

APPLICATION FORM
PRA-BC FAMILY PRACTICE
RETURN OF SERVICE CANDIDATES



Anticipated Practice Ready Date – Fall 2021
(3 Year ROS)

SEND COMPLETED APPLICATION TO ISLAND HEALTH BY

Noon September 24, 2020

To: physicians@viha.ca

To be eligible for consideration for participation in this program, your practice must meet the eligibility requirements stated below.

Whether assuming a retiring physician's practice or starting a new practice with unattached patients, there must not be an expectation or obligation that the IMG ROS physician should have to purchase or buy into the ownership of the practice for the duration of the ROS contract.

Once you submit a completed application, your practice will be scored based on the criteria described below. These criteria were chosen to maximize the opportunity for a successful recruitment and to maintain attachment for patients in the chosen clinic and community for years to come.

Eligibility requirements:

- Position to be held for the candidate's transition to practice in **Fall 2021**.
- A designated physician is available to be part of a transition/mentorship plan if taking over a retiring physician's practice, or starting a new practice with unattached patients, respectively.
- Onsite supervisor available.
- Ability of the new ROS physician to establish or assume a patient panel sufficient to support a full-time (1680 hours per year, and 40 hours per week) full service family practice.
- Clinic space is adequate to accommodate new physician during transition/mentorship phase and beyond, minimum 2 exam rooms per physician.
- A firm agreed upon date for new ROS physician to assume full patient panel from departing/retiring physician.

Clinics will be evaluated on the following:

- Scalability of Need:
 - Current number of unattached patients
 - Impact of vacancy on patient care services in community
 - Anticipated need (growth and turnover/retirement)
 - Current vacancy
- Clinic Readiness
 - Ability to establish and support a transition/mentorship plan for the new ROS physician
 - Timeline aligned with Return of Service commencement
 - EMR or willingness to transition to one
 - Patient panel sufficient to support full-time family practice. (If a departing physician, existing panel. If new position, unattached patients available within community).

An interview or site visit may be arranged with a Medical Director overseeing this program

The following application must be completed in its entirety

PART 1 - CLINIC INFORMATION

CLINIC NAME:			
CONTACT NAME:			
CLINIC ADDRESS (including Postal Code):			
MAILING ADDRESS (if different from above)			
<ul style="list-style-type: none"> How long has clinic been at this location? 	#years:		
<ul style="list-style-type: none"> Do you plan to move in the next 3 years 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CONTACT PHONE NUMBER:			
EMAIL:			
DOES YOUR CLINIC USE EMR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
DOES YOUR CLINIC PLAN TO CHANGE THE CURRENT EMR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
HOW MANY FAMILY PHYSICIANS PRACTICE LONGITUDINAL CARE AT YOUR CLINIC?	Full Time	#	Part Time
<ul style="list-style-type: none"> Of these, how many have joined in the past year? 	#		#
HOW MANY DEDICATED CONSULTING ROOMS WILL BE AVAILABLE FOR AN INCOMING ROS PHYSICIAN?			
DO YOU CURRENTLY HAVE ANY ROS PHYSICIANS IN YOUR CLINIC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> If so, how many Start date(s): Current patient panel size(s) Has there been discussions regarding whether the ROS physician will remain beyond their ROS commitment/end date? If so, are they remaining or leaving and by when? 			

PART 2 – PRACTICE INFORMATION

IS THE VACANCY:	Replacement	New
	<input type="checkbox"/>	<input type="checkbox"/>
IF FOR A REPLACEMENT:		
<ul style="list-style-type: none"> Name of retiring/departing physician: Date of retirement or departure: 		
<ul style="list-style-type: none"> Will the departing physician be part of a transition plan? Will the departing physician transfer his/her patient panel to incoming ROS physician at the above date? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF FOR A NEW PHYSICIAN:		
<ul style="list-style-type: none"> Is clinic able to provide mentorship to incoming ROS physician? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PRA-BC Family Practice ROS Application Form

PLEASE IDENTIFY IF YOU HAVE TAUGHT MEDICAL STUDENTS AND/OR RESIDENTS IN THE PAST THREE YEARS	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU ABLE TO SUPPORT A PHYSICIAN WITH PROVISIONAL CLASS OF LICENSURE WITH THE CPSBC WITH REQUIRED SUPERVISION Please print name of proposed Supervising Physician	<input type="checkbox"/> Yes <input type="checkbox"/> No

For details pertaining to Expectations of Supervisors for Provisional Registrants, please refer to the CPSBC website: <https://www.cpsbc.ca/files/pdf/RP-Guidelines-for-Supervision-of-Registrants-in-the-Provisional-Class.pdf>.

PART 3 - POSITION INFORMATION

ISLAND HEALTH VACANCY #	
REMUNERATION (Example - Fee-for Service / Alternative Payment Contract / Service Contract / Other):	
<p>OVERHEAD (% or fixed amount per month):</p> <ul style="list-style-type: none"> Are out of office (i.e. hospital) billings charged overhead as well, and if so, what is the percentage? <p>Does your clinic have an associate/practice agreement? If yes, a copy must be attached with your application.</p> <p>NOTE: The overhead information provided here must match what will be provided to the residents in their letter of offer.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>PLEASE PROVIDE INFORMATION ABOUT THE PATIENT POPULATION BEING SERVED:</p> <ul style="list-style-type: none"> How many patients does the clinic have? What are the patient demographics? Describe any special areas of focus in the patient panel – i.e., language other than English, mental health patients, HIV patients, high risk obstetrics, etc. 	
<p>ANTICIPATED PATIENT PANEL VOLUME FOR INCOMING ROS PHYSICIAN:</p> <ul style="list-style-type: none"> If the position is to assume an existing patient panel, how many patients are currently in the panel? If the position is a new position, what is the anticipated attachment? 	
IN ADDITION TO OFFICE WORK, DOES THE POSITION REQUIRE OR OFFER THE FOLLOWING	
HOSPITAL PRIVILEGES	<input type="checkbox"/> Required <input type="checkbox"/> Available <input type="checkbox"/> Not Applicable
EMERGENCY DEPARTMENT COVERAGE	<input type="checkbox"/> Required <input type="checkbox"/> Available <input type="checkbox"/> Not Applicable
LONG TERM CARE	<input type="checkbox"/> Required <input type="checkbox"/> Available <input type="checkbox"/> Not Applicable
DOCTOR OF THE DAY PROGRAM	<input type="checkbox"/> Required <input type="checkbox"/> Available <input type="checkbox"/> Not Applicable
WALK IN CLINIC (FOR ATTACHED PATIENTS)	<input type="checkbox"/> Required <input type="checkbox"/> Available <input type="checkbox"/> Not Applicable
MATERNITY CARE	<input type="checkbox"/> Required <input type="checkbox"/> Available <input type="checkbox"/> Not Applicable



<p>WHY SHOULD YOUR CLINIC BE CONSIDERED FOR THIS PROGRAM:</p>	
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If successful with this application, I/we (name of clinic, location and Medical Leader – please print clearly)

hereby agree to the requirements defined on Page 1 of this application and specifically, the declarations below, as described within this application for a Return of Service Family Physician from the program identified above.

Declarations:

- Position held for candidate’s practice ready date of Spring 2021
- A designated Physician is available to be part of a transition/mentorship plan for the new Physician.
- ROS physician able to establish or assume a patient panel sufficient to support a full-time (1680 hours per year, and 40 hours per week) full service family practice.
- Clinic is not exclusively a walk-in clinic.
- Position is not a locum position.
- Clinic space is adequate to accommodate new physician during transition/mentorship phase and beyond, minimum 2 exam rooms per physician).
- Overhead indicated on the application form will match what is provided to the candidate on the letter of offer.
- Associate/practice agreement for the clinic is attached, if have one.

Signature and Date Signed

Send completed form to the attention of:
Medical Staff Recruitment
Email: physicians@viha.ca