



# MICHIGAN MEDICINE

UNIVERSITY OF MICHIGAN

## DELINEATION OF PRIVILEGES and PRACTICE AGREEMENT Physician Assistant Radiology

Applicant's Full Name	Michigan License Number
Name of Primary Supervising Physician:	
Primary Service:	

Physician Assistants are licensed in the state of Michigan pursuant to Article 15, Part 170 of the Public Health Code. A Physician Assistant shall not engage in the practice as a Physician Assistant except under the terms of a practice agreement, in accordance with the Michigan Public Health Code (1978, PA 368). Physician Assistants may practice medicine with a participating physician with whom the Physician Assistant has a practice agreement. The practice of medicine includes the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these acts. The Physician Assistant must be qualified to perform by education, training, or experience and within the scope of the license held by the Physician Assistant or participating physician duties and responsibilities within the practice agreement. Within the physician-PA relationship and under a practice agreement, the physician assistant exercises autonomy in medical decision making and provides a broad range of diagnostic and therapeutic services. MICHIGAN MEDICINE recognizes that the full scope of PA function will vary with education, training and experience.

MICHIGAN MEDICINE recognizes a set of core privileges that a PA may perform that is not individualized by specialty. MICHIGAN MEDICINE expects and the PA is required to exercise only those core privileges and procedures that are within the physician assistant and participating physician's scope of practice and clinical privileges, and that are age and experience appropriate.

In addition to the core privileges, specialty procedures may be requested. MICHIGAN MEDICINE expects that only those privileges necessary to carry out the PA's function will be requested by the PA and recommended for approval by the department. MICHIGAN MEDICINE will not approve privileges for which the PA has had training but which are not expected to be part of the scope of practice at MICHIGAN MEDICINE. If a physician assistant is requesting privileges in more than one department, he/she should submit separate privileging documents to differentiate the participating physician(s) and roles/responsibilities pertaining to each area of practice.

### Minimum Qualifications:

- Satisfactory completion of a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), or one of its predecessor agencies, CAHEA or CAAHEP.
- Current certification by the National Commission on Certification for Physician Assistants (NCCPA) is required.
- Possession of a current permanent license to practice as a Physician Assistant in the State of Michigan is required.
- ACLS, PALS, or NRP Certification (as required by services requested in Level II Supplemental Privileges)

### Physician Oversight:

- Participating Physicians must be members in good standing of MICHIGAN MEDICINE Medical Staff.
- **Any change in primary participating Physician must be reported to Medical Staff Services.**
- The primary participating physician listed above (or an alternate physician designated by that physician) must be continuously available in person or by direct telecommunication to the physician assistant to ensure appropriate physician consultation is available to the physician assistant at all times that the physician assistant is engaged in clinical activities.
- The State of Michigan requires an alternate physician for consultation in situations in which the primary participating physician is not available for consultation.

### **Prohibited functions:**

A Physician Assistant shall not:

- Undertake or represent that he/she is qualified to undertake provision of medical care services that he/she knows to be outside his/her competence or is prohibited by law (MCL 333.17074).
- Perform any activity that is outside the scope of practice/privileges of his or her education, training, and experience as approved by MICHIGAN MEDICINE.
- Perform an abortion (MCL 333.17015).
- Prescribe any medication designed for and expressly prepared for producing an abortion or prescribe any medication with the intention of causing fetal death (MCL 750.15 and R338.2304).
- Assist with a partial birth abortion unless necessary to save the life of a pregnant woman whose life is endangered by a physical disorder, physical illness, or physical injury and that no other medical procedure will accomplish that purpose (MCL 333.17016(2) and MCL 333.2843(2)).
- Perform acts, tasks, or functions to determine the refractive state of a human eye or to treat refractive anomalies of the human eye (MCL 333.17074)\*.
- Determine the spectacle or contact lens prescription specifications required to treat refractive anomalies of the human eye, or determine modification of spectacle or contact lens prescription specifications(MCL 333.17074)\*.

\*Please note that MCL 333.17074(3) permits PAs to perform routine visual screening or testing, postoperative care, or assistance in the care of medical disease of the eye under the supervision of a physician.

**Instructions: Strike out any Core Privilege not requested or performed.**

### **LEVEL I CORE PRIVILEGES**

#### **Privileges:**

Core Privileges for Physician Assistants includes the admission, diagnostic evaluation, consultation and treatment of patients of all ages as established in this practice agreement. This will include diagnosing, managing and treating patients with complex, acute, and chronic health conditions and may be in a variety of clinical settings. These core privileges may include but are not limited to the following:

- Performing detailed patient history and physical examinations
- Ordering, performing, and interpreting results of sleep studies, laboratory studies, EKGs, EMGs, EEGs, radiology examinations and other diagnostic studies.
- Performing routine visual and hearing examinations and screening
- Developing and implementing treatment plans
- Monitoring the effectiveness of therapeutic interventions
- Authorized prescribing for non-controlled substances. Administering follow up care to patients and assisting in the referral to various internal and external facilities.
- Writing patient care orders
- Obtaining pre-procedure and surgical consents
- Writing pre and post procedure notes and orders
- Performing consultations
- Direct and perform cardiopulmonary resuscitation efforts, defibrillation, cardioversion (BLS required)
- Ordering restraints or seclusion in the hospital setting
- Ordering rehabilitation including occupational and physical therapy
- Ordering durable medical equipment

Core privileges for Physician Assistants also includes the performance of diagnostic and therapeutic procedures including but not limited to the following, as appropriate to current role for which privileges are being requested:

- Insertion and removal of nasogastric or feeding tubes
- Insertion and removal of bladder catheters
- Provision of appropriate wound care including but not limited to suturing, stapling, removal of sutures or staples, and wound debridement when indicated
- Incision and drainage
- Performing minor surgical procedures including but not limited to excision of skin and subcutaneous lesions; shave, punch or excisional skin biopsy; fingernail/toenail removal; superficial cryotherapy as appropriate to area of practice
- Removal of superficial cutaneous, otic, nasal foreign body
- Removal of chest tubes, pigtail catheters, anterior nasal packing/splints, arterial or central venous lines, surgical packing and drains as appropriate to area of practice
- Tracheostomy care including tube change
- Administration of injections
- Venipuncture, arterial puncture
- Performing gastric lavage

- Aspiration/injection of superficial cysts or seromas
- Management of anterior epistaxis
- Administration of peripheral regional block anesthesia
- Assisting in all interventional procedures including interventional procedures in the operating room

**FPPE Requirements:** Each new appointee will have a senior faculty member identified to serve as a clinical mentor and review of initial professional practice. This advisory and monitoring function will occur for the first six months of appointment. After successful completion of this initial six-month period, the appointee’s professional practice will be monitored through the ongoing Professional Practice Evaluation process. It is understood that the FPPE may not be completed at the end of six months. As part of this initial FPPE, a provider profile will be reviewed for clinical activity and for medical record compliance. Outpatient and/or inpatient notes will be evaluated for key components including history, physical examination, and medical decision making. Retrospective medical record review by the senior faculty member will be carried out for five charts during the first three months of appointment. Reporting will be made through the Division leadership.

- Core Requested (Applicant)**       **Core Recommended approval (Service Chief)**

**ADDITIONAL LEVEL I CORE PRIVILEGES FOR CONTROLLED SUBSTANCE PRESCRIBING**

The participating physician and the physician assistant agree to comply with State and Federal Laws regarding the prescription of drugs, including controlled substances included in schedules 2-5, and recognize the education, training, and experience in determining the prescriptive responsibilities of the physician assistant. Current DEA registration and State of Michigan controlled substance license (CSL) is required. (NOTE: if you do not need this Core Privilege, please complete the Controlled Substance Waiver form.)

- Requested (Applicant)**       **Recommended approval (Service Chief)**

**LEVEL II SUPPLEMENTAL PRIVILEGES (not included in Physician Assistant Core)**

Additional privileges not included in Core Privileges for Physician Assistants will include the performance of diagnostic and therapeutic procedures as appropriate to current role for which privileges are being requested. Physician Assistants should only request, and the department should only recommend for approval, privileges which are necessary to function in the current role for which privileges are being requested. These additional privileges may include those from the following representative list, not intended to be all-encompassing, but rather to reflect the categories/types of procedures included in the description of privileges.

**Physician Assistant: General Procedures**

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training and Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lumbar puncture	Supervised instruction in at least <u>3</u> of each requested procedure; independently perform the procedure <u>3</u> times under the direct observation of an appropriately privileged physician or a privileged PA assigned by the physician(s). For renewal, participation in <u>3</u> or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trigger point injections	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chest tube insertion	ACLS or PALS certification required. Supervised instruction in at least <u>5</u> of the requested procedure; independently perform the procedure <u>5</u> times under the direct observation of the physician or PA training. Participation in <u>5</u> or more procedures during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insertion of arterial lines or central venous lines, either percutaneously or by cut down.	

Physician Assistant: General Procedures (CONTINUED)

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training and Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nerve injections	Supervised instruction in at least <b>3</b> of each requested procedure for each anatomic location; independently perform the procedure <b>3</b> times under the direct observation of an appropriately privileged physician or a privileged PA assigned by the physician(s) for each anatomic location. For renewal, participation in <b>3</b> or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intrathecal injection of chemotherapy by lumbar puncture, as ordered by an authorized attending physician.	Acknowledgment of reading and adherence to policy UMHHC Policy 07-01-010: Chemotherapy at UMHHC. Requires chemotherapy privileges, described above.  Supervised instruction in at least <b>3</b> of each requested procedure for each anatomic location; independently perform the procedure <b>3</b> times under the direct observation of an appropriately privileged physician or a privileged PA assigned by the physician(s) for each anatomic location. For renewal, participation in <b>3</b> or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Injection of a sclerosing agent or Foam sclerosing agent for vascular malformation, renal cysts, or lymphoceles	Supervised instruction in at least <b>10</b> of the requested procedure; independently perform the procedure <b>10</b> times under the direct observation of the physician or PA training. Participation in <b>5</b> or more procedures during the previous 12 month period.

Physician Assistant: Specialty and Subspecialty Procedures

Radiology:

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training and Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
			Independently performs the following procedures <u>under image guidance</u> as directed by physician:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Botox injections into salivary glands or muscle	ACLS or PALS certification required. Supervised instruction in at least <b>5</b> of the requested procedures; independently perform the procedure <b>3</b> times under the direct observation of the physician or PA training. Participation in <b>3</b> or more procedures during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thrombin injections for pseudoaneurysms	

Physician Assistant: Radiology (CONTINUED):

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training and Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ablations (RFA, cryo, microwave) of thorax, bone, abdomen or pelvic masses	ACLS or PALS certification required.  Supervised instruction in at least <u>5</u> of the requested procedures; independently perform the procedure <u>5</u> times under the direct observation of the physician or PA training. Participation in <u>5</u> or more procedures during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration/drain placement/removal of neck, spine, extremities, joints (including bursa and tendon sheaths), thorax, abdomen, or pelvis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biopsies (FNA or core) or wire localization of head, neck, spine, bone, extremities, thorax, abdomen, or pelvis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dobhoff feeding tube or NG placement under fluoroscopy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeding/urological/biliary tube maintenance	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G/J tube injection for assessment tube placement	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Injection of drain catheters, as needed for assessment of drain patency, and fluid collection size	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Myelograms	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement of femoral artery closure devices	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement/removal of tunneled catheters, ports, PICCs, dialysis catheters, central venous catheters, or Sorenson catheters	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Port contrast evaluations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of femoral artery sheaths	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Venograms	

**SPECIAL PRIVILEGES**

A separate application is required to APPLY or REAPPLY for the following Special Privileges:  
 ► FLUOROSCOPY  
 ► LASER  
 ► SEDATION PRIVILEGES FOR A NON-ANESTHESIOLOGIST  
 PLEASE go to URL: [www.med.umich.edu/i/oca](http://www.med.umich.edu/i/oca) for instructions, or contact your Clinical Department Representative.

**TO BE COMPLETED BY APPLICANT:**

I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials to the Medical Staff of MICHIGAN MEDICINE.

This practice agreement may be terminated at any time by the participating physician or PA by providing written notice to the other party at least thirty (30) days before the date of termination.

My signature below signifies that I fully understand the forgoing practice agreement and agree to comply with its terms without reservations.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT ACTION:**

Approval: \_\_\_\_\_ As Requested \_\_\_\_\_ As Modified

Explain any modifications:

\_\_\_\_\_  
\_\_\_\_\_

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant’s education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

**ACKNOWLEDGMENT OF PARTICIPATING PHYSICIAN(S):** The above-named practitioner shall work in collaboration with physicians in the exercise of clinical privileges, including those privileges exercised pursuant to delegation and supervision. I believe that above-named practitioner is competent and qualified by education, training and experience to perform the requested privileges. Consistent with MCL 333.17409(5), I am signing on behalf of the group of physicians privileged in this clinical department/service.

I agree to be continuously available in person or by direct telecommunication to the physician assistant or to ensure appropriate physician consultation is available to the physician assistant at all times that the physician assistant is engaged in clinical activities.

This practice agreement may be terminated at any time by the participating physician or PA by providing written notice to the other party at least thirty (30) days before the date of termination.

My signature below signifies that I fully understand the forgoing practice agreement and agree to comply with its terms without reservations.

Approval: \_\_\_\_\_ As Requested \_\_\_\_\_ As Modified

Explain any modifications or restrictions:

\_\_\_\_\_  
\_\_\_\_\_

**Participating Physician:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Service Chief:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department Chair:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date