MEDICAL BOARD OF CALIFORNIA SPECIFIC LANGUAGE AND PROPOSED AMENDMENTS SUPERVISION REQUIRED

PROPOSED TEXT

Legend

<u>Underlined</u> Indicates proposed additions to the existing regulation

Strikeout Indicates proposed deletions to the existing regulation.

Amend section 1399.545 of Article 1 of Division 13.8 of Title 16 of the California Code of Regulations to read as follows:

1399.545. Supervision Required.

(a) A supervising physician shall be available in person or by electronic communication at all times when the physician assistant is caring for patients.

(b) A supervising physician shall delegate to a physician assistant only those tasks and procedures consistent with the supervising physician's specialty or usual and customary practice and with the patient's health and condition.

(c) A supervising physician shall observe or review evidence of the physician assistant's performance of all tasks and procedures to be delegated to the physician assistant until assured of competency.

(d) The physician assistant and the supervising physician shall establish in writing transport and back-up procedures for the immediate care of patients who are in need of emergency care beyond the physician assistant's scope of practice for such times when a supervising physician is not on the premises.

(e) A physician assistant and his or her supervising physician shall establish in writing guidelines for the adequate supervision of the physician assistant which shall include: (1) One of the supervision mechanisms authorized by Section 3502.1 of the Code if the physician assistant has been delegated authority to administer, provide or issue a drug order to a patient for Schedule II controlled substances, and

(2) One or more of the following mechanisms:

 $(4\underline{A})$ Examination of the patient by a supervising physician the same day as care is given by the physician assistant;

(2<u>B</u>) Countersignature and dating of all medical records written by the physician assistant within thirty (30) days that the care was given by the physician assistant; (3<u>C</u>) <u>Any mechanism authorized by Section 3502 of the Code; or The supervising</u> physician may adopt protocols to govern the performance of a physician assistant for some or all tasks. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education

to be given the patient. For protocols governing procedures, the protocol shall state the information to be given the patient, the nature of the consent to be obtained from the patient, the preparation and technique of the procedure, and the follow-up care. Protocols shall be developed by the physician, adopted from, or referenced to, texts or other sources. Protocols shall be signed and dated by the supervising physician and the physician assistant. The supervising physician shall review, countersign, and date a minimum of 5% sample of medical records of patients treated by the physician assistant functioning under these protocols within thirty (30) days. The physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent, in his or her judgment, the most significant risk to the patient;

(4<u>D</u>) Other mechanisms approved in advance and in writing by the board.

(f) The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the physician assistant does not function autonomously. The supervising physician shall be responsible for all medical services provided by a physician assistant under his or her supervision.

Note: Authority cited: Sections 2018, 3502 and 3510, Business and Professions Code. Reference: Sections 3502, 3502.1, and 3516, Business and Professions Code.