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

Definitions

1. **Physician Learner** 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/HCA Florida Healthcare GME Consortium (“Consortium”).

2. **Moonlighting** is defined as a compensated clinical activity that is performed by a physician learner 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 physician learner.
   
   b. **External moonlighting** – moonlighting at a site that is NOT a training site of the physician learner’s approved training program.

Justification for moonlighting

1. The UCF/HCA Florida Healthcare GME Consortium recognizes that moonlighting, when managed appropriately, may provide an opportunity for physician learners to augment their professional skill development.

2. Physician learners 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 physician learner’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 physician learner 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. Permission is required. To be eligible to apply for a permission to perform moonlighting, the following minimum requirements must be met. Fulfilling these requirements does not automatically grant permission to moonlight and it is in the sole discretion of each program.
1. **General:**
   
   a. The Physician learner must be in good standing within their approved training program.
   
   b. Physician learner must successfully have completed their PGY-1 year of training.
   
   c. Moonlighting is NOT permitted for Physician learners on a J-1 visa.

2. **Licensure:**

   a. **Medical licensure requirement:**

   i. The Physician learner 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 Physician learner has the appropriate license. It is the Physician learner’s responsibility to ensure that they are appropriately licensed before engaging in any moonlighting activities.

   b. **DEA licensure requirement:**

   i. Physician learners who intend to engage in moonlighting activities at any site outside of UCF/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. Use of fee-exempt moonlighting within Consortium sites will be evaluated on a case by case basis.

   ii. Physician learners 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. Physician learners must comply with both Institutional and Program Clinical/Education Hours Policies, unless the Physician learner is not subject to ACGME requirements (example chief resident). All moonlighting hours must be logged in electronic GME management software with the Physician learner work hours and must be completed to allow for minimum hours free of work before next shift. Moonlighting hours must never cause a Physician learner to have a duty hour violation (including the required break before the next shift), 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 written approval is granted by the COM Legal Counsel. Absent those exceptional circumstances and written approval by COM Legal Counsel, the Physician learner must either purchase sufficient malpractice insurance to cover their moonlighting activities or obtain written assurance from the site or hiring entity that the organization will provide malpractice insurance along with the workers’ compensation coverage to the Physician learner.

2. A copy of the malpractice insurance and worker’s compensation coverage must be provided to the Consortium GME Office prior to commencement of moonlighting activities.

D. Professional fee billing:

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

E. Additional legal considerations

1. Physician learner must assure each organization provides appropriate supervisory oversight.

2. Physician learner must adhere to Florida State guidelines regarding outside employment and activities.

3. Physician learner 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 request.

4. The UCF/HCA Florida Healthcare GME Consortium, UCF or HCA have no involvement with the moonlighting activity and assume no financial, clinical, or legal responsibility for Physician learner moonlighting activity.

F. Request process

1. In order to be able to moonlight the Physician learner must have prior written authorization by the Program Director and the Consortium GME Office.

2. Prior to the commencement of any moonlighting activity, the Physician learner 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 Physician learner’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 Physician learner 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 Physician learner 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 Physician learner’s file, as well as in the Consortium GME office.

6. Physician learners will be monitored for the effects of moonlighting activities by their training program. If moonlighting results in a negative effect on performance of Physician learner 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 Physician learner is not in compliance with the conditions of approval or this policy.
UCF/HCA Florida Healthcare GME
Request for Approval of Moonlighting Activities

Section I: Disclosure of Proposed Moonlighting

1. Physician Learner 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)

17. Attach a copy of workers’ compensation coverage.

_________________________________  _________________________
Physician Learner Signature                 Date
Section II: Physician Learner Certification

By signing this 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 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/HCA GME program. I will not bill patients or third party payors for medical services provided unless I have been granted an exception.

- 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 8 hours off between moonlighting and my approved training program activities (internal or external to Consortium).

- 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 Physician learner of a UCF/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.

_____________________________  __________________________
Physician learner Signature          Date
Section III: Program Director Approval

The following must be submitted for review:

☐ Section 1 – filled, dated and signed by the Physician learner
☐ Section 2 – dated and signed by the Physician learner
☐ Copy of DEA license, if required for moonlighting activities
☐ Copy of malpractice coverage
☐ Copy of Medical License
☐ Copy of legal status documentation
☐ Copy of worker’s compensation coverage

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/HCA Florida Healthcare 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 Physician learner 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 a Request for Approval of Moonlighting Activities 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