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COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

ADVICE TO THE PROFESSION

Dual Practice

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support regulated members in implementing the CPSA *Standards of Practice*. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

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Dual Practice

Preamble

This document explains the Government of Alberta's (GoA) requirements for physicians participating in dual practice and how those requirements interact with CPSA Standards of Practice. It is intended to serve as a guide while the *Dual Practice* Standard of Practice is developed.

Alberta's dual practice framework allows physicians to practise as participating, flexibly participating or non-participating under the *Alberta Health Care Insurance Act* (AHCIA). Bill 11 establishes the legislative requirements governing these practice models, including patient disclosures, consent, documentation, charging and billing requirements, and Ministerial oversight. Physicians participating in dual practice must comply with those legislative requirements as well as all applicable CPSA Standards of Practice. [i]

Participation in dual practice is voluntary. Physicians who elect to practise as flexibly participating physicians or non-participating physicians assume additional statutory responsibilities beyond those that apply to participating physicians.

Nothing in Bill 11 diminishes a regulated member's professional obligations under CPSA Standards of Practice. A physician providing either insured health services or non-Plan services remains accountable for providing safe, ethical and competent care.

Definitions

Dual practice: the provision of health services in both publicly funded and privately funded contexts.

Financial record: means a record documenting the charging and payment of fees for a non-Plan service.

Flexibly participating physician (dual practice): a physician who offers both publicly funded services through the Alberta Health Care Insurance Plan (AHCIP) and privately paid services, billing patients.

Insurer: in accordance with the AHCIA, means a carrier or an employer, corporation or unincorporated group of persons that administers a self-insurance plan.

Insured health services: in accordance with the AHCIA, include all services provided by physicians that are medically required.

Non-participating physician: a physician not participating in the AHCIP. They exclusively bill patients at their own rates.

Non-Plan services: a service provided by a flexibly participating or non-participating physician that would otherwise be insured under the AHCIP but is instead provided on a privately paid basis under the dual practice framework.

Participating physician: a physician who provides insured health services through AHCIP exclusively (although may provide some services that are not covered through AHCIP, such as cosmetic procedures).

Patient record: means a physical or electronic record or document containing information that a physician is required to create and maintain, in accordance with CPSA's *Patient Record Content* and *Patient Record Retention* standards of practice.

Selecting a participation model

Bill 11 replaces Alberta's previous "opted-in/opted-out" framework with three legislated participation models.

Participating physicians:

- provide insured health services;
- do **not** provide non-Plan services; and
- are deemed to participate in the AHCIP unless another election is made.

Every physician is deemed to be a "participating physician" unless they elect another participation model. [i]

Flexibly participating physicians may provide both insured health services and privately paid non-Plan services.

A flexibly participating physician:

- must notify the Minister of their interest by following the application process **before** practising as flexibly participating;
- is not required to notify the Minister of each individual service they intend to provide privately;
- may determine on a case-by-case basis whether an eligible service will be provided publicly or privately, unless restricted by Ministerial Order.

Non-participating physicians provide only non-Plan services and do not provide insured health services except in limited emergency circumstances.

A physician wishing to practise as a non-participating physician must notify the Minister of their interest by following the application process **before** practising as a non-participating physician.

Ministerial Orders

The AHCIA authorizes the Minister to issue Ministerial Orders respecting dual practice.

Before offering non-Plan services, physicians should ensure they are aware of any applicable Ministerial Orders, as these Orders may change over time and have the force of law.

Patient interest and clinical independence

Clinical decisions **must** be made in the best interest of the patient. [ii]

Regulated members **must not** allow financial interests, ownership arrangements, compensation structures, contractual obligations or funding models to improperly influence their clinical judgement or recommendations, how they prioritize decisions or patients' access to care. [iii]

Transparency and informed decision-making

Before providing a non-Plan service, flexibly participating and non-participating physicians **must** provide the patient with the following information:

- their status as a flexibly participating physician or non-participating physician;
- the purpose, expected benefits, limitations and material risks of available options, including alternative insured health services, where applicable; [iv]
- any reasonably foreseeable follow-up care requirements;
- disclosure of anticipated costs and fees payable by the patient;
- that the patient is required to pay the stated amount to receive the non-Plan service;
- that the patient is not entitled to receive payment of benefits from the GoA for the non-Plan service; and
- that, if the patient is entitled to receive insured health services under the AHCIA, they may receive the same service as an insured health service from a participating physician or flexibly participating physician. [i]

Before providing a non-Plan service, a physician **must** obtain the patient's written:

- acknowledgement of receiving the required information;
- agreement to receive the non-Plan service from the physician; and
- agreement to pay the amount charged for the non-Plan service.[i]

Misleading or coercive advertising or promotional information **must not** be used to influence a patient's decision-making.[v]

Clinical appropriateness

Regulated members **must** continue to exercise independent clinical judgment when assessing, investigating, diagnosing and treating patients.[ii] Participation in dual practice does not change a regulated member's obligation to recommend only those investigations, procedures and treatments that are clinically appropriate and in the patient's best interests.

Regulated members **must not** recommend or provide non-Plan services that are not clinically appropriate or medically indicated.[ii, iii]

Conflicts of interest

Participating in dual practice does not change a physician's existing obligations regarding conflicts of interest. Physicians must continue to comply with CPSA's *Conflict of Interest* standard of practice.

Where a regulated member refers a patient to a service, organization or facility in which the regulated member has a financial, ownership, governance or contractual interest, the regulated member **must**:

- ensure the referral is clinically appropriate;
- disclose the nature of the interest to the patient; and
- inform the patient of reasonable alternatives, where available.[iii]

Documentation requirements[vi]

Regulated members participating in dual practice **must** create and maintain records for non-Plan services in accordance with the AHCIA, applicable regulations and Ministerial Orders and CPSA Standards of Practice.

PATIENT RECORDS

A regulated member who provides a non-Plan service **must** ensure the corresponding patient record:

- includes all documentation required by applicable legislation and the *Patient Record Content* standard of practice;
- is created in an electronic format;
- can be submitted to and received by the applicable provincial health information system;
- is submitted within thirty (30) days of providing the service, or within the period specified in applicable medical staff bylaws; and
- is retained in accordance with the *Patient Record Management* standard of practice.

FINANCIAL RECORDS

A regulated member who provides a non-Plan service **must** create and maintain financial records for each non-Plan service. [i, vii]

Financial records **must** include:

- the name of the patient who received the service;
- the fee charged for the service;
- the source of payment of the fee;
- any term or condition of the payment; and
- an accounting of the fee and its payment, including the person who:
  - charged the fee;
  - received the payment; and
  - paid the fee.

REQUESTS FOR RECORDS

Upon request, flexibly participating and non-participating physicians **must** provide the Minister with any records, information or documents relating to the provision of insured health services or non-Plan services required to administer or enforce the dual practice

framework. This includes records containing personal information and individually identifying health information where authorized by legislation.[i]

Continuity of care [vi]

In order to support continuity of care across Alberta's health system, regulated members who provide non-Plan services **must** ensure the documentation requirements (above) are fulfilled. [i]

Where ongoing care or follow-up is required, regulated members remain responsible for ensuring appropriate arrangements are made in accordance with the *Continuity of Care* and *Episodic Care* standards of practice.

Separation of public and private care [i]

A flexibly participating physician **must** keep the funding of insured health services and non-Plan services separate.

A flexibly participating physician who provides an insured health service **must not** charge or collect from any person an amount in addition to the benefits payable by the Minister for that service.

Additionally, additional amounts **must not** be charged or collected:

- for goods or services that are provided as a condition of receiving an insured health service from a participating or flexibly participating physician; or
- where payment of the amount is itself a condition of receiving the insured health service.

Where a flexibly participating or non-participating physician provides an insured health service in an emergency and benefits are paid for that service, the physician **must not** charge or collect an amount in addition to those benefits.

Compliance [i, viii]

Physicians participating in dual practice **must** comply with all applicable legislation, regulations and Ministerial Orders governing the provision of insured health services and non-Plan services.

Flexibly participating physicians **must** maintain any approval required to participate in dual practice and continue to meet the conditions that apply to their participation, including applicable minimum public service requirements. The GoA requires flexibly

participating physicians to continue meeting their minimum public service commitment to remain eligible to provide non-Plan services.

Resources

More information on dual practice is available on the Government of Alberta website. For questions about the application process, please contact Acute Care Alberta at SCA.DualPracticeProgram@acutecarealberta.ca.

CPSA team members are available if you have questions or concerns. Please contact 1-800-561-3899 or support@cpsa.ca.

RELATED STANDARDS OF PRACTICE

- *Advertising*
- *Charging for Uninsured Professional Services*
- *Code of Ethics & Professionalism*
- *Conflict of Interest*
- *Continuity of Care*
- *Episodic Care*
- *Informed Consent*
- *Patient Record Content*
- *Patient Record Retention*
- *Referral Consultation*
- *Responsibility for a Medical Practice*
- *Transfer of Care*

COMPANION RESOURCES

- CPSA Advice to the Profession documents:
  - Advertising
  - Charging for Uninsured Professional Services
  - Conflict of Interest
  - Continuity of Care
  - Episodic Care
  - Informed Consent for Adults
  - Informed Consent for Minors
  - Physicians as Custodians of Patient Records
  - Referral Consultation

  - Responsibility for a Medical Practice
- Government of Alberta resources:
  - *Alberta Health Care Insurance Act*;
  - *Dual Practice Records Regulation*;
  - Ministerial Orders respecting dual practice;
  - *Health Information Act*; and
  - any other applicable legislation and regulations

REFERENCES

[i] From the GoA's Bill 11: *Health Statutes Amendment Act, 2025 (No. 2)* (Dec. 9, 2025).
[ii] From the Canadian Medical Association's *Code of Ethics and Professionalism* (2018).
[iii] From CPSA's *Conflict of Interest* standard of practice (Jan. 1, 2021).
[iv] From CPSA's *Informed Consent* standard of practice (June 1, 2016).
[v] From CPSA's *Advertising* standard of practice (Jan. 1, 2021).
[vi] From the GoA's Appendix - *Alberta Health Care Insurance Act: Dual Practice Records Regulation* (June 18, 2026).
[vii] From CPSA's *Charging for Uninsured Professional Services* standard of practice (Sept. 9, 2014).
[viii] From the GoA's Ministerial Order 27/2026 Appendix A – Requirements, conditions, restrictions or prohibitions for flexibly participating physicians (June 18, 2026).