

Academic Licensure

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| Section: | Registration | | |
| Applicable Legislation: | Medical Act – Section 5 Medical Practitioners Regulations – Sections 5, 39, 55-58 | | |
| Approved by: Registration Policy Committee Council | Approval Date: February 22, 2024 March 22, 2024 | Reviewer: Deputy Registrar | Review Date: February 2027 |

PREAMBLE

Section 39 of the Medical Practitioners Regulations (the Regulations)¹ describes the criteria for registration on the Conditional Register. Additionally, sections 55-58 of the Regulations set out the application, criteria, and permitted activities for Academic licensure.

PURPOSE

This policy defines the provisions for an Academic licence.

SCOPE

This policy applies to all physicians who hold, or are applying for, an Academic licence to practise within the Faculty of Medicine at Dalhousie University.

Physicians practising under an Academic licence may apply for a Restricted licence. For more information, please refer to the College policy *Pathway to Restricted Licensure for Physicians on an Academic Licence*.²

POLICY

Waiver of Criteria for Registration or Licensing

Section 55(2)(b) of the Regulations requires that an applicant for an Academic licence must not be eligible for a Full licence or a Defined licence.

Section 5 of the Regulations authorizes the Registrar, Registration Committee or the Registration Appeal Committee to waive any of the criteria for registration or licensing if it is consistent with the objects and purpose of the College of Physicians and Surgeons of Nova Scotia (the College).

In accordance with this policy, the Registrar exercises their authority to waive the legislative requirement that an applicant for an Academic licence must be ineligible for a Defined licence. The desired effect is that these physicians will be licensed to practise medicine, while fulfilling the requirements of their academic appointment, without having to adhere to the timelines to achieve long-term licensure required of Defined licensees.

Candidates for academic appointments who qualify for a Full licence will be issued a Full licence.

1. Eligibility Criteria

In addition to the criteria for registration on the Conditional Register as set out in section 39 of the Regulations, candidates for an Academic licence must:

- a) Hold, and maintain at all times, an academic appointment with the Faculty of Medicine at Dalhousie University, subject to the terms and conditions of the relevant Dalhousie University academic appointment policy;
- b) Be recommended for an Academic licence as evidenced by letter of sponsorship from the Dean of the Faculty of Medicine at Dalhousie University;
- c) Have 20% or more protected time for academic duties; and
- d) Be a member of an academic department directly reporting to the Department Head.

2. Sponsorship

The Dean of the Faculty of Medicine at Dalhousie University (the Dean) must be the Sponsor for an Academic licence physician.

3. Departmental Support

The relevant Department Head within the Faculty of Medicine at Dalhousie University is responsible for monitoring the clinical and academic performance of the Academic licensee.

The Department Head must provide an annual report to the Dean.

4. Annual Confirmation of Academic Appointment

The College requires a confirmation letter annually from the Dean, prior to annual licensing renewal, attesting the Academic licence physician meets the criteria for an academic appointment.

5. Participation in the Welcome Collaborative Physician Orientation Program

Physicians issued an Academic licence **after April 1, 2024** must participate in the College's Welcome Collaborative Physician Orientation Program³.

6. Locum Coverage

Physicians holding an Academic licence may provide locum coverage anywhere in Nova Scotia, with the approval of the Dean, the Department Head (or delegate), and the Registrar.

The following steps must be taken to approve locum coverage at each site for which an Academic licensee wishes to provide locum coverage:

- a) The Site Lead (or delegate) at the facility requiring locum coverage must provide the Dean and Department Head (or delegate) with a description of the practice context and competencies expected of the locum candidate, using the Roles and Responsibilities Questionnaire (Appendix A).
- b) The Dean and Department Head (or delegate) must jointly attest to the College that the locum candidate has the current capacity, competence and character necessary to ensure patient safety when practising at the site, using the Faculty of Medicine Attestation of Capacity, Competence and Character (Appendix B).
- c) The Dean must also provide the College with explicit written approval for the locum candidate to provide locum coverage at that site.
- d) The locum candidate must provide the College with confirmation of hospital privileges with the relevant health authority, Nova Scotia Health or the Izaak Walton Killam (IWK) Health Centre, for which they wish to provide locum services.

RESOURCES

1. [Medical Practitioners Regulations](#)
2. [Pathway to Restricted Licensure for Physicians on an Academic Licence](#)
3. [Participation in the Welcome Collaborative Physician Orientation Program](#)

Academic Licence Locum Coverage - Roles and Responsibilities Questionnaire

Overview:

Physicians holding an Academic Licence may provide locum coverage anywhere in Nova Scotia, with the approval of the Dean of the Faculty of Medicine at Dalhousie University (the “Dean”), the Department Head (or delegate), and the Registrar.

In order to provide this approval, the Dean and Department Head (or delegate) require a description of the practice context and competencies expected of the Academic Licensee providing coverage. The following questionnaire, to be completed by the Site Lead (or delegate) of the site seeking locum coverage, provides this information.

Approval will be granted until the end of the calendar year (December 31). Previously approved locations must be re-approved annually by the Dean, prior to annual renewal.

Instructions:

1. Site lead (or delegate): Complete the Roles and Responsibilities Questionnaire (Appendix A) and forward it to the Department Head (or delegate).
2. Dean and Department Head (or delegate): Review the Roles and Responsibilities Questionnaire (Appendix A) to determine whether the locum candidate has the current capacity, competence and character necessary to ensure patient safety when practising at the site, using the Faculty of Medicine Attestation of Capacity, Competence and Character (Appendix B).
3. Dean: Forward both the Questionnaire (Appendix A) and the Faculty of Medicine Attestation of Capacity, Competence and Character (Appendix B) to the College, along with explicit written approval for the locum candidate to provide locum coverage at that site.

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|---|
| Name of Physician holding Academic Licence wishing to provide locum coverage: |
| Name of Site Lead or delegate (include title): |
| Signature of Site Lead or delegate: |
| Date: |

Locum Contact Information

| | |
|--|------------------|
| Primary Facility or Health Care Centre of Academic licensee (<i>Name and Address</i>): | Department Name: |
|--|------------------|

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|---|
| Department Head Name & Contact Information: |
| Do you currently hold specialty certification in another jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Coverage Location / Contact Information

| | |
|--|--------------------------------|
| Facility or Health Care Centre (<i>Name and Address</i>): | Department Requiring Coverage: |
| Address: | Department Head/Chief (Name): |
| Name / Title of position / Specialty | |
| <i>Academic Licensee is providing locum coverage for</i> _____ | |

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| Section 1: Continuity of Care and Oversight |
| <p>1) Handover of patients (current inpatients as well as those expected to arrive from other sites) requiring assessment and follow-up care is mandatory. At your site, handover is provided (check all that apply):</p> <p><input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> In writing</p> |
| Section 2: Daily practice considerations |

1) Will the Locum be responsible for leading rounds with any members of the site's multidisciplinary team? YES NO

If yes, please specify unit(s), times and days of multidisciplinary rounds:

_____ @ _____ on _____
UNIT TIME DAY(S)

_____ @ _____ on _____
UNIT TIME DAY(S)

_____ @ _____ on _____
UNIT TIME DAY(S)

Section 3: Consultations

1) Will the Locum be responsible for providing Consultations? Yes No

2) Please provide a list of other sites, besides the host hospital, that may require consultation/assessment of patients by the locum:

1. _____
2. _____
3. _____
4. _____
5. _____

3) Consults are documented via:

Dictation Written note on patient chart Both

4) It is important for Locum 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?

4) The Locum is expected to respond immediately for the following indications (check all that apply):

Code Stroke Code Blue Emergency Response Team

Other (Please specify): _____

Section 4: Scope of Practice

1) List the top 5 types of conditions / diagnoses treated:

1. _____
2. _____
3. _____
4. _____
5. _____

2) Identify some higher acuity / more complex conditions that may be transferred to higher levels of care outside the centre.

3) List the most common **procedures** that the Locum would be required to perform:

1. _____
2. _____
3. _____
4. _____
5. _____

4) What are the supports available (in terms of team members and/or other physicians) for these procedures?

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, 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?

Section 6: Transfer of Care Arrangements

1) For transfers to a higher level of care, the Locum will (check all that apply):

- Establish an accepting MD
- Ensure arrangement of appropriate transportation
- Identify documentation to be sent with the patient
- Other (Please specify):

2) For transfers **from** another site, the Locum will (check all that apply):

- Accept the patient or identify and speak with another accepting MD
- Identify the unit/bed receiving the patient
- Advise on management prior to transfer
- See patient on arrival
- Provide covering orders until patient is seen
- Coordinate tests (e.g. DI) upon arrival
- Other (Please specify):

Section 7: Locum Onboarding and Orientation

1) Who will provide orientation?

- Department Head MD Signing over
- Other (Please specify): _____

Orientation includes:

- Tour of site Introduction to patient information systems
- Other (Please specify): _____

Section 8: Upon Completion of Coverage

1) At the end of coverage, the Locum will provide handover (check all that apply):

- In person By phone In writing

Section 9: Other Comments

Are there any site-specific considerations that the locum and his/her Department Head should be aware of? Describe.

APPENDIX B

Academic Licence Locum Coverage - Faculty of Medicine Attestation of Capacity, Competence and Character

To be completed and signed by the Dean and the Department Head or delegate:

We hereby confirm the following to the College of Physicians and Surgeons of Nova Scotia:

- 1) We have reviewed the **Academic Licence Locum Coverage - Roles and Responsibilities Questionnaire** outlining the practice plan completed by _____, Site Lead or delegate at the _____;
- 2) The Roles and Responsibilities Questionnaire outlines that Dr. _____ will provide locum coverage during the period _____ to _____ in the following location: _____ (Name of Hospital, City).
- 3) We attest Dr. _____ has the capacity, competence and character necessary to ensure patient safety when practising at the above-named site.
- 4) Approval from the College will be granted until the end of the calendar year (December 31). Ongoing approval will be granted if approved by the Dean on an annual basis. We will notify the College if our approval is withdrawn prior to the end of the calendar year.
- 5) We note the following exceptions (insert procedures, conditions or scope the physician has not practised in the past 3 years for 6 consecutive months):

DATED this _____ day of _____, 20__

Name, Department Head or delegate (include title)
(Please print)

Signature of Department Head (or delegate)

Name, Dean of Medicine (Please print)

Signature of Dean of Medicine