

POLICY #:		EFFECTIVE DATE: 8.20.15
SUBJECT: Resident moonlighting		REVISED:
SPONSOR: John E Delzell, Jr, MD, MSPH Vice President and DIO		APPROVED FOR USE: 8.20.15
APPROVED: Graduate Medical Education		

PURPOSE:

The purpose of this policy is to define the process of moonlighting for resident physicians.

This policy addresses **ACGME Institutional Requirement IV.J.1. Moonlighting:** The Sponsoring Institution must maintain a policy on moonlighting that includes the following: IV.J.1.a) residents/fellows must not be required to engage in moonlighting; IV.J.1.b) residents/fellows must have written permission from their program director to moonlight; IV.J.1.c) an ACGME-accredited program will monitor the effect of moonlighting activities on a resident’s/fellow’s performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight; and, IV.J.1.d) the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows.

DEFINITIONS

Moonlighting: is defined as any extracurricular provision of medical services outside the requirements of the residency/fellowship program, in which an individual performs duties as a fully-licensed physician and receives direct financial remuneration.

Good Standing: is defined as maintaining consistent attendance at academic conferences, demonstrating proficiency on the In-training Examination by obtaining a score above the national mean, and meeting acceptable standards during the monthly faculty evaluation process.

Duty hours: are defined as all clinical and academic activities related to the program i.e. patient care, administrative duties relative to patient care (both inpatient and outpatient), the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the residency program.

Fatigue management: recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.

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Supervising Physician: is a physician, either faculty member or more senior resident, designated by the program director as the supervisor of a junior resident. Such designation must be based on the demonstrated medical and supervisory capabilities of the physician.

BACKGROUND

The ACGME defines **External Moonlighting** as voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites. **Internal Moonlighting** is defined as voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites. The ACGME common program requirements states that “moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the education program”.

POLICY

1. Eligibility

1.1 Limited Moonlighting may be allowed for residents in the PGY-2 year or beyond, solely at the discretion of the Program Director and must be approved by the Office of GME.

1.2 The resident must be in **GOOD STANDING**, in order to be approved for moonlighting.

Residents on remediation, personalized improvement plans, or suspension for clinical or academic reasons are not eligible for moonlighting.

1.3 Interns (PGY-1) are not eligible to moonlight

1.4 A program may prohibit moonlighting activities by all of its residents as a matter of policy.

1.5 Residents are not ever required to moonlight (Internal or External)

2. Licensure

2.1 All residents/fellows engaged in moonlighting outside the Broward Health system must be licensed for unsupervised medical practice in the state where the moonlighting occurs.

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The resident must also have a valid individual DEA registration and any local or state registrations required.

- 2.2 A copy of this license must be provided to the Program Director and the office of GME prior to the initiation of any moonlighting activity.

3. Supervision

- 3.1 Broward Health and program teaching faculty have no direct role in the supervision of the professional activities of residents engaged in moonlighting.

4. Professional Liability Insurance:

- 4.1 Broward Health and program teaching faculty have no direct role in the supervision of the professional activities of residents engaged in moonlighting; therefore, the malpractice protection provided for the professional duties of the residency program does not cover moonlighting activities.
- 4.2 All residents/fellows engaged in moonlighting must provide their Program Director and the Office of GME a copy of their independent malpractice coverage.
- 4.3 It is the responsibility of the entity hiring the resident/fellow to moonlight to determine whether their licensure is in place, adequate liability coverage is provided, and whether the resident has the appropriate training and skills to carry out assigned duties.

5. Duty Hours

- 5.1 Because moonlighting assignments generally run concurrently with the routine obligations and responsibilities of the resident to the program, the Program may limit the number of hours that can be spent moonlighting in a given month. Limits will be documented on the Moonlighting Request form (see Attachment A)
- 5.2 Moonlighting hours must be counted toward the 80-hour weekly limit on duty hours.

6. Fatigue Mitigation

- 6.1 Moonlighting residents are expected to be present, appropriately rested and prepared to carry out their obligations to their educational programs.

7. Monitoring

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- 7.1 Moonlighting must never interfere with a resident’s primary responsibilities to his/her program. It should not interfere with the resident’s/fellow’s ability to participate in the educational opportunities of the training program and with the ability of the resident to achieve the goals and objectives of the educational program.
- 7.2 Moonlighting must not interfere with the resident’s/fellow’s ability to provide patient care

PROCEDURE

1. Approval

- 1.1 Moonlighting permission must be specifically requested in writing from the Program Director and the DIO using the Moonlighting Request form (see Attachment A).
- 1.2 Requests must be submitted and approved before the commencement of the services.
- 1.3 The resident/fellow’s Moonlighting Request form must be included as part of the institution’s resident file.
- 1.4 The request for moonlighting must indicate the number of hours the resident/fellow will be working in the moonlighting job.

2. Loss of Moonlighting Privileges

- 2.1 Moonlighting may be disallowed if any adverse effects are documented. If a resident/fellow experiences educational difficulty or excessive fatigue, the Program Director at his/her discretion may suspend moonlighting privileges.
- 2.2 A letter will be submitted by the Program Director to the resident and the Office of GME stating that the resident is no longer permitted to moonlight.

3. Duty Hours Monitoring

- 3.1 Duty Hour compliance must be documented in New Innovations and reviewed by the resident/fellow with the Program Director on a monthly basis.
- 3.2 Failure to accurately document moonlighting hours will result in the suspension of moonlighting privileges.

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Related Policies: **Duty Hours**
 Fatigue Mitigation

Authors:	<i>John E Delzell Jr MD MSPH Vice President and DIO</i>	Date:	8.5.15
Revised:	<i>Krystal Rajkumar, Director of GME</i>		8.17.15
DIO Review	<i>John E Delzell Jr MD MSPH</i>		8.17.15
GMEC Approval	<i>Reviewed and approved</i>		8.20.15



Attachment A

RESIDENT DISCLOSURE and MOONLIGHTING REQUEST

Name: _____ Date submitted: _____
(All requests must be submitted 30-days in advance of planned dates)

Date(s) and Hours of Moonlighting:

Date	Hours		Number of Hours
	From:	To:	

APPROVED

DENIED - REASON FOR DENIAL: _____

Signature — Program Director

Date

Signature — GME Office

Date

For Internal Use:

- Copy of unrestricted medical license
- Copy of malpractice insurance
- Copy of DEA license (if applicable)
- Copy of Signed Resident Request for Approval



RESIDENT REQUEST FOR APPROVAL

By signing this Request for Approval, I certify that the foregoing description of my requested moonlighting activities is accurate and true. I understand that any approval of the requested moonlighting activities is conditioned on my ongoing compliance with the following assurances, and will terminate upon failure to comply with any of the following:

- Moonlighting outside my approved training program will not interfere in any way with my educational experience, performance or regular training program responsibilities as a resident.
- I will not engage in moonlighting activities during my scheduled training program hours, including times when I am scheduled to be on-call or available for consultations as part of my approved training program.
- I must remain in good standing in my approved training program, as documented by satisfactory evaluations, in order to continue moonlighting activities.
- I must promptly update this Request Form to reflect any changes in my moonlighting activities.
- I may not engage in moonlighting activities in which there may be a conflict of interest with my appointment at Broward Health.
- My moonlighting activities outside the approved training program must comply with applicable federal and State law and regulations.
- I agree to be bound by the following work hour limits: My total aggregate work hours, including both my activities as part of an approved training program and my moonlighting activities shall not exceed 80 hours per week when averaged over four weeks. Further, I will not be on duty more than 24 consecutive hours, and I will have at least 10 hours off after moonlighting and before the start of my training program activities.
- I must provide my own malpractice insurance coverage during periods in which I am engaged in moonlighting activities. I understand that the malpractice insurance provided by Broward Health is for my authorized training program duties and does not cover any moonlighting activities.
- I will not be visually identifiable as a Broward Health resident, and will not hold myself out as a resident, in a Broward Health residency/fellowship program when I am engaged in moonlighting.
- I understand that failure to comply with any of the foregoing conditions may result in withdrawal of permission to engage in moonlighting or other disciplinary actions.

I certify that I will comply with all of these conditions while engaging in moonlighting activities

Signature — Resident

Date