

Moonlighting Policy

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| Office of Accountability: | Office of the Dean of Medicine |
| Office of Administrative Responsibility: | Postgraduate Medical Education (PGME) Office |
| Approver: | Postgraduate Medical Education Committee |
| Approval Date: | January 22, 2016 |
| Review Date: | January 22, 2019 |

Definitions

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| Moonlighting | The independent practice of medicine during residency training in situations that are not part of required training in the residency program. ¹ |
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Overview

The [Royal College of Physicians and Surgeons of Canada \(RCPSC\) Statement on Moonlighting](#) indicates that “residents are encouraged to maintain a balance between their personal and professional life to promote their own physical and mental health and wellbeing as essential to effective lifelong practice”.

The Postgraduate Medical Education (PGME) office believes that a resident’s main responsibility is to the educational requirements and the associated clinical activities of their specialty. However, it is also recognized that resident moonlighting can make a valuable contribution to patient care, while providing residents with additional clinical exposure and experience.

As per the [RCPSC Statement on Moonlighting](#), the PGME office neither “. . . condemns nor condones the practice of moonlighting during residency training. . .” however, if a resident qualifies for, and chooses to moonlight, they are reminded that **adherence to the Moonlighting Policy is compulsory.**

¹ http://www.royalcollege.ca/portal/page/portal/rc/common/documents/accreditation/statement_moonlighting_e.pdf



Faculty of Medicine

Moonlighting Policy

Purpose

To outline the rules and regulations in place for resident moonlighting.

Scope

Any resident enrolled in a residency program at Memorial University.

Policy

- 1.0 Generally, a resident can only moonlight after successful completion of Postgraduate Year (PGY) 1 in a RCPSC residency program.
- 2.0 A resident must have the approval of their Program Director before they can moonlight.
 - 2.1 A resident must be in good academic standing to receive moonlighting approval.
 - 2.2 The Program Director reserves the right to withhold or withdraw permission to moonlight at any time.
- 3.0 A resident can only moonlight in the areas of medical practice for which they have a licence by the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL).
- 4.0 A resident cannot moonlight:
 - 4.1 while on call (including home call);
 - 4.2 in the eight (8) hours previous to starting regular clinical work (i.e. will not work a midnight to 8 a.m. shift when starting work as a resident at 8 a.m.);
 - 4.3 in the service in which they are currently working as a resident; or,
 - 4.4 if they are not certified in Advanced Cardiac Life Support (ACLS) and the program/unit they are moonlighting for requires ACLS certification (see Section 3.0 in the [ACLS Policy](#)).

Moonlighting Policy

- 5.0 It is the responsibility of the Program Director to monitor the performance of a resident who moonlights to ensure the moonlighting activities are not contributing to diminished learning or performance, or detracting from patient safety.
 - 5.1 If a resident develops academic difficulty after receiving a moonlighting license, the Program Director will discuss with them the issue of their moonlighting activities, which may result in the termination of their moonlighting privileges.
- 6.0 A resident must ensure that the CPSNL and applicable Health Board Authority have approved the moonlighting request **prior** to starting the moonlighting activity.
- 7.0 Moonlighting does not accumulate educational credits leading to certification with the RCPSC or the College of Family Physicians of Canada (CFPC).

Procedure

- A.0 Prior to completing their first moonlighting activity, the resident:
 - A.1. contacts their Program Director to discuss their intention to moonlight;
 - A.2. contacts the Canadian Medical Protective Association (CMPA) to have their liability coverage switched to code 14 for moonlighting activities;
 - A.3. contacts the CPSNL to obtain a locum license;
 - A.3.1. The Program Director sends the required written letter of approval directly to the CPSNL.
 - A.4. submits their professional credentials and a Royal Newfoundland Constabulary (RNC) Criminal Record and Vulnerable Sector Check to the credentialing division of the applicable Health Board Authority (e.g. Eastern Health).
- B.0 Prior to completing every moonlighting activity, the resident:
 - B.1. completes the [Moonlighting Request Form](#) and submits it to the PGME office no later than two (2) business days prior to the start date;
 - B.2. contacts the credentialing division of the applicable Health Board Authority (e.g. Eastern Health) to ensure all credentials are up to date;

Moonlighting Policy

B.3. confirms moonlighting approval has been received by all required parties.

Non-Compliance

Failure to adhere to the moonlighting policy and procedures will result in future moonlighting requests to be denied.

Non-compliance may also result in insufficient liability coverage and non-payment for moonlighting activities.

Related Links

[Moonlighting Request Form](#)

[CPSNL Policy - Moonlighting by Students in Postgraduate Training](#)

[CMPA](#)

Previous Versions

There is at least one previous version of this policy. Contact the [Policy Analyst](#) to view earlier version(s):

Approval Date: July 2015