

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*).

PATIENT RECORD RETENTION			
PRIMARY DRIVER	CURRENT PROVISION(S)	AMENDED PROVISION(S)	RATIONALE
Modernization	Title (updated)	Changed the title from <i>Patient Record Retention</i> to <i>Patient Record Management</i> .	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 <i>Patient Record Management</i> and <i>Patient Record Content</i> .	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.