

LCQ13: Separation of prescribing from dispensing of drugs

Following is a question by the Hon Shiu Ka-fai and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (June 18):

Question:

It is learnt that the system of separating prescribing from dispensing of drugs (SPD) (i.e. doctors are responsible for consultation and prescription while patients go to community pharmacies for dispensing of drugs with their prescriptions) has been implemented worldwide for many years. There are views that such a system has the positive effects of enhancing drug safety and professional segregation of duties, avoiding limitations in the use of drugs, promoting patient triage, reducing conflicts of interests and lowering healthcare costs, etc. However, despite local pharmacies and the pharmaceutical trade as well as members of the community have been striving for implementing the system in Hong Kong for more than two decades, the Government has not given definite responses so far. In this connection, will the Government inform this Council:

(1) whether it has studied which places in the Mainland and overseas have already implemented or are currently planning to implement SPD and its effectiveness;

(2) as there are views pointing out that the arrangement of doctors being responsible for consultation and prescription and pharmacists for dispensing drugs has already been implemented in public and private hospitals in Hong Kong, and that pharmacists, who are the last professional gatekeepers for members of the public before taking drugs, have greatly reduced the risk of drug-related medical incidents, of the reasons for not extending the arrangement to all levels of the healthcare system by the authorities (including allowing the dispensing of drugs in qualified community pharmacies to patients with prescriptions by doctors in public hospitals or private medical practitioners);

(3) whether it studied or took specific actions in the past decade to implement SPD in Hong Kong; if so, of the details (including the reasons for not implementing the relevant system in Hong Kong over the years); if not, the reasons for that; and

(4) whether it will make reference to the successful experience of other places where SPD has been implemented, with a view to implementing the system in Hong Kong as early as possible; if so, of the details and implementation timetable; if not, the reasons for that?

Reply:

President,

In consultation with the Department of Health (DH), the Primary Healthcare Commission (PHC Commission) and the Hospital Authority (HA), the reply to the various parts of the question raised by the Hon Shiu Ka-fai is set out below.

Generally, "Separation of Prescribing from Dispensing of Drugs" (SPD) means that, under normal circumstances, doctors are only allowed to diagnose and prescribe medicines for patients, while the role of drug dispensing must be carried out separately by registered pharmacists or dispenser under registered pharmacist's supervision. In other words, implementation of SPD arrangement statutorily designates drug dispensing, which has all along been able to be performed by doctors, to be separately performed by registered pharmacists, and at the same time requires that drug dispensing cannot be carried out in doctor (including family doctor) clinics without the presence of a registered pharmacist.

The Government notes that some European and American countries, as well as neighbouring regions (including Korea and China's Taiwan region), have adopted the mode of SPD. The main objective is to enable doctors and pharmacists to focus on their professional areas, with a view to enhancing medication safety. Nevertheless, there are specified exemptions in these places that allow doctors to supply medicines to patients who attend medical consultations. Meanwhile, the implementation experience of these places also shows that SPD may potentially reduce the convenience of the public in obtaining medications, increase medical cost, and bring about significant changes in people's healthcare-seeking habits. In fact, healthcare systems (including the division of labour between consultation and dispensing drugs) vary across the world. It is crucial to formulate appropriate policies in the light of local professional development, social needs and city planning. By taking into account the local conditions and balancing the division of labour among various professions with public convenience, the distribution of healthcare resources can be effectively optimised, and the efficiency and safety of healthcare services can be enhanced as a whole.

At present, public hospitals, public clinics as well as private hospitals in Hong Kong have adopted the arrangement that doctors are responsible for consultation and prescription, while pharmacists are responsible for the dispensing of drugs, to meet the practical needs. As regards private doctor clinics, patients have the right to request prescriptions from private doctors and have their drug dispensed by pharmacists at licensed pharmacies in the community. The Government has always attached great importance to the safety of drug dispensing in private clinics. For patient protection, the Code of Professional Conduct (the Code) formulated by the Medical Council of Hong Kong includes provisions regarding the dispensing of drugs to patients. According to section 9.2 of the current Code (revised in October 2022), if a doctor dispenses medicine to patients, it is the doctor's personal responsibility to ensure that the drugs are dispensed strictly in accordance with the prescription and are properly labelled before they are handed over to the patients. Doctors should establish suitable procedures and observe the provisions of the Good

Dispensing Practice Manual issued by the Hong Kong Medical Association to ensure that drugs are properly labelled and dispensed.

Hong Kong has a high standard of medical professionalism, and the existing legislation and the relevant regulatory measures for healthcare personnel have been effective in safeguarding drug safety. When considering any changes in consultation and drug dispensing arrangements, emphasis should be placed on the co-operation among doctors, pharmacists and other healthcare professionals, and the well-being of patients should be the primary consideration. The implementation of SPD in Hong Kong will have far-reaching implications on the role of doctors in the current healthcare system, the manpower demand for healthcare professions and the ancillary facilities, as well as the arrangement and cost-effectiveness of primary healthcare services, etc, which must be considered on a long-term basis.

The Government currently has no plan to make SPD mandatory, but will enable family doctors and other healthcare professions in the community to enhance their collaboration in the provision of comprehensive and coherent primary healthcare services while taking forward primary healthcare reform, including continuing to implement a series of "medical-pharmaceutical collaboration" arrangements to make good use of the licensed pharmacies and pharmacists in the community. This will further facilitate the public's access to medical consultation and dispensing of medicines, reduce medical cost, ensure the consultation and medication safety, and provide the public with choices of drug dispensing arrangements. Specific examples include:

(A) Pharmacists have been playing an active role in the primary healthcare system at different levels, including supporting family doctors in monitoring drug compliance, and collaborating with healthcare professions such as nurses in health promotion and health education to assist in the prevention and management of diseases, promotion of drug safety, smoking cessation and vaccination under a complementary and collaborative model. However, the existing professional pharmaceutical services and drug dispensing services in the community are not fully utilised, and the role of pharmacists in primary healthcare could be enhanced. The Government is promoting the establishment of community-based multi-disciplinary healthcare teams in accordance with the Primary Healthcare Blueprint, in which the role of pharmacists in multi-disciplinary healthcare management will be enhanced. At the same time, the Government will also promote the development of community pharmacies so that members of the public can choose to receive drug counselling services in the community, thereby achieving the goal of "treating mild cases in the community". Specific measures include:

(i) The Government is preparing to develop a community drug formulary in the fourth quarter of 2025 and will launch the community pharmacy programme (CPP) by phases starting from the fourth quarter of 2026 to enable the public to obtain affordable primary healthcare drugs more conveniently through family doctors and community pharmacies. In the process, pharmacists will also regularly review the dosage and efficacy of the drugs taken by patients to improve their use of medication and reduce drug wastage;

(ii) The PHC Commission is formulating the Guideline of Practice for

Community Pharmacy to establish service standards and quality assurance for community pharmacies, and to standardise the collaborative model between community pharmacies and primary healthcare service providers. The PHC Commission will also arrange training courses for pharmacists, pharmacy students and professionals, which will be incorporated into the requirements of the Pharmacy and Poisons Board of Hong Kong for recognising continuing education in the future, in preparation for the formulation of the Primary Care Directory (PCD) which will cover pharmacists; and

(iii) The District Health Centres (DHCs) will form a network with community pharmacies to enhance the dispensing of drugs in the community and pharmaceutical consultation services, so as to strengthen the role of DHCs as a hub for primary healthcare services, while at the same time providing professional pharmaceutical services to members of the public.

(B) Under the current HA medication delivery service, patients can arrange to have their medications delivered to their home or a specified address, or choose to collect them at a pharmacy in collaboration with the HA after their consultation. Users are required to pay for the medications and the delivery fee. After implementation of the CPP, pharmacists under the CPP will also be able to provide eligible HA patients with drug refill services for drugs on the designated drug list, including drugs to be taken when needed and drugs for chronic diseases, and may dispense the drugs in batches to patients. Patients are only required to pay the HA's medication fees with no additional delivery fees.

(C) Medication management is a vital part of patient care. Under the five-year development plan of "eHealth+", the Government will integrate the medication records and related healthcare services of various healthcare providers through data connectivity on the eHealth platform. The Government will also explore the introduction of ePrescription to enable secure, real-time and bi-directional connectivity of medication records among healthcare providers, pharmacies and relevant stakeholders, thereby enhancing prescription accuracy, process efficiency and medication safety. To support the relevant development, the Government has submitted the Electronic Health Record Sharing System (Amendment) Bill 2025 to the Legislative Council this year to provide a clear legal framework for electronic medical documents issued or authenticated through eHealth. Where appropriate, the Government may designate eHealth as the only platform for issuance of certain medical documents to facilitate centralised management and support usage process.

Under the community drug formulary and CPP mentioned above, as an essential platform for supporting primary healthcare services, "eHealth+" will serve as a critical bridge between the HA, community pharmacies and relevant healthcare providers. The Government will support the future co-ordinated development of community pharmacies and primary healthcare services by connecting and integrating the medication records of the HA and various healthcare providers, facilitating medication management processes such as medication prescription and drug dispensing. In addition, service providers in the aforementioned sub-guidelines of the PCD are required to register with eHealth to facilitate data sharing, with a view to enhancing the continuity of healthcare services.

(D) For secondary and tertiary healthcare involving hospital and specialist services, the Government has been striving to enhance price transparency of private healthcare services, such that citizens could gain access to more comprehensive price information before making medical decisions according to their needs and better prepare for their expenses. On May 9, 2025, the Health Bureau briefed the Panel on Health Services of the Legislative Council on the preliminary legislative proposals and long-term enhancement measures, including the promotion of standardisation of the scope of healthcare services and chargeable items, covering the monitoring of drug prescription and charging. The Government is progressively engaging with stakeholders, including the healthcare sector, the insurance industry, patient organisations and academic institutions, to conduct more in-depth consultation on the details of the ideas, with a view to introducing the draft regulation in 2026 and implementing relevant enhancement measures by phases.