Thank you for allowing me to comment on the regulations as it relates to the DPRA.

General Observations:

• **The approach to drafting these regulations is high level rather than specific. It states that Standards, policies and guidelines will be utilized to address issues wherever possible.** However nothing in these regulations how and by whom policies will be enacted. The regulations also don’t also explicitly allow or permit the college to establish guideline and policies for pharmacy owners or operators or give them authority to enforce such policies. We believe that conditions should be included. Furthermore, there is nothing in this regulations that mentions the consultation process and how it will be undertaken.

• **Policies and Guidelines:** The proposed regulations should empower the college to add policies guidelines and rules for pharmacy owners. It should determine that policies will be approved by council and consultations will be made to all members and the public when a policy is enforced. There is no mention of policies and guidelines in these regulations only standards of Practice.

**PART II DRUG SCHEDULES**

Location of Schedule I, II and III drugs

4. **In a pharmacy accredited as a community pharmacy,**
   
   (a) **Schedule I drugs shall only be available for sale from,**
       
       1. the dispensary, or
       2. where sold in a remote dispensing location, the dispensary or an automated pharmacy system,

   (b) **Schedule II drugs shall only be available for sale from,**
       
       (i) the dispensary or other area in the pharmacy to which the public does not have access and which does not permit self-selection of drugs by patients, or
       (ii) where sold in a remote dispensing location, the dispensary or an automated pharmacy system,

   (c) **Schedule III drugs shall only be available for sale from,**
       
       (i) the dispensary or an area in the pharmacy that allows for self-selection of drugs by patients and where a member is available for consultation, or
       (ii) where sold in a remote dispensing location, an area in the remote dispensing

Comments

• I am opposed with the term MEMBER in schedule III because it would allow pharmacy technicians to provide counselling for Schedule III medication. We believe only a pharmacist or an intern under supervision should be providing such consultations.

• I am opposed to the removal of the condition of (pharmacist approval for sale Schedule II medication sales (current regulation)

• Owners have a responsibility and policies in place to ensure that their staff (nonmembers) don't allow the sale of Schedule II medications to the public without pharmacist approval.

**PART IX PROPRIETARY MISCONDUCT/CONFLICT OF INTEREST**

RELATIONSHIP WITH THE COLLEGE

Comments:

• I suggest adding (not complying with a college policy relevant to the ownership/directorship of a pharmacy) as propriety misconduct

• We recommend adding a clause that would make it propriety misconduct if an owner adversely affects a member’s autonomy on patient care service with unreasonable quotas, prescribing practices, etc.

Advertisement of Drug Services

Where an advertisement includes price information relating to a Schedule I drug the advertisement shall,

(i) include the following information with respect to the drug:

   1. the quantity, strength, brand name, and dosage form of the drug being advertised at the advertised price;
2. the total cost for the drug to the purchaser including any dispensing fee; and
3. the time period during which the advertised price will be available; and

(j) give equal prominence to each drug advertised and, for each of those drugs, equal prominence shall be given to all the information required under paragraph (a).

Comments:
- I am opposed to allowing single price drug advertising. I am also not supportive of the current policy of 15 medications to be listed to be advertised. The current policy is restrictive and does not allow competition. The College references the competition bureau as a reference to changes in the advertising regulation.
- The competition bureau does not examine issues from a patient safety but solely from a price standpoint and competition. It is important to point out that no harm needs to proven for a regulation to exist.
- Other health care professionals in Ontario don’t allow the advertising of discounts offered by their members (e.g nurses)
- The purpose of the regulation and the role college is to prevent perceived harm. It should not be reactive to when harm happens and for an issue can be addressed. It should also not pull back restrictions to examine if harm will happen. To do so is to potentially put patients at risk.

The reason that I am opposed to the advertising of single prices are as follows:
- There is no universal drug Profile in Ontario. Such practice will encourage patient hopping for the next best deal. There will be Viagra month in February (at lowest cost). This can be dangerous and encourages the use of multiple pharmacies based on the price of single items.
- Not all provinces allow single drug advertising. The following chart indicates the rules for advertising for each province (New Brunswick, Prince Edward Island and Nova Scotia Prohibit it) (see below). Most provinces that allow advertising offer a universal drug profile.
- This regulation opposes existing regulations that prohibits inducements and college policies relevant to inducements
- Any proposed to allow drug advertising of Schedule I medications must be accompanied by the disclaimer “Available by Prescription Only” this is a requirement in most provinces
- We propose a minimum of 5 Medications in any advertisement to prevent loss leaders and advertising regiments that are not consistent with patient care
- Pharmacies should also have the capabilities to publish their entire price list for consumers so they can make informed decision on their medication profile.