



College of Physicians and Surgeons of British Columbia

# Professional Guideline

## Prescribing Practices, Countersigning Prescriptions and Internet Prescribing

<b>Effective:</b>	June 2002
<b>Last revised:</b>	October 2009
<b>Version:</b>	3.0
<b>Next review:</b>	October 2021
<b>Related topic(s):</b>	<a href="#">Safe Prescribing of Opioids and Sedatives</a> , <a href="#">Prescribing Methadone</a> , <a href="#">Provision of Prescriptions for Ocular Refraction</a>

A **professional guideline** reflects a recommended course of action established based on the values, principles and duties of the medical profession. Physicians may exercise reasonable discretion in their decision-making based on the guidance provided.

**Registrants may seek advice on these issues by contacting the College and asking to speak with a member of the registrar staff, or by seeking medical legal advice from the CMPA.**

## PREAMBLE

This document is a professional guideline of the Board of the College of Physicians and Surgeons of British Columbia.

## COLLEGE'S POSITION

Prescribing for a patient solely on the basis of mailed or faxed information, or an electronic questionnaire, or countersigning a prescription issued by another physician, without direct patient contact, is not an acceptable standard of medical practice.

The provision of a prescription to a patient is a medical act. It is the result of a clinical decision made by a physician subsequent to a comprehensive evaluation of the patient by that same physician. This evaluation should be based on a face-to-face encounter with the patient which includes the usual elements of clinical assessment such as the taking of a history, conducting a physical examination and any necessary investigations, and reaching a provisional diagnosis. Patient records should clearly reflect that the pertinent elements of the patient evaluation have been completed and documented.

In situations where the patient is known to the physician, and where he or she has current knowledge of the patient's clinical status from previous encounters, a prescription may be provided on the basis of a more focused clinical evaluation. If the physician is part of a group practice or a call group, he or she may choose to accept a previous patient evaluation by an associate as the basis for further prescribing. However, under such circumstances, the prescribing physician would retain the professional responsibility for the prescription that he or she has written.

If a medication is prescribed, physicians have a responsibility to advise the patient about such matters as drug effects and interactions, side effects, contraindications, precautions, and any other information pertinent to their use of the medication. There is an obligation for the prescribing physician to arrange appropriate follow-up, either personally or with the most responsible physician.