



Veterinary Practice Owners Association of Ontario

The Voice Of The Veterinarian Owned Practice...For A Stronger Profession And Excellent Care.

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VPOA RESPONSE TO THE CVO DRAFTS ON PRESCRIBING AND DISPENSING DRUGS

The CVO is in the process of dramatically changing how veterinary facilities are accredited. At the same time the College in its wisdom decided to release its drafts on the professional practice standards for prescribing and dispensing drugs. We at the VPOA sincerely question whether the College really wants comments from its members. What hard working veterinarian has the time to read through all these documents and reflect on how its effects their practice. Within these documents are new lists of items that if we as veterinarians do not follow would be considered professional misconduct.

These documents require veterinarians to increase the amount of record keeping and paper work required to prescribe and dispense medications. They require veterinarians to explain why they are using a compounded drug over an approved veterinary drug. If we dispense a drug without a veterinary use only label on it, we become responsible if the client uses it for other than its intended purpose. If we charge an unreasonable dispensing fee it may be deemed as professional misconduct.

We are also very disappointed that within these documents there could have been the opportunity to discuss prescribing and dispensing errors. It is well-recognized that the errors can occur during the prescribing and dispensing of medications. There should be several statements in these documents addressing how veterinarians should try to mitigate and handle errors. These documents should include the appropriate steps a member should take when an error has become apparent. These professional practice standards should recognize that errors occur and if a member or their ancillary staff make an accidental prescribing or dispensing error that these mistakes must not be deemed as professional misconduct.

Also, there is an enormous amount of information we now must give to our clients and keep in our medical records when dispensing and prescribing. An appendix with clear examples of drugs with the specific requirements would have been very helpful in these draft documents. These draft documents are in their infancy and were rushed out to align with the national dialogue on antimicrobial stewardship. They need much more work and more input from you.

Please read through the [CVO drafts](#) and the VPOA response and [contact us](#) and the [CVO](#) with any additional thoughts you have.

Prescribing Drugs Draft

14)Abides by the Decision Cascade published by the Canadian Veterinary Medical Association when making prescribing decision, and when appropriate the Health Canada Categorization of Antimicrobial Drugs Based on their Importance In Human Medicine.

16)Prescribes compounded drugs in a manner consistent with the College's Professional Practice Standard: Use of Compounded Products in Veterinary Practice. Only prescribes products compounded from an active pharmaceutical ingredient (API) if other options in the Canadian Veterinary Medical Association Decision Cascade are not available or appropriate.

Since most compounding pharmacies make their product from the API sources they are listed as least desirable by the Decision Cascade and thus limit a member's ability to prescribe. The term appropriate is ill defined. Many compounded products offer significant cost saving to the animal owners and therefore should be considered appropriate. Since most established compounding pharmacies undergo rigorous quality control on their products it would seem more appropriate if the compounding pharmacies were regulated by their own licensing bodies to ensure quality control in their products and methods. The Decision Cascade for using a compounded product should not be the only criteria, instead it should also be based on the member's choice that reflects cost and ease of administration. **Items 14 and 16 should be removed and the prescribing of available drugs from the CVMA Decision Cascade should be a Guide or a Guideline and not a Professional Practice Standard.**

18. Informs a client of the common side effects and any serious risks associated with the administration of a prescribed drug used in either a label or extra-label manner. Informs the client of the proper storage, handling, and the means of administration of a prescribed drug. Records this information in the medical record.

Giving a client an information sheet with the required information and then have the it recorded that an information sheet was given to the client should be sufficient and should replace having to record all the required information in the record. Giving the client a weblink that contains the required information should be an acceptable form of communication and the presence of the weblink in the medical record should be sufficient documentation that client was informed. **The acceptable forms of information required to be put in the medical record can include a weblink or a statement that an information sheet was given to the client and be allowed to replace the requirement to list all the items in line 18 in the medical record.**

19. Charges a reasonable fee, if any, for the provision of a written or oral prescription.

Veterinarians should be allowed to charge as they see fit to properly operate their business. The term reasonable is subjective. A member should not be disciplined for a charging a fee that is considered unreasonable. **The word reasonable must be removed and item 19 should be; Charges a fee, if any, for the provision of a written or oral prescriptions.**

20. Maintains a record of the details of each prescription within the medical record, inclusive of recording a diagnosis or purpose for the use of any antimicrobials.

If the purpose of the drug is listed on the product label why it necessary include the diagnosis and purpose of the use of the antimicrobial? The purpose or diagnosis is already a part of the assessment in the medical record and therefore redundant. **Inclusive of recording a diagnosis or purpose for the use of any antimicrobials can be removed.**

Dispensing Drugs Draft

6. Charges a reasonable fee for dispensing.

Veterinarians should be allowed to charge as they see fit to properly operate their business. The term reasonable is subjective. A member should not be disciplined for a charging a fee that is consider unreasonable. The word reasonable must be removed and item 6 should be; **Charges a fee, if any, for dispensing.**

7. Dispenses drugs that are not past their expiry date or that will not likely expire before the prescribed course of therapy has ended.

The client should be given the option especially if the cost of the expired medication is such that it is more affordable (perhaps at no cost) to use an expired drug, excluding antimicrobials, if the client consents to this off-label usage.

This statement should include the following exemption;

Dispense antimicrobial drugs that are not past their expiry date or that will not likely expire before the prescribed course of therapy. Dispense drugs, other than antimicrobials, that are not past their expiry date or that will not likely expire before the prescribed course of therapy has ended unless the client agrees to the off-label use of the prescribed medication.

14. Understands that his or her responsibilities when dispensing drugs outside of an existing VCPR

include the responsibilities to: • Confirm the identification of the client and establish and maintain an appropriate dispensing record for each client/patient as part of the medical record • Obtain and confirm the accuracy and authenticity of the original prescription and refill information. • Maintain the original prescription in the dispensing record (this may already be documented in the medical record) • Confirm the identity and registration of the prescribing veterinarian • Immediately transcribe a prescription that is received over the telephone into writing, inclusive of the name of the prescribing veterinarian. • Reject a prescription and not dispense any medications if the prescription is assessed to be invalid, not reasonable, or improper. Confirm any substitutions of a specific medication for a generic medication with the prescribing veterinarian and client. Maintain a declining balance of refills. Forward available or remaining totals to other dispensing locations if requested by the client. Refuse to provide additional refills when a prescription is finished.

More details need to be provided on how confirm the identity of the client and the prescribing veterinarian. Do we need photo identification? A recent utility bill with an address? Do we need to go to the CVO website and confirm that a member is active? **An acceptable form of identification needs clarification.**

Once a member dispenses a drug outside of the existing VCPR they should inform the prescribing veterinarian the prescription has been filled. This way the responsibility of keeping track of dispensed medication is with the veterinarian that has the VCPR. **Maintaining a declining balance of refills should be the responsibility of the prescribing veterinarian.**

We should move away from allowing oral prescriptions over the telephone. The prescribing veterinarian should send a fax or email with a signed prescription to the dispensing veterinarian. This would solve many problems such as confirming the identification of the member. It would eliminate transcription errors that may occur over the telephone.

There should be language such that if the dispensing veterinarian believes there is an error with the prescription the member should contact the prescribing veterinarian to confirm the dosage, duration, frequency of administration is correct.

28. Marks the label on the container in which antimicrobial drugs are dispensed with the words “Veterinary Use Only” on the main panel of both inner and outer package labels, immediately following or preceding the proprietary or brand name, proper name or common name, in type not less than one half as large as the largest type on the label. Each unit of drug dispensed must be labeled. If units of medication are dispensed by the bottle, each bottle must have a label. If units are dispensed in a case lot, each case must display the label.

When a veterinarian dispenses a drug to a patient it is understood that this medication is for the patient and not the client’s consumption. Why should the veterinarian be in violation of the practice standards if a client uses a drug for other than veterinary consumption because the veterinarian did not put a veterinary use only label on it? How does a label prevent a client using a drug other than its intended use? **This should be a guide or guideline and not a professional practice standard. Perhaps we should put a label on a vial that states “Close Vial after Opening”.**

29. The following information must be included on labels on the containers in which antimicrobial drugs are dispensed. Where the product is supplied in its original packaging and already includes some of this information which remains legible following application of the dispensing label, it is not necessary to repeat this information on the dispensing label. If it is not feasible to include all of the information on the label due to the size of the packaging it must be included on a separate sheet. The information provided must include:

- the name of the client;
- the names of the facility and the veterinarian prescribing the drug;
- the names of the facility and the veterinarian dispensing the drug;
- identification of the animal or group of animals;
- the name of the drug dispensed and its concentration;
- the Drug Identification Number (DIN);
- the quantity of the drug dispensed;
- directions for use in the identified animal or group of animals, including dose, route of administration, frequency, and duration as prescribed;
- minimal withdrawal time (where applicable) as prescribed;
- storage precautions;
- any toxic warnings or other precautions appearing on the original label; and
- any other information required by legislation.

Giving the client a weblink that contains the above required information should also be an acceptable form of communication and the presence of the weblink in the medical record should be sufficient documentation that client was informed. **The acceptable forms of information required to be dispensed to the client should also allow a weblink and/or an information sheet that contains the required information.**

Other suggestions

These draft documents do not mention errors that may occur in prescribing and dispensing medications. It is well recognized that the errors can occur during the prescribing and dispensing of medications ([Oxtoby et al, Veterinary Record](#)). There should be several statements in these documents addressing how veterinarians should try to mitigate and handle errors. These profession practice standards should recognize that errors occur and if a member or their ancillary staff make an accidental prescribing or dispensing error that these mistakes must not be deemed as professional misconduct.

[Below is an excerpt from the National Association of Pharmacy Regulatory Authorities dealing with errors.](#)

Handling errors

Although the admission of an error is a controversial issue with respect to legal liability, as professionals pharmacists have an obligation to "make it right" if a patient suggests that an error has been made. Reviewers with experience on Discipline Committees of the Provincial Regulatory Authorities suggest that often an aggrieved party is more upset by the way an error is handled than the actual error itself. A patient's inconvenience and distress should be recognized and acknowledged.

Potential error situations should be handled promptly, with courtesy and professionalism.

"Handling a Dispensing Error", Rantucci (1995) provides a case example of how to handle a medication error, the right way and the wrong way, and stresses the importance of effective communication with the patient about the error.

["Handling Dispensing Errors", Pritchard \(1995\)](#) offers a brief review on dealing with medication errors and described two documents available from Ontario College of Pharmacists:

- Suggested protocol for handling dispensing errors (with underlying principles for dealing with situation) and
- An incident form for documentation

Commentary on the article's flow chart for dealing with medication errors from toolkit reviewers included:

"The initial contact between a patient alleging a dispensing error and pharmacy is usually conducted over the telephone. It is suggested that if the error can be confirmed over the telephone the pharmacist should offer to send the replacement medication rather than ask the patient to return to the pharmacy immediately."

"After "No Discrepancy" the flow chart states "reassure patient/agent". The pharmacist should also consider that the physician might have inadvertently ordered the wrong drug or the correct drug with the incorrect patient name on the prescription form. Another step for pharmacists is to "confirm with prescriber if necessary" and then "reassure patient/agent".

This dispensing document should contain an appendix with clear visual examples of what is expected for specific drugs for line items 18,22,24,26,29 for dispensing.