**Children’s National Medical Center**

**Graduate Medical Education**

**Moonlighting Policy**

**Title:**

**Moonlighting Policy**

1. **Scope:**

This policy applies to all residents in training programs at Children’s National Medical Center (CNMC). This policy is designed to outline the procedures that a resident must follow to engage in patient care activities outside of CNMC.

1. **Definitions:**
   1. The term “resident” refers to all graduate medical trainees, including interns, residents and fellows
   2. Moonlighting refers to any and all clinical activities outside of the clinical and educational requirements of the post-graduate training program, in which the resident performs duties as a resident under faculty supervision or as fully-licensed physician and receives direct financial remuneration.
   3. External Moonlighting refers to voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.
   4. Internal Moonlighting refers to voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

Both external and internal moonlighting hours must be counted toward the 80-hour weekly limit on duty hours.

1. **Responsibilities:**
   1. **Residents**
      1. Residents are not required to engage in moonlighting.
      2. PGY 1 residents are not permitted to moonlight
      3. Residents with J-1 or H-1B visas are not permitted to engage in moonlighting activities.
      4. Residents are required and responsible for obtaining a prospective written statement of approval from their Program Director that is made part of the resident’s file.
      5. Moonlighting without formal approval will result in adverse disciplinary action.
      6. While engaging in moonlighting activities outside of CNMC, the resident does not serve as an employee or agent of CNMC. Residents engaging in moonlighting must be licensed for unsupervised medical practice in the state where the moonlighting occurs.
      7. CNMC does not provide professional liability for external moonlighting activities
      8. Internal moonlighting (moonlighting at CNMC) hours count towards the cap in duty hours for the resident.
      9. Residents must be in good standing in their program to engage in moonlighting activities.
      10. Residents must be credentialed by the Medical Staff Office for unsupervised independent practice
   2. **Program Directors**
      1. Residents must not be required to moonlight. Moonlighting is permissible, based upon the discretion of the Program Director, provided that such activity does not interfere with the resident’s performance in his or her post-graduate training program. Permission to moonlight may be withdrawn by the program director at any time. Program directors who wish to prohibit all residents from moonlighting may do so provided that they notify the GME Office in writing of any such policy and make the prohibition known to all applicants to the postgraduate training program and to all residents in the program on an annual basis.
      2. Program directors must approve all requests for moonlighting.
      3. Program directors must determine if the requests for moonlighting are in compliance with institutional and ACGME duty hour policies. Specifically, program directors must monitor duty hours closely and address any duty hour violations immediately. Time spent by residents in Internal and External Moonlighting must be counted towards the 80-hour Maximum Weekly Hour Limit.
      4. The Program Director must acknowledge in writing that he/she is aware of the resident’s specific moonlighting activities.
      5. Program Directors must provide, in their annual report a summary of the moonlighting activity of all residents in the training program.

Approved by CNMC GMEC: April 20, 2005

Modified and approved by GMEC: February 2008

Modified and approved by GMEC: September 21, 2011

Modified and approved by GMEC: January 20, 2017



Mary C. Ottolini, MD, MPH, MEd Chair, GMEC

**Resident Moonlighting Approval Form**

Children’s National Medical Center

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **To Be completed by Resident** | | | | | |
|  | | |  |  |  |
| Resident Name | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Year of Training (PGY) | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Training Program | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Program Director | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **The moonlighting responsibilities, including date(s), institution, location, and activities are listed below:** | | | | | |
|  | | | | | |
| **Please use initials where applicable** | | | | | |
|  | **I have the appropriate training and skills to carry our assigned moonlighting duties** | | | | |
|  | **My total work hours, including moonlighting activities, will not exceed 80 hours per week averaged over 4 weeks** | | | | |
|  | **I am not on probation** | | | | |
| **Resident’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **To be completed by Program Director. Please use initials where applicable** | | | | | |
|  | | **The moonlighting workload will not interfere with resident’s ability to achieve the goals and objectives of the program. I will monitor resident’s performance to assure that factors such as resident fatigue are not contributing to diminished learning or performance; or detracting from patient safety.** | | | |
|  | | **The resident is not on academic probation.** | | | |
|  | | **I will monitor and document the total number of hours, and the nature of the workload of resident engaging in moonlighting.** | | | |
|  | | **My signature below serves as formal acknowledgement and approval to this moonlighting request** | | | |
| **Program Director’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |