The George Washington University School of Medicine and Health Sciences
Institutional Policy on Resident Moonlighting

I. **Purpose:** To outline the circumstances under and the procedure by which a resident may engage in moonlighting outside of the scope of clinical and educational activities of the residency training programs sponsored by The George Washington University (GWU).

II. **Scope:** This policy applies to all residents who participate in GWU-sponsored resident training programs and is in accordance with the requirements established by the Accreditation Council for Graduate Medical Education (ACGME) for moonlighting activities.

III. **Definitions:**
A. Resident – refers to all interns, residents and fellows participating in ACGME-accredited post-graduate training programs sponsored by GWU.
B. Post-Graduate Training Program – refers to an ACGME-accredited internship, residency or fellowship training program sponsored by GWU.
C. 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 fully-licensed physician and receives direct financial remuneration. GWU recognizes the following types of moonlighting:
   1. Internal Moonlighting – refers to optional clinical activities based at the GWU Hospital.
   2. 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.

IV. **Responsibilities/Requirements:**
A. **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 Permission to moonlight may be withdrawn by the program director at any time.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 post-graduate training program and to all residents in the program on an annual basis.
   2. Program directors must notify the GME Office in writing of all moonlighting activities of each resident in their respective post-graduate training program. The form set forth in Appendix 1 of this policy shall be used as the written acknowledgment and will be kept in the resident’s permanent file in the GME Office.
   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. Program directors must provide, in their annual program report to the GME Office, a summary of the moonlighting activity of all residents in the training program.

B. Residents:
   1. Residents must request permission from the program director prior to participating in any moonlighting activity.
   2. Residents must obtain a full D.C. medical license before participating in moonlighting. Residents may not moonlight while their application for a D.C. license is “pending” and may not moonlight with a training license. Residents will not be reimbursed for licenses obtained only for moonlighting purposes.
   3. Residents must obtain the appropriate State medical license before participating in moonlighting activities outside the District of Columbia. In addition, in keeping with D.C. licensure rules, the resident must obtain a full D.C. license.
   4. Residents must obtain a DEA registration and DC Controlled Substance registration. The temporary DEA number and the DC Controlled Substance number issued by the GME Office for use at GWU is only to be used within the residency program.
   5. Residents must provide a copy of the medical license to the GME Office prior to commencing moonlighting.
   6. Time spent by residents in Internal and External Moonlighting must be counted towards the 80-hour Maximum Weekly Hour Limit. Residents participating in moonlighting activities must report all duty hours on the E*Value system; failure to report duty hours or non-compliance with ACGME duty hour rules will result in withdrawal of permission to moonlight.

V. Liability Insurance:
   A. While engaging in moonlighting activities, the resident is not acting as an employee or agent of GWU.
   B. Professional liability coverage is not provided by GWU for moonlighting activities. It is the responsibility of the resident to obtain professional liability insurance coverage for all moonlighting outside GWU Hospital.
   C. The MFA will provide malpractice coverage for residents participating in Internal Moonlighting at The George Washington University Hospital provided they are in compliance with all of the foregoing requirements.

VI. Restrictions:
   A. PGY 1 Residents are not permitted to moonlight.
   B. Any resident holding a J-1 visa, by virtue of INS regulations and ECFMG sponsorship, is not permitted to accept work or receive income in any capacity other than that of a resident as specified on the DS 2019 issued by the ECFMG.
   C. Military residents may not participate in Internal Moonlighting in accordance with military policy which prohibits the resident from receiving any payment or compensation other than his/her pay and allowances from the military.
   D. Residents employed by another institution and detailed to GWU are not eligible to participate in Internal Moonlighting if the agreement with their home institution...
prohibits the resident from receiving any compensation in any form from the training institution.

E. A resident who is on probation is prohibited from engaging in any moonlighting activities during the probationary period.

Effective: November 19, 2001
Reviewed and Approved by the GMEC: December 17, 2001
Revised, reviewed, and approved by the GMEC: July 15, 2002
Revised, reviewed, and approved by the GMEC: January 25, 2010
Revised, reviewed, and approved by the GMEC: May 16, 2011
Resident/Fellow Name: ___________________________________________

Training Program: ______________________________________________

Current PGY Level: ______________________________________________

Requested Moonlighting Site: ______________________________________

Is this moonlighting activity (check one):

_____ Internal (to be performed within the GWU)

_____ External (outside of GWU)

Estimated Hours per shift: _______ Estimated Hours per week: _______

Description of duties: __________________________________________________________________________

______________________________________________________________________

I have attached the following:

□ Copy of full, unrestricted and current medical license

□ Copy of DEA license or attestation from program director certifying that this is internal moonlighting in my residency program and I am not writing prescriptions

□ Copy of insurance (malpractice) certificate showing coverage in force for outside employment

I certify that I understand and agree to the following:

□ Outside employment (moonlighting) will not be considered an excuse for poor job performance, absenteeism, tardiness, early departure, refusal to travel, or refusal to accept additional/altered assignments.

□ I have informed my outside employer that the residency or fellowship is of top priority. The outside employer has agreed to accommodate the residency or fellowship schedule and avoid conflicts with my educational program.

□ I will inform the program director of any changes, corrections or additions to moonlighting place, schedule, duties or total work hours. Additional moonlighting sites require an additional form.

□ I understand that ALL moonlighting hours count toward the duty hour limit, and I will not moonlight in excess of my program’s limits.

□ My approval to moonlight may be revoked if difficulties with learning, performance, patient care, fatigue or other issues arise.

□ This approval is time-limited and applies for the current academic year only.

Signed: ____________________________ Date: __________

(Resident Signature)

Approved: __________________________ Date: __________

(Program Director Signature)

Approved: __________________________ Date: __________

(Associate Dean for Graduate Medical Education)