



# Standard of Practice: Prescribing (2018)

A **Standard of Practice** is the minimum standard of professional behavior and ethical conduct expected by the College on a specific issue.

## Prescribing

### Preamble

Prescribing medication is a standard component of most physicians' practices. It is an important area of practice that requires appropriate knowledge, skill and professional judgment. To improve patient safety when prescribing, this Standard of Practice sets out the College's expectations for physicians who prescribe medication.

### Standard of Practice

A physician must only prescribe medication for which he/she has the professional competence, including the experience and expertise necessary, to prescribe safely and appropriately.

### Assessment

Before prescribing a medication, physicians must have current knowledge of the patient's clinical status. This can only be accomplished through an appropriate assessment of the patient. While in most cases, this assessment will be conducted in person, the College recognizes that there may be circumstances where an assessment can be conducted using telemedicine in accordance with the College's Standard of Practice on this topic.

An assessment must include:

- Appropriate patient history, including a list of medications the patient is taking and any previous adverse reactions to medications. A physician may obtain and/or verify this information to the extent which is reasonable in the presenting circumstances, by obtaining a patient history, checking previous records, and/or reviewing available databases; and

- Necessary physical examination(s) and/or any other necessary examinations or investigations.

The College recognizes there are circumstances where a physician may prescribe without conducting an assessment. In these circumstances, the onus is on the physician to demonstrate that he/she could safely provide the prescription. These circumstances may include, but are not limited to:

- In an emergency situation to protect the health or well-being of a patient;
- In consultation with another physician/nurse practitioner, where that other physician/nurse practitioner has a continuing relationship with the patient and agrees to supervise the patient's ongoing treatment, including the use of the prescribed medications; and
- When providing on-call or cross coverage for another physician, where the patient has been assessed by that other physician, and where the on-call/cross coverage physician has access to the record of the patient for whom the prescription is issued.

## **Diagnosis**

Prior to prescribing a medication, a physician is required to make a diagnosis or differential diagnosis and/or have a clinical indication based on the assessment of the patient and other relevant information. There must be a logical connection between the medication prescribed and the diagnosis or differential diagnosis and/or clinical indication.

Physicians must consider the risk/benefit ratio for prescribing a medication for a patient. In addition, physicians must consider the combined risk/benefit ratio when prescribing multiple medications.

## **Duration / Refills**

Physicians must consider the risk/benefit ratio when providing long-term prescriptions. The duration of the prescription must be balanced with the need to re-assess the patient and the potential harm that may result if the patient runs out of the medication.

In many circumstances, prescribing refills is appropriate for patients with chronic conditions that are likely to remain stable for the duration of the dispensing period. Physicians must ensure procedures are in place to monitor the ongoing appropriateness of the medication when prescribing with refills. This includes conducting periodic re-assessments looking for any changes in the underlying chronic condition, as well as any new medication interactions or contraindications, and/or new side effects of the prescribed medication.

When physicians are contacted to authorize a refill on a prescription that has run out, they must consider whether the medication is still appropriate, and whether the patient's condition is stable enough to warrant the prescription refill without further assessment. It is recommended that physicians also consider whether requests for prescription refills received earlier or later than expected may indicate poor adherence, possibly leading to inadequate therapy or adverse events.

Physicians must ensure that all requests for refills and all refills that are authorized are documented in the patient's medical record.

## **Informed Consent**

Physicians are required to obtain informed consent from a patient (or their legal guardian or substitute decision maker, if applicable) when providing a prescription.

Obtaining informed consent includes taking reasonable steps to be satisfied that the patient understands the material risks and benefits of the medication being prescribed.

While written consent is not required for routine prescriptions, a physician may wish to document consent in the patient's medical record. A physician should document informed consent, and consider confirming the consent in writing, in circumstances where the medication prescribed carries appreciable risk.

## **Content of the Prescription**

Physicians must include the following information on a prescription:

- Full Name of patient;
- Name of the medication, medication strength and quantity or duration of therapy;
- Full instructions for use of the medication;
- Date (day, month and year);
- Refill instructions, if any;
- Printed name and signature of prescriber; and
- Any additional information required by law (e.g. *Prescription Monitoring Act*)

## **Monitoring**

After prescribing, physicians must inform patients of the need for follow-up care to monitor whether any changes to the treatment plan are required. Patients should be informed of their role in safe medication use and monitoring effectiveness. Patients must be monitored for any emerging risks or complications. Medication therapy must be stopped, following appropriate protocol, if it is not effective, or if the risks outweigh the benefits.

## **Medication Samples**

The College's expectations regarding assessment, diagnosis, duration, informed consent, and monitoring remain applicable in circumstances where a physician provides a patient with a medication sample. In the event that a medication sample is provided, the physician must document the date provided, name of the medication, medication strength, quantity or duration of therapy, and instructions for use.

## **Prescribing for Self, Family Members and Others**

A physician contemplating prescribing for him/herself, family members, or other close to him/herself must act in accordance with the College's standard of practice on this topic.

## Acknowledgements

CPSO (2017). Policy Statement #7-16: Prescribing Drugs.

## Document History

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