Dual Practice

Physician Information Package

This information package is intended to support physician understanding of Alberta's new dual practice model. It is not legal advice and does not replace the *Alberta Health Care Insurance Act*, applicable regulations, Ministerial Orders, CPSA standards, or any conditions of approval.

Applications open: Sept. 16, 2026

Issued by Acute Care Alberta (ACA), the Ministry of Primary and Preventative Health Services (PPHS) and the Ministry of Hospital and Surgical Health Services (HSHS)

Physician Information Package
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Part 1 — Program Overview: What Is Dual Practice?

About Dual Practice

Alberta's dual practice framework, established under the *Alberta Health Care Insurance Act* (AHCIA), allows approved physicians to register as **flexibly participating (dual practice) physicians** where they continue to participate and provide services in the publicly funded health system and also provide certain services outside of the public system where they will bill patients for these services.

Dual Practice is a regulated pathway, not a general opt-out of the public healthcare system. Physicians who are approved to participate in dual practice must meet ongoing requirements to remain eligible to provide privately funded services.

Primary and Preventative Health Services (PPHS) sets policy for and oversees dual practice. The program is administered by Acute Care Alberta (ACA), which supports application intake, eligibility assessment, approval processes, and monitoring to safeguard the publicly funded health system.

Legislative Framework

The program operates under:

- Section 8 of the AHCIA — establishes physician participation status (participating, flexibly participating, non-participating) and related notice requirements
- Ministerial Order M.O. 27/2026 — sets eligibility criteria, permitted services, specialty scope, and public-service commitment requirements
- Alberta Regulation 140/2026 — prescribes record-keeping and reporting obligations for non-Plan services

Dual Practice at a Glance

To participate in Dual Practice, physicians must:

- Meet all eligibility requirements
- Submit an application to ACA
- Obtain approval from the Minister or delegate
- Maintain an assigned public service commitment
- Provide eligible non-plan (private pay) services
- Comply with all reporting and record-keeping requirements
- Continue to meet ongoing program requirements and legislative obligations

Important Distinction

NOTE Flexibly participating physicians are distinct from non-participating physicians. Non-participating physicians practice entirely outside of the publicly funded Alberta Health Care Insurance Plan (AHCIP). Flexibly participating physicians continue to provide publicly funded services under the AHCIP, while also providing certain eligible services outside of the public system.

Definitions:

Status	Description
Participating Physician	As defined in s.1(s.2) of AHCIA, a physician who provides insured health services and does not provide any non-Plan services. I.e., provides services only through the public system (AHCIP).
Flexibly Participating Physician (also called a dual practice physician)	As defined in s.1(l.1) of AHCIA, a physician who provides insured health services and eligible non-Plan services. I.e., provides services through both the public system and private pay.
Non-Participating Physician	As defined in s.1(o.2) of AHCIA, a physician who provides non-Plan services and does not provide insured health services. I.e., a physician who has opted out of the public system entirely and may provide services on a private-pay basis only.
Non-Plan Service	As defined in s.1(o.3) of AHCIA, means services provided by physicians that are medically required when they are not provided under the AHCIP as insured health services.
Elective surgery	As defined in Ministerial Order 27/2026, Appendix A (1,i), a surgery that is schedulable in advance, not

	emergent or urgent, and includes associated pre- and post-operative services.

Key Dates

Milestone	Date
Application portal opens	Sept. 16, 2026
Application review turnaround (target)	1–2 months
Target for first private surgeries	Fall 2026

Part 2 — What Flexible Participation Means

Physician participation status under the AHCIP is a physician's choice. Physicians may still choose to practice entirely in the public or private system. The dual practice framework creates a new option; it does not compel any physician to change how they currently practice.

'Flexible participation' is the status under the *AHCIA* for physicians who are approved to provide privately funded (non-Plan) services while remaining within the public system.

An approved flexibly participating physician:

- Continues providing insured health services in the public system, meeting required public obligations (minimum hours, on-call, consultations)
- Provides certain approved non-Plan services on a private-pay basis at authorized facilities
- Provides regular reporting and is subject to ongoing monitoring, with reviews of public service commitments every 6 months

Flexible participation remains subject to ongoing compliance with legislative, regulatory and program requirements.

What You Can and Cannot Do as a Flexibly Participating Physician

Permitted	Not Permitted
CAN work at both public and private facilities, providing non-Plan services only at accredited non-hospital surgical facilities (see Part 3)	MUST NOT provide surgical or endoscopic services at a facility that is not accredited for the specific services to be provided
CAN provide eligible surgical and endoscopic services as non-Plan services (see Part 3)	MUST NOT provide private surgery for urgent, emergent, cancer or life-threatening conditions, or any service not authorized under the Dual Practice Ministerial Order — these remain in the public system
CAN charge patients directly for the full cost of an approved non-Plan service	MUST NOT bill AHCIP for all or a portion of the service being provided as a non-Plan service

Permitted	Not Permitted
CAN discuss private care options with patients where clinically appropriate, providing the required information (see Part 8)	MUST NOT condition insured care on private payment, or use public waitlists to solicit or pressure patients
CAN continue your public surgical and non-surgical practice, meeting program requirements (see Part 5)	MUST NOT reduce public hours below your established benchmark without an approved adjustment Or reduce other necessary public system work
CAN apply for benchmarks adjustments based on documented circumstances (see Part 5)	MUST NOT selectively accept public referrals in a way that undermines access to clinically necessary insured health services

KEY POINT	Flexible participation is designed to support additional health system capacity. Physicians are expected to maintain public commitments while using additional available capacity for private practice.

Part 3 — Eligibility and Eligible Services

Eligibility for dual practice is assessed by ACA based on established program criteria. ACA reviews applications and provides recommendations to PPHS with final approval granted by the Minister or Minister's delegate through PPHS.

Eligibility Requirements

Physicians must meet all eligibility requirements at the time of application and throughout their participation in the program.

Eligibility requirements may be updated from time to time. Physicians are responsible for ensuring they continue to meet all program requirements.

Eligibility Criteria — All Must Be Met

Requirement	Detail
1. Valid College of Physicians and Surgeons of Alberta (CPSA) registration	Must have active licensure with the CPSA at time of application and throughout participation.
2. Valid Practitioner ID (PRAC ID)	Must have an active PRAC ID for Alberta.
3. Active participating physician with a health service provider (HSP)	Must have an established position (i.e. medical staff appointment with a HSP) providing insured services in the public system;
• Minimum of six months of public service hours	ACA will determine applicable minimum public service commitments based on prior-year public activity. Newly licensed or new-to-Alberta physicians must provide a minimum of six months of public services for ACA to establish a minimum commitment.
4. Approved specialty providing eligible services	Surgical specialties providing eligible services (see list below) as well as family medicine physicians with anesthesia subspecialty, enhanced surgical skills, or surgical assistant certification.

Exclusion Criteria — Any of These Prevents Eligibility

Exclusion	Detail
1. Invalid/missing CPSA registration	Application will be denied pending resolution.
2. Invalid/missing PRAC ID	Application will be denied pending resolution.
3. Not an active participating physician	Non-participating physicians, newly licensed physicians, or new-to-Alberta physicians must first register with CPSA, obtain a PRAC ID and establish a public system position. Application will be denied pending resolution.
• Less than six months of public service hours	A minimum of six months of public service hours is required to establish a baseline for minimum public service commitment. Non-participating physicians, newly licensed physicians, or new-to-Alberta physicians must first provide a minimum of six months of public services to establish a minimum commitment. Application will be pending until six months history completed.
4. Specialty or scope of services not approved	Family medicine/GPs (except noted exceptions) and non-surgical specialties are not eligible for dual practice. Application will be denied. Physicians whose practice consists solely of consultation services are not eligible for dual practice. Application will be denied.
5. Participating in the Academic Medicine and Health Services Program (AMHSP)	Physicians in AMHSP positions are not eligible, as these positions are structured around teaching and research commitments. Application will be denied. Physicians with academic appointments that are not participating in the AMHSP may remain eligible, depending on the nature of their academic appointment.

Eligible Specialties and Services

Not all procedures are eligible for private pay through dual practice. Certain procedures must remain entirely within the publicly funded system to protect patient safety and ensure access.

Approved flexibly participating physicians may only offer services for private pay that are authorized to be provided as non-Plan services under Ministerial Order 27/2026. This includes:

- Elective surgical and endoscopic procedures that are identified on the current CPSA-approved list of procedures that may be performed in accredited non-hospital surgical facilities, with the exception of the ineligible services listed below.
- Associated assessments and consultations directly related to determining a patient's suitability for an eligible procedure.
- Associated pre-operative and follow-up care directly related to supporting care associated with an eligible procedure.

Ineligible Services

Flexibly participating physicians **must not provide** any of the following services for private pay. These must remain within the publicly funded system:

- Emergency services
- Urgent services
- Services related to cancer
- Services required to address life-threatening conditions
- Non-elective surgical procedures

Note that the list of ineligible services is subject to updates based on any future services identified as ineligible through legislation, regulations, ministerial orders, or program policies.

Consultation-Only Physicians

Physicians whose practice consists solely of consultations are not eligible to participate in dual practice – they may elect to be participating or non-participating physicians.

When a patient is paying privately for an eligible surgical or endoscopic service, and an assessment from a consultation-only physician is required for the eligible service, the

service must be provided publicly through the AHCIP if the consultation-only physician is a participating physician.

Consultation-only physicians who are non-participating would continue to provide consultations outside of the AHCIP.

Considerations Before Applying

Before applying, physicians should ensure they understand:

- Public service commitment requirements
- Reporting and record-keeping obligations
- Professional obligations associated with providing private services
- Requirements relating to continuity of care
- Privacy, complaint management and patient communication expectations
- Any insurance or liability requirements that may apply to their practice setting

NOTE

Physicians who are not an AMHSP physician but hold an academic appointment should contact ACA at SCA.DualPracticeProgram@acutecarealberta.ca to discuss whether their specific arrangement affects eligibility. Eligibility is based on the nature and FTE of the academic appointment, not simply association with a university.

Part 4 — How to Apply: Step-by-Step Guide

Applications for dual practice are submitted through ACA and are reviewed to determine whether physicians meet all program eligibility requirements. Approval is not automatic, and participation may only begin after formal approval by the Minister or Minister's delegate.

The application process is ongoing or rolling — there is no single application window. Applications are accepted and reviewed on an ongoing basis starting September 16, 2026.

Step 1 — Confirm Eligibility

Before submitting an application, physicians should review all eligibility requirements and confirm that they:

- Hold a valid CPSA practice permit/registration number
- Hold an active PRAC ID
- Are participating physicians within Alberta's publicly funded healthcare system
- Provide eligible surgical or endoscopic services
- Meet all requirements established under the Dual Practice Ministerial Order and program policies

Physicians who do not meet the eligibility requirements should not apply.

Step 2 — Prepare and Submit an Application

Applications are submitted through the ACA online portal. PPHS will have access to all applications.

Applicants should be prepared to provide the following information:

- Physician registration and licensure information
- PRAC ID and participation status
- Primary practice location (hospital/facility) and health service provider affiliation
- Specialty and clinical activities
- Eligible non-Plan services they propose to provide
- Proposed accredited non-hospital surgical facility where eligible non-Plan services will be provided
- Current public FTE hours (ACA will consider when establishing public-service commitment benchmark — see Part 5)

Incomplete applications may result in delays or requests for additional information.

TIP

Physicians do not need to have a signed agreement with a private surgical facility before applying but must identify the facility where they propose to provide eligible non-Plan services and ensure the facility information submitted is current and consistent with CPSA Schedule 1 accreditation.

Step 3 — ACA Reviews the Application

Eligibility

ACA reviews each application to determine whether all eligibility requirements have been met and establishes the physicians' individual minimum public service commitment (see Part 4). As part of the review process, ACA may:

- Verify registration and participation status
- Assess service eligibility and obtain operational input as required
- Establish a proposed public service commitment
- Request additional information from the applicant

Department Head Input

ACA may contact the physician's department head (or medical lead designate) as part of the application review. The input may relate to:

- Individual physicians' on-call responsibilities
- Non-surgical public service obligations (consultations, clinics)
- Academic responsibilities (if applicable)
- Any local service capacity concerns

The input is advisory and informs ACA's assessment and recommendation but does not constitute a veto over a physician's application. Where capacity or availability concerns are identified, objective evidence will be considered as a part of the review.

Minimum Public Service Commitment

At this stage, ACA will advise the applicant of their minimum public service commitment and outline next steps. ACA will then submit its recommendation (approve or deny, with rationale) to PPHS for decision.

Review Timeline

Target review time: 1–2 months from submission. Physicians should allow sufficient time for application review and any requests for additional information. Processing timelines may vary depending on application complexity and program volume.

Step 4 — Recommendation, PPHS Decision and Notification

The Minister's delegate, on behalf of the PPHS Minister, makes the final approval or denial decision under the AHCIA and Dual Practice Ministerial Order.

Outcome	What Happens Next
Approved	Applicant will receive communication of decision and responsibilities. PPHS sends an agreement outlining dual practice eligibility requirements to the applicant for the applicant to sign. Once the applicant signs and returns the agreement to PPHS, the ministry will notify the applicant of their application's final status. Applicants are registered as a flexibly participating physician and may begin providing approved non-Plan services only after receiving written approval with a confirmed effective date and have worked with ACA to understand public service commitments.
Denied	PPHS communicates denial and rationale. Depending on the reason for denial, a physician may be eligible to reapply.

Step 5 — Post-Approval Requirements

Once approved, flexibly participating physicians:

- May begin providing non-Plan surgeries at approved CPSA Schedule 1 facility
- Must continue meeting public service commitment on an ongoing basis
- Must comply with all reporting obligations (see Part 5)
- Must inform patients of participation status and payment responsibilities in writing before providing any non-Plan service

IMPORTANT Approval is not permanent. A physician's dual practice participation may be suspended or revoked for failure to maintain minimum public service commitments, reporting obligations and other program requirements. Minimum public service commitments may be revisited if public access concerns arise.

Part 5 — Participation Requirements and Ongoing Compliance

Public Service Commitments

Public service commitments are a foundational element of Alberta's dual practice model, established as a safeguard to protect access to the public health system. They are intended to ensure that participating physicians continue to contribute meaningfully to Alberta's publicly funded healthcare system while providing opportunity for physicians to provide eligible non-Plan services.

What is a Public Service Commitment?

A public service commitment is the minimum level of publicly funded service activity a physician must maintain while flexibly participating.

Public service commitments may vary based on specialty, geography, service requirements, and operational considerations.

How Your Commitment is Established

Each participating physician is assigned an individual public service commitment benchmark by ACA during the application review process and using existing operational data. Each physician's minimum public-service threshold is based on their individual operative/procedural hours from the prior fiscal year.

The benchmark may also consider:

- Specialty-specific requirements
- Historical service activity
- Geographic location
- Regional health corridor considerations
- Operational and health system needs
- Other relevant program factors

The goal is to ensure no net overall reduction in public surgical activity as a result of dual practice participation.

ACA may review and revise commitments as required.

What the Commitment Covers

The commitment includes both surgical and non-surgical public responsibilities:

- Elective operative/procedural hours in the public system (the measurable benchmark)
- Public consultations and referrals
- On-call and clinic-based work
- Academic and administrative responsibilities (where applicable)

If a physician's circumstances change after approval for any reason, they must contact ACA at SCA.DualPracticeProgram@acutecarealberta.ca to discuss an adjustment to their commitment.

Maintaining the Public Service Commitment

Physicians must maintain their assigned public service commitment throughout their participation in the program.

If changes to practice patterns, service delivery, or other circumstances affect a physician's ability to meet their commitment, the physician should notify ACA as soon as reasonably possible. ACA may review commitments periodically to ensure they remain appropriate and aligned with program requirements.

NOTE A reduction in public hours from a physician's benchmark will trigger a review by ACA. This does not automatically result in revocation of flexibly participating status — it initiates a conversation with the physician about the circumstances.

Continuity of Care Expectations

Participants remain responsible for ensuring appropriate continuity of care for patients receiving services through Dual Practice arrangements.

This includes:

- Appropriate clinical follow-up
- Communication with referring providers when required
- Management of post-procedure care
- Arrangements for ongoing care when additional services are required

Participants must comply with applicable professional, regulatory, and facility requirements relating to continuity of care. Participation in dual practice does not alter a physician's professional responsibility to ensure appropriate continuity of care for patients receiving services.

Physician Responsibilities

Physicians participating in dual practice are responsible for complying with all program requirements, including:

- Meeting applicable clinical, professional, and organizational responsibilities and maintaining all required licenses, credentials, privileges and facility approvals.
- Maintaining their assigned public service commitment
- Providing requested information to support monitoring and compliance activities.
- Promptly reporting material changes to the information supporting approval, including changes to services, facilities or practice arrangements
- Not providing non-Plan services if applicable requirements are no longer met, unless authorized to continue
- Not using publicly funded resources to support private care

Meeting a public service commitment does not relieve physicians of other professional or clinical obligations.

Reporting and Record-Keeping Requirements

Reporting and record-keeping are mandatory legal and program requirements for **flexibly participating** physicians. The Dual Practice Records Regulation establishes the legal framework for required records, electronic format and upload, retention and reporting. Participants must comply with reporting requirements established by legislation, regulations, ministerial orders and ACA administrative processes. Required information may include clinical, operational and service-related information relevant to program administration and monitoring.

For every non-Plan service provided, physicians must maintain records in accordance with applicable legislation, professional standards (e.g., medical staff bylaws and rules, and CPSA standards), and dual practice requirements. Records must include:

- Patient information and identifiers
- Description of the non-Plan service(s) provided
- Date, location, and facility where the service was provided

- Financial records showing the fees charged, the source of payment, payment terms or conditions, and the persons who charged, received or paid the fee.
- Patient's signed acknowledgement and agreement

Where applicable, patient records must clearly identify services provided as insured health services versus those provided as non-Plan services. Patient records must be retained electronically and must be submitted to the Alberta EHR within 30 days after the service, unless applicable medical staff bylaws specify another period.

Non-Plan service records must be retained during the period when the physician is providing the related non-Plan service to the patient and for at least six years after the physician terminates the provision of that related non-Plan service.

Case-Log Submission

In addition to maintaining required records, flexibly participating physicians will be required to submit individually identifying case logs to ACA for non-Plan services that would otherwise be covered through the AHCIP.

Case-log submissions will cover:

- Patient identifiers
- Procedure type and volume
- Patient residency (detailed case-level data required for Alberta residents; no identifiers required for non-Alberta residents)
- Service date and facility

Reporting frequency will be monthly initially, with frequency to be reassessed once the system and reporting burden are better understood.

TRANSITION PERIOD

ACA recognizes that not all physicians will have the IT and reporting infrastructure in place immediately. A reasonable transition period will be provided for physicians who need to establish or upgrade systems before full reporting compliance is required.

What Happens with Your Data

The data collected by ACA and government will be used to:

- Monitor compliance with public-service commitments

- Assess the impact of dual practice on public surgical capacity
- Identify adverse events and complications from private procedures that subsequently present in the public system
- Inform future policy and program improvements
- Provide reporting to Health Canada as required

Detailed, identifiable case-level information for Alberta residents will be maintained for oversight and reconciliation purposes.

Government has committed to transparency and is reviewing reporting policy. The format and frequency of aggregated, anonymized data on private care **will be confirmed in the future**. If data on private activity will be reported, government would ensure that data is sufficiently aggregated to avoid any potential for identification.

Monitoring and Compliance

ACA and PPHS monitors participation in the program to assess ongoing compliance with eligibility requirements, public service commitments, reporting requirements and other program conditions.
Monitoring activities may include:

- Review of service activity
- Program reporting
- Operational information
- Clinical activity data
- Information provided by participants
- Other relevant monitoring indicators

Physicians may be asked to provide information or documentation to support compliance activities.

Compliance Reviews

ACA may conduct reviews where concerns arise regarding compliance with public service commitments or other program requirements. A review may be initiated when:

- Reporting requirements have not been met
- Public service commitments appear not to have been maintained
- Required information is unavailable or incomplete
- Other compliance concerns are identified

Participants may be required to provide supporting information during a review.

Administrative Action

Where non-compliance is identified, ACA may take appropriate administrative action or refer restrictions or change of status recommendations to PPHS. Depending on the circumstances, actions may include:

- Requests for clarification
- Enhanced monitoring
- Corrective action requirements
- Temporary restrictions or suspension of flexible participation
- Revocation of flexible participation status

Administrative actions will be determined based on the nature and severity of the issue.

Suspension or revocation of flexible participation status would be put forward to PPHS for decision.

Part 6 — Governance, Oversight & Revocation

Governance Structure

A tri-party governance committee with representation from ACA, HSHS and PPHS will oversee implementation, monitor system impacts, and address emerging issues.

The committee's functions include:

- Monitoring public access impacts
- Recommending program adjustments as required
- Reviewing potential revocation cases
- Addressing revocation decisions

Final decision-making authority rests with the PPHS Minister or Minister's delegate.

Revocation of Flexibly Participating Status

A physician's dual practice approval may be temporarily suspended or permanently revoked if:

- Public-service hours fall below established benchmark without an approved adjustment
- Failure to meet reporting obligations
- Public access concerns arise in certain specialty or geography that require a response
- Failure to meet other conditions of the Ministerial Order

ACA will generally seek to address issues collaboratively with physicians and department heads. Revocation is not the first response to minor or temporary shortfalls.

Concerns About Denial

When an application is denied or approval is revoked, a physician may seek clarification and escalate concerns through the governance committee process. The committee provides:

- A formal, structured process for reviewing denial and revocation decisions
- Representation from all responsible parties in the decision-making process
- Checks and balances before final decisions are made by the PPHS Minister or Minister's delegate

Part 7 — Patient Information & Referral Practices

Informing Patients of Dual Practice Status

For each patient and before each service, physicians must disclose participation status, options and payment responsibilities, obtain patient consent and maintain a record of this. This is a legal requirement under the *AHCIA* (s.8.2).

Before providing a non-Plan service, a physician must disclose:

- Participation status (flexibly participating or non-participating)
- Nature of the non-Plan service being offered
- Exact amount the patient will be charged
- That the patient must pay that amount and will not receive reimbursement from the Minister/AHCIP for the service
- That the patient may be able to receive this same service as an insured health service from a participating or flexibly participating physician

A physician must obtain and maintain a record of written patient consent confirming:

- Acknowledgment that they received all the above information
- Agreement to receive the non-Plan service from the physician
- Agreement to pay the stated charge for the service

REQUIRED FORM	PPHS will provide physicians with a Ministry-approved patient acknowledgement and agreement form that must be used. Physicians must have patients complete the form and must retain the completed form with the required records.

Key Compliance Note: The non-Plan service cannot be provided until both the disclosure and written consent steps are fully completed. Providing the service before obtaining written consent is non-compliant.

When Discussions About Private Options May Occur

Discussions about private care options may occur at the point of referral, where clinically appropriate. Patients should be assessed for urgency and, where the condition is urgent or emergent, must be referred through the appropriate public pathway.

Where a patient is classified as elective, a physician may inform them that private care is an option. All public options should also be presented.

A patient who chooses to remain on the public waitlist must not be disadvantaged or pressured. The decision to access private care resides only with the patient.

Part 8 — Insurance & Professional Risk

CMPA Coverage

The Canadian Medical Protective Association (CMPA) provides medico-legal protection to its members. Physicians should confirm directly with the CMPA whether their current membership covers privately funded procedures and surgeries performed at non-hospital surgical facilities.

Key questions to raise with CMPA:

- Does my current CMPA membership category cover elective surgery at CPSA Schedule 1 accredited non-hospital surgical facilities?
- Are there additional steps required to ensure coverage for dual practice activity?
- Does coverage extend to post-operative complications from private procedures that are subsequently managed in the public system?

ACTION REQUIRED	Do not assume existing CMPA membership automatically extends to all dual practice activity. Contact CMPA directly before performing any private surgeries to confirm coverage is adequate.

Facility Accreditation & Liability

Private surgical procedures must be performed at CPSA Schedule 1 accredited facilities. Accreditation provides assurance about safety standards and protocols at the facility level. Physicians should also confirm what institutional insurance coverage the private facility carries, and how that interacts with their personal professional liability coverage.

Complaints and Professional Standards

CPSA remains the regulatory body governing professional standards for all Alberta physicians, regardless of participation status. Complaints related to both public and private care are handled through CPSA's existing processes.

CPSA ensures that regardless of how health services are funded, regulated members remain accountable for meeting the same professional and ethical expectations.

CPSA is drafting a dual practice standard. Physicians are strongly encouraged to monitor CPSA guidance on dual practice as the program launches. More information can be found

on the CPSA website: Understanding dual practice - College of Physicians & Surgeons of Alberta.

NOTE	The government has committed to clear, transparent processes. If issues with application or approvals are encountered, physicians can reach out to SCA.DualPracticeProgram@acutecarealberta.ca.

Part 9 — Detailed FAQ

Application Process

Q: Is the September 16 application opening the only opportunity to apply, or can I apply later?

A: Applications are accepted on a rolling basis with no closing date. You may apply when you are ready. The portal will remain open for ongoing applications.

Q: How long will it take to get a decision on my application?

A: You can expect to hear back with a decision on your application within 1 to 2 months from the date of submission.

Q: Can my department head block my application?

A: No. Department head input is advisory and informs ACA's assessment of your public responsibilities and local capacity. It does not give the department head veto power over your application. Your application will be assessed against the objective eligibility criteria, and your public system commitment will be monitored.

Q: What happens if my application is denied?

A: PPHS will communicate the denial and the rationale. Depending on the reason, you may be able to reapply in the future. If you would like more information on the rationale or have questions or concerns about the rationale, you can reach out to ACA for further information.

Q: I'm a new physician with limited prior-year OR hours. Can I still apply?

A: New physicians must have six months of public service hours before they will be approved as a flexibly participating physician. This enables ACA time to establish a public-service benchmark.

Eligibility

Q: I hold a partial academic appointment. Am I eligible?

A: If you are in an AMHSP position, you are not eligible. However, if you have a partial academic appointment and you are not participating in the AMHSP, you may reach out to ACA to discuss your specific situation.

Q: Are non-surgical consulting specialties (e.g., cardiology, internal medicine) eligible?

A: Not in this initial rollout. Consulting providers are excluded at this time. ACA will assess expansion to non-surgical specialties over the next 6–9 months. Pre-operative consultations provided by non-surgical specialties associated with private surgeries will continue to be billed through AHCIP.

Q: Can I provide private services for out-of-province patients?

A: Yes. Non-Alberta residents may receive private services. Reporting requirements differ: detailed case-level information is required for Alberta residents; volume and procedure-type reporting is required for non-Alberta residents, but not detailed case-level information.

Public Service Commitment

Q: What exactly is my public-service benchmark and how is it calculated?

A: Your benchmark is your individual elective operative/procedural hours from the prior fiscal year. ACA establishes this using existing operational data. The intent is to ensure you maintain at least the level of public surgical activity you provided before participating in dual practice. This information will be provided to you for your reference after your application is submitted.

Q: What if my public hours naturally fluctuate year-to-year?

A: Public hours are reviewed every six months as part of the ongoing assessment of dual practice eligibility. If a physician's public practice activity changes significantly from their established benchmark, a review may be conducted to understand the circumstances and, where appropriate, adjust the benchmark. Temporary changes related to illness, leave, or clinical responsibilities will be considered as part of that review.

Dual practice approval is not permanent and requires physicians to continue meeting program eligibility requirements, including maintaining appropriate public system participation and supporting public system performance. ACA does not revoke physician privileges; however, continued participation in the dual practice program is dependent on ongoing eligibility.

Q: What if I want to increase my private practice over time and reduce public hours?

A: The 6-month review (Spring 2027) will assess whether the current approach can evolve. If broader public access targets are being met, there may be flexibility to adjust benchmarks. Any such changes would require formal approval through the program.

Q: I'm planning to reduce to part-time or retire within the next few years. Can I still participate?

A: Yes, you are still eligible to apply and are subject to the same program requirements. Discuss your plans with ACA as part of your application. Once flexibly participating, discuss any changes to your circumstances that affect your ability to meet your public requirements with ACA.

Reporting

Q: How much administrative burden does reporting add?

A: Case logs will be submitted monthly, initially. ACA is designing the reporting system to minimize administrative burden. A transition period will be provided for physicians who need to establish or upgrade IT and reporting capabilities. The reporting framework will be reviewed once the system is established.

Q: Will my private surgery data be made public?

A: Not immediately, but aggregate data on private surgical volumes may be reported in the future. Government is currently reviewing policy on public reporting. Government has committed to transparency while protecting individual physician and patient privacy. Aggregated, anonymized data on private surgical activity may be publicly reported over time. Identifiable data will not be made public.

Q: What records must I give patients before providing a private service?

A: Before providing any non-Plan service, you must use the Ministry-approved form and give the patient written notice of: (1) your flexibly participating status; (2) the nature of the service as a non-Plan service; (3) the fees you are charging; and (4) the patient's payment responsibilities and ineligibility for reimbursement under the AHCIP; and (5) the alternative options for receiving care through the AHCIP. You must keep a record that this disclosure was made.

Location

Q: Where can I provide private pay services?

A: Privately paid surgical and endoscopic services may only be performed in non-hospital surgical facilities accredited for the specific services to be provided. Public resources must not be used for any aspect of a privately paid service, including the surgery itself and all pre- and post-operative care.

Hospital and Surgical Health Services and ACA are working to develop a model that supports hospital-based dual practice to leverage underutilized operating rooms and help attract and grow Alberta's surgical workforce.

Insurance & Professional Risk

Q: Will my current CMPA coverage cover dual practice activity?

A: You must verify this directly with CMPA. CMPA membership categories may need to be updated to ensure coverage for privately funded elective surgery at non-hospital facilities. Do not assume existing coverage is sufficient — contact CMPA before performing any private procedures.

Q: What happens if a patient has a complication from a private surgery and needs public system care?

A: You remain responsible for continuity of care and must have a plan in place to monitor patients following surgeries and provide follow-up care. Patients should not generally be referred to the public system for routine follow-up care related to a privately funded procedure. However, patients will not be denied access to medically necessary public healthcare services. Referrals to the public system may be appropriate when a patient requires urgent, emergent, cancer-related, or other life-threatening care.

Q: If a complaint is made about my private practice, who handles it?

A: The CPSA remains the regulatory body for all professional complaints, regardless of whether the care was provided publicly or privately. Complaints about private care are handled through CPSA's existing processes. CPSA is developing additional guidance specific to the dual practice context.

Patient Discussions and Referrals

Q: When can I talk to a patient about private care options?

A: You may discuss private care options at the point of referral or assessment, where clinically appropriate. Urgent and emergent cases must be referred through the public system. For elective cases, you may inform patients that private care is an available option, but patients must not be pressured, available alternatives through the public system must be presented, and they must be placed on the public waitlist if they wish.

Q: Can I refer my own public patients to my private practice?

A: Patients should be assessed for urgency and, where the condition is urgent or emergent, must be referred through the appropriate public pathway.

Where a patient is classified as elective, you may inform them that private care is an option. All public options should also be presented. A patient who chooses to remain on the public waitlist must not be disadvantaged or pressured. The decision to access private care resides only with the patient.

Services and Fees

Q: Can I set my own fees for non-Plan services?

A: Yes. As a flexibly participating physician, you set your own fees for non-Plan services. There is no government-regulated fee schedule for privately paid services.

However, your fees must be consistent with CPSA standards on reasonable and transparent fees. You must disclose the exact amount you will charge to the patient in writing before providing the service, and the patient must agree to pay that amount before care begins.

Physicians are encouraged to ensure their fees reflect the full cost of the non-Plan service, including all associated pre- and post-operative care, as these cannot be billed through the public system.

Q: Can I provide both public and private services to the same patient?

A: Yes. A patient accessing a private (non-Plan) service for one procedure retains full entitlement to publicly insured services for any other unrelated services or procedures.

However, once you begin providing a non-Plan service, you are responsible for all associated care related to that service — including pre- and post-operative care. You must not bill the public system or refer the patient to another physician through the public system for any follow-up care related to that private procedure.

Q: Can I advertise my private surgical services?

A: Yes. Advertising must be consistent with CPSA advertising standards and must not mislead patients about their options or rights.

Registry & Transparency

Q: Will there be a public registry listing physicians approved for dual practice?

A: Yes, Government will be working with the CPSA to establish a list of approved flexibly participating physicians. Physicians will be notified of this requirement upon registration.

Governance and Oversight

Q: Who is overseeing dual practice?

A: PPHS is working with Hospital and Surgical Health Services (HSHS) to set the overall rules for dual practice and ACA is operationalizing these rules. A tri-party governance committee will provide ongoing monitoring and oversight for dual practice. The committee will provide a formal governance structure for discussion and resolution of monitoring and oversight issues.

ACA oversees and monitors publicly funded acute care and surgical services, including public surgery volumes. They are well positioned to determine and operationalize specific requirements as part of its role overseeing surgical services.

Contact & Further Information

For application-related inquiries, contact Acute Care Alberta (ACA):

Website: acutecarealberta.ca/dualpractice

For policy and regulatory inquiries:

Primary and Preventative Health Services (PPHS) — alberta.ca/dual-practice

For professional standards and complaints guidance:

College of Physicians and Surgeons of Alberta (CPSA) — cpsa.ca

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This document is intended for physicians considering application to the Alberta Dual Practice Program. Content is current as of September 2026 and will be updated as the program evolves.