

**For discussion on  
9 April 2021**

**Legislative Council Panel on Health Services**  
**The Development of Chinese Medicine Hospital and**  
**Government Chinese Medicines Testing Institute**  
**in Tseung Kwan O**

**Purpose**

This paper briefs Members on the proposed works and funding proposals in relation to the development of the Chinese Medicine Hospital (CMH) and the establishment of the Government Chinese Medicines Testing Institute (GCMTI) in Tseung Kwan O, and invites Members' views. The aforementioned proposals include –

- (a) For the CMH –
  - (i) upgrading the works project 3116MH to Category A for the design and construction of the CMH at an estimated cost of about \$8,620.0 million in money-of-the-day (MOD) prices;
  - (ii) creating a non-recurrent commitment of \$80,445,000 for engaging relevant professionals and services in preparation for the commissioning of the CMH; and
  - (iii) developing information technology (IT) support systems for the CMH at an estimated cost of \$383.9 million.

Details of the proposals are at **Enclosure 1**.

- (b) For the GCMTI, upgrading the works project 3001MZ to Category A for the design and construction of the GCMTI at an estimated cost of about \$2,005.0 million in MOD prices. Details of the works project are at **Enclosure 2**.

**Background**

2. The Government has been committed to promoting the development of Chinese medicine (CM) in Hong Kong. The Chinese Medicine Development Committee (CMDC), established in February 2013 and chaired by the Secretary for Food and Health to promote the development of CM, has

recognised that the provision of CM inpatient services would enhance the professional standards of CM practitioners and the quality of scientific research in CM in Hong Kong. The Government agreed with the recommendation and reserved a site in Area 78, Tseung Kwan O for the purpose of developing a CM hospital. Having regard to the feedback from the industry, the Government later announced in the 2017 Policy Address that it would finance the construction of the CMH and identify by tendering a suitable non-profit-making organisation to manage, operate and maintain the CMH.

3. In the 2018 Policy Address, the Government re-affirmed the positioning of CM as an integral part of healthcare system in Hong Kong. Specifically, the future CMH will provide a combination of government-subsidised inpatient and outpatient services, 18 Chinese Medicine Clinics cum Training and Research Centres<sup>1</sup> will offer government-subsidised outpatient services at the district level, and specific public hospitals of the Hospital Authority will continue to provide government-subsidised inpatient services with Integrated Chinese-Western Medicine treatment. The aforementioned three components are complementary in terms of service areas, which will provide a comprehensive network for the delivery of government-subsidised CM services.

4. To take forward the development of the CMH, the Government established the Chinese Medicine Hospital Project Office under the Food and Health Bureau in 2018. After three years of initial planning, consultation and tendering, the CMH project is ready to proceed to the commissioning, detailed design and construction stage.

5. As for the GCMTI, the Government adopted another CMDC's recommendation to establish a Chinese medicines testing institute to be managed by the Department of Health. The GCMTI will specialise in the testing of and scientific research on Chinese medicines, with a view to setting reference standards for the testing methods of Chinese medicines, supporting research on Chinese medicines identification and testing methods, and empowering the industry through technology transfer to strengthen quality control of products.

6. Both the CMH and GCMTI will be located at Area 78, Tseung Kwan O, adjacent to each other. The projects are expected to be completed in around four years upon obtaining funding approval from the Finance Committee.

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<sup>1</sup> These centres were named as Chinese Medicine Centres for Training and Research before March 2020.

## **Way Forward**

7. Members are invited to comment on the aforementioned proposals. We plan to seek funding support for the funding proposals in paragraph 1 above in accordance with the established mechanism.

**Food and Health Bureau  
Department of Health  
Government Laboratory  
March 2021**

## **The Development of the Chinese Medicine Hospital in Tseung Kwan O**

### **Background**

With the decade of experience in providing Chinese medicine (CM) services through the Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) and the Integrated Chinese-Western Medicine (ICWM) Pilot Programme run by the Hospital Authority (HA), the establishment of the Chinese Medicine Hospital (CMH) together with the collaborating network with the CMCTRs, the universities concerned, the ICWM programme developed in the HA hospitals and the CM sector as a whole will constitute a new platform to further drive CM development.

### *Positioning of the CMH*

2. The CMH will serve as a flagship CM institution leading the development of CM (including Chinese medicines) in Hong Kong. The CMH will be a change driver promoting service development, education and training, innovation and research. The CMH will also execute and implement the Government's policies on CM and enhance the development of CM in and outside Hong Kong.
3. The CMH will be tasked to provide quality CM services including inpatient, day-patient, outpatient and community services. Its services will cover primary, secondary and tertiary care with a view to promoting the development of specialised CM services. In addition, the CMH will establish a referral system with existing CM and Western medicine (WM) service providers to strengthen collaboration. The CMH will identify specific priority disease areas where CM has advantages for strategic development.
4. On the aspect of training and education, the CMH will collaborate with the academia and other related institutions, providing specific healthcare training and education opportunities to related local CM and WM professionals. In relation to the promotion of research, a Clinical Trial and Research Centre (CTRC) will be set up to conduct high-standard clinical trials (Phase I and II) for the development of CM and new proprietary Chinese medicines (pCms).

5. On collaboration, the CMH will be an integral part of the healthcare system of Hong Kong and establish partnership and collaboration with relevant parties in both healthcare and non-healthcare sectors. The CMH will establish linkage, exchange and partnership with counterparts in both the Mainland and overseas regions for the promotion of CM development. The CMH together with the CMCTRs will build a platform to facilitate service development, patient flow, knowledge flow and talent flow, and enhance partnership and collaboration in service, training, education and research.

6. On creating health values, the CMH will, through evidence-based research, develop new clinical uses, widen clinical applications and extend clinical outcomes of CM. It will promote the health values of CM to the public by enhancing understanding of CM, the adoption of CM approaches in daily living and the use of CM services in maintaining good health.

7. The CMH will be built as an intelligent hospital supported with smart physical and workflow designs, and adopting modern technologies for effective, safe, user-friendly, environment-friendly and efficient care delivery.

#### *Operational Model*

8. The CMH will adopt a public-private partnership model. The Government will finance the construction and select by tendering a suitable non-profit-making organisation (the Contractor) to incorporate a company limited by guarantee (the Operator) to manage, operate and maintain the CMH. The Contractor and the Operator will sign a service deed with the Government. The liability, financial arrangement, performance assessment and risk sharing mechanism would be stipulated in the service deed. The Operator will be the licensee of the hospital to be regulated under the Private Healthcare Facilities Ordinance (Cap. 633). The core management team of the CMH will be appointed and employed by the Contractor, and directly report to the Board of the CMH.

9. The key component of the service deed is a ten-year contract for the hospital services which may be extended by not more than five years. In addition, there will be a commissioning period of around three and a half years and a post-service period of six years.

10. The Operator has to maintain its insurance coverage, registration at the Companies Registry of Hong Kong and basic operation to cater for unsettled or potential liabilities of the CMH during the post-service period as stipulated in the service deed. The Contractor will be accountable for the ultimate liability.

### *Financial Arrangements*

11. The Government will be the owner of the site of the CMH. Apart from providing funding for the construction, the Government would also provide the necessary furniture and equipment (F&E) and information technology (IT) systems for the hospital and provide funding to the Contractor for the commissioning of the CMH.

12. The Government-subsidised patient services is expected to represent around 50% to 65% of the total service volume of the CMH. The Operator may also offer add-on market-oriented services. Such arrangement can on one hand reflect the Government's commitment to safeguarding the health of the public and on the other hand facilitate the CMH to positively interact with the market.

13. The Government will provide recurrent funding for the Government-subsidised services provided by the CMH, as well as approved training and research programmes to ensure that the CMH can be developed sustainably and reach the long-term target of promoting the development of CM. Apart from funding from the Government, add-on market-oriented services, training and research projects as well as hospital services-related businesses may also be provided / undertaken, and donations may be accepted as other sources of revenue. However, any surplus of the CMH is to be ploughed back for the CMH's development and will not be transferred to the Contractor.

14. As the Contractor will provide the core management team, the CMH will pay a management fee to the Contractor annually. On the other hand, the Contractor has to provide a capped financial commitment to the CMH. In the event of a financial operating deficit, this should be charged to the capped financial commitment. The amount of annual management fee and the capped financial commitment are to be proposed by the tenderers in their tender submissions.

*Service Model*

15. The CMH will provide 400 beds, including 250 inpatient beds, 90 beds for day service, 40 beds for paediatrics (for both inpatient and day services) and 20 beds in the CTTC. There will be 70 consultation rooms and 45 intervention rooms in the outpatient department of the CMH, with an estimated outpatient consultation attendance of 310 000 per annum. The CMH will also provide community outreach services.

16. The Operator has to provide specified services in the specified period after service commencement –

<b>From Service Commencement</b>	<b>Service</b>
First year	Launching outpatient services, day services and limited inpatient services
Second year	Expanding outpatient, day-patient and inpatient services progressively
Within the first five years	Commencing community outreach services within the first three years and operation of the CTTC within the first five years

17. The CMH will provide pure CM services and services with CM playing the predominant role with support from WM in accordance with clinical needs. The CMH will also provide ICWM services.

18. Besides, the CMH will provide a comprehensive range of specialised services. The Operator shall provide services of CM internal medicine, acupuncture and moxibustion, and CM orthopaedics and traumatology in the first year of service. Within five years from the service commencement of the CMH, the Operator should also provide specialised services of CM gynaecology, CM paediatrics and CM external medicine.

19. The CMH shall provide CM specialised services in respect of specific diseases for strategic development, which shall be selected in light of the medical needs of the local community, the advantages and strengths of CM and the availability of local talents and collaborative support. The Operator shall at least provide four special disease programmes including stroke

rehabilitation, cancer rehabilitation or palliative service, chronic pain, and preventive care and health maintenance in CM in the first year of service and develop the other special diseases programmes after commencement of services.

20. In addition to the CM services-related setup, diagnostic and treatment facilities and equipment will be available at the CMH, including rehabilitation facilities, endoscopy facilities, core laboratory, blood bank, central sterile supplies unit, operating rooms for local anaesthetic procedures, high dependence care unit, negative pressure isolation rooms, etc. The CMH will also provide radiological diagnostic facilities such as those for general radiography, computerised tomography scanning, magnetic resonance imaging and ultrasound examination.

21. The clinical services in the CMH will be provided by a multi-disciplinary team, comprising Chinese medicine practitioners (CMPs), personnel in CM pharmacy, doctors, nurses, pharmacists and allied health professionals. The teams of CMPs and doctors will collaborate to provide services through consultation.

#### *Teaching, Training and Research*

22. As a hospital with a key role in training and education, the CMH will support the three local universities with Schools of Chinese Medicine to provide clinical placement for their undergraduate and postgraduate students. The CMH will also serve as the clinical training platform of CMPs by providing training posts subsidised by the Government for basic and advanced training to registered CMPs. Besides, the CMH will organise training programmes through collaboration with related organisations/institutions in providing training opportunities to CMPs, doctors and healthcare professionals in the community.

23. The CMH will also provide continuous training to hospital staff to ensure that all healthcare and non-healthcare staff in the CMH are competent, capable and equipped with the latest knowledge and skills to continue driving the development of the CMH.

24. The CMH will support the development of research, collaborate closely with the three local universities with Schools of Chinese Medicine,



educational bodies in Hong Kong, overseas countries and the Mainland to promote evidence-based clinical research (on both CM and ICWM), development research in CM theories and clinical application of pCms. The CTRC in the CMH (with 20 beds) capable of conducting Phase I and Phase II clinical trials will be set up to facilitate and conduct clinical research on pCms including development of new pCms and expanding new clinical indications from existing pCms.

## **Capital Works**

### *3116MH – The Development of Chinese Medicine Hospital in Tseung Kwan O*

25. The CMH will be constructed by the Government and a design and construction approach will be adopted. The project site is located at Area 78, Tseung Kwan O, covering an area of approximately 42 900 square metres bounded by Pak Shing Kok Road, the Fire and Ambulance Services Academy, the Disciplined Services Quarters for the Fire Services Department and the proposed Government Chinese Medicines Testing Institute. The scope of the CMH comprises –

- (a) inpatient and day-patient care services, with facilities including seven inpatient wards and two day wards;
- (b) ambulatory care services, with facilities including five outpatient clinics;
- (c) rehabilitation and other allied health services, with facilities including an integrated rehabilitation centre and a satellite rehabilitation room on each ward floor;
- (d) pharmacy services, with facilities including CM pharmacy and WM pharmacy;
- (e) diagnostic, procedural and ancillary services, with facilities including facilities of diagnostic radiology, electrophysiology and endoscopy, two minor operating theatres, a central sterile supplies unit, a core laboratory and a mortuary;

- (f) training and research services, with facilities including a clinical trial and research centre, lecture theatres, multifunction classrooms, tutorial rooms, a skill and demonstration laboratory and a CM library;
- (g) community health and support services, with facilities including outreach facilities, kitchen, cafeteria, garden, spiritual support facilities, call room/overnight room/staff barrack, IT and communication facilities, linen and laundry facilities, facility and plant management facilities, patient supporting facilities including public self-service areas with display facilities, ancillary carparks; and
- (h) administrative services, with facilities in relation to hospital administration, patient admission, medical records and other associated uses.

26. The project also provides a Public Vehicle Park (PVP) of about 140 parking spaces (including parking spaces for about ten light goods vehicles, 110 private cars, ten motorcycles and ten light buses).

27. A site and location plan for the proposed CMH is at **Annex to Enclosure 1**.

28. The estimated cost of the proposed works is about \$8,620.0 million in money-of-the-day (MOD) prices. We plan to commence the proposed works upon obtaining funding approval from the Finance Committee (FC) for completion in around four years. In addition, an estimated recurrent consequences of about \$1,044.6 million will be provided by the Government after the commencement of hospital services to provide for government-subsidised patient services, training and research (as mentioned in paragraph 13 above), and funding for relevant government departments to repair and maintain the CMH and manage, operate and maintain the PVP.

### **Commissioning of the CMH**

29. To expedite service commencement, we have adopted parallel tendering for selecting the Contractor of the CMH. The prequalification exercise for selecting the Contractor was carried out in September 2019 and the second stage of the tender exercise was launched in September 2020. We

plan to engage the Contractor and the Operator in the detailed planning and commissioning as early as possible upon obtaining funding approval from the FC and award of service deed. It is the target for the CMH to commence services by phases from the second quarter of 2025. Full services are expected in five years from service commencement.

30. The planning and commissioning of a hospital is a complicated task. According to the service deed, the Contractor and the Operator are obliged to, in collaboration with the Food and Health Bureau, complete a list of commissioning and detailed design tasks as required by the Government. The tasks will cover all major aspects related to preparation for commencement of hospital services including setting up the hospital governance, preparation and management of hospital and associated premises, procurement of F&E, setting up the IT systems, acquiring the necessary licences, preparing human resource and supporting services. The Contractor shall deploy necessary manpower to complete the tasks.

31. Apart from involving the Contractor and the Operator, we also need to engage the services of outside experts for effective delivery of the commissioning tasks. It is estimated that the total costs to be borne by the Government is \$80,445,000 over an estimated period of five years from 2021-22 to 2025-26. Details of the funding proposal are as follows –

(a) Buying services from the Contractor and the Operator:

The Government will pay the Contractor and the Operator for their services provided during the detailed planning and commissioning stage. The costs to be borne by the Government include (a) manpower-related and non-manpower-related fee and (b) provision of items that are not provided by the Government but essential for service commencement. The estimated amount is \$56,445,000 spanning the period from 2021-22 to 2025-26; and

(b) Buying services from subject area experts for support required by the Chinese Medicine Hospital Project Office (CMHPO):

Part of the costs to be borne by the Government is required for

CMHPO to engage subject area experts<sup>1</sup> from HA or outside HA on a part-time or task-specific basis for their professional inputs for detailed hospital design and formulation of user requirements especially for clinical items. The subject area experts will offer advice on detailed building layout design with reference to operational flow, and user specifications of F&E items and IT items, or serve as technical advisors of individual tender assessment panels. The estimated cost for engaging subject area experts is \$24.0 million spanning the period from 2021-22 to 2024-25.

### **Developing IT Systems for the CMH**

32. The CMH operation will be supported by IT systems equipped with network and infrastructure facilities. The IT systems will enable healthcare providers to provide efficient and effective services to patients. The key objectives are as follows –

- (a) to provide comprehensive healthcare service to patients by enabling access to patient records at the point of care;
- (b) to enhance the efficiency of clinical practice for clinicians;
- (c) to facilitate better resource management for the hospital;
- (d) to facilitate education, training and research in relation to CM services; and
- (e) to comply with Government IT security requirements such as having in place proper security management processes and controls to mitigate security risks.

33. The CMH is planned to be an intelligent hospital with all necessary IT systems for hospital operation, integrated with equipment and modern technologies to facilitate patient care services and healthcare management. In this regard, the following components will be included –

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<sup>1</sup> CM clinical experts of various fields, Chinese medicines experts, WM clinical experts of various fields, WM pharmacy experts, nursing experts of various fields, various allied health professional experts and various hospital administration experts.

- (a) IT applications including clinical, patient administration, enterprise resource planning and other non-clinical software;
- (b) Network infrastructure including wired and wireless networks;
- (c) Hospital data centre and secondary data centre;
- (d) Hardware platform, system software and security components supporting IT applications; and
- (e) Personal computers and peripherals including monitors, barcode scanners and printers; mobile devices/laptops for use in inpatient wards and other hospital areas.

34. We plan to first issue the tender for the core hospital information system upon obtaining funding approval from the FC. Subsequent to the award of the first tender, the acquisition of the remaining application software, office systems and business intelligence software will commence from 2022. Regarding the technical infrastructure, we plan to set up the secondary data centre in a location outside the CMH first in order to allow various testing activities to be carried out before the data centre in CMH is built. It is anticipated that the establishment of the hospital data centre and network facilities inside the hospital will commence from early 2024 having regard to the progress of hospital construction. IT systems will be ready for use by phases to dovetail with CMH service commencement.

35. The non-recurrent cost to be incurred for the CMH IT systems is estimated at a total of \$383.9 million, with breakdown as follows –

<b>Items</b>	<b>Estimated cost (\$ million)</b>
(a) Hardware (including servers, storage, backup equipment, personal computers and peripherals, etc.)	57.7
(b) Software (including application software, virtualization software, database, security related software, etc.)	136.4

<b>Items</b>	<b>Estimated cost (\$ million)</b>
(c) Communication Network (including network equipment for both wired and wireless networks, dataport installation, network monitoring, etc.)	50.6
(d) Implementation Services (including services of system analysis and design, development, interfacing, testing, installation, etc.)	61.6
(e) Contract Staff (hiring of professionals with relevant technical skills and experience to assist in project implementation)	24.0
(f) Site Preparation (for setup of both primary and secondary data centres)	18.3
(g) Training (for training of users and technical staff)	0.4
<b>Total :</b>	<b>349.0</b>
(h) Contingency (10%)	34.9
<b>Grand Total :</b>	<b>383.9</b>

36. The estimated full year recurrent consequences is \$61.0 million<sup>2</sup> after the commencement of hospital services. The recurrent consequences will cover hardware and software maintenance, hosting of the secondary data centre and hiring of contract staff.

37. The estimated funding provision for the CMH project is summarised as follows –

<b>Items</b>	<b>Estimated funding provision</b>
Capital works	- Capital cost (in MOD prices) : about \$8,620.0 million - Recurrent consequences : \$1,044.6 million
Commissioning	- \$80,445,000 from 2021-22 to 2025-26

<sup>2</sup> It is planned that the Government's commitment of full year annual recurrent consequences will start from 2026-27, with partial annual recurrent consequences of \$15.0 million and \$40.0 million expected to be incurred in 2024-25 and 2025-26 respectively.

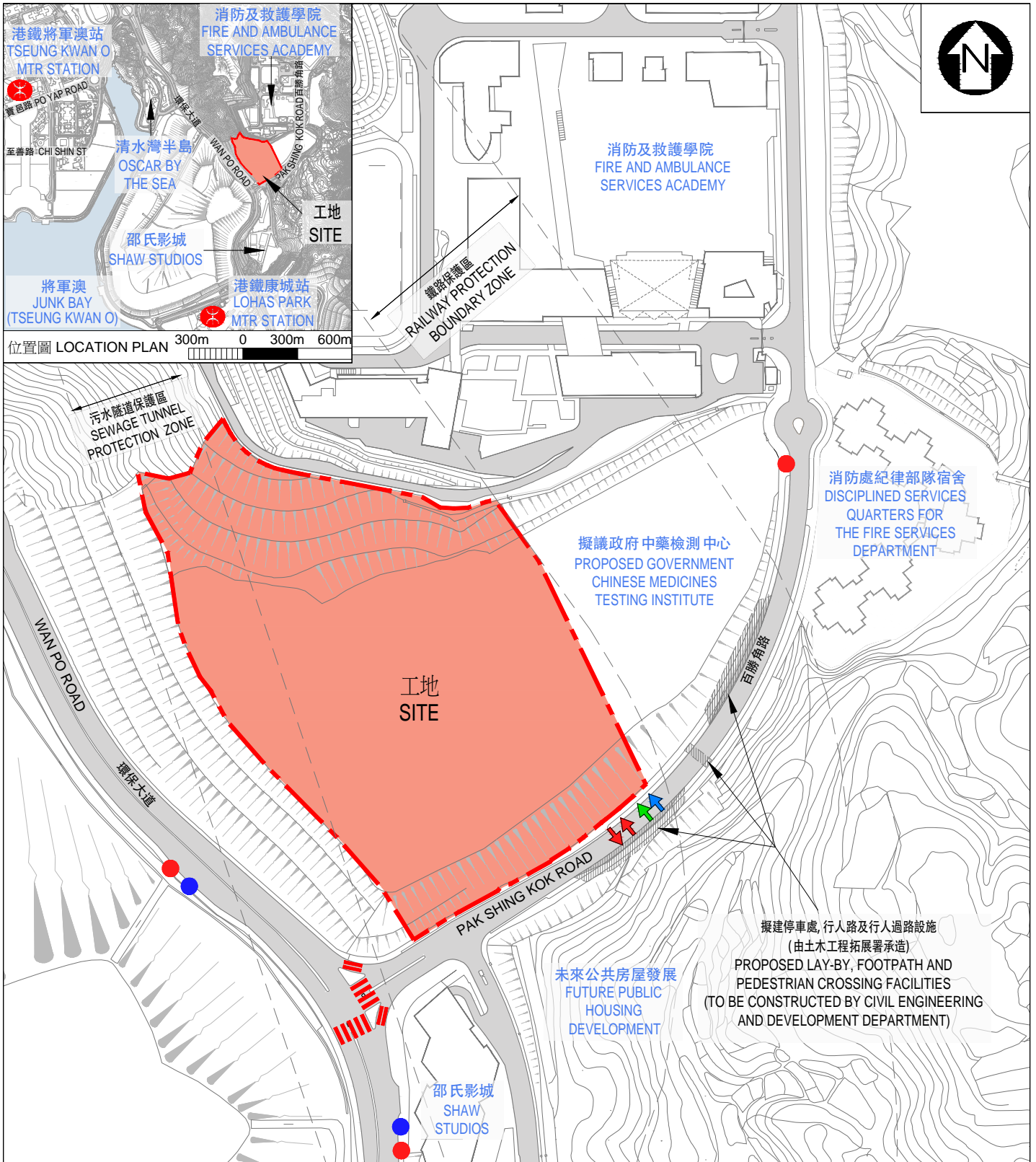
Items	Estimated funding provision
Developing IT systems	<ul style="list-style-type: none"> <li>- \$383.9 million from 2021-22 to 2026-27</li> <li>- Recurrent consequences : \$61.0 million</li> </ul>

### **Public Consultation**

38. The Subcommittee on Issues Relating to the Development of Chinese Medicine under the Panel on Health Services was consulted on the positioning of the CMH, its operational model, financial arrangement, service model and work progress of the CMH project on 4 May 2020. The Education, Health and Social Welfare Committee of the Sai Kung District Council was also consulted on 9 July 2020. Members generally supported the CMH project.

### **Food and Health Bureau**

**March 2021**



圖例 LEGEND:

- 工地界線 SITE BOUNDARY
- 現有巴士站 EXISTING BUS STOP
- 現有小巴站 EXISTING MINIBUS STOP
- 現有行人過路處 EXISTING AT-GRADE PEDESTRIAN CROSSING
- 車輛出入口 VEHICULAR INGRESS / EGRESS
- 行人出入口 PEDESTRIAN ENTRANCE / EXIT
- 無障礙出入口 BARRIER-FREE ENTRANCE / EXIT



工地平面圖  
SITE PLAN

**116MH**  
 將軍澳中醫醫院發展項目  
**THE DEVELOPMENT OF CHINESE MEDICINE HOSPITAL IN TSEUNG KWAN O**

ARCHITECTURAL SERVICES DEPARTMENT 建築署



**The Establishment of the Government Chinese Medicines Testing  
Institute in Tseung Kwan O**

**Proposed Project Scope and Timeline**

We propose to construct a premises to house the Government Chinese Medicines Testing Institute (GCMTI). The project site for the GCMTI project is located at Area 78, Tseung Kwan O, covering an area of approximately 17 200 square metres bounded by Pak Shing Kok Road, the Fire and Ambulance Services Academy, the Disciplined Services Quarters for the Fire Services Department and the proposed Chinese Medicine Hospital. The scope of the works project comprises –

- (a) various dedicated laboratories, including a chemistry laboratory, deoxyribonucleic acid (DNA) laboratory, a macroscopic identification laboratory and a microscopic identification laboratory, etc.;
- (b) a Chinese medicine (CM) drugs herbarium laboratory;
- (c) an international collaboration and training centre, equipped with a multi-purpose conference room, and a training and technology transfer laboratory;
- (d) a medicinal plant garden;
- (e) laboratories for the Chinese Medicines Section (CMS) of the Government Laboratory (GL), and a macroscopic and microscopic examination laboratory of the Department of Health (DH);
- (f) a laboratory for organising proficiency testing programmes and producing reference materials; and
- (g) ancillary facilities including cold storage rooms, specimen/ sample storage rooms, sterilisation and autoclave rooms, offices and a carpark, etc.

2. A site and location plan for the proposed GCMTI premises is at **Annex to Enclosure 2.**

3. The estimated cost of the proposed works is about \$2,005.0 million in money-of-the-day prices. We plan to commence the proposed works upon obtaining funding approval from the Finance Committee for completion in around four years.

### **Justifications**

4. Hong Kong has developed into a mature market for and a trading port of CM drugs leveraging on her unique blend of eastern and western cultures, as well as the wide acceptance of using CM drugs by the public. Local scientific research and testing technologies also help promote the development of CM drugs testing in Hong Kong. Against this background, the Government announced in the 2015 Policy Address the establishment of a Chinese medicines testing institute to be managed by the DH. The DH set up the GCMTI Advisory Committee (AC)<sup>1</sup> in 2017 as a platform for stakeholders to advise on long-term development strategies, measures and specific research proposals.

5. The temporary testing institute at the Hong Kong Science Park has embarked on various research projects and promotion work with the AC's support. Major research projects include (a) identification of easily confused species of Chinese Materia Medica (CMM) in Hong Kong by macroscopic and microscopic characteristics, (b) collection of specimens for the GCMTI, (c) digitalisation of CM drugs for the database of digitalised platform, (d) analysis of chemical markers of CMM in medicinal oil for external use, and (e) establishment of a reference DNA sequence library of CMM and employment of DNA method for the analysis of *Cervi Cornu Pantotrichum* (deer antler velvet, 鹿茸) as a complementary approach. It has also published related research results and information (including a number of testing methods, DNA sequence library and monographs of easily confused species of CMM etc.) at the website of the Chinese Medicine Regulatory Office of the DH, as

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<sup>1</sup> The AC is an advisory body established for the GCMTI, with members from the CM drugs trade, CM practice, academia, the Government and the International Advisory Board of the Hong Kong Chinese Materia Medica Standards Project. The Chinese Herbal Medicines Task Force, the Proprietary Chinese Medicines Task Force and the Technical Support Group were set up under the AC to respectively undertake focused discussions on specific topics and to provide expert advice on technical aspects of research projects to the AC for consideration.

well as shared the same with the stakeholders in the CM drugs and testing industry through training.

6. The missions of the GCMTI are to develop internationally-recognised reference standards for CM drugs and related products by employing state-of-the-art technology and engaging in scientific research, to strengthen quality control of CM drugs and their products through transfer of testing technology to the industry with a view to establishing the brand image of Hong Kong's CM drugs, as well as to develop Hong Kong into an international hub of testing and quality control of CM drugs. Moreover, the GL will provide services relating to CM drugs testing at the GCMTI premises at the permanent site as it would be conducive to the pooling of related resources and enhancing the efficiency of CM drugs testing.

7. To fulfil these missions and goals, the GCMTI needs a purpose-built premises with tailor-made design that can provide the required space and facilities to facilitate more centralised deployment of CM drugs testing resources, support high-end research on CM drugs identification and testing methods, and foster technology transfer.

8. The GCMTI will provide facilities for conducting various CM drugs testing-related works. Upon completion, the GCMTI would directly benefit the public and stakeholders, as well as foster the development of CM drugs in the following aspects –

- (a) The GCMTI will have dedicated laboratories of international standards for embarking on high-tech scientific research of testing and standard setting of CM drugs to improve the standard of testing of CM drugs products in Hong Kong. The CM drugs herbarium laboratory will collect and form a repository of a wide variety of CM drugs specimens including species of CM drugs commonly used in Hong Kong as well as herbal medicines that are indigenous to Hong Kong. The digitalised platform will be open to the general public, CM drugs industry, academia and international research organisations. The CM drugs herbarium laboratory and the digitalised platform together will form a comprehensive database on knowledge, research and application of CM drugs, furnish a wide range of stakeholders with reference materials and provide an exchange platform for the promotion of CM drugs culture;

- (b) Another key function of the GCMTI is to transfer the knowledge of reference standards for CM drugs and related products, and technical know-how of CM drugs testing to the CM drugs and testing industries with a view to enhancing the capability of the CM drugs sector in quality control of CM drugs and related products. The international collaboration and training centre of the GCMTI will be used to host conferences, lectures, seminars and exchange activities for training and educational work;
- (c) The outdoor medicinal plant garden will cultivate various types of plants that are used for treatment under CM theory. This garden is the first of its scale in Hong Kong featuring predominantly medicinal plants of Lingnan (嶺南) characteristics. These medicinal plants will serve as subjects for research and facilitate collection of physical samples and specimens of CM drugs for the GCMTI. The garden will be open to visitors of the GCMTI and the general public. In appreciating various medicinal plants in a natural environment, visitors would gain knowledge and be inspired to develop interest in CM drugs;
- (d) The CMS of the GL, currently located at Kowloon, will be relocated to the GCMTI premises upon the latter's completion. The CMS of the GL are mainly responsible for providing analytical and advisory services to support the DH in its enforcement work, and if required, to arrange professionals to serve as expert witnesses in legal proceedings. The Macroscopic and Microscopic Examination Laboratory of the DH is also responsible for testing related to law enforcement work of CM drugs. Colocation of these laboratories enhances synergy in provision of services in relation to products and the testing required, improves overall testing efficiency, and thereby safeguards the safety of CM drugs products and public health; and
- (e) The GL will also set up a new section to support the development of testing and certification industry by strengthening the CM drugs testing capabilities of local private laboratories through organisation of proficiency testing programmes. Moreover, the GL will collaborate with the international counterparts to develop and supply reference materials on CM drugs with traceable reference values for use by the local laboratory sector to validate analytical methods, establish traceability of measurement results, ensure the reliability of measurement data, and thereby improve

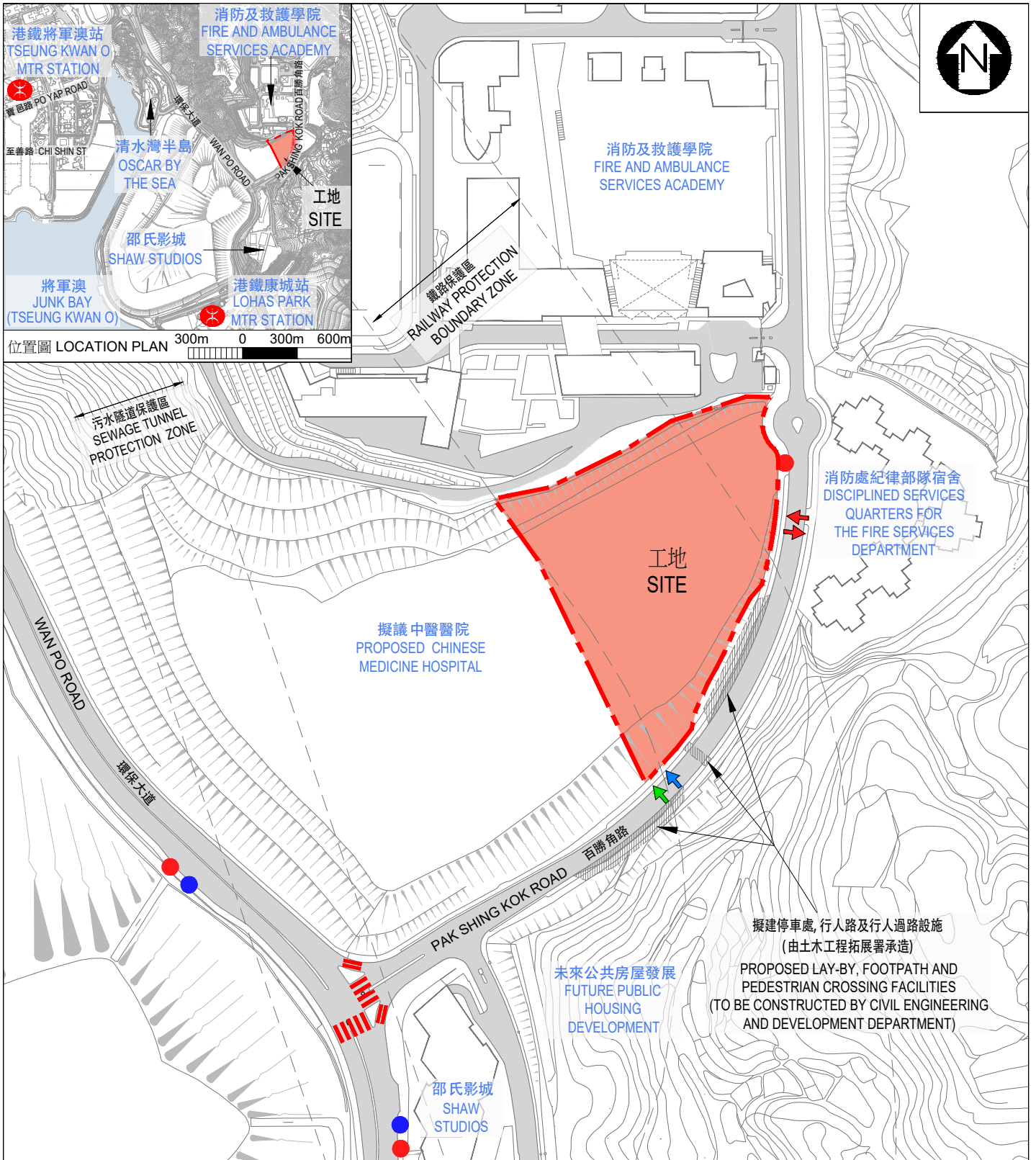
the quality and safety of CM drugs. The new section is to be established in the GCMTI premises to facilitate centralised use of resources and testing technologies for jointly promoting the development of both the CM drugs industry and the testing and certification industry in Hong Kong.

9. The GCMTI is a key establishment essential to the development of CM drugs sector. It will continue with its work to develop a set of internationally-recognised reference standards for CM drugs and related products, and foster research and technology transfer on CM drugs testing to the CM drugs and testing industries.

### **Public Consultation**

10. The Subcommittee on Issues Relating to the Development of Chinese Medicine under the Panel on Health Services was consulted on the establishment of the GCMTI on 8 June 2020. The Education, Health and Social Welfare Committee of the Sai Kung District Council was also consulted on 9 July 2020. Members generally supported the proposed works project.

**Food and Health Bureau  
Department of Health  
Government Laboratory  
March 2021**



圖例 LEGEND:

- - - 工地界線  
SITE BOUNDARY
- 現有巴士站  
EXISTING BUS STOP
- 現有小巴士  
EXISTING MINIBUS STOP
- ||| 現有行人過路處  
EXISTING AT-GRADE PEDESTRIAN CROSSING
- ↑ 車輛出入口  
VEHICULAR INGRESS / EGRESS
- ↑ 行人出入口  
PEDESTRIAN ENTRANCE / EXIT
- ↑ 無障礙出入口  
BARRIER-FREE ENTRANCE / EXIT



工地平面圖  
SITE PLAN

**1MZ**

在將軍澳成立政府中藥檢測中心  
**THE ESTABLISHMENT OF GOVERNMENT CHINESE MEDICINES TESTING INSTITUTE IN TSEUNG KWAN O**



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