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COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

STANDARDS OF PRACTICE

Safer Prescribing:

Commented [CD1]: Combines *Prescribing: Administration* and *Prescribing: Drugs Associated with Substances Use Disorders and Substance-Related Harms.*

Renamed for alphabetical proximity to the *Safe Prescribing for Opioid Use Disorder;* changed to "Safer" to acknowledge the potential risks associated with prescribing.

Under Review: Yes
Issued by Council: Apr. 1, 2017 (*Prescribing: Administration* and *Prescribing: Drugs Substance Use Disorders or Substance-Related Harm*)
Reissued by Council: TBD

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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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PURPOSE

This standard outlines minimum requirements for regulated members when prescribing medications. It is intended to support prescribing that is:

- clinically indicated;
- within the regulated member's scope of practice; and
- based on an appropriate assessment, diagnosis or clinical indication.

Prescribing decisions must be informed by the expected benefits, risks and available alternatives, including the risks of misuse, diversion, dependence, overdose and other substance-related harms. Regulated members must use independent clinical judgment, prescribe only where the expected benefits outweigh the risks and document the rationale for prescribing in the patient's record.

SCOPE

This standard applies to all prescribing, with additional requirements where the medication or prescribing context creates heightened risk. Please refer to the *Safe Prescribing for Opioid Use Disorder* standard of practice for specific expectations related to prescribing for the treatment of opioid use disorder.

Regulated members must remain aware of and comply with all applicable legislation, regulations and Ministerial Orders, including amendments as they come into force. In the event of a conflict, those requirements take precedence over this standard.

The [to be developed] Advice to the Profession document provides additional guidance to support regulated members in applying this standard in practice. Related standards and companion resources are listed at the end of this document.

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. CPSA regulates physicians, surgeons, osteopaths and physician assistants.
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STANDARD

General prescribing requirements

1. Before prescribing, a regulated member **must**:
   a. undertake an appropriate clinical assessment;
   b. consider pharmacological and non-pharmacological alternatives;
   c. determine that the medication choice is appropriate for the patient;
   d. discuss the expected benefits, risks, side effects and alternatives with the patient;
   e. ensure the patient understands and accepts the proposed treatment plan; and
   f. document the rationale for prescribing in accordance with the *Patient Record Content* standard of practice.

2. A regulated member **must** ensure a prescription contains:
   a. required patient identifiers;
   b. date issued;
   c. medication name, strength, form and quantity;
   d. directions for use;
   e. refill instructions;
   f. prescriber identifiers including current address and phone number, **and** CPSA registration number; and
   g. authorization by valid signature (handwritten or digitally captured) to allow the dispenser to verify its authenticity.

3. When issuing a prescription, a regulated member **must**:
   a. respect patient choice of pharmacy unless a compelling clinical reason exists;

Commented [CD2]: Current clauses 1 and 2 of *Prescribing: Drugs…*

Commented [CD3]: Current clause 1 of *Prescribing: Administration.*

Commented [CD4]: Current clause 7 of *Prescribing: Administration.*

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b. protect patient confidentiality when transmitting prescriptions;

c. use secure and appropriate transmission methods; and

d. limit verbal prescriptions to clinically justified or necessary circumstances.

4. A regulated member **must:**

a. retain or document the prescription in the patient record;

b. document the type of prescription (e.g., verbal, handwritten, electronic), where relevant;

c. respond appropriately to pharmacists and others involved in care; and

d. document relevant prescribing decisions, including any follow-up and reassessment plans.

Commented [CD5]: Current clause 3 of *Prescribing: Administration.*

Commented [CD6]: From ACP.

Commented [CD7]: Current clause 5(c) of *Prescribing: Drugs…*

Commented [CD8]: From CPSO.

Commented [CD9]: From CPSO: supports collaborative care.

Commented [CD10]: From CPSNS: ensures comprehensive patient record entries.

Safer prescribing of high-risk medications
Additional requirements apply when prescribing medications associated with misuse, diversion, dependence, overdose or substance-related harms including, but not limited to, opioids, gabapentinoids, benzodiazepines, sedatives and stimulants.

5. Before prescribing TPP Type 1 medications, a regulated member **must** be registered and in good standing with the Tracked Prescription Program (TPP Alberta) and comply with TPP Alberta's program expectations for prescribers.

6. A regulated member **must** review the patient's medication history from the Pharmaceutical Information Network (PIN) or Netcare:

a. before initiating a prescription;

b. before renewing a prescription; and

c. at minimum, every three (3) months when the prescription is for the long-term treatment of a patient.

7. Notwithstanding clause (6), if PIN/Netcare is inaccessible and the patient's medication history is not available, a regulated member **may** prescribe the minimum amount of medication required until such information can be obtained.

Commented [CD11]: Added to acknowledge TPP requirements: consistent with other draft/proposed new standards.

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8. Before initiating a prescription, a regulated member **must**:

   a. assess risk factors for overdose, misuse, diversion or substance use disorder;

   b. consider concurrent medications and comorbidities that increase risk;

   c. avoid or carefully justify high-risk combinations; and

   d. use appropriate strategies to mitigate harm.

9. A regulated member **must**:

   a. reassess at intervals proportionate to patient and medication risk;

   b. continue prescribing only where benefits outweigh harms;

   c. document objective evidence of benefit for ongoing long-term treatment; and

   d. reconsider continuation where monitoring plans are not being followed or risks become unacceptable.

Prescribing long-term opioid therapy (LTOT)

10. A regulated member prescribing LTOT, exclusive of treatment for active cancer, palliative or end-of-life care, **must**:

   a. establish measurable goals for pain and function;

   b. prescribe the lowest effective dose;

   c. reassess within four (4) weeks of initiation or dose escalation;

   d. reassess at least every three (3) months;

   e. continue therapy only where benefits outweigh risks; and

   f. document justification for higher-than-guideline recommended doses.

11. Where discontinuation is clinically indicated, a regulated member **must** engage the patient in a clinically appropriate taper plan **unless** immediate cessation is required for patient safety and/or is clinically justified and document the rationale for the chosen approach.

Commented [CD12]: Current clause 5(b) of *Prescribing: Drugs...*

Commented [CD13]: Current clause 5(e) of *Prescribing: Drugs...*

Commented [CD14]: Rewritten to simplify.

Commented [CD15]: Current clause 5(d) of *Prescribing: Drugs...*

Commented [CD16]: Current clause 5(f) of *Prescribing: Drugs...*

Commented [CD17]: From CPSBC and CPSO: added to modernize and capture current expectations.

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RELATED STANDARDS OF PRACTICE

- *Dispensing of Schedule 1 & 2 Drugs by Physicians for a Fee*
- *Prescribing: Administration*
- *Patient Record Content*
- *Patient Record Retention*
- *Prescribing: Drugs Associated with Substance Use Disorders or Substance-Related Harms*
- *Safe Prescribing for Opioid Use Disorder*
- *Sale of Products by Physicians*
- *Virtual Care*

COMPANION RESOURCES

- Advice to the Profession:
  - Prescribing: Drugs Associated with Substance Use Disorders or Substance-Related Harms
  - Prescribing: Administration
  - Electronic Communications & Security of Mobile Devices
  - Prescribing: Drugs associated with Substance Use Disorders or Substance-Related Harms
  - Safe Prescribing for Opioid Use Disorder
  - Virtual Care
- 2017 Canadian Guidelines for Opioids for Chronic Pain
- *Food and Drugs Act*
- *Controlled Drugs and Substances Act*
- TPP Alberta

REFERENCES

Alberta College of Pharmacy's "Can staff in a doctor's office phone in prescriptions?" (May 2026).
College of Physicians and Surgeons of British Columbia's *Safe Prescribing of Opioids and Sedatives* Practice Standard (May 2022 - retired).
College of Physicians and Surgeons of Nova Scotia's *Prescribing* Professional Standard (May 2023).
College of Physicians and Surgeons of Ontario's *Dispensing Drugs* Policy (Dec. 2022 - retired).

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