GME 06 / GPR 25

POLICY:

Moonlighting: Patient Care Activities Internal and **External to the Graduate Medical and Dental**

Education Programs

RESPONSIBLE DEPARTMENT:

Administration

Family Medicine Asheville

Addiction Medicine Fellowship Sports Medicine Fellowship

Family Medicine Boone

Sports Medicine Fellowship Family Medicine Hendersonville **Gen Practice Dental Residency**

General Surgery

Critical Care Surgery Fellowship

Internal Medicine

Obstetrics and Gynecology

Maternal Fetal Medicine Fellowship

Psychiatry

Child & Adolescent Fellowship Consultation-Liaison Fellowship

Transitional Year

APPROVED BY:

Designated Institutional Official

Graduate Medigal Education

Program Director

Family Medicine - Boone

Program Director Family Medicine Residency - Asheville

Program Director

Family Medicine - Hendersonville

Program Director

Sports Medicine Fellowship - Asheville

Program Director

Date

Sports Medicine Fellowship - Boone

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Program Director Date	Program Director Date
Addiction Medicine Fellowship	General Surgery Residency
Tradition Production Controllip	ochorat cango, neodadno,
8/3/21	9/3021
Program Director Date	Program Director Date
Critical Care Surgery Fellowship	Internal Medicine Residency
Program Director Date Obstetrics & Gynecology Residency	Program Director Date Maternal Fetal Medicine Fellowship
Program Director Date	Program Director Date
General Practice Dental Residency	Psychiatry Residency Monthson 9/7/21
Program Director Date	Program Director Date
Child & Adolescent Psychiatry Fellowship	Consultation-Liaison Psychiatry Fellowship
Menter 9/2/24 Program Director /Date	

PURPOSE:

Transitional Year Residency

To ensure that all of MAHEC's Graduate Medical and Dental Education programs meet or exceed the Institutional and Program Requirements of the Accreditation Council for Graduate Medical Education (ACGME) and its Residency Review Committees (RRC), and the Commission on Dental Accreditation (CODA) standards.

Residents and fellows must carefully weigh the implications of patient care activities external to their GME/GPR program. Such activities must not interfere with their obligations to MAHEC or to their educational programs or to the duty hours established for residents/fellows in Institutional and Program Requirements.

For the purpose of this policy, patient care activities outside of the program or moonlighting (regardless of the location) are defined as working for compensation outside of and in addition to fulfilling the responsibilities of a resident/fellow in the residency/fellowship programs.

Residents/fellows are not required to engage in moonlighting.

POLICY:

Because residency/fellowship education is a full-time endeavor, the Program Director must ensure that moonlighting does not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program and that moonlighting is in compliance with Institutional and Program Requirements regarding duty hours.

The Program Director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, (MAHEC policy, 3.HR.1013 Outside Employment). Moonlighting must not interfere with fulfilling the responsibilities of a resident/fellow in the training program.

Time spent by residents in internal and external moonlighting must be counted towards the 80-hour maximum weekly hour limit. PGY1 residents are not permitted to moonlight.

Moonlighting is NOT allowed when the resident is either on service or on call for a service, including when the resident is on call and not required to be in the clinical setting.

The Program Director must approve a resident's/fellow's request to moonlight in advance of any work that is considered moonlighting or any commitment by a resident/fellow to begin moonlighting. The resident's/fellow's performance will be monitored for the effect of these activities and adverse effects may lead to withdrawal of permission. Violations of this policy, including not requesting approval for moonlighting for residents/fellows, may result in disciplinary action, including loss of moonlighting privileges, suspension, or dismissal from their program.

Permission to moonlight will be withdrawn by the Program Director for a resident/fellow who is on probation or for whom any disciplinary action has been implemented. The Program Director has the discretion to withhold or withdraw consent for moonlighting for any other reason. If this should occur, the Program Director will notify the GME department the reasons for the action and the date that approval was withheld or withdrawn.

MAHEC does not provide professional liability insurance coverage for moonlighting.

PROCEDURES:

- 1. To qualify for moonlighting, the resident/fellow must have:
 - a. successfully completed the first post graduate year (PGY1) of their GME program;
 - b. an active, unencumbered license to practice medicine/dentistry granted by the North Carolina Medical/Dental Board, allowing for unsupervised practice;
 - c. a valid Drug Enforcement Administration (DEA) number, not just the prefix for the major participating institution or other clinical site DEA number; and
 - d. the improved GME form approved/sign from the Program Director.
- 2. Prior approval for moonlighting must be obtained from the Program Director for a specific clinical site, using forms provided for moonlighting requests with copies of licensure, DEA number, and any other required documentation.
- 3. Residents/fellows must complete the application regarding the amount of hours and/or shifts for an estimate of the amount of time spent in moonlighting activities.
- 4. Resident/fellows must update the Outside Employment form and submit to the GME office who will share with TM and Risk.

- 5. Any change in the clinical site requires separate prior approval from the Program Director.
- 6. Residents/fellows must re-apply for approval for a clinical site on an annual basis.
- 7. Program Directors will keep the written approval to moonlight in the resident's/fellow's file.
- 8. Program Directors are responsible for compliance with ACGME & CODA Institutional and Program Requirements and MAHEC's policies and procedures, including those established by the Graduate Medical Education Committee(s) (GMECs) activities.
- When Institutional and/or Program Requirements regarding moonlighting are revised, the Designated Institutional Official (DIO) and Program Directors are responsible for reviewing the MAHEC's policies and procedures and recommending revisions to maintain compliance.
- 10. Program Directors are responsible for evaluating the appropriateness of a moonlighting request.
- 11. A copy of all documentation will be forwarded to the Department of GME and kept in the resident's/fellow's program files.
- 12. Institutions hiring the resident/fellow to moonlight must ensure that licensure is in place, adequate liability coverage is provided, and the resident/fellow has appropriate training and skills to carry out duties.

Effective: February 16, 1994 Reviewed: April 1, 2021

Resident Physician Application for Outside Employment ("Moonlighting")

Date:	-
Applicant's Name:	PGY Level
MAHEC Program:	
Proposed site for moonlighting activity (name of fa	cility, hospital, E.D., clinic, etc.)
Address:	
Phone:	
Expected date of employment	
Estimated number of shifts per month Estim	nated hours per shift
Description of moonlighting activities (e.g. Resp "shifts", etc.).	onsibilities, duration of "shift", frequency of
Responsible or supervising individual at facility (chief of staff, services, etc.)
Address:	
Phone:	
North Carolina Medical License (not residency tr	aining license):
Date of Issue: License Number:	
DEA Number:	(attach copy of certificate)
I am aware of the ACGME mandate that resident not exceed 80 hours per week, averaged over 4 we residents should work no more than 24 consecutive must approve all moonlighting shifts in advance. I way interfere with my duties and obligations to my	eeks, that residents have 1 day in 7 off, and that ve hours. In addition, the program director affirm that this moonlighting activity will in no
I acknowledge that MAHEC and/or Watauga Medica coverage for Moonlighting: Patient Care Activities Programs. I have determined that professional li by the employer, and I have determined that this Insurance cover sheet)	s External to the Graduate Medical Education ability coverage for my activities is provided
Applicant's Signature	Date
Approved Not Approved Program Director's Signature Date Attached required documents when submitting the Department.	

O North Carolina Medical License (not residency training license):

Page 5 of 6

- o Full DEALicense
- O Copy of personal/professional liability insurance
- $o \quad \mathsf{HR}\,\mathsf{Outside}\,\mathsf{Employment}\,\mathsf{Policy}\,\text{-}\,\mathsf{completed/signed}$