



NZLOCUMS

RECRUITMENT INFORMATION

This template provides prompts for information on your practice as well as the local community. Having this information may help us to assist you with your current and future recruitment needs.

1. Practice Profile

(a)	Name of person filling in form	
(b)	Designation	
(c)	Date	
(d)	Contact phone	
(e)	Contact fax	
(f)	Contact email	
(g)	Name of departing/departed GP, date of departure and his/her new location	

2. Practice Contact Details

(a)	Practice name	
(b)	Practice P.O. Box	
(c)	Physical address	
(d)	Practice phone number	
(e)	Practice fax	
(f)	Practice email	
(g)	Practice website	

3. Practice Management

(a)	Practice owner	
(b)	Legal name if different to practice name	
(c)	Contact person for practice (e.g. practice manager, DHB, Trust etc)	
(d)	Computerised management system used	
(e)	Does the practice hold a PRIME contract?	
(f)	Does the practice hold a MOSS contract?	
(g)	Is the practice affiliated to a PHO? If so, which one? Please provide name and contact details for PHO manager	
(h)	Is the practice capitated? If so, under which formula?	

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3. Practice Management (continued)		
(i)	Does the practice receive Reasonable Roster Funding? Please describe	
(j)	Are the GPs members of an IPA? If so, which one?	
(k)	Name of practice manager	
(l)	Number of receptionists	

4. Medical Staff		
(a)	Name of each GP, rural ranking score, vocationally registered (y/n)	
(b)	Name of each nurse. Is the nurse a rural nurse, a rural nurse specialist, taking postgraduate studies, providing on call?	

5. Premises		
(a)	Who owns the premises (eg privately owned, trust etc)?	
(b)	Brief description of premises (e.g. renovated home, purpose-built), number of doctor's rooms etc	

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5. Premises (continued)		
(c)	Brief description of medical equipment available from premises	
(d)	Location of premises in relation to town services (e.g. in heart of retail centre, close to local school)	

6. Additional Services Provided by Practice		
(a)	X-rays	
(b)	Laboratory services. If no, please name Provider	
(c)	Minor surgery	
(d)	External services, eg to private hospital or geriatric home (please provide name of organisation and number of patients)	

7. Additional Health Professionals who also work from Practice		
(a)	District nurse (please name)	
(b)	Physiotherapist	
(c)	Mental Health Services	
(d)	Frequently used specialists (please list)	

8. Patient Demographics		
(a)	Number of patients	
(b)	Average number of patients seen daily (by practice or per GP)	
(c)	Broad socioeconomic and cultural description of patient-base	
(d)	Epidemiology if unusual	
(e)	Brief description of geographical catchment (e.g. hill country, coastal etc)	

9. Surgery Hours		
(a)	What are your surgery hours? Describe any evening or weekend clinics. Please include the actual hours of after hours cover expected to be provided by a locum	

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9. Surgery Hours (continued)	
(b)	What are your office hours?
(c)	What is your appointment schedule (e.g. 15 minute appointments)?
(d)	Are there any special features of the practice that would require a locum to have additional skills e.g. anaesthetics?

10. After Hours Services	
(a)	What is the distance to your on call boundary? Record both distance in kilometers and time.
(b)	How are you providing after hours services? (Tick as many as appropriate) <ul style="list-style-type: none"> • Directly providing on call • Weekday arrangements with other local providers • Weekend arrangements with other local providers • PHO arrangement with other practices • Nursing providing on call • Telephone triage services • Don't provide after hours services
(c)	What is your weekday on call roster?
(d)	What is your weekend on call roster?
(e)	Describe cell phone coverage

11. Community Information	
(a)	Local pre-school, primary and secondary schools, plus other regional options
(b)	Churches
(c)	Is there a volunteer fire brigade?
(d)	Is there a community library?
(e)	Shopping consists of
(f)	What banking facilities are available?
(g)	Petrol/service station facilities
(h)	Are dental services available?
(i)	Swimming pool/s

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11. Community Information (continued)		
(j)	Sports clubs	
(k)	Cultural clubs	
(l)	How many kms to nearest golf course?	
(m)	Recreational activities include	
(n)	Climate – summer/winter temperatures	

12. Geographical Information		
(a)	Population of your township	
(b)	Socio-economic mix of your township	
(c)	Nearest city	
(d)	Population of surrounding district	

13. Local Hospital Information		
(a)	The local hospital is	
(b)	The phone number is	
(c)	How many kilometers is it from the Practice?	
(d)	Describe structure of hospital (e.g. House Officers, MOSS etc)	
(d)	Hospital facilities (i.e. obstetrics, A & E, surgery)	
(e)	How long does it take to get from the Practice?	

14. Base Hospital Information		
(a)	The base hospital is	
(b)	How many kilometers is it from the Practice?	
(c)	How long does it take to get to and from the Practice?	
(d)	How long does it take to get an ambulance to the Practice?	
(e)	Describe ambulance/paramedic services available to the Practice	

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PLEASE FILL OUT SECTIONS 15 & 16 ONLY IF YOU HAVE A LONG TERM OR PERMANENT VACANCY

15. Remuneration Package Offered (Long term or Permanent Requests ONLY Please)		
(a)	Type of engagement (e.g. partnership, salary etc)	
(b)	No of hours/sessions required	
(c)	Type of GP required	
(d)	Expected income p.a. (guaranteed minimum helpful)	
(e)	Relocation assistance (eg travel costs, removals etc)	
(f)	Accommodation assistance (provided, subsidised etc)	
(g)	Vehicle assistance (provided, subsidies etc)	
(h)	Other assistance (eg registration, medical indemnity insurance)	
(i)	Start date	
(j)	Any other relevant information	

16. Additional Comments	
(a) Please write any additional comments that you feel may help us in recruiting a local/long-term GP for your practice, for example vocational training available.	

Please return this form to The New Zealand Rural General Practice Network, P O Box 547, Wellington or fax to 04-472 0904

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