

Moonlighting

Diagnostic Radiology Residency Program Policy

Last review/revision 07/01/2024

Any voluntary activity in which an individual resident performs duties as a fully-licensed physician and receives direct financial compensation, which is outside the course and scope of the residency and is outside of the UAMS system or any of its related participating sites, is considered external moonlighting.

Residents **are not** required to moonlight. It is the position of the Department of Radiology that although excessive moonlighting is not allowed, professional activities outside of the residency program – including those providing remuneration – can be worthwhile.

PGY1s are not allowed to moonlight. A resident who is on formal probation is prohibited from engaging in any moonlighting activities during the probationary period.

To be granted permission to moonlight, the resident must have scored at least 75% on the Readiness for call test.

Moonlighting must be approved by the Program Director or designee in advance and documented on the appropriate form, updated every six months. Permission for changes in moonlighting should be requested by submission of a new form.

Once approved, the resident must follow the highest professional and ethical standards, and certain criteria must be met. As a representative of the UAMS Department of Radiology, the resident is expected to use the same standards of dress and conduct when moonlighting as when working at UAMS.

The resident must represent him/herself to the community at his/her level (as a physician and radiologist-in-training). When performing moonlighting services, a resident must not wear badges or other identifiers as a trainee in UAMS College of Medicine residency training programs.

The resident must be fully licensed to practice medicine by the State of Arkansas. The Arkansas State Medical Board residency-training exemption statute is not a license to practice medicine outside the scope of an ACGME approved training program.

The resident must obtain an individual DEA number for any moonlighting activity. Use of the UAMS Medical Center's, Arkansas Children's Hospital's, or any affiliated hospital's DEA number is prohibited. The resident must obtain individual malpractice insurance for any moonlighting activities.

Moonlighting activities will not occur during regular duty hours (7:00 a.m. – 5:00 p.m., Monday through Friday) unless the resident is on vacation that day. Sick leave may **never** be used for moonlighting.

Moonlighting must not interfere with the resident's fitness for work or patient care responsibilities. Moonlighting must not interfere with the ability of the resident to achieve the residency program's educational goals and objectives or with the resident's obligations to the residency program, including attendance at conferences, Research/Journal Club, and Visiting Professor lectures.

Radiology residents are not permitted to moonlight in radiology until the second half of the second year.

Moonlighting activity must not involve any subspecialty of radiology in which the resident lacks experience.

Moonlighting activity should never involve angiography or interventional procedures.

The resident must include all moonlighting hours in duty hours reporting.

Moonlighting privileges may be curtailed or prohibited if the resident fails to abide by the procedures outlined herein or at any time the PD determines the resident is no longer performing satisfactorily in the program. In the event privileges are withdrawn, the obligation to notify the outside employer is the responsibility of the resident and not the program director or UAMS.

A resident will be subject to **dismissal from the program** for the following:

1. Moonlighting without written approval of the program director
2. Continuing to moonlight after permission to do so is withdrawn
3. Using the UAMS Medical Center or Arkansas Children's Hospital DEA number while moonlighting.

Reports of drug or alcohol use or other unacceptable behavior while moonlighting will be considered the same as if that behavior had occurred at UAMS and may be used as grounds for dismissal.

This policy is in compliance with *GMEC policy 3.300, Moonlighting and Malpractice Insurance Coverage while Moonlighting*

Diagnostic Radiology Resident's Moonlighting Activity Request

Resident Name: _____

Date of Request: _____

Moonlighting Information

Moonlighting Type: (Required)

Internal

External

Separate from my duties as a housestaff officer at UAMS, I request to be employed for the academic year written below at the following location. (Required)

Approval is granted for 12 months or less during a single academic year (July 1 – June 30)

Academic Year: _____

Name of Location (Required): _____

Administrative Contact Name (Required): _____

First Name

Last Name

Administrative Contact Phone Number (Required) : _____

Administrative Contact Email (Required) : _____

Description of Activity and Responsibilities of Resident (Required) :

Average number of hours per week I will participate in this activity (Required) : _____

Average number of times per week I will participate in this activity (Required) : _____

Resident/Fellow Acknowledgement of Moonlighting Policy

Please initial each of the following statements.

_____ I understand that moonlighting activities are prohibited during regular UAMS work hours, as defined by my Program Director and/or Department Chair. Additionally, I understand that this activity will not be credited toward my current training program requirements.

_____ I understand in requesting approval for any moonlighting activity, my performance will be monitored for the effect moonlighting activities have upon patient care responsibilities and education performance related to ACGME requirements, and if the moonlighting activities adversely affect either of these areas of care or learning, then permission to moonlight may be withdrawn.

_____ I understand that time spent in internal/external moonlighting activities must be counted toward the 80-hour Maximum Weekly Limit, as required by the ACGME.

_____ I understand that I am responsible for accurately recording all work hours including regular duty, moonlighting, and supplemental clinical activity hours in my institution’s work hour tracking mechanism. Failure to do so could result in corrective action and suspension of moonlighting privileges.

_____ I agree to submit another form should the moonlighting location, activity, or hours given on this form change.

_____ I acknowledge that violation of the Moonlighting Policy constitutes a breach of the House Staff Agreement between UAMS Medical Center and myself and may lead to Corrective Action.

_____ I have obtained a malpractice insurance policy that will cover the moonlighting activity being performed outside of my training program.

_____ I understand that should I have a professional liability claim while moonlighting, I will notify the UAMS Director, Insurance and Claims Management within 30 days of notice.

_____ I understand that I must receive approval from GME before agreeing to work any supplemental clinical activity shifts. I understand that I am not approved for supplemental clinical activity until I receive an approval email from the GME Accreditation Manager.

Resident/Fellow Signature:

Name _____ Signature _____ Date _____