

Prescribing: Administration

Related Standards of Practice: [Prescribing: Administration](#), [Prescribing: Drugs with Potential for Misuse or Diversion](#)

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the *CPSA Standards of Practice*. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

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Model for Collaborative Care

The College advocates for an integrated patient record to facilitate all practitioners working to their full scope of practice, optimizing patient care. The secure transmission of prescriptions via electronic means provides a prototype for this ideal and should reflect and reinforce strong collaboration between health disciplines.

The College recommends sharing changes to a patient’s medication dosage, quantity and/or regime with other members of the patient’s care team when the change represents a material difference in the patient’s care to enhance collaboration for the benefit of the patient. With the patient’s consent, sharing indications with the pharmacist dispensing the prescription further supports a collaborative care model.

Prescribing Requirements

Substances requiring a prescription are regulated under the [Food and Drugs Act \(Canada\)](#) and [Controlled Drugs and Substances Act \(Canada\)](#). The required elements of a prescription are to ensure patient safety and are listed in the [Prescribing: Administration](#) standard. Patient safety also depends on secure transmission and the pharmacist’s ability to read and understand the prescription: legibility and avoiding abbreviations (especially those identified by the [Joint Commission](#)) are key to minimizing potential errors in the transmission process.

Prescriptions can be provided in various formats:

- hand-written, signed and given directly to the patient;
- electronically transmitted to a particular pharmacy by fax or secure PDF (i.e., PDF transmission directly from an EMR with password protocols that ensure only secure, role-based access);
- issued and transmitted via secure messaging in a closed electronic system (e.g., Netcare) that enables monitoring and shared access by authorized prescribers and dispensers (while currently uncommon, secure messaging will become more prevalent as more platforms are supported); or
- phoned in to a particular pharmacy at the request of the patient (this method is the most prone to error and should be avoided, if possible).

Fax direct from a password-protected EMR is currently the recommended electronic method of transmission; the password protocol is the prescriber's direct authorization.

Exception – TPP Prescriptions: Prescriptions requiring a [Triplicate Prescription Program](#) (TPP) form **must be** issued to the patient in written and signed format or written, signed and faxed directly to a pharmacy. When faxing a TPP prescription to a pharmacy, the original prescription should be VOIDED to mitigate the possibility of a duplicate prescription. Maintaining this process for TPP prescriptions is essential to identifying high-use and multi-doctoring attempts by patients.

Prescription Authorization: Direct authorization by valid signature is required to verify the authenticity of prescriptions. Signatures also help confirm the prescribing history for a patient by identifying prescribers and instances of multi-doctoring that may affect patient care. Accordingly, a valid signature must be handwritten or digitally captured with a hardware device and software for authentication (as typically used for financial transactions).

In a closed electronic system where transmission is by secure messaging, the password protocol is considered the prescriber's direct authorization. For this reason, only the prescribing physician is authorized to transmit a prescription using secure messaging; transmission cannot be delegated to another member of the care team. The patient record must include a prescription history that documents both the prescription content and destination of the electronically transmitted prescription.

EMR-generated prescriptions that are printed and given directly to the patient must be counter-signed with a “wet” signature to prevent diversion. EMR-generated signatures are [only acceptable to pharmacists](#) when the prescription is transmitted directly from the EMR to the pharmacy of the patient's choice.

Safety, Security and Privacy

Prescription transmission must carefully balance patient choice, safety and security. When in doubt, safety and security must take precedence. A physician is expected to periodically check the patient's profile in the [Pharmaceutical Information Network](#) (PIN)/Netcare, and always before initiating a drug with potential for misuse or diversion ([read the related standard](#)). PIN provides authorized health care providers with the information and tools

needed to make optimal drug therapy decisions. A physician is also expected to make reasonable, though not exhaustive, efforts to ensure the method of transmission is secure to both safeguard confidential patient information and to prevent diversion of prescriptions. Consistency and collaboration across professions in prescribing and dispensing standards and practices are key and will continue to evolve.

The [Health Information Act](#) requires any physician using an EMR to have completed a [Privacy Impact Assessment](#) (PIA). The purpose of a PIA is for the physician to demonstrate due diligence in identifying and addressing the privacy and security risks within the context of his or her own practice. The PIA should clearly outline the prescription transmission process and protocols, including reasonable means for the receiving pharmacist to verify the authenticity of a prescription. An up-to-date and considered PIA that outlines security processes and includes details of the actions to be taken in the event of a transmission error would meet compliance expectations from the College's perspective.

Pharmacy Choice

Patients have the right to choose where to have their prescriptions filled. If a patient expresses a preference for a particular licensed pharmacy, their choice must be respected. If the patient's preferred pharmacy does not support electronic prescription transmission, the physician is obligated to provide the prescription using an alternate format.

Physicians may insist on a particular pharmacy only if there is a compelling reason (e.g., a prescription that requires compounding that is available only at specific sites). Such decisions must be based on clinical grounds directed toward enhancing patient care and clearly communicated to the patient.