



Block 1: Introduction

Dispensing Drugs (General Consultation)

The College of Physicians and Surgeons of Ontario (CPSO) is currently reviewing its [Dispensing Drugs](#) policy. We are seeking feedback on our new draft [Dispensing Drugs](#) policy, which sets out expectations for physicians who dispense drugs in their practice.

The following survey will ask you a few questions relating to the policy. It will take approximately **10 minutes** to complete. You will be able to pause during the survey and restart at a later time if you wish.

If you would like to review the survey in advance, you can download a copy [here](#).

All survey responses will be reviewed, and a summary of the results will be posted online following the close of the consultation. The identity of all respondents will be kept strictly confidential.

Are you a:

- Physician (including retired)
- Medical student
- Member of the public
- Other health care professional (including retired)
- Organization
- Prefer not to say

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What kind of health care practitioner are you?

- Family physician
- Specialist
- Other health care professional

If applicable, please specify the area of focus in your family practice, your area of specialty, or your health care profession:

Which of these describes the general area(s) where you practice?

Please select all that apply:

- Urban
- Suburban
- Rural
- Remote

Please tell us which organization you are responding on behalf of:

Do you live in:

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- Ontario
 - Rest of Canada
 - Outside of Canada
 - Prefer not to say
-

Block 2: Demographics

As part of CPSO's commitment to equity, diversity, and inclusion (EDI), we are collecting demographic information about those engaging with our policy development process.

This is aligned with Ontario's [Data Standards for the Identification and Monitoring of Systemic Racism](#) which aim to establish consistent, effective practices for data collection to support evidence-based decision-making to help eliminate systemic racism and promote racial equity.

The demographic questions that follow are voluntary, anonymous, and will be kept strictly confidential. We encourage you to answer these demographic questions, however this is optional.

Would you like to complete these demographic questions?

- Yes
 - No
-

Gender refers to the gender that a person internally feels. A person's current gender may or may not differ from the sex a person was assigned at birth and may differ from what is indicated on their current legal documents. A person's gender may change over time.

What is your gender? Please select all that apply:

- Man
- Woman

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Non-binary:

Transgender

I prefer not to answer

Indigenous Peoples are those who identify as members of First Nations, Inuit, or Métis communities in Canada.

Based on this description, do you self-identify as an Indigenous person? Please select all that apply:

Yes, First Nations

Yes, Métis

Yes, Inuit

No

I prefer not to say

Ethnic origin refers to a person's ethnic or cultural origins. Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics.

Examples include: Canadian, Chinese, East Indian, English, Italian, Filipino, Scottish, Irish, Anishinaabe, Ojibway, Mi'kmaq, Cree, Haudenosaunee, Métis, Inuit, Portuguese, German, Polish, Dutch, French, Jamaican, Pakistani, Iranian, Sri Lankan, Korean, Ukrainian, Lebanese, Guyanese, Somali, Colombian, Jewish, etc.

What is your ethnic or cultural origin(s)?

Open-ended response:

I prefer not to say

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In our society, people are often described by their race or racial background. For example, some people are considered “White,” “Black,” or “East/Southeast Asian,” etc. These categories reflect how people generally understand and use race as a social descriptor in Ontario.

Which of the following represents your race(s)? Please select all that apply:

- Black (African, African-Canadian, Afro-Caribbean)
 - East or Southeast Asian (Cambodian, Chinese, Filipino, Indonesian, Japanese, Korean, Taiwanese, Thai, Vietnamese, etc.)
 - Latino (Latin-American or Hispanic descent)
 - Middle Eastern (Arab, Persian, or West Asian descent, e.g., Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish, etc.)
 - South Asian (Bangladeshi, East Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)
 - White (European descent)
 - Not listed:
 - I prefer not to say
-

LGBTQ2S+ is an abbreviation which represents a broad array of identities including, but not limited to, lesbian, gay, bisexual, transgender, queer, and two-spirit.

Do you consider yourself to be LGBTQ2S+?

- Yes
 - No
 - I prefer not to answer
-

The term disability covers a broad range and degree of conditions, some of which are visible and some invisible. A disability may have been present at birth, caused by an accident or developed over time. Disabilities may also be permanent, temporary or episodic.

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Do you identify as person with a disability?

- Yes
 - No
 - I prefer not to answer
-

Block 3: Physicians

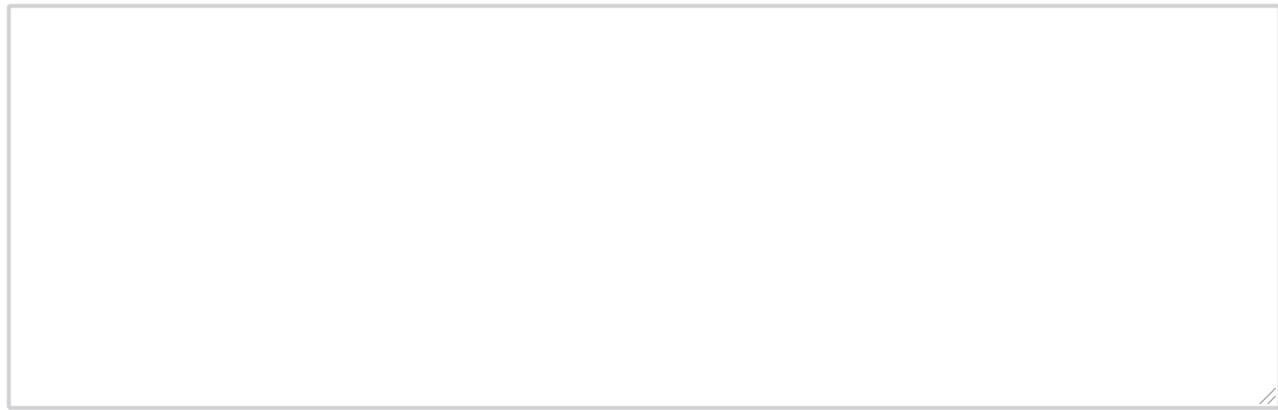
We are interested in hearing about your experiences (if any) with dispensing medications.

Do you dispense medications (not including distributing drug samples) in your practice?

- Yes
 - No
 - Prefer not to say
-

Optional: Please feel free to elaborate on your answer above. For example, if you answered 'yes', in what context or what medications do you dispense? What types of medications do you dispense? If you answered 'no', why not?

Optional: Have you experienced any challenges when dispensing? If so, what are they?



Block 4: All Respondents

Definition of Dispensing

The draft policy defines dispensing as follows:

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

The draft [Advice to the Profession](#) provides further information on technical and cognitive components, including the following:

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.

Please indicate the extent to which you agree or disagree with the following statements:

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	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The draft definition of dispensing is clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The draft definition of dispensing is comprehensive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Please feel free to elaborate on your answers above. For example, if you think that the definition is clear and/or comprehensive, why? If you think that the definition is not clear and/or comprehensive, what would make it clearer and/or more comprehensive?

New Policy Expectations

The current [Dispensing Drugs](#) policy requires that physicians who dispense drugs meet the same standards of dispensing that a pharmacist must meet.

While the policy does not detail all of the standards of dispensing for pharmacists, it outlines some of the key standards that physicians must meet when dispensing drugs to patients (e.g., related to procurement, storage, packaging, labelling, and disposal).

The draft policy includes new policy expectations for physicians dispensing drugs in their practice.

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Please indicate the extent to which you agree or disagree that physicians must meet the following expectations:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Physicians must provide patient counselling, including discussing instructions for proper drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians must be transparent and inform the patient of the option to purchase the drug(s) from a pharmacy of their choice, if this option is available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians must monitor recalled drugs and have a process for contacting patients whose dispensed drugs are affected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Please feel free to elaborate on your answers above.

Policy Scope

The draft [Dispensing Drugs](#) policy specifically excludes the distribution of drug samples.

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To date, the policy's approach has been to distinguish distributing drug samples from dispensing of drugs where a physician may be involved in preparation and/or packaging of the drug, as well as subsequent use/administration. Other relevant policy expectations for drug samples exist, e.g., those related to prescribing drugs and medical record keeping.

The policy is intended to be narrow in scope and capture limited circumstances in which physicians may dispense drugs in a role similar to a pharmacist (e.g., in remote communities where access to a pharmacy is limited, for specialized drugs in specific practices that may not be available at a community pharmacy, etc.). The distribution of drug samples is more widespread and does not involve preparation or packaging of the drug by the physician.

In your view, to what extent do you agree or disagree that the distribution of drug samples to patients is different from dispensing of other drugs?

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- I don't know/not sure

Optional: Feel free to elaborate on your answer above. For example, in what ways are the distribution of drug samples similar and/or different to dispensing of other drugs?

In your view, if the *Dispensing Drugs* policy were to apply to distributing drug samples, would this have an overall positive, neutral, or negative impact on physician practices with respect to drug samples?

- Very positive
- Somewhat positive
- Neither positive nor negative
- Somewhat negative
- Very negative
- I don't know/not sure

Optional: Feel free to elaborate on your answer above. For example, if you think that the application of the policy would have a positive effect, why? If you think it would have a negative effect, why?

Block 5: Draft Policy

In order to answer the next few questions, it is necessary for you to have read the draft [Dispensing Drugs](#) policy.

If you have not read the draft policy, you will be skipped to the end of this section; however, the answers you have provided to all previous questions will still be submitted.

If you would like, you may take a moment to read the draft policy by clicking [here](#).

Have you read the draft [Dispensing Drugs](#) policy?

- Yes
 - No
-

Please indicate the extent to which you agree or disagree with each of the following statements regarding the draft policy:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The policy is clearly written.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy is easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy defines all key terms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy addresses all of the relevant or important issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy sets reasonable expectations for physicians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Optional: Please feel free to elaborate on your answers above. For instance, if you disagreed that the draft policy is clearly written or comprehensive, how can we improve the draft policy's clarity or comprehensiveness?

Optional: Does the draft policy contain content or expectations that you feel are unnecessary and should be removed?

Block 6: Advice

The draft [Dispensing Drugs](#) policy has a companion [Advice to the Profession](#) document. The purpose of this companion document is to provide additional information, rationale for policy expectations, and guidance for interpreting the policy expectations.

In order for you to answer the next few questions, it is important that you have read the draft [Advice to the Profession: Dispensing](#) document. If you have not read the draft

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document, you will be skipped to the next section; however, the answers you have provided to all previous questions will still be submitted.

If you would like, you may take a moment to read the draft [Advice](#) document by clicking [here](#).

Have you read the draft [Advice to the Profession](#) document?

- Yes
 - No
-

Optional: Is there any additional guidance that would be helpful to include in the draft *Advice to the Profession* document?

Optional: Is there any information in the draft *Advice to the Profession* document that you think is unhelpful or unnecessary?

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Block: End

Optional: If you have any additional comments that you have not yet provided, please provide them below, by [email](#) or through our [online discussion forum](#):

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