UNC SCHOOL OF MEDICINE

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

DEPARTMENT OF PATHOLOGY
AND LABORATORY MEDICINE
BRINKHOUS-BULLITT BUILDING
CAMPUS BOX 7525
CHAPEL HILL, NC 27599-7525

T 919.966.4676
F 919.966.6718
www.pathology.unc.edu

Fellowship Program in Transfusion Medicine at UNC Hospitals

POLICY AND PROCEDURE

POLICY ON FELLOW PROFESSIONAL ACTIVITIES IN ADDITION TO, OR OUTSIDE OF, THE REQUIREMENTS OF THE FELLOWSHIP PROGRAM (MOONLIGHTING)

The Executive Committee of the Medical Staff has the responsibility for determining institutional policy regarding whether moonlighting by residents in training should be authorized. Unauthorized moonlighting is inconsistent with the educational objectives of Residency program requirements as specified by the UNC Hospitals Graduate Medical Education Office and the Accreditation Council on Graduate Medical Education (ACGME) and, therefore, is prohibited. Violation of this policy may result in dismissal.

"Moonlighting" is defined as extra work for extra pay. While performing moonlighting services, residents must have a full, unrestricted license issued by the North Carolina Medical Board. All moonlighting hours must be documented in E*Value; failure to do so will result in revocation of moonlighting privileges. All residents must comply with the written policies regarding duty hours as per the training program, UNC Hospitals and ACGME.

Those resident trainees moonlighting at UNC Hospitals or a UNC Health Care System affiliated entity (except for Rex Healthcare and Chatham Hospital) are covered under the UNC Hospitals Liability Insurance Trust Fund professional liability program. No other moonlighting is covered under the UNC Hospitals Liability Insurance Trust Fund professional liability insurance program as the activity is outside the scope of UNC Health Care System employment. Trainees who are not moonlighting at UNC Hospitals or a UNC Health Care System affiliated entity are responsible for their own professional liability coverage (either independently or through the entity for which the trainee is moonlighting), DEA licensure, Medicare (or other governmental) provider number and billing training, and must meet any other requirements for clinical privileging at the employment site, including those trainees moonlighting at Rex Healthcare and Chatham Hospital.

Authorized moonlighting which does not interfere with the Residency Program requirements as specified by the ACGME are permitted under limited circumstances. The term for any authorized moonlighting shall not extend beyond the end of the academic year in which the moonlighting is approved. Residents who want to

participate in moonlighting activities for longer than one academic year must apply for approval of such activities each academic year.

I. All duly appointed residents to the Housestaff of UNC Hospitals shall perform their duties during such hours as the Departmental Duty Hour Policies specify. Duty hours, although subject to modification and variation depending on the clinical area to which the Housestaff member is assigned and/or exigent circumstances, shall be in accordance with State, Federal, Departmental and Institutional requirements.

II. Permission to engage in moonlighting in addition to, or outside of, the Residency Program's requirements by a member of the Housestaff must:
   1. be granted in writing by the Residency Program's Director and Chair of the Department;
   2. be approved by the Graduate Medical Education Committee;
   3. be consistent with ACGME and Program Requirements;
   4. not impinge upon the performance of educational obligations of the resident; and
   5. not require the resident to work more than the hours permitted by the Program, ACGME, State and Institution requirements.

   It is the responsibility of the Program Director/Department Chair to monitor each resident who has been approved to moonlight for the effect of moonlighting on the resident's residency training and with respect to compliance with this policy; any adverse effects on the resident or resident failure to comply with this policy may lead to withdrawal of permission to moonlight by the Program Director, Department Chair or the Graduate Medical Education Committee.

III. Residents must not be required to perform moonlighting.

IV. All residents engaged in moonlighting in addition to, or outside of, the Residency Program requirements must be licensed for unsupervised medical practice in the State where the moonlighting occurs.

V. In evaluating proposed moonlighting, the Program Director and Department Chair must consider the following:
   1. The capacity of the resident to fulfill his/her educational objectives and responsibility for patient care within his/her residency program; and
   2. The total number of hours worked, including moonlighting, must not exceed the 80-hour duty limits; and

C. The resident must have at least ten (10) hours respite time between the end of the moonlighting hours and the start of duty hours of his/her residency that involve patient care.

VI. A Department considering a resident's request to moonlight must submit the resident's "Request for Approval To Moonlight" Form and supporting documentation to the Office of Graduate Medical Education. The Office of Graduate Medical Education will review the paperwork for the following prior to GMEC consideration:

   A. The name of the site and a particularized description of the moonlighting activity(ies), including the estimated number of hours to be worked;

   B. The Program Director's and Department Chair's signatures approving the resident's request to moonlight;

C. Documentation that the resident has a permanent medical license, not a training license, if required;

D. Documentation that adequate liability coverage is provided by the site, if required;

E. Whether the resident has the appropriate training skills to carry out the assigned duties;

F. The total hours worked, including moonlighting, do not exceed the 80-hour duty limits; and

G. Agreement by resident to provide documentation of all sites resident or subspecialty resident is moonlighting, including documentation by the site of the number of hours worked.

VII. The Graduate Medical Education Committee (GMEC) will act upon the request and make a recommendation to the Executive Committee of the Medical Staff.

VIII. Residents who perform moonlighting must record their moonlighting hours, in addition to their regular duty hours, in E*Value.

IX. Housestaff will be provided with a copy of this policy prior to their appointment.

X. This Policy will appear in the Housestaff Manual.

XI. A Chair or Program Director may decide that moonlighting in his/her program only be allowed under a stricter policy than the one outlined herein; such a departmental policy should be provided to applicants for residency training and reaffirmed at the time of appointment and orientation to the department.

XII. A Chair or Program Director may decide that moonlighting is not allowed during residency training in his/her program; this policy should be provided to applicants for residency training and reaffirmed at the time of appointment and orientation to the department.

XIII. Residents who are on Family Medical Leave will not be approved for or permitted to moonlight and prior permission to moonlight will be suspended during any period of Family Medical Leave.

XIV. PGY 1 residents are prohibited from any moonlighting.

XV. All moonlighting counts toward the 80-hour duty limits.

XVI. Moonlighting cannot be used to avoid compliance with the 80-hour duty limits.

XVII. Moonlighting activities must not commence prior to approval by the GMEC. Moonlighting requests will not be approved retrospectively.

Originating Unit: Executive Committee of the Medical Staff
Reviewed and revised as necessary:
GMEAC Revised and Approved: Medical Staff Approval:
GMEC Reviewed and Approved: GMEC Reviewed and Approved: GMEC Revised and Approved: GMEC Revised and Approved: Medical Staff Approval: GMEC Revised and Approved: Medical Staff Approval: GMEC Revised and Approved Medical Staff Approval: GMEC Revised and Approved: Medical Staff Approval: GMEC Revised and Approved: GMEC Revised and Approved: Medical Staff Approval:
5/92 5/94 5/95 5/97 12/19/01 2/4/02 12/17/03 10/18/06 10/17/07 9/17/08 10/13/08 12/17/08 1/12/09 9/16/09 10/12/09 3/16/11 4/11/11 6/15/11 6/23/11 8/8/11