

UBC Department of Medicine Internal Medicine Clinical Associate Policy

This document is to outline the procedures, policies, and expectations for Internal Medicine Residents at UBC doing Clinical Associate (CA) moonlighting shifts. This does not apply to residents in sub-specialty fellowship programs and practicing physicians, who are obliged to fulfill the moonlighting policies of the BC College of Physicians and Surgeons and their respective programs.

A. Resident Responsibility

Should residents wish to work for remuneration over and above the hours of training and call they are expected to do as a resident, this is acceptable to the Internal Medicine Program at UBC, as well as the College of Medicine. That being said, it needs to be made clear that moonlighting is a privilege. Residents' primary responsibility is to their training program and moonlighting should not impact negatively on their training. Examples of impact include:

- Reluctance to take call
- Requests to change call shifts to accommodate scheduled moonlighting shifts, creating scheduling problems in the department
- Being late for work or leaving early to moonlight
- Impaired judgment and performance in clinical duties due to fatigue
- Missing scheduled educational activities as a result of moonlighting
- Once a CA has confirmed a shift, they are responsible for finding their own replacement

The Internal Medicine postgraduate office will monitor all moonlighting activities closely due to the potential impacts on the trainee, as well as patient care.

B. CA Policy for Residents

Certain guidelines are put in place to ensure that residents are well positioned to fulfill their responsibilities as a resident if they choose to CA. These include:

- In accordance with the Resident Doctors of BC agreement, resident call is not to exceed 1 in 4 in-house or 1 in 3 home call; therefore, in the interest of resident wellbeing and patient safety, moonlighting plus regular residency training call should not exceed this number. This would be a maximum of 7 overnight call shifts a block (scheduled shifts plus moonlighting). Daytime scheduled and moonlighting call shifts are exempt from this rule. This also excludes shifts until midnight and overnight shifts done during scheduled vacation.
- Residents are not permitted to do a scheduled call shift and moonlighting shift simultaneously.
- Residents can work a regular workday post-call after a CA shift, i.e. there is no mandatory post-call time. The exceptions to this include when residents are rotating on CTU, ICU, CCU and CMR. During these rotations, they cannot be at work and be post-call from a CA shift. This means that shifts from Sunday –

Thursday nights are not permitted during these rotations.

- Scheduled resident work assignments do not need to be preceded by a minimum non-working period.

C. Department of Internal Medicine Policies

It is the program's responsibility to ensure that all residents are aware of the rules listed above when they receive their CA license. A signed contract by both the resident and a program representative is required stating that the resident will comply with the above moonlighting policies and procedures. After this point, it is the responsibility of the resident to ensure that they fulfill these requirements. Should a resident fail to adhere to an approved moonlighting plan, the withdrawal of moonlighting privileges by the postgraduate program may occur. Other responsibilities of the program include:

- Moonlighting must not be coercive. Residents must not be required by their residency program or other agencies to engage in moonlighting.
- All mechanisms must be in place to ensure handover must occur promptly at the end of a CA shift. CA's are not expected to stay past their scheduled shift.
- The Department of Medicine should review all residents requesting moonlighting privileges for the upcoming academic year at the end of June. If performance issues with the resident exist, the program has the authority to deny moonlighting privileges.
- Residents on formal remediation, probation, or leave from the program are not allowed to moonlight until the program grants approval to do so.

D. CTU Resident Responsibilities when there is no CA

In the event that there is no CA scheduled or available for a shift, it becomes the responsibility of the CTU/XC on-call team to manage all overnight issues for patients on the ward. The wards will be alerted that there is no CA on for the shift. The wards will instead page the on-call resident for the team to which the patient belongs. Because this substantially increases duties on call, the cross-coverage service is expected to assist with CTU admissions overnight. There will be no remuneration for residents covering the wards when the scheduled CA is not available.

E. CA Scheduling & Payment

Creation of the Clinical Associates schedule and ensuring timely remuneration of residents for completed shifts is responsibility of designates from each hospital site. It is likewise the responsibility of the hospital designates to endeavor to staff unfulfilled shifts in the schedule, to ensure a fair selection process for shifts with multiple requests, and to coordinate with other sites to ensure no conflicts in the schedule.

They will also process all paperwork related to:

- Licensing with CPSBC, coordinating with the relevant CTU or Program Director for letters of support, confirmation of training etc.
- CMPA Coverage
- Direct deposit information for payment