

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  
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### 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?

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## 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

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1. **Practice Tips:** Tennis elbow no more. *Practical eccentric and concentric exercises to heal the pain* (August 2008)
2. **Commentary:** Education about family caregiving. *Advocating family physician involvement* (October 2008)
3. **Video Series:** Pilar cyst excision. *Minor surgery video series* (October 2008)
4. **Clinical Review:** Approach to milk protein allergy in infants (September 2008)
5. **Clinical Review:** Approach to outpatient management of adult sleep apnea (October 2008)