

## 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.

ractice/Clinic Name			
tart Date			End Date
1y dates can be flexib	ole (e.g. two weeks ir	July/August)	t)
P/PRACTICE INFOR	MATION		
Solo Practice	Group Practice	Combina	nation Walk-in Clinic
GP Name(s)			
Street Address (Suite			
City			Postal Code
Tel (office)			T-1 ( -:1-)
-			
	– please check ☑ all		
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
	TION — MANDATO y special consideration		<b>be</b> the practice/position in detail; include patient demographics,

**QULIFICATIONS 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 REQUIREMENT	<b>S</b> — please	e check 🗹 all	boxes that apply	у				
On-call obligations Hospital privileges Nursing home/extended Surgical assists ACLS Other		Required Required Required Required	Optional Optional Optional Optional Optional Optional	Telephone o Obstetrics House calls ER work ATLS		l n/a l n/a l n/a	☐ Required ☐ Required ☐ Required ☐ Required ☐ Required ☐ Required	☐ Optional ☐ Optional ☐ Optional ☐ Optional ☐ Optional
SCHEDULE — (day & time	es, if application	able)						
□ Moto		Tu	to	□ We	to		□ Th	to
□ Frto			_to	□ Su	_to		☐ Work hou	urs are flexible
Describe your work enviro	nment (e.a	how any clir	nic rooms MOA	PNs etc)				
Dedicated computer for p			□ No	Wireless intern			☐ Yes	□ No
High speed internet?	riysiciari us		□ No	Parking availab		rcician	☐ Yes	□ No
Parking information (e.g. in	ndicate if fr		LI NO	raiking availab	ne for priy	Siciali	L res	LI NO
COMPENSATION								
COMPENSATION  LFP FFS	Δ	lternate Paym	ent Ser	vice Contract	Othe	er:		
In-office / Guaranteed daily or hourly	%  minimum		rivate billings					_% /%
Other final	ncial terms	(e.g. sessiona	al, GPSC)					
Other cons	siderations	(e.g. housing	available)					
OTHER COMMENTS/NEED	S							
CONTACT — This will be fielded by the Victoria Div	-	-	using personal	information If r	no contact	is provid	ed, all inquire	es will be
Name				Telephone				
Email								
* Please note this posting will	be listed in tl	he following pla	ices:					

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

WEB divisionsbc.ca/victoria