

April 13, 2009

Ms Anne Resnick
 Director, Professional Practice Programs
 Ontario College of Pharmacists
 483 Huron Street
 Toronto ON M5R 2R4

via email: aresnick@ocpinfo.com

Dear Ms Resnick:

The Ontario Pharmacists' Association (OPA) welcomes the opportunity to offer its comments on the proposed legislative changes to the Drug and Pharmacies Regulation Act (DPRA). With the issuance of its March 12 Advisory Notice to members, the Ontario College of Pharmacists (OCP) has requested feedback on proposed legislative changes to the DPRA that would enable remote dispensing. With this submission, OPA is providing commentary on the impact of the proposed clauses as currently written as well as recommendations to the draft language that will help to address concerns regarding the provision of the highest standards for patient care.

As a member-driven organization representing over 6,900 pharmacists practicing in more than 3,000 clinical settings, OPA has surveyed its membership to elicit their thoughts and opinions on the proposed legislation. In this submission, we are pleased to introduce the survey results representing the thoughts and concerns of 672 members on remote dispensing to supplement our comments. We will also attempt to shed some light onto some of the operational and business challenges that may result from remote dispensing as currently proposed. Lastly, we will be commenting on issues related to patient access to pharmacist services and remote dispensing in other jurisdictions.

Proposed changes to the DPRA

In general, OPA is not supportive of any changes to the DPRA that would allow dispensing without the physical presence of the pharmacist. However, to address the needs of patients in geographically remote and/or underserved areas, OPA recommends that the language be modified to only enable remote dispensing in these locations. With the increased role for pharmacists recommended by the Health Professions Regulatory Advisory Council (HPRAC), specific services, such as medication therapy management, refills of chronic medications and prescribing for minor ailments, must be performed within a pharmacy. As such, remote dispensing locations can only provide a limited scope of pharmacy services. Inasmuch as the automated dispensing unit at Sunnybrook Hospital is best classified as a demonstration project, **OPA believes that a formal pilot project is necessary to guarantee patient safety.**

There are four sections of the DPRA that have had changes proposed, and these cover "Interpretation", the "Supervision of Pharmacist", "Dispensing of Drugs" and "Bylaws and Regulations". Please refer to Appendix A for a summary of our recommendations to the draft legislation.

1. Section 1(1) – Interpretation:

- OPA accepts the re-defining of the term "pharmacy" to include a reference to "drugs". However, we are concerned about the reference to a "remote dispensing location" which is defined as "*part of a pharmacy holding a certificate of accreditation which has been authorized by that certificate to operate a remote dispensing location.*" This definition uses the term being defined, and does not provide much detail as to the proposed mechanism itself.

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Ontario Pharmacists'
 Association
 375 University Ave, Suite 800,
 Toronto, ON M5G 2J5
 Tel. (416) 441-0788
 Fax (416) 441-0791
 Toll free 1-877-341-0788
 email mail@opatoday.com
www.opatoday.com

April 13, 2009
 Ms Anne Resnick
Page 2

- Based upon the comments received from members, the term “remote” needs to be defined and OPA has proposed draft language to be added to section 1(1). A more detailed definition would be left to regulation and would be more easily adaptable over time.
 - OPA also believes that the term “dispensing” needs to be defined, especially in light of the fact that the HPRAC final report to the Minister of Health and Long-Term Care recommends the controlled act of dispensing for other healthcare professions. As per our submission to Minister Caplan in February 2009, dispensing is comprised of both a technical and a professional component. In the interest of patient care, the term must be defined in section 1(1) of the DPRA as well as in the Regulated Health Professions Act (RHPA).
2. **Section 146(1) – Supervision of pharmacist:**
- OPA feels strongly about the importance of face-to-face interactions between pharmacists and their patients. We recognize that in remote and/or underserved regions, communication by telephone or video link may be preferable to no interaction at all. However, the provision of professional services from remote dispensing locations should not be equated with those offered by a pharmacist who is physically present.
 - In a best-case scenario, services provided through remote dispensing locations can only mimic the services offered in a pharmacy. OPA believes that unless access to care is clearly compromised, the draft legislation offers no benefit to patient care and may only enable a reduced level of services relative to that available in pharmacies.
3. **Section 149(1) – Dispensing of drugs:**
- Whenever possible, the pharmacist should always be physically present for dispensing to occur. However, where or when access is compromised, remote dispensing can play a role. Allowing for pharmacy services to be provided by technicians in the physical absence of the pharmacist should be more of an exception and an alternative to no service at all.
 - With the insertion of the proposed definitions for “remote” and “dispensing”, OPA would be more accepting of the language proposed by OCP for section 149(1).
4. **Section 161(m) – Bylaws and Regulations:**
- With the focus on expanded roles for various health professions, it is imperative that all healthcare professionals with the controlled act of dispensing operate under similar standards of practice, particularly as related to remote dispensing.
 - OPA believes that language needs to be inserted into section 161(m) that allows for other professional colleges to establish standards and regulations that govern their members who choose to dispense. These standards and regulations must be aligned such that all professions are providing the same level of technical and professional services to patients. OPA’s definition of dispensing should be incorporated into both the DPRA and RHPA.

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April 13, 2009
 Ms Anne Resnick
 Page 3

Highlights from OPA's member survey

A majority of OPA members polled do not support dispensing without the physical presence of a pharmacist. Many of those who do support the concept are only supportive if it is restricted to geographically remote and underserved areas, where some pharmacy service is perceived to be better than none at all. For more details on the OPA member survey, please refer to Appendix B. Here are some highlights:

- **Impact on quality of patient care**
 Pharmacists responded that remote dispensing would reduce their ability to provide quality patient care in a number of ways, particularly through limited inventories, predetermined quantities of product and the inability of pharmacists to provide personalized care, such as tablet splitting and medication advances.
- **Requirements for remote dispensing**
 OPA members believe that should remote dispensing be permitted in geographically remote or underserved areas, pharmacists supervising these locations must be members in good standing with OCP and should be located in the accredited pharmacy authorized to operate the remote dispensing location. Technicians providing remote dispensing with pharmacist supervision must be registered with OCP for liability purposes. Other strict criteria, such as the physical distance of the remote dispensing unit from the next closest pharmacy, and the ability of OCP to inspect the area from which care is provided, must be examined.
- **Standards of practice for remote dispensing locations**
 Since the safeguard of the pharmacist's physical presence would no longer be available, most pharmacists believe that remote dispensing locations must be held to higher standards of practice than those which currently apply to pharmacies.

Patient care and patient safety

Pharmaceutical care is the model of pharmacy practice currently taught in Ontario's pharmacy schools, with the ultimate goal of improving an individual patient's quality of life. This is achieved by working with patients to determine if any drug-related needs exist which are preventing the patient from attaining their desired quality of life, and then meeting those needs.¹

To determine and meet an individual's drug-related needs, OPA believes that pharmacists must be available to promptly counsel patients on medications and the use of devices, answer drug-related questions, help select over-the-counter drug products for minor ailments and counsel on Schedule II drugs. As described below, remote dispensing may hinder the pharmacist from providing the highest level of care possible, and may inadvertently affect patient safety.

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¹ <http://www.pharmacy.utoronto.ca/undergrad/about/evolution.jsp>

April 13, 2009
 Ms Anne Resnick
 Page 4

- New prescriptions
 Pharmacists are required by regulation to provide counselling on the appropriateness of new prescriptions, side effects and potential adverse reactions. Thus, appropriate communication and clarity of the messaging between pharmacists and patients are of utmost importance to minimize the risk of misunderstandings. To support proper communication, the OCP standards of practice for pharmacists outline that effective communication includes not only listening, speaking and writing skills, but also sensitivity to non-verbal forms of communication². When non-verbal cues such as the scent of alcohol on the patient's breath or the ability to recognize a woman's obvious pregnancy are not available to the pharmacist, an opportunity to intervene on an inappropriate medication regimen could be missed, with potentially serious consequences.

 Current technology for remote dispensing utilizes video to confirm that the proper medication is being dispensed. However, medications can easily be misidentified in this fashion, as many tablets have similar shapes, sizes, and colours. Subtle differences (texture, smell, etc.) cannot be discerned without physical checking.
- Devices
 Pharmacists use non-verbal cues to demonstrate the use of devices including inhalers, aerochambers, blood glucose monitors, lancing devices, home blood pressure monitors and others. Working remotely, a pharmacist would be unable to effectively demonstrate the use of these devices, to say nothing of troubleshooting for patients who believe their devices are not working correctly. If patients do not understand how to use these devices and do not use them properly, they are at risk of treatment failure, increased morbidities, and negative health outcomes.
- Answering drug-related questions
 Pharmacists are often asked to answer patients' drug-related questions. While many can be answered remotely given the pharmacists' knowledge and appropriate resources, there are others that require the physical presence of a pharmacist. Often, patients ask pharmacists to identify pills for them. In pharmacies, the pharmacist can actually view the tablet and gauge its size, colour and markings; through videoconferencing, the pharmacist's ability to identify these medications becomes more difficult, if not impossible.
- Recommending over-the-counter medicines for the treatment of minor ailments
 Patients often have questions about minor ailments when they visit a pharmacy. The ability to accurately assess a patient's condition (for example, inspect a rash, insect bite, burn, wart, etc.) would not be possible using remote videoconferencing, particularly as symptoms may appear on various parts of the body. Additionally, recommending products to treat minor ailments remotely is difficult when the appropriate OTC product is not available at the remote dispensing location.

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April 13, 2009
 Ms Anne Resnick
 Page 5

- Counseling on Schedule II drugs
 OCP requires pharmacists to be involved in the sale of Schedule II products. There is a concern that some requests for these products may not be referred to the pharmacist if remote dispensing locations are staffed by technicians. This may be due to lack of knowledge on the part of the technician, or from error or omission.

For many years, patients have been encouraged to visit one pharmacy and to establish a relationship with *their* pharmacist³. The remote presence of a pharmacist who does not consistently serve the same population prevents the establishment of an informed and trusting relationship, and may inadvertently affect patient care. Patients form a relationship with their pharmacist in much the same way they do with their physician, and they ask for their pharmacist by name. Many OPA members have stated that they have intervened with patients based on past knowledge when the patient withheld knowledge from other members of their treatment teams.

Public Safety

As part of their extensive training, pharmacists have become integral in the appropriate distribution and use of prescription medications. In this role, they have become adept in the identification of possible forgeries of controlled drugs and targeted substances. Detecting a falsified or photocopied prescription is infinitely more difficult when checking a scanned copy of a prescription on a computer screen versus examining the original. In addition, specially treated prescription pads contain a hidden watermark, revealed only upon photocopy of the original. It is unclear whether this marking would become visible upon scanning at remote dispensing units. The matter is further complicated by the pharmacist's lack of knowledge of local physicians and their prescribing habits. OPA members are concerned about the safety of medications within the remote dispensing area, access to the area, and integrity of the supply chain. For this reason, OPA recommends that controlled drugs and targeted substances are not to be made available at remote dispensing locations.

Access to pharmacist services

According to the OPA survey results, over 90 per cent of respondents indicated that there is no problem related to access to pharmacy services in their area of practice. Therefore, it is unclear whether remote dispensing would have a meaningful impact on patient access to medications in this province, where more than 8,900 pharmacists practice in over 3,200 community pharmacies⁴. The University of Toronto has increased its enrolment of pharmacy students year over year, and a new pharmacy school has opened in Waterloo.

In urban areas where pharmacies are sometimes open to midnight or 24 hours, 7 days a week, there is no need for remote dispensing. Conversely, OPA is concerned with providing a limited and perhaps inferior level of pharmacist services to underserved areas. The number of drugs dispensed through remote technologies is

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³ Ontario College of Pharmacists, Point of Care Ads. Accessed April 9, 2009 at <http://www.ocpinfo.com/client/ocp/OCPHome.nsf/web/2008+Commercial> and <http://www.ocpinfo.com/client/ocp/OCPHome.nsf/web/2003+Commercial>

⁴ Member and Pharmacy Statistics, Ontario College of Pharmacists' Annual Report 2007-2008. Available at: [http://www.ocpinfo.com/Client/ocp/OCPHome.nsf/object/Annual+Report+07_08/\\$file/AR_07_08.pdf](http://www.ocpinfo.com/Client/ocp/OCPHome.nsf/object/Annual+Report+07_08/$file/AR_07_08.pdf)

April 13, 2009
 Ms Anne Resnick
 Page 6

limited, and in spite of the potential for next-day delivery, patients urgently requiring other medications will still need to travel elsewhere to fill their prescriptions. Furthermore, by offering a limited supply of medication to a remote area, local physicians may begin prescribing based on what is available in the remote location instead of a more appropriate therapy, which may be available at a pharmacy which is further away.

Other jurisdictions

Some jurisdictions have explored the concept of remote dispensing and have introduced changes to allow it. In many of these jurisdictions, remote dispensing through two-way interactive videoconferencing systems has been enabled solely to improve patient access to prescription drugs. In some jurisdictions, pharmacies are closing or are at risk of closing; in others, the population in remote areas did not warrant the need for a pharmacy. The rationale is that remote dispensing can either maintain or increase access to pharmacy services in places that are currently underserved or at risk of being underserved^{5,6,7}.

In the state of Hawaii, remote dispensing units cannot be located within a certain radius of a pharmacy, and can only accept payment from a particular insurer⁶. The state of Texas prohibits a pharmacy from providing remote services if a community already has an outpatient or institutional pharmacy that dispenses prescriptions to patients located in the same community⁸. Other jurisdictions have rules regarding who can own the remote dispensing location, where the pharmacist is located while supervising the remote location, and the amount of experience a registered technician must have prior to working with a remote pharmacist.

Remote dispensing was introduced in these jurisdictions to fill a void in regard to access to pharmacy services. As noted above, Ontario does not appear to have an access issue for pharmacy services, thus the need for legislation to permit remote dispensing in our province is unclear and perhaps unsubstantiated.

Use of new technologies

OPA supports measures that increase patient access to pharmacist services in underserved regions of Ontario. The Association also supports enhanced technology in pharmacy practice as indicated by our interest in e-health and electronic health records. However, OPA recognizes that technology has the potential to fail, and our members feel that patient care may be limited or indefinitely compromised when technical malfunctions occur. Currently, pharmacies are equipped to continue providing patient care when technology fails: the DPRA requires pharmacies to have a typewriter on premises, and pharmacists can write prescription labels and hard copies by hand to ensure continuity of care. Any proposed extension of an accredited pharmacy must also ensure continuity of care to its patients.

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⁵ Telepharmacy Rules Chapter 61-02-08 available at: www.ndsu.edu/telepharmacy/telepharmacy_rules

⁶ State of Hawaii Senate Bill No. 2459 S.D.2, H.D. 1, C.D. 1 A Bill for an Act. Relating to Remote Dispensing

⁷ Telepharmacy Blog Wednesday, May 21, 2008. Wisconsin Creates Remote-Dispensing Law to Ease Pharmacist Shortage.

Available at: <http://telepharmacy.blogspot.com/2008/05/wisconsin-creates-remote-dispensing-law.html>

⁸ 2004-2005 Report of the Committee on Law Enforcement/Legislation

http://www.nabp.net/ftpfiles/task_force_reports/2005/RCLawEnforcementLegislation.pdf

April 13, 2009
 Ms Anne Resnick
 Page 7

Operational and business challenges

While not the focus of the College's consultation, OPA feels that it is important to comment on the potential operational and business challenges that may ensue from the proposed legislation.

- **Geography:**
OPA recommends a pilot project to provide an in-depth analysis of the impact of a remote dispensing location in a geographically remote/underserved area of the province. Pharmacies located in geographically remote/underserved areas are continually challenged by low prescription volumes and difficulties attracting pharmacists. Pharmacists in these areas feel that the introduction of a remote dispensing location nearby could dilute the number of patients they currently serve and challenge the sustainability of their pharmacies. With the premise that remote dispensing locations would increase access to pharmacy services, it would be helpful if the College, with the assistance of OPA, undertook an analysis that explores the potential impact of this legislation. While OPA supports healthy competition in the marketplace, it should not come at the expense of patient care; similarly, locations capable of providing only a limited range of services should not compromise the viability of locations providing a full suite of pharmacy and professional services. A geographical restriction on how close a remote dispensing location can be from a pharmacy should be examined to prevent encroachment and the potential closure of a valuable patient resource in remote and underserved communities.
- **Adequate pharmacist support:**
OPA recommends that the College, in its protection of patient safety, considers mechanisms to ensure that pharmacists are providing appropriate levels of attention to both physical and virtual patients. Staff pharmacists have expressed concerns regarding work flow for a remote dispensing location attached to their accredited pharmacy. There is fear that owners will expect a single pharmacist to oversee both the physical dispensary and the remote location, potentially compromising patient care at both sites. Should the legislative amendments be ratified, consideration must be given to the establishment of regulations that will limit the number of remote dispensing units a pharmacist oversees and whether a pharmacist supervising a remote dispensing location can simultaneously provide face-to-face patient care in the pharmacy.

Summary

The Ontario Pharmacists' Association does not support any changes to the DPRA that would allow dispensing without the physical presence of the pharmacist, due to the impact that such changes would have on the provision of patient care and on the profession itself. Pharmaceutical care, as taught in Canadian faculties of pharmacy, would no longer be optimized. The expectation of patients that remote dispensing locations would provide the same complete range of services as their pharmacy cannot possibly be met. OPA continues to strive for excellence in pharmacy practice and believes that pharmacists must aspire to the highest quality of service and standards.

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April 13, 2009
Ms Anne Resnick
Page 8

OPA can envision a potential need for remote dispensing in geographically remote areas, or where timeliness of service is limited, as some access to pharmacy services is perceived to be better than none at all. However, access to prescription medications does not appear to be a concern in Ontario and it is unclear whether remote dispensing will have any meaningful impact on patient access to medications.

While remote dispensing may play a role in underserved areas of the province, it should be undertaken cautiously and seen through the lens of ensuring patient care, and in context to other technological enablers like electronic prescribing and on-line medication records, which can clearly benefit the quality of care patients receive.

Finally, OPA is prepared to work with the College to examine the operational challenges that may negatively affect business viability and ultimately, patient safety.

We appreciate the opportunity to provide input and recommendations regarding the proposed legislative changes to the DPRA. Should you require clarification on any of our comments, please do not hesitate to contact the office of the CEO at 416-441-0788.

Sincerely,



Dennis Darby, P. Eng.
Chief Executive Officer



Tina Perlman, BSc. Phm, RPh
Chair of the Board

Appendix A

Proposed New Clause (OCP)	OPA Recommendation (bold)	Rationale/Commentary
<p>1(1)“pharmacy” means a premises in or in part of which drugs are compounded or dispensed for the public or drugs are sold by retail, and includes a remote dispensing location.</p> <p>1(1) “remote dispensing location” means that part of a pharmacy holding a certificate of accreditation which has been authorized by that certificate to operate a remote dispensing location;</p>	<p>1(1) “dispensing” means the provision of prescription drugs to a patient by a professional pursuant to a prescription and as authorized by law after the professional:</p> <p>(a) Records, selects, measures, reconstitutes [if necessary], inspects, packages and labels the drug; and</p> <p>(b) Uses professional judgment and all relevant patient-specific information available to confirm the appropriateness of supplying the drug in the particular situation.</p> <p>1(1)“pharmacy” means a premises in or in part of which drugs are compounded or dispensed for the public or drugs are sold by retail, and includes a remote dispensing location.</p> <p>1(1) “remote” means a geographically defined area, established by regulation, where patients are unable to obtain dispensing services within a reasonable timeframe</p> <p>1(1) “remote dispensing location” means that part of a pharmacy holding a certificate of accreditation which has been authorized by that certificate to operate a remote dispensing location dispensary without a pharmacist physically present in a remote location;</p>	<p>Introduces a definition of dispensing that recognizes the technical and professional components. This definition would be consistent with the definition proposed by OPA for the Regulated Health Professions Act (RHPA) and would apply to all healthcare professions.</p> <p>Corrects definition of pharmacy – prescriptions are not compounded and dispensed – drugs are.</p> <p>Clarifies that remote dispensing is intended for the provision of pharmacy services for those living in underserved areas of the province.</p> <p>Clarifies that only accredited pharmacies which have been authorized to do so will be able to operate dispensing locations where a pharmacist is not physically present in remote areas.</p>
<p>Subsection 146(1) of the DPRA should be amended by striking out “No person” at the beginning and substituting “Subject to subsection (1.0.1), no person”.</p> <p>A new subsection (1.0.1) should be added to section 146 of the DPRA as follows: “(1.0.1) the requirement under clause (1)(a) that a pharmacist be physically present in a pharmacy does not apply with respect to a remote dispensing location so long as the remote dispensing location is operated in accordance with the regulations.”</p>	<p>Subsection 146(1) of the DPRA should be amended by striking out “No person” at the beginning and substituting “Subject to subsection (1.0.1), no person”.</p> <p>A new subsection (1.0.1) should be added to section 146 of the DPRA as follows: “(1.0.1) the requirement under clause (1)(a) that a pharmacist be physically present in a pharmacy does not apply with respect to a remote dispensing location so long as the remote dispensing location is operated in accordance with the regulations.”</p>	<p>Enables remote dispensing by avoiding the necessity of having a pharmacist physically present. Remote dispensing will be regulated by the regulations under the DPRA in order to ensure public safety.</p> <p>OPA is not recommending any change to these clauses if the definitions of “remote” and “dispensing” as proposed by OPA are adopted.</p>

Proposed New Clause (OCP)	OPA Recommendation (bold)	Rationale/Commentary
<p>Subsection 149(1) of the DPRA should be amended to strike out “Subject to subsection (2)” and to substitute “Subject to subsections (2) and (3)”.</p> <p>A new subsection (3) should be added to section 149 of the DPRA as follows: “(3) The requirement in clause (1)(d) that a pharmacist be physically present to supervise does not apply with respect to a remote dispensing location as long as the remote dispensing location is operated in accordance with the regulations.”</p>	<p>Subsection 149(1) of the DPRA should be amended to strike out “Subject to subsection (2)” and to substitute “Subject to subsections (2) and (3)”.</p> <p>A new subsection (3) should be added to section 149 of the DPRA as follows: “(3) The requirement in clause (1)(d) that a pharmacist be physically present to supervise does not apply with respect to a remote dispensing location as long as the remote dispensing location is operated in accordance with the regulations.”</p>	<p>Enables the compounding, dispensing and sale of a drug from a remote dispensing location where a pharmacy technician (member) is present (but no pharmacist) so long as there is compliance with the regulations governing remote dispensing.</p> <p>OPA is not recommending any change to these clauses if the definitions of “remote” and “dispensing” as proposed by OPA are adopted.</p>
<p>“(m.1) Prescribing standards for accreditation for pharmacies wishing to have a remote dispensing location including their operation and the maintenance, space, equipment and facilities required therefore;</p> <p>(m.2) Governing remote dispensing including establishing requirements for the operation of remote dispensing locations;”</p>	<p>“(m.1) Prescribing standards for accreditation for pharmacies wishing to have a remote dispensing location including their operation and the maintenance, space, equipment and facilities required therefore;</p> <p>(m.2) Governing remote dispensing including establishing requirements for the operation of remote dispensing locations;”</p>	<p>Expands the regulation making authority to allow the College to regulate remote dispensing.</p> <p>OPA is not recommending any change to these clauses if the definitions of “remote” and “dispensing” as proposed by OPA are adopted.</p> <p>OPA also recommends the insertion of language that confers powers to other regulatory bodies such that the standards of practice and guidelines for the operation of remote dispensing locations are consistent for all health professions with the controlled act of dispensing and are modelled on those established by OCP.</p>

Appendix B**Questions and Responses to OPA's Member Survey on Remote Dispensing**

1. If the minimum standards of practice are being met, do you support the concept of remote dispensing?	
Yes	22.2%
No	59.2%
Undecided	18.6%
Pharmacists were asked to provide additional commentary. Of the 22.2% of pharmacists that replied yes, 17.5 % qualified they agreed “only if it is in a remote area”, and a further 10.5% of those who were undecided also clarified they are in favour in remote areas only. Other comments attempted to find determine why OPA was only asking about the minimum standards of practice and why are we not trying to exceed the minimum standards?	

2. It is unclear whether a “remote dispensing location will be limited in terms of geography (i.e., limited to a geographically remote area or a specific distance from a pharmacy). In your opinion, should remote dispensing locations be:	
Limited to geographically remote areas	70.3%
An extension of an accredited pharmacy, anywhere within Ontario	14.2%
Undecided	15.5%
When asked to elaborate on their choice, approximately 16% of pharmacists, unsolicited, said they do not support remote dispensing at all, and that OPA should have offered that option. Many respondents cited that pharmaceutical care and patient safety would suffer with the physical unavailability of a pharmacist, but that in truly geographically remote areas where there is no current service it may be better than nothing.	

3. Is there an issue with patient access to pharmacy services in the region where you practice?	
Yes	4.8%
No	91.2%
Undecided	4%

4. Should pharmacists providing supervision of a remote dispensing location be members in good standing with OCP?	
Yes	97.4%
No	2.6%

5. Where should pharmacists supervising remote dispensing locations be physically located? Assume the physical location has all the required references, access to pharmacy software systems and is private. Select all that apply:	
In the accredited pharmacy which has been authorized to operate the remote dispensing location	81.9%
In any accredited pharmacy	15.9%
In a call centre	13.5%
At their home	10.7%
Anywhere in Ontario	16.9%
OPA sought additional comments on this question, and nearly half of the respondents chose to provide them. Much commentary focused on the ability of OCP to inspect the location to ensure it meets the requirements. Some pharmacists were concerned that if counseling were not done in an accredited pharmacy it would have a negative impact on professionalism, and the public's perception of pharmacists.	

6. Should non-automated remote dispensing duties be restricted to pharmacy technicians registered with OCP?	
Yes	64.1%

No	14.9%
Undecided	20.4%

7. To ensure that patient care is not compromised, do you believe that proposed remote dispensing locations should be held to the same or greater standards of practice that apply to pharmacies?

Same	42.5%
Greater	57.5%

8. Impact to Patient Care from Remote Dispensing Technologies

	Positive Impact (%)	No Impact (%)	Negative Impact (%)	Undecided (%)
Limited Inventory	8.0%	12.1%	68.4	11.5
Predetermined Qty	10.0	20.4	53.5	16.1
Pharmacist-Patient Interaction	7.5	4.8	83.2	4.5
Personalized Care	6.7	6.6	80.8	5.9
Professional Judgment	7.3	10.7	75.5	6.6
Speed of Processing	35.0	27.2	19.5	18.3
Privacy	9.9	24.6	44.9	20.6
Accuracy	13.1	20.6	44.1	22.2

9. Impact to Patient Care from Technician-Operated Dispensaries

	Positive Impact (%)	No Impact (%)	Negative Impact (%)	Undecided (%)
Limited Inventory	6.7	26.1	53.0	14.2
Predetermined Qty	8.4	34.7	40.6	16.4
Pharmacist-Patient Interaction	6.9	4.1	81.9	7.1
Personalized Care	13.5	28.8	49.5	8.2
Professional Judgment	7.4	8.7	74.6	9.2
Speed of Processing	18.9	40.2	24.9	16.0
Privacy	8.7	38.4	34.6	18.3
Accuracy	8.5	24.6	48.4	18.5