

Graduate Medical Education Policy	Moonlighting
Facility/Sponsor	CMC/GMEC
Policy Origin Date	April 2014
Revision Date	November 2024

PURPOSE

Residents enrolled in Carilion Medical Center's (CMC) accredited graduate medical education programs are expected to dedicate most of their effort to meet the requirements of the educational program and to achieve the defined competency goals of the program. However, opportunities for resident participation in clinical or non-clinical activities outside of the defined program curriculum with additional pay may arise. Such clinical activity is defined as "moonlighting." Resident participation in moonlighting must never be required by a program and all moonlighting activity must be approved and monitored as described in these guidelines. The Carilion Medical Center Designated Institutional Official (DIO) has a responsibility to monitor and oversee moonlighting to ensure that these activities do not negatively impact patient safety or resident education and well-being.

SCOPE

This policy applies to all Accreditation Council for Graduate Medical Education (ACGME), Council on Podiatric Medical Education (CPME), and Commission on Dental Accreditation (CODA) accredited graduate medical education programs sponsored by Carilion Medical Center (CMC).

DEFINITIONS

Moonlighting is defined as institution-approved, voluntary, compensated, medically- or non-medically related work performed by a resident or fellow outside of the defined program curriculum that may occur within (internal moonlighting) or outside (external moonlighting) of the training institution.

Resident refers to all interns, residents, and fellows participating in Carilion Medical Center accredited post-graduate medical education programs.

Internal moonlighting refers to work that is performed under the supervision of faculty, within a Carilion facility. The supervision may be direct, indirect or via oversight. The level of supervision must be clearly delineated in the moonlighting agreement developed by the program.

Independent practice is a form of moonlighting when the resident engages in the unsupervised, independent practice of medicine. The location of practice may be within a Carilion facility or at a non-Carilion facility. To perform independent practice, the resident must hold an independent license and a personal DEA certificate.

PROCEDURE

1. Eligible Residents must:
 - a. Eligibility to moonlight is the purview of each program. PGY1 Residents are not permitted to moonlight.
 - b. Be in the PGY2 year or beyond or be a dental resident with an unrestricted license.
 - c. Be in good academic and behavioral standing in the program. Residents placed on formal remediation or probation are prohibited from participating in moonlighting and must immediately cease all previously approved moonlighting activity.

- d. For independent practice, eligible residents must have an active license for unsupervised medical practice in the state where this clinical activity will occur.
 - e. Any J-1 Exchange Visitor physician sponsored by the ECFMG is not permitted to work outside of the sponsored program or to moonlight.
- 2. Requesting Permission to Moonlight:
 - a. Eligible residents must provide their program director with a written request to moonlight that must, at a minimum, contain the following information.
 - i. The site and nature of the proposed clinical activity.
 - ii. The estimated number of hours per month and proposed schedule of the activity.
 - iii. The impact on clinical and educational work hour compliance. All moonlighting activities must be counted toward the eighty-hour limit and must not adversely affect resident stress and fatigue.
 - iv. Verification of the nature and amount of malpractice coverage at the site of moonlighting.
- 3. Program Director Approval:
 - a. The written request to moonlight must be reviewed and approved by the Program Director.
 - b. It is encouraged that requests to moonlight be presented at the Department's clinical competency committee to ensure that program faculty are aware of and have input on the approval of moonlighting activities.
 - c. Approved requests should be signed and dated by the Program Director.
 - d. All approved requests should be reviewed by the Program Director with the resident at the beginning of each academic year and updated as necessary.
 - e. Residents who participate in moonlighting activities without Program Director approval will be subjected to disciplinary action and possible removal from the training program.
- 4. Institutional and GMEC Oversight:
 - a. The Program Director must submit all approved and signed requests to moonlight to the DIO. Reviewed requests will be signed by the DIO and maintained in the resident's file.
- 5. Monitoring and Oversight of Approved Moonlighting Activities:
 - a. Residents must enter their moonlighting hours, and designate these hours as such, into MedHub during the block they occurred.
 - b. The Program Director will notify the GMEC or DIO of any concerns or apparent violations of the moonlighting policy.
 - c. Program Directors should include a description of the oversight and monitoring of approved moonlighting activities in Annual Program Evaluations.
- 6. Malpractice Insurance:
 - a. The Carilion Medical Center malpractice insurance coverage only applies to resident activity that occurs within Carilion Medical Center facilities and **does not** extend to clinical activities outside of Carilion facilities. Residents must ensure that appropriate malpractice coverage has been secured prior to participating in moonlighting activities external to Carilion facilities.
- 7. Regulatory Compliance:
 - a. Residents must comply with all state, federal and agency requirements relative to licensure, billing, credentialing, income, etc. Residents must obtain a personal DEA number; the Carilion Medical Center DEA number does not extend to independent practice (See DEA Policy).
- 8. Failure to Comply:

- a. Failure to comply with any or all aspects of this policy will result in immediate disciplinary action and possible removal from the program.

Designated Institutional Official	Reviewing Committee	Date Approved
Daniel Harrington, MD	GMEC	December 18, 2007
Daniel Harrington, MD	GMEC	January 1, 2011
Daniel Harrington, MD	GMEC	April 1, 2011
Donald W. Kees, MD	GMEC	April 15, 2014
Donald W. Kees, MD	GMEC	November 15, 2016
Donald W. Kees, MD	GMEC	November 19, 2019
Donald W. Kees, MD	GMEC	April 21, 2020
Arthur Ollendorff, MD	GMEC	November 19, 2024