

# CHEAT SHEET: TOP 10 LOCUM SURVIVAL SKILLS

Dr. Sandra Lee

Managing Your 1<sup>st</sup> Years in Practice

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## Introduction

- Dr. Sandra Lee, MD, CCFP, FCFP
  - Family Physician, Vancouver Division member
  - Assistant Clinical Professor, Dept. FP, UBC
  - Medical Consultant, BC Ministry of Health
  - Locums in BC, Alberta, Ontario, NWT
  - [www.locums.ca](http://www.locums.ca) website founder
  
- Contact: [sandra.lee@me.com](mailto:sandra.lee@me.com)

## 1. Explore diversity of locum jobs

- Ultimate flexibility – work anywhere, anytime
- Explore:
  - Different practice settings
  - Remuneration systems (FFS, salary, sessional, etc.)
  - Other provinces
  - Other countries
- “Walk a mile in my shoes” – lead to greater collegiality & understanding

## Locum Life

### **PROS**

- No “commitment”
  - Upfront financial
  - Long-term
- Variety of medicine and settings
- Trial & learn
  - Decrease mistakes for own future practice
- Travel opportunities
- Career transitions
- \*Flexibility

### **CONS**

- No continuity of care
  - For learning
  - Professional satisfaction
- Change
- Isolation
- Income (unless rural)
- Paperwork & planning
- Negotiation hassles
- No control
- No “home base”

## Think about...

- Short-term vs long-term locums
  - ▣ Consider short trial before committing to long-term locum
- How far to book ahead
- Own lifestyle & personality
- Income expectations
- Where to find locum jobs:
  - ▣ Divisions of FP - <https://www.divisionsbc.ca/vancouver>
  - ▣ [www.Sgp.bc.ca/locums](http://www.Sgp.bc.ca/locums)
  - ▣ [www.locums.ca](http://www.locums.ca)
  - ▣ [www.Healthmatchbc.org](http://www.Healthmatchbc.org) (locums > 3 m)
  - ▣ Rural locum programs
  - ▣ Journals
  - ▣ Word of mouth

## Urban versus Rural

### Urban

- Less \$ generally
- More practice selection
- Sessional / focused interests
- May have less variety within individual practices
- Negotiation hassles
- Lifestyle
  - ▣ Family
  - ▣ Can find jobs with no call
  - ▣ Commutes
  - ▣ P/T associate positions

### Rural

- \$\$\$\$
- Full service
- Pace - variable
- Call
- Winter travel
- More collegial support
  - ▣ Unless alone!
- Funded programs
- Lifestyle
  - ▣ Travel all expenses paid
  - ▣ Nature / sports / culture
  - ▣ Oddballs & surprises

## WIC

### Pros

- Flexible shifts
- Easy to arrange
- “Illusion” of less follow up / no call
- Ease of billing / payment
- Business management
- High volume
- ?Low intensity medicine (*pro or con*)

### Cons

- Less lucrative % generally
- Less variety
- Medicolegal risks
- Less continuity of care\*
- Staff turnover
- Defensive medicine
- Drug seekers
- Safety issues
- College rules

## 2. How to evaluate a potential locum

- How busy is the practice?
  - Check Bluebook
  - <http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/publications>
  - Out-of-office work / other billings – can be lucrative & not reflected in Blue Book
  - How staff is booking – will patients come in to see the locum? – talk to staff directly; how they deal with last minute booking
  - Solo / part-time / demographics
  - Beware last day of locum – consider ½ day
- Have practice complete the Locum Checklist (on [www.locums.ca](http://www.locums.ca))

## 2. How to evaluate a potential locum

- Work environment
- Patient demographics
- Schedule & job duties
- How busy? Booking practices
- Billing practices & policies
- Paperwork – how they are handled and expectations of locum
- Get references from previous locums
- New clinic offers – do due diligence

## 3. Protect yourself financially

- Early years important for debt reduction & building wealth
- Protect your income – jobs with guaranteed minimums
- Negotiate terms
  - Be upfront about terms – determine your own worth & minimum standards
  - Negotiate early
  - Be professional & don't be intimidated

### 3. Protect yourself financially

- Written signed contract - no commitment on either end until this is done
- If possible, try to have a meeting & practice visit
- Keep all billing & day sheets - get MSP printout
- Long-term positions - consider legal advice; try before you sign

### 4. Contract - Why you need one

- Protection of both parties - written record of contractual agreement
- Uncontrolled “market” dictated by supply & demand
- Clear anticipation & understanding of terms
- Minimizes medico-legal & liability risks
- Increasingly complicated fee schedule & multiple payees
- Just plain good business sense
- Consider even for preceptors, friends, repeat locums

## Components of Contract

- Identify parties involved
- Dates & schedule
- Responsibilities expected of locum
- Responsibilities expected of hiring physician / clinic
- Payment terms
- Other provisions
- Cancellation & schedule change policies
- Assignment of Payment Form
- [www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/assignment-of-payment](http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/assignment-of-payment)

## 5. Get a guaranteed minimum

- VERY IMPORTANT FOR SHORT TERM LOCUMS!!!
- Daily or hourly or for locum period
- Specify how it will be calculated (daily versus averaged)
- Clarify what billings are applicable (e.g. only in-office billings? GPSC?)
- Longer-term locums – consider overhead ceilings, term minimums and other incentive fees
- Minimums should be tied to the locum willing to see certain numbers of patients per hour or day

## Locums have “overhead”, too

- Dues / Fees
- CMPA
- CME / CPD
- Incorporation costs
- Accounting
- Other insurance
- Billing services
- “Mobile office”
- Home office
- Transport / travel
- Job search / paperwork / planning

## 6. Protect yourself medico-legally

- Contact CMPA if unsure re. scope of practice
- Offer patient chaperone
- DO NOT engage in questionable practice just because the other physician does – stick to your standard of practice & don’t be swayed by patient demand
- Non-resident patients – sign CMPA form
- <https://www.cmpa-acpm.ca/-/treating-non-residents-of-canada>
- Contract should specify that you handover all patient care & follow-up once locum ends
- Extra careful reviewing other physicians’ paperwork (esp. WIC)
- You’re responsible for your own billing integrity



## 7. Beware red-flags & think worst-case scenarios

- Always check ER kit - equipment, expiry dates of meds
- Poorly trained or not-regular staff
- Disorganized practice - increased medico-legal risk
- Terminal locum situation
- Drug-seeking, dangerous, PD patients
- Under, delayed or non-payment situations - initial excessive haggling of terms, disparaging personal comments, reluctance to sign contract or provide references

## 8. “Ethical issues”

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|---|--|
| <ul style="list-style-type: none"> <li>□ Locum code of conduct           <ul style="list-style-type: none"> <li>▣ Respecting the terms &amp; contract</li> <li>▣ Respecting the physician’s style of practice</li> <li>▣ Don’t get sucked in by patient or staff flattery / gossip</li> <li>▣ Never bad-mouth anyone</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>□ Practice with integrity           <ul style="list-style-type: none"> <li>▣ Professional</li> <li>▣ Billing</li> </ul> </li> <li>□ Pre-empt problems with clear communication &amp; signed contracts.</li> </ul> |
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## 9. Develop your own locum toolkit

- Portable references – Apps, Dropbox, USB stick
- Supplies, forms, stamps for non-EMR offices
- Your mailbox – consider a PO Box
- Organize your credentials
- Keep track of schedule – for future medico-legal requests
- The Notebook – for patient follow-up
- Find supportive and variety of places to practice - find continuity of care opportunities
- Mentors and peer networks
- CME's, Divisions

## 10. Final tips

- Get the physician to provide list of complex patients & potential problem patients before they leave
- EMR – beware of learning curve (& slowing down patient flow) & who's responsible for instruction
- Clarify & understand fully the processes for patient followups, recalls, handovers, etc.
- Make the most of the locum lifestyle – work/travel to interesting places & flexibility to determine your own schedule & terms!
- Join the Vancouver Division of FP (or your local Division)!