

Proposed Statutory Language for the Regulation of Surgical Technologists and Surgical Assistants

Overview

At its November 10, 2010 meeting, the Regulatory Research Committee directed staff to draft proposed statutes regarding certification of surgical technologists and licensure of surgical

| Version | Advisory Board | Scrub Role Certified | Advanced Surgical Tech Certified | LPNs perform advanced surgical tech? |
|---------|----------------|----------------------|----------------------------------|--------------------------------------|
| 1 | SA/ST | Yes | Yes | Yes |
| 2 | SA/ST | No | Yes | No |
| 3 | PA | No | Yes | No |
| 4 | PA | Yes | Yes | Yes |

Table 1: Overview of proposed statutes

assistants. Staff drafted proposals that vary on two issues: (1) whether all persons performing in the scrub role should be certified, or only those performing advanced second assisting tasks and (2) whether surgical assistants and surgical technologists should have an independent advisory board under the Board of Medicine or whether they should be included within the Physician Assistant Advisory Board. Each proposed statute varies on other matters, however these are related to the issues described above. Table 1 provides a brief overview of the four versions. Background information on these two professions and research process used to develop these options is available on the [Board of Health Professions Webpage](#), in the yellow *Announcements* section at the top of the page.

Regulate the Scrub Role or Advanced Surgical Technology?

The following framework outlines distinct roles within the surgical team:

| Scrub Role | Advanced Surgical Technology | First Assistant |
|---|--|--|
| <ul style="list-style-type: none"> • Clean and prep room and equipment • Set up operating room and instrument trays • Assemble medications or solutions • Transport Patient • With circulator, verify chart, patient identity, procedure and site of surgery • Shave and drape patient • Maintain Sterile Field • Perform counts with circulator • Assist surgeon with gown and gloves • Pass instruments • Prepare sterile dressing | <ul style="list-style-type: none"> • Hold retractors, instruments or sponges • Sponge, suction or irrigate surgical site • Apply electrocautery to clamps • Cut suture material • Connect drains to suction apparatus • Apply dressing to closed wounds • Venipuncture (Inserting IV) • Manipulation of endoscopes within the patient • Skin stapling | <ul style="list-style-type: none"> • Position patient • Place retractors, instruments or sponges • Cauterization and clamping • Closure and subcutaneous closure • Harvest veins • Placing hemostatic agents • Participate in volume replacement and autotransfusion • Injection of local analgesics • Select and apply dressing to wounds • Assist with securing drainage systems |

Table 2: Framework of roles within the Surgical Assistant and Surgical Technologist continuum, and illustrative tasks.

This illustrative framework recognizes a continuum from the scrub role to the first assistant role. This continuum is often pursued by surgical technologists as they advance through their careers. Surgical Technologists perform in the scrub role, and also perform tasks commonly known as the “second assistant” role. Since these tasks are performed by surgical technologists, staff has labeled these tasks “advanced surgical technology” to avoid confusion with the first assistant position. Surgical technologists should not first assist without additional training and, should one of the proposed statutes pass, a license as a surgical assistant.

Versions one and four treat the scrub role and advanced surgical technology as a single role within the surgical team. Versions two and three only require certification for advanced surgical technology. All four bills contain grandfathering provisions for both surgical assistants and surgical technologists and prohibit personnel from performing in procedures unless privileged by the medical staff of a licensed hospital.

Regulating the Scrub Role

Versions one and four join advanced surgical technology with the scrub role. They require that unlicensed personnel working in the scrub role be certified as Certified Surgical Technologists by the National Board of Surgical Technologists and Surgical Assistants or have completed an appropriate military or hospital based training program approved by the Board of Medicine. Licensed Practical Nurses do not require an additional certification. Anyone qualified to perform in the scrub role may perform advanced surgical technology. Students enrolled in approved training programs would be able to practice under supervision. The statutes allow hospitals to create their own training programs, subject to approval by the Board of Medicine.

Regulating Advanced Surgical Technology Only

Versions two and three only regulate tasks defined as Advanced Surgical Technology. LPNs and unlicensed personnel may perform in the scrub role, but they must be either certified as Certified Surgical Technologists by the National Board of Surgical Technologists and Surgical Assistants or have completed an appropriate military training program to perform Advanced Surgical Technology. The Board of Medicine maintains a list of Advanced Surgical Technology tasks. The definition of Advanced Surgical Technology in both versions focuses on manipulation of instruments in contact with subcutaneous tissues:

“Advanced Surgical Technology” means advanced technical tasks that involve manipulation or control of instruments in contact with subcutaneous tissues performed by persons other than the surgeon or the assistant-at-surgery. Such tasks include holding retractors or other instruments placed by the surgeon or assistant-at-surgery, sponging, suctioning or irrigating, applying electrocautery to clamps or other instruments, connecting drains to suction apparatus, venipuncture (inserting intravenous line), manipulation of endoscopes, skin stapling and other tasks identified by the Board. These technical tasks require specialized skills and knowledge.

Advisory Board Structure

Considering the nature of their practice, the Board of Medicine is suited to regulate surgical assistants and to perform duties related to regulating the scrub role or advanced surgical technology. Staff considered two options for advising the Board of Medicine on regulation of surgical assistants and surgical technologists. Surgical Assistants and Surgical Technologists may be added to the Advisory Board of Physician Assistants, or they may form a separate advisory board. In either case, the Advisory Board would advise the Board of Medicine on regulation of surgical assistants and surgical technologists, including approval of private certifications, educational programs and military training programs. Depending on the method of regulation chosen for surgical technologists, the advisory board would also provide advice on the list of advanced surgical technology tasks or approved hospital-based training programs.

Estimate of Numbers

The Bureau of Labor Statistics estimates that 1940 surgical technologists were employed in Virginia in May of 2008. This figure does not include self-employed (contracting) surgical technologists. Additionally, it may include many employed surgical assistants. The BLS expects hospitals, surgeons and other employers to employ 24 percent more surgical technologists nationwide in 2016 than in 2006, much faster than the average occupational growth rate of about 7 to 13 percent.¹ The Virginia Workforce Connection (VAWC) of the Virginia Employment Commission (VEC) expects a similar growth rate in Virginia, with the number of surgical technologist jobs increasing from 1,897 in 2006 to 2,362 in 2016, a 24.5 percent increase.²

The number of surgical assistants practicing in Virginia is difficult to estimate. In public comment, the Virginia Association of Surgical Assistants indicated it had 242 members. The National Surgical Assistants Association lists 203 Certified Surgical Assistants in Virginia. The American Board of Surgical Assistants lists 56 Surgical Assistants-Certified with addresses in Virginia. Additionally, many surgical technologists may perform tasks associated with first assisting, and certify as Certified First Assistants. Staff roughly estimates that there may be as many as 500 unlicensed persons practicing as assistants-at-surgery in Virginia.

¹ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2008-09 Edition*, Surgical Technologists, on the Internet at <http://www.bls.gov/oco/ocos106.htm>. Accessed June 15, 2009.

² Virginia Workforce Connection “Occupational Employment Projections in Virginia for Surgical Technologists for a base year of 2006 and a projected year of 2016.” Accessed through Occupational Employment and Projections at <http://www.vawc.virginia.gov/analyzer/session/session.asp?cat=OCC> on June 16, 2001.

Board of Medicine Advisory Board Structure

By statute, the Virginia Board of Medicine (BOM) consists of one medical physician from each of Virginia’s eleven congressional districts, one osteopathic physician, one podiatrist, one chiropractor and four citizen members. Except for seats reserved for citizen members, the statute directs the Medical Society of Virginia to provide the Governor a list of three recommendations for any vacant seats. The Governor, however, is not bound to select from among this list. Members sit for four-year terms.

Seven Advisory Boards related to allied health professions advise the BOM on matters pertaining to allied health

professions regulated by the Board (see Table 3). On average, these advisory boards serve 2718 licensees. These boards range in size by number of licensees from 45 for the Midwifery Advisory Board to 6,319 for the Radiological Technology Advisory Board. Due to the small number of licensees, the Midwifery Advisory Board is an extreme outlier, representing less than 2 percent of the average (arithmetic mean) for all Advisory Boards. Excluding Midwifery, the mean number of licensees rises to 3163. The Acupuncture Advisory Board is the second smallest advisory board, serving 489 licensees.

A Separate Advisory Board

Versions one and two of the proposed statute create an independent advisory board. This Advisory Board consists of five members: two licensed surgical assistants, one Certified Surgical Assistant, one physician who supervises a surgical assistant and one citizen at large. This would create a separate advisory board able to advise the Board of Medicine on matters relating to surgery.

Physician Assistant Advisory Board

The Physician Assistant Advisory Board consists of five members: three licensed physician assistants with at least three years experience, one licensed physician who supervises a physician assistant and one citizen-at-large. The Physician Assistant Advisory Board advises the Board of Medicine on matters relating to physician assistants. While the profession of physician assistant historically held a prominent role for “Surgeon’s Assistants”, it has tended towards

| Advisory Board | Number of Licensees* | Current Licensees* |
|--|-----------------------------|---------------------------|
| Acupuncture | 489 | 398 |
| Radiological Technology | 6319 | 3927 |
| <i>Radiological Technologists</i> | 4951 | 3131 |
| <i>Radiological Technologists Limited</i> | 1368 | 796 |
| Occupational Therapy | 3931 | 3306 |
| <i>Occupational Therapist</i> | 3330 | 2705 |
| <i>Occupational Therapist Assistant</i> | 601 | 601 |
| Respiratory Care | 4555 | 3451 |
| Athletic Training | 1373 | 942 |
| Physician Assistants | 2311 | 1869 |
| Midwifery | 45 | 37 |
| Average | 2718 | 1990 |
| Average excluding Midwifery | 3163 | 2316 |
| BLS estimate of Surgical Technologists in Virginia, May 2008 | | 1940* |
| Rough estimate of Surgical Assistants in Virginia | | 500 |

Table 3: The number of licensees for the Board of Medicine’s advisory boards.

* This estimate likely includes surgical assistants

primary care roles over surgical assisting roles. The American Academy of Physician Assistants reports that 25.1 percent of Physician Assistants practice in general surgery or within the surgical subspecialties.

As of September, the Board of Medicine licensed 2311 physician assistants (1869 current). If surgical assistants and surgical technologists were added to the Advisory Board's duties, the number of professionals under the Advisory Board's area of expertise would roughly double, however only surgical assistants would be licensed. Versions three and four of the proposed statutes add two members to the advisory board: one licensed surgical assistant, and one licensed surgical assistant who is also a certified surgical technologist. This would place all non-physician practitioners who act as surgical assistants or surgical technologists and who are regulated by the Board of Medicine within one advisory board.

Fiscal Impact

The finance department developed financial impact estimates for 500 licensees. This number of licensees would not require additional full time employee, and would have a small impact on the Department of Health Profession's Budget, totaling approximately \$7,030 annually. Support for an independent advisory board would cost add an additional \$5,000 annually (See Table 3). Using current fee structures for all Board of Medicine licensees (\$135 per biennium), revenues from 500 licenses would exceed \$67,500 per biennium, or \$33,750 per year.

Grandfathering or other provisions may cause the number of licensees to be low initially, and any new program may operate at a loss before revenue ramps up. Additionally, Board of Medicine staff have indicated that current staffing per licensee is low relative other states. Although surgical assistants and surgical technologists alone may not require additional staff, they will be added to the polysomnography program and accelerate the need for additional staff.

Training & Education

Some elements related to training and education are common to each of the versions of the proposed legislation:

The Regulatory Research Committee received comment from several current and former members of the armed services trained as surgical technologists or surgical assistants who practice in the military or in civilian hospitals. These service members and veterans noted that military training programs often do not seek accreditation from civilian accreditation agencies due to cost or administrative matters. Currently, the NBSTSA CST certification requires graduation from a CAAHEP or ABHES accredited surgical assistant program, precluding

| Direct Cost | Annual Costs |
|--|---------------------|
| Office Supplies/Postage | \$1,400 |
| Indirect/Allocated Cost | |
| Data Center | - |
| Human Resources | - |
| Finance | \$970 |
| Directors Office | \$530 |
| Enforcement | \$2,560 |
| Administrative Proceedings | \$1,160 |
| Impaired Practitioners | Negligible |
| Attorney General | Negligible |
| Board of Health Professions | \$310 |
| Program Development and Implementation | \$100 |
| Total | \$7,030 |
| Independent Advisory Board Support | \$5,000 |
| Total w/ Ind. Adv. Board | \$12,030 |

Table 3: Costs associated with regulation of surgical assistants and surgical technologists

military trained surgical technologists from certification. The proposed statutes allow the practice of surgical technologists from Board of Medicine approved military-training programs.

Surgically-trained surgical assistants from the armed forces (Special Forces, Hospital Corpsman, etc) are eligible for NSAA CSA certification, but not for other prominent surgical assistant certifications. The proposed statutes require certification, but allow the Board of Medicine to approve military training programs. Additionally, since there is concern about the quantity and quality of clinical training associated with some CAAHEP accredited programs, the proposed statutes allow the Board of Medicine to approve individual training programs, rather than a blanket acceptance of CAAHEP programs

Proposed Statutes

The rest of this document consists of the texts of the proposed statutes. Despite accomplishing many of the same things, the language of each version varies due to the particular needs of each version. Some members of the public have expressed a desire for separate bills for each profession. Staff believes that the proposed statutes for these professions are complementary, and a single statute is more concise and coherent than separate statutes. Nevertheless, each program is severable from these combined statutes, and the items related to each profession will work as “stand alone” programs with minor amendments.

Version 1

SURGICAL ASSISTANT BOARD

SCRUB ROLE CERTIFIED

~~§§ 54.1-2942. through 54.1-2948.~~

~~Repealed by Acts 2000, c. 688, cl. 2.~~

§ 54.1-2942. Surgical Personnel; definitions

As used in this section:

“Assistant-at-Surgery” means a person who directly assists a qualified surgeon by performing significant surgical tasks. These tasks include final positioning of the patient, manipulating tissue, placing sponges, clamps or other instruments, manipulating or inserting sutures, placing local hemostatic agents, injecting local anesthetic as directed by the surgeon, harvesting veins, implanting devices, and other surgical tasks. The assistant-at-surgery uses professional judgment to anticipate the needs of the surgeon, identify and prevent potential problems, and to act as a second set of eyes and hands to the surgeon. The assistant-at-surgery is also referred to as the “First Assistant”.

“Scrub Role” means the duties and responsibilities commonly assumed by persons supporting the circulating nurse before, during and after surgical procedures. During surgery, persons filling the scrub role support surgery from within the sterile field. Tasks associated with the scrub role include managing surgical instruments, maintaining the sterile field, assisting with patient safety verifications, holding retractors, sponging, irrigating and other tasks. The person filling the scrub role is often referred to as the “scrub”, “first scrub” or “scrub person”.

“Surgical Assistant” means a person who performs as an assistant-at-surgery who has complied with the regulations pertaining to licensure prescribed by the Board, and who has been issued a license as a surgical assistant by the Board, and who is not otherwise licensed and qualified to act as an assistant-at-surgery under the provisions of this Chapter or the provisions of Chapter 30 of this Title, or the provisions of Chapter 27 of this Title.

“Surgical Technology” means maintaining surgical instruments and patient safety from within the sterile field during surgical procedures, including related pre and post-operative tasks. Surgical technology requires technical knowledge and expertise.

§ 54.1-2942.1. License required; title protection.

A. It shall be unlawful for a person to practice or to hold himself out as practicing as an assistant-at-surgery or first assistant unless he is licensed under the provisions of this Chapter

or the provisions of Chapter 30 of this Title, or the provisions of Chapter 27 of this Title and is practicing within the usual scope of his professional activities.

B. A licensed practical nurse shall not practice as an assistant-at-surgery unless in accordance with § 54.1-2943.2.

C. It shall be unlawful for any person not holding a current and valid license from the Board of Medicine to practice as a surgical assistant or to assume the title, "Surgical Assistant" or "Licensed Surgical Assistant" or to use, in conjunction with his name, the letters "LSA".

§ 54.1-2943. Requirements for licensure as a surgical assistant.

A. The Board shall promulgate regulations establishing requirements for licensure as a surgical assistant which shall include,

- 1. Successful completion of a surgical assistant program approved by the Board, or,*
- 2. Successful completion of training provided by the Uniformed Services of the United States of America that included clinical training as a surgeon or assistant-at-surgery and is approved by the Board, or,*
- 3. Successful completion of a foreign medical program that included clinical training as a surgeon or assistant-at-surgery and is approved by the Board, and*
- 4. Successful completion of a surgical assistant certification exam approved by the Board, and*
- 5. Documentation that the applicant for licensure has not had his license or certification as a practitioner of the healing arts suspended or revoked and is not the subject of any disciplinary proceedings in the Commonwealth of Virginia or any other jurisdiction.*

B. The Board shall issue a license to practice as a surgical assistant to persons who meet the requirements of the Board.

§ 54.1-2943.1. Restrictions on Practice of Surgical Assistants.

A. A surgical assistant shall perform as an assistant-at-surgery only under the direct supervision of a licensed doctor of medicine, doctor of osteopathy, doctor of podiatry, oral or maxillofacial surgeon, or dentist who is competent to perform surgery and is immediately available within the surgical suite.

B. A surgical assistant shall act as an assistant-at-surgery only in procedures for which he is privileged by the medical staff of an hospital or an outpatient surgical hospital that is licensed in accordance with § 32.1-123 through § 32.1-137.

§ 54.1-2943.2. Exceptions.

Nothing in this chapter shall prohibit:

A. The practice of a surgical assistant as an integral part of a program of study by students enrolled in an education program approved by the Board. Any student enrolled in approved education programs shall be identified as a "Student Surgical Assistant" and shall only assist-at-surgery under the direct supervision of an appropriate clinical instructor recognized by the education program.

B. A licensed physician assistant, podiatrist assistant, nurse practitioner, clinical nurse specialist, dental hygienist or registered nurse from practicing as assistant-at-surgery when practicing within the usual scope of his professional activities.

C. Any person who provides documentation that he has participated as an assistant-at-surgery in at least 100 surgical procedures within the five-year period prior to July 31, 2010 from practicing as an assistant-at-surgery in those procedures for which he is trained and competent.

§ 54.1-2944. Certification Required for Surgical Technology.

A. It shall be unlawful for a person to perform in the scrub role unless he has:

1. Passed the examination for Certified Surgical Technologists provided by the National Board of Surgical Technology and Surgical Assisting or its successor and maintained a current certification, or,

2. Successfully completed a training program provided by the Uniformed Services of the United States of America that included appropriate clinical training as a surgical technologist and is approved by the Board, or,

3. Successfully completed a surgical technologist training program within a Virginia hospital licensed in accordance with § 32.1-123 through § 32.1-137 and approved by the Board, and,

4. Maintained continuing education requirements as directed by the Board, and,

5. Is privileged by the medical staff of an hospital or outpatient surgical hospital that is licensed in accordance with § 32.1-123 through § 32.1-137.

B. It shall be unlawful for any health care facility licensed in the Commonwealth of Virginia to knowingly employ, direct or privilege any person not meeting the requirements of § 54.1-2944(A) to perform in the scrub role, or to contract with such persons for the purpose of performing in the scrub role.

C. It is the duty of any person qualified to perform in the scrub role to inform any employing, contracting, supervising or privileging entities of any changes in his status that would preclude him from legally performing in the scrub role under the provisions of this chapter.

§ 54.1-2944.2. Exceptions.

Nothing in this section shall prohibit:

A. Any person who can provide documentation that he has performed in the scrub role for at least twelve months during the five-year period prior to July 1, 2011 from continuing to perform in the scrub role in procedures that he is trained and competent to perform.

B. A licensed practitioner from performing in the scrub role when practicing within the usual scope of his professional activities.

C. The practice of a surgical technologist as an integral part of a program of study by students enrolled in an education program or hospital based training program approved by the Board. Any student enrolled in approved education programs or hospital based training programs shall be identified as a "Student Surgical Technologist" and shall only perform in the scrub role under the direct supervision of an appropriate clinical instructor recognized by the education program or hospital based training program.

§ 54.1-2944.2. Duties of the Board regarding Surgical Technology.

A. The Board shall develop criteria for the approval of hospital-based training programs.

B. Include programs meeting the Board's criteria on the list of approved hospital-based training programs.

§ 54.1-2945. Advisory Board on Surgical Assistants and Surgical Technology; membership; qualifications.

The Advisory Board on Surgical Assistants shall consist of five members to be appointed by the Governor for four-year terms, as follows: one member shall be a licensed surgical assistant who has practiced his profession in Virginia for not less than three years prior to their appointments; one shall be a surgical technologist qualified to perform in the scrub role under the provisions of this chapter who has practiced his profession in Virginia for not less than three years; one shall be a licensed surgical assistant who is also a Certified Surgical Technologist certified by the National Board for Surgical Assisting and Surgical Technology; one shall be a physician who supervises at least one surgical assistant; and one shall be a citizen member appointed from the Commonwealth at-large. Vacancies occurring other than by expiration of term shall be filled for the unexpired term. No person shall be eligible to serve on the Advisory Board for more than two successive terms.

§ 54.1-2945.1 Duties of the Advisory Board on Surgical Assistants and Surgical Technology.

The Advisory Board on Surgical Assistants and Surgical Technology shall, under the authority of the Board:

A. Recommend to the Board for its enactment into regulation the criteria for licensure as a surgical assistant and the standards of professional conduct for holders of licenses.

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B. Recommend to the Board regulations and procedures that will facilitate the safe and appropriate practice of competent surgical assistants and surgical technologists trained within the Uniformed Services of the United States of America.

C. Recommend to the Board for its enactment into regulation the criteria for approval of hospital-based training programs.

D. The Advisory Board shall also assist in such other matters dealing with assistants-at-surgery and surgical technology as the Board may in its discretion direct.

§§ 54.1-2946 through 54.1-2948.

Repealed by Acts 2000, c. 688, cl. 2.

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VERSION 2

SURGICAL ASSISTANT BOARD

ADVANCED SURGICAL TECHNOLOGY CERTIFIED

~~§§ 54.1-2942. through 54.1-2948.~~

~~Repealed by Acts 2000, c. 688, cl. 2.~~

§ 54.1-2942. Surgical Personnel; definitions

As used in this section:

“Advanced Surgical Technology” means advanced technical tasks that involve manipulation or control of instruments in contact with subcutaneous tissues performed by persons other than the surgeon or the assistant-at-surgery. Such tasks include holding retractors or other instruments placed by the surgeon or assistant-at-surgery, sponging, suctioning or irrigating, applying electrocautery to clamps or other instruments, connecting drains to suction apparatus, venipuncture (inserting intravenous line), manipulation of endoscopes, skin stapling and other tasks identified by the Board. These technical tasks require specialized skills and knowledge.

“Assistant-at-Surgery” means a person who directly assists a qualified surgeon by performing significant surgical tasks. These tasks include final positioning of the patient, manipulating tissue, placing sponges, clamps or other instruments, manipulating or inserting sutures, placing local hemostatic agents, injecting local anesthetic as directed by the surgeon, harvesting veins, implanting devices, and other surgical tasks. The assistant-at-surgery uses professional judgment to anticipate the needs of the surgeon, identify and prevent potential problems, and to act as a second set of eyes and hands to the surgeon. The assistant-at-surgery is also referred to as the “First Assistant”.

“Scrub Role” means the duties and responsibilities commonly assumed by persons supporting the circulating nurse before, during and after surgical procedures. During surgery, persons filling the scrub role support surgery from within the sterile field. Tasks associated with the scrub role include managing surgical instruments, maintaining the sterile field, performing counts, assisting with safety checklists, assisting with safety verifications and other tasks. The person filling the scrub role is often referred to as the “scrub”, “first scrub” or “scrub person”.

“Surgical Assistant” means a person who performs as an assistant-at-surgery who has complied with the regulations pertaining to licensure prescribed by the Board, and who has been issued a license as a surgical assistant by the Board, and who is not otherwise licensed and qualified to act as an assistant-at-surgery under the provisions of this Chapter or the provisions of Chapter 30 of this Title, or the provisions of Chapter 27 of this Title.

“Surgical Technology” means maintaining surgical instruments and patient safety from within the sterile field during surgical procedures, including related pre and post-operative tasks. Surgical technology requires technical knowledge and expertise.

§ 54.1-2942.1. License required; title protection.

A. It shall be unlawful for a person to practice or to hold himself out as practicing as an assistant-at-surgery or first assistant unless he is licensed under the provisions of this Chapter or the provisions of Chapter 30 of this Title, or the provisions of Chapter 27 of this Title and is practicing within the usual scope of his professional activities.

B. A licensed practical nurse shall not practice as an assistant-at-surgery unless in accordance with § 54.1-2943.2.

C. It shall be unlawful for any person not holding a current and valid license from the Board of Medicine to practice as a surgical assistant or to assume the title, “Surgical Assistant” or “Licensed Surgical Assistant” or to use, in conjunction with his name, the letters “LSA”.

§ 54.1-2943. Requirements for licensure as a surgical assistant.

A. The Board shall promulgate regulations establishing requirements for licensure as a surgical assistant which shall include,

- 1. Successful completion of a surgical assistant program approved by the Board, or,*
- 2. Successful completion of training provided by the Uniformed Services of the United States of America that included clinical training as a surgeon or assistant-at-surgery and is approved by the Board, or,*
- 3. Successful completion of a foreign medical program that included clinical training as a surgeon or assistant-at-surgery and is approved by the Board, and*
- 4. Successful completion of a surgical assistant certification exam approved by the Board, and*
- 5. Documentation that the applicant for licensure has not had his license or certification as a practitioner of the healing arts suspended or revoked and is not the subject of any disciplinary proceedings in the Commonwealth of Virginia or any other jurisdiction.*

B. The Board shall issue a license to practice as a surgical assistant to persons who meet the requirements of the Board.

§ 54.1-2943.1. Restrictions on Practice of Surgical Assistants.

A. A surgical assistant shall perform as an assistant-at-surgery only under the direct supervision of a licensed doctor of medicine, doctor of osteopathy, doctor of podiatry, oral or

maxillofacial surgeon, or dentist who is competent to perform surgery and is immediately available within the surgical suite.

B. A surgical assistant shall act as an assistant-at-surgery only in procedures for which he is privileged by the medical staff of an hospital or an outpatient surgical hospital that is licensed in accordance with § 32.1-123 through § 32.1-137.

§ 54.1-2943.2. Exceptions.

Nothing in this chapter shall prohibit:

A. The practice of a surgical assistant as an integral part of a program of study by students enrolled in an education program approved by the Board. Any student enrolled in approved education programs shall be identified as a "Student Surgical Assistant" and shall only assist-at-surgery under the direct supervision of an appropriate clinical instructor recognized by the education program.

B. A licensed physician assistant, podiatrist assistant, nurse practitioner, clinical nurse specialist, dental hygienist or registered nurse from practicing as assistant-at-surgery when practicing within the usual scope of his professional activities.

C. Any person who provides documentation that he has participated as an assistant-at-surgery in at least 100 surgical procedures within the five-year period prior to July 31, 2010 from practicing as an assistant-at-surgery in those procedures for which he is trained and competent.

§ 54.1-2944. Certification Required for Advanced Surgical Technology.

A. It shall be unlawful for a licensed practical nurse or an unlicensed health worker to perform advanced surgical technology unless he has:

1. Passed the examination for Certified Surgical Technologists provided by the National Board of Surgical Technology and Surgical Assisting or its successor and maintained a current certification, or,

2. Successfully completed a training program provided by the Uniformed Services of the United States of America that included appropriate clinical training as a surgical technologist and is approved by the Board, and,

3. Maintained continuing education requirements as directed by the Board, and,

4. Is privileged by the medical staff of an hospital or outpatient surgical hospital that is licensed in accordance with § 32.1-123 through § 32.1-137.

B. It shall be unlawful for any health care facility licensed in the Commonwealth of Virginia to knowingly employ, direct or privilege any person not meeting the requirements of § 54.1-

2944(A) to perform Advanced Surgical Technology, or to contract with such persons for the purpose of performing Advanced Surgical Technology.

C. It is the duty of any person qualified to perform advanced surgical technology to inform any employing, contracting, supervising or privileging entities of any changes in his status that would preclude him from legally performing advanced surgical technology under the provisions of this chapter.

§ 54.1-2944.2. Exceptions.

Nothing in this section shall prohibit:

A. A person who is trained and competent from performing in the scrub role.

B. Any person who can provide documentation that he has performed Advanced Surgical Technology for at least twelve months during the five-year period prior to July 1, 2010 from continuing to perform the Advanced Surgical Technology tasks that he is trained and competent to perform.

C. A licensed practitioner from performing advanced surgical technology when practicing within the usual scope of his professional activities.

D. The practice of a surgical technologist as an integral part of a program of study by students enrolled in an education program approved by the Board. Any student enrolled in approved education programs shall be identified as a "Student Surgical Technologist" and shall only perform advanced surgical technology under the direct supervision of an appropriate clinical instructor recognized by the education program.

§ 54.1-2944.2. Duties of the Board regarding Surgical Technology.

The Board shall maintain a list of Advanced Surgical Technology tasks. Advanced Surgical Technology tasks shall:

A. Meet the definition of Advanced Surgical Technology in § 54.1-2942.

B. Not require independent judgment or autonomous action by the person performing these tasks.

§ 54.1-2945. Advisory Board on Surgical Assistants and Advanced Surgical Technology; membership; qualifications.

The Advisory Board on Surgical Assistants shall consist of five members to be appointed by the Governor for four-year terms, as follows: two members shall be licensed surgical assistants who have practiced their professions in Virginia for not less than three years prior to their appointments; one shall be a Certified Surgical Technologist certified by the National Board for Surgical Assisting and Surgical Technology who has practiced his profession in Virginia for not

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less than three years; one shall be a physician who supervises at least one surgical assistant; and one shall be a citizen member appointed from the Commonwealth at-large. Vacancies occurring other than by expiration of term shall be filled for the unexpired term. No person shall be eligible to serve on the Advisory Board for more than two successive terms.

§ 54.1-2945.1 Duties of the Advisory Board on Surgical Assistants and Advanced Surgical Technology.

The Advisory Board on Surgical Assistants and Advanced Surgical Technology shall, under the authority of the Board:

- A. Recommend to the Board for its enactment into regulation the criteria for licensure as a surgical assistant and the standards of professional conduct for holders of licenses.*
- B. Recommend to the Board regulations and procedures that will facilitate the safe and appropriate practice of competent surgical assistants and surgical technologists trained within the Uniformed Services of the United States of America.*
- C. Recommend to the Board for its inclusion on the list of Advanced Surgical Technology tasks that meet the requirements of § 54.1-2944.2.*
- D. The Advisory Board shall also assist in such other matters dealing with assistants-at-surgery and surgical technology as the Board may in its discretion direct.*

§§ 54.1-2946 through 54.1-2948.

Repealed by Acts 2000, c. 688, cl. 2.

VERSION 3

PHYSICIAN ASSISTANT BOARD

ADVANCED SURGICAL TECHNOLOGY CERTIFIED

§ 54.1-2900. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Acupuncturist" means individuals approved by the Board to practice acupuncture. This is limited to "licensed acupuncturist" which means an individual other than a doctor of medicine, osteopathy, chiropractic or podiatry who has successfully completed the requirements for licensure established by the Board (approved titles are limited to: Licensed Acupuncturist, Lic.Ac., and L.Ac.).

"Advanced Surgical Technology" means advanced technical tasks that involve manipulation or control of instruments in contact with subcutaneous tissues performed by persons other than the surgeon or the assistant-at-surgery. Such tasks include holding retractors or other instruments placed by the surgeon or assistant-at-surgery, sponging, suctioning or irrigating, applying electrocautery to clamps or other instruments, connecting drains to suction apparatus, venipuncture (inserting intravenous line), manipulation of endoscopes, skin stapling and other tasks identified by the Board. These technical tasks require specialized skills and knowledge.

"Assistant-at-Surgery" means a person who directly assists a qualified surgeon by performing significant surgical tasks. These tasks include final positioning of the patient, manipulating tissue, placing sponges, clamps or other instruments, manipulating or inserting sutures, placing local hemostatic agents, injecting local anesthetic as directed by the surgeon, harvesting veins, implanting devices, and other surgical tasks. The assistant-at-surgery uses professional judgment to anticipate the needs of the surgeon, identify and prevent potential problems, and to act as a second set of eyes and hands to the surgeon. The assistant-at-surgery is also referred to as the "First Assistant".

"Auricular acupuncture" means the subcutaneous insertion of sterile, disposable acupuncture needles in predetermined, bilateral locations in the outer ear when used exclusively and specifically in the context of a chemical dependency treatment program.

"Board" means the Board of Medicine.

"Healing arts" means the arts and sciences dealing with the prevention, diagnosis, treatment and cure or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities.

"Medical malpractice judgment" means any final order of any court entering judgment against a licensee of the Board that arises out of any tort action or breach of contract action for personal

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injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Medical malpractice settlement" means any written agreement and release entered into by or on behalf of a licensee of the Board in response to a written claim for money damages that arises out of any personal injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Occupational therapy assistant" means an individual who has met the requirements of the Board for licensure and who works under the supervision of a licensed occupational therapist to assist in the practice of occupational therapy.

"Physician assistant" means an individual who has met the requirements of the Board for licensure and who works under the supervision of a licensed doctor of medicine, osteopathy, or podiatry.

"Practice of acupuncture" means the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain ailments or conditions of the body and includes the techniques of electroacupuncture, cupping and moxibustion. The practice of acupuncture does not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques; the use or prescribing of any drugs, medications, serums or vaccines; or the procedure of auricular acupuncture as exempted in § 54.1-2901 when used in the context of a chemical dependency treatment program for patients eligible for federal, state or local public funds by an employee of the program who is trained and approved by the National Acupuncture Detoxification Association or an equivalent certifying body.

"Practice of athletic training" means the prevention, recognition, evaluation, and treatment of injuries or conditions related to athletic or recreational activity that requires physical skill and utilizes strength, power, endurance, speed, flexibility, range of motion or agility or a substantially similar injury or condition resulting from occupational activity immediately upon the onset of such injury or condition; and subsequent treatment and rehabilitation of such injuries or conditions under the direction of a licensed physical therapist and the patient's physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry, while using heat, light, sound, cold, electricity, exercise or mechanical or other devices.

"Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column, and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not include the use of surgery, obstetrics, osteopathy or the administration or prescribing of any drugs, medicines, serums or vaccines.

"Practice of medicine or osteopathic medicine" means the prevention, diagnosis and treatment of human physical or mental ailments, conditions, diseases, pain or infirmities by any means or method.

"Practice of occupational therapy" means the evaluation, analysis, assessment, and delivery of education and training in activities of daily living (ADL); the design, fabrication, and application of orthoses (splints); guidance in the selection and use of adaptive equipment; therapeutic activities to enhance functional performance; prevocational evaluation and training; and consultation concerning the adaptation of physical environments for individuals who have disabilities.

"Practice of podiatry" means the medical, mechanical and surgical treatment of the ailments of the human foot and ankle, but does not include amputation of the foot proximal to the transmetatarsal level through the metatarsal shafts. Amputations proximal to the metatarsal-phalangeal joints may only be performed in a hospital or ambulatory surgery facility accredited by an organization listed in § 54.1-2939. The Board of Medicine shall determine whether a specific type of treatment of the foot and ankle is within the scope of practice of podiatry.

"Practice of radiologic technology" means the application of x-rays to human beings for diagnostic or therapeutic purposes.

"Practice of respiratory care" means the (i) administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a practitioner of medicine or osteopathic medicine; (ii) transcription and implementation of the written or verbal orders of a practitioner of medicine or osteopathic medicine pertaining to the practice of respiratory care; (iii) observation and monitoring of signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general physical response exhibit abnormal characteristics; and (iv) implementation of respiratory care procedures, based on observed abnormalities, or appropriate reporting, referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders by a licensed practitioner of medicine or osteopathic medicine or the initiation of emergency procedures, pursuant to the Board's regulations or as otherwise authorized by law. The practice of respiratory care may be performed in any clinic, hospital, skilled nursing facility, private dwelling or other place deemed appropriate by the Board in accordance with the written or verbal order of a practitioner of medicine or osteopathic medicine, and shall be performed under qualified medical direction.

"Qualified medical direction" means, in the context of the practice of respiratory care, having readily accessible to the respiratory care practitioner a licensed practitioner of medicine or osteopathic medicine who has specialty training or experience in the management of acute and chronic respiratory disorders and who is responsible for the quality, safety, and appropriateness of the respiratory services provided by the respiratory care practitioner.

"Radiologic technologist" means an individual, other than a licensed doctor of medicine, osteopathy, podiatry, or chiropractic, or a dentist licensed pursuant to Chapter 27 (§ 54.1-2700 et seq.) of this title, who (i) performs, may be called upon to perform, or who is licensed to perform a comprehensive scope of diagnostic radiologic procedures employing equipment which emits ionizing radiation and (ii) is delegated or exercises responsibility for the operation of radiation-generating equipment, the shielding of patient and staff from unnecessary radiation, the

appropriate exposure of radiographs or other procedures which contribute to any significant extent to the site or dosage of ionizing radiation to which a patient is exposed.

"Radiologic technologist, limited" means an individual, other than a licensed radiologic technologist, dental hygienist or person who is otherwise authorized by the Board of Dentistry under Chapter 27 (§ 54.1-2700 et seq.) of this title and the regulations pursuant thereto, who performs diagnostic radiographic procedures employing equipment which emits ionizing radiation which is limited to specific areas of the human body.

"Radiologist assistant" means an individual who has met the requirements of the Board for licensure as an advanced-level radiologic technologist and who, under the direct supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology, is authorized to (i) assess and evaluate the physiological and psychological responsiveness of patients undergoing radiologic procedures; (ii) evaluate image quality, make initial observations, and communicate observations to the supervising radiologist; (iii) administer contrast media or other medications prescribed by the supervising radiologist; and (iv) perform, or assist the supervising radiologist to perform, any other procedure consistent with the guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.

"Respiratory care" means the practice of the allied health profession responsible for the direct and indirect services, including inhalation therapy and respiratory therapy, in the treatment, management, diagnostic testing, control and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system under qualified medical direction.

"Scrub Role" means the duties and responsibilities commonly assumed by persons supporting the circulating nurse before, during and after surgical procedures. During surgery, persons filling the scrub role support surgery from within the sterile field. Tasks associated with the scrub role include managing surgical instruments, maintaining the sterile field, performing counts, assisting with safety checklists, assisting with safety verifications and other tasks. The person filling the scrub role is often referred to as the "scrub", "first scrub" or "scrub person".

"Surgical Assistant" means a person who performs as an assistant-at-surgery who has complied with the regulations pertaining to licensure prescribed by the Board, and who has been issued a license as a surgical assistant by the Board, and who is not otherwise licensed and qualified to act as an assistant-at-surgery under the provisions of this Chapter or the provisions of Chapter 30 of this Title, or the provisions of Chapter 27 of this Title.

"Surgical Technology" means maintaining surgical instruments and patient safety from within the sterile field during surgical procedures, including related pre and post-operative tasks. Surgical technology requires technical knowledge and expertise.

(Code 1950, § 54-273; 1950, p. 110; 1958, c. 161; 1960, c. 268; 1966, c. 657; 1970, c. 69; 1973, c. 529; 1975, cc. 508, 512; 1977, c. 127; 1980, c. 157; 1986, c. 439; 1987, cc. 522, 543; 1988, cc. 737, 765; 1991, c. 643; 1994, c. 803; 1995, c. 777; 1996, cc. 152, 158, 470, 937, 980; 1998, cc.

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319, 557, 593; 1999, cc. 639, 682, 747, 779; 2000, cc. 688, 814; 2001, c. 533; 2004, c. 731; 2007, c. 861; 2008, cc. 64, 89; 2009, cc. 83, 507.)

§ 54.1-2949. License required.

It shall be unlawful for a person to practice or to hold himself out as practicing as a physician's, *surgeon's*, *surgical* or podiatrist's assistant unless he holds a license as such issued by the Board.

(1988, c. 765.)

§ 54.1-2949.1. Certification Required for Advanced Surgical Technology.

A. It shall be unlawful for a licensed practical nurse or an unlicensed health worker to perform advanced surgical technology unless he has:

- 1. Passed the examination for Certified Surgical Technologists provided by the National Board of Surgical Technology and Surgical Assisting or its successor and maintained a current certification, or,*
- 2. Successfully completed a training program provided by the Uniformed Services of the United States of America that included appropriate clinical training as a surgical technologist and is approved by the Board, and,*
- 3. Maintained continuing education requirements as directed by the Board, and,*
- 4. Is privileged by the medical staff of an hospital or outpatient surgical hospital that is licensed in accordance with § 32.1-123 through § 32.1-137.*

B. It shall be unlawful for any health care facility licensed in the Commonwealth of Virginia to knowingly employ, direct or privilege any person not meeting the requirements of § 54.1-2949.1(A) to perform Advanced Surgical Technology, or to contract with such persons for the purpose of performing Advanced Surgical Technology.

C. It is the duty of any person qualified to perform advanced surgical technology to inform any employing, contracting, supervising or privileging entities of any changes in his status that would preclude him from legally performing advanced surgical technology under the provisions of this chapter.

§ 54.1-2949.2. Exceptions.

Nothing in this section shall prohibit:

- A. A person who is trained and competent from performing in the scrub role.*
- B. Any person who can provide documentation that he has performed Advanced Surgical Technology for at least twelve months during the five-year period prior to July 1, 2010 from*

continuing to perform the Advanced Surgical Technology tasks that he is trained and competent to perform.

C. A licensed practitioner from performing advanced surgical technology when practicing within the usual scope of his professional activities.

D. The practice of a surgical technologist as an integral part of a program of study by students enrolled in an education program approved by the Board. Any student enrolled in approved education programs shall be identified as a "Student Surgical Technologist" and shall only perform advanced surgical technology under the direct supervision of an appropriate clinical instructor recognized by the education program.

§ 54.1-2949.3. Duties of the Board regarding Surgical Technology.

The Board shall maintain a list of Advanced Surgical Technology tasks. Advanced Surgical Technology tasks shall:

A. Meet the definition of Advanced Surgical Technology in § 54.1-2900.

B. Not require independent judgment or autonomous action by the person performing these tasks.

§ 54.1-2950. Requisite training and educational achievements of physician's and podiatrist's assistants.

The Board shall establish a testing program to determine the training and educational achievements of the *physician's or podiatrist's* assistant or the Board may accept other evidence, such as experience or completion of an approved training program, in lieu of testing and shall establish this as a prerequisite for approval of the licensee's application.

Pending the outcome of the next examination administered by the National Commission for Certification of Physician Assistants, the Board may grant provisional licensure to graduates of physician or podiatrists' assistants curricula which are approved by the ~~Committee on Allied Health Education and Accreditation of the American Medical Association~~ *Accreditation Review Commission on Education for the Physician Assistant, Inc.* or the ~~Committee on Education of the American Podiatry Association~~ *Council on Podiatric Medical Education of the American Podiatric Medical Association*. Such provisional licensure shall be granted at the discretion of the Board.

(1973, c. 529, § 54-281.7; 1984, c. 46; 1988, c. 765; 1997, c. 806.)

§ 54.1-2950.1. Advisory Board on Physician and Surgical Assistants; membership; qualifications.

A. The Advisory Board on Physician *and Surgical* Assistants shall consist of ~~five~~ *seven* members to be appointed by the Governor for four-year terms, as follows: three members shall be licensed

physician assistants who have practiced their professions in Virginia for not less than three years prior to their appointments; *one shall be a licensed surgical assistant who has practiced his profession in Virginia for not less than three years prior to his appointment; one shall be a licensed surgical assistant who is also certified surgical technologist who has practiced his profession for not less than three years prior to his appointment;* one shall be a physician who supervises at least one physician assistant *or surgical assistant*; and one shall be a citizen member appointed from the Commonwealth at-large. Vacancies occurring other than by expiration of term shall be filled for the unexpired term. No person shall be eligible to serve on the Advisory Board for more than two successive terms.

B. In addition to its usual duties, the Advisory Board on Physician and Surgical Assistants shall, under the Authority of the Board:

- 1. Recommend to the Board for its enactment into regulation the criteria for licensure as a surgical assistant and the standards of professional conduct for holders of licenses.*
- 2. Recommend to the Board regulations and procedures that will facilitate the safe and appropriate practice of competent surgical assistants and surgical technologists trained within the Uniformed Services of the United States of America.*
- 3. Recommend to the Board for its inclusion on the list of Advanced Surgical Technology tasks that meet the requirements of § 54.1-2949.3.*
- 4. The Advisory Board shall also assist in such other matters dealing with assistants-at-surgery and surgical technology as the Board may in its discretion direct.*

(1998, c. 319; 2002, c. 698.)

§ 54.1-2951.

Repealed by Acts 1998, c. 319.

§ 54.1-2951.1. Requirements for licensure as a physician assistant.

A. The Board shall promulgate regulations establishing requirements for licensure as a physician assistant which shall include, but not be limited to, the following:

- ~~1. Successful completion of a physician assistant program or surgeon assistant program accredited by the American Medical Association or a committee of the American Medical Association established to approve or accredit allied health education programs~~ *Accreditation Review Commission on Education for the Physician Assistant, Inc.;*
2. Passage of the certifying examination administered by the National Commission on Certification of Physician Assistants; and

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3. Documentation that the applicant for licensure has not had his license or certification as a physician assistant suspended or revoked and is not the subject of any disciplinary proceedings in another jurisdiction.

B. Prior to initiating practice with a supervising physician, the physician assistant shall notify the Board and provide information which shall include, but not be limited to, the following:

1. The name, address, telephone number and any changes thereto, of the physician or physicians who will supervise the assistant in the relevant practice setting; and
2. A description of the practice and the way in which the physician assistant will be utilized.

(1998, c. 319.)

§ 54.1-2951.2. Issuance of a license.

The Board shall issue the license to the physician assistant to practice under the supervision of a licensed doctor of medicine, osteopathy, or podiatry, in accordance with § 54.1-2951.1.

(1998, c. 319.)

§ 54.1-2951.3. Requirements for licensure as a surgical assistant.

A. The Board shall promulgate regulations establishing requirements for licensure as a surgical assistant which shall include,

- 1. Successful completion of a surgical assistant program approved by the Board, or,*
- 2. Successful completion of training provided by the Uniformed Services of the United States of America that included clinical training as a surgeon or assistant-at-surgery and is approved by the Board, or,*
- 3. Successful completion of a foreign medical program that included clinical training as a surgeon or assistant-at-surgery and is approved by the Board, and*
- 4. Successful completion of a surgical assistant certification exam approved by the Board, and*
- 5. Documentation that the applicant for licensure has not had his license or certification as a practitioner of the healing arts suspended or revoked and is not the subject of any disciplinary proceedings in the Commonwealth of Virginia or any other jurisdiction.*

B. The Board shall issue a license to practice as a surgical assistant to persons who meet the requirements of the Board.

~~§ 54.1-2951.3.~~ § 54.1-2951.4. Restricted volunteer license for certain physician assistants.

A. The Board may issue a restricted volunteer license to a physician assistant who meets the qualifications for licensure for physician assistants. The Board may refuse issuance of licensure pursuant to § 54.1-2915.

B. A person holding a restricted volunteer license under this section shall:

1. Only practice in public health or community free clinics approved by the Board;
2. Only treat patients who have no insurance or who are not eligible for financial assistance for medical care; and
3. Not receive remuneration directly or indirectly for practicing as a physician assistant.

C. A physician assistant with a restricted volunteer license issued under this section shall only practice as a physician assistant and perform certain delegated acts which constitute the practice of medicine to the extent and in the manner authorized by the Board if:

1. A physician who supervises physician assistants is available; or
2. The physician supervising any physician assistant periodically reviews the relevant patient records.

D. A restricted volunteer license granted pursuant to this section shall be issued to the physician assistant without charge, shall expire twelve months from the date of issuance, and may be renewed annually in accordance with regulations promulgated by the Board.

E. A physician assistant holding a restricted volunteer license issued pursuant to this section is subject to the provisions of this chapter and the regulations promulgated under this chapter unless otherwise provided for in this section.

(1998, c. 319; 2005, c. 163.)

§ 54.1-2952. Supervision of *physician and podiatrist* assistants by licensed physician, or podiatrist; services that may be performed by *physician and podiatrist* assistants; responsibility of licensee; employment of *physician and podiatrist* assistants.

A. A physician or a podiatrist licensed under this chapter may apply to the Board to supervise assistants and delegate certain acts which constitute the practice of medicine to the extent and in the manner authorized by the Board. The physician shall provide continuous supervision as required by this section; however, the requirement for physician supervision of assistants shall not be construed as requiring the physical presence of the supervising physician during all times and places of service delivery by assistants. Each team of supervising physician and physician assistant shall identify the relevant physician assistant's scope of practice, including, but not limited to, the delegation of medical tasks as appropriate to the physician assistant's level of competence, the physician assistant's relationship with and access to the supervising physician, and an evaluation process for the physician assistant's performance.

No licensee shall be allowed to supervise more than two assistants at any one time.

Any professional corporation or partnership of any licensee, any hospital and any commercial enterprise having medical facilities for its employees which are supervised by one or more physicians or podiatrists may employ one or more assistants in accordance with the provisions of this section.

Activities shall be delegated in a manner consistent with sound medical practice and the protection of the health and safety of the patient. Such activities shall be set forth in a written practice supervision agreement between the assistant and the supervising health care provider and may include health care services which are educational, diagnostic, therapeutic, preventive, or include treatment, but shall not include the establishment of a final diagnosis or treatment plan for the patient unless set forth in the written practice supervision agreement. Prescribing or dispensing of drugs may be permitted as provided in § 54.1-2952.1. In addition, a licensee is authorized to delegate and supervise initial and ongoing evaluation and treatment of any patient in a hospital, including its emergency department, when performed under the direction, supervision and control of the supervising licensee. When practicing in a hospital, the assistant shall report any acute or significant finding or change in a patient's clinical status to the supervising physician as soon as circumstances require, and shall record such finding in appropriate institutional records. The assistant shall transfer to a supervising physician the direction of care of a patient in an emergency department who has a life-threatening injury or illness. The supervising physician shall review, prior to the patient's discharge, the services rendered to each patient by a physician assistant in a hospital's emergency department. An assistant who is employed to practice in an emergency department shall be under the supervision of a physician present within the facility.

Further, unless otherwise prohibited by federal law or by hospital bylaws, rules, or policies, nothing in this section shall prohibit any physician assistant who is not employed by the emergency physician or his professional entity from practicing in a hospital emergency department, within the scope of his practice, while under continuous physician supervision as required by this section, whether or not the supervising physician is physically present in the facility. The supervising physician who authorizes such practice by his assistant shall (i) retain exclusive supervisory control of and responsibility for the assistant and (ii) be available at all times for consultation with both the assistant and the emergency department physician. Prior to the patient's discharge from the emergency department, the assistant shall communicate the proposed disposition plan for any patient under his care to both his supervising physician and the emergency department physician. No person shall have control of or supervisory responsibility for any physician assistant who is not employed by the person or the person's business entity.

B. No assistant shall perform any delegated acts except at the direction of the licensee and under his supervision and control. No physician assistant practicing in a hospital shall render care to a patient unless the physician responsible for that patient has signed the protocol, pursuant to regulations of the Board, to act as supervising physician for that assistant. Every licensee, professional corporation or partnership of licensees, hospital or commercial enterprise that employs an assistant shall be fully responsible for the acts of the assistant in the care and treatment of human beings.

(1973, c. 529, §§ 54-281.4, 54-281.5; 1975, cc. 508, 565; 1985, c. 316; 1988, c. 765; 1992, c. 793; 1996, c. 779; 2000, cc. 467, 497; 2002, c. 387; 2005, c. 662; 2008, c. 281.)

§ 54.1-2952.1. Prescription of certain controlled substances and devices by licensed physician assistant.

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.) of this title, a licensed physician assistant shall have the authority to prescribe controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.) of this title as follows: (i) Schedules V and VI controlled substances on and after July 1, 2001, (ii) Schedules IV through VI controlled substances on and after January 1, 2003, (iii) Schedule III through VI controlled substances on and after July 1, 2004, and (iv) Schedules II through VI controlled substances on and after July 1, 2007.

A licensed physician assistant shall have such prescriptive authority upon the provision to the Board of Medicine of such evidence as it may require that the assistant has entered into and is, at the time of writing a prescription, a party to a written agreement with a licensed physician or podiatrist which provides for the direction and supervision by such licensee of the prescriptive practices of the assistant. Such written agreements shall include the controlled substances the physician assistant is or is not authorized to prescribe and may restrict such prescriptive authority as deemed appropriate by the physician or podiatrist providing direction and supervision.

B. It shall be unlawful for the assistant to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the written agreement between the licensee and the assistant.

C. The Board of Medicine, in consultation with the Board of Pharmacy, shall promulgate such regulations governing the prescriptive authority of physician assistants as are deemed reasonable and necessary to ensure an appropriate standard of care for patients.

The regulations promulgated pursuant to this section shall include, at a minimum, (i) such requirements as may be necessary to ensure continued physician assistant competency that may include continuing education, testing, and/or any other requirement, and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients; (ii) requirements for periodic site visits by supervising licensees who supervise and direct assistants who provide services at a location other than where the licensee regularly practices; and (iii) a requirement that the assistant disclose to his patients the name, address and telephone number of the supervising licensee and that he is a physician assistant. A separate office for the assistant shall not be established.

D. This section shall not prohibit a licensed physician assistant from administering controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

(1992, c. 793; 1997, c. 806; 1999, c. 745; 2001, c. 465; 2003, c. 510; 2007, c. 16.)

§ 54.1-2952.2. Practice of Surgical Assistants.

A. A surgical assistant shall perform only as an assistant-at-surgery under the direct supervision of a licensed doctor of medicine, doctor of osteopathy, doctor of podiatry, oral or maxillofacial surgeon, or dentist who is competent to perform surgery and is immediately available within the surgical suite.

B. A surgical assistant shall act as an assistant-at-surgery only in procedures for which he is privileged by the medical staff of an hospital or an outpatient surgical hospital that is licensed in accordance with § 32.1-123 through § 32.1-137.

C. Nothing in this section shall prohibit:

1. The practice of a surgical assistant as an integral part of a program of study by students enrolled in an education program approved by the Board. Any student enrolled in approved education programs shall be identified as a "Student Surgical Assistant" and shall only assist-at-surgery under the direct supervision of an appropriate clinical instructor recognized by the education program.

2. A licensed physician assistant, podiatrist assistant, nurse practitioner, clinical nurse specialist, dental hygienist or registered nurse from practicing as assistant-at-surgery when practicing within the usual scope of his professional activities.

3. Any person who provides documentation that he has participated as an assistant-at-surgery in at least 100 surgical procedures within the five-year period prior to July 31, 2010 from practicing as an assistant-at-surgery in those procedures for which he is trained and competent.

§ 54.1-2953. Renewal, revocation, suspension and refusal.

The approval of the Board for the employment of ~~an~~ a physician or podiatrist assistant shall expire at the end of one year. A new application shall be submitted for approval, supplying such information as the Board may require, at the time and in the manner prescribed by the Board.

The Board may revoke, suspend or refuse to renew an approval for any of the following:

1. Any reason stated in this chapter for revocation or suspension of the license of a practitioner;
2. Failure of the supervising licensee to supervise the assistant or failure of the employer to provide a licensee to supervise the assistant;
3. The assistant's engaging in acts beyond the scope of authority as approved by the Board;
4. Negligence or incompetence on the part of the assistant or the supervising licensee in his use of the assistant;

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5. Violating or cooperating with others in violating any provision of this chapter or the regulations of the Board; or

6. A change in the Board's requirements for approval with which the assistant or the licensee does not comply.

(1973, c. 529, §§ 54-281.8, 54-281.9; 1985, c. 316; 1988, c. 765.)

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VERSION 4

PHYSICIAN ASSISTANT BOARD

SCRUB ROLE CERTIFIED

§ 54.1-2900. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Acupuncturist" means individuals approved by the Board to practice acupuncture. This is limited to "licensed acupuncturist" which means an individual other than a doctor of medicine, osteopathy, chiropractic or podiatry who has successfully completed the requirements for licensure established by the Board (approved titles are limited to: Licensed Acupuncturist, Lic.Ac., and L.Ac.).

"Assistant-at-Surgery" means a person who directly assists a qualified surgeon by performing significant surgical tasks. These tasks include final positioning of the patient, manipulating tissue, placing sponges, clamps or other instruments, manipulating or inserting sutures, placing local hemostatic agents, injecting local anesthetic as directed by the surgeon, harvesting veins, implanting devices, and other surgical tasks. The assistant-at-surgery uses professional judgment to anticipate the needs of the surgeon, identify and prevent potential problems, and to act as a second set of eyes and hands to the surgeon. The assistant-at-surgery is also referred to as the "First Assistant".

"Auricular acupuncture" means the subcutaneous insertion of sterile, disposable acupuncture needles in predetermined, bilateral locations in the outer ear when used exclusively and specifically in the context of a chemical dependency treatment program.

"Board" means the Board of Medicine.

"Healing arts" means the arts and sciences dealing with the prevention, diagnosis, treatment and cure or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities.

"Medical malpractice judgment" means any final order of any court entering judgment against a licensee of the Board that arises out of any tort action or breach of contract action for personal injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Medical malpractice settlement" means any written agreement and release entered into by or on behalf of a licensee of the Board in response to a written claim for money damages that arises out of any personal injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Occupational therapy assistant" means an individual who has met the requirements of the Board for licensure and who works under the supervision of a licensed occupational therapist to assist in the practice of occupational therapy.

"Physician assistant" means an individual who has met the requirements of the Board for licensure and who works under the supervision of a licensed doctor of medicine, osteopathy, or podiatry.

"Practice of acupuncture" means the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain ailments or conditions of the body and includes the techniques of electroacupuncture, cupping and moxibustion. The practice of acupuncture does not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques; the use or prescribing of any drugs, medications, serums or vaccines; or the procedure of auricular acupuncture as exempted in § 54.1-2901 when used in the context of a chemical dependency treatment program for patients eligible for federal, state or local public funds by an employee of the program who is trained and approved by the National Acupuncture Detoxification Association or an equivalent certifying body.

"Practice of athletic training" means the prevention, recognition, evaluation, and treatment of injuries or conditions related to athletic or recreational activity that requires physical skill and utilizes strength, power, endurance, speed, flexibility, range of motion or agility or a substantially similar injury or condition resulting from occupational activity immediately upon the onset of such injury or condition; and subsequent treatment and rehabilitation of such injuries or conditions under the direction of a licensed physical therapist and the patient's physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry, while using heat, light, sound, cold, electricity, exercise or mechanical or other devices.

"Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column, and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not include the use of surgery, obstetrics, osteopathy or the administration or prescribing of any drugs, medicines, serums or vaccines.

"Practice of medicine or osteopathic medicine" means the prevention, diagnosis and treatment of human physical or mental ailments, conditions, diseases, pain or infirmities by any means or method.

"Practice of occupational therapy" means the evaluation, analysis, assessment, and delivery of education and training in activities of daily living (ADL); the design, fabrication, and application of orthoses (splints); guidance in the selection and use of adaptive equipment; therapeutic activities to enhance functional performance; prevocational evaluation and training; and consultation concerning the adaptation of physical environments for individuals who have disabilities.

"Practice of podiatry" means the medical, mechanical and surgical treatment of the ailments of the human foot and ankle, but does not include amputation of the foot proximal to the transmetatarsal level through the metatarsal shafts. Amputations proximal to the metatarsal-phalangeal joints may only be performed in a hospital or ambulatory surgery facility accredited by an organization listed in § 54.1-2939. The Board of Medicine shall determine whether a specific type of treatment of the foot and ankle is within the scope of practice of podiatry.

"Practice of radiologic technology" means the application of x-rays to human beings for diagnostic or therapeutic purposes.

"Practice of respiratory care" means the (i) administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a practitioner of medicine or osteopathic medicine; (ii) transcription and implementation of the written or verbal orders of a practitioner of medicine or osteopathic medicine pertaining to the practice of respiratory care; (iii) observation and monitoring of signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general physical response exhibit abnormal characteristics; and (iv) implementation of respiratory care procedures, based on observed abnormalities, or appropriate reporting, referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders by a licensed practitioner of medicine or osteopathic medicine or the initiation of emergency procedures, pursuant to the Board's regulations or as otherwise authorized by law. The practice of respiratory care may be performed in any clinic, hospital, skilled nursing facility, private dwelling or other place deemed appropriate by the Board in accordance with the written or verbal order of a practitioner of medicine or osteopathic medicine, and shall be performed under qualified medical direction.

"Qualified medical direction" means, in the context of the practice of respiratory care, having readily accessible to the respiratory care practitioner a licensed practitioner of medicine or osteopathic medicine who has specialty training or experience in the management of acute and chronic respiratory disorders and who is responsible for the quality, safety, and appropriateness of the respiratory services provided by the respiratory care practitioner.

"Radiologic technologist" means an individual, other than a licensed doctor of medicine, osteopathy, podiatry, or chiropractic, or a dentist licensed pursuant to Chapter 27 (§ 54.1-2700 et seq.) of this title, who (i) performs, may be called upon to perform, or who is licensed to perform a comprehensive scope of diagnostic radiologic procedures employing equipment which emits ionizing radiation and (ii) is delegated or exercises responsibility for the operation of radiation-generating equipment, the shielding of patient and staff from unnecessary radiation, the appropriate exposure of radiographs or other procedures which contribute to any significant extent to the site or dosage of ionizing radiation to which a patient is exposed.

"Radiologic technologist, limited" means an individual, other than a licensed radiologic technologist, dental hygienist or person who is otherwise authorized by the Board of Dentistry under Chapter 27 (§ 54.1-2700 et seq.) of this title and the regulations pursuant thereto, who

performs diagnostic radiographic procedures employing equipment which emits ionizing radiation which is limited to specific areas of the human body.

"Radiologist assistant" means an individual who has met the requirements of the Board for licensure as an advanced-level radiologic technologist and who, under the direct supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology, is authorized to (i) assess and evaluate the physiological and psychological responsiveness of patients undergoing radiologic procedures; (ii) evaluate image quality, make initial observations, and communicate observations to the supervising radiologist; (iii) administer contrast media or other medications prescribed by the supervising radiologist; and (iv) perform, or assist the supervising radiologist to perform, any other procedure consistent with the guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.

"Respiratory care" means the practice of the allied health profession responsible for the direct and indirect services, including inhalation therapy and respiratory therapy, in the treatment, management, diagnostic testing, control and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system under qualified medical direction.

"Scrub Role" means the duties and responsibilities commonly assumed by persons supporting the circulating nurse before, during and after surgical procedures. During surgery, persons filling the scrub role support surgery from within the sterile field. Tasks associated with the scrub role include managing surgical instruments, maintaining the sterile field, assisting with patient safety verifications, holding retractors, sponging, irrigating and other tasks. The person filling the scrub role is often referred to as the "scrub", "first scrub" or "scrub person".

"Surgical Assistant" means a person who performs as an assistant-at-surgery who has complied with the regulations pertaining to licensure prescribed by the Board, and who has been issued a license as a surgical assistant by the Board, and who is not otherwise licensed and qualified to act as an assistant-at-surgery under the provisions of this Chapter or the provisions of Chapter 30 of this Title, or the provisions of Chapter 27 of this Title.

"Surgical Technology" means maintaining surgical instruments and patient safety from within the sterile field during surgical procedures, including related pre and post-operative tasks. Surgical technology requires technical knowledge and expertise.

(Code 1950, § 54-273; 1950, p. 110; 1958, c. 161; 1960, c. 268; 1966, c. 657; 1970, c. 69; 1973, c. 529; 1975, cc. 508, 512; 1977, c. 127; 1980, c. 157; 1986, c. 439; 1987, cc. 522, 543; 1988, cc. 737, 765; 1991, c. 643; 1994, c. 803; 1995, c. 777; 1996, cc. 152, 158, 470, 937, 980; 1998, cc. 319, 557, 593; 1999, cc. 639, 682, 747, 779; 2000, cc. 688, 814; 2001, c. 533; 2004, c. 731; 2007, c. 861; 2008, cc. 64, 89; 2009, cc. 83, 507.)

§ 54.1-2949. License required.

It shall be unlawful for a person to practice or to hold himself out as practicing as a physician's, surgeon's, surgical or podiatrist's assistant unless he holds a license as such issued by the Board.

§ 54.1-2944. Certification Required for Surgical Technology.

A. It shall be unlawful for a person to perform in the scrub role unless he has:

1. Passed the examination for Certified Surgical Technologists provided by the National Board of Surgical Technology and Surgical Assisting or its successor and maintained a current certification, or,

2. Successfully completed a training program provided by the Uniformed Services of the United States of America that included appropriate clinical training as a surgical technologist and is approved by the Board, or,

3. Successfully completed a surgical technologist training program within a Virginia hospital licensed in accordance with § 32.1-123 through § 32.1-137 and approved by the Board, and,

4. Maintained continuing education requirements as directed by the Board, and,

5. Is privileged by the medical staff of an hospital or outpatient surgical hospital that is licensed in accordance with § 32.1-123 through § 32.1-137.

B. It shall be unlawful for any health care facility licensed in the Commonwealth of Virginia to knowingly employ, direct or privilege any person not meeting the requirements of § 54.1-2944(A) to perform in the scrub role, or to contract with such persons for the purpose of performing in the scrub role.

C. It is the duty of any person qualified to perform in the scrub role to inform any employing, contracting, supervising or privileging entities of any changes in his status that would preclude him from legally performing in the scrub role under the provisions of this chapter.

§ 54.1-2944.2. Exceptions.

Nothing in this section shall prohibit:

A. Any person who can provide documentation that he has performed in the scrub role for at least twelve months during the five-year period prior to July 1, 2011 from continuing to perform in the scrub role in procedures that he is trained and competent to perform.

B. A licensed practitioner from performing in the scrub role when practicing within the usual scope of his professional activities.

C. The practice of a surgical technologist as an integral part of a program of study by students enrolled in an education program or hospital based training program approved by the Board. Any student enrolled in approved education programs or hospital based training programs shall be identified as a "Student Surgical Technologist" and shall only perform in the scrub role under

the direct supervision of an appropriate clinical instructor recognized by the education program or hospital based training program.

§ 54.1-2944.2. Duties of the Board regarding Surgical Technology.

A. The Board shall develop criteria for the approval of hospital-based training programs.

B. Include programs meeting the Board's criteria on the list of approved hospital-based training programs.

§ 54.1-2950. Requisite training and educational achievements of physician's and podiatrist's assistants.

The Board shall establish a testing program to determine the training and educational achievements of the *physician's or podiatrist's* assistant or the Board may accept other evidence, such as experience or completion of an approved training program, in lieu of testing and shall establish this as a prerequisite for approval of the licensee's application.

Pending the outcome of the next examination administered by the National Commission for on Certification of Physician Assistants, the Board may grant provisional licensure to graduates of physician or podiatrists' assistants curricula which are approved by the ~~Committee on Allied Health Education and Accreditation of the American Medical Association~~ *Accreditation Review Commission on Education for the Physician Assistant, Inc.* or the ~~Committee on Education of the American Podiatry Association.~~ *Council on Podiatric Medical Education of the American Podiatric Medical Association.* Such provisional licensure shall be granted at the discretion of the Board.

(1973, c. 529, § 54-281.7; 1984, c. 46; 1988, c. 765; 1997, c. 806.)

§ 54.1-2950.1. Advisory Board on Physician and Surgical Assistants; membership; qualifications.

A. The Advisory Board on Physician and Surgical Assistants shall consist of ~~five~~ seven members to be appointed by the Governor for four-year terms, as follows: three members shall be licensed physician assistants who have practiced their professions in Virginia for not less than three years prior to their appointments; one shall be a licensed surgical assistant who has practiced his profession in Virginia for not less than three years prior to his appointment; one shall be a licensed surgical assistant who is also Certified Surgical Technologist who has practiced his profession for not less than three years prior to his appointment; one shall be a physician who supervises at least one physician assistant or surgical assistant; and one shall be a citizen member appointed from the Commonwealth at-large. Vacancies occurring other than by expiration of term shall be filled for the unexpired term. No person shall be eligible to serve on the Advisory Board for more than two successive terms.

B. In addition to its usual duties, the Advisory Board on Physician and Surgical Assistants shall, under the Authority of the Board:

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1. *Recommend to the Board for its enactment into regulation the criteria for licensure as a surgical assistant and the standards of professional conduct for holders of licenses.*
2. *Recommend to the Board regulations and procedures that will facilitate the safe and appropriate practice of competent surgical assistants and surgical technologists trained within the Uniformed Services of the United States of America.*
3. *Recommend to the Board for its enactment into regulation the criteria for approval of hospital-based training programs.*
4. *The Advisory Board shall also assist in such other matters dealing with assistants-at-surgery and surgical technology as the Board may in its discretion direct.*

(1998, c. 319; 2002, c. 698.)

§ 54.1-2951.

Repealed by Acts 1998, c. 319.

§ 54.1-2951.1. Requirements for licensure as a physician assistant.

A. The Board shall promulgate regulations establishing requirements for licensure as a physician assistant which shall include, but not be limited to, the following:

1. Successful completion of a physician assistant program ~~or surgeon assistant program~~ accredited by the ~~American Medical Association or a committee of the American Medical Association established to approve or accredit allied health education programs~~ *Accreditation Review Commission on Education for the Physician Assistant, Inc.*;
2. Passage of the certifying examination administered by the National Commission on Certification of Physician Assistants; and
3. Documentation that the applicant for licensure has not had his license or certification as a physician assistant suspended or revoked and is not the subject of any disciplinary proceedings in another jurisdiction.

B. Prior to initiating practice with a supervising physician, the physician assistant shall notify the Board and provide information which shall include, but not be limited to, the following:

1. The name, address, telephone number and any changes thereto, of the physician or physicians who will supervise the assistant in the relevant practice setting; and
2. A description of the practice and the way in which the physician assistant will be utilized.

(1998, c. 319.)

§ 54.1-2951.2. Issuance of a license.

The Board shall issue the license to the physician assistant to practice under the supervision of a licensed doctor of medicine, osteopathy, or podiatry, in accordance with § 54.1-2951.1.

(1998, c. 319.)

§ 54.1-2951.3. Requirements for licensure as a surgical assistant.

A. The Board shall promulgate regulations establishing requirements for licensure as a surgical assistant which shall include,

- 1. Successful completion of a surgical assistant program approved by the Board, or,*
- 2. Successful completion of training provided by the Uniformed Services of the United States of America that included clinical training as a surgeon or assistant-at-surgery and is approved by the Board, or,*
- 3. Successful completion of a foreign medical program that included clinical training as a surgeon or assistant-at-surgery and is approved by the Board, and*
- 4. Successful completion of a surgical assistant certification exam approved by the Board, and*
- 5. Documentation that the applicant for licensure has not had his license or certification as a practitioner of the healing arts suspended or revoked and is not the subject of any disciplinary proceedings in the Commonwealth of Virginia or any other jurisdiction.*

B. The Board shall issue a license to practice as a surgical assistant to persons who meet the requirements of the Board.

~~§ 54.1-2951.3.~~ § 54.1-2951.4. Restricted volunteer license for certain physician assistants.

A. The Board may issue a restricted volunteer license to a physician assistant who meets the qualifications for licensure for physician assistants. The Board may refuse issuance of licensure pursuant to § 54.1-2915.

B. A person holding a restricted volunteer license under this section shall:

1. Only practice in public health or community free clinics approved by the Board;
2. Only treat patients who have no insurance or who are not eligible for financial assistance for medical care; and
3. Not receive remuneration directly or indirectly for practicing as a physician assistant.

C. A physician assistant with a restricted volunteer license issued under this section shall only practice as a physician assistant and perform certain delegated acts which constitute the practice of medicine to the extent and in the manner authorized by the Board if:

1. A physician who supervises physician assistants is available; or
2. The physician supervising any physician assistant periodically reviews the relevant patient records.

D. A restricted volunteer license granted pursuant to this section shall be issued to the physician assistant without charge, shall expire twelve months from the date of issuance, and may be renewed annually in accordance with regulations promulgated by the Board.

E. A physician assistant holding a restricted volunteer license issued pursuant to this section is subject to the provisions of this chapter and the regulations promulgated under this chapter unless otherwise provided for in this section.

(1998, c. 319; 2005, c. 163.)

§ 54.1-2952. Supervision of *physician and podiatrist* assistants by licensed physician, or podiatrist; services that may be performed by *physician and podiatrist* assistants; responsibility of licensee; employment of *physician and podiatrist* assistants.

A. A physician or a podiatrist licensed under this chapter may apply to the Board to supervise assistants and delegate certain acts which constitute the practice of medicine to the extent and in the manner authorized by the Board. The physician shall provide continuous supervision as required by this section; however, the requirement for physician supervision of assistants shall not be construed as requiring the physical presence of the supervising physician during all times and places of service delivery by assistants. Each team of supervising physician and physician assistant shall identify the relevant physician assistant's scope of practice, including, but not limited to, the delegation of medical tasks as appropriate to the physician assistant's level of competence, the physician assistant's relationship with and access to the supervising physician, and an evaluation process for the physician assistant's performance.

No licensee shall be allowed to supervise more than two assistants at any one time.

Any professional corporation or partnership of any licensee, any hospital and any commercial enterprise having medical facilities for its employees which are supervised by one or more physicians or podiatrists may employ one or more assistants in accordance with the provisions of this section.

Activities shall be delegated in a manner consistent with sound medical practice and the protection of the health and safety of the patient. Such activities shall be set forth in a written practice supervision agreement between the assistant and the supervising health care provider and may include health care services which are educational, diagnostic, therapeutic, preventive, or include treatment, but shall not include the establishment of a final diagnosis or treatment plan

for the patient unless set forth in the written practice supervision agreement. Prescribing or dispensing of drugs may be permitted as provided in § 54.1-2952.1. In addition, a licensee is authorized to delegate and supervise initial and ongoing evaluation and treatment of any patient in a hospital, including its emergency department, when performed under the direction, supervision and control of the supervising licensee. When practicing in a hospital, the assistant shall report any acute or significant finding or change in a patient's clinical status to the supervising physician as soon as circumstances require, and shall record such finding in appropriate institutional records. The assistant shall transfer to a supervising physician the direction of care of a patient in an emergency department who has a life-threatening injury or illness. The supervising physician shall review, prior to the patient's discharge, the services rendered to each patient by a physician assistant in a hospital's emergency department. An assistant who is employed to practice in an emergency department shall be under the supervision of a physician present within the facility.

Further, unless otherwise prohibited by federal law or by hospital bylaws, rules, or policies, nothing in this section shall prohibit any physician assistant who is not employed by the emergency physician or his professional entity from practicing in a hospital emergency department, within the scope of his practice, while under continuous physician supervision as required by this section, whether or not the supervising physician is physically present in the facility. The supervising physician who authorizes such practice by his assistant shall (i) retain exclusive supervisory control of and responsibility for the assistant and (ii) be available at all times for consultation with both the assistant and the emergency department physician. Prior to the patient's discharge from the emergency department, the assistant shall communicate the proposed disposition plan for any patient under his care to both his supervising physician and the emergency department physician. No person shall have control of or supervisory responsibility for any physician assistant who is not employed by the person or the person's business entity.

B. No assistant shall perform any delegated acts except at the direction of the licensee and under his supervision and control. No physician assistant practicing in a hospital shall render care to a patient unless the physician responsible for that patient has signed the protocol, pursuant to regulations of the Board, to act as supervising physician for that assistant. Every licensee, professional corporation or partnership of licensees, hospital or commercial enterprise that employs an assistant shall be fully responsible for the acts of the assistant in the care and treatment of human beings.

(1973, c. 529, §§ 54-281.4, 54-281.5; 1975, cc. 508, 565; 1985, c. 316; 1988, c. 765; 1992, c. 793; 1996, c. 779; 2000, cc. 467, 497; 2002, c. 387; 2005, c. 662; 2008, c. 281.)

§ 54.1-2952.1. Prescription of certain controlled substances and devices by licensed physician assistant.

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.) of this title, a licensed physician assistant shall have the authority to prescribe controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.) of this title as follows: (i) Schedules V and VI controlled substances on and after July 1, 2001, (ii) Schedules IV through VI controlled substances on and after January 1, 2003, (iii) Schedule III

through VI controlled substances on and after July 1, 2004, and (iv) Schedules II through VI controlled substances on and after July 1, 2007.

A licensed physician assistant shall have such prescriptive authority upon the provision to the Board of Medicine of such evidence as it may require that the assistant has entered into and is, at the time of writing a prescription, a party to a written agreement with a licensed physician or podiatrist which provides for the direction and supervision by such licensee of the prescriptive practices of the assistant. Such written agreements shall include the controlled substances the physician assistant is or is not authorized to prescribe and may restrict such prescriptive authority as deemed appropriate by the physician or podiatrist providing direction and supervision.

B. It shall be unlawful for the assistant to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the written agreement between the licensee and the assistant.

C. The Board of Medicine, in consultation with the Board of Pharmacy, shall promulgate such regulations governing the prescriptive authority of physician assistants as are deemed reasonable and necessary to ensure an appropriate standard of care for patients.

The regulations promulgated pursuant to this section shall include, at a minimum, (i) such requirements as may be necessary to ensure continued physician assistant competency that may include continuing education, testing, and/or any other requirement, and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients; (ii) requirements for periodic site visits by supervising licensees who supervise and direct assistants who provide services at a location other than where the licensee regularly practices; and (iii) a requirement that the assistant disclose to his patients the name, address and telephone number of the supervising licensee and that he is a physician assistant. A separate office for the assistant shall not be established.

D. This section shall not prohibit a licensed physician assistant from administering controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

(1992, c. 793; 1997, c. 806; 1999, c. 745; 2001, c. 465; 2003, c. 510; 2007, c. 16.)

§ 54.1-2952.2. Practice of Surgical Assistants.

A. A surgical assistant shall perform only as an assistant-at-surgery under the direct supervision of a licensed doctor of medicine, doctor of osteopathy, doctor of podiatry, oral or maxillofacial surgeon, or dentist who is competent to perform surgery and is immediately available within the surgical suite.

B. A surgical assistant shall act as an assistant-at-surgery only in procedures for which he is privileged by the medical staff of an hospital or an outpatient surgical hospital that is licensed in accordance with § 32.1-123 through § 32.1-137.

C. Nothing in this section shall prohibit:

1. The practice of a surgical assistant as an integral part of a program of study by students enrolled in an education program approved by the Board. Any student enrolled in approved education programs shall be identified as a "Student Surgical Assistant" and shall only assist-at-surgery under the direct supervision of an appropriate clinical instructor recognized by the education program.

2. A licensed physician assistant, podiatrist assistant, nurse practitioner, clinical nurse specialist, dental hygienist or registered nurse from practicing as assistant-at-surgery when practicing within the usual scope of his professional activities.

3. Any person who provides documentation that he has participated as an assistant-at-surgery in at least 100 surgical procedures within the five-year period prior to July 31, 2010 from practicing as an assistant-at-surgery in those procedures for which he is trained and competent.

§ 54.1-2953. Renewal, revocation, suspension and refusal.

The approval of the Board for the employment of ~~an~~ a physician or podiatrist assistant shall expire at the end of one year. A new application shall be submitted for approval, supplying such information as the Board may require, at the time and in the manner prescribed by the Board.

The Board may revoke, suspend or refuse to renew an approval for any of the following:

1. Any reason stated in this chapter for revocation or suspension of the license of a practitioner;
2. Failure of the supervising licensee to supervise the assistant or failure of the employer to provide a licensee to supervise the assistant;
3. The assistant's engaging in acts beyond the scope of authority as approved by the Board;
4. Negligence or incompetence on the part of the assistant or the supervising licensee in his use of the assistant;
5. Violating or cooperating with others in violating any provision of this chapter or the regulations of the Board; or
6. A change in the Board's requirements for approval with which the assistant or the licensee does not comply.

(1973, c. 529, §§ 54-281.8, 54-281.9; 1985, c. 316; 1988, c. 765.)

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