Consultation Companion Guide

Why are you seeing changes to multiple standards?

The Government of Alberta's legislative changes required CPSA to develop new standards of practice for gender-affirming care and written orders for office supply of opioid agonist therapy. 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 (Bills 9 and 29)

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.

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COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

DISPENSING DRUGS

PRIMARY DRIVER	CURRENT PROVISION(S)	AMENDED PROVISION(S)	RATIONALE
Legislative alignment (Bill 29) / Standards harmonization	Title and scope limited the standard to dispensing Schedule 1 and 2 drugs to a patient for a fee.	Changed the title to *Dispensing Drugs* and broadened the scope to dispensing activities generally. Defined *dispense* as providing a drug to a person pursuant to a prescription.	Clarifies the distinction between patient-specific dispensing and the separate office-supply model created by Bill 29, which permits authorized prescribers to obtain limited quantities of certain Schedule 1 drugs under a written order. The office-supply model is addressed separately in the proposed *Office Supply for OAT* standard.
Modernization	Entire document	Added a purpose and scope section addressing patient safety, clinical appropriateness, drug security, patient choice, documentation and financial interests.	Provides context for the standard and clarifies the principles that apply to all dispensing activities.
Legislative alignment / Standards harmonization	Existing definitions and references to Schedule 1 and 2 drugs, dispensing and compounding.	Added definitions for *compound*, *dispense*, *manufacture*, *medication samples*, *prescription drug list* and *procurement*.	Clarifies the activities regulated by the standard and aligns terminology with the federal and provincial legal framework governing drugs. The definition of *dispense* also supports the distinction between dispensing to a patient under a prescription and office supply under Bill 29's written-orders framework.

Legislative alignment / Standards harmonization	Clause 1: Dispensing permitted when drugs are relevant to the medical consultation or surgical procedure.	Requires regulated members to meet the same dispensing standards as pharmacists and comply with applicable provincial and federal legislation. Also requires members to dispense only to patients they are treating and only when the drugs are relevant and appropriate to the consultation or procedure.	Makes the legal and professional framework explicit and aligns physician dispensing expectations with pharmacist standards. This supports compliance with the amended *Pharmacy and Drug Act* , while recognizing that Bill 29's written-order provisions apply to the separate office-supply activity.
Modernization	Clauses 5–7: Patient counselling, labelling, child-proof containers and expiry dates.	Reorganized and expanded expectations respecting patient identity, the patient's option to use a pharmacy of their choice, expiry dates, patient counselling, packaging and labelling.	Updates existing requirements and aligns physician dispensing expectations with pharmacist standards and patient-centred decision-making.
Modernization	Not addressed separately in the current standard.	Added requirements for medication samples, including documentation of the drug name, dose, directions for use, quantity and lot number.	Addresses medication samples, which were not specifically regulated by the current standard.

Standards harmonization	Clause 2: Fees limited to the cost of the drug and reasonable handling costs. Clauses 3 and 8: No fee for required documentation and transaction records.	Revised the fee provision to permit a dispensing fee that includes reasonable costs associated with maintaining drugs, in accordance with applicable legislation and the Charging for Uninsured Professional Services standard. Prohibited charging a separate fee for maintaining required documentation relating to inventory control or dispensing.	Clarifies the costs that may be included in a dispensing fee and confirms that a separate fee cannot be charged for required documentation. These provisions are not specifically driven by Bill 29.
Modernization	Clauses 8–14: Transaction records, inspection of drugs received, secure and temperature-appropriate storage, federal storage requirements, disposal and prohibition on reuse of returned drugs.	Added or reorganized expectations respecting records of purchases and sales, procurement methods, drug origin and chain of custody, secure storage, loss audits, recalls, patient notification and safe disposal.	Reorganizes existing safety and recordkeeping requirements and adds broader medication-management expectations. These provisions align with pharmacist standards and applicable drug legislation but are not specifically driven by Bill 29.

Standards harmonization	Clause 8: Transaction log identifying the patient, prescriber, date, drug, strength, dosage form and quantity.	Requires a transaction log identifying the patient, prescriber or dispenser, date, drug, strength, dosage form and quantity. The log must be available to CPSA on request, and dispensing must be documented in the patient record.	Improves traceability and aligns dispensing documentation with *Patient Record Content* and broader practice-management expectations.
Standards harmonization	Related standards and companion resources.	Updated the related standards and companion resources to include *Charging for Uninsured Professional Services* , *Conflict of Interest* , *Patient Record Content* , *Responsibility for a Medical Practice* and other related resources.	Improves navigation and demonstrates how dispensing connects with related professional, financial, documentation and practice-management obligations. The proposed *Office Supply for OAT* standard should also be considered for inclusion as a related standard once its title and status are finalized.