

540-X-8-.22 Requirements for Collaborative Practice by Physicians and Certified Nurse Midwives.

- (1) The collaborating physician shall:
 - (a) Provide professional medical oversight and direction to the certified nurse midwife.
 - (b) Be readily available for direct communication or by radio, telephone or telecommunications.
 - (c) Be readily available for consultation or referrals of patients from the certified nurse midwife.
 - (d) Be readily available during labor management to provide direct medical intervention and to attend deliveries if needed.
- (2) In the event the collaborating physician is not readily available, provisions shall be made for medical coverage by a physician who is pre-approved by the State Board of Medical Examiners and is familiar with these rules.
- (3) In the event of an unanticipated, permanent absence of a collaborating physician, a previously approved covering physician may be designated as a temporary collaborating physician for a period of up to sixty (60) days. During the sixty (60) day time period, a new "Notice of Commencement" designating a new collaborating physician should be submitted for approval.
- (4) The certified nurse midwife's scheduled hours in patient homes, and/or facilities licensed by the Alabama Department of Public Health and facilities certified by the Alabama Department of Public Health are not subject to the required minimum hours for physician presence.

(5) The collaborating physician shall:

(a) Have no additional requirement for documentation of on-site collaboration when working in the same facility with the Certified Nurse Midwife (CNM).

(b) Be present for not less than ten percent (10%) of the CNM's scheduled hours in an approved practice site with a CNM who has less than two (2) years (4,000 hours) of collaborative practice experience:

1. Since initial certification; or

2. In the collaborating physician's practice specialty.

(c) Visit remote practice sites no less than twice annually.

(d) Meet no less than quarterly with the CNM who has more than two (2) years (4,000 hours) of collaborative practice experience.

(e) Allow a pre-approved covering physician to be present in lieu of the collaborating physician.

(6) The collaborating physician shall provide notice in writing to the State Board of Medical Examiners of the commencement or termination of a collaborative practice agreement as required by Rule 540-X-8-.18.

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

(8) A written standard protocol specific to the specialty practice area of the certified nurse midwife and the specialty practice area of the collaborating physician, approved and signed by both the collaborating physician and the certified nurse midwife

shall:

- (a) Identify all sites where the certified nurse midwife will practice within the collaboration protocol.
- (b) Identify the physician's principal practice site.
- (c) Be maintained at each practice site.
- (d) Include a formulary of drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered, and implemented by the certified nurse midwife consistent with these rules, and which are appropriate for the collaborative practice setting.
- (e) Include a pre-determined plan for emergency services.
- (f) Specify the process by which the certified nurse midwife shall refer a patient to a physician other than the collaborating physician.
- (g) Specify a plan for quality assurance management with defined quality outcome measures for evaluation of the clinical practice of the certified nurse midwife and include review of a meaningful sample of medical records plus all adverse outcomes. The term "medical records" includes, but is not limited to, electronic medical records. Documentation of quality assurance review shall be readily retrievable, identify records that were selected for review, include a summary of findings, conclusions, and if indicated, recommendations for change. Quality assurance monitoring may be performed by designated personnel, with final results presented to the physician and certified nurse midwife for review.

Author: Alabama Board of Medical Examiners.

Statutory Authority: Code of Alabama 1975, as amended, §§ 34-24-53 and 34-21-85.

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