Family Physician Transition Handbook 2026

A Comprehensive Guide for United Kingdom Family Physicians

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Executive Summary

Welcome to Ontario's healthcare system! This handbook provides UK family physicians with practical guidance for transitioning from the NHS to practice in Ontario, Canada. While both systems share universal healthcare principles, significant operational differences exist in licensing, billing, patient management, and clinical practice.

Healthcare System Overview

Similarities:

- Universal healthcare coverage funded through taxation
- Free essential medical services at point of use
- Government-regulated physician fees

Differences:

- **Decentralization**: Ontario manages healthcare provincially, not nationally
- **Employment Status**: Most physicians work self-employed or through an incorporation within a clinic, rather than as a salaried physician or partner
- **Blended Funding**: Mix of fee-for-service and capitation (depending on primary care model) vs pure NHS capitation
- **Fewer Targets**: Minimal government-mandated targets and associated funding
- **Billing**: Physicians bill OHIP directly for services provided. Physicians can charge patients for uninsured services
- **Regulation**: Physicians are regulated by the College of Physicians and Surgeons of Ontario (akin to the GMC) and are certificated as family physicians by the College of Family Physicians of Canada (akin to the RCGP)
- **Medication**: Medication is usually provided at the manufacturer's price rather than set cost per prescription (some exceptions apply)

Healthcare Funding Model

Ontario's healthcare operates under the Ontario Health Insurance Plan (OHIP), which:

- Covers approximately 95% of medically necessary services
- Is funded through provincial taxes and federal transfers
- Has set fees for services provided in the Schedule of Benefits, negotiated between Ontario's Ministry of Health and Long-Term Care (MHOLTC) and the Ontario Medical Association (OMA)
- Requires patients to provide proof of eligibility through their OHIP card
- Many patients have additional private insurance to cover medication expenses
- Does not pay for physiotherapy or psychotherapy (some exceptions apply)

Medical Licensing & Registration

Internationally trained family physicians must be licensed with the College of Physicians and Surgeons of Ontario (CPSO) **and** the College of Family Physicians of Canada (CFPC).

CPSO Licensing

Eligibility Requirements:

1. Medical degree from UK medical school
2. Successful completion of UK Foundation Program
3. Current GMC registration in good standing
4. MRCGP certification or equivalent

Pathways Available:

- **Pathway for Family Doctors Without CFPC Examination**: For physicians meeting the above eligibility requirements who have obtained certificate without examination from the CFPC (this will apply to most UK trained GPs)
- **Pathway for Exam Eligible Candidates**: For physicians meeting the above eligibility requirements who have obtained or are eligible for the Medical Council of Canada Qualifying Exam (MCCQE) part 1 **and** CFPC certification. A provisional certificate of registration to practice under supervision is available if you have not obtained or completed MCCQE and CFPC; and an independent practice license is awarded if/when you have obtained both

Website: www.cpso.on.ca

CFPC Certification

Pathways Available:

- **Certification in the College of Family Physicians of Canada Without Examination** – Requires:
    - CCT
    - Active unrestricted registration on the GMC's GP register
    - Evidence of meeting annual CPD requirements
    - Letter of good standing from the GMC
    - Otherwise meeting all other requirements for licensure with the CPSO and have been granted registration to practice or provided with a letter stating they are in all ways eligible for supervised or independent licensure other than CFPC certification.
    - Physiciansapply.ca account for credentialling verification

Website: www.cfpc.ca

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Understanding OHIP vs NHS Systems

Payment Structure Comparison

Aspect	NHS (UK)	OHIP (Ontario)
Primary Payment	Capitation-based	Blended fee-for-service and capitation
Per-patient Annual Payment	£150–200	$200–400 CAD
Consultation Fees	Included in capitation	Additional fee-for-service payments
Preventive Care	Quality Outcome Framework (QOF) bonuses	Specific billing codes and incentives
After-hours Care	Additional payments	Enhanced fee premiums (30–50%)
Administrative Support	Practice-funded	Mixed practice and government funding

Table 1: Comparison of NHS and OHIP payment structures

Clinical Governance Differences

NHS:

- Clinical Commissioning Groups oversee services
- NICE guidelines mandated
- CQC inspections and ratings
- Appraisals

OHIP:

- Physician-led practice management
- Multiple sources of guidelines
- CPSO quality assurance programs
- Fewer inspections
- No appraisal process

Primary Care Practice Models in Ontario

Ontario offers multiple primary care models, unlike the NHS's standardized GP practice structure.

1. Comprehensive Care Model (CCM) - uncommon

- **Payment**: Per-service billing
- **Patient Roster**: Not required
- **After-hours**: Optional
- **Best For**: Locum work, emergency coverage, solo practice

2. Family Health Group (FHG)

- **Payment**: Enhanced fee-for-service with bonuses
- **Requirements**: Minimum 3 physicians within the FHG, shared after-hours care
- **Patient Roster**: Voluntary enrollment
- **Pros**: Ability for high earning potential if seeing lots of patients, high flexibility, suitable for walk-in and episodic care work
- **Cons**: Lacks income stability, no income if not working, encourages high patient volumes rather than comprehensive care, out-of-hour requirement

3. Family Health Organization (FHO)

- **Payment**: Blended capitation and fee-for-service
- **Patient Roster**: Required enrollment

- **Capitation Rate**: $200–400 per patient annually (age/sex/acuity modifier adjusted)
- **Fee for Service Rate ("Shadow Billing")**: 30% of the fee set in the Schedule of Benefits for "in-basket" services, and 100% of the fee set for "out-of-basket" services
- **Pros**: Preventative care and chronic disease management bonuses, stability of income, comprehensive care focus, income when not working
- **Cons**: Pressure to maintain high roster sizes, potential to incentivize shorter visits, out-of-hour requirements

4. Family Health Network (FHN) - uncommon

- **Payment**: Blended capitation with smaller service basket
- **Requirements**: Smaller groups (3–5 physicians)
- **Rural Focus**: Often used in rural/remote areas

5. Family Health Team (FHT)

- **Structure**: Interdisciplinary teams
- **Additional Staff**: Nurse practitioners, social workers, dietitians
- **Funding**: Additional government funding for team members
- **Requirements**: Must use FHO or FHN payment model
- **Note**: Most similar to the UK GP practice model

Key Practice Differences from NHS

- **Allied health professionals:** Ontario clinics rarely employ diabetes nurses, asthma nurses, etc.
- **Technical services:** Ontario clinics rarely perform phlebotomy, EKGs, peak flow
- **Administrative support:** Clinics often do not have the level of administrative support found in the UK. Clinics are usually managed by physicians rather than dedicated practice managers
- **Office space:** Most clinics exist in rented office space
- **Overheads:** Most clinics take a percentage of physician income to cover the costs of running the clinic
- **Fees:** Physicians are permitted to charge fees for OHIP-uninsured services (e.g. form completion, prescription refills without appointment, appointment no-shows)
- **Clinical Practice:**

  Phone calls and home visits are optional

  Family physicians are permitted greater flexibility in practicing to their competency level

  Family physicians can work in additional areas such as long-term care, obstetrics, hospitalist work, ER, minor procedures

  Family physicians are permitted to prescribe a wider range of medication within their scope

  Fewer incentives for specific chronic disease management consults

- **Medication:**

  Brand name medication is available alongside generic versions and widely used

  No equivalent to the BNF or local formularies which must be adhered to

- **Autonomy:**

  Ability to open and close patient list/roster size

  Ability to choose working hours and day-to-day appointment duration and timing (usually)

Billing and Payment Systems

OHIP Fee Schedule

Unlike NHS's standardized capitation, OHIP uses a complex fee-for-service schedule with over 6,000 billing codes.

Common Family Medicine Codes:

- A001A: Office visit, minor assessment — $26.85
- A007A: Office visit, intermediate assessment — $42.90
- K005A: Primary mental health care, per 30 minutes — $70.10
- K013A: Counselling visit, per 30 minutes — $70.10
- K301A: Telephone call modifier — reduces fee to 90% of above
- K030: Diabetes management assessment - $40.55
- See https://www.oma.org/practice-professional-support/billing-and-payments/ohip-billing/ for additional information

Billing Process

Submission Requirements (via EMR or third-party billing software):

- Patient OHIP number
- Service date and location
- Diagnosis codes (ICD-9)
- Service code

- Start/end times for time-based services documented in patient chart

Payment Timeline:

- Electronic claims processed within 15 days
- Paper claims processed within 30 days
- Monthly payment deposits on 14th/15th of following month
- Monthly "Remittance Advice" provided with details of payments

Claim Management:

- Requires review of rejected codes on Remittance Advice and consideration of amendment and resubmission
- Refusals: Simple errors (wrong patient name, expired healthcard, ineligible codes billed together)
- Rejections: Rule violations requiring manual review
- Appeals process available for disputed claims

Electronic Medical Records (EMRs)

EMR Landscape Comparison

UK NHS Systems:

- EMIS and SystmOne dominate market
- Government-mandated interoperability
- Standardized data sharing protocols
- Central data governance

Ontario EMR Systems:

- Multiple vendor solutions
- Limited interoperability between systems
- Practice-based purchasing decisions
- Provincial certification requirements
- Practice and clinician-specific customization more common
- Billing integration essential for revenue management
- Limited in-built patient portal functionality compared to NHS Patient Online (although third-party services can be added)

Major Ontario EMR Systems

- Telus Health PS Suite
- Accuro EMR
- OSCAR EMR
- WELL Health (Oscar Pro)

Referral Systems and Wait Times

Referral Process Differences

UK NHS Referrals:

- Choose and Book system
- 18-week treatment guarantee
- Centralized appointment booking
- GP gatekeeping strictly enforced

Ontario Referrals:

- Direct specialist office contact
- No standardized booking system
- Physician-to-physician communication
- Patient choice in specialist selection
- Greater ability to refer directly to CT, MRI, endoscopy, stress testing, biopsies, etc.
- Greater number of community specialists
- Multiple private (but OHIP-covered) diagnostic imaging centres and blood laboratories
- Patients are often responsible for arranging their own imaging tests
- Patients can request a referral to a specialist, even for simple conditions (although it may be rejected)
- Referrals must be sent to another physician if they are rejected

E-Consultation Services

- eConsult for specialist advice
- Billing code K738 ($16) for referring physician
- Response within 7 days for most specialties
- Available through www.econsultontario.ca or www.otn.ca/patients/econsult

Current Wait Time Realities

Comparison to UK:

- Generally longer waits than NHS 18-week standard
- Significant regional variation across Ontario and between different individual specialists
- Extremely limited private services available
- Urgent referrals are often handled in a very timely manner (days to weeks)

Prescription Drug Coverage

Major Differences from NHS

UK NHS Prescription Coverage:

- Universal coverage with prescription charges (£9.65 in England)
- Exemptions for chronic conditions, elderly, children
- NICE appraisals determine availability
- Hospital medications fully covered

Ontario Drug Coverage:

- Patchwork of public and private coverage
- No universal pharmacare program
- Significant out-of-pocket costs for many patients
- Complex eligibility criteria

Ontario Drug Coverage Programs

Ontario Drug Benefit (ODB) Program:

- Covers residents 65+ with deductibles and co-pays
- Social assistance recipients fully covered
- Formulary of approximately 5,000 approved medications
- Exceptional Access Program for unlisted drugs

OHIP+:

- Free prescriptions for under-25 without private coverage
- Private insurance billed first if available
- Covers approximately 4,400 prescription medications

Trillium Drug Program:

- Catastrophic coverage for high drug costs relative to income
- Covers 4% of income above $100 deductible
- Available to all Ontario residents

Practical Prescribing Considerations

Freedom to Prescribe

- No bureaucratic restriction on medication or classes within medication you can prescribe
- Physicians can provide almost any medication within their competency (including stimulants, DMARDs, etc.)

Generic Substitution:

- Automatic generic substitutions are given unless "no substitution" written
- Patients pay difference for brand-name drugs (although some manufacturers have programs to make up the difference)

Prior Authorization:

- Required for many medications through Exceptional Access Program and for coverage with some private insurers
- Clinical justification and supporting documentation needed
- Process can take 1–2 weeks for approval

Patient Cost Counseling:

- Always discuss medication costs with patients
- Consider generic alternatives and therapeutic substitutions
- Provide samples when available for expensive medications
- Connect patients with pharmaceutical assistance programs

Medical Indemnity

CMPA vs UK MDO Systems

UK Medical Defense Organizations:

- Medical Defense Union (MDU), Medical Protection Society (MPS)
- Discretionary indemnity (no legal obligation to pay)
- Annual membership fees £6,000–£15,000
- Professional advice and support services
- Limited regulatory oversight

Canadian Medical Protective Association (CMPA):

- Mutual medical defense organization
- Contractual obligation to defend eligible members
- Annual membership fees $4,000–$8,000 (specialty-dependent) with significant federal fee reimbursement
- Comprehensive medico-legal protection
- Risk management education
- 24/7 advice line for urgent consultations
- Educational resources available

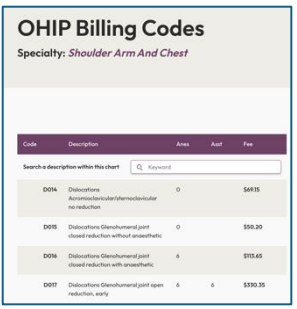
Common Challenges and Practical Solutions

Challenge 1: Complex Billing System

- **Problem**: Over 6,000 OHIP billing codes vs straightforward NHS capitation
- **Solutions**:
  - Invest in comprehensive billing software with built-in validation
  - Take coding courses through OMA or EMR vendor
  - Start with common codes and gradually expand knowledge

Challenge 2: EMR System Differences

- **Problem**: Less standardization and interoperability than NHS systems
- **Solutions**:
  - Plan for 3-month learning curve and productivity reduction
  - Utilize vendor training and support services provided by www.ontariomd.ca



Challenge 3: Referral System Navigation

- **Problem**: No centralized booking system like Choose and Book
- **Solutions**:
  - Develop relationships with local specialists
  - Maintain updated contact lists and preferences
  - Use eConsult services to reduce referral volume
  - Consider third-party vendors providing online-referral services

Challenge 4: Longer Specialist Wait Times

- **Problem**: Average 11-week wait vs NHS 18-week guarantee
- **Solutions**:
  - Set patient expectations appropriately
  - Provide interim management strategies
  - Use telemedicine consultations when appropriate
  - Maintain strong primary care management skills

Challenge 5: Prescription Cost Concerns

- **Problem**: No universal drug coverage like NHS
- **Solutions**:
  - Always discuss medication costs with patients
  - Prescribe generics as first-line therapy
  - Utilize pharmaceutical assistance programs
  - Provide samples when available
  - Consider therapeutic alternatives based on coverage
  - Utilize resources like rxfiles

Challenge 6: Professional Isolation

- **Problem**: Less collegial support than NHS group practices
- **Solutions**:
  - Join local physician networks and medical societies
  - Participate in continuing medical education events

Post-Arrival Administration Requirements

1. Apply for Medical Indemnity

Canadian Medical Protective Association (CMPA):

- Covers malpractice claims and legal defense
- Register at www.cmpa-acpm.ca
- Fee: $4488 – vast majority reimbursed quarterly by the government

2. Apply for a Social Insurance Number (SIN)

Your Social Insurance Number is mandatory to work in Canada. It's also required for tax and accessing government services.

How to Apply:

- **Online:** Visit Service Canada website: www.canada.ca/sin
- **In-Person**: Locate the nearest **Service Canada** office. See www.canada.ca/service-canadas

3. Apply for Ontario Health Insurance Plan (OHIP)

The Ontario Health Insurance Plan provides coverage for physician visits, hospital care, diagnostic services, and other medically necessary procedures but **not** medication (unless you are otherwise eligible – unlikely for working physicians), dental care, physiotherapy, psychotherapy and other allied health services.

There is **no longer a waiting period** for OHIP coverage. As of recent policy changes, eligible newcomers receive immediate coverage upon approval.

How to Apply:

- **In-Person:** Visit a **ServiceOntario** office (see www.ontario.ca/page/serviceontario)
- **By Mail:** Download the application form from: www.ontario.ca/ohip

4. Apply for Driver's License

How to Apply:

If you hold a valid international driver's license from the UK and have 2+ years of driving experience:

1. Visit DriveTest centre with:

- Valid foreign driver's license (original)
- Proof of Ontario residency
- Photo ID

5. Banking and Financial Services

5.1: Open a Bank Account

Largest Banks for Newcomers: Most offer newcomer and/or physician banking services. New accounts require branch attendance. SIN is usually required.

- TD Bank
- BMO
- Scotiabank
- CIBC
- National Bank
- RBC

5.2 Register for CRA MyAccount and Tax Filings

The Canada Revenue Agency manages income taxes. You'll need to file taxes every year as taxes are **not** taken at source. It is highly recommended to employ the services of an accountant.

How to Register

1. Visit:
   www.canada.ca/cra

6. Telecommunications and Utilities Setup

6.1: Obtain a Canadian Cell Phone Plan

Major Providers:

- Rogers
- Bell
- Telus

- FIDO (on Rogers network
- Koodo (on Telus network)
- Freedom Mobile (on Bell network)

Note several providers offer discounted rates through the OMA's member advantages program.

6.2: Set Up Utilities

Note there is not the option to choose between different providers, as there is in the UK.

Hydro (Electricity):

Provider: Hydro Ottawa (most of Ottawa region) or Hydro One

(some areas)

Website:
www.hydroottawa.com

Gas (Natural Gas):

Provider: Enbridge Gas (most of Ottawa)

Website:
www.enbridge.com

Water and Sewer:

Provider: City of Ottawa

Website: www.myservice.ottawa.ca

7. Professional Organizations and Continuing Education

7.1: Join Ontario Medical Association (OMA)

- Provincial professional body for Ontario physicians
- Advocacy, professional development, and networking
- Membership is **mandatory** for OHIP billing (if applicable). If you do not sign up as a member, dues are taken from your monthly OHIP billings anyway
- Annual dues: ~$1,200-2,500 depending on practice type
- **Website:** www.oma.org

7.2: OHIP Billing Registration

1. Essential to be able to bill OHIP and receive payment for services billed.
2. **Website**: www.ontario.ca/page/ohip-billing-number-registration

7.3: Consider joining the Canadian Medical Association (CMA)

- National body for Canadian physicians
- Not compulsory
- **Website:** www.cma.ca

7.4: Consider joining the Ontario College of Family Physicians (OCFP)

- **Website:** ocfp.on.ca

- The OCFP is the primary professional body supporting Ontario family physicians through education, advocacy, and leadership.

Key Services:

- Continuing medical education (CME) programs covering contemporary clinical topics
- Practice resources including WSIB navigation, OW/ODSP support guidance, and mental health protocols
- Advocacy for healthcare system improvements and referral modernization
- Networking and peer recognition programs

7.5 Register for a ONEID

- Facilitates access to services such as ConnectingOntario (access to hospital reports) and eConsult platforms
- **Website:** www.oneid.ehealthontario.ca

Ontario College of Family Physicians

Resources, Guidelines, Referrals and Medications

1. Useful Guideline Websites

- **CMA CPG Infobase**: aggregator of clinical guidelines
- **CFPC Clinical Guidelines**: family medicine specific guidelines
- **Canadian Taskforce on Preventative Care**: evidence-based prevention and screening guidelines
- **CancerCareOntario**: cancer screening programs and management of cancer symptoms
- **Hypertension Canada**: hypertension guidelines
- **Canadian Cardiovascular Society**: cardiology guidelines
- **Diabetes Canada:** diabetes guidelines
- **Canadian Pediatric Society:** pediatric guidelines
- **PEER guidelines**: simplified primary care guidelines
- **Ontario Renal Network:** CKD guidelines
- **Ottawa Depression Algorithm:** Depression Guidelines
- **BC Guidelines:** BC focussed but comprehensive and easy-to-follow guidelines
- **Ontario Immunization Schedule:** immunization guidelines
- **CHEO Antimicrobial Guidelines:** local pediatric antibiotic guidelines
- **TOH Stewardship Antimicrobial Guidelines:** local adult antibiotic guidelines

2: Medication Reference Resources

Compendium of Pharmaceuticals and Specialties (CPS)

- **Access:** e-CPS through institutional/professional subscriptions
- Complete drug monographs with Canadian labeling information Therapeutic Choices (CPhA) - evidence-based therapeutic recommendations
- Lexi-Interact - comprehensive drug interaction checker

Ontario Drug Benefit Formulary/Comparative Drug Index

Access:

- Verify benefits drug coverage status
- Identify Limited Use Product conditions and prior authorization requirements
- Track formulary updates, Access Exceptional Access Program (EAP) information for nonformulary medications
- **Access:** www.formulary.health.gov.on.ca

RxFiles - Evidence-Based Drug Comparison Tools

- Drug interaction charts and warfarin dosing adjustment guides
- Inhaler device selection and technique optimization
- Geri-RxFiles for older adult medication management
- **Access:** www.rxfiles.ca

Drugs.com

- Not specifically Canadian focussed
- Comprehensive dosing and side effect information
- No fee or registration required
- **Access:** www.drugs.com

3: Ottawa Specific Referral Tips

The major hospitals (Queensway Carleton, The Ottawa Hospital, and Montfort) have a large number of general and specialist clinics, although tend to have the longest waits. Community providers can be referred to individually, or you can refer to the following community groups and services:

Cardiology Note in many cases you can refer direct for testing (e.g. stress test, perfusion scan, CT coronary artery calcium score, CT angiography)	• Capital Cardiology • Merivale Cardiovascular Consultants • Ottawa Cardiovascular Centre
Dermatology	• Vital Dermatology • Ottawa Derm Centre
Gastroenterology Note in many cases you can refer direct to endoscopy and/or colonoscopy	• Provis-Endoscopy Services • Ottawa Gastrointestinal Institute
Endocrinology	• LMC Ottawa
Pediatrics	• CapitalKidz • Central Park Medical Clinic • via kidscomefirst.ca
Geriatrics	• Geriatric central intake • Geriatric Psychiatry Community Services of Ottawa
Psychiatry/Addictions	• via www.accessmha.ca
Orthopedics	• Orthopedic Centre Ottawa