

TENNESSEE BOARD OF MEDICAL EXAMINERS

FAQ: Physician Supervision of PAs and APNs

Note to the reader: This document should not be construed as containing legal advice and should not be relied upon as such. It is the supervisor's responsibility to educate him or herself on the obligations resulting from the creation of a supervisory relationship by reviewing all applicable [statutes](#) and [rules](#).

Q1: Who can supervise a physician assistant (PA) or advanced practice nurse (APN)?

A: A MD or DO with a current, unencumbered license to practice in Tennessee, who has experience and/or expertise in the same area of medicine as the PA/APRN, and who has jointly with the supervisee, developed a written protocol that is dated, signed by both providers, and maintained at the practice site.

A physician's area of experience and/or expertise can be said to encompass the range of services routinely provided in the course of his or her medical practice. It may also include services not routinely provided, but regarding which the physician has specific, up-to-date, reliable knowledge acquired during his or her medical training.

Q2: I am a physician supervising the practice of a PA/APN at a location that is not my primary practice site. Is that permissible? And if so, what are the requirements for this arrangement?

A: Yes, unless you are supervising a PA who holds a temporary license pursuant to TCA § 63-19-105(a)(2). PAs with a temporary license must be supervised by an on-site physician at all times. Otherwise, supervision does not require the constant and continuous presence of a supervising physician. It does require, however, 1) that the supervising physician (or a proper, designated substitute supervisor) be available for consultation at all times; 2) that the supervising physician physically visit the remote site at least once every 30 days; and 3) that the supervising physician review at least 20% of all charts monitored or written by the supervisee. If a patient encounter meets certain criteria, additional review may be necessary (see Q5). A written protocol developed jointly by the supervising physician and supervisee should also be maintained at each practice site.

Q3: I have agreed to supervise a PA/APN. What are my administrative responsibilities?

A: First, you must jointly develop protocols with your supervisee. The protocols must satisfy the following requirements:

- 1) It must be reviewed and updated biennially;
- 2) It must cover the applicable standard of care;
- 3) It must be maintained at the practice site;
- 4) It must be made available to the Department of Health upon request;
- 5) It must specify the classes of drugs that may be prescribed by the PA/APRN; and
- 6) It must be specific to the population seen.

You must also complete and sign the [Attachment 4 and 5](#) if you are supervising a PA, or a [Notice and Formulary](#) if you are supervising an APRN. These documents identify you as the supervising physician and specify the area in which the PA or APRN will be practicing, as well as the bounds of the supervisee's prescribing authority.

If your supervisee will be prescribing controlled substances and is registered in the Controlled Substance Monitoring Database (CSMD), you must also confirm your supervisory relationship in the CSMD. Supervisees identify their supervisors in the CSMD by entering the supervisors' driver's license number. The physician to whom the driver's license number belongs will be notified at the time of their next log-in to the CSMD that there are supervisees waiting approval. From the "My Account" screen, the physician can view and approve all pending relationships. If the supervisory relationship is terminated, the physician or PA/APRN should update the CSMD by revoking the relationship from the "My Account" page. For more information on how to update the CSMD, please visit the [CSMD FAQ's](#) or the [CSMD Supervisory Relationship Instructions](#).

Q4: I am a supervising physician. How can I review controlled substance prescriptions written by my supervisees?

A: From the "Practitioner Self-Lookup" page, use the dropdown box to view the prescribing supervisees associated with your account. Once you have selected a supervisee, you may run a report to see the relevant prescriptions.

Q5: I have agreed to supervise a PA/APRN. What are my responsibilities?

A: Generally, a supervising physician must review at least 20% of charts monitored or written by a PA/APRN and make at least one visit to every remote site at least every 30 days. However, if the PA/APRN has examined a patient who falls in one of the following categories, the supervising physician must personally review the historical, physical, and therapeutic data gathered by the PA/APRN on that patient and certify accordingly in the patient's chart:

- 1) When a controlled substance has been prescribed;
- 2) When the supervisee is a PA with a temporary license and a prescription has been written;
- 3) When the patient requests such review;
- 4) When such review is medically indicated; or
- 5) When the prescriptions written fall outside the protocols.

Such review must take place within 10 days of the supervisee's examination while the physician's certification of such review in the patient's chart may be added up to 30 days after the examination.

A supervising physician has an obligation to ensure that his or her supervisee remains compliant with the appropriate standard of care at all times. That obligation is not limited to the patients reviewed, but to the supervisee's practice generally. If the supervisee's practice violates the medical practice act, the supervising physician may be subject to discipline for inadequate supervision. Before any physician agrees to supervise the practice of another provider, he or she should consult with the statutes and rules governing the practice of medicine, which can be found through the Board's website at:

Q6: How many PAs/APNs am I allowed to have under my supervision at a time?

A: There is no proscribed number of PA/APRN supervisees. The number of PAs/APRNs a physician may supervise should be determined by the physician at the practice level, consistent with good medical practice. The supervising physician must also be able to discharge the chart review and site visit obligations specified by Board rule. (See [Tenn. Comp. R. & Regs. 0880-02-.18\(7-9\)](#) and [Tenn. Comp. R. & Regs. 0880-6-.02\(7-9\)](#).)

If you are supervising an orthopedic physician assistant, you may supervise no more than two OPA's at any given time.

Q7: I am one of multiple physicians that supervise a PA/APRN at a single practice site. Can we develop a single protocol to cover all of these relationships?

A: Yes, you may; however, each supervisory relationship must be captured individually by the Attachment 4 and 5 and the Notice and Formulary, and approved in the CSMD.

Q8: I supervise a PA/APRN at multiple practice locations. Must we have an individual protocol for each practice location?

A: No, you may develop a protocol that covers multiple practice locations.