

## **POLICY STATEMENT WEST VIRGINIA BOARD OF MEDICINE**

**RE: MINIMUM REQUIREMENTS AND GUIDELINES FOR PHYSICIANS IN COLLABORATIVE RELATIONSHIPS FOR PRESCRIPTIVE AUTHORITY WITH ADVANCED PRACTICE REGISTERED NURSES OR CERTIFIED NURSE MIDWIVES; STANDARD OF PRACTICE.**

### **PREAMBLE**

The West Virginia Board of Medicine ("Board") derives its authority from the provisions of the West Virginia Medical Practice Act, West Virginia Code § 30-3-1, et seq. The Board's responsibilities include licensure and professional discipline of physicians, podiatrists, and physician assistants. West Virginia Code § 30-3-7(a)(1) gives the Board the authority to adopt rules necessary to carry out the purposes of the Medical Practice Act.

The Board has adopted a series of rules, and within Board Rule 11 CSR 1A it is established at 12.2(g) that dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public or any member thereof, includes:

**FAILING TO MEET THE STANDARD OF PRACTICE IN CONNECTION  
WITH ANY SUPERVISORY AND/OR COLLABORATIVE AGREEMENT  
WITH ANY CATEGORY OF HEALTH PRACTITIONER.**

Because discipline may be imposed by the Board for such dishonorable, unethical or unprofessional conduct, the Board has determined that it is reasonable, necessary and in the public interest, which the Board is required to protect, to adopt the following policy detailing what it considers to be the standard of practice, to inform and educate physicians in collaborative relationships for prescriptive authority as to what the Board considers to be the responsibilities of such physicians.

### **POLICY STATEMENT**

It is the Board's opinion that the physician shares responsibility for the collaborative relationship for prescriptive authority at all times. The standard of practice for a physician entering into a collaborative relationship for prescriptive authority with an advanced practice registered nurse under the provisions of article seven of chapter thirty of the West Virginia Code or with a certified nurse-midwife under the provisions of article fifteen of chapter thirty of the West Virginia Code includes:

## MINIMUM REQUIREMENTS

There must be a written collaborative agreement between a physician licensed to practice in West Virginia and an advanced practice registered nurse or certified nurse-midwife, a verified copy of which has been filed with the Board of Examiners for Registered Professional Nurses, which must include but not be limited to the following:

- (1) Mutually agreed upon written guidelines or protocols for prescriptive authority as it applies to the advanced practice registered nurse's or certified nurse-midwife's clinical practice.
- (2) Statements describing the individual and shared responsibilities of the advanced practice registered nurse or certified nurse-midwife and the physician pursuant to the collaborative agreement between them.
- (3) Periodic and joint evaluation of prescriptive practice.
- (4) Periodic review and updating of the written guidelines or protocols.

## GUIDELINES

- (5) The physician entering into the written collaborative agreement should be permanently and fully licensed in this state without restriction or limitation.
- (6) (3) and (4), above, evaluation and review and updating, should be done at least on an annual basis and should be in writing and face to face and person to person.
- (7) There should be a written outline of specific medications that may require more stringent oversight by the physician. Medications requiring such oversight include but are not limited to medications such as human teratogens and medications requiring blood level monitoring.
- (8) The physician should sign and date the collaborative agreement and the physician should maintain a copy of the collaborative agreement at all times.
- (9) No physician should enter into a collaborative agreement with an advanced practice registered nurse whose specialty is not the same or similar to that of the physician.
- (10) Subject to the provisions of section seven, article fifteen of chapter thirty of West Virginia Code, the physician should be qualified in the same or similar specialty as the certified nurse-midwife.
- (11) The collaborative agreement should not include medications that the physician does not include in his or her current practice and about which the physician is not knowledgeable and competent.
- (12) Prior to entering into any collaborative agreement, the physician should review and be familiar with the provisions of 19 CSR 8 which relate to restrictions on prescribing by advanced practice registered nurses and certified nurse-midwives.
- (13) The physician may require more stringent restrictions in a collaborative agreement on substances which may be prescribed by the advanced practice registered nurse or certified nurse-midwife than those authorized by 19 CSR 8.

(14) It is strongly recommended that a physician should not enter into and participate in collaborative agreements with a total of more than three (3) advanced practice registered nurses or certified nurse-midwives, or their full-time equivalents, except in a hospital, clinic organized in whole or in part for the delivery of health care services without charge for indigent or needy patients, or at a federally qualified health center site, a physician should enter into and participate in collaborative agreements with a total of no more than four (4) advanced practice registered nurses or certified-nurse midwives or their full-time equivalents.

(15) Prior to entering into any collaborative agreement, the physician should consider all of the following when determining what degree of autonomy should be given to any advanced practice registered nurse or certified nurse-midwife:

- a. The physician's personal knowledge of and ability to observe the practice of the advanced practice registered nurse or certified nurse-midwife;
- b. The scope of practice of the advanced practice registered nurse or certified nurse-midwife;
- c. The patient population of the advanced practice registered nurse or certified nurse-midwife;
- d. The physician's professional confidence in the degree of discretion allotted to the advanced practice registered nurse or certified nurse-midwife;
- e. The educational training of the advanced practice registered nurse or certified nurse-midwife relating to the subject medications;
- f. The physician's ability to effectively assess the professional ability of the advanced practice registered nurse or certified nurse-midwife to appropriately prescribe the subject medications;
- g. The professional experience of the advanced practice registered nurse or certified nurse-midwife in a setting where the subject medications are utilized;
- h. The physician's knowledge of and experience with the medications being authorized by the collaborative agreement; and
- i. The geographic location of the physician's practice and the practice of the advanced practice registered nurse or certified nurse-midwife, and their ability to consult in a manner consistent with safe patient care.

### NOTICE

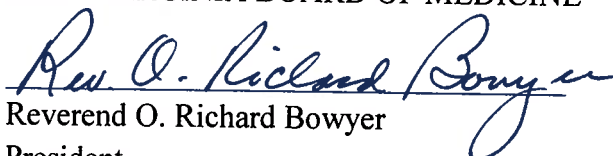
Failure of the physician to adhere to the Minimum Requirements set forth in 1. through 4. above may result in discipline imposed by the Board for unprofessional, unethical, dishonorable conduct and for failing to perform a statutory or legal obligation pursuant to Board Rule 11 CSR 1A. Minimum Requirements 1. through 4. are set forth in the West Virginia Code at § 30-7-15a. and at § 30-15-7a.


The Guidelines set forth above in 5. through 15. are not mandatory and not required by law. The Guidelines are what the Board considers to be helpful, common sense suggestions to

inform collaborating physicians of what the Board's judgment is as to an appropriate standard of care for a collaborating physician under West Virginia Code § 30-7-15a. and/or § 30-15-7a.

Adopted by:

WEST VIRGINIA BOARD OF MEDICINE

  
Reverend O. Richard Bowyer  
President

  
Marian Swinker, M.D., M.P.H.  
Secretary

Date: March 12, 2012