



COLLEGE OF
PHYSICIANS & SURGEONS
OF NOVA SCOTIA

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External Moonlighting Application Form
(Postgraduate Practising Licence)

PERSONAL INFORMATION

NAME:

MAILING ADDRESS:

CITY/TOWN:

PROVINCE:

CELL PHONE:

HOME PHONE:

EMAIL:

CURRENT YEAR OF TRAINING:

TRAINING PROGRAM:

UNIVERSITY:

PROGRAM DIRECTOR:

PROGRAM DIRECTOR EMAIL:

CPSNS EDUCATIONAL LICENCE NUMBER:

To be completed by Postgraduate Trainee for a Postgraduate Practising Licence

REQUIRED DOCUMENTATION

The Postgraduate Practising Licence is now available for Postgraduate Trainees enrolled at Dalhousie University as well as Postgraduate Trainees enrolled in other Canadian universities. For those postgraduate trainees currently enrolled outside of Dalhousie University, you will be required to submit additional documentation beyond what is listed below as you are not currently licensed with CPSNS and therefore we do not have your information in our database. Your Registration Coordinator will let you know what further documentation will be required once in receipt of your completed application.

To start your application process, please submit the following documentation in support of your application:

Staff-Physician Coverage - Roles and Responsibilities Questionnaire

This form is to be **completed by the Site Lead** and **provided to the Program Director** for review and sign off. It is the trainee's responsibility to provide this application form to the Site Lead and any other parties.

The **Program Director must send the College written confirmation** by way of **letter** acknowledging they have reviewed and signed off on the responsibilities in addition to stating that you the PGT have the character, capacity, knowledge, skills and judgement necessary to ensure patient safety when practising at this site. The approval by the PD must be site specific for each location in which you wish to provide staff coverage.

Terms and Guidelines of Supervision Form

This form is to be completed and submitted directly to the College of Physicians and Surgeons of Nova Scotia (College) by your Supervisor and at each site in which you will be providing coverage. If you will be moonlighting as a senior internist in the Department of Medicine, please complete the form starting on page 12 instead.

Evidence of Canadian Medical Protective Associate (CMPA) for providing *locum tenens* [CMPA Code 14 - Residents with Moonlighting]

A Photocopy of your medical diploma/degree

A Photocopy of your LMCC registration certificate or USMLE Steps 1,2 & 3

A Certificate of Professional Conduct from your home jurisdiction (only for non-Dalhousie applicants)

Confirmation of temporary hospital privileges with the Nova Scotia Health Authority (NSHA) or the Izaak Walton Killam (IWK) Centre.

Please contact the NSHA at credentialing@nshealth.ca to obtain temporary privileges in each zone within the NSHA in which you wish to work/provide services (e.g. radiology trainees who will provide reports on images generated in more than one zone.) The NSHA will confirm your privileges with the College.

Registration Fee (payable once per academic year)

Subject to the Registrar's discretion, you 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

I hereby acknowledge and consent, that I have read and accept the terms of the College's [Moonlighting policy](#).

Signature of applicant:

Date:

To be completed by the Site Lead

**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	

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>PGT is providing staff-physician coverage for</i> <input type="checkbox"/> I acknowledge the PGT will be considered the Most Responsible Physician (MRP) during these shifts.	

Section 1: Continuity of Care and Oversight
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): <input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> In writing
Section 2: Daily Practice Considerations
1) Will the PGT be responsible for leading rounds with any members of the site's multidisciplinary team? YES <input type="checkbox"/> 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 PGT be responsible for providing consultations? <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">1. _____2. _____3. _____4. _____5. _____
<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>

Section 4: Scope of Practice
<p>1) List the top 5 conditions / diagnoses managed by the PGT's service at your site:</p> <ul style="list-style-type: none">1. _____2. _____3. _____4. _____5. _____
<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 procedures that the PGT would be required to perform:</p> <ul style="list-style-type: none">1. _____2. _____3. _____4. _____5. _____
<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?

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

Section 9: Upon Completion of Coverage
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
Section 10: Other Comments
Are there any site-specific considerations that the PGT or his/her Program Director should be aware of? Describe.

Once the Roles and Responsibilities Questionnaire has been completed, there are two options:

1. The Site Lead can provide a copy of the completed form directly to the Program Director and the proposed Supervisor for their review and sign-off; or
2. The Site Lead can provide a copy of the completed form to the Postgraduate Trainee to be shared with their Program Director and proposed Supervisor for review and sign-off.

To be completed by Program Director



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I, hereby confirm the following to the College of Physicians and
(name of Program Director)
Surgeons of Nova Scotia:

1) I have reviewed the practice plan completed by Dr. at the
(name of Site Lead)

(name of Site/Hospital);

2) The Roles and Responsibilities Questionnaire outlines that Dr. will
(name of Postgraduate Trainee)
provide staff moonlighting coverage in the following location:

(Name of Hospital, City).

3) I attest Dr. is in good standing and there are no concerns related to
(name of trainee)
their professionalism and conduct at this time.

4) I approve the provision of staff moonlighting coverage at this location for the following timeframe:
 to End of academic year (June 30) **OR**;
(Start date)
(End date)

5) I will advise the College if the trainee becomes subject to remediation or disciplinary action.

I confirm to the College of Physicians and Surgeons that I have reviewed the Roles and Responsibilities Questionnaire.

I acknowledge the trainee has the necessary character, capacity, knowledge, skills, and judgment necessary to ensure patient safety when practicing at the above locations.

I note the following exceptions (*insert any procedures that are not appropriate for the trainee to complete, if none enter N/A*):

Dated this _____ day of _____, 20____

Name, Program Director (Please print)

Signature of Program Director

To be completed by the Supervising Physician

***If the Postgraduate Trainee will be acting as a senior internist at the QEII within the DoM, the Site Lead must complete the next page.**



Terms and Guidelines of Supervision: External Moonlighting

Proposed Supervisor	
Date(s) of Supervision	Start Date: _____ Stop Date: _____ OR <input type="checkbox"/> End of academic year
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: _____

To be completed by the Site Lead (only for Senior Internist)



Date(s) of locum range	Start Date: _____ Stop Date: <input type="checkbox"/> End of academic year (June 30)
Postgraduate Trainee	
Practice Location	QEII within Department of Medicine (DoM)
Scope of Practice	Internal Medicine
Supervision Plan	IMPDC Policy on Senior Internist Moonlighting

1. As per the PGME policy the resident’s Program Director reserves the right to withhold or withdraw permission to moonlight at any time.
2. Subspecialty residents who have successfully achieved FRCPC in IM will be eligible if approved by their Program Director, or if they have not achieved their FRCPC they may still be deemed eligible if their Program Director, RPC and/or Competence Committee deem they have exhibited satisfactory competencies in managing a complex ED consult service.
3. Residents will need to have a Postgraduate Practising Licence (for external moonlighting) from CPSNS and appropriate liability coverage from CMPA. Postgraduate trainees must complete the external moonlighting application and provide the roles and responsibilities questionnaire (job description) to the Site Lead, DOM Department Head or appropriate delegate for completion. The postgraduate trainee providing staff coverage is the most responsible physician for the care provided. It is the postgraduate trainee’s responsibility to only practise within a scope for which they are appropriately trained, competent and current in practice.
4. Residents will need to be credentialed by NSHA’s Credentialing Office. To initiate temporary privilege please contact the credentialing office prior to receiving confirmation of licensure from the College. The Credentialing Office will confirm temporary privileges with the College. The Credentialing Office requires a copy of the resident’s license, proof of CMPA coverage, CV and a letter of support for the moonlighter from the DoM Head as sponsor. This letter will state the dates hospital privileges are required, and that they are required to cover the Senior Internist ED shift. This letter will be provided by the Department Head.
5. Moonlighting requires a faculty supervisor. The supervisor will be the attending MD originally assigned the senior internist shift. In usual circumstances, direct oversight by the supervisor is not expected or required. It is the postgraduate trainee’s responsibility to request assistance from the supervisor if they encounter a situation for which they are not yet competent or require assistance. The supervisor must be in town and accessible by cell phone as a consultant, and available to be on-site within 15-20 minutes if requested by the postgraduate trainee or hospital staff. If called to assist in patient care, the supervisor 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 the supervisor’s judgement. In practice, the supervisor should rarely be needed, and thus will not be paid for this shift. A copy of this guideline must be provided to the College in addition to the Terms of Supervision document.
6. Residents cannot schedule shifts if they result in a post call day, i.e. residents are only eligible to do shifts on Fridays, Saturdays, Sundays to 11 pm, statutory holidays to 11 pm or during their vacation. Weeknights may be approved by some Program Directors, but hours would be limited to 5 pm to 11 pm, and shifts would be limited to no more than 1 weeknight per month. Some programs reserve the right to not approve weeknights.
7. In the event a resident splits a Sunday or statutory holiday shift, the resident will be paid 50% of the call stipend for that day. In this instance the sponsoring staff would take over at 6 pm and receive the other half of the stipend. On Friday nights or Saturdays the resident will receive the full stipend. If a resident works until 11 pm they would receive 75% of the stipend.

8. Residents will be limited to 1 weekend worked as senior internist per calendar month, so as not to interfere with weekend call in their program.
9. Residents will be limited to 2 total shifts per calendar month. It will be the resident's responsibility to notify their division of their senior internist call dates to ensure no interference with their own subspecialty schedule including call.
10. Residents can not cross cover senior internist call with any other call requirements.
11. Residents will volunteer for shifts through the DoM Education Office. Faculty will be asked which dates they are willing to release to residents at the start of the academic year. There is no guarantee these dates will be filled by a resident. Available dates will then be provided to eligible residents. Thereafter if faculty wish to release any further dates a minimum 4 weeks of notice would be required to post the dates to eligible residents.
12. Shifts will be filled on a first come first serve basis.
13. Faculty are not to approach residents directly with specific shifts.
14. Once a resident agrees to cover a shift it is the resident's responsibility to find coverage for that shift
15. even if their availability changes.
16. In the event of a last minute illness the resident must locate an alternate credentialed resident or an attending MD to cover their shift. In an emergency the shift will revert back to the faculty supervisor and the division the shift was originally assigned to.

I attest that the above guidelines will be followed when scheduling the R5-R6 for senior internist call.

Site Lead: _____

Signature: _____

Date: _____

Please send completed form to registration@cpsns.ns.ca or by fax to (902) 422-5035.