

TEMPLE UNIVERSITY HOSPITAL GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

NUMBER: TUH GMEC - 307
TITLE: Resident and Fellow Moonlighting Policy
EFFECTIVE DATE: 05/08/2003
LAST REVIEWED: 09/01/2005, 08/01/2006, 05/22/2007, 08/2009
LAST REVISD: 01/07/2011
ATTACHMENTS: MOONLIGHTING REQUEST/APPROVAL FORM

PURPOSE

The purpose of this policy is to delineate the conditions under which a Resident or Fellow may engage in moonlighting activities and the procedures by which such activities must be requested, approved, recorded and monitored.

POLICY

Residents and Fellows are not required to engage in professional and patient care activities outside the scope of their residency program (“moonlighting”). However, Residents and Fellows may engage in moonlighting activities during vacation and at other authorized times when the activity: (i) does not interfere with the Resident/Fellows’ primary duties and responsibilities to the patients charged with their care and with their Graduate Medical Education (“GME”) activities (including electives) scheduled by their department; (ii) provides for sufficient time for rest; (iii) complies with the Accreditation Council for Graduate Medical Education (“ACGME”) requirements for duty hours; (iv) is in accordance with all institutional and departmental policies and procedures; and (v) is properly requested, approved, recorded and monitored. When moonlighting, the Resident/Fellow must also have an unrestricted medical license in the state where the moonlighting will occur and have, and maintain, his/her own professional liability insurance. Resident/Fellow’s failure to follow this policy is a violation of their appointment and may result in, without limitation, termination, suspension or any other action deemed appropriate by Temple University Hospital, Inc. (the “Hospital”).

SCOPE

This policy covers all Residents and Fellows participating in GME training programs sponsored by the Hospital.

IMPLEMENTATION

NOTE: ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO TEMPLE UNIVERSITY HOSPITAL STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.

The implementation of this policy is the responsibility of each GME Program Director.

PROCEDURES

1. Requesting, Approval, Recording and Monitoring Procedures.

- A. Any Resident/Fellow must fully complete the attached Moonlighting Request/Approval Form (the “Form”) before participating in any moonlighting.
- B. The Resident/Fellow will submit the completed Form to their respective Program Director.
- C. The Program Director will indicate receipt and approval of the information by signing the Form.
- D. A copy of the Form and a written statement of permission from the program director will then be forwarded to the Graduate Medical Education Office by the Program Director for final approval by the Director of GME. The program director will also keep a copy of the written statement of permission in the resident's file.
- E. A new Form must be completed for any new moonlighting activity and, in any event, renewed and processed on an annual basis at the start of the academic year.
- F. A Resident/Fellow must timely notify his/her Program Director if there is any change in the information/circumstances provided on the Form.
- G. The Program Director will monitor a Residents/Fellows performance for the affect, if any, of the approved moonlighting activity.
- H. The residents performance will be monitored by the program director. In the event that the moonlighting affects the performance of the Resident/Fellow, or there is any change in the information provided or surrounding circumstances, the Program Director may revoke such approval at any time. The Program Director shall notify the Graduate Medical Education Office of any such revocation.

2. Conditions for Approval of A Moonlighting Activity

- A. When approving a moonlight activity, the Program Director should:
 - i.) Confirm that the form has been fully completed and that the information provided complies with the requirements of this policy.
 - ii.) Consult with GME Office before approving any moonlighting at the Hospital, participating institutions or at the primary clinical sites (e.g. the medical school). Rarely, if ever, is moonlighting permitted at these sites, and when permitted, the moonlighting hours may be counted towards the Resident/Fellow’s weekly duty hour limits. At no time should the on-call moonlighting hours cause the Resident/Fellow to exceed eighty (80) hours per week (over a four (4) week period) and an average of one (1) night in three (3) on-call (over a four (4) week period).

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- iii.) Understand that the Residents/Fellows engaged in moonlighting activities outside of the Hospital are not acting on behalf of the Hospital. The Residents/Fellows may not represent or identify themselves as providing such moonlighting activities as employees or agents of the Hospital.

RESPONSIBILITY FROM MAINTENANCE OF THIS POLICY:

Executive Director

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MOONLIGHTING REQUEST/APPROVAL FORM

NAME: _____ DATE: _____

RESIDENCY PROGRAM: _____

PGY: _____

STATE GRANTING LICENSE: _____

RESTRICTED/UNRESTRICTED LICENSE: _____

ENTITY HIRING: _____

MOONLIGHTING LOCATION: _____

**MOONLIGHTING DATES
& HOURS:**

SERVICES TO BE PERFORMED: _____

PROFESSIONAL LIABILITY INSURANCE: _____

(The professional liability, general liability and workers' compensation insurance that you have from Temple University Hospital will not apply to your moonlighting activities.)

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PROGRAM DIRECTORS: To approve moonlighting request, sign and date below and forward a copy to the House Staff Office for final approval by the Director of GME.

PROGRAM DIRECTOR: _____

SIGNATURE: _____

DIRECTOR OF GME: _____

SIGNATURE: _____

DATE: _____

Approval Period: _____
(Must be approved each academic year)

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