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Panel on Health Services

**Information note prepared by the Legislative Council Secretariat
for the meeting on 10 July 2012**

**The "approved person" system adopted by the Hospital Authority
for the dispensaries of its General Outpatient Clinics**

Under the Dangerous Drugs Ordinance (Cap. 134) and the Pharmacy and Poisons Regulations (Cap. 138A), dispensaries of hospitals and outpatient clinics are required to have a registered pharmacist or a person approved by the Director of Health to possess and supply dangerous drugs and to supervise the dispensing of poisons. Before the Hospital Authority ("HA") took over 59 General Outpatient Clinics ("GOPCs") from the Department of Health in July 2003, some senior dispensers and dispensers were responsible for possessing and supplying dangerous drugs and supervising the dispensing of poisons in GOPCs. This is known as the "approved person" arrangement. After taking over GOPCs in July 2003, HA has continued the "approved person" arrangement for operational reasons.

2. The Hong Kong Professional Pharmaceutical Employees Association has recently expressed dissatisfaction that HA has continued to adopt the "approved person" arrangement in GOPCs. The relevant media reports on the subject are attached in **Appendix I** for members' reference.

3. Two questions were raised at the Council meetings of 14 July 2010 and 27 June 2012 respectively relating to the "approved person" arrangement adopted by HA. The questions and the Administration's replies are in **Appendices II and III** respectively.

醫管局以「認可人士」充藥劑師

香港專業藥劑從業員協會表示，醫管局現有五十九名門診配藥員承擔九成以上前線配藥工作，期間並無藥劑師核實，容易引致配藥事故，促請取消這種運作及增加配藥人手。醫管局回應，公立醫院配藥員已受嚴謹訓練，具專業資格，藥劑師不在場時可處理危險藥物，並稱未來會增聘人手。

指具專業資格

協會主席葉炳添表示，按法例要求，每間普通科診所須有一名註冊藥劑師主管配藥工作，但○三年七月起，醫管局聯網五十九間診所約二百名配藥員，當中五十九名未經同意下，陸續被當局向衛生署申請「認可人士」牌照，代替藥劑師執行核實藥物等職務。

他說，配藥員沒額外相關培訓，藥劑師反而主要負責行政及管理工作，做法不恰當，加上一○年兩個月內曾發生七次藥物嚴重事故，包括一宗派錯藥，令「認可人士」一度被紀律處分，致配藥員壓力大增。

葉又指出，配藥有執藥和派發等四個工作程序，惟現行門診只由兩位配藥員執行兩個程序。他舉例，新界北多間診所，以至梅窩和大澳等地流動醫療船，夜診僅得兩名配藥員工作，可見人手嚴重不足。

「認可人士」牌照的批核期本月三十日屆滿，葉擔心情況持續，促請當局立即取消這種運作，將核對及派發藥物工作交回藥劑師負責，並要求增加約一百名配藥員，縮短病人輪候取藥時間。

工會促增人手

工聯會立法會議員潘佩璆稱，藥劑師具專業藥理知識，可就醫生藥方不妥提出查詢，而配藥員屬技術職系，除非有相應訓練及專業資格，否則在欠缺藥劑師監管下出錯而須負責，便是對其不公平。

醫管局發言人回應，現時公立醫院藥房配藥員已受嚴謹訓練，具專業資格，藥劑師不在場時，也可處理危險藥物，當局未來亦會增加藥房人手。

衛生署表示，醫管局現已增聘藥劑師，但仍需保留委任配藥員為「認可人士」安排，確保藥房運作暢順，並指醫管局現有約六十名配藥「認可人士」，本月底批核期屆滿後，續任三十四名高級配藥員，為期一年。記者余瑋

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醫管局擅取配藥員資料申牌

【【本報訊】記者夏廬明報道：香港專業藥劑從業員協會昨日舉行記者會，指全港有五十九位門診配藥員在不知情不自願的情況下，被醫管局擅自向衛生署申請配藥員認可人士牌照，強行安排擔當和執行藥房主管職務。立法會議員潘佩璆醫生認為，一旦配藥員在欠缺藥劑師監管下出錯，高層管理人員可將責任歸咎配藥員，對配藥員並不公平。

香港專業藥劑從業員協會主席葉炳添解釋，每間普通科門診藥房必須由一位註冊藥劑師負責主管職務，且應跟隨專業守則去履行相關工作。但從03年開始，醫管局未得到配藥員同意及授權便擅自向衛生署申請部分配藥員「認可人士」牌照，並強行安排該些配藥員擔當和執行藥房主管的責任，而該批配藥員九年來擔當和執行藥房主管職務，只有上級指示，從未收到「認可人士」之合法授權信和牌照副本。

葉炳添續指，九年以來配藥員人數沒有增加，工作壓力繁重，多年約見衛生署長商討配藥員的不友善、不合理對待，卻無結果。寄希望與新衛生署署長跟進解決問題。

要求私隱公署介入調查

香港專業藥劑從業員協會要求立即取消「認可人士」之運作，要求私隱公署介入調查醫管局擅自使用個人資料向衛生署申請「認可人士」牌照，而衛生署未核實申請人身份便向醫管局隨便批出該牌照。

醫院管理局發言人回應強調，現時公立醫院轄下藥房均有已受嚴謹訓練並具專業資格人士處理配藥的工作，包括配藥員，藥房亦會有藥劑師負責管理的工作，以確保藥物安全。醫管局未來亦會增加藥房人手，應付繁重工作量。

現時部分配藥員已獲衛生署署長認可為合資格人士，當藥劑師不在場時，可以處理屬危險類別的藥物。醫管局已知悉協會的關注，會繼續與該協會保持緊密溝通。

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公院人手不足 配藥員充藥劑師

香港文匯報訊（記者 何嘉露）醫護人手不足下，有工會批評公立醫院59間普通科門診，將未經專業培訓的配藥員充當藥劑師，處理核對及分派藥物等專業程序，新界北區及離島部分門診更沒有藥劑師坐鎮，所有工序均由一名配藥員負責，倘發生嚴重藥物事故，配藥員隨時成為「代罪羔羊」，促請局方增聘人手。醫管局回應指，所有配藥工作，均由受嚴謹訓練並具專業資格人士處理。

香港專業藥劑從業員協會主席葉炳添表示，由2003年7月起，醫管局從衛生署接管59間門診部後，未經配藥員同意下，為他們申請配藥員認可人士牌照，有關牌照本月底屆滿。

配藥員職責僅照單執藥

葉炳添是其中一名領有該牌照的配藥員，他自認未經專業培訓。他說：「藥劑師具備學位資格，經過多年培訓，掌握藥物性質，可提醒醫生所處方藥單對病人的不良影響，但配藥員不會核對藥性，只會照單執藥。」

他表示，正確的配藥程序有4步驟，包括資料輸入、配藥、核對、派發，正常情況下需要至少3人把關，當中包括1名藥劑師核對及派發藥物，以確保準確；配藥員則輔助。至於配藥員認可人士是在藥劑師不在場時，暫代職務，但一般不超過30分鐘。但他批評醫管局濫用機制，以配藥員認可人士取代藥劑師，使工序只由1至2名配藥員負責；藥劑師則處理行政工作。

根據現行法例，每間普通科門診藥房必須由一位註冊藥劑師負責主管職務。但葉炳添稱，香港不少普通科門診藥房，包括大嶼山、南丫島，新界北區例如打鼓嶺、沙頭角，及流動醫療船的門診藥房，僅有1名配藥員認可人士當值，部分夜間門診也只增1名普通配藥員駐守。

醫局指未來增藥房人手

該會指現時全港公院的配藥員共1,200人，門診部佔200人，配藥員認可人士則有59人。該會要求局方正視問題，取消配藥員認可人士運作模式，由藥劑師直接核對及派發藥物，減低出錯的風險，以及增加100名配藥員，紓緩工作壓力，縮短病人輪候時間。

醫管局發言人回應指，轄下醫院藥房包括配藥員均已受嚴謹訓練並具專業資格，處理配藥的工作。藥房由藥劑師負責管理的工作，以確保藥物安全。部分配藥員已獲衛生署署長認可為合資格人士，當藥劑師不在場時，可以處理屬危險類別的藥物。局方未來會增加藥房人手，並繼續與該協會保持緊密溝通。

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醫局聘逾百藥劑師逐步取代「認可配藥」

香港文匯報訊 (記者 何嘉露) 醫管局以配藥員認可人士取代註冊藥劑師，執行核對藥物等工作，令人關注有關安排或增加藥物事故的風險。醫管局行政總裁梁栢賢昨出席活動時表示，明白公眾的憂慮，已將認可人士數量由去年60人減至目前34人，並聘請逾100位藥劑師，於未來一兩年內逐步取代有關安排。

梁栢賢表示，醫管局與衛生署有共識逐步取締該安排。他透露，醫管局轄下約有400名藥劑師，將來會增加藥劑師人手，以減輕配藥員工作壓力。但他強調，配藥員認可人士在醫管局工作逾10年以上，具有年資及豐富經驗，相信不會對服務質素及藥物安全構成問題。不過，他拒絕透露配藥員出錯導致藥物事故的宗數，只強調配錯藥是整個團隊的責任，並非個別配藥員或監察問題。

香港醫院藥劑師學會副會長崔俊明表示，醫管局計劃逐漸取代配藥員認可人士須有時間表，又指配藥員包括藥物處方等方面均未符專業資格，促請局方釐清配藥員與藥劑師的工作。

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醫局缺人請IVE生配藥

醫院管理局藥房人手不足，續由配藥員頂替註冊藥劑師工作，原來該局今年開始聘請香港專業教育學院（IVE）「學生配藥員」頂檔，「邊做邊學」，月薪近一萬二千元，提供兩年在職培訓。工會擔心「未夠班」的學員在藥房「實戰」，還要配藥員指導，不但未能解決人手短缺問題，反延長病人輪候時間及擔心配藥安全。

貝夫人診所展示取藥時間輪候一小時的告示（右下），但取藥病人已等候達兩小時多。

醫管局行政總裁梁柏賢昨承認，由○三年起安排部分配藥員申請認可人士牌照，處理註冊藥劑師工作，他們屬高級配藥員，年資達十年以上，不擔心配藥出問題。該局由○三年至今增聘一百名藥劑師後，「配藥員充藥劑師」的人數已由六十人減至現時卅四人，但全面由藥劑師接替，要多一至兩年時間。

梁栢賢

藥房人手短缺，醫管局今年與IVE推出先導計劃，招聘將於七月完成醫療保健及管理學高級文憑課程的畢業生，已收到約七十人申請，未來兩年共聘請約六十人。學員日間在門診協助處理一般配藥工作，月薪近一萬二千元；並要報讀IVE的兩年制夜間自費高級文憑課程。學員若表現滿意，醫管局將聘為正式配藥員，月薪由一萬六千多元至三萬三千多元。

職業訓練局表示，該夜間課程為期兩年，內容包括藥物、護理及醫療管理等範疇，其中與藥物相關知識佔課程約一半，將教授學生藥物使用、製藥和配藥實務運作的相關知識。IVE與醫管局推出先導計劃是為了配合行業發展及需求。至於一直開辦的兩年制配藥學高級文憑課程仍繼續，今年新學年的學額更由過去約六十個，增至約九十個。

非專科文憑 需邊做邊學

醫管局截至今年二月底，共有九百九十五名配藥員，過去三年，配藥員流失率為百分之二點三。香港專業藥劑從業員協會主席葉炳添指，醫管局一向聘用的配藥員是IVE配藥學高級文憑畢業生，主力學習配藥，畢業後入職較易上手。但醫療保健及管理學高級文憑課程在配藥方面的課程內容有限，受聘「學生配藥員仲要邊做邊讀」，等同一個新人入行。

葉表示，近年大量專科門診病人轉到普通科門診跟進，每張處方的藥物種類由以往三、四種，增至最多達十種，藥物效用和副作用較複雜，需由有經驗配藥人員處理。學生配藥員根本「幫唔到手」，只能負責包裝等後勤工作。在現時人手緊張下，配藥員還要指導學員工作，分薄配藥時間，擔心病人輪候時間更長。

記者蘇家欣

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Press Releases

ATTACHMENTS

LCQ17: Dispensaries of General Outpatient Clinics under Hospital Authority

■ Annex to LCQ17

Following is a question by the Dr Hon Pan Pey-chyou and a written reply by the Secretary for Food and Health, Dr York Chow, in the Legislative Council today (July 14):

Question:

A pharmaceutical dispenser association has earlier pointed out that in the past few months, seven drug incidents occurred one after another in the general out-patient clinics (GOPCs) of the New Territories East and New Territories West Clusters of the Hospital Authority (HA). The association has further pointed out that since pharmacists stationed in out-patient clinics need to handle administrative work, dispensers are required to undertake pharmacists' work in addition to their own work, which has increased their workload drastically, and the risk of dispensing errors has also increased correspondingly, hence posing threats to the lives of the public. Regarding the manpower and establishment of dispensing staff in public GOPCs, will the Government inform this Council whether it knows:

(a) the total number of drug-related medical incidents which occurred in public GOPCs in Hong Kong in each of the past five years, together with a breakdown by HA's hospital cluster;

(b) the existing staff (including pharmacists) establishment and the actual number of staff on duty in the dispensary of each of the day, evening and holiday GOPCs; the average number of days/nights/sessions per week during which the pharmacists therein act as the persons-in-charge of the dispensaries of the various clinics; the number of clinics stationed with only one dispenser; whether there are clinics in which dispensers act as the persons-in-charge of the dispensaries; and the number of clinics which manage to have four dispensers or pharmacists stationing there;

(c) the current number of dispensers qualified to act as "approved persons" or "authorised persons" among the dispensers in public GOPCs in Hong Kong, and the number of those who handle the duties of dispensing medicines in place of pharmacists at present;

(d) the number of new drugs available in public GOPCs in the past five years; the percentage of such number in the total number of drugs; and the number of patients referred in each of the past five years by specialist out-patient clinics to GOPCs for follow-up consultation and collection of drugs; and

(e) the increase in the past five years in the total number of doctors in public GOPCs in Hong Kong; whether the numbers of dispensers and pharmacists have increased correspondingly; if not, of the reasons for that; and the ratio of doctors to dispensers and pharmacists in the public healthcare system at present?

Reply:

President,

The Hospital Authority (HA) took over 59 General Outpatient Clinics (GOPCs) from the Department of Health (DH) in July 2003. Under the Dangerous Drugs Ordinance and the Pharmacy and Poisons Regulations, dispensaries of hospitals and outpatient clinics are required to have a registered pharmacist or a person approved by the Director of Health to be in possession of and to supply dangerous drugs and drugs classified as poisons. After taking over the above-mentioned GOPCs, HA has continued to adopt the system of "approved person" and recruited 45 additional pharmacists to work in the dispensaries of GOPCs. HA lodges applications with the Director of Health on a regular basis for appointment of its staff as approved persons.

The reply to various parts of the question is as follows:

(a) At present, the dispensaries of GOPCs under HA handle over four million prescriptions and over 14 million drug items each year. The number of drug incidents (in terms of drug items dispensed) reported by the GOPCs under HA in the past five years is set out in Annex 1. As compared with the number of drug items dispensed, the percentage of drug incidents reported each year was close to zero.

A breakdown of the above figures by clusters is set out at Annex 2.

(b) Among the 59 GOPCs taken over by HA, 49 provide regular day-time dispensing service. Some of the dispensaries of these GOPCs also provide dispensing service at night and/or on holidays. The number and percentage of service sessions with a pharmacist on duty are set out in Annex 3.

As for the other 10 GOPCs (comprising five on outlying islands, four providing non-whole-day consultation service and one mobile clinic), the operation of their dispensaries is relatively simple. These dispensaries are manned by dispensers deployed by the respective clusters to provide limited dispensing service in the capacity of "approved persons".

The staff establishment of the dispensaries of the 59 GOPCs under HA is determined having regard to operational needs and workload. Except the dispensaries of those GOPCs located on outlying islands or providing non-whole-day consultation service or being a mobile clinic, which are manned by one "approved person", the dispensaries of the remaining 49 GOPCs generally have a staff establishment of one pharmacist and one to nine senior dispensers/dispensers. At present, there are 36 dispensaries of GOPCs under HA being manned by four or more dispensary staff.

(c) At present, there are a total of 59 dispensers holding the status of "approved person" working in the dispensaries of GOPCs under HA. Of them, 10 provide dispensing service at the GOPCs located on outlying islands or providing non-whole-day consultation service or being a mobile clinic. The remaining 49 "approved persons" are assigned to provide dispensing service in different GOPCs within their respective clusters having regard to the operational needs of the dispensaries.

(d) Over the past five years, 10 to 60 additional drug items have been introduced to individual GOPCs to cater for the needs of patients in various clusters. These additional drug items account for 3 to 21% of all drug items in the respective dispensaries. The total number of drug items dispensed at the dispensaries of GOPCs remains more or less the same, with details are set out in Annex 4.

Currently, under the patient referral system in HA, the arrangements for patient referral between GOPCs and Specialist Outpatient Clinics (SOPCs) are two-way. HA has no statistical data on the number of patients referred by SOPCs to GOPCs for follow-up consultation and collection of drugs.

(e) Since March 2008, the number of doctors, pharmacists and dispensers working in GOPCs remains more or less the same. The actual number of staff is set out in Annex 5. As at the end of March 2010, there are 4,995 doctors, 355 pharmacists and 949 dispensers working in HA.

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The number of drug incidents (in terms of drug items dispensed) reported by the General Outpatient Clinics (GOPCs) under Hospital Authority (HA) in the past five years

Year	2006	2007	2008	2009	2010 (as at June 30)
Drug incidents that did not affect the health of patients	20	24	63	66	27
Drug incidents that affected the health of patients	2	3	2	1	1

- Notes: 1. The above data cover all drug-related incidents reported by GOPCs currently under HA.
2. As HA redefined in 2008 the meaning of patients' health being affected by medical incidents, the number of drug incidents reported in and after 2008 cannot be directly compared with that of previous years

Breakdown of Drug Incidents Reported by the General Outpatient Clinics under Hospital Authority by clusters

	Drug incidents that did not affect the health of patients					Drug incidents that affected the health of patients				
	2006	2007	2008	2009	2010 (as at June 30)	2006	2007	2008	2009	2010 (as at June 30)
Hong Kong East Cluster	3	2	2	5	3	0	0	0	0	0
Hong Kong West Cluster	0	6	4	2	4	0	2	0	0	0
Kowloon Central Cluster	4	0	3	5	0	0	0	1	0	0
Kowloon East Cluster	4	7	39	21	8	0	0	0	0	0
Kowloon West Cluster	7	5	10	23	4	0	0	1	1	0
New Territories East Cluster	1	3	4	6	4	2	0	0	0	1
New Territories West Cluster	1	1	1	4	4	0	1	0	0	0
Total	20	24	63	66	27	2	3	2	1	1

The number and percentage of service sessions with a pharmacist on duty
at 49 General Outpatients Clinics which provide regular day-time dispensing services

	Number of service sessions of dispensaries per week	Number of service sessions with a pharmacist on duty	Percentage of service sessions with a pharmacist on duty
Clinics which only provide day-time dispensing service (Monday to Friday: 9am – 5pm; Saturday: 9am – 1 pm; 11 sessions per week)	539	522	97%
Clinics which also provide dispensing service at night and/or on holidays	110	98	89%

The number of prescriptions handled each year and the total number of drug items dispensed at the dispensaries of General Outpatients Clinics over the past five years

	2005/06	2006/07	2007/08	2008/09	2009/10
Number of prescriptions handled each year	4,746,401	4,547,154	4,529,553	4,644,324	4,387,207
Average number of drug items per prescription	3.3	3.3	3.3	3.3	3.3

The number of doctors, pharmacists and dispensers working in General Outpatient Clinics since
March 2008

	At the end of March 2008	At the end of March 2009	At the end of March 2010
Doctor	362	358	362
Pharmacist	60	61	61
Dispenser	221	222	222

Appendix III

Press Releases**ATTACHMENTS**

LCQ6: Dispensers with status of "Approved Persons"

■ Annex

Following is a question by the Dr Hon Pan Pey-chyou and a reply by the Secretary for Food and Health, Dr York Chow, in the Legislative Council today (June 27):

Question:

I have received a complaint from the Hong Kong Professional Pharmaceutical Employees Association (HKPPEA) that the Hospital Authority (HA) has, since 2003, made applications to the Department of Health on its own volition for some dispensers to be appointed as "approved persons", without informing such dispensers nor obtaining their consent or authorisation, and asked them to undertake and perform the duties of pharmacists in-charge, which should be performed by registered pharmacists. HKPPEA has pointed out that those dispensers who hold the status of "approved persons" are not registered pharmacists and HKPPEA is worried that drug safety may be affected. In this connection, will the Government inform this Council if it knows:

(a) the numbers of additional pharmacists and dispensers employed by HA in each of the past nine year to cope with the manpower needs of its dispensaries and the average waiting time for patients of the general out-patient clinics and specialist out-patient clinics of the various clusters of HA to collect medicine; whether HA had ever withheld the recruitment of pharmacists because there was a sufficient number of dispensers holding the status of "approved persons" since HA has assigned such dispensers to perform the duties of pharmacists in-charge in 2003; whether HA had consulted the dispensers and their staff associations before implementing the "approved persons" system in 2003; whether the system had been reviewed and enhanced in the past nine years; if not, the reasons for that;

(b) whether HA had informed the dispensers concerned in advance before making applications for them to be appointed as "approved persons"; whether it had given copies of the appointment and other related letters to such dispensers for their retention after application; how such appointments and recognition of qualifications are of use to the experience and qualifications of the dispensers; whether HA had, at the time of making applications for appointment of these dispensers, provided them with additional training and opportunities for further studies, and improved their remuneration packages to enable them to cope with the additional workload and duties; and

(c) given that the employees in the trade and members of the public have strong reservations about assigning dispensers who have been appointed as "approved persons" to perform the duties of registered pharmacists, whether HA will immediately put the system on hold (including immediately re-assigning registered pharmacists who meet the qualification requirements to take up the posts of pharmacist in-charge currently taken up by "approved persons") and expeditiously employ additional staff for both grades so as to ease the pressure of the workload in the dispensaries and to shorten the waiting time for patients to collect medicine; whether HA will also review the duties, scope of work and promotion ladder of the different grades of staff in the dispensaries so as to enhance the procedures and efficiency

in dispensing medicine in the dispensaries under HA and reduce medicine incidents?

Reply:

President,

Under the Dangerous Drugs Ordinance (Cap.134) and the Pharmacy and Poisons Regulations (Cap. 138A), pharmacies of hospitals and outpatient clinics are required to have a registered pharmacist or a person approved by the Director of Health to possess and supply dangerous drugs and to supervise the dispensing of poisons. Before the Hospital Authority (HA) took over 59 General Outpatient Clinics (GOPCs) from the Department of Health (DH) in July 2003, senior dispensers and dispensers had all along been in charge of the GOPC pharmacies and were responsible for possessing and supplying dangerous drugs and supervising the dispensing of poisons. This is referred to as the "Approved Person" arrangement. After taking over the GOPCs, HA has continued to adopt the "Approved Person" arrangement and recruited 45 additional pharmacists to manage the operation of GOPC pharmacies.

At present, HA applies to the Director of Health on a regular basis for extending the "Approved Person" status of some senior dispensers and dispensers working in the GOPCs, so that they can continue to perform dispensing-related duties in accordance with the aforesaid Ordinance and Regulations. HA has already, for each of the GOPCs, deployed pharmacists to be in charge of the pharmacies and be responsible for the management of the daily operation of the GOPC pharmacies. The "Approved Persons" are not required to be in charge of the GOPC pharmacies but they have to perform the duties of "Approved Persons", including possession and supply of dangerous drugs as well as supervising the dispensing of poisons, in the absence of on-site pharmacists and when there is a service need. The "Approved Person" arrangement is an established practice adopted from the Department of Health and has been operating effectively. The extension of the "Approved Person" status with the Director of Health's written approval also complies with the law. In fact, the duties of "Approved Persons" are part of the daily and professional duties of the dispenser grade staff. The work arrangement is consistent with that when they worked in the GOPC pharmacies under DH's management in the past. At present, all dispensers trained by the Hong Kong Institute of Vocational Education have obtained the Higher Diploma in Pharmaceutical Technology and received vocational training in uses of drugs and drug dispensing practice. After they joined HA, dispensers will receive a variety of continuous professional development training every year, covering the pharmacy practice, drug knowledge as well as personal and career development etc., to cope with the service needs. Therefore, dispenser grade staff of HA have the professional qualification and knowledge and are competent to perform dispensing-related duties in the GOPC pharmacies. HA will continue to uphold the principle of appointment by merit and arrange both pharmacists and dispensers to work together in the GOPC pharmacies so as to meet service needs.

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

(a) The number of pharmacists and dispensers recruited by HA every year varies according to service development and operational needs. In each of the past nine years, HA took on additional pharmacists (maximum 53 in one year) and additional dispensers (maximum 32 in one year). Detailed figures are at Table 1 of the Annex. In recent years, the average waiting time

for drug dispensing services for patients attending HA's specialist out-patient clinics (SOPCs) has been maintained at about 40 minutes. Detailed figures are at Table 2 of the Annex.

After taking over the GOPCs, HA has continued the "Approved Person" arrangement in the GOPCs for operational reasons. As a matter of fact, the duties of "Approved Persons" are within the scope of daily duties of the dispenser grade staff, and the number of "Approved Persons" has been gradually decreasing from 93 in 2003 to 34 in July 2012. The 34 "Approved Persons" whose status have been extended are all senior dispensers who are experienced and professionally competent to perform dispensing-related duties. On the other hand, since 2011-12, HA has been recruiting and deploying over 20 pharmacists to work at the GOPCs to strengthen the overall manpower support and enhance the overall efficiency of GOPC pharmacy services. HA has been communicating closely with the concerned staff and the dispenser staff associations on the need to extend the "Approved Person" status of some of the dispenser grade staff.

(b) Since 2009, HA has issued written notice to the concerned staff on the Director of Health's approval for extending their "Approved Person" status in the GOPCs. The "Approved Persons" with their status extended in the past were all senior dispensers and experienced dispensers. As mentioned above, HA provides a variety of continuous professional development training, covering pharmacy practice, drug knowledge as well as personal and career development etc., for pharmacy staff every year (including dispenser grade staff working in both hospitals and out-patient clinics) so as to meet service needs.

(c) HA understands the concerns of some dispensers about their roles as "Approved Person". However, to ensure that the operation of the GOPC pharmacies will not be affected, HA assesses that there is still a need to maintain the "Approved Person" arrangement for senior dispensers in the near future.

In recent years, HA has been recruiting more pharmacist and dispenser grade staff to shorten the waiting time and improve workflow in drug dispensing services. HA will keep in view the service development and operational needs and deploy its manpower flexibly and determine the appropriate staff mix in order to deliver efficient and safe pharmaceutical services to meet patients' needs.

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Legislative Council Q6

Table 1

Additional pharmacists and dispensers employed by Hospital Authority
from 2003-04 to 2011-12

Year	Manpower growth as at March 31 each year	
	No. of pharmacists	No. of dispensers
2003-2004	52	0
2004-2005	17	0
2005-2006	16	6
2006-2007	6	5
2007-2008	13	24
2008-2009	18	32
2009-2010	27	30
2010-2011	11	22
2011-2012	53	26

Legislative Council Q6

Table 2

Average waiting time for Hospital Authority's drug dispensing services in specialist
out-patient clinics (SOPCs) from 2004-05 to 2011-12

Year	Average waiting time for Hospital Authority's drug dispensing services in SOPCs
2004-2005	37.6 mins
2005-2006	28.4 mins
2006-2007	27.4 mins
2007-2008	31.4 mins
2008-2009	32.6 mins
2009-2010	41.2 mins
2010-2011	41.7 mins
2011-2012	41.3 mins

Note 1 : The dispensing system and workflow of the General Outpatient Clinics (GOPCs) pharmacies are different from those of SOPCs pharmacies. Hospital Authority is unable to provide the overall average waiting time for drug dispensing services in GOPCs.

Note 2 : HA does not maintain information on the average waiting time for drug dispensing services in the SOPCs in 2003-04.