

## 2024 Model Physician Assistant Collaboration Agreement

As part of the requirements in [ESHB 2041](#) (2024), the Washington Medical Commission (WMC) will no longer collect Physician Assistant (PA) practice agreements. The Physician (MD/DO), PA and/or PA employer will instead fill out a collaboration agreement prior to the PA performing their duties. A PA or their employer must make the collaboration agreement available upon the request of the WMC.

A PA practicing under a practice agreement that was entered into before July 1, 2025, may continue to practice under the practice agreement until the PA enters into a collaboration agreement. A PA must enter into a collaboration agreement no later than the date on which the PA's license is due for renewal or July 1, 2025, whichever is later.

The collaboration agreement must:

1. Identify at least one participating physician and must be signed by at least one participating physician or the physician assistant's employer.
2. Describe the duties and responsibilities of the physician assistant and the participating physician or physicians.
3. Describe the supervision requirements for PAs with less than 4,000 hours of post-graduate clinical practice or 2,000 hours of specialty practice and the collaboration requirements for PAs who have met that threshold.
4. Describe the process between the PA and participating physician or physicians for communication, availability, and decision making when providing medical treatment to a patient or in the event of an acute health care crisis not previously covered by the collaboration agreement.
5. If there is only one participating physician identified in the collaboration agreement, a protocol for designating another participating physician for consultation in situations in which the physician is not available.
6. The signature of the physician assistant and the signature or signatures of the participating physician or physicians, or employer.
7. If the physician assistant has not met the required hours for collaborative practice and is working under the supervision of a participating physician, in accordance with RCW 18.71A.030, a plan for how the physician assistant will be supervised.
8. Include an attestation by the PA of the number of postgraduate clinical practice hours completed, including those completed in a chosen specialty, when the physician assistant signs the collaboration agreement.
9. Include a termination provision.

The collaboration agreement must be available at the physician assistant's primary location of practice and made available to the WMC upon request.

## **Model Collaboration Agreement**

### Physician Assistant Supervision & Collaboration:

A physician assistant who has completed fewer than 4,000 hours of postgraduate clinical practice must work under the supervision of a participating physician, as described in the collaboration agreement, and determined at the practice site. Supervision shall not be construed to necessarily require the personal presence of the participating physician or physicians at the place where services are rendered.

A physician assistant with 4,000 or more hours of postgraduate clinical practice may work in collaboration with a participating physician, if the physician assistant has completed 2,000 or more supervised hours in the physician assistant's chosen specialty. "Collaboration" means how physician assistants shall interact with, consult with, or refer to a physician or other appropriate member or members of the health care team as indicated by the patient's condition, the education, experience, and competencies of the physician assistant, and the standard of care. The degree of collaboration must be determined by the practice, which may include decisions made by the physician assistant's employer, group, hospital service, and credentialing and privileging systems of licensed facilities.

If a physician assistant chooses to change specialties after the completion of 4,000 hours of postgraduate clinical practice, the first 2,000 hours of postgraduate clinical practice in the new specialty must be completed under the supervision of a participating physician, as described in the collaboration agreement and determined at the practice site.

The participating physician and the physician assistant should agree upon a plan of supervision or collaboration based on the number of hours of the PA's post-graduate clinical practice and the education, experience, and competencies of the physician assistant. Adjustments to the plan should reflect the PA's ongoing practice.

### Scope of Practice:

Physician assistants may practice in any area of medicine or surgery as long as the practice is not beyond the scope of expertise and clinical practice of the participating physician or physicians or the group of physicians within the department or specialty areas in which the physician assistant practices.

A physician assistant who has at least 10 years or 20,000 hours of postgraduate clinical experience in a specialty may continue to provide those specialty services if the physician assistant is employed in a practice setting where those services are outside the specialty of the physician assistant's participating physician or physicians, as outlined in the collaboration agreement, if the practice is located in a rural area as identified by the department under RCW 70.180.011 or in an underserved area as designated by the health resources and services administration as a medically underserved area or having a medically underserved population. The physician assistant must complete continuing education related to that specialty while performing services outside the specialty of the physician assistant's participating physician or physicians.

Describe the scope of practice and duties agreed to by the participating physician and PA including requirements for specified procedures or areas of practice, depending on the number of postgraduate clinical practice hours completed. Example: The scope of practice will be consistent with a family

medicine clinician. Duties include, but are not limited to performing complete physical exams, ordering and interpreting diagnostic tests, developing treatment plans, ordering medications, and executing treatment modalities such as suturing, splinting and casting.

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Physician Assistant Information

PA Name	
PA WA License Number	
Specialty(s) or Practice Area(s) of the PA	
Currently NCCPA Certified?	
Certification Number	
PA Email	
PA Phone Number	
Current number of postgraduate clinical practice hours	
Current number of postgraduate clinical practice hours in chosen specialty (if applicable)	

Participating Physician (MD / DO) Information

Physician Name	
Physician WA License Number	
Specialty(s) or Practice Area(s) of the participating	
Practice site address	
Email	
Phone Number	

Protocol for designating an alternate physician for consultation in situations in which the physician is not available	
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*If a participating physician is not a signatory to the collaboration agreement, the participating physician must be provided notice of the agreement and an opportunity to decline participation.*

Are you completing a collaboration agreement for:

- An individual participating physician (named previously)
- A physician group practice

Physician Group Practice Name	
Physician Group Address	
Name of Primary Point of Contact	
Email for Business Group Primary	
Phone Number for Group Primary	
Direct Phone Number for the Medical Staff Office	

Describe the process between the PA and participating physician or physicians for communication, availability, and decision making when providing medical treatment to a patient, including in the event of an acute health care crisis not previously covered by the collaboration agreement. Supervision shall not be construed to necessarily require the personal presence of the participating physician or physicians at the place where services are rendered, however, they must be readily available via telecommunication.

Termination Provision

A physician assistant or physician may terminate the collaboration agreement as it applies to a single participating physician without terminating the agreement with respect to the remaining participating physicians. If the termination results in no participating physician being designated on the agreement, a new participating physician must be designated for the agreement to be valid. A termination agreement must be completed 30 days prior to termination occurring.

Outline the process for terminating this agreement:

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Prescriptive Authority: The PA must be registered with the DEA to prescribe controlled substances. This collaboration agreement allows the PA to prescribe, to order, to administer and to dispense legend drugs and Schedule II-V controlled substances. If a participating MD's prescribing privileges are restricted and the PA is not under the supervision or collaborative with another MD, the PA will be deemed similarly restricted.

Responsibility: The physician assistant (PA) is responsible for any act performed by the PA as it relates to the practice of medicine or osteopathic medicine and surgery.

Signatures

The information in this agreement is accurate to the best of my knowledge and belief.

Physician Assistant Name		
Physician Assistant Signature		Date:
Participating Physician or Employer's Name		
Participating Physician or Employer's Signature		Date:
Optional: Additional Participating Physician or Employer's Name		
Optional: Participating Physician or Employer's Signature		Date: