



Procedure for Obtaining Moonlighting Privileges

Procedure:	Procedure for Obtaining Moonlighting Privileges
Policy reference:	Moonlighting and Independent Clinical Practice
Contact:	Clerical Assistant, PGME Office 306-966-5557
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1. PURPOSE

To outline the process of obtaining moonlighting privileges in accordance with the policy and the collective agreement.

2. INTRODUCTION

Residents' primary responsibility is to their training program. Moonlighting/Independent Clinical Practice is a privilege, not a right. Residents must not allow Moonlighting to impact negatively on their training or patient care.

3. DEFINITIONS

Moonlighting refers to extracurricular medical activities that are characterized by the following features:

- 1) Usually measured in terms of shifts or hours;
- 2) Clear and immediate access to supervision including the availability of direct (on-site) supervision when necessary;
- 3) The Resident functions under the direct supervision of the MRP (most responsible physician) - who retains primary responsibility for the patient. The Resident is not a replacement or substitute for the MRP;

Examples of Moonlighting Roles include Critical Care Associate Shifts, House-officer shifts, RPC shifts.

4. RESPONSIBILITIES

The Resident is responsible for obtaining a full set of documents and approvals. Residents are responsible for completing all forms and documents within the timelines prescribed on the **Joint Moonlighting Practice Plan**.

The Resident is responsible for ensuring that the Postgraduate Medical Education Office receives reports of Moonlighting activities on a monthly basis.

Residents must have passed the relevant national exams to request Moonlighting privileges.



5. PROCEDURE

- a) The Resident will discuss their Moonlighting plans with their Program Director.
- b) The Resident will communicate with PGME to receive a copy of the PGME-approved Job Description and the program-endorsed list of competencies for the Moonlighting role(s) they are applying for.
- c) The Resident will complete the **Joint Moonlighting Practice Plan** and will arrange for the required review by and signatures from the Moonlighting Supervisor and the Program Director
 - A separate **Joint Moonlighting Practice Plan** is required for each Moonlighting role
- d) The Resident will submit the signed **Joint Moonlighting Practice Plan**, the PGME-approved Job Description, and the program-endorsed list of competencies to PGME for approval.
 - PGME will provide confirmation of its approval to the Resident.
- e) The PGME will provide the completed application package to the College of Physician and Surgeons of Saskatchewan for approval.
 - CPSS will provide confirmation of its approval to the Resident
- f) The Resident will contact CMPA to ensure their work code coverage is changed from type 12 to type 14, and will request the confirmation of the change.
 - The Resident cannot start moonlight until they receive confirmation of appropriate licensure from CPSS.
- g) The Resident will apply for licentiate of the Medical Council of Canada (LMCC) status as it is a requirement for licensure in Saskatchewan.
- h) The Resident will apply to the Saskatchewan Health Authority (SHA) for moonlighting privileges, as it is the SHA who pays for moonlighting.

Application for Moonlighting licensure can be made at any time during the annual licensure period of December 1 to November 30. Renewal applications must be submitted annually by October 15.

7. FORMS AND TEMPLATES

Joint Moonlighting Practice Plan

8. REFERENCES

Moonlighting and Independent Clinical Practice Policy

RDoS Collective Agreement

CPSS Regulatory Bylaws