

# APPLICATION FORM

## UBC-IMG ROS FAMILY PRACTICE

### RETURN OF SERVICE CANDIDATES



2025 Intake  
Anticipated Practice Ready Date: Summer 2026  
2 Year Return of Service  
9 Placements Available

SEND COMPLETED APPLICATION TO ISLAND HEALTH BY  
**April 11, 2025**

To: [medstaffrecruitment@islandhealth.ca](mailto:medstaffrecruitment@islandhealth.ca)

To be eligible for participation in this program, your practice must meet the preferred eligibility criteria 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 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 the ROS physician with a turn-key practice.

Once you submit a completed application, your practice will be assessed based on the criteria described below and contained within the application. These criteria were determined through consensus building with extensive interest holder input with the hope of increasing the retention of the ROS physician. The information gathered is looked at holistically.

#### **Preferred Eligibility Criteria:**

- Position can be held for the ROS candidate's start date in the Summer of 2026
- Ability of the ROS physician to establish or assume a full-time patient panel (minimum 1680 hours annually, including longitudinal practice, facility and hospital-based services).
- Clinic is dedicated to providing medically necessary, government-funded primary care services, focusing on longitudinal patient relationship and may include some episodic care (i.e. not a cosmetic or private-pay clinic).
- Patient panel size to align within the minimum sizes set by the Ministry of Health (MoH) for a New to Practice (NTP) contract (first year – 800 urban and 600 rural).
- A designated physician is available to be part of a transition/mentorship plan, especially if the ROS physician is assuming a resigning/retiring physician's panel.
- Clinic is able to provide onsite supervision of a Provisionally Licensed Physician, if required. In alignment with the CPSBC Supervisor requirements for graduates of Canadian residencies, clinic must be a group practice of at least three other family physicians, with one family physician registered in the full - family class physically available in the practice when seeing patients. Supervisor may be the same or different as the physician(s) involved in the transition/mentorship plan.
- Clinic supports ROS physicians' choice of compensation model, LFP/FFS or a NTP contract if they prefer (not applicable to clinics on an APP group contract).
- Clinic space is adequate to accommodate ROS physician, recommend 2 exam rooms per physician while seeing in-office patients.
- If walk-in clinic is part of the clinic service model, it should not exceed 1 day/week.
- Position is not a locum position.

#### **Applications will be evaluated on the following:**

- Community Need with Equity Lens
  - Demonstrated Need
  - Equity between Rural and Urban Placements
- Clinic Readiness and Culture
  - Stability of the Clinic
  - Technological Infrastructure
  - Clinic Capacity
  - Resources to Support a Good Placement
  - Availability of supports to help with provision of culturally safe care
- Physician Agency & Autonomy
  - Awareness and Acceptance of Compensation Options for ROS
  - Various Models of Care

#### **By participating in the program you understand that:**

- The outcome for your clinic is dependent on a successful match and could be impacted by the ROS physician's personal situation (i.e. residency completion, exceptional circumstances).
- The clinic holds a relationship with the ROS physician through the clinic Letter of Offer and the Associate/Practice Agreement, and is not a party to the ROS Contract between the ROS physician and the Ministry of Health, or the ROS Addendum between the ROS physician and Island Health.
- A ROS physician may decide to leave a clinic after completing their ROS commitment.
- The Ministry of Health, Health Authority, and/or the ROS physician 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 ROS Working Group member or Medical Director overseeing the program.
- Clinics misrepresenting their practice may be removed from consideration for a ROS placement. 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**

**CLINIC INFORMATION**

CLINIC NAME:	
CONTACT NAME:	
CLINIC ADDRESS (including Postal Code):	
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 PROVIDE WALK IN SERVICES FOR NON-ATTACHED PATIENTS? <ul style="list-style-type: none"> <li>If yes, tell us the hours and how these are shared among the providers in the clinic.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAS YOUR CLINIC PREVIOUSLY HOSTED A ROS PHYSICIAN? <ul style="list-style-type: none"> <li>If Yes, how many and which program</li> <li>Did the ROS physician stay beyond the contract period? <ul style="list-style-type: none"> <li>If Yes, how long</li> </ul> </li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UBC IMG    # <input type="checkbox"/> PRA-BC    # <input type="checkbox"/> Yes <input type="checkbox"/> No
DOES YOUR CLINIC HAVE A ROS PHYSICIAN NOW? <ul style="list-style-type: none"> <li>If Yes, how many and which program</li> <li>When was their start date?</li> <li>Current patient panel size(s)</li> <li>To the Best of your knowledge will the current ROS physician stay beyond the contract period? <ul style="list-style-type: none"> <li>If No, why not?</li> </ul> </li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UBC IMG    # <input type="checkbox"/> PRA-BC    #  <input type="checkbox"/> Yes <input type="checkbox"/> No
IS THIS APPLICATION TO REPLACE A CURRENT ROS PHYSICIAN WHOSE CONTRACT IS ENDING?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name:

**Stability of the Clinic**

How long has the clinic been in operation? How long has clinic been at this location? Do you plan to move in the next 3 years?	# years: # years: <input type="checkbox"/> Yes <input type="checkbox"/> No
How many Family Physicians practice at your clinic? <ul style="list-style-type: none"> <li>What is the average tenure of physicians in your clinic?</li> </ul> What anticipated retirements/resignations or other changes to your clinic might affect a ROS placement one year from now? <ul style="list-style-type: none"> <li>Does your clinic have a plan to mitigate any challenges or issues?</li> </ul>	Full Time:                      Part Time:

**Technological Infrastructure**

Which EMR does your clinic use? Does your clinic plan to change EMR Vendors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
VIRTUAL CARE AT THE CLINIC: <ul style="list-style-type: none"> <li>Does your clinic offer virtual care?</li> </ul> IF YES – TELL US MORE ABOUT VIRTUAL CARE AT YOUR CLINIC: <ul style="list-style-type: none"> <li>How does your clinic book virtual care visits? (i.e. can patients choose what kind of visit?)</li> <li>What % of the visits are virtual care?</li> <li>How are # of virtual care days vs. # of in office days determined for each provider?</li> <li>Does the clinic provide equipment required for virtual care?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No     <input type="checkbox"/> Yes <input type="checkbox"/> No

**Clinic Capacity**

ADMINISTRATIVE SUPPORT AT THE CLINIC: <ul style="list-style-type: none"> <li>Does your clinic have a manager, and if so, how long have they been working at the clinic?</li> <li>How many MOA staff does your clinic employ?</li> <li>What is your clinic’s administrative structure (i.e. 1:1 MOA to physician support or team MOA support)?</li> <li>Does your clinic support physician billing?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No              # Years: # of MOA Staff:  <input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>PLEASE PROVIDE INFORMATION ABOUT THE PATIENT POPULATION BEING SERVED:</p> <ul style="list-style-type: none"> <li>• How many patients does the clinic have?</li> <li>• What is the patient to physician ratio at your clinic?</li> <li>• Average daily patient visits?</li> <li>• What are the patient demographics?</li> <li>• Describe any special areas of focus in clinic – i.e., language other than English, mental health, facility-based care, maternity, etc.</li> </ul>	
<p>ANTICIPATED PATIENT PANEL VOLUME FOR INCOMING ROS PHYSICIAN:</p> <ul style="list-style-type: none"> <li>• If the position is to assume an existing patient panel, how many patients are currently in the panel?</li> <li>• If new position, what is the anticipated attachment?</li> <li>• How does the clinic plan to support the ROS physician in development or assumption of a patient panel?</li> </ul>	

**Resources to Support a Good Placement**

<p>REMUNERATION - Compensation model at clinic: FFS, APP, LFP, NTP:</p> <ul style="list-style-type: none"> <li>• Able to support choice of compensation model at your clinic?</li> <li>• If no, why?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>OVERHEAD (% or fixed amount per month):</p> <ul style="list-style-type: none"> <li>• What are your existing overhead practice arrangements, including out of office work?</li> <li>• Will those arrangements be applied to the ROS physician?</li> </ul> <p><b>NOTE: Overhead arrangements may need to be considered differently for a ROS physician on a NTP contract than other physicians at the clinic practicing under LFP/FFS</b></p> <p>Does your clinic have an associate/practice agreement?</p> <ul style="list-style-type: none"> <li>• If yes, a copy must be attached with your application.</li> </ul>	<input type="checkbox"/> % <input type="checkbox"/> Fixed  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No

**Clinic Culture**

<p>TEAM BASED CARE:</p> <p>How many Nurse Practitioners provide care at your clinic?</p> <p>Does your clinic have a regular locum provider?</p> <p>Does your clinic have Allied Health Workers?</p> <ul style="list-style-type: none"> <li>• If Yes, please provide the type of allied health workers and the number of each supporting your clinic</li> </ul>	<p>Full-time:      Part-time:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>PLEASE SHARE HOW YOUR CLINIC SUPPORTS A POSITIVE CLINIC ENVIRONMENT (i.e. Patient centered care; collaborative environment; work-life balance; ethical and transparent practices; strong leadership and governance)</p>	

**Availability of Supports to Help with Provision of Culturally Safe Care**

<p>PLEASE SHARE ANY SUPPORTS YOU ARE AWARE OF, WITHIN YOUR CLINIC OR THROUGH YOUR PRIMARY CARE NETWORK, FOR THE PROVISION OF CULTURALLY SAFE CARE (i.e. San'yas training or equivalent available, is there access to an Indigenous Liaison)</p>	
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**PRACTICE INFORMATION**

ISLAND HEALTH VACANCY #	
THE VACANCY IS:	<input type="checkbox"/> Replacement <input type="checkbox"/> New
<p>IF FOR A REPLACEMENT:</p> <ul style="list-style-type: none"> <li>• Name of retiring/departing physician/NP:</li> <li>• Anticipated date of departure</li> <li>• How large is the panel that will need to be cared for?</li> <li>• Is there an expectation for the ROS to assume the care of these patients?</li> <li>• Will the departing physician be part of a transition plan?</li> <li>• Will the departing physician transfer their patient panel to the incoming ROS physician at the above date?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
WHO WILL ACT AS THE MENTOR FOR INCOMING ROS PHYSICIAN?	
PLEASE IDENTIFY IF THE MENTOR HAS TAUGHT MEDICAL STUDENTS AND/OR RESIDENTS IN THE PAST THREE YEARS	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>ARE YOU ABLE TO SUPPORT A PHYSICIAN ON PROVISIONAL CLASS OF LICENSURE WITH THE CPSBC WITH REQUIRED SUPERVISION.</p> <p>Please print name of proposed Supervising Physicians</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No



VARIOUS MODELS OF CARE: 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 UN-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
OTHER – PLEASE PROVIDE ANY OTHER MODELS OF CARE/AREAS OF FOCUSED PRACTICE NOT LISTED ABOVE			
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)

I hereby declare that the information provided in this form, along with the below declarations, are true and accurate to the best of my/our knowledge. I understand that any false or misleading statements may result in being removed from consideration for a ROS placement. Prior to the Working Group making this decision a review will be conducted. The Clinic may appeal the Working Group's decision.

**Declarations:**

- Position held for candidate’s practice-ready date of Summer 2026.
- ROS physician will be able to establish or assume a patient panel sufficient to support a full-time comprehensive family practice (minimum 1680 hours per year).
  - Patient panel must meet any minimum requirements relating to the chosen compensation model.
  - If taking over a panel, patient panel size aligns with MoH NTP contract.
- A designated physician is available to be part of a transition/mentorship plan for the new physician.
- Name of proposed supervising Physician indicated.
- Clinic is not exclusively a walk-in clinic, and walk-in clinic coverage should not exceed 1 day per week.
- Clinic is not a cosmetic or private pay focused clinic, but is dedicated to medically necessary government-funded primary care services focusing on longitudinal patient relationships (may include some level of episodic care).
- Clinic space is adequate to accommodate ROS Physician during transition/mentorship phase and beyond.
- Overhead arrangements that will be offered to the candidate, are in alignment with the clinic application, clinic agreement and with other physicians within the clinic.
- Associate/practice agreement for the clinic is attached, if clinic has one.
- Clinic supports candidate's choice of compensation model, or is on an APP group contract.
- Administrative support is available and adequate for a new ROS physician in a full scope family practice.
- No expectation that the ROS physician will buy into the clinic/practice during their ROS.
- Clinic is able to offer a turn-key practice to the ROS physician.

**Signature and Date Signed**

**NOTE: Unsigned forms will not be accepted.**

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