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Panel on Health Services

Meeting on 14 March 2025

Background brief on the development of Chinese medicine

Purpose

This paper provides background information on the development of Chinese medicine (“CM”) and summarizes the major concerns raised by Members of the Legislative Council (“LegCo”), including members of the Panel on Health Services (“the Panel”), on the subject so far in the current term of LegCo.

Background

2. The Government has been committed to promoting the development of CM in Hong Kong. The Chinese Medicine Development Committee, established in February 2013 and chaired by the Secretary for Health,¹ is tasked to promote the development of CM. The Government announced in the 2018 Policy Address that CM would be incorporated into the local healthcare system through subsidizing defined CM services, and that a Chinese Medicine Office will be established in the same year to coordinate and promote the development of CM in Hong Kong at the policy level.

3. The Government has established Chinese Medicine Clinics cum Training and Research Centres (“CMCTRs”) in all 18 districts to promote the development of CM by providing services and training, as well as conducting research. The 18 CMCTRs operate on a tripartite collaboration model involving the Hospital Authority (“HA”), a non-governmental organization (“NGO”) and a local university. The NGOs are responsible for the day-to-day operation of CMCTRs.

¹ Formerly known as the Secretary for Food and Health.

4. In the 2024 Policy Address, the Administration has advised that it will make use of Hong Kong's advantages in its healthcare system, regulatory regime, standard-setting, clinical research and trade, and other areas, to develop Hong Kong into a bridgehead for the internationalization of CM. It will also collaborate with the CM sector to draw up the **Chinese Medicine Development Blueprint** to outline the vision, direction and strategy for the long-term development of CM in Hong Kong, with a view to promoting its all-round and high-quality development. The Blueprint is to be published within 2025. The Administration has further advised that it will take forward the following measures:

- (a) explore the application of big data to foster **international research collaboration on herb-drug interactions** through collaboration between the first CM hospital in Hong Kong and a CM hospital in the Mainland to coordinate its partner organizations in Hong Kong, the Mainland and overseas, for discovering more evidence of clinical significance on herb-drug interactions, thereby promoting the internationalization of CM;
- (b) strengthen the **integrated Chinese-Western medicine** ("ICWM") services and explore the extension of such services to cover more disease areas where CM has an advantage, including gradually extending the cancer care programme to all hospital clusters and expanding services to new programmes for the treatment of respiratory diseases and knee osteoarthritis etc.;
- (c) develop the role of CM in the **primary healthcare** service network, and continue to strengthen the cooperation between district health centres ("DHCs") and the CM sector;
- (d) complete and commence the operation of the first **CM Hospital** and the permanent premises of the **Government Chinese Medicines Testing Institute** by phases in 2025;²

² The Chinese Medicine Hospital of Hong Kong ("CMHHK") is built by the Government. It is managed, operated and maintained by the Operator, with the Contractor and the Operator being responsible for execution of contractual requirements. As a hospital controlled by the Government, CMHHK is not a private healthcare facility as defined in section 3 of the Private Healthcare Facilities Ordinance (Cap. 633). The Government will ensure CMHHK's professional quality through the hospital governance and structure. The Administration introduced into LegCo a bill related to the operation of CMHHK on 19 February 2025, making technical amendments to certain ordinances or regulations related to the daily operation of the hospital.

- (e) organize the first edition of the **Hong Kong Chinese Medicine Cultural Festival** to promote CM cultural popularization and public education in collaboration with the sector; and
- (f) subsidize through the **Chinese Medicine Development Fund** and encourage more large-scale international and regional CM conferences, exhibitions and events to be held in Hong Kong.³

Members' major deliberations and concerns

5. LegCo Members, including members of the Panel, generally support promoting the development of CM in Hong Kong. Members' major views and concerns on the development of CM are summarized in the ensuing paragraphs.

Promoting the development of Chinese medicine in Hong Kong

6. Some Members considered it **necessary for the Administration to reform the system in order to better promote CM development**. They also expressed concern about the lack of CM department in public hospitals, unsatisfactory remuneration and promotion ladder for CM practitioners, and difference in consultation fees for CM and Western medicine practitioners. Some other Members considered it necessary to raise accordingly the requirements for CM practitioners in terms of both the system and quality if the status of CM practitioners was to be enhanced. The Administration acknowledged the need for a comprehensive review of the existing deficiencies and advised that the issues would be studied in detail when formulating the Chinese Medicine Development Blueprint.

Integrated Chinese-Western Medicine services

7. Members noted that as at March 2024, HA had expanded ICWM services to 26 public hospitals under the seven clusters, adding up the

³ In the 2018 Budget, the Government set aside \$500 million to set up the Chinese Medicine Development Fund ("the Fund"), which is supervised by the Health Bureau. The Fund was officially put into operation in June 2019 with the main purpose to promote the development of CM and CM drug sectors, enhance the overall standard of the industry, nurture talents for CM, promote CM-related research and enhance public knowledge and understanding of CM. With the Financial Secretary's announcement of an additional \$500 million injection into the Fund in the 2023-2024 Budget, the total amount of the Fund has now reached \$1 billion.

hospital sites in total to 53, providing ICWM services to patients under the designated disease areas (including stroke care, musculoskeletal pain management, cancer palliative care and cancer care pilot programme). The details are in **Appendix 1**.

8. Expressing concern about the **current lack of clinical guidelines for cross-referral cases between Chinese and Western medical practitioners**, some Members **asked whether the Administration would promote the formulation of guidelines on ICWM treatment** for use by the sector. Some other Members raised concern over **the ways to prevent duplication of resources under the ICWM approach**.

9. The Administration pointed out that at present, CM and Western medicine practitioners had collaborated in formulating clinical treatment protocol for each of the disease area under ICWM inpatient services provided by HA. More disease areas would be explored in due course, and The Chinese Medicine Hospital of Hong Kong (“CMHHK”), with the service commencement in 2025, would become a platform for collaboration of CM and Western medicine. The Administration would draw reference from the Mainland’s experience to examine the aspects where referrals between CM and Western medicine practitioners could be conducted, so as to achieve the objective of enhancing patient safety and service quality during the whole treatment process.

The role of Chinese medicine in primary healthcare

10. Some Members expressed concern about **the details of CM services provided by DHCs and DHC Expresses**.

11. The Administration advised that DHC members with stroke, osteoarthritic knee pain and low back pain might opt for these subsidized CM services which included acupuncture and acupressure treatment according to their needs. Network CM practitioners would also provide disease prevention, health maintenance and health education. DHCs also actively collaborated with CMCTRs, including promote or provide Tianjiu service in DHCs under collaborative model.

12. The Administration further advised that it would continue to explore directions and strategies for further strengthening CM primary healthcare services, such as enhancing the participation of private CM sector in subsidized services through strategic purchasing, exploring the formulation of appropriate service scope and models, enhancing cross-disciplinary collaboration, and promoting further synergies between primary healthcare services and CM services through development of relevant training, publicity and promotion, health assessment, preventive care and

introduction of new programmes with the involvement of CM practitioners, in particular in the area of chronic disease prevention and health management.

Training on Chinese medicine

13. Some Members enquired whether the Administration would consider **increasing the number of training places of CM programmes** to train local talents and enhance the manpower of CM practitioners. The Administration advised that the existing number of more than 10 000 CM practitioners in Hong Kong was sufficient, and the focus would be on upgrading their professional standards. HA advised that CMCTRs provided various training programmes, including a three-year advanced training programme for registered CM practitioners graduated from the three universities, offering 72 places annually. At the same time, a scholarship programme was in place to subsidize CM practitioners to pursue further studies in the Mainland, and Mainland experts would be invited to provide training in Hong Kong to enhance the clinical skills and professional standards of local CM practitioners.

The Chinese Medicine Hospital of Hong Kong

14. A concern was raised as to **how the Administration would ensure that there would be no delay on the construction of CMHHK**. Members also expressed concern about **whether there would be an adequate number of CM specialists and nurses** available for service provision, the **salary levels of CM practitioners** in the hospital, **the service capacity of the hospital**, and **how Chinese and Western medicines would collaborate in future in the hospital setting**. There were also concerns about the **fees and charges of the hospital** and issues related to **internship of CM students**.

15. The Administration responded that modular integrated construction method was applied for the construction project to save construction time, and furniture and equipment would also be installed in advance during the construction period. The Administration was confident that the project would be completed on time. In addition, CMHHK would adopt a treatment model with CM playing the predominant role supported by Western medicine. The hospital would be equipped with 400 beds. In the first year, the main goal would be to get the team working well and operations running smoothly. It was expected to provide outpatient attendance of 310 000 and more than 100 000 post-consultation treatments each year. The hospital was studying the remuneration of CM practitioners with reference to the remuneration standards of the 18 CMCTRs. The Government would announce the overall service charges in mid-2025, and the charges for non-subsidized services were still under study. At the same

time, the hospital would provide special training for nurses and clinical training opportunities for students from the three local universities with a school of CM.

Sharing of Chinese and Western medical records

16. In response to Members' concern about the Administration's **measures put in place to facilitate the sharing of Chinese and Western medical records through eHealth**, the Administration advised that since March 2022, eHealth had supported the deposit and sharing of CM information. At present, the CM information which could be shared included CM diagnosis, procedures, prescriptions and dispensing as well as appointment records. CM practitioners could join eHealth and, with patients' sharing consent, view all their electronic health records shared by other CM practitioners, as well as their records of appointments, immunization, allergies and adverse drug reactions that were shared by Western medicine practitioners on eHealth. The Administration was open to further expanding the sharable scope of electronic health records on eHealth, and would look into the sharing of Chinese and Western medical records in eHealth by relevant healthcare professionals at CMHHK to support the development of ICWM services, etc.

Chinese Medicine Development Fund

17. Some Members expressed concern about **the effectiveness of the various projects under the Chinese Medicine Development Fund**. The Administration advised that as at 20 March 2024, the Fund had approved grants of about \$276 million, benefiting more than 2.2 million individuals/organizations in the CM sector. Major achievements included: subsidizing nearly 3 200 CM practitioners and CM drug personnel to attend training programmes, and benefited more than 37 100 practitioners through training projects; supporting more than 480 CM clinics and nearly 190 Chinese herbal medicine traders to upgrade their facilities and equipment; supporting nearly 160 proprietary CM traders to complete the registration of about 730 proprietary CM products; funded 62 CM research and applied studies projects; and organizing about 675 CM publicity and education activities.

Relevant motions, questions and papers

18. In the current legislative session, Members have passed four motions and raised a number of questions on the development of CM. The relevant hyperlinks are in **Appendix 2**.

Recent development

19. The Panel agreed, in July 2024, to Prof Hon CHAN Wing-kwong's proposal to set up a subcommittee to study the development of CM. It is currently on the waiting list of subcommittees to be activated.

20. The Administration will update the Panel on 14 March 2025 on the progress of various CM policy initiatives, including the formulation of the Chinese Medicine Development Blueprint, the construction of CMHHK and the permanent premises of the Government Chinese Medicines Testing Institute, as well as the preparatory work for the commissioning of their services, the development of CM services, the Chinese Medicine Development Fund and other related policy initiatives.

21. At the work plan meeting on 21 January 2025, Dr Hon David LAM Tzit-yuen proposed discussing the promotion of CM when discussing the item on the development of CM.

Council Business Divisions
Legislative Council Secretariat
7 March 2025

List of Hospital Sites for HA Integrated Chinese-Western Medicine Services

<u>Clusters</u>	<u>Hospitals</u>	<u>Disease areas</u>			
		Stroke care	Musculoskeletal pain management	Cancer palliative care	Cancer care pilot programme
Hong Kong East	Pamela Youde Nethersole Eastern Hospital	✓	✓	✓	
	Ruttonjee Hospital	✓		✓	
Hong Kong West	Queen Mary Hospital	✓	✓	✓	
	MacLehose Medical Rehabilitation Centre	✓	✓		
	Grantham Hospital			✓	
	Tung Wah Hospital	✓			
Kowloon Central	Queen Elizabeth Hospital	✓	✓	✓	
	Kwong Wah Hospital		✓		
	Hong Kong Buddhist Hospital	✓		✓	
	Our Lady of Maryknoll Hospital	✓			
	Kowloon Hospital	✓			
Kowloon East	United Christian Hospital	✓	✓	✓	
	Haven of Hope Hospital	✓		✓	
	Tseung Kwan O Hospital	✓	✓		
Kowloon West	Princess Margaret Hospital	✓	✓	✓	✓
	Yan Chai Hospital	✓	✓		
	Caritas Medical Centre	✓	✓	✓	

<u>Clusters</u>	<u>Hospitals</u>	<u>Disease areas</u>			
		Stroke care	Musculoskeletal pain management	Cancer palliative care	Cancer care pilot programme
New Territories East	Prince of Wales Hospital	✓	✓		
	Shatin Hospital	✓		✓	
	Cheshire Home, Shatin	✓			
	Bradbury Hospice			✓	
	North District Hospital	✓	✓		
	Tai Po Hospital	✓	✓		
New Territories West	Tuen Mun Hospital	✓	✓	✓	✓
	Pok Oi Hospital	✓	✓		
	Tin Shui Wai Hospital	✓			

(Last update in March 2024)

Remark: The integrated Chinese-Western Medicine services are provided in designated hospital wards or day care centres.

Source of information: [Press release](#) issued by the Hospital Authority on 14 March 2024

Development of Chinese medicine
List of relevant papers

Committee	Date of meeting	Paper
Panel on Health Services	10 February 2023	Agenda Item IV: Development of Chinese medicine Minutes
	12 July 2024	Agenda Item III: Prof Hon CHAN Wing-kwong's proposal to set up a subcommittee to study matters relating to the development of Chinese medicine Minutes
	18 October 2024	Agenda Item IV: Update of the Chinese Medicine Hospital of Hong Kong project Minutes
Finance Committee	17 April 2024	Administration's replies to initial written questions raised by Members on the Estimates of Expenditure 2024-2025 (Reply Serial Nos: HHB015, 017, 020, 024, 032-036, 038, 039, 041, 054, 093, 100, 101, 109, 122, 124, 130, 131, 145, 149, 156, 169, 171, 178, 184, 204 and 205)
-	17 August 2022*	Statistical Highlights titled "Development of Chinese medicine" published by the Research and Information Division of the Legislative Council Secretariat
	24 September 2024*	Information Note "Measures to develop Chinese medicine in the Mainland and Taiwan" published by the Research and Information Division of the Legislative Council Secretariat

* Issue date

Council meeting	Paper
26 January 2022	Member's motion : Motion on “Ten-year plan for primary healthcare” Progress report
11 May 2022	Question 13 : Enhancing Chinese medicine services
25 May 2022	Question 4 : Promoting the development of Chinese medicine
8 June 2022	Question 1 : Developing traditional Chinese medicine to complement the national plan
15 February 2023	Question 4 : Developing traditional Chinese medicine
26 April 2023	Question 2 : EC Connect
7 June 2023	Question 12 : Chinese Medicine Development Fund
14 June 2023	Member's motion : Motion on “Actively promoting the development of Chinese medicine to alleviate the pressure on the healthcare system” Progress report
8 November 2023	Question 3 : Government-subsidized Chinese medicine outpatient services
22 November 2023	Question 6 : The Integrated Chinese-Western Medicine Pilot Programme
29 November 2023	Question 5 : Funding for bachelor's degree programmes in Chinese medicine
13 December 2023	Question 15 : Chinese medicine practitioners admitted via talent admission schemes
24 January 2024	Question 8 : Selling Hong Kong-registered proprietary Chinese medicines in the Guangdong-Hong Kong-Macao Greater Bay Area
10 April 2024	Question 11 : Primary Healthcare Blueprint

Council meeting	Paper
5 June 2024	Member's motion : Motion on “Actively building Hong Kong into Asia’s health and medical innovation hub” Progress report
19 June 2024	Question 18 : Primary Chinese medicine services
11 December 2024	Question 11 : Digital Herbarium for Chinese Medicines
15 January 2025	Member's motion : Motion on “Actualizing the implementation of a healthcare reform”
15 January 2025	Question 6 : Legislative proposal to amend the Supplementary Medical Professions Ordinance
15 January 2025	Question 12 : Development of the Chinese herbal medicine industry

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