

# Urban Locum Program (ULP) Greater Victoria Pilot

## Memorandum of Understanding

### Purpose

This Memorandum of Understanding (MOU) is to outline the roles and responsibilities shared between the Physician (Host Physician) and the Victoria Division of Family Practice (VDFP).

### Background

The Urban Locum Program pilot is focused on providing short-term practice coverage to family physicians within primary care networks (PCNs) in Greater Victoria. The program will help to bolster existing recruitment and retention strategies and reduce the burdens of coordinating locum coverage.

### Goals of Program

- Support to host physicians and the Patient Medical Home by offering short-term practice coverage
- Provide administrative support to host physicians in scheduling locums
- Provide financial infrastructure support for host physicians to ensure they can continue to provide patient services, while introducing locums to our community and ensuring they are supported
- Provide professional and financial support for new to practice physicians wanting to experience community longitudinal care practice
- Locums without a current patient panel to be supported by short-term contracts to experience longitudinal family practice
- Patients, and the health-care system itself, see increased access to primary care
- Increase the number of new physicians entering longitudinal care
- Pilot the Urban Locum Program in Greater Victoria with the intent of possible expansion throughout the province

The Victoria Division of Family Practice is administering the Urban Locum Program, Greater Victoria Pilot on behalf of the Ministry of Health and Doctors of BC. The Victoria Division is responsible for the local administration, coordination, and reporting. The FPSC provides provincial leadership, coordination, and oversight of the program's evaluation, financial management and accounting.

### Roles and Responsibilities

#### Host Physician

*The Host Physician will be responsible for:*

- Meeting the defined Host Eligibility Criteria (Appendix A).
- Submitting desired coverage as outlined in the Requesting Coverage Criteria (Appendix B).
- Limit the Locums schedule to ensure direct and indirect care can all be completed within locums daily scheduled hours
- When scheduling direct patient care services, hosts agree to work within the daily patient limit that a locum has indicated they are capable of seeing. The intent is not to overwhelm your locum.
- Scheduling locums to provide longitudinal care to your panel of patients.
- Supplying suitable office space, facilities, furniture, medical equipment, supplies, communication equipment and administrative support necessary for the locum to provide the services (locum to provide personal medical diagnostic equipment such as stethoscopes and

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- personal supplies such as signature stamps).
- Assuming responsibility or making arrangements for the follow-up of all patient care, patient records, test reports, consults, and referrals generated following the completion of the locum coverage.
- Securing separate after hours and on-call coverage for their attached patients for the period of the locum coverage.
- Providing up to two hours of orientation to the locums new to your clinic/EMR
- Working with the VDFP to ensure your EMR is set up for encounter codes and shift reporting.
- Ensure submission of locum encounter billing and shift reports in EMR.
- Maintaining and keeping in force an insurance policy.
- Having an office process in place for patients who are non-residents of Canada.
- If the locum accepts a host physician request, the host physician cannot later cancel the assignment without the written consent of VDFP. It is recommended that a minimum of 30 days' notice be provided to cancel a scheduled locum.
- Participation in the evaluation of the efficiency, quality, and delivery of the Urban Locum Program services.
- Receiving payments via direct deposit.

### Victoria Division of Family Practice

*The VDFP will be responsible for:*

- Provide administration of program pilot:
  - Publishing coverage requests,
  - administering payments,
  - coordinating locum hires, and
  - acting as a point-person for the locums and host-physicians
- VDFP shall pay eligible Host Physician/Clinic monthly infrastructure (overhead) support payments (see Appendix C to confirm eligibility).

### Terms

The term of this memorandum of understanding applies from the date of signing to March 31, 2026. Any extensions to the MOU will be provided in writing. Participation in the ULP pilot is voluntary and the MOU is effective when signed by all parties.

### Termination

The Host Physician or VDFP may terminate the agreement without cause with 30 days' written notice to the other, or immediately upon written notice if the other breaches their roles and responsibilities of the contract.

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The Partners to this MOU executed this agreement on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

<b>Signed on Behalf of the Host Physician</b>
Signature:
Name:
Corporation Name (if applicable):
Date:
<b>Signed on Behalf of the Victoria Division of Family Practice</b>
Signature:
Name:
Title:
Date:

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### Appendices

#### Appendix A

##### Participant Eligibility Criteria

You are eligible to be a host physician in the Urban Locum Program, Greater Victoria pilot if you:

- Are a full-service family physician working a minimum of 0.5 FTE providing clinic-based, longitudinal care to a panel of patients
- Are a member of your local primary care network (PCN) in Greater Victoria (Victoria, Westshore, or Saanich Peninsula)

The above criteria were agreed upon to initially limit the pilot scope and create manageable parameters, while we build a pool of locums, and for the purpose of testing the concept and evaluating outcomes. In the future and with successful evaluation results, the goal is to expand the program across the province and to a wider demographic of family physicians. If there is a surplus of locums during the initial pilot phase, criteria will be expanded at that time.

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### Appendix B

#### Requesting Coverage Criteria

It is the goal of the program to help support family physicians get much needed practice coverage and overhead support for up to 10 days per year, based on the program's locum availability.

Host physician coverage requests will follow the below criteria:

- Each physician is eligible for up to a total of 10 days coverage per year. 10 days coverage = 10 days x 8-hour day of service coverage
- Shifts can be 8.5-hour full day of service (8-hours of service with 30 min unpaid lunch) or 4-hour half day of service.
- Indirect patient care is included in each shift
- Scheduled days can be Monday-Friday (no weekends or statutory holidays)
- It is recommended that you avoid requesting peak times to increase your chances of a successful match
- We will do our best to match you with your preferred locum, however this is on a request basis only with no guarantee
- Dates are to be requested 30 days in advance
- Emergency requests (inside 30-days) will be considered on a case-by-case basis
- Matches are not guaranteed (we will do our best) and may require flexibility from both host physician and locum to create a successful match

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### Appendix C

#### Infrastructure Support Eligibility

VDFP shall pay eligible Host Physician/Clinic monthly infrastructure (overhead) support payments at the rate of \$404.76 per day of hosting the locum, pro-rated for any partial day, upon confirmation of services submitted by the Locum.

#### Infrastructure Support Eligibility:

- Host physicians who normally pay overhead costs out of clinical compensation are eligible for infrastructure support payments (i.e., contracted physicians who are funded under UPCC, CHC and FNPCI models, or who provide services in Health Authority owned and operated sites and who do not pay any overhead are ineligible for additional overhead payments through the pilot program).

If the VDFP does not have a direct deposit form on file please fill one out [here](#).

Once we have received an application and signed MOU, we will forward you access to submit your coverage requests.