

	<b>Prescribers</b>	Number:	003
	<b>Policy</b>	In effect:	21 Sept 2017
		Due to be reviewed:	21 Sept 2018

## 1. Policy Background and General Philosophy

The Prescription To Get Active (RxTGA) program began with and continues to embrace leveraging the partnership between health care and the recreation sector to improve the health of Canadians. As such, any expansion of the program in any element is always measured to ensure that the program continues to support this foundational partnership.

Doctors and healthcare teams provide health care in varied settings. While RxTGA was initially established within Primary Care Networks in Alberta, which represents an exclusive set of prescribers, the program has grown to recognize that healthcare providers in other types of settings would be relevant prescribers that would still fit the fundamental mandate of the program.

## 2. Prescriber Audience

All prescribers, including those in specialty care settings, must be providing or supporting care for patients who meet the target patient population of the RxTGA initiative, including Patients who are:

- a. Below the Canadian Physical Activity and Sedentary Behaviour Guidelines.
  - o Less than 60 minutes per day for children and youth (0-17 years old)
  - o Less than 150 minutes per week for adults and seniors (18-65+ years old)
- b. Able to participate in unsupervised physical activity without medical clearance.

## 3. Prescriber Setting

In meeting all other requirements as set out in this policy, a prescriber may practice in any medical setting.

Prescriber settings will be described during the initial application process and approved at the relevant operational level. If a prescriber adds or changes their original prescriber setting(s), they are accountable to ensure that that patients who receive prescriptions in the new setting fit within the outlined Prescriber Audience.

## 4. Prescriber Professional Designation

### 4.1. Prescribers include:

- 4.1.1. Medical doctors providing care to appropriate patients.
- 4.1.2. Nurse Practitioners with a primary care panel.
- 4.1.3. Allied health professionals with a dedicated practice relationship with either of the above-named professions. Examples included Registered Nurse, Registered Pharmacist, Mental Health practitioners etc.

### 4.2. Prescribers do NOT include:

- 4.2.1. Community Pharmacists not connected to a specific physician/physician group through a dedicated practice relationship.

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- 4.2.2. Community physiotherapy or massage therapy not connected to a specific physician/physician group through a dedicated practice relationship.
- 4.2.3. All other allied health professionals who are not connected to a specific physician or physician group through a dedicated practice relationship.

## 5. Dedicated Practice Relationship

As indicated in item 4, allied health professionals may be eligible to prescribe if they are in a “dedicated” practice relationship with a medical doctor or nurse practitioner. Such a relationship would be identified by one or more of the following markers:

- 5.1. Shared care of the patient as illustrated by a shared medical record.
- 5.2. Shared care of the patient as illustrated by communication between the prescriber and the physician that supports continuity of care.
- 5.3. Physician program oversight and accountability for patient care provided by the allied health professionals.

## 6. Approval of Prescriber Rights

Prescribers must be Chapter approved members of the Prescription To Get Active NPC.

- 6.1. Prescriber rights are provided to the smallest relevant program, unit or organization. This may include individual, clinic, program and site level. The Chapter reserves the right to determine the acceptable unit for each approval.
- 6.2. The Board reserves the right to review all prescriber approvals from the Chapters to ensure alignment with the policy.

## 7. Operational Responsibilities

Prescribers will agree to the various operational requirements in place at the time of the approval and as contained in the Membership agreement. This includes but is not limited to:

- 7.1. Funding for RxTGA materials to be used by the prescriber.
- 7.2. Tracking and reporting requirements.

## Document History

Date Approved / Revised	Approved By	Document Owner	Description of Changes
Approved 2017 Sept 21	Board of Directors	Secretary of the Board	New policy