College of Physicians & Surgeons of Alberta

DRAFT: FOR CONSULTATION
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Under Review: Yes
Issued by Council: N/A (New)

Safe Prescribing – Clinical

The **Standards of Practice** of the College of Physicians & Surgeons of Alberta ("the College") 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. The College of Physicians & Surgeons of Alberta also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

1) A regulated member **must** be able to justify medication decisions for a patient with documentary evidence of an initial assessment and reassessments as required, including when the regulated member is accepting the ongoing care of the patient from another healthcare provider.

2) At the time of initial assessment, the regulated member **must** discuss and determine with the patient the best medication choice considering the:

    a) efficacy of other pharmacological and non-pharmacological treatment options;

    b) common and potentially serious side effects of the proposed medication; and

    c) probability for the proposed medication to improve the patient's health and function.

3) A regulated member changing the dosage or quantity of a patient's medication **must** document the rationale for the change and, when the change represents a material difference in the patient's care, communicate the change and the rationale behind it to the patient's pharmacist and other relevant members of the patient's care team.

4) A regulated member **must** obtain access to the provincial Pharmaceutical Information Network/Netcare (PIN/Netcare).

5) A regulated member **must** review a patient's PIN/Netcare profile:

    a) at intervals commensurate with the patient's condition; or

    b) at every visit, if providing episodic care.

6) Notwithstanding clause (5), if PIN/Netcare is inaccessible, a regulated member **must** use other means to obtain the dispensing history for the patient (e.g., Triplicate Prescription Program or local pharmacist) and limit prescribing to essential medications only until the dispensing history is available.

7) A regulated member acting as the most responsible physician for a hospital inpatient **must,** prior to discharge, document the patient's current medications and any changes to previous medications and:

    a) provide a copy of this information to the patient; and

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.
- *"Must"* refers to a mandatory requirement.
- *"May"* means that the regulated member may exercise reasonable discretion.
- *"Patient"* includes, where applicable, the patient's legal guardian or substitute decision maker.

b) by any means possible, communicate this information and the rationale for the change to the patient's primary care physician, pharmacist and other relevant members of the patient's care team.

8) A regulated member **must** identify the "indication for use" on all prescriptions.

9) A regulated member who prescribes long term opioid treatment (LTOT) for a patient with chronic non-cancer pain **must**:

a) review the patient's PIN/Netcare profile before initiating LTOT and, at a minimum, every three months thereafter;

b) establish and measure goals for function and pain for the patient;

c) evaluate and document risk factors for opioid-related harms and incorporate strategies to mitigate risk, given the literature indicates non-pharmacological therapy and non-opioid medications are preferred, and the potential benefits of LTOT are modest and the risks significant;

d) prescribe the lowest effective dose, consistent with the prescribing guidelines endorsed by the Council of the College of Physicians & Surgeons of Alberta;

e) notwithstanding clause (9d), if prescribing a dose that exceeds the Council-endorsed guidelines, carefully justify the prescription and document the justification in the patient record as per clause (1);

f) at a minimum, re-assess the patient within four weeks of initiating LTOT and every three months thereafter;

g) document the status of the patient's function and pain at each reassessment; and

h) continue to prescribe LTOT **only** if there is measurable clinical improvement in function and pain that outweighs the risks of continued opioid therapy.

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