SUPERVISION of PHYSICIAN ASSISTANTS

Supervisory Requirements

The following are some of the supervision requirements for physician assistants (PAs):

- A PA may perform medical services specified in the regulations adopted by the Physician Assistant Board (PAB or Board) when those services are rendered under the supervision of an eligible physician and surgeon licensed by the Medical Board of California or the Osteopathic Medical Board of California.

- A PA and his or her supervising physician must establish written guidelines for the adequate supervision of the PA.

- The PA’s supervising physician must oversee the activities of, and accept responsibility for, the medical services provided by the PA.

- The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the PA does not function autonomously.

- A physician may supervise up to four PAs at any one time, except as permitted in Business and Professions Code section 3502.5.

- The supervising physician must be available in person or by electronic communication at all times when the PA is caring for patients.

- The supervising physician and PA must have a written delegation of services agreement (DSA), signed and dated by the PA and each supervising physician, specifying the medical services the supervising physician is delegating to the PA.

- The supervising physician must observe or review evidence of the PA’s performance of all tasks and procedures to be delegated to the PA until the physician is assured of the PA’s competency.

- The supervising physician may delegate to a PA only the tasks and procedures that are consistent with the physician’s specialty or usual and customary practice and with the patient’s health and condition.

- The PA must consult with his or her supervising physician regarding any task, procedure or diagnostic problem that the PA determines exceeds his or her competence or the PA must refer those cases to a physician.

- The PA and supervising physician must establish written procedures for transport and back-up for the immediate care of patients who need emergency care beyond the PA’s scope of practice for when a supervising physician is not on the premises.

- The physician should verify that a PA has a current California license issued by the Physician Assistant Board on the PAB website: www.pac.ca.gov.

- Physicians who plan to supervise PAs should carefully review Business and Professions Code sections 3502 and 3502.1 and sections 1399.540 through 1399.546 of Title 16 of the California Code of Regulations, which are available on the PAB website: www.pac.ca.gov.

Guidelines for the Adequate Supervision of a PA

The written guidelines requirement may be satisfied by the supervising physician adopting protocols for some or all of the tasks performed by the PA. The protocols must comply with all of the following requirements:

1. A protocol governing diagnosis and management must, at minimum, include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be provided to the patient.

2. A protocol governing procedures must set forth the information to be provided to the patient, the nature of the consent to be obtained from the patient, the preparation and technique of the procedure, and the follow-up care.

3. Protocols must be developed by the supervising physician or adopted from, or referenced to, texts or other sources.

4. Protocols must be signed and dated by the supervising physician and the PA.

“Adequate supervision of a PA” must include one or more of the following:

1. The supervising physician must review, countersign, and date a sample of at least 5 percent (5%) of the medical records of patients treated by the PA within thirty days of the date of the PA’s treatment.

2. The supervising physician must conduct a medical records review meeting at least once a month during at least ten months of the year. During any month in which a meeting occurs, the supervising physician must review at least ten medical records of the patients treated by the PA. The reviewed medical records must be signed and dated by both the supervising physician and the PA.

3. The supervising physician must review a sample of at least ten medical records per month, at least ten months of the year, using a combination of the countersignature methods in Numbers 1 and 2 (above). During each month for which a sample is reviewed, at least one medical record must be reviewed using the countersignature method in Number 1, and at least one using the method in Number 2 (above).

4. Examination of the patient by a supervising physician the same day as care is given by the PA.

5. Countersignature and dating of all medical records written by the PA within thirty (30) days that the care was given by the PA.

6. Other mechanisms approved in advance by the Board.

The supervising physician must select for review those cases that by diagnosis, problem, treatment, or procedure represent the most significant risk to the patient, in the physician’s judgment.

Delegation of Services Agreement

A PA may only provide those medical services which he or she is competent to perform and which are consistent with the PAs education, training, and experience, and which are delegated in
writing by a supervising physician who is responsible for the patients cared for by the PA. The writing that delegates the medical services is known as the Delegation of Services Agreement (DSA). Medical services, delegated by the supervising physician, may only be those that are usual and customary to the physician’s practice. A sample DSA is available through the PAB website: www.pac.ca.gov.

Drug Orders

A supervising physician and surgeon may delegate authority to a PA to issue a drug order, and this authority may be limited by specifying the manner in which the PA may issue delegated prescriptions. A drug order issued by the PA for any patient cared for by the PA must either be based on the protocols prepared and adopted by the supervising physician, or approved by the supervising physician before it is filled or carried out. Any drug order issued by a PA is subject to a reasonable quantitative limitation consistent with the supervising physician’s customary medical practice.

A PA is not permitted to administer or provide a drug or issue a drug order for any drug that is not listed in the written, practice specific, formulary and protocols prepared and adopted by the supervising physician that specifies all criteria for the use of a particular drug or device, and any contraindications for the selection, without advance approval from a supervising physician for that particular patient. Protocols for Schedule II controlled substances must address the diagnosis of illness, injury, or condition for which the controlled substance is being administered, provided, or issued.

A PA is not permitted to administer, provide, or issue a drug order to a patient for a Schedule II through Schedule V controlled substance without advance approval by a supervising physician for that particular patient unless the PA has completed a controlled substance education course.

A written drug order issued by a PA, except a written drug order in a patient’s medical record in a health facility or medical practice, must contain the printed name, address, and telephone number of the supervising physician and surgeon, the printed or stamped name and license number of the PA, and the signature of the PA. A written drug order issued by a PA for a controlled substance must also include the PA’s federal DEA number and comply with Section 11162.1 of the Health & Safety Code.

The supervising physician and surgeon is required to use either of the following to ensure adequate supervision of the administration, provision, or issuance by a PA of a drug order to a patient for a Schedule II controlled substance:

1. The medical record of any patient cared for by a PA for whom the PA’s Schedule II drug order has been issued or carried out must be reviewed, countersigned, and dated by a supervising physician within seven days.

2. If the PA has documentation evidencing the successful completion of a controlled substance course, and that controlled substance course (a) meets the standards established in Sections 1399.610 and 1399.612 of Title16 of the California Code of Regulations, and (b) is provided either by an accredited continuing education provider or by an approved PA training program, the supervising physician must review, countersign, and date, within seven days, a sample consisting of the medical records of at least 20 percent (20%) of the patients cared for by the PA for whom the PA’s Schedule II drug order has been issued or carried out.

All PAs and supervising physicians should familiarize themselves with all PA laws (Business and Professions Code, section 3500 et seq.) and regulations (California Code of Regulations, title 16, section 1399.500 et seq.) to ensure they are in compliance. These are available on the PAB website: www.pac.ca.gov. For physicians who are interested in utilizing PAs and would like to know more about the benefits and requirements of using PAs, several publications are available from the Board, including:

Physician Assistant Laws and Regulations
Sample Delegation of Services Agreement
Drug Orders by Physician Assistants (information bulletin)
What is a PA? (Patient information brochure -English & Spanish)

To request publications or to verify PA licensing information, contact:

Physician Assistant Board
2005 Evergreen Street, Suite 1100
Sacramento, CA 95815
Telephone: (916) 561-8780  FAX: (916) 263-2671
Website: www.pac.ca.gov  Email: pacommittee@mbc.ca.gov

This article has highlighted many of the key responsibilities a physician assumes when utilizing a physician assistant. It does not cover all the legal requirements. This is not a declaratory opinion of the Physician Assistant Board or the Medical Board of California.

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