

APPLICATION FORM
PRA-BC FAMILY PRACTICE
Spring 205 and Interim Fall 2025
RETURN OF SERVICE CANDIDATES



Spring 2025 Intake - Practice Ready Fall 2025 Interim Fall 2025 Intake - Practice Ready Spring 2026 3 Year ROS	SEND COMPLETED APPLICATION TO ISLAND HEALTH BY August 2, 2024 To: medstaffrecruitment@islandhealth.ca
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To be eligible for consideration for participation in this program, your practice must meet the eligibility requirements stated below. **The application form must be completed in its entirety and signed.**

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 ROS physician should have to purchase or buy into the ownership of the practice for the duration of the ROS contract. Clinic must be able to provide ROS physician with a turn key practice.

Once you submit a completed application, your practice will be assessed 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 either **Fall 2025 or Spring 2026**
- 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.
- Ability of the new ROS physician to establish or assume a patient panel sufficient to support a full-time (minimum 1680 hrs annually) full-service family practice, which can include community and hospital services.
- If assuming a patient panel, the panel size requirement within the first year should NOT exceed the MoH requirement under the NTP contract (800 urban and 600 rural).
- Clinic space is adequate to accommodate new physician during transition/mentorship phase and beyond, recommend a minimum 2 exam rooms per physician while seeing in office patients.
- A firm agreed upon date for new ROS physician to assume full patient panel from departing/retiring physician.
- If walk-in clinic is part of the clinic service model, it cannot exceed 1 day/week.
- Clinic supports candidate's choice of compensation model, LFP, FFS or NTP contract, or is on an APP group contract.
- Clinic is able to provide onsite supervision of a Provisionally Licensed Physician with the CPSBC.
- Clinic is able to act as a clinical field assessment site.

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 ○ Are there physicians in the clinic currently accepting new patients
- Clinic Readiness
 - Ability to establish and support a transition/mentorship plan for the new ROS physician
 - Clinic able to hold place for Return of Service practice start date
 - Existing EMR or willingness to transition to one
 - Patient panel sufficient to support full-time family practice (if a departing physician, existing panel, that aligned with MoH NTP contract. If new position, unattached patients available within community).
 - Clinic associate/practice agreement - Doctors of BC Link
 - Clinic stability
- Clinical Field Assessment
 - Participation as a clinical field assessment site or willingness and ability to participate.
 - For more information on CFA and assessor requirements please click [here](#)

By participating in the program you understand that:

- Placement of a ROS participant is not guaranteed and is dependent on a successful match and could be impacted by the ROS participant's personal situation (e.g., passing of exams and CFA, exceptional circumstances, withdrawal from program and ROS commitments).
- The clinic holds a relationship with ROS participant through the clinic letter of offer and the associate/practice agreement and is not a party to the ROS contract or ROS addendum.
- A ROS participant may decide to leave a clinic after completing their ROS commitment.
- ROS participants are not required to purchase or buy into the ownership of the practice for the duration of the ROS
- The Ministry of Health, Health Authority, and/or the ROS participant are not responsible for any disruption to business or financial impact experienced by the clinic/facility resulting from an unsuccessful or partially completed ROS placement.

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

Clinics misrepresenting their practice may be removed from consideration for a Return of Service placement for a period of 2 years. Prior to the Working Group making this decision a review will be conducted. The Clinic may appeal the Working Group's decision.

The following application must be completed in its entirety

Please Identify which Intakes you would like to Apply for:

Spring 2025 Intake (Practice Ready Fall 2025)

Interim Fall 2025 Intake (Practice Ready Spring 2026)

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? Do you plan to move in the next 3 years? 	#years:	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CONTACT PHONE NUMBER:		
EMAIL:		
IS THE CLINIC PART OF THE PRIMARY CARE NETWORK (PCN)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CLINIC DAYS AND HOURS OF OPERATION:		
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:	<input type="checkbox"/> Replacement	<input type="checkbox"/> New
IF FOR A REPLACEMENT:		
<ul style="list-style-type: none"> Name of retiring/departing physician: Date of departing Physician and date: 		
<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
PLEASE IDENTIFY IF YOU HAVE TAUGHT MEDICAL STUDENTS AND/OR RESIDENTS IN THE PAST THREE YEARS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SUPERVISION - it is understood that the PRA-BC Physician will have Provisional Class of Licensure with CPSBC and will require Supervision for the whole of their ROS or until such time as they receive full licensure with CPSBC	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 - Compensation model at clinic (FFS, APP, LFP, NTP):	
<ul style="list-style-type: none"> Able to support choice of compensation model at your clinic? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? 	
Does your clinic have an associate/practice agreement? If yes, a copy must be attached with your application. NOTE: The overhead information provided here must not exceed what will be provided to the ROS physician in their letter of offer. NTP overhead compensation is intended to offset the overhead, and is not in addition to the clinic's overhead rate.	<input type="checkbox"/> Yes <input type="checkbox"/> No



**PRA-BC Family Practice Application Form
Spring 2025 Intake (Practice Ready Fall 2025) and Interim Fall 2025 (Practice Ready Spring 2026)**

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. 	
ANTICIPATED PATIENT PANEL VOLUME FOR INCOMING ROS PHYSICIAN: <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 - Involvement in local hospital physician group that provides inpatient care for unattached patients	<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
CLINICAL FIELD ASSESSMENT: PRA-BC candidates are required to complete a 12 week CFA at a clinic that is not their ROS site. <ul style="list-style-type: none"> • Has your clinic been a clinical field assessment site? • Is your clinic willing to be a clinical field assessment site? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
WHY SHOULD YOUR CLINIC BE CONSIDERED FOR THIS PROGRAM:	

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 either Fall 2025 or Spring 2026.
- 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 full service family practice. If taking over a panel, patient panel size aligns with MoH NTP contract.
- Clinic is not exclusively a walk-in clinic, and walk-in clinic coverage cannot exceed 1 day per week.
- 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 not exceed what is provided to the candidate on the letter of offer.
- Associate/practice agreement for the clinic is attached, if clinic has one
- Name of proposed supervising Physician indicated.
- Clinic supports candidate's choice of compensation model, or is on an APP group contract.

Signature and Date Signed

NOTE: Unsigned forms will not be accepted.

Send completed form to: Island Health Medical Staff Recruitment
Email: medstaffrecruitment@islandhealth.ca