

**This contract is between:**

\_\_\_\_\_ and \_\_\_\_\_  
Name of Host Physicians Names of Locum Physician

The Host Physician practice is/is not (cross out incorrect portion) a GPSC Attachment participating practice. The Locum Physician will work in the Host Physician's medical practice from:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(day/month/year) (day/month/year)

Locum Cell phone number: \_\_\_\_\_ Locum email address: \_\_\_\_\_

**Locum Physician Responsibilities**

The Locum Physician agrees to provide medical services to the patients of the Host Physician or Associates only during the term of this Agreement.

The Locum Physician confirms that:

- (a) S/he is now and will remain during the term of this agreement a licensed and registered physician lawfully entitled to practice medicine in the Province of British Columbia;
- (b) S/he is now and will remain a member in good standing in the Canadian Medical Protective Association; and
- (c) S/he has or is willing to be registered as an Attachment participating locum to provide full-service family practice locum services to the patients of the host attachment physician. (Cross out if not an Attachment participating host practice)
- (d) S/he has arranged appropriate hospital privileges with St. Joseph's General Hospital in a timely manner (preferable minimum 3 months) and has arranged a tutorial on Powerchart through medical administration
- (e) S/he is aware that once they have agreed to provide coverage they will be responsible for either finding a replacement, or providing financial compensation as outlined in section 5.2 unless a valid reason is presented.
- (f) S/he agrees to assume responsibility for the follow-up of all patient care, patient records, test reports, consults and referrals generated by the Host Physician during the term of the locum period.

The Locum Physician agrees to comply with the usual office procedures of the Host Physician including procedures with respect to billing and accounting practices that are consistent with the professional and ethical standards set out by the College of Physicians and Surgeons of BC.

**Host Physician Obligations**

The Host Physician agrees:

- (a) That the Locum Physician may use the medical offices and related facilities of the Host Physician;
- (b) To provide the usual equipment, materials, examination rooms and drugs which are necessary or desirable to provide care to the patients of the Host Physician;
- (c) To provide up-to-date emergency medications and equipment as mandated by the College of Physicians and Surgeons of BC policy guidelines;
- (d) To provide reception and office staff at the level normally available to the Host Physician;
- (e) To provide access to patient records and related information as is necessary or desirable to permit the Locum Physician to perform physician services for the patients of the Host Physician;
- (f) To maintain an insurance policy (or policies) respecting liability for personal injury or property loss;
- (g) To resume responsibility for the follow-up of all patient care, patient records, test reports, consults and referrals generated by the Locum Physician after the Locum period;
- (h) To notify St. Joseph's General Hospital Medical Administration and proxy inpatients for Powerchart access, Life Labs and other facilities of upcoming medical locum coverage.

**Payment Terms**

The Locum Physician will record on a day sheet or billing program the fee codes and diagnostic codes for all services rendered on behalf of the Host Physician. Fees charged will be in accordance with MSP regulations and commonly accepted medical practice policies. The host physician reserves the right to review the locum billings prior to payment.

Agreed to work location(s), work arrangements and payment details as specified below.

Cheques will be made out to: \_\_\_\_\_  
*(Indicate personal name of Locum Physician to be used or corporate name to be used, based on locum preference)*

Cheques will be mailed to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1.	<p>Office-based services are split 70/30:                  Includes:</p> <ul style="list-style-type: none"> <li>• MSP, WorkSafeBC, ICBC</li> <li>• Non-insured services (cosmetic procedures, out-of-province patients)</li> <li>• In-office procedures</li> <li>• For GPSC attachment physicians only:                         <ul style="list-style-type: none"> <li>○ 14066's up to their maximum of 100 per year</li> <li>○ 14076 for phone calls</li> </ul> </li> </ul> <p>Excludes:</p> <ul style="list-style-type: none"> <li>• Tray fees, pregnancy tests, urinalysis, dressing materials, injections</li> </ul> <p>The rural retention premium is already included in the 70% split and will not be added.</p>				
2.	<p>Uninsured services billing split is 70/30:                  Includes:</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Sick notes</td> <td><input type="checkbox"/> Insurance Forms</td> </tr> <tr> <td><input type="checkbox"/> CL19 reports</td> <td><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Sick notes	<input type="checkbox"/> Insurance Forms	<input type="checkbox"/> CL19 reports	<input type="checkbox"/> Other:
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3. a	<p>Out of office services billings during office hours is 70/30:                  Includes morning rounds, extended care visits, home visits, ER billings, hospital billing, obstetrics (including GPSC Obstetric delivery bonuses)</p>				
3. b	<p>Out of office services billings outside of office hours is 90/10:                  Includes extended care visits, home visits, ER billings, hospital billing (excluding morning rounds), obstetrics (including GPSC Obstetric delivery bonuses)</p>				
4.	<p>GPSC incentives will be shared on a percentage basis for locums of 3 continuous months or greater duration. The billing split will be determined as mutually agreeable:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mental Health Planning Visit (14043)</li> <li><input type="checkbox"/> Mental Health Management Counseling (14044 – 14048)</li> <li><input type="checkbox"/> Palliative Planning Visit (14063)</li> <li><input type="checkbox"/> Complex Care Incentive (14033 or 14075)                         <ul style="list-style-type: none"> <li>* Planning Component (\$100)</li> <li>* Annual Pre-payment Component (\$215)</li> </ul> </li> <li><input type="checkbox"/> Chronic Disease Management (14050, 14051, 14052 or 14053)</li> </ul> <p><i>Many GPSC incentives cover more than a single service e.g. CDMs cover guideline informed care for the previous 12 months and Complex Care covers the planning visit and pre-payment for the increased time, intensity and complexity of managing these patients for the coming year or so. Since the host FP is responsible for the follow-up management of the care incented through the initiatives, there must be agreement that it would be appropriate for the service to be provided by the locum. The inclusion of any GPSC initiative services in the locum agreement must be mutually agreed to. It is recommended that for locum contracts of 3 – 6 months continuous duration or longer consideration be given to the percentage split for CDM and Complex care (non-planning component) that is commensurate with length of locum contract.</i></p>				

5.	<p><b>Guaranteed minimums</b>          The following amounts will be paid if net billings are less than the specified minimums as agreed to below:</p> <p><input type="checkbox"/> Per half day _____</p> <p><input type="checkbox"/> Per full day _____</p> <p><b>Guaranteed attendance</b>          The following penalty will be paid by the locum if they fail to provide coverage (themselves or mutually agreeable replacement) without adequate notice of _____ or a valid medical reason to the host physician:</p> <p>\$250.00 per full day</p>
6.	<p>Payments owed to the Locum physician will be paid by the Host physician every month or within 4 weeks of the completion of the locum period. Any outstanding payments will be subject to interest charges of 5% per month. Payments will be based on:</p> <p><input type="checkbox"/> Billings submitted  <input type="checkbox"/> Billings paid  <input type="checkbox"/> Combination: All Billings submitted with the exception of services with restrictions (eg. counseling, GPSC telephone, prevention or OB delivery bonus fees) which will be based on billings actually paid</p>
7.	<p>Any <b>retroactive</b> payments received by the Host physician for services performed by the Locum physician will be subject to the terms agreed to &amp; documented in this Schedule. Payments will be paid to the Locum physician within 30 days of receipt of payment from MSP if the amount is greater than \$5.</p> <p>Any over payment or rejections by MSP of locum billings will be paid to the Host Physician within 30 days if the value is greater than \$5.</p>
8.	<p>Additional notes (e.g. accommodation):</p>

The terms of this contract and the agreements specified above are agreed to by:

**SIGNATURES**

**Host Physician:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (day/month/year)

**Locum Physician:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (day/month/year)

**Period of locum coverage**

From: _____ / _____ / _____ (day/month/year)	To: _____ / _____ / _____ (day/month/year)
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**Work Location(s)**

e.g. for office(s), clinic(s), extended care / nursing home facility / hospital (s), etc.

1. Office: _____ _____ _____ _____	2. Other facilities: _____ _____ _____ _____
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**Weekly Schedule**

Day	Hours	Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Practice Requirements**

1.	On-call work required:	<input type="checkbox"/> None <input type="checkbox"/> Yes Details...
2.	Hospital work (rounds, surgical assists, DOD shifts):	<input type="checkbox"/> None <input type="checkbox"/> Yes Details....
3.	Obstetrical coverage:	<input type="checkbox"/> None <input type="checkbox"/> Yes Details....
4.	Extended care/nursing home and/ or home visits:	<input type="checkbox"/> None <input type="checkbox"/> Yes Details....
5.	Teaching obligations (med student/resident):	<input type="checkbox"/> None <input type="checkbox"/> Yes Details....

**Initials:** Host Physician: \_\_\_\_\_ Locum Physician: \_\_\_\_\_

**LOCUM CHECKLIST**

This checklist is meant to ensure that the following information and/or items are reviewed/provided to the Locum physician prior to the Host physician leaving.

**Office**

- Location of Parking/parking pass if required
- Keys given to Locum physician
- Location of the following is known:
  - In-office emergency kit
  - Procedural equipment (i.e. needles, vaccines, bandages/minor wound materials, liquid nitrogen, suture removal kits, PAP, IUDs, mole removals, etc.)
  - Staff lunch room, fridge, microwave, etc.
  - Inbox/outbox for paperwork
- Booking practices have been reviewed, e.g. how many patients/hour, time allotted for regular visit/CPX/PAP, same-day bookings
- Staff contact information (in case of emergency) \_\_\_\_\_
- Pager and/or cell phone & numbers \_\_\_\_\_
- Call group details (contact person): \_\_\_\_\_)

**EMR / Computer / Contact Details**

The following have been provided:

- User IDs & passwords
  - EMR
  - Computer
  - Wireless
- EMR tutorial

**Work Outside of the Office/ Office Hours**

The following have been provided:

- A list of the usual visitation days for extended care/ nursing home facilities
- A list of current hospital inpatients
- Out of Hours coverage details:
  - On-call obligations and arrangements including hours of coverage
  - Hand-over process
- A list of patients who may require house calls
- Hospital work & obtaining privileges
- Obstetrics
- Specialty backup