



# 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 they represent comply with the bylaws outlined by the College of Physicians and Surgeons of British Columbia. We reserve the right to remove any postings.

Start Date \_\_\_\_\_ End Date (if applicable) \_\_\_\_\_

**GP/PRACTICE INFORMATION**

Solo Practice     Group Practice     Combination     Walk-in Clinic

Practice Name \_\_\_\_\_

If you work at a walk-in clinic, please name your medical director \_\_\_\_\_

GP Name(s) \_\_\_\_\_

Street Address (Suite/Number/Street) \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel (office) \_\_\_\_\_ Tel (mobile) \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Are you a member of the Victoria Division of Family Practice?    Yes    No

**POSTING STATUS** — please check  all boxes that apply

Permanent    Full-time    Part-time    Other (e.g., retirement/long-term associate/lengthy leave)

Will consider cross-coverage options

**POSTING DESCRIPTION — MANDATORY— describe** the practice/position in detail; include patient demographics, practice type and any special considerations.

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Is this a new or replacement position?    New    Replacement    If replacement, for whom:

Average daily patient volume \_\_\_\_\_ EMR?    No    Yes    --> EMR Name \_\_\_\_\_

**QUALIFICATIONS AND EXPERIENCE REQUIRED - MANDATORY** - choose one of the options for licensure requirement. Select "Eligible for" if practice is open to considering provisionally licensed 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 REQUIREMENTS** — please check  all boxes that apply

On-call obligations	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional	Telephone on-call	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
Hospital privileges	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional	Obstetrics	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
Nursing home/extended care	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional	House calls	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
Surgical assists	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional	ER work	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
ACLS	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional	ATIS	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional

Other \_\_\_\_\_

**SCHEDULE** — (day & times, if applicable)

Mo \_\_\_\_\_ to \_\_\_\_\_   
  Tu \_\_\_\_\_ to \_\_\_\_\_   
  We \_\_\_\_\_ to \_\_\_\_\_   
  Th \_\_\_\_\_ to \_\_\_\_\_  
 Fr \_\_\_\_\_ to \_\_\_\_\_   
  Sa \_\_\_\_\_ to \_\_\_\_\_   
  Su \_\_\_\_\_ to \_\_\_\_\_   
 Work hours are flexible

**COMPENSATION**

LFP      FFS      Alternate Payment      Salary      Other:

Describe your work environment (e.g. how many clinic rooms, MOA, RNs, etc.) \_\_\_\_\_

Dedicated computer for physician use?  Yes  No     
 Wireless internet?  Yes  No  
 High-speed internet?  Yes  No     
 Parking available for physician  Yes  No

Parking information (e.g. indicate if free) \_\_\_\_\_

**OTHER COMMENTS/NEEDS**

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\_\_\_\_\_

**CONTACT** — This will be public, so please avoid using personal information. If no contact information is provided all inquires will be fielded by the Victoria Division of Family Practice.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

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

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