

PHYSICIAN ASSISTANT COMMITTEE MEDICAL BOARD OF CALIFORNIA

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DELEGATION OF SERVICES AGREEMENT BETWEEN A SUPERVISING PHYSICIAN AND A PHYSICIAN ASSISTANT and

SUPERVISING PHYSICIAN'S RESPONSIBILITY FOR SUPERVISION OF A PHYSICIAN ASSISTANT

Title 16, Article 4, Section 1399.540 of the Physician Assistant Regulations states, in part, "A physician assistant may only provide those medical services which he or she is competent to perform and which are consistent with the physician assistant's education, training, and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant."

The following two sample documents are attached to assist you with meeting this legal requirement:

- Delegation of Services Agreement Between Supervising Physician and Physician Assistant; and,
- Supervising Physician's Responsibility for Supervision of Physician Assistant Agreement.

These are sample documents. They are for your convenience, information, and use. Please feel free to duplicate or modify them as desired/needed.

If you choose not to use the sample documents, please be aware that you are still required by law to develop a Delegation of Services Agreement. The original or a copy of this document should be maintained at all practice sites where the physician assistant practices, and should be readily accessible.

While every physician assistant is required to have a Delegation of Services Agreement, you are not required to submit them to the Physician Assistant Committee. If requested, you must make a copy of this document available to any authorized agent of the Medical Board of California, the Osteopathic Medical Board of California, or the Physician Assistant Committee who may request it.

Failure to maintain a Delegation of Services Agreement constitutes a violation of the Physician Assistant Regulations and is grounds for disciplinary action against a physician assistant's license. In addition, failure by the physician assistant and supervising physician to comply with the supervision requirements specified in the Physician Assistant Regulations and in the Delegation of Services Agreement is grounds for disciplinary action.

THE ATTACHED DOCUMENTS DO NOT NEED TO BE RETURNED TO THE PHYSICIAN ASSISTANT COMMITTEE

SAMPLES ONLY

SAMPLE

DELEGATION OF SERVICES AGREEEMENT BETWEEN SUPERVISING PHYISICIAN AND PHYSICIAN ASSISTANT (Title 16, CCR, Section 1399.540)

PHYSICIAN ASSISTANT(Normal)
(Name) Physician assistant, graduated from the
(Name of PA Training Program) Dhysician assistant training program on
(Date)
He/she took (or is to take) the licensing examination for physician assistants recognized by the State of California (e.g., Physician Assistant National Certifying Examination or a specialty examination given by the State of California) on
(Date)
He/she was first granted licensure by the Physician Assistant Committee on, which expires on, unless renewed. (Date)
Or was granted interim approval by the Physician Assistant Committee on, which expires on, which expires on
SUPERVISION REQUIRED. The physician assistant named above (hereinafter referred to as PA) will be supervised in accordance with the written supervisor guidelines required by Section 1399.545 of the Physician Assistant Regulations. The written supervisor guidelines are incorporated with the attached document entitled, Supervising Physician's Responsibility for Supervision of Physician Assistants." AUTHORIZED SERVICES. The PA is authorized by the physician whose name and signature appear below to
perform all the tasks set forth in subsections (a), (d), (e), (f), and (g) of Section 1399.541 of the Physician Assistant Regulations, when acting under the supervision of the herein named physician. (In lieu of listing specifical procedures, etc. the PA and <i>supervising</i> physician may state as follows: "Those procedures specified in the practice protocols or which the supervising physician specifically authorizes.")
The PA is authorized to perform the following laboratory and screening procedures:
The PA is authorized to assist in the performance of the following laboratory and screening procedures:
The PA is authorized to perform the following therapeutic procedures:
The PA is authorized to assist in the performance of the following therapeutic procedures:
The PA is authorized to function as my agent per bylaws and/or rules and regulations of (name of hospital):
The PA is authorized to write and sign drug orders for Schedule: II, III, IV, V (circle appropriate). DEA #:

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following types of patients and situations (e.g.,	is required to always and immediately seek consultation on the patient's failure to respond to therapy; physician assistant's physician; any conditions which the physician assistant feels
(L	ist Types of Patients and Situations)
and orally or in writing on a patient's medical re	SCRIPTIONS. The PA may transmit by telephone to a pharmacist, cord or a written prescription drug order, the supervising tion 3502.1 of the Business and Professions Code.
protocols and drug formulary.	
The PA may also enter a drug order on the med	dical record of a patient at(Name of Institution)
in accordance with the Physician Assistant Reg	(Name of Institution) gulations and other applicable laws and regulations.
	shall be authorized by the supervising physician's prescription and h Sections 4047.5, 4048, and 4228 of the Business and
	performed for care of patients in this office or clinic located at
(Address / City)	and, in hospital(s) and (Address / City)
(Name of Facility)	skilled nursing facility (facilities) for care of
patients admitted to those institutions by physic	cian(s) (Name/s))
an ambulance.	In a medical emergency, telephone the 911 operator to summon
The	emergency room at(Phone Number)
is to be notified that a patient with an emergence Give the name of the admitting physician. Tell known and suspected health condition of the patients.	by problem is being transported to them for immediate admission. the ambulance crew where to take the patient and brief them on attent.
(Name of Physician)	at immediately (Phone Number/s))
(or within minutes).	, "
, ,	and the foregoing Delegation of Services Agreement, having dance, and agree to comply with its terms without reservations.
Date	Physician's Signature
	Physician's Printed Name
Date	Physician Assistant's Signature
	Physician Assistant's Printed Name

SAMPLE ONLY DO NOT RETURN TO THE PAC

SUPERVISING PHYSICIAN'S RESPONSIBILITY FOR SUPERVISION OF PHYSICIAN ASSISTANT

SUPERVISOR .
M.D./D.O. is licensed to practice in California as a physician and surgeon with medical license number Hereinafter, the above named physician shall be referred to as the supervising physician.
SUPERVISION REQUIRED . The physician assistant (PA) named in the attached Delegation of Services Agreement will be supervised by the supervising physician in accordance with these guidelines, set forth as required by Section 1399.545 of the Physician Assistant Regulations, which have been read by the physician whose signature appears below.
The physician shall review, countersign, and date within seven (7) days the medical record of any patient cared for by the physician assistant for whom the physician's prescription for Schedule II medications was transmitted or carried out.
REPORTING OF PHYSICIAN ASSISTANT SUPERVISION . Each time the physician assistant provides care for a patient and enters his or her name, signature, initials, or computer code on a patient's record, chart or written order, the physician assistant shall also enter the name of his or her supervising physician who is responsible for the patient. When the physician assistant transmits an oral order, he or she shall also state the name of the supervising physician responsible for the patient.
MEDICAL RECORD REVIEW . One or more of the following mechanisms, as indicated below, by a check mark (x), shall be utilized by the supervising physician to partially fulfill his/her obligation to adequately supervise the actions of the physician assistant named
(Name of PA) Examination of the patient by a supervising physician the same day as care is given by the PA.
The supervising physician shall review, audit, and countersign every medical record written by the PA within of the encounter. (Number of Days May- Not Exceed 30 Days)
The physician shall audit the medical records of at least 10% of patients seen by the PA under any protocols which shall be adopted by the supervising physician and the physician assistant. The physician shall select for review those cases which by diagnosis, problem, treatment, or procedure represent, in his or her judgement, the most significant risk to the patient.
Other mechanisms approved in advance by the Physician Assistant Committee may be used. Written documentation of those mechanisms are located at
[Give Location] [INTERIM APPROVAL. For physician assistants operating under interim approval, the supervising physician shall review, sign, and date the medical records of all patients cared for by the physician assistant within seven (7) days if the physician was on the premises when the physician assistant diagnosed or treated the patient. If the physician was not on the premises at that time, he or she shall review, sign, and date such medical records within 48 hours of the time the medical services were provided.
BACK UP PROCEDURES: In the event this supervising physician is not available when needed, the following physician(s) has (have) agreed to be a consultant(s) and/or to receive referrals:
Phone:
(Printed Name and Specialty)Phone:
(Printed Name and Specialty)
PROTOCOLS NOTE: This document does not meet the regulation requirement to serve as a protocol. Protocols, if adopted by the supervising physician, must fully comply with the requirements authorized in Section 1399.545 (e) (3) of the Physician Assistant Regulations.

THIS DOCUMENT IS NOT TO BE RETURNED TO THE PAC SAMPLE ONLY

Physician's Signature

Date