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.

cpsa
COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

OFFICE SUPPLY FOR OPIOID AGONIST THERAPY - LEGISLATIVE MAPPING

PRIMARY DRIVER	STANDARD SECTION	KEY EXPECTATIONS	RATIONALE
Legislative alignment (Bill 29)	Entire standard	Introduces a new standard governing the use of written orders to obtain and maintain an office supply of OAT medications.	Bill 29 amended the *Pharmacy and Drug Act* to create a written-orders framework allowing an authorized regulated health professional to direct a pharmacy to sell a specified quantity of an authorized Schedule 1 drug to the professional. The legislation also permits the Minister to establish limits, processes and restrictions respecting written orders.
Legislative alignment (Bill 29)/Standards harmonization	Purpose and scope	Limits written orders under this standard to obtaining OAT medications for administration to patients in rural or remote clinical practice locations with limited access to pharmacy services. Excludes medications other than OAT and medications obtained for dispensing outside the regulated member's clinical practice.	Operationalizes the Bill 29 framework within the intended context of improving timely access to OAT in rural and remote communities. The standard establishes a narrower CPSA professional framework than the broader legislative authority created by Bill 29.
Legislative alignment (Bill 29)	Definitions	Defines *office supply*, *regulated health professional* and *written order*.	Aligns the standard with the new terminology in the *Pharmacy and Drug Act*, including the definition of a written order and the regulated health professionals who may issue one.
Legislative alignment (Bill 29)/Standards harmonization	Clause 1: Authorization and permitted use	Permits a regulated member to use a written order only to obtain OAT medications for patient treatment and requires compliance with applicable legislation, regulations, Ministerial Orders and CPSA standards.	Reflects the statutory requirement that drugs obtained through a written order may be used only for patient treatment in accordance with the applicable Ministerial Order. It also connects the new written-order activity to existing CPSA prescribing and OAT expectations.

Standards harmonization	Clause 2: Eligibility and approval	Limits written-order use to regulated members who are registered and in good standing with TPP Alberta, have CPSA OAT initiation approval and have CPSA approval to issue written orders, practise in a rural or remote location with limited pharmacy access and can enter dispensing information into PIN in real time.	Adds CPSA safeguards that are not fully specified in Bill 29. These requirements support appropriate OAT training and oversight, limit use of written orders to the access problem the standard is intended to address and align the process with existing CPSA OAT and dispensing expectations.
Legislative alignment (Bill 29)	Clause 3: Written-order content	Requires written orders to be accurate, legible and include the date, medication name, formulation, quantity, prescriber information, clinic information and a valid signature that allows the dispenser to verify authenticity.	Bill 29 authorizes standards respecting the sale of drugs under written orders and the content of written orders. This clause establishes the minimum information required for pharmacies to process written orders safely and supports traceability.
Legislative alignment (Bill 29)/Standards harmonization	Clause 4: Quantity and frequency	Limits the quantity and frequency of written orders to the parameters established through the CPSA OAT written-order approval process.	Supports the Bill 29 framework, which permits limits on the quantity of drugs that may be obtained through a written order. The clause also provides a mechanism for CPSA to apply additional safeguards where the legislation or Ministerial Orders do not establish sufficient operational detail.
Standards harmonization	Clause 5: Naloxone	Requires a regulated member using a written order to provide a naloxone kit at the patient’s first encounter and as clinically indicated at later encounters.	Adds a patient-safety expectation that is specific to OAT and is not created by the written-orders provisions in Bill 29.

Standards harmonization	Clauses 6–7: Storage, reconciliation and quality assurance	Requires a clear and confidential reconciliation process, regular review of the office supply for quality assurance, secure storage in a fixed metal safe with a time-delay lock and relevant safety signage.	Establishes CPSA requirements for the secure management of medications obtained through written orders and addresses risks associated with maintaining a non-patient-specific office supply.
Standards harmonization	Clauses 8–9: Administration, observation and adverse reactions	Requires documentation of each administration, including patient, medication, dose, formulation, route, quantity, prescriber and administering staff member. Requires an appropriate in-clinic observation period and documentation of adverse reactions.	Distinguishes administration from dispensing and establishes the clinical documentation and monitoring expectations needed when medications are administered from an office supply.
Standards harmonization	Clause 10: PIN reporting	Requires all OAT medications administered from an office supply obtained through a written order to be entered into PIN in real time.	Adds a CPSA system and documentation safeguard that supports medication tracking and aligns the standard with the real-time PIN expectations in the *Dispensing Drugs* standard. This requirement is not expressly set out in Bill 29's written-orders provisions.
Standards harmonization	Related standards and companion resources	Links the standard to *Patient Record Content*, *Prescribing: Administration*, *Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harms* and *Safe Prescribing for Opioid Use Disorder*.	Ensures that written-order activity is read together with existing CPSA requirements respecting prescribing, OAT, patient records and medication administration.