



PRACTICE DIRECTION

Prescribing Practices: Doctor/Pharmacist Relationship

Initial Approval: November 22, 2018

Effective Date: January 1, 2019

Reviewed with NO Changes

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Practice Directions set out requirements related to specific aspects of the practice of medicine. Practice Directions are used to enhance, explain, or guide members with respect to the subject matter relevant to the practice of medicine. Practice Directions provide more detailed information than contained in *The Regulated Health Professions Act*, Regulations, Bylaws, and Standards of Practice issued by the College. All members must comply with Practice Directions, per s. 86 of *The Regulated Health Professions Act*.

This Practice Direction is made under the authority of s. 85 of the RHPA and represents requirements of CPSM members in so far as appropriate.

This joint practice statement is the result of **Interprofessional Collaboration** between:

- College of Pharmacists of Manitoba
- College of Physicians and Surgeons of Manitoba

Medicine and Pharmacy are two professions which are often jointly involved in the management of the same patient. Unfortunately, the pharmacist and physician often have very little direct contact with each other in this matter, as all contact is usually through the written prescription or by verbal order from the physician. The two individuals may never have met each other and may not totally understand each other's responsibilities. This statement has been developed jointly between the two professions to attempt to improve this liaison.

1. WRITTEN PRESCRIPTIONS

- 1.1. The written prescription is the most common line of legible communication. The pharmacist must know the source of the communication and the physician has the responsibility to ensure that the pharmacist can identify the source of the communication. If the signature is not one that can be recognized, the name should be clearly printed in addition to the signature. It is also desirable that the telephone number appear on the prescription so that the pharmacist can contact the prescriber for any clarification that may be necessary. If possible, it would be desirable for a physician to use preprinted prescription forms containing name and address on a standard sized form to assist the pharmacist. Such pads must be kept under close control to avoid thefts.

2. VERBAL PRESCRIPTIONS

- 2.1. The practitioner must relay all verbal prescriptions directly to the pharmacist in the following situations:
 - 2.1.1. all new prescriptions
 - 2.1.2. all non-triplicate oral narcotic renewals
 - 2.1.3. all non-triplicate controlled drug renewals
 - 2.1.4. all drugs contained in any schedule to this regulation
 - 2.1.5. any changes to a prescription
- 2.2. The practitioner may delegate transmittal of prescription renewal information on all other prescriptions to an agent. However, the practitioner assumes responsibility for that agent's actions in regards to such transmittal.
- 2.3. The pharmacist may accept transmittals of renewal information from a practitioner's agent only if the agent identifies him/herself, and the pharmacy is reasonably certain that this agent is acting on the orders of that practitioner.
- 2.4. When there is no direct physician/pharmacist contact, as per s. 3, the pharmacist may request to speak to the practitioner or the patient concerning the prescription. Such contact should be arranged as soon as mutually convenient.

3. PRESCRIPTION CONTENT

- 3.1. The name and address of the patient.
- 3.2. The weight of the patient if a child, or the age if that would have a bearing on the dosage of the prescribed drug so that the pharmacist may double check the prescribed dosage.
- 3.3. The name, strength and quantity of the drug must be included.
- 3.4. The full instructions should be included on the prescription. Patients often forget verbal instructions.
- 3.5. The prescription must be dated.
- 3.6. Rubber stamp signatures are not acceptable. The signature must be legible.
- 3.7. Specific refill instructions, if any, should be spelled out on the prescription.

3.8. The physician is reminded in particular of the following:

- Prescription Drugs (included on Health Canada's Prescription Drug List — formerly Schedule F Drugs) - the number of repeats must be noted by the physician as the pharmacist has no discretion under Federal legislation.
- Controlled Drugs - Under Federal legislation the number of repeats must be specified in the prescription and the interval between repeats must also be specified.
- Narcotic Prescriptions cannot be refilled. New signed prescriptions must be in the hands of the pharmacist on each occasion where a narcotic is dispensed (or telephoned in the case of verbal prescription narcotics).
- Prescription quantities should be related to spacing between follow-up visits.
- The physician is required to maintain a record of all prescriptions (including refills) written and authorized.