
Standards of Practice of the Yukon Medical Council (“the Council”) are the minimum standards of professional behavior and ethical conduct expected of all physicians registered in the Yukon. Standards of Practice will be referenced in the management of complaints and in discipline

1. Background /Summary

Opioid use disorder is a challenging form of addiction facing the health care system. Opioid Agonist Therapy, also known as OAT is a prescribed medical treatment to prevent withdrawal from opioids, such as heroin, fentanyl, percocet, codeine, and hydromorphone. OAT provides a safe and controlled harm reduction and monitoring system for addicts whose goal is to reduce, and eventually cease, using drugs. Liquid methadone is the most common form of OAT, with suboxone as newer alternate, form.

The Council has adopted the British Columbia Centre on Substance Use (BCCSU) [Guideline for the Clinical Management of Opioid Use Disorder](#) and the Yukon Opioid Working Group (OWG) Yukon Guide to Management of Opioid Use Disorder. The BCCSU Guideline for the Clinical Management of Opioid Use Disorder supports the diversity of possible treatments available for individuals with opioid use disorder (OUD).

The Yukon Opioid Working Group and the Council support the varied treatment options available such as treatment using Methadone or Buprenorphine; but strongly recommend initiating opioid agonist treatment (OAT) with Suboxone (buprenorphine + naloxone) whenever feasible to reduce toxicities and facilitate recovery through safe take-home dosing.

With respect to methadone; as of May 19, 2018; the Government of Canada (Office of Controlled Substances) removed the regulatory requirement of authorization for practitioners to prescribe, administer, sell or provide methadone to their patients for opioid dependency or pain management (section 56 class exemption); however, **authorization approval is still required in Yukon through the Yukon Medical Council.**

1. Physicians providing Opioid Agonist Treatment for opioid dependency, must complete the online training for the [BC Provincial Opioid Addiction Treatment Support Program](#).

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2. Physicians wishing to prescribe methadone for opioid dependency or pain management (palliative or chronic care), must apply for authorization by submitting an application form and receive approval by the Council prior to providing patient treatments and follow the methadone procedure identified within this standard and refer to Appendix A “Application for Authorization”
3. If a physician cannot complete the required training because they are short term locums, they are still required to apply for authorization by submitting an application form (Appendix A), including reasons for absence of approved OAT or pain management prescriber to the council.
 - a. Application reviewed case-by-case by the Council.
 - b. authorization as a temporary prescribing physician.
4. Physicians practicing in an emergency or urgent situation (hospital, correctional facility, long term care facility or community practice) where a Council authorized methadone prescribing physician is not available,
 - a. A temporary prescribing physician must notify Council and the pharmacy by email with explanation of temporary prescribing requirements.
 - b. A temporary prescribing physician may prescribe methadone to a patient already receiving methadone (*for OUD or pain management*) only for the duration of the patient’s hospital admission, facility admission, or during the period of time identified for a community practice.
 - c. The temporary prescribing physician must collaborate with the patient’s current methadone prescriber and any other treating prescribers for all changes to the methadone dosage, frequency, or addition of medications that have the potential to interact with methadone.

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- d. Prior to the patient’s discharge from hospital, correctional facility or long term care facility, the temporary prescribing physician must collaborate with the initiating or maintaining physician on:
 - i. discharge plans
 - ii. any changes in dosage
 - iii. the prescribing of any medications that may interact with methadone including short term opioid analgesics.
- 5. The Council has adopted two sets of guidelines for Opioid Use Disorder (OUD), recognizing the challenges surrounding OUD and supporting the rural communities of Yukon. However, the guidelines are to be followed as written unless:
 - a. The physician provides rationale, in writing, for the change in treatment. Rationale must demonstrate reasonable care and/or protection of the public.
 - b. The physician provides a note with the prescription that notifies the pharmacist of all deviations from the guidelines and a brief rationale.

2. Definitions

- 1. **Short-term Locums** are physicians who travel to and practice medicine within Yukon for no longer than an accumulative three-month period within a licensing year
- 2. **Yukon preceptor** is a physician who is currently approved by Council to prescribe methadone and has been approved for more than a 3 year period.

3. Process / Procedure

For physicians to prescribe, administer, sell or provide methadone to their patients for opioid dependency or pain management (palliative or chronic care) an application for authorization from must be completed and submit to the Council;

- 1. **Application for authorization;**
 - a. Opioid Use Disorder (OUD)

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If a physician wishes to be authorized to administer methadone for opioid dependence they are required to:

- i. Successfully complete the online training for the [BC Provincial Opioid Addiction Treatment Support Program](#). Provide proof to the Council.
- ii. Complete 2 half-day preceptorship in British Columbia, or by a Council approved Yukon preceptor.
- iii. Submit application with proof of training and preceptorship to the Council for approval.

b. Pain Management (palliative or chronic care)

If a physician wishes to be authorized to administer methadone for pain management they are required to:

- i. Successfully complete the online training for [Canadian Virtual Hospice Methadone for Pain in Palliative Care](#).
- ii. Submit application with proof of completed training to the Council for approval.
- iii. In addition to the above requirements; it is expected that the physician become familiar with the [BC Methadone for Analgesia Guidelines](#).

Approved applications for authorization will be valid for a three year term

2. Renewal of authorization

Renewal of authorization can be applied for;

- a. on or before the currently authorized term end date or
- b. within six months of the previously concluded term.

Full application for authorizations will be required for lapse in authorization longer than a six month period.

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a. Opioid Use Disorder

If a physician wishes to renew their authorization term to administer methadone for opioid dependency the physician must;

- i. Successfully complete the online training for the BC Provincial Opioid Addiction Treatment Support Program
- ii. Submit in writing their request for renewal along with proof of completed training to the Council for approval

b. Pain Management (palliative or chronic care)

If a physician wishes to renew their authorized to administer methadone for pain management the physician must;

- i. Successfully complete the online training for Canadian Virtual Hospice Methadone for Pain in Palliative Care
- ii. Submit in writing their request for renewal along with proof of completed training to the Council for approval

Approved renewal requests for authorization will be valid for a three year term, unless otherwise specified on the authorization certificate.

4. Relevant Standards of Practice, Policies and Guidelines

YMCS-1.8 Prescriptions Standard of Practice

YMCS-3.8 Safe Prescribing of Drugs with the Potential of Misuse Standard of Practice

YMCG-0004 Triplicate Prescription Program Guideline

5. Standard of Practice History

Version	Description	YMC Meeting Minute Approval	In Force Date
Original	Creation of policy	n/a	September 2015
Revision 1	Include Health Canada class exemption	17.03.2.5	June 16, 2017
Revision 2	Adoption of new guidelines, new educational requirements, removal of 56 class exempt	18.03.2.1	May 4, 2018
Revision 3	Update language to clear up misinterpretation of language	18.07.3.5	October 19, 2018
Revision 4	Include Methadone authorization procedures and renewal	18.09.2.2	December 21, 2019