



THE COLLEGE OF
VETERINARIANS
OF ONTARIO

REPORT ON CONSULTATION

Topic:	Dispensing a Drug
Consultation Period:	March 27, 2018 – May 28, 2018
Submissions:	13 submissions

What is the Issue

Over the past three years, draft standards outlining the practice expectations of a veterinarian related to prescribing and dispensing drugs, inclusive of antimicrobials, have been debated and considered by a Prescribing and Dispensing Working Group. The establishment of this working group was directed by Council to make recommended practice expectations to the profession, informed by broad species sector input, on these important, high-risk activities, which include dispensing. Throughout this process these drafts have been informed by new federal rules strengthening veterinary oversight of antimicrobial use, and multiple discussions with varied stakeholders on the realities of day-to-day veterinary practice. The standards have undergone a targeted stakeholder consultation as well as two public consultations over the past several years to ensure that they represent accurate, comprehensive, and reasonable practice expectations for veterinary obligations related to drugs across species.

Why is it Important

The aim of the series of standards related to veterinary pharmaceuticals is to demonstrate the importance of the role of the veterinarian in both the prescribing and the dispensing of drugs, by recognizing and mitigating the inherent risks posed by drugs to animal and public health.

Overview of the Proposal

For an overview of the proposed changes that the College consulted on, please visit:
<https://cvo.org/For-the-Public/Public-Consultations/Veterinary-Obligations-Related-to-Drugs.aspx>.

Consultation Process

At its March 2018 meeting, Council was pleased to approve a series of draft Professional Practice Standards, including a draft standard related to Dispensing a Drug, which set out current and

proposed practice expectations for veterinarians across all species. The draft Professional Practice Standards were circulated for public consultation for a 60-day period during which members of the College and members of the public were asked to provide their feedback.

What we Heard and How We Responded

(a) Medical Record-Keeping Requirements

A number of comments suggested that the medical records requirements are overly onerous. Many of the requirements are current and long-standing within existing College regulations and cannot be amended.

Where possible, an accompanying guide will suggest methods for making record-keeping less time-intensive and more efficient, while aligning with the practice expectations in the standard.

(b) Container Labelling

The College heard feedback that the requiring each container in a case to be labelled individually will be overly labour-intensive.

Practice expectation 24(c) has been amended and states that if drugs are dispensed in a container, each container must be labeled; if a case containing multiple containers is dispensed, the case must be labelled (but no longer states that each individual container needs to be labelled).

(c) Drug Tracking Information

The College received a number of suggestions that tracking information should be required to be kept and logged by a veterinarian in case of recalls. Including a lot number upon receiving a drug and/or on a written prescription will be included as a best practice in the accompanying guides.

Sample Comments

The following quotes, summarized from comments received, reflect issues raised during the consultation:

- *There is so much paperwork required in these new documents that we will spend more time treating the paperwork than the patient*
- *VCPR might be hard to get in northern Ontario. Hard to have a Vet clinic within a close proximity*
- *A drug should be allowed to be returned to stock for re-selling or re-dispensing if it is returned in an original sealed container, or in the case of individual doses in blister packs if it is returned in the blister pack. 2) We sometimes have clients return drugs, for which they do not expect a refund, with the request that they be dispensed to a client who cannot afford to pay themselves or to a charitable organization. It should be permitted to dispense returned drugs at no charge, if the recipient is informed as to the source of the drugs and possible risks.*
- *While you define auxiliary it is not clear if that person is allowed to dispense in the draft statement, perhaps an assumption?*

Council June 2018 Decision

Council reviewed the consultation feedback and the draft *Professional Practice Standard: Dispensing a Drug* at its June 2018 meeting and approved the draft Professional Practice Standard for adoption, to be accompanied by a guide.