



## UCF COM/HCA GME Consortium

### Trainee Moonlighting Policy

Purpose/Intent: Sponsoring institutions must have formal written policies that address moonlighting (CPR VI.F.2; IR IV.J.1). This policy applies to residents, chief residents and fellows participating in approved training programs and is in compliance with ACGME requirements.

#### **Definitions**

1. **Trainee** is a term used throughout this policy referring to either a resident, a chief resident or a fellow participating in an approved training program of the UCF COM/HCA GME Consortium (“Consortium”).
2. **Moonlighting** is defined as a compensated clinical activity that is performed by a Trainee outside of their residency/fellowship training, while they are enrolled in a residency/fellowship training program of the Consortium.
  - a. **Internal moonlighting** – moonlighting at a site that is also the training site of the Consortium for the Trainee.
  - b. **External moonlighting** – moonlighting at a site that is NOT a training site of the Trainee’s approved training program.

#### **Justification for moonlighting**

1. The UCF COM/HCA GME Consortium recognizes that moonlighting, when managed appropriately, may provide an opportunity for Trainees to augment their professional skill development.
2. Trainees are not required to participate in moonlighting as part of their training program.
3. Moonlighting is an optional activity that must not negatively affect the Trainee’s performance or fitness for work in their approved training program, and must not compromise patient safety. *(VI.G.2.a) Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. (Core) – ACGME IM program requirements*

## Requirements

### A. *Eligibility Criteria:*

Each program may set more stringent criteria including no allowance for moonlighting.

To be eligible to apply for a permission to perform moonlighting, the following minimum requirements must be met. Fulfilling those requirements does not automatically grant permission to moonlight.

#### 1. General:

- a. The Trainee must be in good standing within their approved training program.
- b. Trainee must successfully have completed their PGY-1 year of training.
- c. Moonlighting is NOT permitted for Trainees on a J-1 visa.

#### 2. Licensure:

##### a. ***Medical licensure requirement:***

- i. The Trainee must have an unrestricted license to practice medicine in Florida. Note that approval of moonlighting activities by the Consortium does not constitute the university's endorsement that the Trainee has the appropriate license. It is the Trainee's responsibility to ensure that they are appropriately licensed before engaging in any moonlighting activities.

##### b. ***DEA licensure requirement:***

- i. Trainees who intend to engage in moonlighting activities at any site outside of UCF COM/HCA GME Consortium must obtain an individual DEA license (if required for moonlighting activity) and may not use the fee-exempt license obtained through UCF COM for this purpose. Fee-exempt DEA licenses obtained through the University of Central Florida College of Medicine are restricted to activities performed by the individual within the scope of their UCF duties as part of their approved training program. The exemption from the application fee is limited to federal state or local government-operated hospitals, institutions, and officials carrying out their state duties. Moonlighting within consortium sites will be evaluated on case by case basis.
- ii. Trainees are responsible for fees associated with the DEA licensure for use at non-Consortium sites.

### B. **ACGME clinical/education work (duty) hours compliance:**

1. All moonlighting hours must be counted towards the clinical/education work (duty) hours limits as described in the Institutional Supervision and Clinical/Education Work Hours Policy and in compliance with ACGME requirements.

2. Trainees must comply with both Institutional and Program Clinical/Education Hours Policies, unless the Trainee is not subject to ACGME requirements (example chief resident). All moonlighting hours must be logged in electronic GME management software with the Trainee work hours and must be completed to allow for minimum hours free of work before next shift. Moonlighting hours must never cause a Trainee to have a duty hour violation, or moonlighting activity will be terminated at the sole discretion of the Consortium.

**C. Professional liability coverage:**

1. Internal and External moonlighting activities are NOT covered by UCF's professional liability coverage, unless there are exceptional circumstances and prior approval is granted by the COM Legal Counsel. Absent those exceptional circumstances and approval by COM Legal Counsel, the Trainee must either purchase sufficient malpractice insurance to cover their 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.
2. A copy of the malpractice insurance coverage must be provided to the Consortium GME Office prior to commencement of moonlighting activities.

**D. Professional fee billing:**

1. Trainee must NOT bill patients or third party payors for services provided unless the Trainee has specific justification and is granted an exception in writing by the Consortium.

**E. Additional legal considerations**

1. Any practice should have appropriate supervisory oversight.
2. Trainees must adhere to Florida State guidelines regarding outside employment and activities.
3. Trainee must complete the Conflict of Interest Disclosure through the regular university conflicts of interest and commitment disclosure process, using the Potential Outside Activity, Employment, and Conflict of Interest Commitment Disclosure (AA-21) available online at <http://argis.research.ucf.edu/coi/>, at least annually and more often as needed to disclose new relationships. All such reports are subject to the public records requests.
4. The UCF COM/HCA GME Consortium, UCF or HCA have no involvement with the moonlighting activity and assume no financial, clinical, or legal responsibility for Trainee moonlighting activity.

**F. Request process**

1. In order to be able to moonlight the Trainee must have prior written authorization by the Program Director and the Consortium GME Office.
2. Prior to the commencement of any moonlighting activity, the Trainee must submit a completed and signed Request for Approval of Moonlighting Activities form (see addendum) to their Program Director for approval, along with all required documents.

3. The Program Director has the discretion to decide whether the proposed moonlighting activity is compatible with the requirements of the training program. The Program Director may permit, prohibit, limit or revoke permission to moonlight as they deem appropriate. Factors to be considered include PGY level, academic standing, total work hours, and the Trainee's ability to achieve the goals, objectives, and expectations of their approved training program. If the Program Director denies the request, no moonlighting is allowed. The Program Director's decision to deny, limit, or revoke a moonlighting request is final and not subject to review.
4. If approved by the Program Director, the signed form is then sent to the Consortium GME Office for review and final determination. **The Trainee may not moonlight without a written approval from both the Program Director and the Consortium GME Office.**
5. Approval of moonlighting activities is valid for the then current academic year only. The Trainee must submit a new Request for Approval of Moonlighting Activities Form for each academic year (generally July 1 – June 30). A copy of the approved form will be kept in the Trainee's file, as well as in the Consortium GME office.
6. Trainees will be monitored for the effects of moonlighting activities by their training program. If moonlighting results in a negative effect on performance of Trainee in the training program, permission for moonlighting can be withdrawn without notice.
7. The Program Director and/or the Consortium GME Office may withdraw approval at any time if the Trainee is not in compliance with the conditions of approval or this policy.



**UCF COM/HCA GME Consortium**  
**Moonlighting Request Form**



**Section I: Disclosure of Proposed Moonlighting**

1. Trainee Name: \_\_\_\_\_
2. Training Program: \_\_\_\_\_
3. Training Year: \_\_\_\_\_ Academic year: \_\_\_\_\_
5. Description of the moonlighting activity: \_\_\_\_\_
6. Name of institution/organization: \_\_\_\_\_
7. Address of institution/organization: \_\_\_\_\_
8. Phone Number of institution/organization: \_\_\_\_\_
9. Name of Supervising Medical Director: \_\_\_\_\_
10. Dates upon which moonlighting activities will begin \_\_\_\_\_ and end \_\_\_\_\_
11. Average number of moonlighting hours worked per week: \_\_\_\_\_
12. Maximum length of shift: \_\_\_\_\_
13. Amount of time off (number of hours) between moonlighting shifts and scheduled accredited program shift (see ACGME requirements): \_\_\_\_\_
14. Source(s) of compensation for moonlighting: \_\_\_\_\_
15. DEA license number (Please attach a copy of DEA license): \_\_\_\_\_
16. Have you obtained malpractice insurance? \_\_\_\_\_ (Please attach a copy of coverage)

\_\_\_\_\_  
Trainee Signature

\_\_\_\_\_  
Date

## Section II: Trainee Certification

By signing this Moonlighting Request Form, 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 approved training program responsibilities as a resident/fellow/chief resident.
- I will not engage in moonlighting activities during my scheduled training program hours, including times when I am scheduled to be on-call, on backup 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 Moonlighting 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 in the University of Central Florida COM/HCA GME program.
- My moonlighting activities must comply with applicable federal and State law and regulations.
- I agree to be bound by the appropriate work hour limits, as defined by my program and the institution. If a resident, 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 engaged in clinical/education work more than 24 consecutive hours, and I will have at least 10 hours off between moonlighting and my approved training program activities.
- I will provide my own malpractice insurance coverage for moonlighting activities. I understand that the malpractice insurance provided by the University of Central Florida for my approved training program duties does not cover any moonlighting activities.
- I will not identify myself out as a Trainee of a UCF COM/HCA GME Consortium training 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.**

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Trainee Signature

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Date

### Section III: Program Director Approval

The following must be submitted for review:

- Section 1 – filled, dated and signed by the Trainee
- Section 2 – dated and signed by the Trainee
- Copy of DEA license, if required for moonlighting activities
- Copy of malpractice coverage
- Copy of Medical License
- Copy of legal status documentation

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 UCF COM/HCA GME Consortium clinical/education work (duty) hour requirements will not be exceeded.** Approval for moonlighting activities is granted solely based on the information provided by the Trainee and the permission is granted through the earliest of either, the end of the current academic year or the approved moonlighting activities are modified. Submission of an updated Moonlighting Request Form must occur each subsequent academic year or immediately upon any change in the Moonlighting activities or narrative described above.
- Request Denied.

_____	_____	_____
Program Director's Name	Signature	Date
_____	_____	_____
DIO Name (or Designee)	Signature	Date