

Practice Information Form

Department of Health and Wellness (DHW) approval is required for recruitment to all family practice vacancies. This includes new positions, replacement positions and locum terms over 90 days. The approval process is coordinated through the Department of Family Practice (DFP) for Family Medicine.

Please complete the following and return to the Department of Family Practice to initiate the approval process.

VISION STATEMENTS

- Family Physicians and other health care providers contribute to **team-based care** that is patient-centered, provided in an appropriate office setting & accessible to the patient.
- Family Practice teams work together & with community partners in their area to create a **network** to provide shared & supported care for their patients and/or local population.
- Family Physicians & other health care providers are supported to maintain **Work-Life Balance** through coordinated after-hours patient care with other health care providers in their community.
- The practice **electronic medical record** (EMR) supports evidence-based care through integrated tools, prompts, etc.; electronic sharing of information across the system; and allows key information to be available wherever the patient obtains care.
- **Timely Access** to care & information is available to patients during all hours (daytime, evening, overnight, weekend and statutory holidays) and Family Practices provide clear information to patients on all hours care options. Patient care is inclusive of all cultures, languages, sexual orientation & other physical or emotional barriers to traditional care.
- Family Physicians understand their patient population and adjust services to meet the needs of their patient population. (**Quality Improvement**)

1. POSITION INFORMATION

Permanent Position

New Position

Rationale for new position: _____

Replacement Position

Departing Physician _____
Full Time / Part Time _____

Departure Date _____
Reason for Leaving _____

b. What is the range and volume of services provided by the new physician? If this is a replacement position, please indicate any change in service being provided.

Locum Position Term _____

Do you have a physician that you plan to recruit?

Yes Replacement Physician _____ Anticipated start Date _____

No

2. **PRACTICE INFORMATION**

In each section below, please select all that apply.

Section	Select all that apply			Details
Practice type	<input type="checkbox"/> Solo	<input type="checkbox"/> Group (physicians only) <input type="checkbox"/> The practice will explore options for non FP team members.	<input type="checkbox"/> Group (multidisciplinary)	
Position to Recruit	<input type="checkbox"/> The practice is recruiting a family physician only.	<input type="checkbox"/> The practice will consider a non FP team member.	<input type="checkbox"/> The practice will accept a FP or non FP team member into the practice.	
Location of position	<input type="checkbox"/> This position must be located in the practice	<input type="checkbox"/> Will explore options to locate position in a new location	<input type="checkbox"/> This position can be located in a different location or with a new team.	
Expansion Options	<input type="checkbox"/> The practice cannot accommodate additional team members.	<input type="checkbox"/> The practice has minimal room for expansion or can be renovated to accommodate additional team members.	<input type="checkbox"/> The practice can accommodate additional team members.	
Practice size	<input type="checkbox"/> The practice size is unknown.	<input type="checkbox"/> The practice size is estimated based on non verifiable data.	<input type="checkbox"/> The practice size is estimated based on EMR or other reliable data.	
Practice Coverage	<input type="checkbox"/> The practice has no coverage for planned or unplanned absences.	<input type="checkbox"/> The practice has some coverage or only coverage for planned absences.	<input type="checkbox"/> The practice has full coverage in place within my practice or practice group within the community for planned or unplanned absences.	
Access – daytime	<input type="checkbox"/> Patient appointments are booked as they are received, generally several weeks out. There are no urgent or same day appointments available.	<input type="checkbox"/> The practice offers limited or some urgent or same day access. Wait times are generally 2-3 weeks.	<input type="checkbox"/> The practice offers advanced or same day appointments. <input type="checkbox"/> The practice provides clear information on care options during	

			all hours via phone message, website, etc.	
Access - after hours care (evening, weekends and statutory holidays)	<input type="checkbox"/> The practice does not participate in after hours care.	<input type="checkbox"/> The practice provides some after hours care within practice only <input type="checkbox"/> The practice will explore options to provide after hours care with other teams/practices in the community.	<input type="checkbox"/> The practice participates in after hours care with other teams/practices within the community.	Where do the practice patients access after hours care, if not from the practice or network?
New Patients	<input type="checkbox"/> The practice does not accept new patients.	<input type="checkbox"/> The practice accepts limited new patients. (e.g. prenatal, family members)	<input type="checkbox"/> The practice is accepting new patients including hard to place populations (e.g. refugee, transgender) <input type="checkbox"/> The practice will accept new patients with the additional team member.	
Lease Information	<input type="checkbox"/> Fluctuations in group numbers has significant impact on lease, overhead, etc.	<input type="checkbox"/> Fluctuations in group numbers has some impact on lease, overhead, etc. <input type="checkbox"/> Will consider other lease and group location options.	<input type="checkbox"/> Fluctuations in group numbers has minimal impact on lease, overhead, etc.	
Resources & Supports	<input type="checkbox"/> The practice does not utilize community or shared resources or network with other teams.	<input type="checkbox"/> The practice has access to or sometimes accesses shared community resources. <input type="checkbox"/> The practice will explore options for shared resources and networking.	<input type="checkbox"/> The practice shares resources and supports and networks with other teams/practices in the community.	
IT - EMR	<input type="checkbox"/> Paper charts with no plans to convert to an EMR	<input type="checkbox"/> Paper charts with plans to convert to an EMR <input type="checkbox"/> Converting to EMR	<input type="checkbox"/> EMR (use of some tools) <input type="checkbox"/> EMR (fully integrated)	
IT - other	<input type="checkbox"/> The practice does not utilize IT supports.	<input type="checkbox"/> The practice utilizes or plans to implement IT supports in patient care (example?)	<input type="checkbox"/> The practice utilizes IT supports (e.g. online patient bookings, email to patients)	

3. **GROUP/TEAM INFORMATION**

Team Member	Role	Type of Practice (e.g. full family practice, walk in, specialist)	Hours worked per week	Estimated Practice Size.

4. **COMMUNITY PROFILE**

Please provide any details on the practice population and community which would support having the position approved including specific community needs.

5. **ADVERTISING**

Please post this position as *pending DHW approval* on the Department of Family Practice website with the following details:

- Contact name _____
- Practice Name _____
- Phone number _____
- Email address _____
- Closing date _____

Additional information _____

No, do not post on the DFP website.