nurses working in CMH. Prof Joseph LEE urged the Administration to leverage on expertise of those existing nursing professionals with training in Chinese medicine nursing provided in the form of a component in the registered nurse training programmes or a master nursing programme as well as nursing experience in HA.</p> <p>The Administration agreed that there was a pool of nursing talents with training in Chinese medicine nursing in the market. To cater for the special caring environment of CMH, the Chinese Medicine Development Fund ("CM Fund") would provide funding to organizations to design training components for incorporation into the existing nurse training programmes or introduce some advanced training programmes. Prof Joseph LEE remarked that he did not see why the existing nurse training programmes could not meet the need of CMH in this regard.</p>	
012653 - 013823	Chairman Dr Helena WONG Admin Prof Joseph LEE	<p>Dr Helena WONG said that the Democratic Party had all along supported the development of CMH. She asked whether the Administration had solicited views of CMPs, Chinese medicine pharmacists and personnel involved in decoction of Chinese medicine drugs on their training needs and devised any plans on Chinese medicine specialization and continuing professional development to cater for the establishment of CMH. Prof Joseph LEE called on the Administration to formulate a registration system for, and address issues relating to the career</p>	

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		<p>prospect of, Chinese medicine pharmacists.</p> <p>The Administration advised that:</p> <p>(a) under the CM Fund, the Chinese Medicine Industry Training Funding Scheme which was provided subsidy up to \$2,750,000 per project, covered activities such as training courses and workshops aimed at addressing the knowledge gap in the market in order to enhance standard of the Chinese medicine industry. The above apart, the Chinese Medicine Individual Training Scheme provided funding for CMPs and persons engaged in the Chinese medicine drug industry to attend eligible training programmes. Separately, the Administration would continue to liaise with the Mainland on the provision of clinical training for CMPs; and</p> <p>(b) a research project to study if a professional certification system of Chinese medicine pharmacists and persons engaged in the Chinese medicine drug industry ("the Research") should be set up and if so, the possible framework had been approved under CM Fund's Chinese Medicine Applied Studies and Research Funding Scheme. The Research would take a year or so to complete.</p>	
013824 - 014138	Chairman Dr Helena WONG Admin	<p>Dr Helena WONG's concern over the identification of heavy metal, pesticide residue and sulphur dioxide residue in imported Chinese herbal medicines available in the local market. The Chairman remarked that the regulatory regime for Chinese herbal medicines and pCms and development of the industry, and the development of Government Chinese Medicines Testing Institute were two subjects to be discussed by the Subcommittee.</p> <p>The Administration advised that to ensure public health and safety of Chinese medicine products, the Department of Health had been collecting samples of Chinese herbal medicines and pCms in the local market on a regular basis for testing. During the period of 2017 to 2019, the overall failing rates of the collected samples of Chinese herbal medicines and pCms were about 0.4% and 0.1% respectively.</p>	
014139 - 014456	Chairman Admin	<p>Pointing out that Chinese medicine pharmacists had long been calling for the introduction of a registration system for their profession, the Chairman asked how the Administration would take forward the findings and recommendation of the Research. In his view, the main purpose of CM Fund should be for providing funding support for the industry. The Administration should fund the relevant study by other sources.</p> <p>The Administration advised that the Research was relevant to the development of the Chinese medicine drug sectors. It assured members that it would consult the Chinese medicine industry in a timely manner such that the Administration might formulate the way forward in respect of such policies on the basis of the Research.</p>	

Time marker	Speaker	Subject(s)/Discussion	Action required
<i>Agenda item IV: Any other business</i>			
014457 - 014632	Chairman	Items for discussion at the next meeting Arrangements for the meeting with deputations and duty visit	

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