	The Johns Hopkins School of Medicine	<i>Policy Number</i>	105
	GRADUATE MEDICAL EDUCATION COMMITTEE POLICY	<i>Effective Date</i>	7/14/04
	MOONLIGHTING OF RESIDENTS AND CLINICAL FELLOWS IN	<i>Page</i>	1 of 6
	ACGME AND ABMS ACCREDITED PROGRAMS	<i>Supersedes</i>	12/18/03

BACKGROUND:

The Johns Hopkins University School of Medicine (JHUSOM) is committed to meaningful and enriching educational experiences for its residents and clinical fellows. This includes assurance that these residents and clinical fellows work no more than an appropriate number of hours to assure meaningful education, personal health and safety for patients. The Accreditation Council for Graduate Medical Education (ACGME) has established rules governing the performance of moonlighting activities by residents and clinical fellows enrolled in ACGME approved programs. Johns Hopkins is committed to compliance with these rules. Also, Johns Hopkins has adopted some additional Hopkins specific requirements for approved moonlighting. Hopkins policies, which address both the ACGME and Johns Hopkins requirements, are included in this policy.

ADDITIONAL DEFINITIONS:

“ABMS” means the American Board of Medical Specialties.

“Accredited Johns Hopkins Training Program” refers to a Johns Hopkins Training Program that is accredited by the ACGME or ABMS and includes all years through the final required year of the Program, as designated by the Program Director; it does not include voluntary years of training in the same specialty/subspecialty subsequent to the final required year of the Program.

“Resident” means a physician who is enrolled in an Accredited Johns Hopkins Training Program for a clinical specialty.

“Clinical Fellow” means a physician who is enrolled in an Accredited Johns Hopkins Training Program for a clinical subspecialty.

“Moonlighting” means patient care activities that are external to the resident’s or clinical fellow’s Accredited Johns Hopkins Training Program.

“Internal Moonlighting” is activity which takes place at The Johns Hopkins Medical Institutions or at the resident’s/clinical fellow’s educational program’s Participating Institution(s).


“External moonlighting” is moonlighting that is not Internal Moonlighting.

“Participating Institution” means an institution to which residents or clinical fellows rotate in the resident’s or clinical fellow’s Accredited Johns Hopkins Training Program. (For example, for a resident/clinical fellow in The Johns Hopkins General Surgery Educational Program, Sinai Hospital is a Participating Institution and moonlighting there would be considered internal).

“Johns Hopkins Medical Institutions” means The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Johns Hopkins Medical Services Corporation/Johns Hopkins Community Physicians and Howard County General Hospital.

APPLICABILITY:


This policy applies only to moonlighting activities of residents and clinical fellows who are enrolled in an Accredited Johns Hopkins Training Program. Moonlighting includes Internal Moonlighting and External Moonlighting.

	The Johns Hopkins School of Medicine	<i>Policy Number</i>	105
	GRADUATE MEDICAL EDUCATION COMMITTEE POLICY	<i>Effective Date</i>	7/14/04
	MOONLIGHTING OF RESIDENTS AND CLINICAL FELLOWS IN	<i>Page</i>	2 of 6
	ACGME AND ABMS ACCREDITED PROGRAMS	<i>Supersedes</i>	12/18/03

CONDITIONS AND REQUIREMENTS:

- A. No resident or clinical fellow may be required, as a condition of his or her Accredited Johns Hopkins Training Program, to perform moonlighting activities.
- B. Residents and clinical fellows in an Accredited Johns Hopkins Training Program may moonlight, but only after filing a Moonlighting Request Form* and receiving the prior written/signed approval of his/her Training Program Director and the Associate Dean for Graduate Medical Education. Approved Moonlighting Request Forms are to be made a part of the resident's/clinical fellow's file.
- C. Internal moonlighting is not permitted in the specialty/ subspecialty that is the subject of the resident's/clinical fellow's Accredited Johns Hopkins Training Program unless the Associate Dean for Graduate Medical Education grants a specific exception in a case where the moonlighting activities are not central to the resident's/clinical fellow's training program. External moonlighting is permitted in the specialty/subspecialty that is the subject of the resident's/clinical fellow's Accredited Johns Hopkins Training Program.
- D. No resident or clinical fellow may moonlight without the resident/clinical fellow first having obtained an unrestricted license to practice medicine in the state in which the moonlighting activity is to take place.
- E. No resident or clinical fellow may moonlight without first having been appropriately credentialed by the hospital or facility where the moonlighting is to occur.
- F. The number of hours worked by a resident or clinical fellow in internal moonlighting activities, together with the hours worked in the Accredited Johns Hopkins Training Program, may not exceed the ACGME guidelines for work hours for the resident's/clinical fellow's specialty/subspecialty. The Training Program Director for the resident or clinical fellow must approve and monitor the number of hours that the resident/clinical fellow may engage in internal moonlighting activities per week.
- G. Moonlighting activities, whether internal or external, are prohibited if they are inconsistent with the principles of providing residents/clinical fellows with sufficient time for rest and restoration to promote the resident's/clinical fellow's educational experience and safe patient care. Therefore, the Training Program Director shall monitor the effect of moonlighting activities on resident/clinical fellow performance. The Training Program Director or the Associate Dean for Graduate Medical Education may withdraw permission for moonlighting activities at any time if they determine, in their sole discretion, that the moonlighting activity is having an adverse effect upon the resident's/clinical fellow's participation in the educational program in which he/she is enrolled.
- H. A resident or clinical fellow who intends to engage in and bill for moonlighting activities (directly or through his/her employer/contractor) must comply with the JHUSOM Policy


*Please see Attachment M for the Moonlighting Request Form to be completed by the resident/clinical fellow and approved by the resident's/clinical fellow's Training Program Director and the Associate Dean for Graduate Medical Education.

	The Johns Hopkins School of Medicine	<i>Policy Number</i>	105
	GRADUATE MEDICAL EDUCATION COMMITTEE POLICY	<i>Effective Date</i>	7/14/04
	MOONLIGHTING OF RESIDENTS AND CLINICAL FELLOWS IN	<i>Page</i>	3 of 6
	ACGME AND ABMS ACCREDITED PROGRAMS	<i>Supersedes</i>	12/18/03

Regarding Professional Fee Billing for Residents and Clinical Fellows in Accredited Programs.

- I. Residents and clinical fellows performing approved moonlighting activities at any of the Johns Hopkins Medical Institutions will be covered under Johns Hopkins Professional Liability Insurance. However, residents and clinical fellows performing approved moonlighting activities at any hospital/facility other than a Johns Hopkins Medical Institution will not be covered under Johns Hopkins Professional Liability Insurance. A resident or clinical fellow who intends to engage in moonlighting activities at hospitals/facilities other than the Johns Hopkins Medical Institutions must ensure that he/she will be covered by professional liability insurance at the location at which the moonlighting activities take place. *NOTE: EVEN THOUGH MOONLIGHTING HOURS AT A PARTICIPATING INSTITUTION COUNT TOWARD COMPLIANCE WITH THE ACGME WORK HOURS GUIDELINES (SEE PARAGRAPH F ABOVE), THE RESIDENT/ CLINICAL FELLOW IS NOT COVERED BY JOHNS HOPKINS PROFESSIONAL LIABILITY INSURANCE FOR MOONLIGHTING ACTIVITIES AT A PARTICIPATING INSTITUTION UNLESS THAT INSTITUTION IS ONE OF THE JOHNS HOPKINS MEDICAL INSTITUTIONS, AS DEFINED ABOVE.*

- J. An Accredited Johns Hopkins Training Program may adopt policies governing residents or clinical fellows in that program which are stricter than the conditions and requirements of this policy.

	The Johns Hopkins School of Medicine	Policy Number	105
	GRADUATE MEDICAL EDUCATION COMMITTEE POLICY	Effective Date	7/14/04
	MOONLIGHTING OF RESIDENTS AND CLINICAL FELLOWS IN	Page	4 of 6
	ACGME AND ABMS ACCREDITED PROGRAMS	Supersedes	12/18/03

Attachment M

MOONLIGHTING REQUEST FORM

NAME: _____

RESIDENT/CLINICAL FELLOW (Circle One)

VISA STATUS (If applicable): _____

TRAINING PROGRAM DIRECTOR: _____

NAME OF MY ACGME/ABMS SPECIALTY OR SUBSPECIALTY PROGRAM: _____

1. I am considering the following moonlighting activity:

2. I wish to perform these activities at:

3. The proposed moonlighting schedule is as follows:

4. The following is my residency/rotation schedule and actual hours worked for the past 30 days:

5. Billing at Johns Hopkins Medical Institutions(1) (JHMI) and at institutions to which physicians in my educational program rotate (participating institutions) (**check one**):


_____ I, or the JHMI/participating institution hiring department, intend(s) to bill payors for my moonlighting services

_____ Neither I, nor the JHMI/participating institution hiring department, intend(s) to bill payors for my moonlighting services

I understand that if I intend to bill for my moonlighting activities (either directly or through my employer/contractor), I must comply with The Johns Hopkins University School of Medicine Policy Regarding Professional Fee Billing for Residents and Clinical Fellows in Accredited Programs.

6. I understand that the total number of hours to be worked in my "internal" moonlighting activities, together with the hours worked in my ACGME/ABMS educational program may not exceed the ACGME and GMEC guidelines for work hours. I understand that my Training Program Director must approve the specific number of hours that I may engage in internal moonlighting activities per week. "Internal" means moonlighting activities at JHMI institutions and at participating institutions.

(1) The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Johns Hopkins Medical Services Corporation/Johns Hopkins Community Physicians and Howard County General Hospital


	The Johns Hopkins School of Medicine	<i>Policy Number</i>	105
	GRADUATE MEDICAL EDUCATION COMMITTEE POLICY	<i>Effective Date</i>	7/14/04
	MOONLIGHTING OF RESIDENTS AND CLINICAL FELLOWS IN	<i>Page</i>	5 of 6
	ACGME AND ABMS ACCREDITED PROGRAMS	<i>Supersedes</i>	12/18/03

The participating institutions in my educational program (if any) are _____

7. I understand that my Training Program Director will monitor my performance for the effect of moonlighting activities on my performance in my training program. I understand that the Training Program Director or the Associate Dean for Graduate Medical Education may withdraw permission for moonlighting activities at any time if they determine, in their sole discretion, that the moonlighting activity is having an adverse effect upon my educational program.
8. I understand that I may not engage in moonlighting activities in the specialty/subspecialty that is the subject of my ACGME/ABMS educational program if the activity takes place in a Johns Hopkins Medical Institution or the participating institutions in my educational program (if any) as listed in Paragraph 6 above.
9. The chairman/division chief/medical director in the department/division/hospital/ facility where I wish to moonlight is: _____
10. I understand that the person listed in Paragraph 9 above must sign this Moonlighting Request Form before I may submit it for consideration by my Training Program Director and the Associate Dean for Graduate Medical Education.
11. I have obtained an unrestricted license to practice medicine in the state in which the moonlighting is to take place.
12. I understand that I must receive a medical staff appointment letter and an approved privilege delineation form from the hospital/facility where the moonlighting activity will take place before I begin the moonlighting activities.
13. I recognize that this activity is not an approved part of my educational program and must be approved by my Training Program Director and the Associate Dean for Graduate Medical Education.
14. I understand that I will be covered under Johns Hopkins professional liability insurance policy for moonlighting activities at The Johns Hopkins Medical Institutions. I understand that even though my moonlighting activities at my educational program's participating institutions (if any) as listed in Paragraph 5 above count toward compliance with the duty hours rule limitation, I AM NOT COVERED BY HOPKINS PROFESSIONAL LIABILITY INSURANCE FOR MOONLIGHTING ACTIVITIES AT THOSE INSTITUTIONS PARTICIPATING IN MY EDUCATIONAL PROGRAM BUT WHICH ARE NOT PART OF THE JOHNS HOPKINS MEDICAL INSTITUTIONS. I understand that I am responsible for obtaining my own professional liability insurance for moonlighting activities at institutions other than the Johns Hopkins Medical Institutions.
15. I understand that a Johns Hopkins Medical Institution DEA number may not be used for moonlighting activities at institutions that are not part of the Johns Hopkins Medical Institutions.
16. (If applicable) I will provide the described moonlighting activities in accordance with the pay and hour guidelines as set forth by The Johns Hopkins University School of Medicine Guidelines for Stipend Supplementation and Hour Limitation for Residents and Clinical Fellows. (See Attachment M-1.)

Signature of Resident/Clinical Fellow

Date

	The Johns Hopkins School of Medicine	<i>Policy Number</i>	105
	GRADUATE MEDICAL EDUCATION COMMITTEE POLICY	<i>Effective Date</i>	7/14/04
	MOONLIGHTING OF RESIDENTS AND CLINICAL FELLOWS IN	<i>Page</i>	6 of 6
	ACGME AND ABMS ACCREDITED PROGRAMS	<i>Supersedes</i>	12/18/03

APPROVAL OF REQUEST TO PERFORM MOONLIGHTING ACTIVITIES

This approval covers the above described moonlighting activity for the period from _____ to _____ (not to exceed the end of the current academic year).

Training Program Director

Date

Associate Dean for Graduate Medical
Education

Date

Chairman/Division Chief/Medical Director
in the Department/Division/Hospital/Facility
Where Moonlighting Will Take Place*

Date

*I understand that the hiring department/facility (JHMI or non-JHMI participating institution) must comply with the Johns Hopkins University School of Medicine Policy Regarding Professional Fee Billing for Residents and Clinical Fellows in Accredited Programs

Return to Office for Graduate Medical Education, Broadway Research Building, Suite 147, School of Medicine for Dean's Office signature. Fully executed copies will be returned to the Training Program Director and Resident/Clinical Fellow.

cc: Senior Director, Office of Billing Quality Assurance, Reed Hall, Suite 220
Medical Staff Administrative Manager of Medical Staff Information Systems