Consultation Companion Guide

Why are you seeing changes to multiple standards?

The Government of Alberta's legislative changes respecting dual practice required CPSA to develop a new Dual Practice standard of practice. During that work, CPSA also reviewed related standards to ensure the standards suite remains internally consistent, reflects current legislation and practice, and avoids duplication or conflicting expectations.
Rows identified as Legislative Alignment highlight amendments made to reflect changes in legislation, regulations, Orders in Council or Ministerial Orders.

This workbook summarizes the significant amendments proposed for consultation. It is intended to complement—not replace—the accompanying marked versions of the standards. Formatting changes, renumbering, and other minor amendments are shown in the marked versions but are not individually described here.

The amendments fall into four categories:

Legislative alignment (Bill 11)
Changes required to align terminology or obligations with legislation, regulations or Ministerial Orders.

Standards harmonization
Changes that clarify which standard owns a particular professional obligation and improve consistency across the standards suite.

Legislative alignment/Standards harmonization
Changes prompted by the dual practice legislative framework that harmonize terminology and professional expectations across the standards suite

Modernization
Changes that reflect current professional practice and communication methods without changing the underlying regulatory principles.

Terminology hierarchy

The legislative terms were used where precision is important and the audience is primarily physicians (e.g.,*Dual Practice*).

Plain-language terms, followed by the legislative terms in parentheses, were used where patients are also an audience (e.g.,*Advertising*).

Standard-specific terminology was used where the standard regulates a broader concept than the legislation (e.g.,*Charging for Uninsured Professional Services*).

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ADVERTISING

PRIMARY DRIVER	CURRENT PROVISION(S)	AMENDED PROVISION(S)	RATIONALE
Modernization	Preamble (new)	Added a preamble describing the purpose of advertising and emphasizing that advertising must support informed decision-making, respect patient privacy and maintain public confidence regardless of communication method or platform.	Modernizes the standard by recognizing contemporary methods of professional communication and providing context before introducing the professional expectations.
Legislative alignment/ Modernization	Definitions (new/updated)	Added and updated definitions for advertisement/advertising, before-and-after photographs/videos, consent, evidence, inducement, publicly funded service, privately funded service and testimonial.	Introduces and clarifies contemporary advertising concepts before regulating them and improves consistency throughout the standards suite.
Legislative Alignment	Clause 1(h): Funding disclosure (updated)	Updated terminology to require regulated members to clearly specify whether advertised services are publicly funded through AHCIP or privately funded, as applicable.	Aligns terminology with the amended *Alberta Health Care Insurance Act* and the Dual Practice standard, using plain language to support wide understanding.
Modernization	Clause 1(i): Testimonials (updated)	Replaced the prohibition on testimonials with conditions governing when testimonials may be used.	Recognizes contemporary communication practices while protecting against misleading advertising, inducement and unrealistic patient expectations.
Standards Harmonization	Clauses 2–3: Third-party advertising (updated)	Clarified documentation requirements for advertising prepared by third parties and updated Registrar authority to include delegates.	Improves operational clarity and aligns terminology with other CPSA standards.
Modernization	Clause 4: Prohibited advertising practices (updated)	Expanded the prohibition on inducements to include promotional practices likely to improperly influence a patient's decision to receive a medical service.	Future-proofs the standard by regulating the underlying conduct rather than specific marketing techniques.
Modernization	Clause 5: Patient privacy and before-and-after photographs (new)	Added expectations governing the use of before-and-after photographs/videos, including consent, accuracy and appropriate presentation.	Addresses a common contemporary advertising practice while protecting patient privacy and preventing misleading advertising.
Standards Harmonization	Clauses 6–7: Professional representation (updated)	Reorganized provisions respecting protected titles and practice interests and updated related terminology and cross-references.	Improves consistency across the standards suite and aligns with related standards, including *Dual Practice* , *Conflict of Interest* and *Informed Consent.*

CHARGING FEES

PRIMARY DRIVER	CURRENT PROVISION(S)	AMENDED PROVISION(S)	RATIONALE
Legislative Alignment	Title (updated)	Changed title to "Charging Fees"	Lifted a level to prevent unintentional narrow application/interpretation based on the title.
Legislative Alignment	Preamble (updated)	Added relationship to non-Plan services and Dual Practice.	Clarifies the relationship between this standard and the *Dual Practice* standard.
Legislative Alignment	Definitions (new/updated)	Updated definitions for block fees, insured health service and non-Plan services.	Aligns terminology with the *Alberta Health Care Insurance Act* and the dual practice framework while preserving standard-specific terminology for fee-related obligations.
Legislative Alignment	Clause 2(a): Prohibited charges (updated)	Updated "insured services" to "insured health services."	Aligns terminology with the amended *Alberta Health Care Insurance Act*.
Standards Harmonization	Clauses 4–7: Clauses relating to billing discussions and fees (new)	Clarified preliminary fee information, pre-service fee discussion, non-Plan written acknowledgement, accommodation/fee disputes, documentation, invoices, and prohibition on charging for insured after-hours access.	Improves clarity regarding physicians' billing responsibilities.
Standards Harmonization	Clause 8: Combining insured and non-Plan services (new)	Added expectations requiring regulated members to clearly communicate which services are publicly funded and which require payment, describe available options impartially and manage conflicts of interest in accordance with the Conflict of Interest standard.	Aligns terminology and expectations with the *Dual Practice* and *Conflict of Interest* standards.
Modernization	Clauses 9–10: Block fee provisions (new)	Expanded expectations governing block fee arrangements.	Consolidates existing guidance and improves transparency.
Modernization	Clauses 11–13: Missed or cancelled appointments (new)	Added dedicated provisions governing missed or cancelled appointments.	Formalizes existing guidance and establishes consistent expectations.
Standards Harmonization	Clauses 14-15: Collecting fees (new)	Clarified fee collection, privacy obligations and use of third-party administrators.	Reflects contemporary billing practices while reinforcing professional accountability.

CONFLICT OF INTEREST

PRIMARY DRIVER	CURRENT PROVISION(S)	AMENDED PROVISION(S)	RATIONALE
Modernization	Preamble (new)	Added a preamble describing the purpose of the standard, emphasizing the fiduciary duty owed to patients and recognizing that conflicts of interest may arise in many aspects of professional practice, including publicly funded and privately funded health services.	Provides context for the standard, modernizes it to reflect contemporary practice environments and reinforces the professional obligation to place patients' interests first.
Standards harmonization	Definitions (updated/new)	Updates/defines both conflict of interest and inducement.	Clarifies key concepts before introducing the professional expectations and improves consistency with related standards, including *Advertising* and *Dual Practice*.
Standards harmonization	Clause 3: Personal advantage (new)	Added a prohibition on exploiting the physician-patient relationship for personal advantage by recommending, selling, or providing products, tests, devices, or services.	Consolidates patient-first expectations that previously arose across related standards and supports consistent management of financial or personal interests in care encounters.
Legislative alignment	"Related Standards"	*Dual Practice* added to the list.	Recognizes the relationship between dual practice and conflicts of interest and improves navigation across the standards suite.

CONTINUITY OF CARE

PRIMARY DRIVER	CURRENT PROVISION(S)	AMENDED PROVISION(S)	RATIONALE
Modernization	Entire document	Reorganized the standard and added headings to improve flow, readability and ease of locating information.	Modernizes the standard's structure while preserving the underlying continuity-of-care expectations.
Modernization	Preamble (updated)	Updated the preamble to clarify the purpose of continuity of care, recognize team-based care and emphasize that continuity does not require a regulated member to be personally available at all times.	Modernizes the standard to reflect contemporary models of care while reinforcing that continuity remains a professional obligation regardless of practice setting.
Modernization	Definitions (new)	Added and updated definitions to clarify key continuity concepts, including clinically significant investigation results, evidence of an agreement, ongoing responsibility, reasonable expectation, team-based care and temporary absences.	Clarifies terminology used throughout the standard and addresses common areas of misunderstanding identified through consultation, quality improvement activities and Advice to the Profession.
Legislative Alignment	Clauses 1–3: After-hours care (new/updated)	Reorganized and clarified after-hours care expectations, including requirements to arrange appropriate after-hours access, support handover where after-hours needs are reasonably foreseeable and not charge patients for insured after-hours access.	Aligns continuity expectations with the broader responsibilities established through the *Dual Practice* review and reinforces that continuity obligations apply regardless of how services are funded.
Modernization	Clauses 4–7: Investigation management (new/updated)	Reorganized and clarified expectations respecting investigation management, follow-up and documentation, including when regulated members may order investigations or make referrals in another healthcare provider's name.	Improves clarity, reflects current practice and aligns with related standards governing patient records and episodic care.

DUAL PRACTICE - LEGISLATIVE MAPPING

PRIMARY DRIVER	STANDARD SECTION	KEY EXPECTATIONS	RATIONALE
Legislative alignment	Entire standard	Introduced a new Dual Practice standard of practice.	Establishes professional expectations for regulated members providing non-Plan services under Alberta's dual practice legislative framework.
Legislative alignment	Preamble	Added a preamble describing the three practice models, the risks associated with dual practice, and the relationship between publicly funded insured health services and privately funded non-Plan services.	Provides context for the standard and explains the principles underlying professional expectations in a dual practice environment.
Legislative alignment	Definitions	Added definitions reflecting the amended legislative framework, including participating physician, flexibly participating physician, non participating physician, insured health services, non-Plan services, Alberta EHR, authorized custodian, financial record, and patient record.	Aligns terminology with the *Alberta Health Care Insurance Act*, *Health Information Act*, and related regulations while promoting consistent terminology across the standards suite.
Legislative alignment	Clauses 1-4: Participation status	Established expectations for posting flexibly participating physician status, identifying non-Plan services offered, notifying CPSA of changes in participation status, and reporting orders or administrative penalties under the *Alberta Health Care Insurance Act*.	Incorporates legislative requirements related to participation status and supports transparency with patients, CPSA, and the public.
Legislative alignment / Standards harmonization	Clauses 5-7: Patient interest and clinical independence	Requires fee schedules to be available on request and prohibits financial interests, ownership arrangements, compensation structures, contractual obligations, or funding models from improperly influencing access to care, clinical judgment, recommendations, referrals, prioritization, or treatment.	Reinforces that patient interests and clinical need must remain paramount regardless of funding model.

Standards harmonization	Clauses 8-10: Clinical appropriateness and conflicts of interest	Requires independent clinical judgment informed by current best available evidence and prohibits services, investigations, procedures, or consultations that are not medically indicated or clinically appropriate. Also clarifies disclosure and alternatives where a regulated member refers to a service, organization, or facility in which they have a financial, ownership, governance, or contractual interest.	Harmonizes dual practice expectations with *Conflict of Interest*, *Referral Consultation*, and broader professional obligations governing clinical appropriateness.
Legislative alignment / Standards harmonization	Clauses 11-16: Documentation and records	Requires regulated members providing non-Plan services to apply to become authorized custodians, ensure appropriate privacy and security protections, create electronic patient records that can be submitted to the applicable provincial health information system, submit required records within 30 days or the applicable bylaw period, maintain financial records, and distinguish insured health services from non-Plan services in records management systems.	Incorporates legislative record requirements while harmonizing with *Patient Record Content*, *Patient Record Management*, and *Charging Fees.*
Standards harmonization	Clause 17: Continuity of care	Requires regulated members providing non-Plan services to support continuity of care, including follow-up, management of complications, after-hours concerns, and communication with patients and other regulated health professionals where appropriate.	Reinforces that continuity obligations continue to apply when services are privately funded.
Legislative alignment / Standards harmonization	Clauses 18-19: Separation of public and private care	Requires flexibly participating physicians to ensure patients understand funding arrangements and financial obligations, comply with charging and billing requirements, and not directly or indirectly charge patients for insured health services.	Supports clear separation between insured health services and non-Plan services and aligns with Charging Fees.

Legislative alignment	Clauses 20-21: Compliance	Requires regulated members to comply with applicable legislation, regulations, and Ministerial Orders, obtain and maintain required approvals, comply with conditions of participation, and cooperate with inspection, auditing, investigation, reporting, and quality assurance processes.	Reinforces regulated members’ responsibility to comply with the oversight framework governing dual practice.

PATIENT-ORDERED TESTING - LEGISLATIVE MAPPING

PRIMARY DRIVER	STANDARD SECTION	KEY EXPECTATIONS	RATIONALE
Legislative alignment	Entire standard	Introduced a new *Patient-Ordered Testing* standard of practice.	Establishes professional expectations for regulated members assessing requests for or providing patient-ordered testing under Alberta's patient choice and self-referral legislative framework.
Legislative alignment	Preamble	Added a preamble describing the legislative framework for direct patient access to designated diagnostic imaging investigations, the limits of POTs, the optional nature of participation and the exclusion of services requiring sedation or anesthesia.	Provides context for the standard and explains the principles underlying professional expectations where patients self-refer for privately funded diagnostic imaging investigations.
Legislative alignment	Definitions	Added definitions for accredited diagnostic imaging facility, patient ordered testing (POT) and patient.	Aligns terminology with the *Alberta Health Care Insurance Act* , the *Health Professions Act* , the *Preventative Health Testing Services Regulation* and related Ministerial Orders.
Legislative alignment	Clauses 1-5: Compliance, setting and responsibility	Identifies responsibility for the Medical Director and regulated members involved in POTs, requires compliance with applicable legislation, regulations, Ministerial Orders and CPSA expectations, limits POTs to accredited diagnostic imaging facilities and prohibits POTs requiring sedation or anesthesia.	Incorporates legislative requirements governing where POTs may be provided and clarifies accountability for regulated members and accredited diagnostic imaging facilities.
Legislative alignment / Standards harmonization	Clause 6: Information for patient decision-making	Requires regulated members to inform patients of and document the nature and purpose of the POT, foreseeable limitations, side effects and risks, potential follow-up needs, that the request does not guarantee the test will be provided, that the POT is not an insured health service and that Government of Alberta reimbursement is not guaranteed.	Supports informed decision-making and transparency about the privately funded nature, clinical limitations and possible follow-up implications of POTs.
Standards harmonization	Clauses 7-9: Assessment and professional judgment	Requires regulated members assessing POT requests to practise within scope and competence, establishes a physician-patient relationship for the care encounter and requires reasons and rationale to be explained and documented when a request is declined.	Harmonizes POT expectations with related standards governing episodic care, clinical judgment, documentation and the physician-patient relationship.
Legislative alignment / Standards harmonization	Clauses 10-12: Informed consent and disclosure	Requires informed consent, written consent to disclose information required by the PHTSR, acknowledgement that results and related reports will become part of the patient's Alberta EHR and prohibits providing the POT if the patient declines disclosure.	Incorporates legislative consent and disclosure requirements while aligning with CPSA expectations for informed consent and patient records.

Legislative alignment / Standards harmonization	Clauses 13-16: Financial disclosures and AHCIP billing	Requires an up-to-date fee schedule, disclosure of any fees before the patient is charged, agreement to proceed and accept disclosed fees and prohibits submitting an AHCIP claim for assessing the appropriateness of a POT.	Incorporates legislative billing restrictions and harmonizes POT expectations with the Charging Fees standard.
Legislative alignment / Standards harmonization	Clauses 17-21: Interpretation, communication and follow-up	Identifies the regulated member interpreting the POT results as the most responsible physician unless another regulated member has agreed in advance to assume responsibility. Requires interpretation and communication of results, legislated in-person communication at the testing facility within two hours where required, explanation of next steps, management or referral for clinically significant or abnormal findings, appropriate transfer of ongoing care and clarity about who is responsible for follow-up.	Reinforces that continuity, follow-up and transfer-of-care obligations apply to POTs, including where results are copied or forwarded to another regulated health professional.
Legislative alignment / Standards harmonization	Clauses 22-24: Documentation and Alberta EHR	Requires records to be maintained in accordance with legislation and CPSA standards, requires diagnostic testing results and other required information to be accessible via the Alberta EHR and sets minimum documentation expectations for the request, assessment, rationale, patient information, consent, POT provided, results communication, follow-up, referrals, transfers of care and actions taken.	Incorporates legislative record requirements while harmonizing with *Patient Record Content* , *Patient Record Management* , *Continuity of Care* and *Transfer of Care* .

PATIENT RECORD CONTENT

PRIMARY DRIVER	CURRENT PROVISION(S)	AMENDED PROVISION(S)	RATIONALE
Legislative Alignment / Modernization	Definitions (new/updated)	Added and updated definitions, including cumulative patient profile, electronic medical record, financial record, medical scribe, and patient record.	Modernizes terminology, aligns record-related definitions with the Dual Practice framework, and improves consistency with related patient record standards.
Legislative Alignment / Standards Harmonization	Clauses 1-4: Documenting the encounter (new/updated)	Reorganized and clarified documentation expectations, including requirements respecting documentation standards, medical scribes, dictation and artificial intelligence (AI), financial disclosures, written acknowledgements, signed agreements, invoices, products recommended or supplied, interactions with the Alberta EHR, billing data, and missed or cancelled appointments.	Aligns documentation expectations with the dual practice legislative framework while modernizing the standard to reflect contemporary documentation practices and technologies.
Modernization	Clauses 5-7: Accessible information, abbreviations, and templates (new/updated)	Clarified when information does not need to be duplicated in the patient record, expectations respecting abbreviations, and requirements for using documentation templates, including copy-and-paste functions.	Improves the quality, readability, and reliability of patient records while reflecting contemporary electronic documentation practices.
Modernization	Clauses 8-10: Corrections to patient records (new/updated)	Reorganized and clarified expectations respecting requests to correct or amend patient records, refusals under the HIA, and late entries after a complaint or legal action has been initiated.	Improves clarity regarding regulated members' responsibilities under the HIA while protecting the integrity of the patient record.

PATIENT RECORD RETENTION

PRIMARY DRIVER	CURRENT PROVISION(S)	AMENDED PROVISION(S)	RATIONALE
Modernization	Title (updated)	Changed the title from *Patient Record Retention* to *Patient Record Management*.	Reflects the broader scope of the standard, which now addresses governance, retention, storage, security, access and record management rather than retention alone.
Modernization	Preamble (new)	Added a preamble describing custodial responsibilities, patient access rights, applicability of the HIA and the relationship between *Patient Record Management* and *Patient Record Content*.	Modernizes the standard by providing context regarding custodianship, governance and patient access responsibilities before introducing the professional expectations.
Legislative Alignment/ Modernization	Definitions (new/updated)	Added and updated definitions, including affiliate, custodian, financial record, information manager, information sharing agreement, non-Plan services, patient record and successor custodian.	Modernizes terminology, aligns definitions with the HIA and the Dual Practice framework, and improves consistency across the standards suite.
Legislative Alignment/ Standards Harmonization	Clauses 1–7: Custodianship and governance (new/updated)	Reorganized and expanded governance expectations respecting custodianship, information manager agreements, information sharing agreements, successor custodians and affiliate responsibilities under the HIA.	Aligns the standard with the amended HIA governance framework while clarifying custodial responsibilities and improving consistency with related standards.
Legislative Alignment/ Standards Harmonization	Clauses 8-11: Retention and destruction (new/updated)	Updated expectations respecting retention, destruction and management of patient records, including financial records, electronic records and records required under applicable legislation.	Aligns record management expectations with the Dual Practice legislative framework while preserving existing CPSA retention requirements.
Modernization	Clauses 12-15: Storage and security (new)	Reorganized and clarified expectations respecting secure storage, access controls, confidentiality agreements, unique user IDs, and credential sharing.	Reflects contemporary electronic record management practices while reinforcing privacy, confidentiality, and data integrity.
Modernization	Clauses 16-17: EMR system requirements (new/updated)	Clarified expectations respecting Privacy Impact Assessments and compliance with applicable laws, legislation, and professional standards for EMR systems.	Modernizes expectations for electronic record systems while reinforcing compliance with HIA privacy and security requirements.

Modernization	Clauses 18-21: Access, transfers and fees (new/updated)	Reorganized and clarified expectations respecting patient access, transfer of records, storage and fees.	Improves clarity regarding custodial responsibilities while supporting continuity of care and patients' rights of access to their health information.

RESPONSIBILITY FOR A MEDICAL PRACTICE

PRIMARY DRIVER	CURRENT PROVISION(S)	AMENDED PROVISION(S)	RATIONALE
Modernization	Preamble (new)	Added a preamble describing the purpose of the standard, clarifying accountability for directing a medical practice, delegation of responsibilities and the relationship to *Dual Practice* .	Modernizes the standard by providing context regarding the regulated member's overarching professional and operational responsibilities before introducing the requirements.
Modernization	Definitions (new/updated)	Added and updated definitions, including Accredited Medical Facilities, Affiliate, Designated representative, Group setting, and Medical director.	Clarifies terminology used throughout the standard and aligns concepts with the HIA, *CPSA Bylaws* , and related standards governing custodianship and medical practice management.
Legislative Alignment/ Standards Harmonization	Clause 1: Professional accountability (updated)	Clarified the regulated member's overarching responsibility for patient care and legislative compliance, including coordination of care and compliance with applicable legislative, regulatory, Ministerial Order and professional requirements.	Clarifies the distinction between responsibility for patient care and responsibility for the operation of a medical practice while aligning the standard with the current legislative framework.
Legislative Alignment/ Standards Harmonization	Clause 2: Practice management (updated)	Reorganized and clarified operational responsibilities respecting staffing, billing, advertising, custody of health information, Alberta EHR obligations, notification to CPSA, and identification of healthcare providers.	Aligns operational governance expectations with the Dual Practice legislative framework while improving consistency with related standards, including *Advertising* , *Charging for Uninsured Professional Services* , *Patient Record Management* and *Patient Record Content* .
Modernization	Clauses 3–4: Practice settings (updated)	Clarified expectations respecting designated representatives, contact persons, and regulated members practising in group settings that are not Accredited Medical Facilities.	Improves readability and clarifies accountability within group practice environments while maintaining the existing professional expectations.
Modernization	Clause 6: Medical practice incorporation (new)	Added expectation that a regulated member seeking to incorporate their medical practice must ensure the professional corporation is named appropriately.	Incorporates related *CPSA Bylaw* expectations and aligns with *Advertising* by prohibiting names that include claims, representations, endorsements, or testimonials.