



Policy Name:	Prescribing Policy for Residents
Application/ Scope:	All PGME Residency Programs
Approved (Date):	FPGME Executive Committee, May 14, 2013; updated August 27, 2013
Review Date:	
Revised (Date):	
Approved By:	Faculty Executive Council, Sept. 10. 2013

BACKGROUND

Residents are allowed to write prescriptions but only within the confines of Provincial policies and guidelines of the College of Physicians and Surgeons of Manitoba, Doctors Manitoba, Manitoba Health and the Manitoba Pharmaceutical Association. The requirements of these regulatory bodies are reflected in this document. This policy does not apply to the routine writing of in-hospital orders in the patient chart.

DEFINITIONS

CPSM - College of Physicians and Surgeons of Manitoba

DPIN - an electronic, on-line, point-of-sale drug system maintained by the Government of Manitoba's Ministry of Health. It links all community pharmacies (but not pharmacies in hospitals or nursing homes/personal care homes) and captures information about all Manitoba residents, including most prescriptions dispensed to persons holding First Nation status.

M3P - Manitoba Prescribing Practices Program

MCCQE Part II (LMCC II) - Medical Council of Canada Qualifying Examination Part II

PGME – Postgraduate Medical Education

PGY – refers to resident training year, that is PGY-2, is postgraduate trainee or resident, second year

1. PURPOSE

- 1.1 Identify when PGME residents may write prescriptions that will be dispensed out of hospitals. This applies to both electronic and paper-based prescription writing.

2. STATEMENT OF POLICY

- 2.1 Residents who have a full medical licence may write a prescription for inpatients or outpatients.
- 2.2 Residents who have completed 18 months of residency, are in good educational standing have passed the Medical Council of Canada Qualifying Examination Part II (MCCQE Part 2), and have attended the Prescription Writing Course through the Faculty of Medicine, PGME Core Curriculum, may write a prescription for inpatients or outpatients.
 - 2.2.1 Visa sponsored trainees do not take the MCCQE Part I or Part II and are not qualified to sign outpatient prescriptions.
- 2.3 Residents may only write prescriptions for inpatients and outpatients with whom they have an established doctor-patient relationship within the context of their Residency Program or in officially approved moonlighting settings. A record of the history, physical treatment and/or drug prescribed must exist and must be maintained as a medical record.
 - 2.3.1 The name of the Attending Physician must appear on the prescription.
- 2.4 Residents **must not** write prescriptions for themselves, immediate family or significant other as per CPSM Statement 148.
- 2.5 Residents may prescribe any appropriate medication, including controlled drugs, targeted substances and codeine-containing compounds not to exceed thirty (30) mg of codeine per dose, but cannot prescribe any other narcotic or any medication that is covered by the Manitoba Prescribing Practices Program (M3P).
- 2.6 The following outpatient prescribing restrictions are placed on residents:
 - 2.6.1 Prescribing quantity cannot exceed three months supply.
 - 2.6.2 Refills of prescriptions are not allowed.
 - 2.6.3 Residents may not approve over-the-phone prescription refills.
- 2.7 Failure to comply with these policies may result in discipline, including termination of the resident from their Residency Program.

3. PROCEDURES

- 3.1 Residents who are enrolled on the educational register of the College of Physicians and Surgeons of Manitoba and who may be eligible to write prescriptions must complete a Confirmation of Resident Qualification to Prescribe form and submit the completed form to the Residency Program Director (see Appendix 1).
 - 3.1.1 The Residency Program Director will keep the completed Confirmation of Resident Qualification to Prescribe form in the resident file.
- 3.2 The Residency Program Director will complete a letter of support confirming that the resident is enrolled in the Residency Program, and is in good standing and forward to the Associate Dean, PGME for his/her signature (see Appendix 2).
- 3.3 The Faculty of Medicine PGME Office will do the following:
 - 3.3.1 Send a copy of the signed letter to CPSM.

- 3.3.2 keep a copy of the signed letter in a file of all residents with prescribing privileges
 - 3.3.3 Return a copy of the signed letter to the Residency Program Director to be placed in the resident's file.
- 3.4 As required by the Manitoba Pharmaceutical Association, residents must legibly identify on the prescription the following:
- 3.4.1 The resident's printed name and signature
 - 3.4.2 The resident's pager telephone number
 - 3.4.3 The resident's PGY level
 - 3.4.4 The name of the fully registered physician who is the Supervisor in respect to that specific physician/patient interaction
 - 3.4.5 Diagnosis or clinical indication (critical for patient care, patient safety and successful implementation of treatment plans)
 - 3.4.6 Treatment goal (as in 3.4.5)
 - 3.4.7 Cannot exceed 3 month supply
 - 3.4.8 No refills
- 3.5 Appropriate documentation must be placed in the patient's file.
- 3.5.1 This must include the name of the drug, the drug, dose and the amount of drug prescribed.
 - 3.5.2 This may be done by placing a photocopy of the prescription in the patient's file, or by transcribing the information into the file as part of a discharge summary.
- 3.6 Residents must know and must follow documentation requirements for writing narcotic / controlled substance prescriptions – this information is taught within the context of the Prescription Writing Course of the Faculty of Medicine, PGME Core Curriculum and by the Residency Program.
- 3.7 Residents working on off-service rotations must be aware of any Department/Section and Residency Program policies governing that Department and Residency Program.
- 3.8 The Faculty Lead, PGME Core Curriculum in conjunction with the College of Physicians and Surgeons of Manitoba and the Manitoba Pharmaceutical Association will arrange the Outpatient Prescribing Session(s) for limited resident outpatient prescribing. To be eligible for prescribing privileges, residents must meet the following criteria:
- 3.8.1 Must have passed the MCCQE Part II
 - 3.8.2 Must be in good educational standing
 - 3.8.3 Must have attended the Prescription writing Course co-sponsored by the Faculty of Medicine PGME Core Curriculum, the College of Physicians and Surgeons of Manitoba and the Manitoba Pharmaceutical Association.

POLICY CONTACT: Associate Dean, PGME

REFERENCE

College of Physicians and Surgeons of Manitoba BY-LAW #5, PRESCRIBING PRACTICES
<http://cpsm.mb.ca/cij39alckF30a/wp-content/uploads/By-Law-5.pdf>

College of Physicians and Surgeons of Manitoba, Pharmacy Statements
<http://cpsm.mb.ca/about-the-college/by-laws-code-of-conduct-statements-and-guidelines/statements/pharmacy-statements>

College of Physicians and Surgeons of Manitoba, Statement No. 148 – Prescribing and Treatment: Self & Family, Revision Exec 04-02
<http://cpsm.mb.ca/statement-no-148-prescribing-and-treatment-self-family>

Manitoba Pharmaceutical Association, Prescribing Authority Table, July 2013
<http://mpa.in1touch.org/uploaded/web/Legislation/Prescribing%20Authority%20July%202013.pdf>

Manitoba Prescribing Practices Program (M3P), Revised January 2013
<http://mpa.in1touch.org/uploaded/38/web/Revised%20Manitoba%20Prescribing%20Practices%20Program%202013.pdf>



**APPENDIX 1:
FACULTY OF MEDICINE, PGME PROGRAM
Confirmation of Resident Qualifications to Prescribe**

I, _____ of _____

In the Province of _____ attest to the following:

1. I am on the Educational Register of the College of Physicians and Surgeons of Manitoba (CPSM), and in good standing.
2. I am registered with the Division of Postgraduate Medical Education at the University of Manitoba.
3. I have successfully completed the MCCQE Part 2.
4. I have attended the Prescription Writing Course through the Faculty of Medicine, PGME Core Curriculum on limited resident prescribing.

Resident Name (print)

Witness (print)

Resident Signature

Witness Signature

CPSM License #

Date



**APPENDIX 2:
FACULTY OF MEDICINE, PGME PROGRAM
Residency Program Director & Associate Dean, PGME
Template Letter of Support to the CPSM**

Date

Dr. W. Pope
Registrar, College of Physicians and Surgeons of Manitoba
1000 – 1661 Portage Avenue
Winnipeg, MB
R3J 3T7

Dear Dr. Pope:

Re: __DR. RESIDENT NAME _____

Dr. _____ is currently a resident enrolled in the _____
Program at the University of Manitoba. This resident is in good standing academically, ethically
and professionally. I have no concerns regarding this resident enrolled in the Limited Prescribing
Program under the auspices of the College of Physicians and Surgeons of Manitoba and the
University of Manitoba.

Yours Truly,

Signature
Residency Program Director Name
Residency Program Director, Program
University of Manitoba

Signature
Associate Dean,
Postgraduate Medical Education
University of Manitoba

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