



Notice - Remote Dispensing

Advisory Notice - March 19, 2009

Important Message to all members - Remote Dispensing

To: Pharmacists, Pharmacy Owners/Operators

The College is aware of emerging technologies which affect prescription services, including eprescribing and remote dispensing. The College always has the choice to either proactively control the development of legislative or regulatory amendments needed to assure the safeguards and accountabilities are in place to protect the public or to let changes be imposed on the profession - the latter option is unacceptable. The College does **not** propose changes with the intent of giving effect to any particular business model. However, the College's intention is to ensure that before **any** new practice models emerge, the appropriate legislation and regulations are in place to ensure public safety and protection.

In view of recent media articles and promotional material related to remote dispensing by pharmacists through machines, it is necessary to provide clarification to all members as follows:

1. Current legislation (Drug and Pharmacies Regulation Act) does NOT permit remote dispensing of medication to the general public by accredited pharmacies.
2. BOTH legislative amendments (to the Drug and Pharmacies Regulation Act) and NEW regulations (made under the Drug and Pharmacies Regulation Act) are required before remote dispensing can occur as noted above.
3. We intend to follow the College's usual consultative process as we develop the appropriate regulations needed to ensure public safety and member accountability.

If Council approves preliminary proposals at its June meeting, we will be able to circulate these to all members and stakeholders for feedback over the summer months. As always your input is both important and welcome. Final ratification by Council could occur at the September 2009 meeting after which the regulatory proposals must still be submitted to and approved by the Ontario Government before remote dispensing to the public by pharmacists in accredited pharmacies can occur.

Sincerely,

Original signed by:

Deanna L. Williams, R.Ph., B.Sc.Pharm., C.Dir., CAE
Registrar

COMMON QUESTIONS AND ANSWERS REGARDING REMOTE DISPENSING

Why is the College proposing these changes now?

In the new Health Systems Improvement Act, one of the new objects or purposes given to the College is to “develop, establish and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues”.

The College is aware of emerging technologies which affect prescription services, including eprescribing and remote dispensing. The College always has the choice to either proactively control the development of legislative or regulatory amendments needed to assure that safeguards and accountabilities are in place to protect the public or to let changes be imposed on the profession - the latter option is unacceptable. The College does not propose changes with the intent of giving effect to any particular business model. However, the College’s intention is to ensure that before any new practice models are implemented, the appropriate legislation and regulations are in place to ensure public safety and protection.

It is for these reasons that the College is now proposing changes to the Drug and Pharmacies Regulation Act to enable remote dispensing technologies as well as the e-health initiative in Ontario.

What is meant by remote?

Remote dispensing is a term used to describe a situation where a pharmacist oversees the dispensing of prescription(s) to a patient at a distance from the pharmacy through audiovisual equipment. After the pharmacist has spoken to/counselled the patient to make sure the drug is appropriate and safe to be dispensed, he/she watches and monitors the dispensing of the prescription to make sure the right drug is selected and performs the appropriate checks of the prescription before authorizing the release of the medication to the patient. This could occur in a remote area where pharmacy services are not readily available, or through the use of a dispensing machine, both located separate from the pharmacy where the responsible pharmacist is present.

Are these proposals meant to accommodate a specific machine?

No. While there are currently only a few models that we are aware of, any changes the College proposes need to be broad enough to accommodate the principles of dispensing from remote locations so that existing standards are not compromised and requirements don’t have to be changed each time a new model or scheme arises.

One model exists in British Columbia whereby the pharmacist observes the dispensing of medication by a technician located at a remote location through audiovisual equipment. Once the pharmacist has spoken with the patient or agent and is satisfied that the prescription is correct and safe to be given to the patient, he/she “signs off” on the prescription and authorizes the technician to dispense it to the patient.

Will remote dispensing result in pharmacists being replaced by technicians?

No. The College is looking at accountability of its members and safety of the public whenever a prescription is dispensed. Technicians will be regulated members of the College with responsibility and accountability to the public as well. As technicians

assume accountability for the technical aspects of dispensing, the pharmacist will be freed up to spend their time interacting with patients and managing their medication therapy. The College anticipates that proposed changes to the scope of practice for pharmacists will create a greater demand for regulated technicians who can take accountability for the technical aspects of dispensing.

Will a pharmacist still have to check every prescription or speak to every patient?

In all cases of dispensing, including remote dispensing, the drug cannot be released to the patient until the pharmacist has checked to ensure that the drug therapy is optimal for that patient, and that the patient understands how to take their medication. A pharmacist is responsible for meeting the standards of practice of the profession, no matter what their practice location.

How many remote locations can one pharmacy or one pharmacist be responsible for?

This has not been determined. The proposed amendments to the Drug and Pharmacies Regulation Act contemplate that any remote dispensing location would have to be a part of an accredited pharmacy, and, therefore, under the control of that pharmacy's designated manager and subject to the provisions of the Drug and Pharmacies Regulation Act.

It is important to remember that our current Standards of Practice for Managers hold the manager responsible for determining and maintaining the appropriate staffing levels required to satisfy patient care needs unique to their practice site and, further, allow full compliance of the individual pharmacist with the College's standards of practice.

Will there be a limit on the location – geographic or distance from a pharmacy?

This has not been determined. The actual regulations under the Drug and Pharmacies Regulation Act, which will set out the specific rules and requirements governing the operation of remote dispensing locations as part of accredited pharmacies, are yet to be developed and are necessary to give effect to this practice.

Is this happening anywhere else?

Yes. We are aware that British Columbia and some U.S. states have permitted the implementation of such technology and that they have written various standards and requirements for its use.

Is this the same as telepharmacy?

There are different definitions of telepharmacy across Canada and internationally which the College will consider as it develops guidelines for Ontario.

How can hospitals be using dispensing machines?

Under an exemption which exists in the Drug and Pharmacies Regulation Act, hospitals, which are governed by a separate act, are not subject to the provisions of the Drug and Pharmacies Regulation Act with respect to drugs compounded, dispensed or supplied under the authority of a prescriber for persons under health care provided by such hospital.

How can I keep up with what is happening on this issue?

Currently, the proposed legislative changes are out for consultation, and any member or stakeholder is welcome to provide feedback in writing, directed to Anne Resnick, Director of Professional Practice, by April 13, 2009.

As always, the College posts new developments and information on the website, and these are flagged on the home page.

Q&A Posted: March 20, 2009

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