



藥劑連線 *Pharmacists Connect*

Website: www.facebook.com/pharmacistsconnect/

Email: contact.pharmacistsconnect@gmail.com

Address: PO Box no. 196, Shatin Central Post Office, Hong Kong

Panel on Health Services
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

8 March 2019

Dear Sir or Madam,

RE: Corporate governance and manpower situation of the Hospital Authority

Pharmacists Connect is a voluntary, non-profit and independent organization founded in 2017, consisting of young, frontline pharmacists committed to enhancing health and medication literacy of the population of Hong Kong, through the development of the pharmacy profession.

In response to the corporate governance and manpower situation of the Hospital Authority, we have the following suggestions:

1. The Hospital Authority should enhance utilisation of the available pharmacist expertise and manpower in all settings (e.g., hospitals, institutions, clinics).
 - 1.1. Current situation
 - 1.1.1. Pharmacists are highly trained professionals with knowledge in pharmaceutical sciences, clinical management of diseases using drugs, assessing a patient's medications for safety and efficacy, and providing drug information.
 - 1.1.2. However, most pharmacists working in the Hospital Authority are primarily occupied with dispensing medications and lacking core patient-focused professional practice.
 - 1.1.3. The high volume of prescriptions and the focus on dispensing medications, means that there are insufficient clinical pharmacist and medication review services by pharmacists in the inpatient and outpatient setting. Other healthcare team members may not recognise pharmacists' roles in advising and enhancing patients medication therapy.
 - 1.1.4. The current dispensing process often does not allow pharmacists to review the complete medication list and patient profile.



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- 1.1.5. Patients also do not receive sufficient and thorough information about their prescribed medications. This could influence their adherence to medications and result in worse treatment outcomes.
- 1.2. Recommendations
 - 1.2.1. The Hospital Authority should review the core function and expectations of all grades of pharmacists, from dispensing-focused to clinical-focused.
 - 1.2.2. The Hospital Authority should create a policy framework which supports and enables the professional role of pharmacists including clinical pharmacy services, drug information services, and providing individual patient advice about managing their drug therapy.
 - 1.2.3. The Hospital Authority should hire and train pharmacists to assist with medication reconciliation services especially at transitions of care, in order to avoid preventable medication errors.
2. Reviewing the career structure of pharmacist in the Hospital Authority
 - 2.1. Current situation
 - 2.1.1. There are generally four ranks of pharmacists in the Hospital Authority: Resident Pharmacist, Pharmacist, Senior Pharmacist, Chief Pharmacist.
 - 2.1.2. The Pharmacist rank cannot precisely reflect and differentiate the specialist job nature of pharmacists.
 - 2.1.3. The extra qualifications and the actual practice of pharmacists may not match i.e. Pharmacists with specialist qualifications may not have actual specialist practice. On the other hand, pharmacists may engage in specialist practice before they have the extra qualifications.
 - 2.2. Recommendations
 - 2.2.1. Scaling up the standardized training for resident pharmacist and pharmacist.
 - 2.2.2. Introducing career development prospects to develop and incentivize specialist pharmacist.
 - 2.2.3. Reforming the curriculum to upgrade specialist training and build new skills and competencies required for clinical specialist pharmacist.
3. Reducing the administrative or management workload of healthcare staff
 - 3.1. Current situation
 - 3.1.1. Frontline Hospital Authority staff is overloaded with work every year during the winter surge and flu seasons.
 - 3.1.2. Staff at senior ranks are taking up solely or mainly administrative and managerial duties.



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- 3.2. Recommendations
 - 3.2.1. Utilise the manpower of health administration or public health background to take up more of the administrative and executive work.
 - 3.2.2. Healthcare staff should take a more advisory role rather than executive role in the internal management or advisory committees.
4. Enhancing public-private collaboration for better continuity of care
 - 4.1. Current situation
 - 4.1.1. Public hospitals are taking care of 90 per cent of the patients in Hong Kong.
 - 4.1.2. Accessing appropriate medication advice from a pharmacist is difficult due to the volume of drug dispensing within the public system.
 - 4.1.3. Average prescription length for specialist out-patients increased by 7.8 days (10.2%), from 76.4 to 84.2 days.
 - 4.1.4. Old aged homes in Hong Kong have an a staggering \$5.8 million drug waste every year.
 - 4.2. Recommendations
 - 4.2.1. Medication dispensing of eligible Specialist Outpatient Clinic (SOPC) patients can be done in collaboration with community and NGO pharmacies to reduce the burden on HA pharmacy.
 - 4.2.2. A monthly dispensing frequency should be considered for patient with high risk and in need of more frequent monitoring.
 - 4.2.3. Pharmacists can conduct medication reviews, chronic disease management and provide appropriate medication advice in the community setting.
5. Pharmacist should be empowered to provide care in primary care
 - 5.1. Current situation
 - 5.1.1. The current training of local graduates is skewed towards hospital practice rather than community pharmacy practice.
 - 5.1.2. Staff at senior ranks are taking up solely or mainly administrative and managerial duties.
 - 5.2. Recommendations
 - 5.2.1. Pharmacists are gatekeeper of medication safety across the whole drug supply chain from manufacturing, licensing, wholesaling to retail/medical facilities.



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- 5.2.2. Pharmacists should be given more responsibilities e.g., giving flu shots in the pharmacy which facilitate greater immunisation of vulnerable patients and reduce doctor and hospital visits.
 - 5.2.3. The Health Care Voucher Scheme should be extended to medication therapy management services, chronic disease management services provided by pharmacists.
6. Change and updating of legislation
- 6.1. Current situation
 - 6.1.1. Without the separation of prescribing from dispensing, the role of pharmacist in the community setting is limited to selling over-the-counter drugs, baby formula and herbal medicines.
 - 6.1.2. Current legislation does not restrict the ownership of pharmacy to pharmacists, hence business owners can force pharmacists to sell illegal or unethical items for better profit making.
 - 6.1.3. Pharmacists currently have very limited range of over-the-counter medicine to recommend.
 - 6.2. Recommendations
 - 6.2.1. Pharmacy should be owned by registered pharmacist in Hong Kong.
 - 6.2.2. Increase the range of over the counter medicine (P1 Poison) to expand the role of pharmacist.
 - 6.2.3. To set out a timeline for separation of prescribing from dispensing in Hong Kong.

The Pharmacy and Poison board should annually administer a mandatory Health manpower survey for all health professionals, specifically for pharmacists prior to the time of registration renewal. The key data, about employment in the pharmacy profession will be of value to the profession, decision makers, and employers and to provide important statistics of long-term manpower situation of not only the Hospital Authority, but also the private healthcare system.

Regards,

Jason Tong
Pharmacists Connect