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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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* .