



Standard of Practice

Prescribing & Dispensing Medications (2023)

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

Preamble

Prescribing and dispensing medication requires appropriate knowledge, skill, and judgment. This Standard of Practice sets out the College's expectations for physicians who prescribe medication. This Standard of Practice also sets out the limited circumstances in which a physician can dispense medications and the College's expectations for physicians who engage in this practice.

Standard of Practice

Before prescribing a medication, physicians are expected to:

1. Ensure they have the required **experience and expertise** to prescribe the medication safely and effectively.
2. Undertake an **appropriate clinical assessment** of the patient, including taking a patient history, reviewing relevant medical records (e.g., HEALTHe NL), performing necessary examinations, and ordering necessary investigations.
3. Reach a diagnosis, differential diagnosis, and/or have a **clinical indication** to prescribe the chosen medication.
4. Consider the **risks and benefits** of prescribing the chosen medication as well as the risk/benefit ratio of adding the medication to the patient's existing medication regime.
5. Inform the patient about the proposed medication to allow them to make a decision about whether they consent to the treatment¹. In this discussion, physicians are expected to consider what a reasonable person would like to know about risks, side effects, and alternative options. It is prudent to document this discussion when material risks are disclosed.

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

¹ For more information, see the College's Standard of Practice on [Consent to Treatment](#)

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

Monitoring & Duration

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

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

Content of the Prescription

The following information must be included on a prescription:

1. patient's full name;
2. name, dose, route, and quantity of the medication;
3. directions for use of the medication;
4. date the prescription was issued;
5. refill instructions, if any;
6. printed name and signature of prescriber; and
7. any additional information required by law (e.g., [Prescription Monitoring Act](#))

Physicians must ensure that written prescriptions are legible.

In circumstances where a medication is being prescribed for an "off-label" or uncommon indication, it is recommended that the prescribing physician provide the indication on the prescription to assist the dispensing pharmacist in advising the patient.

Physicians must not permit another individual to authorize a prescription on their behalf unless there is a direct order or medical directive in place and a mechanism to identify who authorized the prescription and under what authority.

Communicating with Pharmacists

Physicians must respond in a timely manner when contacted by a pharmacist or member of a pharmacy team to discuss clinical concerns relating to a prescription authorized by the physician.

Refills

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

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

Medication Samples

When providing medication samples, physicians must continue to meet all the relevant requirements that apply to prescribing medications. Physicians must document the date provided, name of the medication, medication strength, quantity or duration of therapy, and instructions for use.

Opioids and Controlled Substances

Physicians who prescribe opioids and controlled substances should be familiar with and follow relevant clinical guidelines relating to these medications.

Physicians are also expected to be familiar with and comply with the requirements of the [Tamper Resistant Prescription Drug Pad Program](#) and the [Prescription Monitoring Act](#). This *Act* sets out specific duties of prescribers in relation to defined classes of drugs. The requirements include a duty to review the patient's medication profile in the electronic health record and to record this review as required under the *Act* in advance of issuing a prescription for certain classes of medications.

If prescribing opioids or controlled substances through virtual care, physicians are expected to comply with the College's expectations, as outlined in the College's Standard of Practice on [Virtual Care](#).

Unless the prescribing of opioids and controlled substances falls outside of the physician's scope of practice or clinical competence, or the physician has a restriction imposed by the College prohibiting prescribing, physicians must not adopt a blanket policy refusing to prescribe these

medications and must make prescribing decisions on a case-by-case basis with consideration for each patient’s individual circumstances.

Prescribing for Self, Family Members, and Others

A physician contemplating prescribing for themselves, a family member, or another person close to them must act in accordance with the College’s Standard of Practice on [Physician Treatment of Self, Family Members, or Others Close to Them](#).

Dispensing of Medications

Physicians who provide medication samples at no cost to patients are not considered to be “dispensing” medication for the purposes of this Standard of Practice.

The dispensing of medications is an important component of medical care delivery which is typically performed by pharmacists. Physicians can dispense medications as part of their practice of medicine in two exceptional circumstances: where the services of a pharmacist are not readily available and emergency situations.² A physician who dispenses medication must document the exceptional circumstances in the patient’s medical record.

Physicians must only dispense medications to their own patients and for purposes which are relevant to the medical consultation provided to the individual patient.

Physicians who dispense medications must employ dispensing standards of practice equal to those required of pharmacists. Applicable standards of practice are available from the Newfoundland and Labrador Pharmacy Board in their [Standards of Pharmacy Operation for Community Pharmacy](#).

Acknowledgements

CPSBC (2023) Sale and Dispensing of Drugs

CPSO (2022) Dispensing Drugs

CPSO (2019) Prescribing Drugs

CPSA (2017) Prescribing: Administration

² *Medical Act, 2011 s. 78(3)*

Related Documents

[Prescription Monitoring Act, SNL 2017 CHAPTER P-18.2](#)

CPSNL (2019) [Consent to Treatment](#)

CPSNL (2023) [Virtual Care](#)

CPSNL (2022) [Physician Treatment of Self, Family Members, or Others Close to Them](#)

NLPB (2023) [Standards of Pharmacy Operation for Community Pharmacy](#)

Document History

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