

## Delegation of Services Agreements – Change in Regulations

Recently, Title 16, Division 13.8, Article 4, section 1399.540 has been amended to include several requirements for the delegation of medical services to a physician assistant. There are four specific changes with this amendment:

### Background:

The Delegation of Services Agreement (DSA) is a document used by supervising physicians and physician assistants to meet requirements of Section 1399.540.

The DSA is the foundation of the relationship between a supervising physician and the physician assistant, and specifies the names of the supervising physicians and what types of medical services the physician assistant is allowed to perform, how they are performed, how the patient charts will be reviewed and countersigned, and what type of medications the physician assistant will transmit on behalf of the supervising physician.

### Regulatory Requirements:

- 1) A physician assistant may provide medical services, which are delegated in writing by a supervising physician who is responsible for patients, cared for by the physician assistant. The physician assistant may only provide services which he or she is competent to perform, which are consistent with their education, training and experience, and which are delegated by the supervising physician.
- 2) The delegation of services agreement is the name of the document, which delegates the medical services. More than one supervising physician may sign the delegation of services agreement only if each supervising physician has delegated the same medical services. A physician assistant may provide medical services pursuant to more than one delegation of services agreement.
- 3) The Physician Assistant Board or their representative may require proof or demonstration of competence from any physician assistant for any medical services performed.
- 4) If a physician assistant determines a task, procedure or diagnostic problem exceeds his or her level of competence, and then the physician assistant shall either consult with a physician or refer such cases to a physician.

**Question:** What if a physician assistant works for more than one supervising physician at a hospital or clinic? Do we need to have separate DSAs for each supervising physician?

**Answer:** The Board has had questions regarding how the DSA would be written if a physician assistant works for more than one supervising physician at a hospital or clinic. If the duties and medical services performed are consistent with each supervising physician, then one DSA can be written to include several supervising physicians. Each supervising physician must sign and date the DSA, along with the signature of the physician assistant.

**Question:** What if a physician assistant works for one supervising physician who is an ob-gyn, and also works for an ortho supervising physician, and both are at the same clinic or hospital?

Answer: If the duties and medical services provided by the physician assistant differ from one supervising physician to another, then it is recommended that a separate DSA be written for each supervising physician. However, one DSA could be used, but it would need to be separated with which duties are allowed under each supervising physician. Again, signatures and dates from all parties must be included on the DSA.

**Question:** What if the physician assistant works at several different clinics – can one DSA be written?

Answer: A separate DSA should be made for each hospital or clinic, regardless of how many supervising physicians the physician assistant works with.

Alternatively, a physician assistant may have a DSA that specifies what services can be provided at a specific site.

**Question:** How long should I retain my DSA?

Answer: You should retain the DSA as long as it is valid. Additionally, it is recommended that you keep a copy of your DSA for at least one to three years after it is no longer the current DSA in case you need to reference the document. However, there is no legal requirement to retain the DSA once it is no longer valid and current.

**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, 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. b) The writing which delegates the medical services shall be known as a delegation of services agreement. A delegation of services agreement shall be signed and dated by the physician assistant and each supervising physician. A delegation of services agreement may be signed by more than one supervising physician only if the same medical services have been delegated by each supervising physician. A physician assistant may provide medical services pursuant to more than one delegation of services agreement."

The following two sample documents are attached to assist you with meeting this legal requirement:

- Delegation of Services Agreement (DSA) 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 appropriate and consistent with law.

If you choose not to use the sample documents, please be aware that you are still required by law to execute a DSA with your supervising physician. The DSA must be signed and dated by you and your supervising physician. 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. It is recommended that you retain prior DSAs for one to three years after the DSA is no longer current or valid.

While every practicing physician assistant is required to have a DSA, you are **not** required to submit it to the Physician Assistant Board. If requested, you must make a copy of your DSA available to any authorized agent of the Medical Board of California, the Osteopathic Medical Board of California, or the Physician Assistant Board who may request it.

Failure to have a current DSA 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 ground for disciplinary action.

**THE ATTACHED DOCUMENTS DO NOT NEED TO BE RETURNED TO THE  
PHYSICIAN ASSISTANT BOARD**

**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 Board on \_\_\_\_\_, which expires on \_\_\_\_\_, unless renewed.  
(Date) (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 3502 of the Business and Professions Code and 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):

\_\_\_\_\_  
\_\_\_\_\_

a) The PA is authorized to write and sign drug orders for Schedule: II, III, IV, V without advance approval (circle authorized Schedule(s)). The PA has taken and passed the drug course approved by the Board on \_\_\_\_\_ (attach certificate).      DEA #: \_\_\_\_\_      Date

or

b) The PA is authorized to write and sign drug orders for Schedule: II, III, IV, V with advance patient specific approval (circle authorized Schedule(s)).      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 4076 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 (Required)

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Assistant's Signature (Required)

\_\_\_\_\_  
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 3502 of the Business and Professions Code and 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 5% 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 judgment, the most significant risk to the patient.

\_\_\_\_\_ Other mechanisms approved in advance by the Physician Assistant Board may be used. Written documentation of those mechanisms is 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 3502 (c) (1) of the Business and Professions Code.

\_\_\_\_\_  
Date

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

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