

EXAMPLE

**APPROVED SUPERVISING PHYSICIAN'S RESPONSIBILITY
FOR SUPERVISION OF PHYSICIAN ASSISTANT**

SUPERVISOR _____, M.D. (D.O.) physician
(Full Name)

is licensed to practice in California as a physician and surgeon with medical license number _____.
Hereinafter, the above named approved supervising physician shall be referred to as the supervising physician.

PRACTICE SITE. All approved tasks must be performed for the care of patients in this office or clinic located at _____.

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 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 approved 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 _____.

_____ Examination of the patient by a supervising physician the same day as care is given by the PA.
(Give Name of 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 managed by 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 Examining 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 approved 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)

The consultant and referral physicians are not authorized to act as a supervising physician for the PA unless they have received prior approval of the Medical Board of California to be a supervising physician.

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 PAEC
SAMPLE ONLY**