

# INDIVIDUAL PRESCRIPTIONS WRITTEN BY A PHYSICIAN



02/2017  
PRACTICE  
GUIDELINES



COLLÈGE DES MÉDECINS  
DU QUÉBEC

**Publication of the Collège des médecins  
du Québec**

Collège des médecins du Québec  
Suite 3500  
1250, René-Lévesque Boulevard West  
Montreal (Quebec) H3B 0G2  
Telephone: 514 933-4441  
or 1 888 MÉDECIN  
Fax: 514 933-3112  
Website: [www.cmq.org](http://www.cmq.org)  
Email: [info@cmq.org](mailto:info@cmq.org)

**Publishing**

Communications Department

**Graphic design**

Uniform

**Linguistic revision (French version)**

Odette Lord

**Translation**

Barbara Pattison, C.Tr.

This document is valid provided it is not modified or directly or indirectly affected in any way whatsoever by a contrary or incompatible legislative or regulatory provision.

**Reproduction is authorized provided  
the source is acknowledged.**

Legal deposit: 1st trimester 2017  
Library and Archives Canada  
Bibliothèque et Archives nationales  
du Québec  
ISBN 978-2-924674-10-9

© Collège des médecins du Québec,  
February 2017

Note: In this publication, the masculine gender is used without prejudice and solely to facilitate reading.

# PREFACE

---

To update the *Regulation respecting the standards relating to prescriptions made by a physician*,<sup>1</sup> the content had to be revised to take into account developments in medical practice in collaboration with other health professionals. The new regulation came into force on October 22, 2015.

Interdisciplinarity is now well established in the health network and the 2005 standards for collective prescriptions and prescriptions for adjusting a medication, in particular, no longer reflect the current context of medical practice. Furthermore, standards relating to the methods used to transmit prescriptions needed to be improved, in particular to take increasing physician use of information and communications technologies into account. Consequently, all the provisions in the Regulation were revised and updated.

The Collège des médecins du Québec has developed these guidelines in order to ensure that physicians and all professionals concerned by individual prescriptions when engaging in certain activities reserved to them are properly informed.

In the document, the Collège addresses new subjects, including prescriptions transmitted by text

message, advertising on prescription pads or in an electronic prescriber, the identification of partners in cases of sexually transmitted and blood-borne infections and the transmission of prescriptions using information technology. The document also includes the many additions made to existing standards, in particular with respect to verbal prescriptions, prescriptions transmitted by fax and prescriptions to adjust medical treatments, drug therapy, medications or other substances or to initiate diagnostic or therapeutic measures or drug therapy. Standards for writing collective prescriptions will be covered in a separate publication.

To avoid any confusion, note that under the *Organization and Management of Institutions Regulation*,<sup>2</sup> every institution must draw up rules for medication use and procedures to govern the issue and filling of prescriptions in the hospital centre.

<sup>1</sup> *Regulation respecting the standards relating to prescriptions made by a physician*, CQLR, c. M-9, r. 25.1.

<sup>2</sup> *Organization and Management of Institutions Regulation*, CQLR, c. S-5, r. 5, ss. 77 and 84.

# — Table of contents

## 05/

### CHAPTER 1 GENERAL PROVISIONS

## 05/

Definitions

## 08/

### CHAPTER 2 STANDARDS RELATING TO INDIVIDUAL PRESCRIPTIONS

## 08/

General standards

## 11/

Specific standards

## 11/

Standards for  
a prescription for  
a medication

## 22/

Standards for  
a prescription for an  
examination or  
a laboratory test

## 23/

Standards for  
a prescription  
for a treatment

## 23/

Standards for a  
prescription for a device

## 24/

Standards for  
a prescription to adjust  
or to initiate

## 28/

### CHAPTER 3 STANDARDS RELATING TO THE METHODS USED TO TRANSMIT INDIVIDUAL PRESCRIPTIONS

## 28/

Verbal prescription

## 29/

Fax transmission

## 30/

Electronic transmission

## 32/

### CHAPTER 4 FRAUD PREVENTION

## 34/

### CHAPTER 5 PROVIDING TREATMENT FOR FAMILY MEMBERS

## 36/

APPENDIX  
Appendix I - Persons  
authorized to engage  
in professional activities  
reserved to physicians  
in accordance with  
a prescription

## 39/

### MEMBERS OF THE WORKING GROUP

# Chapter 1/ General provisions

## DEFINITIONS

### PRESCRIPTION

The *Professional Code*<sup>3</sup> provides a definition for prescription that applies to the practice of a number of health professionals, namely, nurses, pharmacists, medical imaging technologists, respiratory therapists, medical technologists, dietitians and nursing assistants. Thus, a prescription is a direction given to a professional by a physician, a dentist or another professional authorized by law, specifying the medications, treatments, examinations or other forms of care to be provided to a person or a group of persons, the circumstances in which they may be provided and the possible contraindications. A prescription may be individual or collective.

### INDIVIDUAL PRESCRIPTION AND COLLECTIVE PRESCRIPTION

It is important to clearly distinguish between an individual prescription and a collective prescription. An individual prescription concerns only one person who has undergone a medical assessment by the prescriber. A collective prescription concerns a group of people or one or more clinical situations. It allows a professional or an authorized person to engage in certain medical activities, under the clinical circumstances and conditions set out in the prescription, without having to obtain an individual prescription from a physician. This means that the person concerned by the prescription does not have to be seen by a physician first.

### EXTERNAL MEDICAL PROTOCOL

Collective prescriptions, prescriptions to adjust and prescriptions to initiate must contain a protocol, i.e., a description of the procedures, methods, limits, contraindications or standards applicable for a specific clinical condition. In some cases, the protocol will be very simple. A physician who writes a prescription may, if he wishes, define the protocol to be applied by the professional or authorized person or he may refer to an external protocol. The latter is a stand-alone document, separate from the prescription and published by an institution or by the Institut national d'excellence en santé et en services sociaux (INESSS). The Regulation stipulates that if the prescription relates to a clinical condition

<sup>3</sup> *Professional Code*, CQLR, c. C-26, s. 39.3.

contemplated by a medical protocol published by the INESSS, it must refer entirely to the medical protocol. It cannot be modified. If a physician wishes to include this type of protocol in his prescription, he simply has to note the reference number for the protocol and does not have to write it out. If a collective prescription, a prescription to adjust or a prescription to initiate relates to a clinical condition that is not covered by a protocol published by the INESSS, a physician may choose not to refer to an external protocol in the prescription and may himself determine the procedures, methods, limits, contraindications or standards to be applied by the professional. In this case, the prescription will be complete in itself.

Note that a distinction must be made between the protocols and the guides published by the INESSS. INESSS guides are tools provided to clinicians for information purposes only to support and guide them in their practice, whereas INESSS protocols are reference documents that professionals or authorized persons must use to establish the clinical content of prescriptions. Only INESSS protocols are mandatory and, at present, the five clinical conditions covered are as follows: anticoagulant therapy, diabetes, dyslipidemia, hypertension and proton pump inhibitors (PPIs). These protocols are available on the INESSS [website](#).

A reference to an INESSS protocol includes any subsequent changes to the protocol.<sup>4</sup> In other words, a prescription that refers to an INESSS protocol does not have to be revised and signed again each time a change is made to the protocol. The prescription always refers to the latest version of the protocol.

#### AUTHORIZED PERSON

The notion of “authorized person” refers to persons other than professionals within the meaning of the *Professional Code* who are also authorized to write a prescription. At present, clinical perfusionists, physician assistants in the Canadian Forces, ambulance technicians in advanced care and athletic therapists, although they are not members of a professional order, may engage in certain professional activities reserved to physicians in accordance with a prescription. These persons are authorized by regulations adopted by the Collège under section 94(h) of the *Professional Code*, whereby a professional order may determine, among the professional activities that may be engaged in by members of the order, those that may be engaged in by the persons or categories of persons indicated in the regulation.

A table showing the persons authorized to engage in professional activities reserved to physicians in accordance with a prescription may be consulted in Appendix I.

<sup>4</sup> Regulation respecting the standards relating to prescriptions made by a physician, s. 2(4).

## CATEGORIES OF PERSONS AUTHORIZED TO PRESCRIBE

In the medical field, physicians and medical residents are authorized to write prescriptions. However, a resident may only write prescriptions in the context of his training and must use the identification number he has been given for this purpose. A resident who is training in a hospital centre may write a prescription for patients who have been admitted to (inpatients) or are registered with (in outpatient or ambulatory care) that hospital, or for patients seen during a training period completed in another institution, such as a local community services centre (centre local de services communautaires – CLSC), a residential and long-term care centre (centre d'hébergement et de soins de longue durée – CHSLD) or a polyclinic. He must comply with the standards for writing prescriptions set out in the *Regulation respecting the standards relating to prescriptions made by a physician* and his prescriptions may be filled by a pharmacist. A medical student, on the other hand, is never authorized to write prescriptions. However, for training purposes, he may prepare a prescription that must then be signed by his supervising physician.

Pharmacists, specialized nurse practitioners and some nurses are also authorized to write certain prescriptions under regulations adopted by the Collège authorizing persons to engage in activities. When writing these prescriptions, nurses must comply with the provisions applicable to individual prescriptions set out in the *Regulation respecting the standards relating to prescriptions made by a physician*. Pharmacists must comply with the provisions of the *Regulation respecting prescriptions by a pharmacist*.<sup>5</sup>

<sup>5</sup> *Regulation respecting prescriptions by a pharmacist*, CQLR, c. P-10, r. 18.1.

# Chapter 2/ Standards relating to individual prescriptions

## GENERAL STANDARDS

When writing an individual prescription, whether for a medication, a treatment, an examination or a laboratory test, the prescription must include all of the following information.

### PRESCRIBER IDENTIFICATION

The prescriber identification must include the physician's name, printed or in block letters, his permit number, the name of the institution or clinic and the telephone number and mailing address he would like professionals to use if they need to contact him about the prescription. It must also include his signature.

However, during a patient's stay in an institution, a physician is not required to write the name of the institution or clinic or the telephone number and mailing address where he would like to be contacted about the prescription.

### PATIENT IDENTIFICATION

It is essential to identify the patient accurately so that a medication or a medical prescription, in particular for blood tests, medical imaging tests or a treatment, is not used for the wrong person. The prescription must always include the patient's name, his date of birth or RAMQ Health Insurance Number. To avoid confusing people with the same name, other identifying features may also be added, such as address and gender.

### DATE WRITTEN AND PERIOD OF VALIDITY

The date the prescription was written must be included on the prescription. The period of validity of the prescription starts on this date and not when the medication is dispensed.

Subject to exceptions set out in the Regulation, there is no limit on the time an individual prescription is valid, except for a prescription for medication, unless the physician indicates otherwise.

An individual prescription for a medication is valid for a maximum period of 24 months from the date it was written, unless the physician specifies a shorter or longer period of validity. Thus, a prescription for a medication may only be filled if less than two years has elapsed since the day on which the prescription was written.

In some cases (e.g., adult adrenaline auto-injector), the physician might write “for life” if warranted by the clinical condition and in accordance with current medical standards.

The same parallel can be drawn for test strips and needles for insulin-dependent diabetics even if they are not medications. It may be very helpful for patients to have a prescription that is valid “for life”.

Some drug classes have a limited period of validity, in particular under certain federal regulations. For example, the *Benzodiazepines and Other Targeted Substances Regulations* stipulate that a pharmacist may only dispense these medications if less than one year has elapsed since the day on which the prescription was issued by a practitioner.<sup>6</sup>

If he considers it useful, a physician may also include a cut-off date for a prescription’s period of validity, i.e., a date after which it can no longer be filled, refilled or renewed.

In addition, note that a prescription’s period of validity is not affected by a member’s death, striking off the Roll or resignation. Indeed, since the prescription was written by an active physician, it remains valid even if any of these events occur, except in the case of a physician who is the subject of a Health Canada advisory, whereby a pharmacist is prohibited, as the case may be, from dispensing, selling or providing any controlled drug, targeted substance, benzodiazepine or narcotic prescribed by that physician.

#### DOCUMENTATION IN THE RECORD AND OTHER INFORMATION

The content of each prescription must be entered in the patient’s medical record, irrespective of the medium used. To avoid having to write the

<sup>6</sup> *Benzodiazepines and Other Targeted Substances Regulations*, SOR/2000-217(CAN.GAZ II), s. 52.

prescription again, the physician may keep a copy of it that will then take the place of the prescription in his record.

A diagonal line must be drawn across the unused portion of the prescription.

If he considers it useful, a physician may include any contraindications or any other information required by the patient's clinical condition.

#### LEGIBILITY

It is important to stress the importance of ensuring that all prescriptions are completely legible to avoid any confusion or errors.

Although it is not mentioned in the Regulation, a prescription may be written in French or English. However, if imposed by the institution, the prescription must be written in French. It must be written so that it can be understood by any professional or authorized person who receives it. Note, however, that French is the only language that all members of professional orders in Quebec must have knowledge of. Irrespective of whether the prescription is written in French or English, the physician may translate it into another language in another document so that the patient is able to understand it.

#### PROHIBITION OF THE PROMOTION OF PRODUCTS, SERVICES OR SUPPLIERS

A physician must safeguard his professional independence at all times and avoid any situation in which he would be in conflict of interest. Accordingly, he may not allow his title to be used for commercial purposes.<sup>7</sup>

In order to comply with these ethical obligations, the Regulation sets out prohibitions for prescriptions. They must not contain the name or logo of particular products, services or suppliers of products or services. The same rules apply to a physician who uses a technology-based tool to write a prescription, including decision support tools.

Therefore, prescription pads from laboratories or other suppliers of services and products may not be used, irrespective of whether they are for physiotherapy, audiology, orthotics, etc. In addition to safeguarding professional independence, this ensures the patient freedom of choice.

A physician must also ensure that technology-based tools do not allow the dissemination of any form of promotion of particular products, services or suppliers of products or services.

<sup>7</sup> *Code of ethics of physicians*, CQLR, c. M-9, r. 17, ss. 63 and 75.

Prescription pads that contain the physician's professional contact information or requisition forms from a public health institution in Quebec are, of course, the preferred tools.

## SPECIFIC STANDARDS

In addition to the information normally required for a prescription, there are specific requirements for some types of prescriptions.

### STANDARDS FOR A PRESCRIPTION FOR A MEDICATION

#### IDENTIFICATION OF THE MEDICATION

An individual prescription for a medication must include the full name of the medication. Many drugs sold in Canada have similar names; similarities may exist between two brand names, two generic names or between brand names and generic names. Some drug names may be easily confused, for example:

- › Ditropan® and diazepam
- › Lasix® and Losec®
- › Mogadon® and Modulon®
- › Sinequan® and Surgam®

If the name of a medication is similar to that of another medication and if this similarity could cause confusion, the full name of the medication must be written legibly in block letters.

Since some medications have more than one indication, a physician must always inform his patient of the specific indication for prescribing the medication. He may, if he wishes, write the indication on the prescription, provided his patient consents to his doing so. This will prevent any information the patient is given about the prescription from seeming contradictory.

### Extemporaneous prescription (compounded medications)

A compounded medication is a product that is prepared in a pharmacy in accordance with a medical prescription, as opposed to a medication that is manufactured on an industrial scale. Although the use of this type of prescription is declining, they are still common in some medical specialities, such as dermatology.

When a prescriber writes extemporaneous prescriptions, he must be clear and precise, for different formulations exist for the same preparations.

#### DOSAGE

Dosage refers to the total quantity to be administered once or several times to treat a disease. The physician must clearly indicate the pharmaceutical form (tablet, syrup, etc.) of the medication prescribed, the strength (e.g., mg/mL) and the dose (e.g., mg or mcg), since various forms may exist for a single product.

When a physician prescribes a medication as needed only (PRN), he should indicate the reason for its use (e.g., PRN for pain) as well as the minimum interval (e.g., every 4 hours) between doses or the number of doses per day (e.g., bid or qid) or the maximum number of doses per day.

A prescription must not contain the notations “known use” or “as prescribed” or any other notation to the same effect

#### ROUTE OF ADMINISTRATION

The prescriber must clearly indicate the medication’s route of administration (PO, IM, IV, etc.).

#### DURATION OF TREATMENT OR QUANTITY PRESCRIBED

A physician must indicate the duration of treatment which must be distinguished from the period of validity of the prescription. To make it easier for the pharmacist to understand, the duration of administration of the medication should be written as number of days, number of weeks, number of months or number of years. The way the duration of treatment is indicated is especially important when authorizing a change to a medication or drug therapy.

If a physician only writes the number of tablets without indicating the exact duration of treatment, it must be interpreted as if the duration of treatment

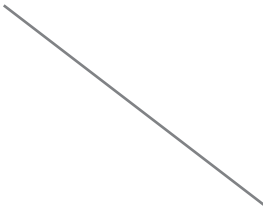
authorized were 2 years during which the pharmacist will dispense a maximum number of tablets at a time for the patient, as indicated by the physician. The pharmacist will always use his clinical judgement when interpreting a prescription. If clarification is needed, the pharmacist will contact the physician before filling the patient's prescription. The physician must personally speak to the pharmacist and answer his questions.

## EXAMPLES OF PRESCRIPTIONS

## 1. Stable chronic medical condition

To prevent an individual prescription from being misinterpreted, we recommend that you clearly indicate the duration of treatment, as shown in Example A, thereby limiting the period of validity of the prescription.

## Example A

|                                                                                                |                                                             |                  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------|
| <b>R<sub>x</sub></b>                                                                           | <b>Name of the medical clinic / Name of the institution</b> |                  |
|                                                                                                | Patient:                                                    | Mr. or Ms. _____ |
|                                                                                                | DOB:                                                        | XX / XX / XXXX   |
|                                                                                                | Address:                                                    | _____<br>_____   |
|                                                                                                | Date: XX / XX / XXXX                                        |                  |
| <hr/>                                                                                          |                                                             |                  |
| <i>Antianginal – X mg</i><br><i>sig: 1 tab PO qd</i> <i># duration: 18 months as of today</i>  |                                                             |                  |
| <i>Hypotensive – X mg</i> <i># duration: 18 months as of today</i><br><i>sig: 1 tab PO bid</i> |                                                             |                  |
|             |                                                             |                  |
| Physician's name:                                                                              |                                                             | Permit no.:      |
| _____                                                                                          |                                                             | _____            |
| Signature:                                                                                     |                                                             | Telephone:       |
| _____                                                                                          |                                                             | _____            |

The pharmacist may dispense the prescribed medication to the patient for a period of 18 months from the date the prescription was written.

## Example B

|                                                                                               |                                                             |                  |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------|
| <b>R<sub>x</sub></b>                                                                          | <b>Name of the medical clinic / Name of the institution</b> |                  |
|                                                                                               | <b>Contact information</b>                                  |                  |
|                                                                                               | Patient:                                                    | Mr. or Ms. _____ |
|                                                                                               | DOB:                                                        | XX / XX / XXXX   |
|                                                                                               | Address:                                                    | _____<br>_____   |
|                                                                                               | Date: XX / XX / XXXX                                        |                  |
| <hr/>                                                                                         |                                                             |                  |
| <i>Antianginal - X mg</i><br><i>sig: 1 tab PO qd</i> <i># 30 tabs</i><br><i>Refills x 18</i>  |                                                             |                  |
| <i>Hypotensive - X mg</i> <i># 60 tabs</i><br><i>sig: 1 tab PO bid</i><br><i>Refills x 18</i> |                                                             |                  |
| <hr/>                                                                                         |                                                             |                  |
| Physician's name:                                                                             | Permit no.:                                                 |                  |
| _____<br>Signature:                                                                           | _____<br>Telephone:                                         |                  |

The pharmacist may dispense the prescribed medication to the patient on a monthly basis 18 times. Since the physician did not specify the duration of treatment, the prescription will be valid for 24 months.

This means that the prescribed medication may be dispensed to the patient 18 times over a 24-month period from the date the prescription was written. Consequently, if more than 6 months elapse before the prescription is filled for the first time by a pharmacist, it will not be possible to use it 18 times because it will no longer be valid.

A pharmacist may, if he considers it appropriate, notify the physician if the patient is not complying with the prescribed treatment.

## 2. Acute medical condition

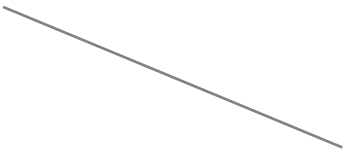
The period of validity of a prescription for the treatment of an acute medical condition should be clearly indicated, as shown in Example C.

### Example C

|                                             |                                                             |                  |
|---------------------------------------------|-------------------------------------------------------------|------------------|
| <b>R<sub>x</sub></b>                        | <b>Name of the medical clinic / Name of the institution</b> |                  |
|                                             | <b>Contact information</b>                                  |                  |
|                                             | Patient:                                                    | Mr. or Ms. _____ |
|                                             | DOB:                                                        | XX / XX / XXXX   |
|                                             | Address:                                                    | _____<br>_____   |
|                                             | Date: XX / XX / XXXX                                        |                  |
| <hr/>                                       |                                                             |                  |
| <i>Antibiotic - X mg</i>                    |                                                             |                  |
| <i>sig: 1 tab PO bid x 10 days</i>          |                                                             |                  |
| <i>To be started within 48 hours</i>        |                                                             |                  |
| <div style="text-align: center;">(NR)</div> |                                                             |                  |
| <div style="text-align: center;">/</div>    |                                                             |                  |
| Physician's name:                           |                                                             | Permit no.:      |
| _____<br>_____                              |                                                             | _____<br>_____   |
| Signature:                                  |                                                             | Telephone:       |
| _____<br>_____                              |                                                             | _____<br>_____   |

The pharmacist may dispense the prescribed medication to the patient only if he goes to the pharmacy within 48 hours of the date the prescription was written, since the physician limited the period of validity.

## Example D

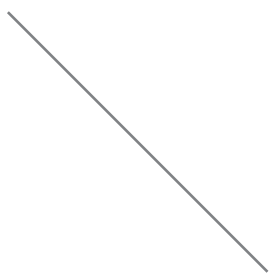
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------|
| R <sub>x</sub>                                                                                                                                                                                                                                                                                                                                                                                              | <b>Name of the medical clinic / Name of the institution</b> |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Contact information</b>                                  |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Patient:                                                    | Mr. or Ms. _____ |
|                                                                                                                                                                                                                                                                                                                                                                                                             | DOB:                                                        | XX / XX / XXXX   |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Address:                                                    | _____<br>_____   |
| Date: XX / XX / XXXX                                                                                                                                                                                                                                                                                                                                                                                        |                                                             |                  |
| <div style="margin-left: 20px;"> <i>Antibiotic - X mg</i><br/> <i>sig: 1 tab PO bid x 10 days</i><br/> <i># 20 tabs</i> </div> <div style="text-align: center; margin: 20px 0;"> <span style="border: 1px solid black; border-radius: 50%; padding: 5px 10px;">NR</span> </div> <div style="margin-left: 100px;">  </div> |                                                             |                  |
| Physician's name:                                                                                                                                                                                                                                                                                                                                                                                           | Permit no.:                                                 |                  |
| _____<br>Signature:                                                                                                                                                                                                                                                                                                                                                                                         | _____<br>Telephone:                                         |                  |

The pharmacist may dispense the prescribed medication to the patient once during the prescription's period of validity. Since the prescribing physician has not indicated otherwise, the prescription will be valid for 24 months. However, if there is a long interval between the date the prescription is written and the date the patient sees the pharmacist to have the prescription filled, the pharmacist may, based on his clinical judgement, decide to check with the physician to see if the prescription is still valid.

If a physician writes a prescription for a recurrent acute medical condition (e.g., for bronchitis in a patient with COPD or for recurrent cystitis), there may be a long interval between the date the prescription is written and the date the patient sees the pharmacist. In these clinical situations, to ensure it is clear for the pharmacist, it is best to add specific information on the prescription.

### 3. Intermittent health problem

#### Example E

|                                                                                                                                                                                  |                                                             |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------|
| Rx                                                                                                                                                                               | <b>Name of the medical clinic / Name of the institution</b> |                  |
|                                                                                                                                                                                  | <b>Contact information</b>                                  |                  |
|                                                                                                                                                                                  | Patient:                                                    | Mr. or Ms. _____ |
|                                                                                                                                                                                  | DOB:                                                        | XX / XX / XXXX   |
|                                                                                                                                                                                  | Address: _____<br>_____                                     |                  |
| Date: XX / XX / XXXX                                                                                                                                                             |                                                             |                  |
| <div style="margin-left: 20px;"> <p><i>Antiallergic – X mg</i></p> <p><i>sig: 1 tab PO every 6 h PRN</i></p> <p><i>Sx allergy # 20 tabs</i></p> <p><i>Refills x 4</i></p> </div> |                                                             |                  |
|                                                                                                |                                                             |                  |
| Physician's name:                                                                                                                                                                | Permit no.:                                                 |                  |
| Signature:                                                                                                                                                                       | Telephone:                                                  |                  |

The pharmacist may dispense the prescribed medication to the patient 4 times during the prescription's period of validity. In the example, since the physician has not indicated otherwise, the prescription will be valid for 24 months from the date it was written.

Thus, in some cases (e.g., adult adrenaline auto-injector), a physician might write "for life" if warranted by the clinical condition and in accordance with current medical standards.

#### 4. Narcotics and controlled substances

##### Example F

|                                                                                                                                                                                          |                                                             |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------|
| <b>R<sub>x</sub></b>                                                                                                                                                                     | <b>Name of the medical clinic / Name of the institution</b> |                  |
|                                                                                                                                                                                          | <b>Contact information</b>                                  |                  |
|                                                                                                                                                                                          | Patient:                                                    | Mr. or Ms. _____ |
|                                                                                                                                                                                          | DOB:                                                        | XX / XX / XXXX   |
|                                                                                                                                                                                          | Address:                                                    | _____<br>_____   |
|                                                                                                                                                                                          | Date: XX / XX / XXXX                                        |                  |
| <hr/>                                                                                                                                                                                    |                                                             |                  |
| <p><i>Narcotic - X mg</i><br/> <i>sig: 1 tab PO every 6 h PRN for pain</i><br/> <i># 150 tabs</i><br/> <i>Dispense a maximum of 30 tabs at a time</i><br/> <i>Valid for 6 months</i></p> |                                                             |                  |
| <p><i>Narcotic - Long acting - X mg</i><br/> <i>sig: 1 tab PO bid # 360 tabs</i><br/> <i>Dispense 60 tabs at a time</i><br/> <i>Valid for 6 months</i></p>                               |                                                             |                  |
| <hr/>                                                                                                                                                                                    |                                                             |                  |
| Physician's name:                                                                                                                                                                        | Permit no.:                                                 |                  |
| _____                                                                                                                                                                                    | _____                                                       |                  |
| Signature:                                                                                                                                                                               | Telephone:                                                  |                  |
| _____                                                                                                                                                                                    | _____                                                       |                  |

The pharmacist may dispense the prescribed medication to the patient for the period of validity indicated, i.e., 6 months from the date the prescription was written. To avoid giving the patient a large quantity of medication, it is strongly recommended that the quantity of tablets be divided and the maximum number of tablets to be dispensed to the patient at a time be indicated.

A physician must be vigilant when prescribing medications with a potential for abuse, such as psychotropic drugs, or when he writes a new prescription for medications. Therefore, it is recommended that he see the patient again within a reasonable period of time, depending on the situation. For a patient who is a suicide risk, it is best to limit the quantity of all medications prescribed.

#### PRESCRIPTION RENEWALS

A pharmacist may renew a physician's prescription to avoid interrupting the treatment prescribed for a patient.<sup>8</sup> This activity is not intended to replace medical follow-up but to allow timely follow-up by the physician while also allowing the patient to continue to benefit from his drug therapy. It will be personalized by the pharmacist for each patient and for each situation. Therefore, it will not be automatic and will not always be done for the maximum period allowed.

If a pharmacist decides to renew a prescription, he must write a new prescription in accordance with the procedures set out in the *Regulation respecting prescriptions by a pharmacist*.

There is a limit for the duration of a renewal by a pharmacist, which may not exceed the period of validity of the physician's initial prescription. Furthermore, if the period of validity of the physician's prescription is longer than 12 months, a pharmacist may not renew the prescription for a period exceeding 12 months. Due to the limits imposed by federal laws and regulations, prescriptions for narcotics, controlled drugs and targeted substances may not be renewed by a pharmacist.

A physician who writes an individual prescription may, however, indicate that no renewals are authorized.

#### DISCONTINUING A MEDICATION

To avoid any confusion and to optimize patient care, a physician must write the name of the medication(s) the person is to stop taking. If he considers it relevant, he may indicate the reason (e.g., an allergy, adverse effects, intolerance, etc.).

<sup>8</sup> *Pharmacy Act*, RLRQ, CQLR, c. P-10, s. 17(6).

## SUBSTITUTING MEDICATIONS

While there are very few situations in which a medication may not be substituted for another with the same known name, form or composition, a physician may prohibit a pharmacist from substituting medications for pharmaceutical, pharmacological, therapeutic and clinical considerations. This must be personally specified by the physician for each medication; it cannot be preprinted.

If a physician uses a digital medium for writing his prescriptions, the “no substitutions” order must not appear systematically. The physician must add it only if it is clinically appropriate for a given patient.

The Régie de l’assurance maladie du Québec sets out rules for the reimbursement of certain medications when a physician writes “No substitutions (NS)” on the prescription. In some circumstances, the physician must provide a reason code. Please consult the RAMQ’s [website](#) for further information.

## PATIENTS ADMITTED TO AN INSTITUTION

The standards relating to prescriptions written by a physician may be modified under the provisions of the *Organization and Management of Institutions Regulation*.<sup>9</sup> In hospital centres, subject to the authority of the council of physicians, dentists and pharmacists and the director of professional services, the head of the pharmacy department must draw up rules for medication use and procedures to govern the issue and filling of prescriptions in the hospital centre, particularly with respect to the criteria for recognition of a prescription, including verbal prescriptions. The same applies in residential centres, where this task is the responsibility of the head of the pharmacy service.

When a medication is covered by a rule for medication use approved by the board of directors, a physician may write an individual prescription for a medication that does not indicate the dosage, the route of administration, the duration of treatment or the quantity prescribed and the period of validity, indicating only that the prescribed medication must be administered in accordance with the approved rule.

Prescriptions that refer to an external medical protocol for patients followed as outpatients (ambulatory services) should indicate the nature and frequency of communication of information between the physician who will be managing the patient in the community, i.e., outside the institution, and the pharmacist who

<sup>9</sup> *Organization and Management of Institutions Regulation*, ss. 77 and 84.

adjusts the drug therapy and who practices in a specialized clinic, or the nurse who adjusts medications. For example, a physician could write on the institution's prescription form: antibiotic therapy as per the rule for the use of ABC medications. Furthermore, if a prescription refers to one of the institution's internal protocols, the physician must ensure he sends the protocol to the community pharmacy for patients who will be treated outside the institution.

#### MEDICATIONS FOR THE PRESCRIBER'S USE

A physician may write a prescription to obtain medications from a pharmacist for his professional use. This prescription must include the name, pharmaceutical form and quantity of the medication required as well as the words "professional use". The prescriber must ensure that the prescription includes his name, printed or in block letters, his telephone number and his permit number and he must sign it.

Prescriptions for "professional use" are intended for situations where medications are obtained in order to provide care to patients in a non-institutional setting. The prescribing physician does not have to be the person who administers the medication to the patient, but the medication must be administered at his place of work or used when he is treating a patient in the patient's home.

Thus, prescriptions for "professional use" may not be used for non-therapeutic purposes. It is clearly stipulated that a physician may not obtain medications for "professional use" in order to resell them to other health professionals.

#### STANDARDS FOR A PRESCRIPTION FOR AN EXAMINATION OR A LABORATORY TEST

The prescribing physician must indicate the nature of the examination or test and provide the clinical information needed to perform or interpret the examination or test.

Remember that a prescription must not contain the name or logo of particular products, services or suppliers of products or services. Requisition forms from a public health institution in Quebec are, of course, the preferred tools.

A physician may write a non-identifying individual prescription with an identifier of his choice allowing the patient to be linked to the result of a laboratory test to screen for a sexually transmitted or blood-borne infection as part of the national public health program.

## STANDARDS FOR A PRESCRIPTION FOR A TREATMENT

When a physician writes a prescription for a treatment, he must include the nature of the treatment, the clinical information needed to provide the treatment and, where applicable, a description and the duration of the treatment. For example, if, after assessing a patient, a physician determines that nutrition is a determining factor in the treatment of a disease and that an intervention by the nutritionist is necessary to carry out the treatment plan, he must write an individual prescription with the notation “To be seen by the nutritionist”. This prescription may be written or verbal. If he developed the nutritional treatment plan himself, the physician will prescribe, for example, “low-salt diet”, “low-residue diet”, “liquid diet”, etc. Similarly, the physician could prescribe physiotherapy and write on the prescription “Physiotherapy: treatment required for capsulitis of the right shoulder.”

Remember that a prescription must not contain the name or logo of particular products, services or suppliers of products or services. Prescription pads that contain the physician’s professional contact information are, of course, the preferred tools.

## STANDARDS FOR A PRESCRIPTION FOR A DEVICE

If a physician writes a prescription for a device other than ophthalmic lenses, it must include the main characteristics of the device and the clinical information needed to fill the prescription.

For example, a prescription addressed to orthotists and prosthetists must include the clinical information needed to make the orthotic device, i.e., the type of device, the limb and, if necessary, the desired therapeutic effect. Thus, a prescription that indicates only a single specific brand-name product would not be complete.

Therefore, it is suggested that a prescription for a left anterior cruciate ligament tear include the following information:

- › Prescription: knee brace for a left anterior cruciate ligament tear (with or without an additional indication regarding the desired therapeutic effect)

or

- › Prescription: “X” type of knee brace for a left anterior cruciate ligament tear

The orthotist or prosthetist will determine the requirements for the device taking into account the patient's health and life situation. For example, in a case of metatarsalgia, it is suggested that the prescription include the following information:

- › Prescription: foot orthosis and/or orthopedic shoes for metatarsalgia (left and/or right) and, where applicable, any comorbidity likely to have an impact on the device to be provided to the patient

An individual prescription for ophthalmic lenses must include:

- 1/ the sphere, cylinder or prism power expressed in dioptres and, where applicable, the add power;
- 2/ the eye-lens distance at the time of the eye examination if required to make the lenses;
- 3/ visual acuity, if 6/6 vision is not achieved with correction.

For prescriptions for ophthalmic lenses, the maximum period of validity recommended is 24 months.

Remember that a prescription must not contain the name or logo of particular products, services or suppliers of products or services. Prescription pads that contain the physician's professional contact information are, of course, the preferred tools.

## STANDARDS FOR A PRESCRIPTION TO ADJUST OR TO INITIATE

A physician who wishes a professional, in particular a pharmacist, a nurse or an authorized person, to adjust a treatment or initiate diagnostic or therapeutic measures must provide a written prescription that contains the following information:

- 1/ the professional or authorized person who may fill the prescription and the necessary professional requirements, where applicable;
- 2/ the indications for use of a prescription to initiate or the intention or therapeutic target of a prescription to adjust;
- 3/ the limits, contraindications or situations for which the patient must be referred to a physician or another professional;

- 4/ the method of communication and the information that must be transmitted to ensure medical follow-up with the attending physician;
- 5/ the medical protocol or the reference to an external medical protocol.

This prescription cannot simply indicate a drug class (e.g., antibiotics or diuretics) unless it is written in an institution and the medication is covered by a rule for medication use approved by the institution's board of directors on the recommendation of the CPDP.

Prescriptions to adjust and prescriptions to initiate must include a protocol, i.e., a description of the procedures, methods, limits, contraindications or standards applicable for a specific clinical condition. In some cases, the protocol will be very simple. A physician who writes a prescription may, if he wishes, define the protocol to be applied by the professional or authorized person or he may refer to an external protocol.

An external protocol is a stand-alone document, separate from the prescription and published by an institution or by the Institut national d'excellence en santé et en services sociaux (INESSS). The Regulation stipulates that if the prescription relates to a clinical condition contemplated by a [protocol published by the INESSS](#), it must refer entirely to the protocol. It cannot be modified. If a physician wishes to include this type of protocol in his prescription, he simply has to note the reference number for the protocol and does not have to write it out.

If a prescription to adjust or a prescription to initiate relates to a clinical condition that is not covered by a protocol published by the INESSS, a physician may choose not to refer to an external protocol and may himself determine the procedures, methods, limits, contraindications or standards to be applied by the professional. In this case, the prescription will be complete in itself and the physician will then have to ensure the procedures, methods, limits, contraindications or standards provided for in the prescription are updated.

For more information about the use of external protocols, please consult the chapter [General provisions](#).

In all cases, the physician must specify the circumstances in which another professional may engage in an activity reserved to him.

## EXAMPLES OF PRESCRIPTIONS TO INITIATE OR TO ADJUST

## Example G

|                      |                                                             |                  |
|----------------------|-------------------------------------------------------------|------------------|
| <b>R<sub>x</sub></b> | <b>Name of the medical clinic / Name of the institution</b> |                  |
|                      | <b>Contact information</b>                                  |                  |
|                      | Patient:                                                    | Mr. or Ms. _____ |
|                      | DOB:                                                        | XX / XX / XXXX   |
|                      | Address:                                                    | _____<br>_____   |
|                      | Date: XX / XX / XXXX                                        |                  |

---

*For nurses at the "XYZ" FMG*  
*Start Glucophage 250 mg bid then adjust dosage*  
*according to the INESSS medical protocol for the adjustment of oral*  
*hypoglycemic agents*

*Notify me if the target value*  
*is not achieved 6 months after starting treatment*

\_\_\_\_\_

|                   |             |
|-------------------|-------------|
| Physician's name: | Permit no.: |
| _____             | _____       |
| Signature:        | Telephone:  |
| _____             | _____       |

## Example H

|                                                                                                                                                                                                                                                               |                                                             |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------|
|                                                                                                                                                                              | <b>Name of the medical clinic / Name of the institution</b> |                  |
|                                                                                                                                                                                                                                                               | <b>Contact information</b>                                  |                  |
|                                                                                                                                                                                                                                                               | Patient:                                                    | Mr. or Ms. _____ |
|                                                                                                                                                                                                                                                               | DOB:                                                        | XX / XX / XXXX   |
|                                                                                                                                                                                                                                                               | Address:                                                    | _____<br>_____   |
|                                                                                                                                                                                                                                                               | Date: XX / XX / XXXX                                        |                  |
| <hr/>                                                                                                                                                                                                                                                         |                                                             |                  |
| <i>Prescription for respiratory distress for this end-of-life patient</i>                                                                                                                                                                                     |                                                             |                  |
| <i>For home care nurses at the "XYZ" CLSC</i>                                                                                                                                                                                                                 |                                                             |                  |
| <i>Indications: the patient must present with</i>                                                                                                                                                                                                             |                                                             |                  |
| <ul style="list-style-type: none"><li>&gt; constant, intolerable difficulty breathing at rest</li><li>&gt; or tachypnea (RR <math>\geq</math> 28/min)</li><li>&gt; or nearly constant agitation (confusion, diaphoresis, organized bronchial rales)</li></ul> |                                                             |                  |
| <i>Contraindication: none for this patient</i>                                                                                                                                                                                                                |                                                             |                  |
| <i>Give :</i>                                                                                                                                                                                                                                                 |                                                             |                  |
| <ul style="list-style-type: none"><li>1. morphine X mg SC stat and repeat after 20 minutes PRN if symptoms persist</li><li>2. midazolam X mg SC stat and repeat after 20 minutes PRN if symptoms persist</li><li>3. scopolamine X mg SC stat</li></ul>        |                                                             |                  |
| <i>Notify me or, if I am absent, notify the palliative care physician on duty every time the prescription is used</i>                                                                                                                                         |                                                             |                  |
| Physician's name:                                                                                                                                                                                                                                             |                                                             | Permit no.:      |
| _____                                                                                                                                                                                                                                                         |                                                             | _____            |
| Signature:                                                                                                                                                                                                                                                    |                                                             | Telephone:       |
| _____                                                                                                                                                                                                                                                         |                                                             | _____            |

## Chapter 3/ Standards relating to the methods used to transmit individual prescriptions

### VERBAL PRESCRIPTION

In some clinical situations, in particular when on call, a physician will give verbal orders for the management of a patient's condition. Whether he is ordering tests or prescribing a treatment, the physician must ensure his instructions are clear and properly understood.

Thus, a physician who gives an individual prescription verbally must provide his name and permit number as well as the information for his prescription (see the section [Specific standards](#)). The physician must ensure the prescription is entered in the patient's medical record. However, he does not have to write it himself or initial it.

A physician may only give a verbal individual prescription to a professional or an authorized person and must ensure that there is only one professional or one authorized person between him and the final recipient.

For example, a physician who is given information by a nurse about a patient may decide to give the nurse a verbal prescription. The nurse must give this verbal prescription to the pharmacist in writing. The physician must however, whenever possible, communicate directly with the pharmacist.

A physician may not, at any time, ask administrative staff to call in a verbal prescription for him.

Following a telephone conversation about a patient between a physician and a professional or an authorized person or in the event of a prior agreement between a physician and a professional or an authorized person, i.e., a planned communication, sending a text message via a mobile device constitutes a verbal prescription. The physician must ensure the prescription is entered in the record. A physician should always, whenever possible, communicate directly with the professional or authorized person.

If the pharmacist, the professional or the authorized person would like to clarify a prescription over the telephone, the physician must personally provide the appropriate answers.

### Sound-alike drug names

Since many drugs have names that sound alike, it is important to take this into account when communicating a verbal prescription. Therefore, the physician should ask the pharmacist to read back the prescription he just gave him to prevent any misunderstandings.

### FAX TRANSMISSION

When faxing an individual prescription, a physician must:

- › maintain the confidentiality of the patient's personal information;
- › fax the prescription to the professional or authorized person of the patient's choice;
- › ensure the faxed prescription clearly indicates the name of the intended recipient or his place of practice, his fax number as well as the time and date of transmission;
- › fax the prescription to the professional or authorized person from a location that allows the source of the fax to be verified;
- › sign the faxed prescription and enter it in the patient's record;
- › respond to any requests for authentication from a professional or authorized person.

The working group responsible for revising the *Regulation respecting the standards relating to prescriptions made by a physician* did not consider it necessary to include a provision requiring certification by the prescriber for prescriptions that are faxed.

Therefore, this is no longer a requirement when a physician faxes a prescription.

However, if he considers it necessary, a pharmacist may personally verify with the prescriber the authenticity of any prescription for a narcotic, a controlled drug, a targeted substance, a medication prone to abuse and any prescription of questionable authenticity. The pharmacist may also ask that the original prescription be signed by the physician and mailed to him.

## ELECTRONIC TRANSMISSION

Health professionals may use information technology to make their practice more efficient. Communication between the prescriber and the pharmacist, in particular, can be improved by these methods of communication, since they speed up the transmission of prescriptions, improve accuracy and make it easier to transfer detailed information about the patient.

In Quebec, the *Act to Establish a Legal Framework for Information Technology*<sup>10</sup> sets out rules for the use of information technology, among other things, with respect to the security of communications and the legal value of documents, irrespective of the medium used for their transmission. The Act establishes various standards, in particular regarding integrity and the protection of the confidentiality of information as well as authentication and the use of digital signatures. It is vital that the communication of medical information using information and communications technologies (text, images, sound) take place in an environment where the sender and the recipient can be unequivocally identified while maintaining the confidentiality and original nature of the communication.

The use of the Québec Health Record (QHR) (Dossier Santé Québec – DSQ), which allows prescriptions for medications to be shared electronically, satisfies these requirements and those in the Regulation. Indeed, in this case, the physician enters his prescription directly in a health information bank in the medication domain where it will be retrieved by the pharmacist. Thus, both the entry and the retrieval of the prescription are done in a secure environment that allows the sender and the recipient to be unequivocally identified while maintaining the confidentiality and the original nature of the communication.

However, a physician who uses a technology-based tool to write a prescription and then prints it out must sign the prescription before giving it to the patient. This is not considered electronic transmission.

A physician who uses information technology to send a prescription must use technology that will ensure the prescription remains confidential and must use a digital signature to ensure that the prescription cannot be tampered with.

Note that signing processes do not all have the same legal value and some processes may expose the physician to risk in that the image of his handwritten signature could be re-used by a third party.

<sup>10</sup> *Act to Establish a Legal Framework for Information Technology*, CQLR, c. C-1.1.

Under the *Act to Establish a Legal Framework for Information Technology*, a digital signature must have the following four features:

- 1/ a personal mark that identifies the physician, for example, a security code;
- 2/ proof that the act of signing is an acknowledgement of consent by the signatory, for example a request for confirmation from the signatory;
- 3/ a mechanism that establishes a link between the physician and the document;
- 4/ a mechanism that ensures the integrity of the document once it has been signed. Thus, the document must absolutely not be modified once it has been authenticated by the signatory.

Only processes with all four features can be said to correspond to the legal definition of a digital signature. These processes are based on cryptography (e.g., Secursanté mechanism, Notarius certificate) or are incorporated in a computer system. All other processes that meet some of these conditions can be used for identification purposes only and are not actually digital signatures.

Examples of invalid signatures:

- › when a physician writes his name in an email using a computer keyboard;
- › when a physician “pastes” a preprogrammed signature using a command in his word processing program – which amounts to the same;
- › when a physician uses a copy of a handwritten signature scanned from a paper document.

# Chapter 4/ Fraud prevention

## PREVENTIVE MEASURES

Prescription drug abuse is a growing problem in our society. A physician can implement various relatively simple measures to prevent fraud.

Suggested measures:

- › keep his prescription pads in a safe place;
- › provide complete information on prescriptions (patient's surname, first name and address);
- › draw a diagonal line across the unused portion of the prescription;
- › write out the quantity in letters (or in numbers and letters) for any medication subject to abuse, such as narcotics, controlled drugs and benzodiazepines;
- › always indicate the number of authorized refills on the prescription; if there are none, write "O" or "NR";
- › avoid presigning prescription forms;
- › avoid sharing his personal identification number that provides access to the electronic medical record or QHR;
- › avoid sharing his QHR access device;
- › keep control of his digital signature at all times.

## PRESCRIPTION FRAUD

If a physician is informed that a patient has tampered with a prescription, he must check if it is one of his patients. If so, it might be advisable for the physician to meet with the patient to discuss the situation and agree on a therapeutic framework.

For example, if the patient has a drug dependence problem, it might be appropriate to discuss the situation with him and establish guidelines for following his condition, in particular registering him with the Alert Program created by the Ordre des pharmaciens du Québec in 1985 to counter prescription drug abuse. This program pairs the patient with a single prescriber and a single pharmacist to prevent him from consulting multiple health professionals to obtain medication. The physician can check with the pharmacist or the Ordre

des pharmaciens du Québec to see if any of his patients are registered with the program.

The person responsible for the Alert Program at the Ordre des pharmaciens du Québec can be contacted at 514 284-9588 or 1 800 363-0324. An information leaflet is also available on request.

The program also allows information to be sent quickly to pharmacists across Quebec about a forged prescription, an altered prescription, the theft of a prescription pad, prescription drug abuse or multiple visits to physicians or pharmacists.

Thus, in the case of abusive patients, in particular those who tamper with a prescription for illegal resale, in addition to notifying the person responsible for the Alert Program, the physician is justified in putting an end to the therapeutic relationship. However, since the physician has follow-up obligations, he will have to renew any medication needed to treat the patient's chronic diseases and tell the patient where he can consult if his condition requires him to do so. In this context, we recommend that physicians write a clear letter to the patient indicating why they have put an end to the therapeutic relationship. It is best to send the letter by registered mail. A copy of the letter must be entered in the patient's medical record.

The physician may also report the situation to the police, especially if the person who forged a prescription using his signature is not known to the physician. When the physician discusses the matter with a police officer, it is important to maintain professional secrecy, disclosing only relevant information. The patient's personal health information should not be disclosed.

#### LOSS OR THEFT OF PRESCRIPTION PADS

In addition to reporting the loss or theft to the person responsible for the Alert Program, the physician can alert the police if he thinks he knows the person responsible. The physician must also inform the police authorities if he thinks his computer system has been the target of a hacker or intruder.

#### LOSS OR THEFT OF THE CLINIC'S SUPPLY OF DRUGS OR NARCOTICS

In this situation, the physician is required to report the loss or theft within ten days of its discovery to Health Canada's Office of Controlled Substances, Compliance Monitoring and Liaison Division (613 954-1541).

Reporting the loss or theft to the police may also be warranted.

## Chapter 5/ Providing treatment for family members

A physician must refrain from treating himself or from treating any person with whom there is a relationship that could prejudice the quality of his practice, notably his spouse and his children.<sup>11</sup>

### WHY IS THIS PROHIBITED?

The objectivity required to assess a person by taking a history, doing a physical examination and analyzing the results of an investigation, thereby ensuring quality practice, means that a physician must maintain a certain professional distance in order to establish a proper differential diagnosis and recommend a medically appropriate treatment plan. The reason for this rule of caution is that a physician who self-treats or treats family members may lack objectivity, judgement or create role confusion. It is therefore recommended, in particular, that a colleague prescribe any medications required by a family member's health.

However, physicians may treat a family member in cases that are not serious or in an emergency. Thus, we consider it acceptable for a physician to renew a family member's medication for one or two months until he sees his attending physician.

This is not the case if he writes a prescription for a long-term refill. Even if a physician is very knowledgeable about the treatment of a health problem, for example the treatment of diabetes or the treatment of a hypertension problem, a physician may not prescribe treatment as part of a family member's regular follow-up.

A physician may also, if he has the requisite knowledge and skills, treat an acute benign condition in a family member, such as otitis or tonsillitis in his child.

It is quite different in the case of a psychological problem or the management or treatment of a pain syndrome in a family member. In these situations, the lack of distance and objectivity could, unfortunately, lead a physician to prescribe an inappropriate medication, sometimes resulting in a dependency problem.

<sup>11</sup> *Code of ethics of physicians*, s. 70.

Similarly, except in cases that are clearly not serious, it is not permitted or appropriate for a physician to self-prescribe medication or order laboratory or radiological tests for himself, especially for a problem that requires follow-up.

People who are completing a training program in medicine, in particular medical students, residents and fellows, must comply with the provisions of the *Code of ethics of physicians*. It is important to remember that these people are only allowed to write prescriptions for patients seen in the course of their training. Therefore, they are strictly prohibited from writing a prescription for a family member, a resident colleague or for themselves.

In the best interests of the physician's family members, it is essential that they be advised to see a physician who will have the independence and objectivity needed to assess their health properly.

## — Appendix

### APPENDIX I - PERSONS AUTHORIZED TO ENGAGE IN PROFESSIONAL ACTIVITIES RESERVED TO PHYSICIANS IN ACCORDANCE WITH A PRESCRIPTION

| Authorized person                          | Enabling regulation                                                                                                                                 | Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physician assistant in the Canadian Forces | <i>Regulation respecting the professional activities that may be engaged in by a physician assistant in the Canadian Forces, CQLR, c. M-9, r. 5</i> | <p>5. The physician assistant may, <u>according to a prescription</u> and in the presence of a physician, another qualified professional or a medical resident, engage in the following professional activities:</p> <ul style="list-style-type: none"> <li>(1) perform a venous puncture;</li> <li>(2) perform a radial arterial puncture;</li> <li>(3) perform intubation;</li> <li>(4) provide care and treatment for wounds and alterations of the skin;</li> <li>(5) make sutures of cutaneous and subcutaneous wounds;</li> <li>(6) apply plaster casts;</li> <li>(7) insert a short peripheral intravenous catheter;</li> <li>(8) introduce an instrument beyond the pharynx;</li> <li>(9) introduce an instrument beyond the urinary meatus;</li> <li>(10) provide tracheostomy maintenance care;</li> <li>(11) remove a foreign body from beyond the nasal vestibule, the external auditory canal, the skin or the surface of the eye;</li> <li>(12) make an incision and drain a superficial abscess;</li> <li>(13) irrigate an external auditory canal;</li> <li>(14) apply nasal packing.</li> </ul> <p>6. The physician assistant may, <u>according to a prescription</u> and in the presence of a physician or a medical resident, engage in the following professional activities:</p> <ul style="list-style-type: none"> <li>(1) carry out complementary clinical acts and surgical techniques as part of a surgical procedure;</li> <li>(2) make an incision in or strip a vein;</li> <li>(3) perform a gynecological examination;</li> <li>(4) use a defibrillator.</li> </ul> |

## APPENDIX I - PERSONS AUTHORIZED TO ENGAGE IN PROFESSIONAL ACTIVITIES RESERVED TO PHYSICIANS IN ACCORDANCE WITH A PRESCRIPTION (CONT.)

| Authorized person                             | Enabling regulation                                                                                                                                                    | Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employee or orthopedic technician             | <i>Regulation respecting certain professional activities that may be engaged in orthopedics by persons other than physicians, CQLR, c. M-9, r. 12.01</i>               | 8. A person who, on 11 June 1980, was qualified to act as employee or orthopedic technician under the collective agreements then in force in Québec, may install, adjust, remove and repair plaster casts <u>with an individual prescription</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Clinical perfusionist                         | <i>Regulation respecting the professional activities that may be engaged in by a clinical perfusionist, CQLR, c. M-9, r. 3.1</i>                                       | <p>3. A clinical perfusionist may engage in the following professional activities:</p> <p>[...]</p> <p>(3) administer and adjust <u>prescribed</u> medications or other substances;</p> <p>(4) mix substances in order to complete the preparation of a medication, <u>according to a prescription</u>;</p> <p>(5) take specimens from catheters already in place or through the circuit of the circulatory supports, <u>according to a prescription</u>;</p> <p>(6) perform treatments through the circulatory supports, <u>according to a prescription</u>;</p> <p>(7) program a pacemaker or cardiac defibrillator, <u>according to a prescription</u>.</p> <p>A clinical perfusionist must engage in those professional activities for the purpose of contributing to the maintenance of bodily functions of a human being in a treatment requiring the temporary support or replacement of cardiac, pulmonary or circulatory functions.</p> |
| Ambulance technician trained in advanced care | <i>Regulation respecting the professional activities that may be engaged in within the framework of pre-hospital emergency services and care, CQLR, c. M-9, r. 2.1</i> | <p>13. An ambulance technician in advanced care may, in addition to the activities determined in Divisions II and III, <u>further to an individual prescription</u>:</p> <p>(1) introduce an intravenous solution via intraosseous route and administer the required substances or medications;</p> <p>(2) use the following invasive techniques:</p> <p>(a) perform a thoracentesis using a needle technique in a patient in a preterminal state, receiving ventilation support;</p> <p>(b) apply external cardiac stimulation;</p> <p>(c) perform cardioversion;</p> <p>(d) perform a percutaneous cricothyroidotomy.</p> <p>In the absence of an individual prescription and where communication with a physician is impossible, an ambulance technician in advanced care may, for an unstable patient, use those invasive techniques.</p>                                                                                                    |

# APPENDIX I - PERSONS AUTHORIZED TO ENGAGE IN PROFESSIONAL ACTIVITIES RESERVED TO PHYSICIANS IN ACCORDANCE WITH A PRESCRIPTION (CONT.)

| Authorized person  | Enabling regulation                                                                                                                 | Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Athletic therapist | <i>Regulation respecting certain professional activities that may be engaged in by an athletic therapist, CQLR, c. M-9, r. 11.1</i> | <p>3. An athletic therapist may engage in the following professional activities with an athlete:</p> <p>[...]</p> <p>(4) administer <u>prescribed</u> topical medications for the purpose of using invasive forms of energy and when providing treatment for wounds.</p> <p>An athletic therapist must engage in those professional activities for the purpose of supervising athletes in the preparation and execution of their physical activity, offer them first aid on training and competition sites, determine their treatment plan and assess and treat their limitation or disability of musculoskeletal origin in order to obtain optimal functional performance.</p> |
| Students           | Regulations authorizing persons in training                                                                                         | All professional orders have adopted a regulation authorizing persons in training to engage in professional activities under the supervision of a supervisor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

— Members of the working group responsible  
for the revision of the guidelines  
*Prescriptions written by a physician*

**DR. MARC BILLARD**

Assistant Director  
Practice Enhancement Division  
Collège des médecins du Québec  
Chair of the working group

**MS. LINDA BÉLANGER, LAWYER**

Assistant Director  
Legal Services Division  
Collège des médecins du Québec

**DR. MARC BELLEY**

Inspector  
Practice Enhancement Division  
Collège des médecins du Québec

**DR. MARIO DESCHÊNES**

Assistant Syndic and Assistant Director  
Inquiries Division  
Collège des médecins du Québec  
Secretary of the working group

**Acknowledgements**

**MS. NATHALIE BICHAÏ**

Administrative Assistant  
Legal Services Division  
Collège des médecins du Québec