

# DOCTORS

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## BRIDGING THE GAP:

MANAGING LIABILITY RISKS WHEN WORKING  
WITH ADVANCED PRACTICE PROVIDERS



### find out...

- What laws govern the relationship between Physicians and Advanced Practice Providers (APPs)?
- How can Physicians reduce liability risk when working with APPs?
- What supervisory load is appropriate when Physicians manage APPs?

## A LETTER FROM THE CHAIR OF THE BOARD

Dear Colleague:

This edition of *Doctors RX* addresses best practices for Physicians who work with Physician Assistants and Nurse Practitioners. As legislatures continue to expand the scope of practice for Advanced Practice Providers, we as Physicians need to maintain our vigilance and continue to deliver high-quality care.

Sincerely,

George S. Malouf Jr., M.D., FACS

Chair of the Board

MEDICAL MUTUAL Liability Insurance Society of Maryland

Professionals Advocate Insurance Company



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## DOCTORS RX

Michael Doll, Editor,  
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## BRIDGING THE GAP: MANAGING LIABILITY RISKS WHEN WORKING WITH ADVANCED PRACTICE PROVIDERS

### Consider this:

You run a bustling Primary Care practice with locations in Maryland and Virginia and rely on Physician Assistants (PAs) and Nurse Practitioners (NPs) to manage your growing patient load. One busy morning, a male patient in his late 50s comes to your Virginia office and sees an NP for an acute visit. The patient's primary complaint is a new onset of chest pain after eating spicy food. The patient has a history of gastroesophageal reflux disease (GERD) and, considering this history, the NP decides to increase the patient's proton pump inhibitor dosage. The NP then schedules the patient for a follow-up appointment in six weeks. The patient never returns.


*The letter asks you to release the patient's records. You wonder whether your NP, your practice, or even you are about to face a malpractice lawsuit.*

### You Ask Yourself:

- Could I have done anything to assist the NP in identifying a potential cardiac problem?
- What does the law say about my role while working with NPs and PAs?
- Should I rethink how I collaborate with the NPs and PAs working in my practice to improve patient outcomes?

### THE CHALLENGE: EVOLVING ROLES OF ADVANCED PRACTICE PROVIDERS

The introductory scenario, while hypothetical, is plausible for many modern medical practices. Many practices have turned to Advanced Practice Providers (APPs) to deliver essential services as health care evolves, and Physician shortages continue. When Physicians work more closely with APPs, the questions of liability become more complex: If a medical error occurs, who is responsible? What actions can Physicians take to avoid being drawn into legal disputes while still collaborating effectively with APPs?



*A few months later, you receive a letter from an attorney stating that the patient suffered a myocardial infarction and died just three days after being seen in your practice by an NP.*



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## Consider

**Physicians should be familiar with the current regulatory frameworks that govern APPs.**

This article explores the challenges Physicians face when collaborating with APPs and offers suggestions to navigate those challenges, which may protect both patients and practices. Understanding that **active engagement** can help mitigate risks and maintain high-quality patient care is essential for Physicians practicing alongside APPs.

## LEGAL LANDSCAPE: UNDERSTANDING REGULATORY REQUIREMENTS

Physicians should be familiar with the current regulatory frameworks that govern APPs since the roles of NPs and PAs have evolved over time. Note that these frameworks vary among states.

*A Maryland Nurse Practitioner* must undergo 18 months of mentorship with a practicing NP or Physician before they are permitted to practice autonomously. After completing this mentorship, the NP can practice independently without a collaborative agreement with a Physician.<sup>1</sup>

*A Virginia Nurse Practitioner* must practice under a reduced practice model, which requires a supervisory agreement with a

Physician. After three years or 5,400 hours of clinical experience, the NP can apply for an autonomous practice license, allowing them to practice independently.<sup>2</sup>

*A Maryland Physician Assistant*, as of October 1, 2024, must practice under a new collaboration agreement requirement that replaced the previous delegation agreement requirement. The collaboration agreement between a PA and a Physician should include details regarding the scope of practice, supervision requirements, and protocols for the PA's consultation with Physicians. PAs still cannot practice independently. Physicians must provide oversight and guidance.<sup>3</sup> A Physician may supervise up to eight PAs in non-hospital settings. In hospitals, correctional facilities, detention centers, and public health facilities, a Physician may supervise more than eight PAs.<sup>4</sup>

*A Virginia Physician Assistant* must work under a written or electronic practice agreement with a supervising Physician who provides continuous oversight. The practice agreement must include the following: details regarding the periodic review of patient charts or electronic health records; guidelines for collaboration and consultation among the patient care team and the patient; periodic joint evaluation



## Regulations for Advanced Practice Providers



Maryland PAs<sup>5</sup>



Maryland NPs<sup>6</sup>



Virginia PAs<sup>7</sup>



Virginia NPs  
(licensing)<sup>8</sup>



Virginia NPs  
(prescriptive authority)<sup>9</sup>





of the services delivered; and, provisions for appropriate Physician input in complex cases, emergencies, and for referrals.<sup>10</sup> Importantly, Virginia law requires that the Physician “review the clinical course and treatment plan for any patient who presents for the same acute complaint twice in a single episode of care and has failed to improve as expected,” “be involved with any patient with a continuing illness,” and “be available at all times to collaborate and consult with the [PA].”<sup>11</sup> Additionally, under Virginia law, a Physician on a patient care team is limited to collaborating with or consulting for no more than six PAs at any one time.<sup>12</sup>

## RISK MITIGATION: AVOIDING PATIENT HARM AND LEGAL ENTANGLEMENTS

How can Physicians avoid unfavorable patient outcomes and reduce the risk of legal exposure to themselves, their practices, and their employed APPs? We recommend several proactive measures. Generally, a collaborative, communicative, and well-documented approach can minimize liability, ensure that APPs receive support, and maintain quality patient care.

Consider the following recommendations when working with APPs. These recommendations may not be required by law, but are good general measures to reinforce a culture of collaboration in your practice, which can mitigate risk for your employed APPs, yourself, and/or your practice.

### Encourage Elevation of Care

APPs should be equipped and empowered to escalate complex cases to Physicians in your practice. If possible, Physicians should make themselves available during patient encounters, particularly for high-risk or complex cases. When Physicians are supervising APPs, their real-time input during patient visits can result in beneficial guidance on diagnostics and treatment.<sup>13</sup>

***Risk Scenario:** Assume that the NP in the introductory scenario is relatively new to your Virginia office and is still working under your direct supervision. When the NP took a history and reviewed the patient’s chart, they spoke with you to discuss their differential diagnosis. You then reviewed the case and based on your knowledge and experience, recommended that the patient go to the emergency department. Encouraging elevation of care led to a positive outcome for your practice’s patient.*



### Note

***Physicians should make themselves available during patient encounters, particularly for high-risk or complex cases.***



## Consider

**Engage with APPs and other Physicians in your practice during regularly scheduled meetings.**

### *Implement Structured Collaboration Meetings*

Consider engaging with APPs and other Physicians in your practice during regularly scheduled “grand rounds”-type meetings. Regular collaborative meetings can help ensure that all members of the care team in your practice are aligned on treatment plans and protocols.<sup>14</sup> These meetings provide an opportunity for discussion, advice, sharing, and continuous education. Fostering a culture of collaboration through structured team meetings can improve care and may reduce the potential for misdiagnoses or treatment errors.



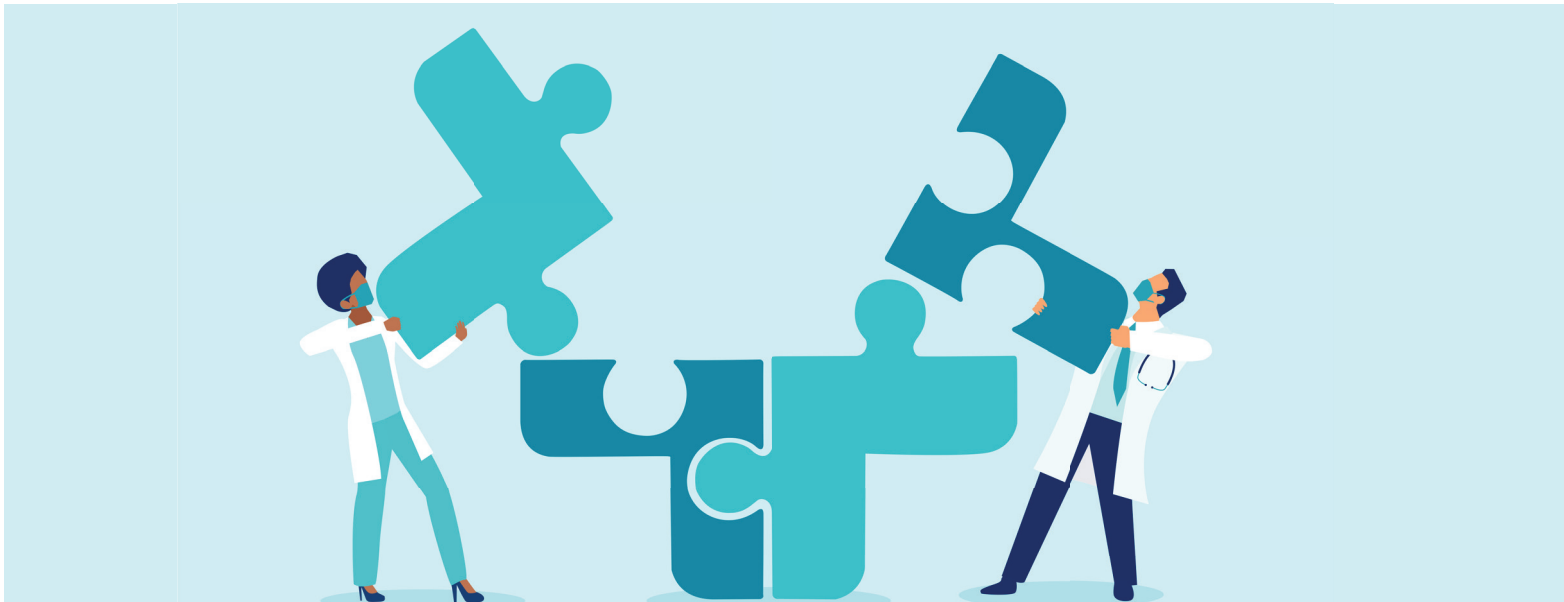
***Risk Scenario:** Assume that the NP in the introductory scenario practices independently in one of your Maryland offices. The NP, along with all other APP and Physician employees in your practice, attends a monthly collaborative meeting. At one of these recent meetings, a Physician shared their experience about a patient who presented to the office with GERD-like symptoms and had a myocardial infarction while in the office. Another Physician in the meeting*

*then shared a peer-reviewed journal article with the group that they found helpful on the symptomatology associated with myocardial infarctions. Having had this collaborative experience, the NP expanded their differential diagnosis for the patient in the introduction and sent the patient to the emergency department. Structured collaboration led to a positive outcome for your practice's patient.*

### *Timely Review of Patient Records*

Physicians should regularly review records of patient encounters soon after they occur, especially for cases handled by APPs under their supervision. According to a recent report by the American Association of Nurse Practitioners (AANP), internal practice policies often require Physicians to conduct regular chart reviews, even in full practice authority states like Maryland and Virginia.<sup>15</sup> Consider instituting your own policy that fits your practice and outlines periodic care team chart reviews. This process can ensure that care at your practice aligns with practice protocols and collaboration agreements, so that timely collaboration between APPs and Physicians may improve patient outcomes.

***Risk Scenario:** Assume that at the end of each day, you review the new chart entries of your employed APPs, regardless of whether you supervise them. You see the chart entry for the NP in the introductory scenario and note that they sent the patient home with an order to follow-up in six weeks. Based on*



your knowledge and experience, you wonder whether the NP ruled out a cardiac cause of the patient's complaints. Although you do not supervise this particular NP, you call them to discuss the case, and you both conclude that the patient should go to the emergency department. Your office then contacts the patient to relay that recommendation. Timely review of records in this scenario led to a positive outcome for your practice's patient.

#### **Document Physician Involvement**

The medical record should clearly document how a Physician supervises and/or collaborates with APPs in the care of a patient.<sup>16</sup> If a PA or NP seeks advice or consultation, ensure that the interaction is documented in the chart and that the record describes any guidance the Physician provided. For supervisors of APPs, clear documentation of Physician involvement will demonstrate that you are fulfilling your supervisory responsibilities.

**Risk Scenario:** Assume that in the introductory scenario, you supervise the NP. Because you have encouraged elevation of care in your practice, the NP speaks with you about the patient's presentation, and you both examine the patient together. You agree with the NP that the patient's presentation and history are consistent with GERD and have the patient follow-up with your practice in six weeks. After the visit, neither you nor the NP document your involvement in the patient's care. Now, when faced with a lawsuit, the NP will need to address a challenge for their defense that could

have been avoided. If you testify that you and the NP agreed on the plan of care, Plaintiffs will likely question your credibility by asking why no one documented your involvement and suggesting that your testimony is "convenient" for the defense. Thorough documentation of any Physician involvement in care rendered by APPs is essential to establishing a solid defense.

#### **For Supervisors of APPs: Limit Your Supervisory Load**

Physicians who have direct supervision of PAs or non-independent NPs should avoid stretching themselves thin with their supervisory load. Although you cannot supervise more APPs than regulations allow, you also should not supervise more APPs than you can effectively collaborate with and support.

**Risk Scenario:** In the introductory scenario, assume you supervise all PAs and non-independent NPs employed by your practice. The NP who sees the patient tries to contact you for a brief consultation before sending the patient home. You are unavailable because you are dealing with another issue raised by one of your supervised PAs and then go back to treating your own patients. Without your input, the NP decides to discharge the patient with instructions to follow up in six weeks. Now, when faced with a lawsuit, you and your practice may be subject to claims of inadequate supervision of the NP. Limiting the number of APPs under your supervision ensures that your practice can provide quality patient care.



#### **Note**

**The medical record should clearly document how a Physician collaborates with an APP in the care of a patient.**





## Remember

*A collaborative, well-documented approach can minimize liability while ensuring that APPs receive support.*

## CONCLUSION: STAY INVOLVED

As APPs become increasingly prevalent in health care, Physicians must cultivate an environment of **active engagement** in their practices to improve patient outcomes, mitigate liability risks, and—in the unfortunate event of a lawsuit—have a framework for a strong defense. It is essential for Physicians to understand their role when collaborating with APPs, whether as direct supervisors or working alongside them as independent health care providers.

### Remember the Following Suggestions:



**Encourage Elevation of Care:** Establish a working environment in which APPs can escalate complex cases to Physicians when necessary.



**Implement Structured Collaboration Meetings:** Hold regularly scheduled team meetings with APPs and other providers in your practice to support collaboration, alignment on treatment plans, and ongoing education.



**Timely Review of Patient Records:** Routinely review chart entries by APPs in a timely fashion to ensure that care plans by APPs are aligned with the standard of care.



**Document Physician Involvement:** Ensure that the medical record demonstrates the oversight and involvement of all health care providers—both Physicians and APPs—in patient care.



**For Supervisors of APPs—Limit Your Supervisory Load:** Avoid overextending yourself by supervising a manageable number of APPs and no more than regulations allow.

By implementing the strategies discussed in this article, Physicians can work together with APPs to navigate the complexities of modern health care. Embracing a culture of **active engagement** with APPs in your practice can help mitigate liability risks for your practice and optimize patient care and outcomes.

## references

<sup>1</sup> Md. Code Ann., Health Occ. § 8-302.1 (2018); Md. Code Regs. 10.27.07.02 (2018).

<sup>2</sup> Va. Code Ann. § 54.1-2957(l) (2024); 18 Va. Admin. Code § 90-30-86 (2024).

<sup>3</sup> Md. Code Ann., Health Occ. § 15-101(r) (2024); Md. Code Ann., Health Occ. § 15-302 (2024).

<sup>4</sup> Md. Code Ann., Health Occ. § 15-302(d) (2024).

<sup>5</sup> Md. Code Regs. 10.32.03. <https://bit.ly/4lej3E2>

<sup>6</sup> Md. Code Regs. 10.27.07. <https://bit.ly/44OjEqh>

<sup>7</sup> 18 Va. Admin. Code 85-50. <https://law.lis.virginia.gov/admincode/title18/agency85/chapter50>

<sup>8</sup> 18 Va. Admin. Code 90-30. <https://law.lis.virginia.gov/admincode/title18/agency90/chapter30>

<sup>9</sup> 18 Va. Admin. Code 90-40. <https://law.lis.virginia.gov/admincode/title18/agency90/chapter40>

<sup>10</sup> Va. Code Ann. § 54.1-2951.1 (2024); 18 Va. Admin. Code § 85-50-110 (2021); 18 Va. Admin. Code § 85-50-115 (2021).

<sup>11</sup> Va. Admin. Code § 85-50-110 (2021).

<sup>12</sup> Va. Code Ann. § 54.1-2952 (2024).

<sup>13</sup> Rosen MA, DiazGranados D, Dietz AS, Benishek LE, Thompson D, Pronovost PJ, Weaver SJ. Teamwork in Healthcare: Key Discoveries Enabling Safer, High-Quality Care. *Am Psychol.* 2018 May-Jun;73(4):433-450. doi: 10.1037/amp0000298. PMID: 29792459; PMCID: PMC6361117.

<sup>14</sup> Sandal S, Iannuzzi MC, Knohl SJ. Can We Make Grand Rounds "Grand" Again? *J Grad Med Educ.* 2013 Dec;5(4):560-3. doi:10.4300/JGME-D-12-00355.1. PMID: 24455001; PMCID: PMC3886451.

<sup>15</sup> State Practice Environment, American Association of Nurse Practitioners (May 20, 2025, 9:15 AM). <https://www.aanp.org/advocacy/state/state-practice-environment>

<sup>16</sup> American Academy of Family Physicians. (n.d.). Guidelines on the Supervision of Non-Physician Clinicians (NPCs). <https://www.aafp.org/about/policies/all/guidelines-supervision.html>



1. In Maryland, Nurse Practitioners (NPs) can practice independently without a collaborative agreement after completing 18 months of mentorship with a practicing NP or Physician.  
A. True    B. False
2. In Virginia, a Physician Assistant (PA) can practice independently without a practice agreement with a supervising Physician.  
A. True    B. False
3. Maryland law allows a Physician to supervise up to eight PAs in a hospital setting.  
A. True    B. False
4. Encouraging APPs to escalate complex cases to Physicians can help mitigate liability risks and improve patient outcomes.  
A. True    B. False
5. In Virginia, a Physician is required to review the clinical course and treatment plan for a patient who presents with the same acute complaint twice in a single episode of care and has failed to improve as expected.  
A. True    B. False
6. Structured collaboration meetings with APPs and Physicians are required by law in both Maryland and Virginia to ensure alignment on treatment plans.  
A. True    B. False
7. Timely review of patient records by Physicians, even for APPs they do not supervise, can help identify potential issues and improve patient care.  
A. True    B. False
8. Documenting Physician involvement in patient care provided by APPs is unnecessary if the Physician agrees with the APP's treatment plan.  
A. True    B. False
9. In Virginia, a Physician can supervise more than six PAs at one time, provided they have a written practice agreement.  
A. True    B. False
10. Limiting the supervisory load of Physicians overseeing APPs can help ensure quality care and reduce the risk of inadequate supervision claims in a lawsuit.  
A. True    B. False

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Its mission and educational purpose is to identify current health care-related risk management issues and provide Physicians with educational information that will enable them to reduce their malpractice liability risk.

Readers of the newsletter should be able to meet the following educational objectives:

- 1) Gain information on topics of particular importance to them as Physicians.
- 2) Assess the newsletter's value to them as practicing Physicians.
- 3) Assess how this information may influence their own practices.

### CME Objectives for "Bridging the Gap: Managing Liability Risks When Working with Advanced Practice Providers"

Educational Objectives: Upon completion of this enduring material, participants will be better able to:

- 1) Understand the roles and responsibilities of Physician Assistants and Nurse Practitioners in both Maryland and Virginia.
- 2) Manage risks associated with working with and overseeing the various members of the care team.
- 3) Understand the Physician's role in collaborating with Physician Assistants and Nurse Practitioners in providing sound patient care.

	Strongly Agree				Strongly Disagree
<b>Part 1. Educational Value:</b>	5	4	3	2	1
I learned something new that was important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I verified some important information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to seek more information on this topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This information is likely to have an impact on my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Commitment to Change:** What change(s), if any, do you plan to make in your practice as a result of reading this newsletter?

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**Part 3. Statement of Completion:** I attest to having completed the CME activity.

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

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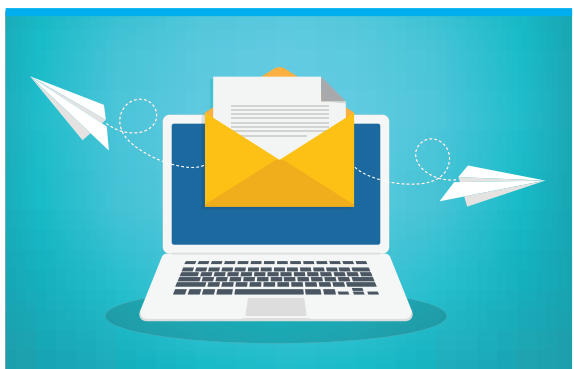
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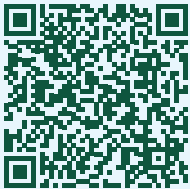


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