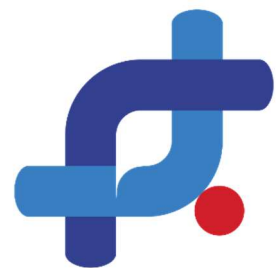# Guidelines of Practice for Community Pharmacy

First Edition 2025

基層醫療署
PRIMARY HEALTHCARE
COMMISSION

Table of Contents

Section I – Personnel

Section II – Premises

Section III – Practice

Foreword

Hong Kong's Healthcare System is transitioning from a treatment-centric to a prevention-oriented model, promoting a people-centred, district-based system. This shift empowers every citizen to take charge of their health and well-being.

In alignment with the District Health Network, we are pleased to see that many pharmacists flourishing in their new roles in primary care and chronic disease management. Their contributions are increasingly recognised as vital to the success of our healthcare transformation.

Registered pharmacists practising in the community should play more roles in delivering accessible, quality healthcare services. Recognising this, the Primary Healthcare Commission has developed the Guidelines of Practice for Community Pharmacy to support their evolving roles, establish service standards and ensure quality assurance. The Guidelines also pave the way for the development of the Sub-Directory for pharmacists under the Primary Care Directory, which will build mutual trust between the public and community pharmacists.

I would like to extend my heartfelt appreciation to all pharmacists, healthcare professionals, academic leaders, and non-government organisational partners for their unwavering dedication to primary healthcare. Together, let us continue to break new ground, drive meaningful change, and build a healthier Hong Kong through the power of primary healthcare.

Commissioner for Primary Healthcare

Dr PANG Fei Chau

Preface

The publication of the Guidelines of Practice for Community Pharmacy marks a historic milestone in the development of primary healthcare in Hong Kong. For the first time, we have established service standards specifically tailored to Community Pharmacies, ensuring their services are recognised, trusted, and aligned with the vision of a people-centred, district-based healthcare system.

Community Pharmacies are often the most accessible point of contact for patients and families. Registered pharmacists practising in Community Pharmacies are highly qualified healthcare professionals who provide care to citizens in their communities. By setting out clear standards in areas such as professional practice, premises, service delivery, and quality assurance, the Guidelines not only safeguard the quality of care but also empower pharmacists to take on expanded roles in prevention, early intervention, and chronic disease management. This achievement is the result of close collaboration among the Primary Healthcare Commission, academic leaders, professional bodies, non-governmental organisations, and frontline pharmacists. Their collective efforts reflect a shared commitment to strengthening our healthcare system through innovation, partnership, and accountability.

Looking ahead, I am confident that Community Pharmacies will continue to advance as essential points of care, complementing the work of family doctors and District Health Centres, while working hand in hand with patients to improve health literacy, empower self-care, and achieve better health outcomes. With the Guidelines as our foundation, we can look forward to building a stronger, more resilient, and healthier community in Hong Kong.

Co-Chairman, Working Group on Community Pharmacy

Professor Ian C.K. WONG

Background

To strengthen Hong Kong's primary healthcare system, the Government released the Primary Healthcare Blueprint (Blueprint) in December 2022. The Blueprint highlighted a series of reform initiatives to formulate the direction and strategies of primary healthcare development in response to the challenges arising from an ageing population and the increasing prevalence of chronic diseases. As recommended by the Blueprint, the Primary Healthcare Office under the Health Bureau was transformed into the Primary Healthcare Commission (PHCC) in July 2024.

The PHCC oversees the strategic planning and provision, standards setting and quality assurance of primary healthcare services. It also oversees the training of primary healthcare professionals, as well as service planning and resource allocation through strategic purchasing, which is supported by the Strategic Purchasing Office.

With reference to the Blueprint, the capacities of different healthcare professionals are reinforced to encourage patient accessibility, multidisciplinary collaboration and community engagement. By focusing on preventive care and early treatment, the primary healthcare system in Hong Kong would be strengthened to promote coordination and efficient use of resources across all health sectors.

As we progress towards a more integrated primary healthcare framework, the roles of Community Pharmacies are reinforced. As vital health hubs within the community, Community Pharmacies provide a diverse array of essential services that promote health prevention, patient empowerment, and convenient access to timely healthcare support within their communities. To enable workforce development, continuous training and education for registered pharmacists practising in Community Pharmacies will also be in place to enhance professionalism and public confidence in pharmaceutical services. Ultimately, Community Pharmacies and their pharmacists will take on expanded roles in providing patient-centred care in the primary healthcare setting.

The establishment of the District Health Centre (DHC) network acts as a cornerstone for integrated healthcare delivery. Within this collaborative network, Community Pharmacies will work closely with DHCs and Family Doctors to facilitate efficient and coordinated care pathways, thereby enabling the active promotion of self-care and preventive health initiatives.

Looking ahead, the recognition of the essential roles of Community Pharmacies will enhance patients' health outcomes and ensure that every individual has the opportunity to actively engage in the management of their own health. The collaborative framework established among Community Pharmacies, DHCs, and Family Doctors is essential, as it streamlines access to vital healthcare services and promotes a holistic approach to health and well-being in the community.

Purpose and Scope

Statement of Intent

The Guidelines of Practice for Community Pharmacy (the Guidelines) are designed to outline best practices for the operation of community pharmacies and the provision of their services. They build upon the existing legal and regulatory framework and are not a substitute for formal legal advice. Users are encouraged to exercise professional judgment and consider their specific circumstances when applying the recommendations herein.

Application

Using a phased approach to establish standards for Community Pharmacies, the Guidelines initially apply to all Community Pharmacies participating as service outlets in the District Health Network under the District Health Centre (DHC) Scheme.

The Guidelines also apply to pharmacies delivering Government-subsidised services through dedicated healthcare programmes. In the future, all community pharmacies participating in the Community Pharmacy Programme (CPP) will be required to fulfil the standards and requirements set out in the Guidelines.

A Community Pharmacy must first be an Authorized Seller of Poisons (ASP) regulated under the Pharmacy and Poisons Ordinance (Cap. 138) and must comply with all relevant regulations, including but not limited to:

- The Pharmacy and Poisons Ordinance (Cap. 138)

- The Dangerous Drugs Ordinance (Cap. 134)

- The Antibiotics Ordinance (Cap. 137)

- The Radiation Ordinance (Cap. 303)

- The Public Health and Municipal Services Ordinance (Cap. 132)

- The Undesirable Medical Advertisements Ordinance (Cap. 231)

- The Chinese Medicine Ordinance (Cap. 549)

- The Waste Disposal Ordinance (Cap. 354)

- The Trade Descriptions Ordinance (Cap. 362)

- The Personal Data (Privacy) Ordinance (Cap. 486)

- The Electronic Transactions Ordinance (Cap. 553)

- The Employment Ordinance (Cap. 57)

- The Occupational Safety and Health Ordinance (Cap. 509)

- The Fire Safety (Buildings) Ordinance (Cap. 572)

Unless explicitly stated as a recommended practice under "When applicable", all standards and requirements outlined in the Guidelines are mandatory for all applicable community pharmacies and pharmacists.

Acknowledgement

The Primary Healthcare Commission gratefully acknowledges the invaluable contribution from the following parties, in the preparation of the Guidelines of Practice for Community Pharmacy –

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Abbreviations

ASP	Authorized Seller of Poisons
Blueprint	Primary Healthcare Blueprint
CPE	Continuing Pharmacy Education
COPD	Chronic Obstructive Pulmonary Disease
DHC	District Health Centre
FEFO	First-Expired, First-Out
HA	Hospital Authority
IT	Information Technology
LASA	Look-Alike, Sound-Alike
MMS	Medication Management Services
MTP	Medication Therapy Problems
NRT	Nicotine Replacement Therapy
NSAIDs	Non-Steroidal Anti-inflammatory Drugs
PCD	Primary Care Directory
PHCC	Primary Healthcare Commission
PPBHK	Pharmacy and Poisons Board of Hong Kong

Executive Summary

The Government released the Primary Healthcare Blueprint (the Blueprint) in December 2022, setting out a series of initiatives to strengthen the primary healthcare system in Hong Kong. The Blueprint recommends, among others, enhancing the role of Community Pharmacies and developing Community Pharmacy services, including engaging network community pharmacists in providing smoking cessation, health promotion, disease prevention, drug refill and related counselling services.

In the 2024 Policy Address, the Government further announced the development of Community Drug Formulary and Community Pharmacy Programme, which aimed to help the public obtain affordable primary healthcare drugs through central purchasing and the community network. In view of the overall development of Community Pharmacies in Hong Kong, setting standards for their practice is required in the long run to support and facilitate the Government's primary healthcare initiatives.

The Guidelines of Practice for Community Pharmacy (the Guidelines) formalise and reinforce the roles of Community Pharmacies and their pharmacists within the Hong Kong's healthcare system. They establish clear, evidence-based standards to ensure consistent, high-quality, and safe care for the public, and provides a foundational framework to support government-subsidised public health initiatives.

The Guidelines outline best practices for the operation and service provision of Community Pharmacies within the existing legal and regulatory framework. They are organised into four sections addressing the essential professional and operational standards for community pharmacy practice:

- **Section I: Personnel** Defines standards for staff involved in the operation and management of a Community Pharmacy, including the appointment of a Pharmacist-in-Charge who oversees the operation of the Community Pharmacy and ensures compliance. It defines the crucial role of registered pharmacists as healthcare professionals responsible for upholding professional standards, supervising the pharmacies' setup, and ensuring all staff are competent and qualified. Requirements for support staff and the necessity for a registered pharmacist to be fully present during provision of specific services are also stipulated.

- **Section II: Premises**   Outlines requirements for the registered premises of a Community Pharmacy to enable a safe and effective working environment. It recommends that the dispensing area be sufficiently sized, properly equipped and partitioned to prevent unauthorised access. Furthermore, it specifies that if elective services are offered, a dedicated consultation area should be established to ensure privacy and confidentiality during clinical interactions.

- **Section III: Practice** Details protocols for day-to-day operation of a Community Pharmacy. This includes robust data and information management systems that ensure privacy and facilitate connectivity with broader healthcare IT systems like eHealth. It provides

standards for stock management, covering the procurement, storage and disposal of medicines in full compliance with all relevant ordinances. This section also establishes the framework for risk management, including incident reporting, drug recall procedures and complaints handling.

- **Section IV: Services** Defines the scope of professional services. It categorises core services, such as community dispensing and patient counselling, which are fundamental to practice. It also details elective services including smoking cessation, medication management, chronic disease management, and oral health promotion that Community Pharmacies may choose to provide. For elective services, corresponding standards and requirements should be followed to ensure quality and safety.

To assist Community Pharmacies in reviewing their practice and to promote continuous quality improvement, a self-assessment checklist is included in the appendix for reference and use by relevant personnel.

The Guidelines provide a vital framework to guide the evolution of community pharmacy practice in Hong Kong. By aligning practice standards with overarching healthcare objectives and public health initiatives, they aim to promote professional excellence, improve service quality, and ultimately enhance health outcomes for the community. The comprehensive approach ensures that Community Pharmacies serve as accessible, safe and effective points of primary healthcare delivery in Hong Kong.

Assessment Mechanism

Each Community Pharmacy should perform annual self-assessments using the Self-Assessment Checklist (see Appendix I) to enhance pharmacy practices and to promote continuous improvement. All information submitted must be accurate and true to the best knowledge of the relevant parties.

The Pharmacist-In-Charge, or equivalent, is responsible for overseeing the self-assessment process. This includes completing the assessment form, tracking the schedule for the assessment, and submitting the completed form. The Pharmacist-In-Charge should be a registered pharmacist practising at the Community Pharmacy overseeing its entire operation (further details mentioned in Chapter 2 – Pharmacist-In-Charge).

Section I – Personnel

Chapter 1 – Organisation and Administration

Overview

The operator of a Community Pharmacy should ensure that the staff or personnel employed in the operation of the Community Pharmacy are appropriately skilled, qualified and competent to do so.

1.1   A Community Pharmacy should comply with all standards set out in *'Section 2 – Management and Staff'* of the Code of Practice for Authorized Seller of Poisons, especially the following:

- Management of the Community Pharmacy should not seek to unduly influence, direct, control or interfere in the professional practice or performance of statutory duties by its registered pharmacist;

- Management of the Community Pharmacy should obtain approval of the Pharmacy and Poisons Board of Hong Kong (PPBHK) prior to any change in its proprietorship, partnership, directorship or person-in-charge of running its business;

- A registered pharmacist should be present for not less than two-thirds of the pharmacy's operating hours; and

- Management of the Community Pharmacy should provide full cooperation to the inspector in carrying out statutory duties and should not prevent its staff from providing information and particulars to the inspector relating to the identity of its owner.

✓ *When Applicable*

- Depending on the operation condition of the Community Pharmacy, a registered pharmacist is encouraged to be fully present throughout the pharmacy's operating hours regardless of the type of services being provided in the Community Pharmacy.

Administration

1.2   Written and dated job descriptions for different grades and ranks of staff should be available.

1.3   A clearly defined organisation chart should be available so that staff members are aware of their duties to facilitate teamwork.

1.4   Effective orientation on services, operations (e.g. statutory requirements regarding the sale, receipt and storage of pharmaceutical products) and policy, appropriate supervision, continuous education and training that are necessary to maintain competency, and regular appraisals should be provided to all staff.

1.5   All human resources processes should be recorded and retained by appropriate documentation.

1.6   A record should be kept for each employee with the following details:

- Name and identifier of the person;

- Details of his / her position and duties;

- Date of employment and changes in working locations;

- Details of professional qualifications and valid registration with relevant professional regulatory body; and

- Record and / or valid certificate of all training and educational activities.

1.7   All members of staff should dress appropriately and demonstrate professionalism in the daily operations of a Community Pharmacy.

Chapter 2 – Pharmacist-In-Charge

2.1   A Pharmacist-In-Charge should be appointed with the following responsibilities:

- Conduct self-assessments according to the self-assessment checklist provided in the Guidelines to evaluate the performance of the Community Pharmacy and enhance pharmacy practice through continuous improvement;

- Ensure that the staff involved in clinical care are practising within their professional scope of practice and competence, and are qualified to undertake their defined roles with appropriate documentation of information;

- Ensure a registered pharmacist is present on-site at all times when Community Pharmacy provides services defined in Section IV of the Guidelines, including Community Dispensing Services and Patient Education and Counselling Services; and

- Oversee the recalls and disposal of unserviceable or expired medicines in accordance with Section 8.9.

2.2   Relief pharmacist, when assigned, must fully assume the responsibilities of the Pharmacist-In-Charge during the period of absence.

Chapter 3 – Registered Pharmacist Practising in Community Pharmacies

Overview

A registered pharmacist practising in Community Pharmacies is a healthcare professional who provides accessible and affordable care to the public, serving as an initial point of contact in the primary healthcare setting.

3.1   A registered pharmacist practising in Community Pharmacies plays a crucial role in promoting better health and safer medication use by:

- Acting as a gatekeeper for health and medication safety through dispensing medications accurately and providing individualised counselling;

- Providing drug information to healthcare professionals, patients and the public;

- Offering personalised health advice to patients and participating in health promotion programmes when appropriate; and

- Collaborating with other healthcare providers to foster comprehensive, patient-centred care within a community-based primary healthcare system.

3.2   A registered pharmacist practising in Community Pharmacies should maintain personal control over the registered premises and ensure compliance with legal and professional standards.

3.3   A registered pharmacist practising in Community Pharmacies is responsible for supervising and managing the setup and operation of the pharmacy to uphold client safety and regulatory standards.

3.4   A registered pharmacist practising in Community Pharmacies should establish and maintain the necessary competencies, qualifications and training for all staff to undertake their roles and responsibilities in pharmacy services.

3.5   The key responsibilities of a registered pharmacist practising in Community Pharmacies include but are not limited to:

- Ensuring the premises are equipped with essential dispensing facilities and well-maintained to facilitate the provision of dispensing services;

- Maintaining strict compliance with legal requirements regarding the storage and dispensing of pharmaceutical products, documentation, and record-keeping of dispensed medicines;

- Prioritising client's medication safety by ensuring the clinical appropriateness and accuracy of the medication dispensed;

- Providing appropriate medication education and counselling to clients, empowering them with the knowledge and understanding for safe and effective medication use;

- Overseeing the workflow to optimise efficiency and effectiveness, allowing for timely and accurate dispensing of medications, and implementing strategies to streamline processes and minimise bottlenecks; and

- Managing, supervising, and providing ongoing training to support staff in Community Pharmacies, in order to foster a cohesive and knowledgeable team dedicated to providing quality service and maintaining professional standards.

Professional qualifications

A registered pharmacist practising in Community Pharmacies should:

3.6   Be registered as a pharmacist in Hong Kong and hold a valid annual practising certificate.

3.7   Fulfil the requirements of the Continuing Pharmacy Education (CPE) Programme implemented by the Postgraduate Pharmacy and Training Development Committee of the Pharmacy and Poisons Board to keep up-to-date about the current development of professional knowledge and skills in various areas of practice with an aim to upkeep professional standard at all times.

3.8   Be enlisted in the Sub-Directory for Pharmacists under the Primary Care Directory/ Register (PCD/R) if and when such registration is applicable, by fulfilling the specific eligibility criteria for enrolment* which will include completion of the structured primary healthcare training(s) or postgraduate course(s) meeting the requirement(s) recognised by the Government (see Appendix II).

The eligibility criteria for enrolment will be available on the Terms and Conditions of the PCD website in the first quarter of 2026.

Identification of registered pharmacists practising in Community Pharmacies

3.9   The information below should be provided for identification of a registered pharmacist:

3.9.1   Uniform and name badge (Or equivalent)

- A registered pharmacist should wear professional attire accompanied by a name badge that displays his / her:

    − Full name

    − Title

3.9.2   Display of information of on-duty registered pharmacist

- In accordance with the Pharmacy and Poisons Ordinance (Cap. 138), the name, certificate of registration, and attendance hours of each registered pharmacist should be prominently displayed.

3.9.3   Service hours

- The Community Pharmacy's operating hours and registered pharmacist attendance hours (if different) should be clearly displayed at the entrance or reception area.

Conduct and Accountability of registered pharmacists practising in Community Pharmacies

3.10 As healthcare professionals who provide person-centred care to enable patients and the public to maintain good health and a high quality of life through safe and effective use of medications, registered pharmacists practising in Community Pharmacies are expected to be equipped with, apart from the principles on the roles and responsibilities set out in the *Code of Professional Conduct for the Guidance of Registered Pharmacists in Hong Kong published by the Pharmacy and Poisons Board of Hong Kong, August 2025 Edition*, the following knowledge, virtues and attributes:

- Professionalism;

- Professional judgement;

- Professional empowerment;

- Standards and guidance;

- Conflicts of interest;

- Interface between personal and professional lives; and

- Professional indemnity.

Competencies and Responsibilities

3.11 A registered pharmacist practising in Community Pharmacies should be competent and responsible in five domains, including:

3.11.1 Professionalism and ethics

- Uphold professionalism in practice and take professional responsibility and accountability;

- Comply with laws and regulations and stay informed about any changes;

- Apply expertise including knowledge and skills in professional practice and demonstrate accountability and responsibility; and

- Contribute to continuous improvement in quality pharmacy services and continuity of care for patients in primary care.

3.11.2 Pharmacy practice

- Educate patients and caregivers about medications, adherence, and preventive care measures. Empower patients to actively manage their health and medications;

- Optimise the use of staff, inventory, and technology to ensure cost-effective and sustainable operations;

- Develop and implement contingency plans to address disruptions in service delivery, such as medication shortages or emergencies;

- Promote evidence-based medicine use into daily practice and patient care;

- Ensure medication safety by implementing protocols to prevent errors and monitoring processes to identify and address potential risks; and

- Maintain effective supply chain and inventory management to ensure consistent availability of medications while minimising waste of medications;

✓ *When Applicable*

- Apply clinical review and quality improvement processes to evaluate existing services and implement changes to enhance patient outcomes and service efficiency; and

- If optional services such as multi-dose packaging are provided to enhance patient adherence and improve medication safety, a structured workflow may be established for efficient dispensing.

3.11.3 Communication and inter-professional collaboration

- Deliver services in a patient-centric care approach, respecting individuals' rights, values, beliefs, needs and cultural diversity;

- Demonstrate an ability to actively foster patient empowerment and facilitate shared decision-making during services;

- Exhibit proficiency in devising personalised advice or care plans;

- Build a good rapport and work collaboratively with multidisciplinary teams to achieve positive outcomes; and

- Recognise the value of multidisciplinary care and continuously develop skills to support team-based practices.

3.11.4 Leadership and management

- Foster collaboration and communication among key stakeholders;

- Embrace innovative ideas and contribute to strategic and/or operational planning;

- Lead and support the development, implementation and continuous improvement of primary healthcare pharmacy services; and

- Plan and contribute to the effective and efficient use of resources in pharmacy operations.

3.11.5 Education, training and development

- Provide education and training consistent with educational practice for the pharmacy team;

- Demonstrate commitment to continuing professional development; and

✓ *When Applicable*

- Integrate latest clinical guidelines and research evidence into pharmacy practice.

Chapter 4 – Other Support Staff

Overview

Support staff refers to non-pharmacist staff involved in the operation of a community pharmacy. Depending on the operational needs of community pharmacy, support staff working in community pharmacy, as defined below, should follow the recommendations for good practice.

Dispenser

4.1   A dispenser is a trained pharmacy staff member who works under the supervision of a pharmacist to support the dispensing process:

- Accurately dispensing medications according to prescriptions or instructions from pharmacists in processing prescriptions, including verifying client information and preparing labels, is encouraged;

- Handling essential medication assistance and health-related inquiries, with counselling provided under pharmacist supervision. Additional support in this area is recommended;

- Maintaining accurate and organised pharmacy records, ensuring compliance with documentation and confidentiality guidelines; and

- Supporting workflow within the pharmacy for efficient operations. Activities such as managing queues and addressing client inquiries are encouraged to improve overall efficiency.

Pharmacy Assistant (or equivalent)

4.2   A Pharmacy Assistant (or equivalent) is a supporting pharmacy staff member who is responsible for assisting in the daily operations of the pharmacy.

✓ *When Applicable*

- Assisting in managing inventory by organising stock, monitoring expiry dates, restocking shelves, and ensuring medications are stored appropriately;

- Providing general administrative support by handling tasks such as responding to general enquiries, maintaining the cleanliness and tidiness of the pharmacy, and assisting with clerical duties as assigned;

- Supporting the operation by ensuring the area is well-stocked with sundries for dispensing; and

- Assisting in addressing basic client enquiries and directing more complex medication-related questions to the pharmacist or dispenser as appropriate.

Section II – Premises

Chapter 5 – Premises Overview

All aspects of the registered premises of a Community Pharmacy should be well-maintained to enable and facilitate a safe and effective working environment.

5.1   A Community Pharmacy should comply with all standards set out in *'Section 1.1 – Registered Premises of Authorized Seller of Poisons'* of the Code of Practice for Authorized Seller of Poisons, especially the following:

- The registered premises should be well-maintained, with walls, ceilings, and floors in good repair, and should comply with health, safety, and environmental standards;

- Adequate lighting, ventilation, temperature control, and air conditioning should be provided. Temperature and humidity should be controlled with due regard to the requirements, if any, for the storage of pharmaceutical products within certain specified temperature parameters;

- The premises should be clean, orderly, and free from obstructions;

- A safe and accessible entrance should be available for customers;

- Public areas should be free of stock while sales counters should remain uncluttered;

- Regular cleaning and sanitisation should be performed to prevent contamination and maintain a hygienic environment;

- Mandatory certificates, including the Certificate of Registration of Premises, Certificate of Registration of a Registered Pharmacist, Operating Hours, and Pharmacist Attendance Hours, should be prominently displayed and visible to the public; and

- Appropriate security measures should be in place to prevent theft or tampering with stock and records.

5.2   Patient confidentiality should be considered whenever Community Pharmacy services are delivered in the premises.

Consultation Area

✓ *When Applicable*

5.3   If elective services outlined in Section IV of the Guidelines are to be delivered, a consultation area may be set up to enhance privacy during patient interactions. The consultation area should:

- Be clearly indicated as a consultation area (e.g. by signage) and is distinct from the general public areas of the Community Pharmacy. Room(s) with appropriate and sufficient facilities is preferred to ensure the privacy of the consultation between the pharmacist and the patient is properly protected;

- Allow consultations to be conducted without being interrupted or overheard when speaking at a normal voice;

- Be accessible to wheelchair users to ensure inclusivity and convenience; and

- Be able to accommodate the pharmacist, patients, and their caregivers, providing a comfortable space for collaborative discussions. It should be equipped with adequate seating and proper lighting.

Chapter 6 – Dispensing Area

Overview

The dispensing area should be of sufficient size to enable safe and proper storage, handling, compounding and preparation of pharmaceutical products. The premises should be equipped with a suitable operational range of equipment to enable the provision of pharmacy services where applicable.

6.1   A Community Pharmacy should comply with all standards set out in *'Section 1.2 – Dispensing Area'* and *'Section 1.3 – Dispensing Facilities'* of the Code of Practice for Authorized Seller of Poisons, especially the following:

- Surfaces should be clean and impervious to maintain hygiene;

- The area should be designated exclusively for dispensing purposes and partitioned to prevent unauthorised access;

- Lockable receptacles should be available for storing controlled medicines;

- A separate receptacle should be reserved solely for the storage of Dangerous Drugs;

- Storage capacity should be adequate to safely accommodate all controlled medicines;

- Refrigerators used solely for pharmaceutical storage should maintain a temperature between 2°C and 8°C, be lockable, and be cleaned regularly;

- Temperature control measures, including regular temperature logging, should be in place;

- Essential facilities such as distilled or boiled water, a sink with adequate drainage, and air-conditioning should be provided for safe medicine handling;

- Dispensing containers should be available in sufficient quantity and should not be reused;

- Printer-generated labelling facilities should be available;

- Pharmacy personnel should have access to up-to-date reference materials, statutes, and regulations relevant to the practice of an ASP and the sale of pharmaceutical products; and

- All registers and record books or electronic records should be available in the dispensing area for record-keeping purposes.

✓ *When Applicable*

- The storage area for pharmaceutical products in the Community Pharmacy premises should be equipped with air-conditioning facilities to ensure effective temperature and humidity control.

28

Section III – Practice

Chapter 7 – Data and Information Management

Clinical Documentation, Storage and Handling of Medical Records

7.1   A Community Pharmacy should devise suitable procedures to keep and maintain registers, books, records and documents in accordance with the requirements under the *Pharmacy and Poisons Ordinance (Cap.138)*, *the Antibiotics Ordinance (Cap.137)*, *the Dangerous Drugs Ordinance (Cap.134)* and the Code of Practice for Authorized Seller of Poisons.

7.2   Community Pharmacy should maintain appropriate documentation for communications with patients, and with other primary healthcare service providers to ensure proper record-keeping.

Information Technology (IT) System

7.3   A reliable IT system should be in place to facilitate the processing of electronic prescriptions which comply with relevant legislative requirements, maintain accurate dispensing records, support service workflow and documentation, enable effective communication, and ensure compliance with legislative requirements.

7.4   The IT system should be reliable and able to support integration with eHealth and connectivity to other electronic systems to allow clinical data exchange and promote continuity of patient care.

7.5   The components of the IT system should include a dispensing system and a clinical service management system in compliance with relevant statutory requirements on the dispensing of prescription drugs and/or dangerous drugs and the relevant requirements with respect to prescriptions. Provision of IT facilities to enable secured storage of prescribing and dispensing data in the local environment in the premises of the pharmacy with proper access control.

✓ *When Applicable*

7.6   A comprehensive IT system should support the following features:

- Reliable and secured internet access;

- Receiving enrolment updates from patients, including new enrolments, changes to enrolment status and terminations;

- Enabling clinical documentation of service delivery, interventions and outcomes;

- Enabling effective retrieval of respective prescriptions, active drug profiles and dispensing records at the premises of the Community Pharmacy. The e-data storage shall comply with the relevant requirements of data security and retrievability and be made available for inspection by the Department of Health inspector;

- Maintenance of patient profiles with secure storage of patient data;

- Supporting other service administration including eligibility screening, appointment scheduling and reporting;

- Supporting drug ordering and inventory management;

- Facilitating the communication and collaborative practice with other healthcare providers to improve the health outcomes of service users; and

- Streamlining the monitoring and reporting processes for quality control and governance of services.

Telecommunication

Overview

Telecommunication refers to the electronic transmission of information over distances, enabling communication and data exchange critical for health system operations, including pharmacy services.

✓ *When Applicable*

7.7 Telecommunication tools ensure privacy and data security when handling patient information. Applications used for communication should possess features such as:

- End-to-end encryption for secure messaging;

- Password-protected accounts and systems to prevent unauthorised access; and

- Compliance with relevant legislative requirements for electronic communication in healthcare.

7.8 Consultations conducted via telecommunication ideally:

- Take place in a private setting free from interruptions to ensure confidentiality;

- Follow proper documentation protocols to maintain a detailed record of the consultation; and

- Include measures to verify the identity of the patient and ensure the accuracy of the information exchanged.

Privacy and Information Security

7.9   A Community Pharmacy and its registered pharmacist practising in Community Pharmacies should ensure compliance with the ***Personal Data (Privacy) Ordinance (Cap. 486)*** in handling customer information. The trust and confidence established between the registered pharmacist and the patient should not be dishonoured.

Chapter 8 – Stock Management

Sale and Supply of Medicines

8.1   A Community Pharmacy should comply with all standards set out in *'Section 3.1 – Sale and Supply of Medicines'* of the Code of Practice for Authorized Seller of Poisons, especially the following:

- Controlled medicines should only be sold on the registered premises by the registered pharmacist practising in community pharmacies or in his / her presence and under his / her supervision;

- The dispensing of Schedule 3 poisons, dangerous drugs and antibiotics should only be conducted in accordance with a prescription and should only be dispensed on the registered premises by the registered pharmacist or in his presence and under his supervision;

- Part 1 Schedule 1 poisons should only be sold to a purchaser who is a fit and proper person. The Community Pharmacy should not deliver Part 1 Schedule 1 poisons until an entry has been made in the poisons book and the entry has been signed by the purchaser and countersigned by the registered pharmacist;

- For the sale of medicines which do not contain any Part 1 poison, the dosage and the route and frequency of administration should be labelled in both English and Chinese. The special needs of certain patients should be accommodated as far as possible; and

- The Community Pharmacy should provide appropriate and sufficient advice to customers to facilitate their safe and effective use of the medicine purchased.

Procurement

8.2   A Community Pharmacy should comply with all standards set out in '*Section 1.4 – Storage and Stock*' and '*Section 3.3 – Procurement and Inventory System*' of the Code of Practice for Authorized Seller of Poisons, especially the following:

- The Community Pharmacy should develop and maintain a safe and effective operational procurement and inventory management system;

- Pharmaceutical products should be purchased from licensed pharmaceutical traders only**;**

- Acquisition of controlled medicines from the manufacturers, wholesalers or other retailers should be by way of a written order such as an electronic order; and

- All pharmaceutical products obtained and supplied should be registered in Hong Kong.

Storage Conditions

The registered premises must be maintained in a clean and orderly condition. Adequate lighting, ventilation and air conditioning must be provided. Temperature and humidity must be controlled with due regard to the requirements, if any, for the storage of pharmaceutical products within certain specified temperature parameters.

8.3   A Community Pharmacy should comply with all standards set out among others, in '***Section 1.2 – Dispensing Area***' and '***Section 1.4 – Storage and Stock***' of the Code of Practice for Authorized Seller of Poisons, especially the following:

- The dispensing area should be of sufficient size to enable safe and proper storage;

- All medicines should be stored according to the respective product requirements (e.g., protection from sunlight, moisture, and extreme temperatures);

- Medicines should remain in their original packaging; and

- Dangerous drugs and Part I poisons should be stored separately in locked receptacles.

Deliveries and Inventory Management

8.4   A Community Pharmacy should comply with all standards set out in '***Section 1.4 – Storage and Stock***' of the Code of Practice for Authorized Seller of Poisons, especially the following:

- Mixing of stock of the same product from different batches in the same container should be avoided; and

- Particular care should be exercised in storing different medicines with similar packaging or different strengths of medicines in similar packaging to minimise the occurrence of dispensing errors. Safety measures should be in place to differentiate Look-Alike, Sound-Alike (LASA) medications.

8.5   Controlled medicines received at the premises should be signed for by the registered pharmacist and securely stored in lockable receptacles.

8.6   All stock of medicines kept in the registered premises should exhibit batch numbers and expiry dates.

8.7   Mixing of stock of the same product from different batches in the same container should be avoided.

8.8   Stock should be rotated using the First-Expired, First-Out (FEFO) system.

Recalls and Disposal of Unserviceable or Expired Medicines

8.9   The Pharmacist-In-Charge should:

- Ensure the product recall process adheres to all regulatory requirements. For detailed drug recall guidelines, please refer to paragraph 9.7 – 9.10 at Chapter 9 – Risk Management;

- Oversee and manage the entire product recall process to ensure that all necessary steps are taken promptly and efficiently; and

- Maintain accurate records and ensure proper documentation of the recall process.

8.10   A Community Pharmacy should comply with all standards set out in *'Section 1.2 – Dispensing Area'* of the Code of Practice for Authorized Seller of Poisons, the **guidelines set by the Environmental Protection Department**, and the **Waste Disposal (Chemical Waste) (General) Regulation (Cap. 354C)**, especially the following:

- Waste medicines, whether expired stock or patient returns, should be stored separately from serviceable products and under the control of the registered pharmacist until removed for destruction; and

- The Department of Health should be notified before the disposal of any dangerous drug and the destruction process of any dangerous drug should be witnessed by an inspector.

Chapter 9 – Risk Management

The Pharmacist-In-Charge is responsible for clearly defining the governance of risk management. The Pharmacist-In-Charge should ensure risk management policy and procedures are in place for identification, assessment and minimisation of risk in the services.

Incident Reporting

An incident is an event that resulted, or could have resulted, in unintended or unnecessary harm to a patient or service user (e.g. medication error). Particularly, there is a variety of reportable clinical incidents, including:

- Near miss: an error or accident that has the potential to cause an adverse event (patient harm) but fails to do so because of chance or because it is intercepted;

- No harm: an event reached a patient, but no discernible harm resulted; and

- Harmful event: an adverse event that results in harm to a patient.

9.1   The Pharmacist-In-Charge ensures that there is a written document for incident management and reporting system outlining the procedures to follow in the case of an incident.

9.2   The Pharmacist-In-Charge reviews all incident reports, documents, remedial and quality improvement measures taken, and disseminates the lessons learnt to all Community Pharmacy staff.

9.3   The Pharmacist-In-Charge ensures all actions are undertaken with documentation.

9.4   The Pharmacist-In-Charge should encourage all Community Pharmacy staff to report clinical incidents as this enables Community Pharmacy to learn from mistakes and take actions to improve patient safety and care quality.

9.5   All Community Pharmacy staff shall receive training on incident reporting, ensuring they understand their roles and responsibilities in identifying, reporting, and addressing safety concerns.

9.6   For adverse drug reactions, all standards outlined in the *"Guidance for Healthcare Professionals – Adverse Drug Reaction Reporting"* issued by the Department of Health should be followed.

Drug Recall

9.7 A Community Pharmacy should establish, implement, and maintain a drug recall system to ensure the timely identification, removal, and proper handling of recalled pharmaceutical products. The system should align with the *"Pharmaceutical Products Recall Guidelines"* set forth by the Pharmacy and Poisons Board of Hong Kong.

9.8 Upon receiving authentic information and recall notifications from the manufacturers, wholesalers or the Department of Health, a Community Pharmacy should initiate the recall and immediately inspect its stock kept, remove the recalled medicine from sale and display, and store them in a designated area which is, where the recalled medicine is a controlled medicine, under the control of the registered pharmacist, for return to the suppliers or for disposal (if applicable) as soon as possible in an appropriate manner.

9.9 Appropriate information should be provided to clients regarding the safe disposal of recalled medicines. The initiation, progress and completion of the recall should be well documented.

9.10 Licensed traders should ensure that the disposal procedures of medicines (chemical wastes) are in compliance with the *Waste Disposal (Chemical Waste) (General) Regulation (Cap. 354C)*.

Feedback and Complaints Management

9.11 A Community Pharmacy should maintain an accessible and effective feedback and complaints system to enhance service quality, ensure confidentiality, and promote continuous improvement.

9.12 Complaints and feedback should be handled confidentially, with clear procedures for logging, investigating, and resolving issues within reasonable timeframes.

9.13 Regular reviews should be conducted to identify trends and improve services.

9.14 All staff in the Community Pharmacy should receive training on complaint handling to ensure effective resolution of service user concerns.

Infection Control

9.15 A Community Pharmacy ensures that all of its staff observe up-to-date infection control and preventive measures with reference to relevant guidelines promulgated by international or local health authorities (e.g. the *Guide to Infection Control in Clinic Setting* by the Centre for Health Protection of the Department of Health).

9.16 Clinical and chemical wastes are handled properly and safely according to written policies and procedures promulgated by the *Environmental Protection Department pursuant to the Waste Disposal Ordinance (Cap 354)*.

✓ *When Applicable*

9.17 A sharps box is available in a convenient place for the disposal of used sharps.

Section IV – Services

Chapter 10 – Core Services

Community dispensing service

10.1.1 <u>Objectives</u>

The community dispensing service involves the legal supply of medicines, including over-the-counter and prescription medications, as well as health supplies, by registered pharmacists practising in Community Pharmacies. This service encompasses medication review, consultation, and the provision of health information and guidance to enable the safe and effective use of medications by patients and their caregivers. The primary objective is to ensure the safety, efficacy and quality of medication supply.

The service aims to:

- Enhance medication accessibility by ensuring patients have timely, convenient, and reliable access to medications to support continuity of care;

- Enhance medication safety by minimising prescribing and dispensing errors and ensuring patients receive the right drug treatment;

- Empower patients by providing counselling and medication literacy support to foster informed decision-making and medication adherence; and

- Reduce medication waste by optimising refill processes in accordance with the instructions specified in the prescription to prevent overstocking, minimising unnecessary medication use, and promoting sustainable healthcare practices.

10.1.2 <u>Service Scope</u>

The community dispensing service ensures the safe and effective supply of medications and health supplies to meet the diverse needs of individuals in the community. Community Pharmacies will:

- Dispense medications in compliance with legal requirements and professional standards, including the Code of Practice for Authorized Seller of Poisons issued by the PPBHK;

- Provide personalised health support through medication counselling, medication adherence support, and self-care education to optimise therapeutic outcomes; and

- Enhance medication access by offering tailored solutions to meet the varying needs of patients.

10.1.3 Service Access

The community dispensing service is accessible to all individuals with diverse healthcare needs, ensuring timely and reliable medication access while complying with legal requirements, especially the following:

- Patients are encouraged to book appointments for scheduled medication refills in accordance with the instructions specified in the prescription in advance to ensure uninterrupted therapy and prevent medication shortages; and

- Timely reminders for upcoming refills in accordance with the instructions specified in the prescription can be provided through various communication channels to support medication adherence and continuity of care.

✓ *When Applicable*

- An appropriate digital platform can be implemented to streamline the service by facilitating prescription management, improving medication accessibility, and enhancing patient engagement through digital tools; and

- Flexible drug collection options can be offered to patients to improve accessibility, particularly for those with mobility constraints. The options should not have any adverse impact on the quality and efficacy of the medications. The duty pharmacist should also ensure that the medications are being delivered to the patients in a secure manner.

10.1.4 Service Delivery Model

10.1.4.1 Dispensing of Non-Prescription Medicines

- Pharmaceutical products should be supplied in their original packaging to prevent errors during the repacking process. Exceptions apply if the products are properly labelled and mandatory labelling requirements as stipulated under Appendix A of the Code of Practice for Authorized Seller of Poisons have been fulfilled and the medicines were dispensed by a registered pharmacist following professional assessment.

- Labelling is mandatory for all dispensed Non-Prescription Medicines, except those supplied in their original and properly labelled packaging.

- Labelling requirements for dispensed medicines should be compliant with the Code of Practice for Authorized Seller of Poisons issued by the Pharmacy and Poisons Board of Hong Kong.

10.1.4.2 Dispensing of Prescription-only Medicines

Prescription validation

- A registered pharmacist practising in Community Pharmacies should exercise professional judgment in verifying the authenticity and appropriateness of a prescription. If there are any concerns (e.g. regarding clarity, completeness, or potential safety issues), the pharmacist should consult the prescriber before proceeding.

- If any concerns arise, the registered pharmacist practising in Community Pharmacies should consult the prescriber and clarify before proceeding.

Clinical appropriateness of the prescribed medication

- Verify the prescribed drugs against the patient's existing documented drug allergy history with manifestations.

- Ensure the prescribed dosage regimen (including strength, frequency, and route) is clinically appropriate for the patient.

- Check for drug interactions, contraindications, and therapeutic duplications.

- When a prescription specifies a particular branded product, the pharmacist should dispense the exact brand unless a prior brand substitution agreement is in place. Any communication with the prescriber should be appropriately documented.

- Consult the prescriber regarding any clinical or prescription-related concerns before dispensing and document the discussion accordingly.

Dispensing process

- All dispensed medicines should be labelled according to statutory requirements and mandatory labelling requirements as stipulated under Appendix A of the Code of Practice for Authorized Seller of Poisons.

- Adopt the checking principle of '5 rights' (i.e. the right drug in the right dose is given to the right patient by the right route at the right time) at all times during dispensing.

- Ensure the medication name, strength and dosage form to be dispensed match those on the prescription and dispensing label, if applicable. Check the batch number and expiry date of the medicines.

- Affix labels without covering any critical information on the original packaging such as the batch number, the storage conditions of the medicines, the expiry date, and the name and strength of the medicines.

- When dispensing in non-original packaging, use appropriate dispensing containers such as plastic bottles, cream containers or plastic bags and affix corresponding dispensing labels.

- Special needs may be accommodated, such as by providing large-font labels for patients with visual impairments.

Provision of the medication to patients

- Perform a counter-check (a second check by a different qualified staff member before issue) or a double-check (a second check by the same staff member before issue), particularly for high-alert medications, before issuing them to patients. High-alert medications may include:

  - Anticoagulants;

  - Drugs commonly associated with Drug Allergies (i.e. Aspirin, Antibiotics, non-steroidal anti-inflammatory drugs (NSAIDs));

  - Insulins;

  - Oral Hypoglycaemics; and

  - Narcotics and Opioids.

- Verify patient identity using at least one patient identifier (e.g. patient's full name or HKID number). If a proxy/ carer is collecting, verify the proxy's identity and confirm patient's authorization, such as via a live call-back to the patient, a signed authorization on file, or any other documented measure.

- Provide appropriate medication counselling, including but not limited to the proper use, potential side effects, management strategies, and any special instructions.

Endorsement and documentation of prescription

- The prescriptions should be endorsed in accordance with the legislative requirement.

- Maintain accurate records of each dispensing transaction within the registered premises, ensuring compliance with statutory requirements.

Patient education and counselling

10.2.1 Objectives

The service aims to:

- Empower individuals to take an active role in their health and wellness through comprehensive health education;

- Provide accurate and easily understandable drug and health information to support informed decision-making regarding medication use and health management;

- Promote the safe and effective use of over-the-counter medications and dietary supplements, including identifying potential interactions with prescriptions therapies; and

- Serve as a trustworthy source of health and drug information within the community, enhancing the overall health literacy of the general public.

10.2.2 Target Population

- Residents of the local community or individuals who require access to health information, drug guidance, and over-the-counter products.

- Individuals of all age groups, with specific considerations for:

  − Children: For parents or carers seeking advice on paediatric medications, vaccines, or minor ailments;

  − Adults: For individuals managing chronic conditions, seeking preventive care, or addressing lifestyle-related health issues; and

  − Elderly: For individuals requiring support with polypharmacy, chronic disease management, or caregiver-assisted care.

10.2.3 Service Scope

Drug Information Consultation

Registered pharmacists practising in Community Pharmacies provide easily accessible, personalised consultations on health conditions and medications, including prescription drugs, over-the-counter medications and dietary supplements, self-care practices, minor ailments and other health-related concerns.

Over-the-counter Medication Guidance

Registered pharmacists practising in Community Pharmacies provide recommendations on the safe and effective use of over-the-counter medications and dietary supplements, including appropriate indications, proper dosage, administration instructions, potential side effects, and drug interactions.

Self-care Promotion and Management

- Registered pharmacists practising in Community Pharmacies serve as an easily accessible health service point in the living and working community for individuals and families, supporting them in a continuous healthcare process.

- Registered pharmacists practising in Community Pharmacies assess individuals' health needs, identify alarming symptoms requiring medical attention and refer them to family doctors for further assessment and management.

- Registered pharmacists practising in Community Pharmacies promote self-care by providing health advice for self-limiting and non-complicated minor ailments that can be effectively and reasonably managed with over-the-counter medications and/ or other lifestyle modifications.

✓ *When Applicable*

Health Education and Promotion

- Registered pharmacists practising in Community Pharmacies may utilise educational materials such as brochures, posters, and digital resources to engage individuals in preventive care and self-care practices.

- By collaborating with healthcare providers and community organisations via different health programs and activities, registered pharmacists practising in Community Pharmacies promote health literacy and raise awareness.

10.2.4 <u>Service Delivery Model</u>

- Community pharmacies may employ a hybrid service delivery model, offering both in-person and telecommunication consultations to improve accessibility for individuals with diverse needs.

- Registered pharmacists practising in Community Pharmacies may collaborate with other healthcare providers to ensure comprehensive and coordinated care.

Chapter 11 - Elective Services

The elective services defined in this chapter are additional services that are not mandatory to be provided by a Community Pharmacy. Corresponding requirements have to be followed, unless stated to be optional, whenever a Community Pharmacy chooses to provide any of these value-added services outlined in this chapter. A consultation area in the premises of a Community Pharmacy is required to support the delivery of these services. (Refer to Section II Premises for details)

Smoking cessation service

11.1.1 Objectives

The service aims to:

- Reduce tobacco use among the local population by improving access to personalised smoking cessation pharmaceutical services, including behavioural counselling in conjunction with pharmacotherapy if needed;

- Promote system-wide evidence-based tobacco dependence treatment as a standard of care;

- Raise the health awareness of smokers and empower them to maintain a healthy lifestyle for the primary prevention of diseases; and

- Establish and promote the role of pharmacists in delivering a community-based smoking cessation programme.

11.1.2 Target Population

- The service is intended for smokers who are aged 18 or above.

- Registered pharmacists practising in Community Pharmacies should refer clients for further medical attention if they have the following conditions:

    – Allergic to or intolerant of Nicotine Replacement Therapy (NRT);

    – Recent cardiovascular events, including stroke, transient ischemic attack, myocardial infarction, coronary artery bypass graft, percutaneous coronary intervention, unstable angina or severe cardiac arrhythmia within 4 weeks; and

    – Pregnant and breastfeeding women.

11.1.3 Engagement Pathway

The engagement pathway for the smoking cessation service may involve collaboration with various settings and stakeholders to ensure eligible patients are identified, engaged, and enrolled in the service. These might include:

- Engagement with healthcare service providers;

- Self-recruitment by the Community Pharmacy;

- Engagement with community social service units; and

- Direct-to-user promotion.

11.1.4 Service Scope

- Advise clients to quit smoking by discussing the harmful effects of tobacco and the benefits of quitting.

- Identify smoking habits and determine the stage of change in the quitting process.

- Work in partnership with the client to provide motivation and support in establishing a quit date.

- Provide guidance on quitting methods and cessation aids, develop personalised smoking cessation plans, and offer NRT to eligible clients.

- Advise clients on behavioural dependence strategies, provide social support, and offer pharmacotherapy if indicated.

- Refer clients to a family doctor or suitable allied healthcare professional for medical or psychosocial support if required.

- Provide in-depth counselling on pharmacological and non-pharmacological management and strategies to manage withdrawal syndrome.

- Assist clients in the smoking cessation journey and help prevent relapse.

11.1.5 Service Delivery Model

Service Setting

- The smoking cessation service will be delivered in a suitable consultation area that ensures client confidentiality and easy accessibility to NRT.

- A registered pharmacist practising in Community Pharmacies will be assigned to each client. He/she will follow up on the case throughout the program to ensure continuity of care.

- A one-to-one consultation will be provided to the client at each follow-up session. Tele-consultation may be arranged depending on the case and available equipment.

Service Flow

- A registered pharmacist practising in Community Pharmacies can refer to the ***Practical Handbook for Smoking Cessation Treatments*** issued by the Tobacco and Alcohol Control Office under the Department of Health for details of the suggested service flow.

Medication management services

11.2.1 Objectives

Medication management services (MMS) are a group of patient-centred, pharmacist-provided, consultation-based services. These services focus on optimising medication use, addressing medication-related problems, and improving overall health outcomes. By providing personalised care and collaborating with patients and healthcare providers, MMS ensures safe, effective, and appropriate medication therapy.

The service aims to:

- Enhance medication-related health outcomes among high-risk patients by optimising the access, appropriateness, effectiveness, safety, and adherence of medication therapy;

- Empower patients with chronic diseases and their caregivers by improving health literacy, self-management skills, and informed decision-making; and

- Strengthen community capacity to support patients and their caregivers in medication-related health management, contributing to the broader goals of primary healthcare such as reducing medication-related hospital admissions and improving therapeutic outcomes.

11.2.2 Target Population

A client is eligible for an MMS session when he/she fulfils any one of the following criteria:

- Recent changes in medication therapy or management (e.g. within 8 weeks), such as recent hospitalisation, initiation or switching of chronic medication(s), or new-onset cognitive impairment);

- Polypharmacy (i.e. taking five or more chronic medications);

- Taking high-alert chronic medication(s) such as antiplatelets, anticoagulants, antidiabetic medications, drugs used in the central nervous system, or immunosuppressants; and

- Referral by other healthcare providers with documented clinical justifications (e.g. medication non-adherence, change of caregiver of medication management.

11.2.3 Engagement Pathway

The engagement pathway for MMS may involve collaboration with various settings and stakeholders to ensure eligible patients are identified, engaged, and enrolled in the service. These might include:

- Engagement with the Hospital Authority (HA);

- Engagement with private healthcare service providers;

- Self-recruitment by the Community Pharmacy;

- Engagement with community social service units and residential care facilities; and

- Direct-to-user promotion.

11.2.4 Service Scope

MMS aims to optimise the medication and disease management of service users through the following:

- Enhancing knowledge and addressing misconceptions about medication therapy for the patients and/or caregivers;

- Developing actionable self-management plans in collaboration with patients, caregivers, and/or healthcare providers to empower patients in managing their health;

- Identifying and resolving medication-related problems and providing feedback or recommendations to prescribers to optimise medication therapy; and

- Providing feedback or recommendations to prescribers to address medication therapy problems and optimise medication therapy.

Unless agreed upon or endorsed by the prescriber, MMS does not directly constitute any addition, modification, or discontinuation of the prescribed medication(s).

11.2.5 Service Delivery Model

The MMS delivery approach is designed to:

- Improve medication outcomes: Optimise medication use, reduce medication-related problems, and enhance patient adherence;

- Promote accessibility: Leverage the convenience of Community Pharmacies to provide timely and accessible care;

- Ensure continuity of care: Facilitate collaboration between pharmacists, prescribers, and caregivers to deliver holistic and integrated medication management; and

- Tailor services to patient needs: Provide flexible delivery methods, including face-to-face and telecommunication consultations, to meet patient preferences and circumstances.

Process of Care for MMS

Collection of Information

- Essential information is collected from different sources, such as interviewing patients and/or their caregivers, reviewing any electronic record (e.g. eHealth, HA Go), clinical notes and investigation reports.

- The types of information may include demographics, social history, social determinants of health and past medical history.

Medication Reconciliation

- Prevent and detect unintentional changes to medications during transitions of care.

- Obtain the best possible medication history, which is a snapshot of a patient's actual medication use, through a systematic process of interviewing service users and reviewing at least one other reliable source of information (e.g. eHealth).

- Identify medication discrepancies.

Patient Assessment and Identification of Medication Therapy Problems (MTP)

- The pharmacist assesses the indication, efficacy, safety and adherence of each medication based on the information collected and identifies the potential or actual MTP.

- The pharmacist may conduct either a comprehensive review of all medications or a targeted review focusing on those related to a specific health condition or problem.

Development of Care Plan

- The pharmacist develops an individualised, evidence-based care plan aimed at resolving MTPs and improving health outcomes. This process involves collaborative decision-making with the patient and/or caregiver, taking into consideration their health beliefs and lifestyle.

- Key features of the care plan include collaborative decision-making, evidence-based recommendations and integration of findings.

- The pharmacist ensures recommendations are practical, achievable, and aligned with the patient's overall health goals.

Implementation of Care Plan

- Interventions of the care plan may consist of any of the following components:

  - Personalised medication list;

  - Personalised action plan;

  - Communication with or referral to other healthcare providers;

  - Provision of medication aids; and

  - Communication with caregivers.

- The pharmacist provides education and counselling to enhance medication use and disease management, which includes reinforcing the importance of adherence, discussing potential side effects and addressing any concerns.

Follow-up and Monitoring (If any)

Follow-up appointments may be necessary to assess the outcomes of the recommendations in the pharmacist's care plan based on the patient's clinical needs and individual circumstances.

Service Documentation

- All encounters and interactions should be captured and maintained in a clinical management system.

- Proper documentation enhances communication with prescribers and other healthcare providers and ensures continuity of care.

Competency Standards for Pharmacists Providing MMS

- Ability to assess patient needs and develop an appropriate care plan.

- Identify, prioritise, and resolve medication management issues.

- Effectiveness in communicating with patients, families, and healthcare teams.

- Monitor and manage adverse drug reactions.

Chronic disease management

11.3.1. Objectives

Registered pharmacists practising in Community Pharmacies play a significant role in supporting the management of chronic diseases such as hypertension, diabetes and dyslipidaemia via collaboration with multidisciplinary teams, including healthcare providers, social workers, and other community service units involved in health and wellness. The objectives of chronic disease management are to:

- Ensure safe and effective use of medications by optimising the access, appropriateness, effectiveness, safety, and adherence;

- Empower patients with self-care management skills to optimise disease control;

- Promote healthy lifestyles to reduce the risk of disease progression and complications; and

- Monitor patients' health conditions and provide timely referrals for further assessment and intervention.

By ensuring safe and effective medication therapies, the risk of unplanned medication-related hospital admissions and associated healthcare costs is reduced. Registered pharmacists practising in Community Pharmacies can help optimise disease management and improve patients' overall well-being through continuity of care. Effective collaboration between registered pharmacists practising in Community Pharmacies, family doctors, nurses, and other healthcare professionals also fosters a holistic and integrated approach to chronic disease management, leading to improved patient outcomes.

11.3.2. Target Population

- Chronic disease management is designed to support patients with chronic diseases, including but not limited to hypertension, cardiovascular diseases, diabetes, osteoporosis, asthma, chronic obstructive pulmonary disease (COPD) and chronic hepatitis B infection.

11.3.3. Service Scope

Targeted Medication Review

- Registered pharmacists practising in Community Pharmacies assess the indication, efficacy, safety and adherence to prescribed medications, identifying potential or actual medication therapy problems.

- Shared decision-making principles underpin this service, ensuring that patients actively participate in their treatment plans.

- Collaboration with prescribers and allied healthcare professionals is essential in resolving medication therapy problems and optimising therapeutic outcomes.

Reinforcement of Medication Adherence

- Registered pharmacists practising in Community Pharmacies check and reinforce medication adherence to optimise therapeutic outcomes.

- Registered pharmacists practising in Community Pharmacies educate patients on medication management strategies, including the use of medication aids such as pill boxes and pill cutters to support patient self-care.

Point of Care Testing and Monitoring

Registered pharmacists practising in Community Pharmacies provide advices on health checks or point-of-care testing, such as blood pressure and heart rate measurement, blood glucose testing, cholesterol screening and cardiovascular risk assessment. These services enhance patient engagement and support ongoing disease management and patient self-care by providing valuable healthcare information for discussion with their family doctor and other healthcare professionals.

Health Education and Promotion

- Registered pharmacists practising in Community Pharmacies offer guidance on lifestyle modifications and disease prevention to support patient self-care.

- Registered pharmacists practising in Community Pharmacies offer personalised education to empower patients to take an active role in managing their health conditions and overall well-being.

Additional Roles in Hypertension Management

- Registered pharmacists practising in Community Pharmacies review home blood pressure monitoring records and provide professional advice to support the management of hypertension based on the *Hong Kong Reference Framework for Hypertension Care for Adults in Primary Care Settings.*

- Community Pharmacies offer general health checks (e.g. body mass index) and blood pressure monitoring services, allowing detection of any worsening conditions and supporting the proper management of hypertension.

Additional Roles in Cardiovascular Disease Management

- Registered pharmacists practising in Community Pharmacies assess and review the cardiovascular disease risk using validated tools and provide professional advice on primary and secondary prevention to support overall disease management.

- Registered pharmacists practising in Community Pharmacies identify and refer high-risk patients or those experiencing any complications or medication therapy problems to family doctors for timely assessment and follow-up.

Additional Roles in Diabetes Management

- Registered pharmacists practising in Community Pharmacies review home blood glucose monitoring records and provide professional advice to support the management of diabetes based on the ***Hong Kong Reference Framework for Diabetes Care for Adults in Primary Care Settings***.

- Community Pharmacies offer general health checks (e.g. body mass index) and blood glucose monitoring services, allowing detection of any worsening conditions and supporting the proper management of diabetes.

- Registered pharmacists practising in Community Pharmacies provide a comprehensive review and consultation for patients using continuous glucose monitoring tools to support patient self-care and disease management.

- Registered pharmacists practising in Community Pharmacies identify and refer high-risk patients or those experiencing any complications or medication therapy problems to family doctors for timely assessment and follow-up.

Additional Roles in Osteoporosis Management

- Registered pharmacists practising in Community Pharmacies support medication management for bisphosphate-based and other osteoporosis therapies, including guidance on proper administration, monitoring and management of side effects.

- Registered pharmacists practising in Community Pharmacies provide guidance on bone health optimisation, including recommendations for calcium and vitamin D supplementation to support patient self-care.

- Pharmacists may provide management based on ***Hong Kong Reference Framework for Common Musculoskeletal Problems in Primary Care Settings – Module on Osteoporosis***.

Additional Roles in Asthma / COPD Management

- Registered pharmacists practising in Community Pharmacies review and counsel patients on inhaler techniques to ensure proper medication use and optimise therapeutic outcomes, providing key support for patient self-care.

- Community Pharmacies provide smoking cessation services to encourage patients to quit smoking, reducing disease progression risk.

Additional Roles in Chronic Hepatitis B Infection Management

- Registered pharmacists practising in Community Pharmacies support the optimisation of antiviral therapy by reviewing medication use, addressing potential interactions, and reinforcing medication adherence to optimise viral suppression and prevent disease progression.

- Registered pharmacists practising in Community Pharmacies educate patients on the importance of regular laboratory tests, relevant assessments, and hepatocellular carcinoma surveillance, supporting the overall management plan and facilitating timely referrals when necessary.

- Registered pharmacists practising in Community Pharmacies provide counselling on lifestyle modifications, including alcohol avoidance and liver-protective measures, and offer hepatitis B vaccination recommendations to at-risk individuals to support patient self-care.

Extended Role of registered pharmacists practising in Community Pharmacies in Chronic Disease Management

Tele-pharmacy services enhance the accessibility of pharmacy services by providing professional, pharmacist-led care via secure digital platform. It is particularly beneficial for patients with mobility constraints, those in remote locations, or individuals with scheduling conflicts, ensuring continuity of care. Services encompass a comprehensive range of remote support, including medication counselling, consultations, and adherence monitoring.

Oral health promotion and preventive oral care

11.4.1 Objectives

The service aims to:

- Strengthen oral health promotion and preventive care through community pharmacy services;

- Enhance early identification of oral health risks, promote healthy oral hygiene practices, and improve access to oral care information and referral pathways within the primary healthcare setting; and

- Support the World Health Organization Global strategy and action plan on oral health 2023-2030, which calls for integrating oral health as a core component of primary healthcare, and for pharmacists to be recognised as part of the oral health workforce.

11.4.2 Target Population

- General public, including adults, older adults, children, and at-risk populations (e.g. patients with diabetes, smokers and those with high alcohol consumption, children and elderly individuals and individuals with medication-induced oral health risk such as xerogenic medications).

- Individuals seeking self-care products or over-the-counter remedies for oral conditions.

- Community members with limited access to dental services, especially in underserved areas.

11.4.3 Service Scope

Oral Health Promotion and Education

- Pharmacists provide oral hygiene counselling, including proper brushing techniques, use of fluoride toothpaste, and dietary advice to prevent dental caries and gum disease.

- Health promotion materials and brief interventions are provided during medicine consultations (e.g. for dry mouth, smoking cessation, or diabetes management).

- Educational outreach may align with public health campaigns to improve community awareness of oral health.

Over-the-counter Recommendations

- Registered pharmacists practising in Community Pharmacies provide personalised recommendations on the safe and effective use of over-the-counter products to address the oral health needs (e.g. toothaches, gum disease or dry mouth), together with oral health screening.

Medication Review and Management

- Identify medications causing oral side effects, such as dry mouth from antihistamines or antidepressants, and suggest management strategies.

Early Risk Identification and Referral

- Pharmacists identify signs of oral health risks or alarming symptoms (e.g. gingivitis, ulcers or dry mouth) during different services (e.g. MMS) and interactions with service users.

- Patients are referred to a dentist for further medical attention when early symptoms or risk factors are identified.

- Screening tools or simple oral health checklists may be integrated into existing service workflows.

Collaboration and Workforce Integration

- Inter-professional collaboration is encouraged, with pharmacists working alongside dentists, family doctors, and allied healthcare teams to support oral health in primary care settings.

- Community pharmacies can serve as oral health information hubs, guiding service users to appropriate dental and healthcare resources – especially in districts where public dental services are limited.

Documentation and Shared Care

- Oral health advice, screening observations, and referrals may be documented in pharmacy records and, when applicable, linked to the Electronic Health Record Sharing System (EHRSS). This supports continuity of care, especially for patients with complex health needs.

Professional Development and Ethical Practice

- Pharmacists are trained with basic competencies in oral health promotion, in line with the World Health Organization recommendations.

- Pharmacists delivering oral health promotion services should engage in continuing education on oral health topics (e.g. dry mouth management, oral care in diabetes or fluoride use).

- Promotion of oral health products must adhere to professional codes of practice and avoid undue influence from commercial entities.

Appendix I

Self-Assessment Checklist

Self-Assessment Checklist

I. **Instructions**
This Self-Assessment Checklist serves as a comprehensive toolkit to evaluate compliance with established service standards. It is divided into two sections: • **Core Section (Parts III – VI):** This section covers essential criteria that all service providers must fulfil. Completion of this section is mandatory. • **Elective Section (Part VII):** This section includes criteria applicable only to providers offering specific services. **Completion of this section is advised as applicable**. It is recommended that this checklist be completed annually to ensure adherence to the required standards.

II. **General information**

Name of Pharmacy   :

Pharmacy address   :

Name of Pharmacist-In-Charge   :

Assessment date   :

Signature of Pharmacist-In-Charge   :

☐   **I declare that all information given in this form is correct, complete and true to the best of my knowledge and belief.**

III.   Core Section: Section I - Personnel

Checklist items	Remarks:
Chapter 1 – Organisation and Administration	
□ The Community Pharmacy complies with all standards outlined in 'Section 2 – Management and Staff' of the Code of Practice for Authorized Seller of Poisons.	
□ All staff members have written, dated job descriptions; and an organisation chart is available to clarify roles and responsibilities.	
□ Staff records are maintained as required by the Guidelines, including qualifications, training certificates, and employment details.	
Chapter 2 – Pharmacist-In-Charge	
□ Pharmacist-In-Charge assumes responsibility listed in the Guidelines.	
□ Relief pharmacist is assigned during the absence of Pharmacist-In-Charge.	
Chapter 3 – Registered Pharmacist Practising in Community Pharmacies	
□ All registered pharmacists practising in Community Pharmacy are registered pharmacists in Hong Kong with valid annual practising certificates.	
□ All registered pharmacists practising in Community Pharmacy are enrolled in the Sub-Directory of the Primary Care Directory (PCD) and are fulfilling the requirements of the Continuing Pharmacy Education (CPE) Programme.	
□ All registered pharmacists practising in Community Pharmacy are dressed in professional attire and have their full names, certification of registration and attendance hours displayed prominently within the Community Pharmacy, as required for identification.	
Chapter 4 – Other Support Staff	
□ The Community Pharmacy is supported by adequate, appropriately trained non-pharmacist staff (e.g., Dispenser, Pharmacy Assistant) working under pharmacist supervision, with defined duties.	

Assessment summary:

Key Areas for Enhancement	Action Plan

IV. Core Section: Section II - Premises

Checklist items	Remarks:
Chapter 5 – Premises Overview **Chapter 6 – Dispensing Area** □ The Pharmacist-In-Charge ensures compliance with all standards outlined in the following sections of the Code of Practice for Authorized Seller of Poisons: • '*Section 1.1 – Registered Premises of Authorized Seller of Poisons*'; • '*Section 1.2 – Dispensing Area*'; and • '*Section 1.3 – Dispensing Facilities*'.	

Assessment summary:

Key Areas for Enhancement	Action Plan

Guidelines of Practice for Community Pharmacy

V.   Core Section: Section III - Practice

Checklist items	Remarks:
Chapter 7 – Data and Information Management	
□ An Information Technology (IT) system is in place to support drug dispensing, clinical documentation, management of clinical services and communication with other healthcare providers.	
□ An IT system which is reliable to support integration with eHealth and connectivity to other electronic systems.	
□ The Pharmacist-In-Charge ensures compliance with relevant legislative requirements on the dispensing of prescription drugs and/ or dangerous drugs and the relevant requirements with respect to prescription, as outlined in: • The Pharmacy and Poisons Ordinance (Cap.138); • The Antibiotics Ordinance (Cap.137); • The Dangerous Drugs Ordinance (Cap.134); • The Personal Data (Privacy) Ordinance (Cap. 486); and • The Code of Practice for Authorized Seller of Poisons.	
Chapter 8 – Stock Management	
□ All controlled medicines received at the premises are signed by registered pharmacists practising in Community Pharmacies, properly labelled, and are securely stored under appropriate storage conditions.	
□ A safe and effective procurement and inventory management system following the first-expiry, first-out (FEFO) principle is developed, with the maintenance of accurate records.	
□ The Pharmacist-In-Charge ensures compliance with all relevant requirements related to stock management, as outlined in: • The Pharmacy and Poisons Ordinance (Cap.138); • The Antibiotics Ordinance (Cap.137); • The Dangerous Drugs Ordinance (Cap.134); and • The Code of Practice for Authorized Seller of Poisons.	
Chapter 9 – Risk Management	
□ A written document on incident management and reporting system is established to outline the procedures to follow in the case of an incident or adverse event.	
□ A drug recall system in line with the Guidelines' requirements is established, with proper documentation of any recall process.	
□ An accessible and effective feedback and complaints system is maintained.	
□ Appropriate measures for infection control is adopted as per the Guidelines.	
□ All staff members are trained on the procedures for incident reporting, drug recall, complaint handling and infection control.	
□ The Pharmacist-In-Charge ensures compliance with all relevant requirements related to incident reporting and drug recall, as outlined in: • Guidance for Healthcare Professionals – Adverse Drug Reaction Reporting; • The Waste Disposal (Chemical Waste) (General) Regulation (Cap. 354C); and • Pharmaceutical Products Recall Guidelines.	

Assessment summary:

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Key Areas for Enhancement	Action Plan

VI. Core Section: Section IV – Services (Core Services)

Checklist items	Remarks:
Chapter 10 – Core Services	
Community dispensing service	
☐ All prescriptions are checked for their completeness, validity and clinical appropriateness before dispensing.	
☐ Medications are dispensed following the '5 rights' principle (Right patient, Right drug, Right dose, Right route, and Right time).	
☐ Additional safety measures (e.g. double-checks) are in place for high-alert medications.	
☐ Medication labels contain all requirement information and meet regulatory standards.	
☐ All dispensing transactions are properly recorded, whether in electronic formats or physical formats in accordance with prevailing legislative requirements.	
☐ Patient identities are confirmed by using at least one patient identifier.	
Patient education and counselling	
☐ Patients receive accurate information on drug purpose, dosage, side effects, missed doses, interactions and storage, for both prescription drugs and over-the-counter medications.	

Assessment summary:

Key Areas for Enhancement	Action Plan

VII. Elective Section: Section IV – Services (Elective Services)

Checklist items	Remarks:
Chapter 11 – Elective Services	
Smoking cessation service	
□ Client eligibility is verified and contraindications are screened before enrolment.	
□ Referrals to other healthcare providers and community services are made if additional medical or psychosocial.	
□ Advice on the harmful effects of smoking and benefits of quitting is provided.	
□ Personalised smoking cessation plans are developed and in-depth counselling on withdrawal management and relapse prevention is offered.	
□ Consultations are conducted in a confidential setting.	
□ A dedicated pharmacist is assigned to follow up with each client throughout the programme, and all counselling sessions, nicotine replacement therapy (NRT) provisions and referrals are clearly documented.	

Assessment summary:

Key Areas for Enhancement	Action Plan

Checklist items	Remarks:
Medication management services (MMS)	
□ Client eligibility for MMS sessions is confirmed based on criteria outlined in the Guidelines (e.g. recent medication changes, polypharmacy, high-risk medications, referrals).	
□ Education and counselling are provided to enhance medication adherence, address side effects and empower patients and caregivers in self-management.	
□ Medication therapy problems are identified and resolved, with feedback to prescribers and/or other healthcare professionals to ensure continuity of care.	
□ Medication reconciliation is performed using patient interviews and at least one reliable source (e.g. eHealth) to identify and resolve discrepancies.	
□ Individualised care plans are developed in collaboration with patients and caregivers to address medication-related problems and align with health goals	
□ All encounters, actions and recommendations are clearly documented.	

Assessment summary:

Key Areas for Enhancement	Action Plan

Checklist items	Remarks:
Chronic disease management	
□ Targeted medication reviews are conducted to assess indications, efficacy, safety and adherence to support the management of chronic diseases.	
□ Patients are engaged in shared decision-making and receive personalised education on medication management and lifestyle modifications, so as to reinforce medication adherence and support optimised chronic disease management.	
□ Point-of-care testing (e.g. blood pressure measurement) and health checks are provided to enhance patient engagement, support ongoing disease management and patient self-care.	

Assessment summary:

Key Areas for Enhancement	Action Plan

Checklist items	Remarks:
Oral health promotion and preventive oral care	
☐ Pharmacists are trained with basic competencies in oral health promotion.	
☐ Pharmacists serve as an oral health information hub, directing service users to available dental or other healthcare resource.	
☐ Oral health advice, screening observations and referrals are documented in pharmacy records.	

Assessment summary:

Key Areas for Enhancement	Action Plan

Appendix II

Requirements for Structured Primary Healthcare Trainings and Postgraduate Courses

Category	Topic	Learning Objectives
CORE COMPONENTS	**Foundations of Primary Healthcare**	• Describe the structure, function, and policy framework of the Hong Kong primary healthcare system and the pharmacist's role within it. • Apply principles of health promotion and disease prevention to develop strategies for individuals and communities on topics such as immunisation, smoking cessation and healthy lifestyles. • Demonstrate practical skills for conducting effective smoking cessation interventions and behavioral counseling. • Utilise digital health tools and innovation (e.g., telehealth, health apps) to enhance the delivery, accessibility, and quality of primary care services. • Identify the impact of social determinants of health on patient outcomes and leverage community resources to address health inequities • Demonstrate effective communication and collaborative practices for working within interdisciplinary primary healthcare teams.
	Pharmacotherapy and Chronic Disease Management	• Apply evidence-based guidelines and critical thinking to support the management of common chronic conditions such as diabetes and hypertension. • Perform comprehensive and targeted medication reviews and reconciliation to identify, resolve, and prevent medication therapy problems, including issues related to polypharmacy. • Provide evidence-based advice on health issues related to Chinese Medicine (CM) and Complementary and Alternative Medicine (CAM). • Develop patient-centered care plans that incorporate pharmacotherapeutic, lifestyle, and monitoring components for chronic diseases. • Formulate pharmacotherapy plans to meet the specific needs of patients across the lifespan, including geriatric, pediatric, and pregnant patients, and address common men's and women's health conditions.
	Patient Assessment and Clinical Services	• Obtain and interpret a comprehensive patient history to identify medication and health-related needs. • Apply fundamental principles to provide effective counseling on vaccinations, including understanding schedules, efficacy, and contraindications. • Demonstrate competency in essential health assessments, such as vital signs monitoring to support patient evaluation. • Understand the principles of first aid and basic life support (BLS) to respond to medical emergencies in a community setting. • Execute accurate documentation and structured referral processes to ensure patient safety and continuity of care.
RECOMMENDED OPTIONAL COMPONENTS	**Advanced Clinical Management**	• Develop and manage comprehensive, evidence-based care plans for complex patients with multi-morbidity, polypharmacy, and frailty. • Perform advanced health assessments and provide evidence-based counseling for complex health needs. • Integrate knowledge of mental health conditions (e.g., depression, anxiety, insomnia) into care plans, including their presentation and pharmacotherapeutic management.
	Leadership and Advanced Practice	• Demonstrate practical skills and achieve certification in the administration of vaccines. • Perform advanced point-of-care testing and physical assessment techniques to support disease management. • Design and evaluate a business model or business plan for a new pharmacy-led primary care service, incorporating needs assessment, resource allocation, and outcome measures. • Lead quality improvement initiatives to optimise existing clinical services and enhance patient safety.

Note 1: The Primary Healthcare Commission (PHCC) will assess the eligibility of all structured trainings and postgraduate courses through its governance structure

Note 2: The list of learning objectives is not exhaustive and will be continuously reviewed and updated to reflect advancements in primary healthcare practice

Note 3: Full fulfilment of all learning objectives under Core Components is a mandatory requirement for a structured training or postgraduate course to be deemed eligible

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