

Advice to the Profession: Dispensing Drugs

Advice to the Profession companion documents are intended to provide physicians with additional information and general advice in order to support their understanding and implementation of the expectations set out in policies. They may also identify some additional best practices regarding specific practice issues.

The College, in consultation with the Ontario College of Pharmacists, has developed the [Dispensing Drugs](#) policy for those physicians who dispense drugs. The aim of the policy is to ensure that physicians and pharmacists meet the same standards when dispensing drugs. This companion *Advice* document is intended to help physicians interpret their obligations as set out in the policy and provide guidance for how these obligations can be effectively discharged.

What is dispensing?

The Ontario College of Pharmacists' [Dispensing Components Included in the Usual and Customary Fee guideline describes](#) dispensing as involving both technical and cognitive components. Technical components of dispensing may include drug selection, verification, and quantity determination, applying appropriate labelling, and documentation. Cognitive components of dispensing, which may overlap with a physician's responsibilities when prescribing, may include assessing the appropriateness of drug therapy, considering drug interactions and contraindications, providing patient communication and counselling, and offering follow-up advice. Additional information on the components of dispensing can be found in the Ontario College of Pharmacists' guideline.

Does this policy apply if I am distributing drug samples?

The intention of the policy is to set expectations for physicians acting in a role that is comparable to a pharmacist and does not apply to the distribution of drug samples. However, relevant expectations for drug samples are found in the [Medical Records Documentation, Prescribing Drugs](#), and [Physicians Relationships' with Industry: Practice, Education and Research](#) policies, such as documentation of the drug name, dose, directions for use, quantity, and lot number in the patient's medical record.

Some of the expectations articulated in the *Dispensing Drugs* policy are nevertheless informative and may help guide appropriate conduct when it comes to distributing drug samples. This includes not distributing expired medications and checking that samples are correctly labelled. Further guidance around distributing drug samples can be found in the Ontario College of Pharmacists' [Distribution of Medication Samples](#) policy.

36 ***How can I determine what dispensing fee to charge?***

37 A reasonable dispensing fee may incorporate handling costs, such as shipping and
38 secure storage for the drug. Further guidance on charging for uninsured services more
39 generally can be found in the [Uninsured Services: Billing and Block Fees](#) policy.

40 ***What information do I need to provide to a patient when dispensing a drug?***

41 Patient counselling is an important aspect of dispensing. Many aspects of patient
42 counselling overlap with a physician's responsibility to obtain informed consent from a
43 patient or their substitute decision-maker for treatment and before prescribing a drug.
44 Judgment can be exercised as to what is discussed when dispensing repeats or refills
45 of medication. Physicians can provide information to patients such as directions for
46 using the drug, the expected therapeutic effect, potential side effects, drug
47 contraindications and precautions, as well as information about the drug therapy as it
48 relates to the patient's condition. Physicians can also communicate with patients in
49 order to evaluate their ability to comply with the therapeutic regimen.

50 ***What information do I need to include on labels for dispensed drugs?***

51 Subsection 156(3) of the [Drug and Pharmacies Regulation Act](#) sets out the information
52 which must be recorded on the container of the dispensed drug. This includes, but is
53 not limited to, the identification number on the prescription; drug name, strength, and
54 manufacturer; the date the prescription is dispensed; the name of the prescriber; the
55 name of the person for whom it is prescribed; and the directions for use as prescribed.

56 Under the [Food and Drug Regulations](#), physicians who dispense [Class A opioids](#) are
57 required to apply a [warning sticker](#) to the prescription bottle, container, or package, and
58 provide a [patient information handout](#) to accompany the drug. A sticker or handout is
59 not required if the drug is being administered under the supervision of a practitioner (for
60 example, a physician or nurse practitioner). For more information about these
61 requirements, see [Health Canada's FAQ](#).

62 ***What do I need to know about procuring drugs?***

63 The policy requires physicians to use proper methods of procurement in order to be
64 assured of the origin and chain of custody of the drugs they dispense. This includes
65 keeping documentation of each sale or product transaction, for example, with a packing
66 slip from the manufacturer or wholesaler. Physicians can meet this expectation by
67 procuring drugs from reliable sources and in accordance with federal legislation, such
68 as from manufacturers or wholesalers who have been issued drug establishment
69 licences by Health Canada.

70 For controlled substances, physicians must keep purchase/receiving records that
71 contains information about the name and quantity of the substance received; the date
72 the substance was received; and the name and address of the person from whom the
73 substance was received.

74 Additional guidance can be found in the [Ontario College of Pharmacists' policy](#) on
75 medication procurement and inventory management and [fact sheet](#) on federal purchase
76 and sales record requirements, and Health Canada's [Recommended guidance in the
77 areas of security, inventory, reconciliation and record-keeping for community
78 pharmacists](#).

79 ***What do I need to do to store drugs securely and appropriately?***

80 Physicians will need to implement practices that enable storing drugs in a clean and
81 organized area, with appropriate temperature, light, humidity, ventilation, regulation,
82 security, and safety controls. It is important for drugs to be located in areas appropriate
83 to their drug classification and that storage areas are accessed only by designated and
84 appropriately trained personnel.

85 With respect to storing controlled substances, the regulations do not define what is
86 considered reasonable or necessary to ensure security nor do they establish specific
87 storage requirements. Physicians may choose to implement a combination of methods,
88 such as physical security measures (e.g., alarm system, locks, video surveillance,
89 restricted access), inventory management (e.g., physical counts, accurate record-
90 keeping), operational processes, audits, and inventory reconciliation.

91 Additional guidance and resources can be found in the [Ontario College of Pharmacists'](#)
92 [policy](#) on medication procurement and inventory management and [fact sheet](#) on
93 security and reconciliation of controlled substances, and Health Canada's
94 [Recommended guidance in the areas of security, inventory, reconciliation and record-
95 keeping for community pharmacists](#).

96 ***How can I minimize dispensing errors?***

97 Medication incidents or medication errors frequently include dispensing errors.
98 Dispensing errors may include, for example, providing the wrong drug, strength, quantity,
99 or dosing regimen; not identifying potential drug interactions; or mislabelling drugs. The
100 [Advice to the Profession: Prescribing Drugs](#) includes information on what to do in the
101 case of a medication incident.

102 Physicians can minimize errors when dispensing drugs by instituting standardized
103 dispensing procedures (including labelling, instructions, and documentation), using a

104 checklist or other mechanisms to ensure the dispensing process is accurately
105 completed and correct drug dispensed, and using technology to assist with enhancing
106 workflow.

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