



USF Health - Morsani College of Medicine GME POLICY & PROCEDURE

Title: Moonlighting Policy	GME-209
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Scope: Applies to all University of South Florida Morsani College of Medicine (“USF MCOM”) residents and fellows (“Residents”) in Accreditation Council for Graduate Medical Education (“ACGME”) accredited and non-accredited/non-standard programs as appointed through the House Officer Contract issued by the USF MCOM Graduate Medical Education Office (“GME Office”).

Background: This policy is for the review of moonlighting and all outside activities (hereinafter “moonlighting/QA”), which may include Internal and External Moonlighting or additional non-clinical work outside of their training program. The USF MCOM is committed to establishing protocols and standards to ensure the well-being of the resident who train at USF MCOM and its affiliated hospital, by ensuring that these trainees maintain a safe working environment and get adequate rest from their clinical duties. Residency training is a full-time educational experience, and the special nature of residency training requires extensive clinical activity and availability to patients at times other than the regular workday. Extramural paid activities must not interfere with the resident's educational performance, clinical responsibilities and/or rest periods.

Policy: The USF MCOM and the University of South Florida are committed to providing the highest quality work environment for physicians in training to master their chosen disciplines. Residents 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/QA”) must not interfere with the resident's achievement of the goals and objectives of the educational program or adversely affect patient safety. In accordance with the ACGME requirements, residents must not be required to engage in moonlighting/QA and all internal and external moonlighting/QA 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/QA) CPR VI.F.1.]. Oversight of duty hours and total work hours is the responsibility of the program, 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, residents may engage in moonlighting/QA during their period of appointment with annual approval from their program, GME Office and the USF eDisclose system.

The eDisclose system enables employees to meet their annual Florida Code of Ethics for Public Officers and Employees (FCOE) disclosure and acknowledgement responsibilities; likewise, eDisclose enables supervisors, managers, and senior managers to meet their review responsibilities for employee disclosures of nepotism and outside activity (hereinafter “moonlighting/QA”). As an integral part of the

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Moonlighting review/approval process, the resident must log-into my.usf.edu and complete the eDisclose for Outside Activity (“OA”) Process.

Provisions for Moonlighting/QA:

1. Residents seeking approval to moonlight and who engage in moonlighting/QA 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 or engage in OA.
3. Residents holding a J-1 Visa are expressly prohibited from moonlighting/QA under federal regulations.
4. Residents holding an O-1 Visa may only engage in moonlighting/QA if his/her visa specifically grants permission to the Resident for these purposes.
5. Residents must complete and sign an “Moonlighting Privileges Request Form” each new academic year. The Program Director and Senior Associate Dean of Graduate Medical Education must review, approve and sign the form before the resident begins moonlighting/QA. A copy of the form will be placed in the Resident's program file.
6. Residents must be in good standing as defined by the Program Director and the program's Clinical Competency Committee with regards to performance in all ACGME competencies and compliance with all institution's and program's policies.
7. Residents who have received verbal warning, written warning, probation, suspension, or extension of training are prohibited from engaging in any moonlighting/QA during the period of remediation.
8. A Program Director or Senior Associate Dean of Graduate Medical Education has the discretion to permit, prohibit, limit, or revoke permission for moonlighting/QA as s/he deems appropriate. The Program Director and Senior Associate Dean of Graduate Medical Education's decision concerning this approval/non-approval is not subject to appeal.
9. Any approval by a Program Director and Senior Associate Dean of Graduate Medical Education allowing a resident to moonlight is valid for the academic year in which it is granted, unless limited or revoked sooner. Approval of moonlighting/QA 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 is responsible for reporting and logging all hours worked, including all internal and external moonlighting/QA hours, on a bi-weekly basis. Residents 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 moonlighting/QA approval 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'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 for moonlighting/QA activities.

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11. Residents may not engage in moonlighting/QA during regular duty hours or while on call. Residents may not accept outside employment or engage in other outside activity that may interfere with the full and faithful performance of their clinical duties.
12. Residents 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 Senior Associate 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/QA outside of the official training program. Any professional liability (malpractice) insurance for moonlighting/QA, whether such moonlighting/QA is internal or external, is the sole responsibility of the resident. Residents must either purchase sufficient malpractice insurance to cover his/her moonlighting/QA 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 for moonlighting/QA activity to confirm whether the resident is individually and fully licensed for the unsupervised medical practice in the state where the moonlighting/QA occurs and that the resident 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. Program Directors should review the Resident's moonlighting/QA scope of practice with the Resident. Program Directors should only allow a moonlighting/QA scope of practice that applies to the trainee's past/current level of training not their expected level at the end of training program. In addition, Program Directors should verify any additional limitations set forth by the specialty ACGME RRC and comply with these limitations.

Procedure

Responsible Party

Resident

Action

Requests written approval (on an annual basis) for any moonlighting/QA via the GME Moonlighting Privileges Request Form. Has a full Florida license and ensures adequate professional (medical) malpractice liability coverage for such activities. Completes the USF eDisclose form through my.usf.edu.

Complete the eDisclose for Outside Activity ("OA") Process, which includes:

- Step 1: Employee Creates new disclosure and submits
- Step 2: Supervisor Reviews and makes a recommendation to the next reviewer
- Step 3: Manager Reviews and makes a recommendation to the next reviewer

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Step 4: Senior Manager Reviews and makes a determination

Step 5: Employee Acknowledges the review determination

Resident

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

Notifies program, Program Director and Office of Graduate Medical Education when moonlighting activity is terminated.

Program Director

Notifies resident of approval or denial of moonlighting request and documents in writing that decision in the resident 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/QA has on training.

GME Office

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

Resident

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:



Senior Associate Dean, Graduate Medical Education/DIO

Effective: 8/1/2002

Reviewed, Revised, Approved: 6/2005; 8/2008; 2011; 6/2014; 10/2015; 6/2017; 8/2019

Originally policy GME-208-B

**USF GME – Moonlighting/OA Privileges Request
For Academic Year ending June 30, 2022**



Application Instructions

1. Complete the entire application to obtain approval for any moonlighting or outside activities (“Moonlighting/OA”)
2. Initial and sign where indicated
3. Obtain signature from your Program Director
4. Submit completed form to the GME Office for processing by
 - a. Email to ptaylor@usf.edu
5. Wait for email from GME to you and your PD indicating approval before agreeing to work moonlighting/OA shifts. **You are not approved to moonlight/OA until you receive approval via a fully executed copy of this form returned from GME.**
6. Log into my.usf.edu to complete [eDisclose](#) for Outside Activity (OA). You will receive a DISC# from the system and must include this number with your signature on page 3 of this application.

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/OA 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/OA: ____/____/____ End date of Moonlighting/OA: ____/____/____ (cannot be past 6/30 for programs that start 7/1; or 7/31 for programs that start 8/1)

Approval is granted for only 12 months or less during a single academic year (July 1 to June 30; or August 1 to July 31)

Moonlighting/OA Employer (one employer per form): _____

Contact Person: _____

Contact Phone Number and Email Address: _____

Nature/Description of the proposed Moonlighting/OA activity: _____

Location/Service of Moonlighting/OA activity (one per form): _____

Estimated number of hours per shift: _____ Estimated number of shifts per month: _____

I am requesting to moonlight/OA 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/OA activities)

Company: _____ Policy #: _____

Limits of Coverage _____ Effective Date ____/____/____

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

Acknowledgement of USF GME Moonlighting/OA 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/OA, including the moonlighting/OA policy, GME-208-A, and the ACGME requirements relating to moonlighting/OA 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/OA activity. **** If moonlighting/OA will occur at an affiliate site, additional documentation of moonlighting/OA hours may be required. If not completed in a timely fashion, moonlighting/OA privileges may be rescinded.***

_____ I will record all moonlighting/OA 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/OA 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/OA, and I will report all moonlighting/OA 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/OA at any time.

_____ I agree that if I moonlight/OA 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/OA if it interferes with my training, including education and/or patient care. I agree to stop all moonlighting/OA 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.

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_____I understand that I am only covered by NICA for deliveries performed in conjunction with my training and I do not have NICA coverage through USF for any outside moonlighting/OA activities.

Signature of Trainee: _____

Date: _____

USF eDisclose DISC# _____

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/OA 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/OA Employer Acknowledgement (if applicable)

Date

Signature of GME DIO

Date