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The Transition to Independent Practice: A Challenging Time Requiring Careful Balance

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Introduction

The transition to independent medical practice takes place toward the end of postgraduate medical training where medical residents and fellows consider their career transition to unsupervised medical practice. This period presents specific challenges to residents/fellows who have concurrent duties as senior residents/fellows, are focusing on exit exam preparation, and other various commitments (e.g., licensing, business/administrative issues, relocation, job search). In addition, this is a time when residents and fellows begin to consider other aspects of practice (detailed later), such as billing and the business aspect of medicine, which were not a primary focus during residency when acquiring clinical knowledge and skill took precedent.

The transition to independent practice is also a time for self-reflection to determine short- and long-term goals and to examine how one's personal values can be integrated and balanced with career aspirations. Developing a transition plan and accessing credible guidance can help to alleviate some uncertainties. This requires an acknowledgment of limitations and a willingness to seek expertise from other sources to ensure comprehensive preparation. With all of these factors to consider, humanistic principles have the potential to be overlooked; however, a humanistic approach to practice remains particularly important.

This chapter may be applied to transitioning to independent practice in both Canada and the United States. Multiple guides are available to assist in the transition to practice, including those published by the Canadian Medical Association (CMA; www.cma.ca), Canadian Medical Protective Association (CMPA; www.cmpa-acpm.ca), and provincial and territorial Colleges. The College of Family Physicians of Canada (CFPC) also has valuable resources related to transition to practice for family physicians, however, that are applicable to other specialties as well. There is, in particular, a powerful First Five Years group that focuses on transition and support in early practice (www.cfpc.ca/FirstFiveYears). In the United States there are guides presented by the American Medical Association (AMA; www.ama-assn.org/search?search=transition+to+practice) that can assist with this same transition. Figure 6.1 illustrates important personal and professional factors to consider in selecting an independent practice setting [1].

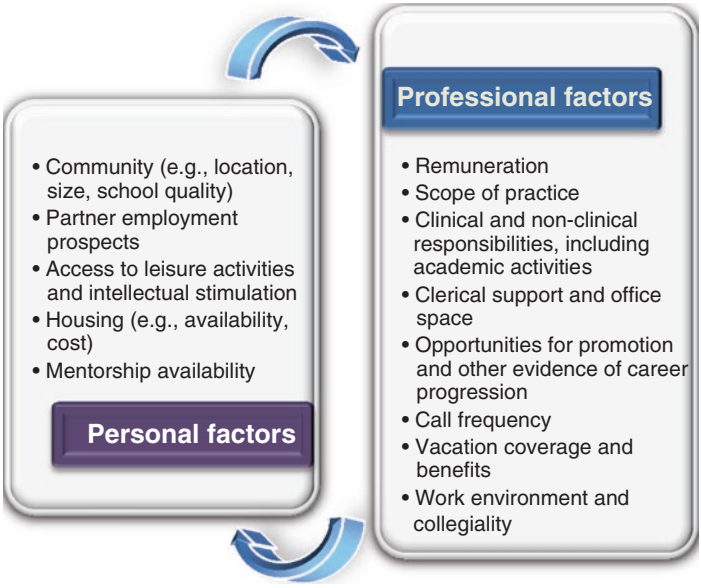

Fig. 6.1 Personal and professional factors in the selection process of an independent medical practice. (Data adapted from [1])

Skill-Building Exercise: Pause and Reflect

What is your *ideal job*? Determine what qualities your *ideal* position would possess.

A helpful technique can be to envision your *ideal* professional career and personal life five years down the line, and not just in the immediate future. Engaging in discussions with family members, professional mentors, and decision facilitators (i.e., someone who assists the physician in their job-seeking process to arrive at their own decision without taking a particular position in the discussion) can aid in this process [1]. It is at this stage of assessing and prioritizing such important issues that early career physicians often have emerging emotional changes, which is considered to be normative and is usually self-limited [1].

Generally, areas of consideration in the transition to practice which will be further detailed in this chapter include [1]:

- Practice structure
- Board certification and recertification
- Taxation and financial planning
- Remuneration and billing
- Legal aspects of medical practice
- Documentation and electronic medical records (EMR)
- Continuing medical education

Practice Structuring and Opportunities

When considering career planning and opportunities, residents and fellows should consider personal and professional goals, location, remuneration, and practice models. In addition, it is important to complete certain tasks prior to practice; e.g., applying to the regional and national medical licensing/regulatory authorities, the College of Family Physicians of Canada (CFPC), the Royal College of Physicians and Surgeons of Canada (RCPSC), or the American Board of Family Medicine (ABFM) or American Board of Psychiatry and Neurology (ABPN), to name a few. The specific developmental challenges in transition to independent practice for psychiatry graduates have been reviewed [1]. While specifically written from the perspective of academic psychiatry (which may represent a fairly narrow focus), this review may be of value for physicians from all specialties.

Applying for Certification in the National Regulatory Colleges

Upon starting family medicine residency programs in Canada, residents are registered as resident members of the CFPC. At the end of residency, programs notify the CFPC of the successful completion of the certification exam [1]. The resident is then des-

ignated as a certified member of the CFPC. For specialties and subspecialties, residents complete their certification exam and are invited to become fellows of the Royal College [2, 3]. For physicians completing residency/fellowship in the USA, board certification must be successfully completed before any subspecialty certification can be achieved. Be aware of the 10-year recertification for both specific specialties and subspecialties in the USA; for example, it may be possible to take recertification examinations in one specialty (e.g., general psychiatry) and a subspecialty in a combined examination.

Applying for a Billing Number

In the Canadian system, billing numbers are required for physicians to be remunerated on a fee-for-service basis [4–7]. After successful completion of licensing exams, physicians are granted license for independent practice. Canadian physicians can then apply for a billing number from the provincial Ministry to submit billing for provided services. Commonly, there is a 6–10 week delay between first billing and payment, so financial planning for the interim period is important. In addition, the application process can be initiated prior to residency graduation with documents of successful certification examination completion sent afterward. Examination results are available prior to finishing residency and physicians can work as independent practitioners as early as the day following the completion of residency.

In the US system, physicians planning to participate in the Medicare and Medicaid programs must apply to these federal programs separately. Those physicians inclined to accept private insurance need to be separately registered with each insurance company they wish to bill. Different insurers often have different paperwork requirements for these qualifications. State licensure is required for practice, although physicians employed by the Department of Defense, Department of Veteran's Affairs, Public Health Service, or other federal agencies need only one state license, not necessarily in the state where they are working.

Applying for Hospital Privileges

Residents may need to apply for hospital privileges, depending on what their practice location(s) will be during independent practice. This process involves submission of documents and (often) fees to the hospital organization. Advance preparation for the application can prevent delays in starting work [3]. Some large integrated healthcare systems may complete credentialing in a centralized fashion for the whole system, so that applications to each associated facility may be expedited, thereby decreasing the administrative burden to physicians.

Practice Structure

There are various considerations regarding practice structure, many of which have implications for remuneration, taxation, and workplace obligations. With independent (or solo) practice, physicians have maximum autonomy and control over staffing, resources, services, and other aspects of the workplace. Solo practice requires complete oversight responsibility for management, operating costs, personnel, physical plant, and coverage for leaves of absence and holidays [8].

In group practice, management responsibilities and costs can be shared with colleagues. Proximity may also allow for assistance and coverage from other physicians when needed. Group practice, however, requires agreement regarding shared costs, clinical coverage, scheduling and staffing, partnership/co-ownership vs. employment, and the services provided [8]. There may be opportunities to be employed by an existing group practice with a later option to buy into the practice as full partner. Physicians should thoroughly explore the implications of these options. Extremely large physician groups typically engage a management company or business manager to oversee business activities, though the physician partners exercise significant control over macro-level decisions (e.g., relocation, expansion, establishment of a branch office, contracts).

Finding Job Opportunities

Depending on a physician's specialty and location, different stipulations may apply to prospective jobs such as billing caps and bonuses [3, 8–13]. Before signing work agreements, it is important to consider longer-term goals to see if they are congruent with resource allocation plans that may occur in the near future, such as hospital relocations or planned service funding changes. Many residents/fellows turn to their program director, mentors, and professional associations as helpful sources of information regarding job availability and future career direction.

Personal and social factors are also important when considering potential job opportunities and practice structure. Physicians with partners face the singular challenge of negotiating two separate employment positions while also attending to personal/social matters. When both partners are trained healthcare professionals, some medical groups are in the position to provide employment for both, which is important to explore. Including the perspectives and needs of loved ones such as spouses and children can aid in the decision-making process and is an important factor in retention. In addition, it is important to consider short- and long-term goals for life outside of work. Moving costs, community resources (e.g., schools, recreation facilities), and the logistics of relocation also factor into career decisions [3].

Locum tenens are shorter-term employment opportunities that allow physicians to try various locations and practice styles for a time-limited contract. This provides the opportunity to evaluate goodness of fit within a community and practice group, meet other practitioners, and appraise future job opportunities [10, 11]. Locum tenens opportunities can be facilitated by engagement with a locum tenens placement agency, which provides the logistics and connections with offices/hospitals/clinics seeking temporary physician coverage. Physician recruiters can provide important services as well. Physician recruiters are very active in most regions across Canada, working with institutions, practicing physicians, and medical trainees to help arrange practice coverage, locum tenens and permanent job finding, employment for

partners, and community considerations (e.g., housing, schools). There may be restrictions in these contracts to be aware of such that permanent hiring by an institution of the locum tenens physician is a contract violation. There are often many opportunities for new physician graduates to take employed positions in hospitals, clinics, and other middle-size to large institutions. Typically these positions offer a guaranteed salary in return for meeting productivity metrics (i.e., bonuses for exceeding productivity targets are typical). Such positions do not require the physician to assume management and administrative responsibilities typical of private practice. These opportunities vary by specialty and over time with societal, political, and educational shifts.

Skill-Building Exercise: Job Hunting and Self-Reflection

Self-reflection is an essential skill for your medical career, and it is especially critical when looking for a new job. You can benefit from awareness of your strengths and weaknesses, values and goals, likes and dislikes, in order to enable job search success. As a medical resident, what do you need to consider for prospective career opportunities? Ask yourself the following questions:

- What are my short-term goals? (e.g., career, finances, life outside of work)
- What are my long-term goals? (e.g., career, finances, life outside of work)
- Will I have enough support from colleagues in the practice structure? (independent or group practice)
- Will I have the appropriate resources for documentation and medical record management?
- Will I have adequate administrative staff support?
- Do I have the necessary legal protection for my practice?

Human Resources and Staffing

Upon entering independent practice, physicians may find themselves in the new role of managing their office. Depending on a physician's needs, administrative considerations include clinic hours, patient volume, technological skill and support, and the patient population being served. Staff within an office include, but are not limited to, receptionists, nurses and other healthcare professionals, administrative assistants, managers, custodial and maintenance staff, billing clerks, and other physicians [14, 15].

Finding staff with the right "fit" is important to support the desired culture of the working environment and team. The hiring process may require a physician skill that is new and for which they have no formal training. In addition to practicing medicine, physicians may need to act as employers and develop familiarity with human resource regulations and other employer responsibilities. These may involve determining staff salary, contributions to Canada Pension Plan (CPP) and Employment Insurance (EI) employee benefits, and analogous taxes in other nations (e.g., Social Security and other federal withholding taxes in the USA), leaves of absence, unions, workers' compensation, and even termination of employee contracts [14, 15]. The practice of compassion and humanism apply to the communication and feedback required to be an effective employer; it is important to acknowledge the work and strengths of staff within the practice, all the while maintaining appropriate "employer" to "employee" boundaries.

Taxation and Financial Planning

The transition from residency/fellowship to independent practice leads to new considerations regarding financial planning. Given the increased complexity of financial management for an independently practicing physician, it is helpful to hire a team with expertise in key areas of financial management [7, 16, 17]. This team usually includes the following professionals:

- Accountant/tax preparation advisor
- Insurance advisor
- Financial consultant/investment advisor
- Banker
- Attorney

Financial consultants assist with both management of disposable income and debt management planning [7, 16, 17]. They examine current and possible future financial situations, help to set goals, and coordinate plans with other financial team members. Financial consultants follow up periodically to reevaluate any changing needs and goals, and to review previous agreements. They can also help inform difficult decisions that may have specific considerations such as debt consolidation, approach to debt repayment, Registered Retirement Savings Plan (RRSP) and tax-free savings account contributions (and similar financial instruments in other nations), and planning prior to negotiating with banks (e.g., for home or business purchase loans).

Accountants can assist in ensuring accurate recordkeeping, establishment of business and personal accounts, education regarding accounting methods, and planning for adequate funds to cover costs and taxes. Recommendations from peers can also help guide to best fit [7, 18, 19]. Many cities have accountants with a specific interest and expertise in financial matters for physicians; physician colleagues may be able to make recommendations.

Insurance

Insurance is an important consideration in independent practice. Insurance advisors may be helpful to determine insurance plan options, suitability, changes in premiums, and portability if moving provinces or states is a future possibility.

Disability insurance is commonly purchased early in a physician's career, as one is more likely to be healthier, which has benefits to plan coverage and cost. Premiums vary with level of disability coverage and elimination period. Insurance advisors

can inform trainees of anticipated changes with disability insurance plans following residency [7, 20, 21]. Institutions hiring physicians will typically offer disability insurance covered through employee benefits, though the physician may have the opportunity to separately purchase additional coverage beyond the amount routinely offered.

Other types of insurance that may be relevant in the transition to practice include personal liability, household, personal property and automobile, and critical illness insurance. Some physicians may also want to look into plans regarding practice overhead and group practice insurance. Malpractice insurance in Canada is usually provided through the CMPA; however, it is prudent to ensure that it covers all planned professional activities [7, 20, 21]. In the USA, large institutions will typically cover malpractice insurance for their employed physicians; physicians practicing independently will need to acquire appropriate levels of malpractice insurance on their own. Insurance payers may require malpractice insurance as a condition for participation and reimbursement.

Incorporation

Incorporation involves the establishment of a corporation as a separate legal entity. In Canada, this process allows for taxation based on corporate rates, tax deferral, and income splitting. Tax deferral allows for income to be taxed at the rate for corporations if not used for personal expenses. These funds can be withdrawn later and are then subjected to the personal income tax rate. In Canada, income splitting allows physicians to divide income to family members to use available lower tax rates that. In these cases, the pay must be for work actually done by other family members and at reasonable compensation rates. Incorporation involves more complexity and associated fees from legal and accounting advisors, so it is important to consult with financial team members to determine if incorporation is beneficial given one's professional and personal circumstances and jurisdiction of practice [7, 22, 23].

Remuneration and Billing

Following residency, remuneration models and sources of income can become more varied depending on physician practices. The use of certain remuneration models depends on job availability, specialty and practice model, and career goals [4, 5, 7, 24–26]. Commonly encountered remuneration models are outlined below.

Fee-for-Service

Within the fee-for-service model, physicians in Canada are self-employed professionals who submit billing to the bodies responsible for payment of services. Billing codes and fees for insured services are outlined in the schedule of benefits for each province. Uninsured services are paid by third-party payers such as the patient's insurance company or by the patients themselves. In the fee-for-service model, physicians are responsible for using the most current schedule of benefits and following up rejected billing claims prior to the stale (expiry) date [4, 7, 26]. The US system is generally similar except that a physician needs to know the patient's insurance, be registered with that particular company, and submit claims on their specific reimbursement forms.

Fee-for-service billing involves a diagnostic code and service code. Additionally, procedure codes, special premiums or modifier codes, and incentive bonuses can be added, if applicable. Service codes vary with physician specialty and the context in which the patient was seen, such as inpatient or outpatient settings, follow-up visits, or consultations. Procedure codes can include a technical component or tray fee if physicians are providing equipment and staff for the procedure. Modifier codes are given when the services provided require travel to locations other than the regular workplace or care provision occurs outside of regular hours. Incentive bonuses are provided for specific services as outlined by each provinces and territories [4, 7].

Multiple online applications and organizations can also assist with billing management. These management services can check to ensure billing codes are up-to-date, verify submitted claims,

and follow up regarding rejected billing claims. The extent of services provided depends on the plan purchased by the practitioner. Commonly, costs include an upfront fee and an additional fee for each billing claim submitted [4, 5].

Enhanced Fee-for-Service

In addition to usual fee-for-service billings, some physicians qualify for additional remuneration. This usually occurs in the context of complex or special-needs cases, interprofessional care, and practice in rural or remote areas [24].

Alternative Payment Methods

Alternative payment methods allow for remuneration of multiple services including clinical work, attainment of specified outcome or service provision targets, and participation in administration and research. Given these additional considerations, alternative payment methods can be more complex, especially with regard to taxation and when combined with fee-for-service billing. Remuneration can be established for each physician individually or for a group providing services, where the group will distribute payment according to a predetermined agreement for allocation [24].

Salaries

Salaried remuneration usually involves regular fixed-amount payments from an employer at specific time intervals (i.e., every two weeks, every month, or other established periods). Payment may compensate for clinical work only or may also include other aspects of practice such as research and teaching, depending on the agreement with the employer. Salaries allow for more predictability and can alleviate some of the time-pressures experienced in working with more complex populations and performing

nonclinical work obligations. Practitioners may be required to provide "shadow" fee-for-service billing to demonstrate the services provided. Physicians working for a single employer under a salary model are not considered self-employed. Consulting with financial advisors can help in navigating the taxation implications for specific payment models [24, 25].

Legal Aspects of Medical Practice

Many residents' ideas of legal involvement in medical practice are usually focused on issues of malpractice liability and patient complaints. Although these aspects of practice are important, attorneys can also be involved in other areas of career planning. When starting a new job or taking over a practice, contracts and other agreements are usually involved. Given the complexity of these documents, consultation with an attorney may be helpful to ensure that physicians understand the terms and implications of the contract prior to signing. An attorney can also help to develop contracts that include predetermined agreements for anticipated situations that commonly arise in practice groups and workplace settings [7, 16, 27]. It may also be useful to have an attorney assist in contract negotiation [7, 16, 27]. However, these authors believe that it is reasonable to have one legal advisor for malpractice professional matters and another for personal aspects (e.g., advice on legal issues relating to starting a practice, review of contracts). In USA, malpractice defense attorneys usually tend to manage only those practice-related liability aspects. Large physician groups typically hire malpractice attorneys to be available to their physicians.

Attorneys can also assist in arranging personal legal documents such as advance care planning in the form of wills, power of attorney, and healthcare directives. Although this may not directly relate to medical practice, having these documents prepared will assist the physician and their family in the case of unexpected events. Additionally, attorneys may also be involved in other areas of early practice through contracts regarding marriage, real estate, and property leasing.

In times when medicolegal assistance is needed, contacting the CMPA and reviewing available CMPA resources in Canada and analogous specialty societies in other nations can provide valuable assistance during times of stress. The CMPA also provides guidance on topics such as disclosure of harm, medical documentation, and other difficult situations. Contacting the CMPA prior to graduation can ensure that there is no interruption in coverage during the transition to practice. Some employers and provincial and territorial Ministries of Health in Canada may also offer partial reimbursement regarding fees for CMPA coverage [27–29].

Finding the right attorney for one's needs is important; similar to physicians, attorneys may also practice with an area of specialization so different attorneys may be required on a career-planning team. Speaking to colleagues, searching medical association resources, and initial meetings with attorneys can aid in the search for legal assistance.

Documentation and Electronic Medical Records

Accurate, understandable, and comprehensive medical documentation helps to support the care patients receive and also carries medicolegal implications. Residents and fellows already have experience with medical records as tools for documentation of clinical assessments, investigative findings, care plans, and progress. Medical documentation is also key in communication with colleagues taking over care and/or being consulted, particularly in this era of team-based interprofessional care. In addition, medical records may be periodically audited by the governing medical college to ensure that documentation is meeting the standard of care [30, 31]. Documentation-related legal matters are jurisdiction-specific and local specialty societies can offer general advice. For example, in Canada, the CMPA advises physicians to maintain records for 15 years following the last encounter with a patient given that legal claims can be made up to 15 years following an incident. Although regulations vary by province and territory, common practices for keeping records include:

- 10 years after the last patient entry
- 10 years after the patient would have reached age 18
- Until the physician stops practice (may need to transfer records to another physician)
- Notifying each patient regarding the destruction of records in two years unless a request is made to transfer records to another physician [30, 31]

In unsupervised practice, physicians are held legally responsible for their patient records, and precautions to protect patient privacy are needed. Patients also have the right to request their record with timely access and at a reasonable cost [30, 31]. Is it worth noting the trend to move toward direct patient access to their electronic health record/health information, sometimes as read-only but other times for adding or updating information and other times for secure correspondence with their provider.

Skills in the use of electronic medical records is unquestionable for new physicians, as a means for supporting quality of care, more efficient access to and sharing of information, and data management. Choosing the right EMR provider is important and varies based on an individual practitioner's needs, staffing capabilities, and personal preference. Other practical considerations include electronic device availability and licensing fees from EMR providers [30, 31], along with endorsement from professional organizations and compatibility for data sharing with local hospitals, laboratories, pharmacies, and other healthcare database repositories.

In addition to maintaining medical records, proper destruction of documentation is also necessary to maintain confidentiality. It is important to know the local expectations in regard to understanding privacy and confidentiality legislation as related to patients and medical records. Having all who work in the clinic sign agreements to this effect may be advisable. Periodic electronic health record audits for confidentiality/security may also be necessary. Within the hospital setting, document storage, shredding, and destruction may be provided by the institution via confidential waste bins. For those in private practice, numerous companies are available to provide services related to confidential medical record destruction [30, 31].

Continuing Medical Education

Ongoing education, professional development, and practice evaluation is needed with the dynamic nature of medical practice [32]. To help ensure ongoing professional development, the Maintenance of Certification and Maintenance of Proficiency programs were developed to help physicians track and demonstrate their completion of required activities.

Maintenance of Certification (MOC)

In Canada, the MOC program is mandatory for fellows of the RCPSC to provide evidence of ongoing development and education. Practicing physicians require the completion of at least 40 credits per year and 400 credits per 5-year-cycle. Time-based activities include conference attendance, practice assessment, and personal learning projects. The credits granted per hour differ according to the activity performed. Additionally, other professional development activities such as reading journal articles, developing clinical practice guidelines, and listening to podcasts also grant credits [2, 32]. Each cycle starts on January 1 of the calendar year. For those starting unsupervised practice, the period between starting practice and the start of the first cycle is considered a bonus period where completed professional development activities can still contribute to the upcoming cycle. These activities and outcomes are self-reported using Mainport website (www.mainport.org). It is recommended that supporting documentation of activity completion is retained [2]. Although this may be different for each specialty in the USA, for example, for the ABPN, initial certification is in general psychiatry. One has to complete residency before being allowed to take the examination; thus, the US residency graduates are "board eligible," not "board certified" until they pass. Subspecialty qualification examinations may be taken after initial board certification. If one is also subspecialty qualified, they may thereafter take the subspecialty board exam. Both general psychiatry and subspecialty certifications, for example, are valid for 10 years in the USA.

Maintenance of Proficiency (Mainpro+)

CFPC members are required to participate in the Mainpro+ continuing medical education program (www.cfpc.ca/introduction_to_mainpro+). Practitioners require a minimum of 250 credits completed within each 5-year cycle. The credits granted for each activity depends on a physician's membership type and designation in the CFPC [2]. In the USA, there is no national standard and physicians need to follow state law/regulations.

Maintaining Wellness and Humanism in the Transition to Practice

With the numerous key considerations essential for successful transition to independent practice, it is also important to consider the human aspects of graduation, role transition, and associated situational stress. It is beneficial to continue developing and reaching out to personal and professional supports as well as prioritizing ongoing efforts to care for oneself (See Table 6.1) [1]. Although this can be a challenging endeavor, the recognition of personal limitations is important and encountering difficulties in times of transition is a shared experience among even the most highly organized individuals [33]. Many physicians find the first year post-residency/fellowship to be particularly stressful and there are many legitimate reasons for this. First, the physician has completed a long period of intense effort and sacrifice with expec-

Table 6.1 Tips for attending to physician's own psychological health during transition to practice [1]

Seek emotional support from partner or significant others
Participate in recreational activities
Nurture professional and personal relationships
Foster relationships with peers/ad hoc consultations with colleagues
Take vacation or time off
Do reading, creative activities, hobbies, and exercise
Avoid isolation
Get adequate rest and proper nutrition
Get a primary care physician

tations of delayed gratification, "working toward tomorrow" if you will, only to "reach tomorrow" upon program completion and licensure to discover that the stresses are not "less," simply "different." Being in the institutional training setting as a post-residency environment may feature a surprising degree of relative professional isolation, which may come as a surprise given that it has historically been experienced as a setting that provided regular social interaction and support. This can make any clinical challenge (e.g., a particularly difficult case or a poor patient outcome) more difficult to manage. An awareness of this possibility and a willingness to seek support, supervision, even psychotherapy to manage this transition, may be of great help, especially in the first few years of post-residency/fellowship.

Key Points

The transition to practice process provides opportunity for the resident/fellow physician to reflect and know themself better both within and outside of their professional role. In the dynamic field of medicine, ongoing changes in practice occur through the implementation of technology and electronic medical records, new tests and treatments, and increasingly complex patient care requirements. Reflection and a supportive team related to professional and personal needs support physicians to tailor their career and life over time to best suit their individual goals.

Check Your Learning

Case Study: "Now that I am here, where am I?"

Annie is a 35-year-old physician who is completing her residency in anesthesia. She has two daughters, aged 2 and 4. She is planning to move to a smaller town in another province in Canada to be closer to her life partner's extended family, but she is unsure

about fitting in with the new community. Specifically, she wonders how her daughters will adapt. She is hesitant about signing on to a longer-term job contract as her partner has only seen short-term job opportunities for himself in the smaller town. Annie also has a job offer in the city she is currently completing her residency, where she has spent the past 4 years. She is also unsure how she will like working with a smaller group because she has only worked with larger cohorts throughout residency.

Question. **What do you think Annie could do in sorting through these considerations?**

A. **Elective rotation in proposed community in her last year of training**
B. **Locum tenens**
C. **Meeting with her mentor for advice**
D. **All of the above**

Answer: D ✓

Annie has many considerations regarding prospective jobs. Some residents may pursue electives in their final training years at sites of interest as a way of "testing the waters" in that community. Annie may wish to consult her financial team regarding long- and short-term financial plans and current debt load. She also needs to consider her partner and children to determine the impact of moving and changing communities. She will also need to consider the logistics of moving and registering with the appropriate regulatory bodies in the new jurisdiction. Depending on the types of procedures she plans to incorporate into her practice, Annie should check to ensure that she has appropriate medicolegal protection. A locum tenens position may be helpful to evaluate how Annie and her family will adjust to living in other communities, although this option is associated with the disruption and needed flexibility of potential moves. It is recommended to initiate this transitional planning by the beginning of the last year of residency by contacting department chiefs of clinical service, networking with colleagues, calling on mentors, and consulting the loved ones frequently [1].

Key Takeaways

- Residency/fellowship graduation and transition to independent practice are more of a "process" than a "goal."
- There is *never* a time when one will feel "fully ready and prepared" for any major transition.
- Life and work are not and cannot be made "easy," but thoughtful multidimensional planning can help with the expected difficulties associated with transition.
- Professional and social variables must not be perceived as "competitive" with each other, and must be balanced; the balance challenge is specific to the individual and cannot be delegated to others.
- Call upon appropriate mentor figures and other professionals for advice within their respective realms of expertise.
- Keep a "medium"-term view (i.e., "not too short", "not too long") and always consider your options should a situation turn out to not meet your needs, or if you "outgrow" a situation. This cannot ever be predicted with certainty, and course correction can be achieved along the way, within the proviso of contract obligations.
- Be willing to acknowledge difficulties and seek help.
- Provide support to colleagues who are facing these similar challenges.

Selected Resources

Table 6.2 shows a few additional resources that may be of interest to residents transitioning into practice.

Table 6.2 Selected resources for the transition to practice

Resources	Description
American Medical Association Transition to Practice https://www.ama-assn.org/topics/transitioning-practice	It provides useful resources for transitioning from residency to practice in a physician's career in the USA
Canadian Medical Protective Agency https://www.cmpa-acpm.ca/en/home	It is an organization protecting the professional integrity of physicians and promoting safe medical care in Canada
Alberta College of Family Physicians First Five Years Toolkit https://acfp.ca/membership/member-support/first-five-years-in-family-practice/first-five-years-resources/first-five-years-toolkit/	It is a toolkit of all the resources and tools that may assist residents during the training years in Canada
Joule Practice Management Curriculum https://joulecma.ca/learn/practice-management-curriculum	Joule provides the nonclinical skills a resident would need to transition into practice. This resource offers a series of seminars for family medicine and specialty residents in Canada
Canadian Medical Association (CMA) New in Practice Guide 2017 https://www.cma.ca/new-practice-guide-2017	This resource is a CMA member benefit that provides physicians with useful information about new career, including the financial, legal, and administrative matters
MD Financial Management Services https://mdm.ca	It supports financial well-being at every career stage of physicians in Canada
Joule CMA Checklist Of Things To Do Before Starting Practice https://joulecma.ca/sites/default/files/2019-04/Joule-Checklist%20for%20end%20of%20residency-FM-2019.pdf	It is an itemized checklist of things to do before starting practice (family medicine)
Joule CMA Practice Evaluation Checklist and Action Plan https://joulecma.ca/sites/default/files/2018-10/Evaluating-Practice-Options-Checklis-and-Action-Plan.pdf	It is a practice evaluation checklist and action plan to do before starting practice in Canada

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