



Standard of Practice

Prescribing Requirements

Initial Approval: January 1, 2019

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Standards of Practice of Medicine set out the requirements related to specific aspects for the quality of the practice of medicine. Standards of Practice of Medicine provide more detailed information than contained in the *Regulated Health Professions Act*, Regulations, and Bylaws. All members must comply with Standards of Practice of Medicine, per section 86 of the *Regulated Health Professions Act*.

This Standard of Practice of Medicine is made under the authority of section 82 of the *Regulated Health Professions Act* and section 15 of the CPSM Standards of Practice Regulation.

This part sets out the requirement for prescribing in addition to those described in Section 5.4 to 5.13 of the *College of Physicians and Surgeons of Manitoba General Regulation*, which are as follows:

Residents

Reserved act 6 – restriction on prescribing

- 5.4(1)** *An educational (resident) or (resident-limited) member may prescribe a drug or vaccine only if the member is authorized to do so and only in accordance with the requirements of this Part.*
- 5.4(2)** *An authorization is limited to prescribing drugs and vaccines to patients treated by the member in an educational setting.*
- 5.4(3)** *To obtain an authorization, the member must apply in writing to the registrar and meet the following criteria:*
- (a) he or she must have successfully completed the MCCQE, Part II;*
 - (b) he or she must provide a letter signed by the member's program director and the Associate Dean of Post-Graduate Medical Education (or designate) confirming that:*
 - (i) the member is registered as a resident in good standing and is, at a minimum, in his or her second year of residency training.*
 - (ii) there are no clinical or ethical concerns with the member being authorized to prescribe a drug or vaccine;*
 - (iii) the member has participated in an approved educational program about pharmacology and pharmacotherapy.*

5.4(5) *The registrar may issue an authorization, which may be subject to any additional conditions that the registrar considers necessary or advisable.*

Prescription Requirements

5.5(1) *A prescription issued by an educational (resident) or (resident-limited) member must include:*

- (a) the member's name and year of training; and*
- (b) the following information unless the prescription is issued to an in-patient:
 - (i) the name of the regulated member who admitted and is most responsible for the patient,*
 - (ii) the member's telephone or paging number,*
 - (iii) one or more of the following:
 - (A) the patient's clinical indication,*
 - (B) the patient's diagnosis,*
 - (C) the treatment goal for the patient.***

5.5(2) *An educational (resident) or (resident-limited) member must not:*

- (a) issue a prescription for more than a three-month supply of a drug to; or*
- (b) authorize a refill of a prescription for:
a patient who is not an in-patient.*

5.5(3) *An educational (resident) or (resident-limited) member must not issue a prescription in respect of a patient who is not an in-patient for:*

- (a) any drug covered by the Manitoba Prescribing Practices Program; or*
- (b) a codeine-containing compound exceeding 60 mg of codeine per dose.*

Prescription renewal requirements

5.6 *An educational (resident) or (resident-limited) member must not renew a prescription of a patient who is not an in-patient:*

- (a) unless the member has assessed the patient to determine whether a renewal is appropriate; or*
- (b) over the telephone.*

Issuing a requisition

5.7 *Despite sections 5.4 to 5.6, an educational (resident) or (resident-limited) member may issue a requisition for a drug or vaccine to an in-patient treated by the member in an educational setting if the requisition is issued in the course of the routine writing of an in-hospital order in the patient's chart.*

*Members***Prescribing M3P schedule drugs**

5.8(1) *A member who is authorized under the Controlled Drugs and Substances Act (Canada) to prescribe the drugs listed on the M3P schedule must:*

- (a) use an approved form to issue the prescription; and*
- (b) prescribe only one drug on each form.*

5.8(2) *The prescription must:*

- (a) include the patient's name, address, date of birth and personal health information number on the approved form;*
- (b) clearly and accurately set out the name and dosage form of the drug, the quantity to be dispensed, and the directions for use, including the intervals at which the drug is to be taken; and*
- (c) be dated and signed by the member.*

5.8(3) *Subject to the regulations under the Controlled Drugs and Substances Act (Canada) and section 5.12, physician assistants and clinical assistants are not authorized to prescribe drugs listed on the M3P schedule.*

Prescribing methadone for opioid dependency or analgesia

5.9(1) *A member may prescribe methadone for opioid dependency or analgesia only if the member*

- (a) has requested and obtained an exemption under section 56 of the Controlled Drugs and Substances Act (Canada); or*
- (b) if no exemption is required under that Act, has obtained the registrar's approval.*

5.9(2) *For the purpose of clause (1)(a), the member must first apply to the registrar in the approved form for the registrar's written support of the member's exemption request.*

5.9(3) *For the purpose of clause (1)(b), the member must apply to the registrar in the approved form to obtain the registrar's approval.*

5.9(4) *The registrar may provide written support for the exemption request or provide the approval, as the case may be, in accordance with the approved requirements for prescribing methadone for opioid dependency or analgesia, which may include requirements for training, supervision and demonstrations of competency.*

Renewal requirement

5.10 *A member who is a regulated member must participate in a satisfactory continuing professional development program before renewing the exemption or approval.*

Prescribing suboxone for opioid use disorder

- 5.11(1)** *A member who wishes to prescribe suboxone for opioid use disorder must apply in the approved form to the registrar for approval.*
- 5.11(2)** *The registrar may approve the application in accordance with the approved requirements for prescribing suboxone for opioid use disorder, which may include requirements for training, supervision and demonstrations of competency.*

Reserved act 6 — restriction on prescribing

- 5.12(1)** *A physician assistant or clinical assistant may prescribe a drug or vaccine only if*
- (a) his or her supervisor has determined that the assistant is qualified to prescribe that drug or vaccine; and*
 - (b) the prescribing is done in accordance with the assistant's practice description.*
- 5.12(2)** *A prescription issued by a physician assistant or a clinical assistant must include*
- (a) his or her name and the designation "PA" or "Cl. A", as the case may be; and*
 - (b) the name of his or her supervising physician.*
- 5.12(3)** *The following definitions apply in this section.*

"clinical assistant" *means a clinical assistant (full).*

"physician assistant" *means a member registered as a physician assistant (full), physician assistant (restricted purpose) or physician assistant (academic — s. 181 faculty).*

Reserved Acts 7 and 8

Reserved acts 7 and 8 — compounding, dispensing and selling drugs and vaccines

- 5.13(1)** *A regulated member may*
- (a) compound a drug or vaccine; or*
 - (b) dispense or sell a drug or vaccine;*
- only if the member is authorized to do so under The Pharmaceutical Act.*
- 5.13(2)** *A regulated associate member is not authorized to*
- (a) compound a drug or vaccine; or*
 - (b) dispense or sell a drug or vaccine.*

*Physician Assistants and Clinical Assistants***Reserved act 6 – restriction on prescribing**

5.12(1) *A physician assistant or clinical assistant may prescribe a drug or vaccine only if:*

- (a) his or her supervisor has determined that the assistant is qualified to prescribe that drug or vaccine; and*
- (b) the prescribing is done in accordance with the assistant’s practice description.*

5.12(2) *A prescription issued by a physician assistant or a clinical assistant must include:*

- (a) his or her name and the designation “PA” or “Cl.A” as the case may be; and*
- (b) the name of his or her supervising physician.*

5.12(3) *The following definitions apply in this section.*

“clinical assistant” *means a clinical assistant (full).*

“physician assistant” *means a member registered as a physician assistant (full), physician assistant (restricted purpose) or physician assistant (academic – s. 181 faculty).*

Reserved acts 7 and 8 – compounding, dispensing and selling drugs and vaccines

5.13(1) *A regulated member may:*

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- (b) dispense or sell a drug or vaccine.*

only if the member is authorized to do so under The Pharmaceutical Act.

5.13(2) *A regulated associate member is not authorized to:*

- (a) compound a drug or vaccine; or*
- (b) dispense or sell a drug or vaccine.*

1. Prescription Content

1.1. A member must include on a written prescription:

- 1.1.1. The name and address of the patient;
- 1.1.2. One of the following unique identifiers:
 - 1.1.2.i. Date of Birth; or
 - 1.1.2.ii. Personal Health Information Number (PHIN)
- 1.1.3. if the patient is a child, the patient’s weight;
- 1.1.4. if age would impact dosage, the age of the patient;

- 1.1.5. the date;
- 1.1.6. the name of the drug or ingredient(s) and, where applicable, strength;
- 1.1.7. quantity of the drug to be dispensed;
- 1.1.8. dosage instructions;
- 1.1.9. refill instructions, which must include the number of refills and, where applicable, interval between refills;
- 1.1.10. his or her printed name or a legible signature. Rubber stamp signatures are not acceptable;
- 1.1.11. if the prescriber is an associate member (Resident, Physician Assistant, Clinical Assistant).
 - 1.1.11.i. treatment goal and/or diagnosis and clinical indications;
 - 1.1.11.ii. the name and telephone number of the supervision physician.

2. Sample Medication

- 2.1. A member must:
 - 2.1.1. keep sample medication in a secure location;
 - 2.1.2. dispose of sample medication in a safe and environmentally acceptable manner;
 - 2.1.3. not offer to sell or barter sample medication for any purpose whatsoever.
- 2.2. A member must ensure that if a sample drug is provided to the patient:
 - 2.2.1. it is provided with clear instructions for its use, including any precautions;
 - 2.2.2. it has an unexpired date of use.

3. Direct Patient Contact

- 3.1. Prescribing medication or counter-signing a prescription without direct patient contact does not meet an acceptable standard of care. Subject to subsection (2), there is no direct patient contact when the member relies upon a mailed, faxed or an electronic medical questionnaire or telephone advice to the member.
- 3.2. An exception to the requirement for direct patient contact exists for members who:
 - 3.2.1. are fulfilling responsibility as part of a call group;
 - 3.2.2. treat their own patients after normal office hours;
 - 3.2.3. are in an academic teaching environment; or
 - 3.2.4. are providing Naloxone as part of a harm reduction strategy for substance abuse.
- 3.3. In order to meet an acceptable standard of practice, the member must demonstrate that there has been:

- 3.3.1. a documented patient evaluation by the Manitoba member signing the prescription, including history and physical examination, adequate to establish the diagnosis for which the drug is being prescribed and identify underlying conditions and contra-indications;
- 3.3.2. sufficient direct dialogue between the Manitoba member and patient regarding treatment options and the risks and benefits of treatment(s);
- 3.3.3. a review of the course and efficacy of treatment to assess therapeutic outcome, and
- 3.3.4. maintenance of a contemporaneous medical record that is easily available to the Manitoba member, the patient, and the patient's other health care professionals.

4. Verbal Prescriptions

- 4.1. A member must relay the following types of verbal prescriptions directly to a pharmacist:
 - 4.1.1. new prescriptions;
 - 4.1.2. all oral narcotic renewals or controlled drugs for which a M3P is not required;
 - 4.1.3. changes to a prescription.
- 4.2. Transmittal of other prescription renewals may be delegated to an agent, who must identify himself/herself to the pharmacy. The member assumes responsibility for the agent's actions in regard to the transmittal.

5. Method of Prescribing M3P Drugs (note the CPSM General Regulation, s. 5.8)

- 5.1. Medications which must be prescribed using a Manitoba Prescribing Practices Program (M3P) prescription may not be sent via facsimile transmission, except when the prescription is for a resident of a personal care home.
- 5.2. Notwithstanding the provisions of s.59(1), a prescription for methadone or Suboxone prescribed for the purposes of a methadone/ buprenorphine maintenance program as set out in the College of Physicians and Surgeons of Manitoba document entitled Manitoba Methadone & Buprenorphine Maintenance Recommended Practice Guide, may be sent via facsimile transmission.

6. Dispensing Physicians

- 6.1. A member may dispense or sell a drug or vaccine only if the member is authorized to do so under *The Pharmaceutical Act* and in compliance with the requirements of that *Act* and regulations made thereunder.