

SECTION III. PHYSICIAN ASSISTANTS

24.0 Introduction

- 24.1 Physician assistants practice medicine pursuant to a written practice agreement with a participating physician. Physician assistant practice is limited to medical care within the physician assistant's education, training, and experience, and subject to any restrictions stated in the practice agreement.
- 24.2 As provided by 26 V.S.A. § 1739, physician assistants are responsible for their own medical decision making. A participating physician in a practice agreement with a physician assistant is not, by the existence of the practice agreement alone, legally liable for the actions or inactions of the physician assistant. However, that statutory language does not otherwise limit the liability of the participating physician.

25.0 Initial Licensure

- 25.1 For each applicant for licensure as a physician assistant the Board must receive, in a form satisfactory to the Board:
 - 25.1.1 A complete online application;
 - 25.1.2 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;
 - 25.1.3 Verification of certification or licensure in all other states, territories, or provinces where currently or ever certified or licensed to practice at any level, including permanent, temporary, and training licenses or certifications;
 - 25.1.4 Two reference forms from allopathic or osteopathic physicians, including one from a physician who supervised or worked closely with the applicant at their most recent practice site.
 - 25.1.4.1 Applicants with fewer than six months of substantially full-time (at least 30 hours per week) practice must provide a reference from their physician assistant training program director in place of one of the references from a supervising physician. A reference to meet this requirement may be from a physician assistant if the training program director is a physician assistant.
 - 25.1.5 The Board of Medical Practice's Certificate of Physician Assistant Education form for primary source documentation of completion of a Board-approved physician assistant program sponsored by an institution of higher education, completed and submitted by the institution;

- 25.1.6 An original certification from NCCPA. Primary source documentation of current certification sent directly to the Board by NCCPA;
 - 25.1.7 Completed practice agreement with a qualified participating physician who holds a Vermont license as an allopathic or osteopathic physician (for applications who do not have a current employment offer when applying for licensure, see Section 24.2);
 - 25.1.8 The Uniform Application Affidavit and Authorization for Release of Information Form;
 - 25.1.9 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application;
 - 25.1.10 The applicant's CV (curriculum vitae) or résumé; and
 - 25.1.11 The required fee.
- 25.2 Upon written request of the applicant, an application may be considered complete and be processed by the Board without a practice agreement. However, if a license is issued it will be inoperable and the applicant will not be able to engage in Vermont practice until a practice agreement has been received by the Board. Licensees should verify that the Board has received the practice agreement by checking the Board's online system.
- 25.3 At the discretion of the licensing committee or the Board, any applicant may be required to be interviewed by a Board member.

26.0 Physician Assistant Renewal

A physician assistant who is not in active practice may renew an inoperable license but cannot practice until a practice agreement with a participating physician is received by the Board. Each practice agreement between a physician assistant and a participating physician must be reviewed, and if necessary updated, during the 30 days preceding submission of the physician assistant's renewal application. The physician assistant shall maintain documentation to show the date on which the practice agreement was reviewed.

27.0 Practice Agreement Requirements

- 27.1 Practice agreements must meet the requirements of 26 V.S.A. § 1735a. The requirement for a physician to be accessible for consultation by telephone or electronic means at all times when a physician assistant is practicing is also satisfied when a physician is in the same location and available for in-person consultation.
- 27.2 A practice agreement must include the Vermont medical license number of the participating physician and the physician assistant.

- 27.3 A practice agreement must be reviewed by the physician assistant and the participating physician or another qualified physician, as provided by 26 V.S.A. § 1735a(d), no less frequently than at the time of the physician assistant's license renewal. The review must be documented in writing at the time that it is completed and signed by the physician assistant and reviewing physician. If changes are made to the practice agreement the revised agreement must be signed by the physician assistant and participating physician and submitted to the Board.
- 27.4 **Submission of a New Practice Agreement upon Employment Changes.** A new practice agreement must be received by the Board before a physician assistant may practice after a change in employment. A new practice agreement must be submitted to the Board whenever a physician assistant begins practice with a new employer. This includes both leaving one employment and beginning at another and adding a new employer while continuing to work for a current employer. There must be a practice agreement that applies to each practice setting. If a physician assistant's practice agreement includes restrictions that limit its application to a new practice setting with the same employer, such as by geographic location, by department, or by scope of practice allowed, a new practice agreement must be submitted for a new practice setting beyond those restrictions.
- 27.5 **Submission of a New Practice Agreement Upon Unavailability of Participating Physician Who Is a Sole Practitioner.** When a physician assistant's participating physician is the only physician in the practice and without prior knowledge becomes unavailable as the result of serious illness, injury, or death, the physician assistant may continue to practice for up to 30 days without entering a practice agreement with a new participating physician. After 30 days the physician assistant may not practice unless a new practice agreement has been submitted to the Board.
- 27.6 **Submission of a New Practice Agreement Upon Unavailability of Participating Physician – General Rule.** When a physician assistant's participating physician becomes unavailable and is expected to be unavailable for 30 days or more in any circumstances other than as described in 26.-5, the physician assistant must submit a new practice agreement with a participating physician and may not practice after the participating physician becomes unavailable.

28.0 Physician Assistant Professional Standards; Disciplinary Procedures

28.1 Prescribing Controlled Substances for Participating Physician

It is unprofessional conduct for a physician assistant to prescribe or dispense controlled substances listed in D.E.A. Schedules II, III, or IV for a physician who is the PA's participating physician.

28.2 Prescribing for or Treating Participating Physician

It is discouraged for a PA to prescribe or dispense non-controlled prescription substances for the PA's participating physician. PAs who treat their participating

physician are required to meet all standards of appropriate care, including proper establishment of a professional relationship with the patient and maintenance of appropriate patient records.

28.3 **Practice Without a Practice Agreement in Place**

It is unprofessional conduct for a physician assistant to practice without having a valid practice agreement that applies to the practice setting and the care provided, unless one of the two exceptions stated in 26 V.S.A. § 1734c(b) and 26 V.S.A. § 1735a(e) applies. The practice agreement must be on file with the Board.

Licensees should verify that practice agreements were received by the Board by checking the Board's online system.

28.4 **Continuing Education**

28.4.1 As evidence of continued competence in the knowledge and skills of a physician assistant, all physician assistants shall complete a continuing medical education program of 100 approved credit hours every two years. A minimum of 50 credit hours shall be from Category 1. Proof of completion shall be submitted to the Board with the application for renewal of certification.

28.4.2 Certification or recertification by the NCCPA at any time during a 2-year licensure period may be accepted in lieu of 100 hours continuing medical education credits for that 2-year period. PAs must also comply with any applicable continuing medical education requirements established by Vermont law or Board Rule.

28.4.3 **Required CME for PAs With D.E.A. Number**

All licensees who prescribe controlled substances shall certify at the time of each renewal that they have completed at least two hours of CME activity on controlled substances prescribing. The activity must be accredited as AMA PRA Category 1 Credit™ training, American Academy of Physician Assistants Category 1 training, or be specifically designated as qualifying by the Board. The following topics must be covered, as required by Vermont law: abuse and diversion, safe use, and appropriate storage and disposal of controlled substances; the appropriate use of the Vermont Prescription Monitoring System; risk assessment for abuse or addiction; pharmacological and nonpharmacological alternatives to opioids for managing pain; medication tapering and cessation of the use of controlled substances; and relevant State and federal laws and regulations concerning the prescription of opioid controlled substances. Each licensee who is registered with the D.E.A. and who holds a D.E.A. number to prescribe controlled substances, or who has submitted a pending application for one, is presumed to prescribe controlled substances and must meet this requirement. Any physician assistant who

is required to certify completion of this CME to renew, but who cannot, will be subject to the provisions regarding makeup of missing CME in subsections 22.3 and 22.4.

28.5 Grounds for Disciplinary Action

28.5.1 Grounds for disciplinary action include the conduct set forth in 26 V.S.A. § 1736. Under 26 V.S.A. § 1734(e), failure to maintain competence in the knowledge and skills of a physician assistant may result in revocation of license, following notice of the deficiency and an opportunity for a hearing.

28.6 Disciplinary Action

28.6.1 All complaints and allegations of unprofessional conduct shall be processed in accordance with Section V of this rule.

28.6.2 After notice and an opportunity for hearing, the Board may take disciplinary action against any applicant or physician assistant found guilty of unprofessional conduct, as provided by 3 V.S.A. § 809, and 26 V.S.A. §§ 1361(b) and 1737, including but not limited to:

28.6.2.1 Reprimand, suspend, revoke, limit, condition, deny or prevent renewal of license;

28.6.2.2 Required completion of continuing education;

28.6.2.3 Required supervised training or practice for a specified period of time or until a satisfactory evaluation by the supervising physician has been submitted to the Board.

28.7 Right to Appeal

28.7.1 A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision by filing a notice of appeal with the Executive Director of the Vermont Board of Medical Practice, as provided by 26 V.S.A. § 1367 and 3 V.S.A. § 815.