

<b>Number:</b>	<b>003-001</b>
<b>Section:</b>	<b>Work Schedules</b>
<b>Title:</b>	<b>Moonlighting/Outside Employment</b>

**Effective Date:** 2/12/2015

**Previous Review & Approval by GMEC:** 5/24/2007, 1/17/2008, 2/16/2012

**Responsible Office:** NJMS Graduate Medical Education

**Update:** Every five years from effective date or as needed

**Background and Purpose:** Moonlighting is defined as voluntary, compensated, medically-related employment that is either external or internal to the institution where the resident is in training or at any of its participating sites.<sup>1</sup> The ACGME Task Force on Quality Care and Professionalism concluded that external moonlighting had a similar impact on resident fatigue as the hours that were spent during training.<sup>2</sup> In addition, the Task Force also concluded that since the necessary degree of supervision external to the formal training program cannot be assured, PGY-1 (Post-Graduate Year) residents are not permitted to moonlight.<sup>2,3</sup> The lack of supervision coupled with the added potential for fatigue that may place patients who are in the care of residents, who are moonlighting at increased risk for adversity. Given these factors the ACGME has required that moonlighting hours be included in duty hours limits.<sup>3,4</sup> Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.<sup>4</sup> This policy for moonlighting and outside employment is to establish guidelines as set forth in the University and RBHS Policy in concordance with ACGME requirements.<sup>5</sup>

**Scope:** This policy will apply to all resident and fellow trainees of the postgraduate training programs at Rutgers NJMS.

**Definitions:**

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education, which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director (PD)** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** the Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

**Reference(s):**

Glossary of Terms Related to Resident Duty Hours found at  
<https://www.acgme.org/acgmeweb/Portals/0/PDFs/dh-GlossaryofTerms2011.pdf>  
 ACGME Institutional Requirements IV.J.1 found at  
[https://www.acgme.org/acgmeweb/Portals/0/InstitutionalRequirements\\_07012014.pdf](https://www.acgme.org/acgmeweb/Portals/0/InstitutionalRequirements_07012014.pdf)

1. ACGME Common Program Requirements, effective July 1, 2013 VI.G.2 found at  
<https://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/CPRs2013.pdf>
2. Rutgers Policy (policies.rutgers.edu)

**Policy:**

- A. Internal moonlighting is not permitted.
- B. The primary work obligation of a full or part-time Housestaff of the Rutgers NJMS and its affiliate hospitals is to the Rutgers NJMS.
- C. Housestaff are not required to engage in moonlighting. (IR IV.J.1a)
- D. Housestaff must have written permission from the Program Director prior to the start of any moonlighting employment. (IR IV.J.1.b)
- E. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. (CPR VI.G.2.a)
- F. Time spent by residents in external moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour maximum weekly hour limit. (CPR VI.G.2.b)
- G. Rutgers NJMS by means of the Housestaff's program administration, GME, DIO or their designees will monitor the effect of moonlighting activities on a trainee's performance in the program. (IR.J.1.c)
- H. Rutgers NJMS by means of the Housestaff's program administration, GME, DIO or their designees will monitor the trainee's duty hours.
- I. The PD or Chair may withdraw permission to moonlight if there are any observed, documented or perceived adverse effects, which include but are not limited to:
  - 1. Failure to perform usual work-related functions in an acceptable manner
  - 2. Any measurable deficiencies in core competencies (ex: poor performance on the in-training examination, low conference attendance)
  - 3. Adverse patient events
  - 4. Duty hour violations
- J. PGY-1 residents are not permitted to moonlight (CPR VI.G.2.c)
- K. The moonlighting/outside employment activity must be one of general medical duty, not at a specialist level (unless fully trained in that specialty).
- L. The resident must hold a full and unrestricted license to practice medicine in the state in which the moonlighting activity takes place.
- M. Housestaff may not engage in moonlighting/outside employment if the outside employment:
  - 1. Constitutes a conflict of interest (see University policy, Code of Ethics: General Conduct)
  - 2. Occurs at a time when the Housestaff is expected to perform his/her Rutgers NJMS duty
  - 3. Diminishes the Housestaff's efficiency in performing his/her primary work obligation at Rutgers NJMS
  - 4. Interferes with the resident's ability to achieve the goals and objectives of the educational program
- L. **All Housestaff** must annually complete the Outside Activity Questionnaire (accessed, completed and submitted electronically via the Rutgers portal in each member's Office of Ethics, Compliance & Corporate Integrity Dashboard), whether or not he/she plans to engage in outside employment.

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**Procedure:** The following procedure shall be utilized by the PD and the DIO in granting approval for outside employment:

- A. The resident must be in good academic standing and performing to the satisfaction of the PD in order to be considered for permission to moonlight.
- B. The Housestaff must be able to fulfill his/her educational objectives while engaged in moonlighting/outside employment. Evidence of achievement of educational objectives includes but is not limited to:
  - 1. Achievement of at least the national average on the In-Training Exam
  - 2. Ongoing research and scholarly activity demonstrated by first authorship in a peer-reviewed journal, abstract, or poster presentation prior to submitting Outside Activity request.
- C. Requests by Housestaff for permission for moonlighting/outside employment activities must be made in writing and submitted to the PD.
- D. In those cases where permission is approved:
  - 1. The DIO or his/her designee shall make a final and binding decision.
  - 2. The Housestaff must report the moonlighting/outside employment as follows:
    - a. Complete the Outside Activity Questionnaire (accessed, completed and submitted electronically via the Rutgers portal in each member's Office of Ethics, Compliance & Corporate Integrity Dashboard)
    - b. The resident shall print this questionnaire and provide a copy to the PD and DIO for consideration and approval. The Chair of the department will secure approval of the PD and DIO prior to his/her final approval via the Rutgers Office of Ethics, Compliance & Corporate Integrity Dashboard.
  - 3. All Housestaff shall be provided with a copy of the Rutgers and NJMS policies regarding Code of Ethics and Outside Employment.
- E. **Duty Hour Monitoring.** The PD shall monitor the effects of moonlighting to ensure that the quality of patient care and the resident's educational experience are not compromised and hours worked are not excessive. In the event that the Program Director and/or Chair of the department do not recommend moonlighting, the DIO may convene a committee to consider the Housestaff's application and the reasons for denial by the PD and/or Chair.

<b>Number:</b>	<b>003-002</b>
<b>Section:</b>	<b>Work Schedules</b>
<b>Title:</b>	<b>Duty Schedules</b>

**Effective Date: 2/12/2015**

**Previous Review & Approval by GMED: 5/24/2007, 1/17/2008, 2/16/2012**

**Responsible Office: NJMS Graduate Medical Education**

**Update: Every five years from effective date or as needed**

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**Background and Purpose:** Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences.<sup>1</sup> Duty hours do not include reading and preparation time spent away from the duty site. The concept behind creating a standard for the residents' work schedule relative to the number of consecutive hours, cumulative weekly and monthly work hours, and rest periods between work hours is to maximize resident education and productivity, maintain high quality of patient care and patient safety. This policy for resident duty hours will provide Rutgers NJMS Housestaff with ACGME-established requirements for scheduling.

**Scope:** This policy applies to all Housestaff.

**Definitions:**

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education, which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** the Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

**Reference(s):**

1. ACGME Common Program Requirements (effective July 1, 2013) VI
2. ACGME Institutional Requirements (effective July 1, 2013)II.D.4.i

**Policy:**

- A. The Program Director is responsible for duty schedules and, if necessary, must make the ultimate decisions regarding on-call duty scheduling.
- B. On-call rooms are provided by the hospital to Housestaff with on-call responsibility.

- C. The on-call schedule will be tailored to meet the residency requirements set by the Accreditation Council on Graduate Medical Education for each training program. It is recognized by the sponsoring institution that in-house call is an integral part of the Housestaff education and is to be scheduled so as to maximally enhance that educational pursuit. The GME office receives individual departmental rotation schedules to review for compliance and to formulate monthly Housestaff billings. Additionally, the GMEC as part of the internal review process shall review individual Program hourly work and on-call schedules for compliance.
  
- D. Scheduled call that is not in full compliance with this policy will be returned to the Program Director for revision.

<b>Number:</b>	<b>003-003</b>
<b>Section:</b>	<b>Work Schedules</b>
<b>Title:</b>	<b>Resident Duty Hours in the Learning and Working Environment</b>

**Effective Date:** 2/12/2015

**Previous Review & Approval by GMEC:** 5/24/2007, 1/17/2008, 2/16/2012

**Responsible Office:** NJMS Graduate Medical Education

**Update:** Every five years from effective date or as needed

**Background and Purpose:** Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences.<sup>1</sup> Duty hours do not include reading and preparation time spent away from the duty site. The concept behind creating a standard for the residents' work schedule relative to the number of consecutive hours, cumulative weekly and monthly work hours, and rest periods between work hours is to maximize resident education and productivity, maintain high quality of patient care and patient safety. This policy for resident duty hours will provide Rutgers NJMS Housestaff with ACGME-established requirements for scheduling.

**Scope:** This policy applies to all Housestaff.

**Definitions:**

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education, which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** the Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

**Reference(s):**

1. Glossary of Terms Related to Resident Duty Hours found at <https://www.acgme.org/acgmeweb/Portals/0/PDFs/dh-GlossaryofTerms2011.pdf>
2. ACGME Common Program Requirements (effective July 1, 2103) VI.G.
3. ACGME Institutional Requirements (effective July 1, 2013) IV.J.

**Policy:**

**A. Guiding Principles**

1. Programs and sponsoring institutions must educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients. Programs must be committed to and be responsible for promoting patient safety and resident well being in a supportive educational environment. The learning objectives of the

program must be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and not be compromised by excessive reliance on residents to fulfill non-physician service obligations. Didactic and clinical education must have priority in the allotment of resident's time and energy. Duty Hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of all patients.

2. All residency and fellowship programs of Rutgers New Jersey Medical School must conform to the ACGME Duty Hour Standards.
3. All Housestaff shall abide by the ACGME Common Program Requirement Duty Hour Standards, ACGME Program-Specific Duty Hours Standards, New Jersey State Law, and the Rutgers NJMS Duty Hours Policy.

**B. Common Program Requirement Duty Hour Standards (VI.G)**

1. Maximum Hours of Work per Week: Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.
2. Mandatory Time Free of Duty: Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.
3. Maximum Duty Period Length
  - a) Duty periods of PGY-1 residents must not exceed 16 hours in duration.
  - b) Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
    - i. Transitions of Care: It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
    - ii. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
    - iii. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must: appropriately hand over the care of all other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the Program Director.
    - iv. The Program Director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.
  - c) Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.
4. Minimum Time Off between Scheduled Duty Periods
  - a) PGY-1 residents should have 10 hours, and **must have eight hours**, free of duty between scheduled duty periods.
  - b) Intermediate-level residents [as defined by each program's Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They **must have at least 14 hours free of duty after 24 hours of in-house duty**.

- c) Residents in the final years of education [as defined by each program's Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the Program Director.
- 5. Maximum Frequency of In-House Night Float: Residents must not be scheduled for more than **six** consecutive nights of night float. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee. Each program is responsible for applying its RC specifications.
- 6. Maximum In-House On-Call Frequency: PGY-2 residents and above must be scheduled for in-house call **no more frequently than every third-night** (when averaged over a four-week period).
- 7. At-Home Call:
  - a) Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
  - b) At-home call must not be as frequent or taxing as to preclude rest or reasonable personal time for each resident.
  - c) Residents are permitted to return to the hospital while on at-home call to care for new or established patients.
  - d) Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".
- 8. All requests for moonlighting must be approved in advance by the Program Director and DIO (see Policy #003-001, Work Schedules, Moonlighting/Outside Employment).

**C. Exceptions to the 80-hour rule and the 10-hour rest rule (VI.G.1)**

- a) A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to an individual program based on a sound educational rationale.
- b) Any exception to the 80-hour rule must be made in advance to the GMEC and DIO. Each proposal will be considered in the context of educational and clinical relevance and appropriateness by the GMEC including the Chair. If accepted, the proposal must then be sent to the ACGME for approval.

**D. Transitions of Care**

- a) Programs must design clinical assignments to minimize the number of transitions in patient care.
- b) Rutgers NJMS and each training program must ensure effective, structured hand-over processes to facilitate both continuity of care and patient safety.
- c) Programs must ensure that residents are competent in communicating with team members in the hand-over process.
- d) Rutgers NJMS must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care.
- e) Such hand-offs should not detract from the quality of resident educational experience.

**E. Duty Hour Schedules/Scheduling of Residents**

- a) The Program Director is responsible for duty schedules and will make final decisions regarding on-call duty scheduling.
- b) On-call rooms are provided by the hospital for Housestaff with on-call responsibility.
- c) The on-call schedule will be tailored to meet the residency requirements set by the ACGME for each training program. It is recognized by the sponsoring institution that in-house call is an integral part of the Housestaff education and is to be scheduled to maximally enhance that educational pursuit. The GME office receives individual departmental rotation schedules to review for compliance and to formulate monthly Housestaff billings. Additionally, the GMEC as part of the internal review process shall review individual program hourly work and on-call schedules for compliance.
- d) Scheduled call that is not in full compliance with this policy will be returned to the Program Director for revision.

**F. Responsibility**

Responsibility for monitoring compliance with these regulations will rest with the individual Program Director and the GMEC Duty Hours Subcommittee under the direction of the DIO. All programs shall implement policies and procedures consistent with ACGME institutional and program requirements for resident duty hours and the working environment.

- a) All programs should adopt procedures so that on-duty obligations are shared by trainees in all PGY levels in order to mitigate the possibility for excessive after hours work by junior-level residents and fellows.
- b) The DIO will periodically assess compliance by review of on-call schedules and by confidential discussions with individual house staff members.
- c) The DIO will report annually on compliance with Duty Hours Regulations to the Faculty Council of NJMS.
- d) The GMEC Duty Hours Subcommittee will meet regularly in order to address institutional and individual program compliance with duty hour regulations set forth by the ACGME.

<b>Number:</b>	<b>003-004</b>
<b>Section:</b>	<b>Work Schedules</b>
<b>Title:</b>	<b>Maggie's Law</b>

**Effective Date:** 2/12/2015

**Previous Review & Approval by GMEC:** 5/24/2007, 1/17/2008, 2/16/2012

**Responsible Office:** NJMS Graduate Medical Education

**Update:** Every five years from effective date or as needed

**Background and Purpose:** Maggie's Law (N.J.S.2C:11-5 2C: 11-5; Death by auto or vessel) states that in the event of a motor vehicle accident resulting in the death of a motorist, the driver who is knowingly fatigued or sleep deprived may be convicted of vehicular homicide. The law specifically defines fatigue as "having been without sleep for a period in excess of 24 consecutive hours."<sup>1</sup> This law was enacted in 2003 and was named in honor of Maggie McDonnell, a 20 year-old college student, who was killed when her car was struck head-on by a truck that was operated by a driver who admitted to being awake for 30 hours and using drugs. The Maggie's Law policy is to establish guidelines for Housestaff who are subject to fatigue in order to prevent harm, injury or death of themselves or others.

**Scope:** This applies to all postgraduate medical education programs.

**Definitions:**

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
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4. **Program Director (PD)**– the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** the Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

**Reference(s):**

1. Maggie's Law N.J.S.2C:11-5 2C: 11-5 found at [http://www.njleg.state.nj.us/2002/Bills/A1500/1347\\_R2.HTM](http://www.njleg.state.nj.us/2002/Bills/A1500/1347_R2.HTM)
2. ACGME Common Program Requirements (CPR) VI
3. ACGME Institutional Requirements (IR) II.D.4.i

**Policy:**

- A. Housestaff and residency PD's shall be aware of the potential problems that may result from driving a vehicle after having been without sleep for a period in excess of 24 consecutive hours.
- B. Housestaff who have been without sleep for a period in excess of 24 consecutive hours must, before driving, take one or more of the following actions:

1. Sleep for a period of time sufficient to feel rested before driving
  2. Arrange to be driven to their home or place of residence, or an alternative site
  3. Take public transportation to their home or place of residence, or an alternative site
- C. The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home. (CPR VI.C.2)
- D. Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties. (CPR VI.C.3)
- E. The program and PD must:
1. Educate all residents and faculty to recognize the signs of fatigue and sleep deprivation (CPR VI.C.1.a)
  2. Educate all residents and faculty in alertness management and fatigue mitigation processes (CPR VI.C.1.b)
  3. Adopt fatigue mitigation processes to manage potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules (CPR VI.C.1.c)
  4. The potential impact of sleep deprivation and fatigue on performance
  5. Resources available for residents who feel their performance is being negatively affect by fatigue
  6. Opportunities in place to assist individuals in complying with Maggie's Law
- F. Oversight:
- a. Each program must have written policies and procedures consistent with Maggie's Law. These policies must be distributed to the residents and the faculty and kept on file in the GME office. The program, the PD and the faculty must monitor compliance with this policy.
  - b. The GME Office will oversee that programs comply with this policy.