SRPC Transition to Practice Guide

Supporting Residents Transitioning to Rural Practice

This guide was developed by the **First Five Years in Practice Committee of the Society of Rural Physicians of Canada (SRPC).**

It is intended to serve as a resource for residents preparing to enter rural practice, offering insight, practical tips, and peer-informed guidance during this pivotal stage of training and career development.

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Feedback Link

Please help us improve this guide!

https://docs.google.com/forms/d/e/1FAIpQLSeGa_UKCu7NRwZNEmfU0XYRGlvwxeLA7hp6xf-wxFb2e7X92A/viewform?usp=header

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General Transition to Practice

Paperwork

Leave yourself enough time to get everything in order! Usually a couple of months. Starting work on July 1st is possible, but logistically challenging. Consider taking a break - you've earned it!

Examinations

Step one: Pass your CFPC or Royal College exams!

- CFPC exam sittings usually April & October
- Royal College usually once a year

…And if you don't pass, don't stress! You will still become staff, and can work under a provisional license until the next exam sitting.

College Licensing (refer to provincial/territorial guides for details)

- This takes the most time! Generally can't start until you have your CFPC results
- Started through PhysiciansApply.ca and completed through the provincial/territorial college
- Documents to have on hand for licensing (most will already be in the system from CaRMS applications): see national overview table for details for each location
    - Generally, you will need CV, references, proof of passing MD & specialty examinations, certificate of professional conduct for each place you have worked including out-of-province electives, criminal record check (depending on how long it's been since your last one)
        - MCC fee $228 per credential source verification fee for medical school or residency done outside Canada & USA. These documents may also need to be notarized.
- Likely will need proof from CFPC/Royal College of status change from resident to practicing physician - download from their website

- LMCC - no longer require LMCCQE II examination as of 2021, but need to pay the MCC $260 LMCC application fee to obtain medical license - can do any time after 12 months of residency have been completed. Requires verification of completion from your residency program, may take 3-4 weeks to be approved if they haven't verified your completion yet (otherwise immediate upon payment)
    - Not required for practice in Manitoba

Hospital Privileges

These are required for any in-hospital work. They lay out what you are allowed to do in the hospital.
Generally it takes at least a few weeks, but can be done very fast (same day, even!) if a place has urgent coverage/locum needs.
You will need to contact your provincial/territorial health authority to organize these. If your province is divided into health regions/zones, you will have to apply for each zone, or possibly each facility.

- As a locum, you will need to provide your start and (probably) end date. It's very easy to extend if you are planning on extending your locum contract. Some places only need a start date and will check in periodically if they need to extend. Some locations will reach out when you need to renew.
- Consider keeping privileges (renewing) rather than re-applying later, if allowed, and applying for the broadest privileges you qualify for. It's easier to prove that you have the experience to allow you to practice specific skills coming out of residency (and then retain those privileges) than trying to prove it later. If you had to keep a procedure log in residency, you may have to submit this for proof of skills.

You may need to provide evidence of certifications (see 'Certifications and CME', below).
This may involve an interview, particularly for long-term/permanent positions.
Ensure you have a headshot available for ID.

Billing Numbers

Different processes across the country, see Provincial & Territorial guides for details.
Generally, you can apply once you have your license number.

There may be multiple numbers (e.g. for providing healthcare for injured workers, people injured in an MVA, or military/RCMP/federal employees). Clinics you work at may be able to help you set these up.

Keep these numbers readily available (e.g. in a note on your phone), particularly if you work in more than one place and will need to provide them for different contracts.

Certifications and CME

Generally, consider taking the following courses, which may be required for hospital privileges:

- ACLS - required for most hospital work
- ATLS - required for most ER work (CARE course may be considered equivalent)
- NRP - required for most OB work, and may also be required for ER if ERPs respond to Code Pink or are back-up/on-call e.g. C-section baby doc
- These courses may be offered for free or at a low cost at rural or regional hospitals, and/or have reimbursement available through rural CME programs. Taking them locally allows you to practice with the team you actually work with!
- See if courses are offered as refreshers at the end of residency - it's often cheaper as a resident!

CME tracking:

- Done through CFPC MainPro+, Royal College Maintenance of Competency (MOC) or Collège des médecins du Québec
- 5-year cycle - minimum credits per year and per 5 years
    - May need to include a minimum number of credits in specific categories (certified assessment credits for MainPro+, feedback-received credits for MOC)
    - May be able to get an extension if on leave
- Enter CME credits from courses taken during residency: CFPC Mainpro+ allows you to carry over 40 credits, and Royal College MOC can carry over 25 credits
- Keep certifications and proof of completion easily accessible (e.g. in a single folder on your computer)

CMPA

You'll need to inform the CMPA that you're starting independent practice. From https://www.cmpa-acpm.ca/en/membership/transitioning-to-practice (March 2026):

- Add an end date to your current protection.
- Select "Add another."
- Enter your new type of work (TOW) code. - *choose the narrowest code that includes all types of work you will be doing*
- Select the applicable province/territory of your new practice.
- Enter the start date of your new practice.
- Add licensing details if applicable.

Common Type of Work codes for rural practice:

- Family medicine is 35
- Family medicine + ER is 73
- Family medicine + ER and OB/anesthesia is 78 - pick this if you are doing OB and/or anesthesia, even if you are not doing ER
- https://www.cmpa-acpm.ca/en/membership/fees-and-payment includes all Type of Work codes and the associated fees

Fees:

- Every jurisdiction except NWT/NU will reimburse your CMPA fees
- If you work in multiple jurisdictions, they will likely ask you to declare which place you are claiming reimbursement from, and/or for which months

Associations

Consider which associations are mandatory, and which ones will bring you value. Some common ones to consider:

Organization	**Benefits**	**Typical cost (annual)**
Society of Rural Physicians of Canada	Conferences Rural advocacy Training opportunities	~$540, discounted in 1st year of practice

	Networking First Five Years of Rural Practice Committee	
Provincial/Territorial Medical Association	Vary by location, may include: CMPA reimbursement Discount programs Maternity/parental leave programs	Generally ~$1500-2000
CFPC/Royal College	Needed for MainPro+/MOC access for CME reporting (required for CFPC licensing, except in Quebec)	~$1000

Renewals and maintaining licensing

You will likely need to do annual renewals (with associated fees!) for:

- College license - keep track of hospital privileges (location & type, e.g. locum, temporary, permanent) for this
- CMPA
- Association memberships
- Contract
- Hospital privileges

Finding Work

Scheduling

Make sure to plan breaks! In your day, week, month, and year.
Don't book too many months ahead, whether for locums or your own practice schedule, so you can rearrange if needed.

Don't forget that things will take longer in a new place where you're unfamiliar with the systems. In the first few weeks, you may also need extra time just to account for the responsibility of being an independent staff physician - no one is looking over your shoulder anymore, so you may want a few extra minutes to check your own work.

How to Find Work

- Ask former preceptors or at your favourite clinic/hospital from your training
- Sign up for your provincial locum program
- Provincial/territorial First 5 Years of Practice Facebook Groups (or national group if your jurisdiction doesn't have one)
- SRPC Rural and Remote Conference booths
- Provincial, Territorial, or local listings - there may be job boards, postings through your association(s), or recruiters for specific communities
- SRPC rural locum database

Locuming vs Having a Practice

Locuming	**Having a Practice**
No long-term patient responsibility	Long-term patient responsibility
Flexibility to book/take vacation	Need a locum/group coverage for vacation
Generally pays less, but can optimize earnings by taking last-minute or high-needs opportunities or specific work types	Generally pays more (incentives for longitudinal care/having a panel, retention bonus, can see your own patients faster because you already know the background)
Generally pay higher overhead %*, but no overhead if not working	Generally pay a lower overhead %, but pay even if not working
Working in multiple places means learning new systems, but can be a fun adventure	Stability of practice

*overhead cap at actual daily/weekly/monthly cost may be applied/negotiated

Some practices, often salaried, may have no overhead regardless of whether you are a locum or permanent physician.
Long-term locum positions (locuming for multiple providers at the same clinic, returning frequently to the same place/clinic, or providing a prolonged period of coverage for a single provider, e.g. parental leave) can be a happy medium for some people.

Locuming

The SRPC has a Rural Locum Database for SRPC members! *New as of April 2025*

Questions to consider asking before agreeing to a locum

- **All**
    - Days of work? Hours? Any after-hours or weekend clinics/responsibilities?
    - Scope of practice?
    - EMR or paper charts? If EMR, which one, and will you have remote access?
    - Will there be an orientation? (To clinic and any hospital areas)
    - How is billing done?
    - Overhead rates? *Look into what is appropriate in your area, as it differs across the country* - is it different for uninsured/private pay services?
    - Payment terms - if being paid a percentage of billings, do they pay based on what you've billed, right away, or what they've been paid for you? *Could come in over months and some billings may never be paid, depends more on how actively they follow up on unpaid claims*
    - Logistics:
        - How will you get there?
        - Where will you stay? Any leads from local medical folks or recruitment departments?
        - Where will you get groceries?
        - What do you need to bring? Household things, medical supplies if you're going to a different community
        - Any financial reimbursement/coverage for travel and accommodation?
        - If you fly to a location, is there a vehicle you can use or is a rental car included?

    - Any backup support for new grads (e.g. a 'buddy' experienced physician assigned to be available to you, formal second call)
- **Clinic**
    - How busy is the practice?
    - How does staff do booking for locums? Appropriate pace? Breaks? Can you request a pace that works for you even if it's different from what's usually done?
    - Will patients come see the locum? (In some places they may tell them there's a locum, patients don't book, and your schedule is half-empty…)
    - How do they deal with last-minute booking? Do they double-book?
    - Are there walk-in patients?
    - Who are the staff & team? Any allied health supports?
    - What office space is available to you?
    - What are your referral pathways?
- **Hospital**
    - Supports for consults, patient transfers
    - Back-up (e.g. on call)
    - Any support for getting hospital privileges?
    - Do you need to be set up with an account for dictation?
    - Do you manage your own inpatients vs. a hospitalist system in place?

What can I negotiate?

Different between each practice/location, but consider:

- Clinical: days/dates/hours of work, scope of practice, any back-up on call
- Financial: overhead rate, daily minimum rate, coverage for travel/accommodations

To Do Before a Locum

- Have a contract - can be formal, or simply an email stating the days/hours of work and payment methods that you've agreed to
- Any paperwork to get paid locally (e.g. BC has Assignment of Payment form, so the payments will go to the person you're locuming for, and they will pay you your portion from that)

Questions to Ask When Starting a Locum

- **All**
  - Who to refer to/how to find referral information (online or paper schedule? Call switchboard? List of local specialists in clinic?)
  - How & when to do billing - confirm that any necessary paperwork has been submitted, they have your payment information to pay you afterwards
- **Clinic**
  - Confirm lab results/inbox has been forwarded to you
  - Check booking schedule, calendar, call schedule if there is one
  - EMR & computer login working (go in early on the first day to make sure you know how to use everything)
  - Referral/re-referral process - how do these physically get handled? (e.g. do you write a note and send a task to MOA, or send directly in EMR, or something else?)
  - Parking, keys, alarm
  - Bathrooms - patient and staff
  - Head MOA or office manager's phone number - can you text them out of hours for logistics etc (e.g. locked out)
  - ER kit - available, what equipment
  - Telehealth: clinic phone or need to use own phone?
  - Where do patients go for labs, imaging? Can reqs be e-faxed from EMR, or need to print and have staff fax, or give to patient? Walk in or appt?
  - Prescriptions e-faxed from EMR or printed/written for patients?
  - Where do patients go for allied health, e.g. physio, RMT, counselling - list of local allied health?
  - Where to find supplies for procedures, including paps, ear flushes, lumps and bumps (including specimen jar)
  - Do you do your own urine dips, baby weights, blood pressures etc? If done by clinic staff, how do you get the results?
- **ER**
  - Location of:
    - ER trauma/code supplies/airway equipment
    - Peds resus supplies (do they have a peds crash cart or magic carpet?)
    - Major hemorrhage supplies including epistaxis and tourniquet
    - Basic procedure stuff e.g. sutures, kits, anesthetic, casting (and where to do procedures)
    - Go bag for transfers

        - Sterile gloves & N95s
        - Scrubs
        - Bathroom (patient & staff)
        - Any break/staff room, place to leave your things?
    - Resus - how does dosing work (weight-based or non-weight-based dosing)
    - How to access RT (local? On site?)/lab & x-ray/imaging call-in procedures
    - How to transfer patients & options (e.g. ambulance, air, water?) - centralized phone number?
    - How much blood is available?
    - Trop and dimer cut-offs and delta and repeat time for Trop, whether iSTAT (point-of-care labs run by nursing) trop is available if lab is not in house (call-in)
    - Are patients handed over at shift end or need to wrap up your own patients?
- **OB**
    - What's on the delivery cart
    - Familiarize yourself with NRP equipment
    - Know where to get PPH meds/what supplies they have (e.g. Bakri?)
    - For call groups:
        - Who rounds on post-partums/newborns? The delivering doctor or the on-call doctor?
        - How to know if there's anything going on when starting call - call unit? Handover from doctor?
        - How to know if there's anything booked (C-sections, inductions)
    - How to arrange NSTs, iron infusions, inductions
    - Where do ultrasounds get done?
    - Is there a specific lab/req/procedure for genetic screening?
    - How to do delivery notes and discharge records
    - Where to find scrubs and shoe covers, OR, call room?
- **Inpatients**
    - Location of charts
    - How to submit orders
    - Do you need to fill out your own requisitions or can you write them into the orders and a clerk will fill out the requisition?
    - Handover procedures
    - If relevant, call room location

- How nursing will be in contact with you for non-urgent requests (Notes in a physical box vs. phone calls vs. FYI notes in physical chart)

Starting a Practice

- Highly variable whether you are taking over/joining an existing practice vs. starting from scratch
- Also variable based on whether you are in a FFS/LFP/capitation or partial capitation/ salaried model
- Negotiate your split in a shared practice
- Ensure equal shared call requirements and find out what happens if one person is starting to do more
- Questions to ask before joining a practice
  - What EMR is used?
  - How is the shared inbox going to be reviewed?
  - How are shared payments (example: panel payments in BC) going to be divided?
  - How is admin done? Is it divided amongst the doctors? Run by someone external? Done by a clinic manager overseen by the doctors?
    - Supplies purchasing (are there local bulk orders done to share costs between clinics?)
    - Staffing model, hiring, wages
- Contract negotiations
  - Some considerations: whether you could be mobilized to a different site in a remote setting, what happens if you go over hours
  - Who can help you:
    - Reach out to your local provincial/territorial physician representative group (example: Doctors of BC has a contracts specialist who will review your contract for free)

Information for Joining an APP (Salary) Contract Job

- APP contracts are based on meeting the needs of a community
- Major financial benefits for joining an APP remote medicine job (retention bonuses and rural premiums)
- Some places also have other salaried benefits such as health benefits

- These contracts are usually based on a set of mandatory contract hours. If not meeting hours, income is reduced. If over hours, not guaranteed that you will be paid for these additional hours. Usually can make a case in rural places that hours are necessary to meet the needs of a community.
- No overhead with these contracts
- Counterpoint to this is that you have no control over who is hired in the clinic (PCAs) or any way to incentivize your staff. This can lead to it being a high turnover position.
- Clinics usually housed within a hospital or community clinic in a shared space
- Usually more restrictions/limitations on these clinics because they are housed within health authority spaces (if you want to introduce new equipment it needs to be approved as opposed to your own private clinic)

Teaching

Reasons to teach:

- Keeps you humble and honest, and is a good way to keep learning
- Opportunity to give back
- Be the preceptor you wish you had (or follow in the footsteps of your favorite preceptor)
- Gives you experience to apply for awards and credentials down the line
- May include perks including university email address, discounts, google drive, etc.

How to become an instructor:

- Each school is different
- Email the Faculty of Medicine, ask to apply as a clinical lecturer
- Email your CV
- May need to do a (simple) interview

Financial Stuff

Consider working with a financial planner, ideally not bank-affiliated, to get some advice and make a short- and long-term plan

Billing - Get PAID!

You will likely need a billing number - see provincial/territorial section for how to get one in your place of work
Various methods of getting paid, including:

- Fee for Service (Paid per patient interaction/visit)
- Capitation/Longitudinal Practice models for Family Medicine (Paid partly or fully based on number of patients in your practice)
- Service Contract (Paid per hour/day)

Consider what will work best for you based on your practice style, work type, and what is available in your community
You may also get bonus payments or payments for teaching, attending meetings, etc. separately
In most models other than service contracts (still may need to shadow bill), there will be billing codes (different from province to province/territory) - most places will have a cheat sheet for common ones, keep it handy! Or work with a billing agent who sorts through it for you based on the work you did

Loans

Line of Credit

You may need to notify your bank that you are graduating residency
All banks should be able to convert your student line of credit into an ongoing professional line of credit with the same interest rate and limit

Student Loan Forgiveness

May apply depending on where you're working
Consider whether student loans may be forgiven before consolidating with bank loans/line of credit
May have loan forgiveness through Canadian or provincial/territorial programs, or may be a signing perk of some contracts (e.g. BC New-to-Practice contracts)

Canada Student Loan Forgiveness

https://www.canada.ca/en/services/benefits/education/student-aid/grants-loans/repay/assistance/doctors-nurses.html

As of 2024, Canada Student Loan forgiveness requires no more than 30 days gap in qualifying rural work in order to qualify
To submit your application, you'll need the form signed by each of the places you worked - this can be by an office manager or a doctor you worked for (someone you locumed for, or clinic/hospital medical director)

Provincial/Territorial Loan Forgiveness

Different by jurisdiction (where you borrowed from, not where you're working)
You may want to base how quickly you pay your loans off on what the interest rate for that loan is (e.g. the Canada portion has 0% interest, so consider making the lowest possible monthly payment if it's going to get forgiven anyways)
Student loan interest that you have paid can be used as a tax credit

Common costs at the end of residency/start of practice

Exams
Moving or travel (see if you can get reimbursed!)
Licensing and College fees (see provincial/territorial section)
Memberships in associations - generally more expensive than as a resident
CMPA
Overhead if working in a private clinic
CME courses
Insurance
Life - mortgage/rent, groceries, car, utilities, phone, etc.
Emergency costs (save some funds in case of emergency)
Savings - including registered accounts if applicable (RRSP, TFSA, FHSA, RESP)
Leisure/pleasure! - You've worked hard, this may be the time that you can start spending more on yourself!... within reason :)

Insurance

Needs will depend on your situation in life (student loans? Mortgage? Other debts? Dependents?)
Most people need disability insurance and term (NOT whole) life insurance
CMPA
May also consider overhead expense insurance (pays your overhead if you can't work), critical illness insurance (lump sum payment if you get particular illnesses)
Signing up in residency or immediately after may allow you to avoid needing to do a medical examination
Ask other people in your area about different insurance provider options, as there are many!

Taxes

Income tax is no longer deducted from your pay before you receive it, like in residency. This means you need to set some money aside (typically 30-50% of each pay cheque) so that you can pay your taxes!
Generally, people will put this in a high interest savings account (safe investment).
If you have a line of credit balance from training, some people will choose to put the money they are saving for taxes towards the LoC balance and then withdraw at tax time, to save on the interest costs in the interim.

Stay Organized

Do it from the beginning!
There are lots of apps available for organizing receipts
Some people like to have a separate bank account for work income & expenses, so that you know everything going in and out of that account is work-related
Keep track of both income & expenses - some people like to do this in a spreadsheet
You may get asked to pay installments starting in your second (or later) year of practice, depending on how high your income/income tax the previous year is. These only need to be paid if requested by the CRA - watch for a notice from them in the spring or summer

Income

May come from multiple sources (provincial payor, clinic(s), health authority, provincial/territorial body, university, etc.) and not all will provide a tax slip at year-end like in residency, so you need to keep track yourself
Reimbursement for expenses counts as income

Expenses

Anything that you spend to earn income is considered a business expense
You still pay for things that you "write off" as expenses, but you pay with pre-tax dollars: $1 of earned income counts as $1 towards a business expense, whereas, if your tax rate is 40%, that $1 becomes 60 cents to spend on personal expenses
You can write off the same expenses whether you're incorporated or not (with some minor exceptions), so this should not be the reason why you incorporate
Overhead: it's equivalent to include all your billings in your reported income and then "write off" overhead paid as an expense, versus only reporting post-overhead payments received as income and not claiming overhead as an expense

- Reporting full billings and overhead expenses makes more sense if you have a practice where you receive your full billings and pay overhead monthly or after the fact
- Reporting post-overhead income makes more sense if a clinic is only paying you post-overhead amounts

Common expenses for doctors (see CRA website for complete list):

- Licenses/dues/memberships (e.g. provincial/territorial College & MD association, specialty associations, SRPC)
- Education (CME; conferences are "courses" so the "2 conventions per year rule" doesn't apply)
- Supplies (office supplies, medical supplies)
- Travel (between workplaces or to/from locums in different communities, NOT from home to usual place of work; travel expenses can include transportation, accommodation, meals)
- Insurance (CMPA, health, overhead, NOT disability or life - pay these personally if not incorporated, can consider having corp pay life insurance if incorporated)
- Legal & accounting fees
- Phone & utilities (including a percentage of home utilities if you have a home office)

- Rent: clinic space, percentage of home rent if you have a home office
- Meals with colleagues/learners (only 50% counts as an expense)
- Moving

Other

Depending on where you live, you may qualify for northern residency tax benefits, which can be quite substantial

Incorporation

- General idea: Pay lower tax now on money you're saving (corporate tax rate << personal tax rate on most doctors' incomes), let your investments grow, and withdraw at a lower personal tax rate later (e.g. in retirement), saving in income tax overall
- Generally should pay off [most] debt, fill registered accounts (over a long period of time, they pay off similarly & have less chance of being changed by the government), and have $50-100,000 remaining annually to save before incorporating - so for most people, this is NOT the right decision immediately/shortly after finishing residency, and may never be the right decision
- Need to get a license for this from your provincial/territorial College & renew annually
- Can take several months from the time you apply to when you actually become incorporated
- Once incorporated, can choose the date for year end of your corporate tax year (does not have to be April like personal taxes)
- Some contracts can be paid to a medical corporation, but not all, so this should be confirmed if planning on signing a service contract
- Comes with annual accounting & legal fees

Should I incorporate - Information from Stefan Scott (a FFS Financial Planner)

- This is a very common question among early career physicians and there is a logical answer. Notice I used the word "should" and not "when". That was purposeful. The

benefits of incorporation used to be much higher prior to January 1, 2019, when the federal government basically put an end to 'unearned' income splitting within a small business corporation.

- Corporations are no longer the tax saving panacea they seemingly once were. One should analyze their own career/personal financial situation to determine whether or not incorporating makes sense. There are some general guidelines to help you make a decision as to whether or not incorporating would provide you with short and long-term benefits in the present. Keep in mind that these are guidelines, not specific instructions, as I do not know your specific personal circumstances.
- The question of whether to incorporate or not is not about how much tax you can save this year. It should be about how much tax you can defer or save over your lifetime and how much money will be left over in your pocket/investment accounts when you retire. The second aspect that one should consider, that I find helpful to think about, is how much personal after-tax dollar needs do you have in the next year? Three years? Five years? Etc…
- Also, for early career physicians, it is assumed that one has a fairly long investment horizon. Most early career physicians hope to work for 20+ years and live for 50+ years.

What should I do financially before I consider incorporating?

1. Max out your RRSPs. Why? As compared to the same investment inside a corporation, you can expect to have more after-tax dollars in your pocket after about 10 years. If you are eligible to open & fund an FHSA, add this to the list as well. The rationale is the same.
2. Max out your TFSAs. Why? As above, you can anticipate having more after tax dollars after about 15 years as compared to the same investment inside a corporation.
3. Pay off your line of credit? This one is (maybe) negotiable and depends on your comfort level with debt and current interest rates. But with today's interest rates, paying off personal debt is becoming more important than ever for early career staff.
4. Do you need more personal after-tax dollars for anything? Are you saving up for a house down payment? A vehicle purchase? A big vacation? Any other large purchases? Unexpected 'lumpy' (not annual) expenses? These are all typically paid for with personal after-tax dollars…
5. Once you've covered all the above, reevaluate. It will probably take you a few years to get there. By then, you may have met a partner, and need another $100,000 to fill up their TFSA. Maybe kids are on the horizon and RESP's become a consideration? Sometimes the proverbial personal after-tax dollar needs list never seems to end…

Once you've checked off all of the above and could legitimately leave about $50,000 or more in a corporation in retained earnings and invest that money, then you should consider incorporating.

There are some possible exceptions to these guidelines:

1. Parental leaves. There is the possibility of smoothing out income and experiencing some tax savings over a couple years if one is incorporated when taking parental leave. The general rule of thumb is that it is only worth incorporating for parental leaves if you are planning to take two or more leaves and they will be longer ones in the 9 to 12+ month range. Otherwise the cost to incorporate and the ability to spread out income & taxes over two calendar years becomes negligible or even null.
2. Extremely high earners (i.e. >$500,000/year). You may be able to 'kill two birds with one stone'. For example, if you can max out your RRSP annually and plan to pay down your LOC, fill TFSA's and come up with a downpayment over a two to four year horizon, while simultaneously retaining and investing $50,000 to $100,000+ annually in an MPC, this is a tactic worth considering.
3. Scientific Research & Experimental Development (SR&ED) Credits. Incorporated physicians who spend significant time on qualifying research and educational activities may benefit from tax credits to a corporation that offsets salary costs. There are nuances and filings required for this programme to learn about and consider, if it applies to you.

I find too many physicians incorporate too quickly out of residency and then spend the next decade wondering why they did so. They pull all of their money out of the corporation onto the personal side to cover the above mentioned costs and do not benefit from a corp's primary benefit: keeping retained earnings in the Corp, deferring some taxes and investing that money wisely and over the long-term (after maxing out your personal registered accounts!).

I also find that physicians who earn about $200,000-$350,000 a year fall into a grey zone. Depending on their lifestyle and living expenses, it may never make financial sense to incorporate in this salary range.

Other things

Wellness

A tired doctor is not a good doctor. Saying 'no' is allowed, normal, and healthy - and no one else will say 'no' for you. Self-care needs continuous work.
Ask for help if you need it. Some potential resources:

- Podcasts, books
- A friend you can trust
- A mentor
- A counsellor (consider Provincial Health Programs for doctors)
- SRPC First Five Years of Rural Practice Facebook group (SRPC members only)

A few other things to consider doing before you finish residency:

- Practice inbox management (what are you going to do with that INR of 3.2? How soon should this patient be recalled?) - consider seeing if you can manage your preceptor's inbox for a week or two
- Establish good charting habits early - e.g. trying to chart all or part of your note during the visit in front of the patient or immediately after leaving the exam room, developing macros/templates for common visit types, using dictation systems if you wish to
- Consider trying out an AI scribe if charting is something you struggle with

How to Start Working in Every Province and Territory

Click on the Table below to access the full sheet online.

Transition to Practice Guide : Sheet1

	British Columbia	Alberta	Saskatchewan	Manitoba	Ontario	Quebec	Newfoundland & Labrador	New Brunswick	Nova Scotia	PEI	Yukon	Northwest Territories	Nunavut
COLLEGE LICENSING	CPSBC	CPSA	CPS	CPSM	CPSO	CMQ	CPSNL	CPSNB. Atlantic license available	CPSNS. Atlantic License available	CPSPEI. Atlantic license available	YMC	Gov of NWT/ NTHSSA	Gov of Nunavut - can get w/NWT
Cost	$900 application, $1800 license	$2000 annual + $1235 initial fees	Registration $450; $2170/yr (prorated per month)	$2,265.00/year	$1725. + $1035 application fee for first time Independent Practice applicants	$875 for application, ~$1200 for license	Application $450, license $2300	Application $450, Registration $300 License $2300	Application $350 Registration: $300 Licence: $2300 (prorated if <1yr)	Registration: $300 License: $400-2300 (4-52 weeks)	$400 + 200	Application $108, license $215 - $215 reimbursed after first locum	registration $100, annual license $200
Required documents for license:													
MD certificate	Yes	Yes	Yes	Yes	Yes	Yes - photo of it	Yes	Yes	Yes	Yes	Yes	Yes	Yes
LMCC certification	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CFPC/RCPSC certification	Yes	Yes		Yes	Yes	Yes	Yes	Yes - or American boards	Yes	Yes	No	Yes	No
MINC number	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
CV	Yes	Yes	Yes	No	Yes	For hosp privileges	No	No	No	Yes	Yes	Yes	Yes
Criminal record check ± vulnerable sector search	Yes	Yes	Yes	Yes	Yes	For hosp privileges	No	Yes	Yes	Yes	No	Yes + vulnerable sector search	No
References	Yes	Yes	Yes	For hosp privileges	No	For hosp privileges	No	Yes	Yes	No	Yes (3)	Yes (3)	Yes (3)
Certificates of Professional Conduct from prior registered colleges (incl during med school)	Yes	Yes	Yes	Yes	Yes	Yes, FROM CMQ, but free/inexpensive?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Name change documents, if applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
English Language Proficiency certification, if education not in English	Yes	Yes	Yes	Yes	Yes	FRENCH language proficiency	Yes - or French	Yes	Yes	Yes	No	No	No
Time required	6-8 weeks, start max 3 months prior to start date	2-4 weeks (minimum)	1-2 months	3 months	5-6 weeks	Few weeks			Up to 2 months, usually 4 weeks	2 months	2-4 weeks	6-8 weeks	4 weeks
Local licensing (e.g. regional, hospital) also required	Yes - for each hospital	Zone privileges for each hospital	Require privileges for each zone and hospitals	Yes	Yes - for each hospital	Yes - for each hospital. License also location-based	Yes	Yes, through health network	Yes, via NS Health	Yes, via HealthPEI	Yes - hospital privileges	Yes - hospital privileges	No
PAYMENT													
Payment models available	Fee for service, Sessional/APP, Hourly/daily rate, Longitudinal Family Physician (LFP), New-to-Practice (NTP) contract	Fee for service (mainly), Sessional, Hourly/daily rate PCCM longitudinal payment model for FM from April 1st, 2025	FFS, contract	Fee for service, sessional, hourly/daily rate available	Long term/permanent: FFS, capitation, RNPGA, APP Locum: FFS, AFP/AFA, Rural locum programs	Fee for service, hourly, or combined - your choice	FFS, salaried, daily sessional rates. Some discussion about blended capitation but I don't think it's widely used		Fee for service, Longitudinal Family Medicine (hours + roster + 30% of FFS)	Fee for service, hourly, salary (depends on work type)	Fee for service for clinic, FP-OB, ER, hourly for hospitalist	Daily rate with call stipends and hourly call-backs when on call	Daily rate (based on service covered), hourly call-backs when on call
Billing number	yes	PracID	Yes (through MSB)	Yes	Yes	Yes RAMQ	Yes - MCP		Yes	Yes	Yes - issued by Yukon govt	No (license number issued, not required for billing)	Yes
Time required		1 month... can be 2 weeks if need be	3 weeks	3 months	Up to 6 weeks	3 weeks			Few weeks	~4 weeks	Up to 6 weeks	Up to 6 weeks	Up to 6 weeks
PROVINCIAL/TERRITORIAL DOCTORS ORGANIZATION	Doctors of BC, not mandatory	Alberta Medical Association, not mandatory	Saskatchewan Medical Association (SMA)	Doctors of Manitoba	OMA, mandatory	FMOQ (FP)/FMSQ (specialists)- mandatory	NLMA, mandatory	New Brunswick Medical Society, mandatory	Doctors of Nova Scotia	MSPEI - mandatory	YMA, not mandatory	NWTMA, not mandatory	None
RURAL RECRUITMENT AGENCIES/LOCUM POSTINGS AVAILABLE	Yes: Locums for Rural BC, Healthmatch BC	AMA locum program	Yes through Saskdocs	Yes. Ongomizwiin	Yes - HFO	No	Through NLHS https://nlhs.service-now.com/nlhsjobs?id=sc_category&sys_id=2e7306fa1bccf5101355cbf2604bcb48			Yes	Yes	Sort of (practiceNWT social)	No

British Columbia

College Licensing

- Steps/how to access:
  - https://www.cpsbc.ca/registrants/current-registrants/registration-and-licensing
  - Submit PhysiciansApply.ca Application for Medical Registration

    - College reviews & emails secondary application package, e.g. requesting CPCs if applicable, reference letters, English language proficiency documentation if applicable (may be fast-tracked if you have a full, independent practice license from elsewhere in Canada)
- Cost:
    - $235 (MCC Application for Medical Registration - applies to each application submitted through PhysiciansApply) + $665 registration fee to apply
    - Annual fee for college licensure:
        - $1900 full license
        - $300/month for locum license (up to 3 months at a time for general locum license, or annual locum license available if planning to do 3+ locums of up to 3 months in the year and *also* maintaining a practice outside of BC, to avoid having to repeatedly reapply)
- Documents or references required
    - Certifications: MD, LMCC (or international equivalent), CFPC/RCPSC, MINC number
    - CV
    - Certificates of Professional Conduct if previously registered with other colleges including during medical school, dated within 60 days of intended start date of practice in BC
    - Name change documents, if applicable
    - Criminal record check with vulnerable sector search
    - ID, if not previously provided to CPSBC - 2 pieces, 1 must be notarized copy of either birth certificate or passport
- Time frame
    - Takes 6-8 weeks
    - **Do not apply more than 3 months prior to planned start date**
- Regional licensing: none
- If you are applying for BC as a 2nd license, it can be fast-tracked and does not require references. Must agree to send a yearly CPC from the other provinces in which you work.
- License will be renewed at the beginning of each year (prior to March 1) after initial application
    - CPSBC will email in late December or early January to advise
    - Go on CPSBC portal and complete renewal application form - keep records of hospitals that you have privileges at, and what kind of privileges, for this

- Pay annual fee

Local licensing

- Will need to get privileges at each facility (hospital) you work at
- Once you have it in one health authority, easier to get at other health authorities or other facilities within that health authority
- Need CV, references, proof of certifications (ACLS, ATLS, NRP, ALARM, etc) dependent on specialty/scope
- Will be asked to indicate which privileges (specific medical work/procedures) you are capable of providing - best to ask for everything you are qualified for
- Once granted, they will arrange IT training for that site, headshot for badge, swipe card for access if applicable

Doctors of BC

- Consider joining Doctors of BC, the provincial body representing doctors in negotiations with the provinces and providing overarching services for doctors; on an individual level also provides funding for CME, full CMPA fee reimbursement, benefits for contributing to your TFSA/RRSP/other retirement account annually, parental leave benefits, insurance programs, and discounts with various other organizations/companies

Payment

You need an MSP billing number to get paid:
https://www2.gov.bc.ca/assets/gov/health/forms/2991fil.pdf

- Once you have your MSP number, you can request payment by direct deposit instead of cheque: https://www2.gov.bc.ca/assets/gov/health/forms/2832fil.pdf

Other payment numbers required:

- WorkSafe BC - https://www.worksafebc.com/en/health-care-providers/provider-types/physicians
- ICBC - https://onlinebusiness.icbc.com/eforms/dotcom/jsp/CL488A.jsp

Different ways to get paid in BC:

- Fee for Service (FFS; paid per patient visit & what you did in that visit, plus some bonuses for longitudinal care of patients in clinic)
- Longitudinal Family Physician (LFP; paid per hour of direct & indirect care, plus per patient visit, plus quarterly amount for patients rostered to you; as of April 2025, can be billed in clinic, acute inpatient care, pregnancy and newborn care, and long-term care)
- Alternate Payment Plans (APP; contracts, salaried based on hours or days of service)
- Locums
    - Locums for Rural BC: daily rate plus stipend for providing on-call services, also covers travel and accommodation costs https://www.locumsruralbc.ca/
    - When locuming, will need to sign Assignment of Payment form for each clinic/doctor, to allow the province to send your billings at that clinic to them directly, and they will pay you from that

Rural work comes with multiple bonuses:

- Rural Retention Programs (percentage top-up on billings for everyone and flat fee if staying permanently in the community)
- Rural Enhancement Emergency Fund (REEF - paid to rural ER providers, distribution determined by each department)
- Recruitment and retention funds
- CME funding for permanent rural doctors or anyone who is planning to participate in the Rural Locum Programs

BC Family Doctors has a simplified billing guide for both Fee for Service and Longitudinal Family Practice models: https://bcfamilydocs.ca/

If you are working in 1 community and doing Unassigned Inpatient, Maternity or Long Term Care, see if they have a Family Practice Services Committee (FPSC) network to sign up for (provides quarterly payments)

Finding work

Locums for Rural BC - for FP±ER/OB (in communities with 7 or fewer FPs), FPAs, and Specialists

BC Health Careers (https://bchealthcareers.ca/explore-roles/physicians/) - both short- and long-term job opportunities

Division of Family Practice - most have someone who does recruitment and retention

Facebook pages/groups: First Five Years in Family Practice BC, Family Physician Job Opportunities - BC, Vancouver Island Family Physician Locum and Job Opportunities

SRPC Rural Locum Database locumfinder.srpc.ca

Other

E-consult/RACE Accounts - same day or same week advice from specialists, sign up online
Triplicate Rx pads ordered through the CPSBC
Join Division of Family Practice for your area
Consider applying for UBC Clinical Faculty Appointment
Pathways is a resource specific to your division with information about specialists and wait times as well as patient handouts that can be emailed directly to them
If you won't have a single hospital/clinic that you're working at, sign up for Excelleris Launchpad to receive lab results electronically through an online account: email support@excelleris.com to get registered

Alberta

College Licensing

- CPSA Registration: https://cpsa.ca/physicians/registration/
- Submit a review of qualifications to physiciansapply.ca, then if CPSA deems you eligible, submit your full application also on physiciansapply.ca
- Cost: $2000 for permit (annual, varies) + $1235 minimum initial registration fees
- Required documents:
    - Certifications: MD, LMCC, CFPC/RCPSC, MINC number
    - CV / Medical education history
    - Certificates of Professional Conduct if previously registered with other colleges including during medical school
    - Name change documents
    - Criminal record check with vulnerable sector search
- Time frame - whole process can take approximately 1 month, start as soon as you get your CFPC exam results

Local licensing

Hospital or health authority privileges – contact AHS Medical Affairs representative for the zone or site you plan to work in & they help with form

https://www.albertahealthservices.ca/medstaff/medstaff.aspx

- IT training - AHS My InfoCare, Connect Care training - Medical Affairs will advise & arrange this for you, but DO contact them well in advance of your first shift as this can fall t through the cracks, you don't want to show up on day 1 unable to log in
- AHS IT Service Desk: 1 877 311 4300

Alberta Medical Association - https://www.albertadoctors.org/
-Benefits of being an AMA member: access to certain one-time payments and reimbursements (e.g. PRRSP program for non-urban providers, CME reimbursement)

Payment

https://www.alberta.ca/health-professional-business-forms
You will need a PracID (Form AHC11234). With each clinic you work at, you will need a separate billing arrangement number (Form AHC11236)
Email: health.pracforms@gov.ab.ca if you need help
WCB Alberta - form C724 to register
https://www.wcb.ab.ca/resources/for-health-care-and-service-providers/forms-and-guides/
Rural work payment: typically fee-for-service (you bill Alberta Health directly), or can also have a salary/contract agreement with the site. AHS pays rural on-call stipends for some sites.
Billing tool: AMA Fee Navigator https://apps.albertadoctors.org/fee-navigator/

Finding work

AMA PLS board if you sign up for the program

AHS Doctor Jobs (official listings, but not comprehensive)
https://doctorjobsalberta.albertahealthservices.ca/
SRPC Rural Locum Database locumfinder.srpc.ca

Other

Triplicate Rx pads- apply through CPSA TPP program https://cpsa.ca/tpp-alberta/?highlight=tpp

Saskatchewan

College Licensing

- Apply through physiciansapply.ca
- Cost:
    - Registration $450
    - Locum license (<4 months) is $455/month to a max of $2270
    - Full year license $2270
- Required documents:
    - Certifications: MD, LMCC, CFPC/RCPSC, MINC number (requires signing an authorization form)
    - CV / Medical education history
    - Certificates of Professional Conduct if previously registered with other colleges including during medical school
    - Name change documents
    - Criminal record check with vulnerable sector search
    - References x 4, one must be from PD if under 3 years from out of residencyF

Manitoba

See table for most info
Cost: annual license $2480
Can get a fast-track license if already fully licensed in another province or territory: https://cpsm.mb.ca/registration/applying-for-registration/fast-track-registration-manitoba
Must attend virtual group orientation from College after license is granted
Triplicate Rx pads -CPSM recently started M3P templates for regulated medications. They can be filled in the EMR, so triplicates aren't really necessary

Family Doctor Finder: "Private FFS Family physicians contact Family Doctor Finder requesting support in having patients referred to them based on what physicians identify they can accommodate".

- Shelly Smith (Manager Health Services)
    - Phone: 204-791-7848

    - Email: ssmith49@wrha.mb.ca
- Staci Sims (Coordinator FDF)
    - Phone: 204-940-1988
    - Email: ssims@wrha.mb.ca

Ontario

CMPA

The MOHLTC reimburses 80% of the Ontario CMPA fees, but you will need to sign up for this through the Medical Liability Protection Reimbursement Program if you have not previously done so. Out of pocket will range from $1025 for Family Medicine (35), $1765 for Family plus deliveries/surgery/anesthesia/ER (73/78), or $2205 for primarily ER practice (82). See 2024 reimbursement schedule.

College Licensing

- Steps/how to access:
    - Apply at cpso.on.ca
    - Initially complete a Self-Screening Questionnaire which determines your eligibility and ensures you have all of the necessary documents and qualifications. Once complete you will fill out the application and upload all of the required documents.
    - The application may be fast-tracked if you have a full, independent practice license from elsewhere in Canada
    - You will need to complete the New Member Orientation modules which require 2 hours to complete along with your application
- Cost:
    - Annual fee for college licensure:
        - $1725 full license
        - $1035 application fee for first time applicants of the Independent Practitioner license
- Documents or references required, not required to be notarized
    - Evidence of Canadian citizenship: upload a copy of your passport

    - MD: upload a copy of your MD degree
    - Medical School Transcript: ask your medical school to send a copy of this on your behalf to the CPSO
    - CFPC/RCPSC: Your exam results are typically sent to the CPSO on your behalf directly from your respective college, for CFPC these results are sent in June
    - LMCC: upload a copy of your LMCC card and your MCCQE1 results as separate files.
    - You will need to provide your MINC number, which can be found on portal.physiciansapply.ca
    - CV: upload your most updated CV
    - Criminal record check with vulnerable sector search (minimum level 2), must be conducted no longer than 6 months prior to date your registration will be issued
    - Certificates of Professional Conduct if previously registered with other colleges including during medical school/residency, if applicable.
    - Name change documents, if applicable
- Time frame
    - Takes 5-6 weeks
- Regional licensing: none
- License will be renewed in the spring of each year (prior to June 1) after initial application
    - CPSO will email in March/April to advise
    - Go on CPSO portal and complete renewal application form - keep records of hospitals that you have privileges at for this step
    - Pay annual fee

Local licensing

- For hospital based work, or rural sites which have their family medicine clinics closely tied to hospitals, you will be required to apply for hospital privileges
    - The required documents and applications vary, but generally require
        - A completed application form
        - 3 references. Occasionally it will be specified that they want specific references including your current chief, residency program director, colleague, etc

- CRC with VSC, up to date within the last 3-12 months depending on site
- Immunization records including covid & up to date flu vaccine
- TST, up to date within the last 6-12 months depending on site
- CV
- Proof of Ontario CMPA coverage
- Proof of CPSO license
- For ER, generally required to have ACLS and ATLS
- May also require PALS and/or NRP.

Registration with the Ontario Medical Association, the OMA, is a requirement. If you do not register with the OMA, they will garnish the membership fees from your billings and you will not be able to access the OMA Member benefits.

Payment

Getting a billing number - Submit a Provider Registration/Change Request Form at this website: https://forms.mgcs.gov.on.ca/en/dataset/on00574

- Takes up to 6 weeks

WSIB - sign up for an account and get your number on the WSIB website. Submit forms (typically Form 8 and FAF forms) through the Telus WSIB portal.
Toronto area physician and Youtuber Dr. Steph with Breaking Bad Debt has lots of videos which go over not only debt/finances, but also dives into the specific funding models.

Finding work

- Many jobs can be found through the Health Force Ontario website, HFO Jobs. You can filter by specialty, location, job type (locum/permanent), and dates.
- Facebook Group - Family Physician Job Opportunities - Ontario
- Cherry Health
- SRPC Rural Locum Database locumfinder.srpc.ca

Quebec

College Licensing

- Access through Physiciansapply.ca (ou inscriptionmed.ca *en francais)*
- Cost $875 for application, ~$1200 for annual license
- Documents required
    - Certifications: MD, LMCC, CFPC/RCPSC
    - MINC number
    - Certificate of Professional Conduct from CMQ (not from other provinces/territories) - should have minimal cost
    - Name change documents if applicable
    - Proof of French Language Proficiency: proof of high school diploma, or French proficiency exam - only done in Montreal, profession-related
- Time frame: few weeks

After you get your license number, you have to REQUEST to be put on the Tableau de L'ordre (takes ~3 weeks) before you can actually start working/see patients - just send an email, can do this well in advance (do as soon as you have your license number)

Generally, FP licences are tied to PREMs - regional licenses, which only allow you to work in specific area:

- Applications through DRMG open annually in October, approved early December - need to apply in October of final year of residency; "leftover" regional licenses can be applied for at any time
- Indicate the region you want to work in (big cities usually competitive)
- Get interviewed if competitive region (discuss long-term plans, contribution to the area)
- Must do 55% of billing days/yr in your region, else lose 30% of annual billings

Alternatively, can get licensed through Accord 774 if primary practice (>50% of work days per year) done outside of Quebec

- Allowed to work ~150d/yr in Quebec
- Not tied to any particular location
- Has to get re-approved q3mo

Also require AMPs for FPs - must do at least 12h/wk of specific type of week that admin has decided is needed work (usually MRP FP but might be something else e.g. OB elsewhere) - lose 30% of billings if not met
Specialist license is less restrictive

Lab results - CMQ manages all labs & imaging

- Apply to get USB key to access, can use from any computer, takes about a month to get it

Must sign up for FMOQ if FP

Local licensing

Hospital or health authority privileges are required

- CISSS (regional) processes all hospital privileges within their region
- Need CV, references, criminal record check
- Don't need proof of certifications (e.g. ACLS, ATLS, NRP, ALARM, etc.)

There are no hospital EMRs, everything is paper-based, so no need for local IT training

Payment

Billing is through RAMQ
After license approved, apply to RAMQ for a billing number
They will mail you an authorization code - takes at least 3 weeks
Can start working prior to getting billing number, then bill retroactively

All billing software (for billing submissions) charges fixed rate, not percentage, for submission and follow-up of rejections
Government pays stipend for clinic EMR fees monthly
Multiplier for rural billings (30-50%+)

Billing systems:
FP has 3 options, you can choose:

- Hourly

- FFS (better when more efficient)
- Mixed (lower hourly + % of FFS - generally most common in early practice)
- Note: Different fee codes if you have more or less than 500 patients, 700 patients

Finding work

Directly through clinic or CLSC (community health centre)
CLSC: no overhead, use different billing codes that are slightly lower to account for this
No central locum/work-finding system
SRPC Rural Locum Database locumfinder.srpc.ca

Other

No triplicate Rx required, so no triplicate Rx pads needed

Good mat leave coverage - 1 yr paid at high percentage of billings
Must get medication insurance if living in Quebec - usually get through FMOQ or AJMQ

DRMG does onboarding & understanding the system, good resource
CMQ & FMOQ transition to practice guides generally comprehensive

Newfoundland & Labrador

See table for most info

College Licensing

- Physicians with Full, Unrestricted Licence in another Canadian jurisdiction may qualify for Fast-track Application for Registration (not through physiciansapply.ca) - email licensing@cpsnl.ca
- If your primary practice is in Atlantic Canada, it is possible to apply for the Atlantic Registry. This allows you to obtain licenses in PEI, NS, NB, and NL with one application. It is an extra $500 to apply on top of your primary province's license fee.

- Steps for routine licensing:
    - Initial application for the through physiciansapply.ca
    - Have review of qualifications done ($250)
    - Then complete application ($450)
    - Must complete pre-licensure course & readings

New Brunswick

See table for most info

College Licensing

- If your primary practice is in Atlantic Canada, it is possible to apply for the Atlantic Registry. This allows you to obtain licenses in PEI, NS, NB, and NL with one application. It is an extra $500 to apply on top of your primary province's license fee.
- Steps for routine licensing:
    - Initial application for the through physiciansapply.ca for review of qualifications - proof of medical & specialty licensing
    - College contacts and advises of further documents required - ID, proof of eligibility to work in NB (e.g. citizenship), certificates of professional conduct, references, language proficiency
    - Cost: $450 for application, $300 for registration, $2300 for annual license (if licensed for primary work in a bordering region, can get a Border Area license for $500)

Hospital Privileging/Payment

Hospital privileges from one of the hospital corporations REQUIRED before getting billing number

Payment

Need billing number through Medicare

Finding Work

https://nbhealthjobs.com/job-opportunities/careers/ (not just rural, but can filter by region)
SRPC locum network: locumfinder.srpc.ca

Nova Scotia

College Licensing

- If your primary practice is in Atlantic Canada, it is possible to apply for the Atlantic Registry. This allows you to obtain licenses in PEI, NS, NB, and NL with one application. It is an extra $500 to apply on top of your primary province's license fee.
- Physicians with Full, Unrestricted Licence in another Canadian jurisdiction may qualify for fast-track application (not through physiciansapply.ca) - submit Applicants with Verified Credentials form on CPSNS website
- Steps for routine licensing:
    - Initial application for the through physiciansapply.ca for review of qualifications - proof of medical & specialty licensing - pay physiciansapply fee $350, extra $350 if all training done outside of Canada
    - College contacts and advises of further documents required (takes up to 4-6 weeks)
    - Pay license fee
    - License issued within 10 business days
- Overall, takes about 4 weeks

Hospital Privileges

Need privileges in each facility through NS Health
Can request your college (CPSNS) application gets shared with NS Health at the time of application to streamline the process
Credentialing forms and email address to send them to are here:
https://physicians.nshealth.ca/topics/privileges-and-credentials

Payment

Need a billing number from MSI
Payment models for permanent physicians:

- Fee For Service
- For family med with your own panel of patients: Longitudinal Family Medicine - pays for a mix of hours, roster, and 30% of fee-for-service billings. Tracked quarterly

Locums are paid through different models

Finding Work

Locum recruiter: ElizabethA.Fraser@nshealth.ca

PEI

College Licensing

- Steps:
  - Initial application for the CPSPEI license through physiciansapply.ca. Credentialing fee of $400 paid through this site.
  - Once completed, you will have access to the CPSPEI portal to pay the rest of your registration fees as below
  - You will also have to apply to Health PEI for regional privileges prior to starting work
- Cost of license is variable on length, 2025 fees detailed below:
  - Credentialing Fee: $400 to CPSPEI through Physicians Apply
  - Administration Fee: $300
  - Change of Status Fee: $100
  - Annual Registration Fee: $2,300
  - Provisional Registration – 4 consecutive weeks: $290
  - Provisional Registration – 10 consecutive weeks: $570
  - Provisional Registration – 16 consecutive weeks: $895
  - Provisional Registration – 26 consecutive weeks: $1,460
  - Provisional Registration – 52 consecutive weeks: $2,600

    - Visiting Consultant Registration Fee: $100
- Documents or references required
    - Evidence ability to work in Canada: provide a copy of your Canadian passport, Canadian Birth Certificate, Canadian Citizenship, Landed Immigrant Certificate, Canadian Permanent Resident card, or Canadian Work Permit
    - MD: provide a copy of your MD degree, from a WDMS approved school
    - Certification regarding the physician's Specialty from Canada (CFPC/RCPSC) or another country
    - Copy of Other Qualification(s) Including but not limited to; USMLE's, ECFMG, NAC OSCE, diploma's, additional training certification(s) as applicable
    - LMCC: At minimum one of the following: MCCEE, MCCQE Part I, MCCQE Part II
    - MINC number
    - CV: Consisting of a chronological list of qualifications, professional appointments, and work experience.mIndicating reason(s) for any gaps in practice history greater than 3 months and current to the date of the application.
    - Criminal record check with vulnerable sector search (minimum level 2), must be conducted no longer than 6 months prior to date your registration will be issued
    - Certificates of Professional Conduct if previously registered with other colleges including during medical school/residency, if applicable. Only valid within 3 months of the date of issue.
    - Name change documents, if applicable
- Time frame
    - About 2 weeks
- If your primary practice is in Atlantic Canada, it is possible to apply for the Atlantic Registry. This allows you to obtain licenses in PEI, NS, NB, and NL with one application. It is an extra $500 to apply on top of your primary province's license fee.

Local licensing

Done through HealthPEI - streamlined

Provincial doctors' organization: MSPEI, mandatory to join

- Locum fee paid for by HealthPEI, "ordinary/full" fee $3000

Payment

Getting a billing number – no additional steps required, will be provided to you when your CPSPEI license is approved
Payment methods:

- 2025 Longitudinal Family Medicine salary = $323,455/year
- ER = $190-350/hour based on shift, plus 100% shadow billing
- Hospitalist = $202/hour from 8-5pm. On call retainer + FFS while on call.

CMPA: After paying an initial $1,500, physicians are rebated the remaining CMPA fees in two installments (February and October).

Finding work

Physician Careers PEI
Speak directly with the Health PEI physician recruiters at physicianrecruiter@gov.pe.ca
SRPC Rural Locum Database locumfinder.srpc.ca

Yukon

College Licensing

- Yukon Medical Council - https://www.yukonmedicalcouncil.ca/index.php/physicians/get-a-medical-licence
- License $200 annually, $400 initial registration
- Documents or references required:
    - Certifications: MD, LMCC, CFPC/RCPSC, MINC number
    - CV
    - CMPA coverage (including the territory)
    - Certificates of Professional Conduct if previously registered with other colleges including during medical school
    - Government issued identification (e.g. passport)
    - Name change documents (if applicable)
    - Yukon First Nations 101 course is required for YMC license - it is a short one that you can easily do online, reimbursed after completed locum

- Time frame: 2-4 weeks
- Regional licensing: no, each territory is separate

Local licensing

Application Information
Applying for hospital privileges and a Yukon license to practice are two separate processes so please make sure you contact the Yukon Medical Council directly to apply for your license.

1. Your hospital locum privilege application form and accompanying documents must be submitted as promptly as possible, as it takes some time to get your application approved. If we do not receive your documents 6 weeks prior to your locum start date, it may cause delays in your privileges.

2. Please complete all attachments relevant to your upcoming locum, including your CV and CMPA. Applications and accompanying forms be completed and returned via email to yhchospitalprivileges@wgh.yk.ca. With respect to the "Provider Billing #" noted on the Provide Report Distribution Form, if you already have a billing number that you use in another province, please use that number.

3. You will notice on the Yukon Medical Council's application form that if you provide them with authorization, they will provide the hospital with the further documentation we require (This is also stated on the hospital's application). If you did not provide that authorization at the time of applying for your license, you can send YMC an email providing that authorization OR simply provide the documentation by emailing yhchospitalprivileges@wgh.yk.ca. The hospital DOES NOT require originals.

4. After final approval and upon receipt of a copy of your license to practice (which is provided to the hospital from YMC), you will be provided with an electronic copy of your approval letter.

5. The Yukon Hospital Corporation requires three references, please use the attached form. One of whom shall be the Chief of Medical Services or senior medical administrator of the organization in which the applicant has most recently worked (and/or the Post

Graduate Program Director, in the case of an applicant who has recently completed post graduate training)

Provincial doctors' organization: Yukon Medical Association - has a locum support fund, apply once you have your locum set up

Payment

- Can use WCB Alberta in the Yukon
- Info on payment schemes - Yukon Fee Codes website https://apps.gov.yk.ca/physicianresources/f?p=271:9000
- Work is primarily fee for service - payment may be delayed or drawn out over several months
- No clinic overhead

Finding work

Rural recruitment agencies or locum postings
https://yukondocs.ca/jobs, Carly Cox is Yukon recruiter contact carly.cox@yukondoctors.ca
SRPC Rural Locum Database locumfinder.srpc.ca

Northwest Territories

To begin the application process, please follow this link to the NWT Physician License application (*Physiciansapply portal*): https://www.hss.gov.nt.ca/en/services/medical-licence

- https://www.hss.gov.nt.ca/en/services/medical-licence
  - Select: '**Apply for a Medical License for the first time in the NWT**'
  - The next page will contain a list of requirements. Please review.
  - Then sign in to Physiciansapply profile page.
  - Select the '**Applications for Medical Registration**' found on the left side of your physiciansapply profile page.
  - Select the 'NWT' to begin the NWT licensing questionnaire form.

- The final step of the application questionnaire will be the fee authorization. Once the fee is authorized, your application will arrive here to begin the process.

- **The following items can be shared through your Physiciansapply profile:**

*Select the 'Documents/'**Share**' option on the left side of your profile page and follow the directions to share with the NWT/NT.*

- **Profile Photo and LMCC (would be shared together).**
- **Medical Degree**
- **Citizenship documentation**

- **Certificate(s) of Good Standing/Professional Conduct:**
  - To be requested from each licensing jurisdiction you have been licensed within the previous fifteen (15) years (*active, inactive and worldwide).*
  - Certificates of standing/conduct from jurisdictions where an elective/residency was completed without independent licensure would not be required.
  - Each licensing jurisdiction have a consent/request form and processing timeframe for these documents.
  - The completed documents are directly from the licensing jurisdiction via email. Please provide them with the following email on their consent/request form: professional_licensing@gov.nt.ca

- **Three Professional References (attached)**
  - Select Three (3) references.
    - At least two (2) must be physicians with whom you have worked in the past three (3) years (*colleagues or supervisors*).
  - If you have been practicing independently for more than two (2) years the third can also be a physician, RN or a non-medical reference provided they were/are a supervisor.
    - If you have been practicing independently for less than two (2) years, at least one must be from a Program Director during Residency.
    - If possible, please ask references whom you have worked with for at least six (6) months. If not possible, please advise.
- Please print, complete the top section of the form and provide it to your three (3) selected referees.

- Your referees would then complete the 7 disclosure questions, sign and email, fax or mail directly to this office. *Email is recommended if possible.*
- You can provide your referees with my direct email to help expedite the process: professional_licensing@gov.nt.ca
  - **Current Resume:**
    - *Accepted via email.*
  - **Certification from the College of Family Physicians of Canada (CCFP):**
    - *Accepted via email.*
    - *If this document is not available, please email the CFPC* Membership membership@cfpc.ca to request the status letter is sent to professional_licensing@gov.nt.ca at your convenience.

or

- **Certification/Certificate from the Royal College of Physicians and Surgeons of Canada (RCPSC) in your Specialty:**
  - *Accepted via email.*
  - *If this document is not available, please email the RCPSC Membership membership@royalcollege.ca to request the status letter is sent to professional_licensing@gov.nt.ca at your convenience.*

Licensing Fees: Please consult with your NWT employer contact to discuss a potential reimbursement policy: nwtpriv@gov.nt.ca
There will be a Physiciansapply portal fee collected by the Medical Council of Canada (MCC) to use the portal along with a $108.00 NWT Application fee + $255.00 Annual License or $54.00 Temporary 3 Month Permit fee as the final step to submit the application to the NWT. Once successfully submitted, we would send a confirmation email within several business days.

NWT Application for Registration Process:

- Please ensure that your application for registration/licensure is complete (i.e. all required supporting documents successfully arrive) no later than two (2) weeks prior to your anticipated NWT practice start date.
- The NWT Medical Registration Committee reviews all complete applications. They meet once a week (as needed) on Thursday afternoons.
- Updates will be provided throughout the application process and upon applicant request.

- Please keep relevant third parties up to date with your Licensing progress.
    - Your application is confidential. We will not share the details of your application with third parties such as employers and the credentialing team.
    - It is important to keep your NWT Employer/recruiter and or/Credentialing/Hospital Privileges/Medical Affairs/OMAC/NTHSSA contacts up to date on the status of your application.

Nunavut

1. Candidates applying for a full and unrestricted license to practice medicine in Nunavut for the first time must do so through physiciansapply.ca. You can also apply alongside your NWT license application but only if it has been less than six months since you applied to NWT. - Tick the box on the NWT application

2. Once your online application is received, you will be sent an application package to obtain the additional documents required to complete registration and licensing.

In addition to that application we will require the following information also

- Request certificate of professional conduct from all jurisdiction where you have been licensed in the last twenty years (in Canada and abroad)
- Three professional references who have worked within the last three years (form attached). Please note your referees must e-mail/mail or fax their references directly to the address below. If you have completed a postgraduate residency within the past 12 months; one of your referees should be a supervisor from your post-graduate program.
- Government issued photo identification verifying citizenship or ability to work in Canada (ie birth certificate, passport, permanent resident card or work permit)
- Current CV
- A notarized copy of your medical degree if it has not been uploaded and verified by physiciansapply.ca
- Payment for license Fees: Please note: **registration fee - $100.00 – paid through physiciansapply.ca and receipt will be provided by Government of Nunavut, license fees are (*separate fees from AMR*)

- annual license (April 1st – March 31st) - $ 200.00. License expires March 31st and is renewable annually
- limited practice permit (valid for no more than 3 months from the date of issue and may be renewed once in a fiscal year prior to the three month license expiring) $ 50.00
- medical practice permit (valid for no more than 12 months from the date of issue and is not renewable) $100.00

3. The Nunavut Medical Registration Committee meets every two weeks. The committee will review the completed application and, if approved, the Registrar office for Medical Practitioners will contact you through email.

4. Annual licenses expire every year on March 31. Renewal applications will be sent via email by January 15 of the next licensed year.

5. Three-month and one-year licenses expire on the date noted on your license.

6. If your license has expired, please contact the Deputy registrar at hssnunavutregistrar@gov.nu.ca

NOTE: The average time to process a completed application is 4 weeks, please allow sufficient time to process your application.

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