In order to help residency and fellowship programs remain in compliance with ACGME Duty Hours requirements while ensuring adequate and appropriate resident coverage for inpatient services, a residency program may designate certain rotations for “additional program hours” by senior residents who have completed the requisite experience and competency level (as determined by the training program and the Associate Dean for GME). Only residents who have completed the specific rotation will be eligible to provide such coverage. Use of additional residents for service coverage must be time-limited and not a permanent staffing solution. (e.g. additional pediatric resident coverage may be requested during winter viral season.) Approval must be obtained on an annual basis based on specific circumstances of each academic year. If permanent coverage that is distinct from resident rotation responsibilities is required, then a request for an internal moonlighting site authorization must be completed instead of this form and is subject to all UMMS GME moonlighting requirements including Full Massachusetts licensure.

Residents and fellows (as approved by the program director and the ADGME) including those who hold a limited training license may voluntarily cover these extra program shifts and receive additional compensation for these hours worked provided that following guidelines are met:

- All additional hours worked MUST be in full compliance with ALL ACGME Duty Hours regulations.
- The additional hours worked must not interfere with the resident’s primary responsibilities in the program including elective time (i.e. residents may not moonlight during the regular work day, even when on elective rotations)
- The resident functions only in the capacity of a resident with adequate and appropriate supervision that they would receive during an assigned program rotation
- The Program Director, in providing oversight of the educational program, shall monitor all residents with additional hours for additional compensation activities for compliance with duty hours standards, fatigue and stress.
- An “internal Rotation Authorization” must be approved by the Associate Dean for Graduate Medical Education and by Claims Management.
- Resident Authorization for additional hours must be approved by the program director and the Administrative Director of Graduate Medical Education.
- The additional compensation must be covered within the department financial targets and may require approval of the UMass Memorial Medical Group.
These guidelines may also apply when a program needs to backfill due to resident absence/withdrawal from the program. Residents in the program may be asked to cover up to two additional shifts per resident per year with no additional compensation, after which they may be paid for covering additional shifts.

Compensation rates for additional coverage will be established by the Associate Dean for Graduate Medical Education in consultation with the GMEC.

Coverage must be provided by residents who have already completed the rotation and at least 18 months of training. Residents must be from the specific program.

Residents may not participate if they are currently subject to corrective or disciplinary action.

Residents on J-1 visas are ineligible for additional compensation.

Approval for an individual resident or for the additional hours may be withdrawn at any time.

**PROCESS:**

1. Program Director must submit an “Internal Rotation Request” to the OGME that contains the following information:
   - Rotation name and supervising physicians.
   - Justification for additional voluntary coverage.
   - Number of additional shifts (including hours/shift) for which coverage is sought for the duration of the academic year.
   - Expected total cost for the academic year.
   - Resident responsibilities and type of supervision (direct or indirect) provided.
   - PGY levels that may be considered for rotation coverage
   - Levels of the residents in the program who are approved to do this.

2. Internal Rotation Site Requests must be reviewed and approved annually to ensure that the justification remains valid and the responsibilities remain appropriate.

3. Individual Resident Authorizations forms (or a list of names and PGY levels) must be provided and approved annually.

4. GME Additional Compensation forms should be used to process payment for the residents through the regular extended employment process.
REQUEST FOR ADDITIONAL HOURS IN PROGRAM

RESIDENCY PROGRAM: ____________________________

ROTATION NAME: ______________________________

START DATE: ___________ END DATE: ____________

JUSTIFICATION FOR ADDITIONAL VOLUNTARY COVERAGE:

DESCRIPTION OF RESIDENT RESPONSIBILITIES

SUPERVISION PROVIDED: ___DIRECT ___INDIRECT

NAMES OF SUPERVISING ATTENDINGS:

Number of additional night shifts: _________
Hours/shift) ____________

Number of additional weekend shifts: _________
Hours/shift) ____________

TOTAL ESTIMATED COST: ________________

ELIGIBLE PGY LEVELS ________________
(provide a list of approved residents including PGY level or attach individual authorization forms)

I understand that all additional shifts must be in full compliance with ACGME Duty Hours standards, and it is my responsibility as program director to monitor all residents.
with additional hours for additional compensation activities for compliance, fatigue and stress. I also understand that additional compensation must be covered within the Department financial targets and may require approval of the UMass Memorial Medical Group. If targets cannot be met, the department may need to make reductions elsewhere to offset possible deficits.

Program Director: ___________________________ Date: ___________

GME: ________________________________ Date: ___________
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
OFFICE OF GRADUATE MEDICAL EDUCATION

AUTHORIZATION FORM FOR RESIDENTS/FELLOWS TO RECEIVE ADDITIONAL
COMPENSATION FOR ADDITIONAL HOURS WITHIN THEIR TRAINING PROGRAM
IN COMPLIANCE WITH WORK AUTHORIZATION, LICENSURE, AND VISA REGULATIONS

ACADEMIC YEAR JULY 1, 201X THROUGH JULY 31, 201X
(EFFECTIVE DATES: DATE OF OGME AUTHORIZATION THROUGH JULY 31, 201X)

SITE/ROTATION: ______________________________________________________________________

NAME(S) OF RESIDENT(S): ______________________________________________________________________

PGY LEVEL:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

We hereby acknowledge that the above-named Residents/Fellows are authorized to receive additional
compensation for the above services.

APPROVED SIGNATURES

PROGRAM DIRECTOR: ______________________________________________________________________ DATE: __________

OGME DIRECTOR: ______________________________________________________________________ DATE: __________