POLICY: Moonlighting Policy

Purpose: UCSF Fresno believes that each resident/fellow is to achieve the goals and objectives of their training program, which is to produce in the broadest sense the fully competent physician capable of providing high quality care to his/her patients. Without compromising the goal, it may be feasible for some residents/fellows to seek outside professional activities – “moonlight” – if they adhere to the guidelines within this policy and the UCSF Fresno Clinical Experience and Educational Work Hours Policy (formerly Duty Hours Policy).

Policy: Residents and fellows are responsible for ensuring moonlighting and other outside activities do not result in fatigue that might affect patient care or learning. Residents/fellows are responsible for complying with their Program Clinical and Educational Work Hours Policy which must be consistent with the UCSF Fresno Clinical Experience and Educational Work Hours Policy.

All UCSF Fresno Medical Education training programs must have a policy regarding moonlighting. The program policy must state whether moonlighting is allowed (both Internal and External to UCSF Fresno), the policy must contain a method for written pre-approval, monitoring and periodic review. The policy may be more restrictive but may not be less restrictive than the UCSF Fresno Clinical Experience and Educational Work Hours Policy. Each program’s moonlighting policy must be approved by the sub-committee to the GMEC for Clinical Experience and Educational Work. The program must demonstrate ongoing compliance with clinical and educational work hours as a prerequisite for individual program policy approval.

It is the responsibility of the residents/fellows to obtain written permission to moonlight from the program director prior to beginning the moonlighting activity. This is true both for internal and external moonlighting (see definitions below). An approval template form is included within this policy. This template indicates minimum information but the program may elect to require more information. Moonlighting must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program, and must not interfere with the resident’s/fellow’s fitness for work nor compromise patient safety. The program director will monitor resident/fellow performance in the program to ensure moonlighting activities are not adversely affecting patient care, learning, or resident/fellow fatigue. If the program determines the resident's/fellow’s performance does not meet expectations, permission to moonlight will be withdrawn. Monitoring information will be reviewed periodically by the Clinical Experience and Educational Work Subcommittee and reported to the GMEC.

Time spent by residents in internal and external Moonlighting (as defined by the ACGME and noted below) must be counted towards the 80-hour maximum weekly limit.

PGY-1 residents are not permitted to moonlight.

Moonlighting is a privilege and is at the discretion of the program director. The program director can deny any moonlighting request for any reason.

Any resident moonlighting without written pre-approval from their program director (ACGME requirement) will be subject to disciplinary action.
Definitions:

Internal Moonlighting is defined as extra work for extra pay performed at a site that participates in the resident’s/fellow’s training program. This activity 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/fellows are not to perform as independent practitioners. Internal moonlighting hours must be documented in e-Value, and they must comply with the UCSF Fresno Clinical Experience and Educational Work Hours Policy and the individual’s training program policy.

External Moonlighting is defined as work for pay performed at a site that does not participate in the resident’s/fellow’s training program. External moonlighting hours must be documented (including days, hours, location, and brief description of type of service(s) provided) in order to comply with Medicare reimbursement requirements for GME. UCSF Fresno requires all moonlighting hours be documented in e-Value. For external moonlighting and some internal moonlighting, the trainee is not covered under the University’s professional liability insurance program as the activity is outside the scope of University employment. The trainee is responsible for his/her own professional liability coverage (either independently or through the entity for which the trainee is moonlighting), DEA licensure, Medicare (or other governmental) provider number and billing training, and licensure requirements by the California Medical Board and any other requirements for clinical privileging at the employment site.

(Original signed Policy is available in the UCSF Fresno Graduate Medical Education Office)

___________________________________________
Michael Peterson, M.D., Associate Dean, Co-Chair GMEC
I, ____________________, hereby request permission from the ______________ (Program), and ________________ (Program Director) to be able to “moonlight” at __________________________________ (facility), in the capacity of resident/fellow at the time rate of _____ hours per week.

I understand the ACGME Common Program Requirements (VI.F.5.a, b, c) state: “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. Time spent by residents in internal and external Moonlighting (as defined by the ACGME and noted within this policy) must be counted towards the 80-hour maximum weekly limit and must be logged into the e-Value Duty Hours. PGY-1 residents are not permitted to moonlight.” Performance in my training program will be monitored closely for the effect of these activities and adverse effects may lead to withdrawal of this permission.

**All Moonlighting hours must be entered/logged into e-Value.**

Further, I understand residency/fellowship education is a full-time endeavor and my Program Director must ensure that moonlighting does not interfere with my ability to achieve the goals and objectives of my training program. Moonlighting is a privilege and is at the discretion of the program director. The program director can deny any moonlighting request for any reason.

The above stated “Resident” or “Fellow” shall be engaged to provide professional services at UCSF Fresno affiliated facilities as described below. This agreement is in compliance with the UCSF Fresno GME Policies and Procedures.

The Resident/Fellow and Program Director (of moonlighting department) understand that malpractice coverage for moonlighting will only be effective after Dean’s office approval. Moonlighting activity MAY NOT begin prior to that date.
1. Describe Moonlighting Service:

2. List Moonlighting Site(s):

3. TERMS OF AGREEMENT:
The period of services provided for this Agreement shall be for Academic Year dated July 1, 20____ through June 30, 20___. The average shifts per month will be ______.

Either party may terminate this agreement by giving the other thirty days written notice.

4. COMPENSATION AND REIMBURSEMENT OF EXPENSES (Internal Moonlighting only):
   A. Fee of $____ per hour.
   B. Fixed Salary @ $________ per month.
   C. Per Service Compensation: $____ per shift
      (on call, per clinic, per surgery, etc.)
   D. Other Expenses (Specify) $________

5. LICENSE:
   Date Licensed in California: _____/_____/

REQUIRED SIGNATURES AND APPROVALS:

_________________________________________  _________________________
Resident/Fellow                          Date

_________________________________________  _________________________
Program Director of Home Dept.          Date

_________________________________________  _________________________
Associate Dean                          Date

cc: Manager, Graduate Medical Education
    Associate Dean
    Resident/Fellow
    Program Director (Resident/Fellow’s Home Department)
    UCSF Fresno Risk Manager

Form must be provided to GME Office and a copy will be forwarded to Dyan Ruelas, HR Analyst in the
GME office to receive pay for services. Please keep a copy of this form within the resident/fellow’s
academic training file.
I, ____________________, hereby request permission from the ______________ (Program), and ____________________ (Program Director) to be able to “moonlight” at ________________________________ (facility), in the capacity of resident/fellow at the time rate of _____ hours per week.

I understand the ACGME Common Program Requirements (VI.F.5.a, b, c) state: “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. Time spent by residents in internal and external Moonlighting (as defined by the ACGME as noted within this policy must be counted towards the 80-hour maximum weekly limit and must be logged into the e-Value Duty Hours. PGY-1 residents are not permitted to moonlight.” Performance in my training program will be monitored closely for the effect of these activities and adverse effects may lead to withdrawal of this permission.

All Moonlighting hours must be entered/logged into e-Value.

Further, I understand residency/fellowship education is a full-time endeavor and my Program Director must ensure that moonlighting does not interfere with my ability to achieve the goals and objectives of my training program. Moonlighting is a privilege and is at the discretion of the program director. The program director can deny any moonlighting request for any reason.

Last, I understand that UCSF Fresno DOES NOT provide malpractice coverage for me for this activity. Please be sure you have adequate malpractice coverage for this moonlighting service.

____________________________________
Resident/Fellow Signature

____________________________________
Program Director Signature
(Home Program)

____________________________________
Date

**This form must sent to the GME Office and a copy kept on file in the training program’s resident/fellow academic file**