

CHAPTER 21  
PHYSICIAN SUPERVISION OF A PHYSICIAN ASSISTANT

**653—21.1(148,272C) Ineligibility determinants.** A physician with an active permanent, special, or temporary Iowa license who is actively engaged in the practice of medicine in Iowa may supervise a physician assistant. A physician is ineligible to supervise a physician assistant for any of the following reasons:

**21.1(1)** The physician does not hold an active, permanent, special or temporary Iowa medical license.

**21.1(2)** The physician is subject to a disciplinary order of the board that restricts or rescinds the physician's authority to supervise a physician assistant. The physician may supervise a physician assistant to the extent that the order allows.

**653—21.2(148,272C) Exemptions from this chapter.** This chapter shall not apply to the following:

**21.2(1)** A physician working in a federal facility or under federal authority when the provisions of this chapter conflict with federal regulations.

**21.2(2)** A physician who supervises a physician assistant providing medical care created by an emergency or a state or local disaster pursuant to Iowa Code section 148C.4 as amended by 2003 Iowa Acts, chapter 93, section 10.

**653—21.3(148) Board notification.** A physician who supervises a physician assistant shall notify the board of the supervisory relationship at the time of the physician's license renewal.

**653—21.4(147,148,148C,272C,86GA,SF505) Specific minimum standards for appropriate supervision of a physician assistant by a physician.** This rule establishing the minimum standards for appropriate supervision of a physician assistant by a physician in the state of Iowa is hereby jointly adopted by the board of medicine and the board of physician assistants in accordance with 2015 Iowa Acts, Senate File 505, division XXXI, section 113.

**21.4(1) Definitions.**

*"Remote medical site"* means a medical clinic for ambulatory patients which is away from the main practice location of a supervising physician and in which a supervising physician is present less than 50 percent of the time the remote medical site is open. "Remote medical site" will not apply to nursing homes, patient homes, hospital outpatient departments, outreach clinics, or any location at which medical care is incidentally provided (e.g., diet center, free clinic, site for athletic physicals, jail facility).

*"Supervision"* means that a supervising physician retains ultimate responsibility for patient care, although a physician need not be physically present at each activity of the physician assistant or be specifically consulted before each delegated task is performed. Supervision shall not be construed as requiring the physical presence of the supervising physician at the place where such services are rendered except insofar as the physical presence is expressly required by these rules or by Iowa Code chapter 148C.

**21.4(2) Minimum standards.** The following are minimum standards for appropriate supervision of a physician assistant by a physician in the state of Iowa:

*a. Review of requirements.* Before a physician can supervise a physician assistant practicing in Iowa, both the supervising physician and the physician assistant shall review all of the requirements of physician assistant licensure, practice, supervision, and delegation of medical services as set forth in Iowa Code section 148.13, Iowa Code chapter 148C, this chapter, and 645—Chapters 326, 327, 328 and 329.

*b. Face-to-face meetings.* At least one supervising physician shall meet face-to-face with each physician assistant a minimum of twice annually. If the physician assistant is practicing at a remote site, both meetings shall be at the remote site. Each party shall ensure that the face-to-face meetings are documented. The meetings are for the purpose of discussing topics deemed appropriate by the physician or the physician assistant, including supervision requirements, assessment of education, training, skills, and experience, review of delegated services, and medical services provided by the physician assistant.

*c. Assessment of education, training, skills, and experience.* Each supervising physician and the physician assistant shall ensure that the other party has the appropriate education, training, skills, and relevant experience necessary to successfully collaborate on patient care delivered by the team.

*d. Communication.* Each supervising physician and the physician assistant shall communicate and consult on medical problems, complications, emergencies, and patient referrals as indicated by the clinical condition of the patient.

*e. Chart reviews.* Each supervising physician shall conduct and document an ongoing review of a representative sample of the physician assistant's patient charts encompassing the scope of the physician assistant's practice provided under the physician's supervision and discuss the findings of the reviews with the physician assistant.

*f. Delegated services.* The medical services and medical tasks delegated to and provided by the physician assistant shall be in compliance with 645—subrule 327.1(1). All delegated medical services shall be within the scope of practice of the supervising physician and the physician assistant. The supervising physician and the physician assistant shall have the education, training, skills, and relevant experience to perform the delegated services prior to delegation.

*g. Timely consultation.* The supervising physician shall be available for timely consultation with the physician assistant, either in-person or by telephonic or other electronic means.

*h. Alternate supervision.* If the supervising physician will not be available for any reason, an alternate supervising physician will be available to ensure continuity of supervision. The physician will ensure the alternate supervising physician is available for a timely consult and will ensure the physician assistant is notified of the means by which to reach the alternate supervising physician. The physician assistant shall not practice if supervision is not available.

*i. Failure to supervise.* Failure to adequately direct and supervise a physician assistant or failure to comply with the minimum standards of supervision in accordance with this chapter, Iowa Code chapter 148C, Iowa Code section 148.13, and 645—Chapters 326, 327, 328 and 329 may be grounds for disciplinary action for both the physician and the physician assistant.

**21.4(3) Amendment.** Rule 653—21.4(147,148,148C,272C,86GA,SF505) may only be amended by agreement of the board of medicine and the board of physician assistants through a joint rule-making process. This subrule is effective on June 15, 2016, or upon adoption of an identical subrule by the board of physician assistants, whichever is later.

**21.4(4) Joint waiver or variance.** Rule 653—21.4(147,148,148C,272C,86GA,SF505) may only be waived upon approval by both the board of medicine and the board of physician assistants pursuant to 653—Chapter 3 and 645—Chapter 18, Iowa Code section 17A.9A, or any other provision of law. This subrule is effective on June 15, 2016, or upon adoption of an identical subrule by the board of physician assistants, whichever is later.

[ARC 2532C, IAB 5/11/16, effective 6/15/16]

**653—21.5(148,272C) Grounds for discipline.** A physician may be subject to disciplinary action for supervising a physician assistant in violation of these rules or the rules found in 653—Chapter 23 or 645—Chapters 326 and 327, which relate to duties and responsibilities for physician supervision of physician assistants. Grounds for discipline also include:

**21.5(1)** The physician supervises a physician assistant when the physician does not have sufficient training or experience to supervise a physician assistant in the area of medical practice in which a physician assistant is to be utilized.

**21.5(2)** A physician supervises more than five physician assistants at the same time.

**21.5(3)** The physician fails to ensure that the physician assistant is adequately supervised, including being available in person or by telecommunication to respond to the physician assistant.

[ARC 0870C, IAB 7/24/13, effective 8/28/13; ARC 2532C, IAB 5/11/16, effective 6/15/16]

**653—21.6(148,272C) Disciplinary sanction.** The board may restrict or rescind a physician's authority to supervise a physician assistant as part of a disciplinary sanction following a contested case proceeding, if the reason for the disciplinary action impacts the ability of the physician to supervise a physician

assistant. The board shall notify the board of physician assistants when it takes a disciplinary action against a physician's license that affects the physician's authority to supervise a physician assistant.  
[ARC 2532C, IAB 5/11/16, effective 6/15/16]

**653—21.7(148,272C) Communication with physician assistant supervisees.** The physician shall notify all physician assistant supervisees within one workday upon receiving disciplinary action from the board or any other change in status that affects the physician's eligibility to supervise a physician assistant.  
[ARC 2532C, IAB 5/11/16, effective 6/15/16]

**653—21.8(17A,147,148,272C) Waiver or variance requests.** Waiver or variance requests shall be submitted in conformance with 653—Chapter 3.  
[ARC 2532C, IAB 5/11/16, effective 6/15/16]

These rules are intended to implement Iowa Code sections 148.13 and 272C.3 and 2015 Iowa Acts, Senate File 505, division XXXI, section 113.

[Filed 1/4/89, Notice 11/16/88—published 1/25/89, effective 3/1/89]<sup>123</sup>

[Filed 8/31/89, Notice 5/31/89—published 9/20/89, effective 10/25/89]

[Filed 2/23/96, Notice 1/3/96—published 3/13/96, effective 4/17/96]<sup>4</sup>

[Filed emergency 10/4/96—published 10/23/96, effective 10/4/96]

[Filed 9/29/00, Notice 8/23/00—published 10/18/00, effective 11/22/00]

[Filed 12/4/03, Notice 8/20/03—published 12/24/03, effective 1/28/04]<sup>5</sup>

[Filed emergency 3/9/04—published 3/31/04, effective 3/9/04]

[Filed ARC 0870C (Notice ARC 0692C, IAB 4/17/13), IAB 7/24/13, effective 8/28/13]

[Filed ARC 2532C (Notice ARC 2372C, IAB 1/20/16), IAB 5/11/16, effective 6/15/16]

<sup>1</sup> Effective date of 3/1/89 delayed 70 days by Administrative Rules Review Committee at its February 13, 1989, meeting.

<sup>2</sup> Effective date of 3/1/89 delayed until adjournment of the 1990 Session of the General Assembly at its May 9, 1989, meeting.

<sup>3</sup> Delay until adjournment of the 1990 G.A. lifted by the Administrative Rules Review Committee at its August 3, 1989, meeting which allowed the rules to become effective August 4, 1989.

<sup>4</sup> Effective date of 4/17/96 delayed 70 days by the Administrative Rules Review Committee at its meeting held April 16, 1996. Effective date delayed until adjournment of the 1997 General Assembly by the Administrative Rules Review Committee at its meeting held June 11, 1996.

<sup>5</sup> Effective date of 1/28/04 delayed 70 days by the Administrative Rules Review Committee at its January 6, 2004, meeting; at its meeting held March 8, 2004, the Committee lifted the delay, effective March 9, 2004.