



## Postgraduate Practising Licence – External Moonlighting

<b>Section:</b>	<b>Registration</b>		
<b>Applicable Legislation:</b>	<b>Sections 32 to 35 of the Medical Practitioner Regulations</b>		
<b>Approved by:</b> Registration Policy Committee Council	<b>Approval Date:</b> May 5, 2022 May 27, 2022	<b>Reviewer:</b> Deputy Registrar	<b>Review Date:</b> May 2025

### PREAMBLE

The College of Physicians and Surgeons of Nova Scotia (the College) understands that postgraduate trainees may wish to provide time-limited clinical services that fall within their demonstrated scope of practice, for remuneration outside of their training program.

### PURPOSE

This policy describes the criteria that must be met when a postgraduate trainee applies to provide staff coverage or “moonlight” at a facility or health care centre external to their primary site of training.

### SCOPE

Postgraduate training Program Directors and trainees have a shared responsibility to ensure that moonlighting must not:

- a. interfere with the ability of the trainee to achieve the goals and objectives of their postgraduate training program; or
- b. interfere with the trainee’s fitness to train; or
- c. compromise patient safety.

This policy applies to postgraduate trainees satisfactorily and actively participating in a Canadian postgraduate training program approved by the Registrar.

### POLICY

Postgraduate trainees must only practise to the extent that is justified by their competence and experience.

### **1. Most Responsible Physician**

Trainees with a Postgraduate Practising licence are the most responsible physician and ultimately responsible for the patient's care.

Trainees must have clear and immediate access to supervision including the availability of direct (on-site) supervision when necessary.

### **2. Practise Requirements**

- a) Postgraduate trainees must only practise within the scope of training received by the trainee upon the date of application. The postgraduate trainee's duties while moonlighting are limited to clearly defined responsibilities as outlined by the Site Lead (Appendix A).
- b) The scope of practice for external moonlighting activities cannot require ongoing care of patients after the moonlighting coverage period has ended.
- c) Trainees must have access to a supervisor. The supervising physician must be available within 15-20 minutes from the hospital or site. See Appendix B.

### **3. Eligibility**

Applicants must submit an application approved by the Registrar satisfying all of the following criteria to be deemed eligible for a Postgraduate Practising licence:

- a) Be in good standing in their postgraduate training program.  

Postgraduate trainees on a leave of absence or suspensions from their training program are not eligible to engage in moonlighting during the leave/suspension period.  
Postgraduate trainees in a remedial training program or those who appear to be in academic difficulty are not eligible for a Postgraduate Practising licence.
- b) Be a Licentiate of the Medical Council of Canada or hold the USMLE Steps 1, 2, 3.
- c) Be deemed competent by their Program Director. The College must have written confirmation and approval from the Program Director confirming the postgraduate trainee has demonstrated the required competence to practice independently as outlined in Appendix A. The approval must be site-specific for each location in which the applicant wishes to provide staff coverage. This confirmation must be sent directly to the College of Physicians and Surgeons of Nova Scotia (the "College"). Approval may be revoked at any time if there is any indication that the trainee is in academic difficulty or may compromise patient safety.
- d) Provide a satisfactory certificate of professional conduct from each jurisdiction they are currently or previously registered or licensed.
- e) Have a College approved Supervisor. The trainee is expected to put forward a Supervisor.
- f) Provide confirmation of temporary hospital privileges with Nova Scotia Health (NSH) or the Izaak Walton Killam (IWK) Health Centre. Trainees must provide confirmation of temporary privileges in each zone within NSH in which they wish to work/provide services (e.g. radiology trainees who will provide reports on images generated in more than one zone).
- g) Provide evidence of appropriate medical liability insurance coverage.

Subject to the Registrar's discretion, postgraduate trainees may be required to provide confirmation of:

- Advanced Cardiac Life Support (ACLS) – Adult Medicine
- Pediatric Advanced Life Support (PALS) – Pediatric Medicine
- Neonatal Resuscitation Program (NRP) – Neonatal Medicine
- Advanced Trauma Life Support (ATLS) – Trauma Medicine

#### 4. **Fees**

Please refer to the [College's Fee Schedule](#).

**Postgraduate Practising Licence (External Moonlighting)  
Staff-Physician Coverage - Roles and Responsibilities Questionnaire**

Postgraduate Medical Trainees (PGTs) under an External Moonlighting licence are eligible to provide occasional coverage at dedicated Health Care Centres or Facilities across the province, with the approval of their Program Director (see Policy [Postgraduate Practising Licence \(External Moonlighting\)](#)). As such, the Program Director must understand the proposed practice context, as well as the responsibilities required of the PGT during their role in providing coverage. Accordingly, the Program Director will provide the College with assurance that the PGT has the character, capacity, knowledge, skills and judgement necessary to ensure patient safety when practising at these sites.

**Instructions:** The following questionnaire is to be completed by the Site-lead of the Health Care Centre/Facility seeking staff-physician coverage. The purpose of this questionnaire is to provide a description of the scope of care required by the PGT providing coverage, and a description of the unique aspects related to continuity of care and management of emergent care issues.

Name of PGT \_\_\_\_\_

Name of Proposed Supervisor(s) \_\_\_\_\_

\_\_\_\_\_  
Name of Site Lead \_\_\_\_\_

Signature of Site Lead \_\_\_\_\_

Date \_\_\_\_\_

**PGT/Postgraduate Program Information**

Facility or Health Care Centre of Home Program ( <i>Name and Address</i> ):	Postgraduate Program:
Postgraduate Year:	Program Director Name & Contact Information:
Do you currently hold specialty certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	



<p>2) Please provide a list of other sites, besides the host hospital, that may require consultation/assessment of patients by the PGT:</p> <ol style="list-style-type: none"><li>1. _____</li><li>2. _____</li><li>3. _____</li><li>4. _____</li><li>5. _____</li></ol>
<p>3) Consults are documented via:</p> <p><input type="checkbox"/> Dictation   <input type="checkbox"/> Written note on patient chart   <input type="checkbox"/> Both</p>
<p>4) It is important for PGT to know the level of care and support that they are permitted to offer over the phone. Describe how “over the phone” consults are managed and documented.</p>
<p>5) The PGT is expected to respond immediately for the following indications (check all that apply):</p> <p><input type="checkbox"/> Code Stroke   <input type="checkbox"/> Code Blue   <input type="checkbox"/> Emergency Response Team</p> <p><input type="checkbox"/> Other (Please specify):</p>

<b>Section 4: Scope of Practice</b>
<p>1) List the top 5 <b>conditions / diagnoses</b> managed by the PGT's service at your site:</p> <ol style="list-style-type: none"><li>1. _____</li><li>2. _____</li><li>3. _____</li><li>4. _____</li><li>5. _____</li></ol>
<p>2) Identify some higher acuity / more complex conditions that may be transferred to higher levels of care outside the centre.</p>
<p>3) List the most common <b>procedures</b> that the PGT would be required to perform:</p> <ol style="list-style-type: none"><li>1. _____</li><li>2. _____</li><li>3. _____</li><li>4. _____</li><li>5. _____</li></ol>
<p>4) What are the supports available (in terms of team members and/or other physicians) for these procedures?</p>

**Section 5: Intensive Care / Obstetric Services available at facility** (complete if applicable)

1) Is there an ICU / Pediatric ICU at the proposed facility? Describe.

2) Is Obstetrical care offered at the facility? If yes, describe. If no, please indicate closest Health Care Centre.

3) If Obstetrical services are offered, what is the youngest gestational age for a baby routinely delivered at the facility?



<b>Section 6: Transfer of Care Arrangements</b>
1) For transfers <b>to</b> a higher level of care, the PGT will (check all that apply): <ul style="list-style-type: none"><li><input type="checkbox"/> Establish an accepting MD</li><li><input type="checkbox"/> Ensure arrangement of appropriate transportation</li><li><input type="checkbox"/> Identify documentation to be sent with the patient</li><li><input type="checkbox"/> Other (Please specify):</li></ul>
2) For transfers <b>from</b> another site, the PGT will (check all that apply): <ul style="list-style-type: none"><li><input type="checkbox"/> Accept the patient or identify and speak with another accepting MD</li><li><input type="checkbox"/> Identify the unit/bed receiving the patient</li><li><input type="checkbox"/> Advise on management prior to transfer</li><li><input type="checkbox"/> See patient on arrival</li><li><input type="checkbox"/> Provide covering orders until patient is seen</li><li><input type="checkbox"/> Coordinate tests (e.g. DI) upon arrival</li><li><input type="checkbox"/> Other (Please specify):</li></ul>
3) Will the supervisor assist with logistics of transfer by phone, if required? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Section 7: Supervising Physician</b>
1) The supervisor is available to the PGT for support within: _____ minutes by phone        _____ minutes on-site, if required
<b>Section 8: PGT Onboarding and Orientation</b>
1) Who will provide orientation at the beginning of the PGT's initial locum? <ul style="list-style-type: none"><li><input type="checkbox"/> Department Head    <input type="checkbox"/> MD Signing over</li><li><input type="checkbox"/> Other (Please specify): _____</li></ul> Orientation includes: <ul style="list-style-type: none"><li><input type="checkbox"/> Tour of site    <input type="checkbox"/> Introduction to patient information systems</li><li><input type="checkbox"/> Other (Please specify): _____</li></ul>

<b>Section 9: Upon Completion of Coverage</b>
1) At the end of coverage, the PGT will provide handover (check all that apply): <input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> In writing
<b>Section 10: Other Comments</b>
Are there any site-specific considerations that the PGT or his/her Program Director should be aware of? Describe.



[Terms and Guidelines of Supervision: External Moonlighting](#)

**\*\*For review and sign-off by Supervisor. Please return to [registration@cpsns.ns.ca](mailto:registration@cpsns.ns.ca) or fax to (902) 422-5035**

Today's Date	
Proposed Supervisor	
Postgraduate Trainee	
Practice Location	
Scope of Practice	
Supervision Plan	

As Supervisor, I acknowledge and accept the following:

1. The postgraduate trainee providing staff coverage is the Most Responsible Physician (MRP) for the care they provide.
2. It is the postgraduate trainee's responsibility to only practice within a scope for which they are appropriately trained, competent and current in practice.
3. In usual circumstances, direct oversight by the supervisor is not expected or required.
4. There is no expectation that I, as Supervisor, engage in formal teaching.
5. It is the postgraduate trainee's responsibility to request assistance from me, the Supervisor, if they encounter a situation for which they are not yet competent or require assistance.
6. It is also possible that, failing the above, hospital staff might request input or assistance from me, the supervising physician.
7. I will be available in a timely manner to assist the postgraduate trainee, if requested.
8. I will be on-site within 15 – 20 minutes.
9. If called to assist in patient care, I will engage in care at a level necessary to ensure patient safety. This will range from offering advice to assuming the role of MRP and is left to my professional judgment.

Supervisor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_