

**USF – Morsani College of Medicine**  
**GRADUATE MEDICAL EDUCATION POLICY & PROCEDURE**

<b>Title: Moonlighting</b>	No.: GME-208-A
Effective Date: 8/1/2002	Revision Date: 6/2005; 2011; 6/2014; October 2015; 6/2017

**Policy Statement**

The College of Medicine and the University of South Florida is committed to providing the highest quality work environment for physicians in training to master their chosen disciplines. Residency training is a full time educational experience. Residents and fellows appointed to a program are expected to achieve the goals and objectives of the educational program. Any professional, patient care or medical practice activities performed by residents outside of the educational program (“moonlighting”) must not interfere with the residents or fellows achievement of the goals and objectives of the educational program or adversely affect patient safety. In accordance with the ACGME requirements, residents and fellows must not be required to engage in moonlighting and all internal and external moonlighting must be counted towards the 80-hour maximum weekly hour limit (defined by the ACGME as 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting). Oversight of duty hours and total work hours is the responsibility of the Graduate Medical Education Committee and the Office of Graduate Medical Education. In a limited number of circumstances and consistent with the provisions set forth below, resident and fellows may engage in moonlighting during their period of appointment.

1. Residents and fellows seeking approval to moonlight and who engage in moonlighting must be individually and fully licensed for the unsupervised medical practice in the state where the moonlighting occurs.
2. PGY-1 residents are not permitted to moonlight.
3. Residents/fellows holding a J-1 Visa are expressly prohibited from moonlighting under federal regulations.
4. Residents/fellows holding an O-1 Visa may moonlight only if his/her visa specifically grants permission to the resident/fellow to moonlight.
5. Residents/fellow must complete and sign an authorization to moonlight form each new academic year. The Program Director and Vice Dean of Graduate Medical Education must review, approve and sign the form before the resident begins moonlighting. A copy of the form will be placed in the resident’s/fellow’s program file.
6. Residents/fellow must be in good standing prior to seeking approval from their Program Director and Vice Dean of Graduate Medical Education to moonlight. Good standing is defined as: (a) satisfactory resident conference attendance as determined in the sole discretion of the Program Director and/or chief residents; and (b) satisfactory performance of daily resident responsibilities, including logging all duty hours on a bi-weekly basis.
7. Residents/fellows who have received informal discipline related to academic performance or any form of formal discipline for any reason are prohibited from engaging in any moonlighting activities during the period of remediation.
8. A Program Director or Vice Dean of Graduate Medical Education has the discretion to permit, prohibit, limit, or revoke permission to moonlight as s/he deems appropriate. The Program Director and Vice Dean of Graduate Medical Education’s decision concerning moonlighting is not subject to appeal.

9. Any approval by a Program Director and Vice Dean of Graduate Medical Education allowing a resident/fellow to moonlight is valid for the academic year in which it is granted, unless limited or revoked sooner. Each academic year, residents/fellows must seek approval from the Program Director and Vice Dean of Graduate Medical Education to moonlight. Approval of moonlighting requires that all hours worked in such employment combined with all USF training hours be in compliance with the duty hour limitations set forth by the ACGME, regardless of the accreditation status of the program. The resident/fellow is responsible for reporting and logging all hours worked, including all internal and external moonlighting hours, on a bi-weekly basis. Residents/fellows who are moonlighting and have been found to be in violation of the ACGME duty hour rules or fail to report any hours worked, whether regular duty hours or internal or external duty hours, will be deemed to have voluntarily relinquished their privilege to moonlight and may be subject to other disciplinary action up to and including termination.
10. Regardless of the total number of hours worked, recurring episodes of excessive fatigue, interference with the resident/fellow's achievement of the goals and objectives of the educational program, or any adverse effect on patient safety shall trigger reevaluation of the approval to accept supplementary employment and may result in the rescission of approval to moonlight.
11. Residents/fellows may not moonlight during regular duty hours or while on call. Residents/fellows may not accept outside employment or engage in other outside activity that may interfere with the full and faithful performance of clinical duties.
12. Residents/fellows are not allowed to moonlight or do locum tenens activity during an approved leave of absence unless pre-approved by the Program Director and the Vice Dean of Graduate Medical Education.
13. USF does not cover the malpractice or professional liability by the USF Health Self Insurance Program of the trainee for any activity related to moonlighting or outside of the official training program. Any professional liability (malpractice) insurance for moonlighting, whether such moonlighting is internal or external, is the sole responsibility of the resident/fellow. Residents/fellows must either purchase sufficient malpractice insurance to cover his/her moonlighting activities or obtain written assurance from the hiring institution or entity that it will provide malpractice insurance and workers' compensation coverage.
14. Use of an affiliate hospitals DEA number is not valid for activities outside the scope of the residency training program.
15. It is the responsibility of the institution or entity hiring a resident/fellow to moonlight to confirm whether the resident/fellow is individually and fully licensed for the unsupervised medical practice in the state where the moonlighting occurs and that the resident/fellow has obtained adequate liability coverage for professional or medical malpractice.
16. Violation of this moonlighting policy may include disciplinary action up to and including dismissal.
17. The majority of programs are not allowed to moonlight within their own specialty or sub-specialty of training. Check with your individual RRC to verify moonlighting limitations.

**Procedure**

Responsible Party

Action

Resident/fellow

Requests written approval to moonlight. Has a full license to moonlight and ensures adequate professional (medical) malpractice liability coverage for such activities.

If moonlighting will occur at an affiliate site, additional documentation of moonlighting hours may be required. If not completed in a timely fashion, moonlighting privileges may be rescinded.

Program Director

Notifies resident of approval or denial of moonlighting request and documents in writing that decision in the resident/fellows file.

Ensure moonlighting will not interfere with residency training and that moonlighting, once approved, is counted in the total weekly duty hour limits for patient care activity as set forth by the ACGME.

Monitors resident for any stress and fatigue or any other interference moonlighting has on training.

Limits or revokes permission to moonlight as appropriate.

Vice Dean, GME

Permits, prohibits, limits, or revokes permission to moonlight.

Resident/fellow

Notifies program, Program Director and Office of Graduate Medical Education when moonlighting activity is terminated. Seeks approval to moonlight on an annual (academic year) basis.

APPROVED:



Vice Dean, Graduate Medical Education

Reviewed, revised, reissued 6/05

Reviewed, approved 8/2008

Reviewed, revised, approved \_/2011; 6/2014; 10/2015; 6/2017

Application Instructions

1. Complete the entire application
2. Initial and sign were indicated
3. Obtain signature from your Program Director
4. Submit completed form to the GME Office for processing by
  - a. Email to [ptaylor@health.usf.edu](mailto:ptaylor@health.usf.edu)
  - b. Or, hand deliver to 17 Davis, Suite 308
5. Wait for email from GME to you and your PD indicating approval before agreeing to work moonlighting shifts. **You are not approved to moonlight until you receive approval notification from GME.**
6. Log into [my.usf.edu](http://my.usf.edu) to complete [eDisclose](#) for Outside Activity (OA).

Personal Information

House Staff Name: \_\_\_\_\_ PGY Level \_\_\_\_\_ Training Program: \_\_\_\_\_

Are you a US citizen?  Yes  No If not, what is your visa status? \_\_\_\_\_

Medical License Number \_\_\_\_\_ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Federal DEA Number \_\_\_\_\_ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Moonlighting Information

Separate from my responsibilities as a house officer at USF Health Morsani College of Medicine, I request approval to be employed for the period of: Begin date of Moonlighting: \_\_\_\_/\_\_\_\_/\_\_\_\_ End date of Moonlighting: \_\_\_\_/\_\_\_\_/\_\_\_\_ (cannot be past 6/30)

*Approval is granted for only 12 months or less during a single academic year (July 1 to June 30)*

Moonlighting Employer (one employer per form): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number and Email Address: \_\_\_\_\_

Nature/Description of the proposed Moonlighting activity: \_\_\_\_\_

Location/Service of Moonlighting activity (one per form): \_\_\_\_\_

Estimated number of hours per shift: \_\_\_\_\_ Estimated number of shifts per month: \_\_\_\_\_

I am requesting to moonlight as (select one)  Resident  Attending\* (if you select 'Attending,' also complete the following):

\*(A) Are you credentialed as an "Attending" at this site?  Yes  No (B) Will you be billing?  Yes  No

Professional Liability Insurance: (NOTE: USF's malpractice insurance does not cover moonlighting activities)

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Limits of Coverage \_\_\_\_\_ Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**USF GME - Moonlighting Privileges Request  
For Academic Year ending June 30, 2019**

Achieving the goals and objectives of the educational program must be the highest professional responsibility of the house officer. Moonlighting is not a right, many programs do not allow moonlighting, and any moonlighting must be voluntary. Trainees requesting permission to moonlight must be a PGY 2 or higher, and must be in good standing.

**Acknowledgement of USF GME Moonlighting Policy**

By completing this form, I \_\_\_\_\_ [Print name], a trainee in \_\_\_\_\_ [Program], attest to the following statements. **IMPORTANT!** You must initial each statement to indicate that you have read, agree, and understand.

\_\_\_\_\_ I have read and understand the GME policies and procedures relating to duty hours and moonlighting, including the moonlighting policy, GME-208-A, and the ACGME requirements relating to moonlighting and duty hours, including hours free of duty requirements.

\_\_\_\_\_ I have received approval by both my Program Director and the Designated Institution Official PRIOR to beginning any moonlighting activity. *\* If moonlighting will occur at an affiliate site, additional documentation of moonlighting hours may be required. If not completed in a timely fashion, moonlighting privileges may be rescinded.*

\_\_\_\_\_ I will record all moonlighting hours in New Innovations.

\_\_\_\_\_ I will adhere to ACGME duty hours standards, including hours free of duty requirements, and I understand that both internal and external moonlighting count towards my overall limit of 80 hours per week averaged over a four-week period.

\_\_\_\_\_ I must request and receive annual approval to moonlight, and I will report all moonlighting sites to both my program and to the Graduate Medical Education office. I understand that despite receiving annual approval, my program director or the GME office may terminate my right to moonlight at any time.

\_\_\_\_\_ I agree that if I moonlight without express written approval or fail to comply with any GME policies and procedures or any ACGME duty hours standards, I will be subject to disciplinary action up to and including termination from the program.

\_\_\_\_\_ I agree to eliminate moonlighting if it interferes with my training, including education and/or patient care. I agree to stop all moonlighting activities if it contributes to undue fatigue.

\_\_\_\_\_ I understand that this activity is apart from my assignment and in no way related to my employment as a graduate medical trainee of the University of South Florida. I understand that the University of South Florida is not responsible for and does not provide medical professional liability coverage, disability insurance or workers' compensation coverage for non-programmatic professional activity.

\_\_\_\_\_ I agree that the University of South Florida has no obligation, responsibility, or liability whatsoever for any injury or harm which I may incur or which may befall me during my performance of or a result of this outside activity.

\_\_\_\_\_ I hereby release, forever discharge, and waive any and all claims I may have now or in the future arising out of or connected with my outside employment activities against the University of South Florida and the State of Florida, and any all officers, agents, employees, underwriters and insurers, all individually and in their respective official capacities.

\_\_\_\_\_ I attest that I am not paid by the military.

\_\_\_\_\_ I attest that I have filed this activity in the USF eDisclose System.

**Signature of Trainee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**USF GME - Moonlighting Privileges Request  
For Academic Year ending June 30, 2019**

**Program Director Approval – Obtain before submitting to GME**

I certify that this trainee is in good standing. I will monitor this trainee to ensure moonlighting does not negatively impact his/her medical education and training and that the 80 hour duty hour limit is not exceeded. I may withdraw this permission if adverse effects are noted.

\_\_\_\_\_  
**Signature of Program Director:**

\_\_\_\_\_  
**Date**

**Final Approval – Completed by GME Office**

\_\_\_\_\_  
**Moonlighting Employer Acknowledgement (if applicable)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of GME DIO**

\_\_\_\_\_  
**Date**