

**CAROLINAS MEDICAL CENTER
GRADUATE MEDICAL EDUCATION
MOONLIGHTING POLICY**

Created: 1987

Reviewed: 8/01, 2/03, 7/03, 11/04, 1/07, 9/08, 11/12, 6/16, 9/19

Revised: 3/93, 8/95, 12/97, 8/17/07, 11/12, 2/16, 6/16, 9/19

NOTE: the term 'resident' in Carolinas Medical Center Graduate Medical Education Policies refers to both specialty residents and subspecialty fellows regardless of accrediting body of the program.

1. Definition: "Moonlighting" refers to clinical services performed by a resident outside the scope of his/her residency-training program. For purposes of this policy, "**Internal Moonlighting**" refers to moonlighting within an Atrium Health facility. "**External Moonlighting**" refers to moonlighting at a non-Atrium Health facility.
2. Moonlighting is not encouraged but allowed when in compliance with this policy **and** approved by the resident's Program Director. The Program Director may withdraw permission to moonlight if, at any time, moonlighting activities are seen as producing adverse effects on the residency training experience.
3. Moonlighting activity must not interfere with the resident's duties related to any aspect of the Residency Training Program, including the quality of services performed or the educational experiences.
4. Moonlighting is strictly forbidden at times when a resident is either on-service or on-call for a service (even if he/she is on-call but not required to be constantly in-house.)
5. Moonlighting activities should not violate the principles of good medical care, should be acceptable to the general medical community, and should be a legitimate, professional, medically-oriented activity.
6. A resident must successfully complete their PGY-1 to be eligible for internal or external moonlighting.
7. Should notification and approval not occur when a resident is engaging in moonlighting activities, disciplinary action may result. This action may include loss of moonlighting privileges, or even suspension or dismissal from the training program.

Internal Moonlighting: Occurs when a resident is moonlighting at an Atrium Health owned facility or practice.

Internal Moonlighting requests must be initiated by the resident. The following must be in place:

- a. All moonlighting requests **MUST** be approved prior to the start of moonlighting.
- b. Enter moonlighting opportunity and receive approval from Program Director in Med Hub.
- c. All internal moonlighting work hours must count toward all clinical and educational work hour restrictions and must be reported in Med Hub.
- d. The resident must have supervision by an attending physician either by direct supervision or indirect supervision. Direct supervision is where the supervising physician is physically present with the resident and patient. Indirect supervision is divided into two categories. The first is indirect supervision with direct supervision available – the supervising physician is physically in the hospital or other site of patient care and is immediately available to provide direct supervision. The second level of indirect supervision the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to provide direct supervision.

External Moonlighting: Occurs when the resident is moonlighting in a non-Atrium Health practice or facility.

External Moonlighting requests must be initiated by the resident. The following must be in place:

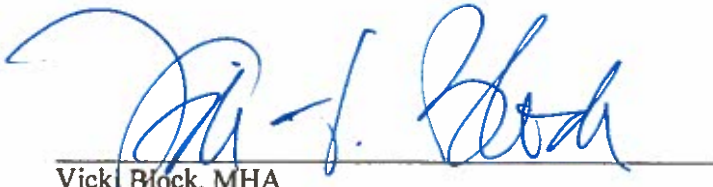
- a. All moonlighting requests **MUST** be approved prior to the start of moonlighting.
- b. Complete the **Application for External Moonlighting Privileges** form attached to this Moonlighting Policy for review and approval by your Program Director.

- c. After **Application for External Moonlighting Privileges** form is approved, enter external moonlighting opportunity in MedHub and upload the following documents:
 - I. Approved **Application for External Moonlighting Privileges** form
 - II. Valid full-unrestricted medical license in the state in which you are moonlighting
 - III. Your own Drug Enforcement Administration (DEA) number in the state in which you are moonlighting (cannot use your hospital's DEA number)
 - i. If you will **not** be prescribing any medications to patients you are treating while external moonlighting, you will be exempt from obtaining your own DEA number. **I understand that if, for any reason the requirements change and I will be required to prescribe, I will be responsible for obtaining my own DEA number and will stop all external moonlighting immediately until my number has been issued.** The attached attestation **must** be signed and submitted to the GME Office prior to approval of your moonlighting.
 - IV. Professional Liability Insurance (separate from that provided by Carolinas Medical Center for his/her residency activities and at a level required by the non-Atrium Health moonlighting practice or facility) OR Certificate of insurance from the non-Atrium Health moonlighting practice or facility.
 - d. All external moonlighting work hours must count toward all clinical and educational work hour restrictions and must be reported in Med Hub.
 - e. At non-Atrium Health practices or facilities, the moonlighting resident may not represent to the patients, the public, or others that he/she is moonlighting on behalf of Carolinas Medical Center or with its or the System's authority. Atrium Health faculty will not supervise external moonlighting activities.
8. According to the ACGME 'Moonlighting must not interfere with the ability to achieve the goals and objectives of the educational program. The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Resident and faculty members must demonstrate an understanding and acceptance of their personal role in the following:
- a. Assurance of the safety and welfare of patients entrusted to their care
 - b. Provisions of patient- and family- centered care
 - c. Assurance of their fitness for duty
 - d. Management of their time before, during and after clinical assignments
 - e. Recognition of impairment, including illness and fatigue, in themselves and in their peers
9. All CMC residents moonlighting compensation is subject to Atrium Health Central Contract Office (CCO) review for fair market value (FMV) ranges. When reviewing FMV ranges, the CCO will communicate with the Graduate Medical Education Committee (GMEC) leadership who will then communicate with resident representatives for the GMEC. This communication process will give residents the opportunity to provide insight on internal moonlighting work. After the CCO determines FMV compensation ranges, the hospital, facility, or unit requesting the moonlighting service will set the compensation rate within the FMV range. The CCO will determine FMV ranges, at most, once a year.



Suzette Caudle, M.D.
ACGME Designated Institutional Official
Graduate Medical Education

11/18/19
Date



Vicki Block, MHA
President, Central Division and Carolinas Medical Center

11/22/2019
Date

**CAROLINAS MEDICAL CENTER
GRADUATE MEDICAL EDUCATION
APPLICATION FOR EXTERNAL MOONLIGHTING PRIVILEGES**

Applicant's Name _____

Name of Clinic, Practice or Facility (*one site per application*) _____

Name _____ Phone _____

Street Address _____

City, State, Zip _____

Briefly describe duties: _____

Approximate hours (week/month) _____ Start Date: _____

Responsible Physician at Moonlighting Site _____

"I have a valid full-unrestricted medical license in the state in which I am moonlighting"

Yes _____ No _____ State _____ License Number _____ (*attach copy*)

"I have a valid DEA Number in the state in which I am moonlighting" (separate from hospital DEA number)

Yes _____ No _____ State _____ DEA Number _____ (*attach copy*)

"I have adequate malpractice insurance (one million/three million minimum) other than Atrium Health-provided coverage, to cover activities described"

Yes _____ No _____ (*attach copy*)

-or-

"I am covered by a Certificate of Insurance provided by the practice or facility":

Yes _____ No _____ (*attach copy*)

"I understand that the moonlighting activities should in no way interfere with my duties in the Residency Training Program."

Applicant's Signature

Date

Program Coordinator Initials

Date

Program Director's Signature

Date

Corporate Insurance Officer

Date

Attestation for External Moonlighting

I, _____, hereby attest that I will not prescribe any
Print full name of the physician
medications for any patient for whom I treat/diagnose while external moonlighting in my capacity as a
physician.

I understand that if, for any reason the requirements change and I will be required to prescribe, I will be
responsible for obtaining my own DEA number and will stop all external moonlighting immediately until my
number has been issued.

Signature of the physician

Date