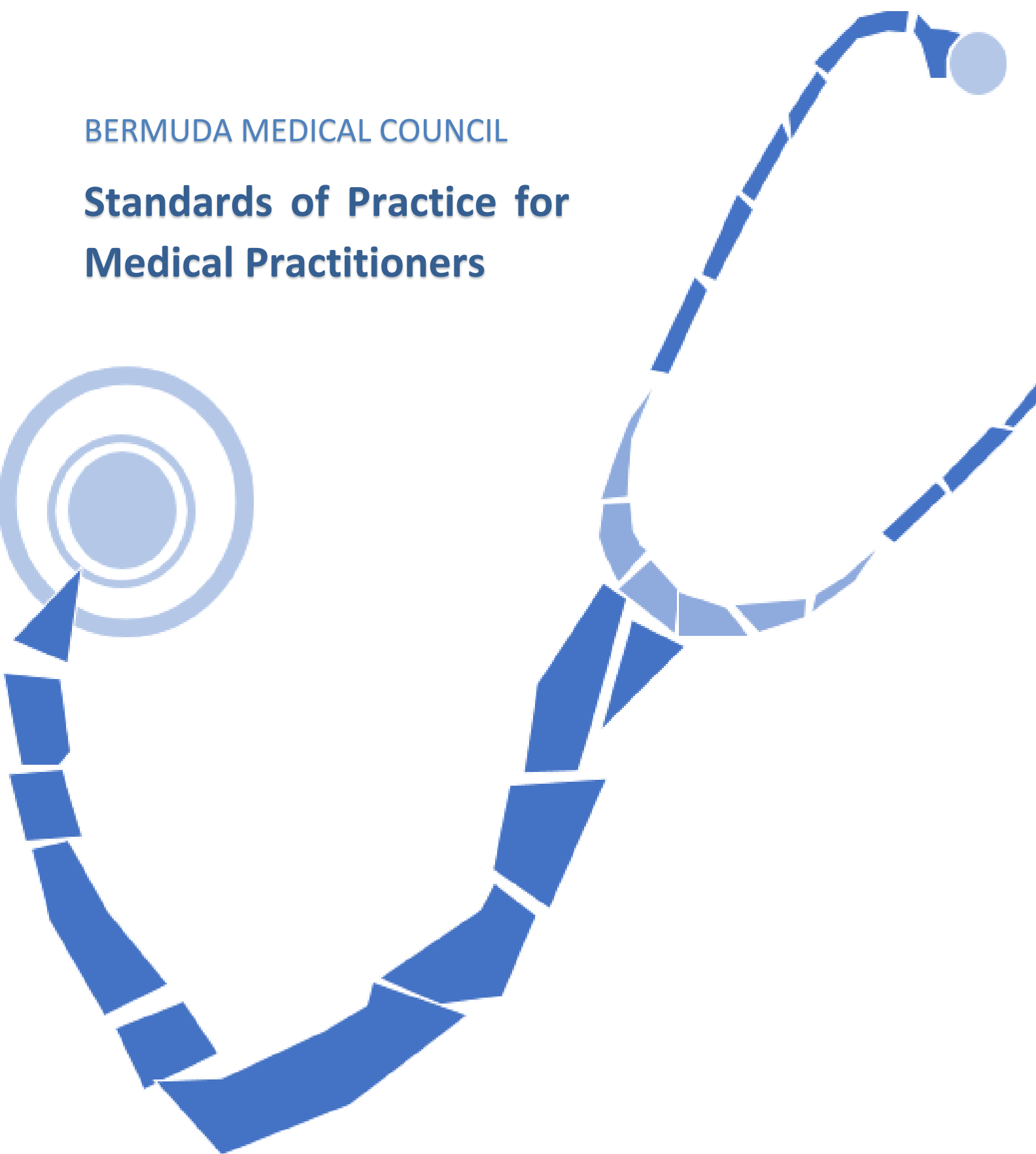


BERMUDA MEDICAL COUNCIL

Standards of Practice for Medical Practitioners



BERMUDA MEDICAL COUNCIL

Standards of Practice

for Medical Practitioners

Version July 2020

Table of Contents

Table of Contents	2
Messages from the Bermuda Medical Council	4
How the Standards of Practice applies to you	6
1. Clinical Care Quality	7
Maintaining and improving professional performance	7
Maintaining good health and well-being	7
Public health	8
2. Scope of Practice	9
3. Ethics, Integrity and Professionalism	11
Professional Boundaries	11
Medical Reports and Records	11
Financial and Commercial Dealings	11
Sale of Products by Physicians	12
Conflict of Interest	12
Self-interest referrals	12
Prescriptions	13
Self-prescribing and treating close family members	13
Research.....	14
4. Relationships with patients	14
Confidentiality.....	14
Release of patient records.....	15
Consent	15
Complaints handling	15
End of life care	16
5. Fees	16
Advising of fees in advance of appointment	16
Fee schedules and legislation related to fees.....	16
Uninsured medical expenses	17
6. Promotional Advertising	17

7.	Working with colleagues	18
	Referral for consultation and transfer of care	18
	Arranging office coverage (delegation)	18
	Closing a medical practice.....	19
	Appendix I – Patient Record Standards	20
	Appendix II – Prescription requirements	21
	Bibliography	22

Messages from the Bermuda Medical Council

Bermuda Medical Council Executive Officer

Since the first publication of the *Standards of Practice for Medical Practitioners* in 2013, several situations highlighted the need for more detailed guidance for the profession and for the public with regard to medical practitioners' professional conduct. The Bermuda Medical Council has incorporated these situations in this updated version of the Standards of Practice. We trust that this version will provide the necessary guidance for medical practitioners and for our health system partners, including the general public.

Challenges within the Bermuda health system have escalated in the past 7 years: health system complexity, historic financial constraints, unabated chronic disease prevalence, and the unprecedented public health crisis of the COVID-19 pandemic. Although collaboration between health system partners and advocacy groups have advanced due to the real-world pressures, numerous obstacles remain. To the extent that the medical professional community can be unified and coordinated in its efforts to overcome these obstacles, the better the prognosis for the health system. The aims of the *Standards of Practice for Medical Practitioners* are to guide the profession toward systematic improvements to achieve the highest quality, best value, and the most ethical health care for Bermuda.

Cheryl Peek-Ball, MD, MPH
Chief Medical Officer

Bermuda Medical Council Chairman

In this changing world, and yes, that includes Bermuda, the *Standards of Medical Practice* was developed to provide a written document to outline acceptable behaviors from the medical community. Often, our actions may be related to culture and tradition, but not necessarily good moral or ethical practice. The Bermuda Medical Council seeks to provide practice standards, in collaboration with the physician population, for clinical and business practices acceptable in the 21st Century. This document also serves to inform patients with regard to their expectations and rights within the doctor-patient relationship. We hope that this document will be read and considered by physicians for all aspects of medical care provided to patients, especially during these difficult months of the pandemic of 2020.

Fiona Ross MD, BMC Chairman

July 2020

How the Standards of Practice applies to you

The guidance that follows describes what is expected of all physicians registered with the Bermuda Medical Council. A physician means a registered medical practitioner, registered person or specialist as per the Medical Practitioners Act 1950¹, and amended in 2016. *Standards of Practice for Medical Practitioners* detail the principles and values on which good medical practice is based.

The *Standards* were initially developed in collaboration with the Bermuda Health Council; included wide consultation with the medical profession; and was compared with standards in Australia, Canada, United States, and United Kingdom. They are addressed to physicians, but are intended to let the public know what they can expect from physicians. It is your responsibility to know the contents of these guidelines and to follow them. These guidelines are not a statutory instrument. However, these standards represent the 'Code of Conduct' for medical practitioners referred to in legislation, The Medical Practitioners Act 1950. You must use your judgement to apply the principles to the unique circumstances of each situation you will face as a physician. Serious or persistent failure to follow this guidance may have consequences for your registration and/or for your Good Standing status with the Bermuda Medical Council.

In the *Standards*, the term “**must**” refers to a legislative or mandatory requirement; the term “should” means the physician may exercise reasonable discretion as the principle may not apply in all situations or circumstances. The pronoun “he” is used to refer to both genders.

¹ The Medical Practitioners Act 1950 is accessible online at www.bermudalaws.bm.

1. Clinical Care Quality

1.1. Physicians must provide good clinical care. When providing good clinical care:

- Provide treatment that is safe, evidence-based and in the patient's best interests
- Assess the patient's condition(s), understanding the medical history (the history includes relevant psychological, social and cultural factors) and the patient's views
- Examine the patient as necessary
- Create and implement an appropriate management plan
- Provide advice, arrange investigations or treatment where necessary
- Respect the patient's right to make his own decision and seek a second opinion

Maintaining and improving professional performance

1.2. Physicians must develop and maintain their knowledge, skills and clinical practice as the medical field develops and technologies evolve. To maintain performance a physician should:

- Comply with the Bermuda Medical Council requirement to maintain and document continuing medical education (CME) hours; and for audit purposes provide evidence of these hours when requested by the Council
- Comply with the Bermuda Medical Council requirement to maintain valid medical indemnity protection (or malpractice insurance); and for audit purposes provide evidence of this when requested by the Council
- Participate in relevant professional development, practice improvement and performance appraisal processes to continually develop professional capabilities
- Adhere to relevant guidelines, regulations and legislation that affect clinical practice
- Maintain adequate professional practice hours to assure ongoing professional competence

Maintaining good health and well-being

1.3. Physicians should maintain their own health and wellbeing. To maintain his own health and wellbeing, a physician should:

- Strongly consider immunization against common, serious communicable diseases where vaccines are available
- Consult a qualified colleague without delay if you think you may be infected with a serious communicable disease and ensure that your condition does not pose any risk to patients or others. If such a risk exists, the Bermuda Medical Council must be informed as soon as possible.
- Strive to maintain a healthy work-life balance

1.4. Physicians should support the health and wellbeing of their colleagues. When doing so a physician should:

- Encourage colleagues who require care to seek appropriate help

- Follow the reporting guidelines as per Section 13A of the Medical Practitioners Act 1950 which refer to mandatory reporting of impaired registered persons
- Notify the Bermuda Medical Council if he is treating a physician whose ability to practice may be compromised (as defined in Section 15 (2) of the Medical Practitioners Act 1950)

Public health

1.5. Physicians should promote the health of the community through disease prevention, control, education and screening. This includes understanding the principles of public health and reporting communicable and reportable diseases to the Department of Health. Physicians should report the following information to the relevant authorities:

Public Health Issue	Legislation	Report to:	When
Births, Still-Births, Deaths*	Registration (Births and Deaths) Acts 1949 <i>Sections 6 and 11</i>	Births: Registrar-General and Chief Medical Officer Deaths: Registrar-General (If the coroner indicates an inquest must be held, the medical practitioner does not need to notify the Registrar-General)	Births: Must notify of birth within 48 hours Deaths: The medical practitioner must send notice within 48 hours of the death or, if needed, after an examination of the body
Child Abuse*	Children Act 1998 <i>Section 20</i>	Director of Child and Family Services	As soon as it is suspected
Senior Abuse* And Vulnerable Persons abuse	Senior Abuse Register Act 2008 <i>Section 8</i>	Registrar of Senior Abuse (the Acting Manager, National Office for Seniors and the Physically Challenged)	As soon as it is suspected along with the supporting evidence
Communicable and Reportable Diseases*	Public Health Act 1949 <i>Section 68 (1) (b)</i>	Government Medical Officer (orally or in writing); function delegated to the Epidemiology and Surveillance Unit in the Office of the Chief Medical Officer	As soon as aware or suspect a patient has a communicable disease as per the Act
Communicable and reportable Diseases and select non-communicable chronic diseases	International Health Regulations 2005*	Communicable and reportable diseases: Office of the Chief Medical Officer who reports to the World Health Organization about smallpox, poliomyelitis due to wild-type poliovirus, human influenza caused by new subtypes and SARS or any other public health emergency of international concern Non-communicable chronic diseases: The Epidemiology and Surveillance Unit in the Office of the Chief Medical Officer about diabetes, heart disease, and select cancers	Timely notification as requested

Public Health Issue	Legislation	Report to:	When
Controlled Drugs*	Misuse of Drugs Act 1972 Section 20 (1)	Minister	Upon request by the Minister or if concern is raised about extensive misuse of controlled drugs
Vaccinations (those given against communicable diseases)	For reporting to World Health Organization and Pan American Health Organization	Chief Medical Officer	At regular intervals
Gunshot Wounds	No current legislation	No legal obligation to report due to confidentiality. Police are usually aware due to public information and the nature of offence. There is reporting of non-accidental injuries to the Epidemiology and Surveillance Unit of Department of Health.	As soon as information received about the nature of the injury; weekly surveillance by the Department of Health
Impaired Driving	Motor Car Act 1951, section 88 (2)	Director of TCD Minister of Tourism Development & Transport (refers matter to the Medical Reference Committee)	As soon as reasonably possible
Occupational Safety/Accidents*	Occupational Safety & Health Act 1982 Section 3D Occupational; Safety & Health Regulations 2009 Section 26	Minister Employer (given notice of disease, illness or injury) Chief Medical Officer/Government Medical Officer (giving notice of disease, illness or injury)	No time frame listed, but can be assumed that it is as soon as reasonably possible
Disability or Medical Incapacity to work	Occupational Safety & Health Act 1982, section 3D	Chief Medical Officer	As requested by government's Staff Medical Board

*These are legal requirements that must be reported. All legislation is available online at www.bermulaws.bm.

2. Scope of Practice

2.1. Physicians must practice within the skills and knowledge of their training. When delivering medical care, a physician must:

- Advise patients about his level of skill and training as required
- Display or make available copies of his qualifications that attest to training
- Only use specialty designations for which they have been registered by the Bermuda Medical Council

- Inform BMC of changes in scope of practice and provide relevant evidence of training and proficiency when requested

Ethics, Integrity and Professionalism

2.2. Physicians must uphold the principles of ethical conduct and standards of behaviour.

Professional Boundaries

2.3. When maintaining professional boundaries a physician must:

- Never use his position to pursue a sexual, or other inappropriate relationship with a patient
- Aim to provide the most evidence-based treatments and advice
- Never allow professional and clinical duties to be improperly influenced by personal or financial interests
- Never use his position to exploit the patient

Medical Reports

2.4. Physicians are trusted with the authority to sign a variety of documents such as death certificates and sickness certificates on the assumption that their signatures are based on information they know or reasonably believe to be true. To maintain this trust, physicians must:

- Sign documents he believes to be accurate and verify the information before signing a report or certificate
- If requested to provide evidence or act as a witness in litigation or formal inquiries, be honest in spoken and written statements and ensure clear limits of his knowledge or competence are communicated
- Conduct a physical assessment of the patient prior to signing a sickness certificate; a certificate should not be provided where a doctor believes that there is insufficient evidence of disability

Financial and Commercial Dealings

2.5. Physicians should be honest and transparent in all financial arrangements with patients and colleagues and where they have financial interests. A physician should avoid encouraging patients to give, lend, and bequeath money or gifts that will benefit him directly or indirectly. This includes being involved with loans or investment schemes with patients. When being transparent a physician must:

- Publicly declare, by posting in a visible location in their office, any financial or commercial interest he or his family has in any aspect of the patient's care
- Declare any financial or professional interest he has in a product that may be used in the care of patients

Sale of Products by Physicians

- 2.6. Physicians should facilitate patient access to medical products as required. A product is any item for consumption, device, or appliance offered for the diagnosis, cure, alleviation or prevention of disease, disorders or injuries in a patient. For quality assurance purposes in the event of international recalls, the physician must also keep records of the sale including the price, name of the manufacturer and supplier, date the product was supplied to the physician, expiry date and any additional costs to the physician.

Physicians must declare a financial interest in any medical products or other therapeutics which are recommended to their patients

Conflict of Interest

- 2.7. Physicians should avoid conflicts of interest which could affect patient care. A conflict of interest arises when a physician entrusted with the care of his patient also has financial, professional or personal interests or relationships with third parties, which may affect the patient's care.
- 2.8. In a small community, conflicts of interests are inevitable; however a physician should notify patients about his interest by written notice displayed in the office. When making appropriate disclosure a physician must:
- Act in a patient's best interests when making referrals, providing treatment or delivering care
 - Be aware of conflicts of interest in relation to prescriptions, diagnostic tests, and medical devices
 - Avoid accepting any inducement, gift or hospitality which may affect the way you prescribe for, treat or refer patients

Self-interest referrals

- 2.9. If a referral must be made to a facility in which a physician has a financial interest, the physician must provide full disclosure of that interest verbally or in writing to patients.
- 2.10. When making referrals give the patient a list of effective alternative resources and assure them that they will not be treated differently if they choose an alternative professional or facility.
- 2.11. Make referrals based only on the clinical needs of the patient and accepted medical standards of care.
- 2.12. When changing practices, physicians should not coerce patients to leave one practice to join them at another.

Prescriptions

- 2.13. Physicians should follow best practice prescribing guidelines for patients with common conditions.
- 2.14. Physicians should follow reasonable standards for the number of days' (e.g. 90 or 100 days) supply of medicines when writing repeat prescriptions for people with chronic conditions once dosage is stabilized.
- 2.15. Physicians should prescribe safe, effective treatments based on the best available scientific evidence and avoid prescribing medications that are not recommended by the manufacturer for the prescribed use.
- 2.16. Physicians should ensure their patient's prescription authorizes the pharmacist to dispense a generic equivalent when such a product is clinically appropriate and available at a lesser price than the brand name prescribed.
- 2.17. When prescribing drugs listed in the Pharmacy and Poisons Act 1979 Schedule 3 or 4 or the Misuse of Drugs Act 1972 Schedule 2, physicians must adhere to the legislative requirements² regarding importation, prescribing, and record keeping.
- 2.18. When prescribing medications that require laboratory monitoring physicians must ensure that monitoring guidelines are followed.
- 2.19. When prescribing Cannabis products for medical use physicians must be able to provide documented evidence of training in the prescribing of such products to the satisfaction of the Bermuda Medical Council.

Self-prescribing and treating close family members

- 2.20. Physicians should not serve as a primary or regular care provider for members of their immediate families or assume care for closely associated employees. Professional objectivity may be compromised when an immediate family member is the patient. Exceptions are allowed for routine care for short-term minor problems in emergency or isolated settings.
- 2.21. Physicians should avoid self-treatment. In emergency settings or isolated settings where there is no other qualified physician available, physicians may treat themselves or family members until another physician becomes available.
- 2.22. Physicians must not write prescriptions for controlled substances for themselves or immediate family members. For patients with whom they do not have an ongoing professional relationship, physicians must write prescriptions only in emergency situations.

² The legislative requirements for importation, prescribing and record keeping are detailed in Appendix II and include provisions within the Misuse of Drugs Act 1972.

Research

- 2.23. Physicians may conduct research involving humans to improve the care and quality of life for the community. When conducting research, a physician must follow the Department of Health Research Governance Framework (2008), which requires approval from the Bermuda Hospitals Board Research Ethics Committee. When conducting research a physician should:
- Treat participants with respect
 - Act with integrity and honesty
 - Disclose any potential or actual conflicts of interest to patients
 - Ensure that human participation is voluntary and based on informed consent
 - Monitor research progress and promptly notify authorities of any adverse events or outcomes
 - Allow participants to withdraw from the research at any time without requiring a reason
 - Follow guidelines regarding publication of findings, authorship and peer review

3. Relationships with patients

Confidentiality

- 3.1. Physicians must maintain patient confidentiality even after a patient's death unless release of information is required by law or public interest considerations or with the consent of the patient.
- 3.2. Physicians must not disclose personal health information to anyone including, but not limited to a patient's spouse, partner, children, siblings, family members and/or any third parties, without the patient's prior written consent. Minors, and other persons in respect of whom mandatory reporting is required, must be advised of limits to confidentiality. Physicians are encouraged to routinely obtain signed "release of medical information consent" from patients in advance of care to prepare for emergencies when consent cannot be obtained.
- 3.3 Physicians must be mindful of Privacy Legislation to assure compliance.

Release of patient records

- 3.4 Physicians have a duty to maintain accurate and up to date patient records. Physicians should record each patient contact using a standard recording format. Suggested guidelines for record keeping are included in Appendix I. The record is a confidential document involving the patient-physician relationship and should not be communicated to a third party without the patient's prior written consent, unless required by law or to protect the welfare of the individual or the community. Patient records must be transferred in a timely fashion and a charge should be nominal administrative fee (for example 50 cent per page).
- 3.5 If a patient requests medical records in writing, a physician must provide a copy or a summary of the record to the patient or to another physician, an attorney, or other person designated by the patient. Medical records must not be withheld from the patient because of an unpaid bill for medical services or for any other reason.

Consent

- 3.6 Physicians are responsible for obtaining patient consent before performing a procedure. The physician must give information to patients in a way that they can understand before asking for consent. This includes informing patients about health risks, benefits of procedures, and all fees and charges related to your services.
- 3.7 Patients should be given an opportunity to clarify information before proceeding with treatment. Written consent must be obtained before performing a surgical procedure or operation.
- 3.8 If a patient lacks capacity to consent, the physician should make all reasonable attempts to reach the person with the legal authority to consent. Where consent cannot be obtained, medical treatment may be provided if immediately necessary to save life or avoid significant deterioration of health.

Complaints handling

- 3.9 Physicians should acknowledge a patient's right to complain to the Bermuda Medical Council and work with the patient to resolve the issue if possible. Patients have a right to complain about their care if they are dissatisfied. A physician must comply with all relevant laws and policies, and ensure the complaint does not adversely affect care.

End of life care

- 3.10 Physicians play a vital role in assisting the community to deal with the reality of death. In providing end of life care, a physician should:
- Take steps to provide or arrange for appropriate palliative care
 - Explain to the patient the limits of medicine in prolonging life
 - Recognize when prolonging life may not benefit the patient and may reduce quality of life
 - Encourage patients to have advanced directives
 - Physicians should show empathy
- 3.11 Physicians do not have a duty to prolong life at any cost. Physicians are encouraged to consult colleagues where there is a difference of opinion about prolonging life or continuing treatment. A physician also has a duty to offer appropriate relief from distress. Communicate to patients and their families so they understand which outcomes are achievable.

4 Fees

Advising of fees in advance of appointment

- 4.1 Physicians must be frank and open in any financial arrangements with patients. Patients have a right to know how much services will cost and how much they will be charged before accepting treatment. A physician must:
- Inform patients about fees and charges before asking for their consent to treatment. A physician can explain that prices are subject to change and offer reduced fees to a specific patient for compassionate reasons.
- 4.2 Physicians should communicate fees for non-clinical services (e.g. copying medical records) and inform patients of any fee to be charged before providing uninsured medical services.
- 4.3 Physicians should post a brief summary of the most commonly used procedures with the fees (including if there is a range) in their office practice. Fees for administrative tasks should be reasonable and fair.

Fee schedules and legislation related to fees

- 4.4 Physicians must be aware of all fee schedules and legislation related to fees that apply to their services. In the absence of a fee schedule, you should charge reasonable and customary fees. A physician must:
- Submit health claims on behalf of insured patients and charge according to the relevant fee schedule

- Follow billing rules and use the correct diagnostic and procedural code applicable
- Not submit multiple claims for the same procedure (unless permitted by claims processing rules and standards) or double bill a patient for a procedure
- Not charge or collect an illegal fee. An illegal fee is an amount paid over and above a legislated fee/charge.

Uninsured medical expenses

- 4.5 Physicians must provide medically necessary care in all emergency cases even if collection of a fee may never be possible. A physician may not demand payment in advance for urgent uninsured services that are not readily available elsewhere. A physician must not jeopardize a patient's medical care due to non-payment of uninsured medical expenses.

5 Promotional Advertising

- 5.1 Physicians are responsible for the content of any advertising related to his services. When advertising, a physician must:
- Publish factual and verifiable information about his medical services, scope of practice and credentials
 - Avoid using or promoting non-evidence based procedures or treatment and experimental treatments
 - Reflect fair and accurate information without comparing your services to other physicians
 - Avoid advertisements that guarantee cures, raise unrealistic expectations, or exaggerate claims about the value of a product or service

6 Working with colleagues

- 6.1 Physicians should develop respectful relationships between medical colleagues, nurses and other health professionals. When working as part of a team or in conjunction with medical colleagues a physician should:
- Communicate clearly, effectively, respectfully and promptly with colleagues about patient care
 - Avoid bullying, harassment or discrimination against colleagues
 - Adequately document patient treatment and use this information for referral or transfer of care purposes as appropriate
- 6.2 A secure and private email address is required by all registered medical practitioners in order to communicate sensitive and/or personal health information with colleagues, healthcare facilities and public health authorities.

Referral for consultation and transfer of care

- 6.3 Physicians must appropriately refer or transfer a patient's care to another physician or health professional where required. This is generally for a defined period of time or for a defined treatment. When referring patients for additional care a physician should:
- Know his limitations and recognize the special skills of colleagues who could assist
 - Be aware of the qualifications, experience, knowledge and skills of the physician to which a patient is being referred
 - Explain to the patient the reasons for the referral or transfer
 - Obtain patient agreement about the choice of consultant or primary care physician
 - Document patient disagreement with seeking a consultation in the patient's file as applicable
 - Communicate the patient's medical history, investigation results, and current condition to the referred physician
- 6.4 A specialist physician should receive a written referral (unless it is an emergency) from the patient's general practitioner to provide care to the patient. The specialist physician should communicate to the referring physician the outcome of the referral in the form of a written consultation report. In the absence of a general practitioner, the specialist physician is responsible for providing, and arranging, all necessary after-care.

Arranging office coverage (delegation)

- 6.5 Physicians should make suitable arrangements for patients' medical care when off duty (holiday/sick leave/training). This is known as delegating. A physician should make provisions for effective hand over procedures clearly communicating with colleagues about patient needs. When delegating a physician should:

- Ensure the person to whom he has delegated the responsibility has the qualifications, education, knowledge and skills to provide the care required
- Communicate with the substitute physician about his practice, and the patient's care

6.6 A physician is not responsible or accountable for the decisions and actions of the substitute professionals; however, a physician will still be responsible for the ongoing management of the patient and accountable for the decision to delegate.

Closing a medical practice

6.7 Physicians must give advance notice where possible for closing a medical practice. When closing a medical practice a physician should:

- Notify patients that the practice will cease to exist
- Notify the Bermuda Medical Council in writing about closure, provisions for ongoing patient care and the location and disposition of patient records
- Facilitate arrangements for the ongoing medical care of all current patients

End.

Appendix I – Patient Record Standards

Patient record includes paper-based and electronic formats.

- A. A patient record should contain enough information for any physician or other regulated health professional to be sufficiently informed of the care being provided including:
- Clinical notes
 - Lab and imaging reports
 - Pathology reports
 - Referral letters and consultation reports
 - Hospital summaries
 - Surgical notes
- B. A patient record must contain or provide reference to the following minimum information:
1. Patient’s name, address, phone number, date of birth, gender, and ID number
 2. Dates seen and identity of the physician attending to the patient
 3. Documentation of presenting complaint or injury
 4. Significant prior history
 5. Current medications, allergies and drug sensitivity
 6. Prescription record (when issued, the dose of medication, frequency of administration, duration the patient is to take the medicine, whether there are refills)
 7. Relevant social history including alcohol or drug use or abuse
 8. Relevant family history
 9. Physical examination findings
 10. Diagnoses
 11. Investigations ordered and obtained
 12. Instructions and advice to the patient including follow up care instructions
 13. Reports sent or received regarding the patient’s medical care
- C. In addition a patient record should be legible, written in English and with alterations and corrections to the patient record clearly identified showing the identity of the person making the alteration and the date.
- D. Patient records should be stored for a minimum of ten (10) years³ following the date of last service or in the case of minors, ten years or until two years after the age of majority – whichever is longer.

³ In the case of civil actions, the Limitation Act 1984 requires physicians to keep patient records for six (6) years. Malpractice insurance policies may stipulate longer storage requirements and physicians are encouraged to verify this information directly with the insurer.

Appendix II – Prescription requirements

The following prescription requirements are detailed in the Pharmacy and Poisons Act 1979 and Misuse of Drugs Act 1972 and Regulations.

1. Form of prescription

Prescriptions for controlled and Schedule 3 drugs must adhere to the requirements under the Pharmacy & Poisons Act (s.23) and Misuse of Drugs Regulations (s.10).

2. Importation

A physician must adhere to the following guidelines regarding importation:

- A physician must register with the Office of the CMO to import Schedule 3 drugs used for commercial purposes (s.25 (2), Pharmacy and Poisons Act)
- A physician must obtain a license to import a controlled drug regulated by the Misuse of Drugs Act and Regulations (s.4 & Schedule 2 in the Act and Regulations)
- A Certificate of Official Approval of Import is required for any drug regulated by the International Narcotics Control Board (in accordance with and as a requirement of the International Conventions on Drug Control)

3. Prescribing generics

A physician should ensure their patient's prescription authorizes the pharmacist to dispense a generic equivalent when such a product is clinically appropriate and available at the same or a lesser price than the brand name prescribed (s.24, Pharmacy and Poisons Act).

4. Supply to addicts

No physician can supply drugs listed under the Misuse of Drugs (Supply to Addicts) Regulations 1974 to a patient who is addicted, or there are reasonable grounds to suspect they are addicted, to any drug unless it is a necessary course of treatment for an organic disease or injury or authorized under a license from the Office of the CMO.

5. Records

A physician must keep the following records regarding drugs for a period of 2 years:

- the price at which any Schedule 3 or 4 drugs is purchased and sold (s.50, Pharmacy and Poisons Act)
- the quantity of Schedule 3 and 4 drugs prescribed and dispensing records as prescribed in the Act for any drug supplied (s.46 & 49, Pharmacy and Poisons Act)
- a controlled drug register documenting the quantity and date of when controlled drugs are received and used in their course of practice, in the form prescribed under the Misuse of Drugs Regulations (s.10,13 &14)

6. Storage & disposal of drugs

All controlled and prescription drugs should be stored in an area inaccessible to the public. Controlled drugs are to be kept in a locked cabinet.

A physician must request appropriate disposal by the government pharmacy inspector for the destruction of controlled drugs in their possession that are no longer usable in the course of their practice (s.18, Misuse of Drugs Regulations).

Bibliography

American Medical Association. 2012-13. *American Medical Association's Code of Medical Ethics*. Last accessed 29th July 2020 at <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page>

Australian Medical Council Limited. 2009. *Good Medical Practice: A Code of Conduct for Doctors in Australia*. Last accessed 29th July 2020 at <http://www.amc.org.au/index.php/about/good-medical-practice>

College of Physicians & Surgeons of Alberta. *Standards of Practice: The minimum standard of professional behavior and good practice expected of Alberta physicians*. Last accessed 29th July 2020 at <http://www.cpsa.ca/standardspractice/>

General Medical Council. 2006. *Good Medical Practice*. UK: General Medical Council. Last accessed 4th July 2020 at http://www.gmc-uk.org/guidance/good_medical_practice.asp

Medical Council Ireland. 2009. *Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 7th Edition*. Last accessed 29th July 2020 at <https://medicalcouncil.ie/news-and-publications/reports/guide-to-professional-conduct-ethics-8th-edition.html>

The College of Physicians and Surgeons of Ontario. 2007. *The Practice Guide*. Last accessed 29th July 2020 at <https://www.cpso.on.ca/admin/CPSO/media/Documents/physician/policies-and-guidance/practice-guide/practice-guide.pdf>