

National Association of Pharmacy Regulatory Authorities (NAPRA)

REPORT
on the
TRANSFER OF AUTHORITY TO FILL PRESCRIPTIONS
by
ELECTRONIC TRANSMISSION

Recommendations from Canadian Pharmacy Registrars

Neila Auld, Prince Edward Island Pharmacy Board
*Alain Boisvert, l'Ordre des pharmaciens du Quebec**
Jim Dunsdon, Ontario College of Pharmacists
Greg Eberhart, Alberta Pharmaceutical Association
Ray Joubert, Saskatchewan Pharmaceutical Association
Linda Lytle, College of Pharmacists of British Columbia
Don Rowe, Newfoundland Pharmaceutical Association
Bill Veniot, New Brunswick Pharmaceutical Society
Susan Wedlake, Nova Scotia Pharmaceutical Society
Stew Wilcox, Manitoba Pharmaceutical Association

March 1998

NAPRA Mission

The mission of our association is to facilitate the activities of provincial pharmacy regulatory authorities in their service of public interest. This is accomplished by:

- representing the interests of the member organizations,
- serving as a national resource centre, and
- promoting the harmonization of legislation and standards.

*M. Boisvert participated in the development of the initial internal task force report only.

Background

Section C.01.041 of the regulations to the Food and Drug Act provides jurisdiction for the pharmacist to provide a Schedule F drug. Specifically, ss 1.1 dictates that such distribution can only be made pursuant to a verbal or a written prescription order. The availability of modern technology which can effectively transfer information indicates that the wording and interpretation of this regulation may now be outdated.

The technologies which are currently available to pharmacists and other health practitioners can accommodate the transfer of patient-specific information by various electronic means. In many locations, on-line access to patient information is available.

In meetings with the Therapeutic Products Directorate (TPD) of Health Canada, the Pharmacy Registrars have been challenged to develop recommendations to accommodate the use of such electronic technology while adhering to the intent of the regulations.

Process and findings

In 1996, an internal task force consisting of Barbara Winsor (Registrar, New Brunswick Pharmaceutical Society), Jim Dunsdon (Registrar, Ontario College of Pharmacists), and Greg Eberhart (Registrar-Treasurer, Alberta Pharmaceutical Association), was appointed by the Inter-Provincial Regulatory Committee (committee of Registrars) to develop recommendations regarding the safe and effective transfer of patient-specific information required for the purpose of providing prescription medication. These recommendations would then form the basis of discussions between pharmacy regulators, the profession, and the Therapeutic Products Directorate.

Task force members used as a basis for their work, the draft report of the former group¹ studying the electronic transmission of prescriptive authority, established in conjunction with the Federation of Medical Licensing Authorities and the Health Protection Branch in 1994.

The Task Force convened on February 17, 1996 to review the progress made by the previous committee. During this review, the five Principles below were identified and task force members agreed that any communication vehicle that can adhere to the principles should be acceptable for the purposes of transmitting the authorization to provide a prescription drug.

Principles for transmission of prescriptions:

Principle #1

The process must maintain patient confidentiality.

Principle #2

The process must be able to verify the authenticity of the prescription; that is, the prescriber initiating the document.

Principle #3

The accuracy of the prescription must be able to be validated, including a mechanism to prevent forgeries.

Principle #4

The process must incorporate a mechanism to prevent diversion, so that the prescription authorization cannot be transmitted to more than one pharmacy.

Principle #5

Patient choice must be protected; that is the patient must determine the practitioner to receive the prescription authority.

The Task Force reviewed documentation from the National Association of Boards of Pharmacy, the National Association of Retail Druggists, and the American Society of Automation in Pharmacy. Correspondence from the

¹ group consisted of: Dr. John Carlisle, Jim Dunsdon, Greg Eberhart, Norm Thomas

National Association of Chain Drug Stores (NACDS) encourages the State Boards of Pharmacy to allow the electronic transmission of medication orders and refill authorizations from physicians, directly to the pharmacy of the patient's choice. They observe that the National Coordinating Council for Medication Error Reporting and Prevention, a multi-disciplinary group that promotes the reporting, understanding and prevention of medication errors, has identified illegible handwriting of prescriptions and medication orders to be the most widely recognized cause of medication errors. NACDS strongly advocates prescriptions from the prescriber not be altered, changed, manipulated or compromised in any manner by outside intervention before it is received by the pharmacist. They conclude by urging all State Boards of Pharmacy to adopt a language that will permit the electronic transfer of prescription information.

The Task Force presented the principles and draft recommendations to the Inter-Provincial Regulatory Committee and representatives of the Bureau of Drug Surveillance at a conjoint meeting held April 29, 1997.

Following endorsement by the Registrars, a draft report was circulated May 9, 1997 to all provincial pharmacy regulatory bodies, the Canadian Association of Chain Drug Stores, the Federation of Medical Licensing Authorities, Dr. John Carlisle of the College of Physicians and Surgeons of Ontario (and a member of the original fax task force), the Canadian Pharmacists Association, the Canadian Society of Hospital Pharmacists, and the Bureau of Drug Surveillance, HPB. Recipients were invited to comment by June 20, 1997.

As a result of this consultation, two suggestions were received from the Canadian Society of Hospital Pharmacists. Expressing support for the principles and draft recommendations, the submission noted the need for mechanisms to be in place to enable hospitals to electronically transfer pertinent patient prescription information to community pharmacies.

Recommendations:

1. Acknowledgment by the Therapeutic Products Directorate that a prescription order bearing the signature of a prescriber and sent via electronic transmission is a bona fide prescription, provided the transmission is done in adherence to the principles.
2. That the Therapeutic Products Directorate endorse the five principles.
3. That necessary regulatory or interpretive amendments be made to section C. 01.041 of the Food and Drugs Regulations to allow for the transfer of prescriptions between prescriber and pharmacist, by electronic and computer-to-computer means.
4. That Health Canada examine current Federal legislation (*Food and Drugs Act, Controlled Drugs and Substances Act*) with reference to the electronic transmission of prescription authority as well as computer-to-computer transmission of prescriptions.
5. As conditions related to the facsimile transfer of medication orders are different from those related to other electronic media, separate provisions need to be incorporated in provincial legislation in order for pharmacists to utilize this particular technology while respecting the principles..
6. The maintenance of medication records was not addressed by the Task Force. It is the intent and understanding of the Task Force that records should continue to comply with the current parameters the Food and Drugs Regulations and provincial practice requirements.
7. That communication be maintained with the Canadian Pharmaceutical Association's Technology Advisory Committee which is addressing Version 4 of their Electronic Claim standard.

Conclusion:

Electronic technologies are tools which should be used by health professionals to advance and improve their practices. In this instance, electronic technologies are a tool which can improve communication between prescribers and pharmacists by, among other factors, increasing the speed of medication order transfer, improving the accuracy of the orders, and facilitating the transfer of more complete patient information.

These recommendations allow pharmacists to meet each of the principles identified in the document. It is the ultimate responsibility of the pharmacist to ensure that measures are taken in fulfilling their responsibilities to provide optimal patient care.