

Joint Moonlighting Practice Plan

(For use by the University of Saskatchewan, College of Medicine, and the College of Physicians and Surgeons of Saskatchewan)

This form must be completed in full by the resident before it is submitted to the College of Medicine at (pgme.moonlighting@usask.ca) for review and formal approval.

The College of Medicine PGME approved practice plan and list of competencies endorsed by the Program Director must accompany the submission to CPSS. Once the Associate Dean, Postgraduate Medical Education, College of Medicine has approved the request, the PGME office at the College of Medicine will email the completed and signed form to the College of Physicians and Surgeons of Saskatchewan (CPSS) at cpssreg@cps.sk.ca, for licensure consideration.

CPSS will contact the resident directly, once the Joint Moonlighting Practice Plan is received.

The CPSS requires a minimum of 4–6 weeks' notice to process a moonlighting request. Missing or incomplete information will result in a delayed review. Please ensure that you have allowed enough time to submit your completed forms to the CPSS to support your anticipated start date.

CPSS will provide a copy of the completed Joint Moonlighting Practice Plan to PGME, once fully signed.

There is no longer a requirement limiting moonlighting to 6-month blocks; licensure for Moonlighting can be considered at any time during the annual licensure period of December 1 to November 30. Renewal applications must be submitted by October 15. **The CPSS cannot guarantee a start date, so please ensure you are not scheduled to work until you have received a confirmed license.**

SECTION 1: RESIDENT INFORMATION

Name:	
Address:	
Program:	
Training Year:	

SECTION 2: MOONLIGHTING INFORMATION

Job Position: (Choose all that apply)	☐ House Officer-Saskatoon (SPH and RUH) ☐ House Officer – Medical/Radiation Oncology & Hematology ☐ House Officer-Regina ☐ ICU Extender ☐ Neurosurgery House Officer ☐ Other PGME Approved Job Position:	
Job Description & Competencies:	☐ PGME-approved Job Description (attached) ☐ List of Competencies (attached)	
Canadian Medical Protective Association (CMPA):	☐ CMPA Documentation including work code are attached	
Location of service: (Name of hospital/clinic and city)		
Dates of approval: (Practice Plan valid until Nov 30 th)	Anticipated Start Date:	End date (if not November 30)

SECTION 3: MOONLIGHTING SUPERVISOR AND SCHEDULER INFORMATION

SUPERVISOR

Name of the Supervisor (MRP):	
Contact information: (Phone and email)	

SCHEDULER

Person responsible for scheduling your moonlighting shifts:	
Contact information for the scheduler:	

SECTION 4: RESIDENT SIGNATURE

I have reviewed the PGME Moonlighting and Independent Clinical Practice policy and accept the terms and limitations of the attached practice plan. I have reviewed the Resident Doctors of Saskatchewan (RDoS) Collective agreement regarding the maximum hours and limitations of work periods and agree to comply with those provisions.

I acknowledge that I will not be the most responsible physician (MRP), and I accept the terms and limitations of this practice plan.

I acknowledge that any modifications will require a revised practice plan and new approval. I am responsible for seeking permission from the individual whom I identify as my supervisor (as required by the CPSS for licensing purposes). The supervisor should be someone other than my Program Director.

I further agree that I will take responsibility for ensuring that all moonlighting activities are reported monthly to the PGME Office.

Resident Name:			
Signature:		Date:	

SECTION 5: SUPERVISOR(S) APPROVAL AND SIGNATURE(S)

I, as the supervising physician, agree to provide supervision to the above resident in accordance with the terms of the above practice plan. I will ensure that immediate access to supervision is available at all times and acknowledge that I am the most responsible physician (MRP) under the terms of this practice plan.

In the event that I am unable to provide immediate supervision personally, I will arrange for another qualified physician to do so. I further agree not to discontinue my supervisory responsibilities without providing reasonable notice of my intention to do so.

Supervisor :			
Department:			
Signature:		Date:	

SECTION 6: PROGRAM DIRECTOR APPROVAL AND SIGNATURE

I have reviewed the practice plan, and I confirm to the College of Physicians and Surgeons that I am of the opinion that this resident has the necessary skills and knowledge to practice medicine safely within this practice plan. I confirm that the resident will not be the most responsible physician (MRP) or be a replacement/substitute for the most responsible physician. I am satisfied that undertaking such moonlighting is not anticipated to interfere with the resident's education.

Program Director:			
Signature:		Date:	

SECTION 7: ASSOCIATE DEAN, PGME APPROVAL AND SIGNATURE

I have reviewed this practice plan and approve the submission based on the recommendation by the Program Director.

Associate Dean, PGME:			
Signature:		Date:	

SECTION 8: COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN

☐	This practice plan has been reviewed by the College of Physicians and Surgeons and is approved	Date:	
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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.*