

PRESCRIBING

This policy has been developed to establish clear, consistent standards that guide registrants in safely and effectively prescribing medications.

Preamble:

Prescribing medications is a core aspect of medical practice. Each prescription represents a professional judgment that demands sound clinical skills and careful consideration.

Renewing a prescription involves a thorough patient assessment, including knowledge of the patient's medical history, the medication's effects, potential side effects, drug interactions, and possible complications. Prescription renewal is considered an act of prescribing and is subject to all the standards and expectations outlined in this document.

Registrants are responsible for monitoring the continued appropriateness of any medication refills.

In some jurisdictions, registrants may be required to co-sign prescriptions to validate them. Co-signing constitutes an act of prescribing and carries the same obligations and standards described herein.

Registrants are encouraged to assess and address any potential barriers that might prevent patients from obtaining or properly taking their medications.

This document outlines the mandatory administrative and clinical responsibilities for registrants when prescribing medications, along with guidelines to support safe and appropriate prescribing practices.

Policy:

1. Registrants must only prescribe medications to patients within a patient-registrant relationship.

The patient-registrant relationship is at the heart of the practice of medicine. The patient-registrant relationship is a relationship of trust that recognizes the inherent vulnerability of the patient even as the patient is an active participant in their own care. The registrant owes a duty of loyalty to protect and further the patient's best interests and goals of care by using expertise, knowledge and prudent clinical judgement.

Adapted from [CMA: Code of Ethics and Professionalism 2018](#)

2. Administrative

With respect to the administrative requirements of prescribing, registrants must:

- a. comply with relevant requirements for drugs and prescribing set out in applicable legislation;
- b. ensure handwritten prescriptions are legible;
- c. ensure that there are systems in place for safe storage of medications maintained on site; and
- d. dispose of returned medications in a safe and secure manner.

3. Clinical

With respect to the clinical requirements of prescribing:

- a. registrants must document the history, assessment, physical exam, diagnosis/differential diagnosis, and treatment plan including follow-up care in the medical record;
- b. registrants must evaluate the patient's existing medical regime when prescribing a new medication. This includes asking about over the counter medication and alternative or complementary medicines;
- c. when caring for patients in emergent or episodic or urgent care settings, registrants or their delegates (where the delegate is a regulated health professional) within the patient's circle of care, must review the patient's drug profile prior to prescribing narcotics or any controlled drugs or substances;
- d. registrants must document in the patient record all prescriptions, including those ordered by telephone;
- e. registrants must discuss and document the risks and benefits of prescribed medications by providing the patient with information on the medications' effects, interactions, adverse effects, contraindications, monitoring requirements, special precautions relevant to the prescribed medications so that informed consent can be obtained; and
- f. registrants must use extra caution when prescribing for elders regarding side effects, dosing, and polypharmacy.
- g. in the absence of an established relationship with the patient, registrants must not prescribe medications for a patient solely on the basis of mailed or faxed information or an electronic questionnaire.
- h. registrants must not countersign a prescription issued by another registrant, without direct patient contact.

Guidelines

1. Prescribing in the Absence of Direct Patient Contact

Registrants should exercise caution when prescribing medications or other treatments to patients whom they have not personally examined. Before prescribing, the registrants must have knowledge of the patient's clinical status accomplished through an assessment and diagnosis.

The College recognizes that there may be unusual circumstances where a registrant may prescribe without direct in-person contact. In these circumstances the onus is on the registrant to demonstrate that they could safely provide the prescription.

These circumstances include but are not limited to:

- a. An assessment may be conducted using telemedicine in accordance with the College's [Policy on Virtual Care](#);
- b. Naloxone may be prescribed without face-to-face contact provided there is assurance that the recipient of the prescription will receive necessary education and training in Naloxone's administration, in the context of a suspected opioid overdose, by an appropriate third party; an appropriate third party may include a regulated health professional or a lay person who has received the appropriate education and training to provide the service;
- c. In consultation with another registrant or nurse practitioner where that other practitioner has a longitudinal relationship with the patient; and
- d. Registrants may choose to accept a previous assessment and diagnosis by a physician/nurse practitioner as a basis for further prescribing if they have reasonable grounds to believe the person has the necessary knowledge, qualifications and education and patient relationship to conduct the assessment (e.g., group practice, call group, telemedicine). The prescribing registrant is accountable for how they use the assessment information and the prescribing of any medications.

2. Electronic Prescribing (e-Prescribing)

E-Prescribing is the electronic creation and transmission of a prescription [as data] between an authorized prescriber and a patient's pharmacy of choice, using clinical Electronic Medical Record (EMR) and pharmacy management software. e-Prescribing is designed to maintain patient confidentiality and security, decrease risk of errors and prevent prescription forgeries and diversion.

e-Prescriptions must:

- a. be authorized by electronic signature (or other acceptable process);
- b. require log-in and transmission by the registrant;
- c. provide a secure means of prescriber authentication;
- d. prevent duplicate prescription authorization; and
- e. be accessible only by authorized recipients (pharmacies).

Note: "e-Faxing" or "auto-faxing" is the creation of prescriptions within the EMR, which are then sent (as images) from the EMR to the pharmacy via fax. These are not e-prescriptions. As with other faxed prescriptions, pharmacists must take any necessary steps to be satisfied that the identified practitioner has ordered the prescription.

Document History:

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