



Opioid Agonist Treatment

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.

For the purpose of this standard, Opioid Agonist Treatment (OAT) refers to full opioid agonist therapies only and **excludes** the partial agonist/antagonist buprenorphine/naloxone.

- (1) A regulated member who prescribes OAT **must** do so in accordance with recognized evidence-based guidelines and best practices for Opioid Use Disorder (OUD) treatment.
- (2) A regulated member who INITIATES OAT **must**:
 - (a) have successfully completed an OUD workshop/course recognized by the CPSA;
 - (b) provide evidence of experiential training, supervision, mentorship and/or completion of an approved preceptorship-based course;
 - (b) hold an active CPSA approval to initiate OAT;
 - (c) as a condition of CPSA approval, maintain competence in OAT through ongoing, relevant education as part of their mandatory Continuous Professional Development cycle and provide evidence upon request;
 - (d) initiate OAT for a patient only in an appropriate setting with:
 - (i) access to medical laboratory services and pharmacy;
 - (ii) access to at least one other prescriber trained and approved to provide OAT to ensure continuity of care if the initiating prescriber is absent or suspends their practice;
 - (iii) access to Alberta prescription databases (e.g., Alberta Netcare, Pharmaceutical Information Network);
 - (iv) direct or remote access to appropriate multidisciplinary team support (e.g., social worker, addictions counselling); and
 - (v) other resources and services appropriate to the specific OAT provided; and

Terms used in the Standards of Practice:

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- “*Must*” refers to a mandatory requirement.
- “*May*” means that the physician may exercise reasonable discretion.
- “*Patient*” includes, where applicable, the patient’s legal guardian or substitute decision maker.

- (e) if transferring OAT maintenance to another prescriber trained and approved to provide OAT:
- (i) provide the maintaining prescriber with a letter of support for maintaining OAT for the patient and an information checklist, with a copy of the letter to the CPSA; and
 - (ii) collaborate with the maintaining prescriber, other regulated health professionals and multidisciplinary team members involved in the patient's care.
- (3) A regulated member who MAINTAINS OAT **must**:
- (a) have an understanding of OAT pharmacology before accepting OAT maintenance for a patient;
 - (b) have a letter of support and information checklist from the initiating prescriber;
 - (c) hold an active CPSA approval to maintain OAT;
 - (d) within six months of acquiring CPSA approval, complete an OAT educational course relevant to addiction medicine recognized by the CPSA;
 - (e) ensure another prescriber trained and approved to provide OAT is available to ensure continuity of care if the maintaining prescriber is absent or suspends their practice; and
 - (f) collaborate with the initiating prescriber, other regulated health professionals and multidisciplinary team members involved in the patient's care.
- (4) A regulated member who TEMPORARILY prescribes OAT for a patient in an inpatient or correctional facility **must**:
- (a) prescribe only for the duration of the patient's stay or incarceration, and may prescribe up to the first 72 hours after discharge/release after notifying the patient's community prescriber;
 - (b) restrict OAT prescribing to daily witnessed doses and not provide take-home doses for unwitnessed use;
 - (c) consult with the patient's current prescriber before making any changes to the OAT prescription or introducing any new medications with the potential to interact with OAT; and
 - (d) collaborate with the community prescriber, other regulated health professionals and multidisciplinary team members involved in the patient's care at transitions between treatment settings.
- (5) A regulated member who prescribes INJECTABLE OAT (iOAT) **must**:
- (a) hold an active CPSA approval to initiate or maintain OAT; and
 - (b) supervise or provide iOAT only within a facility operated by government or a provincial health authority, or a community setting approved by CPSA.

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- (6) A regulated member who prescribes METHADONE FOR ANALGESIA **must**:
- (a) hold an active CPSA approval to initiate or maintain a patient on methadone for analgesia;
 - (b) if initiating methadone for analgesia for a patient:
 - (i) have related post-graduate training that is recognized by the CPSA; and
 - (ii) experience in palliative care or in a multidisciplinary chronic pain setting, as applicable; and
 - (c) if maintaining methadone for analgesia for a patient, provide the CPSA with a letter of support from a palliative care or chronic pain specialist, as applicable.

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