A MOONLIGHTING POSITION CAN HELP YOU HONE YOUR MEDICAL SKILLS WHILE BOOSTING YOUR INCOME.

Is Moonlighting Right For You?

When I was a second-year family medicine resident and my wife was a first-year pediatric resident, we struggled with the simplest of financial relationships: income vs. expenses. The income we generated was no match for the expenses of two children, a mortgage payment, day care tuition, basic living costs and student loans. Cutting back on any of these fixed expenses was nearly impossible, so we knew we had to increase our revenue. But how?

As a physician, I wanted to use the skills I had learned during my years of medical training to pursue additional work and bring in additional income for my family. “Moonlighting,” or holding more than one job, is not unique to the medical profession, but it is common among residents and new physicians as a practical and educational way to secure extra income. Finding a moonlighting opportunity that suits you is not difficult, but it does require research and preparation. You can secure a moonlighting position by following the guidelines outlined in this article.

First things first

Moonlighting is not for everyone, so it’s important to determine why you are interested in a second job and whether it will accomplish your goals. My interest in moonlighting was driven by the red ink on the bottom line of my personal cash flow statement. Your interest

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might be fueled by the opportunity to refine your procedural skills such as placing central lines, intubation or performing arterial blood gases. Or perhaps your goal is to develop contacts within a hospital system or office for future employment opportunities.

Before you embark on your quest, consider the following rules, regulations and personal issues that might affect your decision to moonlight:

Consult with your supervisor. Because moonlighting is in addition to your primary job, you will need to obtain approval from your primary employer before you begin.

Review your contract. You should also review your contract from your full-time employer for any conditions that could affect moonlighting or outside work activity. For example, make sure that you can retain all compensation from your moonlighting. Some contracts state that any remuneration the employee receives from physician offices, facilities or organizations belongs to the employer. Think carefully about these restrictions before you take the time to search for a position.

Monitor your hours. Residents must keep in mind the Accreditation Council for Graduate Medical Education’s (ACGME) 80-hour workweek policy. All hours that residents work in the sponsoring institution are considered part of the 80-hour workweek, including internal and external moonlighting.

Weigh the pros and cons. Both residents and physicians should address the potential negatives of moonlighting before jumping in. Are you willing to trade time with family and friends – or pillow and blanket – for moonlighting shifts? Residents could also miss educational programs or events at their primary hospital. Physicians must decide whether moonlighting would take time away from marketing their practice, becoming involved with professional or community organizations, or pursuing other ventures.

Finding the right fit
To find the right moonlighting position, be proactive. I initially contacted the administration office at a local hospital. A secretary informed me that the hospital did have moonlighters, but they were contracted by an outside company. I contacted the com-

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pany, submitted an initial application, and sent in various documents and references (see “Rounding up the documents,” on page 42). About five weeks after first speaking with the company, I worked my first general medical floor shift at the hospital.

When you are ready to commence your search, consider a variety of positions (see “Examples of moonlighting shifts,” above). While inpatient hospital moonlighting shifts are most common, outpatient offices, urgent care centers, rehabilitation facilities, radiology centers and dialysis centers are other viable options. My role as a moonlighter was an “as needed” specialty physician on the medical floors of a tertiary care hospital. Calls for chest pain, shortness of breath, nausea and insomnia were directed to either my pager or cell phone throughout my set 12-hour shift.

Inpatient responsibilities typically include rounding on patients, writing progress notes, working with response teams, handling urgent or emergent calls and admitting new patients. Some specialty units such as the intensive care or cardiac surgical units offer moonlighting work for physicians who are comfortable with procedures. Psychiatric and rehabilitation units can offer moonlighting positions on an as needed basis. Typical shift coverage for any of the inpatient hospital moonlighting opportunities can range from a few hours to a full 24-hour day.

Outpatient moonlighting shifts tend to be shorter than their inpatient counterparts. Some private practices need coverage on weeknights or weekends. Urgent care centers and health care clinics can also use moonlighters to fill voids. These outpatient opportunities can also lead to full-time positions as you develop contacts. Moonlighters can also be used at radiology centers to handle anaphylactic reactions that might occur from the intravenous contrast used in certain studies.

Whether you prefer working in inpatient or outpatient settings, you will find some of the best positions by asking fellow colleagues for their advice. Headhunters, classified ads in journals and medical society publications, and Web searches can also be effective for tracking down moonlighting opportunities. Using search terms such as “physician staffing moonlighting [your city]” in your favorite search engine could provide some helpful leads.

Choose carefully

Before you select a moonlighting position, consider two important issues: compensation and liability coverage.

Moonlighting positions will pay on an hourly or shift-work basis and can range from $40 to $100 per hour, with holidays paid at time and a half. The amount will vary based on supply and demand. For instance, a hospital in need of intensive care unit coverage may be willing to pay higher hourly wages or a flat shift bonus if the supply of covering physicians is limited. In these situations, negotiations can take place hours before, the day of, or several days before a shift that needs covering. If you are not satisfied with an offer from an employer, consult with your colleagues or hospital staff who can direct you to positions in higher demand.

For any moonlighting position you con-
AREN YOU WILLING TO TRADE TIME WITH FAMILY AND FRIENDS – OR PILLOW AND BLANKET – FOR MOONLIGHTING SHIFTS?

If you are applying for a position in a hospital with high demand for physicians, don’t hesitate to negotiate a higher hourly wage.

Be sure that your malpractice policy covers claims filed after your coverage period has ended.

sider, you must carry adequate malpractice protection (see “Do You Have the Right Malpractice Insurance Policy?” FPM, November/December 2004). The policy should be either an occurrence policy or a claims-made policy with tail coverage. Both would cover claims and suits involving services rendered between the starting date of employment and the policy termination date, even if the policy is no longer in force. However, a claims-made policy without tail coverage would only cover claims filed during your period of coverage. If the employer will not pay for your malpractice policy, or will provide only a claims-made policy without tail coverage, negotiate a higher hourly wage to reconcile the difference. I recommend speaking with legal counsel before signing any paperwork to ensure that your contract is fair and doesn’t hold any surprises.

Starting your new job

Once the legwork and paperwork are complete, you are ready to begin moonlighting. Whether your motives are to earn some extra money, expand your skills or increase your professional contacts, you will benefit from the varied experiences that moonlighting has to offer.

Send comments to fpmedit@aafp.org.