

## LCQ10: Certification systems for Chinese medicines pharmacists and personnel

Following is a question by the Hon Wong Ting-kwong and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (February 20):

Question:

Some members of the Chinese medicines industry have relayed that currently, there is no professional qualification certification system for Chinese medicines pharmacists and personnel in Hong Kong, resulting in a lack of protection for the health of those members of the public who take Chinese medicines. In addition, the Office of The Ombudsman published in December last year a direct investigation report, recommending that the Government consider setting up a certification system for Chinese medicines pharmacists. In this connection, will the Government inform this Council:

(1) of the number of reports, received by the authorities in each of the past five years, about members of the public feeling unwell or being poisoned as a result of taking Chinese medicines wrongly; the measures (including those about proper dispensation and decoction of Chinese medicines) currently put in place to protect the health of members of the public in taking Chinese medicines;

(2) whether it knows the current number of Chinese medicines personnel in Hong Kong and, among them, the respective numbers of those responsible for dispensing Chinese medicines (i.e. Chinese medicines pharmacists) and those holding professional qualifications of Chinese medicines pharmacists certified by authorities outside Hong Kong;

(3) given the establishment of a registration system for Chinese medicines pharmacists on the Mainland, an examination system for Chinese medicines pharmacists in Taiwan, and a certification system for Chinese medicines technicians in Macao, whether the authorities have plans to set up a certification system for Chinese medicines pharmacists; if so, of the details; if not, the reasons for that; and

(4) as members of the Chinese medicines industry generally support the setting up of a professional qualification certification system for Chinese medicines personnel to strengthen the relevant regulatory and training work, whether the authorities have plans to explore this matter with the industry and to provide the needed assistance; if so, of the details; if not, the reasons for that?

Reply:

President,

My reply to the four parts of the question is as follows:

(1) At present, a stringent regime has been set up under the Chinese Medicine Ordinance (Cap. 549) (CMO) in Hong Kong for the regulation of Chinese medicines (including Chinese herbal medicines (Chms) and proprietary Chinese medicines (pCms)) and Chinese medicines traders, including:

(i) Regulation of proprietary Chinese medicines

All pCms falling within the definition specified in the CMO must be registered by the Chinese Medicines Board (CMB) under the Chinese Medicine Council of Hong Kong (CMCHK) before they can be imported, manufactured or sold in Hong Kong. To be registered in Hong Kong, all pCms must meet the registration requirements regarding safety, quality and efficacy prescribed by the CMB.

Noting the progress of pCm registration and that there is room for improvement in the regulation of pCms, the Government has embarked on relevant work. On amending the definition of "pCms" under the CMO, the Department of Health (DH) conducted several rounds of consultation with the industry and various stakeholders on the amendment proposal in 2018. We will brief the Legislative Council about the amendment proposal in due course.

Furthermore, in accordance with the requirements of the Import and Export (General) Regulations (Cap. 60A), importation or exportation of pCms specified in Schedules 1 and 2 must be covered by an import or export licence. The DH has also been working closely with other government departments, such as the Hong Kong Police Force, the Customs and Excise Department, the Government Laboratory and the Consumer Council, for the exchange of intelligence and the conduct of joint operation when necessary.

(ii) Regulation of Chinese herbal medicines

As for Chms, since there are a huge range of varieties of Chms, under the prevailing regulatory mechanism, they are classified into different categories according to their toxicity and degree of popularity in Hong Kong. Having regard to the need of regulatory control, we have included 605 types of Chms in the CMO, of which 31 types are listed in Schedule 1 and 574 types are listed in Schedule 2. Schedules 1 and 2 have clearly stated the origin of each Chm such as the information of the scientific name of plant or animal origin (including the family, genus and species) and the medicinal parts for identification. The Chms specified in Schedules 1 and 2 shall only apply to the dried or processed form of such medicines.

According to the Import and Export (General) Regulations, all Chms in Schedule 1 and five Chms in Schedule 2 (namely *Radix Clematidis*, *Flos Campsis*, processed *Radix Aconiti*, processed *Radix Aconiti Kusnezoffii* and *Radix Gentianae*) are subject to import and export control. Importation or

exportation of these Chms must be covered by an import or export licence.

(iii) Regulation of Chinese medicines traders

Any person engaging in the business of retail or wholesale of Chms, as well as wholesale or manufacturing of pCms, must apply for and obtain the relevant licence from the CMB before commencing business. Licensed Chinese medicines traders, when carrying on business operations, shall comply with the CMO and its subsidiary legislation, the practising guidelines for Chinese medicines traders and restrictions prescribed in other laws, otherwise the CMB may consider taking disciplinary action against them.

As regards the dispensing of Chms, the CMO stipulates that the Chm retailers concerned shall ensure that each responsible person and his deputy(ies) must comply with the requirements regarding knowledge and experience as set out in Schedule 1 to the Chinese Medicines Regulation (Cap. 549F). In addition, the CMCHK has compiled the Practising Guidelines for Retailers of Chinese Herbal Medicines with an aim to encourage people engaging in the Chinese medicines trade to acquire the relevant knowledge and adhere to professional ethnics, thereby ensuring the quality and safety of Chinese medicines.

(iv) DH's surveillance mechanism

To ensure the compliance of Chinese medicine products with safety and quality standards, the DH has put in place a market surveillance mechanism under which samples of Chinese medicines are collected from the market for testing on a regular basis. To safeguard public health, the DH has also established a mechanism for reporting adverse incidents related to Chinese medicines. Through this mechanism, the DH works closely with the Hospital Authority to conduct risk assessment, management and reporting on suspected adverse incidents arising from the use of Chinese medicines. If any sub-standard Chinese medicine products are found, the DH may request the Chinese medicines traders concerned to recall the products, prosecute the traders, refer the cases to the CMB for follow-up actions, and issue press statements. The DH also conducts regular inspections in the premises of Chinese medicines traders to ensure their compliance with the requirements of the law and the practising guidelines. To further enhance the capability of Hong Kong in handling problems related to the safety and quality of Chinese medicines, the DH has established a communication mechanism to maintain close liaison with the relevant Mainland regulatory authorities.

(v) Publicity and public education

The DH has made continued publicity and education efforts to promote the safety of Chinese medicines. The message of safe use of Chinese medicines is conveyed to the public, the industry and relevant stakeholders through various channels, e.g. roving exhibitions, talks, promotional leaflets and brochures, and letters to Chinese medicine practitioner (CMP) organisations, Chinese medicine associations and CMPs. Moreover, the DH always reminds the public to seek advice from healthcare professionals before taking any

medications. Those who feel unwell after taking medications should seek advice from healthcare professionals, or seek medical consultation immediately in severe cases.

From 2014 to 2018, the Centre for Health Protection of the DH received a total of 125 poisoning cases involving Chinese medicines (detailed in the table below). After investigation, it was found out that these poisoning cases were mainly caused by inappropriate use of medicines (including taking medicines without seeking advice from CMPs, overdose and improper decoction), and mixing up and contamination of Chms, etc.

Year	Poisoning Cases Involving Chinese Medicines
2014	28
2015	23
2016	31
2017	21
2018	22
Total	125

(2) At present, no registration system has been established for Chinese medicines pharmacists in Hong Kong. However, according to the CMO and its subsidiary legislation (i.e. the Chinese Medicines Regulation), a Chm retailer engaging in the dispensing of Chms and a pCm manufacturer shall each nominate a person responsible for the supervision of the dispensing of Chms and the manufacturing of pCms respectively (responsible person), and not more than two deputies, one of whom shall act in the absence of that responsible person. Each of the responsible person and his deputy(ies) shall fulfil the requirements regarding knowledge and experience as specified in Schedule 1 to the Chinese Medicines Regulation (detailed at the Annex).

In addition to the above statutory requirements, the Practising Guidelines for Retailers of Chinese Herbal Medicines compiled by the CMB will also ensure that those engaging in the Chinese medicines trade have the knowledge of Chms and their preparation. The Guidelines set out the criteria for the trade to fulfil with regard to the dispensing of Chms (including verification of prescriptions, preparation, cross-checking, packaging and dispatching medicines).

As at January 31, 2019, there were 274 licensed pCm manufacturers and 4 752 licensed Chm retailers (1 352 of which were allowed to dispense Chms) in Hong Kong, with a total of about 3 600 responsible persons and deputies.

(3) and (4) The Food and Health Bureau and the DH will conduct a study on the proposed accreditation of Chinese medicines pharmacists, which matters such as the qualifications and academic requirements for Chinese medicines pharmacists, their scope of duties and functions, and information on their

training needs and employment situation will need to be examined. In addition, we need to thoroughly consult the trade and relevant stakeholders in order to reach a consensus and broad support for setting the direction of relevant policy development.

Moreover, the Government will provide funding support to the Chinese medicine and Chinese medicine drug sectors through the \$500 million Chinese Medicine Development Fund in order to further promote the development of Chinese medicine in Hong Kong. The Fund is expected to commence operation in the first half of 2019. We will encourage the industry to utilise the support under the Fund to conduct research and make recommendations on relevant topics.

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## **LCQ17: Support for Self-reliance Scheme**

Following is a question by the Hon Tommy Cheung and a written reply by the Secretary for Labour and Welfare, Dr Law Chi-kwong, in the Legislative Council today (February 20):

Question:

Currently, the Social Welfare Department (SWD) requires able-bodied recipients of Comprehensive Social Security Assistance (CSSA), who are aged 15 to 64 (the relevant age ceiling was 59 prior to February 1, 2019) and are unemployed or whose monthly earnings/working hours are less than the standard amount/number, to participate in the Support for Self-reliance (SFS) Scheme, so as to encourage and assist them to move towards full-time paid employment and self-reliance. In addition, while SWD must deduct the employment earnings of such CSSA recipients in calculating the amounts of CSSA payments payable to them, a maximum amount of \$2,500 per month of the earnings may be disregarded. There are comments that since the amount of disregarded earnings (DE), which has not been adjusted since 2007, is on the low side as compared to the current wage level, and a considerable portion of the employment earnings will be offset by deduction in CSSA payments, CSSA recipients lack the motivation for finding employment. In this connection, will the Government inform this Council:

(1) among the able-bodied CSSA recipients in each of the past 10 years, of the number and percentage of those who participated in SFS Scheme, and set out in the table below a breakdown by the age group (i.e. aged (i) 15 to 29, (ii) 30 to 39, (iii) 40 to 49 and (iv) 50 to 59) to which the participants belonged;

Year	Participants		(i)	(ii)	(iii)	(iv)
	Number	Percentage				
2018						
.....						
2009						

(2) of the monthly average amount of wage and average number of working hours of those who secured employment in each of the past 10 years with the assistance of SFS Scheme; if such information is unavailable, whether it will consider collecting the relevant data, so as to evaluate the attractiveness of SFS Scheme;

(3) given that the wage levels have generally risen in recent years, whether the authorities will raise the DE ceiling, so as to encourage able-bodied CSSA recipients who have the capacity to work to be more proactive in finding and remaining in employment; if not, of the reasons for that; if so, the details; and

(4) whether it has evaluated the effectiveness of SFS Scheme in assisting able-bodied CSSA recipients in moving towards self-reliance; if so, of the evaluation outcome, and the measures put in place to change the perception of some members of the public that SFS Scheme is a punitive measure?

Reply:

President,

The Support for Self-reliance (SFS) Scheme under the Comprehensive Social Security Assistance (CSSA) Scheme aims to encourage and assist able-bodied adult CSSA recipients to secure and stay in employment, thereby achieving self-reliance. There are two components under the SFS Scheme, namely the Integrated Employment Assistance Programme for Self-reliance (IEAPS) and the disregarded earnings (DE) arrangement.

Since January 2013, the Social Welfare Department (SWD) has commissioned non-governmental organisations to operate the IEAPS, so as to provide one-stop employment service and support to able-bodied adult CSSA recipients, as well as to assist them to overcome difficulties in finding jobs and strengthen their employability.

The DE arrangement refers to the earnings from employment that are disregarded when assessing the amount of assistance payable to a CSSA recipient. In simple terms, recipients with working income will have extra income on top of their CSSA payments.

My reply to the question raised by the Member is as follows:

(1) As individual IEAPS participants may leave or re-join the programme owing to short-term paid employment or change in their personal circumstances (such

as their health conditions), SWD does not maintain the number of IEAPS participants, including data broken down by year and age.

SWD has compiled the cumulative number of IEAPS participants in person-times. From January 2013 to end-November 2018, there were 95 774 person-times participated in the IEAPS. The statistics of participating person-times broken down by age is as follows:

Age group	Person-times
15 to 29	18 211
30 to 39	15 149
40 to 49	29 798
50 to 59	32 616
Total	95 774

(2) SWD does not maintain the average monthly wage level and average number of working hours per month for IEAPS participants as mentioned in the question.

(3) The purpose of the DE arrangement is to encourage CSSA recipients to seek and stay in employment. At present, the maximum amount of DE is \$2,500 per month. The Government has announced that it would review the DE arrangements in this year, so as to consider how to strike a balance between further encouraging employment among CSSA recipients and the proper use of public money.

(4) As for the effectiveness of IEAPS, from January 2013 to end-November 2018, out of the 95 774 person-times participated in IEAPS, 20 365 of them (comprising 21.3 per cent of the total number of participating person-times) successfully secured employment or returned to mainstream schooling. Amongst the 20 365, 4 317 left the CSSA net after participated in the IEAPS (comprising 4.5 per cent of the total number of participating person-times). That said, whether an IEAPS participant could eventually secure employment depended on a number of factors, such as their personal circumstances. It is noteworthy that IEAPS not only enables participants to acquire up-to-date employment and retraining information, it also provides appropriate counselling service and other relevant welfare support to its participants.

The Government has announced the extension of the service period of IEAPS at its current service mode to end-March 2020. The Government will also strengthen the collaboration among SWD, the Labour Department, the Employees Retraining Board and the non-governmental organisations, so as to provide more comprehensive employment and retraining services to able-bodied adult CSSA recipients. SWD will continue to listen to stakeholders' views with a view to further encouraging and assisting CSSA recipients to seek and stay in employment.

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## LCQ21: Owner-occupied residential properties owned by applicants for Comprehensive Social Security Assistance

Following is a question by the Hon Leung Che-cheung and a written reply by the Secretary for Labour and Welfare, Dr Law Chi-kwong, in the Legislative Council today (February 20):

Question:

A Guide to Comprehensive Social Security Assistance and the webpage of the government hotline 1823 both set out the manner in which owner-occupied residential properties are treated and counted as assets in the asset test conducted by the Social Welfare Department (SWD) for applications for Comprehensive Social Security Assistance (CSSA): (i) the value of the owner-occupied residential property may be disregarded in cases where the applicant has a family member who is old or disabled or has been medically certified to be in ill-health, (ii) the owner-occupied residential property of an able-bodied adult applicant will be counted as assets only after a grace period of 12 months, and (iii) the Director of Social Welfare may, at his discretion, extend the grace period for an applicant who is a single parent with a child/children aged below 15. However, the webpage on CSSA of SWD's website and the Pamphlet on Comprehensive Social Security Assistance Scheme both contain merely a brief statement: the total value of the capital assets (including properties ...) owned by a CSSA applicant and his/her family members must not exceed the prescribed limit of the relevant CSSA category. It is learnt that quite a number of people have, based on this simple statement, mistakenly thought that their owner-occupied residential properties must be counted as assets and they are therefore ineligible for CSSA. In this connection, will the Government inform this Council:

(1) Of the respective numbers of CSSA applications, which were made by applicants owning owner-occupied residential properties, received and approved by SWD in each of the past five years, with a breakdown by CSSA category; and

(2) Of the reason why SWD has not expounded on its webpage on CSSA and in the aforesaid pamphlet the manner in which owner-occupied residential properties are treated and counted as assets; whether SWD will make improvements and make publicity efforts in this regard to avoid the disadvantaged groups from giving up applying for CSSA as they are unaware of the relevant arrangements; if not, of the reasons for that?

Reply:



President,

The Comprehensive Social Security Assistance (CSSA) Scheme provides a safety net for those who are unable to support themselves financially so as to assist them to meet their basic needs. Having regard to this consideration, CSSA applicants are subject to means-testing. The Social Welfare Department (SWD) has to ensure that public funds are used properly on the one hand, and cater for the circumstances of applicants who are in old age, with disabilities and in ill-health on the other. In this connection, the full value of owner-occupied properties of eligible household applicants (mainly for those with family members in old age, with disabilities or in ill-health) is disregarded in the asset test. This arrangement is to allow these persons to continue to live in their original homes and familiar districts. Meanwhile, the value of owner-occupied properties of other household applicants are generally disregarded for the grace period of the first 12 months.

My reply to the Member's question is as follow:

(1) From 2014 to 2018, the number of cases residing in purchased flats in private housing (including cases residing in flats which are not owned by relevant CSSA households but are not required to pay rent) are tabulated below. SWD does not maintain the statistics according to case nature.

	End-December 2014	End-December 2015	End-December 2016	End-December 2017	End-December 2018
Number of CSSA cases residing in purchased (i.e. not rented) flats in private housing	9 156	8 616	8 056	7 683	7 310

Note: The relevant figures reflect the position as at December 31 each year, i.e. the number of cases which were receiving CSSA and residing in purchased (i.e. not rented) flats in private housing on that date.

The above figures do not include the number of cases which reside in public rental housing purchased under the Tenants Purchase Scheme. SWD does not maintain the relevant breakdown.

(2) To facilitate the public in understanding the CSSA Scheme, e.g. its eligibility requirements, relevant criteria and means-testing arrangements (including the treatment of owner-occupied properties and the relevant calculations), etc., SWD has uploaded to its website a Guide to CSSA which sets out the relevant details. Apart from referring to the Guide, the public may also approach the Social Security Field Units or call the SWD's hotline to enquire about the CSSA Scheme. Owing to the limited space of the Pamphlet on the CSSA Scheme, SWD has only included basic information of the Scheme for

easy reference of the public. SWD will review the relevant publicity materials as and when necessary.

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## [HKETO Sydney holds reception in Sydney to celebrate Year of the Pig \(with photos\)](#)

To celebrate the Year of the Pig, the Hong Kong Economic and Trade Office, Sydney (HKETO Sydney) co-hosted a Chinese New Year reception in Sydney yesterday (February 19) with the Hong Kong Trade Development Council, Invest Hong Kong and the Hong Kong-Australia Business Association under the theme of "Connect and Excel".

Speaking at the reception, the Director of HKETO Sydney, Mr Raymond Fan, said 2018 was an incredibly successful year for Hong Kong and a landmark one for the Hong Kong-Australia relationship.

"Hong Kong continued to build on its reputation as the gateway to Asia, growing its connections with the Mainland of China and the region. Hong Kong continues to be one of the best connected cities in the world, with world-class transport and infrastructure making it a business, transport and trade hub.

"In 2018, Hong Kong International Airport handled a record-breaking 74.7 million passengers and 5.1 million tonnes of cargo, retaining its reputation as one of the busiest airports in the world. A 2019 expansion of Terminal will see this grow even further, as the airport adds 40 new check-in counters and an expanded Arrivals Hall, connecting travellers from Hong Kong to other parts of the world faster than ever before," he said.

"The Hong Kong-Zhuhai-Macao Bridge has been opened, measuring a staggering 55 kilometres. The Hong Kong Section of the Guangzhou-Shenzhen-Hong Kong Express Rail Link, connecting Hong Kong and Mainland China, was opened in September last year. Travellers can reach Guangzhou in as little as 48 minutes or go as far as Beijing in less than nine hours," he added.

Hong Kong also continues to thrive as a world leader in economic freedoms and as a business hub, excelling in its endeavours to further develop its reputation as a dynamic and rewarding place to do business.

Mr Fan said 2019 is shaping up to be another excellent year both for Hong Kong and for its relations with Australia. In November, Hong Kong and Australia announced the successful conclusion of negotiations for a Free Trade Agreement (FTA) at the margins of the Asia-Pacific Economic Cooperation Summit in Papua New Guinea. Through the Agreement, Australia can secure the

best commitment on services that Hong Kong has ever offered in an FTA, with guaranteed certainty of access for Australian suppliers of education, financial, transport, construction, tourism and recreational services and other professional services.

"This year, we will also see the further development of the Guangdong-Hong Kong-Macao Greater Bay Area, a collection of nine mainland Chinese cities, Macao and Hong Kong. With an estimated GDP of US\$1.5 trillion – comparable to Australia's GDP (US\$1.32 trillion in 2017) – and a population of nearly 70 million, the Greater Bay Area will open up co-operation, trade and people-to-people connections in Asia like never before," he said.

Mr Fan said the Outline Development Plan for the Guangdong-Hong Kong-Macao Greater Bay Area promulgated by the Central Government on February 18 clearly supports Hong Kong in consolidating and enhancing Hong Kong's status as an international financial, transportation and trade centre as well as an international aviation hub; strengthening Hong Kong's status as a global offshore Renminbi business hub and its role as an international asset management centre and a risk management centre; promoting the development of high-end and high value-added financial, commercial and trading, logistics and professional services; making great efforts to develop the innovation and technology industries; nurturing emerging industries; and establishing Hong Kong as the centre for international legal and dispute resolution services in the Asia-Pacific region.

"These areas of work are all conducive to developing Hong Kong further as an international metropolis with enhanced competitiveness. The Greater Bay Area will surely bring Hong Kong significant opportunities to diversify its economy and develop innovation and technology, which is an economic driver in the new era," he said.

"As we enter another busy year in 2019, I look forward to the fostering of a stronger relationship between Hong Kong and Australia. Hong Kong stands ready to connect you to your next opportunity and to help you to not only succeed in your endeavours, but to excel in them," Mr Fan added.



# Tsing Yi Town General Out-patient Clinic resumes services after renovation

The following is issued on behalf of the Hospital Authority:

The spokesperson for Kowloon West Cluster (KWC) today (February 20) announced that the Tsing Yi Town General Out-patient Clinic will resume services next Monday (February 25) at its original site at 21 Tsing Luk Street, Tsing Yi, upon completion of renovation works. The service hours will remain unchanged (details are appended).

According to the spokesperson, due to the earlier renovation works, the Clinic had temporarily been relocated to the Tsing Yi Cheung Hong General Out-patient Clinic since September 24 last year. Following the completion of renovations, the Clinic will be relocated back to its original site.

Patients with chronic illnesses requiring follow-up have already been informed and arrangements made for follow-up appointments at the original clinic site. Patients with episodic illnesses can make appointments via the Telephone Appointment System (telephone number: 3157 0105) as usual.

"KWC has already informed the residents in the district of the service arrangement through various channels, including a banner outside the renovated clinic and posters in the temporary services relocation clinic. The respective district council has also been informed. A reminder message will also be added to the Telephone Appointment System of the Tsing Yi Town General Out-patient Clinic," the spokesperson added.