



## **Guidelines Regarding Scope of Practice, Supervision, and Minimum Expectations of Conduct of Medical Assistants**

### **Purpose**

The Rhode Island Board of Medical Licensure and Discipline (BMLD) creates policy statements and guidelines to educate its licensees regarding matters of importance that may not be specifically or clearly addressed in our current statutes, regulations, and rules.

The BMLD has been given the statutory responsibility to determine what actions are considered the authorized practice of medicine and what actions are not authorized. The BMLD has noticed complaints that involved medical assistants and the BMLD has determined that this educational policy statement is needed for its licensees.

The BMLD has collaborated with the Board of Nursing and Nursing Education (BON) since 2012 in creating these guidelines. The BMLD has no jurisdiction over the practice of nursing, and where nursing is mentioned in this document, it is done so with the approval of the RI BON. The BON has created similar guidance for its licensees.

The BMLD acknowledges that medical assistants currently function in the workforce in a variety of roles, both clinical and administrative. The purpose of this guidance is to provide information for the supervising licensed professional regarding delegation to and supervision of medical assistants.

### **Definitions**

- *Medical Assistant:* Individual who is unlicensed who by virtue of on-the-job training or formal education performs routine administrative, clerical, and clinical duties in various healthcare settings. A medical assistant does not diagnose, treat, or examine a patient or work in an autonomous manner. A medical assistant is under constant supervision by an appropriate licensed professional at all times. [Medical assistants should not be confused with physician assistants (PAs). PAs are trained in comprehensive, multi-year educational programs to practice medicine with physician supervision; are trained in graduate-level programs; have prescriptive authority; and are licensed by the state.]
- *Appropriate licensed professional:* advanced practice registered nurse (APRN), registered nurse (RN), licensed practical nurse (LPN), physician, or physician assistant (PA). The licensed professional cannot supervise a medical assistant in performing a task that is beyond the scope of practice, knowledge, or skill set of that individual licensed professional.
- *Direct supervision:* Identified supervisor must be immediately available in person and on the premises, not necessarily in the same room, when the medical assistant is engaged in direct patient care.

## Policies

- ***Education and training:*** A medical assistant (MA) may be a graduate of an accredited program; however there are other recognized paths for medical assistants to receive appropriate training, including on-the-job training. Generally, an MA is qualified by education, experience, and competency demonstration.
  - ***Education:*** Educational programs can be accredited by Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Accrediting Bureau of Health Education Schools (ABHES).
  - ***Certification or registration:*** MAs can be certified or registered, but they are not licensed by the State.
    - ***Certified Medical Assistant:*** accomplished by passing the American Association of Medical assistants certifying exam
    - ***Registered Medical Assistant:*** occurs by exam or reciprocity with American Medical Technologists

MAs who are certified, registered, or have sufficiently demonstrated and verified their competency in specified skills to their licensed supervisor have demonstrated a higher level of training and may therefore be allowed a broader scope of practice.

## Written Supervisory Agreement

Each MA should have a written supervisory agreement that clearly explains who is his/her supervisor(s), by name or role(s). The supervisory agreement should include the MA's individual scope of practice. It is incumbent upon the supervising licensed professional to document or verify an MA's continuing level of competency in all clinical tasks expected to be delegated. *The supervisory licensed professional named in the agreement shall understand that ultimately she/he is responsible for the actions of the MA when she/he is providing direct patient care.*

Complaints against an MA practicing under the supervision of a licensed professional will be brought to the licensing board of the MA's supervisor, as appropriate. If the supervisor of record is an LPN, and RN, or an APRN, the complaint would be handled by the BON.

- ***Scope of practice:*** MAs may perform clinical activities only in the context of direct supervision. MAs are not allowed to interpret and clinical or diagnostic test, physical or historical finding. Additionally, the MA is not allowed to conduct any invasive procedure, except as noted below. It is incumbent upon the licensed professional to determine that the delegation of the task does not create an undue risk to the particular patient being treated.

Tasks that can be performed by MAs should be verified by demonstrating competency and recorded in a training record (checklist or similar tool) which shall be established and maintained prior to performing such tasks on actual patients. Training for tasks that are not done routinely will be updated annually.

Scope of work for a Certified Medical Assistant/Registered Medical Assistant (or one who has demonstrated and verified competency through on-the-job training) will differ from an MA who has not acquired certification or registration.

The formal training of an MA is limited. Not all MAs have the same skill set, and it is expected that supervisors will verify an individual MA's competence before allowing them to act within their scope of practice. Maintaining a record of training and competency testing is the responsibility of the licensed supervisor.

- Basic scope of work for all medical assistants (not certified or registered) when directed by a standing or patient-specific order of an appropriately-licensed provider:
  - Perform clerical work such as assembling charts or assisting with billing
  - Measure vital signs, obtain BMI
  - Enter data into medical records
  - Reconcile medication
  - Administer certain screening questionnaires and tools (but not interpreting)
  - Conduct pre-visit planning for preventive and chronic-care management following defined protocols
  - Conduct telephone follow up after visits following established protocols
  - Collect non-invasive specimens (urine, sputum, semen, stool) for testing
  - Apply and remove bandages
  - Perform ear lavage
  - Assist authorized practitioner, under the direct and personal supervision of said practitioner, to carry out a specific task, as a “second set of hands” (e.g., Authorized practitioner, after positioning a limb, asks the MA to maintain the limb in the position while a bandage is applied or sutures are removed; An MA cannot independently position the patient.)
  - Perform ECG
  - Perform spirometry
  
- Scope of work for a medical assistant (certified, registered, or demonstrated and verified competency\*) when directed by a standing or patient-specific order of an appropriately-licensed practitioner:
  - Take laboratory specimens, including blood work (by capillary or peripheral vein)
  - Administer vaccine (oral, intramuscular, or subcutaneous)
  - Administer a medication orally, subcutaneously, or IM (no controlled substances)
  - Perform CLIA-waived test
  - Apply an initial cast after positioning by an authorized practitioner

\*This is a task that can be added to a non-certified or registered medical assistant from the above list of competency if verified and maintained in a training record. Responsibility of maintaining the training record belongs to the supervising licensed personnel.
  
- Forbidden tasks: Tasks that can never be performed by MAs or unlicensed persons include (but are not limited to):
  - Triage
  - Administer schedule medications (controlled substances)
  - Administer contrast dyes
  - Give intravenous injections of any kind

- Place sutures
- Insert an intravenous catheter
- Obtain blood from an artery
- Take x-rays or independently positioning patients for x-rays, CTs, MRIs, or ultrasounds
- Call in prescriptions for schedule 2 – 5 medications
- Interpret any test or clinical finding
- Diagnose or treat any disease
- Administer prescription eye drops
- Use a laser

*NOTE: Medical Assistants functioning in a licensed component of a hospital (a hospital "premises" as defined in R23-17-HOSP), are subject solely to the Rules and Regulations for the Licensing of Hospitals.*

- Minimum expectations of conduct of medical assistants
  - MAs hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
  - MAs uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
  - MAs hold in strict confidence information obtained through employment unless legally authorized or required by responsible performance of duty to divulge such information.
  - MAs actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.
  - MAs use their knowledge and experience to contribute to an improved community.
  - MAs respect their professional relationship with all members of the healthcare team.
  - MAs should respect the culture, values, beliefs, and expectations of the patient and family caregiver.
  - MAs should not discriminate against classes or categories of patients in the delivery of needed healthcare.
  - MAs should disclose to his or her supervising clinician information about errors made in the course of caring for a patient.
  - MAs should place service to patients before personal material gain and should avoid undue influence on their judgment.
  - MAs should not misrepresent directly or indirectly, their skills, training, professional credentials, or identity.
  - MAs should not become sexually involved with patients or engage in, or condone, any form of sexual harassment.
  - MAs should seek professional help if suffering from issues of addiction or substance abuse and should not engage in patient care while symptomatic or until cleared by treating professional.