Resident/Fellow Moonlighting Policy

Scope: This policy applies to Residents (0328), Chief Residents (0329) and Fellows (0444) participating in approved training programs.

This policy also applies to Senior Fellows (0445) and Senior Fellow Trainees (0442) who are participating in non-accredited training programs, but who do not hold a faculty title such as Acting Instructor (0124) that permits Professional Fee Billing through one of the practice plans. This policy does not apply to trainees who hold a concurrent title of Acting Instructor or other faculty title.¹

Background: Moonlighting is an optional activity. Neither the UW School of Medicine nor any of its training programs require moonlighting. Rather, such activities are generally discouraged because training programs are a full time endeavor that should be the Trainee’s highest priority at all times. The Accreditation Council for Graduate Medical Education (ACGME) has generally discouraged Moonlighting for the following reasons:

- Moonlighting competes with the opportunity to achieve the full measure of the educational objectives of the residency; and
- The added time burden takes away from study and reduces opportunities to rest and the ability for a more balanced lifestyle.

Nevertheless, UW School of Medicine does recognize that moonlighting, when managed appropriately, may provide an opportunity for Trainees to augment their professional skill development. In addition, economic factors may sometimes lead some Trainees to pursue moonlighting. However, in no instance will a Trainee be required to engage in such activity.

Trainees who choose to Moonlight must ensure that Moonlighting does not interfere with their ability to achieve the goals and objectives of their training program. Trainees in ACGME-accredited training programs are responsible for complying with the Institutional Duty Hours Policy, which requires that all moonlighting hours count towards total duty hours. Accordingly, Program Directors and the Office of Graduate Medical Education (GME) may approve Moonlighting activities only if these activities will not in any way interfere with the Trainee’s program responsibilities and the Trainee’s ability to comply with the Duty Hours Policy and this Policy.

Definitions:

ACGME: Accreditation Council for Graduate Medical Education.

Approved GME Program or Approved Training Program: Approved programs include those residency and fellowship training programs approved by the ACGME, American Board of Medical Specialties (ABMS) or the Commission on Dental Accreditation (CODA).

Duty Hours: Includes all clinical and academic activities related to the training program, such as patient care (in-patient and out-patient), administrative duties related to patient care, transfer of patient care (including any medical record charting completed remotely),

Further, policy requirements for Programs and/or Trainees in Maternal Fetal Medicine or with Chief Resident/Non-ACGME (0333) appointments vary from this policy and must contact GME Office before seeking approval to moonlight or engaging in outside work.

¹ Senior Fellows and Senior Fellow Trainees who seek to perform work outside of their UW appointment must also seek approval through the UW Outside Work Approval process: http://www.washington.edu/admin/acadpers/faculty/outside_profwork.html.
the provision for transfer of patient care, time spent in-house during call activities, scheduled didactic activities such as conferences and journal club, scheduled research activities, and other program activities such as participating in committees and in interviewing residency candidates. Duty hours also includes all hours engaged in any Moonlighting activities. Duty Hours do not include reading and preparation time spent away from the duty site.

**External Moonlighting:** Extra work for extra pay performed at a site that is not a UW Medicine Site or a UW Closely-Affiliated Site, whether or not that site participates in the Trainee’s Approved Training Program. Note: a “site” may include other facilities owned or operated by the site through which the Trainee rotates. When a Training Program includes one facility in a health system, all facilities and clinics within the health system may be part of the “site.”

**Internal Moonlighting:** Extra work for extra pay performed at UW Medicine and UW Closely-Affiliated sites.

**Moonlighting:** Any circumstance of working, including clinical or non-clinical activities, outside of the Trainee’s Approved Training Program, regardless of whether at an External or Internal Moonlighting site.

**Professional Fee Billing:** Billing for a physician’s clinical services to patients under the Medicare Physician Fee Schedule.

**Trainee:** Residents, Chief Residents and Fellows participating in Approved Training Programs and Senior Fellows and Senior Fellow Trainees who are participating in non-accredited training programs and who do not hold a concurrent acting instructor or other faculty title.

**UW Medicine Site:** UW Medical Center, Harborview Medical Center, UW Neighborhood Clinics and Airlift Northwest. For the purposes of this policy, Northwest Hospital and Valley Medical Center are handled on a case by case basis.

**UW Closely-Affiliated Site:** Seattle Children’s Hospital, VA Puget Sound Healthcare System, Seattle Cancer Care Alliance, Fred Hutchinson Cancer Research Center, and Puget Sound Blood Bank.

**Policy:** The UW School of Medicine prohibits a Trainee from engaging in any Moonlighting activity unless approved in writing by the Trainee’s Program Director and the GME Office PRIOR to engaging in such activity. Either the Program Director or the GME Office has the discretion to deny or terminate Moonlighting activities for any reason, including interference with educational objectives, patient care responsibilities and/or Duty Hour compliance.

**A. Site**

1. **Moonlighting at a Training Site of the Trainee’s Approved Training Program**

   - **UW Medicine or UW Closely-Affiliated sites:** Internal Moonlighting is permitted at a training site of the Trainee’s program when the site is a UW Medicine or a UW Closely-Affiliated site (this excludes moonlighting within the hospital of Seattle Children’s Hospital, where Internal Moonlighting is prohibited). However, Professional Fee Billing by the Trainee is NOT permitted under any circumstances. The factors considered in determining whether approval is granted include need for and duration of these services,
location of the services (in-patient/out-patient), training status of the resident, and duty hours compliance.

- **Sites that are not UW Medicine or UW Closely-Affiliated sites:** Moonlighting is permitted at a training site of the Trainee’s Program if the site is not a UW Medicine or UW Closely-Affiliated site ONLY if the activity occurs in the outpatient or emergency departments. To comply with Federal regulations and avoid the possibility of inappropriate billing for inpatient care, Moonlighting is not permitted in an inpatient setting of a training site of the Trainee’s program outside of UW Medicine or UW Closely-Affiliated sites.

2. **Moonlighting at a Site that is NOT a Training Site of the Trainee's Program**

- **UW Medicine or UW Closely-Affiliated sites:** Moonlighting is permitted at UW Medicine or UW Closely-Affiliated sites when the site is not a training site of the Trainee’s program. However, Professional Fee Billing by the Trainee is NOT permitted under any circumstances. The same factors as stated above in section A.1. are considered.

- **Sites that are not UW Medicine or UW Closely-Affiliated sites:** Moonlighting is permitted at these sites.

3. **Moonlighting at Valley Medical Center or Northwest Hospital**

- Any proposed moonlighting at Valley Medical Center or Northwest Hospital will be evaluated separately and on a case-by-case basis.

**B. Moonlighting Request Process**

It is the responsibility of the Trainee to initiate the following Moonlighting Request process.

1. Prior to the commencement of any Moonlighting activity, a Trainee wishing to Moonlight must submit a completed and signed Request for Approval of Moonlighting Activities to his/her Program Director for approval. This Request for Approval may be obtained for the Program Director, the GME Office or online at www.gme.washington.edu.

2. The Program Director has the discretion to decide whether or not the proposed Moonlighting activity is compatible with the training requirements of the training program. The Program Director may permit, prohibit, limit or revoke permission to moonlight as s/he deems appropriate. Factors to be considered include PGY level, academic standing, total Duty Hours, interference with Trainee’s ability to achieve the goals and objectives of his/her Approved Training Program, and ability to complete regular duties. PGY-1 residents are not permitted to moonlight.

3. The Program Director must indicate his/her approval of a Trainee’s request by completing the appropriate section of the Request for Approval form. If approved, the Program Director then sends the Request form to the GME Office for review and a determination. **The Trainee shall not Moonlight without written approval from both the Program Director and the GME Office.** If the Program Director denies the request, no Moonlighting shall occur. The Program Director’s decision to deny a Moonlighting request is final and not subject to review.
4. Trainees within the Department of Pediatrics and in programs based at Seattle Children's Hospital (SCH) must obtain approval of the SCH GME Office, in addition to obtaining the approvals from the Program Director and UW School of Medicine GME Office.

C. Trainee Requirements and Responsibilities

1. **General** – The Trainee must be in good standing within his or her Approved Training Program and have an unrestricted license to practice medicine, osteopathy, dentistry, or podiatry in the state in which he or she intends to moonlight.

2. **Duty Hours** – All Moonlighting hours must be counted towards the duty hours limits as described in the Institutional Duty Hours Policy. Trainees must comply with the Institutional Duty Hours Policy, unless the Trainee is a Senior Fellow or Senior Fellow Trainee whose program does not follow the duty hours requirement.

3. **Professional Liability Coverage** – In general, the University of Washington will provide professional liability coverage for Internal Moonlighting activities at UW Medical Center, Harborview Medical Center, and other employing entities that are an existing part of the University’s professional liability program. Seattle Children’s Hospital and the VA Puget Sound Health Care System maintain their own liability coverage programs and in general provide liability coverage for approved moonlighting activities occurring at their respective locations. External moonlighting activities are not covered by the University’s professional liability program, unless there are exceptional circumstances and prior approval is granted by the Office of Risk Management. Absent those exceptional circumstances, the Trainee must either purchase sufficient malpractice insurance to cover his or her Moonlighting activities or obtain written assurance from the site or hiring entity that it will provide malpractice insurance and workers’ compensation coverage to the Trainee.

4. **Medical Licensure Requirements** – Under Washington State Law (RCW 18.71.095(3)), a limited license “. . . shall permit the resident physician to practice medicine only in conjunction with his or her duties as a resident/fellow physician and shall not authorize the physician to engage in any other form of practice.” Approval of Moonlighting activities by the UW does not constitute the University’s endorsement that the Trainee has the appropriate license. It is the Trainee’s responsibility to ensure that he or she is appropriately licensed before engaging in any Moonlighting activities.

5. **DEA Licensure Requirements** – Fee-exempt Drug Enforcement Administration (DEA) licenses obtained through the University of Washington School of Medicine are restricted to activities performed by the individual (a) within the scope of their University of Washington duties as part of their Trainee’s Approved Training Program (including activities at UW Medicine sites, UW Closely-Affiliated sites, and all other affiliated training sites); or (b) within the scope of their University of Washington duties as Internal Moonlighting at UW Medicine sites or UW Closely-Affiliated sites. The exemption from the application fee is limited to federal state or local government-operated hospitals, institutions, and officials carrying out their state duties. Trainees who engage in Moonlighting activities at any site outside of UW Medicine (External Moonlighting) must obtain an individual DEA license and may not use the fee-exempt license obtained through the UW for this purpose.
D. Period of Approval

Approval of a Request for Approval is valid for the then current academic year only. The Trainee must submit a new Request for Approval each academic year (generally July 1 – June 30).

E. Withdrawal of Approval

The Program Director and or GME Office may withdraw approval at any time if the Trainee is not in compliance with the conditions of approval or if it appears that the Moonlighting activities are interfering with the Trainee’s performance in the Approved Training Program.

F. Restrictions on Outside Work for VISA Holders

Trainees with Visas sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG) or UW are subject to the following limitations:

- J-1 Visas – J-1 Exchange Visitor physicians sponsored by ECFMG may receive compensation only for activities that are part of the designated training program. Therefore, any Moonlighting for compensation outside of the sponsored program whether clinical or non-clinical is not permitted.
- H-1B Visas – H-1B Visas are position and employer specific. Therefore, Moonlighting is not permitted on an H-1B Visa issued for the training program. If a trainee wishes to engage in Moonlighting activities while in training, a separate petition specifically for the Moonlighting activity must be submitted by the institution or employer at which the Moonlighting will occur.

G. Professional Fee Billing

1. Moonlighting at a Training Site of the Trainee’s Approved Training Program

- UW Medicine or UW Closely-Affiliated sites: Professional Fee Billing for services performed by Trainees shall never occur at these sites.
- Sites that are not UW Medicine or UW Closely-Affiliated sites: Professional Fee Billing may occur for services performed by Trainees in outpatient and emergency department settings ONLY. Moonlighting activities and Professional Fee Billing in-patient setting is prohibited.

2. Moonlighting at a Site that is NOT a Training Site of the Trainee’s Program

- UW Medicine or UW Closely-Affiliated sites: Professional Fee Billing for services performed by Trainees shall never occur at these sites.
- Sites that are not UW Medicine or UW Closely-Affiliated sites: Professional Fee Billing for services performed by Trainees in inpatient, outpatient and emergency department services is permitted.

3. Valley Medical Center and Northwest Hospital

- Moonlighting activities and Professional Fee Billing for these activities at one of these sites will be determined on a case-by-case basis.
Attachment A

Resident/Fellow Disclosure and Request for Approval of Moonlighting Activities

Section I: Disclosure of Proposed Moonlighting

1. Resident/Fellow Name: _______________________________________________________
2. Residency/Fellowship Program: _____________________________________________
3. Training Year: _____________________________________________________________
4. Specific description of the activity: ___________________________________________
5. Name of institution/organization: _____________________________________________
6. Name of the Medical Director where the services will be provided:
   _________________________________________________________________
   (Note: If services will be provided at UWMC, SCCA, or HMC, please indicate if the services will be rendered in inpatient and/or outpatient settings).
7. Dates upon which moonlighting activities will commence __________ and end __________
8. Average number of moonlighting hours worked per week: _________________________
9. Maximum length of shift: _____________________________________________________
10. Amount of time off (number of hours) between end of moonlighting shift and the beginning of the scheduled accredited program shift: _________________________________
11. Source(s) of compensation for moonlighting: _________________________________
12. Will professional fees be billed for this activity? (Check one)
    □ Yes, professional fees will be billed for my moonlighting activities.
    □ No, professional fees will not be billed for my moonlighting activities.
13. DEA license number (please attach a copy of DEA license): ______________________
Section II: Trainee’s Certification

By signing this Request for Approval, I certify that the foregoing description of my requested moonlighting activities is accurate and true. I understand that any approval of the requested moonlighting activities is conditioned on my ongoing compliance with the following assurances, and will terminate upon failure to comply with any of the following:

- Moonlighting outside my approved training program will not interfere in any way with my educational experience, performance or regular training program responsibilities as a resident/fellow.
- I will not engage in moonlighting activities during my scheduled training program hours, including times when I am scheduled to be on-call or available for consultations as part of my approved training program.
- I must remain in good standing in my approved training program, as documented by satisfactory evaluations, in order to continue moonlighting activities.
- I must promptly update this Request Form to reflect any changes in my moonlighting activities.
- I may not engage in moonlighting activities in which there may be a conflict of interest with my appointment at the University of Washington.
- My moonlighting activities outside the approved training program must comply with applicable federal and state law and regulations.
- I agree to be bound by the following work hour limits: My total aggregate work hours, including both my activities as part of an approved training program and my moonlighting activities shall not exceed 80 hours per week when averaged over four weeks. Further, I will not be on duty more than 24 consecutive hours, and I will have at least 10 hours off after moonlighting and before the start of my training program activities.
- I must provide my own malpractice insurance coverage during periods in which I am engaged in moonlighting activities. I understand that the malpractice insurance provided by the University of Washington for my authorized training program duties does not cover any moonlighting activities.
- I will not be visually identifiable as a trainee, and will not hold myself out as a trainee, in a UW residency/fellowship program when I am engaged in moonlighting.
- I understand that failure to comply with any of the foregoing conditions may result in withdrawal of permission to engage in moonlighting or other disciplinary actions.

I certify that I will comply with all of the foregoing conditions while engaging in moonlighting activities:

_____________________________      ______________________
Trainee Signature                                  Date

Section III: Program Director Approval/Disapproval

I have reviewed the above-noted request in addition to the expected duty hours and my determination regarding that request is as follows:

☑ Request Approved. I concur that the UW duty hour requirements will not be exceeded. Approval for moonlighting activities is granted solely subject to the above-noted conditions and through the earliest of either the end of the current academic year or until change(s) to the approved moonlighting activities occurs. Submission of an updated Request for Approval must occur each subsequent year or immediately upon any change in the activities or narrative described above.

☐ Request Denied.

_____________________________      ______________________
Program Director’s Signature                                 Date

_____________________________      ______________________
Office of Graduate Medical Education Signature               Date