



UNITED STATES MARINE CORPS
COMMAND ELEMENT
II MARINE EXPEDITIONARY FORCE
PSC BOX 20080
CAMP LEJEUNE, NC 28542-0080

II MEFO 5300.1D
HSS/080

SEP 21 2016

II MARINE EXPEDITIONARY FORCE ORDER 5300.1D

From: Commanding General, II Marine Expeditionary Force
To: Distribution List

Subj: OFF-DUTY EMPLOYMENT BY DEPARTMENT OF THE NAVY HEALTH CARE PROVIDERS

Ref: (a) Manual of Medical Department, U.S. Navy NAVMED P-117, Chapter 1, Change 157
(b) Health Affairs Policy 96-050

Encl: (1) NAVMED 12610/1 (03/2016) Off-Duty Civilian Employment Request
(2) Malpractice Liability Acknowledgment
(3) Monthly Report of Total Off-Duty Employment Hours

1. Situation. II Marine Expeditionary Force (II MEF) provides further guidance and procedures governing off-duty employment by Department of the Navy (DON) health care providers attached to II MEF. On 29 March 2016, the Bureau of Medicine and Surgery (BUMED) published reference (a) to implement changes to chapter 1-22.

2. Cancellation. II MEFO 5300.1C.

3. Mission. II MEF major subordinate commands and elements (MSC/E) have the primary responsibility and control for off duty employment of their department personnel. This Order emphasizes current polity and serves as basis for carrying out this responsibility.

a. Background

(1) DON health care providers are defined as all Navy active duty and active duty for training military officers privileged to provide health care in II MEF.

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

(2) Off-duty employment is defined as any health care provided by a DON health care provider outside the Department of Defense (DoD) for which compensation is received.

b. Information

(1) A DON health care provider shall not engage in any outside employment without first obtaining the written permission of his/her Commanding Officer (CO). The CO may also withdraw this permission to engage in outside employment at any time.

(2) A DON health care provider may engage in outside employment, but such activities cannot interfere with the performance of his/her military duties.

(3) A DON health care provider's off-duty and outside employment may not interfere or unfairly compete with local civilian health care practitioners.

(4) A DON health care provider may not engage in off-duty employment while enrolled in a graduate training program.

(5) A DON health care provider engaged in outside employment may not solicit or accept compensation, directly or indirectly, for the care he/she renders to any DOD beneficiary.

(6) A DON health care provider engaged in outside employment cannot take any official action with respect to any organization or entity with which he/she has an employment relationship. He/she cannot refer beneficiaries, seen pursuant to official duties, to facilities with which he/she maintains an outside employment relationship.

(7) Outside employment for a DON health care provider shall not exceed 16 hours per week unless he/she is in an authorized leave status. A DON health care provider shall rest at least six hours between ending his/her outside employment work shift and beginning military duties.

(8) A DON health care provider may not engage in outside employment at a site that is more than two hours driving distance away from his/her military duty station unless he/she is in authorized leave status.

(9) A DON health care provider may not assume primary responsibility for the medical care of any patient on a continuing basis at his/her outside employment site.

(10) A DON health care provider when engaged and in connection with outside employment may not:

(a) Provide such services on any property owned, leased by, or under the control of DoD or any of its components.

(b) Subject the federal government to any expense.

(c) Use government materials, equipment, or personnel.

(11) As a general rule, the government may not enter into a personal service contract with partnerships, professional corporations, or firms controlled by government personnel since such contracts are open to criticism on the grounds of favoritism and possible fraud. Therefore, DON health care providers may not receive compensation from any businesses that are contingent upon obtaining or performing a federal contract.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. To enforce the guidelines in references (a) and (b) governing off-duty employment by DON health care providers attached to II MEF.

(2) Concept of Operations. Ensure that all attached DON health care providers engaged in off-duty employment are aware of and comply with the off-duty remunerative professional guidelines stated under reference (a).

b. Tasks

(1) Commanding Officers shall:

(a) Assume total control and responsibility for all DON health care providers under his/her command who are engaged in off-duty civilian employment.

(b) Review and take appropriate action on all requests for off-duty civilian employment.

(c) Require employer's statement of expected impact or health care provider's own assessment of off-duty employment impact on the civilian community.

(d) Monitor all off-duty civilian employment-related activities by all DON health care providers under his/her command to ensure compliance with reference (a).

(e) Track the total number of hours worked by DON health care providers as off-duty civilian employee ensuring they do not exceed more than 16 hours per continuous 7 days period without specific approval.

(f) Withdraw a DON health care provider's permission to engage in off-duty civilian employment anytime such employment is determined to be inconsistent with above guidelines, in violation of the conditions listed in enclosure (1) and at the beginning of any inquiry into potentially reportable actions of misconduct until the issues are resolved.

(g) Notify the DON health care provider's outside employment officials after withdrawing the provider's permission to engage in off-duty employment.

(h) Ensure internal audits, inspections, and reviews are established to ensure compliance with this order.

(i) Require DON health care providers to complete initial and annual refresher training on II MEF's off-duty civilian employment policy. Document completion of each in member's Clinical Activity File (CAF).

(2) DON health care providers requesting off-duty employment shall:

(a) Submit completed enclosures (1) and (2) to the respective CO via the MSC/E surgeons to request permission to engage in off-duty civilian employment.

(b) Upon approval by the CO, immediately forward a copy of the signed authorization letter to the Marine Forces Command (MARFORCOM) privileging authority via the MSC Surgeons and the II MEF Surgeon.

(c) Once started on off-duty employment, submit completed enclosure (3) to respective CO or his/her designated representative in order to report total monthly off-duty employment hours.

(d) Submit new enclosures (1) and (2) annually to certify individual compliance with applicable policy and

regulatory guidelines as well as whenever there are any changes in the name of employer, location of employment, working hours, and other updates to the terms and conditions of off-duty employment as required by reference (b).

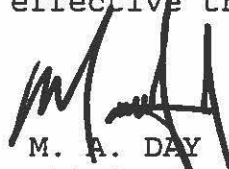
(e) Upon request by the MARFORCOM privileging authority, during the end of tours, or renewal of privileges, provide all off-duty employment and employer information needed to request credentials and privileging inquiry report from all off-duty employer(s).

5. Administration and Logistics. This Order is applicable to all active duty and active duty for training DON health care providers attached to II MEF.

6. Command and Signal

a. Command. This Order applies to all active duty and active duty for training health care providers attached to II MEF.

b. Signal. This Order is effective the date signed.


M. A. DAY
Chief of Staff

DISTRIBUTION: A

OFF-DUTY CIVILIAN EMPLOYMENT REQUEST

PRIVACY ACT STATEMENT

Authority: 10 U.S.C. 5013, Secretary of the Navy, 10 U.S.C. 5041, Headquarters, Marine Corps, CNICINST 5230.1, Total Workforce Management Services; OPNAVINST 3440.17, Navy Installation Emergency Management Program and E.O. 9397 (SSN), as amended.

Purpose: Allows human resources specialists, administrative support personnel, and supervisors to manage their entire workforce.

Routine uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a (b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a (b) (3) as follows. The DoD Blanket Routine Uses set forth at the beginning of Department of Navy compilation of systems of records notices apply to this system.

Disclosure: Voluntary. However, failure to provide the requested information may result in failure to receive consideration for application.

Section A.

From: _____
(Name, rank/grade)

To: Commanding Officer, _____

Ref: (a) 5 U.S.C. Section 5536
(b) DoD 5500.7-R of 17 Nov 2011
(c) ASD (HA) Policy Memo 96-050 of 23 Jul 1996
(d) ASD (HA) Policy Memo 97-019 of 10 Dec 1996
(e) ASD (HA) memo of 15 Apr 2013 (NOTAL)
(f) MANMED Chapter 1, Article 1-22
(g) DoDM 6025 of 29 Oct 2013

1. Per reference (a) through (g), I request permission to engage in off-duty employment as set forth below.

a. My proposed employer is: _____

b. My proposed start work date is: _____

c. My proposed work site is located at: _____

d. My proposed worksite telephone number is: _____

e. My proposed work hours are: _____

f. My proposed duties will include: _____

g. I do do not have permission to engage in other off-duty employment (state details below or on separate sheet, if applicable).

2. I acknowledge the following limitations on my off-duty employment and have explained them to my proposed employer.

a. The site of my off-duty employment must be located within 2 hours travel time, by land, of the site of my military duties, unless in a leave status or otherwise authorized by the commanding officer.

b. I must have a period of at least 6 hours between the end of my off-duty employment and the start of my military duties and must not work more than 16 hours per continuous 7-day period without specific approval of my commanding officer.

c. As part of my off-duty employment, I must not assume primary responsibility for the medical or dental care of any patient on a continuing basis.

d. My off-duty employment must not be performed on military premises, involve expense to the Federal Government, or involve use of military personnel or supplies.

Enclosure (1)

e. As a military member, I may be required to respond immediately to calls for military duty. My obligation for such recall is as follows:

f. As a civilian healthcare provider, or contract healthcare provider, I may be required to respond immediately to calls for duty. My obligation for such recall is as follows:

g. I am responsible for complying with all requirements to practice in the civilian community, such as state licensure, Drug Enforcement Agency certification, and medical malpractice coverage.

h. I must take annual leave for any obligations (e.g., court appearances or testimony before a compensation board) arising out of off-duty employment when these obligations require absence during duty hours. There is no guarantee that the leave request will be approved by my command.

i. I must not refer patients from the military treatment facility to my prospective employer's facility.

j. I must not solicit or accept a fee directly or indirectly, and my prospective employer must not charge, for my care of a Department of Defense (DoD) healthcare beneficiary (i.e., member, retired member, or dependent of such member) of the Uniformed Services. TRICARE payments shall be disallowed in any claim from a TRICARE provider in those instances when a Navy healthcare provider renders services to such a person, for the services provided by the Navy healthcare provider. This restriction does not apply to dental services provided to CONUS enrollees of the TRICARE Family Member Dental Plan. TRICARE payments for services I provide a DoD health care beneficiary during my off-duty employment must be disallowed.

k. I am not enrolled in a graduate training program.

3. The expected impact of outside employment on the civilian community and health care providers (e.g., statement from employer, local medical society, or provider's own assessment). Attach additional document as necessary.

Signature/Date

Enclosure (1)

Section B.

From: Authorized Representative of Proposed Employer

To: Commanding Officer, _____

Subj: OFF-DUTY EMPLOYMENT OF _____

1. I am the authorized representative of _____

2. I have read and accept the foregoing limitations, including the compensation and availability limitations, on the off-duty employment of _____.

3. I certify that this facility will not seek payment from a DoD beneficiary, TRICARE, or the Federal Government for health care provided by _____ to DoD beneficiaries except to dental services provided to CONUS enrollees of the TRICARE Family Member Dental Plan.

4. I certify that the off-duty employment of _____ will not negatively impact the civilian community and practices.

(Name & Signature, Title & Date)

.....
Section C.

From: Commanding Officer, _____

To: _____

1. The above request is: Approved Disapproved

(Signature & Date)

Enclosure (1)

MALPRACTICE LIABILITY ACKNOWLEDGMENT

I hereby acknowledge and fully understand that when I engage in off-duty remunerative civilian employment, I do so apart from my assigned military duties. Additionally, I understand that during off-duty employment, I will not be working for the U.S. Navy and the Marine Corps, therefore I will not be covered under the medical malpractice liability, Title 10 U.S. Code, Section 1089 (also known as the "Gonzales Act"). Any claim or lawsuit involving an allegation of medical malpractice against me or my civilian employer's behalf will be my or my civilian employer's sole responsibility and not that of the U.S. Government. The U.S. Government will have no interest in or any liability for said facts.

PRINT NAME OF WITNESS

PRINT NAME OF REQUESTOR

SIGNATURE OF WITNESS/DATE

SIGNATURE OF REQUESTOR/DATE

Date: _____

From: _____

To: _____

Subj: MONTHLY REPORT OF TOTAL OFF-DUTY EMPLOYMENT HOURS

Ref: (a) II MEFO 5300.1D

1. As required by reference (a), I am submitting my off-duty employment hours for the month of _____.

Week 1: _____ hours

Week 2: _____ hours

Week 3: _____ hours

Week 4: _____ hours

2. I understand that I may not work more than 16 hours per week off-duty unless I am on leave.

3. If I exceed the allowable work hours while on leave, I will attach a copy of my approved leave request for the applicable period.

4. If my off-duty employment status changes for any reason, I will inform my MSC(E) Surgeon and the Commanding Officer.

I. M. SAILOR

Enclosure (3)