



Moonlighting Policy

Graduate Medical Education Committee - Policies and Procedures

Purpose

To comply with the Accreditation Council for Graduate Medical Education (ACGME) Institutional and Common Program Requirements for Graduate Medical Education (GME), the Graduate Medical Education Committee (GMEC) has established this policy to oversee the Moonlighting activities for residents and fellows in University of Arizona College of Medicine – Tucson (UACOM-T) ACGME-accredited and non-standard training (NST) programs.

Definitions

Moonlighting: Voluntary, compensated, medically-related work performed beyond a resident's or fellow's clinical experience and education hours, and additional to the work required for successful completion of the program.

External Moonlighting: Voluntary, compensated, medically-related work arranged by an individual resident/fellow, and performed outside the course and scope of their training program. External Moonlighting requires the resident/fellow to have their own unrestricted medical license, DEA certificate, and medical malpractice insurance.

Internal Moonlighting: Voluntary, compensated, medically-related work performed outside the course and scope of their training program and within the site where the resident or fellow is in training, or at any of its related participating sites. Internal Moonlighting requires the resident/fellow to be supervised for the work performed.

Policy

The following ACGME requirements and/or principles inform the formation of this policy:

1. "Moonlighting" refer to both Internal and External Moonlighting activities (as defined by the ACGME above.)
2. Residents/Fellows must not be required to engage in Moonlighting.



3. Residents/Fellows must have written permission from their program director to moonlight.
4. ACGME-accredited and NST programs are required to monitor the effect of Moonlighting on a resident's/fellow's performance in the program.
5. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program and must not interfere with the resident's fitness for work nor compromise patient safety.
6. Moonlighting activities that have adverse effects on patient care, resident/fellow wellness, or for any other reason, may lead to withdrawal of permission to moonlight.
7. The UACOM-T or the training program may prohibit Moonlighting by residents and fellows.
8. Time spent by residents in Internal and External Moonlighting must count toward the 80-hour maximum weekly limit, averaged over a four-week period.
9. PGY-1 residents and J-1 Visa Holders are not permitted to moonlight.

Procedure

1. Moonlighting activities will not be performed during normal working hours, or while scheduled for on-call responsibilities as part of a resident's or fellow's regular training.
2. All ACGME-accredited and NST programs are required to have a program-specific moonlighting policy. This policy will outline the program's process for the review, approval, and monitoring of all Moonlighting requests.
3. Any resident/fellow who wishes to engage in External or Internal Moonlighting must obtain prior written approval from the Program Director of his/her training program.
4. At a minimum, the program director must:
 - a. Require a prospective written request from the resident/fellow to moonlight.
 - b. Inform residents/fellows that Moonlighting is a privilege; residents/fellows are not required to engage in Moonlighting.
 - c. Develop a process to monitor Moonlighting activities and ensure that they do not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program.
 - d. Ensure that Moonlighting activities do not interfere with the resident's/fellow's fitness for work, nor compromise patient safety.



- e. Ensure a process to monitor that time spent in Internal or External Moonlighting does not exceed the 80-hour maximum weekly hour limit, and that duty hour requirements are not violated.
 - f. Inform residents/fellows that the program has the authority to revoke the resident/fellow's Moonlighting privileges at any time if concerns for adverse effects of Moonlighting activities are found.
 - g. Inform residents/fellows that if found to be in noncompliance with the program's moonlighting policy, they may be subject to disciplinary action, including probation or dismissal from the training program.
 - h. Ensure a statement of approval to moonlight is included in the resident/fellow's permanent file.
 - i. The statement of approval must document whether the Moonlighting experience is Internal or External, and that the requirements for Moonlighting have been verified.
 - ii. Requests to moonlight must be reviewed and approved annually by the program director.
5. For professional activities approved as External Moonlighting outside the scope of the current training program:
- a. The resident/fellow must have their own unrestricted license and DEA number. A copy of the unrestricted license and DEA certificate must be provided to the program with the initial request for Moonlighting.
 - b. The resident/fellow must have their own malpractice insurance. A copy of the insurance certificate must be provided to the program with the initial request for Moonlighting.
 - c. The resident/fellow will not use college of medicine or hospital resources for External Moonlighting activities.
6. For professional activities approved as Internal Moonlighting performed within the scope of the current training program:
- d. The resident/fellow must use their training license.
 - e. The resident/fellow must be supervised.

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