The Ohio State University Medical Center

GRADUATE MEDICAL EDUCATION
POLICY AND PROCEDURE

Policy: RESIDENT AND FELLOW MOONLIGHTING POLICY

Effective: 10/24/01

Revised: 7/01/11, 4/23/03, 10/24/01

Procedure:

To define the policies and procedures for moonlighting by Residents and Fellows in Graduate Medical Education training programs sponsored by The Ohio State University Medical Center. Moonlighting is defined for the purposes of this policy as clinical work done outside the scope of a training program by a Resident or Fellow, hereafter known as a “trainee.”

Trainees must not be required to moonlight. Moonlighting by trainees of The Ohio State University Medical Center is permitted only if the following points are satisfactorily met in the opinion of the residency or fellowship program director.

1) **State license**: The trainee must obtain a full Medical License from the State Medical Board of Ohio or from the state in which the trainee is moonlighting. Trainees may not practice medicine outside of their training program under the State of Ohio Training Certificate. It is the responsibility of the institution hiring the trainee to moonlight to determine whether such licensure is in place, adequate liability coverage is provided, and whether the trainee has the appropriate training and skills to carry out the assigned duties.

2) **DEA certificate/number**: The trainee must obtain a personal DEA certificate/number if the moonlighting includes the potential for prescribing medications on an inpatient or outpatient basis. (For example, some pathology trainees may moonlight doing autopsies, and a DEA number would not be required for that particular moonlighting experience). The DEA number that trainees are issued by the hospital may be used only in carrying out clinical duties that are part of their training program, and it may not be used for moonlighting purposes.

3) **Malpractice insurance**: The trainee must secure his/her own malpractice insurance. The trainee can either pay for this malpractice personally or it can be provided by the entity employing the trainee for the moonlighting. The OSUMC malpractice insurance policy which covers a trainee within a GME training program will not cover any activities outside of a training program when performed outside of the OSU Medical Center.

4) **Approval of Moonlighting**: Any trainee wishing to moonlight must first have the approval of the program director. The trainee must complete a copy of the Moonlighting
Approval Form that is attached as an addendum to this policy. The program director may add any stipulations or restrictions on the moonlighting activity to the form. The form must be signed by both the trainee and the program director prior to beginning any moonlighting activities.

5) **Interference with education/training:** Moonlighting must not adversely affect the education and training of any trainee. Program directors may limit or prohibit moonlighting by an individual trainee if they feel that the amount of time spent moonlighting is adversely affecting the professional development of that trainee. If a disagreement exists about moonlighting limitations on a particular trainee, the issue may be appealed to the Associate Dean for Graduate Medical Education.

6) **Monitoring of moonlighting hours:** Moonlighting which occurs at any inpatient or outpatient site must be counted toward the 80-hour weekly limit on duty hours, and reported to the program director.

All other moonlighting hours at sites outside of the OSU Medical Center must be routinely reported to and tracked by the program director in order to ensure that time spent moonlighting is not adversely impacting the trainee’s progress in the educational program. The form and frequency of this reporting should be done in accordance with each program’s moonlighting policy.

7) **Other clinical duties:** Trainees are prohibited from moonlighting if they are on in-house call, home call, or during any daytime assigned clinical duties within their training program that might overlap with the moonlighting shift. Trainees may not moonlight while on family, medical, paternity or maternity leave.

8) **Program-specific Policy:** Each program director is responsible for developing a program-specific policy that will stipulate any additional requirements or restrictions related to moonlighting. The program policy should also note the format and frequency with which information regarding moonlighting hours will be collected and documented by the program. Failure to report moonlighting hours to the program director may result in one or more of the following adverse actions for the trainee in accordance with the nature and frequency of the violation: 1) prohibition from future moonlighting for a prescribed period of time, 2) probation, 3) suspension, 4) dismissal.

9) **RRC Program Requirements:** Any current or future program requirements for a specific training program which are more explicit or limiting with regard to moonlighting will supersede this institutional policy for use within that particular program. Program directors are responsible for notifying trainees if there are any additional ACGME/RRC, departmental, or training program policies related to moonlighting.
Ohio State University Medical Center  
Graduate Medical Education Office  

Moonlighting Approval Form

This form should be completed prior to the trainee beginning any moonlighting activities. The program director and the trainee must sign the form and a copy of this form will be kept in the trainee’s file.

Trainee Name: _____________________________________

Training Program: _____________________________________

Year in Training Program: ______

Maximum number of moonlighting hours per week: ______

Other restrictions on moonlighting activity:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Program Director Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Trainee Signature:  ___________________________________________ Date: ______

Program Director Signature:  ___________________________________________ Date: ______