Chapter Med 8

PHYSICIAN ASSISTANTS

Note: Chapter Med 8 as it existed on October 31, 1976 was repealed and a new chapter Med 8 was created effective November 1, 1976. Sections Med 8.03 to 8.10 as they existed on July 31, 1984 were repealed and recreated effective August 1, 1984.

Med 8.01 Authority and purpose. The rules in this chapter are adopted by the medical examining board pursuant to authority in ss. 15.08 (5), 227.11, 448.04 (1) (f) and 448.40, Stats., and govern the certification and regulation of physician assistants.

History: Cr. Register, October, 1976, No. 250, eff. 11–1–76; am. Register, April, 1981, No. 304, eff. 5–1–81; am. Register, July, 1984, No. 343, eff. 8–1–84; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401; am. Register, October, 1996, No. 490, eff. 11–1–96.

Med 8.02 Definitions. (1) "Board" means the medical examining board.

(2) "Council" means the council on physician assistants.

(3) "Certificate" means documentary evidence issued by the board to applicants for certification as a physician assistant who meet all of the requirements of the board.

(3m) "DEA" means the United States drug enforcement administration.

(4) "Educational program" means a program for educating and preparing physician assistants which is approved by the board.

(5) "Individual" means a natural person, and does not include the terms firm, corporation, association, partnership, institution, public body, joint stock association, or any other group of individuals.

(6) "Supervision" means to coordinate, direct, and inspect continually the accomplishments of another, or to oversee with powers of direction and decision the implementation of one's own or another's intentions.

History: Cr. Register, October, 1976, No. 250, eff. 11–1–76; am. (6) and (7) (b) to (e), Register, June, 1980, No. 294, eff. 7–1–80; r. (7), Register, July, 1984, No. 343, eff. 8–1–84; am. (2), (3) and (4) and cr. (3m), Register, October, 1996, No. 490, eff. 11–1–96.

Med 8.03 Council. As specified in s. 15.407 (1) and (2), Stats., the council shall advise the board on the formulation of rules on the education, examination, certification and practice of a physician assistant.

History: Cr. Register, July, 1984, No. 343, eff. 8–1–84; am. Register, October, 1996, No. 490, eff. 11–1–96.

Med 8.04 Educational program approval. The board shall approve only educational programs accredited and approved by the committee on allied health education and accreditation of the American medical association.

History: Cr. Register, July, 1984, No. 343, eff. 8–1–84; am. Register, October, 1994, No. 466, eff. 11–1–94.

Med 8.05 Panel review of applications; examinations required. The board may use a written examination prepared, administered and scored by the national commission on certification of physician assistants, or a written examination from other professional testing services as approved by the board.

(1) APPLICATION. An applicant for examination for certification as a physician assistant shall submit to the board:

(a) An application on a form prescribed by the board.

Note: An application form may be obtained upon request to the Medical Examining Board office located at Room 176, 1400 East Washington Avenue, Madison, Wisconsin 53702.

(b) After July 1, 1993, proof of successful completion of an educational program, as defined in ss. Med 8.02 (4) and 8.04.

(c) Proof of successful completion of the national certifying examination.

(cm) Proof that the applicant is currently certified to assist primary care physicians by the national commission on certification of physician assistants.

(d) The fee specified in s. 440.05 (1), Stats.

(e) An unmounted photograph, approximately 8 by 12 cm., of the applicant taken no more than 60 days prior to the date of application which has on the reverse side a statement of a notary public that the photograph is a true likeness of the applicant.

(2) EXAMINATIONS, PANEL REVIEW OF APPLICATIONS. (a) All applicants shall complete the written examination under this section, and an open book examination on statutes and rules governing the practice of physician assistants in Wisconsin.

(b) An applicant may be required to complete an oral examination if the applicant:

1. Has a medical condition which in any way impairs or limits the applicant's ability to practice as a physician assistant with reasonable skill and safety.

2. Uses chemical substances so as to impair in any way the applicant's ability to practice as a physician assistant with reasonable skill and safety.

3. Has been disciplined or had certification denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.

4. Has been convicted of a crime, the circumstances of which substantially relate to the practice of physician assistants.

5. Has not practiced patient care as a physician assistant for a period of 3 years prior to application, unless the applicant has been graduated from a school approved for physician assistants within that period.

6. Has been found to have been negligent in the practice as a physician assistant or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of medicine.

7. Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.

8. Has within the past 2 years engaged in the illegal use of controlled substances.

9. Has been subject to adverse formal action during the course of physician assistant education, postgraduate training, hospital practice, or other physician assistant employment.

10. Has not practiced as a physician assistant for a period of 3 years prior to application, unless the applicant has been graduated from a school for physician assistants within that period.

11. Has been graduated from a physician assistant school not approved by the board.

(c) An application filed under this chapter shall be reviewed by an application review panel of at least 2 council members designated by the chairperson of the board to determine whether an applicant is required to complete an oral examination under par. (a). If the application review panel is not able to reach unanimous agreement on whether an applicant is eligible for certification without completing an oral examination, the application shall be referred to the board for a final determination.

(d) Where both written and oral examinations are required they shall be scored separately and the applicant shall achieve a passing grade on both examinations to qualify for a certificate.

(3) EXAMINATION FAILURE. An applicant who fails to receive a passing score on an examination may reapply by payment of the fee specified in sub. (1) (d). An applicant may reapply twice at not less than 4–month intervals. If an applicant fails the examination 3 times, he or she may not be admitted to an examination unless the applicant submits proof of having completed further professional training or education as the board may prescribe.

Note: There is no provision for waiver of examination nor reciprocity under rules in s. Med 8.05.

(4) CERTIFICATION; RENEWAL. At the time of certification and each biennial registration of certification thereafter, a physician assistant shall list with the board the name and address of the supervising physician and shall notify the board within 20 days of any change of a supervising physician.

History: Cr. Register, July, 1984, No. 343, eff. 8–1–84; am. (intro.), r. and recr. (2), Register, October, 1989, No. 406, eff. 11–1–89; am. (1) (b), cr. (1) (cm), Register, July, 1993, No. 451, eff. 8–1–93; am. (intro.), (1) (intro), (cm), (2) (b) 4., 5., 6., (c) and (4), Register, October, 1996, No. 490, eff. 11–1–96; **am. (2) (a), (b) (intro.) and 3. to 5., r. and recr. (2) (b) 1. and 2., cr. (2) (b) 7. to 11., Register, February, 1997, No. 494, eff. 3–1–97.**

Med 8.053 Examination review by applicant. (1) An applicant who fails the oral or statutes and rules examination may request a review of that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were mailed.

(2) Examination reviews are by appointment only.

(3) An applicant may review the statutes and rules examination for not more than one hour.

(4) An applicant may review the oral examination for not more than 2 hours.

(5) The applicant may not be accompanied during the review by any person other than the proctor.

(6) At the beginning of the review, the applicant shall be provided with a copy of the questions, a copy of the applicant's answer sheet or oral tape and a copy of the master answer sheet.

(7) The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any items in the examination. Bound reference books shall be permitted. Applicants shall not remove any notes from the area. Notes shall be retained by the proctor and made available to the applicant for use at a hearing, if desired. The proctor shall not defend the examination nor attempt to refute claims of error during the review.

(8) An applicant may not review the examination more than once.

History: Cr. Register, February, 1997, No. 494, eff. 3–1–97.

Med 8.056 Board review of examination error claim. (1) An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was reviewed. The request shall include all of the following:

(a) The applicant's name and address.

(b) The type of license for which the applicant applied.

(c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.

(d) The facts which the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.

(2) The board shall review the claim, make a determination of the validity of the objections and notify the applicant in writing of the board's decision and any resulting grade changes.

(3) If the decision does not result in the applicant passing the examination, a notice of denial of license shall be issued. If the board issues a notice of denial following its review, the applicant may request a hearing under s. RL 1.05.

Note: The board office is located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Cr. Register, February, 1997, No. 494, eff. 3–1–97.

Med 8.06 Temporary certificate. (1) An applicant for certification may apply to the board for a temporary certificate to practice as a physician assistant if the applicant:

(a) Remits the fee specified in s. 440.05 (6), Stats.

(b) Is a graduate of an approved school and is scheduled to take the examination for primary care physician's assistants required by s. Med 8.05 (1) or has taken the examination and is awaiting the results; or

(c) Submits proof of successful completion of the examination required by s. Med 8.05 (1) and applies for a temporary certificate no later than 30 days prior to the date scheduled for the next oral examination.

(2) (a) Except as specified in par. (b), a temporary certificate expires on the date the board grants or denies an applicant permanent certification. Permanent certification to practice as a physician assistant is deemed denied by the board on the date the applicant is sent notice from the board that he or she has failed the examination required by s. Med 8.05 (1) (c).

(b) A temporary certificate expires on the first day of the next regularly scheduled oral examination for permanent certification if the applicant is required to take, but failed to apply for, the examination.

(3) A temporary permit may not be renewed.

History: Cr. Register, July, 1984, No. 343, eff. 8–1–84; am. (1) (b) and (c), Register, October, 1989, No. 406, eff. 11–1–89; am. (2) (a), Register, January, 1994, No. 457, eff. 2–1–94; am. (1) (intro.) and (2) (a), Register, October, 1996, No. 490, eff. 11–1–96.

Med 8.07 Practice. (1) SCOPE AND LIMITATIONS. In providing patient services, the entire practice of any physician assistant shall be under the supervision of a licensed physician. The scope of practice is limited to providing patient services specified in sub. (2). A physician assistant's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the supervising physician. A task assigned by the supervising physician to a physician assistant may not be delegated by the physician assistant to another person.

(2) PATIENT SERVICES. Patient services a physician assistant may provide include:

(a) Attending initially a patient of any age in any setting to obtain a personal medical history, perform an appropriate physical examination, and record and present pertinent data concerning the patient in a manner meaningful to the supervising physician.

(b) Performing, or assisting in performing, routine diagnostic studies as appropriate for a specific practice setting.

(c) Performing routine therapeutic procedures, including injections, immunizations, and the suturing and care of wounds.

(d) Instructing and counseling a patient on physical and mental health, including diet, disease, treatment and normal growth and development.

(e) Assisting the supervising physician in a hospital or facility, as defined in s. 50.01 (1m), Stats., by assisting in surgery, making patient rounds, recording patient progress notes, compiling and recording detailed narrative case summaries and accurately writing or executing standing orders or other specific orders following consultation with and at the direction of the supervising physician.

(f) Assisting in the delivery of services to a patient by reviewing and monitoring treatment and therapy plans.

(g) Performing independently evaluative and treatment procedures necessary to provide an appropriate response to life–threatening emergency situations.

(h) Facilitating referral of patients to other appropriate community health–care facilities, agencies and resources.

(i) Preparing written prescription orders for drugs if specifically directed to do so by the supervising physician and in accordance with procedures specified in s. Med 8.08 (2).

History: Cr. Register, July, 1984, No. 343, eff. 8–1–84; am. (2) (i), Register, July, 1994, No. 463, eff. 8–1–94; am. (1) and (2) (intro.), Register, October, 1996, No. 490, eff. 11–1–96.

Med 8.08 Prohibitions and limitations. (1) ACUPUNCTURE AND INDEPENDENT PRESCRIBING PROHIBITED. A physician assistant may not practice acupuncture in any form and may not prescribe or dispense any drug independently. A supervising physician may direct a physician assistant to prepare a prescription order according only to procedures specified in sub. (2).

(2) PRESCRIBING LIMITATIONS. A physician assistant may prepare a prescription order only if all the following conditions apply:

(a) The physician assistant prepares the prescription order only in patient situations specified and described in established written protocols. The protocol shall be reviewed at least annually by the physician assistant and his or her supervising physician.

(b) The supervising physician and physician assistant determine by mutual agreement that the physician assistant is qualified through training and experience to prepare a prescription order as specified in the established written protocols.

(c) When practicable, the physician assistant consults directly with the supervising physician prior to preparing a prescription order. In any case the supervising physician shall be available for consultation as specified in s. Med 8.10 (2).

(d) The prescription orders prepared under procedures in this section contain, in addition to other information required by law, the name, address and telephone number of the supervising physician, the DEA registration number of the supervising physician if the prescription is prepared for a controlled substance, the name and address of the physician assistant, legibly printed, the DEA registration number of the physician assistant if the prescription is prepared for a controlled substance and if the physician assistant is registered with DEA, and the signature of the physician assistant.

(e) The supervising physician either:

1. Reviews and countersigns the prescription order prepared by the physician assistant, or

2. Reviews and countersigns within one day the patient record prepared by the physician assistant practicing in the office of the supervising physician or at a facility or a hospital in which the supervising physician has staff privileges, or

3. Reviews by telephone or other means, as soon as practicable but within a 48–hour period, and countersigns within one week, the patient record prepared by the physician assistant who practices in an office facility other than the supervising physician's main office of a facility or hospital in which the supervising physician has staff privileges.

History: Cr. Register, July, 1984, No. 343, eff. 8–1–84; r. (3), Register, July, 1994, No. 463, eff. 8–1–94; am. (1), (2) (intro.), (a), (b), (c), (d), (e) 1., 2. and 3., Register, October, 1996, No. 490, eff. 11–1–96.

Med 8.09 Employe status. No physician assistant may be self–employed. If the employer of a physician assistant is other than a licensed physician, the employer shall provide for, and may not interfere with, the supervisory responsibilities of the physician, as defined in s. Med 8.02 (6) and required in ss. Med 8.07 (1) and 8.10.

History: Cr. Register, July, 1984, No. 343, eff. 8–1–84; am. Register, October, 1996, No. 490, eff. 11–1–96.

Med 8.10 Employment requirements; supervising physician responsibilities. (1) No physician may supervise more than 2 physician assistants unless the physician submits a written plan for the supervision of more than 2 physician assistants and the board approves the plan. A physician assistant may be supervised by more than one physician.

(2) Another licensed physician may be designated by the supervising physician to supervise a physician assistant for a period not to exceed 8 weeks per year. Except in an emergency, the designation shall be made in writing to the substitute supervising physician and the physician assistant. The supervising physician shall file with the board a copy of the substitution agreement before the beginning date of the period of his or her absence.

(3) The supervising physician or substitute supervising physician shall be available to the physician assistant at all times for consultation either in person or within 15 minutes of contact by telephone or by 2–way radio or television communication.

(4) A supervising physician shall visit and conduct an on–site review of facilities attended by the physician assistants at least once a month. Any patient in a location other than the location of the supervising physician's main office shall be attended personally by the physician consistent with his or her medical needs.

History: Cr. Register, July, 1984, No. 343, eff. 8–1–84.

Med 8.11 Legislative report requirement. History: Cr. Register, July, 1984, No. 343, eff. 8–1–94; r. Register, October, 1996, No. 490, eff. 11–1–96.