

## Chapter Med 8

## PHYSICIAN'S 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Note: Chapter Med 8 as it existed on October 31, 1976 was repealed and a new chapter Med 8 was created effective November 1, 1976.

**Med 8.01 Authority and purpose.** The rules in this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5), 227.08, and 448.40, Stats., and govern the certification and regulation of physician's assistants.

**History:** Cr. Register, October, 1976, No. 250, eff. 11-1-76.

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

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

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

(4) "Educational program" means a program for educating and preparing physician's 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 co-ordinate, 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.

(7) "Patient Services" means any or all of the following:

(a) The initial approach to a patient of any age in any setting to elicit a personal medical history, perform an appropriate physical examination, and record and present pertinent data in a manner meaningful to the physician.

(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 suturing and care of wounds.

(d) Instructing and counseling patients on physical and mental health including but not limited to diet, disease, treatment, and normal growth and development.

(e) Assisting the physician in the institutional setting by assisting at 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. Countersignature of records must be consistent with institutional regulations.

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

(g) Independently performing 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 facilities, agencies, and resources.

**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.

**Med 8.03 Council: powers, meetings, records.** The council shall exercise such powers as are or may be provided to it by the laws of the state of Wisconsin pertaining to the education, certification, and regulation of physician's assistants. The council shall propose to the board such rules not inconsistent with the law, as it deems necessary and proper for the execution and enforcement of such laws. The council shall meet at least 4 times in each calendar year. The chairman, or other presiding officer of the council, may call special meetings thereof when, in the judgement of such chairman or other presiding officer, circumstances or functioning of the council so require. The chairman, or other presiding officer of the board, may call special meetings of the council when, in the judgment of such chairman or other presiding officer, circumstances or functioning of the council or of the board so require. The secretary shall maintain an accurate record of all proceedings of the council.

**History:** Cr. Register, October, 1976, No. 250, eff. 11-1-76.

**Med 8.04 Certifying educational programs.** The board shall conduct an investigation prior to approving any educational program which prepares physician's assistants. The examining board may designate an agent and one or more examining board members and one or more council members to conduct a portion or all of such investigation to determine the facts upon which the examining board shall make its decision. Any party aggrieved by the decision of the examining board under this section may, within 20 days of notice thereof, apply for a formal hearing before the board or an agent duly appointed to sit for the board. The decision of the board shall comply with s. 227.13, Stats., and may be reviewed as provided in s. 227.16, Stats.

**History:** Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. Register, June, 1980, No. 294, eff. 7-1-80.

**Med 8.05 Practice: scope and limitations.** In providing patient services the entire practice of a physician's assistant shall be under the supervision of a licensed physician. The scope of practice of a physician's assistant shall not exceed the definitions of "patient services" as set forth in Med 8.02(7) Wis. Adm. Code, nor the physician's assistant's training and experience, nor the scope of practice of the supervising physician.

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sician. No physician's assistant shall redelegate a task delegated to such physician's assistant by the supervising physician.

**History:** Cr. Register, October, 1976, No. 250, eff. 11-1-76.

**Med 8.06 Employe status.** No physician's assistant shall be self employed. If the employer of a physician's assistant is other than a licensed physician, such employer shall provide for and not interfere with the supervision required in Med 8.05 Wis. Adm. Code.

**History:** Cr. Register, October, 1976, No. 250, eff. 11-1-76; renum. from Med 8.07, Register, June, 1980, No. 294, eff. 7-1-80.

**Med 8.07 Employment limitation: supervising physician responsibilities.** (1) No physician may supervise more than 2 physician's assistants, but a physician's assistant may be supervised by more than one physician. In the case of exceptions to this rule, a written plan for the supervision of more than 2 physician's assistants by a licensed physician must be filed with, reviewed, and recommended for approval by the council, and approved by the board.

(2) Another licensed physician may be designated by the supervising physician to supervise a physician's assistant for periods not to exceed 8 weeks per year. Except in an emergency, such designation shall be made in writing to the substitute supervising physician and to the physician's assistant, and must be executed and a copy thereof filed with the council prior to the supervising physician's absence.

(3) A physician's assistant may practice on premises away from the main office of the supervising physician or an institution where the supervising physician has staff privileges, providing that the supervision required in Med 8.02 (6), Wis. Adm. Code, is maintained. The physician's assistant must be able to contact either at first hand or by telephone, radio or television the supervising physician or designated substitute physician within 15 minutes at all times. The physician shall review and countersign all notes made by the physician's assistant at least weekly. A supervising physician must visit locations attended by a physician's assistant no less than every 3 months. Patients in locations other than the location of the supervising physician's main office shall be attended personally by the physician consistent with their medical needs.

**History:** Cr. Register, October, 1976, No. 250, eff. 11-1-76; (1) renum. from Med 8.08, (2) renum. from Med 8.09, (3) renum. from Med 8.06, Register, June, 1980, No. 294, eff. 7-1-80.

**Med 8.08 Qualification, application, examination, re-examination.** (1) To be qualified for admission to examination for certification as a physician's assistant in this state, an applicant must supply evidence satisfactory to the board that the applicant:

(a) Is of good professional character.

(b) Has successfully completed a formal physician's assistant educational program approved by the board. Until January 1, 1980, the board may waive this requirement for an applicant who has been employed in practice as a physician's assistant, as defined in these rules for 24 consecutive months during the 3 calendar years preceding January 1, 1975.

(2) Every person applying for certification as a physician's assistant shall make application therefor on forms provided for this purpose by the board and shall submit to the board the following:

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(a) A completed and verified application form.

(b) An unmounted photograph, approximately 8 by 12 cm., of the applicant taken not more than 60 days prior to the date of application and bearing on the reverse side the statement of a notary public that such photograph is a true likeness of the applicant.

(c) A verified statement that the applicant is familiar with the state health laws and the rules of the department of health and social services as related to communicable diseases.

(3) Having complied with subs. (2), the applicant shall be examined. Examination may be both written and oral. The council shall advise the board as to content of the examinations required under this subsection and passing grades therein, and the board shall provide for such content and such passing grades. In lieu of its own examinations, the board may make such use as it deems appropriate of examinations prepared, administered, and scored by national examining agencies. The board designates the council as its agent for conducting examinations.

(4) The board will notify each applicant found eligible for examination of the time and place scheduled for that applicant's examinations. Failure of an applicant to appear for examinations as scheduled will void that applicant's application and require the applicant to reapply for certification, unless prior scheduling arrangements have been made with the board by the applicant. At the opening of the examinations, each applicant will be assigned a number which shall be used by the applicant on all examination papers, and neither the name of the applicant nor any other identifying marks shall appear on any such papers. At the opening of the examinations the proctor will read and distribute to the assembled applicants the rules of conduct to be followed during the course of the examinations. Any violation of these rules of conduct by any applicant will be cause for the board to terminate the examination of such applicant and to exclude such applicant from continuing the examinations, and will also be cause for the board to find that such applicant has failed the examinations.

(5) An applicant who fails to achieve a passing grade in the examinations required under this chapter may apply for re-examination on forms provided for that purpose by the board. For each such re-examination the application therefor shall be accompanied by the re-examination fee. An applicant who fails to achieve a passing grade in the examinations required under this chapter may be re-examined twice at not less than four month intervals, and if such applicant fails to achieve a passing grade on the second such re-examination, that applicant shall not be admitted to further examination until such applicant reapplies for certification and also presents to the board evidence of such further professional training or education as the board may deem appropriate in such applicant's specific case.

(6) There is no provision for waiver of examination or for reciprocity with other licensing jurisdictions under these rules.

(7) At the time of initial certification and at the time of each biennial registration thereafter, each physician's assistant shall list with the board the name and address of the supervising physician and shall also

notify the board of any change of supervising physician within 20 days following such change.

**History:** Cr. Register, October, 1976, No. 250, eff. 11-1-76; renum. from Med 8.10, cr. (7), Register, June, 1980, No. 294, eff. 7-1-80.

**Med 8.09 Exclusions.** None of the provisions of this chapter shall be construed to permit the independent prescribing or dispensing of any drug, or the practice of acupuncture in any form, by any physician's assistant.

**History:** Cr. Register, October, 1976, No. 250, eff. 11-1-76; renum. from Med 8.11, Register, June, 1980, No. 294, eff. 7-1-80.