

Establishment of the Institute for Medical Advancement and Clinical Excellence (IMACE)

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Hong Kong's healthcare system is at a critical juncture. An ageing population, rising prevalence of chronic diseases, persistent disparities between the public and private sectors, and rapid advancements in medical technology are among the challenges calling for a new, coordinated, and evidence-based approach to healthcare service development. The Government's initiative to establish the Institute for Medical Advancement and Clinical Excellence (IMACE) on 8 May 2025 represents a significant step forward in addressing these complex issues.¹

The IMACE is an independent, professional platform funded by the Health Bureau, with a mandate to provide guidance on medical practice and healthcare delivery. Its formation responds to several pressing challenges: unwarranted variations in clinical care, the need for timely evaluation of new medical technologies, and the imperative to improve health outcomes across all sectors of our population in a sustainable manner.

To ensure a diverse coalition that reflects the views and experiences of different sectors of our healthcare system, seven institutions were invited to

serve as Founding Members (Box). Together with a Convenor nominated by the Hong Kong Academy of Medicine, they form the Governing Board that oversees the institute's functioning and determines its strategic directions. A Secretariat housed under the Hong Kong Academy of Medicine provides administrative support.

The primary mission of IMACE centres on developing and disseminating evidence-based recommendations to guide clinical practice and healthcare policy. These recommendations, collectively termed IMACE Recommendations, may encompass clinical practice guidelines (CPG), clinical protocols, evaluation of the efficacy and cost-effectiveness of medical options, and standards for service quality and efficiency. During the initial phase we are prioritising the development of CPGs which may cover, but are not limited to, the use of medicines, diagnostic technologies, medical devices, digital technologies, and interventional procedures in primary, secondary, and community care. Guideline development will adhere to IMACE's Core Principles of being "evidence-based, impartial, patient-centred, collaborative, and innovative"² and follow internationally recognised methodologies where appropriate, while remaining responsive to Hong Kong's specific healthcare context.³

A number of factors will be considered by the Governing Board when identifying clinical topics for guideline development. These include: whether there is significant and unwarranted variation in clinical practice; whether the guideline is likely to reduce avoidable illness, care burden, significant morbidity and/or premature mortality;

BOX. Founding Members of the IMACE (in alphabetical order)

- Department of Health
- Faculty of Medicine of The Chinese University of Hong Kong
- Hong Kong Academy of Medicine
- Hong Kong Private Hospitals Association
- Hospital Authority
- Li Ka Shing Faculty of Medicine of The University of Hong Kong
- Primary Healthcare Commission

whether the guideline is likely to enhance service quality and efficiency; whether there is a sufficient volume of reliable evidence proportionate to the context of the topic area, and so on.⁴ To expedite the guideline development process, reference may be made to CPGs already published by local or overseas professional organisations. An operational framework for prioritisation, implementation, and quality assurance is under development.

The IMACE CPGs, defined as “systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances”,⁵ are applicable to healthcare professionals and providers across the public and private sectors in Hong Kong. They are advisory in nature and intended to support clinical decision-making, not to replace professional expertise and individual clinical judgement. The IMACE CPGs are also intended to facilitate the safe, responsible, and cost-effective application of new technologies, not to restrict their adoption. Healthcare professionals and providers are encouraged to follow IMACE CPGs where appropriate; any departure from these guidelines should be supported by good clinical reasons.²

Another focus of our work is public education. The IMACE recognises that high-quality healthcare requires informed patients who can actively participate in their care decisions. However, as medical practices become increasingly sophisticated, patients may find it difficult to handle the large amount of complex information presented by their doctors or available online. To address this, we plan to develop patient education materials that explain the principles of clinical research and medical evidence in clear, accessible language. These resources aim to improve health literacy without oversimplifying information, facilitate constructive doctor-patient communication, and empower patients to make informed and personalised decisions.

The IMACE is an unprecedented collaboration, bringing together institutions that have traditionally operated independently. Through alignment of shared standards of care while respecting the diversity of our

healthcare landscape, this cooperative model enables us to address systemic challenges that individual organisations could not tackle alone. The IMACE is well-positioned to serve as a catalyst for meaningful and lasting improvements in Hong Kong’s healthcare system and, in time, to play an important role in shaping the future of medicine in the region. The journey ahead will require the ongoing engagement of and support from all stakeholders, from frontline clinicians to hospital administrators, policymakers, and patients themselves. It is a daunting task, but also a worthwhile and exciting one.

Author contributions

All authors contributed equally to the conception, preparation, and editing of the manuscript. All authors approved the final version for publication and take responsibility for its accuracy and integrity.

Conflicts of interest

All authors have disclosed no conflicts of interest.

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