

Boston Medical Center - Prescriptive Practice Review Confirmation Physician Assistants

Commonwealth of Massachusetts regulation 243 CMR 2.08(5)(a)4 requires that the Supervising Physician reviews the physician assistant's prescriptive practice **at least every three months** and provides ongoing direction to the physician assistant regarding prescriptive practice.

The supervising physician shall review and provide ongoing direction for the physician assistant's prescriptive practice in accordance with written guidelines mutually developed, agreed upon with the physician assistant, and signed by both parties. Such **guidelines shall be reviewed annually**, and dated and initialed by both the supervising physician and the physician assistant at the time of each review. The guidelines may be altered at any time upon agreement by the supervising physician and physician assistant; any such changes shall be initialed and dated by both parties. In all cases, the written guidelines shall:

1. identify the supervising physician;
2. include a defined mechanism for the delegation of supervision to another physician including, but not limited to, duration and scope of the delegation;
3. specifically describe the nature and scope of the physician assistant's practice;
4. identify the types and classes of medication(s) to be prescribed, specify any limitations on medications to be prescribed, indicate the quantity of any medications, including initial dosage limits and refills, and describe the circumstances in which physician consultation or referral is required;
5. include a defined mechanism to monitor prescribing practices, including documentation of review by the supervising physician at least every three months;
6. include protocols for the initiation of intravenous therapies and Schedule II drugs;
7. specify the frequency of review of initial prescriptions or changes in medication of controlled substances; any prescription or medication order issued by a physician assistant for a Schedule II controlled substance shall be reviewed by the supervising physician, or by a temporary designated supervising physician within 96 hours;
8. specify the types and quantities of Schedule VI medications which may be ordered by the physician assistant from a drug wholesaler, manufacturer, laboratory or distributor for use in the practice setting in question;
9. identify and specify any limitations on the initiation or renewal of prescriptions which are not within the ordinary scope of practice for the specific work setting in question, but which may be needed to provide appropriate medical care; and
10. conform to any other applicable law or regulation.

By signing below, I attest that I have reviewed the prescriptive practice of the PA listed below at least every three months since the last Medical-Dental Staff appointment and we have mutually developed prescriptive guidelines which we have reviewed at least annually.

Supervising Physician Signature

Date

Supervising Physician Printed Name

By signing below, I attest that I have participated in the review of my prescriptive practice and guidelines with the supervising physician.

PA Signature

Date

PA Printed Name

Return 1) this form and 2) a copy of the guidelines to:

Boston Medical Center, Medical Staff Services

Fax: (617) 414-6031 -- credentialing@bmc.org