

PA Supervisory Agreement – SAMPLE

This document is a work product of Coverys' Risk Management Department. This information is intended to provide general guidelines for risk management. It is not intended and should not be construed as legal or medical advice. Your organization should add to and modify this tool to address the compliance standards and regulations applicable in your state or organization.

This agreement sets forth the terms of the Supervisory Agreement between [physician assistant (PA) and specialty listed on the state-issued certificate] and [name of supervising physician and specialty, if any] at [name and address of organization where practice takes place]. This agreement shall take effect as of [date].

I. Scope of Practice:

[This section addresses the scope of practice, as defined by the practice setting, the organization's policy, the education and training of the PA, the education and training of the supervising physician, and state law.]

A. Practice setting:

[Describe the type of setting:]

- *Inpatient – Specify the department(s) included, a brief description of the types of patients, and the typical hours of operation.*
- *Outpatient – Specify the type of practice(s) and/or clinic(s) included, a brief description of the types of patients, and the typical hours of operation.]*

B. Education and training requirements for the PA:

[List the education and training requirements.]

The PA must possess a valid, unencumbered license as a PA from *[insert state name]*. If prescriptive authority is delegated, the PA must also have a valid prescriptive authority number from *[insert state name]*. If prescriptive authority for controlled substances is delegated, the PA must also have a state permit and a Drug Enforcement Agency (DEA) certificate or be able to use an institutional permit and number. Maintain copies of these records in the PA's personnel file.

C. Scope of practice as defined by *[insert state name]*:

[Cite information from the state's PA licensing rules and regulations.]

D. Scope of practice as defined by *[insert name of organization]*:

[Include procedures that may be performed by the PA and whether the PA may independently refer a patient to another practitioner. Include activities that affect other organizations or departments (e.g., admission and discharge orders, histories and physicals, and transfer orders).]

Examples may include the following:

- Taking histories and performing physicals.
- Developing and implementing treatment plans.
- Performing rounds.
- Recording operative and procedure notes.
- Recording progress notes.
- Ordering and interpreting diagnostic laboratory tests and diagnostic imaging studies.

PA Supervisory Agreement – SAMPLE

- Ordering medications and writing prescriptions.
- Managing fractures.
- Suturing lacerations.
- Performing corneal fluorescein exams and foreign body removal.
- Providing anterior nasal packing for epistaxis.
- Administering trigger point injections.
- Incising and draining abscesses.
- Performing discharge summaries.

E. Prescriptive authority:

[Include the state PA licensing rules and regulations, as well as DEA guidelines.]

[Consider the following: May the PA initiate Schedule II treatment for pain? May the PA initiate Schedule II treatment for attention-deficit/hyperactivity disorder (ADHD)/psychiatric reasons? May the PA initiate Schedule II treatment for pain and ADHD/psychiatric reasons? Are there limits on the types of Schedule II medications (such as methadone or oxycodone) and/or on the number of pills and/or days the medication may be prescribed? May the PA refill Schedule II medications? May the PA initiate treatment, refill prescriptions, and change doses for Schedule III, IV, or V medications? Are there limits on the number of pills and/or days Schedule III, IV, or V medications may be prescribed? List any medications the PA may not prescribe, such as buprenorphine and medical marijuana.]

[Modify the following example to meet applicable state regulations.]

The PA may prescribe controlled substances as indicated below (except for any prohibited medications that have been specified):

___ Full Schedule II narcotic controlled substances **OR**

___ Schedule II narcotics for acute pain, no refills

___ Schedule II (non-narcotic) controlled substances for ADD treatment

___ Schedules III-V controlled substances

___ Prohibited Medications: Specify _____

II. Physician Supervision: *[Briefly describe the supervision process.]*

A. Availability:

[Describe the type of access – Will the practitioner be available on the campus, in the department, or in the building? Will the practitioner be accessible by phone or pager when off-site? In a multiple supervisory arrangement, will a schedule of supervision be provided?]

COPYRIGHTED

2

This document is a work product of Coverys' Risk Management Department. This information is intended to provide general guidelines for risk management. It is not intended and should not be construed as legal or medical advice. Your organization should add to and modify this tool to address the compliance standards and regulations applicable in your state or organization.

Updated: May 2022

PA Supervisory Agreement – SAMPLE

III. Provision for Absence of Supervising Physician:

A. Coverage:

[Describe the process for secondary supervision when the primary supervising physician is not available.]

IV. Record/Case Review:

[Include the state PA licensing rules and regulations as well as DEA guidelines.]

A. Medical record review:

[Describe the process for conducting medical record reviews; include any expectations regarding co-signatures.]

B. Case reviews:

[Describe the process for reviewing cases. How many cases will be reviewed per quarter? How will the cases be selected? How will the reviews be documented?]

VI. Alteration of Agreement:

[Define the term of the agreement and under what circumstances it may be altered or terminated]

VII. Attestation:

The PA and the primary supervising physician acknowledge they have reviewed this document and agree to abide by its terms and conditions.

Printed Name of PA

PA Signature

Date Signed

Printed Name of Primary Supervising Physician

Primary Supervising Physician Signature

Date Signed

PA Supervisory Agreement – SAMPLE

This document, or a reasonable substitute, must be maintained at the PA's place of practice.

The attached *Physician Assistant and Primary Supervising Physician Supervision Plan* for [insert name of PA] has been reviewed and agreed to by the following secondary supervising physician(s):

_____ Printed Name	_____ Signature	_____ Date Signed
_____ Printed Name	_____ Signature	_____ Date Signed
_____ Printed Name	_____ Signature	_____ Date Signed
_____ Printed Name	_____ Signature	_____ Date Signed
_____ Printed Name	_____ Signature	_____ Date Signed

COPYRIGHTED

4

This document is a work product of Coverys' Risk Management Department. This information is intended to provide general guidelines for risk management. It is not intended and should not be construed as legal or medical advice. Your organization should add to and modify this tool to address the compliance standards and regulations applicable in your state or organization.

Updated: May 2022