Letters
Correspondance

Resident's viewpoint on moonlighting

I read your debate about resident moonlighting with much interest.[1] I think it is interesting that this debate has effectively excluded the residents' point of view, even though residents are the ones most affected by it.

After completing my family medicine residency in Ontario (where moonlighting is prohibited), I moved to Alberta to complete a third year of training in emergency medicine. Alberta allows resident moonlighting, so I worked as a physician extender in a local community intensive care unit once every 3 weeks.

From an educational standpoint, I had a clear advantage in terms of comfort with critical care procedures and management of critically ill patients. To put it into context, more than 60% of the critical care procedures I performed during my year of emergency medicine training (central lines, chest tubes, intubations, and so on) were done while moonlighting. When I was eventually hired, my work as a physician extender was a big selling feature on my resume.

From a financial point of view, working 1 shift every 3 weeks allowed my wife to stay home with our 3 young children. By investing 1 day out of 21, my wife was able to stay home and provide loving care and guidance to our kids 7 days a week.

My moonlighting income doubled my resident salary; I also saved money on child care and transportation for my kids. Many of my resident costs (books, office supplies, continuing medical education, home office, vehicle, etc) became tax-deductible expenses that I could claim against my moonlighting income. This would not have been possible against my resident income.

Many things are incompatible with residents' well-being, such as astronomical levels of debt and guilt about leaving their children to be cared for by minimum wage caregivers. In my situation, moonlighting vastly improved my personal and professional life.

Perhaps those educators who believe moonlighting harms residents would be willing to prove their commitment to the well-being of residents by paying off a portion of residents' debt, equal to forgone moonlighting income. Or perhaps they would be willing to care for our children while our spouses go out to earn needed second incomes.

—Shelby Haque MD CCFP(EM)
Edmonton, Alta

Reference

1. Meterissian S. Toil and trouble? Should residents be allowed to moonlight? No [Debates]. *Can Fam Physician* 2008;54:1367,1369 (Eng); 1371,1373 (Fr).

Response

I would like to thank Dr Haque for his reply to the moonlighting debate. Most of the arguments he raises in favour of moonlighting cannot be underestimated, but they all have a central theme: improving one's income. It is shocking to me, and I imagine to those who taught in the program he trained in, that he feels he gained the majority of his technical expertise while moonlighting. Is this a reflection of moonlighting's advantages or the shortcomings of his training program? Although I sympathize with Dr Haque's need to "improve [his] personal and professional life," my job as an "educator" is to ensure the proper training of residents. Unfortunately Dr Haque does not elaborate on the true educational value of his moonlighting shifts. Was he supervised? Was he taught? Did someone review his errors? Was there quality assurance?

At the end of the day, Dr Haque could have waited 1 year and, rather than moonlighting, spent the extra time studying, playing with his children, and truly enjoying his life before starting his real job. After all, I am sure that in his current role as a clinical lecturer his income has increased fivefold, but so have his responsibilities.

—Sarkis H. Meterissian MD MSc FRCS FACS
Montreal, Que

An unrealistic option

We were pleased to see the question "Should residents be allowed to moonlight?" addressed in *Canadian Family Physician*.[1,2] This issue has been of great importance to residents and has emerged repeatedly as an item for discussion in the Section of Residents (SOR) of the College of Family Physicians of Canada (CFPC). This body is the primary representational forum for family medicine residents in Canada within the CFPC. All family medicine residents are members of the SOR.

Many training, licensing, and logistical issues in postgraduate medical education are fundamentally different for family medicine residents. What works for Royal College residents might not work for family medicine residents. We urge policy planners, postgraduate deans, and medical licensing bodies to consider these differences in all facets of planning.

Although Drs Verma and Meterissan have provided insightful arguments both for and against moonlighting, neither debater has acknowledged the issues that are specific to family medicine residents. We thought it worthwhile to share some of the issues related to moonlighting that have been raised by family medicine residents.

Moonlighting is essentially unavailable to family medicine residents within the 2 years of training toward Certification with the CFPC. Residents are permitted to apply for a restricted licence, or moonlighting licence, after they can confirm that they have passed the Medical Council of Canada Qualifying Examination Part II. For most family medicine residents, this examination is done in late October during the second year of training. Results are usually available in the second week of December. Realistically, family medicine residents with an interest in moonlighting could expect to arrange the necessary licensing and insurance in time to have 5 months left to moonlight. During those 5 months, family medicine residents contend with the CFPC Certification Examination and the pressures of completing innumerable other projects that have been crammed into these final months. Afterward, the new graduate would have to apply for yet another licence and new malpractice insurance. The costs are substantial and the paperwork inordinate. For most, it just isn't worth it.

The debate surrounding moonlighting might be more important to Royal College residents and family medicine residents in enhanced skills third-year programs. But given some of the logistical issues discussed above, the overwhelming opinion of family medicine residents has been that this really isn't a realistic option for the vast majority of family medicine trainees. This has been the central message from the SOR as well. We agree that family medicine training is too short and packed with too many additional projects, research, and examinations to realistically expect that residents will substantially benefit from additional moonlighting experience within a 2-year program. For Royal College trainees, the situation might well be different.

Although the question "Should residents be allowed to moonlight?" is an interesting one, it is virtually inapplicable to most family medicine residents.

—Aaron M. Orkin
Chair, Section of Residents
—Jonathan Kerr
Immediate Past Chair, Section of Residents
Mississauga, Ont

References
1. Verma S. Toil and trouble? Should residents be allowed to moonlight? Yes [Debates]. *Can Fam Physician* 2008;54:1366,1368 (Eng); 1370,1372 (Fr).
2. Meterissian S. Toil and trouble? Should residents be allowed to moonlight? No [Debates]. *Can Fam Physician* 2008;54:1367,1369 (Eng); 1371,1373 (Fr).

Response

The Section of Residents of the College of Family Physicians of Canada raises a very good point. Although I am unclear whether they support moonlighting or not, I will presume they do.

I would submit that there is good evidence that residents are capable of moonlighting after successful completion of the Medical Council of Canada Qualifying Examination Part I and 12 months of general basic clinical training. They are permitted to do so in British Columbia and Nova Scotia; in Ontario, however, this was met with substantial resistance from the regulatory authorities and the departments of family medicine. This resistance essentially cut off the right for family medicine residents to meaningfully participate in our pilot.

I also agree that cumbersome barriers based on paternalistic views and not on fact are the biggest problem. At present, flexibility is being introduced in all domains of medicine, especially to entice international physicians to practise in Canada. Why not allow the same flexibility for our own graduates who have shown that they can perform well after a foundational year of clinical training and the national test of knowledge?

—Sarita Verma LLB MD CCFP FCFP
Toronto, Ont

Actually, a viable option

As a family medicine resident training in a community hospital, I watch as operating rooms repeatedly scramble to remain open on weekends because of a lack of surgical assistants. This means even greater backlogs in our already crowded emergency room and more patients waiting longer for care. Meanwhile, a plentiful supply of second-year family medicine residents, who provide essentially the same services during core surgery rotations, watch powerless to help. This situation is all too familiar to family practice residents training in more rural sites.

It makes little sense to me why family medicine programs are not participating in the pilot program currently running in Ontario when shortages in primary care are at their most acute. My colleagues and I would be more than willing to give up an occasional weekend to work