



THE UNIVERSITY *of* TEXAS

MEDICAL SCHOOL AT HOUSTON

A part of The University of Texas Health Science Center at Houston

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TO: ALL PROGRAM AND FELLOWSHIP DIRECTORS

FROM: Patricia M. Butler, M.D., Designated Institutional Official
John R. Potts, M.D., Chair, Graduate Medical Education Committee
David E. Kusnerik, Director, Graduate Medical Education

RE: RESIDENT/FELLOW MOONLIGHTING (EXTRA CALL FOR EXTRA PAY)

The ACGME sets forth specific requirements and guidelines for moonlighting, sometimes referred to at UTMSH as “extra call for extra pay.” It is important that each Program be aware of and complies with the ACGME requirements regarding moonlighting. **Those requirements, along with the UTMSH policy, are set forth on the following page.**

Additionally, at UTMSH, in order for professional medical liability insurance to be in effect for any residents or fellows that provide extra call, the extra call must fall within the parameters of the educational training program. This should be approved by the Program Director and documented in the resident’s file. The GME Committee recently approved and endorsed the attached form as the appropriate mechanism to document instances of approved moonlighting. This form will be placed on the GME website.

Attachment

ACGME Institutional Requirements Section III.D.k.

Professional and patient care activities that are external to the educational program are called moonlighting. Moonlighting activities, whether internal or external, may be inconsistent with sufficient time for rest and restoration to promote the residents' educational experience and safe patient care. Therefore, institutions and program directors must closely monitor all moonlighting activities.

The Sponsoring Institution must have a written policy that addresses moonlighting. The policy must:

- a. specify that residents must not be required to engage in moonlighting;
- b. require a prospective, written statement of permission from the program director that is made part of the resident's file; and,
- c. state that the residents' performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission.

ACGME Common Program Requirements Section VI.D.

Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

UTMSH Duty Hours Policy – Section on Moonlighting

Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

Each Program must have a written policy regarding moonlighting that:

1. specifies that residents must not be required to engage in moonlighting
2. requires a prospective, written statement of permission from the program director that is made part of the resident's file; and,
3. states that the residents' performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission.

Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

APPROVAL FOR RESIDENT MOONLIGHTING

(This form is to be completed prior to commencing moonlighting activity)

TO BE COMPLETED BY RESIDENT

(Residents must abide by the terms of their Program’s Moonlighting Policy. Moonlighting activity that is not approved by the Program Director may result in disciplinary action against the resident for failure to complete this form).

Please check type of activity you will be performing:

_____ **External Moonlighting** – professional activity that is outside the course and scope of your educational program, and takes place at a hospital/clinic that is not a participating institution for your program. You must have professional liability insurance coverage that either you or the entity hiring you for this moonlighting service has purchased. You are not covered by your UT System professional liability insurance for this work and you are not supervised by an attending. You must have a full Texas medical license. **The hours worked do not count towards Duty Hours.**

_____ **Internal Moonlighting** – professional activity that is outside the course and scope of your educational program, and takes place at a participating institution for your program. You must have professional liability insurance coverage which either you or the entity hiring you for this moonlighting service has purchased. You are not covered by UT System professional liability insurance for this work and you are not supervised by an attending. You must have a full Texas medical license. **The hours worked DO COUNT towards Duty Hours.**

_____ **Extra Call for Extra Pay** – professional activity that is within the course and scope of your educational program and is provided only at a participating institution for your program. Your UT System professional liability insurance covers this activity. You are supervised by an attending and this activity can be done with a physician in training permit. **The hours worked DO COUNT towards Duty Hours.**

Name of Resident: _____

Moonlighting Location: _____ (a new form must be completed for each location)

Address of Facility: _____

Phone Number: _____

Specific Dates and Hours of Proposed Moonlighting: _____

OR

Maximum Number of Hours of Moonlighting: _____/week or _____/month

Description of Moonlighting Activity: _____

<p>For External and Internal Moonlighting: Texas Medical License # _____ Professional Liability Insurance Carrier: _____ Policy #: _____</p>

Signature of Resident

Date

TO BE COMPLETED BY PROGRAM DIRECTOR (please check):

I approve the above request for:

- _____ external moonlighting. Maximum number of hours: _____/month
- _____ internal moonlighting. Maximum number of hours: _____/month
- _____ extra call for extra pay. Maximum number of hours: _____/month

___ This resident is in good standing

___ This resident does not hold a J-1 visa

___ This resident holds an H-1B visa

Signature of Program Director

Date

Program Director Comments: _____

A copy of this form must be sent to the GME Office (JLL 310) prior to commencement of any moonlighting to allow sufficient time for clearance of any residents on H-1B visas.