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Panel on Health Services

Subcommittee on Issues Relating to the Development of Chinese Medicine

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 4 May 2020**

**Government-subsidized Chinese medicine outpatient services and
Integrated Chinese-Western Medicine inpatient services**

Purpose

This paper provides background information and summarizes the concerns of members of the Panel on Health Services ("the Panel") and the two Subcommittees on Issues Relating to the Development of Chinese Medicine ("the Subcommittee") appointed by the Panel in the Fifth and Sixth Legislative Council ("LegCo") respectively on the Government-subsidized Chinese medicine outpatient services provided by the 18 Chinese Medicine Clinics cum Training and Research Centres (previously named as Chinese Medicine Centres for Training and Research ("CMCTRs")) and the Integrated Chinese-Western Medicine ("ICWM") inpatient services.

Background

Chinese Medicine Clinics cum Training and Research Centres

2. To promote the development of "evidence-based" Chinese medicine and provide training placements for graduates of local Chinese medicine undergraduate programmes, the Administration has set up one CMCTR in each of the 18 districts. Each CMCTR operates on a tripartite collaboration model involving the Hospital Authority ("HA"), a non-governmental organizations ("NGO") and a local university offering undergraduate programmes in Chinese

medicine¹. The NGOs concerned are responsible for the day-to-day clinic operation. Based on the information provided by the NGOs concerned, a total of 415 Chinese medicine practitioners ("CMPs") were employed at the 18 CMCTRs as at 31 December 2019.² The total number of attendances of the 18 CMCTRs was about 1.13 million in 2019. Starting from March 2020, these Centres have been renamed as Chinese Medicine Clinics cum Training and Research Centres to provide Government subsidized Chinese medicine services at district level, which consist of Chinese medicine general consultation and other Chinese medicine services covering acupuncture, bone-setting and tui-na, etc. In 2020-2021, the Government has earmarked \$227 million for HA for the operation of these Centres to provide Government subsidized service and CMP trainee programme, maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine herbs, development and provision of training in "evidence-based" Chinese medicine, enhancement and maintenance of the Chinese Medicine Information System and development of new Information Technology System.

Integrated Chinese-Western Medicine Pilot Programme

3. To gather experience regarding ICWM and operation of Chinese medicine inpatient services as recommended by the Chinese Medicine Development Committee, HA launched the Integrated Chinese-Western Medicine Pilot Programme ("ICWM Pilot Programme") in September 2014. Phase II and Phase III of the ICWM Pilot Programme were rolled out in December 2015 and April 2018 respectively. Under the current ICWM Pilot Programme, ICWM treatment covering inpatient services and Chinese medicine outpatient follow-up services for inpatients of four selected disease areas (namely stroke care, low back pain care, cancer palliative care and shoulder and neck pain care) is provided in seven public hospitals.³ Up to 31 December 2019, the number of patients enrolled in the pilot project for stroke care, musculoskeletal pain management (low back pain and shoulder and neck pain) and cancer palliative care were 607, 1 153 and 597 patients respectively, involving a total of 15 209, 2 767 and 6 229 inpatient bed-days.

¹ At present, there are three local universities offering Chinese medicine undergraduate programmes accredited by the Chinese Medicine Practitioners Board of the Chinese Medicine Council of Hong Kong, namely Hong Kong Baptist University, The Chinese University of Hong Kong and The University of Hong Kong. There are around 80 undergraduates enrolled each year.

² Of the 415 CMPs employed at the 18 Centres, 266 were graduates of local Chinese medicine degree programmes.

³ The seven public hospitals included Kwong Wah Hospital, Pamela Youde Nethersole Eastern Hospital, Prince of Wales Hospital, Princess Margaret Hospital, Tuen Mun Hospital, Tung Wah Hospital and Shatin Hospital.

Deliberations of the Panel and the Subcommittees

4. The provision of subsidized Chinese medicine outpatient services by CMCTRs and the ICWM inpatient services were discussed by the Panel at a number of meetings and by the Subcommittees. The Panel also received views of deputations on the above issues at three meetings held in 2014, 2017 and 2018. The deliberations and concerns of members are summarized in the following paragraphs.

Chinese Medicine Centres for Training and Research

Positioning and service scope

5. Members had long been concerned that the amount of subsidy provided by the Administration to support the operation of CMCTRs was on the low side and that the standard fee for the Chinese medicine general consultation services at CMCTRs was far higher than HA's general outpatient charge for Eligible Persons. In their views, this was not conducive to encouraging members of the public to use the Chinese medicine general consultation services. Given the increasing demand for Chinese medicine outpatient services from members of the public, members were of the view that the Administration should include the services provided by CMCTRs as part of the standard services of HA, or that CMCTRs should be run by the Government to demonstrate its commitment to promote the development of Chinese medicine and provide an additional healthcare choice for members of the public. The Panel passed a motion at its meeting on 19 May 2014 and two motions at its meeting on 30 April 2018 urging the Administration to, among others, incorporate the 18 CMCTRs into the public healthcare system to provide them with recurrent funding.

6. The Administration advised that while the services of CMCTRs did not form part of the standard services of HA under the tripartite collaboration model, each CMCTR was required to set aside at least 20% of the attendance quota of the Chinese medicine general consultation service for recipients of Comprehensive Social Security Assistance, who could receive the service with fee waived. This apart, individual CMCTR run by NGO also provided discounts for different groups of people, such as the elderly. In the longer term, the dedicated Chinese Medicine Unit newly set up under the Food and Health Bureau ("FHB") in 2018 would, among others, hammer out the positioning of Chinese medicine service in the public healthcare system, enhance the existing tripartite collaboration model of CMCTRs, and review the remuneration package and promotion arrangements for staff members in CMCTRs.

7. Members were subsequently advised at the meeting of the Subcommittee on 20 January 2020 that following the announcement in the Chief Executive's 2018 Policy Address that Chinese medicine would be incorporated into the healthcare system in Hong Kong, CMCTRs would be transformed into Chinese medicine clinics at district level in March 2020 to provide an annual quota of 620 000 for subsidized Chinese medicine outpatient services which would include Chinese medicine general consultation as well as the newly added treatment-related acupuncture and tui-na services. The service fee would be \$120 per visit, including consultation fee and at least two doses of Chinese medicine drugs⁴. Noting that recipients of Comprehensive Social Security Assistance and the Higher Old Age Living Allowance who had reached 75 years old and above would be exempted from charges, members called on the Administration to lower the age requirement to 65 years old or above in order to benefit more elderly persons in need. The Administration advised that the age requirement was in line with that for the fee waiving mechanism of public hospitals. It would keep in view the implementation of the initiative to consider the way forward.

8. On members' view that the services provided by CMCTRs should be included in the scope of medical and dental benefits for civil service eligible persons, it was announced in the Chief Executive's 2019 Policy Address Supplement that the Administration would implement a pilot scheme to provide Chinese medicine services for civil service eligible persons as part of their medical benefits.

Training role of CMCTRs

9. There was a view that since CMCTRs were operated on a self-financing basis, its support in the promotion of the development of "evidence-based" Chinese medicine and the provision of training for CMPs was limited. Some members were of the view that the Administration should allocate more resources to enhance the role of CMCTRs in these two areas. They also expressed concern about the measures put in place to enhance the clinical professional standard of CMPs working at CMCTRs.

10. According to the Administration, HA had set up junior and senior scholarship scheme to encourage CMPs working at CMCTRs to attend courses offered by various Chinese medicine institutions in the Mainland. In addition,

⁴ A maximum of five doses of Chinese Medicine drugs would be prescribed for general consultation patients based on clinical judgement.

to equip CMPs with the relevant research knowledge and therapy technologies, HA had developed the training programmes in Chinese medicine for serving CMPs, such as training courses in modern western medicine; visiting scholar scheme under which Chinese medicine experts from Mainland institutions were invited to provide clinical teaching and experience sharing session; as well as the Chinese Medicine Research Practical Training Programme to equip CMPs with clinical research skills. In addition, HA also collaborated with CMCTRs and local universities to conduct systematic research programmes on Chinese medicine herbs and diseases. With the transformation of CMCTRs into Chinese medicine clinics in March 2020, a new three-year on-the-job training programme structured by a progressive training curriculum led by a senior CMP in the clinic would be launched for those CMP trainees working therein to comprehensively enhance their clinical ability and professional standard.

Remuneration package for CMPs serving in CMCTRs

11. Members noted that each CMCTR was required to employ at least two full-time equivalent of senior CMPs and 12 junior CMPs or CMP trainees. Fresh graduates of local full-time Chinese medicine undergraduate programmes who chose to apply for working and receiving training at CMCTRs would be employed as junior CMPs in the first year and as CMP trainees in the second and third years. The terms of employment and remuneration package of CMPs serving in CMCTRs were determined by NGOs and the annual adjustment to their pay levels would be based on market conditions. Members were gravely concerned about the low salary level of graduates of local full-time Chinese medicine undergraduate degree programmes so employed and the mechanism put in place by HA to monitor the salary levels and annual pay adjustments for these CMPs. The Panel passed a motion at its meeting on 19 May 2014 and two motions at its meeting on 30 April 2018 urging the Administration to, among others, set up an attractive pay scale and promotion ladder for CMPs and supporting staff working at CMCTRs.

12. According to the Administration, the operating NGOs selected by HA through tendering exercises were required to submit quarterly financial reports on the use of the annual subvention from HA covering the total personal emolument expenditure of CMCTRs. The service contract between the operating NGOs and HA also set out the minimum staffing requirements in terms of the number of CMPs. The governing board of each CMCTR comprised representatives from HA, NGOs and local universities to oversee the management and operation of CMCTRs, and to keep in view the remuneration package for CMPs. The Administration had, from time to time, reviewed the remuneration packages for staff employed by the 18 CMCTRs. Additional

recurrent resources had been allocated in December 2018 for the operating NGOs to increase the salaries of staff at all levels, whereby the monthly salaries of CMPs who had practised for four to nine years were increased to not less than \$35,000, and those of CMP trainees (i.e. CMPs who had 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 Administration would continue to review the remuneration packages and promotion opportunities for staff of CMCTRs to further enhance their career prospects.

13. Members remained concern about the discrepancy in the pay levels between CMPs working in CMCTRs and registered medical practitioners working in public hospitals⁵. At its meeting on 20 January 2020, the Subcommittee passed a motion urging the Administration to squarely address and recognize the professional status of CMPs in Hong Kong and expeditiously formulate salary structures and pay scales for various ranks of CMPs.

Implementation of the ICWM Pilot Programme

14. There was a view that given the effectiveness of Chinese medicine treatment for chronic and pain diseases which would become more prevalent in the ageing population, HA should expand the scope of its ICWM services to benefit more patients. Question was raised on the criteria for selecting the disease areas to be covered under the ICWM Pilot Programme. The Administration advised that those disease areas where there were clear inclusion and exclusion criteria, and where the treatment of Chinese medicine or the synergy effect generated by treatment of ICWM was effective with the support of scientific proof would be selected. This apart, a certain number of patients were anticipated for the selected disease areas. The Administration was exploring with HA on further development and expansion of services in terms of disease areas and scope of services taking into account the outcomes of the evaluation study on ICWM Pilot Programme by an external party, which was expected to be submitted to the Administration in the first quarter of 2019.

15. Members were concerned that participating patients had to pay a daily service fee for receiving ICWM treatments at HA and the standard consultation fee for each outpatient Chinese medicine visit at the relevant CMCTRs upon discharged from the hospital. In their view, such arrangement might instil the

⁵ Currently, the entry requirement for Resident of HA was having the qualification to be a registered medical practitioner in Hong Kong under the Medical Registration Ordinance (Cap. 161). The salary of Residents ranged from point 30 to 44B under the HA General Pay Scale.

willingness of patients to join the Pilot Programme. They requested the Administration to review the arrangement. At the meeting of the Panel on 21 October 2019 to receive briefing from SFH on the Chief Executive's 2019 Policy Address, members were advised that the Administration would increase subsidy to reduce the additional daily fee for ICWM inpatient services (on top of the \$100 to \$120 per day for hospital stay) from \$200 to \$120 per day to encourage more patient participation.

Relevant papers

16. A list of the relevant papers on the LegCo website is in the **Appendix**.

Council Business Division 2
Legislative Council Secretariat
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**Relevant papers on provision of
Government-subsidized Chinese medicine services**

Committee	Date of meeting	Paper
Panel on Health Services	21.1.2013 (Item IV)	Agenda Minutes
	18.3.2013 (Item IV)	Agenda Minutes
	20.1.2014 (Item III)	Agenda Minutes
	17.3.2014 (Item IV)	Agenda Minutes CB(2)1798/13-14(01)
	19.5.2014 (Item IV)	Agenda Minutes
	19.1.2015 (Item III)	Agenda Minutes
Subcommittee on Issues Relating to the Development of the Chinese Medicine in the Fifth Legislative Council	2.2.2016 *	Report
Panel on Health Services	26.1.2017 (Item I)	Agenda Minutes
	16.10.2017 (Item IV)	Agenda Minutes
	6.11.2017 (Item I)	Agenda Minutes

Committee	Date of meeting	Paper
	12.2.2018 (Item VI)	Agenda Minutes CB(2)1060/17-18(01)
	30.4.2018 (Item I)	Agenda Minutes
	15.10.2018 (Item III)	Agenda Minutes
	17.12.2018 (Item III)	Agenda Minutes
	21.10.2019 (Item I)	Agenda LC Paper No. CB(2)13/19-20(01)
Subcommittee on Issues Relating to the Development of Chinese medicine in the Sixth Legislative Council	20.1.2020 (Item I)	Agenda LC Paper No. CB(2)521/19-20(01)

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