

<b>Policy Name:</b>	<b>PGME Resident Moonlighting Policy</b>
<b>Application/ Scope:</b>	<b>PGME Residency Programs</b>
<b>Approved (Date):</b>	Policy Development Committee: June 30, 2020; PGME Executive Committee: July 14, 2020
<b>Review Date:</b>	PGME Policy Development Committee (PDC): June 30, 2020
<b>Revised (Date):</b>	March 18, 2017; June 30, 2020
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## BACKGROUND

Moonlighting is defined as the extracurricular practice of medicine for remuneration by residents registered in a postgraduate medical education program leading to certification with the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC). The Royal College and the College of Family Physicians do not encourage nor prohibit moonlighting and have outlined principles (see Appendix 4) which must be considered.

Max Rady College of Medicine residents are in the unique situation of functioning as students in the PGME learning environment and as employees of Shared Health (PMAO). There is a fine balance between these two roles. Moonlighting by residents is considered an employment activity requiring rules and regulations in order to maintain the education/employment balance.

While the PGME Office at the University of Manitoba does not encourage moonlighting, it recognizes that resident moonlighting can make a valuable contribution to patient care, while providing additional clinical exposure and experience for residents.

Moonlighting has the potential to negatively affect a resident's performance. However, all residents will be judged on their performance, not on the fact that they are moonlighting. If a resident's performance is not satisfactory and it is determined, that moonlighting is the likely cause of negative performance, moonlighting privileges will be withdrawn.

Residents are encouraged to maintain a balance between their personal and professional life to promote their own physical and emotional health and well-being as essential to effective life-long practice.

## DEFINITIONS

**Academic Year** – is the time interval that commences July 1<sup>st</sup> and finishes June 30<sup>th</sup> and constitutes thirteen (13) four (4)-week blocks of training for residents. In a hybrid competency-based medical education model of learning, a trainee may be out-of-phase and may have a starting date other than July 1<sup>st</sup> and will be promoted to the next stage of training based on attainment of milestones, EPAs and competencies

**CFPC** – College of Family Physicians of Canada

**Clinical Supervisor/Preceptor** – the physician to whom a Learner reports during a given interval of time, such as an on-call shift. Residents or fellows often serve in the role of Clinical Supervisors, but they do not act as the Most Responsible Provider for patient care

**Competence Continuum** – is the series of integrated stages in competency-based medical education curriculum, including: 1. Transition to Discipline; 2. Foundation of Discipline; 3. Core of Discipline; 4. Transition to Practice

**Competency** – is an observable ability of a health care professional that develops through stages of expertise from novice to master

**Competency-Based Medical Education** – is an outcomes-based approach to the design, implementation, assessment and evaluation of a medical education program using an organizing framework of competencies

**Competent** – possessing the required abilities in all domains at a particular stage of medical education or practice

**CPSM** – College of Physicians and Surgeons of Manitoba

**Educational Register (ER)** – A person registered on the Educational Register of CPSM is entitled to practice in an approved Residency Program but only under the supervision of the medical staff of that program

**Modified Learning Plan** – is a formal educational intervention that is put in place to address specific performance gaps, with specific learning resources, timelines and outcomes tailored to the needs of the resident. It is inherent in education, that learners have the flexibility to adapt the pace and resources used for learning to their particular needs and context and this would be considered normal variation. A Modified Learning Plan does not necessarily indicate a Remediation. However, Modified Learning Plans are always included in Remediation or Probation and they may be utilized outside of the context of Remediation as well, in an attempt to provide correction prior to a need for formal Remediation/Probation

**Off-site Moonlighting** – Moonlighting that allows the resident to stay at home and be available to a health care facility/organization or patient as required

**On-site Moonlighting** – Moonlighting that requires the resident to stay in a health care facility

**PARIM** – Professional Association of Residents and Interns of Manitoba

**PGME** – means Postgraduate Medical Education, which operates within the Max Rady College of Medicine. It represents postgraduate medical education at the University of Manitoba through residency, fellowship, Areas of Focused Competence, post-doctoral and other training programs. The programs which PGME oversees are those accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC), the Canadian Psychological Association (CPA), the Canadian Academy of Clinical Biochemistry (CACB), the Canadian College of Microbiology (CCM) and the Canadian College of Medical Geneticists (CCMG). Applicable to all of its training programs, PGME develops and administers policies and governs through the PGME committees. The PGME Office is overseen by the Associate Dean, PGME, Max Rady College of Medicine

**Provincial Medical Administration Office (PMAO)** – is the office or person designated to receive and maintain records, applications, correspondence and information pertaining to the Medical Staff (including trainees) provincially

**RCPSC** – Royal College of Physicians and Surgeons of Canada

**Resident** – an individual enrolled in one of the Residency Programs under the authority of the

Associate Dean, PGME. The following is a listing of Resident categories within PGME at the Max Rady College of Medicine:

- A postgraduate learner who has obtained a Doctorate of Medicine (MD) and has an educational or a general license from the College of Physicians and Surgeons of Manitoba (CPSM)
- A learner enrolled in the Clinical Health Psychology Program
- A learner enrolled in one of the non-medical Residency Programs:
  - Clinical Biochemistry
  - Clinical Microbiology
  - Genetic and Genomic Diagnostic (formerly Molecular Genetics and Cytogenetics)
- A learner enrolled in one of the College of Dentistry Programs
  - Oral and Maxillofacial Surgery
  - Pediatric Dentistry

**Resident Duty Hours** – means on-site clinical work (patient care) as a resident in a training program including, but not limited to on-call duties

**Resident Replacement** – terminology used to describe moonlighting residents, to underscore the importance that they are functioning at a resident level while moonlighting and require appropriate supervision. The term resident replacement will be used interchangeably with the term moonlighting throughout this policy

**Regulated Health Professions Act (RHPA)** – refers to the Government of Manitoba act pertaining to the licensing and registration of physicians in Manitoba

**Shared Health** – is the organization that delivers specific province-wide health services and supports centralized administrative and business functions for Manitoba health organizations

## 1. PURPOSE

- 1.1 Provide principles and procedures for all PGME stakeholders regarding moonlighting by residents
- 1.2 Promote better understanding and compliance amongst stakeholders with respect to resident moonlighting activities

## 2. POLICY STATEMENTS

- 2.1 Moonlighting does not accumulate educational credits or competencies (competency-based medical education) leading to certification
- 2.2 Residents must have the appropriate CPSM licensure in order to carry out moonlighting activities
- 2.3 Resident Replacement at the University of Manitoba falls into three (3) categories:
  - Residents providing on-call coverage of certain clinical units under restricted licensure from CPSM, must be supervised by physicians with faculty appointments at the University of Manitoba

- The coverage is for on-call activities carried out by residents, but in the case of moonlighting, the coverage of the duties is provided by residents outside of their academically-mandated call/service expectations. These residents must be supervised by a Clinical Supervisor with a faculty appointment at the University of Manitoba
- Residents with full licensure from CPSM providing unsupervised clinical activities (e.g. private medical clinic, Adult Emergency Departments), who may only work in the areas stated on their licence, and are free to work without resident supervision
- Residents with full licensure from CPSM providing on-call coverage of certain clinical units, supervised by attending physicians (e.g. Critical Care)

2.4 Moonlighting shall be permitted subject to the following requirements:

- **Residents with restricted licensure: CPSM Regulated Associate Membership - Educational – Resident Category (RHPA):**

- 2.4.1 Must obtain approval electronically via the Curriculum Management System from their Residency Program Director prior to commencing moonlighting
- 2.4.2 Require verification by their Clinical Supervisor(s), in advance of the shift(s), confirming that they will supervise the resident(s). The verification may be documented by email or hard copy
- 2.4.3 Must not perform moonlighting activities on the same units or services to which they are currently assigned
- 2.4.4 May moonlight only in areas (clinical domains), where they have satisfactorily completed rotations (time-based resident cohort) or where they have acquired the necessary competencies and are in the stage in the competence continuum appropriate for the specific moonlighting activity (competency-based medical education resident cohort)
  - 2.4.4.1 Residents must have the necessary competencies for relevant techniques and skills (e.g. rapid sequence intubation) prior to taking part in moonlighting activities on specialized clinical units (e.g. Intensive Care Unit)
- 2.4.5 Residents might be approved for moonlighting on request, if in good academic standing in the Residency Program
- 2.4.6 Residents in academic difficulty or who are on a Modified Learning Plan, Remediation or Probation are prohibited from moonlighting
- 2.4.7 Residents must not allow moonlighting activities to interfere with performance of clinical, academic and scholarly activities
- 2.4.8 Residents must maintain attendance at Residency Program academic activities
- 2.4.9 Residents must ensure that Residency Program needs take precedence, in the event of scheduling conflicts
- 2.4.10 Must not perform moonlighting activities and resident duty hours simultaneously
- 2.4.11 Shall conform to the PARIM Collective Agreement with respect to moonlighting activities in relation to resident duty activities
  - 2.4.11.1 Moonlighting on weekends off is permitted as follows:
    - The resident shall ensure that the on-site moonlighting activity does not exceed twenty-six (26) consecutive hours

- The resident shall ensure that their resident duty activity and their on-site moonlighting activity do not exceed twenty-six (26) consecutive hours
- If moonlighting involves working twelve (12) to eighteen (18) hour shifts of consecutive on-site moonlighting activity and none of the hours worked is between midnight and 0600 then the resident requires at least seven (7) hours off prior to resuming resident duty hours
- If moonlighting involves working twelve (12) to eighteen (18) hour shifts of consecutive on-site moonlighting activity and at least one (1) of the hours worked is between midnight and 0600 then the resident requires at least eleven (11) hours off prior to resuming resident duty hours
- If moonlighting involves working nineteen (19) to twenty-six (26) hour shifts of consecutive on-site moonlighting activity, then the resident requires at least seventeen (17) hours off prior to resuming resident duty hours
- The resident must have at least seven (7) hours off prior to resuming resident duty hours for off-site moonlighting activity (being available from home to come in as required)

#### 2.4.11.2 Moonlighting when on vacation is permitted as follows:

- The resident shall ensure that the on-site moonlighting activity does not exceed twenty-six (26) consecutive hours
- The resident shall ensure that the resident duty activity and on-site moonlighting activity do not exceed twenty-six (26) consecutive hours on the first day of their vacation or the first day of resuming resident duty hours
- Residents receive four weeks of vacation; on-site moonlighting activity shall not exceed two hundred eighty-two (282) hours during the four (4) weeks of vacation
- If moonlighting involves working twelve (12) to eighteen (18) hour shifts of consecutive on-site moonlighting activity and none of the hours worked is between midnight and 0600 then the resident requires at least seven (7) hours off prior to another shift of on-site moonlighting activity
- If moonlighting involves working twelve (12) to eighteen (18) hour shifts of consecutive on-site moonlighting activity and at least one (1) of the hours worked is between midnight and 0600 then the resident requires at least eleven (11) hours off prior to another shift of on-site moonlighting activity
- If moonlighting involves working nineteen (19) to twenty-six (26) hour shifts of consecutive on-site moonlighting activity, then the resident requires at least seventeen (17) hours off prior to another shift of on-site moonlighting activity
- Off-site moonlighting activity (being available from home to come in as required) shall not exceed three hundred fifty-six (356) hours during the four (4) weeks of vacation and there must be at least fourteen (14) consecutive non-working hours once every three (3) days

#### 2.4.11.3 Moonlighting when not on vacation or a weekend off is permitted as follows:

- The resident will not moonlight and perform resident duty hours simultaneously
- The resident shall ensure that the on-site moonlighting activity does not exceed twenty-six (26) consecutive hours

- The resident shall ensure that their resident duty activity and their on-site moonlighting activity do not exceed twenty-six (26) consecutive hours
- Any on-site moonlighting activity that involves working twelve (12) to eighteen (18) consecutive hours and none of the hours worked is between midnight and 0600 requires the resident to have seven (7) hours off before beginning their resident duty hours
- If the on-site moonlighting activity is twelve (12) to eighteen (18) consecutive hours and at least one (1) of the hours worked are between midnight and 0600 then the resident requires at least eleven (11) hours off prior to resuming resident duty hours
- If the on-site moonlighting activity is less than twelve (12) hours and at least one (1) of the hours worked is between midnight and 0600 then the resident requires at least seven (7) hours off prior to resuming resident duty hours
- If moonlighting involves working nineteen (19) to twenty-six (26) hour shifts of consecutive on-site moonlighting activity, then the resident requires at least seventeen (17) hours off prior to resuming resident duty hours
- The resident must have at least seven (7) hours off prior to resuming resident duty hours for off-site moonlighting activity (being available from home to come in as required)
- The scheduled work week including all moonlighting and resident duty hours shall not exceed an average of eighty-nine (89) hours per seven (7)-day week over a four (4)-week period

- **Residents with full licensure: CPSM Regulated Membership – Full - Practicing (RHPA):**

2.4.12 Must comply with all policy statements noted under 2.4 for residents under restricted license, with the exception of 2.4.2

2.4.13 Permitted to moonlight without resident supervision, assuming that there are no specific contraindications based on the regulations and restrictions outlined in this policy, including 2.4.4.1

2.5 Residency Programs must be cognizant of the unequal relationship between themselves and their residents. They must not coerce residents to moonlight for the direct benefit of the faculty to whom they may be beholden for future career success

2.6 Confirmation of credentialing/eligibility and CMPA coverage of residents who engage in moonlighting is the responsibility of the Employer (Shared Health/PMAO)

### 3. PROCEDURES

3.1 With respect to residents with restricted licensure who wish to moonlight, the following procedures apply:

3.1.1 The resident will indicate to their Residency Program Director their intention to perform moonlighting activities

3.1.2 The resident will indicate to their Residency Program Director on which unit or at which clinical site they intend to perform the moonlighting activities

- 3.1.3 The resident must seek/obtain/receive verification (email or hard copy) from the person/organization hiring the residents, before the shifts start, so that all their Clinical Supervisor(s) understand that the residents have restricted licensure from CPSM and that they have agreed to supervise the residents in the same manner in which they supervise residents assigned to rotations in their clinical areas in order to fulfill their educational objectives

Appendix 2 – Minimum Requirements for Email Verification of Supervision for Residents on Restricted Licensure from CPSM

Appendix 3 – Minimum Requirements for Written Verification of Supervision for Residents on Restricted Licensure from CPSM

- 3.1.4 The resident will send the verification of supervision to their Residency Program Director

- 3.1.4.1 In some cases, especially where there are frequent moonlighting shifts and many supervisors (e.g. Critical Care; Emergency Departments), the verification may be annually documented by the Medical Director/Department Head prior to the commencement of the academic year as a document that includes the names of all of the supervisors and that covers all of the moonlighting shifts on those units for the academic year

Appendix 4 – Annual Program verification of Moonlighting Supervision for Academic Year

- 3.2 With respect to residents with full licensure, the following apply:

- 3.2.1 The resident will indicate to their Residency Program Director their intention to moonlight
- 3.2.2 The resident will indicate to their Residency Program Director on which unit or at which clinical site they intend to moonlight
- 3.2.3 The resident should be advised to ensure they have appropriate and current malpractice protection through CMPA or through another insurance company particularly if intending to perform unsupervised moonlighting activities

- 3.3 With respect to Residency Program Directors, the following procedures apply:

- 3.3.1 They will annually reassess and approve, if appropriate the moonlighting privileges and moonlighting activities of residents under restricted licensure, who are in good academic standing
  - 3.3.1.1 Approval may be withdrawn if schedules from the employer are not provided upon request
- 3.3.2 They will maintain documentation of residents approved for moonlighting, and upon request, inform the PGME Office of their residents' moonlighting activities
- 3.3.3 They will notify the PGME Office when residents are no longer allowed to engage in moonlighting activities for academic and/or other reasons
- 3.3.4 They will advise the Associate Dean, PGME of any issues of concern related to resident moonlighting
- 3.3.5 They should **not** create additional rules and/or additional restrictions on moonlighting outside of this policy without consultation with the PGME Office

- 3.4 The Associate Dean, PGME will advise CPSM, Shared Health/PMAO, PARIM of any issues of concern related to resident moonlighting
- 3.5 Any inquiry regarding the contravention of this policy shall be reviewed by the Associate Dean, PGME, in conjunction with the appropriate Residency Program Director
- 3.5.1 Prior to disposition, the PGME Office shall provide a copy of the inquiry and all details related thereto to the resident
- 3.5.2 The resident shall be provided with sufficient time to provide a written response
- 3.5.3 The Associate Dean, PGME shall dispose of the inquiry by any of the following:
- Dismissing the inquiry and taking no further action
  - Resolving the matter informally
  - Referring the matter to the Associate Dean, Professionalism
  - Advising the Resident's Residency Program Director to consider appropriate disciplinary action

**POLICY CONTACT:** Associate Dean, PGME

## REFERENCES

College of Physicians and Surgeons of Manitoba Categories of Registration  
<http://www.cpsm.mb.ca/registration/registration-requirements>

Royal College of Physicians and Surgeons of Canada CBD Policy Communique: Moonlighting  
<http://www.royalcollege.ca/rcsite/documents/cbd/cbd-policy-comm-moon-e.pdf>

## APPENDICES

Appendix 1: Minimum Requirements for E-Mail Verification of Supervision for Residents on Restricted (Educational Register-ER) Licensure from CPSM

Appendix 2: Minimum Requirements for Written Verification of Supervision for Residents on Restricted (Educational Register-ER) Licensure from CPSM

Appendix 3: Annual Program Verification of Moonlighting Supervision for Academic Year, All Shifts

Appendix 4: Royal College of Physicians and Surgeons of Canada CBD Policy Communique: Moonlighting, 2016



**Appendix 1: MINIMUM REQUIREMENTS FOR E-MAIL VERIFICATION OF SUPERVISION FOR RESIDENTS ON RESTRICTED (EDUCATIONAL REGISTER-ER) LICENSURE FROM CPSM:**

Email to Clinical Supervisor:

Re: VERIFICATION OF SUPERVISION FOR RESIDENTS ON RESTRICTED (EDUCATIONAL REGISTER-ER) LICENSURE FROM CPSM

By replying to this email you are confirming that you understand the following:

Dr. (name of resident inserted here) has been hired as a moonlighting resident for (insert name of clinical activity or unit or department here) on the following dates: (insert dates or date ranges here).

Dr. (name of resident inserted here) has restricted (Educational Register-ER) licensure from CPSM and requires supervision in the same manner as a resident assigned to a clinical area to meet the educational requirements of their training program

**Appendix 2: MINIMUM REQUIREMENTS FOR WRITTEN VERIFICATION OF SUPERVISION FOR RESIDENTS ON RESTRICTED (EDUCATIONAL REGISTER-ER) LICENSURE FROM CPSM:**

VERIFICATION OF SUPERVISION FOR RESIDENTS ON RESTRICTED (EDUCATIONAL REGISTER-ER) LICENSURE FROM CPSM

Dr. (name of resident inserted here) has been hired as a moonlighting resident for (insert name of clinical activity or unit or department here) on the following dates: (insert dates or date ranges here).

Dr. (name of resident inserted here) has restricted (Educational Register-ER) licensure from CPSM and requires supervision in the same manner as a resident assigned to a clinical area to meet the educational requirements of their training program.

Date: \_\_\_\_\_ Signature of Clinical Supervisor \_\_\_\_\_

Printed name of Clinical Supervisor \_\_\_\_\_

**Appendix 3: ANNUAL PROGRAM VERIFICATION OF MOONLIGHTING SUPERVISION FOR ACADEMIC YEAR, ALL SHIFTS**

**Date**

**To:** PGME Residency Program Directors

C.C. Associate Dean, Postgraduate Medical Education

**Fr:** Medical Director or Department Head, receiving moonlighting residents, Title, Program

**Re: Annual Verification of Supervision for Residents On Restricted (Educational Register-ER) Licensure, College Of Physicians And Surgeons Of Manitoba**

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This letter will confirm that the physicians listed below in the \_\_\_\_\_ Program have agreed to supervise all moonlighting residents with restricted (Educational Register-ER) licensure from the College of Physicians and Surgeons of Manitoba, on all shifts, for this academic year, from July 1, XXXX to June 30, XXXX.

It is understood that these residents require supervision in the same manner as a resident assigned to a clinical area to meet the educational requirements of their training program.

**SUPERVISING PHYSICIANS:**



## **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.