



# ABP Corporate Policy

## Use of Physician Consultants

### POLICY STATEMENT

The American Board of Pediatrics Inc. (ABP) at times establishes relationships with physician consultants to assist with its work. Such consultants may serve as content experts (e.g., quality improvement, question writing, competency-based assessment) or function to inform sensitive communications to trainees and/or diplomates. Typically, the tasks for which they are chosen require extensive experience with the ABP policies, procedures, or operations, yet it would be impractical to hire new full-time staff for these purposes.

The following policy is intended to provide clarity regarding physician consultant arrangements and standardize approaches across ABP departments.

### SCOPE OF WORK

The relevant department(s) at the ABP will work with the physician consultant to define the scope of work. The scope of work should be specific regarding activities, milestones, deliverables, total work hours anticipated, and a timeline. It should align with the ABP fiscal year, unless a different time frame is negotiated.

The scope of work should be delineated in a letter of agreement (LOA), and include the following:

- Activities, milestones, deliverables, total work hours anticipated, and timeline
- Requirements and periodicity for receipt of funding
- Requirements and periodicity for invoices
- Any requirements regarding intellectual property, data sharing, or confidentiality as relevant for the scope of work
- Affirmation that the consultant will abide by relevant ABP and/or ABPF policies and guidance

If the ABP and the consultant jointly agree that additional time is needed to undertake new tasks, not covered by the LOA, then the scope of work and funded hours must be changed in a new or amended LOA. If the consultant wishes to take on any new tasks unilaterally during the funded time period and those new tasks exceed the agreed upon scope or work hours, then the time and effort for those new tasks will be considered volunteer time on the part of the consultant.

### COMPENSTAION PAID DIRECTLY TO INDIVIDUALS

The preferred mode of compensation for physician consultants is a daily rate paid directly to the individual. The daily rate should be the same as the daily honoraria paid to appointees serving on ABP committees/subboards, task forces, or boards, consistent with the ABP's Honorarium policy.

In this case, the ABP would cover travel costs for any meetings that the ABP requires the consultant to attend. The ABP would not provide an honoraria in addition to the stipulated daily rate.

### COMPENSTATION PAID THROUGH INSTITUTIONS

If compensation is paid directly to the individual's organization, the preferred mode of payment is compensation equivalent to a daily rate. Use of those funds would fall under the consultant's organizational policies regarding income permitted to be earned outside of the individual's duties to the organization.



## ABP Corporate Policy Use of Physician Consultants

Some organizations, particularly academic institutions, may ask the ABP to pay a percentage of an individual's time. In these cases, the ABP will draw up a contract or memorandum of understanding with the physician consultant's institution covering all the terms of the agreement between the institution and the ABP.

The ABP will cover travel costs for any required meetings but would not provide an honorarium in addition to the stipulated daily rate or percent time.

If the institution requires that the ABP contract to pay a percentage of an individual's time, the institution may charge no more than 10% to the ABP as facilities and administrative charges (also referred to as "F & A" or "indirect" costs).

### **MAINTENANCE OF CERTIFICATION (MOC)**

A physician consultant is required to be participating in MOC throughout his/her contract term. Note: the ABP does not cover the cost of the MOC enrollment fee for paid physician consultants.

### **ASSOCIATED POLICIES AND/OR GUIDELINES**

- Conflict of Interest Policy
- Confidentiality Policy
- Honorarium Policy

*Policy Adopted Date: 11/16*

*Last Non-Contextual Revised: 05/19*

*Last Revision Approved by the Board of Directors/Executive Committee: 11/16*