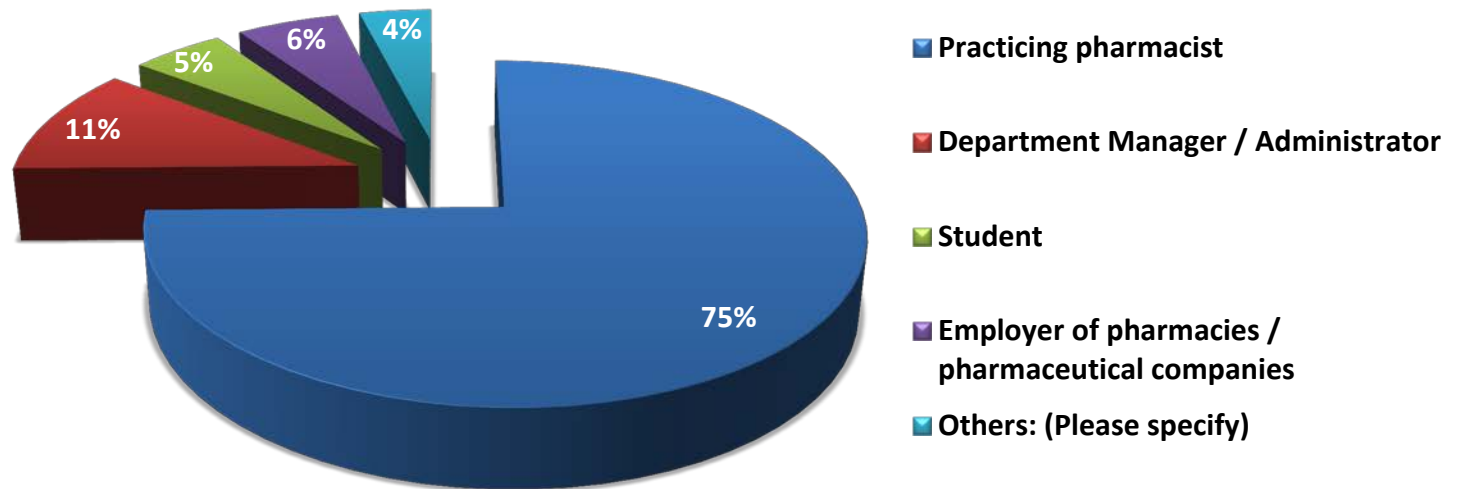


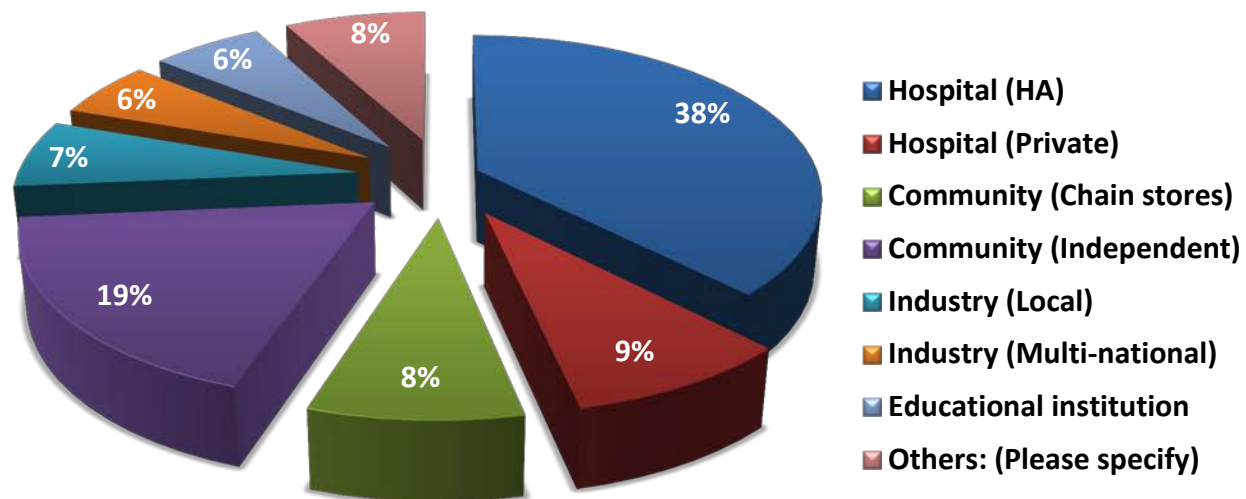
# 1. Which of the following practices positions do you belong to? (Tick one as appropriate)

Total Data Collected: 178		
1. Which of the following practices positions do you belong to? (Tick one as appropriate)	Data	%
Practicing pharmacist	133	75%
Department Manager / Administrator	19	11%
Student	9	5%
Employer of pharmacies / pharmaceutical companies	10	6%
Others: (Please specify)	7	4%
Pharmacist intern; VP- pharmaceutical distributor; Employee of multinational pharmaceutical company; Marketing; Pharmacy Teacher; professor; out of practice for 10 years & Resitting for Rx exams recently; academics		



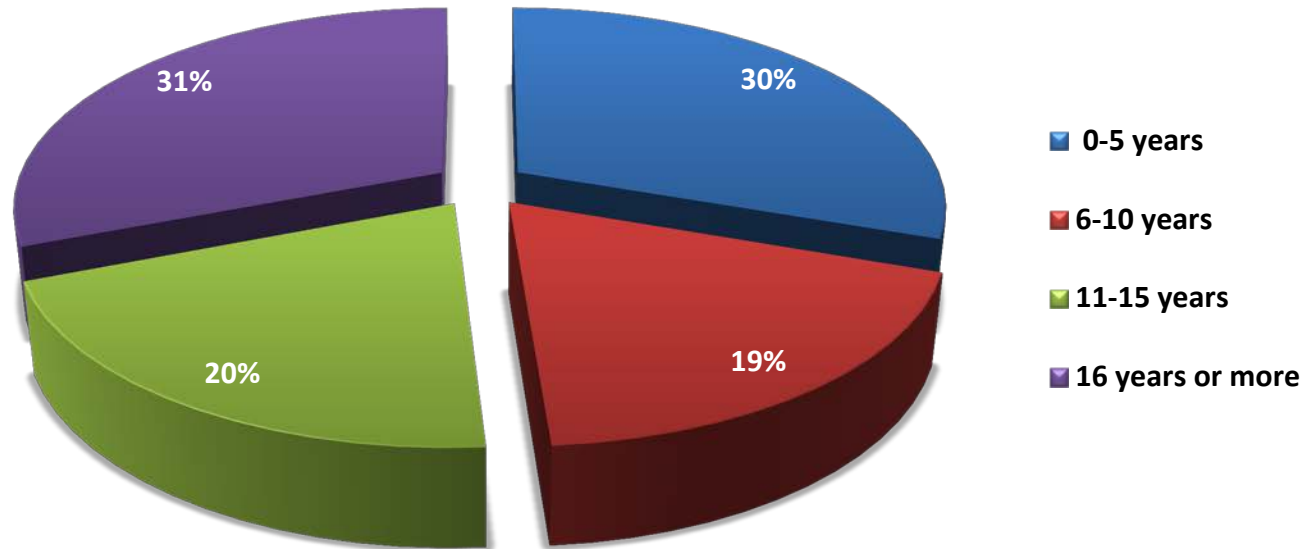
## 2. Sector of Practice

Total Data Collected: 178		
2. Sector of Practice	Data	%
Hospital (HA)	67	38%
Hospital (Private)	16	9%
Community (Chain stores)	15	8%
Community (Independent)	33	19%
Industry (Local)	12	7%
Industry (Multi-national)	10	6%
Educational institution	11	6%
Others: (Please specify)	14	8%
Wholesale; nursing home; Student; intern in Multi-National industrial company + Community chain stores; multi-disp clinics; practice in Canada; Government; oversea hospital; old aged homes; Hospital (China)		



# 3. Years in Practice (since pharmacist licensure)

Total Data Collected: 178		
3. Years in Practice (since pharmacist licensure)	Data	%
0-5 years	54	30%
6-10 years	33	19%
11-15 years	36	20%
16 years or more	55	31%



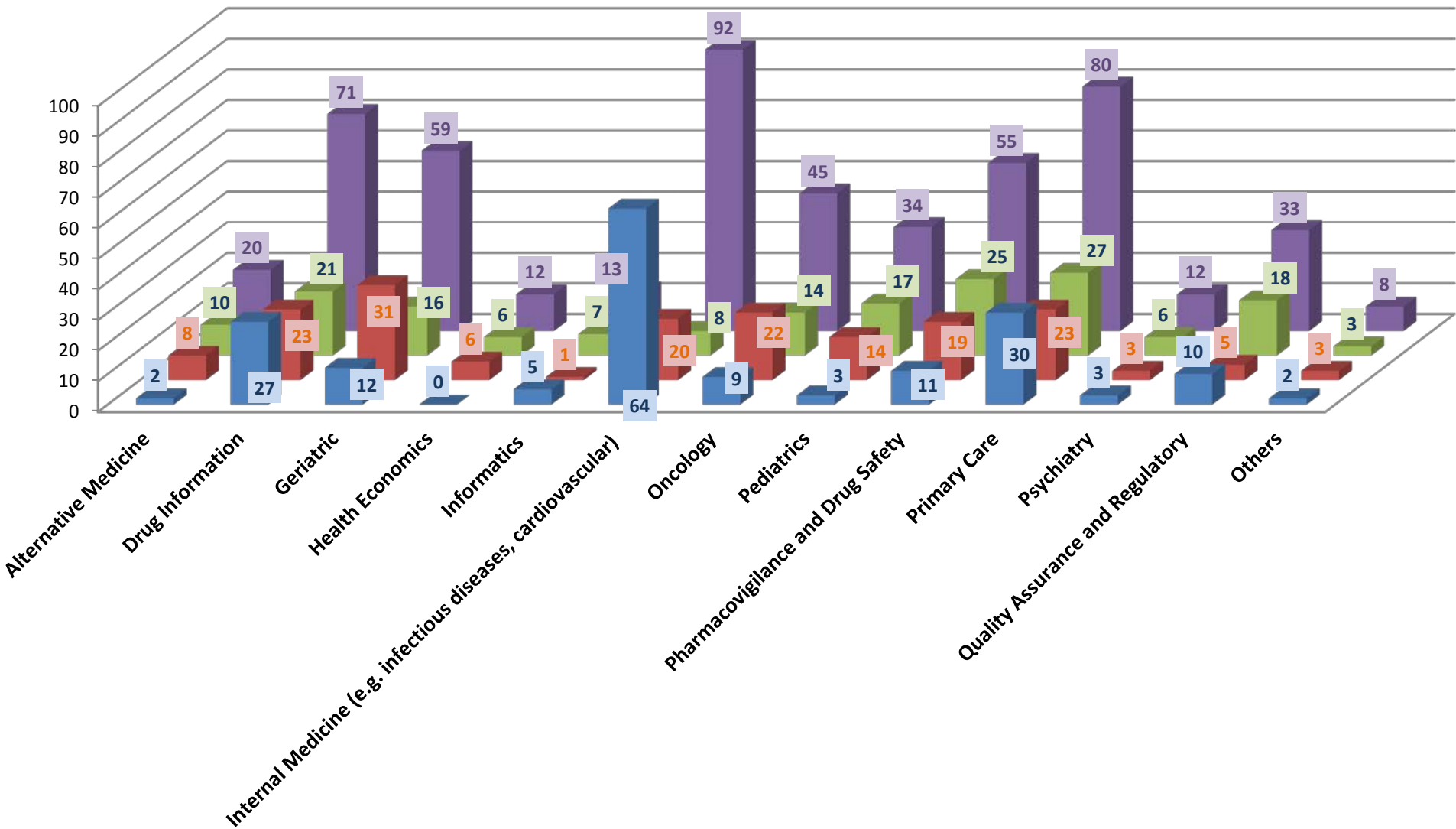
**4. Please prioritize the top 3 specialty areas that you think the College should first focus on according to professional practice needs (from 1 to 3) (with 1 being the most important).**

**For specialty areas that are not included in the following list, please specify in the blank for “Others”.**

<b>Most important (with 1 being the most important)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Total - Summary</b>
Alternative Medicine	2	8	10	20
Drug Information	27	23	21	71
Geriatric	12	31	16	59
Health Economics	0	6	6	12
Informatics	5	1	7	13
Internal Medicine (e.g. infectious diseases, cardiovascular)	64	20	8	92
Oncology	9	22	14	45
Pediatrics	3	14	17	34
Pharmacovigilance and Drug Safety	11	19	25	55
Primary Care	30	23	27	80
Psychiatry	3	3	6	12
Quality Assurance and Regulatory	10	5	18	33
Others	2	3	3	8
(Please specify)	Pharmaceutical Care, esp active patient counseling & interact with other HCPs as a team in all settings; No need; PICS/S GMP; Common ailments in community; Critical Care; Nutrition and Supplements; law; Evidence based pharmacy practice; Pharmaceuticals			

# Question 4 – Most Important

■ 1 ■ 2 ■ 3 ■ Total - Summary

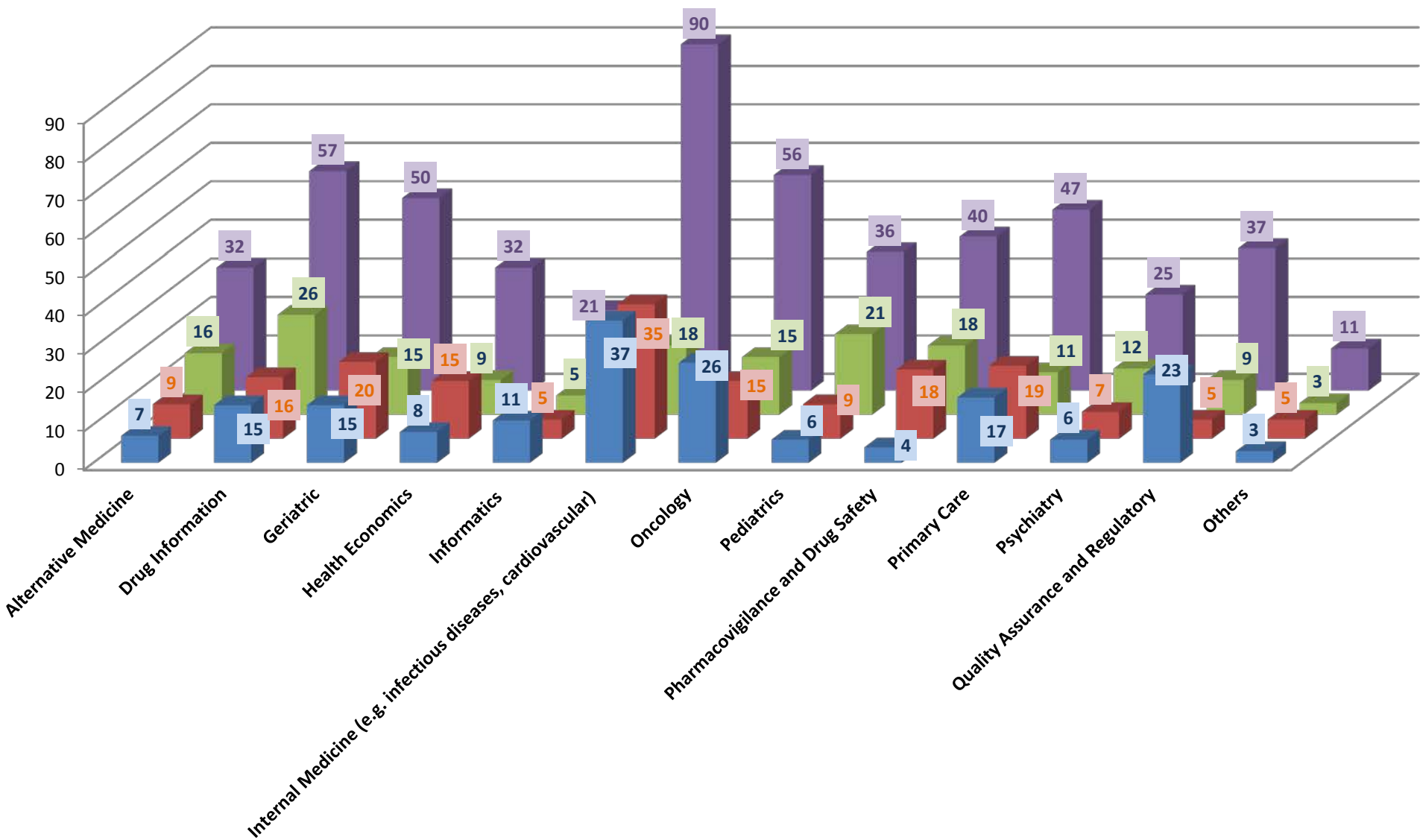


**5. Please prioritize the top 3 specialty areas that you are most interested in (from 1 to 3) (with 1 being the most interested). For specialty areas that are of interest but not included in the following list, please specify in the blank for “Others”.**

<b>Most interested (with 1 being the most interested)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Total - Summary</b>
Alternative Medicine	7	9	16	32
Drug Information	15	16	26	57
Geriatric	15	20	15	50
Health Economics	8	15	9	32
Informatics	11	5	5	21
Internal Medicine (e.g. infectious diseases, cardiovascular)	37	35	18	90
Oncology	26	15	15	56
Pediatrics	6	9	21	36
Pharmacovigilance and Drug Safety	4	18	18	40
Primary Care	17	19	11	47
Psychiatry	6	7	12	25
Quality Assurance and Regulatory	23	5	9	37
Others	3	5	3	11
(Please specify)	No need; PharmacoGenomics; PIC/S GMP; Chinese medicine; clinical endocrinology; Nutrition Support Pharmacy; Emergency Medicine; TPN; Pharmacy Management and Administration; GMP; Palliative Care; Pharmaceuticals			

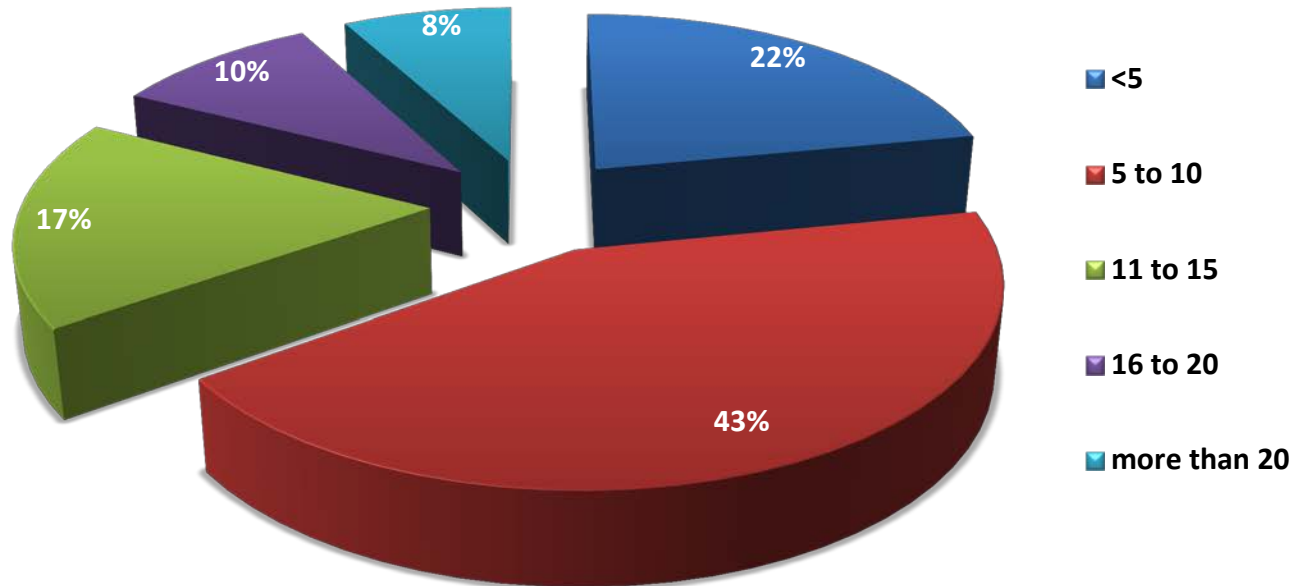
# Question 5 – Most Interested

■ 1 ■ 2 ■ 3 ■ Total - Summary



# 6. How much time (in terms of hours / month) could you afford to spend on specialty training?

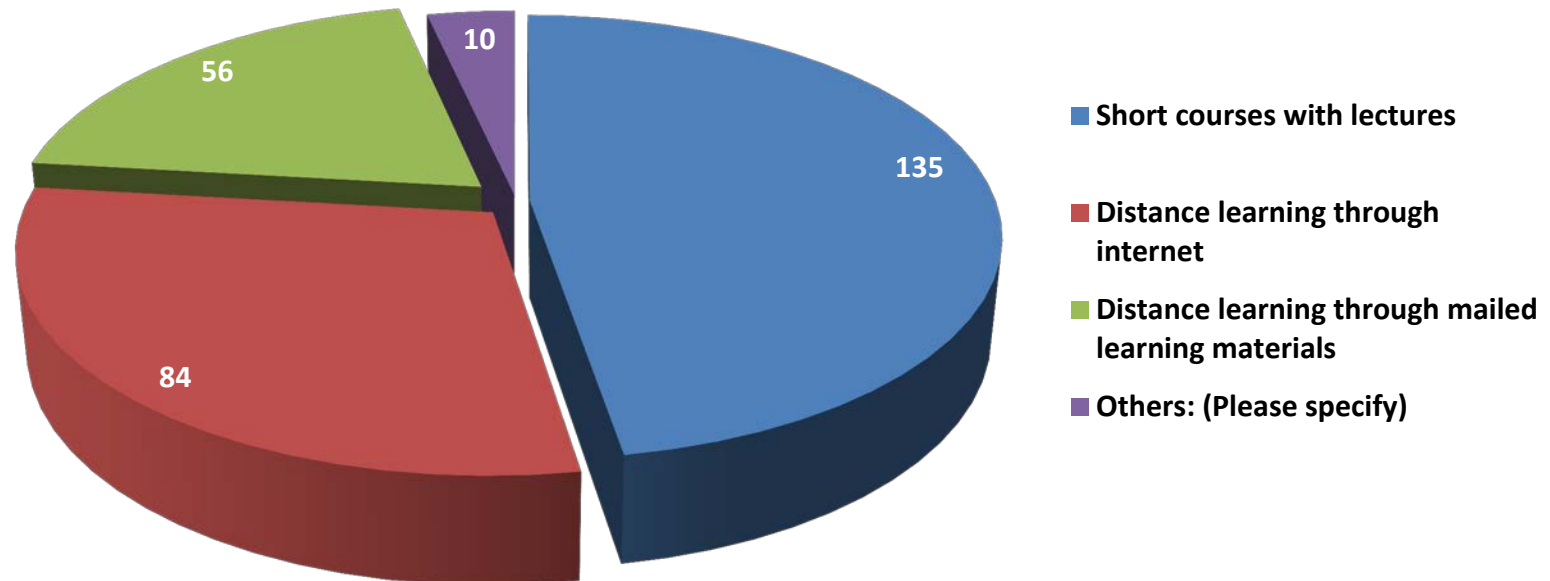
		Total Data Collected:	178
6. How much time (in terms of hours / month) could you afford to spend on specialty training?		Data	%
<5		39	22%
5 to 10		77	43%
11 to 15		31	17%
16 to 20		17	10%
more than 20		14	8%





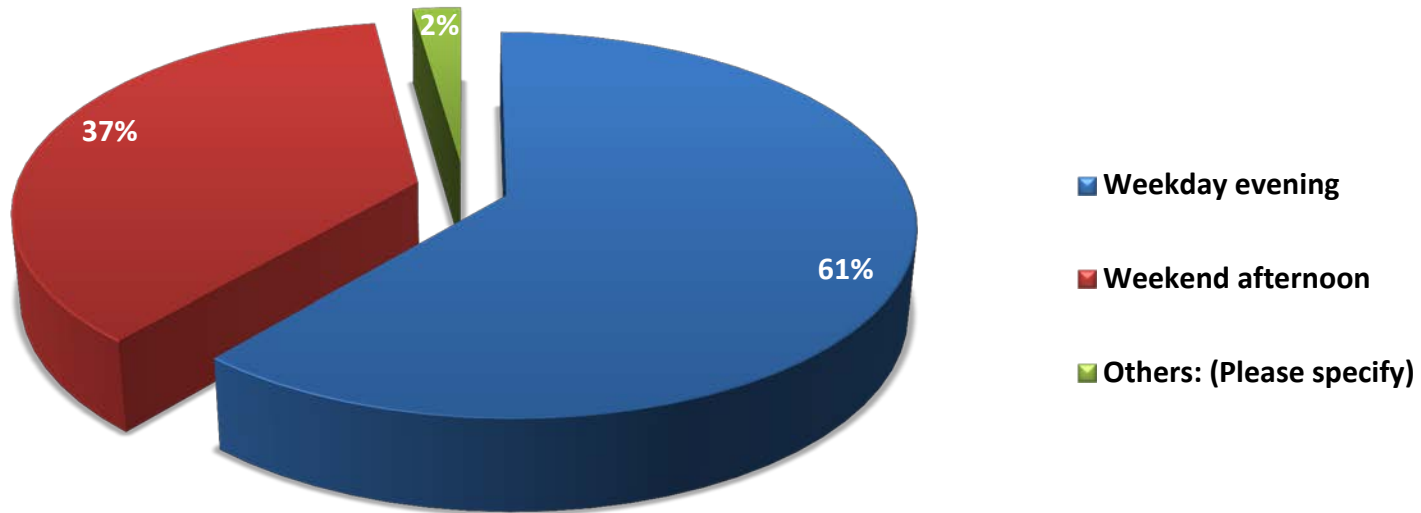
## 7. Which of the following modes of training do you prefer? (can choose more than 1)

7. Which of the following modes of training do you prefer? (can choose more than 1)	Data
Short courses with lectures	135
Distance learning through internet	84
Distance learning through mailed learning materials	56
Others: (Please specify)	10
long course (one Sun/mth), like AIM; No need; Practical; short courses with lectures + distant learning thro internet; Ward round; qualify exam; Mix Mode to enhance effective learning/ new learning method / case studies and analysis; case demonstration and ward round; Home reading + interactive problem-based learning; with cases; ward round with accredited clinical trainer; With practice	



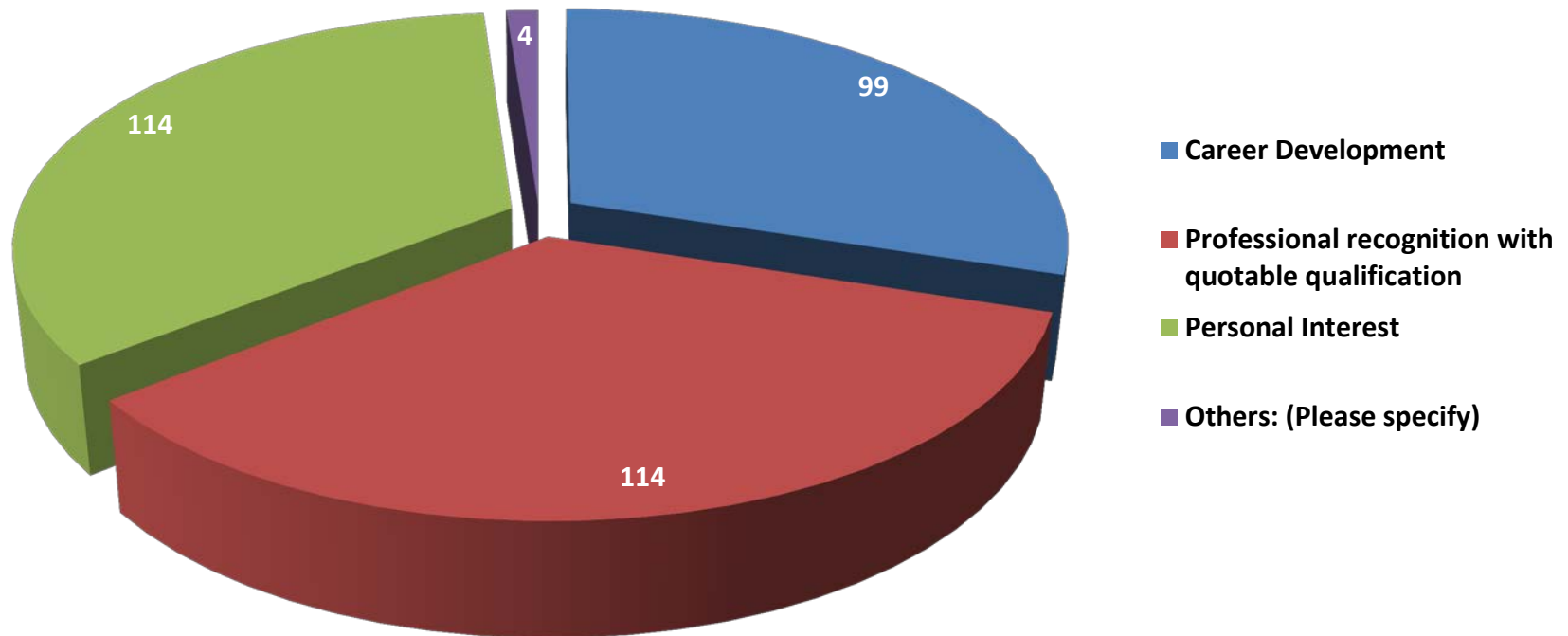
# 8. When would you prefer the specialty training courses to be delivered?

		Total Data Collected:	178
8. When would you prefer the specialty training courses to be delivered?		Data	%
Weekday evening		109	61%
Weekend afternoon		65	37%
Others: (Please specify)		4	2%
whenever i like; No need; Needs flexibility throughout day; weekday morning; Daytime; self study at any time			



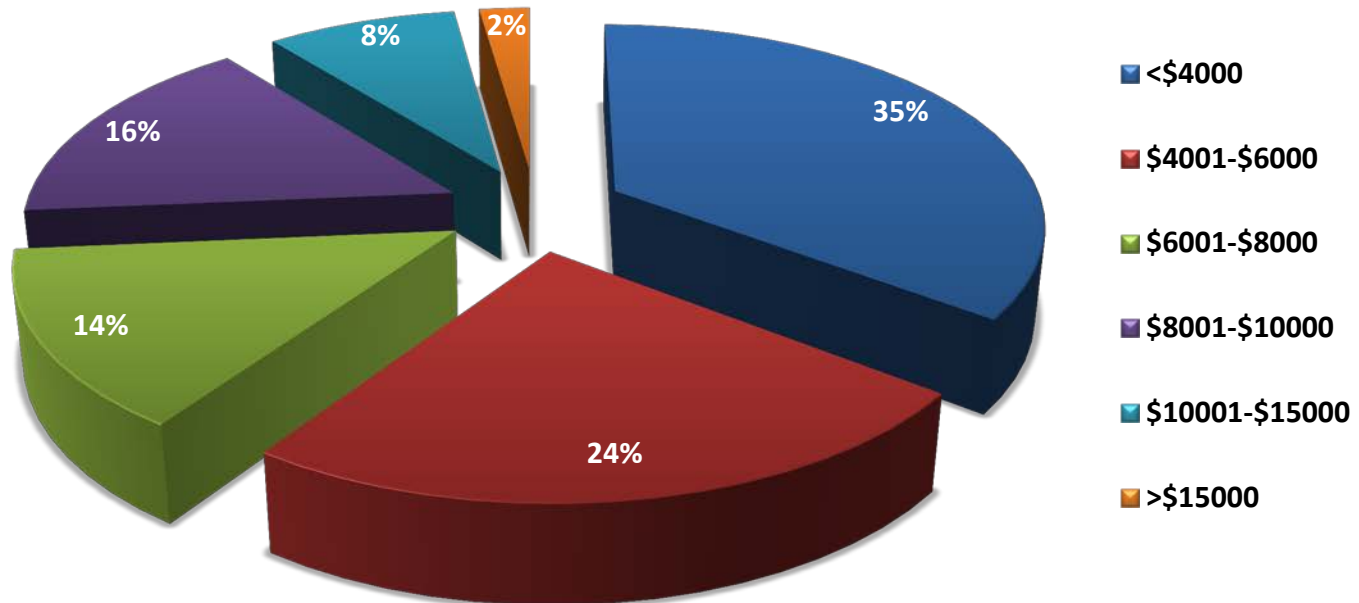
# 9. What is your primary motivation for specialty training? (can choose more than 1)

9. What is your primary motivation for specialty training? (can choose more than 1)	Data
Career Development	99
Professional recognition with quotable qualification	114
Personal Interest	114
Others: (Please specify)	4
continuous learning; No need; professional competence; professional responsibility; Monetary reward	



# 10. What do you consider as reasonable charges for specialty training per year? (in HKD)

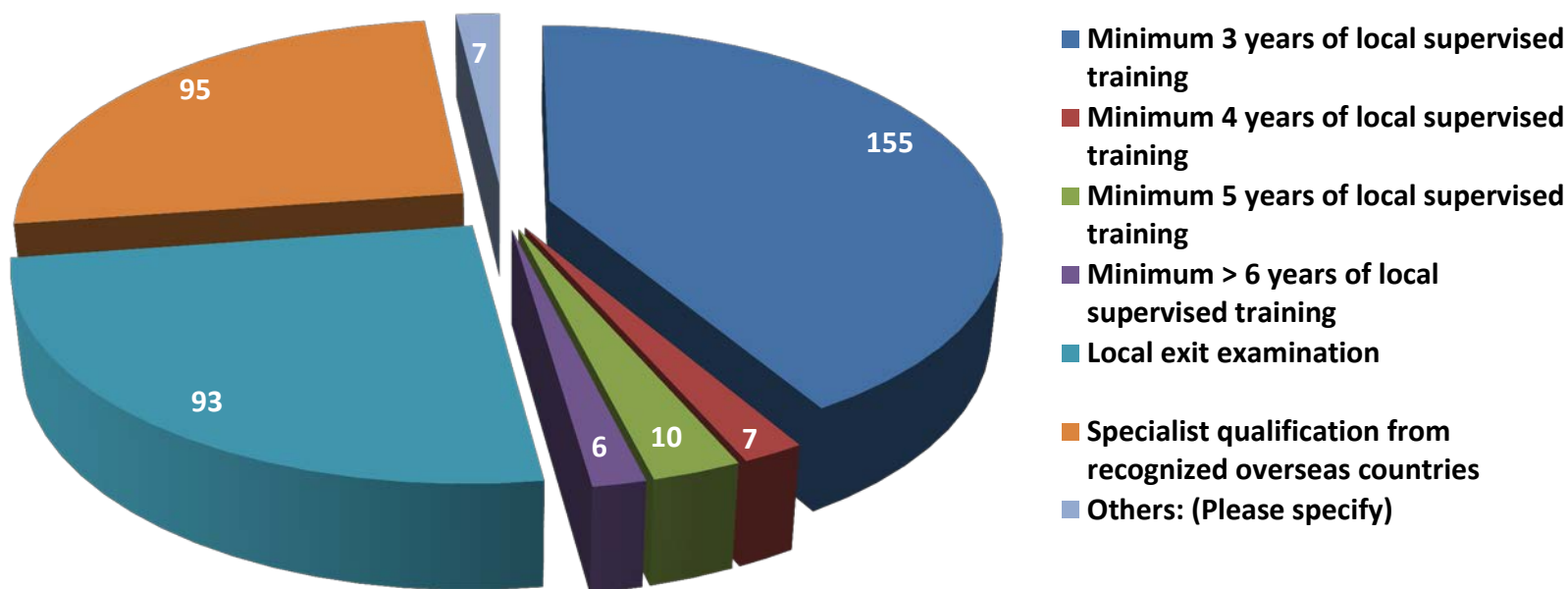
		Total Data Collected:	178
10. What do you consider as reasonable charges for specialty training per year? (in HKD)		Data	%
<\$4000		63	35%
\$4001-\$6000		43	24%
\$6001-\$8000		25	14%
\$8001-\$10000		28	16%
\$10001-\$15000		15	8%
>\$15000		4	2%



# 11. What level of training / qualification would you consider to be appropriate for conferring a specialist title to a pharmacist? (can choose more than 1)

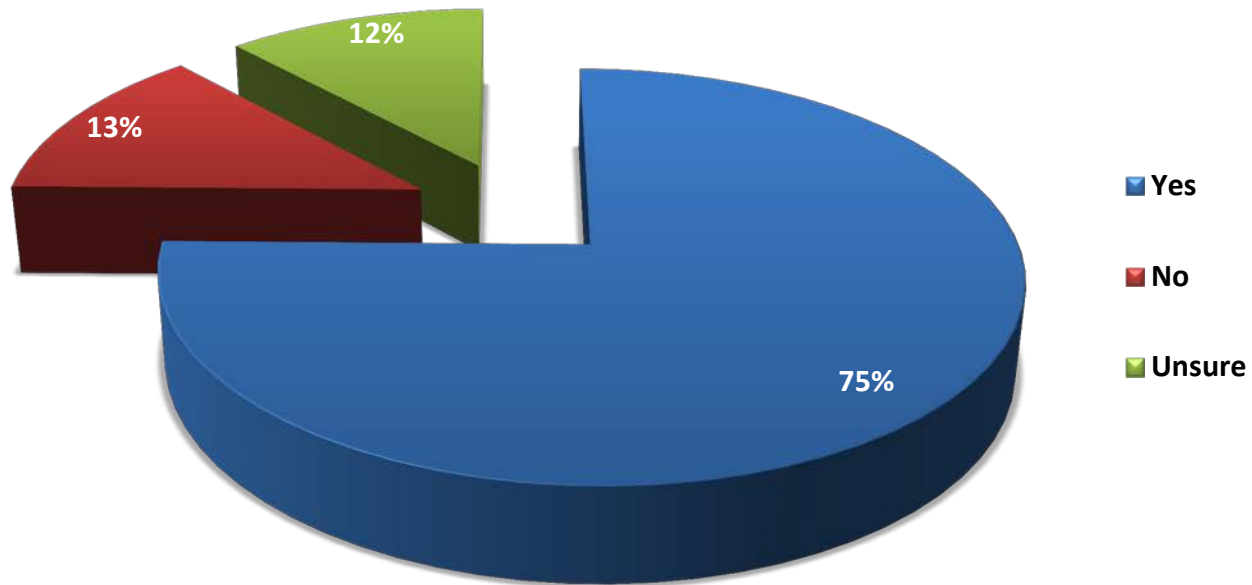
11. What level of training / qualification would you consider to be appropriate for conferring a specialist title to a pharmacist? (can choose more than 1)	Data
Minimum 3 years of local supervised training	155
Minimum 4 years of local supervised training	7
Minimum 5 years of local supervised training	10
Minimum > 6 years of local supervised training	6
Local exit examination	93
Specialist qualification from recognized overseas countries	95
Others: (Please specify)	7

No need; depends on the level of qualification (MSc/PhD or equivalent and length of study; varies on the specialty; oversea specialist lecturers; Varied eg hospital and community based; National exam in North America; Min 3 years of distance learning with local exit exam; Enough hours practicing in related field



# 12. Do you agree that continuing professional education should be mandatory for pharmacy specialists?

		Total Data Collected:	178
12. Do you agree that continuing professional education should be mandatory for pharmacy specialists?		Data	%
Yes		134	75%
No		23	13%
Unsure		21	12%



# 13. Other comments on specialty training:

1	should start organising and delivering the specialty training as soon as possible. The profession is so lagging behind in equipping our pharmacists with the specialty knowledge and training that even if we are invited to participate in clinical rounds now, we are just not ready to deliver the pharmaceutical care that we wish. getting the pharmacists ready and do anything we can to take the profession forward is one of the missions of the College of Pharmacy
2	it would be good to be able to explore different sectors and subjects within pharmacy.
3	Ought to be delivered by practicing specialists. Augmented by online material backup, like video clips and lecture notes.
4	College of Pharmacy is a kind of tool to build a barrier to protect those already high in that area from being competed by other juniors. Also, the main aim of it is to absorb money from various pharmacists from various sectors, instead of professional development. I have comments on this survey, why I need to choose 3 areas for us to improve. What's the underlying reason?? If I don't choose 3 areas, I cannot submit the survey. It is a really bad survey I have ever found!! It is really from my bottom of my heart to say that!!
5	I am in favour of mandatory continuing education for all registered pharmacists.
6	I don't see the two challenges you mentioned are so vital to pharmacy practice in H.K. I cannot see why we have to increase pharmacists number by five folds. Do you have figures and data to back up your statement? At present, community pharmacies are just about saturated i.e. five or six pharmacies within one block. Further increase of pharmacists would only create unemployment! As for community pharmacists, what would we gain by getting a so-called 'specialist' title?
7	There should only be one recognised specialist qualification in HK
8	I. There are at least main sectors: 1. Community pharmacist 2. Hospital pharmacist 3. Industrial pharmacist II. Government / DoH / HA funding should be available for training of pharmacy specialists to support and strengthen local PHARMACY career and practice..
9	"Who should be the trainer?" or "Who can be the founding specialty pharmacist?" --> This is an important question pending to be answered. It should be open to application, with criteria clearly stated.
10	Specialty training should suit the practicing environment eg common ailments in community pharmacy, clinical pharmacy in hospital setting
11	Industrial Pharmacy - Clinical Research Industrial Pharmacy - Regulatory Affairs Industrial Pharmacy - GMP
12	Please arrange lectures and ward rounds. Include the specialist medical doctors as the trainers.
13	Nil
14	suggest to have and pass certification exam for us to work as specialist. For Quality Assurance, candidate have to take exam every 5 years.
15	Before putting in more 'hurdle' for pharmacists, appropriate plan should be put in place to ensure that pharmacists will be financially compensated when becoming specialists. In HK, it seems to be a one-way movement. There is no financial incentive to be a specialist!
16	The College of Pharmacy Practice should work with HKU and HA to introduce the specialist course. One should not work in solo. If more organizations participated, the impact will be great.

# 13. Other comments on specialty training:

17	<p>Q8. You probably cannot entertain all people needs. Maybe a series of lecture at weekday evening or wk end afternoon, leave the choice to the participants, if your resource permits. After some trial run, you'll then know what arrangements fit your audience best and then tune your plan. Q10. There is no such thing as free lunch. But the cost really depends on the recognition and "usefulness" of the specialty training. It's worthy only if we earn a recognizable title at the end. We now can access to lots of FREE CE on internet. Q12. Mandatory CE already exists in other fields like Medicine and Accounting. It's needed to show the public that we are a responsible profession. Yet, the requirement had better be no harsh and arrangements be flexible. CE now is more or less top-down (journals and seminars released by PCCC). Is it possible to do this in the reverse manner. e.g., 4/2011 PPA and Doctors Labour Union hold a press release on the use of Lucentis and Avastin in wet AMD. Then I go back to the original article in N Eng of Medicine to learn the "truth". If I write back CE Committee a short article quoting the paper I've read, and writing a few points or views summarising the study, I get 3 CE points (out of 20 a year). Now 2 pts are awarded to us reading a article by PCCC. The additional pt out of 3 is for my self-initiation. This article can then be edited by HKPJ and be published so that other pharmacists will learn from what I read and write. This works much like the wisdom of the internet i.e. we share information from audience, not the administrator. Similarly, if I read a Chapter of a Pharmacology Textbook, I write the Committee quoting the Book and page nos, at the same time, writing a few key points of relevance. I get 3 pts. Newly registered pharmacist may not find this useful. However, for me leaving school for more than 10 years, this is a good way to recap what's current in the topic. Also, if we give a 1-hour talk to the nurses in Old Age Homes / staff in hospital, we can earn 5 pts, this justifies the time in preparation of the ppt and his re-read for the topic). Then, if I write a comment (3 pts), give a talk (5 pts), read a article by PCCC (2 pts) and attend the Pharmacy Conference (10 pts) in a year, I fulfill the 20 pts requirement. Mandatory CE is daunting. But we should regard it as a "tool" to motivate our fellow pharmacists to read and learn, to contribute to himself and others through giving talks and writings) in a flexible, user-friendly and innovative way. Use IT to minimise all the administration with the self-submission CE mode.</p>
18	<p>to employ an overseas specialties (eg, clinical pharmacists) to guide local pharmacists to do their job in HK hospitals (eg 0.5 - 1 yr). The advantages are: no need for local pharmacists to leave their working place; learn clinical skills applicable in local settings; one experts can lead several local pharncists at the same time; create a model to work with local clinicians</p>
19	<p>opportunity to practice is the most important element of specialty training. Please see if residency at certain hospitals or pharmacies is possible.</p>
20	<p>We need an international accredited / recognized CE / specialty training program to ensure quality of training standards.</p>
21	<p>It would be important to have flexible learning mode and duration of training as many pharmacists have shift duty or family commitment. It would be important to have experienced accredited clinical practitioner to be mentor, preferably on-site for guided learning.</p>
22	<p>Don't agree with exam, coz doesn't reflect actual practice</p>
23	<p>I think there is a need to take care of pharmacists of different streams. Pharmacists in the hospital sector are usually taken care of considerably more but let us not forget that there are pharmacists from different areas, multinational companies, community and manufacturing.</p>