



Policy on Physician Responsibility, Patient Participation, and Team-Based Care

Policy Number:	OSBOE-P012
Adopted by Board:	September 18, 2025, <i>updated 12/11/2025</i>
To be Reviewed:	2028

Purpose:

This policy defines physician responsibilities as a practitioner. Physicians are clinically accountable for the medical care they provide and for the safe supervision of tasks they delegate within Oklahoma law and Board rules. The Board also affirms that patients are partners in care, with rights to participate in decisions, accept or refuse recommended interventions, access information, and obtain second opinions, and with corresponding responsibilities to share accurate information and engage in agreed care plans.

Patient Participation and Shared Decision-Making:

Physicians will practice shared decision-making. This can include (a) presenting benefits, risks, and reasonable alternatives when discussing treatment plans; (b) eliciting the patient's values, goals, and preferences; (c) documenting discussions. Physicians should have a goal of reaching a treatment plan that reflects the patients' informed choice.

The board recognizes patients' rights to participate in care planning, to accept or refuse treatment, to access records, and the patient responsibilities to provide accurate information, ask questions, keep appointments, and follow hospital/clinic procedures as set out in 63 O.S. 3401 et. seq.

Physician Responsibility:

59 O.S. § 637 A2 d.

A. The State Board of Osteopathic Examiners may refuse to admit a person to an examination or may refuse to issue or reinstate or may suspend or revoke any license issued or reinstated by the Board upon proof that the applicant or holder of such a license...2. Has engaged in the use or employment of dishonesty, fraud, misrepresentation, false promise, false pretense, unethical conduct or unprofessional

conduct, as may be determined by the Board, in the performance of the functions or duties of an osteopathic physician, including but not limited to the following:

d. delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience or licensure to perform them, noting that delegation may only occur within an appropriate doctor-patient relationship, wherein a proper patient record is maintained including, but not limited to, at the minimum, a current history and physical,

The physician bears the ultimate responsibility for all aspects of patient care, including clinical decision-making, treatment plans, ensuring patient safety, and the administration of their practice. This responsibility extends to managing the practice, collaborating with, or delegating care to, other healthcare professionals, and upholding ethical standards in the medical profession.

Physicians maintain ultimate clinical accountability for medical decision-making, for supervising delegated clinical tasks, and for ensuring care is provided within applicable laws, standards, and protocols. The Oklahoma Board of Osteopathic Examiners has adopted the general principle that the ultimate responsibility for each individual patient's medical care rests with the physician.

In addition, physicians have an ongoing responsibility to monitor the training and competence of their subordinate staff. As part of this responsibility, the physician must have ongoing internal quality-control review and ultimate responsibility for the provision of services of all non-physicians delivering medical care or administrative services in their practice.

The responsibilities of physicians are rooted in the ethical obligation to prioritize patient well-being and safety. This includes minimizing medical errors, ensuring proper follow-up care, and addressing any concerns or complications that may arise during treatment. This ethical duty includes the management of administrative tasks associated with medical care. Under the legal principle of *respondeat superior*, the physician ultimately is responsible to oversee the practice's operations, including financial matters, staffing, and compliance with regulatory standards.

Delegation to Support team-based care

Physicians may delegate tasks to individuals who are qualified by training, skill, competency, experience, and licensure, after establishing an appropriate physician-patient relationship and with proper documentation (history, exam, and plan). Delegation must follow written protocols, with competency verification and periodic review. The physician supervises delegated clinical functions and retains clinical accountability for all patients.

Patient Access to Information

Consistent with federal information-blocking regulations, physicians and their practices will not engage in practices that unreasonably interfere with a patient timely electronic access to their health information, except where a specific regulatory exception applies (e.g., preventing harm, privacy, security, infeasibility). Policies should define who relates information, typical timeframes, and how exceptions are documented.

Medical Practice Types:

There are different types of medical practice settings depending on personal preferences and career goals; however, the ultimate responsibilities of physician practice do not change. Here are some of the most commonly available types of medical practice settings.

Solo Practice

Solo practice is described by its name—a practice without partners or employment affiliations with other practice organizations. Solo practices are usually characterized by a small staff and typically have a limited patient base. In a solo practice the entire burden of running the practice rests entirely on the physician. This includes medical care as well as the entire business enterprise. In solo practice, the ultimate responsibility to each individual patient for the provision of administrative services remains with the treating physician, or the physician supervising the provision of patient care by other medical providers.

Group Practices

Group practices are defined as offering various types of medical care by multiple physicians within one organization. Group practices may centralize the management and provision of administrative tasks associated with running a practice, but the ultimate responsibility to each individual patient for the provision of those administrative services remains with the treating physician, or the physician supervising the provision of patient care by other medical providers.

Employed Physician Practices

Increasingly, physicians are being employed within one of several practice models. Some hospitals may purchase and manage existing solo or group practices or may directly hire physicians to work in their inpatient facility or ambulatory clinics. Health care corporations may own and run clinics with employed physicians. And some physician-run groups are structured on an employment model, where group practice is structured more like a corporation that employs clinicians instead of pursuing a more traditional partnership model.

In such practices, the administrative burden of running a practice is shifted to the employing entity, allowing clinicians to focus more on practicing medicine. In this type of practice physicians are expected to follow organizational policies, raise safety or

compliance concerns, and comply with documentation and billing requirements associated with their services. However, routine business operations (e.g., facility finances, human resources, some compliance programs) may be the responsibility of the employing or owning entity. As in group practices, this model of medical care may centralize the management and provision of administrative tasks associated with running a practice, but the ultimate responsibility of clinical care to each individual patient rests with the physician.

Direct Primary Care

Direct primary care is an alternative practice model based on a non-traditional payment system. Concierge medicine, also referred to as retainer medicine, is a variant of direct primary care. In this model, patients are charged a flat membership fee on a monthly, quarterly or annual basis for a defined set of primary care services. Although the simplification of administrative burden is a benefit of this type of practice, the ultimate responsibility to each individual patient for the provision of those administrative services still remains with the treating physician, or the physician supervising the provision of patient care by other medical providers.

Independent Contractor

Some physicians work in independent contractor relationships. In this model, the practice (either solo or a group practice) remains independent, but a facility and possibly clinical coverage is shared with other physicians or physician groups. This may spread the costs of running a practice across others and may provide some flexibility in clinical scheduling.

Independent Contractors often provide services through locum tenens agreements. Locum tenens is a Latin phrase that literally means "one who holds the place," and refers to a physician traditionally hired to carry on the practice of an absent colleague, although locum tenens positions are also used for temporary coverage of different clinical needs, such as for rapid expansion of clinical services pending hiring of permanent clinicians. Locum tenens positions are usually contract-based, and physicians are hired as independent contractors.

In the independent contractor model a physician often contracts for the provision of administrative services, however, as with all physician models, the ultimate responsibility to each individual patient for the provision of those administrative services still remains with the treating physician, or the physician supervising the provision of patient care by other medical providers.

Physicians that do not maintain adequate control of the aspects of their practice could be subject to Board action, including, but not limited to, probation, suspension, revocation and/or administrative fines for violation of the Osteopathic Medicine Act.