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| **Policy 3.310**<br>Graduate Medical Education Committee |
| **Section**<br>Resident Supervision/Work Environment |
| **Subject**<br>Guidelines for Supplemental Clinical Activity |
| **Policy Requirements:**<br>ACGME Institutional Requirements: Section 3<br>ACGME Common Program Requirements: Section 6 |
| **Version History:**<br>Current Version: 2/2026<br>Last Review/Revision: 2/2023, 2/2024, 2/2026<br>Legal Review: 1/2023 |

**Purpose:**

To define supplemental clinical activity and the process to request participation in such clinical activity.

**Policy:** Supplemental clinical activities are distinguished from activities outlined in the Graduate Medical Education Committee (GMEC) policy on Moonlighting (3.300) in the following ways:

- Residents/fellows participating in supplemental clinical activities are not independent/autonomous practitioners.
- Residents/fellows participating in supplemental clinical activities are operating within the scope of their training program.
- Residents/fellows participating in supplemental clinical activities are working under the level of supervision appropriate for their post graduate year (PGY) level of training and must identify who is supervising them during the supplemental clinical activity.
- Residents/fellows bill under an attending physician in accordance with Centers for Medicare and Medicaid Services (CMS) billing regulations for residents/fellows, and do not bill as independent practitioners.

**Definitions**

**Supplemental Clinical Activity:** voluntary, optional, compensated, resident/fellow clinical service that occurs within the scope of the trainee's current training program. This activity refers to services performed by a resident/fellow who is 1) acting in capacity consistent with their PGY level of training and 2) working under the level of supervision appropriate for their PGY level. This compensated clinical activity is in addition to/outside of the programs' defined and required clinical rotations/experiences.

**Process:**

In order to ensure that residents and fellows that participate in supplemental clinical activities meet the guidelines outlined in this policy, each program must have a specific supplemental clinical activity policy in place. The program policy should include:

- a list of the rotations where supplemental clinical activities will be (or will not be) allowed; and,
- how the program will monitor the supplemental clinical activities of residents/fellows to ensure that GMEC policy 3.310 is met; and,
- the consequences if GMEC policies 3.310 and/or the program specific policy are violated;

For UAMS-paid supplemental clinical activities, a resident/fellow's total compensation, which includes residency/fellowship stipend, supplemental clinical activity earnings, and internal moonlighting earnings, may not exceed the Arkansas state line-item salary maximum. It is the responsibility of the program to receive appropriate approval for any supplemental clinical activity, to manage and track all supplemental clinical activities of its residents/fellows and to ensure that ACGME clinical learning environment work hour requirements are met.

Prior to the start of any supplemental clinical activity, the program must submit a completed, signed Supplemental Clinical Activities Request form to GME Office for final approval. This form is available from the GME Office.

**General Considerations:**

- Supplemental clinical activities are voluntary and cannot be mandated as part of a training program.
- Each training program is responsible for oversight of their trainees' supplemental clinical activity.
- Supplemental clinical activity is permitted for residents and fellows during months that they are participating in a Central Arkansas Veterans Healthcare System (CAVHS) reimbursed clinical or research experience, provided the activity does not interfere with assigned CAVHS rotations or on-call responsibilities and is not paid by the (CMS) funds. This applies to any Arkansas VA site.
- Program Directors have the authority and discretion to prohibit or limit supplemental clinical activity for any program, trainee, or site. Supplemental clinical activities may be curtailed or prohibited based upon any of, but not limited to, the following grounds:
    a. If it is determined that such activities interfere with the resident/fellow's opportunities for rest, relaxation, and independent study; or,
    b. If it is determined that such activities interfere with the resident/fellow's patientcare responsibilities and educational performance; or,
    c. If the resident/fellow fails to abide by the procedures outlined herein.
- A resident/fellow who is on formal probation is prohibited from engaging in any supplemental clinical activities during the probationary period. A resident/fellow who is participating in any step of the academic improvement process may be prohibited from engaging in any supplemental clinical activities. This could include focused review, probation or suspension.
- A resident/fellow who participates in any supplemental clinical activity must continuously report in New Innovations all work hours, including regular duty, supplemental clinical activity hours, and/or moonlighting. The Program Director and the individual resident/fellow must closely monitor to ensure supplemental clinical activity and compliance with ACGME work hour rules -- including the 80-hour rule -- to ensure that supplemental clinical activities do not interfere with a resident/fellow's ability to achieve

the goals and objectives of the educational program. Failure to report supplemental clinical activity hours could result in suspension and/or dismissal from the training program.

- J1 visa holders may participate in supplemental clinical activity once approval has been obtained by program director, Designated Institutional Official (DIO) and Intealth. Prior written approval from both the program director and Intealth's Responsible Officer is required; completion and submission of a new request form constitutes this approval. Programs, not individual J-1 physicians, must initiate these requests. Once approval from Intealth has been obtained, programs should complete Supplement Clinical Activity Request form for approval by the DIO prior to start of any supplemental clinical activity.
- Supplemental clinical activities for J-1 visa holders must:
    - Take place within the same institution or primary clinical site as the resident's/ fellow's accredited program
    - Be educationally appropriate and not extend the training period
    - Comply with institutional policies, ACGME duty hour limits, and the physician's core training responsibilities.
- H1B visa holders will need program and immigration approval to participate in supplemental clinical activity.
- If a program is on Special Review or has concerning academic trends, it is at the discretion of the DIO, GMEC, or Special Review Committee, to prohibit supplemental clinical activities.

**Supplemental Clinical Activity Request Procedure**

1. Each academic year, a Supplemental Clinical Activity Request Form must be completed and approval by all individuals obtained prior to the start of any clinical activity.
2. Once supplemental clinical activities have been approved, it is the responsibility of the program to work with their Department Business Administrator to arrange compensation amounts and the procedure for the resident/fellow participating in any supplemental clinical activities.
3. Once final approval is obtained, a copy of the approved Supplemental Clinical Activity Request Form must be kept in a resident/fellow's permanent program educational file in the program.
4. The residency/fellowship program must keep an active list of all residents/fellows participating in Supplemental Clinical activities and monitor their compliance GMEC policy .

**UAMS Regional Centers GME Supplemental Activity Request Form**

Academic Year _____

Instructions for Completing Request:

1. Please complete the entire form. Any missing information could delay approval.
2. Please obtain all required signatures and initial and sign where indicated.
3. Please submit completed form to the Regional Centers GME Office.
4. Please wait for email of approval from GME before agreeing to work any supplemental clinical activity shifts. You are not approved for supplemental clinical activity until you receive this form signed by the Regional Centers Designated Institutional Official (DIO).
5. It is the responsibility of the department to ensure SCA pay and UAMS salary does not exceed the Arkansas State line-item maximum ($97,605).

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**Personal Information**

Resident Name_____PGY Level_____Training Program _____

Are you a US Citizen_____If not, what is your Visa status? _____

H1B Visa Holders, please contact askimmigration@uams.edu before engaging in any supplemental clinical activities. Please attach immigration documentation if supplemental clinical activities are allowable.

**Supplemental Clinical Activity Information**

Separate from my program required duties as a resident physician at UAMS, I request to participate in compensated supplemental clinical activities for the academic year July 1,_____to June 30,_____at the following location.

*Approval is granted for 12 months or less during a single academic year (July 1 – June 30)*

Location:

Administrative Contact Name:

Administrative Contact Phone Number and Email:

Description of Supplemental Clinical Activities:

Average number of hours/week residents/fellows will participate in this activity:

Average number of times/week residents/fellows will participate in this activity: Responsibilities of Resident/Fellow:

Faculty Responsible for Supervision of Resident/Fellow:
Funding Source for Supplemental Clinical Activities:
Department Business Administrator Approving SCA:

**Acknowledgement of Supplemental Clinical Activity Policy**

**Please initial after each of the following statements.**

I understand that supplemental clinical activities are voluntary and prohibited during regular UAMS work hours, as defined by my Program Director and/or Department Chair. Additionally, I understand that this activity will not be credited toward my current training program requirements. _____

I understand in requesting approval for any supplemental clinical activity, my performance will be monitored for the effect supplemental activities have upon patient care responsibilities and education performance related to ACGME requirements, and if the supplemental activities adversely affect either of these areas of care or learning, then permission to participate may be withdrawn.
_____

I understand that time spent in supplemental clinical activities must be counted toward the 80-hour maximum weekly limit, as required by the ACGME. _____

I understand that I am responsible for accurately recording all work hours including regular duty, moonlighting, and supplemental clinical activities in my institution's work hour tracking mechanism. Failure to do so could result in corrective action and suspension of supplemental clinical privileges.
_____

I understand that supplemental clinical activities are prohibited during CAVHS rotation months/blocks. _____

I agree to submit another form should the location, activity, or hours given on this form change.
_____

I acknowledge that violation of this policy constitutes a breach of the UAMS Regional Centers residency contract and may lead to Corrective Action. _____

Resident/Fellow Signature:

Name_____Signature_____Date_____

**Supplemental Clinical Activity Approval**

With this signature, I:

1) approve this supplemental clinical activity request;
2) agree to monitor this resident for educational effect of this activity;
3) agree to monitor proper recording of work hours in New Innovations for duration of SCA; and
4) agree to withdraw approval if necessary.

Program Director:

Name_____Signature_____Date_____

I have reviewed and approved this request:

Department Business Administrator:

Name_____Signature_____Date_____

Department Chair:

Name_____Signature_____Date_____

Designated Institutional Official:

Name_____Signature_____Date_____