



LOCUMS 101

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Dr. Kathleen Walsh
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North Bay, ON

Presenter disclosure

Presenter: Dr. Anna Schwartz

*Hospitalist / Family Physician in 5th year of practice in MB
CFPC First Five Years in Family Practice Committee, Chair
Site Medical Lead, Extended Hours Primary Care Clinic
Mentorship and Clinical Enhancement Program Director,
IMG Program, University of Manitoba*

Relationships with financial sponsors: none

Any direct financial relationships, including receipt of honoraria: none

Membership on advisory boards or speakers' bureaus: FFYFP, CFPC

Patents for drugs or devices: none

Other: no other conflicts of interest declared



Presenter disclosure

Presenter: Dr. Kathleen Walsh

- Medical school and residency in family medicine at NOSM University
- Third year of practice. Work in hospitalist + clinic locums.
- Research on transition to practice

Relationships with financial sponsors:

- Any direct financial relationships, including receipt of honoraria:
 - Ontario College of Family Physicians (awards committee)
- Membership on advisory boards or speakers' bureaus:
 - CFPC First Five Year Committee (Ontario Representative)
- Patents for drugs or devices: none
- Other: none



Presenter disclosure

Presenter: Andrew Swan

- Born and raised in Winnipeg, University of Manitoba Law School
- 14 years in a large Winnipeg law firm, and 15 years as a Member of the Legislative Assembly of Manitoba (including Minister of Justice and Attorney-General, Government House Leader , and Opposition Health Critic)
- Six years as General Counsel at Doctors Manitoba
- Director, Manitoba Association for Safety in Healthcare; Director, Manitoba Runners' Association; Royal Winnipeg Rifles Regimental Senate; Member, Deer Lodge Curling Club

Relationships with financial sponsors: none

Any direct financial relationships, including receipt of honoraria: none

Membership on advisory boards or speakers' bureaus: none

Patents for drugs or devices: none

Other: no other conflicts of interest declared



Disclosure of financial support

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The speakers have no financial conflicts of interest related to this presentation.

Objectives

1. Evaluate locum opportunities and address essential questions to ensure successful locum coverage is provided
2. Prepare for contract negotiations and determine key areas where terms/expectations should be clearly defined
3. Recognize how successful locum coverage contributes to the continuity of care for patients

Roadmap for today

1. Our locum experiences
- 2. Preparation for a locum**
- 3. Locum contracts**
4. Locum cases
5. Interactive reflection
6. Resources for success
7. Questions



POLL

Q1: What is your level of training?

a. medical student

b. resident

c. first 5 year physician

d. physician beyond 5 years of practice

e. physician recruiter

POLL

Q2: What are you hoping to get out of this?

- a. Planning to locum
- b. Looking for coverage with a locum
- c. Already locuming

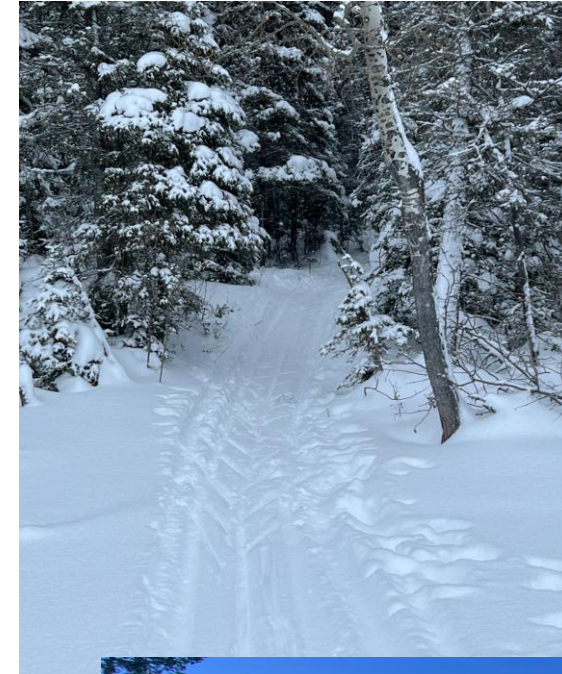
Stop 1: Stories from the road

Our locum experiences

Selkirk, MB

Locum experience - Anna

- National: Private online clinic (Men's Health Clinic)
- Winnipeg: HMO SICU, HMO Obstetrics
- Rural MB: community multidisciplinary clinic (region-funded) in Sprague, Wellness Centre in Buffalo Point First Nations, rural ERs (Bethesda, Boundary Trails, Ste. Anne's, Morris)
- Northern MB: Cross Lake, Split Lake, God's River
- Alberta: St. Thomas Community Clinic in Edmonton



Skiing in
Cross Lake,
Manitoba



Split Lake, Manitoba

Locum experience - Kathleen

Locations - Ontario

- Owen Sound
- North Bay and region
- Huntsville
- Sudbury

Types of coverage

- Hospitalist
- Clinic
- Surgical assist
- Fast track emerge
- Withdrawal management





Stop 2: Pack your suitcase

The what, why and how of locums

Kirkland Lake, ON

LOCUMS



What my family thinks
I do



What society thinks I do



What my friends think I do



What I think I do



What I really do

What is a locum?

- Locum tenens is a Latin phrase, meaning “**to hold the place of, to substitute for.**”
- In the medical community it’s used to describe a physician who fills a temporary position at a hospital or practice. This is known casually as locuming.

Statistics about locums in Canada



- Working as a locum is common in the first 5 years of practice
 - 2025 CFPC First Five Years Needs Assessment survey indicated **37% of respondents provided locum coverage**
- Locums are needed in Canada
 - In 2022, CFPC highlighted the **difficulty of obtaining locum coverage** in Canada. ([CFPC website, 2022](#))
 - The Alberta Medical Association noted that in 2021 the **need for locums was 40% higher** than the five-year average ([CFPC website, 2022](#))
 - In Nunavut, **more than 2/3 of family physicians are itinerant** (i.e. non-local, working on short-term contract) ([CIHI, 2022](#))
 - In Northern Ontario, the use of locum programs for on-call physician coverage **increased from 23% to 42% between 2019 and 2022** ([OMA, 2024](#))

Reasons to locum - Part 1

- Strategic reasons
 - Try out clinics or locations before committing long term
 - Gain experiences in new settings with different scopes and support
 - Flexibility
- Social accountability reasons
 - Help with physician shortages
 - Allow colleagues to have vacations



Reasons to locum - Part 2

- Financial reasons
 - Supplement income
 - Pay off debt
- Social reasons
 - Have an adventure
 - Work with friends
 - Visit friends or family



Disadvantages of locums

For the individual	For the community
<ul style="list-style-type: none">● Learning curve (new systems, EMRs and colleagues)● Travel● No continuity● Loneliness● Paper work (licenses, credentialing)	<ul style="list-style-type: none">● High turnover for the community● Lack of patient continuity● Lack of investment in the community

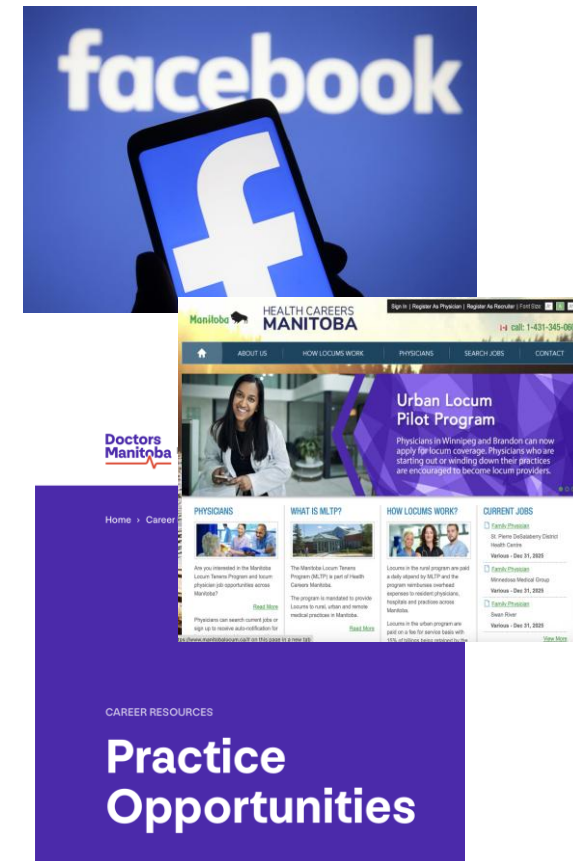
Types of locums

- Clinic
 - Hospital
 - Emergency medicine
 - Focused practice
 - Surgical assist
 - Many other settings!!!
-
- Single day versus long term
 - Maternity leaves
-
- Different remuneration models
 - Different levels of responsibility (MRP vs house medical officer)



How to find locum opportunities

- Word of mouth (colleagues, preceptors, friends)
- Opportunities listed by departments of family medicine.
- Provincial and territorial agencies (e.g., Health Force Ontario, Health Match BC).
- Classified ads printed in Canadian Family Physician.
- Join relevant Facebook groups that focus on family medicine job opportunities.



Preparing for a locum

- CMPA
- Provincial licensing (I.e. CPSO)
 - *****Takes TIME and MONEY especially if out of province**
- Provincial billing number
 - Join clinic billing groups if required (i.e. FHO in Ontario)
- Hospital privileges
 - Often requires multiple reference



Preparing for a locum - Licensing

- Research licencing requirements (might differ substantially from your home province)
- Leave lots of time to complete licensing process (can take up to 6 months)
- Financial planning for licensing process (can be pricey - approx. \$3,000 in 2022)



How to be an effective locum

Before locum

- Review expectations and range of clinical duties with hiring physician (i.e. procedures, inbox, scheduling)
- Clarify expectations in a contract

During locum and appointments

- Review patient charts before appointments
- Seek advice and guidance from **staff who know the practice population**
- Actively contribute your experience, but be **sensitive to the culture of the office**
- Support the relationship patients have with their primary physician
- Aim for a balance between your practice style and the hiring physician's style
- Document patient encounters clearly
- Keep inbox up to date

After locum

- **Update the hiring physician on patient status** (i.e. hospitalization; key results - short and long term, challenging patients)

Tips for the hiring physician - Part 1

Prepare locum

- Check the locum's previous work (i.e. patient feedback)
- Ensure the locum meets licensing and medicolegal coverage requirements
- **Ensure agreement by both parties on all points of the contract**
- Highlight office policies and procedures with locum
- Highlight charting practices and follow up preferences

Prepare patients and staff

- Remind staff to inform patients when booking that they will see a locum
- Alert patients in crisis about coverage during your absence
- Prepare a list of complex patients with active concerns and a list of important pending results

Tips for the hiring physician - Part 2

Prepare physical space

- Ensure easy accessibility of referral forms
- List preferred specialist services
- Organize brief training for EMR
- Review how to communicate follow-up information

Exit interview

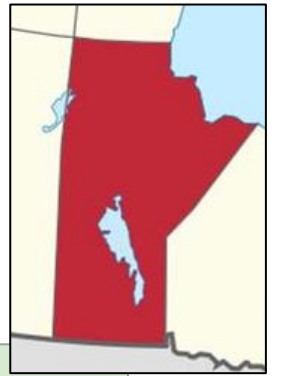
- Organize a check-in for joint feedback

Example: Kathleen's locum schedule



June	July	August
<ul style="list-style-type: none"> ● 2 weeks of clinic coverage in ● Week of hospitalist ● 4 days of surgical assist on call ● 1 day coverage in unattached patient clinic 	<ul style="list-style-type: none"> ● Covered for 2 different clinic over 2 weeks in North Bay ● 2 weeks of hospitalist in Owen Sound 	<ul style="list-style-type: none"> ● Week off for fiddle camp ● Half a week of hospitalist ● 1 day of unattached patient clinic ● Week of hospitalist in Meaford ● Covered at withdrawal management center
<p style="text-align: center;"><i>Stayed home</i></p>	<p style="text-align: center;"><i>Visited friends and family</i></p>	<p style="text-align: center;"><i>Explored moving here</i></p>

Example: Anna's locum schedule



October	November	December
<ul style="list-style-type: none">● 1 week hospitalist coverage (7 days)● 7 shifts Ophtho HMO● Salaried as 0.3 in UofM IMG program, and 0.1 as Site Medical Lead at VGH EHPCC● Clinical educator for UGME - pick up whenever can	<ul style="list-style-type: none">● Took 4 days to attend FMF● Had 1week hospitalist, but gave it away as wanted to travel to a conference that week● 7 shifts Ophtho HMO● Salaried positions continued● UGME as able	<ul style="list-style-type: none">● 2 weeks hospitalist● 7 shifts Ophtho HMO● Salaried positions continued● UGME as able● 2 weeks off over Christmas / New Years as kids off school

A scenic view of a valley with a row of houses in the foreground and snow-capped mountains in the background. The houses are modern, multi-story buildings with light-colored siding and dark roofs. The valley is wide and flat, with some trees and a few buildings in the distance. The mountains are large and rugged, with significant snow cover. The sky is overcast and grey.

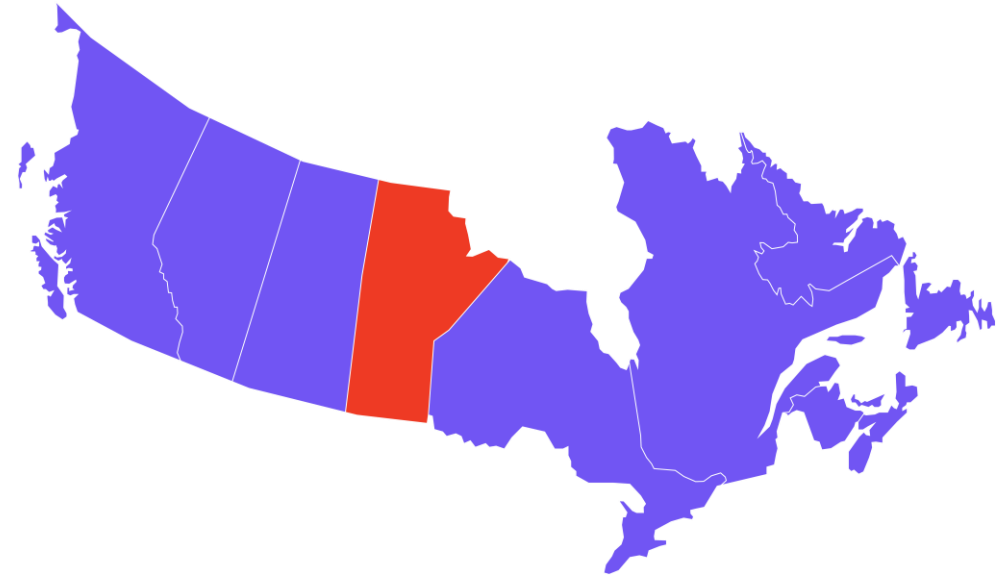
Stop 3: Negotiating the details

Reviewing locum contracts with Andrew Swan

Cochrane, AB

The Legal Word

- This presentation is general in nature and is not a substitute for legal advice respecting your locum contract.
- Every situation is different!
- Every Canadian jurisdiction has its own:
 - Regulatory body (College) ... which expects all licenced physicians to be aware of any follow its Standards of Practice and other guidelines and directions;
 - Medical Association, which negotiates with its government ;
 - Laws respecting contracts (both employment contracts and independent contractors); and
 - Provincial court system.
- Manitoba's experience may not be the same as others!



Employees vs. Contractors

- In Manitoba, most locums are independent contractors
- Contractors earn business income: fee-for-service to provincial government, overhead to the clinic
- Contractors are NOT protected by provincial employment standards laws
 - Statutory holiday pay;
 - Vacation pay;
 - Overtime;
 - Uncertain applicability of human rights protections
- For this presentation, presume the locum contract is for independent contractor ... but most concepts are the same for an employee.



Contract Expectations

The contract should spell out exactly what is expected of the locum physician:

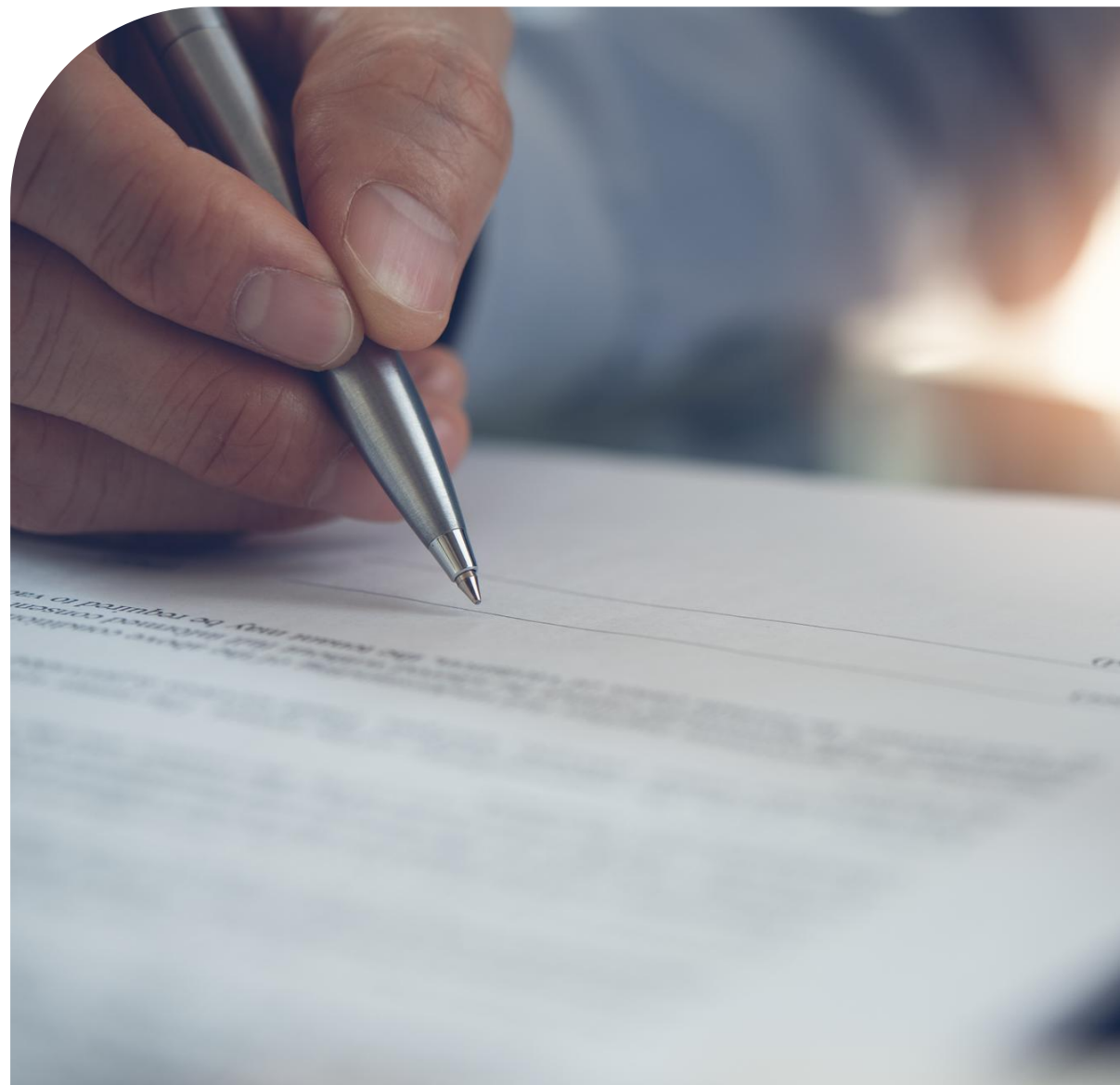
- Days/hours clinic
- Obligation/opportunity for hospital coverage (hospitalist/ER)
- Obligation/opportunity for PCH coverage
- Episodic care
- Opportunity for time off
- Ability to work in other settings

The contract should also spell out what is expected of the clinic:

- Staff support: nurse/assistant/reception
- Access to equipment
- Number of consultation rooms
- Access to EMR (training?)
- Billing support
- Ability to work evenings/weekends?

Term of the Contract

- Generally preferable to have a fixed term: certainty for both sides
- Locum may replace a physician on maternity/parental leave, or extended illness or injury, where return is uncertain
- Minimum notice period if the physician returns sooner than expected? What happens if the physician's return is delayed?
- Possibility to extend the length of the locum?



What if it doesn't work out?

- Common language for termination with cause, without notice: serious breaches by the locum physician or the clinic
- Common language for termination without cause, with notice



Obligations When You Leave

- The Clinic should take back responsibility for the care of all patients!
- Patients may have ongoing needs when you depart: follow up appointments or tests, pending lab and diagnostic reports, etc.
- Ensure patients are given the information they need
- Grey areas: episodic care, hospitalist or ER work, other non-clinic services
- Chart it!



Restrictive Covenants

- Non-competition vs. non-solicitation clause
- Courts see these as restraints on commerce: strict requirements to be enforceable
- Toughest on non-competition clauses: restriction on practice in geographic area (km radius, or defined area), for a period of time
- Non-solicitation clauses: cannot solicit patients to move, cannot solicit other physicians or employees to leave, for period of time
- Unlikely to affect a locum, but need to be aware of impact



Medical Records

- Common presumption in locum agreements that all records will remain with the practice
- It is important to have access to patient records after departure in case of:
 - a College complaint;
 - a College audit or other proceeding;
 - a billing audit; or
 - a threatened or actual legal claim by a patient.
- Patients always have the right to transfer their medical records as they want



Stop 4: Bumps on the road

Classic locum conundrums

Kelowna, BC

Case 1 - endless refills

- You are covering a clinic inbox.
- There is a refill request from the pharmacy for a high dose scheduled Oxycocet for a 45-year-old male.
- It was last filled 2 months ago, and the current request is one month early.
- Patient has not been seen in a year.
- **What do you do?**



Case 2 - payment headaches

- You just started practice and completed your first clinic locum 3 months ago.
- You were paid your appropriate stipend by the clinic.
- 4 months have passed and you realize you forgot to submit your billings to the province.
- **What are your next steps?**



Case 3 - following up on scans you ordered

- You are locuming in a rural hospital with a high unattached population.
- You are planning to discharge a 60 yo patient tomorrow. During admission patient was found to have an incidental lung nodule. Radiology recommends a follow up CT in 3-6 months. They do not have a family doctor.
- **What do you do? What must you consider?**



An aerial photograph of Saskatoon, Saskatchewan, Canada. The image shows a dense urban area with numerous high-rise buildings and residential structures. A wide river, likely the Saskatchewan River, flows through the city, with several bridges crossing it. The foreground and middle ground are filled with green trees and parks, interspersed with lower-rise buildings and parking lots. The overall scene is a mix of urban development and natural greenery.

Stop 5: Start your journey

Reflecting on your choices

Saskatoon, SK

POLL Q3 - Would you rather...

- a) Work 4 days a week in a town of 800 with a lake view
- b) 7-on/7-off in a fly-in community with no phone signal?

POLL Q4 - Would you rather...

- a) Live out of a suitcase for 3 months straight,
- b) Do short-term gigs and come home every weekend?

POLL Q5 - Would you rather...

- a) All walk-in shifts with constant variety...
- b) A full roster of longitudinal patients with no chart backlog

POLL Q6 - Would you rather...

- a) Work solo in a remote community with full autonomy
- b) Be part of a large team with lots of backup but more protocols?

POLL Q7 - Would you rather...

- a) Master one community and return every year
- b) Try a new community every time and constantly adapt?

Bathurst

Stop 6: Your Locum Toolkit

Resources for success and Takeaways

Bathurst, NB

Resources

- Mentors, friends, colleagues
- First Five Years in Family Practice Committee representatives
- The First Five Years in Family Practice Facebook group (Canada wide or province specific)
- Your provincial medical association for legal information or your own lawyer
- Ontario specific - Health Force Ontario

Take away points

1. Locuming is a great opportunity to try different locations professionally and personally
1. Start your paperwork early
1. Sign a contract in advance



THANK YOU!

PLEASE FILL OUT YOUR SESSION

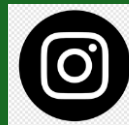
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