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Tel. No.: 2388 2728

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Our Ref.: HKDU/234/2013

3rd December 2013

By email

Dr. the Hon. Leung Ka Lau
Chairman
Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Dr. the Hon. Leung,

Re: To strengthen the regulation on pharmaceutical products in Hong Kong

Hong Kong Doctors Union agrees with the Government's many proposals to prevent irregular behavior in resale of obtained drugs. However the proposed method of requirement of all authorized sellers of pharmaceutical products (ASPs), doctors, dentists and pharmacists to use written method of ordering does nothing to prevent such illegal sales but only create cumbersome manpower wastage in procedures and delay. Also most importantly it does nothing towards preventing dispensing mishaps by ASPs, dentists pharmacists or doctors. As such HKDU firmly opposes to this written order requirement.

1. Patients' safety first but not false security

A patient wants the security of knowing his doctor has carefully checked all his medicine before giving him. How he ordered them matters nothing. For years doctors have kept written records of drug orders but now the authority wants to change this to a requirement to have written orders before drug delivery and not the well practiced safety proven verbal orders.

2. Existing safety mechanism

Doctors all along place great emphasis on safe dispensing advocating stringent checking all medicine dispensed before handing them to patients. The **triple check mechanism** adopted by private doctors includes:

- a) counter signing for drugs delivered them by drug firms on invoices and poison forms;
- b) ensuring nurses know the correct drugs have been received and checking with the doctors before stamping or signing the invoice and;
- c) most importantly the doctors' final checking of all dispensed drugs before handing out.

3. Futility of written orders

Dispensing safety is not added by banning verbal ordering of drugs and requiring written orders. The demand by the Secretary for Food and Health to compel all doctors to fax/post written orders to

Cont.../P. 2

Our Ref.: HKDU/234/2013

P. 2

drug firms only delay the communication between suppliers and recipients i.e. doctors, dentists and community pharmacists. This suggested written order requirement was made a few years ago by some members of Hong Kong Medical Association (HKMA) in response to a drug dispensing mishap when no Hong Kong doctors agreed with them. Repeated surveys (Annex I, II) made by HKDU revealed strong objection to such a requirement.

4. Government's invalid reasons

Reasons cited by the government in past years have all been invalidated. They cited:

a) Other countries are practising this requirement

In fact no doctors anywhere that provide dispensed drugs to patients need to use written orders. Such a requirement is not practised by pharmacists in USA, Australia, UK and Canada. **Written order for drug purchase is NOT required in countries worldwide.** In Australia, doctors do not dispense drugs and sample drugs given to patients need not be ordered. In Singapore, doctors are not required to use written orders."

b) Majority of doctors accept this requirement

The HKMA which have written this requirement in their recent edition Good Dispensing Practice Manual uses the term "recommended" when a majority of concerned members strongly objected to the term "should". (Annex III, IV) **The great majority of doctors saw that this procedure as futile and add nothing to safety** but only create cumbersome waste of time and energy. In fact less than ten out of 5,000 private doctors in Hong Kong, excluding large group practices, are practising written order so far.

5. Serious drawbacks of written orders

a) Delay in getting treatment by written orders

In this electronic age communications should be fast and of course accurate. Using fax/post means waiting for the drug firm to receive it, checking that they have received and further ringing to find if they get the correct message. This also creates a delay in the delivery of drugs to clinics and thus patients, something we do not want.

b) Manpower wastage

Large group clinics and hospitals may have a pharmacist to handle this, however, it surely causes the waste of manpower especially for small drug companies and solo clinics.

The government must not push through irresponsible, unwelcome and impractical policies based on untrue information.

Our Ref.: HKDU/234/2013

P. 3

The Secretary boasts that a lot of doctors support this written order requirement. We challenge the Government and the HKMA to openly conduct a doctors' opinion survey to show if they are right. We are sure they would not dare as they would guess that the silent majority is against such a requirement. Community pharmacists are united with doctors in this stand in upholding the stringent checking of prescribed outgoing drugs and against the imposed irresponsible, ineffective and cumbersome written order requirement.

Conclusion

We ask the Legislative Council members and the government to put patients' safety and welfare first and retain the existing more efficient and convenient method of verbal ordering of drugs if doctors prefer but stress on the stringent checking of "all" dispensed drugs before final delivery to patients. To assist in the correct drugs being delivered by drug firms, we stress that we can require doctors to sign all delivered drug invoices within 48 hours. Enclosed please find our previous submissions in the past six years (Annex V) to the authority on the captioned subject for your perusal.

Yours sincerely,



Dr. Ho Ock Ling Thomas
Hon. Secretary
Hong Kong Doctors Union

Encl.

cc: All Legislative Council Members

Outgoing 15

Results of Ultimate Survey on “to require retailers and doctors to have written records for drug orders”

「醫生須保存訂購藥物的書面記錄」的終極調查問卷結果

In order to collect the opinions from members on the captioned, Hong Kong Doctors Union sent a questionnaire to 1,661 members on 9.2.2010.

為了收集會員對「醫生須保存訂購藥物的書面記錄」的意見，本會於2010年2月9日向1,661名會員發出終極調查問卷。

As at 27.2.2010, 145 members (8.73%) returned the questionnaire to HKDU. The results of ultimate survey are:-
直至2010年2月27日，本會收到145名會員(8.73%)之回覆。以下是終極調查問卷的結果：

1. Do you agree that written records for drug orders would avoid drug blunders?

你是否同意書面訂藥可避免藥物失誤？

9 - 6.21% Yes 同意 132 - 91.03% No 不同意 4 - 2.76% Abstain 無意見

2. Do you agree that written records for drug orders would secure the public's confidence on doctors?

你是否同意書面訂藥可確保市民對醫生的信心？

7 - 4.83% Yes 同意 135 - 93.10% No 不同意 3 - 2.07% Abstain 無意見

3. Do you agree that written records for drug orders would protect doctors from being mistakenly involved in illegal drug sales?

你是否同意書面訂藥可保障醫生免誤墮不法的藥品買賣中？

9 - 6.21% Yes 同意 129 - 88.96% No 不同意 7 - 4.83% Abstain 無意見

4. Finally, do you agree on Mandatory written records for drug orders?

最後，你是否同意強制書面訂藥的建議？

5 - 3.45% Yes 同意 136 - 93.79% No 不同意 4 - 2.76% Abstain 無意見

5. Other comments其他意見：

- 1) 公營機構或醫療集團必須書面訂藥，因為它們沒有人需要負責，私人執業不用書面訂藥，因為他們有人會負責。
- 2) 請勿化簡單為繁複，阻礙日常醫務工作。
- 3) 現行方法已有足夠資料顯示藥物種類、數量、訂購時間和購買者及金額，官僚的想法是勞民傷財，不環保。
- 4) 私家醫生多數是個體經營，其特點是藥種多但份量少，消耗及需求不定時，經常要數天內要購到，每次買少少，用完即刻叫，所以電話查詢，定價，落單就適合。藥物出錯主要是醫生，護士水平，責任心問題，與電話訂藥無關。
- 5) 對病人、對醫生是多餘的做法。只是多一條可指控醫生的法例。
- 6) 由傳統訂藥的方式而導致“失誤”畢竟是極少，極少數，比路面意外還要少得多！對本人來說從來沒有出錯。
- 7) 錯失焦點，多此一舉，擾民政策。
- 8) 問題在責任感。
- 9) 現行制度持之已久，並無大問題，為何需要改變？問題關鍵在於醫生本身需親身檢查所收到之藥物，確保正確。藥廠之Invoice已是文件證明。

(Original Script From Members)

Appendix 1

Results of Survey on The Hong Kong Medical Association's Good Dispensing Practice Manual
香港醫學會之「良好配藥操作手冊」調查問卷結果

In order to collect the opinions from members on the captioned, Hong Kong Doctors Union sent a questionnaire to 1,714 members on 8.6.2007.

As at 5.7.2007, 149 members (11.50%) returned the questionnaire to HKDU. The results of survey are:-

No. 編號	Question 問題	Yes 贊同	No 不贊同	No Answer 沒有回答	Total 合共
1.	Do you agree that the ordering of drugs from suppliers should be made in writing? 您是否贊同訂藥時 必需 以「白紙黑字」方式通知供應商?	4 (2.69%)	144 (96.64%)	1 (0.67%)	149 (100%)
2.	Do you agree that all medicines (not only external-use ones) should be stored in the suppliers' original containers? 您是否贊同所有藥物(不單指外用藥) 必需 貯存在供應商提供的容器內?	16 (10.74%)	133 (89.26%)	0 (0%)	149 (100%)
3.	Do you agree that the mixing of different liquid medicines should be avoided in private clinics? 您是否贊同私家診所 必需 盡量避免混合不同種類的藥水?	49 (32.89%)	99 (66.44%)	1 (0.67%)	149 (100%)
4.	Do you agree that diluting of liquid medicines should be avoided in private clinics? 您是否贊同私家診所 必需 盡量避免稀釋藥水?	32 (21.48%)	117 (78.52%)	0 (0%)	149 (100%)
5.	Do you agree that for the pre-pack medications, it is recommended to mark the expiry date and lot number on the bottle in addition to the name of the drug (For ease of tracing if dispensing error occur)? 您是否贊同由診所預先包裝的藥品，其藥樽上，除列明藥名外，應寫明到期日和診所批號(若配錯藥時，可方便政府追查)?	33 (22.15%)	114 (76.51%)	2 (1.34%)	149 (100%)

Annex III

良好配藥操作手冊 Good Dispensing Practice Manual

第二版
2nd Edition



香港醫學會
The Hong Kong Medical Association

二零零七年五月
May 2007

5 STORES PROCUREMENT AND STOCK MANAGEMENT

Stores procurement

The Doctors in-charge are responsible for the requisition of pharmaceutical stores. It is recommended that the ordering of drugs from suppliers be made in writing, the written order to be kept for checking by the doctor against the drugs delivered and for future reference. (A sample order form is attached on P.16 for reference.)

Stock management

The purpose of good stock management is to bring about a safe and effective dispensing service. Over-stocking of stores should be avoided and optimum stock quantities should be maintained to ensure a continuous supply. To ensure proper stock management, the following measures are recommended:

1. To ensure that the correct medicine is received:
 - a. The medicine label, including the expiry date, should be checked before receiving stores.
 - b. Unlabelled medicines should be rejected and the supplier should be informed of it.
2. To avoid mixing-up of medicines:
 - a. Medicines for internal use should be stored separately from medicines for external application.
 - b. External products should be distinctively labeled with the cautionary statement "For External Use Only".
 - c. The label of a medicine should be checked before putting it on the shelf.
 - d. Similar looking medicines should be stored separately from each other.
 - e. Different strengths of the same medicine should be highlighted appropriately to avoid mixing-up.
 - f. Staff should be notified if the shape and/or colour of any medicine has been changed.
 - g. Expired medicines should be labeled properly and put aside for proper disposal as chemical waste according to the guidelines of the Environmental Protection Department.
3. To avoid product deterioration:
 - a. Medicines should be stored in a clean and good condition.
 - b. The temperature of the store and the refrigerator should be regularly checked.
4. To ensure effective use of stock:
 - a. Stock rotation should be carried out right after stores receiving.
 - b. The expiry dates of medicines should be regularly monitored.
5. To ensure safe custody of Dangerous Drugs:
 - a. Dangerous Drugs should be stored separately under lock and key.

6 THE DISPENSING OF MEDICINE

Dispensing includes all of the activities, which occur from the time the prescription is received in the dispensary until the medicine or other prescribed items have been collected by the patients. It therefore includes: the review of the prescription; any action taken to address concerns so identified; the correct dispensing of the medicine in an appropriate container with a correct label; and the provision of information and advice as appropriate.

Supervision of dispensing

Doctor in clinic is responsible for supervising drug dispensing.

The doctor should ensure that a dispensed product will still be within the expiry date at the end of the treatment period, where this is predictable.

Counselling/information and advice

When a medicine is supplied to a patient, information should be given to the patient or his/her agent to enable the correct and effective use of the medicine. Most importantly, is recommended to make sure that the directions on the label of the dispensed medicines are understood. Relevant information pamphlets may be provided to the patient as appropriate.

Dispensing containers

1. All containers intended for medicinal products should be properly stored and free from contamination.
2. All stock bottles should be regularly cleansed or replaced when necessary.

Labelling of dispensed medicines

Labelling of dispensed medicines should be clear and legible. All medicines should normally be labeled with the following particulars:

- a. name of doctor or means of identifying the doctor who prescribes the medication;
- b. a name that properly identifies the patient;
- c. the date of dispensing;
- d. the trade name or pharmacological name of the drug;
[If a generic drug is used, a doctor may add the term "generic substitute for (name of patent drug)" on the label to further facilitate identification of the generic drug. Reference could be made to the "Compendium of Pharmaceutical Products" which lists all the drugs registered in Hong Kong and is published by the Department of Health.]
- e. the dosages, where appropriate;
- f. the method and dosage of administration; and
- g. precautions where applicable.

8 EDUCATION, TRAINING AND DEVELOPMENT

Members of staff involved in the dispensing process need to be adequately trained for the purpose. All dispensing staff are recommended to avail themselves of all opportunities to undergo continuing education and training. This is necessary to enable them to provide competently the professional services being offered.

The following are examples of courses which have been organized:

Course name/duration	Fee/hours	Organized by	Enquiry
Basics in Dispensing & Pharmacy Practice I	\$3,500 75 hours	Hong Kong Institute of Vocational Education (Chai Wan)/ VTC ¹	2595 8210
Basics in Dispensing & Pharmacy Practice II	\$3,500 75 hours		
Certificate Course for Medical Clinic Assistants	\$8,000 112 hours	Hong Kong Doctors Union & Open University of Hong Kong ²	3120 9988
Diploma Course for Medical Clinic Assistants	\$15,900 210 hours	Hong Kong Doctors Union & Open University of Hong Kong ³	3120 9988
Basic Knowledge of Drug Usage for Health Care Personnels	\$200 16 hours	Skills Upgrading Scheme, Education and Manpower Bureau ⁴	2836 1234
Drug Dispensing Skills for Health Care Personnels in Clinics	\$190 15 hours	Skills Upgrading Scheme, Education and Manpower Bureau ⁵	2836 1234

Updated information is also available at the HKMA web site at <http://www.hkma.org>.

¹ To be held when there is sufficient enrolment. For information on related course, please refer to http://asweb.vtc.edu.hk/webpage/page_c_02.htm

² For details, please refer to http://www.ouhk.edu.hk/WCM/?FUELAP_TEMPLATENAME=tcSingPage&ITEMID=CCLIPACECONTENT_57019946&lang=eng&s=1

³ For details, please refer to http://www.ouhk.edu.hk/WCM/?FUELAP_TEMPLATENAME=tcSingPage&ITEMID=CCLIPACECONTENT_57019946&lang=eng&s=1

⁴ There are some more courses suitable for Clinical Assistants. For details, please refer to <http://www.emb.gov.hk/sus>

⁵ There are some more courses suitable for Clinical Assistants. For details, please refer to <http://www.emb.gov.hk/sus>

9 RELATIONSHIP WITH PATIENTS, PUBLIC AND OTHER HEALTH CARE PROFESSIONALS

Health care advice to the public should be accurate and appropriate. Dispensing staff are recommended to be prepared and be available to give advice on health related matters and answer enquiries. Try to be patient and courteous at all times. Supervisors should coach staff on courtesy and means to resolving difficulties.

10 ADMINISTRATION AND MANAGEMENT

A sound management structure should be established to ensure the efficient operation of the clinic dispensary. Doctors should adopt an open attitude in management. They should be ready to listen to staff concerns and make improvement as appropriate. Good and effective communication within the clinic is also essential to bring about overall service improvement.

11 ACKNOWLEDGEMENT

The Association is deeply indebted to the following members of the Task Force on Drug Dispensing for their advice and guidance, without which the timely publication of this manual would not have been possible:

Mr. Anthony Chan, Chief Pharmacist, Department of Health	Dr. Vivien W. Gam, Principal Lecturer, Hong Kong Institute of Vocational Education - Chai Wan
Dr. Leung Hip Hung, Chief Industrial Training Officer, Skills Upgrading Scheme Secretariat, Education and Manpower Bureau	Ms. Anna Wong, Hospital & Clinic Nurses Association
Dr. Cheng Chi Man	Dr. Cheng Man Yung
Dr. Cheung Hon Ming	Dr. Choi Kin
Dr. Ho Chung Ping	Dr. Leung Chi Chiu
Dr. Li Sum Wo	Dr. Tse Hung Hing
Dr. Yeung Chiu Fat	

Last but not least, we would like to thank the Department of Health for their permission to make use of their Good Dispensing Practice Manual as first blueprint for us to work on.

Annex IV

Good Dispensing Practice Manual

良好配藥操作手冊



香港醫學會
The Hong Kong Medical Association

二零零五年七月
July 2005

4 STORES PROCUREMENT AND STOCK MANAGEMENT

Stores procurement

The Doctors in-charge are responsible for the requisition of pharmaceutical stores. Orders for drugs are recommended to be made in writing via post or fax by the doctor. All drugs should be checked and receipts signed by the doctor upon delivery of the drugs. (A sample order form is attached on P. 26 for reference)

Stock management

The purpose of good stock management is to bring about a safe and effective dispensing service. Over-stocking of stores should be avoided and optimum stock quantities should be maintained to ensure a continuous supply. To ensure proper stock management, the following measures are recommended:

1. To ensure that the correct medicine is received:
 - a. The medicine label, including the expiry date, should be checked before receiving stores.
 - b. Unlabelled medicines should be rejected and the supplier should be informed of it.
2. To avoid mixing-up of medicines:
 - a. The label of a medicine should be checked before putting it on the shelf.
 - b. Similar looking medicines should be stored separately from each other.
 - c. Internal medicines should be stored separately from external medicines.
 - d. Staff should be notified if the shape and/or colour of any medicine has been changed.
 - e. Expired medicines should be labeled properly and put aside for proper disposal as chemical waste according to the guidelines of the Environmental Protection Department.
3. To avoid product deterioration:
 - a. Medicines should be stored in a clean and good condition.
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Dr. Cheng Chi Man	Dr. Cheng Man Yung	Dr. Cheung Hon Ming
Dr. Choi Kin	Dr. Li Sum Wo	Dr. Tse Hung Hing
Dr. Henry C.F. Yeung	Ms. Anna Wong	

Last but not least, we would like to thank the Department of Health for their permission to make use of their Good Dispensing Practice Manual as first blueprint for us to work on.



HONG KONG
DOCTORS UNION
香港西醫工會

Annex V

Room 901, Hang Shing Bldg., 363-373 Nathan Road, Kowloon.

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Our ref.: HKDU/155/2012

31st July 2012

By fax and mail

Ms. Iris Thai
Drug Office of Department of Health
3/F., Public Health Laboratory Centre
382 Nam Cheong Street
Kowloon.

Dear Ms. Thai,

Re: Compulsory Written Order for Drug Purchase

In response to the proposal by the Pharmacy and Poisons Board to require Authorized Seller of Poisons (ASP) in their Code of Practice to have written order for drug purchasing presumably from drug suppliers and manufacturers, Hong Kong Doctors Union (HKDU) has the following statements to make.

HKDU stresses once more doctors are just as keen to prevent dispensing mishaps but we are totally disappointed that the Government only heeded the words of the previous Chief Government pharmacist and one doctor leader who would not bother to consult medical colleagues on this important issue.

1. Genuine records of orders and sales are already currently maintained by suppliers, doctors and pharmacists. Written orders do not add any extra safeguard. Careful checking of delivered drugs by doctors and pharmacists themselves as presently practiced is good enough.
2. HKDU has conducted repeated opinion surveys among practising doctors which all showed they disagreed with the written order requirement and which they considered to be absolutely useless but troublesome. Again HKDU stresses once more doctors are just as keen to prevent dispensing mishaps but we are totally disappointed that the Government only heeded the words of the previous Chief Government pharmacist and one doctor leader who would not bother to consult medical colleagues on this important issue. HKDU once more stresses that the one particular survey was done in response to the request by the Bureau which claimed then that drug firms cheat doctors in drug delivery to clinics.
3. Written order for drug purchase is NOT required in countries worldwide. In Australia, doctors do not dispense drugs and sample drugs given to patients need not be ordered. In Singapore, doctors are not required to use written orders. We hope the Government will ensure only correct information on countries where mandatory written order for drug purchase are practiced be passed on officially to us doctors. Pharmacists, doctors and the public do not want to be misled.
4. The issue is particularly urgent as there is already strong resentment from pharmacists working in the retail sector on the proposed changes in the Code of Practice for ASP to require mandatory written orders for the ordering of drug products which is a practice not accepted by pharmacists

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P. 2

practising in other developed countries worldwide such as USA, Australia, UK and Canada. We stress the same strong resentment applies to doctors. We know overseas doctors are not required to have written orders.

5. To help those who DO NOT APPRECIATE HOW CLINICS or COMMUNITY PHARMACISTS OPERATE, HKDU is saying again that such a requirement of written order does not contribute the slightest towards THE CORRECT DRUG being dispensed. Our counter proposal again is sufficient protection against mishaps. It requires the doctor or ASP to sign within a specified period for all drugs delivered by drug companies regardless of the category of drugs. Such **signing and thus checking by the doctor is adequate proof and protection for him against any so called foul play by firms.** Once more if the Department of Health has vigorously supervised and checked the firms for wrong doings there is little room for them to cheat the doctors /ASP on the type and amount of drugs delivered.

HKDU cannot understand why high ranking officials in the Department and the Government pharmacy hierarchy fail to see the futility and the inconvenience of this written order requirement. If indeed Hong Kong doctors embrace this written order requirement, then we challenge any proposer or supporter of such requirement to conduct a large-scale opinion survey of all healthcare stakeholders, such as doctors to honestly seek their views. After all they have to bear the brunt of such a futile and cumbersome policy.

Yours Sincerely,

Dr. Ho Ock Ling
Hon Secretary
Hong Kong Doctors Union

cc

Dr. Ko Wing Man, Secretary for Food & Health
Dr. Kwok Po Yin, Samuel, President, Association of Private Medical Specialists of Hong Kong
Dr. Sigmund Leung Sai Man, President, Hong Kong Dental Association
Dr. Fu Kam Fung, Kenneth, President, Hong Kong Public Doctors' Association
Dr. Tsang Sheung Yin, Chairman, The Government Doctors' Association
Dr. Cheung Hon Ming, Chairman, The Association of Licentiates of Medical Council of Hong Kong
Dr. Ling Chui Pui, Chairman, Practising Estate Doctors' Association
Dr. Law Yim Kwai, President, Association of Medical Practitioners of Societies' Clinics
Mr. Tsang Kin Ping, Chairperson, Alliance for Patients' Mutual Help Organizations
Ms. Iris Chang, President, The Practising Pharmacists Association of Hong Kong



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Our ref: HKDU/281/2010

31st December 2010

By fax and mail

Dr. Chow Yat Ngok, York
Secretary for Food and Health
Food and Health Bureau
19/F., Murray Building
Garden Road, Hong Kong

Dear Dr. Chow,

Re: Written Methods to Order Drugs

In response to the letter from Dr. Sunny Pau on 1st November 2010, HKDU has the following statements to make.

1. Genuine records of orders and sales are currently maintained by suppliers and doctors. Written orders do not add any extra safeguard. Careful checking of delivered drugs by clinic staff are presently practiced. Nevertheless should the doctors decide to accept certain "unwanted" drugs and willing to pay for them this does not in itself lead to unsafe prescribing to patients.
2. Your quoting two overseas countries where written orders are required has no factual basis. In Australia, doctors do not dispense drugs and sample drugs given to patients need not be ordered. In Singapore, doctors are not required to use written orders. We hope you will ensure only correct information be passed on officially to us doctors. Doctors and the public do not want to be misled.

Suffice to say we have conducted repeated opinion surveys among practicing doctors which all show they disagreed with the written orders requirement which they considered to be absolutely useless but troublesome. Again Hong Kong Doctors Union stresses once more doctors are just as keen to prevent dispensing mishaps but we are totally disappointed that the government only heeded the words of the head pharmacist and one doctor leader who would not bother to consult colleagues on this important issue.

Yours Sincerely,

Dr. Ho Ock Ling
Hon Secretary
Hong Kong Doctors Union



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P. 2

- c.c. Ms Sandra Lee - Permanent Secretary for Health
Ms. Iris Chang, President, The Practising Pharmacists Association of Hong Kong
Dr. Choi Kin, President, Hong Kong Medical Association
Dr. Cheung Hon Ming, Chairman, The Association of Licentiates of Medical Council of Hong Kong
Dr. Ling Chui Pui, Chairman, Practising Estate Doctors' Association
Dr. Wong To Chuen, President, Association of Medical Practitioners of Societies' Clinics
Dr. Kwok Po Yin Samuel, President, Association of Private Medical Specialists of Hong Kong
Mr. Tsang Kin Ping, Chairperson, Alliance for Patients' Mutual Help Organizations
Dr. Sigmund Leung Sai Man, President, Hong Kong Dental Association

Outgoing 15



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Tel. No.: **2388 2728**

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Our ref.: HKDU/166/2010

10th August 2010

By fax and mail

Dr. Chow Yat Ngok, York
Secretary for Food and Health
Food and Health Bureau
19/F., Murray Building
Garden Road, Hong Kong

Dear Dr. Chow,

Re: Written Methods to Order Drugs

In reply to the letter from Miss Shirley Lam dated 22nd July 2010 (please see annex) representing the Food and Health Bureau, HKDU wishes to say we totally agree to have or to keep written records for drug orders which is in keeping with what we have all been doing with drug invoices.

However we strongly object to any suggestion of using only written forms to order drugs. The keeping of written records for drug orders which is traditional and reasonable is totally different from the cumbersome use of written methods to order drugs. HKDU requests your good self to clarify for us. This is particularly urgent as there is already strong resentment from pharmacists working in the retail sector on the proposed changes to the licensing requirements of wholesalers to require mandatory written orders for the ordering of drug products which is a practice not accepted by pharmacists practising in other developed countries in the world such as USA, Australia, UK and Canada. We stress the same strong resentment applies to doctors. We know overseas doctors are not required to have written orders.

If you have good reasons to insist on written orders instead of written records of drug orders, HKDU would like to meet with you to hear from you and have detailed discussion. Progress and harmony are what we all want but this hassle of written orders is doing the opposite and does not help drug safety at all.

Cont.../P. 2



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Tel. No.: 2388 2728

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Our ref.: HKDU/166/2010

P. 2

Yours Sincerely,

Dr. Ho Ock Ling
Hon Secretary
Hong Kong Doctors Union

Encl.

- c.c. Ms Sandra Lee – Permanent Secretary for Health
Ms. Iris Chang, President, The Practising Pharmacists Association of Hong Kong
Dr. Choi Kin, President, Hong Kong Medical Association
Dr. Li Sum Wo, Chairman, The Association of Licentiates of Medical Council of Hong Kong
Dr. Ling Chui Pui, Chairman, Practising Estate Doctors' Association Ltd.
Dr. Wong To Chuen, President, Association of Medical Practitioners of Societies' Clinics
Dr. Kwok Po Yin Samuel, President, Association of Private Medical Specialists of Hong Kong
Mr. Tsang Kin Ping, Chairperson, Alliance for Patients Mutual Help Organizations

Outgoing 15



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

Our ref.: FHB/H/19/69 Pt 4

Tel no: 2973 8103

Your ref.: HKDU/082/2010

Fax no: 2840 0467

By Fax: 2385 5275

22 July 2010

Dr Ho Ock Ling
Hon. Secretary
Hong Kong Doctors Union
Room 901, Hang Shing Bldg
363-373 Nathan Road
Kowloon

Dear Dr Ho,

Re: Written Records for Drug Orders

Thank you for your letter dated 30 April 2010 on the captioned subject.

We would like to reiterate again that the requirement for private doctors to have written records for drug orders is to ensure that all drugs come from known sources and all suppliers and doctors have records of order and sale. Record of drug order will also enable clinic staff to check the delivered drugs against the order.

We look forward to the support of private doctors in implementing this requirement as this will help protect patient safety by reducing errors in drug delivery.

Yours sincerely,

(Shirley LAM)
for Secretary for Food and Health



**HONG KONG
DOCTORS UNION
香港西醫工會**

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Tel. No.: **2388 2728**

Fax: **2385 5275**

Our ref: HKDU/082/2010

30th April 2010

By fax and mail

Dr. Chow Yat Ngok, York
Secretary for Food and Health
Food and Health Bureau
19th Floor, Murray Building
Garden Road
Hong Kong

Dear Dr. Chow,

Re: Written Records for Drug Orders

Hong Kong Doctors Union (HKDU) is most disappointed to receive your reply through Ms. Shirley Lam to our protest letter to the requirement for doctors to use the written form instead of the traditional oral form when ordering drugs.

Your letter cited the recommendation by Hong Kong Medical Association (HKMA) in her guidelines on drugs dispensing which were formulated in response to drug dispensing mishaps. However when this practice of written orders was touted by a leader of that organization, the colleagues who took part in formulating and revising these guidelines were totally against putting this down as a compulsory requirement. So in the end it was put down as a recommendation only and not a compulsory procedure. The rationale was this may help the doctor in clarifying whether he made a "wrong" order or the drug firm made a wrong delivery. As far as we know there are only a handful of practicing doctors who utilize the written form to order drugs, the rest may be large group practices and hospitals with complicated orders.

Our objection has been clearly spelt out in our last letter and such a requirement does not contribute the slightest towards THE CORRECT DRUG being dispensed. Our counter proposal again was sufficient protection against mishaps. It requires the doctor to sign within a specified period for all drugs delivered by drug companies regardless the category of drugs. Such **signing and thus checking by the doctor is adequate proof and protection for him against any so called foul play by firms, which your department and your good self has talked about recently.** Once more if the Department of Health has vigorously supervised and checked the firms for wrong doings there is little room for them to cheat the doctors on the type and amount of drugs delivered.



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Our ref: HKDU/082/2010

P. 2

HKDU once more stresses that the latest survey was done in response to the request by your good self when you made the above claim that drug firms cheat doctors in drug delivery to clinics.

We cannot understand why high ranking officials in the department and the government pharmacy hierarchy fail to see the futility and the inconvenience of this written order requirement. If indeed Hong Kong doctors embrace this written order requirement, then we challenge any proposer or supporter of such requirement to conduct a large-scale opinion survey of all doctors, such as through the HKMA to honestly seek their view. After all they have to bear the brunt of such a futile and cumbersome policy.

Thanking you for your kind attention.

Yours sincerely,

Dr. Ho Oak Ling
Hon. Secretary
Hong Kong Doctors Union

c.c. Ms Sandra Lee – Permanent Secretary for Health

Outgoing 15



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Our ref: HKDU/038/2010

5th March 2010

By fax and mail

Dr. Chow Yat Ngok, York
Secretary for Food and Health
Food and Health Bureau
19th Floor, Murray Building
Garden Road
Hong Kong

Dear Dr. Chow,

Re: Written Records for Drug Orders

Hong Kong Doctors Union (HKDU) wants to emphasize doctors have all along made strenuous efforts to cooperate with the government and have made extra effort and involvement in preventing dispensing mishaps in clinics. For these reasons we have made our counter proposals to require doctors to personally sign all delivered drugs at the clinic level (within a certain period of delivery for the convenience of firms and clinics) more than just for Dangerous Drugs. Also we have previously proposed in details our triple check of labeling of drugs from the time of delivery at our clinics, transfer from large containers to smaller containers on the shelf and the final dispensing from shelf containers to bottles or pill bags, besides the final checking by the doctors before exit to the patients.

At your good self's request in our meeting on 21.1.2010, HKDU recently completed an ultimate survey encompassing all the reasons provided by your good self in support of written orders. The results however have indicated the majority of responders 91% considered written orders would not prevent drug blunders, 93.1% considered that written orders will not secure the public's confidence on doctors; 88.96% considered written records of drug orders would not protect doctors from being mistakenly involved in illegal drug sales and **finally 93.79% opposed to Mandatory written records for drug orders**. In other words, doctor members have maintained strong or even stronger objection to the written order requirement.

HKDU firmly believes in doctors should be personally responsible for drugs ordered and dispensed and the signing of all drugs delivered more than just Dangerous Drugs will prevent from drug companies willfully or illegally deliver drugs more than the doctors ordered unless the doctors agree to accept the higher amount if he change his mind after the original order. No doctor be silly enough to pay more for



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P. 2

what he really gets, so that the excuse of preventing illegal drug sales cannot hold water. Institutions and HMOs may not have doctors responsible for drug orders and therefore they might have all along used written orders for convenience but for the individual doctor such requirement causes great inconvenience and does not contribute to safety. Therefore HKDU stands firm in objecting such a requirement.

Thanking you for your kind attention.

Yours sincerely,

Dr. Ho Ock Ling
Hon. Secretary
Hong Kong Doctors Union

Encl.

c.c. Ms Sandra Lee – Permanent Secretary for Health

Outgoing 15

香港西醫工會 HONG KONG DOCTORS UNION

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27.2.2010

Results of Ultimate Survey on "to require retailers and doctors to have written records for drug orders"

「醫生須保存訂購藥物的書面記錄」的終極調查問卷結果

In order to collect the opinions from members on the captioned, Hong Kong Doctors Union sent a questionnaire to 1,661 members on 9.2.2010.

為了收集會員對「醫生須保存訂購藥物的書面記錄」的意見，本會於2010年2月9日向1,661名會員發出終極調查問卷。

As at 27.2.2010, 145 members (8.73%) returned the questionnaire to HKDU. The results of ultimate survey are:-

直至2010年2月27日，本會收到145名會員(8.73%)之回覆。以下是終極調查問卷的結果：

1. Do you agree that written records for drug orders would avoid drug blunders?
你是否同意書面訂藥可避免藥物失誤?

9 - 6.21%	Yes 同意	132 - 91.03%	No 不同意	4 - 2.76%	Abstain 無意見
-----------	--------	--------------	--------	-----------	-------------
2. Do you agree that written records for drug orders would secure the public's confidence on doctors?
你是否同意書面訂藥可確保市民對醫生的信心?

7 - 4.83%	Yes 同意	135 - 93.10%	No 不同意	3 - 2.07%	Abstain 無意見
-----------	--------	--------------	--------	-----------	-------------
3. Do you agree that written records for drug orders would protect doctors from being mistakenly involved in illegal drug sales?
你是否同意書面訂藥可保障醫生免誤墮不法的藥品買賣中?

9 - 6.21%	Yes 同意	129 - 88.96%	No 不同意	7 - 4.83%	Abstain 無意見
-----------	--------	--------------	--------	-----------	-------------
4. Finally, do you agree on Mandatory written records for drug orders?
最後，你是否同意強制書面訂藥的建議?

5 - 3.45%	Yes 同意	136 - 93.79%	No 不同意	4 - 2.76%	Abstain 無意見
-----------	--------	--------------	--------	-----------	-------------
5. Other comments 其他意見：
 - 1) 公營機構或醫療集團必須書面訂藥，因為它們沒有人需要負責，私人執業不用書面訂藥，因為他們有人會負責。
 - 2) 請勿化簡單為繁複，阻礙日常醫務工作。
 - 3) 現行方法已有足夠資料顯示藥物種類、數量、訂購時間和購買者及金額，官僚的想法是勞民傷財，不環保。
 - 4) 私家醫生多數是個體經營，其特點是藥種多但份量少，消耗及需求不定時，經常要數天內要購到，每次買少少，用完即刻叫，所以電話查詢，定價，落單就適合。藥物出錯主要是醫生，護士水平，責任心問題，與電話訂藥無關。
 - 5) 對病人、對醫生是多餘的做法。只是多一條可指控醫生的法例。
 - 6) 由傳統訂藥的方式而導致"失誤"畢竟是極少，極少數，比路面意外還要少得多！對本人來說從來沒有出錯。
 - 7) 錯失焦點，多此一舉，擾民政策。
 - 8) 問題在責任感。
 - 9) 現行制度持之已久，並無大問題，為何需要改變？問題關鍵在於醫生本身需親身檢查所收到之藥物，確保正確。藥廠之 Invoice 已是文件證明。

(Original Script From Members)



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By hand

on 11/1/2010

Our ref.: HKDU/004/2010

11th January, 2010

By fax and mail

Dr. Joseph Lee Kok Long
Chairman
Panel on Health Services
Legislative Council
Legislative Council Building
8 Jackson Road
Central, Hong Kong

Dear Dr. Lee,

Re: Strong Objection to require all orders for drugs to have written records

We refer to paragraphs 5.67-5.73 of the report of the Review Committee on Regulation of Pharmaceutical Products in Hong Kong. (Please see Appendix A for copy of the extract)

Hong Kong Doctors Union members are as keen as the government and more concerned about the safety of drugs dispensing than any other organization. We have publicly called for the more stringent examination of prescribed drugs not only in our bulletins but also in our drug safety surveys and our submissions to the concerned government departments. However doctors have unanimously shown strong objection to written order requirement in our written and verbal surveys since 2007. (Please see Appendix B for copies of survey result) Verbal orders for drugs have worked efficiently for years and safety was rarely sacrificed since doctors insisted on stringent check of drug labels. Sending written orders for drugs creates uncertainties and fuss and not ensures the right drugs delivered to patients.

We know of the jerk reaction several years back of one leader of another medical organization in advocating written orders with the ordering of drugs as a mean of preventing the wrong drugs being dispensed. We have explained in details how the clinic doctor is like the chef in the kitchen. To ensure the correct foods go to the client, he must treble check the outgoing foods and not just ensure the kitchen receive the correctly ordered ingredients. Therefore requiring the chef to order pork in writing only creates unnecessary fuss and false security, which is dangerous.



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Our ref.: HKDU/004/2010

P.2

As a counter proposal, besides requiring doctors to double check on the drugs received, we propose to extend poison forms to cover non-poison drugs as well and thus doctors need to countersign poison forms for all drugs.

Thank you for your kind attention.

Yours truly,

Dr. Ho Ock Ling
Hon. Secretary
Hong Kong Doctors Union

Encl.

c.c. Dr. Hon. Leung Ka Lau
Mr. Hon. Leong Ka Kit
Mr. Hon. Li Wah Ming
Members of Panel on Health Services

5.67 The Review Committee notes that there is at present no requirement for ASPs or LSPs to place orders for drugs in writing only. The same also applies to private doctors, even though it is stated as a recommended practice in the "Good Dispensing Practice Manual" published by the Hong Kong Medical Association.

5.68 The Review Committee agrees that written drug orders serve two major purposes. First, it contributes to building up a complete set of record in the drug supply chain all the way from the primary source to the patients. It thus facilitates the tracing of source of drugs in the event of drug recall. It also deters the sale of unregistered drugs and purchase of drugs from unregistered traders as these unlawful acts do not have the support of written orders.

5.69 Second, it facilitates ASPs, LSPs and private doctors to verify if the drugs delivered are actually the drugs ordered. Since there is always a time gap between the ordering and delivery of drugs, a written drug order can assist the receiving staff, who may not be the ordering staff, to verify if the correct drugs are delivered. Furthermore, verbal order for drugs is prone to errors, as many drug names are similar and misunderstanding will easily arise.

5.70 The Review Committee acknowledges the concerns and difficulties of ASPs and some private doctors in complying with the written drug order requirement. In particular, for ASPs who may have to place over 100 drug orders daily, the amount of manpower and efforts involved may be quite significant, while many ASPs only have a few staff members and a limited storage area for the written records.

5.71 The Review Committee considers that protection of public health is of the top priority. Placing drug orders in writing contributes to building up a complete set of drug movement record, reducing errors in drug delivery and receipt, and combating illegal sale of drugs. The Review Committee also considers that ASPs and private doctors should not have great difficulties to comply with the requirement. The Review Committee suggests manufacturers and wholesalers design a standard procurement form for use by their clients in order to save their efforts. In fact, many advanced countries, for example in Europe, are already following this practice which has proved to be very convenient and easy to use.

5.72 In the light of the above considerations, the Review Committee recommends that all orders for drugs should have written records. DH should include this requirement in the licensing conditions for ASPs and LSPs, and in parallel, add in the licensing conditions of manufacturers and wholesalers that they can only supply drugs to ASPs, LSPs and private doctors with the support of written orders. The Review Committee is also pleased to note that the Hong Kong Medical Association and the Pharmaceutical Distributors Association of Hong Kong are supportive of this recommendation. Furthermore, it is noted that the written order practice is already recommended in the "Good Dispensing Practice Manual" issued by the Hong Kong Medical Association which should be observed by all doctors as advised by the Hong Kong Medical Council.

5.73 The Review Committee notes the objection of Hong Kong Doctors Union to the mandatory requirement of written order for drugs which is only supported by one other member. The rest of the other members support this recommendation.

香港西醫工會

HONG KONG DOCTORS UNION

Appendix B (1/2)

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5.7.2007

Result of Survey on The Hong Kong Medical Association's Good Dispensing Practice Manual 香港醫學會之「良好配藥操作手冊」調查問卷

In order to collect the opinions from members on the captioned, Hong Kong Doctors Union sent a questionnaire to 1,714 members on 8.6.2007.

As at 5.7.2007, 149 members (11.50%) returned the questionnaire to HKDU. The results of survey are:-

No. 編號	Question 問題	Yes 贊同	No 不贊同	No Answer 沒有回答	Total 合共
1.	Do you agree that the ordering of drugs from suppliers should be made in writing? 您是否贊同訂藥時 必需 要以「白紙黑字」方式通知供應商?	4 (2.69%)	144 (96.64%)	1 (0.67%)	149 (100%)
2.	Do you agree that all medicines (not only external-use ones) should be stored in the suppliers' original containers? 您是否贊同所有藥物（不單指外用藥） 必需 貯存在供應商提供的容器內?	16 (10.74%)	133 (89.26%)	0 (0%)	149 (100%)
3.	Do you agree that the mixing of different liquid medicines should be avoided in private clinics? 您是否贊同私家診所 必需 盡量避免混合不同種類的藥水?	49 (32.89%)	99 (66.44%)	1 (0.67%)	149 (100%)
4.	Do you agree that diluting of liquid medicines should be avoided in private clinics? 您是否贊同私家診所 必需 盡量避免稀釋藥水?	32 (21.48%)	117 (78.52%)	0 (0%)	149 (100%)
5.	Do you agree that for the pre-pack medications, it is recommended to mark the expiry date and lot number on the bottle in addition to the name of the drug (For ease of tracing if dispensing error occur)? 您是否贊同由診所預先包裝的藥品，其藥樽上，除列明藥名外，應寫明到期日和診所批號（若配錯藥時、可方便政府追查）?	33 (22.15%)	114 (76.51%)	2 (1.34%)	149 (100%)

2.12.2009

Survey on “to require retailers and doctors to have written records for drug orders”

「醫生須保存訂購藥物的書面記錄」的調查問卷

In order to collect the opinions from members on the captioned, Hong Kong Doctors Union sent a questionnaire to 1,661 members on 9.11.2009.

As at 2.12.2009, 151 members (9.09%) returned the questionnaire to HKDU. The results of survey are:-

為了收集會員對「要求零售商和醫生保存訂購藥物的書面記錄」的意見，本會於2009年11月9日向1,661名會員發出問卷調查。

直至2009年12月2日，本會收到151名會員(9.09%)之回覆。以下是問卷調查的結果：

No. 編號	Question 問題	Yes 同意	No 不同意	Abstain 無意見	No Answer 無回答	Total 合共
1.	Do you agree with the Government to require retailers and doctors to have written records for drug orders? 您是否同意政府要求零售商和醫生保存訂購藥物的書面記錄？	0 (0%)	151 (100%)	0 (0%)	0 (0%)	151 (100%)
2.	Do you agree with our counter proposal to require doctors to countersign on specified forms for all drugs received in the clinic (whether poison or non-poison)? 您是否同意我會的反建議要求當訂購的藥物(無論毒藥與否)送抵診所時，醫生確認及簽署在指定表格上？	110 (72.85%)	25 (16.56%)	14 (9.27%)	2 (1.32%)	151 (100%)

3. Further opinions 其他意見：

- 1) 根據稅務條例，醫生已經要保存至少七年的藥物訂購收條(要顯示出何種藥物及價錢)，每年會計師亦會要求有該年度的藥物訂購收條，其實已經足夠。
- 2) 周街可以買到的藥，還要白紙黑字訂購嗎？
- 3) 現時 poison drug，已必須醫生簽署 poison form。因何藥物，如有醫生 chop 及 clinic assistant 簽署(有些時藥物送來時，醫生未返)，均是由醫生最終負責。何須再加添醫生一些無謂的文件工作，因而影响了醫生更重要的為病人治療工作。

(Original Script from members)



HONG KONG

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Our ref: HKDU/271/2009

29th December 2009

By fax and mail

Dr. Chow Yat Ngok, York
Secretary for Food and Health
Food and Health Bureau
19th Floor, Murray Building
Garden Road, Hong Kong

Dear Dr. Chow,

Re: Written Orders for Doctors

Safety precautions in dispensing involve medical staff and drug dispensaries. The Review Committee on Regulation of Pharmaceutical Products in Hong Kong has adopted certain useful precautions to prevent mishaps but unfortunately has blindly insisted on doctors using the method of written orders in ordering medicine. This may avoid arguments between ordering doctors and dispensaries but does not really prevent the wrong drugs being labeled or dispensed.

Unfortunately people with power like the Government's chief pharmacist and certain doctor leaders fail to appreciate the real crux of the matter and fail to see why doctors consider written orders as inappropriate and inefficient.

Hong Kong Doctors Union (HKDU) has conducted a survey among members recently (Copy of the Survey results attached) and unanimously objected to such a requirement and they are of the view that written orders does not help prevent the wrong dispensing of drugs and only create great inconvenience to the doctors. HKDU therefore stand firm in our objection towards such an unreasonable and useless requirement that only create false sense of security.

HKDU request for a meeting with your good self to clarify the issue as soon as possible.

Thanking you for your kind attention.

Yours sincerely,

Dr. Ho Oak Ling
Hon Secretary
Hong Kong Doctors Union

Encl.

c.c. Ms Sandra Lee – Permanent Secretary for Health

香港西醫工會 HONG KONG DOCTORS UNION

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2.12.2009

Survey on "to require retailers and doctors to have written records for drug orders" 「醫生須保存訂購藥物的書面記錄」的調查問卷

In order to collect the opinions from members on the captioned, Hong Kong Doctors Union sent a questionnaire to 1,661 members on 9.11.2009.

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為了收集會員對「要求零售商和醫生保存訂購藥物的書面記錄」的意見，本會於2009年11月9日向1,661名會員發出問卷調查。

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No. 編號	Question 問題	Yes 同意	No 不同意	Abstain 無意見	No Answer 無回答	Total 合共
1.	Do you agree with the Government to require retailers and doctors to have written records for drug orders? 您是否同意政府要求零售商和醫生保存訂購藥物的書面記錄？	0 (0%)	151 (100%)	0 (0%)	0 (0%)	151 (100%)
2.	Do you agree with our counter proposal to require doctors to countersign on specified forms for all drugs received in the clinic (whether poison or non-poison)? 您是否同意我會的反建議要求當訂購的藥物(無論毒藥與否)送抵診所時，醫生確認及簽署在指定表格上？	110 (72.85%)	25 (16.56%)	14 (9.27%)	2 (1.32%)	151 (100%)

3. Further opinions 其他意見：

- 1) 根據稅務條例，醫生已經要保存至少七年的藥物訂購收條(要顯示出何種藥物及價錢)，每年會計師亦會要求有該年度的藥物訂購收條，其實已經足夠。
- 2) 周街可以買到的藥，還要白紙黑字訂購嗎？
- 3) 現時 poison drug，已必須醫生簽署 poison form。因何藥物，如有醫生 chop 及 clinic assistant 簽署(有些時藥物送來時，醫生未返)，均是由醫生最終負責。何須再加添醫生一些無謂的文件工作，因而影响了醫生更重要的為病人治療工作。

(Original Script from members)

Outgoing

Our Ref.: HKDU/210/2007

3rd October, 2007

By fax & mail

Dr. Leung Chi Chiu
Hon. Secretary
Hong Kong Medical Association
Duke of Windsor Social Service Bldg.
5/F., 15 Hennessy Road
Hong Kong

Dear Dr. Leung,

Re: HKMA Good Dispensing Practice Manual

Our letter dated 9.7.2007 to the Hong Kong Medical Association (HKMA) reflecting our members' concern on written orders and other proposals on dispensing guidelines apparently was never tabled for discussion in HKMA Council Meetings in August and September until, out of the blue, the first draft of your letter dated 14 September 2007 appeared and asked for the HKMA Council to approve which resulted in the latest HKMA Emergency Council Meeting.

Please be clear that Hong Kong Doctors Union (HKDU) totally appreciates the efforts and good intention by the HKMA Council especially her president in drafting guidelines for safer dispensing. **The medical profession needs strong unity** on dispensing issues to safeguard not only patients' safety but also their right to continue obtaining drugs from private clinics. HKDU and the HKMA agree on the aims and most of the guidelines in question. We want the most reliable, effective and easy to follow measures. However even professors in pharmacy or pharmacology can commit the same mistakes in dispensing unless matching the correct drugs with the labels and prescriptions are strictly adhered to.

Before heeding any cry for removing doctors' right to dispense from groups with ulterior motives or ill informed patient groups, society must scrutinize the real cause of erroneous dispensing. There is no need at all to quote all the authorities including the latest court recommendations as they all amount to making the steps and results of clinic dispensing as foul proof as possible. Only two areas deserve our utmost attention. First are these measures really effective in stamping out human errors? Should the emphasis be better placed? Secondly, how practical are these measures?

To answer the first question, we can compare the case of a chef. Will written orders to fish and meat suppliers necessarily mean the correct dish will arrive at your table? The diner's written order may help but not that to the raw materials supplier. Again think of the tailor. Written orders for different cloths by the tailor will not guarantee the right clothes being made. Written orders by the customer may. Customers' orders in both cases resemble doctors' prescriptions and the clinic assistant or nurse is the chef or tailor and the doctor should be the head chef or the master tailor.

The insistence by the Department of Health to enforce the 2005 HKMA recommendation for written orders may have been due to lack of full understanding of the **logistics in a clinic's dispensary**. The reliability of fax or mailed order can be illustrated by HKDU's letter to Dr. York Chow signed by HKDU's president and the president of community pharmacists' association on the common disagreement with the usefulness and practicability of written orders and the suggested alternatives. A copy was faxed and mailed to the HKMA on 21st August 2007 but yet your letter said you never received it.

The **triple checking by the dispenser or the clinic assistant** of the prescription and the **final check by the doctor** is of the utmost importance. The case for written orders may prevent the wrong medicine from arriving and helps to indemnify the supplier, but the obvious crux of the matter is that the doctor recipient acknowledges the right medicine being delivered and received. Signing of received drugs delivered were recommended and like written orders never implemented. This is what HKDU and community pharmacists believe as the most important step. In order to further prevent mistakes HKDU further suggests here that:

1. In **signing for the received medicine**, the doctor can be required to **sign against each item** which includes **the academic name** as well as the **trade name** on the invoice;
2. Furthermore the clinic assistant or clinic nurse in transferring from the main original container to the container on the shelf has to **ensure that both academic and trade names are correct** and both are **displayed on these containers**. These may be bothersome but it will stamp out the wrong medicine being transferred or dispensed;
3. In addition, a requirement to write on the **label** of dispensed drug, a **simple function of or purpose** for which the drug is given will help prevent a diabetic drug being given for a stomach ailment drug.

All the above measures deal with identifying the correct medicine at reception, transfer and dispensing, and are much more important than the ordering.

The second question can be answered by asking how many doctors are actually doing written orders now. The honest answer is very very few. If the guidelines published and recommended by the HKMA council are hardly adhered to by the council itself what does that mean? Does it mean these measures are easy and practical to follow? We cannot count on a harsh law to force doctors to do something they hardly believe in.

Incidentally we are given to understand that a copy of the HKMA president's answer to a HKDU questionnaire on dispensing was produced at a previous HKMA council meeting and which contained an apparent contradiction but no one including the pharmacists present saw the contents, except the respondent. The said questionnaire needs the respondent's clarification which ultimately proved to be due to a "slip of the pen" by your president. This reminds me of Chairman Mao's openly great love of Chinese Medicine contradicting his private preference for western medicine and absolute avoidance of Chinese herbs he strongly recommended.

Nevertheless, it is unfortunate that HKMA Council has not asked the opinion of all her members on how they look at these measures. We have heard these arguments before that if leaders have to ask what their followers or associates first before decision then their hands are tied. In the name of goodness many evils are committed. The reaction to written order enforcement recommendation causes **not a fuss** on our part but a strong **angry sentiment not stirred** up by us. Only we are **honest enough to alert** your respected council and the authorities to review these suggestions. We are sure no one wants to play god here. And if the public, news media, patients' groups, legal and political members of the community can sit down and patiently listen to our analysis and suggestions carefully, they will agree that we care as much as they do about safety in dispensing and that what we say do carry weight and make good sense. Therefore we call upon HKMA council to instantly conduct a detailed survey of members' opinions on their guidelines and to put our suggestions to them in a fair, honest and open manner. This will be for the best protection of the community and for the sacred calling of the profession to safeguard the former.

Finally HKDU noted with full appreciation that our initial letter to the HKMA on this matter and the letter to Dr. York Chow together with your present reply letter have been published in the HKMA News. We do hope and will fully appreciate that you will also publish this letter in the coming HKMA News.

Yours sincerely,

Dr. Ho Ock Ling
Hon. Secretary
Hong Kong Doctors Union

cc: Mr. Donald Tsang, Chief Executive of HKSAR
Dr. York Chow, Secretary for Food and Health
Dr. Lam Ping Yan, Director, Department of Health
Mr. Anthony Chan, Chief Pharmacist, Department of Health
Dr. Hon. Kwok Ka Ki, Legislative Councillor
Dr. Li Sum Wo, Chairman, The Association of Licentiates of Medical Council of Hong Kong
Dr. Ling Chui Pui, Chairman, Practising Estate Doctors' Association Ltd.
Dr. Duncan Ho, President, Hong Kong Public Doctors' Association
Dr. Chan Sai Kwing, Chairman, The Government Doctors' Association
Dr. Charles S.K. Cheng, President, Association of Private Medical Specialists
Dr. Wong To Chuen, President, Association of Medical Practitioners of Societies' Clinics
Dr. Benjamin S.T. Lau, Chairman, Hong Kong Public Hospitals, Department of Health and Universities Doctors Association
Mr Steven E. Hardacre, President, The Hong Kong Association of the Pharmaceutical Industry
Ms. Tina W.T. Yap, Chairman, The Pharmaceuticals Distributors Association of Hong Kong Ltd.
Ms. Iris Chang, President, The Practising Pharmacists Association of Hong Kong
Mr. Ng Kim Wah, President, The Society of Hospital Pharmacists of Hong Kong
Mr. Benjamin Kwong, President, The Pharmaceutical Society of Hong Kong

P. 4

Ms. Polly Tang, President, The Hong Kong Pharmaceutical Manufacturers Association Ltd.

Director of Information Services

Mr. William Lam Kui Po, Coroner's Court

Prof. Felice LIEH-MAK, Chairman, The Medical Council of Hong Kong

Outgoing14

Our ref: HKDU/166/2007

20th August 2007

By Hand

Dr. Chow Yat Ngok, York
Secretary for Food and Health
Food and Health Bureau
19/F., Murray Building
Garden Road, Hong Kong

Dear Dr. Chow,

Re: Safe Dispensing Measures in Clinics and Dispensaries

For once doctors and community pharmacists have joined their voices together on the captioned. This is in reaction to a recently proposed dispensing safety guideline by Hong Kong Medical Association (HKMA) to require written orders for drugs.

Hong Kong Doctors Union's survey on 8.6.2007 (Annex 1) and opinion polls in 10 HKDU CME meetings have indicated strong opposition to this requirement. The common objections include the inconvenience of faxing orders, the fuss of having to follow up to check if the fax has been received and the manpower needed by firms to oversee these orders. Most of all, what really matters in safeguarding the public is in recognizing that the correct medicine is received but written orders do not guarantee this at all.

As a counter proposal, besides requiring doctors to double check on the drugs received, we propose to extend poison forms to cover non-poison drugs as well and thus doctors need to countersign poison forms for all drugs.

To reinforce safety we can require drug manufacturers to use specially coloured containers for external use medication to differentiate from clear coloured containers for oral medications. The cap can be designed to turn in a direction different from usual for opening. A triple check system can be considered. Each item is checked against the prescription three times.

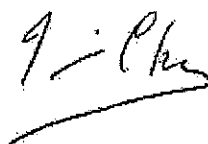
- a. When the drug bottle is removed from the shelf;
- b. After counting and filling-in and sealing of the container to be dispensed;
- c. When replacing the supply bottle to the shelf.

We have reflected the results of our survey to HKMA with copy to Department of Health weeks ago but as yet we have not received a reply and we overheard that the Department of Health is waiting also for the response from HKMA. As such, for the proper protection of the public, the two sectors in healthcare industry are now asking your goodself to consider our more practical and more effective counter proposal in place of written orders for drugs.

Yours sincerely,



Dr. Yeung Chiu Fat
President
Hong Kong Doctors Union



Ms. Iris Chang
President
The Practising Pharmacists Association
of Hong Kong

Encl.

cc: Mr. Donald Tsang, Chief Executive of HKSAR
Dr. Lam Ping Yan, Director, Department of Health
Mr. Anthony Chan, Chief Pharmacist, Department of Health
Dr. Hon. Kwok Ka Ki, Legislative Councillor
Dr. Choi Kin, President, Hong Kong Medical Association
Dr. Li Sum Wo, Chairman, The Association of Licentiate of Medical Council of Hong Kong
Dr. Ling Chui Pui, Chairman, Practising Estate Doctors' Association Ltd.
Dr. Duncan Ho, President, Hong Kong Public Doctors' Association
Dr. Chan Sai Kwing, Chairman, The Government Doctors' Association
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Dr. Li Kai Yan, President, Association of Medical Practitioners of Societies' Clinics
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Mr. Benjamin Kwong, President, The Pharmaceutical Society of Hong Kong
Ms. Polly Tang, President, The Hong Kong Pharmaceutical Manufacturers Association Ltd.

香港西醫工會 HONG KONG DOCTORS UNION

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon
E-mail: hkdu@hkdu.org Home Page: <http://www.hkdu.org> Tel. no.: 2388 2728 Fax no.: 2385 5275

5.7.2007

Result of Survey on The Hong Kong Medical Association's Good Dispensing Practice Manual

香港醫學會之「良好配藥操作手冊」調查問卷

Annex 1 (1/3)

In order to collect the opinions from members on the captioned, Hong Kong Doctors Union sent a questionnaire to 1,714 members on 8.6.2007.

As at 5.7.2007, 149 members (11.50%) returned the questionnaire to HKDU. The results of survey are:-

No. 編號	Question 問題	Yes 贊同	No 不贊同	No Answer 沒有回答	Total 合共
1.	Do you agree that the ordering of drugs from suppliers <u>should be</u> made in writing? 您是否贊同訂藥時 <u>必需要</u> 以「白紙黑字」方式通知供應商?	4 (2.69%)	144 (96.64%)	1 (0.67%)	149 (100%)
2.	Do you agree that all medicines (not only external-use ones) <u>should be</u> stored in the suppliers' original containers? 您是否贊同所有藥物（不單指外用藥） <u>必需</u> 貯存在供應商提供的容器內?	16 (10.74%)	133 (89.26%)	0 (0%)	149 (100%)
3.	Do you agree that the mixing of different liquid medicines <u>should be</u> avoided in private clinics? 您是否贊同私家診所 <u>必需要</u> 儘量避免混合不同種類的藥水?	49 (32.89%)	99 (66.44%)	1 (0.67%)	149 (100%)
4.	Do you agree that diluting of liquid medicines <u>should be</u> avoided in private clinics? 您是否贊同私家診所 <u>必需要</u> 儘量避免稀釋藥水?	32 (21.48%)	117 (78.52%)	0 (0%)	149 (100%)
5.	Do you agree that for the pre-pack medications, it is recommended to mark the expiry date and lot number on the bottle in addition to the name of the drug (For ease of tracing if dispensing error occur)? 您是否贊同由診所預先包裝的藥品，其藥樽上，除列明藥名外，應寫明到期日和診所批號（若配錯藥時、可方便政府追查）?	33 (22.15%)	114 (76.51%)	2 (1.34%)	149 (100%)

香港西醫工會
HONG KONG DOCTORS UNION

Annex 1 (2/3)

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org

Home Page: <http://www.hkdu.org>

Tel. no.: 2388 2728

Fax no.: 2385 5275

To : All Members

This Circular is restricted to HKDU members only

From : HKDU Council

Circular No. 0820, 8th June, 2007

Survey on The Hong Kong Medical Association's Good Dispensing Practice Manual

The threat of separation of consultation and dispensing has never been greater due to the apparent rise in dispensing errors. Overseas experience where such separation of consultation and dispensing exist shows the same error with serious consequences including 7,000 deaths a year in U.S. The latest amendments in Good Dispensing Practice Manual proposed by The Hong Kong Medical Association have included several areas that can pose practical difficulties to private doctors.

Please complete the following survey so that we could gather your views on the proposed amendments in the Manual and reflect them to the Association as soon as possible.

1. Do you agree that the ordering of drugs from suppliers **should be** made in writing?
☐ Yes ☐ No
2. Do you agree that all medicines (not only external-use ones) **should be** stored in the suppliers' original containers?
☐ Yes ☐ No
3. Do you agree that the mixing of different liquid medicines **should be** avoided in private clinics?
☐ Yes ☐ No
4. Do you agree that diluting of liquid medicines **should be** avoided in private clinics?
☐ Yes ☐ No
5. Do you agree that for the pre-pack medications, it is recommended to mark the expiry date and lot number on the bottle in addition to the name of the drug (For ease of tracing if dispensing error occur)?
☐ Yes ☐ No
6. Other Comment:-

Name (Compulsory): _____ HKDU Membership No.: _____

Tel.: _____ Fax: _____ E-mail: _____

Please complete and return the above survey to HKDU Secretariat by post or by fax at 2385 5275 **on or before 30th June 2007.**

香港西醫工會
HONG KONG DOCTORS UNION

Annex 1 (3/3)

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org Home Page: <http://www.hkdu.org> Tel. no.: 2388 2728 Fax no.: 2385 5275

To : All Members

This Circular is restricted to HKDU members only

From : HKDU Council

Circular No. 0820, 8th June, 2007

香港醫學會之「良好配藥操作手冊」調查問卷

以配錯藥事故有上升趨勢為藉口，醫藥分家的要求甚囂塵上。但是，在實施醫藥分家的國家，經驗卻顯示，類似的嚴重錯誤事故依然時有發生，譬如美國一年內便因此引致七千人死亡。香港醫學會最新建議修訂的「良好配藥操作手冊」，有幾處新的指引可能令私家醫生在實行時遇到困難。

請填妥以下問卷，以便搜集大家對建議修訂的新指引意見後，儘早反映給香港醫學會。

1. 您是否贊同訂藥時必需品要以「白紙黑字」方式通知供應商？

☐ 贊同

☐ 不贊同

2. 您是否贊同所有藥物（不單指外用藥）必需品貯存在供應商提供的容器內？

☐ 贊同

☐ 不贊同

3. 您是否贊同私家診所必需品儘量避免混合不同種類的藥水？

☐ 贊同

☐ 不贊同

4. 您是否贊同私家診所必需品儘量避免稀釋藥水？

☐ 贊同

☐ 不贊同

5. 您是否贊同由診所預先包裝的藥品，其藥樽上，除列明藥名外，應寫明到期日和診所批號（若配錯藥時、可方便政府追查）？

☐ 贊同

☐ 不贊同

6. 其他意見:-

姓名 (必需填寫): _____ 會員編號: _____

電話: _____ 傳真: _____ 電郵: _____

請於 2007 年 6 月 30 日或之前填妥以上的問卷傳真至 2385 5275 或寄回香港西醫工會秘書處。