Advancing the Pharmacist's Role in Hong Kong Through System and Clinical Strategies Inspired by Australia

LAW, Kitty Kit-Ki[a]; CHOI, David Pang-Fai[c]; LEE, Terry Sze-Yin[d]; YUEN, William Ho-Ching[e]; CHEN, Timothy Frank[b]; LEE, Marco Tsun[a]; LEE, Tommy Ka-Ho[a]; CHEUNG, Gladys Daphne[a]; WAN, Eric Yuk-Fai[a,f]; WONG, Ian Chi-Kei[a]*

[a] Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong SAR, China
[b] School of Pharmacy, Faculty of Medicine and Health, The University of Sydney, Sydney, Australia
[c] PHARM+ YWCA Community Pharmacy
[d] PHARM+ Hong Kong Sheng Kung Hui Community Pharmacy
[e] PHARM+ Lok Sin Tong Community Pharmacy
[f] Department of Family Medicine and Primary Care, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong SAR, China
*(*Corresponding author)*

ABSTRACT

Hong Kong's healthcare system is facing mounting challenges, including an ageing population, rising chronic disease prevalence, and the need for more accessible primary care. Community pharmacists, with their accessibility and expertise in medicines, are well-positioned to assume a bigger role in meeting these needs. Drawing on insights from the *Primary Care Pharmacy Fellowship Scheme* under Jockey Club PHARM+ Community Medication Service Network Project funded by The Hong Kong Jockey Club Charities Trust, which provided first-hand exposure to advanced pharmacy practice models in Australia, this article explores how Australian pharmacists deliver a broad range of clinical services beyond dispensing. These services are supported by structured funding, accreditation, regulatory enhancement, and digital health integration.

By integrating lessons from Australia with reflections on Hong Kong's local context, the article suggests a dual approach: system-level enhancement to create an enabling environment, and professional readiness to ensure pharmacists are equipped with the skills, collaboration networks, and public engagement strategies to succeed in expanded roles. The discussion aims to inspire reflection and dialogue among pharmacists, healthcare providers and various stakeholders on the future of primary care pharmacy model in Hong Kong.

Keywords: *Pharmacies, Primary Health Care, Pharmaceutical Services, Interprofessional Relations, Accreditation, Health Care Delivery*

INTRODUCTION

In recent years, Hong Kong's healthcare system has been under increasing pressure due to demographic and epidemiological changes. Rising demand from an ageing population, the growing burden of chronic diseases, and the need for more accessible primary care[(1)] have prompted policymakers and service providers to explore new models of service delivery. Community pharmacists, with their accessibility, medication expertise, and trusted status, are well-positioned to contribute more directly to community healthcare needs.

The Primary Care Pharmacy Fellowship Scheme under Jockey Club PHARM+ Community Medication Service Network Project funded by The Hong Kong Jockey Club Charities Trust offered a valuable opportunity to examine how another developed health system – Australia – has integrated community pharmacists into broader primary healthcare functions. During the three-week fellowship in Sydney and Wagga Wagga, the Hong Kong delegation observed a wide range of pharmacy practice models, including high-volume urban pharmacies, rural health programs, specialist compounding services, and aged care services.

Two key lessons emerged from the experience:

1. Expanded scope of practice: enabling pharmacists to provide a wider range of clinical services beyond dispensing.
2. System-level enablers: the policies, funding, accreditation, and digital infrastructure that make such services sustainable and consistent.

This article integrates these perspectives to stimulate professional discussion on how Hong Kong can strengthen its pharmacy profession through both personal professional growth and systemic enhancement.

EXPANDED ROLES IN AUSTRALIA

In Australia, community pharmacists are recognised as integral contributors to primary healthcare beyond the supply of medicines. During the fellowship, the delegation shadowed credentialed pharmacist conducting medication review at residential aged care facilities and participated in Home Medicines Review (HMR) workshops. These services involve comprehensive assessments of patients' medicines, identification of potential risks or interactions, and communication of recommendations to the patient's general practitioner. To strengthen patient-centred care, the on-site credentialed pharmacists work closely with nursing and medical staff in aged care facilities to improve medication safety and optimise therapy.

Pharmacists in New South Wales are authorised to provide a wide range of vaccinations, from influenza and COVID-19 under the National Immunisation Program to privately funded travel and shingles vaccines[2]. In some pharmacies, pharmacists administer thousands of vaccinations each year, improving convenience and coverage.

Figure 1: Designated vaccination room equipped for pharmacist-administered immunisations in a community pharmacy in Sydney.

The scope of practice also encompasses the management of certain minor ailments under structured protocols, such as uncomplicated urinary tract infections, common skin conditions, and continuation of oral contraceptives[3]. Pharmacists in Wagga Wagga contribute to public health initiatives like "Living Well Your Way," offering screening for potential chronic obstructive pulmonary disease (COPD) and heart failure, and referring patients to medical care for further assessment and potential diagnosis when appropriate[4].

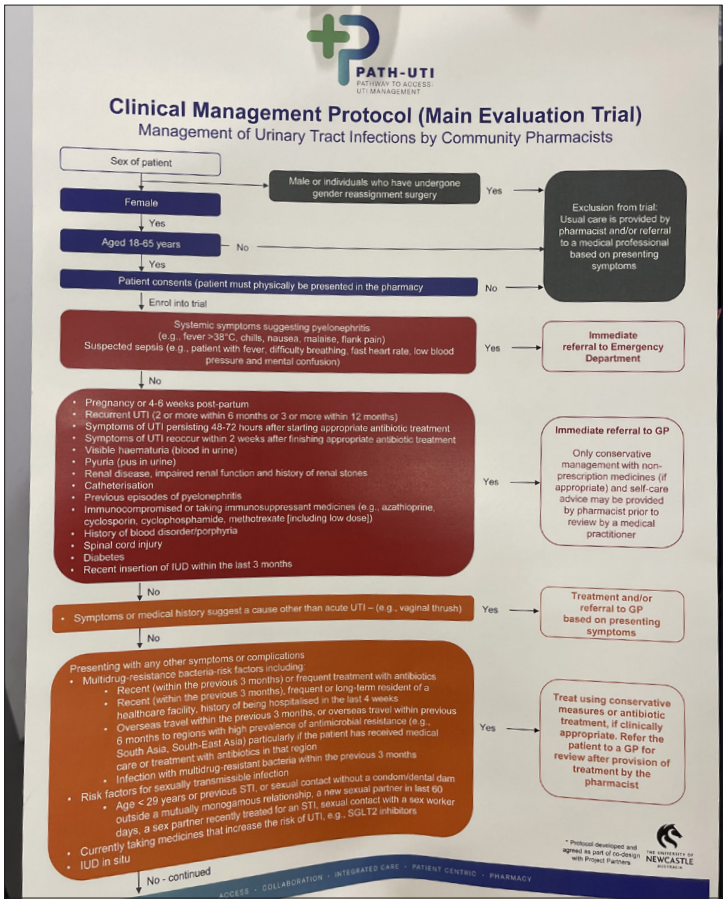

Figure 2: Standardised clinical management protocol for urinary tract infection managed by community pharmacists in New South Wales, Australia

The delegation also observed specialised services such as compounding personalised medicines, sleep apnoea diagnostics, and opioid dependence therapy. These examples illustrate the diverse ways pharmacists can address community healthcare needs in collaboration with other healthcare providers when targeted training, authorisation, and support are in place.

Figure 3: Compounding lab in an Australian community pharmacy for personalised medicine preparation.

The Skills Behind the Services

The fellowship experience highlighted that expanded services require more than regulatory permission. Pharmacists consistently demonstrated advanced communication skills, including effective patient interviewing and counselling, as well as strong interprofessional

collaboration with doctors, nurses, and allied health professionals. They applied evidence-based clinical decision-making to assess conditions and make appropriate recommendations.

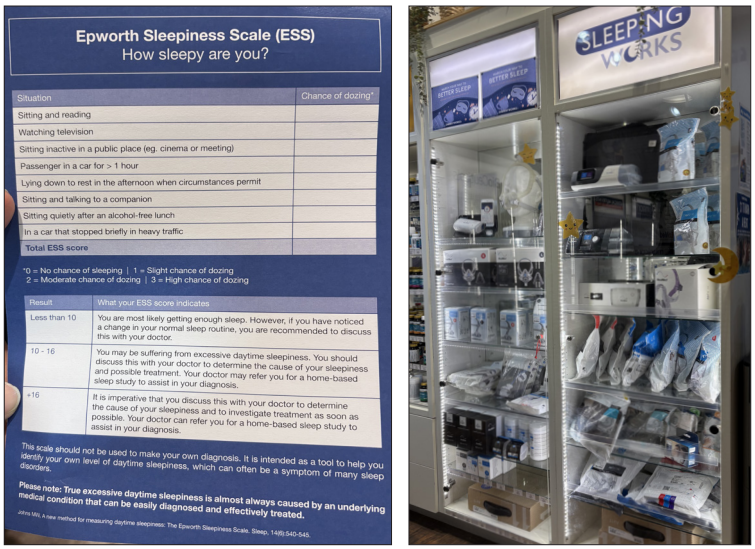

Figure 4: Sleep apnoea diagnostic services at a community pharmacy in collaboration with a respiratory and sleep specialist

Also, digital health literacy is increasingly important, enabling pharmacists to navigate shared health records, electronic prescribing systems, and integrated medication management platforms. Quality assurance was embedded in daily practice, through adherence to protocols, detailed documentation, and participation in accreditation programs.

In Australia, these competencies are developed through structured training, continuing professional development, and formal credentialing processes[5]. These ensure that pharmacists undertaking advanced services have the competence and confidence to deliver them safely and effectively.

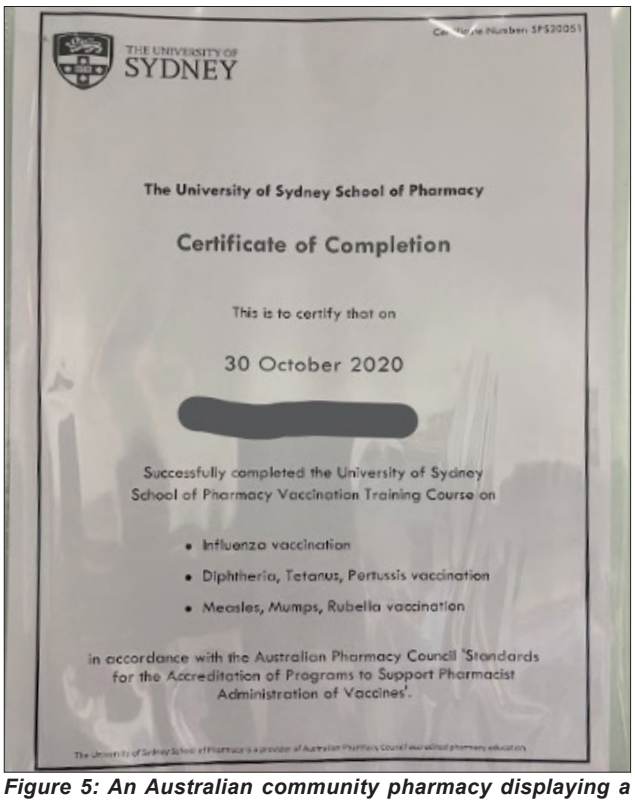

Figure 5: An Australian community pharmacy displaying a certificate of completion specifying the vaccine types that the pharmacist is qualified to administer

Figure 6: Quality Care Pharmacy Program (QCPP) Decal displayed in an Australian pharmacy to signify the accreditation.

THE SYSTEM BEHIND THE SERVICES

While individual skills are indispensable, the sustainability of expanded pharmacy services in Australia is closely linked to systemic support. A key example is the Community Pharmacy Agreement (CPA), a formal agreement between the government and the pharmacy sector that provides structured remuneration for dispensing, clinical services, and public health programs[6]. This ensures that services such as HMR, MedsCheck, and immunisations are accessible to patients without cost barriers and financially viable for pharmacies.

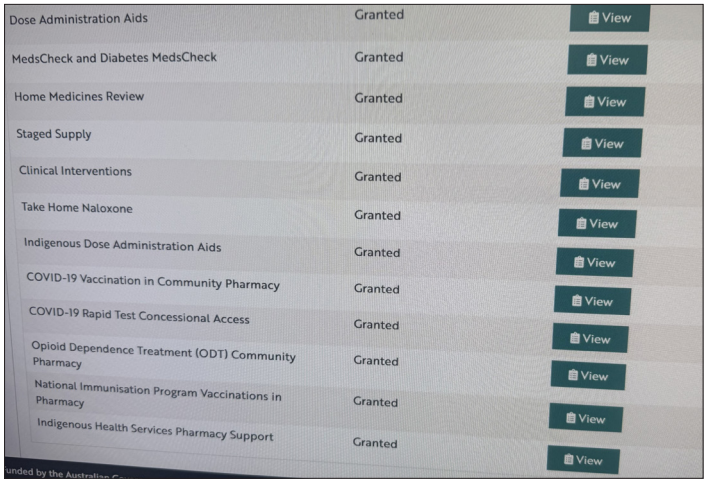

Figure 7: Screenshot of services eligible for remuneration at an Australian community pharmacy

Accreditation through the Quality Care Pharmacy Program (QCPP) ensures national standards for service quality, safety, and operational procedures, and is a requirement for participation in many funded programs[7]. Regulatory enhancement at the state level authorise pharmacists to manage certain conditions under clear protocols, enabling timely access to care while maintaining safety.

Digital health integration further supports this model. The My Health Record system provides a national platform for sharing key health information among healthcare providers, allowing pharmacists to access medication histories, test results, and hospital discharge summaries[8]. Collaborative networks, such as Primary Health Networks (PHNs), also play an important role by commissioning pharmacy-based programs and reinforcing collaboration with general practice and hospitals.

HONG KONG's CURRENT LANDSCAPE: STRENGTHS AND CHALLENGES

Hong Kong has a strong foundation for further development. Pharmacists are highly trained, university-educated, and regulated by the Pharmacy and Poisons Board[9]. Community pharmacies are easily accessible, and there is a growing interest in clinical services, as seen in pilot programs for minor ailments, medication management, and selected preventive services such as interprofessional immunisation program.

However, several challenges remain. The current scope of practice for most community pharmacists is limited to dispensing and providing over-the-counter advice. The Electronic Health Record Sharing System (eHRSS) has limited uptake and is voluntary, restricting pharmacists' access to comprehensive patient information. Furthermore, there is no structured funding or accreditation system for clinical services, leading to variability in service accessibility, quality and sustainability. Public awareness of pharmacists' clinical potential remains low, and intense retail competition can limit investment in service development.

Bridging the Gap with a Dual Approach

The Australian experience underscores that expanding pharmacists' scope requires both systemic enhancement and professional readiness.

On the systemic side, establishing a structured funding mechanism—informed by the approach of Australia's CPA—would allow pharmacy services such as medication reviews, chronic disease screening, and preventive care to be accessible to the public and sustainable for providers. Developing a Hong Kong-specific accreditation program would standardise service quality and build public trust, with accreditation linked to eligibility for funded programs. Regulatory reviews could explore opportunities for trained pharmacists to manage selected conditions and explore collaborative service models. Expanding the scope and functionality of eHRSS, with appropriate safeguards, would improve information sharing and care coordination.

On the professional side, pharmacists can take steps to prepare for expanded roles. Upskilling through continuing education in advanced communication, chronic disease management, interprofessional collaboration, and digital health will be necessary. At the same time, building collaborative networks with local clinics, hospitals, non-governmental organisations, and allied health professionals can strengthen interprofessional trust.

Moreover, participating in small-scale service pilots, such as medication adherence programs or health screening events can demonstrate value and generate local evidence. Engaging the public through community outreach and health promotion activities will also help raise awareness of pharmacists' clinical capabilities.

The success of HMR service in Australia shows how policy and professional readiness converge to deliver impactful pharmacy services. It is funded under the CPA and requires mandatory credentialing[10]. Its success depends on pharmacists' ability to conduct comprehensive clinical assessments and communicate effectively with general practitioners to ensure meaningful medication changes that improve patients' quality of life. The collaborative framework between pharmacists and doctors offers Hong Kong valuable insights into how it can harness the full potential of its primary healthcare workforce.

Opportunities for Hong Kong

Based on what the delegation saw in Australia, there appear to be opportunities for Hong Kong to pilot and evaluate similar models. Potential starting points include government-funded medication review services for elderly patients with multiple chronic conditions, development of an accreditation framework for pharmacies offering clinical services, expansion of pharmacist involvement in preventive care initiatives, and investment in digital infrastructure to facilitate secure and efficient information sharing.

In parallel, interprofessional education and training could prepare the next generation of pharmacists for broader roles, while public engagement campaigns could increase awareness and acceptance of new services. Realising these opportunities in Hong Kong would require careful adaptation to its healthcare structure, regulatory environment, and population needs.

Working Together to Build Trust and Alignment

Expansion of pharmacy services in Hong Kong should be developed in partnership with all healthcare stakeholders. Constructive dialogue with the medical, nursing, and allied health professions is essential to clarify roles, address concerns, and ensure that services complement rather than overlap with existing care.

Funding and accreditation frameworks should be co-designed with input from professional bodies, patient groups, and government agencies to ensure they meet community needs,

maintain safety, and support sustainability. Public communication on the expanded pharmacy services should emphasise the shared goal of improving access, reducing pressure of the healthcare system, and enhancing patient outcomes.

CONCLUSION: A SHARED RESPONSIBILITY FOR THE FUTURE

The fellowship experience demonstrated that when policy and practice evolve together, pharmacists can deliver high-quality, patient-centred care that strengthens the primary healthcare. For Hong Kong, the path forward requires a combination of systemic enhancement in funding, accreditation, regulatory support, and digital integration; and professional capacity building through skills development, collaboration, service innovation, and public engagement.

These reflections are informed by observations during the Primary Care Pharmacy Fellowship Scheme. By working in partnership, policymakers, professional leaders, educators, and frontline pharmacists can explore how best to adapt and implement ideas that can help create a future where patients benefit from safe, accessible, and integrated primary healthcare.

Acknowledgements

The Hong Kong delegation in the Primary Care Pharmacy Fellowship Scheme extend their sincere gratitude to all who made this transformative journey possible. We are especially thankful to the Hong Kong Jockey Club Charities Trust for their generous funding and strategic guidance in advancing primary care pharmacy through this scheme.

We also wish to express our deep appreciation to the team at the University of Sydney School of Pharmacy, whose generous hospitality, expert guidance, and thoughtful coordination created a rich and inspiring learning environment throughout our visit.

Our heartfelt thanks go to the many individuals and organisations who welcomed us and openly shared their practice models and experiences. Their generosity in sharing knowledge and insights has been invaluable in deepening our understanding of community pharmacy practice and management.

Author's background

LAW, Kitty Kit-Ki *is the Pharmacist at the Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong. Her email is kittylkk@hku.hk*

CHOI, David Pang-Fai *is the Manager of PHARM+ YWCA Community Pharmacy. His email is davidchoi@ywca.org.hk*

LEE, Terry Sze-Yin *is the Senior Pharmacist of PHARM+ Hong Kong Sheng Kung Hui Community Pharmacy. His email is tsylee@skhwc.org.hk*

YUEN, William Ho-Ching *is the Pharmacy In-charge of PHARM+ Lok Sin Tong Community Pharmacy. His email is hcyuen@loksintong.org*

CHEN, Timothy Frank *is the Professor at School of Pharmacy, Faculty of Medicine and Health, The University of Sydney, Sydney. His email is timothy.chen@sydney.edu.au*

LEE, Marco Tsun *is the Senior Pharmacist at the Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong. His email is marcolt@hku.hk*

LEE, Tommy Ka-Ho *is the Pharmacist at the Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong. His email is tkhlee@hku.hk*

CHEUNG, Gladys Daphne *is the Pharmacist at the Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong. Her email is gdcheung@hku.hk*

WAN, Eric Yuk-Fai *is the Associate Professor at the Department of Family Medicine and Primary Care and the Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong. His email is yfwan@hku.hk*

WONG, Ian Chi-Kei *is the Professor at the Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong. His email is wongick@hku.hk*

References

1. Hong Kong Special Administrative Region Government. Executive summary. Primary health blueprint supplement [Internet]. Hong Kong: Primary Healthcare Office; 2022 [cited 2025 Sep 24]. Available from: https://www.primaryhealthcare.gov.hk/bp/cms-assets/Primary_Healthcare_Blueprint_Supplement_Perfect_Binding_Eng_291a55714a.pdf
2. NSW Health. Guidance for pharmacists – National Immunisation Program (NIP) vaccines [Internet]. 2024 [cited 2025 Oct 2]. Available from: https://www.health.nsw.gov.au/immunisation/Pages/guidance-for-pharmacists-NIP-vaccines.aspx
3. NSW Health. Expanded scope pharmacy services – Information for pharmacists [Internet]. 2024 [cited 2025 Oct 2]. Available from: https://www.health.nsw.gov.au/pharmaceutical/Pages/expanded-scope-pharmacists-information.aspx
4. Murrumbidgee Primary Health Network. Living Well Your Way. Pharmacy screening program [Internet]. 2023 [cited 2025 Sep 19]. Available from: https://livingwellyourway.org.au/pharmacy-screening-program
5. Pharmaceutical Society of Australia. Career and support: credentialed pharmacists [Internet]. 2024 [cited 2025 Sep 19]. Available from: https://www.psa.org.au/careerand-support/credentialed-pharmacists/
6. Australian Government Department of Health and Aged Care. Eighth Community Pharmacy Agreement (8CPA) [Internet]. 2024 [cited 2025 Sep 18]. Available from: https://www.health.gov.au/topics/primary-care/what-we-do/8cpa
7. Quality Care Pharmacy Program. Get accredited [Internet]. 2024 [cited 2025 Sep 19]. Available from: https://www.qcpp.com/become-accredited/get-accredited
8. Australian Digital Health Agency. My Health Record [Internet]. 2025 [cited 2025 Sep 18]. Available from: https://www.digitalhealth.gov.au/initiatives-and-programs/myhealth-record
9. Pharmacy and Poisons Board of Hong Kong. Registration requirements [Internet]. 2024 [cited 2025 Sep 13]. Available from: https://www.ppbhk.org.hk/eng/registration_pharmacists/qualifications.html
10. Pharmacy Programs Administrator. Home Medicines Review [Internet]. 2024 [cited 2025 Sep 25]. Available from: https://www.ppaonline.com.au/programs/medication-management-programs/home-medicines-review