

Date Approved: December 2010

### Moonlighting Policy

The ACGME categorizes Moonlighting as being either Internal Moonlighting or External Moonlighting.

#### **ACGME Definitions:**

**Internal Moonlighting:** Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

**External moonlighting:** Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

#### **Rationale:**

Because residency education is a full-time endeavor, all program directors must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program. We urge restraint in all activities that may detract from the success of the residency experience or interfere with the resident's family life. Thus, all moonlighting activities must allow sufficient time for rest and restoration to promote the resident's educational experience and safe patient care and must be counted towards the 80 hour maximum weekly limit on residency duty hours.

#### **UTGSM Policy:**

1. PGY-1 residents are not permitted to moonlight.
2. Time spent by residents in Internal and External Moonlighting must be counted towards the 80-hour maximum weekly hour limit.
3. Programs must not require residents to engage in moonlighting even if there is an appearance of fostering education of the resident.
4. Program Directors can, at their discretion, implement program-specific policies that further restrict or prohibit moonlighting.
5. Residents agree not to engage in any moonlighting employment or professional medical activity or patient care activity without first notifying the program director in writing.
6. Residents intending to moonlight must complete the UTGSM Request for Permission to Moonlight form, available at <http://gsm.utmck.edu/education/policies.cfm>. If approved, this form will be placed in the resident's personnel file.
7. Program directors reserve the right to deny approval for any moonlighting activity that is deemed to be inconsistent with UTGSM policies regarding conflict of interest, resident duty hours, academic progress, or other relevant policies such as PGY-level and the time of day when moonlighting is allowed.
8. Program directors will advise residents to work only in the specialty area(s) in which they are qualified.
9. Residents engaged in external moonlighting must be licensed for unsupervised medical practice in the State of Tennessee. Residents should know and follow the regulations and limitations of their licensure in Tennessee. If moonlighting occurs in another state, the resident must also be licensed in that state. The resident is responsible for all licensure expenses.
10. Professional liability coverage provided by the UTGSM does not extend to any medical practice activity outside of the UTGSM educational programs.

11. The program director and the resident will monitor moonlighting activity for adverse effects (e.g., fatigue) of these activities upon resident performance. The program director may withdraw permission to moonlight in such cases.
12. The UTGSM accepts no responsibility for any possible financial consequences incurred by residents who engage in moonlighting if permission for that employment is withdrawn by the program director for any cause.

December 2003

Reviewed/Approved December 2005 and December 2010

THE UNIVERSITY OF TENNESSEE GRADUATE SCHOOL OF MEDICINE
REQUEST FOR PERMISSION TO MOONLIGHT

RESIDENT \_\_\_\_\_ YEAR IN TRAINING \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

Request is for: [ ] Internal Moonlighting [ ] External Moonlighting.

Name, location, specialty area, and contact at institution in which moonlighting occurs:

Facility: \_\_\_\_\_

Specialty Area: \_\_\_\_\_

City/State: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Approximate number of hours to moonlight: \_\_\_\_\_ each month/week (circle one).

For external moonlighting:

Medical License: (State) \_\_\_\_\_ (Number) \_\_\_\_\_

Malpractice insurance for moonlighting is provided by the other institution:

Yes \_\_\_\_\_ No \_\_\_\_\_

If "No," company and policy # of my personal malpractice insurance:

\_\_\_\_\_ (Company) \_\_\_\_\_ (Policy #)

I acknowledge that I have received a copy of the UT Graduate School of Medicine institutional and program policies on moonlighting. I will submit documentation of my internal and external moonlighting hours to the Program Director and into New Innovations. I also understand that my residency performance will be monitored for the effect of these moonlighting activities. The Program Director can withdraw this permission if moonlighting activities adversely affect my performance.

\_\_\_\_\_  
Resident

Date

\*\*\*\*\*  
This request has been reviewed and approved \_\_\_ or not approved \_\_\_ by the Program Director.

\_\_\_\_\_  
Program Director Date

If not approved, reason for no approval \_\_\_\_\_