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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 3 July 2020**

**Regulatory regime for and professional development of  
Chinese medicine practitioners**

**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") on the regulatory regime for and professional development of Chinese medicine practitioners ("CMPs").

**Background**

Regulatory framework of Chinese medicine practitioners

2. Under the Chinese Medicine Ordinance (Cap. 549) ("the Ordinance"), any person who wishes to be registered as registered CMP should undertake and pass the Licensing Examination. To be eligible to undertake the Licensing Examination, a person should satisfy the Chinese Medicine Practitioners Board ("the CMP Board") under the Chinese Medicine Council of Hong Kong that he or she has satisfactorily completed such undergraduate degree course of training in Chinese medicine practice or its equivalent as is approved by the CMP Board. According to the Ordinance, registered CMPs must fulfil the requirements of continuing education in Chinese medicine as prescribed by the CMP Board

before they can renew their practising certificates. At present, registered CMPs are required to participate in Chinese medicine activities and attain a minimum of 60 Chinese medicine points during the renewal cycle.<sup>1</sup> Transitional arrangements for those CMPs who were practising Chinese medicine on 3 January 2000 to continue their practice as listed CMPs are provided for under the Ordinance. As at 29 February 2020, there were a total of 10 170 CMPs in Hong Kong, among which 7 613 were registered CMPs and 2 557 were listed CMPs.

### Chinese Medicine Development Committee

3. Established in February 2013, the Chinese Medicine Development Committee ("the CM Development Committee") is chaired by the Secretary for Food and Health to give recommendations to the Administration concerning the direction and long-term strategy of the future development of Chinese medicine in Hong Kong. The CM Development Committee is tasked to study four key areas, namely the development of Chinese medicine services, personnel training and professional development, research and development and development of the Chinese medicines industry (including Chinese medicines testing). A Chinese Medicine Practice Subcommittee and a Chinese Medicines Industry Subcommittee are formed under the CM Development Committee to study the relevant specific areas.

### Chinese Medicine Development Fund

4. Under the \$500 million Chinese Medicine Development Fund which commenced operation in June 2019, matching funds are provided for individual Chinese medicine clinics, CMPs and members of the Chinese medicine industry to raise their professional standards and enhance Chinese medicine-related training opportunities. Members of the Chinese medicine and Chinese medicine drug sectors, including CMPs and related healthcare staff are subsidized to participate in recognized local Chinese medicine training programmes. Scholarships are provided for CMPs to attend advanced training programmes offered in Hong Kong, the Mainland or overseas.

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<sup>1</sup> According to the Administration, the practising certificates of registered CMPs should normally be renewed every three years. Hence, the continuing education in Chinese medicine cycle for each registered CMP, which commences on the effective date of his or her practicing certificate and ends on the expiry date, will normally last for three years.

### Teaching and training platform for local Chinese medicine graduates

5. As a hospital with a major role being training and education, the Chinese Medicine Hospital ("CMH") will support the three local universities with Schools of Chinese Medicine to provide clinical placement for their undergraduate and postgraduate students. CMH will also serve as the clinical training platform of CMPs by providing training posts subsidized by the Administration and basic and advanced training to registered CMPs. Besides, CMH will organize training programmes through collaboration with related organizations or institutions in providing training opportunities to CMPs, doctors and healthcare professionals.

6. One of the functions of the Chinese Medicine Clinics cum Centres for Training and Research<sup>2</sup> in 18 districts is to provide training placements for local Chinese medicine undergraduates. According to the Administration, a new three-year on-the-job structured training programme aimed at comprehensively enhance the clinical ability and professional standard of CMP trainees working therein by adopting "evidence-based" medicine as an approach to develop solid clinical capability was launched in March 2020.

### **Deliberations of the Panel and the Subcommittee**

7. Issues relating to the regulatory regime for and professional development of CMPs were discussed by the Panel and by the Subcommittee at a number of meetings. The deliberations and concerns of members are summarized in the following paragraphs.

### Development of practice specialization and specialist registration

8. Noting that there was currently neither specialist training nor specialist qualification accreditation system for CMPs in Hong Kong, some members considered that there was a need to establish a statutory specialist registration system for CMPs and credential the specialist qualification. It was suggested that specialties of Internal Medicine and Gynaecology could be introduced as the first step.

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<sup>2</sup> The Chinese Medicine Clinics cum Centres were previously known as Chinese Medicine Centre for Training and Research ("CMCTR") before March 2020.

9. According to the Administration, the Chinese Medicine Practice Subcommittee under the CM Development Committee had started discussing the development of Chinese medicine specialization to, among others, tie in with the development of the first CMH, and would make recommendations to the Administration in due course. The implementation of the Integrated Chinese-Western Medicine Pilot Programme for defined disease areas at selected public hospitals would help explore the development of Chinese medicine specialization. This apart, the Chinese medicine industry and the Schools of Chinese Medicine of the three local universities the Hong Kong had jointly established the Chinese Medicine Specialty Development Working Group in July 2014 to promote the development of Chinese medicine specialization. Three sub-groups were set up under the Working Group, namely Acupuncture Sub-group, Chinese Medicine Orthopaedics and Traumatology Sub-group, and Internal Medicine Sub-group, to examine the specialty training content and assessment criteria according to their ambits.

#### Remuneration package for CMPs

10. Some members called on the Administration to consider introducing a qualification framework and an official pay scale for CMPs to enhance their professional development and give them clear progression pathways and a better prospect. The Administration advised 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.

11. Members were gravely concerned about the low salary level of graduates of local full-time Chinese medicine undergraduate degree programmes so employed in CMCTRs and the mechanism put in place by the Hospital Authority 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 non-governmental organizations ("NGOs") selected by the Hospital Authority ("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 hospitals. 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.

#### Clinical training for CMPs

14. 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.

15. The Administration advised that 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, 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. 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.

### **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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## Appendix

### Relevant papers on regulatory regime for and professional development of Chinese medicine practitioners

Committee	Date of meeting	Paper
Panel on Health Services	21.1.2013 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	18.3.2013 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	20.1.2014 (Item III)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	19.5.2014 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	19.1.2015 (Item III)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Subcommittee on Issues Relating to the Development of the Chinese Medicine	2.2.2016 *	<a href="#">Report</a>
Panel on Health Services	26.1.2017 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	16.10.2017 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	12.2.2018 (Item VI)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	30.4.2018 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	15.10.2018 (Item III)	<a href="#">Agenda</a> <a href="#">Minutes</a>

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
	17.12.2018 (Item III)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	21.10.2019 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Subcommittee on Issues Relating to the Development of the Chinese Medicine	20.1.2020 (Item I)	<a href="#">Agenda</a> <a href="#">CB(2)773/19-20(02)</a>
	4.5.2020 (Items II & III)	<a href="#">Agenda</a>
	8.6.2020 (Item I)	<a href="#">Agenda</a>

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