

APPLICATION FORM
PRA-BC FAMILY PRACTICE
RETURN OF SERVICE CANDIDATES



Anticipated Practice Ready Date – Summer 2020/Early 2021 (3 Year ROS)

SEND COMPLETED APPLICATION TO ISLAND HEALTH BY October 2, 2019

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:

- Candidate transition to practice in **Summer 2020/Early 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 practice.
- Clinic space is adequate to accommodate new physician during transition/mentorship phase and beyond.
- 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 unattached patients
 - Anticipated need (growth and turnover/retirement)
 - Current vacancy
 - Impact of vacancy on patient care services in community
- 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.)

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? • Does your existing lease arrangement have 3+ years remaining and/or • Do you plan to move in the next 2/3 years 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT PHONE NUMBER:	
FAX NUMBER:	
EMAIL:	
DOES YOUR CLINIC USE EMR?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<ul style="list-style-type: none"> If Yes, which one? How long have you used this system? Are there any paper charts still associated with your practice? 	<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? 	#	#
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? 		
HOW MANY DEDICATED CONSULTING ROOMS WILL BE AVAILABLE FOR AN INCOMING ROS PHYSICIAN?		

PART 2 – PRACTICE INFORMATION

IS THE VACANCY:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> To replace a physician retiring from practice or leaving the community? <ul style="list-style-type: none"> Please print name of physician retiring/or leaving, and end date of practice An additional physician filling a clinic and community need? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF FOR DEPARTING PHYSICIAN:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<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 an agreed upon date? <ul style="list-style-type: none"> Please provide date 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF FOR A NEW PHYSICIAN:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> Is clinic able to provide mentorship to incoming ROS physician? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HOW MANY OTHER CLINICS ARE LOCATED WITHIN YOUR CITY/COMMUNITY?		
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please print name of proposed Supervising Physician		

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):	
OVERHEAD (% or fixed amount per month):	
<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? 	
PLEASE PROVIDE INFORMATION ABOUT THE PATIENT POPULATION BEING SERVED:	

<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? 	
<p>IN ADDITION TO OFFICE WORK, DOES THE POSITION REQUIRE OR OFFER THE FOLLOWING</p>	
<p>HOSPITAL PRIVILEGES</p>	<p><input type="checkbox"/> Required <input type="checkbox"/> Available <input type="checkbox"/> Not Applicable</p>
<p>CLINIC ON-CALL GROUP</p>	<p><input type="checkbox"/> Required <input type="checkbox"/> Available <input type="checkbox"/> Not Applicable</p>
<p>EMERGENCY DEPARTMENT COVERAGE</p>	<p><input type="checkbox"/> Required <input type="checkbox"/> Available <input type="checkbox"/> Not Applicable</p>
<p>RESIDENTIAL CARE PROVISION</p>	<p><input type="checkbox"/> Required <input type="checkbox"/> Available <input type="checkbox"/> Not Applicable</p>
<p>WHY SHOULD YOUR CLINIC BE CONSIDERED FOR THIS PROGRAM:</p>	

If successful with this application, I/we (name of physician/practice – please print)

_____ hereby agree to the requirements defined on Page 1 of this application and specifically, under *Eligibility Requirements*, and the requirement to hold a position as described within this application for a Return of Service Family Physician from the program identified above.

Signature and Date Signed

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Send completed form to the attention of:
Medical Staff Recruitment
Island Health, Nanaimo Regional General Hospital
Room B028A, 1200 Dufferin Crescent, Nanaimo, BC V9S 2B7
Fax: 250-716-7747 / Email: physicians@viha.ca