

# Faculty Associate (Locum) Application Form

## I. DATE:

## II. DEMOGRAPHICS AND ELIGIBILITY:

1. Surname: \_\_\_\_\_ Given names: \_\_\_\_\_ Previous or other names: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
4. Email: \_\_\_\_\_
5. What is the best way to reach you? \_\_\_\_\_
6. CPSO Number: \_\_\_\_\_
7. Billing Number: \_\_\_\_\_
8. Where do you currently work? \_\_\_\_\_
9. Do you currently have hospital privileges? If yes, where: \_\_\_\_\_
10. Please provide us with the names and contact information of 3 physician referees:
  - 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
11. Do you have medical malpractice coverage? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Are you a Canada Citizen or Permanent Resident of Canada? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If you answered no, are you eligible to work in Canada? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Please provide a copy of your valid work permit that includes the state the expiry date
13. Have you ever had your medical staff privileges denied, revoked, suspended or limited by a hospital, regional health authority or provincial medical regulatory body? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If yes, please describe: \_\_\_\_\_

## III. AVAILABILITY

1. Preferred start date: \_\_\_\_\_
2. Preferred end date: \_\_\_\_\_
3. Please describe your general availability and preferences: \_\_\_\_\_
4. Are there specific times of the week that you prefer? (check all that apply)

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

4. Are there specific times of the week that you have fixed obligations elsewhere and **are unavailable**? (check all that apply)

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

5. Are there other specific times when you are unavailable? Please describe:

6. What type of coverage are you interested in? (Please check all that apply.)

- ☐ “Per Clinic” locum coverage (see below for description of responsibilities and remuneration)
- ☐ “Comprehensive” locum coverage (long term coverage for maternity leaves and sabbaticals-see below for description of responsibilities and remuneration)
- ☐ Procedure Clinics
- ☐ Intrapartum Obstetrics
- ☐ On call & After-Hours Clinics
- ☐ Long Term Care (Providence Manor)
- ☐ Teaching, such as Clinical Skills, FSGL, exam preparation
- ☐ Supervision of learners in difficulty
- ☐ CaRMs Interviewing
- ☐ I'd consider anything except:

#### IV. REMUNERATION & RESPONSIBILITIES:

	Per Clinic Contract	Comprehensive Contract
<b>Remuneration</b>	<ul style="list-style-type: none"> <li>\$500 per half-day clinic (including after-hours clinic)</li> <li>\$200 for each 24-hour period on-call for 1st call; and,</li> <li>From July 1st to August 31st the half-day clinic rate is \$550 for regular clinic coverage</li> <li>\$75 per inbox. Sometimes the (Most Responsible Physician) MRP is simply across campus teaching in the medical school. In cases like this you will not be responsible for completion of their inbox. On other occasions you may be covering for an MRP who is on vacation or otherwise away from QFHT and in these situations you will be responsible for completion of their inbox. You will be notified whether or not there is an inbox prior to accepting that shift.</li> </ul>	<ul style="list-style-type: none"> <li>\$500 per half-day clinic;</li> <li>July and August premiums and cross coverage rates are not applied</li> <li>50% of the comprehensive care capitation payments for their rostered patients;</li> <li>50% of the 15% of blended fee for service billings, 50% of out-of-basket services billings, and 50% of uninsured billings;</li> <li>100% of special premiums for scope of practice;</li> <li>As determined by Department Head, either (a) an on-call stipend <b>or</b> (b) a per after hours' clinic fee (\$500 per AHC plus \$200 per 24-hour period).</li> </ul>

<b>Patient Care</b>	<ul style="list-style-type: none"> <li>Your clinical appointments are booked between clinic hours. Faculty associates are required to remain in the clinic until, at minimum, the end of clinics, but also until the last patient is seen and residents no longer need your assistance.</li> <li>If you are supervising three or more residents, you will not have patients booked with you. If you are supervising two or fewer residents you, in most cases, will have patients booked with you. Exceptions to the latter would be in circumstances when you are supervising learners in difficulty or early in the year when residents require closer supervision.</li> <li>You may be required to conduct a house call, group home visit, or certify the death of a patient in their home.</li> </ul> <p><u>EMR inbox management:</u></p> <ul style="list-style-type: none"> <li>You will review, address, and document your management plans for EMR inbox items for each MRP to whom you provided coverage.</li> <li>If you are cross-covering two clinics, you will need to fully complete two EMR inboxes.</li> <li>You do not have to address items in the inbox that have already been addressed by another faculty associate.</li> <li>Unless the chart has insufficient information for you to do so, you are expected to complete most items in the EMR inbox, including refills, and straight forward forms. Examples of complex forms that are more appropriate to defer to the MRP include Children's Aid forms, lengthy disability forms or insurance letters.</li> <li>Due to multiple EMR users and complexity of QFHT, it is important to indicate your actions for each EMR inbox item such that others reviewing these items can follow your action plan. This step will ensure others do not enter a SOAP note only to determine that you have already addressed the item. As examples, you may write <b>Defer to MRP</b> for a matter that can wait for the MRP to address when they return to clinic the next day, or <b>Done</b> for a prescription refill you completed, or <b>Patient has been recalled to address the abnormal result</b>, or <b>See EMR entry for management</b>, or <b>As per resident plan</b>.</li> </ul>	<ul style="list-style-type: none"> <li>You are expected to comprehensively cover the practice of the MRP for whom you are covering for the duration of this contract.</li> <li>Your clinical appointments are booked between the regular clinic hours. Faculty associates are required to remain in the clinic until, at minimum, the end of clinics, but also until the last patient is seen and residents no longer need your assistance.</li> <li>You are expected to sign off all of the residents' charts and to have your own charts completed within &lt;24 hours from the end of the clinic</li> <li>You may be required to conduct a house call, group home visit, or certify the death of a patient in their home.</li> </ul>
<b>Supervision</b>	<ul style="list-style-type: none"> <li>You will complete at least one field note for each resident you are supervising per clinic. If you are supervising an IMG during their first 12 weeks you will also have to complete a Clinic Assessment form at the end of each clinic.</li> <li>Your assignment to a specific clinic is at the discretion and the need of DFM. At the time of this request, we will indicate your <i>anticipated</i> specific clinic and location (220 Bagot Street or 115 Clarence Street). However, DFM reserves the right to switch assignments of coverage between clinics. You will be notified when these changes are assigned. You will be given as much notice as possible. However, DFM, to meet its fiscal responsibilities and educational needs, may make these changes on the day of the agreed upon locum coverage. The DFM may assign you to a different clinic, or to other duties including but not limited to providing direct resident observation in a clinic area and giving residents feedback</li> </ul>	<ul style="list-style-type: none"> <li>Your assignment to a specific clinic is at the discretion and the need of DFM. At the time of our request, we will indicate your specific clinics and location (220 Bagot Street or 115 Clarence Street). For the physician to whom you are providing coverage, you are expected to undertake and complete all of the physician's clinical duties and patient responsibilities. For clarity, those duties and responsibilities include (a) reviewing, acknowledging, and managing all of the physician's EMR inbox and (b) completing the entire physician's teaching obligations throughout coverage.</li> <li>You will complete at least one field note for each resident you are supervising per clinic by observing their patient encounters.</li> <li>You will conduct monthly resident evaluations in person. You will typically have 3 to 4 residents for whom you are to provide evaluations. You will work with your team colleague GFTs to prepare these evaluations, prior to giving them to the resident.</li> </ul>

		<ul style="list-style-type: none"> <li>As required, you will be assigned residents as their "Academic Advisor", which consists of holding academic advising meetings three times per year for each of your assigned residents.</li> <li>As required, you will conduct 2 to 3 simulated office oral (SOO) for residents needing extra help, preparing residents for exams, and undertaking case reviews and teaching for an identified resident in difficulty.</li> </ul>
<b>On-call</b>		<ul style="list-style-type: none"> <li>The faculty call schedule assignments are divided equally among all non-released faculty members within the logistical constraints of 365 days, 52 weeks per year, long weekends, Christmas week clinic closures, and special clinics. The "1st Call" weekday call assignment begins at 8.00 a.m. and ends at 8.00 a.m. the following morning.</li> <li>The "1st Call" weekend call begins at 8.00 a.m. Friday morning and ends at 8.00 a.m. on Monday morning. Weekend 1st Call assignments include the Fri and/or Mon of a long weekend. The "2nd on Call" assignment begins 8am on the Friday and continues until 8am the following Friday. When scheduled for on-call assignments, you do not have to be onsite at all times, but must be available and accessible by phone and must respond to all calls.</li> <li>You will be assigned as per the above to the following four types of call assignment</li> <li>1st Call: Works the AHC, if there is one that day and serves as 1st call supervisor/back up to QFHT resident. Covers LTC call and supervisor /backup to LTC resident on those days that QHFT is covering long-term care (LTC). The "1st Call" weekday call assignment begins at 8.00 a.m. and ends at 8.00 a.m. the following morning. The "1st Call" weekend call begins at 8.00 a.m. Friday morning and ends at 8.00 a.m. on Monday morning. Weekend 1st Call assignments include the Fri and/or Mon of a long weekend.</li> <li>"B" Physician: you may be assigned to cover those dates when there is no (or only 1) resident assigned to cover QFHT and LTC call. Works the AHC only; does not provide other call. B physician assignments occur on any of Sat, or Mon-Thurs AHCs.</li> <li>Booked AHC: QFHT schedules "Booked AHC MDs" to meet its contractual requirements. (Currently non-holiday Mondays, and Tuesdays). They occur from 5 pm to 8 pm. You will see AHC walk-in patients from 5 pm to 6 pm, and then see your own electively booked patients. If you have none or too few scheduled, you will see the AHC walk-ins until end of the AHC.</li> <li>2nd On-Call: The 2nd on-call physician serves as the backup for the 1st on-call physician. This call may be due to illness, or sudden expected need, including such things as AHC volume, obstetrical delivery, need for a housecall that cannot wait for the return of</li> </ul>

		<p>regular day and MRP, or other reason. It is the prerogative of the 1st on-call physician to ask for assistance from the 2nd on-call physician. It is the responsibility of the 2nd on-call physician to be available at short notice (this is anticipated to be within &lt;30 minutes). The "2nd on Call" assignment is for a full week; it begins 8am on the Friday and continues until 8am the following Friday.</p> <ul style="list-style-type: none"> <li>If you are unable to cover your call assignment (except in the above sudden illness or emergency scenario), you are responsible for finding another DFM physician to trade your call assignment.</li> </ul>
<b>Cancellation</b>	<ul style="list-style-type: none"> <li>When DFM is compensating you, even if you are not working in the area assigned, DFM requires you to be onsite.</li> <li>DFM will notify you as soon possible when cancellation of clinic coverage occurs. If this cancellation is less than 14 days before your assignment, DFM will compensate you for those booked clinics on the following conditions: <ul style="list-style-type: none"> <li>If DFM cannot assign you to any other clinic or duties on that date (See III.1 above), and</li> <li>If you can book locum work elsewhere you will notify the DFM. <ul style="list-style-type: none"> <li>If changes to this assignment are made within the 14 days and you refuse them, then DFM will <i>not</i> compensate you for any cancelled clinics.</li> </ul> </li> </ul> </li> <li>If you are unable to keep your faculty associate coverage commitment, then you must give us 14 days' notice. DFM will not provide compensation for your canceled commitment.</li> </ul>	<ul style="list-style-type: none"> <li>If you are unable to keep your faculty associate (locum) commitment, you must give a minimum of 30 days' notice.</li> </ul>

## V. POLICIES:

It is a requirement that you read the policies from the CPSO, Queen's Post Graduate Medical Education, Department of Family Medicine and Queen's Family Health Team outlining the expectations around medical learner supervision.

a) Supervision of medical trainees:

<https://meds.queensu.ca/academics/postgraduate/current/policies>

b) CPSOs policy on Supervision/Professional responsibilities in Postgraduate Medical Education:

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Professional-Responsibilities-in-Postgraduate-Medi>

c) Harassment policy:

[http://meds.queensu.ca/assets/FINAL\\_Resident\\_Harassment\\_Policy.pdf](http://meds.queensu.ca/assets/FINAL_Resident_Harassment_Policy.pdf)

## VI. CONTACT INFORMATION:

Please submit this application to:

Faculty Support Coordinator Email:

[dfm\\_fac\\_sup@queensu.ca](mailto:dfm_fac_sup@queensu.ca)

QFHT Physician Lead: [Jennifer Tranmer <jennifer.tranmer@queensu.ca>](mailto:jennifer.tranmer@queensu.ca)

**VII. SIGNATURE:**

By signing below, I attest that this information included in this application is accurate and complete.

Name:

Signature:

**Thank you for your interest in working at Queen's Family Health Team as a Faculty Associate. We will review your application and get back to you as soon as possible.**