

Advancing Hong Kong Pharmacy Profession Development –
Local Continuing Education Programme

Survey on Continuing Education for Local Pharmacists
Analysis Report

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Disclaimers

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1. Background

Advancing Hong Kong Pharmacy Profession Development – Local Continuing Education Programme is a 3-year Continuing Education (CE) programme organised by The Pharmaceutical Society of Hong Kong. This programme is funded by the Professional Services Advancement Support Scheme, the Commerce and Economic Development Bureau of HKSAR government. Pharmacists practicing in all sectors can expect to gain useful knowledge from this programme.

The survey is part of the programme and aims to collect the view of Hong Kong pharmacists on the development of CE. The result can be the reference for the future consideration and establishment of CE framework in Hong Kong.

2. Target

The survey mainly targeted the registered pharmacists in Hong Kong and the pharmacists who obtained qualification overseas but have not yet registered in Hong Kong.

3. Participation

The survey conducted during the period of the programme, from June 2019 to March 2022. A total number of 183 Hong Kong and overseas pharmacists participated in the survey. Among the respondents, 179 respondents (97.8%) are Hong Kong registered pharmacists and 4 respondents (2.2%) are overseas pharmacists

4. Survey Result

4. 1. Characteristics of participants

The registration year of the participants ranged from 1973 to 2020. From the 183 participants, 125 (31.7%) received additional training, which included 35.5% (n=65) Master's degree, 13.3% (n=24) Bachelor's degree, 9.8% (n=18) Certificate, 4.4% (n=8) Graduate diploma, 2.7% (n=5) Diploma, 2.2% (n=4) Doctoral degree and 0.5% (n=1) Post-graduate certificate; while 58 (31.7%) did not receive additional training. Table 1 shows the characteristics of the respondents.

Table 1. The characteristics of the respondents (n=183).

Characteristics	Classification	Number (%)
<i>Registration year</i>	Before 1992	47 (25.7)
	1992-2001	65 (35.5)
	2002-2011	33 (18)
	On or after 2012	34 (18.6)
	Not yet registered	4 (2.2)
<i>Current practice sector</i>	Community Pharmacy	104 (56.8)
	Government	3 (1.5)
	Hospital Authority	18 (9.9)
	Non-governmental/ Non-profit/ Subvented organisation	9 (4.9)
	Not practising in a post requiring the license of registered pharmacist	12 (6.6)
	Other private institutions	8 (4.4)
	Pharmaceutical Company (Wholesaler)	18 (9.9)
	Pharmaceutical Manufacturer	6 (3.3)
Private Hospital	5 (2.7)	
<i>Earliest qualification obtained in pharmacy profession</i>	Higher Diploma	1 (0.5)
	Bachelor's Degree	174 (95.1)
	Master's Degree	7 (3.9)
	Doctoral Degree	1 (0.5)
<i>Issuing country/ territory of the earliest qualification</i>	Australia	21 (11.5)
	Canada	11 (6)
	Hong Kong	60 (32.8)
	Malaysia	2 (1.1)
	New Zealand	4 (2.2)
	Philippines	2 (1.1)
	Taiwan	24 (13.1)
	The United Kingdom	51 (27.9)
The United States of America	8 (4.3)	

4. 2. Current habit of continuing education

Most of the participants 84.1% (n=154) spent time on CE training relevant to pharmacy last year, 15.9% (n=29) respondents did not. See Table 2.

More than half of the participants attended live seminars, followed by written self-study materials and live webinars. Since attending any type of CE training is voluntary, it could indicate that live seminars is the most preferred training among the participants. Table 3 shows the frequency of the type of CE training taken by the participants last year.

Table 2. Time spent on CE training last year (n=183)

Time spent on CE training last year	Number (%)
0 hour	29 (15.9%)
1-10 hours	74 (40.4%)
11-20 hours	39 (21.3%)
21-30 hours	26 (14.2%)
31-40 hours	8 (4.4%)
> 40 hours	7 (3.8%)

Table 3. The type of the CE training taken by respondents last year

	Classification	Frequency (%)
<i>CE relevant to pharmacy profession</i>	Clinical pharmacy/ pharmacotherapy	105 (57.4%)
	Pharmaceutical science/ drug development/ clinical sciences	58 (31.7%)
	Medical sciences/ non-pharmacological disease management	42 (23%)
	None	42 (23%)
	Public health/ health administration	36 (19.7%)
	Chinese medicine/ natural medicine	21 (11.5%)
	Pharmaceutical technology	10 (5.5%)
	Others overseas online courses	4 (2.2%)
<i>CE formats</i>	Live seminars	98 (53.6%)
	Written self-study materials	56 (30.6%)
	Live webinars	52 (28.4%)
	None	31 (16.9%)
	Short courses	29 (15.8%)
	Recorded live seminars	24 (13.1%)
<i>Organiser(s) of CE</i>	Professional bodies/ associations	141 (77%)
	Academic institutions	59 (32.2%)
	Private providers	37 (20.2%)
	Employers	15 (8.2%)
	Government	10 (5.5%)

4. 3. Major barriers to CE

42.1% (n=77) of the pharmacists reported that time of the training not fit with the schedule is the major barrier to CE. Followed by 30.6% (n=56) reported that the topics of the training not attractive or relevant to practice, and 23.5% (n=43) reported that cost of the training is the major barrier to attend CE trainings.

While 29% (n=53) pharmacists reported that they think they have received sufficient training. Table 4 shows the pharmacists' responses to the major barriers to CE.

Table 4. Barriers that prevent pharmacists attend CE training

Major barriers	Frequency of response (%)
Time of the training not fit with schedule	77 (42.1%)
Topics of the training not attractive/ relevant to practice	56 (30.6%)
I think I have received sufficient training in the past year.	53 (29%)
Cost of training	43 (23.5%)
Insufficient promotion of the CE schedule	36 (19.7%)
Insufficient CE training period	30 (16.4%)
No systematic design of CE training in Hong Kong	2 (1.1%)
CE training is not compulsory	1 (0.5%)

4. 4. Opinions on the development of CE for pharmacists in Hong Kong

4. 4. 1. Regular CE training

82% (n=150) agreed that Hong Kong should have regular CE training, while 18% (n=33) disagreed. Table 5 shows the party(s) that pharmacists think should be responsible for providing CE training in Hong Kong.

Table 5. Pharmacists' responses to party(s) should be responsible for providing CE training

Party(s) be responsible for providing CE training	Frequency of response (%)
Professional bodies/ associations	151 (82.5%)
Academic institutions	71 (38.8%)
Government	45 (24.6%)
An independent CE training institute	44 (24%)
None	5 (2.7%)
Pharmaceutical companies	2 (1.1%)
Other medical societies	1 (0.5%)
Overseas professional bodies/ associations	1 (0.5%)

4. 4. 2. Standard of minimum CE training

63.4% (n=116) disagreed that Hong Kong should set up the standard of minimum CE training per year, while 36.6% (n=67) agree to have standard of minimum CE training.

From the 67 pharmacists who agreed Hong Kong should have standard minimum CE training, 58.2% (n=39) of them reported that they are willing and capable to spend 11-20 hours every year. Followed by 19.4% (n=13) who are willing to spend 21-30 hours, 13.4% (n=9) who are willing to spend 5-10 hours. Table 6 shows the number of hours that they reported they are willing and capable to spend on CE training every year.

Table 6. Number of hour(s) that pharmacists are willing and capable to spend on CE training every year (For pharmacists who agreed that Hong Kong should have standard of minimum CE training) (n=67)

Hour(s) willing and capable to spend on CE training every year	Number (%)
5 - 10 hours	9 (13.4%)
11- 20 hours	39 (58.2%)
21 - 30 hours	13 (19.4%)
> 30 hours	6 (9%)

From the 116 pharmacists who disagreed Hong Kong should have a standard of minimum CE training, 65.5% (n=76) of them reported that it's hard to define minimum standard. Followed by 30.2% (n=35) reported that it's hard for pharmacists to fulfill any minimum CE training standard, and 27.6% (n=32) reported that there is insufficient CE training provided. Table 7 show the reasons that pharmacists disagreed with the minimum of standard of CE training in Hong Kong.

Table 7. Reason(s) for Hong Kong should not have a standard of minimum CE training per year (Total base=116)

Reason(s) for Hong Kong should not have a standard of minimum CE training per year	Frequency of response (%)
It's hard to define the minimum standard.	76 (65.5%)
It's hard for pharmacists to fulfill any minimum CE training standard.	35 (30.2%)
There is insufficient CE training provided.	32 (27.6%)
CE training is not helpful for my practice.	26 (22.4%)
No incentive	2 (3.4%)
Standard of the CE training varies	3 (2.6%)

5. Conclusion

The survey has identified the type of the CE trainings Hong Kong pharmacists they preferred, the barriers that prevent them from taking the training as well as their opinions on CE development in Hong Kong.

Live seminar was the most common method that pharmacists reported to attend CE activity. The top 3 major barriers reported by the pharmacists are time constraints, topic not attractive/ relevant and cost of training. Some studies ^{1,2} showed that pharmacists in other country/ territories have similar barriers for attending the CE trainings.

Most of the pharmacists agreed that Hong Kong should have regular CE training. The CE activity in Hong Kong is in a voluntary basis, more than half of the pharmacists disagreed to have standard of minimum CE training in Hong Kong.

The proportion of Hong Kong pharmacists who worked in public sector and private sector is 44%: 56% ³. A higher response rate is noted from private sector compared to public sector in this survey. This limits the generalizability of the results.

6. Recommendation

Hong Kong Pharmacists have a positive attitude towards CE training. They are willing to attend the trainings even in voluntary-basis.

7. Reference

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