

AGREEMENT

MEDICAL PRACTITIONER & LOCUM TENENS

Dr. _____ (full name)

(hereinafter referred to as "The Doctor")

of

_____ practice address)

(hereinafter referred to as "The Practice")

and

Dr. _____ (full name)

(hereinafter referred to as "The Locum")

of

_____ practice or other address)

Agree to the following:

1. I, the undersigned, _____ a registered *medical practitioner/ specialist
_____ (registration number) am registered in the following profession
(GP, Specialist- ...)
2. I undertake to work at the practice as from _____ and including _____
3. I will be practising full time at the practice daily between _____ and _____, weekends between
_____ and _____ and thereafter on call.
4. I, Practice and Locum, have agreed to the terms and conditions and code of conduct of finDR and of the code of conduct of the Health Professions Council of South Africa.
5. I understand that I will work as a stand-in employee of the doctor and will not render the doctor, his partners/ associates or the practice liable for any of my actions whatsoever, arising from my involvement with the practice.
6. I am a member of the Medical Protection Society holding full cover for private work and confirm that I will be held individually liable for any legal claims emanating from my actions as a locum during the said period.
7. The amount of R _____ per hour will be payable to me by the doctor for professional services rendered by me, and being an independent contractor, I undertake to pay income tax as necessary.
8. I shall do no remunerative work outside the practice while this contract is in existence unless the doctor/s has/have consented in writing thereto.
9. I undertake not to disclose any information regarding the patients or the practice.
10. Furthermore, I undertake to leave the consulting rooms and accommodation, if provided, in the same condition in which I found it at the beginning of my term as locum tenens.

11. I have disclosed to the practice all material information regarding my registration as a medical professional, my competence and field of practice, including any impairment as provided in section 51 of the Health Professionals Act of 1974.
12. Should this agreement be cancelled by either of the parties, not within a reasonable period of time, the defaulting party can be held liable by the other party for the payment of an amount of R500,00.

I choose as my domicilium citandi et executandi the abovementioned address.

This duly signed at _____ on the ____ day of _____ 20____

DOCTOR/PRACTICE MANAGER

LOCUM TENENS