



STANDARDS OF PRACTICE

Practising Outside of Established Conventional Medicine

Under Review: YES

Issued By: Council: January 1, 2010 (*Complementary and
Alternative Medicine*)

Reissued by Council: January 9, 2014

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. Practising outside of established conventional medicine includes practices that are not ~~considered to be part of the standard medical education curriculum included in widely accepted clinical practice guidelines~~ and can include complementary and alternative medicine and emerging therapies.
2. For the purposes of this standard, ~~when practising outside of established conventional medicine~~, the following definitions apply:
 - a. “Conventional medicine” refers to the type of treatment, diagnostic analysis and conceptualization of disease or ailment that is considered “mainstream” medicine. This type of medicine is generally provided in hospitals and specialty or primary care practices. It is sometimes also referred to as “evidence-based.”
 - b. “Complementary and alternative medicine” (hereafter referred to as “CAM”) refers to ~~health care~~ **healthcare** approaches developed outside of mainstream or “conventional” medicine that are used for specific conditions or overall well-being¹.
 - i. ~~“Complementary” refers to a non-mainstream practise conventional practice used in conjunction with mainstream conventional medicine.~~
 - ii. “Alternative” refers to a **non-conventional** complementary therapy used in the absence of mainstream conventional medicine.
 - iii. Off-label use of Schedule 1 or Schedule 2 drugs is **not** considered CAM.

Commented [CD1]: Revised based on consultation feedback, as medical education isn’t standardized across the world.

Commented [CD2]: Modified per legal review to maintain consistency with definitions above.

¹ <https://nccih.nih.gov/health/integrative-health>

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.

- c. “Emerging therapies” refers to therapies developed within mainstream medicine with support from clinical research but currently lacking in rigorous, peer-reviewed evidence to support their use.
3. A regulated member who offers a therapy that is outside of conventional medicine to a patient **must**:
 - a. practise in a manner that is informed by current best-available medical evidence and ~~is in keeping with~~ **upholds** their professional, ethical and legal obligations;
 - b. always act within the scope of their practice based on their qualifications, skill, knowledge and level of competence; and
 - c. respect the autonomy of the patient in making decisions about their health care, including choosing a therapy that is outside of conventional medicine instead of, or ~~as an adjunct~~ **in addition** to, conventional medicine.
 4. All patient assessments and diagnoses must be consistent with the standards of conventional medicine and be informed by current best-available evidence. A regulated member must:
 - a. offer a conventional medical approach before offering any therapy outside of conventional medicine;
 - b. conduct a clinical assessment of the patient that includes taking an appropriate patient history, and performing/ordering any necessary ~~medical or laboratory examinations or diagnostic tests~~, investigations or procedures that are required to establish a conventional diagnosis;
 - c. offer therapeutic options that are informed by current best-available evidence prior to offering therapies outside of established conventional medicine; and
 - d. counsel the patient, to the best of their ability and knowledge, about the risks and benefits of any diagnostic testing/investigation or therapeutic procedure so the patient can give **informed consent**².

Commented [CD3]: Simplified language.

Commented [CD4]: Simplified language

Commented [CD5]: Simplified language

² For more information, please refer to the [Informed Consent for Adults](#) and [Informed Consent for Minors](#) Advice to the Profession documents.

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5. A regulated member **must** document the details of the consent process, including rationale for providing therapy outside of conventional medicine as explained to the patient, in the [patient's record](#).
6. A regulated member is **not** obligated to make a referral that, in their opinion, is unlikely to provide a clinical benefit.
7. A regulated member conducting [clinical research](#) into the use of a therapy outside of conventional medicine **must** comply with the [Human Health Research](#) standard of practice.
8. A regulated member **must not**:
 - a. delay the use of conventional therapy, or replace its use with therapy outside of conventional medicine, except at the direction of the patient;
 - b. exploit the emotions, vulnerability or finances of a patient for personal gain; or
 - c. recommend therapeutic options that have been proven to be ineffective through rigorous, peer-reviewed evidence.

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COMPANION RESOURCES

- Advice to the Profession:
 - Complementary and Alternative Medicine [TBD]

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