



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.

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.

First Name Last Name – Title

Date

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