Policy and Procedure

Policy Name:  Non-licensed Personnel Education/Training

Effective Date:  

Revision Date:  

Department(s)/Site(s):  

Document Owners:  

Approved By:  

Relevant Law/Standard:
- California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.)
- Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review
- CA B&P Code §2069; 16 CCR §1366; 22 CCR §75034, §75035

Purpose:
Site personnel are qualified and trained for assigned responsibilities.

Definition:
Unlicensed personnel: Medical assistants (MA) are unlicensed health personnel, at least 18 years of age, who perform basic administrative, clerical, and non-invasive routine technical supportive services under the supervision of a licensed physician, surgeon or podiatrist in a medical office or clinic setting.

Supervision means the licensed physician must be physically present in the treatment facility during the performance of authorized procedures by the MA.

Policy:
The supervising physician is responsible for determining the training content and ascertaining proficiency of the MA.
Training documentation maintained on site for the MA must include the following: A) Diploma or certification from an accredited training program/school, or B) Letter/statement from the current supervising physician that certifies in writing: date, location, content, and duration of training, demonstrated proficiency to perform current assigned scope of work, and signature.

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Procedure:

1. Only qualified/trained personnel retrieve, prepare or administer medications.
2. Only qualified/trained personnel operate medical equipment.
3. Documentation of education/training for non-licensed medical personnel is maintained on site

Note: Training may be administered under a licensed physician; or under a RN, LVN, PA, or other qualified medical assistant acting under the direction of a licensed physician.

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First Name Last Name – Title                   Date

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