



The practice plan, which is submitted by the resident and approved by the College of Medicine, should contain the following details:

- information about the supervision provided, which shall include clear and immediate access to supervision including available (on-site) supervision when necessary; and,
- the details of the supervision of the most responsible physician (MRP) who will provide the direct supervision and who will retain primary responsibility for the patient;
- the time for which approval has been granted;
- any other restrictions or limitations that the person approving the practice plan thinks are appropriate.
- contact details and signature from each supervisor for each job title (if more than one)

Section 1: Resident Information

Name:	
Address:	
Program:	
Training Year:	

Section 2: Moonlighting Information

Job title to be used on the license: <i>(Choose all that apply)</i>	<input type="checkbox"/> House Officer <input type="checkbox"/> Emergency Room Physician <input type="checkbox"/> Medical/Radiation Oncology House Officer <input type="checkbox"/> Other Please specify:
Location of service: <i>(Name of hospital/clinic, city)</i>	
Dates of approval:	<input type="checkbox"/> May 1 to October 31 <input type="checkbox"/> November 1 to April 30
Job description: <i>(Please note requirements above).</i>	



Section 3: Supervisor Information

Name of the Supervisor (MRP):	
Contact information: <i>(Telephone and email)</i>	

Section 4: Signatures

I acknowledge and accept the terms of the PGME Moonlighting and Independent Clinical Practice policy, and RDOS Collective agreement regarding the maximum hours and limitations on work periods.

Resident:			
Signature		Date	

I undertake to supervise the above Resident and will provide immediate access to supervision and will be the most responsible physician under the terms of the above practice plan. If I am unable to provide immediate access to supervision personally, I will ensure that another qualified physician is available to provide supervision.

I will not terminate my supervision without giving reasonable notice of my intention to do so.

Supervisor:			
Signature		Date	



The CPSS Regulatory bylaws for medical practice in Saskatchewan which pertain to the moonlighting state:

2.2 Definitions

Associate Dean of Postgraduate Medical Education – the individual assigned the responsibility by the College of Medicine, University of Saskatchewan, to review and approve practice plans submitted by physicians seeking to moonlight;

2.12 Educational Licensure

(f) The Council may authorize the holder of an Education Licence who is on the Education Register as a resident or by reason of other postgraduate training being undertaken by the physician, to engage in the practice of medicine (moonlighting) in addition to the educational program of the College of Medicine or residency training program, as the case may be, if the applicant has filed a practice plan with the office of the Associate Dean of Postgraduate Medical Education and has received the approval of the Program Director in the physician's program and the office of the Associate Dean of Postgraduate Medical Education for that practice plan.

(g) A person authorized to engage in additional medical practice under paragraph (f) may only practice medicine as authorized in the approval of the practice plan.

(h) The authorization to engage in additional medical practice under paragraph (f) shall be subject to the following limitations:

(i) the physician must have clear and immediate access to supervision including the availability of direct (onsite) supervision when necessary; and,

(ii) the physician must function under the direct supervision of the most responsible physician - who retains primary responsibility for the patient. The physician shall not be a replacement or substitute for the most responsible physician; and,

(iii) such other restrictions or limitations as may be specified by the Council.

(i) The Council's authorization to engage in additional medical practice under paragraph (f) shall automatically be revoked if the approval of the Associate Dean of Postgraduate Medical Education or the Program Director is withdrawn.

(j) A person whose name is entered on the Education Register shall not sign a document that requires the signature of a duly qualified medical practitioner, unless that person also holds a form of licensure permitting the person to engage in independent practice.



UNIVERSITY OF SASKATCHEWAN

College of Medicine

POSTGRADUATE MEDICAL EDUCATION
MEDICINE.USASK.CA

Moonlighting Practice Plan

Please send all documents and required information via email to:

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PGME Office, College of Medicine, University of Saskatchewan

Email: sonja.lazic@usask.ca