

## Safe Prescribing for Opioid Use Disorder

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) For the purpose of this standard, Opioid Agonist Treatment (OAT) refers to full opioid agonist therapies for opioid use disorder treatment.
- (2) This standard **does not** apply to the partial agonist/antagonist buprenorphine/naloxone (Suboxone®).
- (3) 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.
- (4) 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;
  - (c) hold an active CPSA approval to initiate OAT;
  - (d) as a condition of CPSA approval, maintain competence in OAT through ongoing, relevant education as part of their mandatory [Continuous Professional Development](#) (CPD) cycle, and provide evidence upon request;
  - (e) only initiate OAT for a patient in an appropriate setting with:
    - (i) access to medical laboratory services and pharmacy services;
    - (ii) access to at least one other prescriber who is 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](#));

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### 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 physician may exercise reasonable discretion.
- “*Patient*” includes, where applicable, the patient’s legal guardian or substitute decision maker.

- (iv) the ability to refer patients to appropriate, multidisciplinary team support (e.g., social worker, addictions counselling); and
  - (v) other resources and services appropriate to the specific OAT provided;
  - (f) if transferring OAT maintenance to another prescriber trained and approved to provide OAT:
    - (i) provide the maintaining prescriber with an [information checklist](#) and a [letter of support](#) for maintaining OAT for the patient, 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.
- (5) A regulated member who MAINTAINS OAT **must**:
- (a) have knowledge 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) at minimum, complete an OAT educational module or course recognized by the CPSA within six months of acquiring CPSA approval;
  - (e) ensure another prescriber approved to maintain OAT is available for [continuity of care](#) if the maintaining prescriber is absent or suspends their practice;
  - (f) collaborate with the initiating prescriber or appropriate delegate, other regulated health professionals and multidisciplinary team members involved in the patient's care;
  - (g) access to medical laboratory services and pharmacy services; and
  - (h) access to Alberta prescription databases (e.g., [Alberta Netcare](#), [Pharmaceutical Information Network](#)).
- (6) 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 120 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 or appropriate delegate 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.

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- (7) Notwithstanding clause 6 subclause (c), regulated members **may** proceed without consulting the current prescriber if patients require urgent or emergent care.
- (8) 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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