



COLLEGE
OF MEDICINE

Graduate Medical Education
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Moonlighting Policy

Graduate Medical Education Committee (GMEC) - 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 GMEC has established this policy to oversee the Moonlighting activities for residents and fellows at the University of Arizona College of Medicine – Tucson (UACOM-T) ACGME-accredited and non-standard training (NST) programs.

Definitions

The ACGME Glossary of Terms (June 3, 2024) defines the following:

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 performed outside the site of the resident's or fellow's program, including the primary clinical site and any participating sites.

Internal Moonlighting: Voluntary, compensated, medically related work performed within the site of the resident's or fellow's program, including the primary clinical site and any participating sites.

The ACGME Institutional Requirements (Reformatted, 2025) state:

4.11.a. *The sponsoring institution must maintain a policy on moonlighting that includes the following:*

4.11.a.1. *Residents/fellows must not be required to engage in moonlighting*

4.11.a.2. *Residents/fellows must have written permission from their program director to Moonlight*

4.11.a.3. *An ACGME-accredited and NST 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.*

4.11.a.4. *The Sponsoring Institution or individual ACGME-accredited programs may prohibit Moonlighting by residents/fellows.*

The ACGME Common Residency/Fellowship/One-Year Fellowship Program Requirements (Reformatted, July 2025) state:

6.12.d. *The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. [Background and Intent: The accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data are the responsibility of the program leadership, fellows, and faculty.]*



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6.12.e. *Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events.*

6.20. *Maximum Hours of Clinical and Educational Work per Week. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.*

6.25. *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.*

6.25.a. *Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.*

6.25.b. *PGY-1 residents are not permitted to moonlight.*

Intealth:

Effective September 8, 2025, J1 Visa Holders are authorized to engage in "supplemental clinical activities" within their training institutions, provided the following requirements are met:

- Activities must take place within the same institution or primary clinical site as the physician's accredited or non-standard training program.*
- Activities must be educationally appropriate and not extend the training period.*
- Prior written approval from both the program director and Intealth's Responsible Officer is required: completion and submission of a new request form (available on the Forms and Memos page of the ECFMG website) constitutes this approval.*
- Programs, not individual J-1 physicians, must initiate these requests.*
- All activities must comply with institutional policies, ACGME duty hour limits, and the physician's core training responsibilities.*

Policy

1. "Moonlighting" refers to both Internal and External Moonlighting activities, as defined by the ACGME.
2. ~~Currently~~, J-1 Visa Holders are ~~not permitted~~ authorized to participate in Internal Moonlighting with prior written approval from the program director and Intealth's Responsible Officer.
3. Moonlighting activities will not be performed during normal working hours, or while scheduled for on-call responsibilities as part of a resident's/fellow's regular training.
4. All ACGME-accredited and NST programs are required to have a program-specific Moonlighting Policy that outlines a process for the review, approval, and monitoring of all moonlighting requests. **(See attached worksheet for guidance regarding program-specific Moonlighting Policies.)**

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5. Moonlighting requests are approved for the current academic year. All moonlighting requests must be reviewed and approved annually by the program director.
6. For Fellowship programs that utilize the "Independent Practice" option, work hours spent practicing in the core specialty as part of their fellowship training, is **NOT** considered moonlighting.

Procedure

1. At a minimum, a program-specific moonlighting policy must be developed to include:
 - a. A statement informing residents/fellows that moonlighting is a privilege; residents/fellows cannot be required to engage in moonlighting.
 - b. A description of how written moonlighting requests are received by the program director prior to a resident's/fellow's engagement in moonlighting activities.
 - c. A description of the program's process to monitor moonlighting activities to ensure:
 - i. Moonlighting does not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program.
 - ii. Moonlighting does not interfere with the resident's/fellow's fitness for work, nor compromise patient safety.
 - d. A description of the program's process to monitor time spent moonlighting to ensure resident/fellow work hour requirements are not violated.
 - e. A description of how residents/fellows are informed that the program may revoke moonlighting privileges at any time for any concerns of adverse effects.
 - f. A description of how residents/fellows are informed that if found to be noncompliant with the program's moonlighting policy, the resident/fellow may be subject to disciplinary action, including probation or dismissal from the training program.
 - g. A description of the program's process to ensure a statement of approval to moonlight is included in each trainee's permanent file.
 - i. The statement of approval must document
 1. whether the moonlighting experience is Internal or External, and
 2. the requirements for moonlighting have been verified.
 - h. A statement that informs residents/fellows that requests to moonlight are reviewed and approved annually by the program director.



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2. For professional activities approved as “External Moonlighting” (Voluntary, compensated, medically related work performed **outside the site** of the resident’s or fellow’s program, including the primary clinical site and any participating sites):
 - 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 University of Arizona College of Medicine or hospital resources for External Moonlighting activities.
 - d. Residents/Fellows may moonlight while on Paid Time Off (PTO) with the approval of the program director.
3. For professional activities approved as “Internal Moonlighting”, (Voluntary, compensated, medically related work performed **within the site** of the resident’s or fellow’s program, including the primary clinical site and any participating sites.)
 - a. Moonlighting activities **within the scope of the current training program** (Ex: shifts additional to what is required to complete the current training program):
 - i. The resident/fellow must use their training license.
 - ii. The resident/fellow must be supervised.
 - iii. For J1 visa holders, the program director must complete the “Attestation of Supplemental Clinical Activity within the Training Institution” form available on the ECFMG website: <https://www.ecfmg.org/evsp/resources.html>.
 - iii.a. The completed attestation form must be sent to the GME office for submission to the ECFMG prior to the start of any program-authorized supplemental clinical duties.
 - iii.b. A copy of the form must be retained by the program in the trainee’s academic file.
 - iii.c. The completed form is valid for one clinical training year only.
 - iii.d. A new form must be completed for each additional year.
 - b. Moonlighting activities **outside the scope of the current training program** (Ex: clinical work completed in the primary specialty for which the trainee has already completed training):

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- i. 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.
 - ii. 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. Residents are NOT permitted to internally moonlight while on PTO.

Revised December 2022

GMEC Approved December 2, 2022

Revised August, 2025, GMEC Approved September 5, 2025

Revised September 18, 2025, GMEC Approved October 3, 2025



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MOONLIGHTING POLICY WORKSHEET – To aid in the development of program-specific policy			
All ACGME-accredited and NST programs are required to have a program-specific moonlighting policy. The policy must outline the program’s process for the review, approval, and monitor of all Moonlighting requests, including how trainees obtain prior written approval from the Program Director prior to engaging in moonlighting.			
Program-specific Policy Requirement	Questions to determine if meeting requirement	Program Answer/Solution	Is this element included in your policy (Yes/No)? If No, will need to rewrite policy to include it.
☐ Policy must inform trainees that moonlighting is not required.	1. Does your policy include a statement that moonlighting is a privilege and that trainees can never be required to moonlight?		
☐ Policy describes how a written request to moonlight is received prior to engaging in moonlighting activities.	2. How do you obtain written requests to moonlight?		
	3. Do you have a moonlighting request form? If not, what documentation do you use?		
	4. When does the PD review the request? Are they reviewed with anyone else like CCC or education committee?		
	5. How does the program document an annual review of previously approved, ongoing moonlighting activities?		
☐ Policy describes how a statement of approval to moonlight is included in each trainee’s permanent file.	6. Do you have a formal “statement of approval” document that you keep in the trainee’s educational file?		
	7. Does the “statement of approval” indicate whether the approved moonlighting activity is internal or external?		



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	8. Does the program have specific criteria that a trainee must meet to be approved to moonlight? Ex: Threshold ITE scores? PGY level minimum? Other standards?		
	9. Does the “statement of approval” include the program’s requirements to be approved for internal or external moonlighting AND includes a statement that these requirements have been verified prior to approval?		
☐ Program-specific policy describes how moonlighting activities are monitored.	10. What information specifically is monitored to ensure trainee continues to meet the goals/objectives of the program? Ex: Does the CCC review moonlighting activities during biannual evaluations?		
	11. What information specifically is monitored to ensure moonlighting is not interfering with fitness for work or compromising patient safety? Ex: Are patient safety data reviewed to ensure no correlation to moonlighters?		
	12. What information specifically is monitored to ensure moonlighting is not exceeding work hour limits? Ex: Do you keep track of moonlighting hours separately from NI, or ask they are included in NI? How often are these reviewed?		
☐ Program-specific policy describes limits to moonlighting.	13. What are the circumstances in which moonlighting privileges are not allowed or revoked?		
	14. What happens if a trainee is found to be in noncompliance with the policy?		
	15. Does your process include the possibilities of disciplinary action? If not currently in the policy, need to include this language since it is in the institutional policy.		