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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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.