



Physician Dispensing

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Replaces: December 2006

Background

Under *Health Profession Act* regulations, members of the College of Physicians and Surgeons of Alberta will be entitled to perform a list of “restricted activities” that will include:

15(1)(e) to dispense, compound, provide for selling or sell a Schedule 1 drug or Schedule 2 drug within the meaning of the *Pharmacy and Drug Act* of Alberta.

Definitions (from source Acts):

- “sell” includes
 - (i) to distribute, trade or barter in exchange for money or other valuable consideration,
 - (ii) to distribute or give away without expectation or hope of compensation or reward,
 - (iii) to keep for sale, and
 - (iv) to advertise or offer for sale.
- “compound” means to mix together two or more ingredients of which at least one is a drug for the purposes of dispensing a drug or drugs, but does not include reconstituting a drug or drugs with only water;
- “dispense” means
 - with respect to drugs, to provide a drug pursuant to a prescription for a person, but does not include the administration of a drug to a person;
 - with respect to corrective lenses, to verify corrective lenses objectively to the prescription.

In order to distinguish this dispensing by physicians from pharmacies and the practice of pharmacy, limits will be necessary on dispensing by our members.

The most common types of dispensing of Schedule 1 and 2 drugs by physicians are:

- (i) small quantities of analgesics for post-procedure pain or anxiolytics for pre-operative anxiety;
- (ii) single courses of antibiotic treatment for sexually transmitted diseases (drugs provided by provincial or regional health services);
- (iii) short courses of trial samples of drugs for a multitude of mental or physical conditions;
- (iv) several cycles of trial samples oral contraceptives.

Due to the limited nature of dispensing by physicians, this proposal does not contain all the requirements of a pharmacy practice.

Dispensing of Schedule 1 or 2 Drugs for a Fee by Physicians

General provisions:

1. A physician shall only dispense a Schedule 1 or 2 drug to a patient for a fee when the drug is relevant to the medical consultation or surgical procedure provided to that patient.
2. A physician shall limit fees for the provision of drugs to the cost of the drugs to the physician and reasonable handling costs¹.
3. A physician shall maintain a detailed description of the calculation of handling costs for inspection by the College.
4. A physician shall not charge a fee for dispensing a drug or for maintaining required documentation in respect of the inventory control or dispensing of drugs.
5. A physician shall not compound drugs unless specifically approved by the College.
6. A physician shall personally discuss instructions for use of the drug with the patient or guardian.

Labeling:

7. Any drug dispensed to a patient for a fee shall have a label affixed to the drug container or packaging that is legible and identifies the following:
 - a. the name, address and telephone number of the clinic from which the drug is dispensed
 - b. the name of the patient
 - c. the name of the prescriber
 - d. the name(s) of the active ingredient(s), the strength and the manufacturer.
 - e. instructions for use
 - f. the date the drug was dispensed
 - g. the quantity dispensed
 - h. the expiry date, when appropriate

1. Handling costs may include shipping, containers and containment systems, refrigeration and inventory maintenance costs associated with replacement of expired drugs.

8. Any drug dispensed to a patient for a fee shall be dispensed in child-proof containers except where inappropriate for a particular patient.

Documentation:

9. Each time a drug is dispensed, the transaction shall be recorded in the clinical record or in a separate log which identifies the following:
 - a. the name of the patient for whom the drug was dispensed
 - b. the name of the prescriber
 - c. the date the drug was dispensed
 - d. the name, strength and dosage form of the drug dispensed
 - e. the quantity of the drug dispensed
10. Distribution of a drug sample must be documented in the patient's clinical record.

Storage:

11. Drugs in a physician's office shall be stored to ensure their security and integrity.
12. Drugs received by the physician for dispensing to patients shall be visually inspected to ensure there has been no damage or contamination.
13. Drugs in a physician's office shall be stored at appropriate temperatures to ensure their stability.
14. Narcotic and controlled drugs shall be stored in accordance with federal regulations.
15. A dispensing physician shall have an established policy and procedures for the safe and proper disposal of drugs that are unfit to be dispensed (outdated or damaged.)
16. A physician shall not accept the return of any dispensed drug for the purpose of re-use.

This document, with amendments, will be added to the CPSA's Standards of Practice authorized by its Bylaws when the CPSA comes under the *Health Professions Act*.