

**SCHEDULE A – LOCUM CONTRACT**  
**Version June 2007 – property of Dr. Sandra Lee**  
**www.locums.ca**

*(This document can be used as a template to customize the terms for different locum contracts and attached to the Generic Contract. It is also a good checklist to ensure all practice issues are covered and agreed upon by the physician and locum.)*

**WORK SCHEDULE**

Period to be covered:

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Dates	Hours

Breaks (e.g. lunch hours)

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Comments / Exceptions

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**PRACTICE REQUIREMENTS**



Clinic work on days noted above



Review of reports, letters and results belonging to resident physician only

- Specify if the locum is expected to review results generated by other physicians
- Resident physician will ensure that results and reports generated by the locum will be followed up appropriately after the locum's term has ended unless otherwise specified



On-call work required

- Telephone call only
- On site (location)
- Pager
- Number / names of physicians in call group
- Procedure
- Dates and hours of on-call
- Any remuneration (e.g. MOCAP)



#### Hospital work

- Admission of patients required
- Doc of the day requirements
- Privileges obtained
- Surgical assists



#### Obstetrical work

- Prenatal only
- Obs
- Which hospital
- Call group
- Other
- Privileges for obs



#### Extended care / nursing home

- Facilities & addresses
- Usual visitation days
- On call requirements



#### House calls expected

- Approximate volume & frequency



#### Any restrictions on scope of practice by the College?



#### Procedures done at clinic

- IUD insertion
- Sutures
- Mole removal
- Liquid nitrogen available
- Other



Other (e.g. methadone practice, WIC shifts, sessional work, aviation / marine medicals, teaching obligations (med student/resident), cosmetic practice such as Botox)

### **PATIENT DEMOGRAPHICS**

Patient Demographics (include any cultural/language issues)

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Average Daily Patient Volume

Booking practices (e.g. how many patients per hour, how many CPx per day; time allotted for CPx)



Consultant list available to locum

### **CLINIC ENVIRONMENT AND STAFF**

Check and describe all that applies:



EMR

- Name of EMR system
- Training / orientation of EMR will be provided by: \_\_\_\_\_



Computer (dedicated to physician) with High speed Internet



Parking

- Location
- Any fees?
- Parking pass available



Staff lunch room

- Microwave / fridge available
- Nearby restaurants



Number of examining rooms for physician



Dedicated procedures / minor surgical room

- Sizes of gloves available



Up-to-date emergency kit

Staff Description (e.g. RN available, # of MOA's)



Regular staff will be working during the locum period

**FINANCIAL TERMS**

<b>Types of Billing</b>	<b>Terms to Locum</b>
Office-based billings including: <ul style="list-style-type: none"> <li>• In-office MSP / WCB / ICBC</li> <li>• In-office non-insured visits</li> <li>• In-office procedures, lab / tray fees</li> </ul>	
Forms (e.g. LTD, sick notes, school forms)	
Out-of-office billings: <ul style="list-style-type: none"> <li>• Extended care</li> <li>• Home visits</li> <li>• ER billings</li> <li>• Hospital billings</li> </ul>	
Obstetrics <ul style="list-style-type: none"> <li>• Deliveries</li> <li>• Obstetrical bonus</li> <li>• Obstetrics Network payment</li> </ul>	
On call monies	
Rural-based fees	
Complex Care Fees (option 1 vs option 2)	

For longer locums consider:

- Medico-legal reports
  - If billing done by locum
  - If billing done by office staff
- CDM payments
- Complex Care Fees
- Cardiovascular Risk Assessment
- Other


Do your office charge for non-insured / private billings


- BCMA rates
- Other (including block fees)


Daily Minimum of \$ \_\_\_\_\_ of net billings will be paid and the amount is calculated on a daily basis and not averaged over the term of the locum period

Agree amount paid to locum will be based on billings submitted to MSP / WCB / other 3<sup>rd</sup> parties and not on billings paid

Total due to locum will be provided via cheque post-marked no later than \_\_\_\_\_ (Amounts overdue will be subject to interest calculated 2% per month.)

 Future retroactive payments will be paid within 1 month of receipt from MSP to the locum (with the exception of amounts already paid by resident physician up to the daily minimum negotiated).

 Any billing errors as adjudicated by MSP from either party will be subject to reconciliation of the difference in payment.

 Cancellation of locum contract:

- 6 months or more from start date of locum period: No penalty from either party
- 2 months to 6 months from start date: \$100 due from party initiating the cancellation
- 3 weeks to 2 months from start date: \$500 due from party initiating the cancellation
- 3 weeks or less from start date: consider the locum loses \$500 per day and the clinic loses \$275 per day
  
- Exceptions: Sudden illness, serious family emergencies, etc.
- Individual negotiation for above terms if another locum could be found.

**REFERENCES FROM OTHER LOCUMS:**

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IN WITNESS WHEREOF the parties hereto have executed this Agreement:

**SIGNATURES**

RESIDENT PHYSICIAN:	WITNESS:	DATE:
LOCUM PHYSICIAN:	WITNESS:	DATE: