

Chapter Med 8

PHYSICIAN ASSISTANTS

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Note: Chapter Med 8 as it existed on October 31, 1976 was repealed and a new chapter Med 8 was created effective November 1, 1976. Sections Med 8.03 to 8.10 as they existed on July 31, 1984 were repealed and recreated effective August 1, 1984.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

(2) Physician assistants provide health care services as part of physician-led teams, the objectives of which include safe, efficient, and economical health care. The realities of the modern practice of medicine and surgery require supervising physicians and physician assistants to use discretion in delivering health care services, typically at the level of general supervision. The constant physical presence of a supervising physician is often unnecessary. The supervising physician and the physician assistant are jointly responsible for employing more intensive supervision when circumstances require direct observation or hands-on assistance from the supervising physician.

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; am. Register, December, 1999, No. 528, eff. 1-1-00; **CR 12-005: renum. to (1), cr. (2) Register February 2014 No. 698, eff. 3-1-14.**

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

(2) “Council” means the council on physician assistants.

(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.

(5m) “License” means documentary evidence issued by the board to applicants for licensure as a physician assistant who meet all of the requirements of the board.

(6) “Supervision” means to coordinate, direct, and inspect 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; renum. (3) to be (5m) and am., am. (6), Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.03 Council. As specified in s. 15.407 (2), Stats., the council shall advise the board on the formulation of rules on the education, examination, licensure 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; am. Register, December, 1999, No. 528, eff. 1-1-00; correction made under s. 13.92 (4) (b) 7., Stats., Register August 2009 No. 644.

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, the commission for accreditation of allied health education programs, or its successor agency.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1994, No. 466, eff. 11-1-94; am. Register, December, 1999, No. 528, eff. 1-1-00.

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 its successor agency, or a written examination from other professional testing services as approved by the board.

(1) APPLICATION. An applicant for examination for licensure 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 Department of Safety and Professional Services office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

(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 by the national commission on certification of physician assistants or its successor agency.

(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 as a physician assistant for a period of 3 years prior to application, unless the applicant has been graduated from an approved educational program 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 with any condition that may create a risk of harm to a patient or the public.

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.

(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 or a personal appearance or both under par. (b). If the application review panel is not able to reach unanimous agreement on whether an applicant is eligible for licensure without completing an oral examination or a personal appearance or both, 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 license.

(e) The board may require an applicant to complete a personal appearance for purposes of interview or review of credentials or both. An applicant's performance at a personal appearance is satisfactory if the applicant establishes to the board's satisfaction that the applicant has met requirements for licensure and is minimally competent to practice as a physician assistant.

(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) LICENSURE; RENEWAL. At the time of licensure and each biennial registration of licensure 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; am. (intro.), (1) (intro) and (cm), (2) (b) 5., (c), (d) and (4), r. (2) (b) 10. and 11., Register, December, 1999, No. 528, eff. 1-1-00; **CR 12-005: am. (2) (b) 7., (c), cr. (2) (e) Register February 2014 No. 698, eff. 3-1-14.**

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 per-

mitted. 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. SPS 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; correction in (3) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

Med 8.06 Temporary license. (1) An applicant for licensure may apply to the board for a temporary license 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 physician 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 license 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 license expires on the date the board grants or denies an applicant permanent licensure. Permanent licensure 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 license expires on the first day of the next regularly scheduled oral examination for permanent licensure if the applicant is required to take, but failed to apply for, the examination.

(3) A temporary license may not be renewed.

(4) An applicant holding a temporary license may apply for one transfer of supervising physician and location during the term of the temporary license.

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; am. (1) (intro.) and (b) to (3), cr. (4), Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.07 Practice. (1) SCOPE AND LIMITATIONS. In providing medical care, the entire practice of any physician assistant shall be under the supervision of one or more licensed physicians or physicians exempt from licensure requirements pursuant to s. 448.03 (2) (b), Stats. The scope of practice is limited to providing

medical care as 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 physician providing supervision. A medical care task assigned by the supervising physician to a physician assistant may not be delegated by the physician assistant to another person.

(2) MEDICAL CARE. Medical care 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.

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

(c) Performing routine therapeutic procedures, including, but not limited to, 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 orders.

(f) Assisting in the delivery of medical care 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) Issuing written prescription orders for drugs provided the physician assistant has had an initial and at least annual thereafter,

review of the physician assistant's prescriptive practices by a physician providing supervision. Such reviews shall be documented in writing, signed by the reviewing physician and physician assistant, and made available to the Board for inspection upon reasonable request.

(3) IDENTIFYING SUPERVISING PHYSICIAN. The physician providing supervision must be readily identifiable by the physician assistant through procedures commonly employed in the physician assistant's practice.

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; am. (1), (2) (intro.), (c), (e), (f) and (i), Register, December, 1999, No. 528, eff. 1-1-00; **CR 12-005: am. (1), (2) (a), (e), (i), cr. (3) Register February 2014 No. 698, eff. 3-1-14.**

Med 8.09 Employee 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 Physician to physician assistant ratio.

(1) No physician may supervise more than 4 on-duty physician assistants at any time unless a written plan to do so has been submitted to and approved by the board. Nothing herein shall limit the number of physician assistants for whom a physician may provide supervision over time. A physician assistant may be supervised by more than one physician while on duty.

(2) A supervising physician shall be available to the physician assistant at all times for consultation either in person or within 15 minutes of contact by telecommunication or other means.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1), Register, December, 1999, No. 528, eff. 1-1-00; CR 09-006: am. (3) Register August 2009 No. 644, eff. 9-1-09; **CR 12-005: r. and recr. Register February 2014 No. 698, eff. 3-1-14.**