

Dispensing Drugs

Policies of the College of Physicians and Surgeons of Ontario (the “College”) set out expectations for the professional conduct of physicians practising in Ontario. Together with the *Practice Guide* and relevant legislation and case law, they will be used by the College and its Committees when considering physician practice or conduct.

Within policies, the terms ‘must’ and ‘advised’ are used to articulate the College’s expectations. When ‘advised’ is used, it indicates that physicians can use reasonable discretion when applying this expectation to practice.

Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

Definitions

Dispensing: refers to the process of preparing and providing a prescription drug to a patient for subsequent administration or use.¹ Dispensing involves both technical and cognitive components.²

Policy

1. Physicians who dispense drugs **must** meet the same dispensing standards as pharmacists³ and comply with the requirements set out in this policy, in any other relevant College policies,⁴ and provincial and federal legislation.⁵
2. Physicians **must** dispense drugs only for their own patients.
3. Physicians **must:**

¹ The policy does not apply to the distribution of drug samples. Relevant expectations relating to drug samples can be found in other College policies, including [Medical Records Documentation](#), [Prescribing Drugs](#), and [Physicians Relationships’ with Industry: Practice, Education and Research](#). For more information, see the *Advice to the Profession*.

² Technical components may include drug selection, verification, and quantity determination, applying appropriate labelling, and documentation. Cognitive components may include assessing the appropriateness of drug therapy, considering drug interactions and contraindications, providing patient communication and counselling, and offering follow-up advice. For more information see the *Advice to the Profession*.

³ For example, see the Ontario College of Pharmacists’ (OCP) [Standards of Practice](#).

⁴ Including, but not limited to, the [Prescribing Drugs](#) policy and the [Medical Records Documentation](#) policy.

⁵ Including, but not limited to, the [Controlled Drugs and Substances Act](#), the [Narcotics Safety and Awareness Act, 2010](#), the [Drug and Pharmacies Regulation Act \(DPRA\)](#), the [Drug Interchangeability and Dispensing Fee Act](#), and the [Food and Drugs Act](#). These acts and their regulations set out requirements for the sale and dispensing of drugs, including labelling, record keeping, and record retention.

- 23 a. provide appropriate packaging and labelling for the drugs dispensed;⁶ and
24 b. provide patient counselling, including discussing instructions for proper
25 drug use.
- 26 4. Physicians **must not** sell drugs to a patient at a profit, except when permitted by
27 legislation.⁷
- 28
- 29 5. Physicians **must** be transparent and inform the patient of the option to purchase the
30 drug(s) from a pharmacy of their choice, if this option is available.
- 31
- 32 6. Physicians **must not** charge a dispensing fee that is excessive.⁸
- 33
- 34 7. Physicians **must not** dispense drugs that are past their expiry date or that will expire
35 before the patient completes their normal course of therapy.⁹
- 36
- 37 8. Physicians **must**:
- 38 a. use proper methods of procurement in order to confirm the origin and chain
39 of custody of drugs being dispensed;
- 40 b. have an audit system in place in order to identify possible drug loss;
- 41 c. store drugs securely;
- 42 d. store drugs appropriately to prevent spoilage (for example, temperature
43 control where necessary);
- 44 e. monitor recalled drugs¹⁰ and have a process for contacting patients whose
45 dispensed drugs are affected; and
- 46 f. dispose of drugs that are unfit to be dispensed (for example, expired or
47 damaged) safely and securely and in accordance with any environmental
48 requirements.¹¹
- 49
- 50 9. Physicians **must** keep records:
- 51 a. of the purchase and sale of drugs; and
- 52 b. which allow for the retrieval and/or inspection of prescriptions.

⁶ Subsection 156(3) of the [DPRA](#) sets out the information to be recorded on the container of a dispensed drug. The [Food and Drug Regulations](#) sets out specific requirements for physicians dispensing Class A opioids. For more information, see the *Advice*.

⁷ It is not a conflict of interest to sell or otherwise supply a drug to a patient at a profit where the drug is necessary for the immediate treatment of the patient, in an emergency, or where the services of a pharmacist are not reasonably readily available (Section 16 (d), [O. Reg. 114/94 under the Medicine Act](#)).

⁸ It is an act of professional misconduct to charge a fee that is excessive in relation to the services provided (Subsection 1(1) paragraph 21, [O. Reg. 856/93 under the Medicine Act](#)).

⁹ This requirement does not apply to *pro re nata* (PRN) medications, when physicians may not know whether patients will finish the medication before their expiry date.

¹⁰ For instance, through [Health Canada's](#) Recalls and Safety Alerts Database or subscribing to MedEffect Canada notices of recalls.

¹¹ For more information about the safe disposal of drugs, please see the College's [Advice to the Profession: Prescribing Drugs](#).