

REGULATION RESPECTING THE STANDARDS RELATING TO PRESCRIPTIONS MADE BY A PHYSICIAN

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MEDICAL ACT

(c. M-9, s. 19, 1st paragraph, subparagraph d)

Division I

General provisions

1. The purpose of this Regulation is to define standards relating to the form and content of individual and collective prescriptions issued by a physician.
2. In this Regulation, the following terms mean:
 - (1) “individual prescription”: a prescription given by a physician to a professional or an authorized person, specifying the medications, treatments, examinations or other forms of care to be provided to a patient, the circumstances in which they may be provided and the possible contraindications;
 - (2) “collective prescription” a prescription given by a physician or a group of physicians to a professional or an authorized person, specifying the medications, treatments, examinations or other forms of care to be provided to a group of persons or for clinical situations stipulated in this prescription, the circumstances in which they may be provided and the possible contraindications;
 - (3) “institution” an institution within the meaning of the Act respecting health services and social services (R.S.Q., c.S-4.2) or the Act respecting health services and social services for Cree Native persons (R.S.Q., c.S-5);
 - (4) “external medical protocol”: a description of procedures, methods, limits or standards applicable to a specific clinical condition in an institution or published by the *Institut national d'excellence en santé et en services sociaux*; if the prescription is related to a clinical condition contemplated by a medical protocol published by the *Institut national d'excellence en santé et en services sociaux*, it must refer entirely to the medical protocol published by that agency and a reference includes any later modification made to that protocol;
 - (5) “authorized person”: a person authorized within the framework of a regulation adopted by the Collège des médecins du Québec in application of sub-paragraph (h) of section 94 of the Professional Code (c. C-26) to engage in a professional activity reserved for its members on condition of having a medical prescription.
3. The prescription must not contain a name or a logo of products, services or of suppliers of products or services.

A physician who uses a technological tool for writing a prescription must make sure that the application, including any decision-making aids, do not propagate or encourage the propagation of any form of the promotion of products, services or of any suppliers of products or services in particular.

Division II
STANDARDS APPLICABLE TO AN INDIVIDUAL PRESCRIPTION

§1. General standards applicable to an individual prescription

4. A physician writing an individual prescription must include in it:
 - (1) his or her name printed or written in block letters;
 - (2) the number of his or her permit to practice;
 - (3) the name, telephone number and mailing address of the institution or clinical setting where he or she wishes to be reached with respect to this prescription;
 - (4) the patient's name;
 - (5) the patient's date of birth or *Régie de l'assurance maladie du Québec* number;
 - (6) the date the prescription was written;
 - (7) the validity period of the prescription, when justified by the patient's clinical condition;
 - (8) if appropriate, any contraindication or other information required by the patient's clinical condition;
 - (9) his or her signature.
5. During a patient's stay in an institution, the physician may write an individual prescription not showing the name of the institution or clinical setting and the telephone number and mailing address where the physician can be reached with respect to this prescription.
6. Subject to exceptions provided herein, the validity period of an individual prescription is not limited in time unless otherwise indicated by the physician.
7. An individual prescription must be legible and any unused portion of the prescription form must be crossed out with a diagonal line.
8. The terms "known use" and "as prescribed" or any other indication to that effect appearing on an individual prescription are prohibited.

§2. An individual prescription for a medication

9. An individual prescription for a medication must contain:
 - (1) the full name of the medication;
 - (2) the treatment dose, including the pharmaceutical form, concentration, where appropriate, and the dosage;
 - (3) the method of administration;
 - (4) the duration of treatment or the amount prescribed;

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- (5) the name of any medication that the patient must stop using;
 - (6) any prohibition on substitution of medications for each medication, when the situation of the person requires; the prohibition on substituting may not be pre-printed or automatically placed on a prescription using electronic media.
- 10.** A physician who issues an individual prescription for medications may indicate on it that no extension is authorized.
- 11.** An individual prescription for a medication is valid for a maximum of 24 months from the date of its signature unless the physician has indicated a different validity period.
- 12.** During a patient's stay in an institution, when an individual prescription is for a medication covered by a medication utilization rule approved by the Board of Directors of the institution or by a collective prescription, a physician may issue an individual prescription to be dispensed by the pharmacist of that institution on which do not appear:
- (1) the dose, including the pharmaceutical form, concentration, if any, and the dosage;
 - (2) the method of administration;
 - (2) the duration of treatment or the quantity prescribed;
 - (3) the validity period of the prescription.
- 13.** A physician who writes an individual prescription in order to obtain medications for professional usage from a pharmacist must include:
- (1) the physician's name, printed or in block letters, and telephone number, the number of the physician's permit to practice and the physician's signature;
 - (2) the name, pharmaceutical form and quantity of the medication;
 - (3) the reference "professional usage".

§ 3. An individual prescription for an examination or a laboratory test

- 14.** An individual prescription for an examination or a laboratory test must indicate contain the nature of the examination and the clinical information necessary for the execution or interpretation of that examination or test.
- 15.** The physician may issue a non-nominative individual prescription which show an identifier of his or her choice, allowing the patient concerned to be associated with the result of the request for a laboratory test to screen for a sexually transmitted or blood-borne infection as part of the national public health program implemented pursuant to the Public Health Act (c. S-2.2).

§ 4. Individual prescription for a treatment

- 16.** An individual prescription for a treatment must indicate the nature of the treatment, the clinical information necessary for the execution of the treatment and, where appropriate, the description and duration of the treatment.

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§ 5. *Individual prescription for a device*

17. An individual prescription for a device other than ophthalmic lenses must list the main characteristics of the device and the clinical information necessary for its execution.
18. An individual prescription for ophthalmic lenses must contain:
 - (1) their spherical, cylindrical or prismatic strength expressed in dioptres, and if any, the addition;
 - (2) the eye-lens distance at the time of the eye examination, when required for making the lenses;
 - (3) the visual acuity, when 6/6 vision is not achieved with correction.

§ 6. *An individual prescription intended to adjust medical treatments, drug therapy, medications or other substances or initiate diagnostic or therapeutic measures*

19. An individual prescription intended to adjust medical treatments, drug therapy, drugs or other substances or one that is intended to initiate diagnostic or therapeutic measures or drug therapy must be issued in writing and include the following information:
 - (1) the professional or qualified person who can execute the prescription and the necessary professional requirements, if any;
 - (2) the indications giving rise to the use of the prescription intended to initiate or the intention or therapeutic target of the prescription intended to adjust;
 - (3) the limits or the situations in which the patient must be sent to a physician or another professional;
 - (4) the form of communication and the information that must be included to ensure medical follow-up with the attending physician;
 - (5) the medical protocol or the reference to an external medical protocol.

Division III

STANDARDS RELATING TO THE FORM OF COMMUNICATION OF AN INDIVIDUAL PRESCRIPTION

20. A physician who writes an individual prescription must include in it:
 - (1) his or her name and the number of his or her permit to practice;
 - (2) The information relative to the individual prescription mentioned in Division II.

This prescription must then be included in the medical record.

For the purposes of this regulation, a planned message sent between two professionals or between a physician and a qualified person by texting on a mobile device constitutes a verbal prescription.

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21. A physician may issue an individual verbal prescription only to a professional or a qualified person.

The physician must ensure that there is only one professional or only one qualified intermediary person between the physician and the final recipient of a verbal prescription.

The physician must ensure that the professional or qualified person who receives his or her verbal prescription transmits it in writing to the final recipient.

22. The physician who issues an individual prescription by fax must:

- (1) fax the prescription to the professional or the qualified person selected by the patient; the name of this professional or this person or his or her place of practice, fax number and the date and time of transmission must appear clearly on the prescription;
- (2) fax the prescription to the professional or the qualified person from a location that allows the source of the fax to be identified;
- (3) respond to any request for authentication from a professional or a qualified person;
- (4) place or have placed the prescription so faxed in the patient's record.

23. A physician who sends a prescription using information technology must use a technology that allows ensuring its confidentiality and inclusion of the physician's digital signature.

Division IV

STANDARDS RELATED TO COLLECTIVE PRESCRIPTIONS

24. A collective prescription must be issued in writing and contain the following information:

- (1) the date of coming into force;
- (2) the name of the collective prescription and its purpose;
- (3) the professionals or the qualified persons who can execute the prescription and the professional requirements necessary, if any;
- (4) the circumstances, such as the group of people or the clinical situation targeted;
- (5) the professional activity contemplated by the prescription;
- (6) the indications giving rise to the use of the prescription;
- (7) the intention or the therapeutic target, when the activity consists of adjusting a medication, substance or treatment;
- (8) the medical protocol or the reference to an external medical protocol;
- (9) the contra-indications, if any;

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- (10) the limits or the situations for which the patient must be directed to a physician;
 - (11) the name of the responding physician or a procedure allowing the identification of a respondent at the time when the prescription is individualized, as well as the responsibilities of the responding physician;
 - (12) reference tools, if any;
 - (13) sources;
 - (14) the last prescription review date;
 - (15) the name, printed or in block letters, telephone number and permit to practice number of each of the prescribing physicians;
 - (16) the form of communication and information that must be conveyed to ensure follow-up by the attending physician;
 - (17) the signature of the prescribing physicians and the responding physician if the latter is not a prescriber or, at an institution, of the Council of Physicians, Dentists and Pharmacists.
- 25.** The content of the collective prescription must be revised no later than every 36 months.
- 26.** This regulation replaces the Regulation respecting the standards relating to prescriptions made by a physician (c. M-9, r. 25).
- 27.** *(Omitted).*