

# VCU Memo

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

## Medical Center

In the tradition of the Medical College of Virginia

Graduate Medical Education  
West Hospital, 6<sup>th</sup> Fl., S. Wing  
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**To:** Program Directors  
Program Coordinators and Administrators

**From:** Mary Alice O'Donnell, PhD  
Director, Graduate Medical Education

**Date:** October 27, 2011

**Subject:** **Graduate Medical Education Moonlighting Procedures**

1. The Director of Graduate Medical Education must approve all internal moonlighters **before** they are allowed to begin moonlighting. This is to ensure they have malpractice coverage and that we know who is providing care to our patients.
2. Approvals are time-limited for six [6] months only as per the GME Moonlighting Policy and applies for the following six-month schedule:  
July 1 through December 31  
January 1 through June 30  
Any approvals made during either period, will need to be re-approved for the following period, no matter the original date of approval. This will apply for off-cycle Housestaff and re-approvals after a period of non-approval.
3. The attached approval form must be submitted to the GME Office representative, Martha Ecker at [mecker@mcvh-vcu.edu](mailto:mecker@mcvh-vcu.edu), **before** a Housestaff member moonlights for the first time. Once the request is approved/signed by the Director of Graduate Medical Education, a GME Office representative will enter the data into New Innovations:  
Personnel Data > Licences/Certifications/Permits > Certifications  
GME will enter data for all new approvals only.
4. For the renewal of moonlighting approvals, Program Directors are responsible for entering the new dates into New Innovations.
  - > Go to: Personnel Data > Licenses/Certifications/Permits > Certifications
  - > Select Edit and update the end date [approval applies for six [6] months only]
  - > Select Save Certification

**Note:** If a Housestaff member is denied moonlighting privileges for any reason, a paper approval form must again be submitted to the GME Office when moonlighting privileges are re-approved by the Program Director. This will be considered a new request and be processed as described in #3 above.

5. A copy of the moonlighter's **current full VA medical license** must be on file in the GME Office for the approval to move forward. This applies to both in-house moonlighting and moonlighting being done outside MCVH. [The Housestaff Moonlighting Policy information can be found at: <http://www.medschool.vcu.edu/gme/policies/documents/Moonlighting6-13-06.pdf> ]
6. Each program must designate a person who will be responsible for maintaining moonlighting documentation (approvals, timesheets, etc.) and for the submission of moonlighting hours to the GME Office. We want to work with this person for the ease of all.

**Note:** If the person who approves hours worked is a housestaff member, remember that they cannot approve their own hours.

7. Each program may develop their own form for documenting moonlighting which, at a minimum, must contain name of moonlighter, date of moonlighting, number of moonlighting hours, and signature of approver or use the attached sample. [If your department processes moonlighting hours and submits the documentation to payroll, the documentation also needs to be faxed to the GME Office for payroll verification purposes only. Fax: 804.828.5613 ATTN: Martha Ecker]
8. Requests for payment to moonlighters must be submitted to the GME Office by noon on the 1<sup>st</sup> Monday after the previous pay date to make the deadline for the next pay date. (See the attached schedule.) If the documentation is not submitted by the scheduled time/date, the pay will not show up in paychecks until the pay date four weeks hence.
9. Documentation not completely filled out (missing name, date, hours, etc.) and/or not signed by the supervisor/approver will be returned to the person assigned to monitor moonlighting for completion and resubmission to the GME Office. Payment will be made in the next scheduled pay period.
10. Violations of these procedures may result in moonlighting not being approved for submission to payroll AND/OR moonlighting approval being revoked.

**VCU Health System Resident Moonlighting Policy  
Request To Engage In Moonlighting Activity**

Resident Name: \_\_\_\_\_

Training Program: \_\_\_\_\_

Current PGY Level: \_\_\_\_\_

Requested Moonlighting Site: \_\_\_\_\_

- Is this moonlighting activity (check one):

Internal (to be performed within VCUHS or the McGuire VA Hospital)

External (outside of VCU Health System and McGuire VA Hospital)

Estimated Hours per shift: \_\_\_\_\_ Estimated Hours per week: \_\_\_\_\_

Description of duties: \_\_\_\_\_

- I have submitted the following to the GME Office prior to submission: *[Please check ALL that apply]*

Copy of current full, unrestricted medical license [Temporary Training License is unacceptable]

Copy of insurance (malpractice) certificate showing coverage in force for outside employment

- I certify that I understand and agree to the following:

Outside employment will not be considered an excuse for poor job performance, absenteeism, tardiness, early departure, refusal to travel, refusal to work overtime or different hours, or refusal to accept additional assignments.

I have informed my outside employer that the residency or fellowship is of top priority. The outside employer has agreed to accommodate the residency or fellowship schedule and avoid conflicts with my educational program.

I will inform the program director of any changes, corrections or additions to moonlighting place, schedule, duties or total work hours. Additional moonlighting sites require an additional form.

I understand that internal moonlighting hours (VCUHS or McGuire VA Hospital) count toward the duty hour limit, and I will not moonlight in excess of my program's limits.

My approval to moonlight may be revoked if difficulties with learning, performance, patient care, fatigue or other issues arise.

This approval is time-limited and applies for six (6) months.

Date of Submission to GME: \_\_\_\_\_

\_\_\_\_\_  
(Resident Signature)

\_\_\_\_\_  
PRINT NAME

Date Approval Received: \_\_\_\_\_

\_\_\_\_\_  
(Program Director Signature) PRINT NAME

**For all internal moonlighting activity:**

**Approval Given:** \_\_\_\_\_ **Entered Into NI:** \_\_\_\_\_

\_\_\_\_\_  
(Director, Graduate Medical Education)

[Date]

[Date]

## VCUHS BI-WEEKLY PAYDAY SCHEDULE AND MOONLIGHTING SUBMISSION DATES

<u>PAY PERIOD START DATE</u>	<u>PAY PERIOD END DATE</u>	<u>PAY DATE</u>	<u>MOONLIGHTING SUBMISSION DATE</u>
10/16/2011	10/29/2011	11/10/2011	OCTOBER 31, 2011
10/30/2011	11/12/2011	11/23/2011	NOVEMBER 14, 2011
11/13/2011	11/26/2011	12/09/2011	NOVEMBER 28, 2011
11/27/2011	12/10/2011	12/23/2011	DECEMBER 12, 2011
12/11/2011	12/24/2011	01/06/2012	DECEMBER 26, 2011
12/24/2011	01/07/2012	01/20/2012	JANUARY 09, 2012
01/08/2012	01/21/2012	02/03/2012	JANUARY 23, 2012
01/22/2012	02/04/2012	02/17/2012	FEBRUARY 06, 2012
02/05/2012	02/18/2012	03/02/2012	FEBRUARY 20, 2012
02/19/2012	03/03/2012	03/16/2012	MARCH 05, 2012
03/04/2012	03/17/2012	03/30/2012	MARCH 19, 2012
03/18/2012	03/31/2012	04/13/2012	APRIL 02, 2012
04/01/2012	04/14/2012	04/27/2012	APRIL 16, 2012
04/15/2012	04/28/2012	05/11/2012	APRIL 30, 2012
04/29/2012	05/12/2012	05/25/2012	MAY 14, 2012
05/13/2012	05/26/2012	06/08/2012	MAY 28, 2012
05/27/2012	06/09/2012	06/22/2012	JUNE 11, 2012
06/10/2012	06/23/2012	07/06/2012	JUNE 25, 2012
06/24/2012	07/07/2012	07/20/2012	JULY 09, 2012
07/08/2012	07/21/2012	08/03/2012	JULY 23, 2012
07/22/2012	08/04/2012	08/17/2012	AUGUST 06, 2012
08/05/2012	08/18/2012	08/31/2012	AUGUST 20, 2012
08/19/2012	09/01/2012	09/14/2012	SEPTEMBER 03, 2012
09/02/2012	09/15/2012	09/28/2012	SEPTEMBER 17, 2012
09/16/2012	09/29/2012	10/12/2012	OCTOBER 01, 2012
09/30/2012	10/13/2012	10/26/2012	OCTOBER 15, 2012
10/14/2012	10/27/2012	11/09/2012	OCTOBER 29, 2012
10/28/2012	11/10/2012	11/21/2012	NOVEMBER 12, 2012
11/11/2012	11/24/2012	12/07/2012	NOVEMBER 26, 2012
11/25/2012	12/08/2012	12/21/2012	DECEMBER 10, 2012

**PROGRAM NAME ENTERED HERE**

**Charge expense to:**

**LAWSON Unit 000000**

**FOR THE PERIOD OF:**

**09/18/2011**

**thru**

**10/01/2011**

<b><u>Date Worked</u></b>	<b><u>Last Name</u></b>	<b><u>First Name</u></b>	<b><u>Employee #</u></b>	<b><u>Hours</u></b>	<b><u>Amount per hour \$????</u></b>
09/18/2011					
09/19/2011					
09/20/2011					
09/21/2011					
09/22/2011					
09/23/2011					
09/24/2011					
09/25/2011					
09/26/2011					
09/27/2011					
09/28/2011					
09/29/2011					
09/30/2011					
10/01/2011					

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Signature of Program Approver

Date