

## CONSULTATION OUTCOMES

# Consultation 018

June 15-Aug. 15, 2020

*Advertising*

Reissued Jan. 1, 2021

*Conflict of Interest*

Reissued Jan. 1, 2021

*Practising Outside of Established  
Conventional Medicine (formerly  
Complementary and Alternative Medicine)*

Reissued Jan. 1, 2021

The *Complementary and Alternative Medicine (CAM)*, renamed *Practising Outside of Established Conventional Medicine*, standard was identified as requiring an update given the current context and changes in clinical practice. The previous CAM standard required physicians to be approved by CPSA before performing CAM therapies, suggesting CPSA endorses these therapies.

There is a lack of clarity regarding what should be considered CAM and what is an “emerging therapy”: one that may not have rigorous peer-reviewed evidence to support it, but does have early lower quality evidence to suggest possible therapeutic benefit.

Similar standards do not exist for other forms of clinical conduct, as members are only required to ensure they practice with proper knowledge, skill and judgement. Alberta is the only medical regulatory authority (MRA) in Canada with an approval process for CAM. Most other MRAs have guidance documents outlining the expectations for physicians who choose to use CAM in their practice, including the expectations regarding conflicts of interest.

As such, we also reviewed the *Conflict of Interest* and *Advertising* standards to ensure they all align.

Based on the feedback received, additional edits made to the draft standards were not extensive enough to require a re-consultation.

Council approved formal consultation at its May 2020 meeting. The consultation ran from June 15-Aug. 14, and Council reviewed and approved final versions of the standards for implementation at its December 2020 meeting.

The updated versions of the standards will take effect **Jan. 1, 2021**. You can read the updated versions below:

- [Advertising](#)
- [Conflict of Interest](#)
- [Practising Outside of Established Conventional Medicine](#)

**Questions?** Contact Chantelle Dick, Standards of Practice Advisor, at [chantelle.dick@cpsa.ab.ca](mailto:chantelle.dick@cpsa.ab.ca).

## **ADVERTISING**

We received 109 responses to the *Advertising* consultation, including 98 completed surveys and comments from 10 physicians and 1 partner organization.

### **Feedback Themes**

The majority of respondents found the proposed edits to be clear, but a number of themes emerged:

- Concerns regarding appropriateness of available evidence
- Patients need to know if a service is covered under AHCIP and, if not, how much they will have to pay
- More robust requirements regarding approval of third-party advertisements
- Documentation of discussion regarding consent prior to using a patient's name/image
- Inclusion of speciality certifications

### **Key Changes**

- "Evidence" in clause 1(e) updated to align with *Practising Outside of Established Conventional Medicine*
- Clause 1(g) pertaining to specification of non-publicly funded services re-added based on consultation feedback
- Third-party advertisements expanded upon to require written acknowledgement/authorization by regulated members (clause 2)
- Clause 4(c) language edited per legal review to clarify whom inducements are directed
- Practice interest inclusion clarified in clause 7

Review the marked version [here](#).

## **CONFLICT OF INTEREST**

We received 72 responses to the *Conflict of Interest* consultation, including 61 completed surveys and comments from 11 physicians.

### **Feedback Themes**

- Making the definition of “conflict of interest” from the footnote a clause to ensure it is not missed
- Consistency in language regarding real, potential or perceived conflicts throughout
- Accepting commissions, rebates, or gifts from patients not addressed
- Registrar approval removed due to associated risks of lack of formal approval process

### **Key Changes**

- Definition moved from footnote to clause 1
- “Real, potential, or perceived” added to clause 2 for consistency
- Subclause 4(a) re-added per consultation feedback due to concerns that accepting gifts may otherwise be seen as permissible
- Registrar approval removed from clause 5 per legal review based on associated risk given the lack of approval process
- Subclauses 5(a)-(c) reworded by legal reviewer to clarify while still maintaining intent

Review the marked version [here](#).

***PRACTISING OUTSIDE OF ESTABLISHED CONVENTIONAL  
MEDICINE  
(FORMERLY COMPLEMENTARY AND ALTERNATIVE MEDICINE)***

We received 89 responses to the *Practising Outside of Established Conventional Medicine* consultation, including 73 completed surveys and comments from 16 physicians.

**Feedback Themes**

- Clarification of educational requirements needed
- Some language was simplified and some changed to ensure consistency
- Much of the remaining feedback is best suited for an Advice to the Profession document

**Key Changes**

- Name change to encompass additional modalities
- Clause 1 added to include emerging therapies; “practice guidelines” revised based on feedback, as medical education is not standardized
- Definitions added for clarity
- Various clauses deleted as incompatible with principle-based revision; topics will be addressed in the Advice to the Profession document
- Approval by Registrar removed at Council’s direction
- Off-label use of Schedule 1 and Schedule 2 drugs not being considered CAM added for clarity
- Respecting patient autonomy and not exploiting patient vulnerability added

Review the marked version [here](#).