

**MINUTES**

**UTAH  
PHYSICIAN ASSISTANT  
LICENSING BOARD  
MEETING**

**January 10, 2011**

**Room 402 – 4<sup>th</sup> Floor – 9:00 A.M.  
Heber Wells Building  
Salt Lake City, UT 84111**

**CONVENED:** 8:40 A.M.

**ADJOURNED:** 11:35 A.M.

**Bureau Manager:**

Noel Taxin

**Board Secretary:**

Karen McCall

**Compliance Specialist:**

Susan Higgs

**Board Members Present:**

Gordon L. Day, PA-C, Chairperson

Jeffrey M. Coursey

Shari Bloom, PA-C

Larry Reimer, MD

J. Paul Clark, MD

J. David Schmitz, MD

**Board Members Absent:**

Maria K. Skedros

**Guests:**

Bob Bunnell, Utah PA Association

David Cole, MD, UMA

Michelle McOmber, UMA

**DOPL Staff Present:**

Pam Bennett, Investigator

Karl Perry, Assistant Attorney General

Wayne Holman, Investigative Supervisor

**TOPICS FOR DISCUSSION**

**DECISIONS AND RECOMMENDATIONS**

**ADMINISTRATIVE BUSINESS:**

**MINUTES:**

The minutes from the September 13, 2010 Board meeting were read.

Dr. Clark made a motion to approve the minutes with minor revisions. Dr. Schmitz seconded the motion.

**The Board vote was unanimous.**

## **APPOINTMENTS:**

### **8:45 am to 9:45 am**

Review Supervision Requirements and Unprofessional Conduct in the Law

Ms. Taxin stated there needs to be discussion and clarification regarding some of the following scenarios:

Review Mr. Day's Position Paper on Physician Supervision

Ms. Taxin explained the Division has received applications that indicate the Physician Assistants (PA) are hiring their Physician supervisors to sign off as supervisor without being involved in the practice. She stated there are also some PA's who have Physician supervisors who are not working the same specialty as the PA. She stated her staff have informed these PA's that they must practice in the same specialty as the Physician supervisor. Ms. Taxin stated there are also PA's who own the practice and she has had the supervising Physicians show how they are independent from control of the PA's as the Law states a Physician cannot be an employee of the PA. Ms. Taxin requested the Board to advise her how to address these issues.

Discussion Regarding Physician Supervisory Relationship with PA's

Ownership of an Agency

**Dr. Clark suggested the issue be addressed in the Delegation of Services Agreement where everyone meets together, fills out the form and all sign it.**

PA's Running the Practice Independently

**Dr. Reimer commented the PA should not own a practice. He stated the Physician should establish the practice with the PA being a part of it. He stated the idea is there has to be a Physician in charge of the practice.**

Delegation of Services Agreement

**Ms. Bennett commented the PA could fill a need in an area where a Physician is too busy to be in two locations at the same time but the PA must still be supervised. She stated in rural areas there is sometimes not time for the Physician to run their own practice and supervise the practice of a PA. She stated the PA practice should be attached to the Physicians practice.**

**Dr. Cole commented ownership indicates control.**

**Mr. Day stated in the past the PA was hired by the**

**supervising Physician to work in the Physicians office or to work in another location owned by the Physician. He stated it is important that quality health care services are offered as well as appropriate supervision taking place.**

**Ms. Bloom stated the Law does not require the supervising Physician to be on site but does require the supervising Physician to be available by telephone if necessary. She stated Mr. Day's paper clearly outlines 10 guidelines for appropriate supervision for those entering into an agreement. She stated the Board has to give some level of credence that the PA is education, trained, etc., to treat patients appropriately as they are trained to step in and treat patients as an extender of the Physician.**

Ms. Taxin stated there are times when the Delegation of Services Agreement is written up without a thought of what is written just to get people working. She stated it is a waste of time if the agreement is written up just to appease the Division. She questioned if the Delegation of Service Agreement should be updated and possibly include a checklist with the requirements of the 10 items to be listed or if it should not be required.

**Ms. Bloom stated she believes there should be a requirement to submit a copy of the Delegation of Services Agreement with the application for review.**

**Dr. Clark suggested a copy be sent in when PA's renew.**

Ms. Taxin stated perhaps the first step is for the Board to review and give input to update the Delegation of Services Agreement.

Ms. Taxin stated she has had questions regarding co-signing of schedule II and III controlled substances (CS).

**Ms. Bloom asked what the purpose of co-signing is if the Physicians are too busy and are signing after**

**the fact.**

**Ms. McOmber responded co-signing is required by the Medical Practice Act.**

**Mr. Bunnell responded the requirement is also in the Physician Assistant Act.**

**Ms. Bennett asked if the Physicians are really supervising if they come to the PA's office to sign off on all II and III CS's two weeks later.**

**Mr. Coursey responded it comes back to the trust issue. He stated if the Physician trusts the PA the Physician may require the charts to be co-signed within a specific number of hours.**

**Mr. Day asked if defining the Delegation of Services Agreement more clearly to include expectations of the supervisor and the PA would be beneficial to investigators.**

**Ms. Bennett responded the investigators follow the guidelines in the Law and Rule and right now those guidelines are ambiguous. She stated she has found most PA's gather up their files and take them to the supervising Physician who quickly reviews and signs anything requiring a signature. She stated clearer guidelines would be helpful to investigators.**

**Mr. Cole stated the UMA understands the intent of the Law is that Physicians are to supervise PA's. He stated if they are not supervising substantially and appropriately it is a concern but the supervision could be broad with flexibility.**

Ms. Taxin stated the expectations of supervision might need to be in the Law as nothing in the Law or Rule addresses it at this time. She asked if the Board believes the Delegation of Services Agreements (DSA) should be submitted each time the Physicians and PA's update. She stated the Division approves supervisors but often it is found PA's are not requesting the Physicians to be approved or in a timely manner. Ms. Taxin stated she has noticed many DSA's which are submitted are completed by PA's

and she wonders if the supervising Physicians understand their role. She stated if the Division requires all the DSA's to be submitted there could be a storage issue as the Division has to keep the information if it is submitted.

**Mr. Day recommended three Board members review the current DSA document and report back concerning any recommendations for updates.**

**Ms. Taxin, Ms. Bloom, Dr. Clark and Mr. Coursey volunteered to conduct the review. Mr. Day recommended Mr. Bunnell and Dr. Cole also assist. Mr. Coursey stated they did not have to meet in person, that he would initiate an e-mail.**

Ms. Taxin stated she will coordinate with Dr. Cole and Mr. Bunnell once a draft is created.

Ms. Taxin requested the committee discuss and send her the information to put into the application format to send out to all Board members to review.

Ms. Taxin stated she has informed some of the supervising Physicians she has talked with regarding what is expected of the supervising relationship. She stated it appears to be necessary to have a specific CE course if you are supervising PA's.

**It was determined the committee will e-mail to develop a viable agreement, send it to Ms. Taxin to put into an application format for the Board to review.**

**9:45 am**

Susan Higgs, Compliance Update

Ms. Taxin read the Stipulation and Order facts of **David E. Pontious's** case. She stated Mr. Pontious has been in the process of obtaining a supervisor for his weight loss clinic since October. She stated he has submitted a number of DSA's for Physicians to supervise him and those Physicians have not worked out. Ms. Taxin stated the clinic is MD Diet, a family business, with locations in Ogden, Salt Lake, Orem and St. George.

Ms. Taxin updated the Board on the variety of

supervisors Mr. Pontious proposed along with the various DSA's. She read Mr. Pontious's last supervisor, Dr. Moody's, notes and letter of concern regarding his supervision of Mr. Pontious and his immediate termination of the supervisory relationship.

Ms. Taxin summarized Dr. Moody's concerns stating they included the agency not being more medically oriented, Mr. Pontious not showing up for his appointments with Dr. Moody, concerns with prescriptions prescribed, medications being given for long periods of time without any blood work ups or contracts and patients not losing weight while on the medications. She stated the letter stated Mr. Pontious would not follow the guidelines Dr. Moody gave him.

Ms. Taxin stated Board members have copies of all the different Delegation Agreements to review. She stated the agency is doing cosmetic injections without a supervising Physician who has cosmetic injections or weight loss in their background. She stated Mr. Pontious has not had a substitute supervisor and an APRN is also employed at MD Diet providing the same services as Mr. Pontious and he was supervising medical assistants.

Ms. Taxin discussed her interactions with Dr. Sharp, his initial and current proposed supervisor. She explained her discussions including ensuring Dr. Sharp was educated and experienced in the services MD Diet provides and that he update his skills before services are provided.

**Dr. Schmitz clarified the Salt Lake agency of MD Diet lacks Physician supervision and lacks the skills to provide cosmetic services. He also asked if PA's are allowed to supervise medical assistants.**

Ms. Taxin responded Dr. Schmitz is correct and a PA cannot normally supervise medical assistants as MA's are addressed in the Physician Practice Act but the supervising Physician could delegate to the PA.

Ms. Taxin requested the Board to review all the clauses and conditions with Mr. Pontious and Dr. Sharp to be sure they understand what is required and

the expectations of the Board. She stated the Board may request Dr. Sharp to re-write the Delegation of Services Agreement to include additional details if necessary. Ms. Taxin stated she gave permission for Mr. Pontious to work under Dr. Sharp but informed them that the Board could make changes. She stated Dr. Sharp has stated Mr. Pontious has not been doing any medical services except intake and management since his discussion with her.

**Dr. Schmitz commented if there is an APRN working at MD Diet they need a Physician working there.**

**Ms. McOmber stated the APRN is required to have a collaboration agreement with a Physician.**

**Ms. Bloom asked what action the Board is to take if they believe there are concerns.**

Ms. Taxin responded she believes the Board could require Mr. Pontious to stop working as a PA until the supervising Physician obtains the appropriate education. She stated the Board has authority over the PA license but not the Physicians license.

**10:00 am**  
David E. Pontious, PA, and Dr. Gary Sharp,  
Proposed Supervisor, Initial Probationary  
Interview

Mr. Pontious and Dr. Sharp met for Mr. Pontious's initial probationary interview.

Board members and Division staff were introduced.

Mr. Day conducted the interview.

**Mr. Day asked Mr. Pontious to explain his type of practice.**

Mr. Pontious responded he has a weight loss practice and Dr. Sharp is his current Physician supervisor.

**Mr. Day asked Dr. Sharp if he is familiar with this type of practice.**

Dr. Sharp responded he was not familiar with this type of practice but has educated himself for a couple of months in a variety of ways to be prepared to

supervise Mr. Pontious.

**Mr. Day asked how Dr. Sharp is remunerated.**

Mr. Pontious responded MD Diet pays Dr. Sharp.

**Dr. Schmitz asked Dr. Sharp what programs he has attended to prepare to supervise Mr. Pontious.**

Dr. Sharp responded he has reviewed DVD's and CD's regarding weight loss management and he plans to attend a conference in March to obtain additional education.

**Mr. Day asked Mr. Pontious to briefly explain what brought him before the Board.**

Mr. Pontious responded his supervising Physician was Dr. Nichols who had his California license revoked for refusing to submit to an examination. Utah then allowed him to surrender his Utah license based off the California action.

Mr. Pontious stated he was unsupervised for a period of time. He stated an investigator came to the clinic and asked to review the Delegation of Services Agreement. He stated he did not have one at the site and had to go find it. Upon locating the agreement it stated he would not write controlled substance medications. During the investigation it was found on the CSD controlled substance prescriptions were written. He stated he looked for a supervisor which was difficult but found Dr. Moody and they came up with an agreement that he would work 50% of the time at MD Diet and 50% of the time at Dr. Moody's office. Mr. Pontious stated Dr. Moody then wanted him to start sending his patients over to Dr. Moody's clinic and had said when the patient base was high enough he could work at Dr. Moody's clinic full time. He stated Dr. Moody then quit as his supervisor and he contacted Dr. Sharp again. Mr. Pontious stated Dr. Sharp is his only supervisor and he sees patients. He stated there is also an APRN who sees patients.

**Mr. Day asked Dr. Sharp how many hours a week he is working at MD Diet and what his specialty is.**

Dr. Sharp responded he works about 16 hours a week and his specialty is OBGYN. He stated Mr. Pontious works Monday, Wednesday and Friday for about 30 hours a week and has done paperwork the last couple of weeks while he has seen the patients.

**Dr. Clark asked Mr. Pontious if he has any financial interest in the business.**

Mr. Pontious responded Jared Lundall is now the owner of MD Diet so not at this time but in the future he will have some type of ownership.

**Ms. Bloom asked if Mr. Pontious is doing cosmetic services.**

Mr. Pontious responded yes. He stated he is certified in Botox injections and mesotherapy. He stated he cannot find the certification so he is not doing those procedures at this time.

**Dr. Clark asked Dr. Sharp who is his backup if he is not available.**

Dr. Sharp responded it is not an issue at this time as he has always been available.

**Dr. Clark stated it is an issue as there needs to be a substitute available.**

**Ms. Taxin commented it is about public service and if Dr. Sharp is not available there needs to be a substitute who could be available. She stated Mr. Pontious could see patients if Dr. Sharp or the substitute were available by telephone.**

Dr. Sharp responded if there is an issue Mr. Pontious will not see patients until he is available.

**Dr. Reimer asked when Mr. Pontious was informed Dr. Nichols could no longer supervise him.**

Mr. Pontious responded he was informed by an investigator in October 2010, when the investigator came into his office.

**Ms. Taxin stated Ms. Bolinder called and had sent a letter to Mr. Pontious prior to the investigator coming to his office.**

Mr. Pontious responded he did not remember receiving a letter.

**Dr. Clark asked what Mr. Pontious did after he was informed and Dr. Nichols was no longer coming into the office.**

Mr. Pontious responded he would call Dr. Nichols or would not do that particular procedure that day. He stated Dr. Nichols was having health problems and if he was having a bad day it would appear he was not coherent. He stated if Dr. Nichols was having a good day he would be at the clinic with him or available for him.

**Mr. Coursey asked who hired Dr. Nichols and who oversaw his bad days.**

Mr. Pontious responded Dr. Nichols was hired by the corporation of MD Diet. He stated Dr. Nichols wife took care of him and he, Mr. Pontious, oversaw the clinic. He stated he and Dr. Sharp have discussed the same type of business arrangement.

**Mr. Day asked Dr. Sharp if he dealt with weight loss in his practice.**

Dr. Sharp responded no. He stated his practice was only OBGYN but there were patients who needed to lose weight to get pregnant. He stated his knowledge is limited but he knows a decrease in calories will result in a loss of weight.

**Dr. Clark asked what happened if the patients were not losing weight.**

Dr. Sharp responded for many patients the problem of not losing weight was due to not following the instructions. He stated if they did not lose weight he would consult the family and/or internal medicine and he also sent some patients to psychiatry to see if they

had other issues.

**Dr. Clark asked what degree of supervision Dr. Sharp will give Mr. Pontious and will he review all patient charts.**

Mr. Pontious responded Dr. Sharp will review a minimum of 20% of all charts and sign off on all Schedule II and III Controlled Substances but he will have access to all charts.

**Ms. Bloom commented the Order requires a suitable replacement supervisor to be chosen by Dr. Sharp. She asked if he has established a suitable replacement.**

Dr. Sharp responded no. He stated Physicians he knows say MD Diet Clinic is too far for them to travel. He stated he does know a few people in Park City and will contact them as possible replacements.

**Ms. Bloom asked what happens if Dr. Sharp is not available.**

Dr. Sharp responded Mr. Pontious does not see patients if he is not available. He asked if it is acceptable if he is in contact with Mr. Pontious by cell phone while he is in California taking a course. He stated he also has e-mail available on his cell phone.

**Ms. Taxin responded yes but in case Dr. Sharp does not answer Mr. Pontious will need to know the process if there is an emergency or will need to call 911 but best care of patients would be to have a substitute available.**

**Mr. Coursey asked what type of physical Mr. Pontious conducts on his patients.**

Mr. Pontious responded he has a general questionnaire and if the patient checks heart and/or lung problems then he checks for edema.

Dr. Sharp responded the questionnaire is a standard medical history for all patients to complete. He stated if anything is checked as "yes" then he or Mr.

Pontious go into more detailed questions or examination of the patient.

**Dr. Schmitz commented this is a case where Mr. Pontious has been practicing medicine without any supervision for several months. He stated for now he would like to see documentation of Mr. Pontious being in contact with Dr. Sharp every day he is working.**

Dr. Sharp asked if a cell phone log would be acceptable.

**Dr. Schmitz responded he would accept a cell phone log or e-mail log.**

**Ms. Taxin suggested Ms. Higgs give Dr. Sharp a log to fill out and submit with his supervisor reports as that would protect Dr. Sharp and document Mr. Pontious is receiving the support he needs.**

Mr. Pontious asked if he needs to contact Dr. Sharp if he is working 10 hours and Dr. Sharp is only working 5 hours.

**Dr. Schmitz responded the 5 hours Dr. Sharp would be working with Mr. Pontious would suffice as contact.**

**Ms. Taxin stated the Board cannot say a specific number of contacts per day. She then asked if Dr. Sharp and Mr. Pontious are reviewing the regiment of medications being prescribed.**

Dr. Sharp responded yes. He stated the previous supervisor also mentioned conducting a review. He stated he has recommended patients take one specific weight loss medication in the morning and the other specific weight loss medication later or not at all as there are concerns with combining the two at the same time.

**Ms. Bloom asked if new patients are prescribed both weight loss medications.**

Dr. Sharp and Mr. Pontious responded there are no

new patients at this time but when they have new patients they will not be prescribed both medications.

Dr. Sharp stated the medications are not good for long range weight loss.

**Mr. Day stated Dr. Moody submitted a very strongly written letter regarding Mr. Pontious and the practice at MD Diet. He asked if Mr. Pontious has seen a copy of the letter.**

Mr. Pontious responded no.

**Mr. Day stated the letter points out concerns of practicing inappropriately. He then read the letter and asked Mr. Pontious what changes he has made in the practice.**

Mr. Pontious responded he was in the process of getting patients off the evening suppressant. He stated as long as he has been at the clinic the evening suppressant has been prescribed to suppress evening hunger pangs.

Dr. Sharp responded Mr. Pontious has listened to his concerns about prescribing the medications.

**Mr. Day pointed out Dr. Moody's letter states it was difficult to supervise Mr. Pontious as he would not listen to suggestions given.**

Mr. Pontious did not respond.

**Ms. Taxin asked who supervises the APRN as the APRN needs to have some type of prescribing consultant agreement.**

Dr. Sharp responded he does not supervise the APRN and has no agreement or relationship with the APRN.

**Ms. Taxin left the meeting to obtain clarification on the APRN Statute requirements for supervision.**

**Ms. Bloom stated the Order requires that Mr. Pontious not prescribe schedule II or III controlled substances and later in the Order it states not**

**prescribe sleeping aides.**

**Dr. Clark responded sleeping aides are not II's or III's.**

**Mr. Day asked if Mr. Pontious and Dr. Sharp are comfortable with the recommended changes.**

Dr. Sharp responded they have already established that he will be co-signing all prescriptions and Mr. Pontious has agreed not to write any schedule II or III.

**Mr. Day stated the Delegation of Services Agreement is the only oversight the Board has with PA's at this time. He stated the agreement will probably be changing to be more meaningful. He stated a person cannot read a chart to determine if the patient was cared for appropriately but could determine appropriate care by working at the clinic and interacting with patients.**

**Ms. Taxin returned to the meeting and clarified that if an APRN is prescribing schedule II and III controlled substances they must have a collaboration agreement with a Physician.**

Mr. Pontious asked if the agreement is needed if the APRN is prescribing schedule IV controlled substances.

**Ms. Taxin responded she understands the answer would be no.**

**Ms. Bloom asked if patients are in any dietary and/or exercise programs and if the weight is not coming off does Mr. Pontious keep patients on the medications. She also asked if he has a contract with the patients.**

Mr. Pontious responded all patients are required to attend nutrition and exercise classes. He stated patients coming to the clinic generally lose 16 to 20 pounds a month, depending on the program they are on and all patients are required to sign in. He stated there a few patients who are not compliant with the weight loss program. Mr. Pontious stated if the patient

demonstrates they are motivated and want to get back on the recommended diet then, yes, he continues the medications.

Dr. Sharp stated there are some patients who have gone way up in weight and then gone down.

**Mr. Day asked if they use any injections for obesity weight loss.**

Mr. Pontious responded yes. He stated they are using B-12 and HCG injections weekly.

**Ms. Taxin reminded Mr. Pontious and Dr. Sharp that an MD or DO are the only authorized people who can dispense HCG out of the office but the PA can administer and prescribe it. She asked who is administering HCG in the office.**

Mr. Pontious responded he and the medical assistant have given the shots.

**Ms. Taxin stated it is out of the scope of practice for the medical assistant to independently inject patients and if Dr. Sharp uses the injections as one of the modalities then Mr. Pontious may use injections, but Dr. Sharp does not, therefore, Mr. Pontious cannot use it as it is not in the protocol.**

Dr. Sharp stated he is not sure HCG is appropriate prescription. He stated while on a 50 calorie diet a person will loose weight.

**Mr. Day asked if Mr. Pontious has completed a clinical education program as that would assist him in appropriate prescribing for weight loss.**

Dr. Pontious responded no, he has not yet taken a course.

**Ms. Taxin stated there are State and Federal Laws and Rules for the profession and this type of prescribing. She stated Mr. Pontious and Dr. Sharp should review to be sure they are following all requirements. Ms. Taxin suggested Mr. Pontious report to the Board at his next**

**appointment what he learned from the review. She stated she believes Dr. Sharp has a plan and she believes it is important for Mr. Pontious to listen, observe and learn some things based on Dr. Sharp's input and plan.**

Dr. Sharp stated he would welcome any suggestions in regard to the supervision reports.

**Ms. Taxin responded Dr. Sharp should address Mr. Pontious is practicing under his direction, is or is not accepting feedback, address competency, following guidelines, etc. She stated the report is to assure the Board Mr. Pontious is practicing safely. She stated Dr. Sharp could pull a random chart, review it and send it with Mr. Pontious to his next appointment with the Board to show any issues and how they were resolved. She instructed Dr. Sharp to fax all paperwork to Ms. Higgs.**

**Dr. Schmitz suggested the requirement of keeping a log should be included in the Delegation of Services Agreement.**

**Ms. Taxin stated Dr. Sharp had informed her he was not familiar with Botox injections as a service and was very clear that Mr. Pontious cannot do Botox injections until Dr. Sharp approves of the treatment as under his scope.**

Dr. Sharp asked what type of training the Board considered adequate, a course or training from a surgeon.

**Ms. Taxin responded both a course and training from a surgeon would be good. She stated ACGME courses are required for recertification and if Dr. Sharp could find a course through ACGME it would be an accepted program.**

**Ms. Higgs reminded Mr. Pontious he will need to write triplicate prescriptions; one for the patient, one for the patient file and one to submit to the Division after Dr. Sharp reviews it.**

Mr. Pontious voiced understanding. He stated he

brought some today. He stated all his patients receive medications and when Dr. Sharp comes into the clinic he will have a stack of charts to review and co-sign for the prescriptions. He asked if Dr. Sharp is required to sign all his charts that have prescriptions.

**Ms. Taxin responded yes. She stated the Stipulation and Order requires all CS's to be reviewed and those charts co-signed. She stated Ms. Higgs will also be pulling Mr. Pontious's CS database for review and feedback.**

**Mr. Day stated that requirement may change later but that is the requirement at this time.**

Mr. Pontious stated there is a large stack of charts Dr. Moody did not sign. He asked if Dr. Sharp needs to review and sign those charts. He stated he has the triplicate copies of prescriptions written from Dr. Moody's time but they are not numbered.

**Ms. Taxin responded those charts were prior to Dr. Sharp and Dr. Sharp should start fresh. Ms. Taxin stated the prescriptions Mr. Pontious writes from today forward need to have consecutive numbers and signed by Dr. Sharp.**

**Dr. Clark commented it appears Mr. Pontious has been listening to the Board and is willing to work on his conditions to retain his license.**

**Dr. Schmitz commented if Mr. Pontious completes the conditions of his probation he will be able to retain his license.**

Mr. Pontious responded he does want to retain his license and it appears the probation process will be a valuable education for him.

**Mr. Coursey commented it appears Mr. Pontious is invested in prescribing the diet medications. He suggested Mr. Pontious do some research and look at the evidence and then prescribe with additional information.**

**Ms. Taxin stated Mr. Pontious may want to**

**consider alternative prescriptions and/or other methods in collaboration with Dr. Sharp.**

**The Board determined Mr. Pontious is in compliance as much as possible for his first probationary interview.**

**An appointment was made for Mr. Pontious to meet again March 14, 2011.**

**DISCUSSION ITEMS:**

PA's Prescribing at Parties to Friends

Ms. Taxin explained she received a telephone call regarding PA's prescribing CS's at parties to individuals who are not patients and there are no charts made out or retained on these individuals. She stated this is unlawful practice. Ms. Taxin suggested the Association include something in their newsletter regarding if a PA is prescribing to an individual, the individual is then considered a patient and needs to have a patient chart.

No Physician Supervision or Limited Supervision of PA's

**Mr. Coursey asked if the caller was a viable source.**

Ms. Taxin responded yes. She stated the Division is receiving more telephone calls for clarification of scope of practice. She voiced concern as the PA profession has been very quiet and is now becoming active with issues such as PA's not being supervised and the lack of submitting a Notification of Change when changing supervisors. She stated many States have large penalties when their PA's do not report changes within a specific period of time. Ms. Taxin stated she is not sure why there is such confusion for the PA's and the Physicians. She stated supervision to her means the supervisor touches bases with the supervisee and knows what they are doing. Ms. Taxin stated even Mr. Pontious argued about the requirement of a supervising Physician in his scope of practice.

**Mr. Coursey responded he believes Mr. Pontious is personally very invested in the business.**

Ms. Taxin stated she believes Ms. Bloom was asking pointed questions which were not answered by Mr. Pontious. She stated Dr. Moody made strong

comments regarding his perception of the MD Diet clinic which concerned Dr. Moody. She stated the current PA Law is loose and should be reviewed for clarification of expectations of supervision.

**Board members concurred.**

Ms. Bloom Question Regarding NCCPA Certification

Ms. Bloom asked if PA's are required to maintain the NCCPA Certification to renew their license or if it is only required for initial licensure.

**The Board, Ms. Taxin and Mr. Bunnell responded the NCCPA Certification is required for initial licensure only.**

Ms. Bloom asked if maintaining certification would count for CE requirements.

**Ms. Taxin responded yes. She stated the Board previously discussed requiring documentation of a current NCCPA Certification for renewal but decided to leave the CE requirement as it is currently written.**

**Mr. Bunnell explained there a several licensees who have allowed their NCCPA Certification to expire and would be required to take the original PANZ examination to re-certify. He stated taking that examination would be very difficult for many.**

Mr. Day Clarification

Mr. Day reminded the Board that Dr. Schmitz was to attend a UMA meeting and report back to the Board. He asked if Dr. Schmitz attended a meeting.

**Dr. Schmitz responded yes he did attend a UMA meeting. He stated the Physicians Board is half the equation and the PA Board is the other half in regard to supervision.**

**Ms. Taxin commented she believed the Board also discussed Dr. Schmitz attending the Physicians Licensing Board meeting. She suggested Dr. Schmitz wait on attending. She stated if necessary she will contact Dr. Schmitz to meet with the Physicians Board.**

2011 Board Meeting Schedule

The Board noted the following dates for the 2011 Board meeting schedule: March 14, June 27, September 26 and December 19, 2011.

**NEXT MEETING SCHEDULED FOR:**

March 14, 2011

**ADJOURN:**

The time is 11:35 am and the Board meeting is adjourned.

*Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.*

March 14, 2011  
Date Approved

(ss) Gordon L. Day, PA-C  
Chairperson, Utah Physician Assistant Licensing Board

February 7, 2011  
Date Approved

(ss) Noel Taxin  
Bureau Manager, Division of Occupational & Professional Licensing