

Victoria Practice Coverage - Locum

Job Posting Submission

The Victoria Division of Family Practice makes no representations or guarantees about the positions and employers listed on our website. We are not responsible for safety, wages, working conditions, or any other aspect of employment.

These services are provided free of charge to Victoria Division members and its partners. We expect that all physician opportunities and the offices their represent comply with the bylaws outlined by the College of Physicians and Surgeons of British Columbia. We reserve the right to remove any postings.

Practice/Clinic Name _____

Start Date _____ End Date _____

My dates can be flexible (e.g. two weeks in July/August)

GP/PRACTICE INFORMATION

Solo Practice Group Practice Combination Walk-in Clinic

GP Name(s) _____

Street Address (Suite/Number/Street) _____

City _____ Postal Code _____

Tel (office) _____ Tel (mobile) _____

Fax _____ Email _____

POSTING STATUS — please check all boxes that apply

Permanent Full-time Part-time Other (e.g. retirement/long-term associate/lengthy leave)
 Walk-in Clinic Shift Coverage Locum Will consider cross-coverage options

POSTING DESCRIPTION — MANDATORY— describe the practice/position in detail; include patient demographics, practice type and any special considerations.

Average daily patient volume _____ EMR? No Yes → EMR Name _____

QUALIFICATIONS AND EXPERIENCE REQUIRED - MANDATORY - choose one of the options for licensure requirement. Select "Eligible for" if practice is open to considering provisionally trained physicians who require supervision, and the position is full time - min 30 hrs/week (FFFP - cannot be walk-in shifts only).

Licensure with the College of Physicians and Surgeons of BC

Eligible for Licensure with the College of Physicians and Surgeons of BC



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POSTING REQUIREMENTS — please check all boxes that apply

On-call obligations	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional	Telephone on-call	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
Hospital privileges	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional	Obstetrics	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
Nursing home/extended	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional	House calls	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
Surgical assists	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional	ER work	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
ACLS	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional	ATIS	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
Other	_____						

SCHEDULE — (day & times, if applicable)

Mo _____ to _____
 Tu _____ to _____
 We _____ to _____
 Th _____ to _____
 Fr _____ to _____
 Sa _____ to _____
 Su _____ to _____
 Work hours are flexible

Describe your work environment (e.g. how many clinic rooms, MOA, RNs, etc.) _____

Dedicated computer for physician use? Yes No Wireless internet? Yes No
 High speed internet? Yes No Parking available for physician Yes No

Parking information (e.g. indicate if free) _____

COMPENSATION

LFP FFS Alternate Payment Service Contract Other: _____
 In-office _____ % / _____ % Form fees/private billings _____% / _____% Hospital/out of office _____% / _____%

Guaranteed daily or hourly minimum \$ _____

_____ Other financial terms (e.g. sessional, GPSC) _____

_____ Other considerations (e.g. housing available) _____

OTHER COMMENTS/NEEDS

CONTACT — If you would like to be contacted directly please complete if contact information is different from GP/Practice Information already completed above, otherwise all inquires will be fielded by the Victoria Division of Family Practice.

Name _____ Telephone _____
Email _____

* Please note this posting will be listed in the following places:

- public side of the Victoria Division website
- Health Match BC
- CASPR
- Island Health Medical Staff Careers site
- Work BC