

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		be 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	S — please ch	neck 🗹 all b	oxes that apply	У				
On-call obligations Hospital privileges Nursing home/extended Surgical assists ACLS Other	□ n/a	Required Required Required Required	Optional Optional Optional Optional Optional	Telephone or Obstetrics House calls ER work ATI S	n-call	□ n/a	Required Required Required Required Required Required	☐ Optional ☐ Optional ☐ Optional ☐ Optional ☐ Optional ☐ Optional
SCHEDULE — (day & time	es, if applicable	e)						
□ Moto		t	o	□ We	_to _		□ Th	to
□ Frto			o					ırs are flexible
Describe your work enviro	nment (e.g. h	ow any clinic	c rooms, MOA,	RNs, etc.)				
Dedicated computer for p	hysician use?	☐ Yes ☐	□ No	Wireless interne	et?		☐ Yes	□ No
High speed internet? Parking information (e.g. in			□ No	Parking availabl	le for p	ohysician	☐ Yes	□ No
COMPENSATION								
LFP FFS	Alte	rnate Paymei	nt Ser	vice Contract	(Other:		
% In-office /	% Fc	orm fees/priv	vate billings	_% /%		Hospital/o	ut of office	_% /%
Guaranteed daily or hourly	minimum \$_							
Other fina	ncial terms (e.	g. sessional,	GPSC)					
Other cons	siderations (e.c	g. housing a	vailable)					
OTHER COMMENTS/NEED	S							
CONTACT — This will be fielded by the Victoria Div			using personal	information If n	o cont	act is prov	ided, all inquire	es will be
Name				Telephone				
Email								
* Please note this postina will	he listed in the f	ollowina place	ρς•					

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

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