EXTRACURRICULAR PROFESSIONAL ACTIVITY (MOONLIGHTING)

VUMC affirms that the primary responsibilities of members of the house staff are to their own postgraduate medical education and to the patients charged to their care. In as much as extramural professional activities, or “moonlighting,” may conflict with these responsibilities, Vanderbilt generally discourages such activities.

In some departments, outreach programs at other medical facilities are approved activities, are a part of the established educational program, and are not considered moonlighting. Moonlighting is prohibited during regular VUMC duty hours, as defined by the Program Director and/or Chair of the house staff member’s Department. Moonlighting during periods of authorized vacation time can occur provided that proper approval of moonlighting activity has been obtained.

Individuals may not moonlight on rotations or services to which they are currently assigned as part of their residency or fellowship program. Questions regarding whether a particular request for moonlighting would be prohibited under this section should be directed to the Associate Dean for GME.

The Medical Center or any individual department or division also reserves the right to deny any specific moonlighting activity that is deemed inconsistent with University policy regarding conflict of interest or other relevant policies. The individual requesting moonlighting permission acknowledges that his or her performance will be monitored for the effect of the activity on their performance, and adverse effects may lead to revocation of permission. In addition, any individual who fails to maintain good standing in their program for any reason will have their moonlighting privileges revoked effective immediately. Affected house staff are required to reapply for moonlighting privileges through the mechanisms used for gaining initial approval.

All hours spent in moonlighting are subject to the Institutional Policy on Duty Hours and must be tracked through the respective program’s duty hour tracking mechanisms. Failure to track moonlighting time, both internal and external, as duty hours may result in Corrective Action and revocation of moonlighting privileges.

Individual departments or divisions may impose additional restrictions on moonlighting activity.

Violation of the Moonlighting Policy constitutes a breach of the House Staff Agreement between Vanderbilt University and the individual and may lead to corrective action up to and including Immediate Dismissal. Contact the Office of GME for any clarification of these requirements.

General Requirements for ALL Moonlighting:

1. Be in “good standing” in the training program (i.e., not on Corrective Action).
2. Moonlighting cannot be used to fulfill a training requirement of the current training program.
3. Possess an unrestricted license to practice medicine in the state of Tennessee (or the appropriate state if moonlighting out of state).
4. All requests for moonlighting must be submitted to the GME Office for review and final approval. No moonlighting is permitted until this approval has been given.
Moonlighting without this approval may result in Corrective Action.

5. Approval to moonlight remains in effect from the date of approval until June 30th of that academic year (July-June), unless the approval has been revoked for one of the reasons stated above. To moonlight in the following academic year (i.e., July 1st or later), the house officer must reapply for moonlighting privileges.

6. All moonlighting hours, both internal and external, must be recorded as duty hours.

**Definition and Additional Requirements for External Moonlighting:** External moonlighting is any extracurricular clinical employment outside of VUMC (VUH, VCH, PHV or the Vanderbilt Clinics).

Professional liability coverage is the responsibility of the individual resident. VUMC Self-Insurance Trust does not provide professional liability coverage for this external moonlighting.

**Definition and Additional Requirements for Internal Moonlighting:** Practicing medicine for pay at VUMC outside the requirements of the training program is considered internal moonlighting.

Under the internal moonlighting policy, there are both general guidelines (listed above under General Requirements for All Moonlighting) and group specific guidelines. House staff are divided into two groups, Group 1 and Group 2. These groups are as defined below and the requirements for each group are as follows:

**GROUP ONE:** House staff in an advanced or second residency program (i.e., board eligible/certified in another specialty) who wish to bill through the VMG for their professional services.

These individuals may practice the specialty for which they are board certified/eligible in an outpatient setting or an emergency department only. These individuals may bill third party payers for their professional services in accordance with the VMG and Medical Staff Bylaws. **NOTE:** Moonlighting is prohibited during regular VUMC duty hours, as defined by the Program Director and/or Chair of the house staff member’s host Department.

**Additional Requirements for Group One**
In order to qualify for internal moonlighting as a Group One physician, the house staff must fulfill all of the following prerequisites:

1. Successful completion of an ACGME Training Program;
2. Board eligible/certified in a specialty for which they are moonlighting;
3. The individual must have a part-time Vanderbilt School of Medicine faculty appointment in the hiring department/division. However, the primary appointment will remain either “resident or clinical fellow.” Appointment to the Medical Staff will follow the usual credentialing process.
4. Professional Liability coverage will be provided through the VUMC Self Insurance Trust. The additional cost will be prorated to the hiring department.
5. Within a department and/or division, internal moonlighting opportunities should be made known to all qualified house staff at any specific level of training. However, the house staff should not be or feel pressured to participate in moonlighting activities.

**GROUP TWO**: House staff who are not board certified/eligible and/or are not billing for their professional services.

These individuals may not bill for their professional services. **NOTE**: Moonlighting is prohibited during regular VUMC duty hours, as defined by the Program Director and/or Chair of the house staff member’s host Department.

**Additional Requirements for Group Two**

In order to qualify for internal moonlighting as a Group Two physician, the House staff must fulfill all of the following prerequisites:

1. Professional Liability coverage will be provided through the VUMC Self Insurance Trust. The additional cost will be prorated to the hiring department.
2. Within a department and/or division, internal moonlighting opportunities should be made known to all qualified house staff at any specific level of training. However, the house staff should not be or feel pressured to participate in moonlighting activities.
3. This individual cannot bill for their services. If the service is to be billed by the attending, the house officer must be supervised, and work documented, under CMS guidelines. All attending billing must comply with Medicare requirements.
4. There must be an identified supervising attending physician.

Reviewed and Approved by GMEC: 3/14/08
Reviewed and Approved by Medical Center Medical Board: 05/15/08
Revisions Approved by GMEC: 03/11/11
House Staff Request to Engage in External Extramural Professional Activities (External Moonlighting – Not at VUMC)

Application Instructions

1. Complete the entire application.
2. Initial and sign where indicated.
3. Obtain signature from your Program Director.
4. Submit completed form to the Graduate Medical Education Office for processing by
   - e-mail to GME.Office@vanderbilt.edu
   - fax to 615-343-1496
   - campus mail to 201 Light Hall (5283)
   - hand delivery to 201 Light Hall
5. Wait for e-mail from GME to you and your Program Director indicating approval before agreeing to work
   moonlighting shifts. You are not approved to moonlight until you receive approval notification from
   GME.

Thank you for your cooperation. We will make every effort to expedite your application in an efficient manner.

Personal Information

House Staff Name _________________________________________

PGY Level ____________

Training Program _________________________________________

Medical License Number ________________________________

Issue Date __/__/__

Expiration Date __/__/__

Federal DEA Number ________________________________

Issue Date __/__/__

Expiration Date __/__/__

Moonlighting Information

Separate from my responsibilities as a house officer at Vanderbilt University Medical Center, I request approval to

be employed for the period of

___/__/__ through June 30, 2____.

Approval is granted for only 12 months or less during a single academic year (July 1 to June 30).

Moonlighting Employer (one employer per form):

____________________________________________________

Contact Person: _______________________________________________________________________________

Contact Phone Number and E-Mail Address: _______________________________________________________________________________

Contact Address: _______________________________________________________________________________

Nature of Moonlighting Activity (one activity/service per form):

____________________________________________________

Approximate Hours per Month: _____________

Professional Liability Insurance:

Insurance Company __________________________________________

Policy Number ____________________________

Limits of Coverage __________________________________________

Effective Date __/__/___
Acknowledgement of Moonlighting Policy

I understand that moonlighting activities are prohibited during regular VUMC duty hours, as defined by the Chair of my Department. Additionally, I understand that this activity will not be credited toward my current training program requirements.

I acknowledge that my performance will be monitored for the effect of this activity, and adverse effects on achievement of my program’s goals and objectives may lead to rescinding of this permission.

I understand that time spent in Internal and External Moonlighting must be counted towards the 80-hour Maximum Weekly Hour Limit, as required by ACGME.

I understand that I am responsible for accurately recording all moonlighting duty hours in my program’s duty hour tracking mechanism. Failure to do so may result in Corrective Action and revocation of moonlighting privileges.

I give Vanderbilt permission to contact this moonlighting employer to obtain external moonlighting hours for auditing purposes.

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

I acknowledge that violation of the Moonlighting Policy set forth in the House Staff Manual constitutes a breach of the House Staff Agreement between Vanderbilt University and myself and may lead to Corrective Action.

I understand that Vanderbilt University assumes no responsibility for my actions in connection with this activity. I will so inform the organization by which I am employed and I will make no representation which might lead that organization or its patients to believe otherwise. While employed in this activity, I will not use or wear any items which identify me as affiliated with Vanderbilt University Medical Center or Vanderbilt University, nor will I permit the organization by which I am employed to represent me as so affiliated.

I further understand that the Vanderbilt professional liability insurance does not cover moonlighting activities outside of VUMC. I hereby certify that I have professional liability insurance which covers any liability which may result from the activity.

By signing below, I also attest that I am not paid by the military.

House Staff Signature: ________________________________ Date: __/__/___

Program Director Approval - Obtain before submitting to GME.

With my signature, I
1) approve this moonlighting activity,
2) agree to monitor this house officer for the effect of this activity on his/her residency/fellowship performance, and
3) may withdraw this permission if adverse effects are noted.

______________________________________________ Date: __/__/___

Program Director

Final Approval - Completed by the GME Office

______________________________________________ Date: __/__/___

Associate Dean for Graduate Medical Education or Designee
House Staff Request to Engage in Internal Extramural Professional Activities (Internal Moonlighting – at VUMC)

Application Instructions

1. Complete the entire application.
2. Initial and sign where indicated.
3. Obtain signature from your Program Director.
4. Submit completed form to the Graduate Medical Education Office for processing by
   - e-mail to GME.Office@vanderbilt.edu
   - fax to 615-343-1496
   - campus mail to 201 Light Hall (5283)
   - hand delivery to 201 Light Hall
5. GME will send your form to Risk and Insurance Management for approval and signature before the Associate Dean for GME signs for final approval.
6. Wait for e-mail from GME to you and your Program Director indicating approval before agreeing to work moonlighting shifts. You are not approved to moonlight until you receive approval notification from GME.

Thank you for your cooperation. We will make every effort to expedite your application in an efficient manner.

Personal Information

House Staff Name ___________________________________________________________ PGY Level __________

Training Program ____________________________________________________________

Medical License Number ___________________________ Issue Date __/__/__ Expiration Date __/__/___

Federal DEA Number ___________________________ Issue Date __/__/__ Expiration Date __/__/___

Moonlighting Information

Separate from my responsibilities as a house officer at Vanderbilt University Medical Center, I request approval to be employed for the period of

___/__/___ through June 30, 20___.

Approval is granted for only 12 months or less during a single academic year (July 1 to June 30).

Moonlighting Department (one per form): __________________________________________________________

Contact Person: __________________________________________________________________________

Contact Phone Number and E-Mail Address: ________________________________________________

Nature of Moonlighting Activity (one activity/service per form): _________________________________

Approximate Hours per Month: ______________

Names(s) of supervisory physician(s): __________________________

Do you plan to bill third party payers for your services in this activity? ___ Yes ___ No

If yes, are you board certified/eligible? ___ Yes ___ No Specialty: _________________________________
Acknowledgement of Moonlighting Policy

I understand that moonlighting activities are prohibited during regular VUMC duty hours, as defined by the Chair of my Department. Additionally, I understand that this activity will not be credited toward my current training program requirements.

I acknowledge that my performance will be monitored for the effect of this activity, and adverse effects on achievement of my program’s goals and objectives may lead to rescinding of this permission.

I understand that time spent in Internal and External Moonlighting must be counted towards the 80-hour Maximum Weekly Hour Limit, as required by ACGME.

I understand that I am responsible for accurately recording all moonlighting duty hours in my program’s duty hour tracking mechanism. Failure to do so may result in Corrective Action and revocation of moonlighting privileges.

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

I acknowledge that violation of the Moonlighting Policy set forth in the House Staff Manual constitutes a breach of the House Staff Agreement between Vanderbilt University and myself and may lead to Corrective Action.

By signing below I also attest that I am not paid by the military, nor am I under any contract which prohibits me from receiving payment from Vanderbilt University Medical Center.

House Staff Signature: ____________________________ Date: ___/___/___

Program Director Approval - Obtain before submitting to GME

With my signature, I
1) approve this moonlighting activity,
2) agree to monitor this house officer for the effect of this activity on his/her residency/fellowship performance, and
3) may withdraw this permission if adverse effects are noted.

__________________________________________ Date: ___/___/___
Program Director

Final Approval - Completed by the GME Office

__________________________________________ Date: ___/___/___
Assistant Vice Chancellor, Risk and Insurance Management

__________________________________________ Date: ___/___/___
Associate Dean for Graduate Medical Education or Designee