



Physician – Physician Assistant Delegation Agreement

(formerly Supervising Agreement)

MINNESOTA BOARD OF MEDICAL PRACTICE

University Park Plaza • 2829 University Avenue SE, Suite 500

Minneapolis, Minnesota 55414-3246

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Hearing Impaired-Minnesota Relay Service

Metro Area 297-5353

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Month	Day	Year

Instructions

1. Complete all parts of the Delegation Agreement. Any part that does not apply, mark "N/A" for clarity of the PAs intended scope of practice.
2. Primary and alternate supervising physicians must review and understand the current Minn. Stat. §147A regarding PA licensure, practice, supervision, and delegation of prescribing.
4. Supervising physicians may only delegate prescribing within their license authority and to a PA who is currently NCCPA certified.
5. The Delegation Agreement must be kept on file at the practice site and reviewed at least annually at PA license renewal time. **Do not submit to the board unless requested.**

Identification

Physician Assistant's Name (first,middle,last) _____

Signature _____ License # _____ Specialty _____

Primary Supervising Physician(first,middle,last) _____

Signature _____ License # _____ Specialty _____

Physician Supervision

Minn. Stat. §147A.01 Subd. 21 defines **Supervising physician** as "a Minnesota licensed physician who accepts full medical responsibility for the performance, practice, and activities of a physician assistant under agreement as described in section 147A.20. The supervising physician who completes and signs the delegation agreement may be referred to as the primary supervising physician. A supervising physician shall not supervise more than five full-time equivalent physician assistants simultaneously. With the approval of the board, or in a disaster or emergency situation pursuant to section 147A.23, a supervising physician may supervise more than five full-time equivalent physician assistants simultaneously."

Minn. Stat. §147A.01 Subd. 22 defines **Supervision** as "overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant. The constant physical presence of the supervising physician is not required so long as the supervising physician and physician assistant are or can be easily in contact with one another by radio, telephone, or other telecommunication device. The scope and nature of the supervision shall be defined by the individual physician-physician assistant delegation agreement."

Manner by which supervision will be accomplished. (A narrative description is acceptable).

Review of services provided by the physician assistant shall be accomplished by (choose one or more):

On site review Telecommunication Other:

Annual Delegation Agreement Review

Primary Physician Initials _____ Date _____	Primary Physician Initials _____ Date _____
Physician Assistant Initials _____ Date _____	Physician Assistant Initials _____ Date _____
Primary Physician Initials _____ Date _____	Primary Physician Initials _____ Date _____
Physician Assistant Initials _____ Date _____	Physician Assistant Initials _____ Date _____

Practice Sites

Practice locations are specified on the Notice of Intent to Practice, which is submitted to the Board. A copy of this submission should be kept at the practice site. Any changes in the practice site(s) associated with this Delegation Agreement should be indicated on an amended Notice, which must be submitted to the Board.

Delegation of Medical Services

As stated in Minn. Stat. §147A.09 Subd. 1, physician assistants shall practice medicine only with physician supervision. Physician assistants may perform those duties and responsibilities as delegated in the physician-physician assistant Delegation Agreement maintained at the address of record by the supervising physician and physician assistant, including the prescribing, administering, and dispensing of medical devices and drugs, excluding anesthetics, other than local anesthetics, injected in connection with an operating room procedure, inhaled anesthesia and spinal anesthesia.

Patient services must be limited to services within the training or experience of the physician assistant, services customary to the practice of the supervising physician, services delegated by the supervising physician, and services within the parameters of the laws, rules and standards of the facilities in which the physician assistant practices.

Orders of physician assistants shall be considered the orders of their supervising physicians in all practice-related activities, including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.

The Supervising Physician should indicate below the patient services s/he chooses to delegate to the physician assistant. Indicate "yes" for those delegated or "no" for each item. Attach a separate sheet, if necessary, and cite this below.

- No Yes 1. Take patient histories and develop medical status reports
- No Yes 2. Perform physical examinations
- No Yes 3. Interpret and evaluate patient data
- No Yes 4. Order or perform diagnostic procedures
- No Yes 5. Order or perform therapeutic procedures
- No Yes 6. Provide instructions regarding patient care, disease prevention, and health promotion
- No Yes 7. Assist the supervising physician in patient care in the home and in health care facilities
- No Yes 8. Create and maintain appropriate patient records
- No Yes 9. Transmit or execute specific orders at the direction of the supervising physician
- No Yes 10. Prescribe, administer, and dispense drugs, controlled substances and medical devices in accordance with section 147.18 and chapter 151 per Delegation Agreement.
- No Yes 11. For physician assistants not delegated prescribing authority, administering legend drugs and medical devices following prospective review for each patient by and upon direction of the supervising physician.
- No Yes 12. Function as an emergency medical technician with permission of the ambulance service and in compliance with section 144E.127 and ambulance service rules adopted by the Emergency Medical Services Regulatory Board.
- No Yes 13. Initiate evaluation and treatment procedures essential to providing an appropriate response to emergency situations.
- No Yes 14. Perform and sign the documentation for Department of Transportation exams
- No Yes 15. Perform and sign the documentation for school bus driver exams
- No Yes 16. Request diagnostic or therapeutic radiologic procedures (including but not limited to x-rays, CT scans, MRI scans, ultrasound, nuclear imaging studies)
- No Yes 18. Certify a patient's eligibility for a disability parking certificate under section 169.345, subdivision 2
- No Yes 19. Assist in surgery
- No Yes 20. Provide medical authorization for the immediate detention on a 72 hour hold for a patient in danger of causing injury to self or others in accordance with 253B.05, subdivision 2
- No Yes 21. Order or perform diagnostic procedures, including the use of radiographic imaging systems in accordance with Minnesota Rules 2007, Chapter 4732;
- No Yes 22. Order or perform therapeutic procedures with the use of ionizing radiation in accordance with Minnesota Rules 2007, Chapter 4732;
- No Yes 23. Other (please specify) _____
- see addendum dated:

Delegation of Prescriptive Practice

Supervising physicians may delegate to physician assistants who meet the criteria in Minn. Stat. §147A.18 Subd 1, the authority to prescribe, dispense and administer legend drugs, controlled substances, and medical devices. The supervising physician is responsible for determining if the PA is qualified and knowledgeable to prescribe the medications delegated. The supervising physician may alter medications at any time by updating the Delegation Agreement without Board approval as long as the physician understands and determines the PA is qualified and knowledgeable in the use of these medications. The physician is ultimately responsible for the prescriptive practice of the PA.

The supervising physician(s) hereby delegate the following prescriptive practice to the physician assistant (choose one)

- No prescriptive practice (go to page 4)
- This PA may prescribe, dispense, or administer as indicated below:

A. Medication categories. Exceptions may be listed for any category at right.

- No Yes 01 Anesthetics (note Minn. Stat. §147A.09 Subd.1)
- No Yes 02 Antiinfectives.....
- No Yes 03 Antineoplastics & Immunosuppressants
- No Yes 04 Cardiovascular Medications.....
- No Yes 05 Autonomic & Central Nervous System Drugs
- No Yes 06 Dermatological Drugs
- No Yes 07 Diagnostic Agents
- No Yes 08 Ear – Nose - Throat Medications
- No Yes 09 Endocrine Medications
- No Yes 10 Gastrointestinal Medications.....
- No Yes 11 Immunologicals & Vaccines
- No Yes 12 Musculoskeletal Medications
- No Yes 13 Nutritional Products, Blood Modifiers & Electrolytes
- No Yes 14 Obstetrical & Gynecological Medications
- No Yes 15 Ophthalmic Medications
- No Yes 16 Respiratory Medications
- No Yes 17 Urological Medications.....

B. Controlled Substances

- No Yes 18 schedule V
- No Yes 19 schedule IV
- No Yes 20 schedule III
- No Yes 21 schedule II

C. Medical Devices

- No Yes 22

Review of Delegated Prescribing

147A.18 Subd. 1.(b) states: "Supervising physicians shall retrospectively review the prescribing, dispensing, and administering of legend and controlled drugs and medical devices by physician assistants, when this authority has been delegated to the physician assistant as part of the delegation agreement between the physician and the physician assistant. The process and schedule for the review must be outlined in the physician-physician assistant delegation agreement."

Indicate the process for review of delegated prescribing. (choose all that apply, or provide a narrative if desired).

- Review a representative sample of patient care notes.
- Audit of medical records.
- Case discussion between supervising physician and physician assistant.
- Other:

Indicate the schedule for review. (choose one)

- daily weekly monthly quarterly other (specify):

ATTEST

A. Physician Assistant

I hereby certify that I have reviewed and understand the current laws pertaining to physician assistants and fully understand my responsibilities and that I have a physician-physician assistant Delegation Agreement in force and on file at the practice site.

PA Name (Printed) _____ PA Signature _____

License # _____ Date _____

B. Primary Supervising Physician

I hereby certify that I have reviewed and understand the current laws pertaining to physician assistants. I have reviewed and understand the physician-physician assistant Delegation Agreement between the physician assistant and myself. I have reviewed and agree to abide by the terms of the Notice of Intent to Practice, Delegation Agreement, and applicable state laws and rules. I agree to provide adequate supervision and to accept full medical responsibility for medical care rendered by the physician assistant named above.

Physician Name (Printed) _____ Physician Signature _____

License # _____ Date _____

C. Alternate Supervising Physicians

I have reviewed and understand the physician-physician assistant Delegation Agreement between the physician assistant and the primary supervising physician named above. When acting as the supervising physician, I agree to adequately supervise and to accept full medical responsibility for medical care rendered by the physician assistant named above.

Refer to separate listing(s) dated:

Name	License #	Signature	Date	Phone #	DEA #