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 Programs in the Cumming School of Medicine at the University of Calgary who carry out Extender shifts.
3. **Scope:**
   This Operating Standard applies to all Residents in all RCPSC and CFPC accredited residency training programs at the University of Calgary, Cumming School of Medicine who have a Physician Extender Practice Permit. Residents who are licensed to practice independently are out of the scope of this Operating Standard. This document doesn't apply to Clinical Fellows.

   This Operating Standard is not intended to cover the full scope of Moonlighting activities. The following definitions and expectations will apply:

   I. Residents who moonlight must hold a licence/registration acceptable to the regulatory authority (College) in the jurisdiction in which the moonlighting will occur.

   II. Residents who limit clinical activities to moonlighting work for more than two consecutive weeks must change to a practising physician Type of Work (TOW) code with CMPA.

   III. Residents who do occasional moonlighting may remain in TOW code 14.¹

Residents engaging in moonlighting activities must:

   I. Ensure that these activities do not negatively impact performance in the residency program.

   II. Ensure that moonlighting responsibilities do not interfere with duties within the residency program.

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 your 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:

The CPSA has 8 rules for Residents registered with Physician Extender Practice Permits. If at any time there is an indication the Resident is struggling with their academic program, it is expected that the Program Director will intervene and potentially withdraw their support for the license.

1. There is a clear link between the service the Extender shifts, and the Resident’s Program. Program Directors must be aware of the intended extender experiences and confirm that these are in alignment with the goals and objectives of the residency training program.

2. The Resident, Program, and Extender program need to agree on reasonable shift length and have it in writing.

3. The Resident needs to maintain satisfactory academic performance.

4. The Resident’s Extender shifts can’t interfere with the normal clinical and training responsibilities to their Program.

5. The Resident’s additional clinical activities cannot place a burden on their fellow trainees.

6. After-hours coverage and shifts can’t be in breach of the Resident Physician Agreement.

7. The Resident’s performance must be thoughtfully reviewed at least semi-annually by the Extender service and their Program Director.

8. The extender must secure adequate professional liability protection before their Extender work starts.

9. Contracts for sponsored trainees prohibit participation in Extender shifts or Moonlighting. Resident Physicians governed by these contracts must not engage in these clinical activities.

CPSA Minimum Requirements for Physician Extender Practice Permits

i. Completed at least 18 months of related postgraduate training at an institution accredited by CACMS or LCME.
ii. Licentiate of the Medical Council of Canada (LMCC); and

iii. The support of the Resident’s current Program Director.

6. Resident Responsibilities and Expectations:
Residents scheduled for Extender shifts must:

I. maintain their Physician Extender Practice Permit

II. maintain adequate professional liability protection

III. ensure their Extender shifts, when combined with other residency training duties, adhere, collectively, to the duty hours scheduling provisions defined in the Resident Physician Agreement.

6.1 Limitations on Extender shifts apply equally to all rotations, including research rotations and all electives. Exceptions can be approved by the research supervisor in discussion with the Program Director.

6.2 Commitments for Extender shifts shall not interfere with the Resident’s training and regular duties.

i. Extender shifts are prohibited during regular duty hours during the week, including when a Resident is post-call.

ii. 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.

iii. Extender shifts which involve overnight call are prohibited during on-call duty shifts on days that precede regular duty hours.

iv. Residents have a collective responsibility 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.

v. Residents must maintain a satisfactory academic standard to participate in the Extender schedule. Any change in the Resident’s status (e.g. learning support plan, remediation, probation, part-time training, or accommodation) may affect the Resident’s eligibility to work Extender shifts.

vi. Extender shifts shall only occur at a site and service other than those where the Resident is currently being assessed to ensure disambiguation of the two roles, expectations, and supervision.

vii. Formal assessments (EPAs, ITERs, Field notes etc.) shall not be requested during an Extender shift as this is not a Program educational experience and falls outside of the residency schedule. Such assessments are to be completed on scheduled rotations.

viii. 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 semi-annually 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.
   i. Promote and model professional conduct at all times.
   ii. Recognize limitations in their knowledge base and technical skills and call for appropriate help in a timely fashion.

7. Program Director Responsibilities:
   7.1 Review the Resident’s performance on a regular basis (at least semi-annually) 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.

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. Approval and Implementation:
Approval Authority: PGME Committee

PGME Committee ensures appropriate rigor and due diligence in the development and/or revision of this Operating Standard.

The Associate Dean has the following responsibilities:

9.1 To ensure that University of Calgary staff is aware of and understands the implications of this Operating Standard and related procedures.

9.2 To monitor compliance with this Operating Standard and related procedures.

9.3 To regularly review this Operating Standard and related procedures to ensure consistency in practice.

10. 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.

11. History:
Revised: May 30, 2022
Approved: July 22, 2022

REFERENCES:

1. CMPA FAQ https://www.cmpa-acpm.ca/en/site-resources/faq/residents-and-residency#moonlighting
3. Resident Physician Agreement https://para-ab.ca/residentphysicianagreement/