

Model Physician Assistant Practice Agreement

As part of the requirements in [SHB 2378](#), the Washington Medical Commission (WMC) will no longer approve Physician Assistant (PA) practice agreements (formally known as a delegation agreement). The Physician (MD/DO), PA and/or entity will need to file a practice agreement with the WMC prior to the PA performing their duties. The PA can begin working as soon as the practice agreement is filed with the WMC.

The supervising physician and physician assistant or their employer may submit a practice agreement in the format of their choosing to medical.delegations@wmc.wa.gov. The practice agreement must include:

1. The duties and responsibilities of the physician assistant, the supervising physician, and alternate physicians.
2. The practice agreement must describe supervision requirements for specified procedures or areas of practice.
3. A process between the physician assistant and supervising physician or alternate 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 practice agreement, such as a flu pandemic or other unforeseen emergency.
4. If there is only one physician party to the practice agreement, a protocol for designating an alternate physician for consultation in situations in which the physician is not available.
5. The signature of the physician assistant and the signature or signatures of the supervising physician.
6. A termination provision.

The practice agreement must be maintained by the physician assistant's employer or at his or her place of work and must be made available to the WMC upon request.



Model Practice Agreement

Physician Assistant Supervision:

Supervision of the physician assistant by a MD/DO is the defining hallmark of PA practice. The primary supervisor and the physician assistant should agree upon a plan of supervision based on the physician assistant's training and experience. Specified record reviews and periodic performance evaluations should be part of that plan. Adjustments to the plan should reflect the physician assistant's on-going practice.

Scope of Practice:

PAs may only provide those services that they are competent to perform based on their education, training, and experience and which are consistent with this delegation agreement. The supervising physicians and the PA shall determine which procedures may be performed and the degree of supervision under which the PA performs the procedure. The supervising physician for any physician assistant must not allow that PA to practice in any area of medicine or surgery that is beyond the physicians own usual scope of expertise and practice.

Describe the scope of practice and duties and agreed to by the sponsoring physician and PA.



Physician Assistant (PA) Information

Physician Assistant Name	
PA WA License Number	
Specialty or Practice Area of this Practice Agreement	
Currently NCCPA Certified?	
Certification Number	
PA Email	
PA Phone Number	

Primary Supervising Physician (MD / DO) Information

Physician Name	
Physician WA License Number	
Practice Specialty	
Email	
Phone Number	
Does the primary supervising physician have other active practice agreements?	
Sponsoring physician primary practice site address	

Alternate Physician Information

Name	
WA License Number	
Practice Specialty	
Email	
Phone Number	

Protocol for designating an alternate physician for consultation in situations in which the physician is not available	
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Are you requesting a delegation agreement approval for:

- An individual supervising physician (named previously).
- An individual physician (named previously) plus one or more alternate supervising physicians.
- A physician group practice.

Physician Group Business 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	

Will the PA be practicing 25% of the time or more at the same site as the sponsoring physician?
 Yes / No

Indicate the collaboration / communication model to be used in this agreement:

- Sponsoring physician will be available by direct communication via synchronous technology for assistance at any time the physician assistant is providing medical services. Approved synchronous technology includes two-way video conferencing or telephone. Quality assurance or peer review program in place to review care provided. If no formal program, regular periodic meetings and potential chart review.
- Sponsoring physician will be available for face-to-face and phone consults as needed. Chart review will take place for 30-60 days, then as needed after. Periodic meetings as needed and annual performance evaluations.
- Sponsoring physician will have face-to-face discussions, joint rounding, conference calls, performance evaluations, PA notes will be regularly evaluated, and on site observations will occur monthly.
- Surgical Assist Services. Discussions during cases and post operatively will take place as needed

Other:

Termination Provision:

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

Outline the Process for Terminating this Agreement:

Signatures:

Prescriptive Authority:

The PA must be registered with the DEA to prescribe controlled substance. This delegation agreement allows the PA to prescribe, to order, to administer and to dispense legend drugs and Schedule II-V controlled substances. If a supervising or alternate MD's prescribing privileges are restricted, the PA will be deemed similarly restricted.

Responsibility:

The supervising physician (MD/DO) and physician assistant (PA) are both professionally and personally equally responsible for any act performed by the PA as it relates to the practice of medicine.

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

Date:	
Physician Assistant Name	
Physician Assistant Signature	
Primary Physician Name	
Primary Physician Signature	
Alternate Physician Name	
Alternate Physician Signature	