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Recommendations for managing drug samples in family medicine groups (FMGs) across Quebec

BACKGROUND

Though drug samples are distributed to health care professionals across Quebec, knowledge of practices surrounding their use and management is limited. In 2013, members of the four practice-based research networks (PBRNs) affiliated with family medicine university departments across Quebec participated in a research project that involved all of the university family medicine groups (U-FMGs). This project examined the trajectory of a drug sample, from its arrival at the clinic to its distribution to patients. The term "samples" is used exclusively in reference to drugs given to prescribers free of charge by pharmaceutical companies.

Below are the key findings from the research as conducted in 42 U-FMGs[1].

- Policies aimed at supervising the management and use of drug samples, as well as professionals' familiarity with policies in place, vary substantially from one U-FMG to another.
- Drug samples found in U-FMGs do not meet the needs of the vast majority of patients and clinicians.
- Storage spaces intended for samples (known hereafter as "cabinet") are not always kept safe (unlocked cabinets).
- Access to drug samples requiring medical prescriptions is not limited to authorized clinicians. The sample cabinet is accessible to all staff members.
- Pharmaceutical representatives often access sample cabinets.
- Some clinicians make personal use of the drug samples.
- The documented follow-up of sample distribution to the patient and mentions of follow-ups to the community pharmacist are suboptimal.
- Regular periodic inventories of sample cabinets were not conducted in the majority of U-FMGs in which there is a cabinet.
- Three-quarters of U-FMGs do not have a policy which regulates relationships between clinicians and the pharmaceutical industry.

Based on the research project results, we recommend that the management and use of drug samples in the FMG be just as strict as the distribution of prescription drugs in a community pharmacy setting. Otherwise, we recommend discontinuing the use of drug samples.

[1] Rheaume, C., Labrecque, M., Moisan, N., Rioux, J., Tardieux, E., Diallo, FB., Lussier, MT., Lessard, A., Grad, R & Pluye, P. (2018). Drug samples in family medicine teaching units: a cross-sectional descriptive study: Part 1: drug sample management policies and the relationship between the pharmaceutical industry and residents in Quebec. Can Fam Physician, 64(12), e531-e539.

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RECOMMENDATIONS

Were a **DRUG SAMPLE CABINET TO BE KEPT in the FMG**, we recommend that:

1. A person be put in charge of managing drug samples in the FMG. If need be, the same individual would oversee the setup of a local management committee. The FMG pharmacist must be part of the process wherever necessary. In addition, this individual would be tasked with ensuring that FMG practices are in keeping with CISSS and CIUSSS policies.
2. Rules governing meetings among clinicians and pharmaceutical representatives be put into place or updated.
3. Clinicians and FMG staff be notified about existing policies. Clinicians and FMG staff must also be notified if existing policies are revised. If policies are lacking within the institution, develop internal policy on safely handling FMG samples.
4. Selection criteria be set to choose drug samples that meet users' clinical needs. These criteria should be updated at least every six months.
5. A locked cabinet be designated for storing drug samples.
6. It be decided which health care professionals access the cabinet.
7. Direct access to the cabinet be prohibited to pharmaceutical representatives.
8. Inventory of cabinet contents be taken systematically at least every three months, including an expiry date check. Additionally, the inventory must note the frequency of use of samples in order for selection criteria to be revised following a continued quality improvement procedure.
9. Expired drug samples be disposed of appropriately (see box below).
10. Clinicians and all staff be made aware of associated risks related to making personal use of drug samples.
11. Distribution of drug samples be systematically documented in the patient's medical chart (see box below).
12. An annual report on drug sample management in the FMG be written and sent to the affiliated institution's Council of Physicians, Dentists and Pharmacists (CPDP).

IMPLEMENTING RECOMMENDATIONS

Sample Entry

FAMILY MEDICINE GROUP (FMG)

FMG PHARMACIST OR DESIGNATED INDIVIDUAL

- Orders samples
- Receives and stores samples in a designated cabinet
- Checks expiry dates and guarantees inventory is taken systematically every three months
- Sends expired samples back to the pharmaceutical company or the institution's pharmacy

DRUG SAMPLE CABINET

PRESCRIBER/ CLINICIAN

- Takes sample from the cabinet
- Gives sample to the patient and provides guidance on using sample safely
- Keeps records of sample delivery, including date, name, amount, dosage, and batch in patient's chart.
- Gives the patient a prescription for the sample to be given to the patient's pharmacist before beginning to use the sample.

Sample Exit

- Gives sample to the patient.

- ✓ Informs staff of policies and ensures compliance in the workplace
- ✓ Periodically reminds staff of recommendations with respect to using samples safely
- ✓ Writes an annual report to the affiliated institution's Council of Physicians, Dentists and Pharmacists (CPDP)
- ✓ Ensures compliance with CISSS and CIUSSS policies

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