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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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.