First Five Years in Family Practice Guidebook

Alberta College of Family Physicians

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1.0 Introduction

Hello and welcome!

Whether you are new to practice, new to practising in the province, or are simply looking for some suggestions on how to navigate Alberta's health care system, you have come to the right place.

In the spring of 2023, the First Five Years in Family Practice (FFYFP) Committee embarked on the development of this Guidebook to support new professionals in entering Alberta's workforce and create a one stop shop for information.

The FFYFP Guidebook is just that. It's an aggregate of resources, tools, and links that the Alberta College of Family Physicians (ACFP) and its FFYFP Committee have sourced to help guide you on your career journey. It is a living document, and we will be updating it regularly and welcome your feedback if you notice something inaccurate, out of date, or missing.

Along the way, there will be basic explanation of how things work in different realms of practice and links to additional resources to help walk you through things like licensing and registration, various parts of practice management, billing, working with other health professionals and specialists, physician wellness, and so much more.

On behalf of the ACFP and the FFYFP Committee, we hope you find this guidebook helpful, and we look forward to joining our community of peers.

Cheers to you and this new chapter!

The FFYFP Committee

About the Authors:

The following FFYFP Committee members generously volunteered their time to writing the first version of this guidebook. Thank you to:

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2.0 Licensing and Registration

Some of the necessary steps for licensing and registration are prerequisites for others. Where possible, this section has been laid out in such a way that following the steps in order should ensure you have prerequisites in place when needed. All fees and requirements are accurate at publication date, but are subject to change.

1. Licentiate of the Medical Council of Canada (LMCC)

- Granted by the Medical Council of Canada (MCC)
- Requirements for inclusion in the Canadian Medical Register:
    - Be a graduate from an eligible medical school as per MCC guidelines
    - A pass result on the MCC Qualifying Examination (MCCQE) Part I
    - Completion of 12 months of residency
    - Verification of credentials
    - Completion of application and payment of fee

2. Exams:

- College of Family Physicians of Canada (CFPC) Exam – for all exam related information click here[1]
- Therapeutics Decision Making (TDM) Exam – click here[3]
    - Some IMGs will be required to complete this

3. College of Physicians and Surgeons of Alberta

- Allow 90 days (120 days if IMG)
- Click here[7] for an overview of the steps
    1. Create an account with physiciansapply.ca
    2. Submit an eligibility review through physiciansapply.ca
        - Pre-screen process that every applicant needs
        - CPSA registration administer will review application to determine if you are eligible to practice in Alberta
        - Once confirmed, CPSA will send an eligibility letter confirming what registry you are eligible for
            - Must submit application within 30 days of eligibility letter
    3. If trained outside Canada – will need to apply for a sponsorship with AHS
    4. Complete a full application through physiciansapply.ca
        - A CPSA registration administrator will contact you via email and let you know what documents are required
            - NOTE: do not use your home address or phone number for the public information section
    5. Permit – you will need to complete CPSA's physician orientation (MyCPSA) and pay your fee to get your CPSA practice permit.

CPSA CONTACT INFORMATION

- Phone: 780-969-4924 / 1-800-320-8624 (in AB)
- Email: registration@cpsa.ab.ca

4. Canadian Medical Protective Association (CMPA)

- Required to ensure you have medical liability protection for AHS (and recommended for all physicians)
- Information on how to apply click here[8]

5. Alberta Health Services (AHS) Staff Appointments and Clinical Privileges

- Allow 120 days
- Requires proof of CPSA and CMPA
- Will need hospital privileges for: low risk obstetrics, hospitalist, emergency medicine, surgical assist, some LTC, etc.
- More information about AHS medical appointments – click here[4]
- Request for medical staff appointment package – click here[5]
- AHS requires a criminal record check to be completed – click here[6]

6. Alberta Health Practitioner Identification Number (PracID#)

- All physicians need a PracID# in order to make claims/referrals
- You must have a CPSA licence number in order to apply
- Practitioner Request (AHC11234)[9]
    - Under registration type select a practitioner (rest of form will then open)

7. Alberta Health Business Arrangement (BA)

- An agreement with Alberta Health to establish arrangement for payment
- Requires a PracID# to apply
- Must have (locum) / be part of a (clinic/group) BA in order to claim services – often will need a BA number for each practice site
- BA Form Link[10] – select Business Arrangement and Relationships Application form AHC11236
    - Must save the PDF form to your computer
    - Open PDF with Adobe then fill it in
- Instructions for completing BA Form[11]

8. Triplicate Prescription Program (TPP)

- Required to prescribe controlled substances
- Need CPSA licence to apply
- Registration form[15] for TPP
- Contact: Ph 780-969-4939, TPPinfo@cpsa.ab.ca

9. Workers' Compensation Board (WCB) Billing Number

- Will need this to make any WCB submissions and get paid by WCB
- You will need CPSA licence and PracID#
- Application Form[13]
- Contact: 1-866-922-9221 / www.wbc.ab.ca

10. Alberta Medical Association (AMA)

- Official voice of the medical profession in Alberta (membership is optional)
- Click here[14] for membership information and benefits

Expected fees for LMCC, CCFP credentials:

- physiciansapply.ca account (if you don't already have one) – $310
- Review of registration eligibility – $416 (split between CPSA and MCC)
- CPSA registration fee upon successful application – $800
- CPSA Practice Permit – $2200
- If you have other credentials, estimated fees can be found here[7]

Continuing Medical Education (CME) Requirements:

Jump to Chapter 9 of the guidebook for more details.

- Physician Practice Improvement (PPIP): click here[16]
    - CPSA requirement – must complete 3 activities every 5-year cycle
        - A practice-driven quality improvement (QI) using objective data
        - A CPSA Standards of Practice quality improvement activity
        - A personal development activity
- Practising Physician CME Requirements[17]
    - A minimum of 250 credits in each five-year cycle
    - Submit at least 25 credits each year (certified or non-certified)
    - At least 125 of the 250 credits must be certified

Chapter 2 References/Full Links:

1. https://www.cfpc.ca/en/education-professional-development/examinations-and-certification/certification-examination-in-family-medicine
2. https://physiciansapply.ca
3. https://cpsa.ca/physicians/registration/registration-assessments/therapeutics-decision-making-exam/#how-to-apply
4. https://www.albertahealthservices.ca/assets/info/hp/phys/if-hp-phys-bylaws-user-guide-medical-appointments.pdf
5. https://www.albertahealthservices.ca/assets/info/hp/phys/if-hp-phys-bylaws-user-guide-medical-appointments.pdf
6. https://www.albertahealthservices.ca/assets/info/hp/phys/if-hp-phys-onboard-ahssc.pdf
7. https://cpsa.ca/physicians/registration/apply-for-registration/apply-for-independent-practice/
8. https://www.cmpa-acpm.ca/en/joining-cmpa/how-to-apply
9. https://formsmgmt.gov.ab.ca/Public/AHC11234.xdp
10. https://www.alberta.ca/health-professional-business-forms
11. https://www.alberta.ca/system/files/custom_downloaded_images/ahcip-instructions-completing-ahc11236-business-arrangement-relationships-application.pdf
12. https://www.alberta.ca/pdf-form-technical-support
13. https://www.wcb.ab.ca/assets/pdfs/providers/C724.pdf
14. https://www.albertadoctors.org/services/membership
15. https://cpsa.ca/tpp-alberta/registration-form-for-tpp-prescribers/
16. https://cpsa.ca/physicians-competence/ppip/
17. https://www.cfpc.ca/en/education-professional-development/mainpro/mainpro-overview

3.0 Clinical Practice Guidelines (CPGs) and Protocols

Alberta Specific Cancer Screening Guidelines

- Alberta Specific Cancer Screening Guidelines:[1]
  - Breast Cancer[2]
  - Cervical Cancer[3]
  - Colorectal Cancer[4]
    - Postpolypectomy Surveillance Guidelines[5]
- Lung Cancer[6]: currently in pilot phase of implementation

Alberta's Pathway Hub

- Alberta's Pathway Hub: The provincial central location for clinical, patient, and referral pathways

PEER Evidence

- CPGs and other clinical tools made by a primary care led evidence based team:
  - PEER Evidence[9]

Alberta Primary Health Care Resource Centre

- Alberta-specific clinical resources:
  - Alberta Primary Health Care Resource Centre[10]
    - Addiction & Mental Health[11]
    - Asthma[12]
    - Cardiovascular Disease[13]
    - Chronic Pain[14]
    - COPD[15]
    - Diabetes[16]
    - Obesity[17]
    - Sleep Apnea[18]
    - Seniors Health[19]
    - Diverse Populations[20]
    - Community Rehabilitation[21]
    - STI Treatment Guidelines[22]
  - Centralized source for referral information
    - Alberta Referral Directory[23]

Canadian Guidelines

- Canadian Cardiovascular Society Guidelines[24]
  - PAD, CHF, DLD, Atrial Fibrillation, Driving/Flying
- Hypertension Canada Guidelines[25]

- Diabetes Canada Guidelines[26]
- Osteoporosis Canada Guidelines[27]
- Canadian Thoracic Guidelines[28]
    - Asthma, COPD, ILD, Sleep Disorders, TB
    - GINA Guidelines[29] (Global Initiative for Asthma)

Antimicrobial Resources

- Bugs & Drugs[30]
- Firstline[31]

References:

1. https://screeningforlife.ca/for-health-providers/
2. https://screeningforlife.ca/wp-content/uploads/SFL_breast-cancer-screening-guidelines-2022-Dec.pdf
3. https://actt.albertadoctors.org/media/w3vpspf2/cervical-cancer-screening-cpg.pdf
4. https://actt.albertadoctors.org/media/zrwey5ui/colorectal-cancer-screening-guideline.pdf
5. https://screeningforlife.ca/wp-content/uploads/ACRCSP-Post-Polypectomy-Surveillance-Guideline-2022_final-Jan-24-2023-002.pdf
6. https://screeningforlife.ca/wp-content/uploads/PCP_two_pager_Final_2023_05_08.pdf
7. https://www.specialistlink.ca/clinical-pathways-and-specialty-access
8. ttps://pcnconnectmd.com/pathways/
9. https://peerevidence.ca/
10. https://www.albertahealthservices.ca/info/page11929.aspx
11. https://www.albertahealthservices.ca/info/Page14689.aspx
12. https://www.albertahealthservices.ca/info/Page15627.aspx
13. https://www.albertahealthservices.ca/info/Page7735.aspx
14. https://www.albertahealthservices.ca/info/Page14874.aspx
15. https://www.albertahealthservices.ca/info/Page7731.aspx
16. https://www.albertahealthservices.ca/info/Page7732.aspx
17. https://www.albertahealthservices.ca/info/Page7468.aspx
18. https://www.albertahealthservices.ca/info/Page15705.aspx
19. https://www.albertahealthservices.ca/info/Page16426.aspx
20. https://www.albertahealthservices.ca/info/Page16426.aspx
21. https://www.albertahealthservices.ca/info/Page16103.aspx
22. https://open.alberta.ca/dataset/93a97f17-5210-487d-a9ae-a074c66ad678/resource/bc78159b-9cc4-454e-8dcd-cc85e0fcc435/download/sti-treatment-guidelines-alberta-2018.pdf
23. https://albertareferraldirectory.ca/
24. https://ccs.ca/guidelines/
25. https://hypertension.ca/guidelines/
26. https://guidelines.diabetes.ca/cpg
27. https://osteoporosis.ca/clinical-practice-guidelines/
28. https://cts-sct.ca/guideline-library/
29. https://ginasthma.org/2023-gina-main-report/
30. https://www.bugsanddrugs.org/
31. https://firstline.org/ahs/

4.0 Billing and Payment Models

Billing

Now that you are finished training, you are being thrust into the real world of billing and payments, and not just the clinical medicine that you've been honing the last few years.

It can be confusing and a bit of a steep learning curve can exist if you've not had much exposure to the billing/financial side during training.

We hope to clarify some clinical billing models here for you and provide some resources to help you take some next steps to learn, and optimize your billing.

Models:

If you aren't already aware, there's more than one model of payment here in Alberta. It is split into three broad streams: fee for service, salary, and alternative relationship plan.

Fee for service (FFS):

This is a very straightforward model. Physicians will see patients and then submit bills for those services, and then receive payment.

There are a few different payers for these services, including Alberta health (for publicly funded services for insured patients), WCB (for workplace injuries), private pay (for uninsured patients or non-publicly funded services), and other groups (like Blue Cross Medavie for refugee patients/veterans etc.).

You will need to know how to set up an account to bill the Alberta Health Care Insurance plan (AHCIP), to create and submit your claims to AH, and how to receive money.

Payment frequency will depend on your arrangement. If you are contracted by a clinic, sometimes the clinic will get paid from AHCIP and then they will pay you on a predetermined basis, or you may get paid directly and then pay the clinic your overhead component on a predetermined basis.

AHCIP itself pays weekly.

Salary:

This is available more commonly at academic institutions and hospitals. You are paid a set/negotiated salary on a regular basis (may be weekly, biweekly, or monthly). If you are considered an employee rather than an independent contractor, you may also receive benefits from your employer (like health/dental). Most of these contracts are for lab/oncology physicians.

Alternative Relationship Plan (ARP):

This is a model offered for work where you are paid at a predetermined rate for the work. AH offers ARPs as well as academic/sessional rates. Often the AH ARP rates are well established and when you are looking for work you will be joining a group that already utilizes an established ARP rate. If you own a clinic and are looking to join a blended capitation model, you may reach out to AH to review further.

There are a few methods within clinical ARPs:

- **Annualized ARP** – an annual rate is determined per each full time physician

- **Sessional Clinical ARP** – an hourly rate is determined
- **Blended Capitation Clinical ARP** – for office based family medicine clinics, an annual amount per rostered patient (regardless of how often they are seen) with an additional volume based FFS component.

Teaching ARP:

Usually on a salary model with the institution (some form of FTE or an hourly rate), and you may be considered an employee or an independent contractor. The institution will pay you directly on a predetermined scheduled basis and taxes are usually deducted at the source.

OTHER DETAILS FOR FFS BILLING:

CLAIMS SUBMISSIONS:

Alberta uses an electronic system called H-Link to accept public claim submissions. It integrates with third party billing services to submit claims to the AHCIP.

You will need a PRACID to submit billings and a Business Arrangement to get paid (see Chapter 2 for details).

When you are working in a community family medicine clinic using an electronic medical record (EMR), that EMR will usually be a submitter also and you will submit billings from within that EMR (like MedAccess, CHR, Accuro, Ava).

When you are working in the hospital, emergency department, or other settings you may need to find your own third party submitter to submit your bills. You can find a human agent or service (like Dr. Bill, Clinicaid, ResolvMD) to submit your billings. There is a list of all submitters in Alberta that you can request from H link by emailing them (health.hlink@gov.ab.ca).

To submit a claim you will need some basic information from patients which usually exists on the EMR in the community and in Connect Care in acute care facilities. That information includes name, health care number, DOB, your PRACID, date of service, location of service, fee code ± modifiers ± time units, diagnostic codes, ± referring physician.

AHCIP: as above, it pays weekly. The submission cutoff is 4:30 p.m. (MT) every Thursday and payment is usually Friday the week following (unless there is a holiday).

BILLING CODES:

You will need to enter at least one billing code for each service you provide ± modifiers/time units.

There is a useful section for billing codes on the AMA website. The site will also show you the fee for each billing code you are submitting (remember to look under the GP code type for the specialty modifier for family medicine).

For example, if you do an annual physical and perform a PAP and the entire visit including charting took 30 minutes or more, you will bill as follows:

1. 03.04A (physical) + CMXC30 (the time modifier for physical >30mins)
2. 13.99BA (PAP)

The payment should be as follows:

1. $106.6 (base rate physical for GP) + $31.43 (for the time modifier >30min)
2. $29.07

If you ever have questions about billing codes, you should reach out to senior colleagues, email the AMA, or look online through the Fee Navigator.

REPORTS:

If you are the payee, you will receive reports from AHCIP once your claims are processed. If you don't wish to receive paper copies of these reports, a form is available from AH that will allow you to opt out. If the clinic is the payee, they will receive these reports, and you can request copies from the clinic.

SET UP:

These are the initial steps you need to complete to be able to bill, and if you are locuming or starting at a clinic, the clinic should be able to help guide you through these steps:

1. Apply for PRACID
2. Apply for Business Arrangement (BA) and set up direct deposit (if you are being paid directly)
    a. If you plan on locuming you can also apply for a locum BA, which will allow you to bill FFS from a number of locations, and you may use your own billing service
3. Set up WCB account

FUTURE CHANGES:

The current (2023) government has introduced a Modernizing Alberta's Primary Health Care System (MAPS) initiative. It is meant to stabilize primary care both short and long term. Look to the AMA website for relevant details that are released regarding MAPS. The most recent update is an indefinite quarterly sliding scale payment for GPs based on panel size as determined by the government.

RESOURCES:

H-Link: https://www.alberta.ca/h-link-electronic-claims-system
SOMB: https://www.alberta.ca/fees-health-professionals#jumplinks-0
AH Physicians Resource Guide: https://open.alberta.ca/publications/physician-s-resource-guide
AMA Fee Navigator: https://www.albertadoctors.org/fee-navigator

5.0 Practice Management

There are multiple effective ways to manage a clinic and patient panel. Below are some strategies and suggestions; however, the physician should use this just as a guide.

Part I – Establishing a Practice in Alberta

CLINIC

Clinic work comes in many varieties. In this section, we will discuss different general family medicine practices that can be established. We will touch on specialty clinics in the next section.

Patients and Location

Family medicine clinics can offer paneled primary care, walk-in services, or consultative specialty services (ex. IUD, prenatal, mental health, etc.), or any combination of the above. The world of family medicine clinics is evolving quickly as virtual care becomes a more integral part of our practice. There are clinics that have physical locations, clinics that have physical locations and do in person as well as virtual care, and there are clinics that are only virtual. Note that as per CPSA, any virtual clinics must have a formal agreement with a physical clinic that is within reasonable proximity to the patient that patients can be seen in person if needed.

Clinic Ownership and Joining a Clinic

Clinic ownership comes in many forms. Any person can own a medical clinic, whether or not that person has a background in medicine. Clinics can be owned by a single physician, a group of physicians, a business person, a small corporation, or a large corporation. When joining a clinic, it is important to understand what the clinic ownership looks like and how that clinic ownership affects your ability to practice flexibly and the amount of administrative work that is expected of you. Different clinic ownership may also come with different expectations in regards to the amount you work, the amount you bill, and the amount of overhead you pay.

When joining a clinic, a physician can join as an associate. This means the physician pays overhead to work in a space (physical or virtual), with overhead generally covering the costs of an electronic medical record (EMR) and administrative support (clarify these with the clinic - not all clinics are the same). Physicians that work as an associate generally do not have much or any administrative burden of running the clinic. This is nice in that the physician does not need to operate the business of the clinic. This also means there is less control over what happens with administration, including staff, office materials, supports, etc. Depending on the ownership of the clinic, you may be far removed from the administrative and operational parts of the business of running the clinic.

A physician can also join as a partner. This means the physician typically buys into the practice, becoming part owner. The buy-in cost varies depending on the base set up cost of the clinic and the arrangement. If you are unsure of the buy-in cost, ask around (the FFYFP Alberta Facebook group is a great place for these questions). Being an owner means more control, and also more responsibilities. You would be expected to run the business of the clinic itself, including but not limited to: hiring/firing staff; paying rent; choosing internet and phone plans; choosing equipment to purchase; and other operational parts of the business.

Regardless of being an associate or being an owner, the majority of physicians work as contractors instead of employees. A contractor provides agreed-upon services without some of the obligations that come with an employee relationship. This allows physicians to incorporate on their own (more on incorporation in another section). This means contracted physicians typically do not receive medical/dental/drug benefits, get paid holidays, or restricted work hours. Their clinic also does not contribute to the Canada Pension Plan. Flexibility regarding working hours, leaves of absence and vacation time depend on the contract that you sign with the clinic.

Contracts

Some clinics will require you to sign a contract, while others will not. Signing a contract ensures both parties are protected. Contracts would hold the clinic responsible for the services they are to provide within the overhead you pay, ensure that you do not suddenly lose space in the clinic and have decreased work, and that you have a set overhead amount and you are paid on time.

Contracts can also include such elements as:

- The amount the physician works
- Limitations or expectations around other places you work
- Length of required leave notice to be provided
- Non-compete clauses, which may include stipulations around where and when you can provide designated services, both while you are working at the clinic and after you leave

Regardless of what is included in the contract, ensure that you are comfortable with and understand what you are signing. When in doubt, ask for help. The Alberta Medical Association offers free contract review services to provide an initial overview, but does not provide formal legal or accounting advice. You can also privately hire a lawyer and/or accountant to review contracts with you to ensure that the contract is mutually beneficial.

CONSULTANT/SPECIALTY WORK

Many family physicians have special clinical interests that they choose to provide outside of full scope primary care. Some family physicians also choose to only provide specialty services and not have a panel of patients. The sky is the limit when it comes to specialty services. Anything that is within the scope of a family physician can be a specialty service. Some family medicine clinics have specialty services and primary care. Some clinics have family physicians only providing specialty services. There are also specialist clinics that hire family physicians to provide some specialty services. Examples of specialty services include but are not limited to:

- Women's Health: Menopause, Incontinence, Pessary, Obstetrics, Postpartum care, etc.
- Men's Health: Circumcisions, Vasectomies, Prostate health, etc.
- Mental Health: ADHD, Psychological counselling, Anxiety/Depression, etc.
- Sexual Health: Contraception (including IUDs and implants), sexual function, HIV care, STI care, etc.
- Pediatrics: Including many of the other specialties with a pediatric lens, including autism and ADHD
- Additional specialties including: Gender-affirming care, Dermatology, Geriatrics, Palliative care, Home visits, Sports medicine, Obesity medicine

Specialty work can be found in established specialty clinics, or physicians can also set up their own clinics. Some of these set up are set up as in person, a mix of virtual and in person, or just virtual visits.

HOSPITALIST

Many cities, and even some rural areas are turning more towards the hospitalist model for inpatient care. This means patients admitted to the hospital are admitted under someone with hospital privileges, who is usually looking after a team of patients for 1 week at a time. Some rural sites have community physicians admitting their own patients as well.

Hospitalist work can be general family medicine, or there are also jobs for subspecialty hospitalists such as orthopedics, oncology, thoracic surgery, etc. Some of this work can be during the day, some of this can be at night (nocturnist), some of it can be a mix. Hospitalist work allows physicians to work intensely while they're at work, and take care of acutely ill patients. At the end of the hospitalist week or shift, the responsibilities of caring for the patients are handed off to another person. This is a great way to provide acute care and then really be off work when you are off work.

Any hospital work in Alberta requires the physician to obtain hospital privileges. This can be done through the hospital administration. See Chapter 2 on licensing for more information.

Hospitalist jobs can be found on https://doctorjobsalberta.albertahealthservices.ca/

LONG-TERM CARE AND ASSISTED LIVING

Long-term care and assisted living work involves rounding on patients periodically (no set standard period) and working with the nursing staff at the facility to provide medical care to those residing in the facilities.

Some physicians would have a few patients at a time, whereas others would have larger panels spread across different sites. Typically, the physician is also responsible for taking calls from the facility throughout the day and evening. Some places may have a call schedule to allow physicians to have breaks from being on call. The responsibility for call varies throughout facilities and zones - be sure to clarify with your medical director what the expectation is for call and what the procedure is for signing over to someone else so you can have a break.

Some long-term care and assisted living jobs can also be found on Doctor Jobs Alberta. Some of these positions can also be found through word of mouth or talking to individual facilities' medical director.

EMERGENCY

Depending on where you are located, emergency room work can be found on Doctor Jobs Alberta or through getting hired by the medical director of the facility. In larger centres such as Edmonton, Calgary and Red Deer and surrounding areas, many of the new emergency room jobs require the physician to be Royal College trained (5-year Royal College residency) or have completed the enhanced skills in emergency medicine. Outside of those locations, additional training is not required; however, it is recommended to feel comfortable with emergency skills such as fracture reductions, intubations, trauma response, cardiac arrest, etc. as any presentation can come through the doors.

Administrative Supports

The best practice management/administrative supports are often found with the clinic or place of work. The first point of contact for the physician should be the clinic manager or administrative assistant.

The AMA[1] (Alberta Medical Association) has some general information to help in some aspects of administration. The CFPC[3] (College of Family Physicians of Canada) has a practice management course for early career physicians. The CMA[3] (Canadian Medical Association) has free leadership and learning courses directed to practice management. There are also various administrative supports through PCNs[4] (Primary Care Networks) depending on the location of the physician's clinic/place of work.

Managing Patient Appointments and Scheduling

Every physician will manage the schedule differently. Discuss the schedule with staff and adjust as necessary depending on the patient. See the attached article[5] and short book for a few practical tips to help clinic run smoothly. Setting patient expectations and boundaries early will set the physician up for success.

Managing Administrative Tasks Efficiently and Patient Communication

EMRs have made managing tasks more efficient. The physician should try to review and complete tasks when they first see it, avoiding repetitive looking at the task/patient's chart. Training staff can help off-load some administrative burden. For example, attending physician insurance statements can be completed by sending full chart reviews instead of filling out the attached forms. In family practice, form completion is a common part of the day. To help save time, the physician should try to fill out all paperwork during the patient's appointment. This will help avoid after-hour administrative burden. Many EMRs will have add-on features such as patient messaging. This is helpful to send mass messages to all patients, requisitions, appointment notifications, or patient results. A physician can also change settings to allow patients to send a reply with text or forms requiring completion. Learning about the features of an EMR can help the physician more efficiently complete tasks throughout the day.

Types of EMRs

There are multiple different EMRs options available in Alberta. Each EMR offers a range of add-on features on top of the basic features. A physician should discuss with colleagues the pros and cons to each EMR.

- Accuro[6]
- Telus CHR[7] (collaborative health record)
- Telus Med Access[8]
- Telus PS Suite[9]
- AVA[10]
- Health Quest[11]
- Connect Care[12]

References:

1. https://www.albertadoctors.org/services/physicians
2. https://pmprep.firstfiveyears.ca/?sfwd-courses=practice-management-prep-pm-prep
3. https://www.cma.ca/resources/learning
4. https://albertafindadoctor.ca/
5. https://acfp.ca/five-tips-to-leave-by-five/
6. https://accuroemr.com/
7. https://www.telus.com/en/health/health-professionals/clinics/collaborative-health-record/all-in-one
8. https://www.telus.com/en/health/health-professionals/clinics/med-access?linkname=EMR_Med_Access&linktype=ge-meganav
9. https://www.telus.com/en/health/health-professionals/clinics/ps-suite
10. https://www.avaindustries.ca/
11. https://www.healthquest.ca/
12. https://www.albertahealthservices.ca/cis/Page17573.aspx

6.0 Cultural Competency and Sensitivity

Alberta has a diverse population of people. Our patients, regardless of the setting we practice in, come from all sorts of backgrounds. Being able to understand our patients' backgrounds and socioeconomic status can help us provide better patient-centred care. Our patients' diverse backgrounds create a set of social determinants of health, defined as non-medical factors that influence health outcomes. Cultural competence is the act of recognizing these differences and being able to interact and work with individuals in meaningful ways.

Challenges more frequently faced by marginalized groups include but are not limited to housing instability, financial instability, access to food, access to transportation, history of trauma, discrimination, language barrier, etc.

Below are some resources provided by organizations in Alberta:

- Information and training on **Indigenous Health**
  - Alberta Health Services education modules
  - https://www.albertahealthservices.ca/info/page7634.aspx
- Information and training on **Sexual and Gender Diversity**
  - Alberta Health Services education modules
  - https://www.albertahealthservices.ca/dvi/Page15590.aspx
- Information on **Immigrant and Refugee Health**
  - Multicultural Health Brokers in Edmonton
    - https://mchb.org/
  - University of Calgary refugee health resources
    - https://www.refugeehealthyyc.ca/for-clinicians
  - Calgary Mosaic Primary Care Network resources
    - https://staging2.strutcreative.com/mpcn/corporate-website/current/resources-and-ifh/
- Information on **Addiction and Mental Health**
  - Management of Substance Use in Acute Care Settings in Alberta: Guidance Document
    - https://crismprairies.ca/management-of-substance-use-in-acute-care-settings-in-alberta-guidance-document/
  - Alberta Health Services education modules
    - https://www.albertahealthservices.ca/info/Page14689.aspx

7.0 Patient Safety and Legal Considerations

Medicine is a rewarding and challenging field. We strive to do our best in caring for our patients, while keeping our safety, staff safety and patient safety at the forefront.

Standards of Care

Being familiar with Standards of Practice set out by College of Physicians and Surgeons of Alberta (CPSA) can be a helpful way to maintain safety for all involved in your practice, and to mitigate any potential college complaints or legal action.

At the time of writing this document, there are over 40 standards of practice. Full details on these standards can be found on the CPSA website https://cpsa.ca/physicians/standards-of-practice/

The standards most applicable to day-to-day and year-to-year family medicine practice include:

- Charging for Uninsured Professional Services
  - Outlines your obligations and limitations when charging for things such as to no-show fees, form completion, cosmetic procedures, and clinic 'block fees' to patients
- Closing or Leaving a Medical Practice
  - Outlines your notice period and follow-up obligations to patients when you close or leave an established practice
- Continuity of Care
  - Outlines your obligations for follow-up on investigations, including after-hours and vacation/absence coverage requirements
- Re-Entering Medical Practice or Changing Scope of Practice
  - Outlines your obligations if you are returning to medical practice after an extended (3+year) break, or opting to substantially change the scope of the medical services you provide
- Referral Consultation
  - Outlines communication and follow-up requirements if you are receiving referrals and providing consults for other physicians
- Terminating the Physician-Patient Relationship
  - Outlines the rules and follow-up requirements when 'firing' a patient from your practice

Medico-Legal Considerations

When it comes to medico-legal subjects, the Canadian Medical Protective Association (CMPA) is an important organization. In order to practice in Canada, physicians must have medico-legal coverage up to the standards of the risk of their practice. Most physicians have coverage through CMPA. The CMPA provides advice in multiple aspects of practice through their confidential physician advisors and if necessary can provide medico-legal services when related to medical practice. CMPA also has CME events, eLearning resources, and many articles on their website to help members with medico-legal situations.

A provider can contact the CMPA through their online portal or call: **1-800-267-6522**

Practising in Canada, means practising under Canadian laws. The handbook outlined below (screenshot of the website and website link available) reviews the legality of practising medicine in Canada.

https://www.cmpa-acpm.ca/en/advice-publications/handbooks/medical-legal-handbook-for-physicians-in-canada



Medico-legal handbook for physicians in Canada

Version 9.0 — May 2021; Revised December 2023

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- Damage awards
- The physician as an expert witness
- Non-resident patients

3. Medico-legal principles and duties
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- Informed discharge
- Confidentiality
- Medical records

4. Important legislation
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- Reporting child abuse
- Blood samples
- Mental health legislation — Involuntary admission
- Medical certificates
- Regulations to access cannabis
- Firearms Act

5. Safe medical care
- Disclosure and reporting of harm from healthcare delivery
- Terminology
- Interprofessional (collaborative) care
- Scarcity of resources

6. Future considerations

References

The CMPA website also has numerous resources for various topics:

- The Help and Advice page includes resources on:https://www.cmpa-acpm.ca/en/advice-publications/help-and-advice
    - Dealing with conflict
    - Doctor-patient relationship and your practice
    - Complaints
    - Subpoenas and testifying
    - Virtual care
    - Medical records
    - Duty to report
- The Principles of Assistance page includes resources on: https://www.cmpa-acpm.ca/en/membership/protection-for-members/principles-of-assistance
    - Clinical, educational, research, advocacy activities and legality
    - Investigations (college complaint, billing investigation, criminal matters, hospital complaint)
    - Administrative legality
    - Contracts (general contracts, issues to consider with individual contacts

- Disclosing harm: https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2015/disclosing-harm-from-healthcare-delivery-open-and-honest-communication-with-patients
- Electronic records: https://www.cmpa-acpm.ca/en/advice-publications/handbooks/electronic-records-handbook
- Adverse events: https://www.cmpa-acpm.ca/en/advice-publications/handbooks/learning-from-adverse-events-fostering-a-just-culture-of-safety-in-canadian-hospitals-and-health-care-institutions
- Consent: https://www.cmpa-acpm.ca/en/advice-publications/handbooks/consent-a-guide-for-canadian-physicians
- Collaborative care: https://www.cmpa-acpm.ca/en/advice-publications/handbooks/collaborative-care-a-medical-liability-perspective

In the following cases, ALWAYS contact the CMPA for individual advice:

- You are the subject of a College complaint
- You are the subject of a hospital complaint or an investigation
- A patient you cared for suffered an adverse event
- A patient has threatened to launch a legal action
- You are being sued

College standards and medico-legal considerations can be daunting. If you are ever unsure, talk to a colleague at CPSA or CMPA. Remember, you are not alone.

8.0 Physician Well-Being and Self-Care

When it comes to well-being and self-care, there are hundreds and thousands of resources. Some will tell you to meditate, some will tell you to sleep, others will tell you to draw boundaries. There is no right or wrong way of "doing" wellness and self-care, everyone has to find their own way. As life and work changes, the way wellness works for you will evolve with you. The CMA Physician Wellness Hub lists the following domains of wellness: physical health, mental health, emotional health, and spiritual health. Not only is taking care of yourself in all of those domains important for you, it is also crucial for patient and work safety. When a physician is well, they are able to perform better in patient care, work relationships, and in life.

Often, we put the onus of physician well-being on individuals and self-care. It is also important for us to understand the crucial roles our work environments and the system play in our wellness. Here at the ACFP, we work with our members to find ways to improve their wellness by lobbying the government, working with the AMA/CMA, and working with CFPC to create better and more sustainable work environments for physicians. On an individual level, we can still play a role in improving the broader system by:

- Checking in with colleagues and learners
- Modeling establishing your own wellness boundaries
- Advocating in your own environments - clinic, hospital, primary care network, etc.

Below are a number of Alberta-specific physician resources:

1. Physician Family Support Program (PFSP)
    a. Provided by AMA and Alberta Health, completely confidential support at no cost to AMA members
    b. Any physician, resident, medical student and their immediate family members can access service
    c. Provide physician peer support, can connect individuals with family physicians, psychologists, addiction support, other mental health support
    d. https://www.albertadoctors.org/services/pfsp
    e. 1-877-SOS-4MDS (767-4637) Confidential 24 hours a day, 7 days a week, 365 days a year
2. Well Doc Alberta
    a. Group that provides workshops and consultations to enhance physician wellness, includes both free and paid resources
    b. https://www.welldocalberta.org/
3. CMA Wellness Hub
    a. Articles and resources on multiple domains of wellness
    b. https://www.cma.ca/physician-wellness-hub/physicians-and-medical-learners
4. AHS Employee and Family Assistance Program (EFAP)
    a. Provides free confidential counselling among other mental and physical health supports for AHS employees and their families
    b. Access details on AHS Insite (AHS login credentials required)

9.0 Continuing Medical Education and Professional Development

As a new in practice family doctor there are many things that, while important for your practice and career, you may not have had much exposure to in residency. One of these is Continuing Medical Education (CME) and the Mainpro+® Continuing Professional Development (CPD) tracking system used by the College of Family Physicians of Canada (CFPC). In this chapter you will find what is currently required for CPD to maintain your license, some ideas on where to find meaningful CPD opportunities, and how to use Mainpro+ to track and submit your credits.

Please note that while every effort has been made to provide accurate information, official CFPC Mainpro+ requirements and processes may change from time to time, and you should refer to them if you have any doubts. Please see the CFPC website for the most up-to-date information.

PLEASE NOTE: The CFPC has announced changes to Mainpro+ requirements and reporting starting December 2024. See this website for details as they are announced. This chapter will be updated at a future date to reflect these changes.

CPD Requirements

CFPC Credit Requirements

Mainpro+ certification works in 5-year cycles. Your first five years in practice should align with your first 5-year cycle. Over the 5 years you need a total of 250 credits (at least 125 of which must be Mainpro+ certified). You will also need to get a minimum of 25 credits each year. Cycles typically begin July 1st and end June 30th.

Certified credits come from activities that have been formally reviewed and approved by the CFPC or their designates to ensure they meet ethical, relevance, and quality standards. CME events will generally advertise if they are certified activities. Many non-certified credits are based on the honour system in reporting hours spent in given activities. The following graphic outlines the different types of CPD activities you may encounter and gives some examples of each:



If you are away from practice for over 6 months (ex. parental leave, personal illness, etc.) you can contact the CFPC to discuss a possible extension of your CPD cycle. If you obtain more credits during a cycle than your requirement, you can carry over up to 40 credits into the next cycle. If you fail to meet the requirements for your cycle you will enter a two-year remedial cycle during which you will be unable to use CFPC designations. The remediation will also be reported to the provincial regulatory authority (College of Physicians and Surgeons of Alberta [CPSA]). For further information on remediation see the links in the "references" section.

FFYFP TIP – Transferring Credits from Residency

Residents are encouraged to track extra-curricular CPD (those activities that are not a mandatory part of your program) in Mainpro+. You can then carry forward up to 40 certified credits earned and reported in residency to be applied to their first-year cycle after graduation.

The CFPC also has agreements with other certification organizations to determine equivalent credits if the activity you attend is certified elsewhere:

- For American conferences or other CPD activities, American Association of Family Physicians (AAFP) prescribed credits are equivalent to certified credits and AAFP elective credits are equivalent to non-certified credits
- Royal College of Physicians and Surgeons of Canada (RCPSC) Maintenance of Certification (MOC) credits are available for non-certified credits, or up to a maximum of 50 certified credits/cycle from Section 1 and 3 activities
- Note: industry sponsored events (ex. events by pharmaceutical companies) are ONLY eligible for credits if they have been certified by the CFPC (they cannot be used for non-certified credits).
- For further details on this subject and for other available partner organizations see official CFPC info in the "References" section below

CPSA Requirements

A relatively new addition to requirements for CPD is the Physician Practice Improvement Program (PPIP) through the CPSA. This program is aimed at ensuring there is optimization of patient care and continuous quality improvement in medical practices. To meet the requirements of PPIP you will need to perform and document each of the following activities at least once over each five year CPD cycle:

- A practice-driven quality improvement (QI) activity using objective data
- A CPSA Standards of Practice QI activity
- A personal development activity

Completion of these activities must be reported on your annual CPSA Renewal Information Form. The activities themselves do not need to be submitted, but documentation of the activities must be kept for at least six years in case of an audit.

The CPSA Website has more information on how to perform these activities and what may qualify under each requirement. In general though, each activity involves collecting/reviewing data or feedback, reflecting on that data/feedback with a facilitator, developing and documenting an action plan to improve on deficits, then implementing the plan and evaluating your success. These activities will also qualify for Mainpro+ credits through Linking Learning exercises (see below for more information).

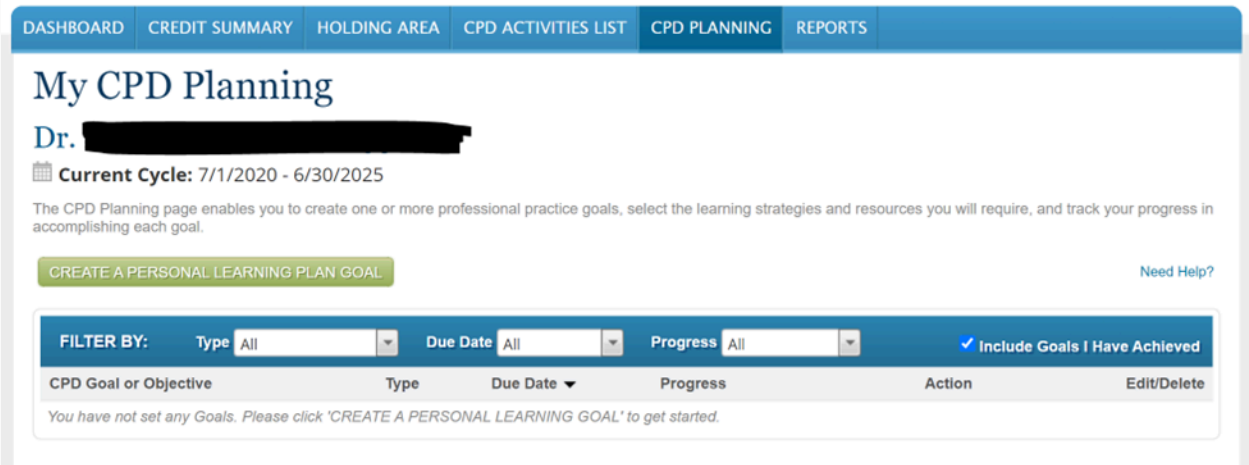
Finding Opportunities for CPD in Alberta

Deciding Which CPD Activities to Attend

There are many certified and non-certified CPD opportunities, and it can sometimes be overwhelming to know which ones are most worth the time, cost, and effort. The following are some important aspects to consider:

- **Patient needs** – is there a specific need in your patient population? Do you have many elderly patients or frequently find yourself managing prenatal care? Basing your CPD selections on the needs of patients in your practice is a great contribution to patient centered care.
- **Clinical deficits/weaknesses** – is there an aspect of your work that you routinely struggle with? Have you been finding chronic pain patients overwhelming, or haven't dealt with concussion management since medical school? Perhaps your clinic could benefit from better team dynamics? Choosing CPD to improve your weak areas can help you feel more comfortable in your day-to-day practice.
- **Special interest, focus, or strengths** – is there a certain area of your practice that you love? Are you hoping to become more proficient in procedural skills, or looking to do more patient counseling? Staying up to date on your area of expertise can help you to be a leader in the field and help colleagues in the future.
- **Location, time, or networking opportunities** – are you finding your only time for CPD is over your lunch break where you could benefit from online activities? Maybe you feel the need to get away to the mountains for a bit, or catch up with former colleagues? Where, when, and who is involved in CPD can all be important factors in your decision.
- **Cost** – expenses continue to rise and clinic billings often do not keep up. Cost can also be an important factor in which CPD activities you choose to participate in.

These are just a few of many considerations. A feature on the Mainpro+ platform that can help in your decision is the "CPD Planning" section, where you can create a personal learning plan by outlining goals you have for your professional development and plan CPD activities that contribute to them. Consider using this tool to make a roadmap for your learning:



Highlighted CPD Offerings

The following are some CPD opportunities that are favourites of the FFYFP Committee and why we like them. Please note that except for activities offered through the ACFP, inclusion in this section does not serve as an official endorsement.

- **Self Study** – Don't forget to log your time in self study and looking up information for your patients for non-certified credits. Up To Date, journal articles, medical podcasts etc. can all count! Specified articles in Canadian Family Physician can also be used for certified credits.
- **Collaborative Mentorship Network** – peer support for managing chronic pain and addiction. FREE mentorship program and regular, certified, online educational events.
- **CFPC Learn** – online repository of on-demand learning resources, started in Alberta and adopted by the CFPC.
- **Family Medicine Summit** – yearly flagship conference hosted by the ACFP. Held in early March in Banff, Alberta, with virtual and asynchronous options also available!
- **Family Medicine Forum** – the foremost Canada-wide annual family medicine conference hosted by the CFPC.
- **Practical Evidence for Informed Practice (PEIP)** – homegrown evidence-based family medicine in an engaging format, delivering pearls that are immediately applicable to practice.
- **Linking Learning** – FREE additional certified credits to expand on your other activities. These are reflective exercises for administration, assessment, practice, research, and teaching activities that give 5 certified credits for each exercise.
- **Committee, teaching, and quality improvement work** – don't forget that many of the activities you already participate in can be used for non-certified credits, with additional certified credits able to be added through linking learning!
- **Practice Based Learning Program** – many family doctors enjoy getting together with colleagues to go over these cases (also known as "McMaster Modules") as a great mix of CPD and staying in touch. It's also certified, and credits can be automatically uploaded.
- **Courses** – Specific courses such as ACLS, LEAP, or ALARM which you may require anyway for hospital privileging can all provide credits, and most often they are certified.
- **St. Paul's Hospital CME Conference for Primary Care Physicians** - another popular family medicine conference in November in Vancouver BC.

Further to the above list, other repositories of CPD events and activities can be viewed below:

- **ACFP CPD Calendar** - CPD providers such as the Alberta Medical Association (AMA), Alberta Health Services (AHS), and university faculties submit their upcoming events for display on this live calendar
- **University of Calgary** and **University of Alberta** websites - offerings through the universities are listed here
- There are also many destination opportunities for CME for those who like to travel. A popular company offering these is https://www.mer.org/

FFYFP TIP – AMA CME Funding

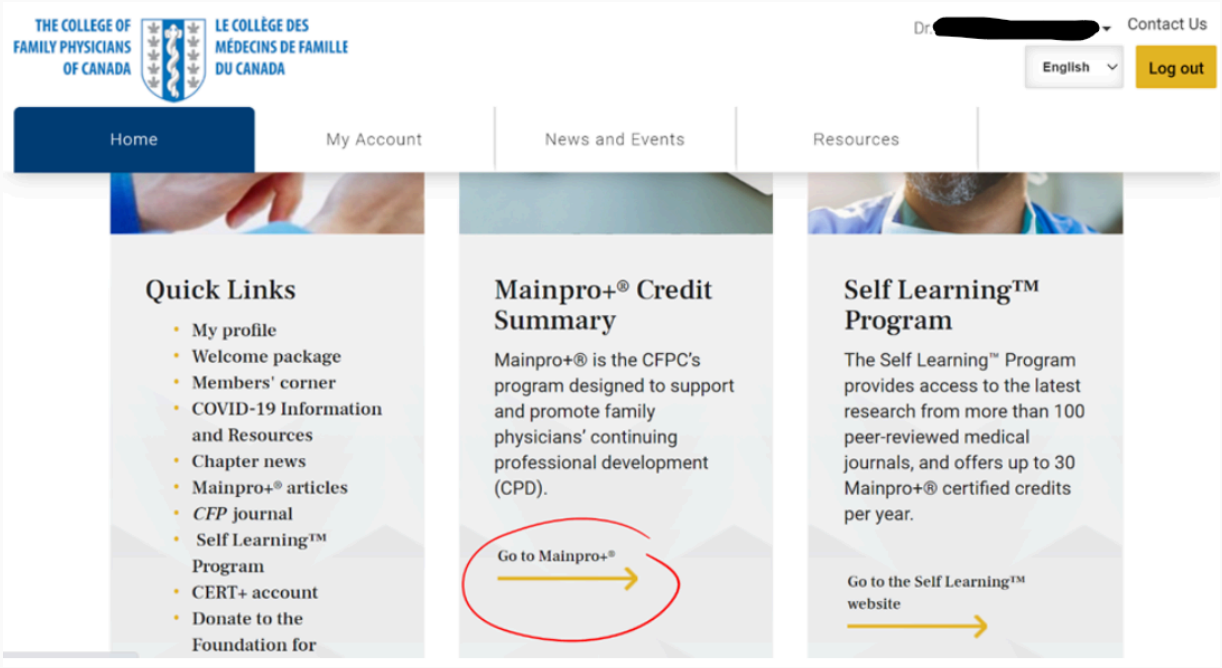
Remember that as part of the AMA physician services agreement, each year of practice you are eligible to receive up to $2200 of funding for CME activities through the Alberta Medical Association. See the AMA Website for more information.

Tracking and Submitting CPD Credits

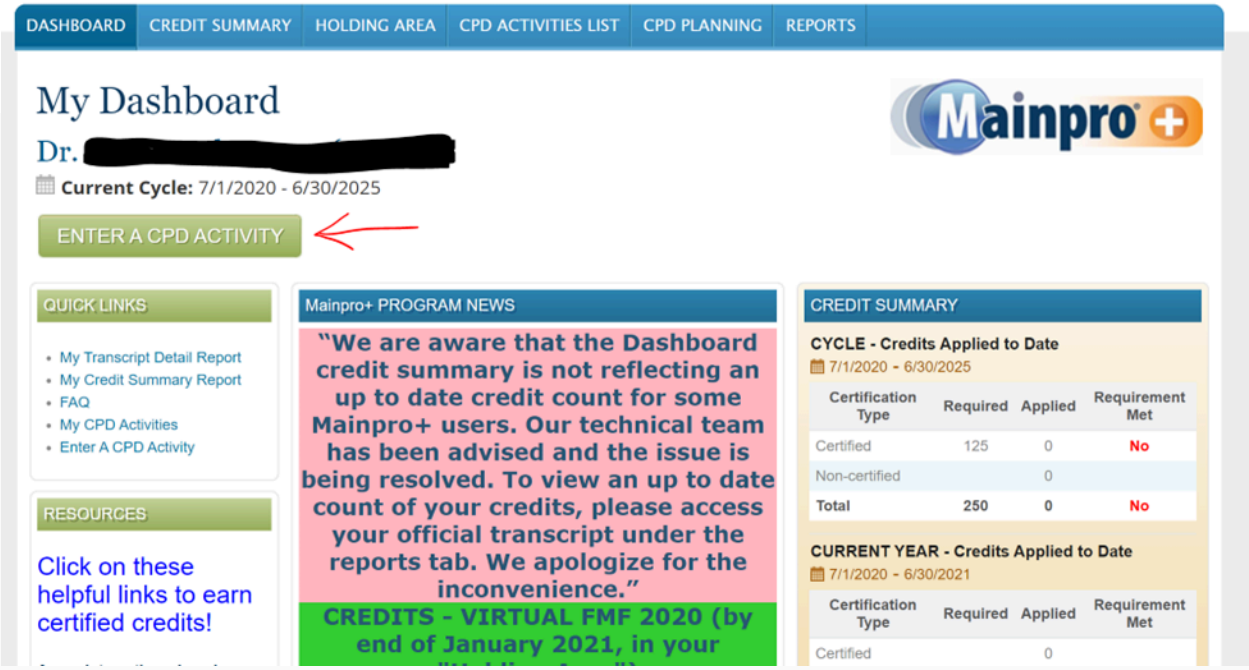
Mainpro+ Information and Use

Provincial regulatory colleges require CPD from doctors of all specialties to ensure they are staying up to date on the developments in their fields and continually improving their ability to care for patients. For family physicians, the national college (CFPC) uses Mainpro+ as the method to track and certify your CPD activities so that you can show you meet the regulatory standard.

Mainpro+ is accessible through the CFPC member portal. After you log in you can scroll down and click "Go to Mainpro+" in the middle pane:



This will bring you to your personal dashboard. Here you can find your cycle dates, certified and non-certified credits reported in the current cycle and year, and you can access and print a summary or transcript. There is also the "enter CPD activity" button in the top left which will be reviewed more in the next session section.



Tracking CPD Activities

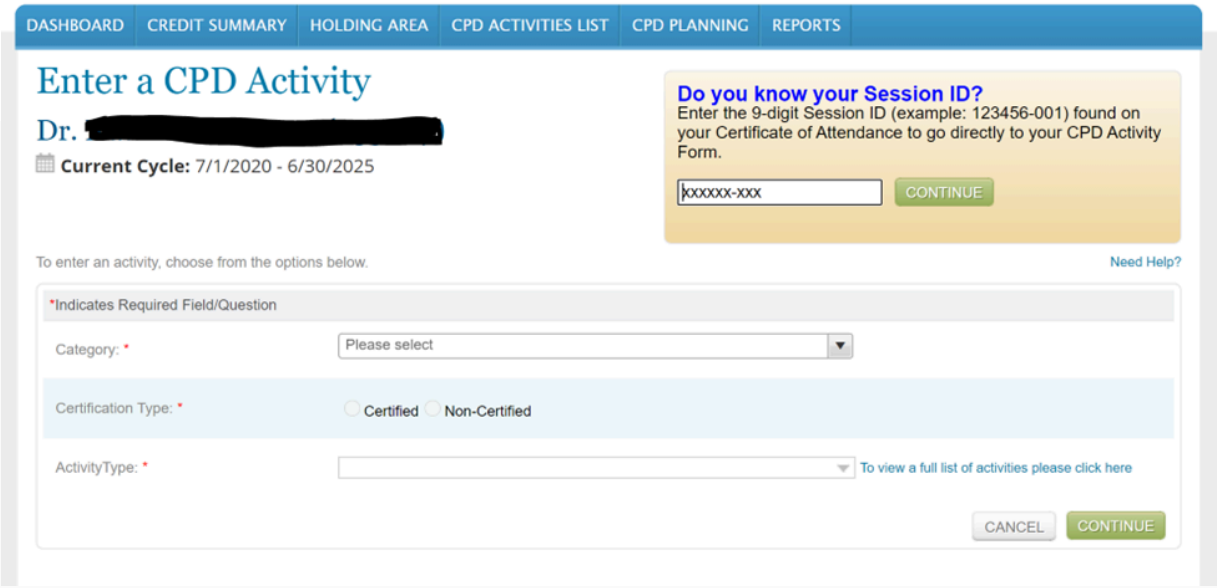
It is best to enter your CPD activities into Mainpro+ shortly after receiving your certificate of attendance so as not to forget and to get the most use out of the opportunities for reflection and learning consolidation that the tracking provides.

Some events (like FMF or PBLP) will add credits to your Mainpro+ account directly – these will sometimes go to your holding area where you will need to fill out an impact assessment to complete the process.

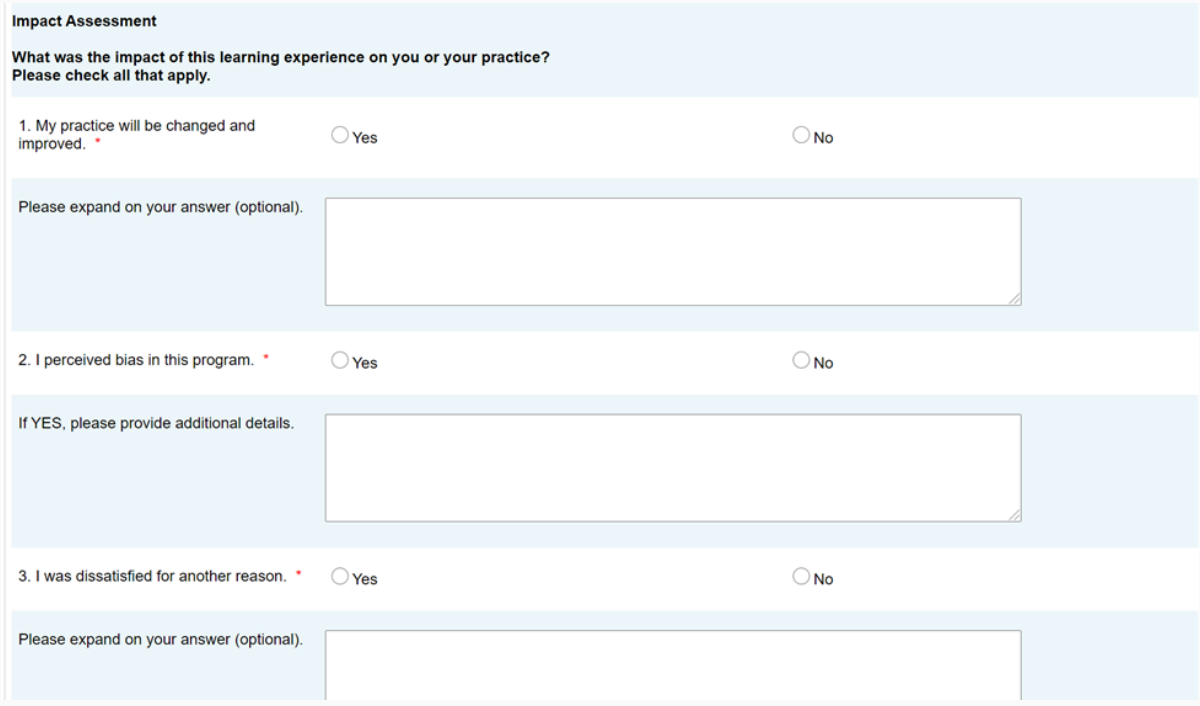
For most events you will need to enter the credits yourself, so brief instructions are outlined below (for more information see the instructional video provided by Mainpro+):

Press the green "Enter a CPD Activity" button on the Mainpro+ dashboard (see above for a screenshot)

- If you know the session ID number, enter it in the yellow box and press continue, otherwise:
- Choose a category (group learning, self learning, or assessment – see above for examples of each activity)
- Select if it is certified or non-certified



- The activity list will populate based on the previous selections. Pick the corresponding activity from the list. Use advanced search to find the specific certified activity (all certified activities are registered with Mainpro+ and will have their own identification number)
- Fill out the impact assessment questionnaire or other information as required. For longer forms you can save and complete later, if necessary, using "Send to Holding Area"



- Upload any required documents (certificate of completion/attendance, etc.)
- Click the "Submit" button
- Linking learning credits are available through the submission confirmation window:



Certificates of completion need to be kept for a minimum of 6 years in case you are selected for a random audit. These can also be uploaded as part of your credit submission, but do not have to be.

Some people find it helpful to track potential CPD activities that you participate in on a spreadsheet with the date, activity, time spent, and whether you've logged it in Mainpro+ or not. This is helpful because certificates of attendance are often delayed for some time after the event. It can also be quite useful when it comes time to update a CV or academic year report.

Pursuing Additional Training and Certifications

At some point in your career, you may want to make a change or add something to your practice that will require more than your standard CPD courses or conferences can offer. It is at these times that you may want to explore pursuing additional training or certification programs. While a full walk through of these experiences is beyond the scope of this guide, here are a few places to start:

CFPC Certificates of Added Competence

Commonly referred to as "+1 programs" in family medicine, Certificates of Added Competence (CAC) are usually 1-year residency programs that provide additional training in specific sub-specialties of family medicine. Category 1 programs are nationally standardized and confer a Special Designation credential showing proficiency in the relevant field of training. Some of them also have practice eligible routes, for which proof of experience in clinical practice, relevant CME, and/or exams replace the residency program aspect. Category 2 programs are also available from some universities that provide extra training to help meet care needs of a patient population, but do not provide a Special Designation credential.

Approved Category 1 CAC domains of care in family medicine include:

- Addiction Medicine
- Care of the Elderly
- Emergency Medicine
- Enhanced Surgical Skills
- Family Practice Anesthesia
- Obstetrical Surgical Skills
- Palliative Care
- Sport and Exercise Medicine

Examples of Category 2 enhanced skills programs offered in Alberta include:

- Chronic Pain
- Occupational Medicine
- Health Equity
- Family Medicine Obstetrics
- Sexual and Reproductive Health

Please see the CFPC Website for further information about eligibility and pursuing Category 1 CACs. Enhanced Skills programs providing CACs are offered through the University of Calgary and the University of Alberta, where you can also find more information about Category 2 programs.

Other Certifications

From Botox to dermoscopy, and point-of-care ultrasound to Nexplanon insertion, there are many courses, workshops, certifications or other specified CME available. Some can enhance your current clinical practice, and some can open new avenues to add a skill or service to your practice. Some courses coincide with conferences, some are entirely independent. Some are free, and others quite costly. There is too much variety to list even a good sample of all the opportunities out there. If you have a particular interest, start with talking to colleagues or mentors with a similar interest or experiences. It is always helpful to get some information from someone who has previously completed the training to understand what's involved and what to expect, and to find reputable programs. If you don't personally know anyone who does what you'd like to explore, consider reaching out through the CFPC Member Interest Groups Section or ACFP Networks to find like-minded colleagues to connect with over a shared interest.

Conclusion

Seeking out and tracking CPD opportunities can be daunting but is actually easier than it looks. If you participate in one or two conferences that you enjoy each year and take advantage of a few of the many free online or self-study options available, you will likely meet your credit requirements without much difficulty. The biggest thing is to remember to track what you do so the CFPC knows you did it. CPD is an opportunity to improve your patient care, learn, socialize, develop your career, and have fun. Make the most of it!

References

1. https://portal.cfpc.ca/resourcesdocs/uploadedFiles/CPD/Mainpro_User%20Manual_ENG_Final.pdf
2. https://portal.cfpc.ca/resourcesdocs/uploadedFiles/CPD/Mainpro-Brochure-Updated-final-web.pdf
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8. https://acfp.ca/mainpro-mega-minute/
9. https://acfp.ca/cme-for-you-and-me/

10.0 Getting Involved: Volunteering, Teaching, Research, Leadership

Introduction

"Alphabet Soup" is a (reasonably accurate) term that's often used to describe all of the various organizations in the healthcare system with their acronyms and sometimes overlapping spheres of influence. It can be a bit confusing, but that shouldn't stop you from getting involved. The ACFP has produced a handy guide to who's who in the healthcare system to help you start to untangle some of the acronyms and learn who does what.

There are many ways among many of these organizations to volunteer, lead, and even find paid employment. You might feel that, as a new family doctor, you don't have the experience under your belt to contribute meaningfully, but that is far from the truth! The opinions, concerns, and lived reality of early career physicians are highly valued at many tables around the province and the country, so don't be afraid to get involved. Teaching and research opportunities are also available to early career physicians through the universities, which is a great way to "pay it forward" and keep up to date on the new developments in medicine now that you are out of school.

Engaging With Medical Associations and Societies

Every year there are calls for volunteers among the medical associations and colleges provincially and nationally. Local Primary Care Networks are also physician led and can have a direct impact on the services available to you and your clinic. Check regularly to see what's available and find something that you are passionate about. These positions are a wonderful way to give back, network, make connections, influence policy, and have a say in changes planned that will affect your future. Even if you can't commit to volunteering or joining a board right now, you can also stay involved by participating in surveys, voting in Annual General Meetings, and writing to or meeting with leadership to voice your concerns and ideas.

- Alberta College of Family Physicians (ACFP)
  - The provincial chapter of the CFPC, working to benefit family doctors in Alberta.
  - Provide many CPD opportunities, resources like this one, and advocate for family doctors with government and other bodies.
  - Positions including: First Five Years in Family Practice (FFYFP) committee (that's us!), board membership, awards committee, Family Medicine Summit planning committee, and more.
- Alberta Medical Association (AMA)
  - Representative body of all physicians in Alberta.
  - Negotiate with the provincial government regarding compensation and other issues, help set billing code fees within a section, provide training and resources such as the ACTT program.
  - Positions including: Representative Forum (RF) member, board member, section of family medicine leadership.
- College of Family Physicians of Canada (CFPC)
  - Professional association and certifying body of all family doctors in Canada.
  - Defining the discipline of family medicine, establishing standards for clinical practice (exams), training, and accreditation of CPD.

  - Positions including: board member, several committees, working as an examiner for certification exams, etc.
- College of Physicians and Surgeons of Alberta (CPSA)
  - Regulator and licensing body for all physicians in Alberta.
  - Registers physicians for practice, sets standards of practice, manages patient complaints, accreditation of healthcare facilities.
  - Positions including: Council member, various committees, subject matter experts.
- Canadian Medical Association (CMA)
  - National advocacy association of physicians in Canada.
  - Advocates for physicians and patients to influence policy and public opinion.
  - Positions including: Ambassador program, board of directors, and multiple committees.
- Primary Care Networks (PCNs)
  - Organizational structures to deliver primary health care services in Alberta led through a collaboration of family doctors and Alberta Health Services.
  - Supports the patient's medical home by promoting team-based care in Alberta communities.
  - Positions include: PCN member physician, board member, committees. Contact your local PCN for more details!

Teaching Medical Students and Residents

Many of us can think of wonderful teachers and mentors who shaped our medical training for good. Some of those may have been other learners such as residents while we were in medical school. Just because you are early in your career does not mean that you do not have anything to add to a learner's educational experience. Near peer teaching has been shown to be very effective - you still remember what it's like to be in a student's shoes! Reach out to your local university to get involved, or try out the ACFP shadowing program to be the first clinical exposure to students on their way to medical school.

ACFP shadowing program: https://acfp.ca/membership/member-support/students/shadowing/

University of Alberta opportunities/contacts:
https://www.ualberta.ca/family-medicine/faculty-development/index.html

University of Calgary opportunities/contacts:
https://cumming.ucalgary.ca/departments/family-medicine/education/undergraduate-family-medicine/faculty/teaching

Getting Involved in Research

There are many ways to get involved in family medicine research, from working at a university as a full academic, to helping recruit patients in your clinic for studies, to helping gather and collate research for knowledge translation such as a Tools for Practice article. There are also ways to allow your de-identified EMR data to contribute to research repositories. Don't be afraid to ride coattails for a while if needed; if you have an interest, reach out and get involved!

University of Calgary family medicine research
University of Alberta family medicine research

Canadian Primary Care Sentinel Surveillance Network (CPCSSN)
Northern Alberta Primary Care Research Network (NAPCReN)
Southern Alberta Primary Care Research Network (SAPCReN)

Conclusion

You can be a leader and make valuable contributions to the greater medical community even in your first years of practice! Reach out, speak up, sign up, and watch for opportunities that interest you. As busy as clinical practice is, finding a way to be involved and make a difference in the greater landscape of family medicine can be a very rewarding way to add to the impact you make on individual patients every day.

References

11.0 Conclusion

There are many logistics to manage in a family medicine practice, and it can feel daunting to tackle them all, whether you're new to practice, new to the province, returning to the field after time away, or shifting your focus. We hope this Guidebook can help lessen the load a little, but we also encourage you to reach out for support from peers, mentors, and other colleagues. As so many of us have dealt or are dealing with many of the same challenges, there is no need for us to operate in isolation!

This document is also intended to be one that regularly evolves as both needs and processes change. If you have feedback to share or suggestions or corrections to make, please reach out! We will be making regular updates to the Guidebook and greatly appreciate input on it from those who are in the thick of those first five years.

We wish you all the best as you begin this exciting phase of your career, and look forward to connecting with you, whether at CPD events, conferences, forums, in virtual communities, or any of the many other spaces our paths may cross.

Appendices

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