

Should you moonlight while you're a medical resident?

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Residents are busy and underpaid. Moonlighting, working an additional job as an independent physician outside your residency, may offer a solution to one of those problems.

Among other things, AMA policy on moonlighting notes that “increased financial assistance for residents/fellows, such as subsidized child care, loan deferment, debt forgiveness, and tax credits, may help mitigate the need for moonlighting.

“At the same time,” the policy says, “resident/fellow physicians in good standing with their programs should be afforded the opportunity for internal and external moonlighting that complies with [Accreditation Council for Graduate Medical Education] policy.”

So is moonlighting worth it? That's going to depend on your unique circumstances. Here are some questions to ponder if you are considering moonlighting during residency.

Is moonlighting feasible for you?

The answer is contingent on your personal and professional situation. Professionally, some residency programs don't allow for physicians to moonlight. Even if they do, residents are still bound by duty-hour restrictions that limit residents to 80 hours a week.

Personally, the time you're moonlighting could be spent taking care of other obligations, such as child care.

Tim Schmidt, MD, is a fourth-year dermatology resident at the University of California, San Francisco. He has dabbled in moonlighting, working at the Kaiser Permanente dermatology clinic. Dr. Schmidt is honest about what he gains, and gives up, by doing so.

“It would potentially pay for the nanny, so that’s a huge boon,” he said. “It has a downside too, because I work all week and it’s kind of a bummer to spend a Saturday working.”

For Dr. Schmidt, the extra salary through moonlighting is reduced by having to pay for additional child care, as his wife, a urology resident, also works on the weekend. “So that’s kind of a loss too,” he said.

Will moonlighting alleviate financial pressure?

The short answer is yes. Residents make somewhere between \$70,000 and \$80,000 and usually carry significant loan debt.

Dr. Schmidt makes to \$230 an hour through moonlighting. While that math looks favorable, he said it’s not a slam dunk.

“It’s hard to say if it’s all worth it,” he said. “With our student loans, our loan payments go up as our income goes up. Any extra income, most of it goes to student loans. Calculated, even with our combined income of \$130,000, the effective marginal tax rate on my moonlighting payment was about 50 percent if you count student-loan interest payments.”

Will moonlighting help you grow as a physician?

Working outside your residency program—and in many cases in a more general specialty, such as internal medicine—offers at the very least the chance to experience a different practice environment and serve another patient population.

In Dr. Schmidt’s case, he is in a research-heavy year of his research-track residency, with only one half-day per week of clinical time built-in. He sees the moonlighting work he does as a chance to keep his clinical skills sharp.

“What’s underrated about moonlighting is being able to experience a completely different practice environment from the one you’ve been trained in,” he said. “You can learn a lot seeing how a different system works. Some people use it as a job try out. If I wanted to work at Kaiser in the future, it would be good to know how they work as a system.”