

**PHYSICIAN ASSISTANT COMMITTEE****MEDICAL BOARD OF CALIFORNIA**

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**Agenda Item 9B**

April 6, 2007

Medical Board of California  
Division of Licensing  
1426 Howe Avenue, Suite 92  
Sacramento, CA 95825-3236

Dear Members:

Re: Delegation of Services Agreement Regulation Request

The Physician Assistant Committee (PAC) recently attempted to amend Title 16 of the California Code of Regulations, Section 1399.540. The proposed amendment would formally recognize that the writing which delegates the medical services to the physician assistant be known as a "Delegation of Services Agreement" and require that it be signed and dated by both the supervising physician and the physician assistant.

The committee received no opposition to the proposal. At its February meeting, the PAC adopted the amendment and staff subsequently submitted the regulatory package to the Office of Administrative Law (OAL). On April 4, 2007, OAL disapproved the package because it determined that PAC lacked authority to adopt the amendments. OAL determined that the proposed amendment involves a scope of practice issue and that the authority to amend the regulation was granted to the Medical Board of California under Business and Professions Code section 3510.

On behalf of the Physician Assistant Committee, I am requesting that the Medical Board review and consider approving the proposed amendment, and set it for hearing at its July 2007 meeting. The proposed language is attached.

The benefits of this amendment are twofold; having the document signed by both the physician assistant and the supervising physician would ensure that both parties understand and agree with the contents of the document. Additionally, the signed document would assist the committee with enforcement duties, as neither party could claim that they didn't agree to the delegated medical tasks or the existence of the document.

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If you have any questions, please contact me at (916) 561-8782.

Sincerely,

A handwritten signature in cursive script, reading "Elberta Portman".

Elberta Portman  
Executive Officer

Attachment(s)

cc: Members, Physician Assistant Committee  
David T. Thornton, Executive Director  
Kimberly Kirchmeyer, Deputy Director  
Linda Whitney, Chief of Legislation, Medical Board of California  
Anita Scuri, Legal Counsel, Medical Board of California  
Laura Freedman Eison, Legal Counsel, Physician Assistant Committee  
Antonette Sorrick, Deputy Director, Board Relations, DCA

**DELEGATION OF SERVICES AGREEMENT REGULATION  
SPECIFIC LANGUAGE OF PROPOSED CHANGES**

Amend Section 1399.540 to read as follows:

**1399.540. Limitation on Medical Services.**

(a) 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 writing which delegates the medical services shall be signed and dated by the supervising physician and the physician assistant and shall be known as a delegation of services agreement.

(b) The committee or division or their representative may require proof or demonstration of competence from any physician assistant for any tasks, procedures or management he or she is performing.

(c) A physician assistant shall consult with a physician regarding any task, procedure or diagnostic problem which the physician assistant determines exceeds his or her level of competence or shall refer such cases to a physician.

NOTE: Authority: Sections 2018, 3502 and 3510, Business and Professions Code. Reference: Section 3502, Business and Professions Code.



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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 AGREEMENT BETWEEN SUPERVISING PHYSICIAN  
AND PHYSICIAN ASSISTANT (Title 16, CCR, Section 1399.540)**

**PHYSICIAN ASSISTANT** \_\_\_\_\_  
(Name)

Physician assistant, graduated from the \_\_\_\_\_  
(Name of PA Training Program)  
physician 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 \_\_\_\_\_  
(Date)

**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 specific lab procedures, etc. the PA and *supervising* 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 #: \_\_\_\_\_

**CONSULTATION REQUIREMENTS.** The PA is required to always and immediately seek consultation on the following types of patients and situations (e.g., patient's failure to respond to therapy; physician assistant's uncertainty of diagnosis; patient's desire to see physician; any conditions which the physician assistant feels exceeds his/her ability to manage, etc.)

\_\_\_\_\_  
(List Types of Patients and Situations)

**MEDICAL DEVICES AND PHYSICIAN'S PRESCRIPTIONS.** The PA may transmit by telephone to a pharmacist, and orally or in writing on a patient's medical record or a written prescription drug order, the supervising physician's prescription in accordance with Section 3502.1 of the Business and Professions Code.

The supervising physician authorizes the delegation and use of the drug order form under the established practice protocols and drug formulary. \_\_\_\_\_ YES \_\_\_\_\_ NO

The PA may also enter a drug order on the medical record of a patient at \_\_\_\_\_  
(Name of Institution)  
in accordance with the Physician Assistant Regulations and other applicable laws and regulations.

Any medication handed to a patient by the PA shall be authorized by the supervising physician's prescription and be prepackaged and labeled in accordance with Sections 4047.5, 4048, and 4228 of the Business and Professions Code.

**PRACTICE SITE.** All approved tasks may be performed for care of patients in this office or clinic located at \_\_\_\_\_ and, in \_\_\_\_\_ hospital(s) and  
(Address / City) (Address / City)  
\_\_\_\_\_ skilled nursing facility (facilities) for care of  
(Name of Facility)  
patients admitted to those institutions by physician(s) \_\_\_\_\_.  
(Name/s))

**EMERGENCY TRANSPORT AND BACKUP.** In a medical emergency, telephone the 911 operator to summon an ambulance.

The \_\_\_\_\_ emergency room at \_\_\_\_\_  
(Name of Hospital) (Phone Number)  
is to be notified that a patient with an emergency problem is being transported to them for immediate admission. Give the name of the admitting physician. Tell the ambulance crew where to take the patient and brief them on known and suspected health condition of the patient.  
Notify \_\_\_\_\_ at \_\_\_\_\_ immediately  
(Name of Physician) (Phone Number/s))  
(or within \_\_\_\_\_ minutes).

**PHYSICIAN ASSISTANT DECLARATION**

My signature below signifies that I fully understand the foregoing Delegation of Services Agreement, having received a copy of it for my possession and guidance, 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

**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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

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

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