

GRADUATE MEDICAL EDUCATION COMMITTEE

MOONLIGHTING POLICY AND PROCEDURES  
FOR HOUSE STAFF PHYSICIANS AND DENTISTS

- I. General Statement: House staff who wish to engage in professional activity outside of their graduate medical or dental training program (“moonlighting” as defined in §II of this policy) during the period of their Graduate Medical Education (GME) appointment, must follow the procedures outlined in this policy. In this policy, the terms learner, trainee, house staff member, resident and fellow may be used interchangeably.

Moonlighting must not

- be required of any house staff member during the period of his/her GME appointment
- conflict with the assigned clinical and educational responsibilities of the house staff member’s training program at the University of Iowa Hospitals and Clinics (UIHC),
- interfere with the ability of the trainee to achieve the goals and objectives of his/her educational program,
- interfere with the resident’s fitness for work
- compromise patient safety
- be performed by PGY-1 residents
- be performed by any trainee on a J-1 or J-2 visa with an Employment Authorization Document (EAD).

Each training program at UIHC shall meet the requirements of this policy, as well as any applicable standard set by the ACGME, the appropriate RRC, other accrediting or certifying body, or applicable statute. Questions regarding approval and scheduling of moonlighting should be directed to the respective Program Director. Failure to adhere to any part of this policy or to follow its procedures can be grounds for rescinding moonlighting approval or for immediate dismissal of the house staff member from his/her training program. .

- II. Definition: Professional activity outside the training program means activities requiring the exercise of professional judgment involving a commitment of the house staff member’s time. The term refers to activities involving direct patient care, which are commonly referred to as “moonlighting,” as well as engagements as a consultant on patient care matters. Serving as a utilization review consultant for insurance companies and other organizations or as an expert witness solely for the purposes of advising or testifying regarding the appropriate standard of care is not permitted. However, it is not necessary for house staff to obtain permission as defined in this policy for activities arising out of professional contacts occurring as part of the training program (e.g., testifying at a disability hearing regarding the condition of a patient treated in the course of the house staff member’s assigned responsibilities).
- External moonlighting is activity which is outside the responsibilities of a house staff member and occurs outside UIHC.
  - Internal moonlighting is activity which is outside the responsibilities of a house staff member but occurs at UIHC. Internal moonlighting occurs infrequently.
- III. Licensure: All house staff members engaged in moonlighting must be licensed for unsupervised medical practice in the state where the moonlighting occurs. A State of Iowa “Resident Physician” or “Resident Dental” license is not valid for professional activity outside of his/her UIHC GME training program. Moonlighting internal to UIHC also requires that the house staff member have a permanent Iowa license. For all moonlighting, the house staff member is solely responsible to obtain and maintain an appropriate **permanent** license that is not specific to his/her training program.
- IV. Malpractice Coverage: It is the personal responsibility for each house staff member to obtain, maintain and/or ensure that he/she has professional liability insurance coverage while engaging in any moonlighting activity, internal or external to UIHC.
- External coverage: With respect to external moonlighting, during the time an individual is moonlighting, he or she is acting as a private practitioner without any sponsorship by UIHC, the UI, GME or his/her Program Director. The Iowa State Tort Claims Act does not cover external moonlighting. A house staff member engaging in external moonlighting must ensure that appropriate malpractice coverage is in place and must clearly describe that coverage on the moonlighting request form.
  - Internal coverage: For each internal moonlighting request, malpractice coverage must be discussed with and approved by the GME Associate Dean prior to the completion and submission of a moonlighting request form to the GME Office.
- V. Billing: Any house staff member who is in an ACGME accredited program shall **not bill** for services while moonlighting internally at UIHC.
- VI. Duty Hour Limits: Time spent by residents in any moonlighting activity – both external and internal – must be counted toward the 80-hour maximum weekly hour limit when averaged over a four-week period as stated in the *UIHC Policy for*

*GME Trainees on the Learning and Working Environment regarding Professionalism, Well-Being, Fatigue Mitigation, Transitions of Care, and Clinical Care and Experience.*

**VII. Procedures:** The following steps must be followed to obtain approval of a moonlighting request:

- A. Completion of a Moonlighting Request Form (MRF): Each request shall be documented by the completion in writing of an MRF, which is obtained from the Program Director or his/her designee prior to the beginning of the moonlighting activity. The MRF must specify:
  - 1. the name, department, program and level of training of the house staff member
  - 2. that the requesting house staff member is in good standing in the program
  - 3. the reason for the moonlighting request
  - 4. the type of professional activity to be engaged in
  - 5. the number of hours (specific days and times) involved in the moonlighting request for each specific site
  - 6. that the moonlighting dates/times/duration will not interfere with clinical or educational obligations of the house staff member
  - 7. that the moonlighting does not cause the house staff member to violate duty hour mandates posed by the UIHC, the GMEC, the home program/department, the ACGME/RRC, and/or any other accrediting, certifying, regulating or governing body, internal or external to UIHC
  - 8. a contact's name, phone number and other relevant contact information at the moonlighting site during the moonlighting activity
  - 9. the site at which the moonlighting will occur (name of hospital or clinic, street address and city/state)
  - 10. the assurance that any moonlighting internal to UIHC will have an immediately available supervisor
  - 11. a list of all other current moonlighting sites, updated with each new request
  - 12. the house staff member's permanent medical or dental license number and state
  - 13. a clear description of the malpractice coverage:
    - a. for external moonlighting activities, the house staff member must provide evidence for malpractice coverage that is NOT reliant on the Iowa State Tort Claims Act
    - b. for internal moonlighting activities, the house staff member must meet with the GME Associate Dean to obtain his approval and to discuss and confirm adequate malpractice coverage for the specific circumstance (see also VII.D. below in this policy)
- B. The MRF must be signed by:
  - 1. the requesting house staff member
  - 2. the Program Director (see also VII.C below in this policy)
  - 3. other individuals, as required by the Department (i.e., Clinical Service Head, Departmental GME Director, Program Coordinator, etc.)
  - 4. the GME Director, if the request is for internal moonlighting (see VII.D below in this policy)
- C. Program Director Approval: Each respective Program Director is responsible for the initial review and approval of all moonlighting requests. The Program Director shall evaluate and respond to each request on a case-by-case basis. Program Director approval must be obtained prior to the submission of an MRF to the GME Office. Internal requests require GME Associate Dean approval of a proposal as described below.
- D. GME Associate Dean Approval for Internal Moonlighting: A proposal for internal moonlighting must be submitted to the GME Office and approved by the GME Associate Dean. Following review and approval of the completed proposal, an MRF must be reviewed and approved as described above in this policy before any internal moonlighting occurs.
- E. Duty Hour Report by Program Director: For each house staff member who has an approved, current moonlighting request form on file in the GME Office, the respective Program Director must be able to evidence his/her monitoring of duty hour compliance by submitting a report when requested by the GME Office. Such report must clearly depict the house staff member's moonlighting hours as part of the overall tracking of work hours.
- F. Duration of Approval: Approval for each request shall be for no longer than the house staff member's current GME contract term. A new request must be made for each new contract term at each moonlighting site. Approval can be revoked at any time if a resident's moonlighting activity is determined to be adversely affecting his/her performance in the training program, if the resident's well-being or fitness for work is compromised, if patient safety is at risk, if he/she does not comply with any aspect of this policy, or if program monitoring is deemed insufficient by the GME Associate Dean.
- G. Filing of an Approved MRF: The approved MRF must be filed in the house staff member's GME Office file prior to the commencement of the approved moonlighting activity. It is the responsibility of the house staff member to ensure that all moonlighting activities have current and fully approved MRFs in place.

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