

## **Moonlighting**

### Contributors

#### Data extraction:

Andrew Warren, Postgraduate Dean, Dalhousie University

#### Review and recommendations:

Jolanta Karpinski, Royal College

Andrew Warren, Postgraduate Dean, Dalhousie University

Maureen Topps, Postgraduate Dean, University of Calgary

Ross Walker, Postgraduate Dean, Queen's University

Lisa Carroll, Royal College

## **Introduction & Background**

Moonlighting, also referred to as restricted registration or physician extenders, is defined as extracurricular (i.e. outside of a residency training program) provision of clinical services for remuneration, by residents registered in a postgraduate medical education program leading to certification with the College of Family Physicians of Canada (CFPC) or with the Royal College of Physicians and Surgeons of Canada (RCPSC).

Within Canada, there is regional variation in residents' participation in moonlighting; factors explaining this variation include regulatory authority policies with regard to licensure as well as Faculty of Medicine or program endorsement of these extracurricular activities.

Two underlying principles are consistently addressed within Moonlighting policies. The first principle addresses patient safety by ensuring that residents deemed eligible for moonlighting have demonstrated the level of ability and seniority commensurate with the additional clinical responsibility for patient care. The second principle concerns protections for learners, and is intended to ensure that resident supervision and learning is not adversely affected by the autonomous practice of moonlighting. These protections may include restrictions on the type of services on which the resident can moonlight, monitoring of learner workload and/or monitoring of resident academic performance.

## **Process/Procedure/Methods**

The CBD Policy Working Group followed pre-defined steps to collect information on the current policies related to moonlighting, and to establish questions and considerations for the transition to CBME training practices. For a detailed description of the CBD Policy

Working Group processes and procedures, please refer to the Methods section on page [X] within the Introduction.

### Data extraction

The data extraction team reviewed policies from all English speaking PGME offices in Canada, looking at policies relevant to moonlighting. Quebec faculties were not included due to language barriers.

The template headings used to extract data from the policies are:

- Is moonlighting permitted
- How eligibility is defined
- Can eligibility be revoked
- How is eligibility revoked
- Approval authority
- How maximums are defined
- How monitoring is conducted

### Key terms and definitions

Key terms	Other terms currently in use	Definition
Moonlighting	Restricted registration Physician Extenders Bedside Physicians Surgical assist	Extracurricular (i.e. outside of a residency training program) provision of clinical services for remuneration by residents registered in a postgraduate medical education program leading to certification with the CFPC or with the RCPSC.
Service	Rotation Clinical experience Clinical service	A clinical or work structure to provide patient care to a distinct population, often organized along lines of specialization

### Considerations for Post-Graduate Education Faculties

Themes were identified through the analysis of existing PGME policies. These themes were considered in the context of the change to CBME and the resulting considerations and recommendations are provided to support future policy adaptation work at individual faculties.

### ***Eligibility Criteria***

#### Rationale for Change

A resident may be deemed eligible to participate in moonlighting, predicated on whether that resident has demonstrated competence in the skills aligned with the enhanced clinical responsibility. Currently, eligibility is defined by year of training and by the completion of rotations that are relevant to the moonlighting service, an explicitly time-based criterion. In CBME, the focus shifts to the demonstration of competence as opposed to time spent in training.

#### Considerations and Recommendations

In order to uphold and maintain patient safety during moonlighting, an alternate definition of competence will need to be identified. Potential options may include: consideration of the resident's stage within the competence continuum; achievement of Entrustable Professional Activities (EPAs) relevant to the moonlighting service; and/or the achievement of specific competencies or milestones.

### ***Ongoing Supervision during Moonlighting***

#### Rationale for Change

Current policies define supervision requirements specific to moonlighting service. In CBME, the entrustment of specific professional activities and the documentation of the resident's achievement may allow a reduction in the degree, or nature, of supervision for learners that are moonlighting, particularly during the latter stages of the Competence Continuum.

#### Considerations and Recommendations

Residents will continue to require supervision appropriate to their stage of training and the clinical service on which they are moonlighting. Within the Competence Continuum, the '*Transition to Practice*' stage may serve as a useful point at which to consider a reduction in the level of supervision required for those residents who wish to moonlight. The delineation of the requirement for supervision will also require involvement of the provincial regulatory authority.

### ***Revoking eligibility for Moonlighting***

#### Considerations and Recommendations

Current policies define circumstances under which eligibility for moonlighting can be revoked. These circumstances include concerns about academic performance, compromise of the educational progress of the moonlighting resident and/or failure to abide to the terms of the moonlighting agreement (e.g. breaking the rules regarding maximum hours worked). These concerns and circumstances will not change in a CBME system and therefore it is not anticipated that this aspect of a Moonlighting policy will need revision.

**Considerations for other stakeholders**

Regulatory authorities and employing hospitals/institutions may wish to review their restricted registration policies in light of CBME, and the above noted issues and recommendations.