

# Moonlighting Policy

## **Purpose**

To outline the residency policy on resident moonlighting.

## **Background**

The emergency medicine residency discourages residents from independent moonlighting clinical settings. Although the residency will permit moonlighting, such activities are limited according to the following stipulations.

Multiple professional societies have developed and published position statements against emergency medicine residents delivering unsupervised care in an emergency department setting. These include the Society for Academic Emergency Medicine (SAEM), the Council of Emergency Residency Directors (CORD), the American College of Emergency Physicians (ACEP), and the American Academy of Emergency Medicine (AAEM). As a physician in training, the residency leadership believes residents do not possess a full skill set to independently care for the entire spectrum of patients who may present to an emergency department.

For residency purposes, clinical moonlighting as defined as performing physician-related activities in a hospital or clinic setting for monetary compensation. Clinical moonlighting can be done independently under the physician's own state medical license, or as a resident under the supervision of a faculty physician. Educational moonlighting may include monetary or in-kind compensation (event tickets, etc.) received for performing physician-related activities associated with HealthPartners, Regions Hospital, Regions Hospital EMS, Minnesota Vikings, or the University of Minnesota. Additional uncompensated/volunteer activities may be offered in association with these entities, but do not qualify as moonlighting.

## **Responsibilities**

EM-1 residents may be allowed to moonlight only in the context of educational activities, such as teaching EMS courses, assisting with UMN student workshops, or participation in event medicine under the supervision of a faculty physician. Independent moonlighting for EM-1 residents with prior medical experience and independent state licensing will be addressed on a case-by-case basis.

EM-2 and EM-3 residents may be allowed to moonlight in a clinical or educational context. EM-2 residents are not allowed to moonlight independently in unsupervised/single-coverage environments.

It is the responsibility of the resident to obtain appropriate state medical licensing for unsupervised/independent medical practice, DEA certification, hospital/clinic credentialing, and to ensure malpractice coverage that will cover malpractice claims made over a tail period.

It is the responsibility of the institution hiring the resident for moonlighting to determine whether appropriate licensing is in place, that adequate liability coverage is provided, and to determine whether the house officer has appropriate training and skill to carry unassigned duties.

If the resident engages in employment outside of the residency training program, the professional liability coverage provided by HealthPartners Institute for Medical Education and its affiliates does not cover any activities that are not part of the formal educational program.

**Policy**

Residents must abide by the following:

1. Residents must have written pre-approval by the Program Director prior to clinical moonlighting. This must be obtained prior to beginning the credentialing process. Moonlighting in each different clinic, hospital system, or setting must be approved separately. Approval as required for both internal and external moonlighting.
2. Residents must submit documentation of their state medical licensing, DEA certification, hospital/clinic privileges, and malpractice coverage to the residency director before beginning to work.
3. Residents must meet all residency promotion requirements to moonlight.
4. Residents must have received passing evaluations for all rotations.
5. Residents must have obtained an intraining exam score that would put them at or above an 80% probability of passing the ABEM qualifying exam.
6. Any resident on remediation, probation or suspension is prohibited from moonlighting in any setting.
7. Residents may not moonlight more than 24 hours per month (excluding moonlighting during vacation weeks.) The total number of hours worked in any week must be <60 (moonlighting plus regular residency duties, including clinical shifts, non-clinical shifts, conference attendance, and backup coverage).
8. Residents may not moonlight while on leave.
9. Moonlighting may not conflict with clinical or nonclinical resident responsibilities.
10. Residents must complete any clinical moonlighting shifts at least 12 hours before they are required to work in the ED or on another service. Residents must otherwise comply with all other work hour restrictions as set by the ACGME for both clinical and educational moonlighting. This includes ensuring one 24 hour period off in any given 7 calendar days.
11. Residents must document all moonlighting hours in the duty hours tracking system (RMS) on a weekly basis. The residency has the right to confirm hours directly with the moonlighting site.
12. Residents may only work in an unsupervised single-coverage setting in the EM-3 year. Any exceptions to this policy must be approved in writing by the Program Director.
13. Residents may have their moonlighting privileges withdrawn by the residency director if the resident's circumstances or performance change during the course of an academic year.
14. Residents engaging in moonlighting activities that have not been approved by the program director risk disciplinary action up to and including termination.
15. Residents engaging in approved moonlighting activities but not abiding by the policy above may have their moonlighting privileges revoked, and/or may be subject to other disciplinary action up to and including termination.

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