To be completed by Postgraduate Trainee for a Postgraduate Practising Licence

COLLEGE OF PHYSICIANS & SURGEONS OF NOVA SCOTIA

400 - 175 Western Parkway
Bedford Nova Scotia
Canada B4B 0V1
Phone: (902) 422-5823
Toll-free: 1-877-282-7767
Fax: (902) 422-5035
www.cpsns.ns.ca

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:

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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 Agent 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 semi-nocturnist 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)

☐ **Consent form for information sharing with NSH/IWK** - for streamlining credentialing/privileging process.

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

Note: It is the responsibility of the postgraduate trainee to obtain privileges with Nova Scotia Health (NSH) or the Izaak Walton Killam (IWK) Health Centre.

☐ I hereby acknowledge and consent, that I have read and accept the terms of the College's Moonlighting policy.

Signature of applicant: _____ Date: _____

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OF NOVA SCOTIA

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CONSENT FORM - INFORMATION SHARING

The College of Physicians and Surgeons of Nova Scotia ("CPSNS") has developed a Centralized Registration Process that streamlines the provision of application and licensing information to stakeholders, including but not limited to certifying colleges, health authorities, medical facilities, faculties of medicine and privileging bodies.

I consent to the CPSNS releasing to stakeholders any information provided in support of this application, including my application documents, Certificates of Professional Conduct, Reference Forms, Criminal Record Checks, Litigation information and CPSNS Registration Committee decisions.

Please select the organization(s) that you request the CPSNS provide your application/registration information to:

☐ ***Nova Scotia Health***
☐ ***IWK Health Centre***

_____ _____
Full Name of Applicant Signature of Applicant

_____
Date

_____ _____
Witness Signature of Witness

_____
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 (*Name and Address)*:	Postgraduate Program:
Postgraduate Year:	Program Director Name & Contact Information:
Do you currently hold specialty certification? ◯ Yes ◯ No	

APPENDIX A

Coverage Location / Contact Information

Facility or Health Care Centre *(Name and Address)*:	Department Requiring Coverage:
Address:	Department Head/Chief (Name):

Name / Title of position / Specialty
PGT is providing staff-physician coverage for

☐ 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):

☐ In person ☐ By phone ☐ 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 ◯ 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? ◯ Yes ◯ No

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

1.
2.
3.
4.
5.

3) Consults are documented via:

◯ Dictation ◯ Written note on patient chart ◯ Both

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.

5) The PGT 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 **conditions / diagnoses** managed by the PGT's service at your site:
   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 PGT 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, 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):

- ☐ 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 PGT 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):

3) Will the supervisor assist with logistics of transfer by phone, if required? ◯ YES ◯ 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?

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

Orientation includes:

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

Section 9: Upon Completion of Coverage
1) At the end of coverage, the PGT will provide handover (check all that apply): ☐ In person ☐ By phone ☐ 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*):

Please send this letter and the completed Roles and Responsibilities Questionnaire to registration@cpsns.ns.ca.

Dated this_____day of_____, 20_____

_____ _____

Name, Program Director (Please print) Signature of Program Director

Please send this letter and the completed Roles and Responsibilities Questionnaire to registration@cpsns.ns.ca.

To be completed by the Supervising Physician

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

COLLEGE OF PHYSICIANS & SURGEONS OF NOVA SCOTIA

Terms and Guidelines of Supervision: External Moonlighting

Proposed Supervisor	
Date(s) of Supervision	Start Date: _____ Stop Date:_____OR ☐ 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: _____

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

To be completed by the Site Lead (only for Semi-Nocturnist)

COLLEGE OF PHYSICIANS & SURGEONS OF NOVA SCOTIA

Date(s) of locum range	Start Date: _____ Stop Date: ☐ 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 Semi-Nocturnist 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 Semi-Nocturnist 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 semi-nocturnist 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. Residents will be limited to 1 weekend worked as semi-nocturnist per calendar month, so as not to interfere with weekend call in their program.
8. Residents will be limited to 2 total shifts per calendar month. It will be the resident's responsibility to notify their division of their semi-nocturnist call dates to ensure no interference with their own subspecialty schedule including call.
9. Residents can not cross cover semi-nocturnist call with any other call requirements.
10. 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.
11. Shifts will be filled on a first come first serve basis.
12. Faculty are not to approach residents directly with specific shifts.
13. Once a resident agrees to cover a shift it is the resident's responsibility to find coverage for that shift even if their availability changes.
14. 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 semi-nocturnist call.

Site Lead: _____

Signature: _____

Date: _____

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