

UNIVERSITY HEALTH CARE **HOSPITALS AND CLINICS**

GRADUATE MEDICAL EDUCATION

HOUSESTAFF POLICIES AND PROCEDURES

Moonlighting of Residents and Fellows in ACGME and ABMS Accredited Programs

Section 5 No. 7 Rev. 14 Review Date: January 2007 Revision Date: May 2009
Chapter: Liability Coverage

I. PURPOSE:

The University of Utah Health Sciences Center is committed to excellence in the educational experiences provided for residents and fellows, and is committed to excellence in patient care provided by those individuals. Residency is a full time endeavor, and moonlighting is discouraged. Residents and fellows who wish to moonlight must ensure that any moonlighting activity they seek to engage in does not interfere with their ability to meet the goals of the educational program or with safe patient care.

Residents and fellows must comply with the Graduate Medical Education Policy on Work Hours, Section 7, No 10.1 and with the Graduate Medical Education Compliance Policy on Billing for Services of Residents and Fellows in Accredited Programs (No Attending Present), Section 2 No.11. Each School of Medicine department must develop an internal policy regarding moonlighting, or other extra-curricular professional activities, consistent with this institutional policy, and must submit that department policy annually to the Graduate Medical Education Office.

It is the responsibility of the resident/fellow to obtain written permission to moonlight from the Program Director prior to beginning the moonlighting activity. This is true for both Internal Moonlighting and External Moonlighting. The Approval Form is attached to this policy.

II. DEFINITIONS:

"ABMS" means the American Board of Medical Specialties.

"Accredited UUHSC Training Program" refers to a UUHSC Training Program that has been accredited by the ACGME or ABMS and includes all years through the final required year of the Program, as designated by the Program Director. It does not include voluntary years of training in the same specialty /subspecialty subsequent to the final required year of the Program.*

"Resident" means a physician in an accredited graduate medical education training program.

"Fellow" means a physician in a program of graduate medical education accredited by the ACGME who has completed the requirements for eligibility for first board certification in the specialty. Such physicians are also termed subspecialty residents. Other uses of the term "fellow" require modifiers for precision and clarity, e.g., research fellow.

"Moonlighting" means additional patient care activities for additional pay that is separate from the resident's or fellow's Accredited UUHSC Training Program.

"Internal Moonlighting" refers to patient care activities that take place at UUHC facilities or at the participating institutions of the resident or fellow's educational program. This work must be supervised by faculty and is not to exceed the level of clinical activity currently approved for the trainee. While performing internal moonlighting services, residents are not to perform as independent practitioners. (Fellows, including ACGME fellows, may function independently at a UUHSC facility only if they have

obtained a University of Utah School of Medicine faculty appointment and have obtained privileges on the UUHSC Medical Staff. For more information on this subject, see the UUHSC Compliance Policy on Fee Billing for Residents and Fellows in Accredited Programs.)

"External Moonlighting" refers to patient care activities that take place at facilities other than UUHSC and institutions participating with the resident or fellow's educational programs.

"Participating Institution" means an institution to which residents or fellows rotate in the Accredited UUHSC Training Program. (For example, for an OB/GYN resident, LDSH is a participating institution, so moonlighting there would be considered Internal Moonlighting).

"UUHSC Institutions" include University of Utah Hospitals and Clinics, the Huntsman Cancer Hospital, the University of Utah Orthopaedic Center, and the University Neuropsychiatric Institute.

III. APPLICABILITY:

This policy applies only to moonlighting activities of residents and fellows who are enrolled in an Accredited UUHSC Training Program. Moonlighting includes Internal Moonlighting and External Moonlighting.

IV. POLICY:

1. No Resident or fellow may be required, as a condition of his or her Accredited UUHSC Training Program, to perform moonlighting activities.
2. Federal Regulations prohibit residents and fellows working under J-1 Visas to moonlight.
3. If the training program allows moonlighting, residents and fellows in an Accredited UUHSC Training Program may moonlight, but only after submitting a Moonlighting Request Form and receiving the prior written approval of his/her Training Program Director. A copy of this approval must be maintained in the resident's file. A copy of this approval form must also be submitted to and maintained in the GME office.
4. A resident or fellow must have obtained an unrestricted license to practice in the state in which the moonlighting activity is to take place. A resident or fellow must also have an individual practitioner, "fee paid" DEA license for moonlighting activities.
5. Residents and fellows may not work more than 80 hours per week. Both hours worked as part of the UUHSC educational program, as well as hours worked performing Internal Moonlighting activities count in the 80 hour work week limit. Program Directors must include internal moonlighting hours in the Duty Hours Report.
6. Residents are prohibited from moonlighting while on-call (including home call) for his/her residency or fellowship program.
7. Moonlighting activities, whether internal or external, are prohibited if they interfere with the resident or fellow's educational experience or jeopardize patient safety. The Training Program Director must monitor the effect of the moonlighting activities on the resident/fellow's performance. The Residency Program Director or GME Director may withdraw permission for moonlighting activities at any time if either determines, in their sole discretion, that the moonlighting is negatively impacting the resident/fellow's participation in the training program.
8. A resident/fellow who intends to bill for internal moonlighting activities either directly or through the employer/contractor must comply with the UUHSC Policy on Professional Fee Billing for Residents and Fellows in Accredited Programs (Section 2 No.11). The resident/fellow must complete the UUHSC Compliance Office Resident/Fellow training module.

9. Departments who wish to bill for the services of residents/fellows must demonstrate that they have performed a routine billing compliance audit within the last 6 months and must have in place a biannual audit plan for the upcoming 12 months that will assure compliance with CMS billing regulations.
10. The department, program and/or employee must receive written approval from the UUHSC Risk Management Committee regarding professional liability insurance coverage. If not covered by UUHSC professional liability insurance, the resident/fellow must obtain his/her own professional liability insurance.
11. A resident or fellow who plans to moonlight at non-UUHSC facilities must secure his/her own professional liability insurance.

Approval body: Graduate Medical Education Committee

Approval date: 2/06, 5/06

Policy Owner: Graduate Medical Education

Historical Information:

Review dates: 12/05, 2/06, 5/06

Revision dates: 12/91, 6/92, 1/03, 1/05, 3/05, 11/05, 2/06, 4/06, 12/06, 8/08, 12/08

Approval dates: 5/81, 1/05, 12/05, 1/07, 9/08, 1/09

MOONLIGHTING AUTHORIZATION FORM 2009 – 2010

1. RESIDENT/FELLOW COMPLETE AND OBTAIN SIGNATURES FOR THIS PORTION

Name: _____ Resident/Fellow (Circle One)

Visa Status (if applicable) (J-1 Visas prohibit moonlighting): _____

Training Program Director: _____

Name of ACGME/ABMS Specialty or Subspecialty Program: _____

I would like to perform the following moonlighting activity (Please list facility and dates):

The proposed moonlighting schedule is: (Hours per week, weeks per year)

This approval covers the moonlighting activity described above for the period from _____ to _____ (not to exceed the end of the current academic year).

Training Program Director

Date

Moonlighting Location Representative

Date

Internal: Department Chair or Division Chief

External: Medical Director

2. RESIDENT/FELLOW READ AND COMPLETE THE SECTION BELOW

1. The following applies regarding billing for the services I will perform (check one):

_____ I, or the UUHC/participating institution or hiring department intend to bill payors for my moonlighting services.

_____ Neither I, nor the UUHC/participating institution or hiring department intend to bill payors for my moonlighting services.

I understand that if I intend to bill for my moonlighting activities, either directly or through the unit/facility that has requested my services, I must comply with the UUHSC Compliance Policy on Fee Billing for Residents and Fellows in Accredited Programs.

2. Nature of services (check one):

Fellows:

_____ I will not be working as an independent practitioner. I will be Internal Moonlighting only at a UUHSC facility. I agree that I will not function above my level of training and I will not act without my usual faculty supervision.

_____ I will be working as an independent practitioner. Therefore I understand that I must receive a faculty appointment, complete credentialing, and receive medical staff privileges, as applicable, from the hospital/facility where the moonlighting activity will take place before I begin the moonlighting activity.

Residents:

_____ Internal Moonlighting (all resident moonlighting at a UUHSC facility): I understand that I cannot function as an independent practitioner during this activity. I will not function above my level of training and I will not act without my usual faculty supervision.

_____ External Moonlighting (resident moonlighting at a non UUHSC facility/participating facility): I will be working as an independent practitioner, will complete credentialing, and receive medical staff privileges from

the hospital/facility where the moonlighting activity will take place before I begin the moonlighting activity as applicable. I understand that I will not be covered under UUHSC professional liability insurance and must secure my own professional liability insurance. I understand that I must have an unrestricted license to practice medicine, including an individual practitioner "fee paid" DEA license.

3. I understand that the total number of hours I will work in "Internal" moonlighting activities, together with the hours worked in my ACGME/ABMS educational program may not exceed the ACGME and GME guidelines for work hours, which is currently 80 hours per week. "Internal" means moonlighting activities at UUHSC institutions and other institutions that are usual rotations for my training programs. I understand that my Program Director must approve the specific number of hours that I may engage in moonlighting activities per week.
4. I understand that my Program Director will monitor my performance and the effect of moonlighting activities on my performance. The Program Director or GME Director may withdraw permission for moonlighting at any time if they determine, in their sole discretion, that the moonlighting activity is negatively impacting my educational program.
5. I acknowledge that moonlighting activity is not an approved part of my educational program and must be approved by my Program Director.
6. For Internal Moonlighting, I understand that I must have the written approval of the UUHSC Risk Management Committee certifying that I have UUHSC professional liability insurance coverage.
7. I understand that I am subject to the University of Utah Additional Compensation Guidelines for Residents (Section 2 No. 4), which limits the amount of additional compensation I can earn per year through Internal Moonlighting activities.

Signature Resident or Fellow

Date

3. GME OFFICE COMPLETE THIS SECTION

The moonlighting activities described above _____ will or _____ will not be covered by the UUHSC Risk Management/Professional Liability Insurance program.

GME Director

Date

Risk Manager

Date