



Physicians Dispensing Drugs – For Your Consideration and Feedback

Under *Health Professions Act* regulations, members of the College of Physicians & 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 *Pharmaceutical Profession Act* (soon to be the *Pharmacy and Drug Act*) of Alberta.

- “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
 - i) 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;
 - ii) with respect to corrective lenses, to verify corrective lenses objectively to the prescription.

By this definition, physicians have long been engaged in dispensing of drugs. Examples include the provision to their patients of:

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

Changes resulting from our imminent move to the *Health Professions Act* are an opportune time to remind physicians of good practices in regard to some of the restricted activities which they provide. Dispensing is one of those.

In spite of its timing, this proposal is unrelated the recent announcement by government to allow pharmacists to prescribe drugs. That announcement does not affect the responsibilities of physicians in regard to the dispensing of drugs to patients.

The following is a proposed standard for good dispensing practices by physicians. The word “must” is used to indicate a requirement of good practice; “should” indicates a recommendation.

General provisions:

1. A physician must only dispense or sell a prescription drug to a patient in relation to a medical consultation or a surgical procedure involving that patient.
2. A physician must not charge a fee for the sale and dispensing of a Schedule 1 or 2 drug that is greater than the cost of the drug to the physician.
3. The quantity of drug dispensed by a physician must not exceed amounts that:
 - i) cover a period of inaccessibility for the patient to a licensed pharmacy; or
 - ii) in the case of trial samples, provide a few weeks or cycles of therapy.
4. A physician must not compound a drug unless his or her training to compound a drug meets an academic standard acceptable to the College.
5. A physician must not provide refills of drugs unless urgently required without reasonable access to a pharmacy.
6. A physician must personally dispense the drug and must not delegate or supervise others in the dispensing of a drug except to a regulated healthcare worker entitled under the HPA to dispense a drug independently.

Dispensing Procedures:

1.0 Dispensing procedures (including labeling, instructions and documentation) should be standardized to minimize errors.

Labeling:

2.0 A drug should be dispensed with a label affixed to the drug container or packaging that is legible and identifies the following:

- 2.1 the name, address and telephone number of the clinic from which the drug is dispensed
- 2.2 the name of the patient
- 2.3 the name of the prescriber
- 2.4 the name(s) of the active ingredient(s), the strength and the manufacturer.
- 2.5 instructions for use
- 2.6 the date the drug was dispensed
- 2.7 the quantity dispensed
- 2.8 the expiry date, when appropriate

3.0 When it is not practical to include all of the above on a label, the missing elements in 2.0 should be provided on an instruction sheet provided to the patient.

4.0 Whenever possible, drugs should be dispensed in child-proof containers except where the physician determines it would be inappropriate for a particular patient.

Documentation:

5.0 Each time a drug is dispensed, the transaction must be recorded in the clinical record or in a separate log identifying the following:

- 5.1 the name of the patient for whom the drug was dispensed
- 5.2 the name of the prescriber
- 5.3 the date the drug was dispensed
- 5.4 the name, strength and dosage form of the drug dispensed
- 5.5 the quantity of the drug dispensed

Storage:

6.0 Drugs must be stored to ensure their security and integrity.

7.0 All drugs received by the physician for dispensing to patients must be visually inspected to ensure there has been no damage or contamination.

8.0 All drugs must be stored at appropriate temperatures to ensure their stability.

9.0 Narcotic and controlled drugs must be stored in accordance with federal regulations.

10.0 A dispensing physician must have an established policy and procedures for the safe and proper disposal of drugs that are unfit to be dispensed (outdated or damaged.)

11.0 A physician must not accept the return of any dispensed drug for the purpose of re-use.

These practice standards recognize and address the potential risk from poor dispensing practice and are consistent with initiatives in patient safety and better drug information management.

Please send your comments on these proposed practice standards by August 31, 2006 to:

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