

STANDARDS OF PRACTICE

Dual Practice

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DRAFT FOR REVIEW - CONSULTATION 33

The **Standards of Practice** of the College of Physicians & Surgeons of Alberta (“CPSA”) are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

PREAMBLE

Patients are entitled to safe, ethical, high-quality and equitable medical care regardless of how that care is funded. While Alberta legislation permits regulated members to practice within publicly funded, privately funded or, where authorized, dual practice models, professional obligations to patients remain unchanged.

CPSA regulates physicians and physician assistants in the public interest. Regardless of the practice setting or funding model, all regulated members must comply with CPSA's [*Standards of Practice*](#) and provide care that is evidence-informed and in the best interests of patients.

Alberta's legislative framework permits regulated members to provide care in one of three practice models:

- public practice in which insured health services are provided within the publicly funded health system by “participating physicians”;
- private practice in which only privately funded non-Plan services are provided by “non-participating physicians”; or
- dual practice in which, where authorized under provincial legislation, both publicly funded insured services and privately funded non-insured services are provided by “flexibly participating physicians”.

This standard establishes additional expectations for regulated members who provide privately funded non-Plan services, including non-participating physicians and flexibly participating physicians engaged in dual practice. It incorporates legislative requirements applicable to these practice models and must be read in conjunction with all applicable CPSA [*Standards of Practice*](#).

Terms used in the Standards of Practice:

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Dual practice introduces additional professional, ethical and patient safety considerations, including the potential for conflicts of interest, inequitable care, compromised continuity of care, financial influences on clinical decision-making and reduced transparency to patients. Regulated members must ensure that clinical decisions, including assessment, investigation, treatment, referrals and access to services, are based solely on the patient's clinical needs and are never influenced by financial, business or funding considerations.

Patients must receive clear, accurate and timely information regarding funding arrangements, fees, available publicly funded alternatives where applicable, and any financial obligations associated with their care. Transparency is fundamental to informed decision-making, maintaining public trust and ensuring equitable access to medically necessary health services.

Related standards and companion resources can be found at the end of this document.

DEFINITIONS

For the purposes of this Standard, the following terms have the same meaning as defined in the [Alberta Health Care Insurance Act](#) (AHCA):

- flexibly participating physician
- insurer
- insured health services
- non-participating physician
- non-Plan services
- participating physician

For the purposes of this Standard, the following terms have the same meaning as defined in the [Health Information Act](#) (HIA);

- Alberta Electronic Health Records (EHR)
- authorized custodian

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- department

Dual practice: means the provision of health services as a flexibly participating physician.

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

Patient record: means a record, information or document that a physician is required to create and maintain, in accordance with CPSA's [Patient Record Content](#) and [Patient Record Management](#) standards of practice.

STANDARD

Participation status

1. A regulated member who has elected to practice as a flexibly participating physician **must** prominently post the following in their office and on their website/social media platform(s) to notify patients:
 - a. that they are a flexibly participating physician;
 - b. the specific services they offer as non-Plan services; and
 - c. the specific circumstances under which they will provide the non-Plan services.
 - i. The duty to publish **does not** include any requirements to publish specific information about the pricing of non-Plan services.
2. A regulated member practicing as a flexibly participating physician **may** decide on a case-by-case basis whether to provide services as insured health services or non-Plan services.
3. A regulated member who elects to change their status as a participating physician, flexibly participating physician or non-participating physician **must** promptly (e.g., within thirty (30) days) notify the Registrar of this change in status.

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4. If a regulated member's status is changed by order¹ or they have been issued an administrative penalty² under the AHCIA, they **must** immediately, upon notification:
 - a. notify the Registrar of the change in status or administrative penalty; and
 - b. provide the Registrar with a copy of the notification of the order or administrative penalty they received.

Patient interest and clinical independence

5. A regulated member who provides non-Plan services **must** maintain an up-to-date schedule of private fees and charges that is available on request.
6. A regulated member **must not** allow financial interests, ownership arrangements, compensation structures, contractual obligations or funding models to improperly influence:
 - a. access to care;
 - b. clinical judgement;
 - c. clinical recommendations;
 - d. referral decisions;
 - e. prioritization decisions; or
 - f. treatment and therapy.
7. A regulated member **must not**:
 - a. coerce or induce a patient to select non-Plan services when clinically appropriate insured health services are available;
 - b. structure waitlists, scheduling practices, referral pathways or clinical processes in a manner that disadvantages patients seeking insured health services; or
 - c. create barriers to insured health services for patients who decline non-Plan services.

¹ See s.19.1 of the [Alberta Health Care Insurance Act](#) (July 31, 2026).

² See s. 28.1 of the [Alberta Health Care Insurance Act](#) (July 31, 2026).

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Clinical appropriateness

8. A regulated member **must** exercise independent clinical judgement, informed by the current best available evidence relevant to the patient's presenting concern, when a patient requests or seeks services.
9. A regulated member **must not**:
 - a. provide services that are not medically indicated;
 - b. suggest, offer or order investigations, procedures or consultations that are not clinically appropriate; or
 - c. recommend non-Plan services solely because they are available.

Conflicts of interest

10. 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**:
 - a. ensure the referral is clinically appropriate;
 - b. disclose the nature of the interest to the patient; and
 - c. inform the patient of reasonable alternatives, where available.

Documentation

11. A regulated member who provides non-Plan services **must first** apply under the [Alberta Electronic Health Regulation](#) to become an authorized custodian.
12. A regulated member who provides non-Plan services **must** ensure their electronic health record system provides the same or better level of protection, privacy and security of the electronic health information as the requirements set by the Department for shared health information accessible via the Alberta EHR.
13. A regulated member who provides a non-Plan service **must** ensure the corresponding patient record:
 - a. includes all documentation required by applicable legislation and the [Patient Record Content](#) standard of practice;

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- b. is created in an electronic format that can be submitted to and received by the applicable provincial health information system;
 - c. is submitted within thirty (30) days of the provision of the service or within the period specified in applicable medical staff bylaws; and
 - d. is retained in accordance with the [Patient Record Management](#) standard of practice.
14. A regulated member providing non-Plan services **must** ensure the following documents, at a minimum, are made accessible via the Alberta EHR:
- a. consultation reports;
 - b. operative reports;
 - c. records of follow-up visits; and
 - d. investigation results.
15. A regulated member who provides a non-Plan service **must also** create and maintain financial records for each service, including records required by applicable legislation and the *Charging Fees* standard of practice, ensuring inclusion of:
- a. the name of the patient who received the service;
 - b. the fee charged for the service;
 - c. the date of the service;
 - d. the source of the payment of the fee;
 - e. a term or condition of the payment; and
 - f. an accounting of the fee or its payment, specifically the person who:
 - i. charged the fee;
 - ii. received the payment; and
 - iii. paid the fee.

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16. A flexibly participating physician **must** establish and maintain a records management system for all non-Plan service records and insured health service records in their custody or control that clearly indicates the following:
- whether the service provided is a non-Plan service or an insured health service; and
 - whether the service is paid for by:
 - AHCIP;
 - the patient; or
 - an insurer.

Continuity of care

17. A regulated member who provides non-Plan services **must** take reasonable steps to support continuity of care including, but not limited to:
- ensuring responsibility for follow-up care, including the management of complications and after-hours patient concerns, is clearly established; and
 - communicating clinically relevant information to the patient and other regulated health professionals involved in the patient's care, where appropriate.

Separation of public and private care

18. A flexibly participating physician **must**:
- ensure a patient understands funding arrangements and financial obligations involved in their care;
 - comply with applicable charging and billing requirements, including the [Charging Fees](#) standard of practice; and
 - ensure all fees and charges are lawful, transparent and clinically justified.
19. A flexibly participating physician **must not** directly or indirectly charge a patient for an insured health service.

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Compliance

20. A regulated member **must**:

- a. comply with all applicable legislation, regulations and Ministerial Orders;
- b. obtain and maintain any approvals required to participate in dual practice; and
- c. comply with any conditions attached to participation in dual practice.

21. A regulated member **must** cooperate with inspection, auditing, investigation, reporting and quality assurance processes relating to insured health services or non-Plan services.

RELATED STANDARDS OF PRACTICE

- [Advertising](#)
- [Charging Fees](#)
- [Code of Ethics & Professionalism](#)
- [Conflict of Interest](#)
- [Continuity of Care](#)
- [Episodic Care](#)
- [Informed Consent](#)
- [Patient Record Content](#)
- [Patient Record Management](#)
- [Referral Consultation](#)
- [Responsibility for a Medical Practice](#)
- [Transfer of Care](#)

COMPANION RESOURCES

- CPSA Advice to the Profession documents:
 - Dual Practice
 - [Advertising](#)
 - [Charging Fees](#)
 - [Conflict of Interest](#)
 - [Continuity of Care](#)
 - [Episodic Care](#)
 - [Informed Consent for Adults](#)

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- [Informed Consent for Minors](#)
- [Physicians as Custodians of Patient Records](#)
- [Referral Consultation](#)
- [Responsibility for a Medical Practice](#)

LEGISLATIVE REFERENCES

Regulated members should review:

- [Alberta Electronic Health Record Regulation](#);
- [Alberta Health Care Insurance Act](#);
- [Alberta Health Care Insurance Regulation](#);
- [Dual Practice Records Regulation](#);
- [Health Information Act](#);
- [Health Information Regulation](#); and
- [Health Information \(Ministerial\) Regulation](#).

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