



540-X-7-.23 Requirements for Supervised Practice - Physician Assistants

(P.A.).

(1) Physician supervision requires, at all times, a direct, continuing and close supervisory relationship between a physician assistant and the physician to whom the assistant is registered.

(2) There shall be no independent, unsupervised practice by physician assistants.

(3) The supervising physician shall be available for direct communication or by radio, telephone or telecommunication.

(4) The supervising physician shall be available for consultation or referrals of patients from the physician assistant.

(5) In the event the physician to whom the physician assistant is registered is not available, provisions must be made for medical coverage by a physician pursuant to Rule 540-X-7-.24.

(6) In the event of an unanticipated, permanent absence of a supervising physician, a previously approved covering physician may be designated as a temporary supervising physician for a period of up to sixty (60) days. During the sixty(60) day time period, a new registration agreement designating a new supervising physician should be submitted for approval.

(7) If the physician assistant is to perform duties at a site away from the supervising physician, the application for registration must clearly specify the circumstances and provide written verification of physician availability for consultation and/or referral, and direct medical intervention in emergencies and after hours, if

indicated. The Board, at its discretion, may waive the requirement of written verification upon documentation of exceptional circumstances. Employees of state and county health departments are exempt from the requirement of written verification of physician availability.

(8) The supervising physician and the physician assistant shall adhere to any written guidelines established by the Board to govern the prescription practices of physician assistants.

(9) If the physician assistant is to perform duties at a site away from the supervising physician, physician supervision requires the following:

(a) Supervising physician receives a daily status report to be made in person, by telephone, or by telecommunications from the assistant on any complications or unusual problems encountered;

(b) Supervising physician visits the site, in person, 10% of the time during regular business hours that the PA is present in the remote site, and not less than quarterly, to observe and to provide medical direction and consultation; provided, however, that when the physician assistant is performing duties at a patient's home, this requirement shall not apply;

(c) Supervising physician, during office visits, if applicable, reviews with the assistant case histories of patients with unusual problems or complications; and

(d) An appropriate physician personally diagnoses or treats patients requiring physician follow-up.

(10) The mechanism for quality analysis shall be as follows:

(a) A written plan for review of medical records and patient outcomes shall be

submitted with the application for registration, with documentation of the reviews maintained.

(b) Countersignature by supervising physician must be pursuant to established policy and/or applicable legal regulations and accreditation standards.

**Author:** Alabama Board of Medical Examiners

**Statutory Authority:** *Code of Alabama* §§34-24-290, *et. seq.*

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540-X-7-.56 Requirements For Supervised Practice - Anesthesiologist

Assistants (A.A.).

(1) Anesthesiologist supervision requires, at all times, a direct, continuing and close supervisory relationship between an anesthesiologist assistant and the supervising anesthesiologist to whom the assistant is registered or an anesthesiologist who is acting in a Board-approved supervisory role to the anesthesiologist assistant.

(2) Supervision does not, necessarily, require the constant physical presence of the supervising anesthesiologist or an anesthesiologist who is acting in a Board-approved supervisory role to the anesthesiologist assistant; however, the anesthesiologist must remain readily available in the facility.

(3) Except in life-threatening situations, the supervising anesthesiologist shall be readily available for personal supervision and shall be responsible for pre-operative, intra-operative and post-operative care.

(4) The supervising anesthesiologist shall insure that, with respect to each patient, all activities, functions, services and treatment measures are immediately and properly documented in written form by the anesthesiologist assistant. All written entries shall be reviewed, countersigned, and dated by the supervising anesthesiologist. The supervising anesthesiologist's signature on the anesthetic record will fulfill this requirement for all written entries on the anesthetic record.

(5) All of the above is to emphasize that there shall be no independent, unsupervised practice by anesthesiologist assistants.

(6) In the event of an unanticipated, permanent absence of a supervising ~~physician~~anesthesiologist, a previously approved covering ~~physician~~anesthesiologist

may be designated as a temporary supervising physiciananesthesiologist for a period of up to sixty (60) days. During the sixty(60) day time period, a new registration agreement designating a new supervising physiciananesthesiologist should be submitted for approval.

(7) In the event of a national emergency duly declared by Federal officials or in the event of a natural disaster or state emergency duly declared by the Governor, an anesthesiologist assistant may provide emergency medical treatment without immediate physician supervision or direction to patients within the affected areas of the state, provided that the treatment is within the scope of the assistant's education, training and approved job description. In the administration of anesthetic agents during the course of surgery, the assistant shall be directed by a licensed physician. The anesthesiologist assistant in such circumstance shall make reasonable efforts to inform his or her supervising physician of the location and type of emergency medical services being provided and shall act in conformance with the direction of local medical supervisors. The authority granted under this paragraph shall extend only for the duration of the declared national emergency or state emergency or natural disaster.

**Author:** Alabama Board of Medical Examiners

**Statutory Authority:** *Code of Alabama §§34-24-290, et. seq.*

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