

State Medical Board of Ohio

Physician Supervisory Plan Instructions

Read all instructions prior to completing and submitting this application

Frequently Asked Questions:

What is a Physician Supervisory Plan?

It describes the services the physician assistant will provide under your supervision while in an office setting. Ohio Revised Code Section 4730.09 (which appears on the next page) lists the services that may be included in a standard Physician Supervisory Plan.

Do you need to submit a Physician Supervisory Plan?

Yes, if the physician assistant, while under your supervision, will be working in an office setting at any time;

No, if the physician assistant, while under your supervision, will be working solely in either a hospital registered by the Ohio Dept. of Health or a health care facility licensed by the Ohio Dept. of Health under 3702.30, Ohio Revised Code.

Ohio Revised Code Section 3702.30 (A)(4) health care facilities that are licensed with the Ohio Dept. of Health include:

- (a) An ambulatory surgical facility;
- (b) A freestanding dialysis center;
- (c) A freestanding inpatient rehabilitation facility;
- (d) A freestanding birthing center;
- (e) A freestanding radiation therapy center;
- (f) A freestanding or mobile diagnostic imaging center.

What is a Quality Assurance System?

Any supervising physician who oversees a physician assistant must establish a quality assurance system which shall include the following components:

- (1) the routine review of selected patient record entries made by the physician assistant; and
- (2) the routine review of selected medical orders issued by the physician assistant, and
- (3) the discussion of complex cases; and
- (4) the discussion of new medical developments relevant to the practice of the physician assistant.

What are Special Services?

Special services any service that are not included in Section 4730.09, Ohio Revised Code, and not otherwise prohibited by statute or administrative rule. If you wish to have a physician assistant perform a service that is not included in Section 4730.09 or otherwise prohibited, you must submit a Special Services Application.

What is an Alternate Supervising Physician?

This is a physician who has agreed to act as an alternate during periods when the supervising physician will be unable to supervise the physician assistants they oversee. An alternate is meant to address times in which the supervising physician is ill or on vacation. Approval from the Board must be obtained prior to utilizing an alternate supervising physician.

Instructions:

- Each supervising physician overseeing a physician assistant in an office setting is required to complete a separate Physician Supervisory Plan Application.
- Complete the attached Physician Supervisory Plan Application in its entirety. *An application will not be processed unless all information has been submitted.*
- Be sure to establish a detailed Quality Assurance System pursuant to Section 4730.21(F) of the Ohio Revised Code.
- Be sure to submit the patient referral requirements that you will be placing upon the physician assistants you oversee.
- There is ***no fee*** for this application and all completed applications should be mailed to:

State Medical Board of Ohio
ATTN: Physician Assistant Program Administrator
77 South High Street, 17th Floor
Columbus, Ohio 43215



PHYSICIAN SUPERVISORY PLAN APPLICATION

Mail completed form to:
 State Medical Board of Ohio
 ATTN: Physician Assistant Program Administrator
 77 South High Street, 17th Floor
 Columbus, Ohio 43215

PHYSICIAN/PRACTICE INFORMATION			
Name of Physician:		Specialty Area(s):	
Office Address:			
City:	County:	State:	Zip Code:
Office Phone Number: ()		Office Fax Number: ()	
Office Contact Person:		Contact Person Phone Number: ()	

PATIENT REFERRAL REQUIREMENTS
Pursuant to Section 4730.16, Ohio Revised Code you are required to list all circumstances in which the physician assistant is required to refer a patient to the supervising physician. <i>Please submit the required information below; if additional space is needed please attach a separate sheet.</i>

SPECIAL SERVICES PLAN
Approval for functions other than those listed in Section 4730.09, Ohio Revised Code (appears on page 2 of this application) requires submission of a Special Services Plan to be considered by the Board for approval.
<input type="checkbox"/> Yes; you will need to complete a Special Services Request Form.
<input type="checkbox"/> No.

ALTERNATE SUPERVISING PHYSICIAN
Each supervising physician may have at least two physicians who have agreed to act as alternate supervising physicians during periods in which the physician will be unable to provide supervision in accordance with Section 4730.21, Ohio Revised Code.
<input type="checkbox"/> Yes; you will need to complete an Alternate Supervising Physician Form.
<input type="checkbox"/> No.

**Section 4730.09, Ohio Revised Code;
Services a physician assistant may perform as part of a standard Physician Supervisory Plan, as long as
the service is within the supervising physician's normal course of practice and expertise.**

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| <ul style="list-style-type: none"> (1) Obtaining comprehensive patient histories; (2) Performing physical examinations, including audiometry screening, routine visual screening, and pelvic, rectal, and genital-urinary examinations, when indicated; (3) Ordering, performing, or ordering and performing routine diagnostic procedures, as indicated; (4) Identifying normal and abnormal findings on histories, physical examinations, and commonly performed diagnostic studies; (5) Assessing patients and developing and implementing treatment plans for patients; (6) Monitoring the effectiveness of therapeutic interventions; (7) Exercising physician-delegated prescriptive authority pursuant to a certificate to prescribe issued under this chapter; (8) Carrying out or relaying the supervising physician's orders for the administration of medication, to the extent permitted by law; (9) Providing patient education; (10) Instituting and changing orders on patient charts; (11) Performing developmental screening examinations on children with regard to neurological, motor, and mental functions; (12) Performing wound care management, suturing minor lacerations and removing the sutures, and incision and drainage of uncomplicated superficial abscesses; (13) Removing superficial foreign bodies; (14) Administering intravenous fluids; (15) Inserting a foley or cudae catheter into the urinary bladder and removing the catheter; (16) Removing intrauterine devices; (17) Performing biopsies of superficial lesions; (18) Making appropriate referrals as directed by the supervising physician; | <ul style="list-style-type: none"> (19) Removing norplant capsules; (20) Performing penile duplex ultrasound; (21) Changing of a tracheostomy; (22) Performing bone marrow aspirations from the posterior iliac crest; (23) Performing bone marrow biopsies from the posterior iliac crest; (24) Performing cystograms; (25) Performing nephrostograms after physician placement of nephrostomy tubes; (26) Fitting or inserting family planning devices, including intrauterine devices, diaphragms, and cervical caps; (27) Removing cervical polyps; (28) Performing nerve conduction testing; (29) Performing endometrial biopsies; (30) Inserting filiform and follower catheters; (31) Performing arthrocentesis of the knee; (32) Performing knee joint injections; (33) Performing endotracheal intubation with successful completion of an advanced cardiac life support course; (34) Performing lumbar punctures; (35) In accordance with rules adopted by the board, using light-based medical devices for the purpose of hair removal; (36) Administering, monitoring, or maintaining local anesthesia, as defined in section 4730.091 of the Revised Code; (37) Performing other services that are within the supervising physician's normal course of practice and expertise, if the services are included in any model physician supervisory plan approved under section 4730.06 of the Revised Code or the services are designated by the board by rule or other means as services that are not subject to approval as special services. |
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AFFIDAVIT OF SUPERVISING PHYSICIAN

The above statements are complete and accurate to the best of my knowledge. I have read and understand Chapter 4730. of the Ohio Revised Code and the rules and regulations set forth by the State Medical Board of Ohio regarding Physician Assistants. I have established a Quality Assurance System pursuant to Section 4730.21(F) of the Ohio Revised Code. I understand that as a supervising physician I assume legal liability for the services provided by the physician assistant(s) that are under my supervision.

<i>Supervising Physician Name (Please Print):</i> _____	<i>License Number:</i> _____
<i>Supervising Physician signature:</i> _____	<i>Date:</i> _____

