

TENNESSEE BOARD OF MEDICAL EXAMINERS

Policy Statement: Delegation of Medical Services

This policy does not apply to the delegation of medical services to an advanced practice registered nurse practitioners/prescription writers and physician assistants. The supervision of advanced practice registered nurse practitioners/prescription writers and physician assistants is governed by TENN. COMP. R. & REGS. Chapter 0880-06 and 0880-02-.18. As to all other supervisees providing delegated medical services in a physician's office (including but not limited to RNs, LPNs and Medical Assistants), the Tennessee Board of Medical Examiners interprets the provisions of TENN. CODE ANN. § 63-6-204(b) as requiring at a minimum, the following of a delegating physician:

Responsibility for Delegated Tasks

1. The delegating physician is responsible for the acts of the employee in the performance of all delegated tasks.

Who May Delegate

2. A physician holding a Tennessee medical license who customarily performs the delegated medical service as part of his or her medical practice and not exclusively by delegating the service to an employee.

Prohibitions

3. The delegating physician may not delegate to an employee any acts which are exclusively limited to an individual who must be licensed, certified, registered or otherwise credentialed unless the individual is so qualified.

4. Delegated tasks may only be performed while the physician is either on-site or immediately available (i.e., telephone, video conferencing) for communication and consultation, as appropriate.

What Tasks May be Delegated

5. The delegating physician may delegate only those tasks which are customary to the practice of the delegating physician and within the delegating physician's expertise and training.

6. The physician may delegate only those acts for which the employee has been educated and/or trained and is currently competent. The delegating physician must, upon request, provide written documentation of the delegatee's qualifications to the Board. Such documentation may include, but not be limited to:

- a) Copies of diplomas, certificates or professional degrees from bona fide training program(s) appropriate to the specific services delegated;
- b) Documentation of direct observation of the repeated and successful performance of the delegated services; and/or
- c) Appropriate credentialing by a bona-fide agency or institution, as applicable.

In the absence of a written record of the tasks delegated to an employee, there will be a presumption that the task performed by the employee was delegated to him or her by the physician.

7. The delegating physician may delegate tasks to an employee only when consistent with the standard of care. Accordingly, all delegated tasks must be of the type that a reasonably prudent physician would find within the scope of sound medical judgment to delegate, i.e., routine, technical services, the performance of which do not require the special skills of a licensed physician. Those services which are routine and technical in nature shall include but not be limited to: taking vital signs, taking histories, assisting in minor procedures, answering patient calls, etc. Employees who are licensed as healthcare professionals

may perform routine, technical services and clinical tasks which fall within the scope of their authorized practice.

Before Delegating Any Tasks to an Employee

8. Prior to delegating any tasks to an employee, the delegating physician must evaluate the risk to the patient and may delegate only those tasks:

- a) Which do not create an undue risk to the particular patient;
- b) Which have reasonably predictable results;
- c) Which can be performed without need for complex observations or critical decision-making;
- d) Which can be performed without repeated clinical assessments; and
- e) Which, if performed improperly, would not present life-threatening consequences or the danger of immediate and serious harm to the patient.

9. The delegating physician must compile protocols for any delegated tasks (other than routine tasks) to be used by the assistant which must be maintained on-site, be updated every two years and be produced upon demand if requested by the Board. Protocols must include a system of documentation of the delegated task and the person performing same.

Violation of the Medical Practice Act that reflects on the delegating physician's competency and/or ability to provide adequate supervision to the supervisee shall be grounds for disciplinary action.

Adopted as revised by the Board of Medical Examiners on this the 20th day of March, 2018.