

**OREGON BOARD OF MEDICAL EXAMINERS
PHYSICIAN ASSISTANT COMMITTEE MINUTES**

June 9, 2005

1500 SW 1st Ave, Suite 620

Portland, Oregon 97201

Board Accepted as Revised 7/15/05

Committee Accepted as Revised 9/8/05

MEMBERS PRESENT

Dana Gray, PA, Chairperson
Randy Randolph, PA
Bruce Carlson, MD
Darrel Purkerson, RPh
Sheridan A. Thiringer, DO, Board Liaison

STAFF PRESENT

Kathleen Haley, Executive Director
Diana Dolstra, Licensing Administrator
Jennifer Lannigan, Licensing Coordinator
Candice Kramer, Physician Assistant Licensing Specialist

GUEST

Ted J. Ruback, MS, PA, OHSU PA Program, Oregon Society of Physician Assistants (OSPA)

AGENDA

EXECUTIVE SESSION:

Update on Physician Assistants currently under Board investigation – Gary Stafford, Chief Investigator

Licensee interview

Review request to reactivate license

PUBLIC SESSION:

Approve Minutes from the March 10, 2005, Committee meeting.

Proposed administrative rule changes – First Review – OAR 847-050-0029 (3) – Locum Tenens

Discussion item: OAR 847-050-0037 (4) Supervision

Discussion item: OAR 847-050-0041 Prescription Privileges

Discussion item: “May a physician and a physician assistant enter into a supervisory relationship if they are related or married?”

Discussion item: "May a supervising physician's partner request to use the physician assistant to assist with a procedure on his/her patient?"

Discussion item: Informed Consent (PARQ) – Dana Gray, PA

Review physician assistant scope of practice/page four of practice description – Dana Gray, PA

WORKING LUNCH

Approval of new applicants and practice changes needing Committee review

Approval of new licensee consent agenda

Approval of consent agenda

Approval of Limited Licenses, Specials

Approval of PA students training in Oregon

Approve future meeting dates

Dana Gray, PA, Chairperson, called the meeting to order at 9:30 a.m.

EXECUTIVE SESSION:

UPDATE ON PHYSICIAN ASSISTANTS CURRENTLY UNDER BOARD INVESTIGATION – GARY STAFFORD, CHIEF INVESTIGATOR

LICENSEE INTERVIEW

REVIEW REQUEST TO REACTIVATE LICENSE

PUBLIC SESSION:

REVIEW PHYSICIAN ASSISTANT SCOPE OF PRACTICE/PAGE FOUR OF PRACTICE DESCRIPTION – DANA GRAY, PA **EXHIBIT A**

Dana Gray, PA, stated for the record that the issue he brings forth effects roughly 60 physician assistants in the Legacy Health System which includes himself.

Mr. Gray reported that Legacy Medical Staff, Hospital Administration, Physicians, and Physician Assistants met recently to clarify Oregon physician assistants' scope of practice as currently outlined on page four on the Oregon Board of Medical Examiners Physician Assistant Practice Description form. It was the position of Legacy Health System that page four literally defined physician assistants' scope of practice in Oregon and Legacy Health System used an e-mail provided to them by Board Staff to support their conclusion. Their conclusion is in conflict with Mr. Gray's and other physician assistants' interpretation and Mr. Gray presented a written submission of his interpretation of the Board's intent at this meeting of Legacy staff.

Mr. Gray indicated that, at the meeting, Legacy officials cited an issue brought forth by the Department of Nursing about the following statement on page four: *"The physician assistant may initiate orders in patients' charts, which are by physician written standing order or physician verbal order, indicated as such in the chart by the physician assistant's signature and name of*

physician who provided the order. The physician assistant may also initiate orders if he or she makes a determination of need not addressed by the physician's verbal or standing order and the physician will follow up by co-signing the order." Mr. Gray indicated that the Nursing Department stated that they had a requirement to have these orders signed by the supervising physician before they could carry them out. Physician Assistants did not agree. Legacy responded to this conflict by requiring that the orders be carried out within 24 hours. The Physician Assistants countered by stating that current Legacy by-laws required signature by closure of the chart, which is 30 days from discharge. Mr. Gray stated that 24 hours is too short of a period of time. Mr. Gray iterated that he brings the issue of physician assistant scope of practice to the agenda, not just because he has experienced recent problems, but also because it was the intent of the Physician Assistant Committee Work Group in June 2002 to revisit the issue as it became necessary.

Sheridan Thiringer, DO, asked what would be a better way to approach the issue of co-signatures in patient care.

Mr. Gray brought forth another issue at Legacy regarding Informed Consent.

Dr. Thiringer recalls an article in the Board Newsletter that Ms. Haley wrote stating that the responsibility of informed consent falls upon physicians. Mr. Gray recalled the article as well and stated that the informed consent was meant for major procedures, but that certain entities at Legacy has interpreted this to cover such procedures as starting IVs. This has evolved into a sentiment that physician assistants cannot give informed consent at all, thus a physician assistant cannot start IVs or any other procedures. Mr. Gray stated that these issues have been debated for a very long time between the Nursing and Physician Assistant communities.

Mr. Gray stated that while he is personally dealing with this issue currently, he receives calls from around the state requesting clarification of core competencies on a regular basis.

Mr. Gray requested that the Board place his written interpretation of the Board's intent (presented at the aforementioned Legacy meeting) on Board letterhead to be distributed to Legacy Health System.

Ms. Haley stated that his outline looked appropriate to her and asked for the Committee's opinion.

Mr. Gray asked guest, Ted Ruback, the Oregon Society of Physician Assistants (OSPA), what complaints he has heard regarding the aforementioned issue.

Ted Ruback began by stating that the nursing issue has been a long-debated healthcare topic. He further stated that he understands that the content of page four of the practice description seemed to be harmless at the time that the Work Group created it, but that it has become apparent that someone has taken it a step further and that this creates a real problem for physician assistants in Oregon.

Dr. Thiringer asked what would happen if the two sentences in question on page four were deleted from the practice description.

Mr. Ruback stated that nothing would happen if the two sentences were taken out of the practice description because this section is clearly covered in Statute and it is up to the hospital to determine when things are going to be counter signed. He said that with the creation of these sentences, that they could be superseded by hospital by-law.

Randy Randolph, PA, recalled that the original intent behind the addition of these sentences to the Practice Description was to clarify for physicians and physician assistants that they did not have to present a plan for co-signatures when they submitted their practice descriptions for

approval. He questioned why it should still be in the practice description as it gives some of physician assistant detractors the ability to use this language to limit physician assistants' scope of practice. He states that the sentences are left to interpretation in a negative way.

It was moved and seconded that

THE PHYSICIAN ASSISTANT COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS STRIKE THE FOLLOWING SENTENCES FROM PAGE FOUR OF THE CURRENT OREGON BOARD OF MEDICAL EXAMINERS PRACTICE DESCRIPTION: "THE PHYSICIAN ASSISTANT MAY INITIATE ORDERS IN PATIENTS' CHARTS, WHICH ARE BY PHYSICIAN WRITTEN STANDING ORDER OR PHYSICIAN VERBAL ORDER, INDICATED AS SUCH IN THE CHART BY THE PHYSICIAN ASSISTANT'S SIGNATURE AND NAME OF PHYSICIAN WHO PROVIDED THE ORDER. THE PHYSICIAN ASSISTANT MAY ALSO INITIATE ORDERS IF HE OR SHE MAKES A DETERMINATION OF NEED NOT ADDRESSED BY THE PHYSICIAN'S VERBAL OR STANDING ORDER AND THE PHYSICIAN WILL FOLLOW UP BY CO-SIGNING THE ORDER."

Members present voted unanimously to pass the motion.

NOTE: 7/15/05 – The Board voted to write a letter to the Legacy Health System stating that there is no time limit listed on page four of the physician assistant practice description form in which co-signatures on orders must be obtained.

LICENSEE INTERVIEW

TAB 1
EXECUTIVE SESSION

It was moved and seconded that

THE PHYSICIAN ASSISTANT COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE THE REACTIVATION OF THE PHYSICIAN ASSISTANT LICENSE OF CLIENT 26961, UNDER THE FOLLOWING CONDITIONS: THAT CLIENT 26961 BECOME EMPLOYED AS A PHYSICIAN ASSISTANT UNDER THE SUPERVISION OF THE PHYSICIAN LISTED IN THE PRACTICE DESCRIPTION BY THE FIRE DEPARTMENT IN WHICH HE NOW VOLUNTEERS; DELETE ALL REFERENCES TO "PARAMEDIC" AND "EMT" IN CLIENT 26961'S PRACTICE DESCRIPTION AND SUBSTITUTE THE APPROPRIATE PHYSICIAN ASSISTANT PROTOCOLS; THE SUPERVISING PHYSICIAN OF CLIENT 26961 DEVELOP A PROPOSED PLAN OF PRECEPTORSHIP TO DOCUMENT 26961'S CONTINUATION OF DEVELOPMENT OF SKILLS NECESSARY TO FULFILL THE DUTIES OF THE PRACTICE, TO BE APPROVED BY THE BOARD, AND TO INCLUDE MAINTENANCE OF TRAINING IN ACLS AND ATLS.

Members present voted unanimously to pass the motion.

NOTE: 7/15/05 – The Board voted to deny reactivation of client 26961's Oregon physician assistant license as submitted under this practice description.

REVIEW REQUEST TO REACTIVATE LICENSE

It was moved and seconded that

THE PHYSICIAN ASSISTANT COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE THE REACTIVATION OF THE PHYSICIAN ASSISTANT LICENSE OF GITA TANNA-HOWARD, PA, UNDER THE SUPERVISION OF JEANNE S. SAVAGE, MD.

Members present voted unanimously to pass the motion.

APPROVE THE MINUTES FROM THE MARCH 10, 2005, PHYSICIAN ASSISTANT COMMITTEE MEETING

It was moved and seconded that

THE PHYSICIAN ASSISTANT COMMITTEE APPROVES THE MINUTES OF THE MARCH 10, 2005 PHYSICIAN ASSISTANT COMMITTEE MEETING.

Members present voted unanimously to pass the motion.

PROPOSED ADMINISTRATIVE RULE CHANGES - FIRST REVIEW *EXHIBIT B*

OAR 847-050-0029 (3) – LOCUM TENENS

Randy Randolph, PA, requested clarification of the meaning of Locum Tenens registration status. There was discussion between the Committee and staff to clarify.

Further discussion was had regarding the functionality of the Locum Tenens registration status, for physician assistants in particular.

It was moved and seconded that

THE PHYSICIAN ASSISTANT COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE THE PROPOSED ADDITION TO ORS 847-050-0029 (3) AS SUBMITTED.

Members present voted unanimously to pass the motion.

DISCUSSION ITEM: OAR 847-050-0037 (4) SUPERVISION

Dr. Thiringer reported that the Board requested the PA Committee address the issue of a physician not being able to supervise a procedure performed by a physician assistant if the skill is not within the physician's scope of practice by adding "(4) The scope of practice of the physician assistant shall not exceed that of the supervising physician." to the OAR 847-050-0037.

Dana Gray, PA, stated that adding this rule would be in conflict with current statute, ORS 677.510 (3).

Dr. Thiringer reiterated that the Board requested the action.

Mr. Gray responded that the Board is asking for something to be fixed that is not broken. In addition, Mr. Gray stated that while the Board is allowed to make rules as they see fit, they cannot create a rule that is in conflict with statute as he believes the proposed rule is.

Staff added to the discussion that ORS 677.510 (3) refers to specialty, not scope of practice, which is a different issue.

Mr. Randolph added that a physician is technically trained in all procedures; therefore, his/her scope of practice is not limited and s/he would then be able to supervise any procedure that his/her physician assistant may perform.

It was moved that

THE PHYSICIAN ASSISTANT COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS NOT APPROVE THE ADDITION OF “(4) THE SCOPE OF PRACTICE OF THE PHYSICIAN ASSISTANT SHALL NOT EXCEED THAT OF THE SUPERVISING PHYSICIAN” TO OAR 847-050-0037, AS THE COMMITTEE BELIEVES THAT IT IS INCONSISTENT WITH ORS 677.510(3).

Motion died for lack of second.

It was moved and seconded that

THE PHYSICIAN ASSISTANT COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS EXTRACT THE PROPOSED, (4) OF OAR 847-050-0037, AS THE COMMITTEE PREVIOUSLY RECOMMENDED.

Motion carried with Mr. Gray, Mr. Purkerson, and Mr. Randolph voting “Aye”, Dr. Carlson voting “Nay”, and Dr. Thiringer abstained.

NOTE: 7/15/05 – The Board determined that a physician assistant’s scope of practice should not exceed that of his or her supervising physician, but will take no action on the aforementioned Committee recommendation at this time.

DISCUSSION ITEM: OAR 847-050-0041 – PRESCRIPTION PRIVILEGES

At their April 15, 2005 meeting, the Board tabled the first review of the below proposed addition to the language of OAR 847-050-0041:

(8) Chronic/intractable pain management authority utilizing Schedule II medications.

(a) Physician assistants and their supervising physicians must meet the following requirements in order for physician assistants to be granted chronic/intractable pain management authority, under general supervision:

(A) The physician assistant must have completed six (6) hours of accredited training in chronic/intractable pain management and a one (1) hour pain management course specific to the State of Oregon provided by the Pain Management Commission;

(B) The supervising physician must have DEA certification for Schedule II medications;

(b) Supervising physicians must review a minimum of ten (10) percent of physician assistant patient charts regarding chronic/intractable pain management with Schedule II medications for one year following approval of physician assistant chronic/intractable pain management authority.

Upon discussion, the Committee indicated they continue to see no need for rules outlining the supervision of physician assistants who work with intractable pain. However, after discussion, the Committee approved the above language with revision. The Committee proposed the deletion of the shaded area above.

It was moved and seconded that

THE PHYSICIAN ASSISTANT COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS DELETE THE PROPOSED (8)(B)(b) FROM OAR 847-050-0041.

Motion carried with Dr. Carlson, Mr. Gray, Mr. Purkerson, and Mr. Randolph voting "Aye" and Dr. Thiringer abstained.

NOTE: 7/15/05 – The Board voted to retain OAR 847-050-0041 (8)(B)(b).

Ted Ruback, PA, recommended the deletion of the term "chronic" from the language of the proposed rule as "intractable pain" is already addressed in the Medical Practice Act.

Randy Randolph, PA, concurred with Mr. Ruback.

It was moved and seconded that the aforementioned motion be amended such that

THE PHYSICIAN ASSISTANT COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS DELETE THE PROPOSED (8)(B)(b) FROM OAR 847-050-0041 AS WELL AS REMOVE ALL REFERENCES TO "CHRONIC", IN (8) AND (8)(a) LEAVING JUST THE PHRASE "INTRACTABLE PAIN."

Motion carried with Dr. Carlson, Mr. Gray, Mr. Purkerson, and Mr. Randolph voting "Aye" and Dr. Thiringer abstained.

NOTE: 7/15/05 – The Board voted to retain references to "chronic" in OAR 847-050-0041 (8).

DISCUSSION ITEM: "MAY A PHYSICIAN AND PHYSICIAN ASSISTANT ENTER INTO A SUPERVISORY RELATIONSHIP IF THEY ARE RELATED OR MARRIED?"

The Committee agreed that this is an acceptable practice.

NOTE: 7/15/05 – The Board concurred with the Committee that this is an acceptable practice.

DISCUSSION ITEM: "MAY A SUPERVISING PHYSICIAN'S PARTNER REQUEST TO USE THE PHYSICIAN ASSISTANT TO ASSIST WITH A PROCEDURE ON HIS/HER PATIENT?"

Mr. Gray stated that this is the definition of an agent, so the answer is "yes".

Staff reported that they are frequently asked this question and staff's response is, no, you may not borrow or loan out physician assistants as this is not the spirit in which agents are allowed. "Agent" means a physician designated by the supervising physician who provides direction and regular review of the medical services of the physician assistant when the supervising physician is unavailable for short periods of time. The unavailability of the supervising physician is key in this situation as it allows for the use of an agent to maintain coverage for the supervising physician's patients/practice in which the physician assistant has a currently approved practice description.

Mr. Gray reported a situation in a hospital setting in which he and other physician assistants would assist a non-supervising physician with patients and stated that this would not be acceptable under staff's current understanding of the rule.

Bruce Carlson, MD, elaborated on the topic by illustrating the possible insurance ramifications of loaning a physician assistant out to another physician to treat that physician's patients. He pointed out, if a supervising surgeon loans his/her physician assistant to another surgeon with a separate practice, what becomes of liability if there is a misadventure in the operation? What is the likelihood that the supervising physician's insurance company will cover the physician assistant? The Committee responded that the physician assistant would be left without insurance coverage.

The Committee agreed that a supervising physician's partner may request to use a physician assistant to assist on procedures on the partner's patients even when the supervising physician is available for supervision, and that the Board does not need to pre-approve such a situation.

NOTE: 7/15/05 – The Board determined that Staff is to continue following their current interpretation of the definition of “Agent” as defined by OAR 847-050-0010(1) as used in OAR 847-050-0005 to 847-050-0065. The Board recognized, however, that the administrative rule is open to multiple interpretations, and thus, requested Physician Assistant Board Liaison, Sheridan Thiringer, DO, assess a need for a change in the rule and/or how best to make the rule clear at the next Physician Assistant Advisory Committee meeting.

INFORMED CONSENT (PARQ)

Mr. Gray reported that Legacy Health System interprets ORS 677.097 to mean that only independent practitioners, to the exclusion of physician assistants, can obtain informed consent for any invasive procedure. Mr. Gray iterated that he feels that if Legacy is going to prevent physician assistants from obtaining informed consent, then it should prevent nurses from obtaining it as well.

Dr. Carlson reminded the Committee that the ORS 677.060 states that it has no jurisdiction over the Board of Nursing.

Dr. Thiringer points out that informed consent is obtained upon the patient's admittance to the facility.

The Committee agreed to put the issue of whether or not physician assistants can obtain informed consent on the next Committee meeting agenda.

NOTE: 7/15/05 – The Board determined that physician assistants may perform informed consent on all procedures specifically performed by the physician assistant that are a part of his or her Board approved practice description.

WORKING LUNCH

APPROVAL OF NEW LICENSES AND PRACTICE CHANGES REQUIRING COMMITTEE REVIEW

Staff requested guidance from the Committee regarding physician assistants who have Board approved additional medical and surgical procedures with one supervising physician asking for those same privileges with a new supervising physician.

Staff asked the Committee if it deemed it appropriate to approve the procedures with the same level(s) of supervision as in the physician assistant's other practice description(s) or to temporarily approve the procedures at the level of supervision consistent with recent Board approvals of the same procedure(s) of other practice descriptions.

The Committee directed staff to approve the procedures at the identical level as other active practice descriptions for that physician assistant.

PA – License # Supervising Physician – License #	Specialty, Primary Practice	Reason for Review
Jessica Briggs, PA00840 Aaron Jagelski, MD25187	FP, Vale FP, Ontario	Practice Description Revision
Committee Recommendation: Approve the request of Aaron Jagelski, MD, to remove diaphragm fitting from the practice description of Jessica Briggs, PA.		

Robert S. Brookshire, PA00907 Shaghayegh Aliabadi-Wahle, MD23026	TRS, Portland GS, Portland	Secondary Supervising Physician
Committee Recommendation: Approve Shaghayegh Aliabadi-Wahle, MD, as a supervising physician for Robert S. Brookshire, PA, per the submitted practice description with Schedule II-V prescription privileges, with the following amendments: Swan-Ganz catheter placement/monitoring/removal is approved under personal supervision. Thoracostomy tube placement/monitoring/removal is approved under direct supervision. Pursuant to OAR 847-050-0010 (8) (c), "Personal Supervision" means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant. "Direct Supervision" means the supervising physician or designated agent must in the facility when the physician assistant is practicing. Dr. Aliabadi-Wahle must provide the Board with documentation of training and a letter of competency for review and approval before Mr. Brookshire may receive Board approval to perform the procedure(s) under supervision other than personal.		

Amanda M. Clark LL14879 Steven R. Groman, MD15627	ORS, Clackamas ORS, Clackamas	New Physician Assistant
Committee Recommendation: Approve Amanda M. Clark, PA, as a physician assistant in the State of Oregon under the supervision of Steven R. Groman, MD, per submitted practice description, with Schedule II - V prescription privileges, and the following amendments: Pending Board review and approval emergency administering and/or dispensing is not approved as Clackamas is not designated as a Federal or State Medically Underserved Population.		

Leon Q. Colburn, PA00171 Jonathan G. Hill, MD13534	CDS, Portland CDS, Portland	Secondary Supervising Physician
Committee Recommendation: Approve Jonathan G. Hill, MD, as a supervising physician for Leon Q. Colburn, PA, per the submitted practice description with no prescription privileges, with the following amendments: None.		

Karen B. Coville, PA00240
Lawrence R. Barnes, MD09267

FP, Mill City
FP, Mill City

Secondary Supervising Physician

Committee Recommendation:

Approve Lawrence R. Barnes, MD, as a supervising physician for Karen B. Coville, PA, per the submitted practice description, with Schedule II-V prescription privileges, and the following amendment(s): Endometrial biopsy approved under personal supervision. Pursuant to OAR 847-050-0010 (8) (c), "Personal Supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant." Dr. Barnes must provide the Board with documentation of training and a letter of competency and a statement of the anticipated frequency that Ms. Coville will be performing the procedure(s) for review and approval, before Ms. Coville may receive Board approval to perform the procedure(s) under supervision other than personal.

Karen B. Coville, PA00240
Stephanie S. Welch, MD24782

FP, Mill City
FP, Stayton

Primary Supervising Physician

Committee Recommendation:

Approve Stephanie Welch, MD, as a supervising physician for Karen B. Coville, PA, per the submitted practice description, with Schedule II-V prescription privileges, and the following amendment(s): Endometrial biopsy are colposcopy are approved under personal supervision. Pursuant to OAR 847-050-0010 (8) (c), "Personal Supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant." Dr. Welch must provide the Board with documentation of training and a letter of competency and a statement of the anticipated frequency that Ms. Coville will be performing the procedure(s) for review and approval, before Ms. Coville may receive Board approval to perform the procedure(s) under supervision other than personal.

Michael Garland, PA00915
Edward A. McCluskey, MD18356

N, Portland
AN, Portland

Practice Description Revision

Committee Recommendation:

Approve the request from Edward A. McCluskey, MD, to receive Board approval to revise the practice description of Michael Garland, PA, with the following amendment(s): Supervision of programming and refilling spinal infusion pumps and programming spinal cord stimulators changed from personal to general.

Judah Gold-Markel, PA00955
Christoph R. Kaufmann, MD24077

TRS, Portland
GS, Portland

Practice Description Revision

Committee Recommendation:

Approve the request from Christoph R. Kaufman, MD, to receive Board approval to revise the practice description of Judah Gold-Markel, PA, with the following amendment: Supervision of the following procedures changed from personal supervision to direct supervision: flexible bronchoscopy - therapeutic on intubated patients only; chest tube insertion and removal; central venous line placement and change; removal of PEG/PEG-J tubes; needle thoracostomy; tracheostomy tube change; arterial line placement and change; and Swan-Ganz placement.

Brian E. Granvall, PA00846
Shaghayegh Aliabadi-Wahle, MD23026

TRS, Portland
GS, Portland

Secondary Supervising Physician

Committee Recommendation:

Approve Shaghayegh Aliabadi-Wahle, MD, as a supervising physician for Brian E. Granvall, PA, per the submitted practice description with Schedule II-V prescription privileges, with the following amendments: Thoracostomy tube placement, monitoring/removal and Swan-Ganz catheter placement/monitoring/removal are approved under personal supervision. Pursuant to OAR 847-050-0010 (8) (c), "Personal Supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant." Dr. Aliabadi-Wahle must provide the Board with documentation of training and a letter of competency for review and approval before Mr. Granvall may receive Board approval to perform the procedure(s) under supervision other than personal.

Jill M. Hartley, PA00807
Barbara J. Largent, MD20016

GP, Bend
FP, Bend

Practice Description Revision

Committee Recommendation:

Approve the request from Barbara J. Largent, MD, to receive Board approval to revise the practice description for Jill M. Hartley, PA, with the following amendment: Supervision of colposcopy changed from personal to general and is approved only for photo documentation and magnification.

Melanie Johnson, PA00939
Arman Faroghi, MD19812

EM, Portland
EM, Portland

Reactivation of License

Committee Recommendation:

Approve reactivation of physician assistant license of Melanie Johnson, PA, under the supervision of Arman Faroghi, MD, per the submitted practice description, with Schedule II-V prescription privileges, with the following amendments: Eye exam with use of slit lamp approved under personal supervision. Pursuant to OAR 847-050-0010 (8), Personal Supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant." Dr. Faroghi must provide the Board with documentation of training and a letter of competency for review and approval before Ms. Johnson may receive Board approval to perform the procedure(s) under supervision other than personal or direct. The letter should include the frequency and quantity of eye exams with use of slit lamp that has been performed by both Dr. Faroghi as well as Ms. Johnson. Request to monitor 50% of physician assistant charts for the first month, 25% of physician assistant charts for the second month, and 10-15% of physician assistant charts for up to two years is approved with the following amendment: experienced physician assistants (old full time physician assistants) will have no less than 10 charts per month reviewed.

Suzann M. Kruse LL14939
Brian T. O'Hollaren, MD15929

U, Bend
U, Bend

New Physician Assistant

Committee Recommendation:

Approve Suzann M. Kruse, PA, as a physician assistant in the State of Oregon under the supervision of Brian T. O'Hollaren, MD, per submitted practice description, with Schedule II - V prescription privileges, and the following amendments: The following procedures are approved under personal supervision: urodynamic studies; suprapubic catheter exchange; and administration of bladder drug therapies including TICE/BCG, Thiotepa, and Mitomycin. Pursuant to OAR 847-050-0010 (8), Personal supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant. Dr. O'Hollaren must provide the Board with documentation of training and a letter of competency for review and approval before Ms. Kruse may receive Board approval to perform the procedure(s) under supervision other than personal or direct.

Christine F. Legler, PA00534
Sean L. Steward, MD19497

FP, Forest Grove
EM, Forest Grove

Secondary Supervising Physician

Committee Recommendation:

Approve Sean L. Steward, MD, as a supervising physician for Christine F. Legler, PA, per the submitted practice description, with Schedule II-V prescription privileges with the following amendments: none.

Joseph R. MacKenzie, PA00326
Jason J. Powers, MD21215

GE, Portland
I, Portland

Primary Supervising Physician

Committee Recommendation:

Approve Jason J. Powers, MD, as the supervising physician for Joseph R. MacKenzie, PA, per the submitted practice description, with Schedule II-V prescription privileges, and the following amendments: None.

Barbara Elizabeth Martin LL14863
Wendy J. Callander, MD18360

I, Portland
I, Portland

New Physician Assistant

Committee Recommendation:

Approve Barbara Elizabeth Martin, PA, as a physician assistant in the State of Oregon under the supervision of Wendy J. Callander, MD, per submitted practice description, with Schedule II-V prescription privileges, and the following amendments: Emergency dispensing is not approved as Dr. Callander is not registered with the Board as a Dispensing Physician. Dr. Callander must register with the Board as a Dispensing Physician before requesting dispensing privileges for a PA supervisee.

Valerie Frieda McKie LL15019
J. Timothy Hanlon, MD09692

c, Bend
c, Bend

New Physician Assistant

Committee Recommendation:

Approve Valerie Frieda McKie, PA, as a physician assistant in the State of Oregon under the supervision of J. Timothy Hanlon, MD, per submitted practice description, with Schedule II - V prescription privileges, and the following amendments: The following procedures are approved under personal supervision: Cardiovascular testing: stress testing; supervision of dobutamine stress echocardiography; supervision of adenosine nuclear testing; and tilt table testing. Pursuant to OAR 847-050-0010 (8), Personal supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant. Dr. Hanlon must provide the Board with documentation of training and a letter of competency for review and approval before Ms. McKie may receive Board approval to perform the procedure(s) under supervision other than personal or direct. The letter should include the frequency and quantity that the above-mentioned procedures have been performed by both Dr. Hanlon as well as Ms. McKie.

Kelly Mead, PA00500
Catherine Gallo, MD15394

NS, Eugene
NS, Eugene

Reactivation of License

Committee Recommendation:

Approve reactivation of physician assistant license of Kelly Mead, PA, under the supervision of Catherine Gallo, MD, per the submitted practice description, with Schedule II-V prescription privileges, with the following amendments: The following procedures are approved under personal supervision: Placement/removal of halo devices; insertion/removal of intracranial pressure devices; and bolts and lumbar punctures. Pursuant to OAR 847-050-0010 (8), "Personal Supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant." Dr. Gallo must provide the Board with documentation of training and a letter of competency for review and approval before Ms. Mead may receive Board approval to perform the procedure(s) under supervision other than personal.

Laurie A. Merlino, PA00827
Ellen Singer, MD19574

EM, Portland
I, Portland

Primary Supervising Physician

Committee Recommendation:

Approve Ellen Singer, MD, as a supervising physician for Laurie A. Merlino, PA, per the submitted practice description, with Schedule II-V prescription privileges, and the following amendments: Open reduction of fractures is not approved. Closed reduction of fingers, toes, and wrist fractures is approved under personal supervision. Pursuant to OAR 847-050-0010 (8) (c), "Personal Supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant." Dr. Singer must provide the Board with documentation of training and a letter of competency for review and approval before Ms. Merlino may receive Board approval to perform the procedure(s) under supervision other than personal. The letter should include the frequency and quantity of closed reduction of fractures that has been performed by both Dr. Singer as well as Ms. Merlino.

Samuel H. Morehouse, PA00881
John M. Ham, MD23440

GS, Portland
GS,

Practice Description Revision

Committee Recommendation:

Approve the letter of competency presented by John M. Ham, MD, requesting that Samuel H. Morehouse, PA, receive Board approval to perform paracentesis under general supervision.

Daniel W. Morris, LL14669
Christoph Kaufman, MD24077

EM, Portland
GS, Portland

New Physician Assitant

Committee Recommendation:

Approve Daniel W. Morris, PA, as a physician assistant in the State of Oregon under the supervision of Christoph Kaufman, MD, per submitted practice description, with Schedule II-V prescription privileges, and the following amendments: The following procedures are approved under personal supervision only: Arterial line change and placement; flexible brochoscopy -therapeutic on intubate patients only; central venous line change and placement; cricothyrotomy; diagnostic peritoneal lavage; focused abdominal sonogram trauma -intial interpretation only; lumbar puncture; needle thoracostomy; paracentesis; Swanz-Ganz placement; thoracentesis; venous/arterial cutdown; and gastrointestinal endoscopy. Pursuant to OAR 847-050-0010 (8) (c), "Personal Supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant." Dr. Kauffmann must provide the Board with documentation of training and a letter of competency for review and approval, before Mr. Morris may receive Board approval to perform the procedure(s) under supervision other than personal. Conscious sedation is not approved, pending receipt, PA Committee review, and Board approval of hospital credentialing.

Allison Marie Roberts LL15020
Andrew P. Higgins, MD21960

GS, Bend
GS, Bend

New Physician Assistant

Committee Recommendation:

Approve Allison Marie Roberts, PA, as a physician assistant in the State of Oregon under the supervision of Andrew P. Higgins, MD, per submitted practice description, with Schedule II - V prescription privileges, and the following amendments: The following procedures are approved under personal supervision: central venous access; pulmonary artery catheter placement; arterial line placement; and chest tube removal. Pending Board review, bronchoscopies is revised to read "flexible bronchoscopy - therapeutic on intubated patients only" and is approved under personal supervision. Pursuant to OAR 847-050-0010 (8), Personal supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant. Dr. Higgins must provide the Board with documentation of training and a letter of competency for review and approval before Ms. Roberts may receive Board approval to perform the procedure(s) under supervision other than personal or direct. The letter should include the frequency and quantity that the above-mentioned procedures have been performed by both Dr. Higgins as well as Ms. Roberts.

Diana A. Ruiz, PA00921
Timothy J. Treible, MD15152

ORS, Portland
ORS, Portland

Secondary Supervising Physician

Committee Recommendation:

Approve Timothy J. Treible, MD, as a supervising physician for Diana A. Ruiz, PA, per the submitted practice description, with Schedule III-V prescription privileges, with the following amendment: Pin removal is approved under personal physician supervision. Pursuant to OAR 847-050-0010 (8) (c), "Personal Supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant." Dr. Treible must provide the Board with documentation of training and a letter of competency for review and approval before Ms. Ruiz may receive Board approval to perform the procedure(s) under supervision other than personal.

Caryn Leigh Scott LL14947
Andrea L. Halliday, MD25669

N, Eugene
N, Eugene

New Physician Assistant

Committee Recommendation:

Approve Caryn Leigh Scott, PA, as a physician assistant in the State of Oregon under the supervision of Andrea L. Halliday, MD, per submitted practice description, with Schedule II - V prescription privileges, and the following amendments: Lumbar punctures; administer IM; subcutaneous and intradermal meds/vaccinations/diagnostic tests; and insertion/removal of drains or catheters are approved under personal supervision. Program/percutaneously refill intrathecal reservoirs is approved under direct supervision. Pursuant to OAR 847-050-0010 (8), "Personal Supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant." "Direct Supervision means the supervising physician or designated agent must be in the facility when the physician assistant is practicing; and Personal Supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant." Dr. Halliday must provide the Board with documentation of training and a letter of competency for review and approval before Ms. Scott may receive Board approval to perform the procedure(s) under supervision other than personal or direct.

Danielle C. K. Sinai, PA00773
Jeffreys D. Albright, MD21248

ORS, Gresham
ORS, Gresham

Primary Supervising Physician

Committee Recommendation: Approve Jeffreys D. Albright, MD, as a supervising physician for Danielle C.K. Sinai, PA, per the submitted practice description, with Schedule II-V prescription privileges and the following amendments: The following procedures are approved under personal physician supervision: pin removal, removal of external fixators. Pursuant to OAR 847-050-0010 (8) (c), "Personal Supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant." Dr. Albright must provide the Board with documentation of training and a letter of competency for review and approval, before Ms. Sinai may receive Board approval to perform the procedure(s) under supervision other than personal.

Danielle C. K. Sinai, PA00773
Bret H. Dales, MD21136

ORS, Gresham
ORS, Gresham

Secondary Supervising Physician

Committee Recommendation: Approve Bret H. Dales, MD, as a supervising physician for Danielle C.K. Sinai, PA, per the submitted practice description, with Schedule II-V prescription privileges and the following amendments: The following procedures are approved under personal physician supervision: pin removal, removal of external fixators. Pursuant to OAR 847-050-0010 (8) (c), "Personal Supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant." Dr. Dales must provide the Board with documentation of training and a letter of competency for review and approval, before Ms. Sinai may receive Board approval to perform the procedure(s) under supervision other than personal.

Danielle C. K. Sinai, PA00773
Marc R. Davidson, MD17775

ORS, Gresham
ORS, Gresham

Secondary Supervising Physician

Committee Recommendation: Approve Marc R. Davidson, MD, as a supervising physician for Danielle C.K. Sinai, PA, per the submitted practice description, with Schedule II-V prescription privileges and the following amendments: The following procedures are approved under personal physician supervision: pin removal, removal of external fixators. Pursuant to OAR 847-050-0010 (8) (c), "Personal Supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant." Dr. Davidson must provide the Board with documentation of training and a letter of competency for review and approval, before Ms. Sinai may receive Board approval to perform the procedure(s) under supervision other than personal.

Sylvia Y. Southworth LL14911
Edward A. McCluskey, MD18356

AN, Portland
AN, Portland

New Physician Assistant

Committee Recommendation:

Approve Sylvia Y. Southworth, PA, as a physician assistant in the State of Oregon under the supervision of Edward A. McCluskey, MD, per submitted practice description, with Schedule II - V prescription privileges, and the following amendments: refill and reprogram implantable spinal infusion pumps; reprogram spinal stimulators; and radiologic dye injection to test implantable pump function are approved under direct supervision. The following procedures are not approved: Administer IV sedation during procedures including Propofol and Botulism injections. Pursuant to OAR 847-050-0010 (8), "Direct Supervision means the supervising physician or designated agent must be in the facility when the physician assist is practicing." Dr. McCluskey must provide the Board with documentation of training and a letter of competency for review and approval, before Ms. Southworth may receive Board approval to perform the procedure(s) under supervision other than direct. Pursuant to the Board's decision of 1/14/05, the use of aesthetic facial injections products by a physician assistant is only approved in dermatology or facial plastics practices, under direct supervision, on the face only, for cosmetic purposes only, and only after the physician assistant has observed at least 10 procedures, performed at least 10 procedures under personal supervision, and attended a full-day (eight-hour) training. As Sylvia Y. Southworth is a newly Oregon licensed physician assistant, chart review is 50% of charts for the first 30 days, 30% of charts for the next 60 days, and 20% for the next 90 days. After six months, chart review is reduced to 10% of charts per month, or no less than 10 charts per month.

Kathleen J. Thompson, PA00742
Roger J. Dreiling, MD20932

FP, Corvallis
C, Corvallis

Primary Supervising Physician

Committee Recommendation:

Approve Roger J. Dreiling, MD, as a supervising physician for Kathleen J. Thompson, PA, per the submitted practice description, with Schedule II-V prescription privileges, and the following amendments: The following procedures are approved under personal supervision: supervise standard treadmill and stress echo testing. Pursuant to OAR 847-050-0010 (8) (c), "Personal Supervision means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant." Dr. Dreiling must provide the Board with documentation of training and a letter of competency for review and approval before Ms. Thompson may receive Board approval to perform the procedure under supervision other than personal. The letter should include the quantity and frequency that Ms. Thompson as well as Dr. Dreiling have supervised standard treadmill and stress echo testing.

Leslie J. Werschkul, PA00974
Thomas M. Dreyer, MD13772

D, Eugene
PL, Eugene

Practice Description Revision

Committee Recommendation:

Approve the request from Thomas M. Dreyer, MD, requesting that Leslie K. Werschkul, PA, receive Board approval to perform simple extensor tendon repairs, excluding thumb extensors under general supervision.

Larry E. Witham, PA00965
Leroy I. Meharry, MD11421

FP, Umatilla
GP, Umatilla

Add Schedule II Prescription
Privileges

Committee Recommendation:

Approve addition of Schedule II prescription privileges to the practice description of Larry E. Witham, PA, under the supervision of Leroy I. Meharry, MD, with the following amendment: Larry E. Witham, PA, may not store narcotic medications or any schedule II or III controlled substances at any health care facility where he works. Send a copy of the corrective action order for Leroy I. Meharry, MD, signed 4/15/05, to Larry E. Witham, PA.

It was moved and seconded that

THE PHYSICIAN ASSISTANT COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE THE AFOREMENTIONED RECOMMENDATIONS.

Members present voted unanimously to pass the motion.

NOTE: 7/15/05 – Dr. Watt suggested that the Board look into the possibility of approving the addition of the use of Botulism for the treatment of chronic contracture to certain physician assistant practice descriptions.

N51EW LICENSEE CONSENT AGENDA

Physician Assistant / License
Specialty / Primary Practice Site

Supervising Physician / License
Specialty / Primary Practice Site

Tish D. Davis, LL14880 FP, Eugene	Patricia Buchanan, MD10117 FP, Eugene
Miriam Habafy, LL14946 PD, Silverton	Laurie D. Smith, MD19789 PD, Silverton
Gina Lynne Jones, LL14865 FP, Medford	Steven L. Wells, MD20003 FP, Medford
Kent J. Mercer, LL14897 FP, Depoe Bay	Richard L. Fox, MD18113 FP, Depoe Bay

It was moved and seconded that

THE PHYSICIAN ASSISTANT COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE THE ABOVE LISTED NEW LICENSEE CONSENT AGENDA ITEMS.

Members present voted unanimously to pass the motion.

PA COMMITTEE CONSENT AGENDA

Physician Assistant / License
Specialty / Primary Practice Site

Reason for Review

Supervising Physician / License
Specialty / Primary Practice Site

SCHEDULE II PRESCRIPTION PRIVILEGES

Committee
Recommendation:

Approve the addition of Schedule II prescription privileges to the practice descriptions of the following physician assistants, under the supervision of the listed supervising physicians.

Kurt L. Atkin, PA00563 FP, Salem		Douglas D. Eliason, DO18507 FP, Salem
Ian M. Clemons, PA00692 FP, Portland		Robert S. Nicol, MD21555 FP, Portland
Eric S. Davis, PA00844 GS, Bend		George R. Buzzas, MD21046 GS, Bend
Jon Nicole Davis, PA00516 PD, Portland		Edward L. Ruden, MD21394 PD, Portland
Ileana M. Esquivel, PA00932 CDS, Portland		Mithran S. Sukumar, MD23273 CDS, Portland
Richard D. Hall, PA00935 FP, Salem		James E. Byrkit, MD15374 I, Salem
Kenneth D. Ingram, PA00660 GE, Portland		Atif Zaman, MD19123 GE, Portland
Carey Janzik, PA00629 ORS, Grants Pass		Mark Foreman, MD20981 ORS, Grants Pass
Lisa M. Olson, PA01005 ORS, Eugene		Scott H. Kitchel, MD14956 ORS, Eugene
Cindy Quale, PA00465 C, Clackamas		Kathy A. Crispell, MD17237 C, Clackamas
Jeffrey P. Roberts, PA00684 FP, Springfield		Stephan A. Ames, MD16281 FP, Springfield
Brice T. Stanley, PA01027 FP, La Pine		Lisa A. Steffey, DO22679 FP, La Pine
Kathleen J. Thompson, PA00742 I, Salem		Richard A. Woods, MD13992 I, Salem
James R. Warner, PA00541 I, Clackamas		Lisa C. Joyner, MD21092 I, Clackamas

Physician Assistant / License Specialty / Primary Practice Site	Reason for Review	Supervising Physician / License Specialty / Primary Practice Site
Crystal Beahm, PA00677 FP, Salem	Secondary Supervising Physician	Bradley J. Roemeling, MD17379 FP, Salem
Staff Recommendation:	Approve Bradley J. Roemeling, MD, as a supervising physician for Crystal Beahm, PA, per the submitted practice description, with Schedule II-V prescription privileges. As Ms. Beahm's practice description with Dr. Roemeling creates a new supervisory relationship, Ms. Beahm is considered a "New Hire," the required chart review is a minimum 50% of charts for the first 30 days, 30% for the next 60 days, and 20% for the next 90 days. After 6 months, chart review may be reduced to 10 percent of charts per month or no less than 10 charts per month.	
Theresa Jaiin Brooks, PA00451 I, White City	Primary Supervising Physician	Robert Naymik, MD09102 I, White City
Staff Recommendation:	Approve Robert Naymik, MD, as a supervising physician for Theresa Jaiin Brooks, PA, per the submitted practice description, with Schedule III-V prescription privileges.	
Nancy Campbell, PA00788 OPH, Lake Oswego	Practice Description Revision	David W. Selby, DO14260 FP, Lake Oswego
Staff Recommendation:	Approve Providence St. Vincent as an additional practice site for Nancy Campbell, PA, under the supervision of David W. Selby, DO.	
Garnie Jo Carter-Powell, PA00691 FP, Redmond	Secondary Supervising Physician	Michael J. Mastrangelo, Jr., MD21444 GS, Bend
Staff Recommendation:	Approve Michael J. Mastrangelo, Jr., MD, as a supervising physician for Garnie Jo Carter-Powell, PA, per the submitted practice description, with Schedule II-V prescription privileges.	
Traci Darnell, PA01011 FP, Klamath Falls	Primary Supervising Physician	Thomas M. Pitchford, MD15040 GP, Port Orford
Staff Recommendation:	Approve Thomas M. Pitchford, MD, as a supervising physician for Traci Darnell, PA, per the submitted practice description, with Schedule II-V prescription privileges.	
Clarabel DeLeon, PA00513 FP, Hood River	Removal of hospital and EA/ED priviledges	Michael L. Pendleton, MD14783 FP, Hood River
Staff Recommendation:	Approve Michael L. Pendleton, MD, as a supervising physician for Clarabel DeLeon, PA, per the submitted practice description, with Schedule II-V prescription privileges.	
Robert J. Earl, PA00089 I, Portland	Secondary Supervising Physician	Christopher A. Achterman, MD12237 ORS, Portland
Staff Recommendation:	Approve Christopher A. Achterman, MD, as a supervising physician for Robert J. Earl, PA, per the submitted practice description, with no prescription privileges.	

Physician Assistant / License Specialty / Primary Practice Site	Reason for Review	Supervising Physician / License Specialty / Primary Practice Site
Sarah K. Esdaile, PA00476 FP, Beaverton Staff Recommendation:	Primary Supervising Physician Approve Deane De Fontes, MD, as a supervising physician for Sarah K. Esdaile, PA, per the submitted practice description, with Schedule II-V prescription privileges. As Dr. De Fontes has never received Oregon Board approval as a supervising physician, the required chart review is a minimum 50% of charts for the first 30 days, 30% for the next 60 days, and 20% for the next 90 days. After 6 months, chart review may be reduced to 10 percent of charts per month or no less than 10 charts per month.	Deane De Fontes, MD24712 FP, Cornelius
Jon D. Gambill, PA00791 FP, Roseburg Staff Recommendation:	Secondary Supervising Physician Approve John L. Powell, MD, as a supervising physician for Jon D. Gambill, PA, per the submitted practice description, with Schedule III-V prescription privileges.	John L. Powell, MD19972 FP, Roseburg
Jon D. Gambill, PA00791 FP, Roseburg Staff Recommendation:	Primary Supervising Physician Approve Timothy J. Powell, MD, as a supervising physician for Jon D. Gambill, PA, per the submitted practice description, with Schedule III-V prescription privileges.	Timothy J. Powell, MD12182 FP, Roseburg
Dana Gray, PA00255 CDS, Portland Staff Recommendation:	Practice Description Revision/Update Approve Jonathan G. Hill, MD, as a supervising physician for Dana Gray, PA, per the submitted practice description, with Schedule II-V prescription privileges.	Jonathan G. Hill, MD13534 CDS, Portland
Lisa M. Ingold, PA00654 I, Springfield Staff Recommendation:	Primary Supervising Physician Approve Todd L. Knapp, MD, as a supervising physician for Lisa M. Ingold, PA, per the submitted practice description, with Schedule II-V prescription privileges.	Todd L. Knapp, MD23433 D, Springfield
Ralph T. Johansen, PA00032 ORS, Corvallis Staff Recommendation:	Secondary Supervising Physician Approve Edward Bruce Bynum III, DO, as a supervising physician for Ralph T. Johansen, PA, per the submitted practice description, with no prescription privileges.	Edward B. Bynum III, DO19459 ORS, Corvallis
Timothy Krigbaum, PA00998 FP, Bend Staff Recommendation:	Secondary Supervising Physician Approve Charles H. Ayers, MD, as a supervising physician for Timothy Krigbaum, PA, per the submitted practice description, with Schedule III-V prescription privileges.	Charles H. Ayers, MD05343 FP, Bend

Physician Assistant / License Specialty / Primary Practice Site	Reason for Review	Supervising Physician / License Specialty / Primary Practice Site
Clifford S. Lance, PA00028 ORS, Coos Bay	Secondary Supervising Physician	Richard S. Jany, MD16946 ORS, Coos Bay

Staff Recommendation: Approve Richard S. Jany, MD, as a supervising physician for Clifford S. Lance, PA, per the submitted practice description, with no prescription privileges.

Lisa C. Lanning, PA00746 FP, McMinnville	Secondary Supervising Physician	Sean L. Steward, MD19497 EM, Forest Grove
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Staff Recommendation: Approve Sean L. Steward, MD, as a supervising physician for Lisa C. Lanning, PA, per the submitted practice description, with Schedule II-V prescription privileges.

Jose A. Marroquin, PA00273 ORS, Coos Bay	Secondary Supervising Physician	Richard S. Jany, MD16946 ORS, Coos Bay
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Staff Recommendation: Approve Richard S. Jany, MD, as a supervising physician for Jose A. Marroquin, PA, per the submitted practice description, with no prescription privileges.

Donald R. Noel, PA00235 ORS, Portland	Secondary Supervising Physician	Todd W. Ulmer, MD20670 ORS, Portland
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Staff Recommendation: Approve Todd W. Ulmer, MD, as a supervising physician for Donald R. Noel, PA, per the submitted practice description, with no prescription privileges.

Herbert M. Schaur, PA00013 ORS, Coos Bay	Secondary Supervising Physician	Richard S. Jany, MD16946 ORS, Coos Bay
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Staff Recommendation: Approve Richard S. Jany, MD, as a supervising physician for Herbert M. Schaur, PA, per the submitted practice description, with no prescription privileges.

Physician Assistant / License Specialty / Primary Practice Site	Reason for Review	Supervising Physician / License Specialty / Primary Practice Site
Pamela Shrader, PA00961 EM, Medford	Secondary Supervising Physician	Kevin O. Lepard, MD22509 EM, Klamath Falls

Staff Recommendation: Approve Kevin O. Lepard, MD, as a supervising physician for Pamela Shrader, PA, per the submitted practice description, with Schedule II-V prescription privileges.

Mark K. Spencer, PA00617 NS, Bend	Reactivation	Mark G. Belza, MD16986 NS, Bend
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Staff Recommendation: Approve Mark G. Belz, MD, as a supervising physician for Mark K. Spencer, PA, per the submitted practice description, with Schedule II-V prescription privileges.

Physician Assistant / License Specialty / Primary Practice Site	Reason for Review	Supervising Physician / License Specialty / Primary Practice Site
Shae N. Tangredi, PA00727 I, Portland	Primary Supervising Physician	Charles M. Wood, MD13265 I, Gresham
Staff Recommendation:	Approve Charles M. Wood, MD, as a supervising physician for Shae N. Tangredi, PA, per the submitted practice description, with Schedule III-V prescription privileges. As Ms. Tangredi's practice description with Dr. Wood creates a new supervisory relationship, Ms. Tangredi is considered a "New Hire," the required chart review is a minimum 50% of charts for the first 30 days, 30% for the next 60 days, and 20% for the next 90 days. After 6 months, chart review may be reduced to 10 percent of charts per month or no less than 10 charts per month.	
Kathleen J. Thompson, PA00742 FP, Salem	Secondary Supervising Physician	Jerry F. Moss, MD13336 FP, Salem
Staff Recommendation:	Approve Jerry F. Moss, MD, as a supervising physician for Kathleen J. Thompson, PA, per the submitted practice description, with Schedule II-V prescription privileges.	
Jonathan R. Van Horn, PA00833 CDS, Portland	Secondary Supervising Physician	J. Edward Okies, MD08341 CDS, Portland
Staff Recommendation:	Approve J. Edward Okies, MD, as a supervising physician for Jonathan R. Van Horn, PA, per the submitted practice description, with Schedule II-V prescription privileges. As Mr. Van Horn's practice description with Dr. Okies creates a new supervisory relationship, Mr. Van Horn is considered a "New Hire," the required chart review is a minimum 50% of charts for the first 30 days, 30% for the next 60 days, and 20% for the next 90 days. After 6 months, chart review may be reduced to 10 percent of charts per month or no less than 10 charts per month.	
Diane A. Vogel, PA00973 FP, Redmond	Primary Supervising Physician	David M. Tretheway, MD14982 I, Bend
Staff Recommendation:	Approve David M. Tretheway, MD, as a supervising physician for Diane A. Vogel, PA, per the submitted practice description, with Schedule II-V prescription privileges.	
Mark A. Wells, PA00800 ORS, Coos Bay	Secondary Supervising Physician	Richard S. Jany, MD16946 ORS, Coos Bay
Staff Recommendation:	Approve Richard S. Jany, MD, as a supervising physician for Mark A. Wells, PA, per the submitted practice description, with no prescription privileges.	
Christine A. Zotter, PA00894 ORS, Portland	Primary Supervising Physician	Andrew Blauvelt, MD24935 D, Portland
Staff Recommendation:	Approve Andrew Blauvelt, MD, as a supervising physician for Christine A. Zotter, PA, per the submitted practice description, with Schedule II-V prescription privileges. As Dr. Blauvelt has never before received Board approval as a supervising physician, the required chart review is a minimum 50% of charts for the first 30 days, 30% for the next 60 days, and 20% for the next 90 days. After 6 months, chart review may be reduced to 10 percent of charts per month or no less than 10 charts per month.	

Physician Assistant / License Specialty / Primary Practice Site	Reason for Review	Supervising Physician / License Specialty / Primary Practice Site
Christine A. Zotter, PA00894 ORS, Portland	Secondary Supervising Physician	Michael J. Wheatley, MD17999 PL, Portland

Staff
Recommendation:

Approve Michael J. Wheatley, MD, as a supervising physician for Christine A. Zotter, PA, per the submitted practice description, with Schedule II-V prescription privileges.
As Ms. Zotter is a "New Hire", the required chart review is a minimum 50% of charts for the first 30 days, 30% for the next 60 days, and 20% for the next 90 days. After 6 months, chart review may be reduced to 10 percent of charts per month or no less than 10 charts per month.

It was moved and seconded that

THE PHYSICIAN ASSISTANT COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE THE ABOVE LISTED CONSENT AGENDA.

Members present voted unanimously to pass the motion.

APPROVAL OF LIMITED LICENSE, SPECIALS

Amanda M. Clark
Tish D. Davis
Miriam Habafy
Gina Lynne Jones

Suzann M. Kruse
Barbara Elizabeth Martin
Valerie Frieda McKie
Kent J. Mercer

Allison Marie Roberts
Caryn Leigh Scott
Sylvia Y. Southworth

It was moved and seconded that

THE PHYSICIAN ASSISTANT COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE THE AFOREMENTIONED LIMITED LICENSE, SPECIALS.

Members present voted unanimously to pass the motion.

APPROVAL OF PA STUDENTS TRAINING IN OREGON FROM PA PROGRAMS OUTSIDE OF OREGON

Student PA Name	Training Dates	Supervising Physician	Practice Location
RaNeva Dowty	3/13/06-8/25/06	Thomas Creelman, MD	Warm Springs, Oregon

The following PA students will train at **Pacific University School of PA Studies**
under the supervision of **Richard Gicking, MD** from **5/16/05** to **4/21/06**:

Alex Angles	Jared Hough	Ingrid Schlechter-Keenan
Erin Black	Lisa Kensil	Henry Sessions
Diana Brewer	Sondra Koch	Timothy Simrell
Leslie Brooks	Ronda Layne	Charla Swanson
Valerie Cashman	Joseph Luna	Andrew Tistadt
Amanda Christensen	Shanelle Mickelberry	Amber Travis
Kelly Christensen	Joy Mitchell	Jennifer Van Atta
David Collins	Angila Murray	Breeanna VanCott
Sara J. Davis-Risen	Rosalia Ocamica	Lynn VanDeHey
Tamela Donnelly-Gibbs	Rebecca Phearson	Margo Walker
Lisa Garber	Gregory Poirer	Xinyue Wang
Madelena Garcia	John Prata	Christopher Weinman
Ian Hartman	Jeanean Rasmussen	Eric Wells
William Helmick	Janette Remling	Kimberly Williams
Frank Hillman	Bradley Richards	Leslie Worrel

It was moved and seconded that

THE PHYSICIAN ASSISTANT COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE THE AFOREMENTIONED STUDENTS.

Four members voted to pass the motion. Randy Randolph, PA, recused.

NOTE: 7/15/05 – The Board accepted the aforementioned Committee recommendations.

APPROVE FUTURE MEETING DATES:

(2005 Board Dates for reference)

PA Committee	September 8, 2005	BME	October 6-7, 2005
PA Committee	December 8, 2005 (Proposed)	BME	January 12-13, 2006 (Proposed)

ADJOURNMENT

There being no further business to discuss, Dana Gray, PA, adjourned the meeting at 2:25 p.m.

Memo

To: Physician – Physician Assistant Team
From: Physician Assistant Licensing Program
Re: Physician Assistant Practice Description

Thank you for submitting this practice description. The Board recognizes the valuable contribution the physician assistant / physician team makes in providing and maintaining the highest quality of care for the people of the State of Oregon.

Senate Bills enacted by the 2001 and 2003 Legislative Assembly revised some of the Oregon Physician Assistant Administrative Laws, which have an effect on the manner in which physicians supervise physician assistants.

You may supervise up to four physician assistants. If you are serving designated underserved populations, health professional shortage areas, medically underserved areas, or medically disadvantaged areas the Board may review and approve applications for you to supervise more than four physician assistants.

In order for a physician assistant to begin practice under your supervision, you must complete a Practice Description form and submit it to the Board for approval. If this is the first time you have requested Board approval to be a supervising physician, you are required to complete the Supervising Physician Questionnaire on the Medical Practice Act and the Oregon Administrative Rules. The questionnaire, Medical Practice Act (Chapter 677), Oregon Administrative Rules (OAR 847 Division 050), and the practice description form are available from the Board's web site, which is www.bme.state.or.us.

Please be aware that OAR 847-050-0037 (3) states that, "the supervising physician may limit the degree of independent judgment that the physician assistant uses but may not extend it beyond the limits of the practice description." OAR 847-050-0040 (1) states that, "the physician assistant may perform at the direction of the supervising physician and/or designated agent only those medical services as included in the Board-approved practice description."

To assist the supervising physician and physician assistant in developing a comprehensive practice description, the Board has created a practice description form that includes a Board approved list of non-inclusive core competencies, which the Board expects any physician assistant licensed in Oregon and initially certified by the National Commission on Certification of Physician Assistants (NCCPA) is capable of performing. You may determine which or all of the core competency medical and surgical services your physician assistant will perform, and the degree of supervision under which the physician assistant performs these medical and surgical services. You may also request medical and surgical services that are not in the core competency list.

The Board cannot accept a practice description that is not typed or complete. Please do not attach a copy of your office job description for physician assistants, as all information must be contained in the practice description form. If additional space is required to request medical services and procedures that are not included on the practice description form, you may then attach a typed addendum. Be certain to include the physician assistant's name on any addendum.

For review at the next Physician Assistant Committee meeting, submit the typed, completed practice description to the Board of Medical Examiners prior to the filing deadline date listed on the form.

The Board of Medical Examiners grants final approval at its quarterly meetings in January, April, July, and October. The Board no longer requires routine personal interviews.

NEW APPLICANTS FOR LICENSURE:

Physician assistants who are applying for licensure in Oregon may be eligible to begin practicing under a limited license before the Board grants permanent licensure. To be eligible for a limited license, the applicant's file must be complete including the practice description, and the limited license application and fee received by the Board. The application process for new licensees usually takes approximately 6-8 weeks. If you intend to have your physician assistant begin work before the Board grants permanent licensure, please contact the Physician Assistant Licensing Program at (503) 229-5770, to determine the applicant's eligibility for a limited license. Do not schedule your physician assistant to begin seeing patients before the limited license has been granted.

OREGON LICENSED PHYSICIAN ASSISTANTS:

Temporary approval may be granted to Oregon licensed physician assistants who wish to change supervising physicians or amend their current practice description prior to Board approval if:

- 1) The Board receives the typed, completed practice description.
- 2) There are no major changes in the practice description based on previously approved practice descriptions.
- 3) The supervising physician is in good standing with the Board.
- 4) The Board receives termination letters from the physician assistant and his or her previous supervising physician (if applicable).

If you have any questions concerning the practice description, please contact the Physician Assistant Licensing Program at (503) 229-5770.

Oregon Board of Medical Examiners

1500 SW 1st Ave, Suite 620 • Portland, OR 97201
 (503) 229-5770 or (877) 254-6263 (toll free in Oregon)
 Web site address: www.bme.state.or.us

Filing Deadline:	July 5, 2005	<input type="checkbox"/> Initial Licensure Practice Description	<input type="checkbox"/> Reactivation of License
Committee Meeting Date:	September 8, 2005	<input type="checkbox"/> New Primary Supervising Physician	<input type="checkbox"/> Practice Description Change
Next Board Meeting Date:	October 7, 2005	<input type="checkbox"/> New Second Supervising Physician	

Temporary Approval Date: _____ Board Approval Date: _____ Termination Date: _____

PHYSICIAN ASSISTANT PRACTICE DESCRIPTION FORM

THE PHYSICIAN - PHYSICIAN ASSISTANT TEAM MUST COMPLETE THE PRACTICE DESCRIPTION

This form will be returned if it is not typed. **The practice description is available from the Board of Medical Examiners web site www.bme.state.or.us.**

DEFINITIONS – as defined in the Physician Assistant Administrative Rules (OAR 847, Division 050)

BOARD – means the Board of Medical Examiners for the State of Oregon.

SUPERVISING PHYSICIAN – means the physician who provides direction and regular review of the medical and surgical services provided by the physician assistant as determined to be appropriate by the Board.

AGENT – means a physician designated by the supervising physician who provides direction and regular review of the medical and surgical services of the physician assistant when the supervising physician is unavailable for short periods.

There are three categories of supervision based on the practice situation of the supervising physician or designated agent and the physician assistant:

- 1) **GENERAL SUPERVISION** – means the supervising physician or designated agent is not on-site with the physician assistant, but is available for direct communication, either in person or by telephone, radio, radiotelephone, television, or similar means.
- 2) **DIRECT SUPERVISION** – means the supervising physician or designated agent must be in the facility when the physician assistant is practicing.
- 3) **PERSONAL SUPERVISION** – means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant.

This form documents the physician assistant’s practice setting, scope of practice, and chart review. As the supervising physician, you are responsible for determining the qualifications of the physician assistant to perform the duties described in this practice description. If an area of the form does not apply to your PA’s practice, indicate by checking the “NO” box.

Physician Assistant Name:			Oregon PA license #
PA’s <u>Primary</u> Practice Address (for this practice only)			Business Phone #
Practice Name:			
Street:	City:	State/ZipCode:	County:
PA Residence Street Address:			Practice Specialty:
City:	State:	Zip Code:	Home Phone #
Supervising Physician’s Name:			<input type="checkbox"/> MD <input type="checkbox"/> DO
Oregon License #	Practice Specialty:		Home Phone #
Physician’s Primary Practice Address Practice Name:			Business Phone #
Street:	City:	State/Zip Code	
Secondary Practice Address (if any)		City:	State/Zip Code
Street:			

Answer the following four questions (*check the YES or NO box and enter the requested information*)

- 1) Is this the first time you have requested Board approval to supervise a PA?
 - YES** You are required to complete the “Supervising Physician Questionnaire on the Medical Practice Act & Administrative Rules” and submit with this practice description.
 - NO** List the name(s) of the PA(s) you have supervised _____

- 2) Is the PA terminating a supervisory relationship with another Oregon physician in order to practice with you?
 - YES** Termination letters are required from the previous supervising physician and the PA within 15 days of termination.
 - NO**

- 3) Does the PA have more than one supervising physician?
 - YES** Are you requesting Board approval as the **PRIMARY SUPERVISING PHYSICIAN** (*working in your practice more than 50% of the time*) or **SECONDARY SUPERVISING PHYSICIAN** (*less than 50% of the time*)?
 - NO** I will be the only supervising physician.

- 4) Are you requesting temporary approval for your physician assistant to begin practice before the Board grants approval?
 - YES** Enter date PA to begin _____
 - NO**

PRESCRIPTION PRIVILEGES

A physician assistant may issue written or oral prescriptions for medications, including Schedule II - V, which the supervising physician has determined the physician assistant is qualified to prescribe commensurate with the practice description and approved by the Board if the physician assistant has met the requirements of OAR 847-050-0041 (2) (3).

To be authorized to issue prescriptions for Schedules II through V controlled substances, the prescribing physician assistant must be registered with the Federal Drug Enforcement Administration (DEA).

To obtain a DEA number contact the DEA Field Office, 400 2nd Ave. W, Seattle, WA 98119 – Telephone number 888-219-4261.

- NO** - I do not want prescription privileges for my PA.

SCHEDULE III - V ONLY

- YES** I want my PA to have **Schedules III through V** prescribing privileges; he/she qualifies under OAR 847-050-0041.

SCHEDULE II - V

- YES** I want my PA to have **Schedules II through V** prescribing privileges; he/she qualifies under OAR 847-050-0041 and holds current NCCPA certification – copy of NCCPA certificate is attached.

EMERGENCY ADMINISTERING AND DISPENSING AUTHORITY

Board staff will not grant temporary approval for emergency administering and dispensing authority unless the practice site is designated as medically underserved. The Board will review and make a decision based upon the “statement of need” at its next scheduled meeting.

Emergency Administration refers to the administration of Schedule II medication to the patient in the office or clinic setting. The physician assistant must apply for this privilege in his/her practice description. The Board grants this privilege based on the necessity of the physician assistant to perform this in his/her practice setting. *The PA is able to administer Schedule III-V medication approved by the supervising physician to patients without Board approval.*

- YES** I request emergency administering authority for my PA. *(Complete items 1 – 2 below)*
- NO** I do not request emergency administering authority for my PA.

STATEMENT OF NEED for Emergency Administering

- 1) State the medical necessity for emergency administering:

- 2) List all injectable Schedule II controlled substances the PA will emergency administer:

Emergency Dispensing is a privilege granted to physician assistants to be able to dispense take home medication to their patients in areas where pharmacy access is restricted to the patient because of geographic or financial restraints. The approval of this privilege is usually restricted to rural areas and special populations. A licensed pharmacist or anyone allowed to do so by the Oregon Board of Pharmacy must prepackage the medication. PAs may only be approved to emergency dispense Schedule II medications if they have been granted Schedule II prescribing privileges.

Emergency dispensing is NOT required in order for a PA to dispense drug samples.

- YES** I request emergency dispensing authority for my PA. *(Complete items 1 – 4 below)*
 - I am registered with the Board as a Dispensing Physician. In order for your PA to be approved for emergency dispensing authority, you must be registered with the Board as a dispensing physician. The application for registration as a dispensing physician can be found at:
<http://www.bme.state.or.us/PDFforms/DispensingFillin.pdf>
- NO** I do not request emergency dispensing authority for my PA.

STATEMENT OF NEED for Emergency Dispensing

- 1) State the medical necessity for emergency dispensing:

- 2) Location of the practice site:_____
- 3) Accessibility to the nearest pharmacy_____

PHYSICIAN ASSISTANT SCOPE OF PRACTICE

In accordance with OAR 847-050-0037 (3), *“The supervising physician may limit the degree of independent judgment that the physician assistant uses but may not extend it beyond the limits of the practice description.”* and OAR 847-050-0040 (1) *“The physician assistant may perform at the direction of the supervising physician and/or agent only those medical services as included in the Board-approved practice description.”*

To this end, the Board has approved a “basic” list of core competencies, which are not all inclusive; that the Board believes all Oregon licensed, initially NCCPA certified physician assistants are capable of performing. The physician assistant may provide those medical and surgical services that he or she is competent to perform, and are consistent with the physician assistant’s education, training, and experience in keeping with the Board approved practice description. The supervising physician may determine which or all of the core competency medical and surgical services the physician assistant will perform, and the degree of supervision under which the physician assistant performs these medical and surgical services.

THE FOLLOWING THREE PARAGRAPHS ARE IN CONJUNCTION WITH THE CORE COMPETENCIES

The Board recognizes that based on education, training, and experience physician assistants are qualified and authorized to provide triage, evaluation, diagnosis, treatment, and consultation with follow-up by the physician, for acute and chronic illnesses, and health maintenance services for patients of all ages, under the supervision of a MD or DO. In performing these duties, physician assistants have authorization to order and provide initial interpretation of lab, x-ray, imaging, and other diagnostic studies, with further evaluation when appropriate.

The physician assistant may practice in any licensed health facility, outpatient setting, patient residence, residential facility, hospital, and emergency department as applicable.

The physician assistant may perform and record admission histories and physical examinations, order medications, laboratory and support services, record progress notes and discharge summaries in the patients’ chart, assist the physician in the daily management of the patient, and assist in surgery.

PROPOSED CHANGE

THE PHYSICIAN ASSISTANT COMMITTEE RECOMMENDS TO THE BOARD OF MEDICAL EXAMINERS THAT THE FOLLOWING TWO SENTENCES BE REMOVED FROM THE CURRENT PRACTICE DESCRIPTION:

The physician assistant may initiate orders in patients’ charts, which are by physician written standing order or physician verbal order, indicated as such in the chart by the physician assistant’s signature and name of physician who provided the order. The physician assistant may also initiate orders if he or she makes a determination of need not addressed by the physician’s verbal or standing order and the physician will follow-up by co-signing the order.

**THE OREGON BOARD OF MEDICAL EXAMINERS APPROVED THE FOLLOWING
CORE COMPETENCY MEDICAL AND SURGICAL SERVICES FOR ALL OREGON
LICENSED AND INITIALLY NCCPA CERTIFIED PHYSICIAN ASSISTANTS**

<ul style="list-style-type: none"> ▶ ABG ▶ Administration of medications ▶ Anoscopy ▶ Apply/remove casts & splints ▶ Arthrocentesis ▶ Assist in office procedures & surgery ▶ Bladder catheterization ▶ Cardiac pulmonary resuscitation including emergency air-way management and manual defibrillation ▶ CLIA waived lab procedures ▶ Consultation with referral to appropriate health care resources ▶ Diathermy/Ultrasound ▶ Fulguration / cryotherapy superficial lesions ▶ Ganglion cyst aspiration ▶ I & D ▶ Ingrown toenails removal 	<ul style="list-style-type: none"> ▶ Joint injections/aspiration ▶ Laceration repair and management ▶ Local anesthesia including digital block ▶ Management of fractures excluding reductions ▶ Nasogastric tube insertion and removal ▶ Office ECG ▶ Order durable equipment ▶ Pulmonary function test ▶ Reduction of simple finger dislocation ▶ Skin or subcutaneous excision / biopsy ▶ Subungual hematoma evacuation ▶ Superficial foreign object removal ▶ Treatment of thrombosed hemorrhoids ▶ Trigger point injection ▶ Urethral catheterization ▶ Venipuncture ▶ Wound management
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The physician may add for Board consideration any medical and surgical services not listed in the core competencies in the space provided.

ADDITIONAL MEDICAL AND SURGICAL SERVICES ARE REQUESTED

- YES** I am requesting additional medical and surgical services for my PA. I understand that documentation of training and education may be required for some procedures in order to support the PA’s qualifications.
- NO** I am not requesting additional medical and surgical services for my PA at this time, but may in the future.

If you checked YES above list additional medical and surgical services below:

EMERGENCY CALLS

- YES** PA will take after-hours emergency calls with the supervising physician or assigned agent within telephone contact and available within a reasonable period for on-site consultation.
- NO**

CHART REVIEW - applies to all practice locations, and may include documented physician consultations and/or case reviews.

CHECK AND COMPLETE THE OPTION THAT APPLIES TO YOUR PRACTICE

- NEW OREGON PA LICENSEE, NEW HIRE PA, OR PHYSICIAN NEVER BOARD APPROVED TO SUPERVISE A PA.** Board required chart review is a minimum 50% of charts for first 30 days, 30% for next 60 days, and 20% for the next 90 days. After 6 months, reduce chart review to 10 percent of charts per month or no less than 10 charts per month.
- I request the Board to consider the following chart review schedule that is different from the Board requirement for a new hire PA, because: _____

 _____ I will review no less than 10 charts per month.
- Experienced (in Oregon) PA and previously Board approved supervising physician. I will review _____ percent of charts, _____ times per week month (No Less than 10 charts per month)
(frequency)
- PA will NOT be doing any patient charting.

PHYSICIAN SUPERVISION – Review OAR 847-050-0037

The supervising physician is responsible for the direction and regular review of the medical and surgical services provided by the physician assistant. The supervising physician or designated agent will provide a minimum of four hours of on-site supervision every two weeks. In any instance where the supervising physician or designated agent is providing “GENERAL” (see definitions on page one) supervision they shall provide for the maintenance of direct, verbal communication by telephone, radio, radio telephone, television, or similar means but are not required to be physically present at the practice site.

SUPERVISION DURING PERIODS OF ABSENCE OR VACATION *(check one)*

- When I am away from the office or practice location for any period, including vacation, continuing education, or illness, an agent will supervise the PA in accordance with this practice description.
- When I am away from the office or practice location for any period, including vacation, continuing education, or illness, the PA will cease to function as such.

SIGNATURE PAGE

THE SUPERVISING PHYSICIAN MUST SIGN, and HAVE NOTARIZED:

I hereby certify that the foregoing information in this application is correct to the best of my knowledge and belief. I further certify that I have reviewed the current rules and regulations of Oregon pertaining to physician assistants and this practice description and fully understand my responsibilities. I understand that I am fully responsible for the actions of the physician assistant I supervise, even at such times as my agents are supervising the physician assistant’s functions. I further understand that I am responsible for informing the designated agents of their responsibilities under Oregon law in the supervision of the physician assistant.

Name of Supervising Physician (Print or Type): _____

Signature of Supervising Physician: _____ Date: _____

This portion to be completed by notary

Subscribed and sworn to before me on _____

Notary Seal or Imprint

Notary Signature _____

Notary Public for _____ Commission expires _____



THE PHYSICIAN ASSISTANT MUST SIGN, and HAVE NOTARIZED:

I have reviewed the current rules and regulations of Oregon pertaining to the physician assistant and this practice description. I fully understand my responsibilities.

Name of physician assistant (Print or Type): _____

Signature of physician assistant: _____ Date: _____

This portion to be completed by notary

Subscribed and sworn to before me on _____

Notary Seal or Imprint

Notary Signature _____

Notary Public for _____ Commission expires _____

IMPORTANT

PA AND PHYSICIAN KEEP COPIES OF THIS PRACTICE DESCRIPTION FOR YOUR RECORDS

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 050 – BOARD OF MEDICAL EXAMINERS

PROPOSED RULES CHANGES – JULY 2005

FIRST REVIEW BY THE BOARD

Proposed rules specify that an applicant for a locum tenens must have an active or locum tenens registration status with the Board.

847-050-0029

Locum Tenens

Locum tenens means a temporary absence by the physician assistant or physician is filled by a substitute physician assistant or physician. The following is required of an applicant for locum tenens:

(1) A minimum of two weeks prior to the intended locum tenens, the supervising physician of the practice which desires the substitute must submit a letter of request to the Board.

(2) The request must include the name of the substitute physician assistant or physician, duration of the locum tenens, a description of how supervision of the physician assistant will be maintained, and any changes in the approved practice description for the practice during the locum tenens. Approval must be obtained in advance from the Executive Director of the Board of Medical Examiners.

(3) The physician assistant or physician must be currently licensed in Oregon, **with active or locums tenens registration status**, and **be** in good standing with the Board.

(4) The physician assistant must be qualified to provide the same type of service as described in the current approved practice description for the locum tenens.

(5) The physician must be as qualified as the physician who is being replaced during the locum tenens.

(6) The Board Executive Director may give temporary approval which is subject to approval.