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

SAFER PRESCRIBING FOR OPIOID USE DISORDER

PRIMARY DRIVER	CURRENT PROVISION(S)	AMENDED PROVISION(S)	RATIONALE
Modernization	Existing preamble, glossary and clause-based structure.	Added purpose and scope sections addressing evidence-based care, competence and training, patient safety, harm reduction, continuity of care, dignity, autonomy, diversion, misuse and overdose.	Modernizes the structure and provides a clearer framework for the requirements that follow.
Modernization	Scope limited the standard to OAT using full opioid agonists. Partial opioid agonist and antagonist medications were expressly excluded.	Applies the standard to medications used to treat OUD, including OAT. Defines OAT for this standard as including full opioid agonist medications and no longer expressly excludes partial opioid agonist or antagonist medications.	Broadens the standard to reflect the range of medications used to treat OUD and avoids limiting the standard to full opioid agonist treatment.
Standards harmonization	Current provisions separately addressed initiation, maintenance, approval categories, training, transfer of care and prescribing in inpatient or correctional settings.	Consolidated these expectations under "Prescriber roles and practice settings." Requires appropriate CPSA approval and training where required, compliance with approval conditions, appropriate practice settings, continuity planning, information-sharing during transfers and avoidance of abrupt discontinuation unless clinically necessary.	Combines overlapping requirements and creates a more flexible framework that can apply across OUD treatment settings and models of care.
Standards harmonization	Clause 1: Requirement to prescribe OAT according to evidence-based guidelines and practices.	Requires care to be delivered using current evidence-based guidance and independent clinical judgment, while expressly stating that the standard is not prescriptive about a specific treatment guideline.	Preserves the existing evidence-based expectation while recognizing that treatment modalities and guidance continue to evolve.

Standards harmonization	Clause 2: Initiation requirements, including CPSA-approved training, OAT prescribing approval, appropriate setting, access to laboratory and pharmacy services, access to another approved prescriber, multidisciplinary support and transfer information.	Requires an appropriate clinical assessment, confirmation of OUD, review of medication and prescription history, assessment of co-occurring conditions and safety risks, discussion of treatment options and a treatment plan that includes monitoring and follow-up.	Retains the core clinical safeguards for initiation while reorganizing them around assessment, patient discussion, treatment planning and follow-up.
Standards harmonization	Clause 3: Maintenance requirements, including knowledge of OAT pharmacology, a letter of support and information checklist, CPSA maintenance approval, education, another approved prescriber, collaboration and access to laboratory, pharmacy and prescription database services.	Requires ongoing monitoring of treatment effectiveness and patient safety, regular reassessment, adjustment of therapy as clinically indicated and attention to diversion, misuse and treatment instability.	Consolidates the ongoing-treatment expectations and focuses the enforceable requirements on clinical monitoring, reassessment and patient safety.
Modernization	Clauses 4–6: Special provisions for regulated members without CPSA OAT approval who prescribe in inpatient or correctional settings, including five-day transition prescriptions, daily witnessed dosing, consultation with the community prescriber and transition-of-care requirements.	Replaced the detailed setting-specific provisions with general requirements respecting appropriate CPSA approval, continuity of care, information-sharing and avoiding abrupt discontinuation.	Simplifies the standard and avoids embedding detailed operational processes that may change over time. The continued applicability of any legislative or regulatory requirements for these settings should be confirmed before finalizing this row.
Standards harmonization	Clause 7: Full agonist opioid prescribing for OUD required CPSA approval to initiate or maintain.	Requires appropriate CPSA approval and training where required by legislation, regulation or CPSA policy and requires members to comply with approval conditions.	Preserves the approval and training expectations while using broader language that can accommodate changes to CPSA approval programs.

Modernization	Clause 8: Prescribing full agonist opioids other than methadone or slow-release oral morphine for OUD was permitted only within a government-licensed program, as required by provincial regulation.	Removed the specific reference to narcotic transition services and the list of medications subject to that restriction.	Removes detailed regulatory and program-specific language from the standard. The rationale should be confirmed against the current *Mental Health Services Protection Regulation* before consultation, because the current standard's restriction was expressly linked to that regulation.
Standards harmonization	Existing transfer-of-care requirements, including information checklists, letters of support and collaboration with the receiving prescriber and care team.	Requires reasonable efforts to ensure continuity of treatment during transfer, provision of relevant clinical information and avoidance of abrupt discontinuation.	Aligns the standard with the broader *Continuity of Care* and *Transfer of Care* standards while preserving the underlying patient-safety expectations.
Modernization	Existing requirements were focused primarily on initiation, maintenance and transitions between prescribers.	Added a dedicated "Addressing safety concerns" section requiring reassessment of the treatment plan, attention to underlying concerns and clinically appropriate modification of treatment when diversion, misuse, safety or adherence concerns arise.	Provides a clearer response framework for treatment instability and other safety concerns.
Standards harmonization	Existing documentation requirements were distributed across clauses respecting assessment, treatment planning, prescribing approval, transfer and maintenance.	Requires documentation of assessment and diagnosis, treatment planning and patient discussions, prescribing decisions, monitoring and reassessment.	Consolidates documentation expectations and aligns them with *Patient Record Content* .

Standards harmonization	Related standards included *Prescribing: Administration*, *Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harm* and *Transfer of Care*.	Updated the standard's structure and related resources to support its relationship with the consolidated *Safer Prescribing* standard, *Continuity of Care*, *Patient Record Content* and *Transfer of Care*.	Improves navigation across the revised prescribing standards suite and clarifies the relationship between general, high-risk and OUD-specific prescribing expectations.