

# LOCUM CONTRACT TEMPLATE

This contract is between:

\_\_\_\_\_ and \_\_\_\_\_  
The Hiring Physician or Medical Practice                      The Locum Physician

The Locum Physician will work in the Hiring Physician's medical practice from:

\_\_\_\_\_ to \_\_\_\_\_  
(day/mon/yr)                      (day/mon/yr)

## Locum Physician Responsibilities

The Locum Physician agrees to provide physician services to the patients of the Hiring Physician during the term of this Agreement as outlined in Schedule A.

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.

The Locum Physician agrees to comply with the usual office procedures of the Hiring 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.

## Hiring Physician Obligations

The Hiring Physician agrees:

- (a) That the Locum Physician may use the medical offices and related facilities of the Hiring 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 Hiring 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 Hiring 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 Hiring Physician.
- (f) To maintain an insurance policy (or policies) respecting liability for personal injury or property loss. Note: Medical malpractice insurance must be maintained by the Locum Physician.
- (g) To assume responsibility for the follow-up of all patient care, patient records, test reports, consults and referrals generated by the Locum Physician.

**Payment Terms**

The Locum Physician will record on a day sheet or billing program the fee codes or fees charged and diagnostic codes for all services rendered on behalf of the Hiring Physician. Fees charged will be in accordance with MSP regulations and commonly accepted medical practice policies.

Agreed to work location(s), work arrangements and payment details are specified in Schedule A.

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The terms of this contract and the agreements specified in Schedule A are agreed to by:

**SIGNATURES**

**Hiring Physician:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(day/mon/yr)

**Locum Physician:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(day/mon/yr)

## SCHEDULE A

### Period to be Covered

From: _____ (day/mon/year)	To: _____ (day/mon/year)
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### Work Location(s)

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

1. Office/ facility: _____ Address: _____ _____ _____	2. Office/ facility: _____ Address: _____ _____ _____
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### Weekly Schedule

Day	Hours <i>(write in hours)</i>	Location <i>(circle appropriate location)</i>
Monday		Location 1    Location 2
Tuesday		Location 1    Location 2
Wednesday		Location 1    Location 2
Thursday		Location 1    Location 2
Friday		Location 1    Location 2
Saturday		Location 1    Location 2
Sunday		Location 1    Location 2

### Practice Requirements

1.	On-call work required:	<input type="checkbox"/> None <input type="checkbox"/> Yes Details....
2.	Hospital work (surgical assists, hospitalist shifts, ER 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....



# 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 Hiring 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

## **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
- On call requirements
- A list of patients who may require house calls