

Operating Standard

Department of Family Medicine Operating Standard on Extender Shifts and Moonlighting

Classification Residency Training	
Approval Authority Family Medicine Residency Program	Contents
Committee	1. Preamble: 1
Implementation Authority Postgraduate Director	2. Purpose:
Effective Date	3. Scope: 2
TBD	4. Definitions:
Latest Revision 2025.05.12	5. Background: 3
	6. Resident Responsibilities and Expectations: 3
Next Review 2027-05	7. Program Director Responsibilities: 5
	8. The Clinical Department Responsibilities (for which a Resident is performing Extender duties):
	9. Moonlighting Eligibility5
	10. Resident Responsibilities: Moonlighting5
	11. Residents Completing Additional Experiences Outside of Extenderships and Moonlighting 6
	12. Approval and Implementation: 6
	13. Related Information: 7
	14. History: 7

1. Preamble:

It is recognized that Residents may wish to carry out additional clinical work above and beyond the scheduled time required to ensure the completion of the Resident's scope of work within their Residency Training Program. In accordance with the Resident Physician Agreement and the

CPSA registration standards, there remains aspects of this additional work occurring outside the Residency Training Program that this Operating Standard is meant to clarify.

2. Purpose:

The purpose of this Operating Standard is to outline the general operating principles governing Residents in the Family Medicine Programs in the Cumming School of Medicine at the University of Calgary who carry out Extender shifts or "Moonlighting" activities. This Operating Standard is an adaptation of the PGME Operating Standard on Extender Shifts.

3. Scope:

This Operating Standard applies to all Residents in CFPC accredited residency training programs at the University of Calgary, Cumming School of Medicine who have a Physician Extender Practice Permit, and for those Residents who are licensed to practice independently and seek to engage in "Moonlighting" activities.

4. Definitions:

"CACMS" refers to the Committee on Accreditation of Canadian Medical Schools

"CFPC" means the College of Family Physicians of Canada, the body responsible for Program accreditation, examination, and Resident certification for CFPC disciplines.

"CPSA" means the College of Physicians and Surgeons of Alberta.

"CSM" means the University of Calgary, Cumming School of Medicine.

"Extenders" refers to additional clinical work performed by a Resident that is above and beyond the scheduled time required to ensure the completion of the Resident's scope of work within their Residency Training Program and performed within a Physician Extender Practice Permit as described by the College of Physicians and Surgeons of Alberta (CPSA) rules for participation "Information for Physician Extenders and Program Directors".

"LCME" refers to the Liaison Committee on Medical Education

"Moonlighting" refers to independent practice of medicine outside of the trainee's postgraduate training program whether remunerated or not.

"Program" means a RCPSC or CFPC accredited residency training program in the CSM.

"Program Director" means the individual appointed to a program who is responsible to the department head, associate dean, and postgraduate medical education for the overall conduct of the residency program in accordance with the Canadian Residency Accreditation Consortium Standards of Accreditation.

"RCPSC" means the Royal College of Physicians and Surgeons of Canada, the body responsible for Program accreditation, examination, and Resident certification for RCPSC disciplines.

"Resident" means a postgraduate trainee registered in a Program that is administered by the CSM and leads to RCPSC or CFPC certification.

"PARA" means the Professional Association of Resident Physicians of Alberta.

In this Operating Standard, the word "must" is used to denote something that is required, and the word "should" is used to denote something highly recommended.

5. Background:

CPSA Rules for Participating in Extendership:

The CPSA sets the rules for participation in Extendership, which are articulated on their website², and makes the final determination to grant or withhold an Extendership license.

If at any time there is an indication the Resident is struggling with their academic program, the Program Director will intervene and potentially withdraw their support for Extendership.

The Family Medicine Program has the following additional requirements for Residents who seek to undertake Extenderships:

- a. Residents whose employer is not AHS (e.g. Department of National Defense) must provide the written approval of their employer for Extendership.
- b. Residents who have transferred into the Family Medicine Program must complete at least one (1) Progress Review prior to receiving Program support for Extendership.
- c. Residents must not undertake Extenderships during the 2-week period immediately preceding any examination, including those that lead to Certification, or for which Residents have requested a Leave of Absence under the Attendance and Leave Operating Standard.

6. Resident Responsibilities and Expectations:

Residents scheduled for Extender shifts must:

- 6.01 maintain their Physician Extender Practice Permit
- 6.02 maintain adequate professional liability protection
- 6.03 ensure their Extender shifts, when combined with other residency training duties, adhere, collectively, to the duty hours scheduling provisions defined in the Resident Physician Agreement³.
- 6.1 Duty hour restrictions on Extender shifts apply equally to all rotations, including research rotations and all electives. Exceptions can be approved by the Program Director in consultation with the research supervisor.
- 6.2 Commitments for Extender shifts shall not interfere with the Resident's training and regular duties.
 - 6.2.1 Extender shifts are prohibited during regular duty hours during the week, including when a Resident is post-call.
 - 6.2.2 Residents must not participate in Extender shifts while simultaneously scheduled for duty within their Program. This includes academic half day, or any other mandatory event scheduled by the Program.
 - 6.2.3 Residents must not participate in Extender shifts which involve overnight call on days that precede regular duty hours.

- 6.2.4 Residents have a collective responsibility to provide acute care coverage and work together to ensure continuity of care. An Extender shift must never justify a Resident's failure to contribute equitably towards adequate coverage of the clinical services.
- 6.2.5 Residents must maintain a satisfactory academic standard to participate in the Extender schedule. Residents on remediation or probation may not participate in Extender work. A learning support plan may affect the Resident's eligibility to work Extender shifts at the discretion of the Program Director.
- 6.2.6 To ensure disambiguation of the two roles, expectations, and supervision, Extender shifts shall only occur at a site and service other than those where the Resident is currently being assessed. The Associate Dean may offer a short term exception in the event of public health emergencies.
- 6.2.7 Formal assessments (EPAs, ITERs, Field notes etc.) are not required, but may be requested at the discretion of a Resident or their supervising physician, and may be considered by the Program with respect to progress and performance decisions.
- 6.2.8 Decisions to engage in Extender shifts must consider resident wellness, Fatigue Risk Management and patient safety
- 6.3 Pursuant to the Resident Physician Agreement, the number of days on service each month defines a maximum number of in-house or home calls that a Resident may provide.

 Residents must adhere to these guidelines, even when Extender shifts are combined with their resident duty hours.
- 6.4 Residents may not be scheduled for in-house call on two consecutive days, or home call for three consecutive days, even if one of those days is an Extender shift.
- 6.5 In any given month, Residents may not be scheduled for in-house or home call on any portion of more than two weekends out of four (or three out of five when applicable), even when one of those call days is an Extender shift.
- 6.6 Residents may not be scheduled for in-house or home call on more than two consecutive weekends, even if one of those days is an Extender shift.
- 6.7 The Resident must track and submit a summary of Extender shifts worked at least every 6 months to their Program Director (or designate) to tabulate their extender and rotation call shifts and confirm that the specific limits have not been exceeded.
- 6.8 No Extender shifts are carried out two weeks prior to certification or licensing examinations.
- 6.9 Residents must maintain a balance between their personal and professional life to sustain their own physical and mental health and wellbeing.
 - 6.9.1 Promote and model professional conduct at all times.
 - 6.9.2 Recognize limitations in their knowledge base and technical skills and call for appropriate help in a timely fashion.
- 6.10 Residents who have been approved for accommodations under the PGME Accommodation process may participate in Extender work that is consistent with their accommodations. However, extender work must not impact their Program work or scheduling.

7. Program Director Responsibilities:

- 7.1 Review the Resident's performance on a regular basis (at least every 6 months) and discuss concerns or withdraw support for work as an Extender if it is interfering with the Resident's performance.
- 7.2 Define additional rules and restrictions that pertain to the Program if more limiting or specific than what is described in this Operating Standard. For example, at the discretion of the Program, Extender shifts may be prohibited while on research rotations or a signed agreement may be required for Extender participation.
- 7.3 Approval by the Program Director for a Resident Physician to engage in Extender shifts must consider resident wellness, Fatigue Risk Management and patient safety

8. The Clinical Department Responsibilities (for which a Resident is performing Extender duties):

- 8.1 Ensure patient care needs at the service-level have been identified and the expectation for the Extender shifts and Resident shifts are clearly defined. Ensure the service responsibilities for Extender shifts at the individual-level are clearly defined and in alignment with the Resident's training and abilities.
- 8.2 Ensure appropriate supervision and support for the Extender shifts (direct or indirect).
- 8.3. Discuss conduct, professionalism, or performance concerns arising from Extender activities with the Resident and escalate to the Resident's Program Director, where appropriate. This must be documented in writing, and may include using the Program's assessment tools.
- 8.4. Ensure there is no pressure for Residents to work extender shifts and remove a Resident from an extender schedule at the request of the Program Director.

9. Moonlighting Eligibility

Residents who choose to Moonlight must:

- 9.1 Hold a licence/registration acceptable to the regulatory authority (College) in the jurisdiction in which the Moonlighting will occur.
- 9.2 Limit clinical activities to Moonlighting work to less than two consecutive weeks, or must change to a practising physician Type of Work (TOW) code with CMPA. Residents who do occasional moonlighting may remain in TOW code 14.1

10. Resident Responsibilities: Moonlighting

Residents undertaking Moonlighting clinical work must ensure that Moonlighting activities:

- 10.1 Do not negatively impact performance, duties, or educational goals in the residency program.
- 10.2 To ensure disambiguation of their roles, expectations, and supervision, Moonlighting activities are not to be undertaken at a site and service where the Resident is currently being assessed as part of their educational Program.
- 10.3 Residents have a collective responsibility to provide acute care coverage and work together to ensure continuity of care. Moonlighting activities must never justify a

- Resident's failure to contribute equitably towards adequate coverage of the clinical services.
- 10.4 Moonlighting activities must not interfere with the Resident's ability to provide safe and competent care in the clinical responsibilities of their residency program.
- 10.5 Residents who plan to Moonlight should discuss their intention with their Program Director.
- 10.6 The decision to participate in Moonlighting activities should take wellness and fatigue risk management into consideration.
- 10.7 Residents who have been approved for accommodations under the PGME Accommodation process may participate in Extender work that is consistent with their accommodations. However, extender work must not impact their Program work or scheduling.
- 10.8 Failure to adhere to these provisions governing Moonlighting may result in:
 - 10.8.1 A requirement to take an unpaid leave of absence until Moonlighting activities are brought into compliance;
 - 10.8.2 A recommendation in a Learning Support, Remediation or Probation Plan that Moonlighting activities be modified, reduced or cease; or
 - 10.8.3 The nature of a Resident's Moonlighting activities being evidence in support of a PGME Program's decision at an appeal.

11. Residents Completing Additional Experiences Outside of Extenderships and Moonlighting

- 11.1 To preserve Resident wellness, Residents are discouraged from engaging in any additional clinical experiences outside of those scheduled by the Program, Extenderships, and Moonlighting.
- 11.2 Where Residents arrange to participate in such experiences, they must not impact the educational opportunities for their colleagues who are completing scheduled opportunities.
- 11.3 Residents completing educational experiences not scheduled by the Program are NOT eligible for call stipends.

10 Approval and Implementation:

Approval Authority: FM Residency Program Committee

The FM Residency Program Committee ensures appropriate rigor and due diligence in the development and/or revision of this Operating Standard.

The Postgraduate Director has the following responsibilities:

- 12.1 To ensure that Program staff is aware of and understands the implications of this Operating Standard and related procedures.
- 12.2 To monitor compliance with this Operating Standard and related procedures.
- 12.3 To regularly review this Operating Standard and related procedures to ensure consistency in practice.

13. Related Information:

Residents must be given a copy of, or access to, this document, as well as any program-specific documents relating to resident expectations, assessment, and safety when they enter a PGME Program at the University of Calgary.

14. History:

- Implemented by FMRTC April 2007
- Approved PGEC 2014-12-18
- Updated language/formatting. Approved PGEC 2021-11-25
- Updated to align with PGME Operating Standard 2022.11.14
- Approved at FMRPC on <TBD>
- Approved at PGEC 2023.11.23
- Updated CPSA requirements, removed PGEC references
- Approved at RPC 2025.05.15
 - o Section 6.2.7 to align with PGME OS section 4.11
 - o Section 8.3 to align with PGME OS section 4.21

REFERENCES:

- CMPA FAQ <u>https://www.cmpa-acpm.ca/en/site-resources/faq/residents-and-residency#moonlighting</u>
- ^{2.} Apply for Physician Extender Registration https://cpsa.ca/physicians/registration/apply-for-physician-extender-registration/
- 3. Resident Physician Agreement
 Agreement | Professional Association of Resident Physicians of Alberta (para-ab.ca)