



State of West Virginia *Board of Medicine*

101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084
www.wvbom.wv.gov

Policy Statement Regarding Minimum Requirements and Guidelines for Physicians in Collaborative Relationships for Prescriptive Authority with Advanced Practice Registered Nurses; 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, podiatric physicians, 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 West Virginia Code § 30-7-15(b) includes:

MINIMUM REQUIREMENTS

A verified copy of the written collaborative agreement between a physician licensed to practice in West Virginia and an advanced practice registered nurse must be filed with the Board of Examiners for Registered Professional Nurses, and shall include, but is not 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 clinical practice;
- (2) Statements describing the individual and shared responsibilities of the advanced practice registered nurse and the physician pursuant to the collaborative agreement between them;
- (3) Periodic and joint evaluation of prescriptive practice; and
- (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) Regarding requirements (3) and (4) above, the evaluation, review and updating should be done at least on an annual basis and should be in writing and face to face.
- (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, human teratogens and medications requiring blood level monitoring.
- (8) The physician should sign and date the collaborative agreement and 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 the physician.
- (10) 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.
- (11) 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.

- (12) The physician may require more stringent restrictions in a collaborative agreement on substances which may be prescribed by the advanced practice registered nurse than those authorized by 19 CSR 8.
- (13) It is strongly recommended that a physician should not enter into and participate in collaborative agreements with more than three (3) advanced practice registered nurses or their full-time equivalents, provided that 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 no more than four (4) advanced practice registered nurses or their full-time equivalents.
- (14) 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 an advanced practice registered nurse:
 - a. The physician's personal knowledge of and ability to observe the practice of the advanced practice registered nurse;
 - b. The scope of practice of the advanced practice registered nurse;
 - c. The patient population of the advanced practice registered nurse;
 - d. The physician's professional confidence in the degree of discretion allotted to the advanced practice registered nurse;
 - e. The educational training of the advanced practice registered nurse relating to the subject medications;
 - f. The physician's ability to effectively assess the professional ability of the advanced practice registered nurse to appropriately prescribe the subject medications;
 - g. The professional experience of the advanced practice registered nurse 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 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 paragraphs (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 West Virginia Code § 30-7-15a.

The Guidelines set forth above in paragraphs (5) through (14) 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.

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Ahmed Daver Faheem, M.D., D.L.F.A.P.A.



Rahul Gupta, M.D., M.P.H., M.B.A., F.A.C.P.