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STANDARDS OF PRACTICE

Dispensing ~~of Schedule 1 & 2~~ Drugs ~~by a Physician for a Fee~~

Under Review: Yes
Issued by Council: Jan. 1, 2010 (*Dispensing of Schedule 1 or 2 Drugs by a Physician for a Fee*)
Reissued by Council: [TBD]

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The ***Standards of Practice*** of the College of Physicians & Surgeons of Alberta ("CPSA") are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

PURPOSE

This standard outlines minimum requirements for regulated ~~member~~members who dispense drugs to patients, including requirements related to:

- prioritizing patient safety and clinical appropriateness;
- procuring, storing, preparing, packaging and labelling drugs;
- providing drugs to patients and providing counselling about their proper use;
- documenting dispensing activities and maintaining related records;
- managing medication samples; and
- ensuring dispensing is based on the patient's needs without being influenced by personal financial gain.

Although drugs are usually dispensed by pharmacists, regulated members may also dispense drugs directly to patients as part of the care they provide. This includes providing a prescribed drug for the patient to take or use outside the medical encounter, rather than administering it during the encounter.

SCOPE

This standard applies to regulated members who dispense drugs to patients within an established physician-patient relationship.

This standard applies to the following aspects of drug dispensing, including the:

- procurement;
- storage, preparation, packaging and labelling;
- release; and
- documentation of drugs.

Terms used in the Standards of Practice:

- "Regulated member" means any person who is registered or who is required to be registered as a member of this College. CPSA regulates physicians, surgeons, osteopaths and physician assistants.
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It also applies to regulated members who charge a fee for dispensing drugs or provide medication samples.

This standard does not apply to the administration of drugs to a patient. Regulated members must not compound drugs unless specifically approved by CPSA.

Regulated members must remain aware of and comply with all applicable legislation, regulations and ministerial orders, including amendments as they come into force. In the event of a conflict, those requirements take precedence over this standard

The [to be developed] Advice to the Profession document provides additional guidance to support regulated members in applying this standard in practice.

Related standards and companion resources are listed at the end of this document.

DEFINITIONS

Compound: means to mix two (2) or more ingredients of which at least one (1) is a drug for the purposes of dispensing a drug or drugs but does not include reconstituting a drug or drugs with only ~~dispense Schedule 1 or 2 drugs as defined by the *Pharmacy and Drug Act* to a patient~~ water.

Dispense: includes evaluating a prescription for a drug; assessing the patient, their health history and medication record; packaging and labelling of a drug; or providing a drug to the patient by prescription.

Manufacture: in accordance with Health Canada, an activity will be considered manufacturing in the following circumstances:

- a regulated member cannot demonstrate a physician-patient relationship exists;
- producing an identical product that is already commercially available, unless there is a shortage;
- for distribution or sale outside a demonstrated physician-patient relationship; or
- producing products in such a scale, time and frequency to fall outside a physician-patient relationship.

Medication samples: a package of medication provided by a regulated member to a patient at no cost, typically as a one-time event. This would not include "free or bonus goods" provided as part of a larger purchase.

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Prescription drug list: the administrative list established under the *Food and Drugs Act* that identifies specific medicinal ingredients and classes of medicinal ingredients that require a prescription from a qualified practitioner to be sold to the public.

Procurement: the act of obtaining or acquiring something. For the purposes of this standard, the expectation to use "proper methods of procurement" may be met by obtaining drugs from reliable sources and in accordance with federal legislation (e.g., from manufacturers or wholesalers who have been issued a drug establishment license by Health Canada).

STANDARD

1. A regulated member who dispenses drugs **must:**

   a. meet the same dispensing standards as pharmacists (e.g., the Alberta College of Pharmacy's *Standards of Practice*); and comply with other relevant CPSA *Standards of Practice*, as well as provincial and federal legislation;

   ~~1.~~b. only dispense drugs to patients they are treating when those drugs are relevant and appropriate to the medical consultation or surgical procedure ~~provided to that patient.~~

   c. before releasing a dispensed drug to a patient or their delegate, confirm the identity of the patient;

   d. ensure the patient is aware of the option to purchase the drug from a pharmacy of their choice;

   e. ensure drugs dispensed will not expire before the patient completes the course of therapy;

   f. provide patient counselling, including discussing instructions for proper use;

   g. ensure dispensing information is entered into PIN in real time (e.g., Electronic Medical Record (EMR) system with access to PIN, an established process where a pharmacy enters the patient-specific dispensing information into PIN, etc.); and

Commented [CD1]: Standard has been overhauled to be higher level/less granular based on feedback from previous consultation: substantive changes/rearranging.

Commented [CD2]: Lifted up a level, using ACP as an example, based on consultation feedback: details will be added to the Advice to the Profession document (in development).

Commented [CD3]: Was clause 3(a) of consultation version.

Commented [CD4]: Was clause 1(a) of consultation version.

Commented [CD5]: Added based on stakeholder feedback: more information will be available in Advice to the Profession document (in development).

Commented [CD6]: "personally" removed from beginning of clause to allow for delegation to an appropriate healthcare provider based on consultation feedback.

Commented [CD7]: Added for consistency with draft *Office Supply for OAT* SoP.

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h. document the drug dispensing in the patient's record, in accordance with the *Patient Record Content* standard of practice.

i. While the provision of medication samples is not considered dispensing under this standard, samples **must** be documented (drug name, dose, directions for use, quantity, lot number) in the patient's record.

2. A regulated member **may** charge a fee for dispensing a drug ~~as defined in clause (1); however, a regulated member:~~

~~a. **must** limit fees to the cost of the drugs to the regulated member;~~

~~b.~~2. ~~**may** include~~ that includes reasonable ~~handling costs such as shipping, containers and containment systems, refrigeration and inventory maintenance~~ costs associated with ~~replacement of expired drugs; and~~maintaining drugs, in accordance with any applicable legislation and the *Charging for Uninsured Professional Services* standard of practice.

~~c. **must** maintain a detailed description of the calculation of fees for inspection by CPSA.~~

3. A regulated member **must not** charge a separate fee ~~for dispensing a drug or~~ for maintaining required documentation ~~in respect of the~~relating to inventory control or dispensing of drugs.

4. A regulated member **must** ~~**not** compound drugs unless specifically approved by CPSA.~~:

a. ~~A~~ keep records of purchases and sales of drugs that allow for retrieval and/or inspection of prescriptions;

b. use proper procurement methods to confirm drug origin and chain of custody;

c. store drugs securely and appropriately to prevent loss or spoilage (e.g., time-delayed safe, temperature control, etc. as necessary);

d. have an audit system in place to identify possible drug loss;

Commented [CD8]: New: aligns with *Patient Record Content* standard (clause 2(a)(ii), as well as CPSBC and CPSO.

Uploading to Netcare will be included in the Advice to the Profession document as a best practice.

Commented [CD9]: Will expand upon in Advice to the Profession document (in development).

Commented [CD10]: Was clause 1(b) of consultation version.

Commented [CD11]: Added based on internal review and consultation feedback.

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e. monitor recalled drugs and have a process for contacting patients whose dispensed drugs are affected; and

f. dispose of drugs unfit to be dispensed (e.g., expired, damaged, recalled) safely and securely.

Commented [CD12]: From CPSO: ensures drugs are obtained and stored for patient safety.

5. When dispensing drugs, a regulated member **must** personally discuss instructions for use of the drug with the patient.

6.5. Any drug dispensed to a patient for a fee **must** have maintain a label affixed to the drug container or packaging that is legible and identifies the following:transaction log identifying:

a. the name, address and telephone number of the clinic from which the drug is dispensed;

b.a. the name of the patient; to whom the drug was dispensed;

c.b. the name of the prescriber;/dispenser;

d. the name of all active ingredients, the strength and the manufacturer;

e. instructions for use;

f.c. the date the drug was dispensed; and

g. the quantity dispensed; and

h. the expiry date, when appropriate.

7. Any drug dispensed to a patient for a fee **must** be dispensed in child-proof containers except where inappropriate for a particular patient.

8. Each time a drug is dispensed for a fee, the transaction **must** be recorded in the clinical record or in a separate log that identifies the following:

a. the name of the patient for whom the drug was dispensed;

b. the name of the prescriber;

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~~c. the date the drug was dispensed;~~

d. the name, strength ~~and,~~ dosage form; and quantity of the drug dispensed~~; and~~.

~~e. the quantity of the drug dispensed.~~

~~9. Drugs received by the regulated member for dispensing for a fee to a patient **must** be visually inspected to ensure there has been no damage or contamination.~~

~~10. Drugs in a regulated member's office **must** be stored to ensure security and integrity.~~

~~11. Drugs in a regulated member's office **must** be stored at appropriate temperatures to ensure stability.~~

~~12. Narcotic and controlled drugs in a regulated member's office **must** be~~ stored in accordance ~~with federal regulations.~~

~~13. A regulated member who dispenses a drug **must** have established policy and procedures for the safe and proper disposal of drugs that are unfit to be dispensed, including outdated or damaged products.~~

6. This log **must** be available to CPSA upon request.

~~14.~~7. A regulated member **must not** ~~accept the return of any dispensed drug for the purpose of reuse.~~:

a. compound drugs unless specifically approved by CPSA; or

b. dispense drugs that are past their expiry date or that will expire before the patient completes the course of therapy.

RELATED STANDARDS OF PRACTICE

- *Charging for Uninsured Professional Services*
- *Conflict of Interest*
- *Patient Record Content*
- *Patient Record Retention*
- *Prescribing: Administration*

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- *Prescribing: Drugs Associated with Substance Use ~~Disorder~~Disorders or Substance-Related Harms*
- *Practising Outside of Established Conventional Medicine*
- *Responsibility for a Medical Practice*
- *Restricted Activities*
- *Sale of Products by Physicians*

COMPANION RESOURCES

- Advice to the Profession documents:
  - Dispensing Drugs [in development]
  - Charging for Uninsured Professional Services
  - Conflict of Interest
  - Practising Outside of Established Conventional Medicine
  - Prescribing: Administration
  - Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related ~~Harm~~Harms
- ~~General Infection Prevention & Control Standards~~
- ~~Health Canada's Safe Disposal of Prescription Drugs~~
- ~~Health Canada's Physical Security Directive~~

~~-~~Responsibility for a Medical Practice
  - Restricted Activities
  - Treating Self, Family or Others Close to You

REFERENCES

Alberta College of Pharmacy's Standards of Practice for Pharmacists and Pharmacy Technicians (Feb. 1, 2025).
College of Physicians and Surgeons of Ontario's Dispensing Drugs Advice to the Profession (July 2023 – retired).
College of Physicians and Surgeons of New Brunswick's *Charging for Uninsured Services* Professional Standard (Apr. 2021).
College of Physicians and Surgeons of Newfoundland and Labrador's *Prescribing & Dispensing of Medications* Standard of Practice (Dec. 2023).
From the *Health Professions Act* (Aug. 2025).

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