

THIS CONTRACT IS BETWEEN:

_____ and _____
Name of Host Physician(s) Name of Locum Physician

This contract is valid for one year from the date of signing on page 3.

Locum Physician Responsibilities

The Locum Physician agrees to provide medical services to the patients of the Host Physician or Associates only during the term of this Agreement.

The Locum Physician confirms that:

- (a) S/he is now and will remain during the term of this agreement a licensed and registered physician lawfully entitled to practice medicine in the Province of British Columbia.
- (b) S/he is now and will remain a member in good standing in the Canadian Medical Protective Association.
- (c) S/he has arranged appropriate hospital privileges with North Island Hospital Comox Valley in a timely manner (preferable minimum 3 months) and has arranged a tutorial on Powerchart through medical administration.
- (d) S/he is aware that once they have agreed to provide coverage they will be responsible for either finding a replacement, or providing financial compensation as outlined in section 5.2 unless a valid reason is presented.
- (e) S/he agrees to assume responsibility for the follow-up of all patient care, patient records, test reports, consults and referrals generated by the Host Physician during the term of the locum period.
- (f) The locum is willing to see the equivalent of 4 regular visits per hour.
- (g) The locum agrees to see overflow patients from other practices within the clinic.

The Locum Physician agrees to comply with the usual office procedures of the Host Physician including procedures with respect to billing and accounting practices that are consistent with the professional and ethical standards set out by the College of Physicians and Surgeons of BC.

Host Physician Obligations

The Host Physician agrees:

- (a) That the Locum Physician may use the medical offices and related facilities of the Host Physician;
- (b) To provide the usual equipment, materials, examination rooms and drugs which are necessary or desirable to provide care to the patients of the Host Physician;
- (c) To provide up-to-date emergency medications and equipment as mandated by the College of Physicians and Surgeons of BC policy guidelines;
- (d) To provide reception and office staff at the level normally available to the Host Physician;
- (e) To provide access to patient records and related information as is necessary or desirable to permit the Locum Physician to perform physician services for the patients of the Host Physician;
- (f) To maintain an insurance policy (or policies) respecting liability for personal injury or property loss;
- (g) To resume responsibility for the follow-up of all patient care, patient records, test reports, consults and referrals generated by the Locum Physician after the Locum period;
- (h) To notify North Island Hospital Comox Valley medical administration and proxy inpatients for Powerchart access, Life Labs and other facilities of upcoming medical locum coverage.

1.	<p>Office-based services are split: _____</p> <p>Includes:</p> <ul style="list-style-type: none"> • MSP, WorkSafeBC, ICBC • Non-insured services (cosmetic procedures, out-of-province patients, notes, forms) • In-office procedures • _____ • _____ <p>Excludes:</p> <ul style="list-style-type: none"> • Tray fees, pregnancy tests, urinalysis, dressing materials, injections • _____ • _____
2.a	<p>Services billed that are related to the physician being covered is: _____ (i.e. morning rounds, extended care visits, home visits, ER billings, hospital billings, and OR assists).</p>
2.b	<p>Services billed that are NOT related to the physician being covered is: _____ (i.e. OR assists).</p>
2.c	<p>Obstetrics billings:</p> <p>Other practice specific modifications:</p>
3.	<p>FPSC incentives will be shared on a percentage basis for locums of 3 consecutive full months or greater duration for this physician. The billing split will be determined as mutually agreeable:</p> <ul style="list-style-type: none"> • Mental Health Planning Visit (14043) • Mental Health Management Counseling (14044 – 14048) • Palliative Planning Visit (14063) • Complex Care Incentive (14033 or 14075) <ul style="list-style-type: none"> ○ Planning Component (\$100) ○ Annual Pre-payment Component (\$215) • Chronic Disease Management (14050, 14051, 14052 or 14053) <p><i>Many FPSC incentives cover more than a single service e.g. CDMs cover guideline informed care for the previous 12 months and Complex Care covers the planning visit and pre-payment for the increased time, intensity and complexity of managing these patients for the coming year or so. Since the host FP is responsible for the follow-up management of the care incented through the initiatives, there must be agreement that it would be appropriate for the service to be provided by the locum. The inclusion of any FPSC initiative services in the locum agreement must be mutually agreed to. It is recommended that for locum contracts of 3–6 months continuous duration or longer, consideration be given to the percentage split for CDM and Complex care (non-planning component) that is commensurate with length of locum contract.</i></p>
4.	<p>Guaranteed minimums:</p> <p>The following amounts will be paid if net billings are less than the specified minimums as agreed to below:</p> <ul style="list-style-type: none"> • Per half day (4 hours) is \$ _____ (net billing) • Per full day (8 hours) is \$ _____ (net billing) <p>Guaranteed attendance:</p> <p>The following penalty will be paid by the locum if they fail to provide coverage (themselves or mutually agreeable replacement):</p> <ul style="list-style-type: none"> • \$ _____ per full day
5.	<p>Payments owed to the Locum physician will be paid by the Host physician every month or within 4 weeks of the completion of the locum period. Any outstanding payments will be subject to interest charges of 2% per month, exclusive of MSP, ICBC or WCB errors. Payments will be based on:</p>

6.	<p>Any retroactive payments received by the Host physician for services performed by the Locum physician will be subject to the terms agreed to & documented in this Schedule. Payments will be paid to the Locum physician within 30 days of receipt of payment from MSP if the amount is greater than \$5.</p> <p>Any over payment or rejections by MSP of locum billings will be paid to the Host Physician within 30 days if the value is greater than \$5.</p>
7.	<p>Additional notes:</p>

Payment Terms

The Locum Physician will record on a day sheet or billing program the fee codes and diagnostic codes for all services rendered on behalf of the Host Physician. Fees charged will be in accordance with MSP regulations and commonly accepted medical practice policies. The host physician reserves the right to review the locum billings prior to payment.

Cheques will be made out to: _____
(Indicate personal name of Locum Physician to be used or corporate name to be used, based on locum preference)

Cheques will be mailed to: _____

Locum Cell phone number: _____ Locum email address: _____

Work Location(s)

e.g. for office(s), clinic(s), extended care / nursing home facility / hospital (s), etc.

<p>1. Office: _____ _____ _____ _____</p>	<p>2. Other facilities: _____ _____ _____ _____</p>
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Weekly Schedule

Day	Hours	Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Practice Requirements

1.	On-call work required:	<input type="checkbox"/> None <input type="checkbox"/> Yes Details
2.	Hospital work (rounds, surgical assists, DOD shifts):	<input type="checkbox"/> None <input type="checkbox"/> Yes Details
3.	Obstetrical coverage:	<input type="checkbox"/> None <input type="checkbox"/> Yes Details
4.	Extended care/nursing home and/ or home visits:	<input type="checkbox"/> None <input type="checkbox"/> Yes Details
5.	Teaching obligations (med student/resident):	<input type="checkbox"/> None <input type="checkbox"/> Yes Details

THIS AGREEMENT IS SIGNED BY:

 Signature Host Physician(s)

and

 Signature Locum Physician

THIS AGREEMENT IS VALID FOR ONE YEAR FROM THE DATE OF SIGNING

_____/_____/_____
 (day) (Month) (Year)

Period of locum coverage

From: _____/_____/_____ (day/month/year)	To: _____/_____/_____ (day/month/year)	Initials: Host: ____ Locum: ____
From: _____/_____/_____ (day/month/year)	To: _____/_____/_____ (day/month/year)	Initials: Host: ____ Locum: ____
From: _____/_____/_____ (day/month/year)	To: _____/_____/_____ (day/month/year)	Initials: Host: ____ Locum: ____
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From: _____/_____/_____ (day/month/year)	To: _____/_____/_____ (day/month/year)	Initials: Host: ____ Locum: ____

LOCUM CHECKLIST

This checklist is meant to ensure that the following information and/or items are reviewed/provided to the Locum physician prior to the Host physician leaving.

Office

- Location of Parking/parking pass if required
- Keys given to Locum physician
- Location of the following is known:
 - In-office emergency kit
 - Procedural equipment (i.e. needles, vaccines, bandages/minor wound materials, liquid nitrogen, suture removal kits, PAP, IUDs, mole removals, etc.)
 - Staff lunchroom, fridge, microwave, etc.
 - Inbox/outbox for paperwork
- Booking practices have been reviewed, e.g. how many patients/hour, time allotted for regular visit/CPX/PAP, same-day bookings
- Staff contact information (in case of emergency) _____
- Pager and/or cell phone & numbers _____
- Call group details (contact person _____)

EMR / Computer / Contact Details

The following have been provided:

- User IDs & passwords
 - EMR
 - Computer
 - Wireless
- EMR tutorial

Work Outside of the Office/ Office Hours

The following have been provided:

- A list of the usual visitation days for extended care/ nursing home facilities
- A list of current hospital inpatients
- Out of Hours coverage details:
 - On-call obligations and arrangements including hours of coverage
 - Hand-over process
- A list of patients who may require house calls
- Hospital work & obtaining privileges
- Obstetrics
- Specialty backup