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

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PRIMARY DRIVER	CURRENT PROVISION(S)	AMENDED PROVISION(S)	RATIONALE
Standards harmonization	*Prescribing: Administration*, entire standard; *Prescribing: Drugs Associated with Substance Use Disorders or Substance-Related Harms*, entire standard	Combined both standards into a single *Safer Prescribing* standard. The draft applies general prescribing requirements to all prescribing and adds additional requirements when the medication or prescribing context creates heightened risk.	Creates a clearer hierarchy between general prescribing expectations and additional safeguards for medications associated with misuse, diversion, dependence, overdose or other substance-related harms.
Modernization	Existing preambles and clause-based structure	Added purpose and scope sections describing clinically indicated prescribing, appropriate assessment, scope of practice, expected benefits and risks, available alternatives, independent clinical judgment and documentation.	Modernizes the standard's structure and provides a clearer framework before the detailed requirements.
Standards harmonization	*Prescribing: Administration*, clause 1; *Prescribing: Drugs...*, clauses 1–2	Added general prescribing requirements respecting clinical assessment, pharmacological and non-pharmacological alternatives, medication choice, benefits, risks, side effects, patient understanding and documentation of the prescribing rationale.	Consolidates the existing assessment, treatment-choice, patient-discussion and justification requirements from both standards into one general prescribing framework.
Standards harmonization	*Prescribing: Administration*, clause 1	Consolidated prescription-content requirements into a general provision requiring patient identifiers, date, medication name, strength, form, quantity, directions, refill instructions, prescriber identifiers and valid authorization.	Retains the existing prescription-content requirements while applying them consistently to prescriptions generally rather than only to substances regulated under the *Food and Drugs Act* or *Controlled Drugs and Substances Act*.

Standards harmonization	*Prescribing: Administration*, clauses 2–3 and 5–6	Reorganized requirements respecting prescription transmission, including patient choice of pharmacy, confidentiality, secure transmission methods and limits on verbal prescriptions.	Consolidates the existing transmission requirements into a shorter, more general framework and removes the detailed platform-specific requirements from the standard.
Standards harmonization	*Prescribing: Administration*, clause 7	Reframed the requirements respecting pharmacy choice as an expectation to respect patient choice unless there is a compelling clinical reason to direct the patient elsewhere.	Preserves the underlying patient-choice expectation while using broader, principle-based language.
Standards harmonization	*Prescribing: Drugs...*, clauses 1–2	Incorporated requirements to justify prescribing decisions, consider alternative treatments, discuss benefits and risks and document the rationale in the patient record.	Consolidates the substance-related prescribing requirements with the general prescribing expectations instead of maintaining a separate standard for documentation and treatment discussions.
Standards harmonization	*Prescribing: Drugs...*, clauses 3–4	Retained requirements to review medication history from PIN or Netcare before initiating and renewing prescriptions and at least every three months for long-term treatment. Retained the limited exception where PIN is inaccessible and the minimum amount may be prescribed until medication history is available.	Preserves the existing medication-history safeguards while integrating them into the new section on safer prescribing of high-risk medications. These requirements are not specifically driven by Bill 29.
Modernization	*Prescribing: Drugs...*, footnote and clauses 3–5	Expanded the high-risk medication section to expressly include opioids, gabapentinoids, benzodiazepines, sedatives and stimulants and added requirements respecting overdose, misuse, diversion and substance-use-disorder risk factors, concurrent medications, comorbidities, high-risk combinations and harm-mitigation strategies.	Updates the scope of high-risk prescribing expectations and reflects a broader range of medications and prescribing risks than the current standard addresses expressly.

Standards harmonization	*Prescribing: Drugs...*, clause 5	Reorganized long-term opioid therapy requirements into a dedicated section. Retained measurable goals, lowest effective dose, reassessment, continuation only where benefits outweigh risks and justification for higher-than-guideline doses.	Preserves the core LTOT safeguards while placing them within the broader *Safer Prescribing* framework.
Modernization	*Prescribing: Drugs...*, clause 5	Added an expectation that regulated members engage patients in a clinically appropriate taper plan when discontinuation is indicated, unless immediate cessation is required for safety or is otherwise clinically justified.	Adds explicit guidance respecting tapering and recognizes that discontinuation decisions must be clinically justified and documented.
Modernization	*Prescribing: Drugs...*, clause 5	Broadened the long-term opioid therapy section so that it applies to LTOT generally, while continuing to exclude active cancer, palliative and end-of-life care.	Clarifies the scope of the LTOT requirements and avoids limiting the provision to the terminology used in the current standard.
Standards harmonization	*Prescribing: Administration*, clause 4; related requirements in *Prescribing: Drugs...*	Prescription transmission, TPP, PIN/Netcare, patient-record and pharmacy-related expectations are placed within the broader *Safer Prescribing* framework and connected to related standards and resources.	Improves consistency across prescribing, dispensing, patient-record and OAT requirements.
Standards harmonization	Related standards and companion resources for both current standards	Updated the structure and references to reflect the new *Safer Prescribing* standard and its relationship to *Safe Prescribing for Opioid Use Disorder*, *Dispensing Drugs* and other related standards.	Supports navigation across the consolidated standards suite and clarifies that OUD-specific prescribing remains addressed in a separate, more specialized standard.