



Health Services
LOS ANGELES COUNTY

POLICIES AND PROCEDURES

SUBJECT: USE OF CONTRACT PHYSICIANS FOR CME ACTIVITIES

POLICY NO: 294.2

PURPOSE: To define under what circumstances contract physicians may be paid for continuing medical education activities.

POLICY: Contract Physicians shall not be paid through physician services agreements for continuing medical education (CME) activities, except under the following circumstances:

1. Presentation of the CME activity is restricted to County/DHS owned/leased facilities AND
2. Attendees of the approved CME activity are recognized members of the attending staff and allied health providers (nurse practitioners, midwives, certified nurse anesthetists, and physician assistant) credentialed at the facility AND
3. The objective is to improve the providers' knowledge and, therefore, enhance the care of County patients.

PROCEDURE:

1. The Service Chief or other authorized medical supervisor requesting a contract physician to present a CME must complete and submit the Request for Continuing Medical Education Activity form (attached) to the Medical Director.
2. The Medical Director will review the request, using the criteria for approval stated above, approve or deny it in writing, and notify the Service Chief or other authorized medical supervisor of the decision.

DEFINITION: "Recognized member of the attending staff" means physicians and surgeons who provide services in LA County DHS hospitals and health facilities and are members of, participate in or are approved by the hospital or facility's credentialing program/system.

APPROVED BY:
REVIEW DATES:

EFFECTIVE DATE: July 1, 2006
SUPERSEDES:

REQUEST FOR CONTINUING MEDICAL EDUCATION ACTIVITY
 To be completed by Service Chief or other authorized medical supervisor

Requestor Name	Facility Dept/Unit	Telephone #
----------------	--------------------	-------------

Facility Address

Contract Physician Info

Contract Physician's Name	Contract Name, If applicable	Contract Number
---------------------------	------------------------------	-----------------

Type of CME Activity	Title of Presentation	Units Earned, if applicable
----------------------	-----------------------	-----------------------------

Location (must be County owned/leased)

Name of Facility/Site for Presentation	Date & Time of Presentation
--	-----------------------------

Address

Purpose (what is the purpose and how does it benefit County physicians?)

Requestor Signature _____	Date _____
---------------------------	------------

MEDICAL DIRECTOR ONLY

I am approving this request

I deny this request for the following reasons:

Medical Director Signature _____	Date _____
----------------------------------	------------