North Shore
Division of Family Practice
An FPSC initiative

Access Optimization List

Quick wins are starred

Click on the titles below to access the corresponding resources

- ☐ **SAME DAY APPOINTMENT SPOTS**
  Same day appointment spots improve overall access. Information for you and your MOA on how to optimize your schedule.

- ☐ **ADVANCE SCHEDULE REVIEW**
  Review and action the schedule ahead of time to reduce inefficiencies. Avoid wasted time!

- ☐ **HOW TO RUN ON TIME**
  Tips on managing your time and patient expectations.

- ☐ **PANEL OPTIMIZATION**
  Patient panels can grow or become more complex over time. Learn about options to manage your panel size.

- ☐ **COMMUNITY PHARMACISTS ***
  Optimize communication with community pharmacists and refer to them for alternative urgent access.

- ☐ **TRIAGING (MOA TRAINING)**
  Determine the criteria for same day bookings with your MOA and other doctors in your practice.

- ☐ **SCHEDULING FOLLOW UPS**
  Implement a strategy for allowing follow-ups/TCIs without creating over-booking.

- ☐ **DECREASING BACKLOG AND WAIT TIME**
  Measure your standard wait time for non-urgent appointments to effectively strategize on decreasing backlog.

- ☐ **PANEL SIZE CALCULATOR ***
  Understand and manage your capacity. What is the most appropriate number of patients for different times in your career?

- ☐ **DELEGATE TO PCN RESOURCES ***
  Explore what PCN RNs, Mental Health Clinicians and Clinical Pharmacists can manage for you.

Pick List Page 2

- [ ] **AI SCRIBING**
  Decrease documentation time and add more direct patient time by using an AI scribing tool.

- [ ] **A.I AUTO DOCUMENT FILING**
  Use AI document filing to decrease MOA burden and increase time available for direct patient care tasks.

- [ ] **TELEPHONE WORKFLOW**
  Having an effective telephone workflow can decrease messages and call backs.

- [ ] **ONLINE BOOKING AND APPOINTMENT REMINDERS**
  Adopt booking software to decrease phone calls. Generate appointment reminders to reduce no shows.

- [ ] **SPECIAL AUTHORITY E-FORMS ***
  Decrease this time-consuming burden by utilizing PCN and community pharmacists.

- [ ] **OPTIMIZE MOA SKILLS ***
  Reduce staff turnover and improve patient and staff satisfaction by supporting your MOA with information and skill building.

- [ ] **AVOID REJECTED REFERRALS**
  Ensure your clinic has up to date forms for specialists and community referrals. Confirm referral limitations on Pathways.

- [ ] **OFFICE POLICIES**
  Create standardized clinic policies (i.e. no-show and uninsured services). Use mass email to regularly communicate information to your patients.

- [ ] **USE A LOCUM**
  Network with locums. Use locums for away time and to relieve backlog when overbooked.

- [ ] **TAMING THE INBOX**
  Tips for managing your inbox and avoiding "re-work" so you have more time for patients.

- [ ] **AFTER HOURS CARE ***
  Ensure patients are aware of your after-hours policy and display the *"Where to Get After-Hours & Urgent Care"* poster in your clinic.

- [ ] **USE COMMUNITY RESOURCES ***
  Keep up to date on community resources to outsource time consuming work.

Same Day Appointment Spots

Same Day Appointment Spots = Better Patient Access + Stronger Continuity of Care

Implementation Tips

- Protect same day spots by reserving and labeling them on each schedule and keeping them available for urgent needs
- Use clear booking criteria by defining what qualifies as a same day appointment and giving MOAs simple guidelines for consistent booking
- Review and adjust by tracking how often same day spots are used and meeting with providers regularly to refine the number and timing based on demand

Resources

- Fit In Requests Tracking Worksheet – [Link to resource]

How This Supports Access

- Improves patient satisfaction by ensuring timely care for urgent needs
- Supports continuity of care within the clinic rather than external walk-in use
- Allows MOAs to manage demand more flexibly and efficiently

Rationale/Background

Implementing and protecting same day appointment spots helps clinics provide timely access for patients with urgent but non-emergency needs. It reduces pressure on the schedule, improves patient flow, and supports proactive access management. When MOAs are empowered to identify appropriate use and manage same day bookings confidently, clinics can deliver more responsive and patient-centered care.

Clinic Notes:

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MOA Triaging

Well Supported MOAs = Accurate Patient Booking

Implementation Tips

- Review the triage list as a team and create a custom guide for MOAs to refer to for urgent fit in requests and same-day appointments
- Refine the triaging protocols over time based on feedback from physicians and MOAs

Resources

- Comprehensive MOA Triage Guide – [Link to resource]
- Simplified MOA Triage Guide – [Link to resource]

How This Supports Access

- Improves patient safety and care by ensuring urgent needs are identified and prioritized
- Reduces unnecessary delays by directing patients to the right appointment type or provider
- Enhances patient satisfaction through clear communication, empathy, and organized support

Rationale/Background

By working with the care team to define clear criteria for same-day bookings, MOAs have a straightforward process to follow when triaging urgent patient requests. This ensures patients are scheduled appropriately, and the physicians' time is used efficiently, and urgent needs are addressed without unnecessary delays.

Clinic Notes:

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Advance Schedule Review

Reviewing The Schedule in Advance = Well Organized + Efficient Visits

Implementation Tips

- Build a few minutes into MOA daily workflow to do schedule review
- Physicians should regularly do a quick review of the upcoming schedule

Resources

- Advance Schedule Review Worksheet – **[Link to resource]**

How This Supports Access

- Ensures patient satisfaction through well-prepared, organized, and efficient visits
- Helps prevent delays and ensures physicians can focus on patient care
- Ensures test results are available at the appointment time

Rationale/Background

MOAs can ensure appointments run smoothly by reviewing the physician's schedule in advance. This includes checking that reports and forms are available in the patient's chart, confirming that the type of appointment is appropriate, verifying MSP coverage, and preparing patients with any necessary information. Physicians should review upcoming schedules to be more prepared and correct any issues. Use CareConnect as needed to access results in a timely manner.

Clinic Notes:

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Scheduling Follow Ups

Planned Follow Ups = Better Continuity of Care

Implementation Tips

- Book follow-up appointments before the patients leaves the clinic and use automated appointment reminders
- Protect time in each provider's schedule for follow-ups
- Track and review follow-up demand regularly to adjust timing, frequency, and scheduling as needed
- For TCI messages, include estimated length of time required for the visit and virtual vs in-office

How This Supports Access

- Prevents appointment backlog by managing follow-up demand proactively
- Improves patient outcomes through timely, planned review of ongoing issues
- Balances provider workload and ensures space remains for urgent or same-day needs

Rationale/Background

Scheduling follow-ups strategically helps clinics maintain continuity of care without overwhelming the schedule. Pre-booking necessary follow-ups and reserving dedicated time for these visits ensures timely and consistent access for all patients. Tracking and adjusting follow-up patterns supports sustainable scheduling and better care coordination.

Clinic Notes:

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How To Run on Time

Realistic Schedule = Less Stress + Better Patient Experience

Implementation Tips

- Confirm reason for visit matches the appointment type and length (i.e. virtual vs. in-person)
- Arrive at the office with enough time to review the schedule and start on time
- Communicate clearly with patients about expected wait times and visit durations, setting expectations and sticking to them
- Build small buffers into the schedule for unexpected urgent visits or overruns to prevent cascading delays
- Have MOAs manage pre-visit preparation (forms, labs, medication lists) so providers can see patients promptly
- If you are running behind, have MOAs inform patients of the delay to reduce patient frustration
- Schedule personal time and breaks to avoid burnout. A well-rested physician is more efficient
- Dedicate time to manage paperwork and the inbox to avoid interrupting patient flow

Resources

- Scripts for Booking and Staying on Time, for MOAs and Physicians – [Link to resource]
- Other Tips on How to Run on Time – [Link to resource]

How This Supports Access

- Reduces patient wait time and improves satisfaction
- Ensures providers can spend adequate time with each patient
- Improves overall clinic efficiency and reduces stress for staff

Rationale/Background

Running on time is essential to balancing patient care, staff workload, and clinic efficiency. By planning schedules realistically, communicating expectations, and using pre-visit preparation, clinics can minimize delays and ensure patients are seen promptly. Consistent monitoring and adjustment of workflows allow clinics to maintain smooth operations, enhance patient experience, and optimize provider time.

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Decreasing Backlog & Wait Time

Measuring Wait Times = Data-Driven Strategies for Reducing Backlog

Implementation Tips

- Track the average wait time for non-urgent appointments using 3rd Next Available as the standard measure
- Have same-day appointment spots to help manage urgent requests
- Review wait-time data regularly with your team and contact the Division for support, resources, or guidance on optimizing scheduling strategies
- Use a locum to catch up on backlog (locums can bill under LFP even if the primary physician is working on the same day)

Resources

- Contact the Division for Support – [Link to resource]
- Contact the Division for Locum Information – [Link to resource]
- Third Next Available – [Link to resource]

How This Supports Access

- Provides clear, data-driven insights to optimize appointment availability
- Improves appointment flow and availability for both routine and urgent visits
- Supports proactive workload management to prevent backlog buildup

Rationale/Background

Measuring standard wait times for non-urgent appointments allows clinics to identify scheduling issues. By analyzing wait time data, clinics can implement targeted strategies to reduce backlog, improve patient flow, and ensure timely access to care. This approach encourages a systematic, evidence-based method for improving access while improving quality of care and patient satisfaction.

Clinic Notes:

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Panel Optimization

Correct Panel Size = Timely Patient Access + Physician Satisfaction

Implementation Tips

- It is highly recommended to get Division support for this
- Clean up your active patient list
- Understand your current wait time and availability

Resources

- Patient Panel Size Strategies and Supports for Sustainable Practice – [Link to resource]
- Letter Template for Voluntary Downsizing – [Link to resource]
- Letter Template for Out of Area Patients – [Link to resource]
- Letter Template for Downsizing by Randomization – [Link to resource]
- Contact Division's Attachment Coordinator to Increase Patient Panel – [Link to resource]

How This Supports Access

- Relieves pressure on overloaded physicians by helping them adjust patient panels to more sustainable levels, supporting provider well-being and quality of care
- Supports balanced access across the community by redistributing patient loads to ensure timely, local, and continuous primary care for all patients
- Improves care availability for patients by allowing those living outside a provider's service area to connect with clinics closer to home

Rationale/Background

Over time, patient panels can expand or become increasingly complex, leading to workload challenges and reduced schedule capacity. This resource outlines practical strategies and available supports to help providers safely reduce or adjust their patient panel size. Learn about options such as patient transitions, collaboration with colleagues, and Division supports to ensure sustainable practice and continuity of care for patients.

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Panel Calculator

Correct Panel Size = Sustainable Workload + Improved Patient Care

Implementation Tips

- Identify unattached or inactive patients and maintain accurate panel lists
- Use the Panel Size Calculator to understand your current patient load and compare it to recommended benchmarks
- Review your panel size annually and adjust based on your career stage, work hours, and clinic support

Resources

- Panel Calculator – [Link to resource]

How This Supports Access

- Helps ensure providers have the appropriate capacity to deliver timely, comprehensive care
- Prevents burnout and ensures continuity of care
- Supports proactive planning for locum coverage, physician recruitment, and patient attachment

Rationale/Background

Understanding and managing panel size is essential for maintaining a healthy balance between provider workload and patient access. Regularly reviewing your panel ensures that each patient receives appropriate follow-up while allowing physicians to work at a sustainable pace. The Panel Size Calculator helps clinics visualize capacity, anticipate demand, and plan strategically for access and staffing.

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Community Pharmacists

Partnering with Pharmacists = Improved Access & Patient Care

Implementation Tips

- Give clear instructions to MOAs on when the patient could contact the pharmacy as an alternative to same-day clinic visit
- Adapt the MACs Cheat Sheet to align with your clinic's specific protocols and guidelines
- Ensure MOAs routinely verify and update each patient's preferred pharmacy in the chart

Resources

- MACs Cheat Sheet – [Link to resource]
- MACs User Context – [Link to resource]

How This Supports Access

- Reduces unnecessary same-day appointments for minor issues that pharmacists can manage
- Provides urgent refills until the patient can see you
- Strengthens collaboration between primary care providers and pharmacists to enhance patient care

Rationale/Background

Community pharmacists are healthcare professionals who can assess and prescribe for a range of minor ailments, renew chronic medications, and provide health advice without an appointment. By incorporating pharmacists into the care pathway, clinics can reduce demand for same-day visits, free up provider schedules for more complex cases, and improve patient satisfaction through timely access to care. Building strong communication between clinics and local pharmacies ensures patients receive safe, coordinated, and efficient care.

Clinic Notes:

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Delegate to PCN Resources

Team-Based Care = More Care Capacity

Implementation Tips

- Identify tasks and follow-ups that can be managed by PCN team members such as RNs, Mental Health Clinicians, and Clinical Pharmacists
- Match eligible patients with the right PCN resource
- Build clear workflows and communication pathways between your clinic and PCN staff to ensure smooth coordination

Resources

- PCN Pharmacist Scope of Practice – **[Link to resource]**
- PCN Mental Health Scope of Practice – **[Link to resource]**
- To get connected to PCN resources – **[Link to resource]**

How This Supports Access

- Expands care capacity by sharing workload across the care team
- Enhances patient outcomes through specialized support for chronic disease, mental health, and medication management
- Reduces provider burnout by sharing care for patients with complex health issues

Rationale/Background

Primary Care Network (PCN) resources improve patient care and clinic efficiency. By understanding the roles and strengths of each PCN team member, clinicians can delegate appropriately, reduce physician workload, and offer patients more comprehensive, coordinated care. Regular collaboration ensures patients receive timely support from the most appropriate professional, improving both patient access and satisfaction.

Clinic Notes:

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AI Scribing

Efficient Documentation = Less Stress + Better Patient Experience

Implementation Tips

- Take advantage of free trials to test out different scribes
- Negotiate longer trials and extra support to optimize value and learning
- Keep connected with the Division to stay up to date on new companies, funding and offers
- Obtain patient consent for the use of AI scribing and document this in the chart. Make sure patients understand how the tool is used and that they can opt out at any time

Resources

- AI Scribes used by NS physicians – [Link to resource]
- AI Clinic Poster – [Link to resource]
- Patient Informed Consent for the use of AI Scribe – [Link to resource]

How This Supports Access

- Less documentation time can allow for more patient visits
- Improves visit flow and allows all the discussion to be captured
- Supports multilingual care with auto-detect and auto translate, improving communication and equity

Rationale/Background

AI scribes draft structured, clinically relevant notes based on a patient encounter. The clinician can then easily review and edit these notes saving time and effort. This reduces overall documentation time and after-hours charting.

Clinic Notes:

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AI Fax Triaging

Automated Fax Triage = Lower Admin Burden + Better Patient Care

Implementation Tips

- Many EMRs have this capacity already. Consult your vendor and review other options with division help
- Discuss expectations for daily management of any unsorted or mislabeled documents with staff. Prioritize urgent documents
- Consider adding an AI outreach agent/task manager to automate some follow ups, forms etc

Resources

- AI Fax Triaging Vendors in Canada – [Link to resource]
- Contact the Division for AI support – [Link to resource]

How This Supports Access

- Documents are linked faster and with less error, freeing up staff time for patient related activities
- AI triaging streamlines many tasks that MOAs often find repetitive and unrewarding, decreasing staff burnout

Rationale/Background

AI fax triaging automates the sorting, categorization, data extraction and routing of incoming faxes, significantly reducing the manual administrative burden and reducing error. This can potentially be expanded to complete a wider range of administrative and booking tasks.

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Telephone Workflow

Every Call Answered Live = Fewer Call Backs & Less Telephone Tag

Implementation Tips

- Prioritize answering the phone
- Instead of sending patient calls to voicemail, put them on hold if necessary
- Add more staff on the phones during peak phone hours
- Assess your current telephone system
- Gather the right information: MOAs should collect essential details for accurate triage without calling the patient back. Beyond name and EMR lookup, these are often helpful:
    - Date of birth (confirms correct patient record)
    - Phone number / call-back number (in case follow-up is needed)
    - Reason for the call (main concern and important details)
    - Urgency/timeline (refer to MOA Triage Resource if needed)
    - Preferred pharmacy (if prescription-related)
- Phone system: Directs calls to the right place from the start, reducing delays, minimizing transfers, and ensuring patients quickly reach the appropriate line.
    - Dedicated line for urgent provider-to-provider calls
    - Separate extensions so patients reach the right team quickly
    - Customize your hold time and out-going hold messages

Resources

- Telephone Script Templates – [Link to resource]
- Telephone Systems – [Link to resource]

How This Supports Access

- Reduces unnecessary wait times by resolving more issues at first contact
- Frees up MOA time by minimizing duplicate calls and messages
- Ensures patients connect with the right resource or services the first time

Rationale/Background

An effective telephone workflow ensures calls are handled efficiently, reducing messages and unnecessary callbacks. By gathering key information up front, routing calls appropriately, and resolving issues on first contact, staff save time and improve communication. Clear documentation and follow-up protocols further streamline the process.

Online Booking & Appointment Reminders

Online Booking & Appointment Reminders = Fewer Calls + Reduced No-Shows

Implementation Tips

- Implement online booking software so patients can schedule appointments directly, reducing phone volume and improving access
- Use automated appointment reminders to decrease no-shows and cancellations
- Monitor and adjust messaging frequency and timing to maximize effectiveness, and review reports to identify trends and improve scheduling accuracy

Resources

- Online Booking Platforms Compatible with EMRs – [Link to resource]

How This Supports Access

- Reduces phone traffic, allowing MOAs to focus on urgent calls and in-person patient support
- Improves patient attendance and reduces gaps in the schedule
- Increases clinic efficiency by minimizing no-shows and last-minute cancellations

Rationale/Background

Adopting online booking and automated appointment reminders streamlines access, reduces administrative burden, and ensures patients are reminded of their appointments in advance. This improves clinic workflow, reduces missed appointments, and enhances patient satisfaction while freeing MOA time for more complex or urgent tasks.

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Special Authority Forms

Smart Delegation = Less Admin Time + Faster Patient Access

Implementation Tips

- Collaborate with PCN and community pharmacists who can assist with preparing and submitting Special Authority e-forms
- Develop a clear workflow outlining which team members handle form completion, review, and submission
- Reach out to the Division for technology support and assistance with e-form setup

Resources

- Provincial e-Forms Solution – [Link to resource]
- Contact the Division for support – [Link to resource]

How This Supports Access

- Decreases administrative workload for physicians and MOAs
- Supports timely medication coverage for patients
- Strengthens coordination by integrating technology and pharmacist support

Rationale/Background

Special Authority forms can be a significant administrative burden if managed inefficiently. Engaging PCN and community pharmacists to assist with preparation and submission streamlines the process and ensures patents receive medication coverage more quickly. Clear workflows, accessible e-form tools, and support from the Division's Practice Management team help clinics save time, reduce errors, and maintain smooth, coordinated operations.

Clinic Notes:

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Optimize MOA Skills

Supporting MOAs = Reduced Turnover + Improved Satisfaction

Implementation Tips

- Provide regular training, skill-building opportunities, and practical resources to help MOAs perform tasks efficiently
- Encourage networking, mentorship, and engagement through the MOA Network
- Conduct annual performance reviews using the *Annual Performance Review Guide* and support fair, merit-based compensation with yearly raises
- Ensure you have at least one MOA per full-time physician

Resources

- MOA Network Membership Application – **[Link to resource]**
- NSDFP MOA Network Resources – **[Link to resource]**
- Annual Performance Review Worksheet – **[Link to resource]**
- Onboarding HR Toolkit – **[Link to resource]**
- MOA Responsibilities and Task List – **[Link to resource]**

How This Supports Access

- Helps retain experienced MOAs, reducing turnover and maintaining consistent patient care
- Encourages continuous professional development, improving workflow efficiency and patient satisfaction
- Strengthens clinic culture by recognizing contributions and providing clear growth pathways

Rationale/Background

Annual performance reviews provide structured feedback and professional development opportunities for MOAs, ensuring they feel valued and supported. Regular salary increases linked to performance improves engagement and retention. Training, networking, and access to practical resources helps clinics maintain a skilled, confident, and satisfied MOA team, ultimately improving patient care and operational efficiency.

Clinic Notes:

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Avoiding Rejected Referrals

Accurate Referrals = Faster Access to Care

Implementation Tips

- Keep referral forms and specialist requirements updated by checking Pathways and assign someone to embed new forms in the EMR
- Confirm referral criteria, limitations, and required documentation before sending to avoid delays or rejections
- Familiarize MOAs with referrals to help catch any missing information

Resources

- Pathways BC (Log-in Required) – [Link to resource]
- Contact the Division if you require Pathways access – [Link to resource]

How This Supports Access

- Prevent wasted time on incomplete or rejected referrals
- Support your colleagues – if you notice incorrect information on Pathways please report through the Contact Us link on each Pathways page
- Ensures patients are connected with a specialist on the first attempt
- Strengthens relationships with referral partners through accurate, complete submissions

Rationale/Background

Rejected or incomplete referrals slow down patient care and create unnecessary administrative work. By using up-to-date forms, verifying specialist criteria, and implementing a consistent referral process, clinics can streamline communication, improve referral success rates, and enhance overall patient access to timely care.

Clinic Notes:

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Office Policies

Communicated Policies = Informed Patients

Implementation Tips

- Develop written clinic policies for no-shows, late cancellations, and uninsured services, ensuring consistency across staff and providers
- Clearly communicate policies to patients through visible postings, welcome materials, and regular mass emails or patient portal messages
- Train MOAs and physicians to apply policies consistently and respond to patient inquiries in alignment with clinic guidelines

Resources

- Office Appointment and Booking Policies Template – [Link to resource]
- Uninsured Services Poster – [Link to resource]
- Uninsured Services Invoice (contact the Division to embed this in your EMR) – [Link to resource]
- Customizable Uninsured Services Invoice – [Link to resource]
- No Show & Late Arrival Policy Acknowledgement – [Link to resource]
- MOA Script for Patients Late for Appointment – [Link to resource]

How This Supports Access

- Reduces confusion and inconsistent application of clinic rules, improving operational efficiency
- Encourages patients to value their appointment times and cancel early if possible, freeing space for another patient
- Supports equitable and transparent care by clearly communicating fees for uninsured services
- Supports MOA staff and decreases the time spent explaining policies to patients
- Improves physician income

Rationale/Background

Standardized clinic policies help ensure fairness, consistency, and transparency for both staff and patients. Clear rules regarding no-shows, cancellations, and uninsured services prevent misunderstandings, reduce administrative burden, and allow the clinic to manage scheduling effectively. Regularly communicating these policies via mass email or patient portals keeps patients informed, supports adherence, and ultimately enhances access and satisfaction by fostering predictable, organized clinic operations.

Use A Locum

Use A Locum = Maintain Access + Reduce Backlog

Implementation Tips

- Identify vacation periods and peak demand times in advance so locum coverage can be arranged
- Build relationships by networking with local locums and refer to the Division's locum list
- Streamline onboarding by using the Locum Checklist and Agreement Template

Resources

- North Shore Physician Locum List (NS Division log-in required) – [Link to resource]
- Locum Checklist for office and locum use – [Link to resource]
- Docs of BC Locum Agreement Template (will need to be modified to current standards) – [Link to resource]

How This Supports Access

- Reduces backlog and ensures appointments are available when providers are away
- Maintains continuity of care for patients during absences
- Supports staff workload balance and prevents burnout
- Allows clinics to respond flexibly to high-demand periods

Rationale/Background

Using locums strategically helps clinics maintain access and manage provider absences without compromising patient care. By planning coverage, providing orientation, and reviewing usage trends, clinics can prevent service gaps, reduce provider stress, and ensure patients continue to receive timely, high-quality care. Well-integrated locum use strengthens clinic operations and supports a responsive, patient-centered workflow.

Clinic Notes:

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Taming the Inbox

Organized Inboxes = More Time for Patients

Implementation Tips

- Set aside dedicated times during the day to deal with inbox items. The less time an item spends in your inbox, the more efficient you will be
- Use clear labelling and standardized language when messaging regarding inbox items
- Prioritize urgent messages
- Create message protocols so the team knows who is responsible for which types of messages
- Mark items as complete once dealt with and especially prior to locums working in your practice

How This Supports Access

- Reduces message backlog and “re-work,” allowing faster response time
- Improves communication between MOAs, physicians, and patients
- Frees up more time for direct patient care by minimizing unnecessary follow-up messages

Rationale/Background

A well-managed inbox helps clinics run efficiently by ensuring messages are handled promptly, accurately, and by the right team member. Structured review times, consistent categorization, and clear delegation prevent overload and reduce duplication. By taming the inbox, clinics improve both staff workflow and patient access to timely care.

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After-Hours Care

Clear After-Hours Messaging = Increased Patient Safety

Implementation Tips

- Display the *Where to Get After-Hours and Urgent Care* poster in your clinic
- Include after-hours options on your website, voicemail, and patient materials
- Refer to the current College guidelines on 24/7 availability

Resources

- Where to Get Care Poster – [Link to resource]
- If you want to join an After-Hours Call Group – [Link to resource]
- College Guidelines Mandate – [Link to resource]

How This Supports Access

- Improves patient access to care outside regular clinic hours, reducing reliance on emergency departments
- Enhances clinic efficiency and helps reduce same-day demand during peak clinic hours
- Supports continuity of care and patient satisfaction

Rationale/Background

Ensures patients are aware of your after-hours policy. Display the "Where to Get After-Hours and Urgent Care" poster in your clinic. This quick guide includes local after-hours services such as UPCC, 8-1-1, crisis lines, poison control, pharmacies, and emergency care.

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Use Community Resources

Resource Utilization = Better Patient Support + Outcomes

Implementation Tips

- Keep an updated list (use Pathways) of local community resources, such as counseling, chronic disease programs, home supports, and social services
- Be cognisant of patients with social barriers to healthcare that might benefit from a community resource referral (food and housing insecurity, loneliness, frailty etc.)
- Train MOAs and care team members to identify and bring to the physician's attention when patients can potentially benefit from a community resources referral
- Patients can self-refer to many services listed on the public-facing Pathways Community Resource Directory

Resources

- Pathways Community Resource Directory (no log-in required) – [Link to resource]
- Pathways (log-in required, search community resources) – [Link to resource]
- Seniors Social Prescribing Referral Form – [Link to resource]

How This Supports Access

- Reduces unnecessary clinic visits by directing patients to appropriate community supports
- Improves patient care through timely access to services
- Frees up provider time for complex medical issues while strengthening continuity of care

Rationale/Background

Using community resources effectively helps clinics manage workload while ensuring patients receive the right care in the right setting. By staying informed and maintaining an up-to-date resource list, clinics can connect patients to valuable programs that support their health and well-being beyond the clinic walls. Empowering MOAs and team members to recognize these issues enhances efficiency, collaboration, and patient satisfaction.

SAME DAY / FIT-IN REQUEST TRACKING WORKSHEET

Physician: _____

Week of: _____

Day	Total Fit-In Requests	Booked Same Day	Redirected to Next Day	Unable to Book	Notes / Trends
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

End-of-Week Summary

Category	Total / Notes
Total fit-in requests this week	
Total booked same day	
Common reasons for requests	
Peak request times	
Notes for scheduling adjustments	

Reflection Questions

- Were same day spots filled early in the day?
- Did any urgent needs go unfilled?
- Should the number or timing of same day spots be adjusted next week?

Comprehensive MOA Triage Guide

This document is to be discussed, reviewed and agreed upon with each physician and the clinic/MOAs before being used. This is not to be used without physician consent.

Category	Presenting Symptoms/Concerns	Refer to RN/FP/NP for further triage	To ER	To UPC(	Patient to contact 811	Requires same day apt (IP=In Person, V=Virtual ok)	Refer to Pharmacy	To be seen within 7 days	Next Available apt/non urgent	Special Notes/Directions
Cardiovascular	Significant chest pain									
	Heart palpitations									
	Persistently high BP									
	DVT symptoms (pain/swelling in one leg, heavy ache, warm/red skin)									
Respiratory	Difficulty breathing or shortness of breath (SOB)									With or without known Resp dx? (i.e.: Asthma/COPD)?
	Exacerbation of chronic respiratory disease									
	Asthma Attack									
	Respiratory infection (cough/fever etc.)									
Neurological	Collapse/decreasing levels of consciousness									
	Severe head injury									
	Spinal injury									
	Facial/limb weakness									
	Seizures									
	Neck stiffness									
	New neurological symptoms (e.g. confusion, speech changes, weakness, hallucinations)									
	New severe headache									
	Worsening headache									
	Vertigo (dizziness)									
Ear, Nose, Throa	Significant ear pain									
	Painful nasal congestion									
	Acute sore throat or difficulty swallowing									
Eyes	Eye injury									
	Chemical/substance in the eye									
	Red eye with vision problems and pain									
	Visual Disturbances									
Limbs	Injured limb: Sprains, Strains, possible fracture									
Pregnancy	In labor, ruptured membranes									
	Pain, bleeding, or decreased movement									
Children	Unwell Child: Fever, vomiting, diarrhea, pain for >24 hrs									
	Floppy infant/child									
	Fever in a child under 6 months old									
	Fever in a child over 6 months									

General	Extensive Burns									
	Poisoning or overdose									Poison Control/Naloxone
	Assault									
	Painful frequent urination/suspected UTI									Pharmacy Restrictions: Not under age 16. Not born male. Not pregnant. No sign of kidney involvement.
	Unable to urinate									
	Severe rash									
	Cut/laceration									
	Skin /soft tissue infections									
	Elderly: Fever, vomiting, diarrhea, pain for >24 hrs									
	Shingles									Pharm can dx/rx
	Yeast Infection									Pharm can dx/rx
	Fungal infections									Pharm can dx/rx
	Genitourinary symptoms, new or worsening									
	Mental Health Concerns Moderate									
	Mental Health concerns acute with suicidal ideation									
	Prescription (Rx) refills									
	Forms									
	Regular Chronic disease management follow up (hypertension, diabetes etc.)									
	Headache									Pharmacy Restriction: Not if history of migraines. Not if associated with light and noise. Not only on one side of the head. Tension type headaches only.
	Test results that are not urgent									
	Preventative care (pap screen, CPX, well baby visits, vaccines, sexual health screenings/tests)									

Created in partnership with Elizabeth Reynolds, Primary Care Network Practice Advisor.

MOA Triage Chart

This document is to be discussed, reviewed and agreed upon with each physician and the clinic/MOAs before being used. This is not to be used without physician consent.

Send to the emergency department*	
Uncontrollable Bleeding	
Severe Spinal/Head Injury	
Pregnancy Pain/Bleeding over _ weeks	
Hypoglycaemia	Glucose less than 3mmol/L and not improving with regular treatment
Acute Chest Pain and/or Difficulty Breathing	
Acute Suicidality	Discuss with physician immediately

Fit in for same day appointment*	
Significant Allergic Reaction/Rash	
High BP (persistent)	Not resolving over time or associated with cardiac symptoms
UTI	Prepare urine dip prior to taking the patient to the exam room
Fever/Vomiting for >24 Hours (infant or elderly)	
Post-Op Complications	
Ear Infection	
Floaters or Visual Disturbance	
Acute Symptoms After Starting New Medication	
Mental Health Crisis	

Book for next available appointment*	
Prescription Refill	Advise the patient to ask the pharmacy for an emergency supply until their appointment
Review Labs/Medical Imaging	Ask patient if they were contacted for urgent review and if not book next available appointment

***If unsure, speak to the physician urgently to determine how they would like the patient managed**

Physician resource for management of urgent patient presentations: **PrevED**

(Pathways sign in required, contact northshore@pathwaysbc.ca for access)

Advance Schedule Review Worksheet

- Block slots as needed for same day availability and catch up
- Confirm reason for visit matches the appointment type and length (i.e. virtual vs. in-person)
- If patient is booked for results, ensure they are in the chart, search CareConnect* as needed
- Flag any outstanding tasks or follow-ups
- Run MSP coverage checks for all applicable patients (i.e. new or inactive)
- Remind patients to bring any required forms or documents
- Ensure enough booked appointments for the number of family members attending
- Supplies/Vaccine/Forms are available and prepared

*Contact northshore@nsdivision.ca if you require access to CareConnect

Other Tips for How to Run on Time

- Standardize the rooms and label all equipment with the room number – (BP cuff, reflex hammer)
- For efficiency, all rooms should be the same and can be used by any physician at any time if free
- Frequent stocking of the rooms at a quiet time of day
- Ask the first booked person to come a few minutes early
- Book lighter on Mondays and Fridays (book advanced procedures mid week)
- Book complete checks and PAPs in the less busy times of the year
- Have the patient in the room and undressed with height/weight, urinalysis completed if needed
- Review your schedule ahead of time and communicate with your staff at the beginning of the day or at less busy times
- Familiarize yourself with the location of forms on the EMR and optimize your printer location
- If built into your EMR, use pre-appointment information gathering to streamline the patient visit
- Take calls from specialists, hospital, nursing home, or pharmacy right at the time, if possible, to avoid telephone tag later
- Chart as soon as possible as recall and speed is better
- Be alert to the busy times of the year and do not let your refills run out around that time (i.e. if you are giving refills until around Christmas you may want to give an extra month)
- If you are implementing a new EMR, do it in the less busy time of the year

MOA and Physician Scripts for When Running Late

Options for MOA when the Doc is running late script

"Hi [Patient Name], we are running about [Number] minutes behind schedule due to an earlier emergency. I apologize for the inconvenience."

"Are you able to wait to see the doctor today?"

If yes, the patient can wait:
"Thank you for your understanding — we'll get you in as soon as possible."

If no, the patient cannot wait:
"Thank you for your understanding. We will reschedule you now for another appointment time."

Scripts for Docs During the Appointment (when a patient brings up multiple or complex issues)

Acknowledge their concerns but redirect to the scheduled time frame:

"That is an important concern, and I want to make sure we address it properly. Given our limited time today, we can focus on your most pressing issue, and you can schedule a separate appointment to discuss the other concerns in detail. This ensures we give each issue the attention it deserves."

Be direct about the time limit:

"I want to be respectful of your time and the time of my other patients today. We have about [Number] more minutes for this visit. What is the one other question or concern you'd like to address in that time?"

Explain the scheduling reality:

"In order not to get further behind, we need to keep to your allotted time but if you have more issues to discuss I am happy to see you again to review them in detail."

Third Next Available

The Third Next Available appointment should be measured regularly for each provider. As you start out, the Third Next Available should be measured once a week to get an accurate picture of access and of your progress as you work to reduce the Third Next Available. Once the Third Next Available has become stable at the targeted zero to one days, it can be monitored monthly. Select one team member with access to the scheduling system to run the Third Next Available measure. Choose the same day of the week and the same time of day to measure each time. To determine the Third Next Available, look at schedule and ask: "As of right now, what is the third next available appointment for this provider?"

A simple rule: Count all calendar days including days off, weekends, and holidays as it makes it easier to compare patient wait time across providers and, most importantly, throughout the practice. This makes Third Next Available a patient-focused measure. *Do not count as open any visit type that is not available for general scheduling use or that are held for use on a particular day. This includes appointments held for same-day appointments or those that might be held for urgent care or walk-in patients.*

Below is one method to collect Third Next Available. Examine the schedule below. If today is Monday the 4th (day zero), the Third Next Available is 7 days.

Schedule

Provider: Dr. Smith

Time of day	Mon (4th)	Tues	Weds	Thurs	Fri	Sat	Sun	Mon (11th)
9:00-9:15	Booked	*Urgent*	*Urgent*	*Urgent*	Booked	n/a	n/a	Booked
9:15-9:30	Booked	*Urgent*	*Urgent*	*Urgent*	Booked	n/a	n/a	Booked
9:30-9:45	Booked	*Urgent*	*Urgent*	*Urgent*	Booked	n/a	n/a	**Available**
9:45-10:00	Booked	Booked	Booked	**Available**	Booked	n/a	n/a	Booked
10:00-10:15	*Urgent*	Booked	Booked	Booked	Booked	n/a	n/a	*Urgent*
10:15-10:30	*Urgent*	Booked	Booked	Booked	*Urgent*	n/a	n/a	*Urgent*
10:30-10:45	*Urgent*	Booked	Booked	Booked	*Urgent*	n/a	n/a	*Urgent*
10:45-11:00	*Urgent*	Booked	Booked	Booked	*Urgent*	n/a	n/a	*Urgent*
11:00-11:15	Booked	Booked	Booked	Booked	*Urgent*	n/a	n/a	**Available**
11:15-11:30	Booked	Booked	Booked	Booked	*Urgent*	n/a	n/a	**Available**
11:30-11:45	Booked	Booked	Booked	Booked	*Urgent*	n/a	n/a	Booked
11:45-12:00	**Available**	Booked	Booked	Booked	*Urgent*	n/a	n/a	**Available**
Third Next Available:		**Monday the 11th at 9:30**						

PATIENT PANEL SIZE STRATEGIES AND SUPPORTS

1. Assessing Your Panel and Capacity

- The Division can help you calculate your optimal panel size, appointment demand, and scheduling capacity using the **Panel Size Calculator**. This tool helps determine whether your current schedule aligns with your patient demand

2. Options for Panel Adjustment

- Work with your team and the Division to safely transfer a portion of your panel to other providers or new-to-practice physicians
- If you are building your panel, discuss optimal panel size and goals with your Division experts

3. Communicating Panel Change with Patients

- Develop clear messaging about the reasons for the change
- Provide information about how care will continue (i.e. through another provider or clinic)
- Work with your team to ensure consistent messaging and support for patient inquiries
- **Letter Template Voluntary Downsizing** – [Link to resource]
- **Letter Template for Downsizing Out of Area Patients** – [Link to resource]
- **Letter Template Downsizing by Randomization** – [Link to resource]

Letter for voluntary downsizing of North Shore patients prior to randomization

This letter is to inform you that I will be downsizing my practice. *(Could insert more specifics here if desired such as" I am not retiring but slightly modifying my practice")* We have a significant number of new North Shore family physicians that are accepting patients. This would be a great opportunity for those of you that live far from the office to find a family doctor closer to your home. These new doctors will likely fill up over the next few months so now is the time to take advantage of a unique situation.

Contact the Division for a list of physician names to include in this letter.

Sign off

Letter for patients that live outside the city

Add salutation if desired

You are receiving this letter because you live in a different city than our medical office. Generally, when patients move to a new city, they find a family doctor close to their new home. I realize that in the last few years this has been very difficult and have tried to keep people on as patients in order that they have some form of continuing care. The new Health Connect Registry is now available across BC. It has been very successful in matching patients to a doctor in their community.

Our governing body mandates that longitudinal family doctors must be able to see their patients in person in a timely manner and not just provide virtual care. Now that there is a process to find a new family doctor, we are requesting that you register in your community.

I will continue to care for you through this process (or specify time i.e. six months) but ask that you apply right away.

You can register by going to Health Link BC:

HealthLinkBC.ca/health-connect-registry

Or you can register by calling 811

Add sign off and name if desired

Letter for downsizing randomized patients

Dear Patient Name:

This letter is to inform you that I will be downsizing my practice. As per our College guidelines, you have been randomly selected from my practice roster. Please be reassured that I will continue to care for you until you have found a new family doctor.

We are very fortunate on the North Shore to have a significant number of new family doctors that are taking on patients. These new doctors will likely fill up quickly so please register as soon as possible.

Include list of physicians taking new patients available from the Division

Another way to find a new physician is to apply at Health Connect Registry which has been rapidly matching North Shore patients to physicians. You can register online at:

HealthLinkBC.ca/health-connect-registry

Or you can also register by phoning 811

Sincerely,
Doctor Name

Access – Supply and Demand Worksheet

Step 1

Calculating Appointments provided per Week

	Mon	Tues	Wed	Thur	Fri	Sat	Sun	
Enter # of apts per day								
								Total/Week

Step 2

Annual Apts – 'Supply'

# of Apts Per Week		
# of Weeks per year		
Total Apts per Year		**This is your 'Supply' (Basic)**

Step 3

Patient Panel (Basic)

# of Active Pts		**x 4.5**	
			Total Demand (Basic)

Step 4

Supply Minus Demand

Enter Supply (apts/yr)	
Enter Demand (apts req'd)	
Over/Under?	

Notes:

- If you have locum coverage for your time off, use 52 weeks in your calculation
- 4.5 visits/patient/year is an average based on all age ranges (2022)
- Higher 'Supply' means you potentially still have room to add to your panel
- Higher 'Demand' means your wait time will get longer and longer

An example of a more detailed calculation based on age brackets (2022 Canadian data):

Patient Panel Detailed by Age

#of Pts Under 1 yr		x8	
# of Pts aged 1-17		x2	
# of Pts aged 18-44		x3	
# of Pts aged 45-65		x5	
# of Pts 66 and over		x8	
This is your Detailed Demand			

Community Pharmacists MACS Consult Template Usage & Context Guide

On **June 1, 2023**, pharmacists in British Columbia experienced the largest expansion of scope in decades, gaining authority to assess and prescribe for 21 **minor ailments and contraception**.

Purpose of This Resource

This resource supports appropriately integrating community pharmacists into clinic workflows with information on:

- Triaging minor ailments consistently
- Clarifying which presentations can be directed to community pharmacists
- Improving clinic workflow and reducing low-acuity visits when necessary, strengthening collaboration between primary care teams and pharmacists

MACS Consult Template (Clinic Tool)

The MACS Consult Template is a **customizable workflow guide** for use by health care teams to support consistent decision-making by MOAs for redirecting care to a community pharmacist
It helps clinics determine in advance:

- Which **minor ailment presentations** can be directed to community pharmacists
- Which concerns should remain within the clinic team
- How to standardize triage and routing decisions for minor ailment care

Each clinic is expected to **review and adapt the template together** to reflect their own workflow, comfort level, and patient population needs.

How to Use This Tool

- **Review:** Physician(s) and MOAs go through the MACS template together
- **Customize:** Identify which minor ailments are appropriate for pharmacist consults
- **Implement:** Establish clear, consistent triage rules for routing patients

Notes

Based on the *"MACS Conditions, PINs and Drugs v. May 29, 2023"* document.
Created in partnership with **Kyle Denly, Registered Pharmacist, Pharmasave Health Centre (North Vancouver)** and the **North Shore Division Pharmacist Advisory Group**.
This document is intended to be reviewed, discussed, and agreed upon by each physician, MOA and other team members as appropriate, prior to implementation.

Referring Patients to Community Pharmacists

In the case we cannot accommodate a patient (over-booked, physician not available, etc.), what conditions are approved to refer to a community pharmacist?

Physician Name: _____ Clinic: _____ Date: _____

Circle Y/N	Condition	Drugs a pharmacist can Prescribe	
Yes or No	Acne, Mild	Topical drugs	Not if severe anxiety re-condition. Not if family history of acne scarring, low self-esteem, depression, may require a mental health discussion.
Yes or No	Allergic rhinitis	Intranasal or ophthalmic drugs (including antihistamines), oral antihistamines	Not if pregnant. Must be bilateral IE: not congestion or pain on one side only. Not sinusitis.
Yes or No	Conjunctivitis Allergic, Bacterial, Viral	Ophthalmic drugs	Not for patients who wear contact lenses.
Yes or No	Contraception	Drugs specified in Schedule 1 of the Drug Schedules Regulation	Only if prescription is for contraception only (Not other conditions).
Yes or No	Dermatitis Allergic, Atopic, Contact, Diaper, Seborrheic	Topical drugs	Not if known psoriasis. Not cradle cap. Yes if dandruff.
Yes or No	Dysmenorrhea	NSAIDS	Not first menstrual cycle.
Yes or No	Fungal Infection Nail, Ringworm, Jock itch, Athlete's foot	Topical drugs	Not immunocompromised. Not for cancer patients. Not a diabetic patient.
Yes or No	GERD/Dyspepsia	Gastric acid-reducing drugs	Not if over 50 and new onset symptoms. Not if blood is in stool or vomit. "Is there any significant blood?"
Yes or No	Headache	NSAIDS	Not if history of migraines. Not if associated with light and noise. Not only on one side of the head. Tension type headaches only.
Yes or No	Hemorrhoids	Topical drugs	Over 12 only. Not if pregnant.
Yes or No	Herpes Labialis (cold sores)	Topical drugs (including anti-viral), other types of anti-viral	Not under age 12. Not prevention (IE: take a tablet a day)
Yes or No	Impetigo	Topical drugs	No folliculitis.
Yes or No	Oral Ulcers (canker cores, aphthous ulcers)	Topical drugs	Not for chemo/radiation treatment patients. Not if it is the first time over 30 years old. Not if immunocompromised.
Yes or No	Oropharyngeal candidiasis (oral thrush)	Antifungal drugs	Not if caused by chemo/radiation treatment. Over age 1 and under age 65.
Yes or No	Musculoskeletal sprains and strains	NSAIDS	
Yes or No	Shingles (herpes zoster)	Antiviral drugs	Not involving the eye area (not within 3 inches around the surrounding eye area).
Yes or No	Nicotine Dependence	Nicotine cessation drugs	Not for under age 12.
Yes or No	Threadworms or pinworms	Anthelmintic drugs	Not if pregnant.

Yes or No	Urinary Tract Infection (uncomplicated)	Antibiotic drugs	Not under age 16. Not born male. Not pregnant. No sign of kidney involvement.
Yes or No	Urticaria, including insect bites	Topical drugs (including antihistamines), other antihistamine drugs	Anaphylaxis go to ER.
Yes or No	Vagina candidiasis (yeast infection)	Antifungal drugs	
Yes or No	Distal Lateral Subungual Onychomycosis (Toenail)	Topical drugs	Not if diabetic. Not if nail is detaching.

Notes:

Based on the ‘MACS Conditions, PINs and Drugs v. May 29, 2023’ document

Created in partnership with Kyle Denly, Registered Pharmacist, Owner of Pharmasave Health Centre (North Vancouver), as well as North Shore Division’s Pharmacist Advisory Group.

This document is to be discussed, reviewed and agreed upon with each physician and the clinic/MOAs before being used.

PCN Pharmacist Scope of Practice

Details:

Comprehensive Medication Management Services & Patient Education by Referral
To send a referral by fax or Pathways e-referral with the patient details and your question.

Services provided on referral include:

- Comprehensive medication management services for adult patients to prevent and resolve drug-related problems.
- Education to patients about their medications and address barriers to adherence.
- Collaboration with the patient and healthcare team to implement treatment plans.

Patients benefit from:

- Extra 1:1 time with a clinician (Initial appointments are 60 minutes).
- Support identifying and prioritizing drug therapy problems.
- Addressing learning goals and obstacles to optimal medication use.

Providers benefit from:

- Information about best and alternative treatment options.
- Increased capacity to care for their patient panel with this added support for patients who need extra time.

Referrals are accepted by selecting pharmacist from your EMR provider list and creating a referral letter within the EMR, as you would to refer to a specialist. This referral will then be sent to the PCN pharmacists' MOA who will arrange an appointment with your patient directly.

PCN Mental Health Clinician Scope of Practice

Examples of what a PCN Mental Health Clinician can help with:

- Depression/anxiety
- Grief and loss
- Life challenges and transitions
- Advanced care planning
- Caregiver support
- Relationship/family issues (counselling is individual)
- Housing and financial challenges
- Emotional struggles

What do PCN Mental Health Clinicians do?

- Short-term counselling (~8 visits of ~50 mins) and related behavioural health supports
- Offer education, group workshops, and mental wellness activities (e.g. walking groups)
- Support transitions and navigating services (e.g. income and housing related supports)
- Work with patients to fill out forms (e.g. PWD, MyVoice booklets)

Referral Criteria:

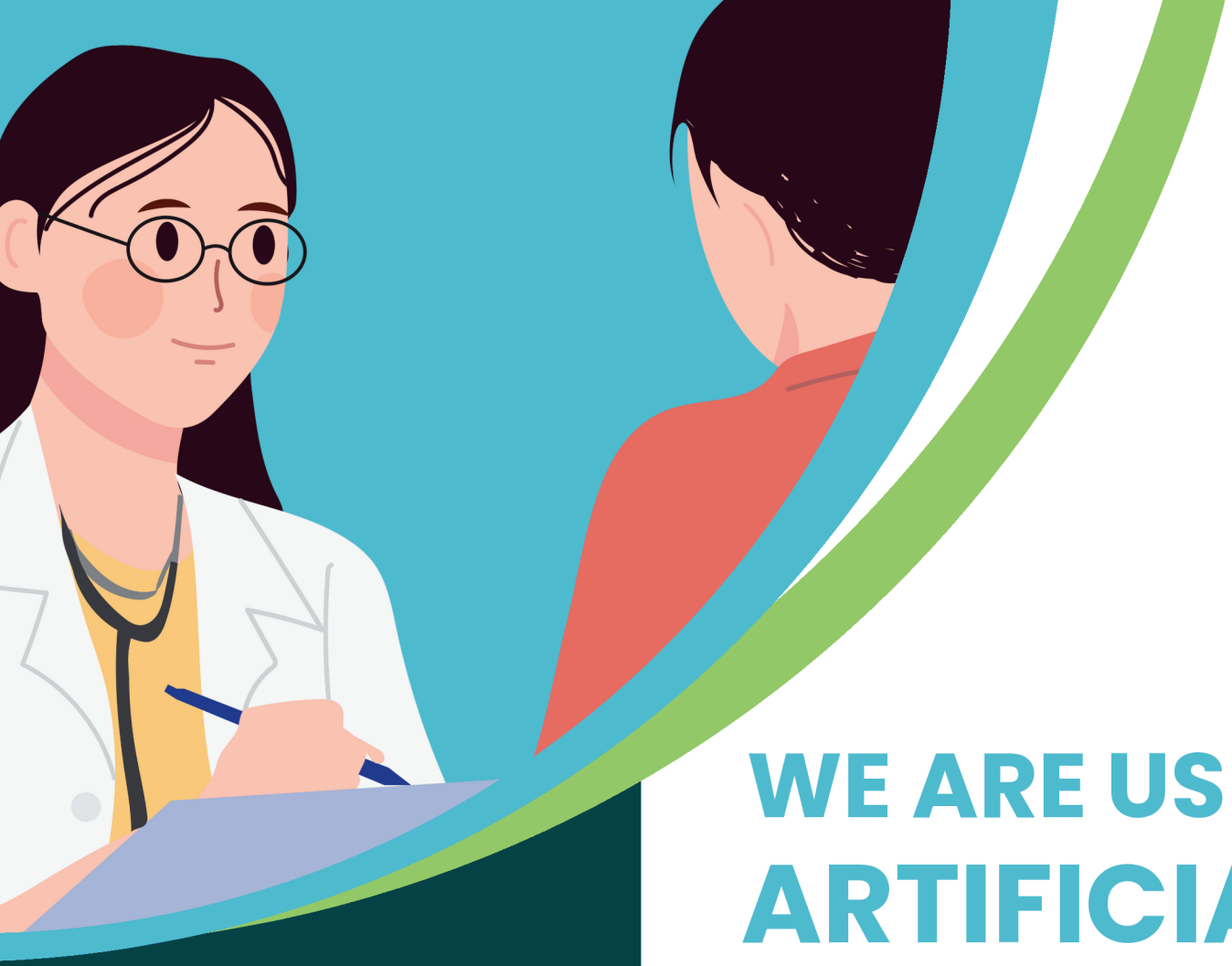
- Patients with mild to moderate mental health concerns
- Patient care needs must be appropriate for short term duration (up to 8 sessions)
- Patients who are 18 years old and over.

Exclusion criteria:

- Patients who are currently accessing similar services from another program, including VCH MHSU, ICBC or WorkSafe BC;
- Patients who have Extended Health Benefits should explore those options prior to accessing PCN services
- Patients on Extended Leave under the Mental Health Act, experiencing active psychosis &/or acute suicidal ideation;
- Patients requiring outreach services, or long term/complex trauma therapy;
- Patients seeking court-ordered evaluation or treatment.
- Evaluation and intervention with an employee who is referred as part of a job performance improvement action.

AI Scribes used by NS physicians

- Autochart (Security & Compliance)
- Empathia (Data Security)
- Heidi (Safety)
- Scribeberry (Trust Center)
- Tali (Security & Privacy)



WE ARE USING ARTIFICIAL INTELLIGENCE (AI)

TO BETTER YOUR CARE

- Some of our team may use AI during your appointment to assist in your care.
- We will make sure you are comfortable with this before your appointment.
- This is your choice, and you can withdraw your consent at any point.
- If you have any questions or need more information, please speak to our team.

WHAT DOES THIS MEAN FOR YOU?

Patient Centred Care

AI can help our staff focus more on you, instead of the computer during your visit.

Experience Smoother Appointments

It assists our team to manage their time better, hopefully reducing wait times for you.

Enhanced Patient Records

AI helps in creating more detailed patient notes, allowing our team to provide you with better, more informed care.

AI Fax Triaging Vendors in Canada

Phelix — Inbox Agent

Wave the Wait — eFax triaging

Phelix — Outreach Agent

Wave the Wait — Task Manager

Telephone Script Examples

It is always more efficient to answer the phone, but clinics can decide to use voicemail with clear scripts. The options below set expectations, reduce duplicate messages, and support efficient care. This is a good time to share key messages like refill policies, online booking, and after-hours access.

Out-Going Hold Message Example

*"Thank you for your call. If this is a medical emergency, hang up and dial 911. Did you know you can book, cancel, or reschedule your appointments online at **[clinic website]**? Our clinic responds to routine requests within 48 hours. Prescription refills require an appointment and may take up to **[X]** business days to process. If your concern is urgent, please remain on the line and let the team member know as soon as your call is answered." Thank you for your patience — the next available team member will assist you shortly."*

Option 1: If Voicemail is Activated

- Keep the voicemail option short and clear
- MOAs should check voicemail at set times (morning, midday, end of day)
- Have a specific voicemail option for appointment cancellations if your phone system allows

Voicemail Message *"You have reached **[Clinic Name]**. If this is a medical emergency, hang up and dial 911. Otherwise, please leave your full name, date of birth, phone number, and reason for your call. Our team responds to routine requests within 48 hours. Please note that prescription refills require an appointment and up to **[X]** business days in advance. Online booking is available at **[website]**. Please do not leave multiple messages or emails."*

Option 2: If Voicemail is NOT Activated

- Patients are directed to wait on the line or use online booking
- Eliminates time spent listening/returning voicemails, reduces duplicate requests, and encourages live resolution

During Office Hours On-Hold Message *"Thank you for your call. Please remain on the line for the next available team member. Prescription refills require an appointment and may take up to **[X]** business days to process. To save time, you may also book or manage your appointments online at **[clinic website]**. Please do not call repeatedly or send multiple emails, as this may delay our response."*

After Hours Message *"You have reached **[Clinic Name]**. Our office is now closed. If you have an urgent medical issue, please call 911 or access after-hours care through **[after-hours provider]*** or HealthLink BC at 811*. Please call back during office hours or visit our website at **[clinic website]** to book or manage your appointment. If this is a prescription refill, please note that an appointment is required and processing may take up to **[X]** business days once requested."*

TELEPHONE SYSTEMS

Phone System	MOA Feedback	Costs
3CX	"It's handy when you work remotely. I can set up from home or my cellphone."	3CX charges based on how many phone calls the clinic receives, rather than then the number of users
Fongo	"Can customize greetings, extensions, and used on multiple devices."	Plans begin at $0.00 if using an existing phone number for up to six users
iPhone and Telus	MOA uses a personal iPhone and Telus cell number to manage office communication	Uses a regular Telus mobile plan
Ring Central	"You use the app on your cell phone; you can also use the app on the computer."	Starts at $30/user/month for base business plan. Higher tiers available with advanced features
Shaw Cisco Webex App	"Can be used on the MOA's cellphone."	Typically included in a Shaw or Cisco Webex Business package. Exact pricing requires a custom quote.
Telus Business Connect	"The app can be used on the MOA or physician cell phone, and the office desk phone."	Starts at $25/user/month (with contract). Unbundled or short-term plans typically $30–$35/user/month.

Note: *These are ballpark figures intended for general comparison. Actual costs may vary depending on contract terms, user count, selected features, hardware, hosting, and taxes. For the most accurate pricing, clinics should request a direct quote from each provider. Updated October 2025.*

Online Booking Platforms Compatible with EMRs

EMR	Platform	Integration	Features
OSCAR	OceanMD	Seamless with OSCAR Pro EMR	Online booking, appointment forms, automated reminders, self-service check-in
OSCAR	Cortico	Direct with OSCAR EMR (JUNO, Avaros)	Online booking, telehealth, automated self-registration
Accuro	Accuro Online Booking	Native with Accuro EMR	Online booking, same-day support, clinic controls schedule
Accuro	OceanMD	Compatible with Accuro (not legacy Resource Scheduling)	Online booking, automated reminders, patient engagement tools
MedAccess	OceanMD	Direct with TELUS MedAccess EMR	Online booking, secure messaging, automated data collection
Myle	MYLE Patient Portal	Fully integrated with MYLE EMR	Online booking, secure messaging, access to health info
CHR	TELUS Health CHR Online Booking	Native feature in CHR EMR	Online booking, questionnaires, patient messaging, reminders, virtual care

Implementation Steps

1. **Research Platforms:** Identify compatible options above
2. **Request Demonstrations:** Review features, pricing, and support
3. **Plan Implementation:** Staff training, workflow integration, patient communication
4. **Monitor & Evaluate:** Track usage, gather feedback, and adjust as needed

PERFORMANCE REVIEW - PROBATION PERIOD

EMPLOYEE INFORMATION			
Name:		**Date:**	
Position:		**Supervisor's name:**	
Review Period (ex. Jan - Mar 2022):			

Goals:		
SMART (Specific, Measurable, Achievable, Relevant, Time Bound) goals		
Activities:	Target Date:	Completed:
List of activities that you will undertake to achieve the goal		
Results/Comments:		
Employee completes this section for probation period goal review meeting with supervisor		

PART 1: PERFORMANCE ASSESSMENT

Goal-Achievement: Extent to which employee has achieved goal, as outlined above.

☐ Does not meet expectations ☐ Meets expectations ☐ Exceeds expectations

Comments: _____

_____

_____

Job knowledge: Understands and performs the requirements of the position description.

☐ Does not meet expectations ☐ Meets expectations ☐ Exceeds expectations

Comments: _____

_____

_____

Technical ability: Demonstrates the technical knowledge required for the position.

☐ Does not meet expectations ☐ Meets expectations ☐ Exceeds expectations

Comments: _____

_____

_____

NOTE: Please include this form in the employee's personnel file along with any supporting documentation.

Quality of work: Completes all responsibilities to our standards of excellence.

☐ Does not meet expectations ☐ Meets expectations ☐ Exceeds expectations

Comments: _____

Quantity of work: Completes the expected amount of work with minimum follow-up.

☐ Does not meet expectations ☐ Meets expectations ☐ Exceeds expectations

Comments: _____

Values: Demonstrates our organizational values and seeks opportunities to practice values alignment.

☐ Does not meet expectations ☐ Meets expectations ☐ Exceeds expectations

Comments: _____

Approach: Displays enthusiasm, self-motivation, cooperation, responsiveness and a sincere interest in their position and in our team, members, and stakeholders. Maintains high level of engagement.

☐ Does not meet expectations ☐ Meets expectations ☐ Exceeds expectations

Comments: _____

Other: [INSERT HERE]

☐ Does not meet expectations ☐ Meets expectations ☐ Exceeds expectations

Comments: _____

PART 2: OVERALL ASSESSMENT

☐ Exceeds overall expectations.
☐ Meets overall expectations.
☐ Does not meet overall expectations.

Supervisor comments: _____

_____

_____

Employee comments: _____

_____

_____

By signing, both parties acknowledge that they have read and discussed the contents of this performance review form.

_____ _____
Employee Signature Date

_____ _____
Supervisor Signature Date

MOA RESPONSIBILITES AND TASKS

Task	Notes
Review Patient Schedule	First task of the day; review appointments, special requirements, forms, procedures, and schedule changes
Check Email	Monitor throughout the day; respond to clinic, provider, and patient-related communications
Review EMR Tasks (TCIs/To-Do List)	Review new and outstanding tasks and complete throughout the day, prioritizing urgent tasks
Prepare Exam Rooms	Quick daily pass to ensure rooms are stocked and ready
Review Doctors' Outbox	Check regularly throughout the day (hourly recommended)
Distribute Incoming Faxes	Review and process throughout the day
Check In and Arrive Patients	Confirm patient identity and update demographics as needed
Room Patients	Ensure the next patient is ready; complete required intake information
Answer Incoming Calls	Monitor phones and minimize calls going to voicemail
Book Appointments	Follow clinic appointment guidelines and booking rules
Complete Vitals & Measurements	Weight, height, BP, eye chart, baby head circumference, and other measurements as required
Process Specimens and Prepare for Pick Up	Complete urinalysis, pregnancy tests, and prepare specimens for pickup
Scan & Attach Documents	Process incoming documents throughout the day and attach to appropriate patient charts
Process Referrals	Review and complete referral tasks daily
Complete EMR Follow-Up Tasks	Monitor and complete outstanding clinical and administrative tasks throughout the day
Appointment Reminders	Complete according to clinic workflow and appointment reminder processes
Autoclaving	Complete daily according to clinic requirements and infection prevention protocols
Room Stocking	Quick daily check; restock supplies as needed
Office Cleaning & Organization	Maintain tidy waiting room, front desk, and shared spaces throughout the day
Billing	Submit every 2–3 days; monitor MSP submission deadlines
Private Payments & Invoicing	Process at the time of service or as required
Interventions & Routine Recalls	Review weekly and contact patients as needed
Reconciliations & Refusals	Complete at least weekly and before MSP cutoff dates
Prepare Deposits	Complete weekly (Fridays)
Order Supplies	Complete as needed; maintain an ongoing supply list
Chart Transfers	Complete within 30 days of request
ICBC & Legal Requests	Complete according to specific request requirements

Option for MOA when the patient arrives late

"Dr. _____ has moved on to their next patient, let's reschedule you now."

"A late arrival is considered a missed appointment and there will be a $___ charge" (to be used with office discretion).

[Clinic Name]

No Show & Late Arrival Policy Acknowledgement

Cancellation Process

To cancel or reschedule an appointment, please call the clinic or use the online booking platform at least 24 hours in advance.

Late Arrival Policy

Patients who arrive late may be asked to reschedule their appointment and may be charged a missed appointment fee.

Missed Appointment ('No Show') Policy

A fee of $_____ will be charged for missed appointments without 24 hours' notice.

• This fee is not covered by MSP or other insurance plans.

Repeated No Show/Late Arrival

A pattern of missed or late arrivals may result in:
• Limitations in appointment availability.
• Additional administrative fees.

☐ I acknowledge this information.

Patient Acknowledgement

Full Name: _____

Signature: _____

Date: _____

Provide a copy to the patient and scan a copy into the chart.

[**YOUR CLINIC NAME**] Office Appointment and Booking Policies

- On time appointments
  - In general, [**YOUR CLINIC NAME**] strives to see patients on time. We request that patients arrive on time and do not exceed the appointment time allotted . Due to the unpredictable nature of medical practice, we may sometimes be behind and appreciate your understanding when this happens.
- Missed appointment fees
  - [***YOUR CLINIC NAME***] requires **24 hours** advance notice for appointment cancellations. You will be billed [**$x**] for missed appointments.
- Reason for visit
  - Advising staff on the reason for your visit allows the appropriate time to be allotted. We also need to know ahead of time if you will require any forms to be completed. Please arrive early if you have forms as staff may need to input information and determine if there is a charge.
- Test results
  - [***YOUR CLINIC NAME***] office staff cannot provide the results of lab or X-Ray results over the phone. It is recommended that you always book a follow-up appointment to discuss results unless directed otherwise by your family doctor.
- Telephone calls
  - Phone calls are answered [**Monday through Friday, from 9am to 5pm. We do not take calls 12pm to 1pm during lunch.**]
- Repeat prescriptions
  - [**YOUR CLINIC NAME**] Please ensure you make an appointment [**well before**] you finish your last refill.
- Uninsured services
  - Many services are not covered by the Medical Services Plan (MSP). Payment for uninsured services is due upon receipt of the service. We accept [**Cash, Cheques, Debit Cards, Visa or Mastercard**].



WE PROVIDE SERVICES NOT COVERED BY THE MEDICAL SERVICES PLAN

EXAMINATIONS

- COMPLETE PHYSICAL EXAMINATION IN A HEALTHY INDIVIDUAL
- CPP, MOT OR INSURANCE COMPANY EXAMINATION
- SPORTS OR CAMP FITNESS EXAMINATION
- INDUSTRIAL FIRST AID EXAMINATION

TREATMENTS

- COSMETIC LIQUID NITROGEN
- COSMETIC MOLE/LESION EXCISION
- VACCINATIONS NOT COVERED BY MSP
- TRAVEL VACCINATIONS

FORMS

- INSURANCE COMPANY FORM FOR TIME OFF / DISABILITY
- ILLNESS / ABSENTEEISM NOTE FOR SCHOOL OR WORK
- LONG TERM CARE ADMISSION / REGISTRATION
- EMPLOYER'S WORK CAPABILITY FORM
- HANDICAP PARKING FORM
- GOVERNMENT UIC FORM
- HANDI–DART FORM

OTHER

- TYPED OFF WORK LETTER
- MEDICAL – LEGAL REPORTS
- MEDICAL ADVICE BY LETTER
- INSURANCE COMPANY LETTERS
- TELEPHONE PRESCRIPTION RENEWAL

BC FAMILY DOCTORS
Your Specialists in Primary Care.

INVOICE

Doctor's Name: _____ Date: _____

Patient's Name: _____

This invoice is for services not covered by the Medical Services Commission Longitudinal Family Physician Payment Schedule.
Fees reflect current Doctors of BC rates for uninsured services. Individual physician rates may vary.

Fee values effective April 1, 2025

Description	Uninsured Fee Code	Amount
Forms		
Brief certificate/form, including school/work time off, medical certificate for government employment insurance, SPARC-BC parking application, HandyDART & HandyCard application	A00060	$54.00
Special Authority Form - billable only when requested by 3rd party insurer	A94523	$93.20
Insurance Company/Third Party short form - disability/travel/time off	A00069	$184.00
Insurance Company/Third Party long form- disability/travel/time off	A00059	$241.00
Income Tax Disability - short form	A00069	$184.00
Income Tax Disability - long form	A00059	$241.00
Long Term Care Registration / Administration	A00063	$188.00
Employer's Occupational Fitness Assessment form – extra to examination	A94529	$217.00
Reports/ Letters		
Brief letter/note, including insurance note for physiotherapy/massage therapy	A00060	$54.00
Medical Advice by letter	A00061	$184.00
Medical leave or off work letter	A00070	$209.00
Insurance Company letter - short (½ page)	A00070	$209.00
Insurance Company letter - long (1 - 2 pages)	A00071	$443.00
Medical - legal letter	A00071	$443.00
Medical - legal report	A00072	$1,320.00
Medical - legal opinion	A00073	$2,208.00
Examinations		
Physical fitness examination and form for school, camp, etc	A00068	$91.20
Industrial First Aid - limited exam	A00002	$184.00
Insurance and Industrial Examination, including CPP, pilots and air traffic controllers	A00001	$260.00
Driver’s license examination – full exam (Yellow Stripe Form)	A00055	$253.00
Examination to obtain driver's license - partial exam (Yellow Stripe Form)	A00056	$113.00
Driver’s Medical Examination Report (Blue Stripe Form)		$253.00
Diabetic Driver Report - stand alone (no Driver’s Medical Examination Report)		$253.00
Diabetic Driver Report in addition to Driver's Medical Examination Report – combined fee		$315.00
Procedures & Immunizations (Multiple services will be charged additionally)		
Liquid Nitrogen		$112.50
Excision (no sutures)		$224.30
Excision (with sutures)		$267.30
Excision (with sutures)		$320.70
Immunizations for individuals 19 years or older, per injection		$77.15
Immunizations for individuals less than 2 years of age		$124.74
Immunizations for individuals 2-18 years of age		$134.55
Other		
Transfer of Records - basic fee	A00093	$44.10
Physician Review of Records for medical/legal purposes or transfer of records (per 15 mins)	A00095	$124.00
Transfer of Records - photocopying - per page (first 10)	A00096	$2.25
Transfer of Records - photocopying - per page (subsequent pages)	A00096	$0.30
Missed Appointment Charge		$95.20
	TOTAL	

Notes:

BC FAMILY DOCTORS
Your Specialists in Primary Care.

INVOICE

Doctor's Name: _____ Date: _____

Patient's Name: _____

This invoice is for services not covered by the Medical Services Commission Payment Schedules.
Individual physician rates may vary.

Description	Uninsured Fee Code	Amount
Forms		
Brief certificate/form, including school/work time off, medical certificate for government employment insurance, SPARC-BC parking application, HandyDART & HandyCard application	A00060	
Special Authority Form - billable only when requested by 3rd party insurer	A94523	
Insurance Company short form - disability/travel/time off	A00069	
Insurance Company long form- disability/travel/time off	A00059	
Income Tax Disability - short form	A00069	
Income Tax Disability - long form	A00059	
Long Term Care Registration / Administration	A00063	
Employer's Occupational Fitness Assessment form – extra to examination	A94529	
Reports/ Letters		
Brief letter/note, including insurance note for physiotherapy/massage therapy	A00060	
Medical Certificate of Death	A00060	
Medical Advice by letter	A00061	
Medical leave or off work letter	A00070	
Insurance Company letter - short (½ page)	A00070	
Insurance Company letter - long (1 - 2 pages)	A00071	
Medical - legal letter	A00071	
Medical - legal report	A00072	
Medical - legal opinion	A00073	
Examinations		
Physical fitness examination and form for school, camp, etc	A00068	
Industrial First Aid - limited exam	A00002	
Insurance and Industrial Examination, including CPP, pilots and air traffic controllers	A00001	
Driver's license examination – full exam (Yellow Stripe Form)	A00055	
Driver's Medical Examination Report (Blue Stripe Form)		
Diabetic Driver Report - stand alone (no Driver's Medical Examination Report)		
Diabetic Driver Report in addition to Driver's Medical Examination Report – combined fee		
Complete physical examination (not covered for asymptomatic/healthy persons), age 2-49		
Procedures & Immunizations (Multiple services will be charged additionally)		
Liquid Nitrogen		
Excision (no sutures)		
Excision (with sutures)		
Excision (with sutures) - facial		
Immunizations for individuals 19 years or older, per injection		
Immunizations for individuals less than 2 years of age		
Immunizations for individuals 2-18 years of age		
Other		
Transfer of Records - basic fee	A00093	
Physician Review of Records for medical/legal purposes or transfer of records (per 15 mins)	A00095	
Transfer of Records - photocopying - per page (first 10)	A00096	
Transfer of Records - photocopying - per page (subsequent pages)	A00096	
Missed Appointment Charge		
	TOTAL	

Notes:

Locum Checklist

Review this list at least two weeks prior to hiring a locum.

Office

- ☐ Complete the Docs of BC Locum Agreement Contract Template if desired
- ☐ Location of Parking/parking pass if required
- ☐ Keys or access instructions provided 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 lunchroom, 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 and physician contact information _____
- ☐ Call group details (contact person): _____
- ☐ Discussion regarding expectations for monitoring and management of inbox during locum

EMR

- ☐ User IDs & passwords for computer, EMR, and Wi-Fi
- ☐ EMR tutorial - Review the EMR Resource List for various EMR guides
- ☐ Contact the Division to request further EMR support and peer mentorship
- ☐ Contact North Shore Pathways to request your Pathways account
- ☐ Contact the Division to request CareConnect support
- ☐ Access specialist support through the RACE Line via RACEConnect for real-time clinical advice

Payment

- ☐ Complete and fax the **Assignment of Payment Due to Practitioner Under MSP** form (takes approx. 7 business days to process)
- ☐ Complete and fax the **Application For Teleplan Service** (takes approx. 7 business days to process)
- ☐ Payment splits and time expected to payment and method of payment.

Out of Office Work

The following have been provided:

- ☐ A list of the usual visitation days for extended care/ nursing home facilities
- ☐ Out of Hours coverage details: on-call obligations and arrangements including hours of coverage and hand-over process
- ☐ A list of patients who may require house calls
- ☐ Hospital work & obtaining privileges
- ☐ Obstetrics
- ☐ Provide a list of frequently used specialists if desired

BRITISH COLUMBIA
The Best Place on Earth

Health InsuranceBC

ASSIGNMENT OF PAYMENT DUE TO PRACTITIONER UNDER THE MEDICAL SERVICES PLAN

APPLICATION MUST BE COMPLETED IN FULL

I, _____ ,
Locum Name

hereby assign to _____ ,
Principle Practitioner Name

any and all sums of money that shall on and after the date of the signing of this Assignment that is owing to me by the Medical Services Commission of British Columbia and billed by or for me in an approved claim format bearing my personal practitioner

number, _____ , and the assignee's Payment Number _____ .
Locum Practitioner Number *Principle Practitioner Payment Number*

The Commission is hereby authorized to pay all such sums directly to Payment Number_____
Principle Practitioner Payment Number

at any address the Assignee may from time to time designate, with payment of any such sum to be sufficient discharge to the Commission of and from any indebtedness in that amount to the Assignor, his/her heirs, executors, or administrators.

THIS AGREEMENT is to remain in full force and effect for all claims submitted with Assignees Payment Number,

_____ , and my Personal Practitioner Number, _____ ,
Principle Practitioner Payment Number *Locum Practitioner Number*

from _____ to _____ .
Effective Date (Month / Day / Year) *Cancel Date (Month / Day / Year)*

I will submit written notification to the Commission of the cancellation of this assignment should the cancellation precede the date specified above.

Dated this _____ day of _____ , 20 ____ .

_____ _____
Signature of ASSIGNOR (LOCUM) *Signature of WITNESS*

_____
Signature of PAYEE

Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 9E7
Tel: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950, Fax: 250 405-3592 Web: **www.hibc.gov.bc.ca**

HLTH 2870 Rev. 2010/12/06

BRITISH COLUMBIA | Health InsuranceBC

APPLICATION FOR TELEPLAN SERVICE

FOR MSP USE ONLY

USER ID: _____

DATA CENTRE NO.: _____

DEFAULT PASSWORD: _____

DATE PROCESSED: _____

TSO: _____

MAILING ADDRESS:

PLEASE PRINT YOUR NAME AND ADDRESS CLEARLY INCLUDING POSTAL CODE

NAME

ADDRESS

CITY | POSTAL CODE | PHONE NO.

ORGANIZATION NAME (if different from above) | CONTACT PERSON

TYPE OF FACILITY

☐ HOSPITAL ☐ PRACTITIONER ☐ SERVICE BUREAU ☐ VENDOR ☐ CLINIC

TELEPLAN CLAIM SUBMISSION INFORMATION

DATA CENTRE INFORMATION

NEW DATA CENTRE	OR	JOINING EXISTING DATA CENTRE	OR	JOINING SERVICE BUREAU
NAME: _____		NAME: _____		NAME: _____
CONTACT: _____		DATA CENTRE NO.: _____		DATA CENTRE NO.: _____

SYSTEM

HARDWARE

MAKE/MODEL OF COMPUTER: _____

MAKE/MODEL OF MODEM: _____ ☐ INT ☐ EXT SPEED: _____

BILLING/BUSINESS SOFTWARE (must be MSP tested and approved)

SOFTWARE NAME: _____

VENDOR: _____ SUPPLIER: _____

I MAKE APPLICATION TO UTILIZE THE TELEPLAN CLAIMS SUBMISSION SERVICE WITH THE FULL UNDERSTANDING OF, AND AGREEMENT WITH, THE REGULATIONS TO THE ***MEDICARE PROTECTION ACT.***

_____ *APPLICANT'S SIGNATURE*

_____ *DATE*

_____ *MSP PAYEE NUMBER*

NOTE: AN APPLICATION FORM IS REQUIRED FOR EVERY PAYEE NUMBER

Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 9E7
Tel: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950, Fax: 250 405-3592 Web: **www.hibc.gov.bc.ca**

HLTH 2820 Rev. 2016/12/16

PRINT RESET

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)

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: _____ _____ _____

Weekly Schedule

Day	**Hours** *(write in hours)*	**Location** *(circle appropriate location)*
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:	□ None □ Yes Details….
2.	Hospital work (surgical assists, hospitalist shifts, ER shifts):	□ None □ Yes Details….
3.	Obstetrical coverage:	□ None □ Yes Details….
4.	Extended care/nursing home and/ or home visits:	□ None □ Yes Details….

5.	Teaching obligations (med student/resident):	□ None □ Yes Details….

Financial Terms

1.	Office-based billings split: _____ *(70:30 split **recommended**)* Includes: • MSP, WorkSafeBC, ICBC • Non-insured visits (cosmetic procedures, out-of-province patients) • In-office procedures, lab/tray fees • In-office phone calls
2.	Form fees: _____ *(90:10 split **recommended**)* Includes: □ Sick notes □ Other □ Medico-legal reports _____ □ CL19 reports _____
3.	Out of office billings: _____ *(100% to Locum **recommended**)* e.g. extended care visits, home visits, ER billings, hospital billing, obstetrics, out of office billed hospital/ care facility phone calls
4.	GPSC fees: _____ *(**Recommended** that this be discussed and agreed to between the Hiring physician & locum for locum terms of 6 months continuous duration or longer. In general the percentage split should be commensurate with length of locum contract)* e.g. chronic disease management, complex care, prevention fees, palliative care fees, mental health fees
5.	Guaranteed minimums *(if agreed)* The following amounts will be paid if net billings are less than the specified minimums agreed to below: *(select **one of the 3** options below if a guaranteed minimum has been agreed to)* □ Per week $_____ □ Per day $_____ □ Per hour $_____ Note: Daily or hourly minimums will be calculated daily and not averaged over the term of the locum agreement.
6.	Payments owed to the Locum physician will be paid by the Hiring physician every month or within 2 weeks of the completion of this contract. Any outstanding payments will be subject to interest charges of 2% per month. Payments will be based on: □ billings submitted *(suggested for contracts of 1 month or less)* - or - □ billings actually paid *(suggested for contracts greater than 1 month)*
7.	Any **retroactive** payments received by the Hiring physician for services performed by the Locum physician will be subject to the terms agreed to & documented in this Schedule. Payments will be paid to the Locum physician within 30 days of receipt of payment from MSP. Any outstanding payments will be subject to interest charges of 2% per month.

Other Agreements & Notes

Initials: Hiring 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 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

COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

PRACTICE STANDARD

Care Coverage Outside Regular Office Hours

Effective: June 1, 1995
Last revised: May 6, 2022
Version: 5.4
Related topic(s): Access to Medical Care Without Discrimination

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of its registrants (all physicians and surgeons who practise medicine in British Columbia). Standards also reflect relevant legal requirements and are enforceable under the *Health Professions Act*, RSBC 1996, c.183 (*HPA*) and College Bylaws under the *HPA*.

Preamble

This document is a practice standard of the Board of the College of Physicians and Surgeons of British Columbia.

This practice standard sets out the legal obligations for all registrants to provide appropriate ongoing and after-hours coverage for patients dealing with urgent issues, as well as the College's professional and ethical expectations of registrants in meeting those obligations. These standards apply to all registrants whether providing primary or consultative care.

Registrants are expected to decline to work in arrangements that are not compliant with College standards.

College's position

Common law duty of care

In jurisdictions subject to common law (all provinces and territories except Quebec), the duty of care imposed on a physician within the context of the patient-physician relationship includes the duty to make referral or coverage arrangements when the physician is not available to treat the patient.

Principles

1. All registrants involved in the treatment of patients are required to ensure ongoing medical care.
2. Registrants must establish a schedule of on-call coverage outside of regular office hours with colleagues or make other arrangements to ensure that urgent medical advice is available to patients, as necessary. Registrants must ensure that such arrangements are clearly communicated within their on-call groups, and readily accessible to other health-care professionals who are involved in the patient's care (e.g. laboratory physicians, pharmacists, hospital-based physicians, etc.) who may need to communicate with them about diagnostic tests, community follow-up after treatment in hospital, and other ongoing care issues.
3. Registrants must ensure that their patients are aware of the on-call coverage outside of regular office hours that is available to them.
4. If working in a temporary capacity (e.g. as a locum) or in a clinic managed by others (e.g. within a health authority), it is still required that individual registrants ensure there is a system of ongoing care and urgent care coverage for the patients they have seen.
5. In the event of an extraordinary medical staff shortage, it is the responsibility of those registrants who remain available to advise patients of the most appropriate alternatives for accessing medical care. If the medical staff shortage is expected to cause serious or prolonged disruption, the College must be informed of interim arrangements and what has been communicated to patients.
6. Registrants who plan to be absent from practice must promptly inform office staff, colleagues, local hospitals, pharmacists, and others involved in their patients' care of their absence, or arrange interim coverage to ensure that patient care is not compromised.

7. Registrants may only assign on-call coverage to groups of physicians or to local emergency departments if all parties have agreed to this arrangement in advance.
8. It is always acceptable to direct patients with emergencies requiring immediate attention to call 9-1-1.
9. Registrants may inform patients that they have the option to call the provincial health advice line at 8-1-1 to receive general health advice. This resource, however, must not be used as the registrant's primary coverage method.

North Shore Division of Family Practice
An FPSC initiative

North Shore Primary Care Network

North Shore
Where to Get After-Hours & Urgent Care

Family Physician or Nurse Practitioner

Contact your primary care provider first. They know your health history and can provide ongoing care.

Looking for a family physician or nurse practitioner?
SCAN THE QR CODE

or visit www.nspcn.ca/find-care

Urgent Primary Care Centre (UPCC)

#200 - 221 West Esplanade, North Vancouver

Mon - Sat 8:00am-10:00pm
Sun 9:00am-5:00pm

For issues that need to be addressed within 12-24 hours, or when your family physician or nurse practitioner is unavailable. All visits to the UPCC are walk-in only.

Mental Health

BC Crisis Line: (**604**) **310-6789**
Women's Crisis Line: (**604**) **987-3374**
Kids Help Phone: **1** (**800**) **668-6868**
Indigenous Hope for Wellness:
1 (**855**) **242-3310**
Opioid Same-Day Treatment:
1 (**833**) **804-8111**

8-1-1

For 24/7 health advice, call **8-1-1** to speak with a health service navigator, who can help you find health information and services; or connect you directly with a registered nurse, a registered dietitian, a qualified exercise professional, or a pharmacist.

Pharmacist

Pharmacists can assist with medication queries and, in some cases, prescribe for minor health issues. Consult your local pharmacy for more information.

Poison Control

If you are concerned about a possible poisoning or exposure to a toxic substance, call Poison Control immediately: (**604**) **682-5050**

Emergency Department 9-1-1

For emergencies that need immediate attention (e.g., chest pain, major trauma) visit the Emergency Department or call: **9-1-1**

Lions Gate Hospital (LGH): #231-15th St East, North Vancouver

North Shore Community Resources

Seniors Social Prescribing Referral Form

Patient Information	
Patient Name:	
Phone #:	Email address (optional)
Age:	Date of referral:
Farsi language support required? ☐Yes ☐No	
Please confirm patient has been informed of referral and agrees to undertake social prescribing. ☐Yes ☐No	

Reason for Referral (please tick)		
☐ Caregiver Support	☐ Mental Health/Well-being	☐ Food Security/Meals
☐ Housing Options	☐ Legal Advocacy Services	☐ Financial Programs
☐ Physical Health & Activities	☐ Mobility/Transportation/ Safety	☐ Social Isolation/Social Programs
☐ Frailty or risk of frailty	☐Hearing/Vision	☐ Other (please state below)
Pertinent Notes (i.e. cognitive decline, challenges with mobility, etc.):		

Referring Contact Details (i.e. Family Physician/ Health Provider)
PCN Referral? ☐Yes ☐No
Full name of referring individual:
Profession/Title:
Clinic or organization name:
Would you like a confirmation that referral received? ☐Yes ☐No
Would you like to know if patient declined service for support when contacted? ☐Yes ☐No
If follow up requested, please provide best way to contact you below: Phone #: Fax #: Email:

Submit Referral Form To
seniorscommunityconnector@nscr.ca or 604-985-0645 (fax #)

North Shore Community Resources
Suite #201 – 935 Marine Drive, North Vancouver BC, V7P 1S3
Telephone: 604-982-3312
Website: https://seniors.nscr.ca

United Way British Columbia
Working with communities in BC's Interior, Lower Mainland, Central & Northern Vancouver Island