



Policy and Procedure

Policy Name:	Scope of Practice Policy: Standardized Procedures Agreement, Delegation of Services Agreement and Supervisory Guidelines Protocol for Non-Physician Medical Practitioners (NPMP)		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	<p>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.)</p> <p>Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review or any superseding APL</p> <p>16 CCR §1379, §1399.540, §1399.545, §1474; BPC §2725, §2746.5, §2746.51, §2836.</p>		

Purpose:

The scope of practice for Nurse Practitioners (NP), Certified Nurse Midwives (CNM), and Physician Assistants (PA) are clearly defined including the delegation of the supervision of MAs when supervising physician is off premises.

Definitions:

- Non-physician medical practitioners (NPMP): A Nurse Practitioner (NP), Physician Assistant (PA), or nurse midwife authorized to provide primary care under physician supervision.
- Certified Nurse Midwives (CNM): A certified nurse-midwife (CNM) is a registered nurse who is a graduate of a Board-approved nurse midwifery program and who possesses evidence of certification issued by the California Board of Registered Nursing. A certified nurse-midwife may be known as an Advanced Practice Registered Nurse in accordance with Business and Professions Code Section 2725.5. Nurse-midwifery practice as conducted by CNMs is the independent, comprehensive management of women’s health care in a variety of settings focusing particularly on pregnancy, childbirth, and the postpartum period. It also includes care of the newborn, and the family planning and gynecological needs of women throughout the life cycleⁱ.
- Nurse Practitioners (NP): "Nurse practitioner" means a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and who has been prepared in a program conforms to board standards as specified in 16 CCR Section 1484ⁱⁱ.

- Physician Assistants (PA): The scope of a given PA's practice is limited by his/her supervising physician. Whatever medical specialty a physician practices (e.g., general practice, family medicine, internal medicine, etc.) limits the PA's scope of practice. The Delegation of Services Agreement between the PA and the supervising physician then further defines exactly what tasks and procedures a physician is delegating to the PA. These tasks and procedures must be consistent with the supervising physician's specialty or usual and customary practice and with the patient's health and conditionⁱⁱⁱ.
- Supervising physician – Identifies 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.

Policy:

Physician offices will have standardized procedures that clearly define the scope of services and supervision of all non-physician medical providers (NPMP). Documents outlining scope of practice for each NPMP are accessible on site and made available upon request. CNMs and NPs operate under written Standardized Procedures, while PAs operate under a Practice Agreement or Delegation of Services Agreement.

Procedure:

I. Supervision of Non-Physician Medical Practitioners

- A. The supervising physician holds ultimate responsibility for the practice of each supervised non-physician medical practitioner.
 1. A licensed physician and surgeon oversee the activities of, and accept responsibility for, the medical services rendered by a PA.
 2. Supervising or back-up physician is available in person or by electronic communication at all times when a NPMP is caring for patients.
- B. The number of non-physician medical practitioners who may be supervised by a single primary care physician is limited to the full-time equivalent of one of the following:
 1. 4 nurse practitioners with furnishing license,
 2. 4 certified nurse midwives, 4 physician's assistants, or
 3. 4 of the above individuals in any combination which does not exceed the limit stated.
- C. A primary care physician, an organized outpatient clinic or a hospital outpatient department cannot utilize more non-physician medical practitioners than can be supervised within these stated limits.
- D. Each NP, CNM, and PA that prescribes controlled substances is required to have a valid DEA Registration Number.
- E. Standardized Procedures for NP or CNM should identify the furnishing of drugs or devices, extent of physician or surgeon supervision, method of periodic review of competence, including peer review, and review of provisions in the Standardized Procedures.

- F. Standardized Procedures shall undergo established periodic review, with signed, dated revisions completed at each change in scope of work.
- G. Evidence of supervision of NPMP(s) are verifiable through on-site observation of supervisory processes, documentation, or supervisor/NPMP's knowledge of the process.

II. Certified Nurse Midwife (CNM)

- A. The certificate to practice nurse-midwifery authorizes the holder, under supervision of a licensed physician or surgeon, 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.
- B. The supervising and back-up physician or surgeon for the CNM must be credentialed to perform obstetrical care in the same delivering facility in which the CNM has delivery privileges.

III. Nurse Practitioner (NP)

- A. NPs are prepared through education and experience to provide primary care and to perform advanced procedures.
- B. The extent of required supervision must be specified in the Standardized Procedures.
- C. Standardized procedures legally define the expanded scope of nursing practice that overlaps the practice of medicine.
- D. Standardized Procedures should identify the furnishing of drugs or devices, extent of physician or surgeon supervision, method of periodic review of competence, including peer review, and review of provisions in the Standardized Procedures.

IV. Physician Assistant (PA)

- A. Practice Agreement:
 - a. Defines specific procedures identified in practice protocols or specifically authorized by the supervising physician, and must be dated and signed by physician and PA.
 - b. The delegation of the supervision of MAs when supervising physician is off premises.
 - c. An original or copy must be readily accessible at all practice sites in which the PA works.
 - d. Failure to maintain a Practice Agreement is a violation of the PA Regulations and is grounds for disciplinary action by the Medical Board of California against a physician assistant's licensure.
- B. Supervising Physician's Responsibility for Supervision of PAs' Practice Agreement: Defines supervision responsibilities and methods required by Title 16, section 1399.545 of the Physician Assistant Regulations, and is signed by the physician. The following procedures must be identified:
 - a. Emergency transport of patients and back-up procedures (e.g., can call 911, name of hospital to transport patient included in Practice Agreement) for when the supervising physician is not on the premises

First Name Last Name – Title

Date

First Name Last Name – Title

Date

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Date

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ⁱ <https://www.m.ca.gov/pdfs/regulations/npr-b-31.pdf>

ⁱⁱ <https://www.m.ca.gov/pdfs/regulations/bp2834-r.pdf>; CA Bus & Prof Code § 2836 (ARTICLE 8. Nurse Practitioners [2834 - 2837]); Section 1484. (16 Code Cal. Rules 1480 (a))

ⁱⁱⁱ https://www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/Physician_Assistants_FAQ.aspx; Business & Professions Code 3516(b); W & I Code 14132.966

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