



Transition to Practice Info Session

The session focused on the transition from medical residency to independent practice, covering several critical areas for early career physicians. The main themes included:

Recruitment and Privileging Process from AHS: A comprehensive overview of AHS recruitment through the Dr. Jobs Alberta platform.	Page 2
Regulatory Requirements from the CPSA: A detailed explanation of CPSA licensing requirements and registration processes.	Page 3
Physician Billing Education from the AMA: Discussion of billing principles, rules, common pitfalls, and the importance of proper documentation and time tracking.	Page 4
Rural Practice Opportunities from RhPAP: An introduction to rural health workforce support through RhPAP, including educational funding, mentorship programs, and community integration.	Page 6
Practical Transition Experiences: Insights from new in practice physicians on job searching, contract negotiations, and the business aspects of medical practice.	Page 7
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AHS Recruitment and Privileging Status

Katherine Molina, Shelley Broadhurst and Chelsey Hurt provided a strategic perspective on recruitment support, emphasizing AHS's goal to help every resident physician who wants to stay in Alberta find employment.

Job postings and application process:

- All AHS physician opportunities (active and locum tenens) are posted on www.drjobsalberta.com
- Physicians need to create a profile where they can store resumes/cover letters/supporting documents and enable job alerts
- Applications can be tracked via the profile; contact is issued only if shortlisted for interviews
- [New Physician Orientation](#) information

Categories and probation:

- **Active roles:** recruit permanent staff; successful candidates receive probationary active medical staff appointments
- **Locum tenens:** temporary privileges up to 1 year; successful candidates receive probationary locum appointments
- All new in practice physicians start on a 12-month probationary category (active or locum); reviewed at 1 year for transition to active or locum category

New medical staff onboarding checklist (key items required):

- Criminal record check including vulnerable sector search
- CPSA license
- CMPA/professional liability
- Three references
- MD certificate, Royal College (or equivalent)
- Proof of eligibility to work in Canada
- Communicable disease assessment
- Required organizational learning
- Network access: learner profile must be updated to medical staff status.

AHS Concierge support:

- To provide navigation assistance across corridors, acute care sites, and pillars (physicians, learners, fellows, associate physicians, PAs)
- Provide support for residents and IMGs (license pathways, CPSA interaction, market familiarity)
- Spousal recruitment assistance (medical and non-medical partners), including cross-specialty opportunities in the same region

CPSA Licensing and Registration Status

Rita King and Giselle Klein discussed regulatory compliance and the importance of maintaining current contact information. They stressed that CPSA registration is separate from AHS privileging and provided clear timelines for application processes.

Role and scope:

- Independent regulator (under Alberta legislation; Health Professions Act); protects public via CPSA Standards of Practice, code of ethics, and CMA codes
- Registers physicians and PAs; supports continuing competence; accredits diagnostic and non-hospital surgical facilities; manages complaints; supports professional conduct; contributes to data-driven innovation
- Does not: determine practice locations, offer privileging, direct clinic operations, recruit, oversee other regulated professions, or direct AHS/Covenant

Application timeline and process:

- Create [Physicians Apply](#) account; complete Review of Qualifications (medical degree, postgraduate training, certification); CPSA reviews and requests required documentation; registration completed once all documents received
- Permits cannot start before training completion (e.g., residency end June 30 → permit effective July 1, even if processed earlier)

Fees:

- One-time \$800 registration fee + ~\$2,000 annual fee typically applies
- Pilot project waives first registration fee and first annual fee for Alberta trainees until June 30, 2027

PRAC ID:

- PRAC ID (billing) is through Alberta Health; separate from CPSA; after CPSA documentation is complete

Common questions and clarifications:

- Exam failure: requires sponsorship and a 3-month probationary assessment for eligibility to provisional register, conditional practice
- Multi-province licensing is permitted; each jurisdiction has distinct requirements
- General register holders can locum anywhere; provisional register requires sponsorship (practice limited by sponsor availability/region)
- Police/criminal checks:
 - certificates valid for 1 year; if older, new certificate is required during registration
 - If continuously in Canada for >5 years and a Canadian citizen, only Canadian clearance needed; CPSA requires checks covering the last 5 years (and any practice locations in that period)
 - Police certificates are generally required only during registration unless changing registration later

AMA Billing Education and Best Practices

Norma Shipley delivered comprehensive guidance on billing practices, schedule requirements, proper documentation, and avoiding audit risks. Residents should consider signing up for [Billing Seminars](#) for more information on billing.

Getting set up:

- Apply for Alberta Health billing number (PRAC ID) and Business Arrangement (BA) on [Health Professional Business Forms page](#) once licensure docs available
- If joining an existing BA, use a written legal agreement covering fund distribution, overhead holdback, dispute resolution, space/leasing/costs/staffing decisions
- Establish a professional account (separate from personal) for billing proceeds; seek business/financial advice

Daily operations and compliance:

- Track patients, locations (facility and functional center: ER, inpatient bed, on-site clinic), start/end of workday, and total hours worked daily (mandatory if billing time-based codes; retain for 6 years)
- Submit claims within 90 days of date of service (resubmissions within 90 days of last Alberta Health communication)
- Alberta Health processes claims on Tue–Thu; ensure submission by the preceding Thu if 90th day falls Fri–Mon
- Reconciliation: Review assessment results weekly (electronic and paper); compare submission to assessment; identify adjustments; interpret explanatory codes
- Investigate partial/non-payment; AMA Physician Payments team can assist with claim interpretation/resolution
- Audit safeguards:
 - Document thoroughly (history, exam, diagnosis, plan); understand schedule intent; avoid overlapping/concurrent time billing across patients/procedures in the same time block.
 - For audits, contact CMPA first for legal counsel; then AMA for schedule interpretation; do not respond directly without legal advice.

Delegation and resident involvement:

- Technical components (e.g., PFT admin) may be claimed under technical codes; physician must bill interpretations personally
- Delegable services are limited (e.g., allergy injections, vaccinations under defined codes)
- Procedures: physician must be in-room for entire duration; visits/consults with residents require physician to review Hx/exam/diagnosis/plan with patient; bill only physician time (not resident time or total room time)

Coding and modifiers:

- Health service code: what care; diagnostic code (ICD-9): why care; include time-of-day and duration modifiers where applicable (especially in hospital)
- Cumulative time codes: track all patient-related time same day; divide by 15-minute units to determine claimable units

- Encounter definition: multiple same-day touches for one clinical issue count as one encounter; sum time accordingly
- Virtual visits:
 - Only one per patient per day; must be scheduled in advance; virtual care requires charted time details
- Consultations:
 - Require formal referral for advice based on specialist expertise; hallway consults not claimable; phone consult codes exist but have strict requirements; must send a formal consultation letter back to referrer
- Procedures and same-day billing:
 - Diagnostic procedures may be billable with visits same day; major procedures (e.g., appendectomy) allow consult and procedure same day per schedule rules; verify specialty specifics via AMA billing seminars

Uninsured services and patients from different locations:

- Verify Alberta Health Insurance coverage via Netcare (More tab → effective/end dates; opted-out status); verify out-of-province card authenticity with photo ID (Physician Resource Guide has card images)
- Quebec patients: bill directly at Alberta rates; patients recover from RAMQ themselves; do not bill Quebec government directly
- Out-of-country/opted-out: bill patients directly; AMA Uninsured Services Guide helps set rates; consider point-of-care payment solutions (e.g., Square)

Audits:

- Alberta Health is increasing audit activity; documentation and time records are critical; paid claims do not guarantee correctness
- For audits, obtain CMPA legal counsel before any response; AMA supports schedule interpretation; audits can be prolonged (multi-year), with broad access to records (Connect Care, EMR)

Staying current:

- Monitor [AMA Fee Navigator](#) and [Billing Corner](#); subscribe to Alberta Health bulletins
- [Physician Resource Guide](#): technical billing manual (fields, code requirements)
- [Primary Care Payment Model](#) (for family physicians)
- [Billing Seminars](#) for more information on billing

RHAP Rural Practice Supports

Tana Findlay (RhPAP) presented rural practice as an attractive option with comprehensive support systems, highlighting educational funding opportunities and strong community integration support for rural physicians.

Organization scope:

- Funded by Ministry of Primary and Preventative Health Services; supports attraction, integration, and retention across career pipeline (students to retirement)

Practice-ready supports:

- GEMS (General Emergency Medicine Skills) course:
 - Online modules + STARS simulation; RPAP covers registration; 19 Mainpro credits upon completion
- Individual educational funding:
 - After ≥ 1 year in rural practice (rural locums now eligible case-by-case), fund training from 1 day up to plus-one year to improve rural patient care (e.g., oncology, anesthesia, enhanced surgical skills, occupational medicine, ECG interpretation, stress testing, ultrasound fellowships)
- Team-based educational funding:
 - Fund training delivered in rural communities for local teams (e.g., pediatric/obstetrical/newborn emergencies, ACLS/PALS, STARS simulations)
- Locum services:
 - RPAP funds locums via [AMA Physician Locum Services](#) for small-physician communities; RPAP locum website aggregates resources to find locums/locum positions

Community capacity and recognition:

- 60 Attraction, Integration, and Retention committees representing 170 communities; provide tools, resources, grants; highly engaged volunteer networks
- Physician involvement improves alignment with foundations and site needs; RPAP connects physicians to local contacts for community tours and questions
- Rhapsody awards recognize individual/team contributions.
- awareness events include Alberta Rural Health Week (late May) and Preceptor Awareness Week;
- RPAP newsletter (rpap.ca/subscribe) shares program updates and deadlines

Incentives:

- Student loan forgiveness; Alberta government [Rural and Remote Family Medicine Resident Physician Bursary](#) with return-of-service agreements
- Rural and Remote Northern Program top-ups; AHS moving incentives for certain locations; community-specific supports vary—RPAP facilitates connections to confirm local offerings

Physician Panel Insights

Recommendations from new in practice physicians:

- Job Search Strategies: Emphasis on networking, early outreach to departments, and the importance of word-of-mouth opportunities beyond posted positions
- Begin transition planning at least six months before program completion
- Establish relationships with multiple mentors across different aspects of practice (clinical, business, administrative)
- Maintain detailed records of all application processes and documentation submissions
- Actively participate in available educational sessions and utilize organizational support services
- Consider legal consultation for significant contract decisions, particularly for first positions

Finding jobs:

- Dr Jobs Alberta postings with email subscriptions; academic posts move quickly—reach out early to department heads, program directors, and section chiefs for upcoming needs; word-of-mouth is key (especially in niche specialties and private clinics that do not publicly advertise)
- Locums: common first step (family medicine and others); electives and section membership mailing lists help surface locums; keep ears open during electives and network nationally for small disciplines
- Dual-physician households: leverage senior co-residents, clinic networks, and specialty contacts; many opportunities emerge via informal channels
- Early Networking: Proactively reach out to departments and potential employers before formal hiring cycles
- Peer Collaboration: Work with colleagues starting in similar positions to share resources and insights

Business and billing:

- Mentorship and shadow billing in senior residency is helpful; staff-led walkthroughs of code selection/modifiers/add-ons; clinic/hospital “cheat sheets” help early on
- Mentorship Utilization: Find experienced mentors for billing and business guidance
- Validate advice with AMA Fee Navigator and formal seminars; confirm nuances by remuneration model (FFS vs AMHSP/ARP) and site-specific practices
- Expect troubleshooting and iterative improvement; peer reviews of sample billing days help align to local best practices

Contract negotiations:

- Know your worth; research benchmarks across cities/institutions/setups; highlight unique expertise/diagnostic capabilities; negotiate research/education/QI expectations, protected time, and supports beyond salary
- Family/community practice specifics:
 - Clarify vacation coverage (locum expectations and overhead while away), inbox coverage, availability expectations, custodianship of patient records on departure
- Legal Review: Seek professional legal advice for contract interpretation and negotiation

Key Dates and Deadlines

- CPSA application: start ~3 months prior to residency completion (earlier permitted)
- CPSA fee waivers: first registration fee and first annual fee waived for Alberta trainees through June 30, 2027
- Annual renewal: CPSA renewal notices Oct–Dec; renew by end of December

Action Items for transitioning resident physicians

- Create www.drjobsalberta.com profile, upload documents, and enable job alerts
- Assemble the AHS onboarding checklist documents (criminal record with vulnerable sector, CPSA license, CMPA, references, certificates, communicable disease assessment, organizational learning)
- Reach out early to department heads/medical leaders to discuss upcoming roles
- Start CPSA independent practice application ~3 months before residency completion
- Subscribe to the CPSA “Messenger” newsletter and mark CPSA as a safe sender
- Apply for PRAC ID and Business Arrangement via Alberta Health’s Health Professional Business Forms page once licensed
- Set up a professional bank account and a written agreement if joining an existing Business Arrangement
- Register for AMA billing seminars, review the Physician Resource Guide and Fee Navigator
- Monitor Alberta Health bulletins and AMA Billing Corner for schedule changes

Resources and Contacts

Alberta Health Services:

- AHS recruitment and job board: www.drjobsalberta.com
- physicianleads@ahs.ca for navigation/support
- [New Physician Orientation](#)

Alberta Health: PRAC ID [Health Professional Business Forms page](#)

AMA:

- [AMA Fee Navigator](#)
- [Billing Corner](#)
- [Physician Resource Guide](#)
- [Primary Care Payment Model](#)
- [Billing Seminars](#)

CPSA:

- [Physicians Apply](#)
- [Registration and Sponsorship](#)

CMPA: Legal counsel medico-legal matters: <https://www.cmpa-acpm.ca/en/home>

RPAP:

- [AMA Physician Locum Services](#)
- [Rural and Remote Family Medicine Resident Physician Bursary](#)