



STANDARDS OF PRACTICE

Cannabis for Medical Purposes

Under Review: Yes

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

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

Terms used in the Standards of Practice:

- "Regulated member" means any person who is registered or who is required to be registered as a member of this College. The College regulates physicians, surgeons and osteopaths.
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- "Patient" includes, where applicable, the patient's legal guardian or substitute decision maker.

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.

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.

PREAMBLE

Health Canada ~~has approved the registers individuals to use of cannabis~~ for medical purposes: ~~based on a medical document or written order from a physician or nurse practitioner.~~ Regulated members ~~have the choice to treat or not treat their patients’ medical condition or symptom(s) with cannabis are not obligated to authorize cannabis for medical purposes, but declining this treatment must be done in accordance with the Code of Ethics & Professionalism^G.~~

~~The Patient Medical Document no longer needs to be provided to CPSA, however physicians must be aware of and comply with the Cannabis Regulations set out by the Government of Canada’s Department of Justice.~~

~~Regulated members must be aware of and comply with the Cannabis Act and the Cannabis Regulations, as well as all other relevant federal and provincial laws regarding the use of cannabis. Part 14 of the Cannabis Regulations outlines the legal requirements for a regulated member issuing a medical document or written order for cannabis for medical purposes. The Cannabis Regulations only allow a medical document or written order to be issued by a regulated member to an individual under their professional care. For an individual to be under the professional care of a regulated member within the meaning of section 273 of the Cannabis Regulations, a regulated member must comply with the requirements outlined in this Standard of Practice.~~

1. A regulated member **must** notify ~~the CPSA’s Cannabis for Medical Purposes (CMP) Program~~^G prior to ~~authorizing issuing a medical document or written order for cannabis for medical purposes by submitting^G their name, registration number and,~~

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

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

Commented [CD3]: Reworded per Health Canada’s feedback.

Commented [CD4]: Added per CMPA’s feedback.

Commented [FG5]: CMPA

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contact information and address of the location where the regulated member consults with patients.

Commented [CD6]: Clarification added.

Commented [CD7]: Added to align with Health Canada's Cannabis Regulations.

2. A regulated member who chooses not to treat issues a medical document or written order for cannabis for medical purposes **must** only do so if it is a clinically appropriate treatment⁶ for the patient's identified medical condition or symptom(s).

Commented [CD8]: Clarified per CMPA's feedback.

3. A regulated member who issues a medical document or written order for cannabis for medical purposes **must**:

a. evaluate the patient directly and in person annually;

~~a.b. evaluate the patient at least once every six months to assess the benefits and risks of cannabis as treatment for the identified medical condition or symptom(s) with cannabis **must** do so in accordance with the Code of Ethics & Professionalism⁶;~~

Commented [CD9]: 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.

~~b.c. Physicians are not obligated to authorize cannabis for medical purposes and should only do so if they believe it is clinically appropriate to treat their patient's provide ongoing care to the patient for the underlying medical condition or symptom(s); for which cannabis has been authorized and assess for any emerging substance use disorder(s); and~~

Commented [CD10]: This does not preclude patients being assessed sooner/more frequently, but indicates the minimum timeframe: will address in AtP.

Commented [CD11]: 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.

d. review available prescription databases (e.g., Alberta Netcare, Pharmacy Information Network (PIN), Triplicate Prescription Program (TPP)) at least once every six months to obtain the patient's medication profile.

Commented [FG12]: CMPA

2.4. A regulated member providing an initial authorization for cannabis for medical purposes **must**:

a. discuss the risks of using cannabis with the patient and document⁶ the discussion in the patient's record;

b. obtain informed consent⁶ in accordance with the *Informed Consent* standard of practice;

c. assess the patient's risk of developing a substance use disorder using a standard risk assessment tool⁶;

Commented [CD13]: 'Addiction' is increasingly recognized as a potentially stigmatizing word for people suffering from a substance use disorder.

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d. review a prescription database (e.g., Alberta Netcare, Pharmacy Information Network (PIN), TriPLICATE Prescription Program (TPP)) to obtain the patient's medication profile;

e. comply with provincial and federal regulations;

f. retain a copy of the medical document provided issued for the authorization of cannabis for medical purposes in the patient's medical record; and

g. document in the patient's record:

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

ii. conventional therapies that have been attempted and have not been successful

iii. By the regulated member authorizing medical cannabis for a of the patient must and appropriate clinical investigations;

h. evaluate the patient 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;

ii. provide ongoing care to the patient for the underlying the rationale^s for treatment and daily quantity of cannabis to be used by the patient; and

i. any previous treatments or therapies which were not helpful in treating the patient's identified medical condition or symptom(s) for which cannabis is the treatment and assess for any emerging substance use disorder(s);

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

3.5 A regulated member **must not**:

Commented [CD14]: Changed to align with Health Canada's Cannabis Regulations.

Commented [CD15]: 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 [CD16]: From [CPSBC](#).

Commented [CD17]: Re-added to align with HC's Cannabis Regulations and per legal review feedback.

Commented [CD18]: Removed to reduce claims an exam isn't necessary.

Commented [CD19]: Added per Health Canada's feedback.

Commented [CD20]: Re-added per WCB's feedback.

Commented [CD21]: Will address shared decision-making in ATP.

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

Commented [CD22]: Addressed in preamble.

~~b.a. apply to become a licensed producer or holder of cannabis;~~

Commented [CD23]: Added to align with Health Canada's feedback and *Cannabis Regulations*.

~~b.b. accept any incentives or rebates for providing authorization a medical document or written order for cannabis for medical purposes; or~~

~~d. charge patients or licensed producers or holders of cannabis for activities associated with authorizing issuing a medical cannabis document or written order for a patient; or~~

Commented [CD24]: Added to align with Health Canada's feedback and *Cannabis Regulations*.

~~e.c. 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~~

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

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](#).

Cannabis for Medical Purposes (CMP) Program: the Cannabis for Medical Purposes Program provides physicians with supportive resources and education for safe use of medical cannabis in Alberta patients. Physicians who wish to authorize medical Cannabis for a patient are required to notify the CMP program. Review the [CMP Program information](#).

Cannabis Regulations: the Government of Canada's Department of Justice laws and regulations about cannabis, process of legalization, cannabis in provinces and territories and driving laws. Review the [Cannabis and Legalization and Regulation](#).

Clinically appropriate treatment: the Government of Canada's *Cannabis Regulations* allow health care practitioners to authorize cannabis for medical purposes if it is required

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for the condition for which their patient is receiving treatment; this requires regulated members to use their clinical judgment to determine whether medical cannabis is appropriate for the patient's medical condition or symptom(s).

Code of Ethics & Professionalism: to review the *Code of Ethics & Professionalism*, please outlines ethical expectations, so physicians can provide the highest standard of care, while fostering patient and public trust in physicians and the profession. Review the Canadian Medical Association's [click here Code of Ethics & Professionalism](#).

Document: documentation **Conflict of Interest:** a physician's duty to act in the discussion best interest of risks should be done in accordance with the *Patient Record Content* their patient first. Review the *Conflict of Interest* standard of practice.

Informed consent: to review the *Informed Consent* standard of practice, please click here. **Direct communication:** communication (e.g., phone, letter, email) in which information obtained under clause 3 is shared with the primary care provider in a timeline commensurate with the patient's health condition(s).

Document: this refers to the document authorizing the use of cannabis for medical purposes as required by Health Canada. Review Health Canada's Information for Health Care Practitioners - Medical Use of Cannabis and Sample Medical Document.

Informed consent: a regulated member must obtain consent and ensure the patient is fully informed and understands any medical examination, procedure or treatment before it takes place. Review the standard of practice on *Informed Consent*. More information can be found in the [Informed Consent for Adults](#) Advice to the Profession document.

Longitudinal treating relationship: an established physician-patient relationship based on the identification of a regular attending physician or clinic in which there is a reasonable expectation the care will extend beyond a single encounter.

Notification to the CMP Program: to notify CPSA of your authorization of cannabis for medical purposes, please use the form on our website or email your name, registration number and contact information to CMPInfo@cpsa.ab.ca.

Patient Record Content: all regulated members must maintain accurate, up-to-date records of all their patient interactions; documentation must be done in accordance with the *Patient Record Content* standard of practice. Review the *Patient Record Content* standard of practice.

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Rationale: an explanation of how and/or why the regulated member made the clinical decision to authorize cannabis for medical purposes.

Standard risk assessment tool: a standard risk assessment tool helps analyze and evaluate factors ~~that~~which 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](#)
 - [Informed Consent for Adults](#)
 - ~~[Continuity of Care](#)~~
 - ~~[Legislated Reporting & Release of Medical Information](#)~~
 - ~~[Continuity of Care](#)~~
 - ~~[Legislated Reporting & Release of Medical Information](#)~~
 - [Advertising](#)
 - [Responsibility for a Medical Practice](#)
- [Information for Health Care Practitioners - Medical Use of Cannabis](#)

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