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COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

STANDARDS OF PRACTICE

Safer Prescribing~~:~~

~~Drugs Associated with Substance Use Disorders or Substance-Related Harm~~

Under Review: ~~No~~Yes

Issued By: Council: ~~April~~Apr. 1, 2017 (*Prescribing: ~~Drugs with Potential for Misuse or Diversion~~*)

~~Reissued by Council: September 6, 2018 (name change only: *Administration* and Prescribing: Drugs *Associated with Substance Use Disorders or Substance-Related Harm*)~~

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.

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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.

~~1. A regulated member **must** be able to justify prescribing decisions with documentary evidence of a patient's initial assessment and reassessments as required, including when accepting the transfer of care of a patient from another healthcare provider.~~

Commented [CD2]: New clause 1.

~~At the time of initial assessment, a~~

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 **must** discuss~~member's scope of practice; and ~~determine with~~
- based on an appropriate assessment, diagnosis or clinical indication.

Prescribing decisions must be informed by the expected benefits, risks and available alternatives, including the ~~patient the best~~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 ~~choice considering the:~~or prescribing context creates heightened risk.

~~efficacy of other~~ 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.

Terms used in the Standards of Practice:

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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.

STANDARD

General prescribing requirements

1. Before prescribing, a regulated member **must**:
   a. undertake an appropriate clinical assessment;
   ~~a.~~b. consider pharmacological and non-pharmacological ~~treatment options;~~ alternatives;
   ~~b.~~c. ~~common and potentially serious side effects of~~determine that the medication~~;~~ ~~and~~ choice is appropriate for the patient;
   d. ~~probability the~~ 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 ~~will improve the patient's health and function.~~name, strength, form and quantity;
   d. directions for use;

Commented [CD3]: Current clauses 1 and 2 of *Prescribing: Drugs…*

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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;

b. protect patient confidentiality when transmitting prescriptions;

c. use secure and appropriate transmission methods; and

~~a.~~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 [CD4]: Current clause 1 of *Prescribing: Administration.*

Commented [CD5]: Current clause 7 of *Prescribing: Administration.*

Commented [CD6]: Current clause 3 of *Prescribing: Administration.*

Commented [CD7]: From ACP.

Commented [CD8]: Current clause 5(c) of *Prescribing: Drugs…*

Commented [CD9]: From CPSO.

Commented [CD10]: From CPSO: supports collaborative care.

Commented [CD11]: 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.

Commented [CD12]: Added to acknowledge TPP requirements: consistent with other draft/proposed new standards.

~~2.~~6. A regulated member must review the patient's medication history from the Pharmaceutical Information Network (PIN~~)/Netcare or from an alternative,~~

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~~independent source (e.g., Tracked Prescription Program, community or hospital pharmacist);~~) or Netcare:

a. before initiating a prescription;

b. before renewing a prescription; and

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

~~2.~~7. Notwithstanding clause (~~3~~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.

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

~~a.~~d. use appropriate strategies to mitigate harm.

9. A regulated member ~~who prescribes~~**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 ~~treatment~~**therapy** **(LTOT)** ~~for a patient with chronic pain~~

~~3.~~10. A regulated member prescribing LTOT, exclusive of treatment for active cancer, palliative or end-of-life care, **must** ~~also~~:

~~b.~~a. establish measurable goals for pain and function ~~and pain for the patient~~;

Commented [CD13]: Removed to simplify.

Commented [CD14]: Current clause 5(b) of *Prescribing: Drugs...*

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

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~~a. evaluate and document risk factors for opioid-related harms and incorporate strategies to mitigate the risks;~~

~~b. prescribe the lowest effective dose and, if prescribing a dose that exceeds the opioid prescribing guidelines endorsed by the Council of this College, carefully justify the prescription and document the justification in the patient record;~~

b. ~~at minimum, re-assess the patient~~ prescribe the lowest effective dose;

c. reassess within four (4) weeks of ~~initiating LTOT and~~initiation or dose escalation;

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

e. continue ~~to prescribe LTOT **only** if there~~therapy only where benefits outweigh risks; and

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

~~3.~~ Where discontinuation is ~~measurable clinical improvement~~clinically indicated, a regulated member **must** engage the patient in ~~function~~a clinically appropriate taper plan **unless** immediate cessation is required for patient safety and/or is clinically justified and ~~pain that outweighs~~document the rationale for the ~~risks of continued opioid therapy.~~chosen approach.

Commented [CD16]: Now 8(d).

Commented [CD17]: Rewritten to simplify.

Commented [CD18]: Current clause 5(d) of *Prescribing: Drugs...*

Commented [CD19]: Current clause 5(f) of *Prescribing: Drugs...*

Commented [CD20]: From CPSBC and CPSO: added to modernize and capture current expectations.

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*

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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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