

STANDARDS OF PRACTICE

Cannabis for Medical Purposes

Under Review: ~~No~~Yes

Issued By: Council: ~~April~~Apr 3, 2014 (Issued by Council: *Marihuana for Medical Purposes*)

Reissued by Council: May 3, 2017 (~~name~~Name change only: *Cannabis for Medical
Purposes*)

The **Standards of Practice** of the College of Physicians & Surgeons of Alberta (“CPSA”) are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

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Note: a glossary of terms can be found at the end of this document. Glossary terms are indicated in teal with a “G” throughout this document.

Commented [CD1]: Glossary of terms added per legal review on prior consultations. Terms will be added as indicated by consultation feedback.

PREAMBLE

Health Canada has approved the use of cannabis for medical purposes. Regulated members have the choice to treat or not to treat their ~~patient~~ **patients’** medical condition or symptom(s) with cannabis.

Commented [CD2]: Preamble added to ensure Health Canada requirements have not changed.

While the Patient Medical Document no longer needs to be sent to CPSA, Health Canada’s requirements remain in place.

1. A regulated member **must** ~~notify~~ **notify** the Cannabis for Medical Purposes (CMP) Program prior to authorizing cannabis for medical purposes ~~by submitting their name, registration number and contact information.~~

Commented [CD3]: “Notify” substituted for “register” to indicate it is not application/approval process: we will collect contact information to provide educational resources and updates as necessary.

Commented [CD4]: Clarification added.

1.2. A regulated member who chooses not to treat ~~a~~ **a** patient’s medical condition or symptom(s) with cannabis ~~should~~ **must** do so in accordance with the Code of Ethics & Professionalism & Professionalism and Conscientious Objection standards of practice.

Commented [CD5]: Removed, as typically does not apply in this context.

~~1. –~~ A regulated member ~~who chooses to treat patients with cannabis~~ **must:**

2.3. ~~register with CPSA as providing an authorizer of initial authorization for~~ cannabis for medical purposes; **must:**

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~~a. attempt and find conventional therapies ineffective in treating the patient's medical condition or symptom(s);~~

~~b. assess the patient's risk of addiction using a standard addiction risk tool;~~

~~a. receive~~ discuss the risks of using cannabis with the patient and document the discussion in the patient's record¹;

~~a.~~ **b. obtain** informed consent¹ in accordance with the [Informed Consent](#) standard of practice;

~~c. review available prescription databases, including assess the patient's risk of developing a substance use disorder using a standard risk assessment tool;~~

~~b.~~ **d. review a prescription database (e.g., Alberta Netcare, Pharmacy Information Network (PIN) and IPP Alberta) to obtain a patient's medication profile;**

~~e.~~ **e. comply with provincial and federal regulations, including Health Canada's Information for Health Care Professionals; and**

~~c. complete a Patient Medical Document.~~

~~2. A patient's medical document **must** include the:~~

~~d. patient's:~~

~~i. given name and surname;~~

~~ii. date of birth; and~~

~~iii. personal health care number;~~

Commented [CD6]: From [CPSBC](#).

Commented [CD7]: 'Addiction' is increasingly recognized as a potentially stigmatizing word for people suffering from a substance use disorder.

Commented [CD8]: Not a regulation; added as a resource to the ATP.

¹ See the CPSA's [Informed Consent for Adults Advice to the Profession](#).

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~~e. regulated member's:~~

~~i. registration number;~~

~~ii. given name and surname;~~

~~iii. business address and telephone number; and~~

~~iv. facsimile number and email;~~

~~f. address; retain a copy of the location at which document provided for the regulated member treated the patient;~~

~~g. medical condition or symptom(s) cannabis is treating;~~

~~h. daily quantity/authorization of cannabis to be used by the patient expressed for medical purposes in grams;~~

~~i.f. period of use specified as a number of weeks or months (not to exceed one year) beginning on the day the the patient's medical document is signed record; and~~

~~j. regulated member's signature and date of signing.~~

~~g. document in the patient's record:~~

~~i. a comprehensive medical assessment of the condition to be treated with cannabis, including a history, physical examination and investigations, as appropriate; and~~

~~ii. conventional therapies that have been attempted to assist the patient in the management of the medical condition that have not successfully helped the patient.~~

~~3.4. A regulated member completing/authorizing medical cannabis for a patient medical document must:~~

Commented [CD9]: Covered under legislations above. Deleted to shift focus away from the medical document and instead lay out basic rules for safe prescribing for medical cannabis. Reference to the patient medical document will be moved to the ATP.

Commented [CD10]: From [CPSBC](#).

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a. evaluate the patient ~~on a regular basis at least once every six months~~ to determine the benefits and risks of cannabis as treatment for the medical condition or symptom(s) stated in the patient medical document;

Commented [CD11]: Duration is defined; window for CMP is kept wider than prescribing standard (clause 1) intentionally. AtP to include guidance on when once every 6 months may be sufficient, but other situations, such as prescribing in those under 25, should be more frequent.

~~a. at minimum see the patient every three months following stabilization¹¹;~~

b. provide ongoing care to the patient for the underlying medical condition or symptom(s) for which cannabis is the treatment, ~~including a process to identify misuse or abuse of cannabis; and~~ and access for any emerging substance use disorder(s);

Commented [CD12]: Based on feedback from physicians: the requirement to 'see' the patient every 3 months is not always practical or necessary in each situation. Will be included in the AtP.

Commented [CD13]: Again, negative connotations with this language

~~b. provide CPSA with a copy of the patient's medical document within one week of completing the medical document.~~

Commented [CD14]: Cannabis and/or a co-occurring SUD

c. review available prescription databases, including the Pharmacy Information Network (PIN) and the Triplicate Prescription Program (TPP) at least once every 6 months.

Commented [CD15]: Shifting focus away from monitoring and towards safe prescribing practices

4.5. A regulated member must not:

a. dispense or provide cannabis to any patient or person; ~~or~~

b. apply to become a licensed producer of cannabis;

c. accept any incentives or rebates for providing authorization for cannabis for medical purposes;

d. charge patients or licensed producers of cannabis for activities associated with authorizing medical cannabis for a patient; ~~or~~

Commented [CD16]: Added to address potential conflicts of interest. We expect physicians will be using medical cannabis as a therapy to treat patients in appropriate clinical situations. Authorizing medical cannabis should not be approached as a business model.

e. authorize medical cannabis for a patient unless the physician:

i. has a longitudinal treating relationship with the patient (e.g., a primary care provider); or

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- ii. is in direct communication with a primary care provider who has a longitudinal treating relationship with the patient

Commented [CD17]: Authorizing medical cannabis should happen in the context of an established patient-physician relationship; AtP to highlight this further.

GLOSSARY

Submitting: to notify CPSA of your authorization of cannabis for medical purposes, please email your name, registration number and contact information to CMPIInfo@cpsa.ab.ca or [via the form on our website](#).

Code of Ethics & Professionalism: to review the *Code of Ethics & Professionalism*, please [click here](#).

Document: documentation of the discussion of risks should be done in accordance with the [Patient Record Content](#) standard of practice.

Informed consent: to review the *Informed Consent* standard of practice, please [click here](#). More information can be found in the [Informed Consent for Adults Advice to the Profession](#) document.

Standard risk assessment tool: a standard risk assessment tool helps analyze and evaluate [factors that have the potential to cause harm to a patient](#).

RELATED STANDARDS OF PRACTICE

- [Advertising](#)
- [Code of Ethics & Professionalism](#)
- [Conflict of Interest](#)
- [Continuity of Care](#)
- [Informed Consent](#)
- [Patient Record Content](#)
- [Responsibility for a Medical Practice](#)

COMPANION RESOURCES

- Advice to the Profession documents:
 - [Cannabis for Medical Purposes](#)

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- [Medical cannabis: What do you need to know before signing a medical document?](#)
- [Implementation Tool](#)

DRAFT: Consultation 020

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- Informed Consent for Adults
- Continuity of Care
- Legislated Reporting & Release of Medical Information
- Advertising
- Responsibility for a Medical Practice
- Information for Health Care Practitioners - Medical Use of Cannabis

ⁱ ~~See CPSA's Advice to the Profession: Informed Consent for Adults.~~

ⁱⁱ ~~The stabilization phase is defined by the use of a stable amount, medical condition or symptom(s) relief and reasonable confidence that no misuse is occurring.~~

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