

## **POLICY ON MOONLIGHTING**

### **PURPOSE:**

This policy addresses Accreditation Council for Graduate Medical Education (ACGME Institutional Requirement IV.J.I. Moonlighting:

*The Sponsoring Institution must maintain a policy on moonlighting that includes the following:*

- a) residents/fellows must not be required to engage in moonlighting;*
- b) residents/fellows must have written permission from their program director to moonlight;*
- 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,*
- d) the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows.*

### **DEFINITIONS:**

See the NSU Graduate Medical Education Glossary of Terms dated April 1, 2021; the ACGME Glossary of Terms dated April 15, 2020; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated April 4, 2019.

### **BACKGROUND:**

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:**

#### **Eligibility**

Moonlighting is a privilege for those residents who consistently show:

- The necessary clinical skills to work with patients with minimal supervision
- Solid professional behavior
- Good standing with the training program
- Ability to handle their training program workload without signs of fatigue.

First year residents (PGY-1) are not eligible to moonlight.

Limited Moonlighting may be allowed for trainees in the PGY-2 year or beyond at a program level basis. This program-level policy must be approved by the GMEC prior to approving any Moonlighting. Program-specific policies must be in the individual program handbooks.

The trainee must be in good standing, in order to be approved for moonlighting. Trainees on remediation, personalized improvement plans, or suspension for clinical or academic reasons are not eligible for moonlighting.

A program may prohibit moonlighting activities by all of its trainees as a matter of policy. As stated above, this must be included in the program-specific handbook and approved by

the GMEC prior to implementation.

### **Licensure**

All trainees engaged in moonlighting must be licensed for unsupervised medical practice in the state where the moonlighting occurs.

The trainee must also have a valid individual DEA registration or proof that such is provided by the organization offering moonlighting and any local or state registrations required.

### **Supervision**

NSU and program teaching faculty may not have any role in the supervision of the professional activities of trainees when engaged in moonlighting.

### **Professional Liability Insurance:**

All trainees engaged in moonlighting must provide their Program Director a copy of their independent malpractice coverage or proof that such is provided by the organization offering moonlighting.

The malpractice protection provided by the Sponsoring Institution for the professional duties of the training program does not cover moonlighting activities.

It is the responsibility of the entity hiring the trainee to moonlight to determine whether their licensure is in place, adequate liability coverage is provided, and whether the trainee has the appropriate training and skills to carry out assigned duties.

### **Clinical and Educational Work Hours**

Moonlighting hours must be counted toward the 80-hour weekly limit on work hours inclusive of all in-house clinical and educational activities, any clinical work done from home, and all moonlighting.

Because moonlighting assignments generally run concurrently with the routine obligations and responsibilities of the trainees 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 prior to the initiation of any moonlighting activity.

### **Fatigue Mitigation**

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

### **Monitoring**

Moonlighting must not interfere with the trainee's ability to provide patient care.

Moonlighting must never interfere with a trainee's primary responsibilities to his/her program. It should not interfere with the trainee's ability to participate in the educational opportunities of the training program and with the ability of the trainee to achieve the goals and objectives of the educational program.

## **PROCEDURE:**

Prior to submitting an initial moonlighting request, a trainee must have the following:

1. A completed KPCOM Moonlighting Request Form that includes a description of the moonlighting duties including the shift, frequency, and hours of the moonlighting activity.
2. A copy of the resident's full Florida Medical License (not a training license)
3. A copy of the resident's DEA Number
4. Copy of Malpractice policy that will cover the trainee during moonlighting.

## **Approval Process**

Moonlighting permission must be specifically requested in writing using the NSU KPCOM Moonlighting Request Form.

The Moonlighting Request Form must be submitted to the Program Coordinator at least two weeks prior to the next Clinical Competency Committee meeting (CCC). The Program Coordinator will verify that all the required documentation and information is included prior to forwarding the request to the Program Director and CCC. The CCC will discuss the Moonlighting Request at their next semi-annual meeting and document their decision in the resident's evaluation report. In determining whether a resident is approved for moonlighting or not, the CCC must consider all of the following:

- PRITE score (progressive performance)
- Milestones
- Faculty, Team, Peer & Patient Evaluations
- CSV evaluations
- Professional behavior
- Signs of fatigue
- Compliance with:
  - Required Assignments (modules, didactics, reading, presentations)
  - Keeping Patients logs up to date
  - Individual Learning Plans - ILP
  - Completing their administrative requirements on time

The Program Director will inform the trainee of the CCC decision and discuss the moonlighting during the CCC evaluation report review session.

After receiving approval to moonlight:

- Resident must notify the program director in writing about any changes in moonlighting activities
- The Program Director must keep the CCC up to date of any changes on moonlight activities
- During each semi-annual CCC evaluation meeting
  - Approved moonlighting activities for each resident must be reviewed
  - According to the resident progress the CCC can recommend for the resident to continue or stop moonlighting
- CCC committee report to PD their recommendations
- PD informs the decision to the resident during the discussion of CCC evaluation report.

Only Moonlighting Request Forms with all required paperwork, including but not limited to proof of professional liability insurance and valid licensure for unsupervised medical practice, will be reviewed.

Trainees may not start moonlighting prior to receiving written approval from the program. The Moonlighting Request form must be included as part of the institution's trainee file.

### **Loss of Moonlighting Privileges**

Moonlighting may be disallowed if any adverse effects are documented. If a trainee experiences educational difficulty or excessive fatigue, the Program Director at his/her discretion may suspend moonlighting privileges (see NSU Employee Policy Manual – Outside Employment).

A letter will be submitted by the Program Director to the trainee and the KPCOM Office of GME stating that the trainee is no longer permitted to moonlight.

### **Clinical and Educational Work Hours Monitoring**

Work Hour compliance must be documented in and reviewed by the trainee with the Program Director on a monthly basis.

Failure to accurately document moonlighting hours will result in the suspension of moonlighting privileges.

### **RELATED GME POLICIES:**

- Clinical and Educational Work Hours
- Fatigue Mitigation

### **For related NSU policies, see:**

- NSU Employee Policy Manual – Outside Employment, found at [nova.edu/portal/hr/policies/outside-employment.html](http://nova.edu/portal/hr/policies/outside-employment.html)
- NSU Employee Policy Manual – Conflict of Interest – Declaration & Disclosure Policy, found at [nova.edu/portal/hr/policies/conflict-of-interest.html](http://nova.edu/portal/hr/policies/conflict-of-interest.html).

### **See also:**

- NSU Employee Policy Manual – Outside Employment
- NSU Employee Policy Manual – Conflict of Interest – Declaration & Disclosure Policy

## Moonlighting Request Form

Nova Southeastern University  
Dr. Kiran C. Patel College of Osteopathic Medicine  
Office of Graduate Medical Education

### Instructions:

- Complete and turn in this form and all requested documentation to your Program Coordinator to request approval for Moonlighting.
- All required paperwork must be submitted at least 14 days prior to the next program Clinical Competency Committee to be included on that meeting agenda.
- Approval must be received before any moonlighting hours are worked.

Trainee Name: \_\_\_\_\_ Program: \_\_\_\_\_

Request Date: \_\_\_\_\_ Training Year: \_\_\_\_\_

1. Requested Moonlighting activity:

Employer: \_\_\_\_\_ Frequency/Date(s): \_\_\_\_\_ Shift(s) Start & End Time: \_\_\_\_\_ Total Hours: \_\_\_\_\_

2. What rotation(s) are you assigned during this time?

Rotation name(s): \_\_\_\_\_ Dates: \_\_\_\_\_

### Additional Requirements:

- I understand I am not required to moonlight.
- I understand I must have written approval prior to any moonlighting activity.
- I am currently fully licensed in the state in which I am applying to moonlight (**attach full medical license**).
- If required and not provided by the organization offering moonlighting, I currently hold a non-exempt DEA certificate (**attach DEA certificate**).
- If not provided by the organization offering moonlighting, I have private malpractice coverage for moonlighting (**attach proof of insurance**).
- I understand moonlighting is not permitted during normal patient care hours at the clinic, during in-house call rotations, during clinic call/weekend rounding shifts, nor should moonlighting take precedence over other scheduled duties.
- I understand my moonlighting privileges may be withdrawn at any time.

- I have read the NSU-KPCOM GME *Moonlighting Policy* and my *Program’s Moonlighting Policy* and agree to abide by them.
- I will log all moonlighting hours in the KPCOM GME Duty Hours module. The assignment named “Moonlighting” will be used when documenting the hours.
- The requested moonlighting hours will not cause me to exceed the ACGME 80-hour duty hour restriction.

\_\_\_\_\_  
 Trainee Signature

\_\_\_\_\_  
 Date

**To be completed by Program Coordinator prior to forwarding to Program Director:**

- Requested moonlighting hours are in compliance with ACGME requirements (Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting). \_\_\_\_\_ (staff initials)
- Requested moonlighting hours do not conflict with clinic call shifts. \_\_\_\_\_ (staff initials)
- Requested documentation is attached:
  - Full Medical License \_\_\_\_\_ (staff initials)
  - DEA Certificate: Own \_\_\_\_\_ or Provided \_\_\_\_\_ (staff initials)
  - Malpractice Insurance: Own \_\_\_\_\_ or Provided \_\_\_\_\_ (staff initials)

**Program Director and Clinical Competency Committee Approval:**

- Approved
- Approved with the following limitations \_\_\_\_\_
- Not Approved (explanation) \_\_\_\_\_

\_\_\_\_\_  
 Program Director Signature

\_\_\_\_\_  
 Date

One Copy returned to resident  
 One Copy placed in resident’s permanent file