

Resident/Fellow Request for Approval of Moonlighting Activities

A. Moonlighting Defined

The term “services of moonlighting residents” refers to services that licensed residents perform that are outside the scope of an approved GME program. The Medicare program regulates when a resident/fellow in an approved training program can be counted for purposes of Medicare direct medical education (“GME”) and indirect medical education (“IME”). When residents/fellows are providing physician services as part of their approved training program they may not bill a professional fee for the services provided. Medicare does allow residents/fellows to bill Medicare for their patient-specific services as physician services when the services are provided outside of the scope of the approved training program in certain circumstances.

In order to engage in moonlighting, a resident/fellow must have an unrestricted license to practice medicine, osteopathy, dentistry or podiatry. Note: Holders of J-1, H-1B, and O-1 visas are generally ineligible to moonlight and should contact the Office of Graduate Medical Education for further information.

In addition to the licensure requirement, Medicare also regulates where moonlighting services can be provided as follows:

- Approved Training Program Site.
 - Billable moonlighting services do not include services to inpatients of hospitals participating in the resident/fellows approved training program.
 - Billable moonlighting services may include outpatient and emergency room services provided the services are identifiable and separate from services provided as part of an approved training program.
- Non-Approved Training Program Site. Billable moonlighting services may include inpatient, outpatient or other ambulatory settings.

B. University of Washington School of Medicine Policy

Neither the School of Medicine, nor any of its training programs, require moonlighting. Rather, such activities are discouraged, believing in general that the time and effort required for training is a full-time endeavor that should be the resident/fellows’ highest priority at all times. Accordingly Program Directors and the Assistant Dean for Graduate Medical Education may not approve moonlighting activities which could, in any way, interfere with the resident/fellow’s approved training program responsibilities. In addition, moonlighting is generally not permitted within UWMC, SCCA, HMC or the clinics associated with these institutions. Nevertheless, in certain circumstances and with prior approval, residents/fellows may engage in moonlighting activities outside the scope of their training program provided. The Program Directors and the Assistant Dean for Graduate Medical Education may withdraw an approval at any time, if he or she determines that the resident/fellow is not in compliance with the conditions of approval or that it appears that the moonlighting activities are interfering with the resident/fellow’s approved training program.

C. Limitation on Professional Liability Coverage

Professional liability coverage is not provided by the University of Washington for moonlighting activities, as these activities are outside the scope of the residency/fellowship program.

D. Licensure Requirements

Under Washington State Law [RCW 18.71.095(3)], a limited license “... shall permit the resident physician to practice medicine only in conjunction with his or her duties as a resident/fellow physician and shall not authorize the physician to engage in any other form of practice.” While a request for prospective approval of moonlighting activities may be rejected on the basis that the individual will not be appropriately

licensed, approval of outside activities does not constitute the University's endorsement that the individual does have the appropriate license. It is the residents'/fellow's responsibility to assure that s/he is appropriately licensed for all moonlighting activities in which s/he engages.

E. Conditions for Approval

Any resident/fellow who wishes to engage in moonlighting activities must complete Attachment A, Resident/Fellow Disclosure and Request for Approval of Moonlighting Activities and receive approval from the Program Director and the Assistant Dean for Graduate and Medical Education. The approval of a Request for Approval is only valid for one academic year. The resident/fellow must submit a new Request for Approval each year.

Attachment A
Resident/Fellow Disclosure and Request for Approval of Moonlighting Activities

Section I: Disclosure of Proposed Moonlighting

1. Resident/Fellow Name: _____
2. Residency/Fellowship Program: _____
3. Training Year: _____
4. Specific description of the activity: _____
5. Name of institution/organization in which the services will be provided:

(Note: If services will be provided at UWMC, SCCA, or HMC, please indicate if the services will be rendered in inpatient and/or outpatient settings).

6. Dates on which moonlighting activities will commence _____ and end _____.
7. Average number of moonlighting hours worked per week: _____
8. Maximum length of shift: _____
9. Amount of time off (number of hours) between end of moonlighting and the beginning of the scheduled accredited program: _____
10. Source(s) of compensation for moonlighting: _____
11. Will professional fees be billed for this activity? (Check one)
 Yes, professional fees will be billed for my moonlighting activities.
 No, professional fees will not be billed for my moonlighting activities.

Attachment A
Resident/Fellow Disclosure and Request for Approval of Moonlighting Activities

Section II: Resident/Fellow's Certification

By signing this Request for Approval, 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 regular training program responsibilities as a resident/fellow.
- I will not engage in moonlighting activities during my scheduled training program hours, including times when I am scheduled to be on-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 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 at the University of Washington.
- My moonlighting activities outside the approved training program must comply with applicable federal and State law and regulations.
- I agree to be bound by the following work hour limits: 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, my moonlighting activities shall not exceed on average one day per week averaged over thirteen weeks.
- I must provide my own malpractice insurance coverage during periods in which I am engaged in moonlighting activities. I understand that the malpractice insurance provided by the University of Washington for my authorized training program duties does not cover any moonlighting activities.
- I will not be visually identifiable as a trainee, and will not hold myself out as a trainee, in a UW residency/fellowship 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:

Resident/Fellow Signature

Date

Section III: Program Director Approval/Disapproval

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 UW duty hour requirements will not be exceeded.** Approval for moonlighting activities is granted solely subject to the above-noted conditions and through the earliest of either the end of the current academic year or until change(s) to the approved moonlighting activities occurs. Submission of an updated Request for Approval must occur each subsequent year or immediately upon any change in the activities or narrative described above.
- Request Denied

Program Director's Signature

Date

Assistant Dean for Graduate Medical Education's Signature

Date