

Title: <b>GME Work Hours &amp; Moonlighting</b>	*Applicable to: <b>Beaumont Health</b>	Effective Date: <b>05/03/2019</b>
		Last Periodic Review Date: <b>05/03/2019</b>
Policy Owner: <b>Graduate Medical Education Committee</b>	Document Type: <b>Policy</b>	Functional Area: <b>GME Learning and Working Environment</b>

**\*For This Document, Beaumont Health Includes:**

- Beaumont Corporate Shared Services
- Beaumont Hospital, Dearborn
- Beaumont Hospital, Farmington Hills
- Beaumont Hospital, Grosse Pointe
- Beaumont Hospital, Royal Oak
- Beaumont Hospital, Taylor
- Beaumont Hospital, Trenton
- Beaumont Hospital, Troy
- Beaumont Hospital, Wayne
- Beaumont Medical Group

**I. PURPOSE**

The purpose of this policy is to define work hour and moonlighting requirements for residents and fellows.

**II. POLICY**

- A. Programs must design an effective program structure that is configured to provide residents/fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.
  
- B. The terms “clinical experience and education,” “clinical and educational work,” and “clinical and educational work hours” replace the terms “duty hours,” “duty periods,” and “duty.” (Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements, V.I.F Background and Intent)
  
- C. All residents and fellows are required to document, in the specified resident management system (e.g., New Innovations), all clinical and educational work hours every day for one month per quarter: August, November, February and May. Individual programs may require additional reporting to meet ACGME program requirements and/or assess service demands. All ACGME-required work must be included, such as in-house clinical and educational activities, clinical work done from home, as well as all moonlighting and supervised extra shifts. Program Directors must monitor completion and compliance closely. Reports are monitored by the GMEC quarterly.

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D. Residents/fellows must be in good standing and have prior approval to engage in moonlighting or supervised extra shifts (SES); these are **not required activities**.

E. Individual Program Requirements may be more restrictive and supersede this policy.

### III. DEFINITIONS

A. **Moonlighting:** Independent Clinical Activity (CMS definition); working as an **independent physician**. Must be credentialed by the specific site. Services furnished outside the scope of the GME program:

1. in a hospital (inpatient) that does not participate in the approved GME Program (includes program shared sites)
2. in a hospital (inpatient) that does participate in the approved GME Program by a fellow who has completed residency and is board-eligible/certified in a specialty for which they moonlighting;
3. in any emergency department; or
4. any outpatient site.

B. **Supervised Extra Shifts:** Acting as a **resident/fellow** doing **voluntary** additional supervised clinical service, at training site(s), under the supervision of a faculty member or attending physician.

### IV. Work or Duty Hours

A. **80-Hour Work Week.** Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. Programs and residents/fellows have a **shared responsibility** to ensure that the 80-hour maximum weekly limit is not exceeded. While the requirement allows residents/fellows to remain beyond their scheduled work periods to care for a patient or participate in an educational activity, these additional hours must be accounted for in the allocated 80 hours when averaged over four weeks. Programs must adjust schedules so that residents/fellows are scheduled to work fewer than 80 hours per week, which would allow residents/fellows to remain beyond their scheduled work period when needed without violating the 80-hour requirement.

B. **Work from Home.** Clinical work done from home must be counted toward the 80-hour maximum weekly limit. Scheduling must be structured so that residents/fellows are able to complete most work on-site during scheduled clinical work hours without requiring them to take work home. The new requirements acknowledge the changing landscape of medicine, including electronic health records, and the resulting increase in the amount of work

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residents/fellows choose to do from home. The requirement provides flexibility for residents/fellows to do this while ensuring that the time spent by residents/fellows completing clinical work from home is accomplished within the 80-hour weekly maximum. Types of work from home that **must be counted** include using an electronic health record and taking calls from home. Reading done in preparation for the following day's cases, studying, and research done from home **do not count** toward the 80 hours. Resident decisions to leave the hospital before their clinical work has been completed and to finish that work later from home must be made in consultation with the resident/fellow's supervisor. In such circumstances, residents/fellows should be mindful of their professional responsibility to complete work in a timely manner and to maintain patient confidentiality.

- C. **Maximum 24 + 4 Hours.** Clinical and educational work periods for residents/fellows must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time. The additional four hours shall not be used for the care of new patients. These 24 hours and up to an additional four hours must occur within the context of 80-hour weekly limit, averaged over four weeks.

## V. **Mandatory Time Free of Clinical Work and Education**

- A. Programs must design an effective program structure that is configured to provide residents/fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.
  - 1. **8 Hours Off.** Residents/fellows should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents/fellows choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements. **14 Hours Off After 24 Hours In-House Call.** Residents/fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
  - 2. **1 Day Off in 7.** Residents/fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

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**VI. Clinical and Educational Work Hour Exceptions**

- A. In rare circumstances, after handing off all other responsibilities, a resident/fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
  - 1. to continue to provide care to a single severely ill or unstable patient;
  - 2. humanistic attention to the needs of a patient or family; or,
  - 3. to attend unique educational events.
- B. These additional hours of care or education **must be documented and counted** toward the 80-hour weekly limit.

**VII. Scheduling Beaumont Rotators & Visiting Residents**

- A. In order to avoid potential Work Hour violations:
  - 1. residents should not be assigned overnight call on the first or last day of a rotation if scheduled contiguous to or from an out-of-program clinical rotation;
  - 2. out-of-program clinical rotations hosting a resident should not assign a rotator overnight call on the first or last day of a rotation;
  - 3. if an exception is desired, the program or the hosting program requesting the exception shall contact the resident/fellow and program or hosting rotation to determine if the exception would cause a Work Hour violation.
- B. Any violations for Work Hours while on an out-or-program rotation shall be reported to both the resident’s program director and the hosting program director.

**VIII. Moonlighting & Supervised Extra Shifts (SES)**

- A. Residents/fellows are not required to engage in moonlighting or supervised extra shifts (SES).
- B. Post Graduate Year 1 (PGY-1) residents are not allowed to moonlight or take supervised extra shifts.
- C. J-1 Visa sponsorship and military support prohibit all forms of additional pay. H1-B Visa holders may receive limited approval, but requires application to Immigration; consult Beaumont Immigration Attorney.
- D. Residents/fellows must comply with all ACGME Work/Duty Hour requirements.

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- E. Moonlighting and supervised extra shifts cannot be used to fulfill a training requirement of the current program and must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program.
- F. A program-specific policy shall be established. Individual Review Committees have the right to prohibit moonlighting and supervised extra shifts. Even if permitted by the specialty's Review Committee, a Program Director may prohibit or restrict moonlighting and supervised extra shifts.
- G. Residents and fellows must be in good standing within their program to be granted permission to moonlight and take supervised extra shifts.
  - 1. Individual programs may have additional requirements or restrictions that are defined in the program's policy.
  - 2. The Program Director may decline to approve moonlighting and/or supervised extra shifts if he/she believes that the resident/fellow's performance is likely to be negatively impacted by the extra clinical work.
  - 3. The Program Director may also withdraw or limit hours of approval if moonlighting and supervised extra shift activities are associated with a decline in the resident/fellow's performance, even if fatigue is not otherwise apparent.
- H. Beaumont does not provide **professional liability coverage** for duties assumed outside of Beaumont Health. Residents/fellows intending to Moonlight outside of Beaumont Health **must provide** to their Program Director written verification of professional liability coverage and limits carried by the host institution or employer.
- I. Moonlighting and supervised extra shifts must be **specifically approved in advance** for a specific resident/fellow by the Program Director.
  - 1. Such approval must be in writing on the designated form, and be included in the resident/fellow's file.
  - 2. If Moonlighting, external to Beaumont Health is approved, a document indicating verification of professional liability coverage and limits carried by the host institution or employer must be provided and placed in the resident/fellow's file.

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- J. Moonlighting and supervised extra shifts must not interfere with the resident/fellow's **fitness for work** nor compromise patient safety. Post-moonlighting or extra shift fatigue at the time of return to duty should trigger a temporary or permanent restriction, reduction, or elimination of moonlighting or extra shifts, as determined by the Program Director.
  
- K. All time spent by residents moonlighting and taking supervised extra shifts must be **documented and counted toward the 80-hour maximum weekly limit.**
  
- L. Moonlighting and extra shifts that (a) are not authorized, (b) create a conflict of interest, (c) result in impaired efficiency, absenteeism or tardiness, or (d) are performed during scheduled program hours, will subject the resident/fellow to **disciplinary action.**

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## M. Summary of Requirements

<b>Definitions &amp; Requirements</b>	<b>Moonlighting: <i>Independent</i></b> clinical Activity (CMS definition)	<b>Supervised Extra Shifts:</b> <i>Supervised</i> Clinical Service in Beaumont Health program site(s); acting as resident/fellow
<b>Required</b>	No	
<b>Prior Approval Required</b>	Yes	
<b>Allowed on Visa</b>	Only H1-B, but requires application to Immigration, consult Beaumont Immigration Attorney; J-1 Visa-holders may NOT voluntarily moonlight take supervised extra shifts	
<b>Attending of Record</b>	<b>Moonlighting resident/fellow</b>	<b>Supervising physician</b>
<b>Privileges vs. Supervision</b>	<b>Must apply for medical staff privileges at specific site(s)</b>	<b>Acting as resident/fellow; supervision same as in GME program</b>
<b>Licensure</b>	Full Medical Controlled Substance; Independent Federal DEA	Educational Medical Controlled Substance Hospital DEA
<b>Malpractice</b>	Covered by Beaumont Health within Beaumont Health.  Moonlighting activities external to Beaumont Health are not covered by Beaumont Health	Covered by Beaumont Health as only allowed within Beaumont Health.
<b>Where allowed</b>	<b>If ACGME accredited program:</b> <ul style="list-style-type: none"> <li>NOT allowed in Program Hospital(s) <b>inpatient</b></li> <li>Allowed in Program Hospital(s) <b>inpatient</b> by a fellow who has completed residency and is board-eligible/certified in a specialty for which they are moonlighting</li> <li>Allowed in all emergency departments</li> <li>Allowed in all outpatient departments and sites</li> </ul> If non-ACGME accredited fellowship program, allowed in Program Hospital Inpatient.	<b>If ACGME accredited program:</b> Allowed in Beaumont Health Program site(s): <ul style="list-style-type: none"> <li>inpatient,</li> <li>emergency departments and</li> <li>outpatient</li> <li>NOT allowed outside Beaumont Health</li> </ul>

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## N. Examples

1. Royal Oak Internal Medicine residents:
  - a. may NOT Moonlight in Royal Oak inpatient services, including ICUs;
  - b. may do Supervised Extra Supervised Shifts in Royal Oak inpatient services, if supervised by faculty;
  - c. may Moonlight inpatient in all other Beaumont Health Hospitals and external to Beaumont Health;
  - d. may Moonlight in all Emergency Centers, Urgent Care Centers and outpatient departments and clinics.
2. Trenton & Dearborn Surgery residents in multi-site program:
  - a. may NOT Moonlight in Trenton or Dearborn inpatient services, including ICUs;
  - b. may do Supervised Extra Shifts in Trenton or Dearborn inpatient services, if supervised by faculty;
  - c. may Moonlight inpatient in all other Beaumont Health Hospitals and external to Beaumont Health;
  - d. may Moonlight in all Emergency Centers, Urgent Care Centers and outpatient departments and clinics
3. Dearborn Cardiology fellows who have completed Internal Medicine residency and are board-eligible/certified:
  - a. may Moonlight in Dearborn Internal Medicine inpatient services, including ICUs;
  - b. may NOT Moonlight in Dearborn Cardiology units, including Cardiac Intensive Care Unit (CICU)
  - c. may Moonlight inpatient in all other Beaumont Health Hospitals and external to Beaumont Health;
  - d. may Moonlight in all Emergency Centers, Urgent Care Centers and outpatient departments and clinics

## IX. REFERENCES

Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements*, Section III.B.5 and Common Program Requirements VI.F

Centers for Medicare & Medicaid Services, HHS, 42 CFR Section §415.208.

American Medical Association. *Guidelines for Teaching Physicians, Interns and Residents*, MLN Booklet, 2018, p. 5.

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**X. APPROVALS**

Approved by the Beaumont Health Graduate Medical Education Committee (GMEC),  
June 20, 2017

Revisions approved by the GMEC: April 30, 2019