

## Victoria Practice Coverage -Permanent

## 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.

GP/PRACTICE INFORMATION  ☐ Solo Practice ☐ Group Practice ☐ Combination ☐	End Date (if applicable)			
O Solo Bractico O Group Bractico O Combination C				
— 3010 Fractice — Group Fractice — Combination — L	□ Walk-in Clinic			
Practice Name				
If you work at a walk-in clinic, please name your medical direct	ctor			
GP Name(s)				
Street Address (Suite/Number/Street)				
City	Postal Code			
Tel (office)				
Fax	Email			
Permanent Full-time Part-time  Will consider cross-coverage options  POSTING DESCRIPTION — MANDITORY— describe the pratype and any special considerations.	Other (e.g., retirement/long-term associate/lengthy leave) actice/position in detail; include patient demographics, practice			
Is this a new or replacement position? New Replacement	ent If replacement, for whom:			

Licensure with the College of Physicians and Surgeons of BC

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

time - min 30 hrs/week (FFFP - cannot be walk-in shifts only).



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POSTING REQUIREMENTS –	<ul><li>please c</li></ul>	check 🗹 all box	es that apply				
On-call obligations Hospital privileges Nursing home/extended care Surgical assists ACLS Other	□ n/a □ n/a	☐ Required ☐ Required ☐ Required ☐ Required ☐ Required	☐ Optional ☐ Optional ☐ Optional ☐ Optional ☐ Optional	Telephone on- Obstetrics House calls ER work	call	☐ Required ☐ Required ☐ Required ☐ Required ☐ Required	☐ Optional ☐ Optional ☐ Optional ☐ Optional ☐ Optional ☐ Optional
SCHEDULE — (day & times,							
☐ Moto	_ п	uto_		☐ Wet	o	□ Th	to
☐ Frto		ato_		Suto		☐ Work ho	ours are flexible
COMPENSATION							
LFP FFS	Alterna	ate Payment	Salary	Other:			
Describe your work environm	ent (e.g. h	ow any clinic ro	ooms, MOA, RN	ns, etc.)			
Dedicated computer for phys	sician use?	Yes 🗆	l No V	Vireless internet?		☐ Yes	□ No
High-speed internet?		☐ Yes ☐	No P	arking available f	or physician	☐ Yes	□ No
Parking information (e.g. indic	cate if free	·)					
OTHER COMMENTS/NEEDS							
CONTACT — If you would lii information already complete  Name	ed above,	otherwise all in	quires will be fi	elded by the Vict	oria Division	of Family Pract	ice.
Email							
<ul> <li>* Please note this posting will be</li> <li>public side of the Victoria</li> <li>Island Health Medical Sta</li> </ul>	Division w	/ebsite •	: Health Match BC Work BC	• C	ASPR		

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WEB divisionsbc.ca/victoria