
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

As of May 19, 2018, the Government of Canada no longer requires that methadone prescribers obtain an exemption under section 56 of the *Controlled Drugs and Substances Act*.

Approval to prescribe methadone for pain management (analgesia) is not required in the Yukon. The Council recognizes that such treatment is usually provided to patients with chronic pain and/or palliative conditions. The Council also acknowledges that methadone treatment for pain is effective at relatively low doses and poses fewer risks than other opioid-based treatments to patient safety. The Council therefore supports lowering access barriers to this treatment to improve patient outcomes

Physicians must ensure patient safety and provide methadone treatment for analgesia in accordance with Council standards as well as current guidelines and best practices.

Physicians wishing to prescribe methadone for opioid use disorder (OUD) must apply for and receive authorization from the Council prior to treating patients. Refer to the Opioid Agonist Treatment standard of practice for more information.

2. Requirements

2.1 Physicians wishing to prescribe methadone for pain management must:

- a. successfully complete the [Canadian Virtual Hospice Methadone for Pain in Palliative Care](#) online training;
- b. become familiar with the [BC Methadone for Analgesia Guidelines](#); and
- c. adhere to the following standards of practice:
 - Prescriptions.
 - Safe Prescribing of Drugs with Potential for Misuse/Diversion.
- d. Physicians with a certificate of added competency (CAC) from either the College of Family Physicians of Canada in Palliative Care, i.e., CCFP(PC) or the Royal College of Physicians

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of Canada as a subspecialty in Palliative Care, i.e., FRCP(C), are considered exempt from a) and b) above.

2.2 Physicians must assess and document the suitability of methadone treatment for pain management by:

- completing and documenting a comprehensive evaluation of the patient;
- developing a treatment plan that takes into account the risks and benefits of the treatment and any risks identified during the patient’s assessment;
- reviewing the patient’s medication history, including use of over-the-counter drugs;
- documenting the process and input from other healthcare professionals if methadone treatment is contemplated in conjunction with other long-acting opioid agonists or benzodiazepine receptor agonists; and
- discussing with the patient the benefits, risks, side effects and efficacy of the treatment.

2.3 Physicians must reassess the patient’s condition and suitability of methadone treatment frequently (at least every 3 months).

2.4 Physicians must document the clinical indication as “for pain relief” or “for analgesia” in patient records.

2.5 Physicians must ensure continuity of care when patients transition between environments and/or the community in accordance with the Continuity of Access to Care standard of practice.

3. Relevant Standards of Practice, Policies and Guidelines

YMCS-1.8 Prescriptions

YMCS-3.7 Opioid Agonist Treatment (OAT)

YMCS-3.8 Safe Prescribing of Drugs with the Potential of Misuse/Diversion

4. Standard of Practice History

STANDARD OF PRACTICE

Methadone for Pain Management

YMCS-3.9

Medical Practice

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Version	Description	YMC Meeting Minute Approval	In Force Date
Original	Creation of policy	2022.04.22	May 1, 2022