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**Panel on Health Services**

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

**Purpose**

This paper reports the deliberations of the Subcommittee on Issues Relating to the Development of Chinese Medicine ("the Subcommittee") formed under the Panel on Health Services ("the Panel").

**Background**

2. Promoting the development of Chinese medicine in Hong Kong has all along been high on the agenda of the Administration. In the last decade, a number of initiatives and policy direction have been mapped out in this regard so that the widely accepted Chinese medicine can play a more active role in promoting public health. These include the setting up of the Chinese Medicine Development Committee ("CMDC"), the announcement and the taking forward of the establishment of the first-and-foremost Chinese Medicine Hospital ("CMH") in Hong Kong, the rolling out of integrated Chinese-Western medicine ("ICWM") services on a pilot basis, the development of a Government Chinese Medicines Testing Institute ("GCMTI"), the incorporation of Chinese medicine into the healthcare system, and the launch of the Chinese Medicine Development Fund ("CM Fund"), to name just a few. To oversee the development of Chinese medicine in Hong Kong, a dedicated unit, namely the Chinese Medicine Unit, has been established under the Food and Health Bureau ("FHB").

**The Subcommittee**

3. At the Panel meeting on 25 April 2017, members agreed that a subcommittee should be appointed under the Panel to study issues relating to the development of Chinese medicine. The Subcommittee commenced its work in

December 2019 upon the availability of a vacant slot for subcommittees on policy issues. Hon CHAN Han-pan and Hon CHAN Hoi-yan have respectively been elected as Chairman and Deputy Chairman of the Subcommittee. The terms of reference and membership list of the Subcommittee are in **Appendices I and II** respectively.

4. The Subcommittee held a total of four meetings with the Administration. Due to the local outbreak of coronavirus disease 2019 ("COVID-19"), the Subcommittee's original plans of receiving views from deputations on the development of Chinese medicine at one of its meetings and arranging a visit in respect of services of the Chinese Medicine Centres for Training and Research ("CMCTRs"), the ICWM services and GCMTI have not been pursued with.

## **Deliberations of the Subcommittee**

### Nurturing and developing talents

#### *Chinese medicine practitioners*

5. There are currently three local universities offering Chinese medicine undergraduate programmes accredited by the Chinese Medicine Practitioners Board ("CMP Board") under the Chinese Medicine Council of Hong Kong ("CMCHK"),<sup>1</sup> namely the Hong Kong Baptist University, The Chinese University of Hong Kong and The University of Hong Kong. There are around 80 undergraduates enrolled each year. Separately, around 200 graduates of Chinese medicine degree courses offered in places outside Hong Kong pass the Chinese Medicine Practitioners Licensing Examination organized by the CMP Board in each year. These candidates are qualified to apply for registration as registered Chinese medicine practitioners ("CMPs") for practising Chinese medicine in Hong Kong. Members were of the view that the future development of Chinese medicine in Hong Kong hinged on, among others, the building and the maintaining of a pool of high-calibre local talents. They were discontented that the Administration had not made any undertaking in respect of the career prospect and on-the-job training for graduates of local full-time Chinese medicine undergraduate programmes. As regards qualified local medical graduates, it was the Government's policy that the Hospital Authority ("HA") would employ all of them and provide them with relevant specialist training.

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<sup>1</sup> CMCHK, an independent statutory body established under the Chinese Medicine Ordinance (Cap. 549) ("the Ordinance"), is responsible for implementing regulatory measures for Chinese medicine through self-regulation. The Ordinance empowers the CMP Board to assist CMCHK in carrying out regulatory measures in respect of Chinese medicine practitioners.

6. Members were also gravely concerned that different from doctors working in HA, there was an absence of a uniform pay scale for CMPs working in the Chinese Medicine Clinics cum Training and Research Centres ("CM Clinics") (previously known as CMCTRs)<sup>2</sup> that their terms of employment and remuneration packages were determined by the respective non-governmental organizations ("NGOs") operating the CM Clinics. Members noted that in the financial year of 2019-2020, the monthly salary of CMPs working in CM Clinics, who had more than three years' experience of clinical practice, was not less than \$35,000. As regards CMP trainees (i.e. those with not more than three years' experience of clinical practice),<sup>3</sup> their salary was not less than \$22,000, which represented a more than three-fold difference with the entry salary of a Resident Trainee of HA. For the future CMH, while the Administration would specify the minimum requirements on qualification, remuneration and ranks of the CMPs to be employed by the operator of the Hospital<sup>4</sup>, the detailed manpower requirements and remuneration packages were to be proposed by the tenderers for the operation of CMH through the tendering process. The Subcommittee passed a motion urging the Administration to expeditiously formulate salary structures and pay scales for various ranks of CMPs to duly recognize the professional status of CMPs in Hong Kong.

7. Members noted that at present, clinical attachments and clinical clerkship of undergraduate students of local full-time Chinese medicine programmes had to take place on the Mainland. Questions were raised by Mr CHAN Han-pan and Mr SHIU Ka-chun on the arrangements concerned upon the establishment of CMH. The Administration advised that CMH would support the three local universities with Schools of Chinese medicines to provide clinical placement for their undergraduate and postgraduate students. It was expected that the arrangement for these students to receive certain clinical training at the Chinese medicine hospitals on the Mainland would be continued.

8. On the development of Chinese medicine specialization, Mr CHAN Han-pan and Ms CHAN Hoi-yan were concerned that six years had passed since the Hong Kong Chinese Medicine Specialty Development Working Group was established by the Chinese medicine profession and the Schools of Chinese medicine of the three local universities in July 2014 with an aim to drawing up a Chinese medicine specialty structure as well as training and qualification accreditation mechanism in this regard. However, the Working Group, the

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<sup>2</sup> See paragraph 10 below for the renaming of CMCTRs.

<sup>3</sup> At present, graduates of local full-time Chinese medicine undergraduate programmes might apply to work and receive training at CM Clinics as CMP trainees for a three-year on-the-job training scheme if selected.

<sup>4</sup> See paragraph 13 below for the operational model of CMH.

work of which was supported by the Acupuncture Sub-group, the Chinese Medicine Orthopaedics and Traumatology Sub-group, and the Internal Medicine Sub-group, had yet put forth any recommendations for consideration of CMDC. Taking into account that CMH, which was targeted to commence services in phases by the end of 2024, would provide a range of specialized services including Chinese medicine internal medicine, acupuncture and orthopaedics and traumatology, gynecology, paediatrics and external medicine, they urged the Administration to formulate a policy direction on the development of Chinese medicine specialization without further delay. The Administration advised that it would continue to facilitate the discussion. However, consensus should be reached within the profession before a concrete proposal could be put forth for implementation.

#### *Other healthcare professionals*

9. The clinical services in CMH would be provided by a multi-disciplinary team, comprising not only CMPs and Chinese medicine pharmacists but also doctors, nurses and other allied health professionals. While noting that CM Fund would support the industry to conduct relevant training programmes or studies for these healthcare professionals, Prof Joseph LEE urged the Administration to leverage on expertise of those existing nursing professionals with training in Chinese medicinal nursing. Members were disappointed that little progress had been made in respect of the formulation of registration systems for Chinese medicine pharmacists and personnel involved in decoction of Chinese medicine drugs to cater for the establishment of CMH, except for the approval of a research on the professional certification system of Chinese medicine pharmacists and persons engaged in the Chinese medicine drug industry under CM Fund's Chinese Medicine Applied Studies and Research Funding Scheme which would take a year or so to complete. The Administration advised that it would, having regard to the outcome of the research, decide the way forward in this regard and consult the trade as and when necessary.

#### Provision of government-subsidized Chinese medicine services

##### *Chinese medicine outpatient services*

10. To promote the development of "evidence-based" Chinese medicine services and provide training placements for graduates of local Chinese medicine undergraduate programmes, one CMCTR was set up by HA in each of the 18 districts. Each CMCTR operates on a tripartite collaboration model involving HA, an NGO and a local university. The Administration provides subsidy for the daily operating expenses of CMCTRs through HA, whereas the NGOs

concerned are responsible for the day-to-day operation and operate CMCTRs on a self-financing mode through service charges. Prior to March 2020, each CMCTR was required to provide no less than 60 000 consultations per year.<sup>5</sup>

11. Members were pleased to note that starting from March 2020, CMCTRs had been transformed into CM Clinics to provide, among others, government-subsidized Chinese medicine outpatient services at district setting with an annual quota of 620 000. The subsidized Chinese medicine outpatient services included treatment-related Chinese medicine general consultation (with not more than five doses of Chinese medicine drugs), acupuncture service and bone-setting or tui-na treatments. Members called on the Administration to step up publicity of the new services. Some members including Mr CHAN Han-pan were concerned about whether grassroot patients could afford the service fee which was set at \$120 per visit for eligible Hong Kong residents. While recipients of the Comprehensive Social Security Assistance and the Higher Old Age Living Allowance aged 75 or above would be waived from payment of the service fee, which was same as the arrangement under the medical fee waiver mechanism of HA, they considered that the age threshold for the latter should be lowered to 65 years or above to benefit more persons in need. Mr SHIU Ka-chun suggested that government-subsidized Chinese medicine service should be made available as an option for persons in custody, residents of residential care homes for the elderly and residential care homes for persons with disabilities, and users of the Integrated Community Centres for Mental Wellness.

#### *ICWM inpatient services*

12. To help gather experiences in the operation of ICWM and Chinese medicine inpatient services, HA has been commissioned by the Government in 2014 to implement the ICWM Pilot Programme. The Pilot Programme is currently implemented in seven designated public hospitals to provide ICWM inpatient treatment for patients of four selected disease areas (i.e. stroke, low back pain, shoulder and neck pain, and cancer palliative care). Members noted that, with an increase in government subsidy, the additional daily fee to be borne by ICWM inpatients (excluding the general public hospital service fee) had been reduced from \$200 to \$120 starting from March 2020.

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<sup>5</sup> No less than 30 000 had to be Chinese medicine general consultations and the remaining ones could be consultations on other Chinese medicine services such as acupuncture and tui-na. The standard fee for Chinese medicine general consultation service was \$120 (with two doses of Chinese medicine drugs), whereas the fees for other Chinese medicine services were determined by the NGOs concerned.

## Development of CMH

13. It was announced in the 2014 Policy Address that the Government had, on the recommendations of CMDC, reserved a site in Tseung Kwan O for setting up CMH, which was subsequently positioned to be a flagship Chinese medicine institution steering and promoting the development of Chinese medicine and Chinese medicine drugs in Hong Kong. According to the Administration, CMH would adopt a public-private partnership model whereby the Government would fund the construction of CMH and subsidize a combination of defined inpatient and outpatient services to be offered by the future CMH, which was expected to represent around 50% to 65% of the total service volume of the Hospital. It would identify by tender a suitable non-profit making organization to operate the Hospital under the regulation of the Private Healthcare Facilities Ordinance (Cap. 633). To this end, applications for prequalification for operation of CMH were invited from 13 September to 13 December 2019.<sup>6</sup>

14. The Administration informed the Subcommittee that after evaluation, 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. Members were concerned about the mechanism to be put in place to monitor the operation and service quality of CMH which would be managed by the awarded contractor under a service deed signed with the Government<sup>7</sup>. The Administration advised that the liability, financial arrangement, performance assessment and risk sharing mechanism would be stipulated in the service deed. The core management team of CMH to be provided by the contractor would directly report to the Board of CMH. To ensure that CMH could be developed sustainably and reach the long-term target of promoting the development of Chinese medicine, the Government would provide recurrent funding for both the publicly-subsidized services and the approved training and research programmes.

15. Members noted that CMH would provide Chinese medicine services and services with Chinese medicine playing the predominant role with support from

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<sup>6</sup> The tendering exercise for selection of a suitable non-profit making organization as contractor for the operation of CMH adopted a two-staged process. The stage one Prequalification was launched in September 2019. According to the Administration, its plan was to launch the second stage tendering in mid-2020. It was expected that a suitable non-profit making organization would be identified by the end of 2020.

<sup>7</sup> According to the Administration, the key component of the service deed was a 10-year contract for the hospital services which could be extended by five years at most. In addition, there would be a three-and-a-half-year commissioning period and a six-year post-service period.

Western medicine in accordance with clinical needs, as well as ICWM services. It would also provide a comprehensive range of specialized services and Chinese medicine service in respect of special diseases for strategic development. Question was raised about the criterion for selecting the specialized services and services in respect of special diseases to be provided by CMH. The Administration advised that the operator of CMH would be required to provide specialized services of Chinese medicine internal medicine, acupuncture and orthopedics and traumatology in the first year of service, and Chinese medicine gynecology, paediatrics and external medicine within five years since the opening of CMH. Having taken into account the medical needs of the local population, the advantages and strengths of Chinese medicine and the availability of local talents and collaborative support, four special disease programmes including stroke rehabilitation, cancer rehabilitation or palliative service, chronic pain and preventive care and health maintenance in Chinese medicine had been selected for the operator of CMH to provide in the first year of service. Other special disease programmes would be developed after commencement of services. There was a call that an effective patient referral mechanism should be put in place to facilitate timely referral from Chinese medicine and Western medicine sectors in both the public and private healthcare systems.

### Regulatory regime of Chinese medicine drugs

#### *Registration of proprietary Chinese medicines*

16. At present, all products fulfilling the definition of "proprietary Chinese medicine" ("pCm") as stipulated in the Ordinance<sup>8</sup> must be registered by the Chinese Medicines Board ("CM Board") under CMCHK<sup>9</sup> before they can be imported, manufactured or sold in Hong Kong. To be registered in Hong Kong, all pCm must meet the registration requirements in respect of safety, quality and efficacy prescribed by CM Board. Under the transitional registration arrangement provided for in the Ordinance, provided that an application was made within the specified period, a "Notice of confirmation of transition registration of pCm" (or referred to as "HKP") would be issued subject to the assessment of the eligibility

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<sup>8</sup> Under section 2(1) of the Ordinance, pCm means any proprietary product (a) composed solely of the following as active ingredients: (i) any Chinese herbal medicines; or (ii) any materials of herbal, animal or mineral origin customarily used by the Chinese; or (iii) any medicines and materials referred to in (i) and (ii) respectively; (b) formulated in a finished dose form; and (c) known or claimed to be used for the diagnosis, treatment, prevention or alleviation of any disease or any symptoms of a disease in human beings, or for the regulation of the functional states of the human body.

<sup>9</sup> CM Board under CMCHK is responsible for formulating and implementing the regulatory measures for Chinese medicine drugs in accordance with the Ordinance.

of the application for transitional registration in order to allow the continuation of sale and manufacture of these products.<sup>10</sup> Such registration shall be effective until the issue of a "Certificate of registration" (or referred to as "HKC") or the refusal of an application in respect of the pCm concerned or such date as specified and promulgated by the Secretary for Food and Health by notice published in the gazette, whichever is the earliest.

17. Members were concerned that while the registration system for pCm had been implemented since 2003, as of March 2020, only 2 383 HKC were issued and the number of HKP cases still stood at a high level of 5 863.<sup>11</sup> While noting that different measures had been implemented by the Department of Health ("DH") to assist the industry to fulfill relevant requirements, having regard to the difficulties encountered by the trade, some members including Mr CHAN Han-pan called on the Administration to consider creating a new registration group for those pCm products which had met the safety but no other registration requirements. In the meantime, they welcomed the launch of the Proprietary Chinese Medicine Registration Supporting Scheme under CM Fund in September 2019 under which subsidy would be provided to help applicants of pCm registration to engage consultants to provide professional advice, collect and compile general information, safety information, effectiveness information and quality information, etc. and to conduct the necessary testing in order to meet the requirements in obtaining HKC. Members were advised that as at 31 May 2020, a total of 382 applications had been received. Among these applications, funding in respect of 152 pCm products had been approved, involving more than \$2 million.

18. Separately, there have been an increasing number of alluded pCm orally consumed products, which do not fulfill the definition of pCm, appeared in the market in recent years. Those products may use the names of traditional pCm preparations, and even claimed to be used for treatment or prevention of diseases. Members were pleased to note that in response to the repeated calls from Members and the trade for enhancing regulation against these products, the Administration planned to introduce a legislative amendment exercise in the next Legislative Council term to amend the definition of pCm and its relevant clauses under the Ordinance so as to impose more stringent regulation over those

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<sup>10</sup> CM Board received a total of 14 000 applications for transitional registration of pCm during the application period (i.e. from 19 December 2003 to 30 June 2004). CM Board completed the evaluation in March 2008 and issued HKP to the applicants.

<sup>11</sup> The Administration advised the Subcommittee that among the 5 863 HKP cases being processed, 356 cases (about 6%) had been approved by the Chinese Medicines Committee as HKC and the certificate would be issued subject to payment of relevant fees from the applicants. Another 2 167 HKP cases (about 37%) would be approved as HKC upon the completion of assessment of their product labels and inserts.



products. Specifically, the Administration suggested to (a) widen the definition of pCm that a product, formulated in finished dose form, composed of or claimed to be composed of any of CM drugs which had significant medicinal properties or side-effects or which the public generally would not consume as food, would be regarded as pCm; (b) amend the definition of active ingredient to avoid the technical difficulties in proving and ascertaining the active ingredient of a pCm; and (c) add exemption clauses to specify that pCm did not include a product containing western medicines, customarily consumed as food or drink, or for use externally and exclusively for cosmetic purpose.

### *Regulatory standards for Chinese herbal medicines available in the market*

19. Members noted that according to a risk-based principle, DH would collect about 540 samples of Chinese herbal medicines listed in Schedule 1 and 2 to the Ordinance<sup>12</sup> annually from the market for testing. Items subjected to regular testing included heavy metal contents, pesticides residues and morphological identification. Members welcomed the measure that DH had, from January 2020 onwards, increased the number of samples collected from the past level of 30 to 45 per month to 50 per month, and would further increase the number to 70 samples per month by the end of 2020. To better safeguard public health, Dr Helena WONG considered that apart from lead, arsenic, cadmium and mercury, more heavy metal contents should be tested. While members in general were pleased to note the Administration's plan to introduce in June 2021 limits on sulphur dioxide residues in Chinese herbal medicines,<sup>13</sup> there was a view that the Administration should assist the trade to progressively switch from applying sulphur dioxide to applying gamma rays radiation from a cobalt-60 source for the preservation of Chinese herbal medicines.

### Collaboration with the Mainland

20. Members noted that FHB, the Traditional Chinese Medicine Bureau of Guangdong Province and the Health Bureau of the Macao Special Administrative Region Government had jointly signed a Memorandum on Guangdong-Hong Kong-Macao Greater Bay Area Chinese Medicine Co-operation on 5 December 2019, aiming to strengthen exchanges on Chinese medicine among the three places, maximize the use of resources and promote the health of residents in the Guangdong-Hong Kong-Macao Greater Bay Area ("Greater Bay Area"). Some members including Mr CHAN Han-pan and Mr SHIU Ka-fai strongly called on

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<sup>12</sup> Under section 2(1) of the Ordinance, Chinese herbal medicine means any of the substances specified in Schedule 1 or 2 to the Ordinance. At present, 31 types of toxic Chinese herbal medicines have been listed in Schedule 1 to the Ordinance and 574 types of commonly used Chinese herbal medicines have been listed in Schedule 2 to the Ordinance.

<sup>13</sup> It was suggested that unless otherwise specified, the sulphur dioxide residue of all Chinese herbal medicines (except minerals) should not exceed 150 mg/kg.

the Administration to, on the basis of the Memorandum, introduce more measures to facilitate the local Chinese medicine drug sector to enter the Mainland market. The Administration advised that it had been actively liaising with relevant Mainland authorities on facilitation measures given the differences in regulatory regime of Chinese medicine drugs in the two places.

### Development of GCMTI

21. It was announced in the 2015 Policy Address that on the recommendation of CMDC, a Chinese medicine drug testing institute (which was subsequently named as GCMTI) would be developed with a view to setting reference standards for the safety, quality and testing methods of Chinese medicine drugs through scientific research. Before the establishment of the permanent GCMTI, a temporary one was established at the Hong Kong Science Park in March 2017 to kick start some of the work as soon as possible. It was announced in the Chief Executive's 2019 Policy Address that the permanent GCMTI would be established next to CMH. According to the Administration, its plan was for the constructions work of GCMTI be completed in the second quarter of 2024.

22. Members were of the view that the work of GCMTI should focus on setting benchmarks to pave way for the internationalization of Hong Kong's Chinese medicine drug industry. In some members' view, the proposed setting up of an outdoor medicinal plant garden in the permanent GCMTI might have little value in this regard. These members also cast doubt about whether GCMTI should continue its function in formulating reference standards for Chinese medicine drugs under the Hong Kong Chinese Materia Media Standards, as the local Chinese medicine drug industry had widely followed the standards set out in the Pharmacopoeia of the People's Republic of China (2015 Edition). The Administration advised that the issue would need to be thoroughly considered. Referring to the proposals that GCMTI would house a digitalized herbarium laboratory on Chinese medicine to form a database on knowledge, research and application of Chinese medicine drugs, as well as an international collaboration and training centre to promote the transfer of technical know-how of Chinese medicine drug testing to the Chinese medicine drug sector, these members urged the Administration to ensure that the work of GCMTI and the academic sector in the above two areas would not be duplicated. The Administration assured members that it would take into account views from members and stakeholders, and further consult the Advisory Committee on GCMTI<sup>14</sup> in taking forward the establishment of GCMTI.

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<sup>14</sup> DH set up the Advisory Committee on GCMTI in 2017 with the aim of providing a platform for stakeholders to advise on long-term development strategies, measures and specific research proposals of GCMTI.

## CM Fund

23. Following the announcement in the 2018-2019 Budget that a \$500 million dedicated fund would be established to further promote and facilitate the development of Chinese medicine, CM Fund was officially launched in June 2019. There are two schemes under CM Fund, namely the Enterprise Support Programme and the Industry Support Programme. The former provides matching funds for individual CMPs and Chinese medicine clinics, members of the Chinese medicine drug industry and Chinese medicine drug manufacturers or traders to enhance the manufacturing and management qualities as well as support them in registering their pCms in accordance with statutory requirements. The latter provides subsidies for non-profit-making organizations, professional bodies, trade and academic associations and research institutions to organize training programmes and courses to nurture talents needed by CMH and facilitate the development of Chinese medicine, conduct applied studies or research on Chinese medicine, and organize various Chinese medicine promotional activities, etc. Separately, a Chinese Medicine Resources Platform has also been set up under CM Fund to provide additional support and services for the industry.

24. Members noted that except for the Chinese Medicine Warehouse Management, Logistics and Services Improvement Funding Scheme which was targeted to be rolled out for application by the industry in the second half of 2020, all funding schemes had been implemented in phases.<sup>15</sup> Pointing out that many pCm manufacturers were in need of technical and hardware support with a view to reaching the Good Manufacturing Practice standards, Mr SHIU Ka-fai expressed disappointment that the Proprietary Chinese Medicine Quality and Manufacturing System Enhancement Funding Scheme was still at the stage of reviewing the applications from service providers but had yet opened for application from manufacturers. Members in general considered that the Hong Kong Productivity Council, being the implementation agent of CM Fund, should streamline the application procedures, shorten the application processing time, and step up publicity to promote CM Fund to stakeholders other than uploading the details of the schemes onto the CM Fund website (<http://www.CMDevFund.hk>). Mr CHAN Han-pan suggested that funding should be provided to support the promotion of the brand image of Hong Kong's Chinese medicine drugs to

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<sup>15</sup> In respect of the Enterprise Support Programme, these funding schemes were (a) Chinese Medicine Personal Training and Chinese Medicine Clinic Improvement Funding Scheme; (b) Proprietary Chinese Medicine Quality and Manufacturing System Enhancement Funding Scheme; and (c) Proprietary Chinese Medicine Registration Supporting Scheme. In respect of the Industry Support Programme, these funding schemes were (a) Chinese Medicine Industry Training Funding Scheme & Chinese Medicine Promotion Funding Scheme; and (b) Chinese Medicine Applied Studies and Research Funding Scheme.

facilitate the industry to expand into the market of Greater Bay Area. The Subcommittee requested the Administration to update the Panel on the implementation of CM Fund on a regular basis.

### Role of Chinese medicine in combating COVID-19 and other diseases

25. With the outbreak of COVID-19 in Hong Kong, members were of the view that the Administration should enhance involvement and role of CMPs in the anti-epidemic work. Pointing out that a Chinese Medicine Expert Panel on SARS Exploratory Treatment was set up by HA during the outbreak of Severe Acute Respiratory Syndrome in 2003 to formulate treatment protocols under the ICWM approach for implementation in public hospitals as appropriate, members considered it a drawback that CMPs were not engaged to provide treatment services to COVID-19 patients in public hospitals. As regards the Special Chinese Medicine Outpatient Programme launched by the Administration in April 2020 to provide, within six months from the discharge date of the patients concerned, a maximum of 10 free Chinese medicine general consultations (with no more than five doses of Chinese medicine drugs prescribed per visit) to discharged persons who had received COVID-19 treatment, Dr KWOK Ka-ki suggested that participating patients should receive consultations at one to two designated CM Clinics to facilitate the gathering of clinical data for future research purpose. There was also a view that the number of free consultations should not be limited to 10 but should be depended on the clinical needs of the patients concerned. Separately, members noted that the National Administration of Traditional Chinese Medicine had presented two pCm, namely Lianhua Qingwen Jiaonang and Huoxiang Zhengqi Pian, to support the local anti-epidemic work. Some members criticized that the Administration had failed to distribute these pCm to designated persons (such as persons subject to compulsory quarantine) to ensure that these pCm would be reached to those in need.

26. Given the medical manpower constraint of HA, Ms CHAN Hoi-yan called on the Administration and HA to tap on the capability of CMPs to provide primary care to patients in the community so that healthcare manpower of public hospitals could focus on handling the admission cases during the COVID-19 epidemic as well as winter surge. To this end, measures should be put in place to facilitate NGOs to provide mobile Chinese medicine clinic services at district level. With the development of Chinese medicine specialization in the longer term (such as the specialty of Chinese medicine orthopaedics and traumatology), she considered that CMPs could assume a role in the provision of specialized outpatient services in order to relieve the burden of specialist outpatient services of HA which had constant complaint of long waiting time.

## **Recommendations**

27. The Subcommittee recommends that the Administration should:

- (a) make an undertaking in respect of the career prospect and on-the-job training for graduates of local full-time Chinese medicine undergraduate programmes and formulate salary structures and pay scales for various ranks of CMPs work at CM Clinics and the future CMH;
- (b) formulate a policy direction on the development of Chinese medicine specialization and forge consensus of the trade on the drawing up of a Chinese medicine specialty structure and training and qualification accreditation mechanism in this regard;
- (c) leverage on the expertise of existing nursing professionals with specialization in Chinese medicinal nursing and enhance the professional status of Chinese medicine pharmacists and persons responsible for decoction of Chinese medicine drugs in order to meet the manpower requirements of the future CMH;
- (d) step up publicity of the government-subsidized Chinese medicine outpatient services provided at the 18 CM Clinics, and lower the eligibility criteria of the fee waiver mechanism of CM Clinics such that those recipients of the Higher Old Age Living Allowance aged between 65 and 74 years would also be waived from payment of the service fee;
- (e) make Chinese medicine outpatient service as a treatment option for persons in custody, residents of residential care homes for the elderly and residential care homes for persons with disabilities, and users of the Integrated Community Centres for Mental Wellness;
- (f) put in place a mechanism to monitor the operation and service quality of CMH which would be managed by a non-profit-making organization to be identified by a tendering exercise;
- (g) introduce an effective patient referral mechanism under CMH to facilitate timely referral from Chinese medicine and Western medicine sectors in both the public and private healthcare systems;

- (h) consider creating a new registration group for those pCm products which have met the safety but no other registration requirements;
- (i) expand the scope of testing items under the market surveillance mechanism for Chinese herbal medicines to cover more types of heavy metal contents, and assist the trade to switch from applying sulphur dioxide to applying gamma rays radiation from a cobalt-60 source for the preservation of Chinese herbal medicines to prepare for the Administration's plan to introduce limits on sulphur dioxide residues in Chinese herbal medicines;
- (j) put in place measures to promote the brand image of Hong Kong's Chinese medicine drugs to facilitate the industry to expand into the market of Greater Bay Area and the international market through the provision of funding support under CM Fund and strengthening the function of GCMTI in this regard;
- (k) streamline the application procedures of CM Fund, shorten the application processing time and step up publicity to promote CM Fund to stakeholders; and
- (l) enhance the involvement and role of CMPs in the provision of treatment to COVID-19 patients, and tap on the capability of CMPs in the provision of primary care to patients in the community so as to relieve the pressure of public hospitals and public specialist outpatient clinics.

### **Advice sought**

28. Members are invited to note the deliberations and recommendations of the Subcommittee.

Council Business Division 2  
Legislative Council Secretariat  
17 July 2020

**Panel on Health Services**

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

**Terms of Reference**

To study and review the Government's policies and initiatives to promote the short, medium and long-term development of Chinese medicine, and follow up on the issue of registration of Chinese medicines and other related matters.

**Panel on Health Services**

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

**Membership list**

**Chairman** Hon CHAN Han-pan, BBS, JP

**Deputy Chairman** Hon CHAN Hoi-yan

**Members** Prof Hon Joseph LEE Kok-long, SBS, JP  
Hon Mrs Regina IP LAU Suk-ye, 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

(Total : 11 members)

**Clerk** Ms Maisie LAM

**Legal Adviser** Ms Wendy KAN