

SECTION	Approval date:	
Personnel	Approved by:	
POLICY AND PROCEDURE	Effective date:	
Non-Physician Medical Practitioners	Revision date:	

POLICY:

All primary care provider (PCP) sites that employ non-physician medical providers (NPMP): Nurse Practitioners (NP), Certified Nurse Midwives (CNM), Licensed Midwives (LM), and/or Physician Assistants (PA), shall have standardized procedures (for LMs, NPs and CNM) and/or Practice Agreements/Delegation of Services Agreements (for PAs) that clearly define the scope of services and supervision.

The supervising physician is a physician and/or surgeon licensed by the Medical Board or by the Osteopathic Medical Board of California who supervises one or more physician assistants, possesses a current valid license to practice medicine, and is not currently on disciplinary probation for improper use of a physician assistant. "Supervision" means that a licensed physician and surgeon oversee the activities of, and accept responsibility for, the medical services rendered by a physician assistant. Physicians shall comply with all current and/or revised requirements established by the Medical Board of CA for supervising physician assistants. The supervising physician holds ultimate responsibility for the practice of each supervised non-physician medical practitioner.

PROCEDURE:

I. SCOPE OF PRACTICE OF NON-PHYSICIAN MEDICAL PRACTITIONERS

- A. Nurse Practitioners, Certified Nurse Midwives shall have standardized procedures defining their scope of practice and supervision. Standardized procedures legally define the expanded scope of nursing practice that overlaps the practice of medicine. NPs and CNMs operate under written standardized Procedures that are collaboratively developed and approved by the supervising physician, the NP/CNM and administration within the organized health care facility/system in which standardized procedures will be used. Standardized procedures identify the furnishing of drugs or devices, extent of physician supervision, method of periodic review of competence, and review of provisions in the standardized procedures and must be dated and signed by the supervising physician and NP/CNM. All Standardized Procedures shall be readily accessible at all practice sites in which the NP or CNM works.
 - 1. Nurse Practitioner (NP): Nurse practitioners may provide primary care and perform advanced procedures. The extent of required supervision must be specified in the standardized procedures.
 - 2. Certified Nurse Midwife (CNM): The certificate to practice nurse mid-wifery authorizes the holder, under supervision of a licensed physician, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn. The supervising and back-up physician for the CNM shall be credentialed to perform obstetrical care in the same delivering facility in which the CNM has delivery privileges.

- B. Physician Assistants shall have Practice Agreements/Delegation of Service Agreements defining their scope of practice and supervision. Practice Agreements/Delegation of Service Agreements defines specific procedures identified in practice protocols or specifically authorized by the supervising physician, and must be dated and signed by physician and PA. An original or copy must be readily accessible

at all practice sites in which the PA works. Failure to maintain a Practice Agreement/Delegation of Services Agreement is a violation of the Physician Assistant Regulations and is grounds for disciplinary action by the Medical Board of California against a physician assistant's licensure.

1. Delegation of Service Agreements (DSA): DSAs established prior to January 1, 2020 defines supervision responsibilities and methods required by Title 16, section 1399.545 of the Physician Assistant Regulations. The following procedures are identified:
 - a. Transport and back-up procedures for when the supervising physician is not on the premises;
 - b. One or more methods for performing medical record review by the supervising physician;
 - c. Responsibility for physician review and countersigning of medical records; and
 - d. Responsibility of the PA to enter the name of approved supervising physician responsible for the patient on the medical record
 2. Practice Agreement: According to Senate Bill 697, starting January 1, 2020, newly established Practice Agreements shall define the supervision responsibilities and methods required by the Business and Professions Code, Sections 3502. The Senate Bill 697 removed the required supervisory procedures above under a DSA with the exception of the following: Transport and back-up procedures for when the supervising physician is not on the premises.
- C. Standardized Procedures and Practice Agreements/Delegation of Service Agreements shall undergo periodic review every _____ year(s) to identify changes in the NPMP's scope of practice or other information. Standardized Procedures and Practice Agreements/Delegation of Service Agreements shall be revised, dated and signed whenever any changes occur.
- D. The supervising physician delegates the supervision of Medical Assistants to NPMPs whenever the supervising physician is off premises.
- E. Each NP, CNM, and PA that prescribes controlled substances is required to have a valid DEA Registration Number.

II. SUPERVISION OF NON-PHYSICIAN MEDICAL PRACTITIONERS

- A. The supervising physician holds ultimate responsibility for the practice of each supervised non-physician medical practitioner. The supervising physician is permitted to supervise the following maximum number of NPMPs at any given time/shift in any of their locations:
- Four (4) Nurse Practitioners with furnishing licenses;
 - Four (4) Certified Nurse Midwives; AND
 - Four (4) Physician Assistants.

This may bring the total number of NPMPs supervised at any given time/shift/location to 12 (the ratio is unlimited for NPs who do not hold furnishing licenses). This ratio is based on each physician, not the number of offices. A primary care physician, an organized outpatient clinic or a hospital outpatient department shall utilize more NPMPs than can be supervised within these stated limits.

- B. The supervising physician or designated back-up physician shall be available in person or by electronic communication at all times when a NPMP is caring for patients.

- C. Evidence of supervision and measure of the NPMP(s) competence are completed using the following process(es) (check all that apply):

Peer Review
Clinical Competency Assessment
Performance evaluation quality appraisal
Routine medical record review of NPMPs documentation practice
Routine tandem clinic rounds and case reviews
Routine review of Standardized Procedures/Practice Agreements/DSA provisions
Other (specify): _____

RESOURCES:

Nursing (RN, NP)

[RN SCOPE OF PRACTICE INCLUDING STANDARDIZED PROCEDURES](#)
[NP STANDARDIZED PROCEDURE REQUIREMENTS](#)
[NP FREQUENTLY ASKED QUESTIONS](#)
[NP STANDARDIZED PROCEDURES \(SAMPLE\)](#)

Physician Assistant

[SB-697 PHYSICIAN ASSISTANT: PRACTICE AGREEMENT: SUPERVISION](#)
[PA PRACTICE AGREEMENT \(SAMPLE\)](#)

Midlevel Documents

[NOTICE TO CONSUMERS SIGNS FOR DO, MD, PA, NP \(103 AND 104\)](#)
[MD DO MIDLEVEL AGREEMENT TO SUPERVISE MA](#)