**(Sample) Supervisory Agreement for Physician Assistant**

Mental health services may be provided by a physician assistant to children, adolescents, adults, and geriatric patients. Services provided may include: psychiatric evaluation, diagnosis, and treatment. This may include management of both acute and chronic mental illness.

As primary supervising physician, (ENTER PHYSICIAN NAME), I agree to:

1. Be available for face to face or telephone consultation, collaboration and necessary referrals during office hours
2. Meet periodically to discuss clinical issues
3. Be available for supervision as defined in the protocol for management of clinical problems, evaluation of care and improvement of patient outcomes.

As physician assistant, (ENTER PA NAME), I agree to:

1. Utilize mutually developed practice protocols, and consult and collaborate on clinical problems and refer as needed
2. Prescribe medications from the formulary and consult when needed for those medications not approved in the formulary
3. Maintain a record of consultations
4. Document and maintain a record of supervision

Dr. (ENTER NAME) and (ENTER PA NAME) agree to the ongoing development of this relationship and evaluation formally and informally. The objective, practice goals, protocols, and details of the supervisory arrangement will be reviewed on a yearly bases.

Dr. (ENTER NAME) and (ENTER PA NAME), as parties to the supervisory arrangement, are responsible and accountable for performing in accord with the supervisory arrangement and within their separate and distinct scopes of practice.

Agreed to by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 ENTER DOCTOR NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 ENTER PA NAME

APPROVAL DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REVIEW DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annual Reviews of Supervisory Arrangement**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Physician Assistant Date

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

Primary Supervising Physician Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Physician Assistant Date

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

Primary Supervising Physician Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Physician Assistant Date

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

Primary Supervising Physician Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Physician Assistant Date

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

Primary Supervising Physician Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Physician Assistant Date

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

Primary Supervising Physician Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Physician Assistant Date

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

Primary Supervising Physician Date

**PROTOCOLS FOR SUPERVISORY ARRANGEMENT**

1. Availability of supervising physician

The primary supervising physician is available on a continuous basis during Physician Assistant working hours. This can be done by direct communication or telecommunication. In the absence of the primary supervising physician, a backup supervising physician will be available.

1. Populations treated

Children 5 and up, adolescents, adults, and geriatric patients; clinical problems treated will include but not be limited to schizophrenia, depressive disorders, mood disorders, anxiety, adjustment disorder, Developmental Disabilities, ADHD, and other disruptive behavioral disorders

C. Specific duties include but are not limited to:

* Regularly scheduled hours of work
* Initial psychiatric assessments
* Documentation of assessment/evaluation findings
* Medication evaluation for returning patients
* Interpretation of assessment and diagnostic findings
* Establish diagnoses and formulation of treatment plan and recommendations
* Prescribe medications and prescribing treatments and any other therapeutic measures
* Dispense samples for all formulary categories
* Order laboratory, EKG, and other diagnostic tests
* Counsel education and guide patients and families on various aspects of illness, their treatment and other resources available to them
* Brief therapy with patient and or family
* Refer to other health care providers for medical consultation as appropriate
* Plan for situations beyond the control and expertise of the NP/PA
* Consult with and refer to other mental health care providers
* Evaluation the success and appropriateness of services provided and health outcomes
* Other duties as may, from time to time, be assigned by the primary supervising physician

PRESCRIBING MEDICATIONS

\*Controlled substances may be prescribed and ordered as allowed by the NC Medical Board. The PA will be responsible for maintaining an assigned DEA license.

Approved Formulary:

Any form or combination of the following generic classes of medications may be prescribed, ordered, or dispensed unless the medication is listed as excluded by the formulary:

* All antipsychotic medications
* All antidepressant medications
* All benzodiazepines
* All stimulants
* All alpha adrenergic agonists
* All mood stabilizers
* All antiparkinson agents
* All hypnotics
* All thyroid supplements
* All antihistamines
* All medications available for treatment of tremors
* All medications available for treatment of dementia
* All medications available for ADHD treatment
* All trimonoamine modulators
* All nutritional Supplements

Other medications as appropriate for the treatment of medical conditions as indicated with the collaboration of the supervising physician.

**PREDETERMINED PLAN FOR EMERGENCY SERVICES**

1. Immediate consultation with primary supervising physician or backup physician if necessary
2. If the situation is life-threatening, law enforcement or emergency medical services will be called
3. Family members or another contact person may be contacted to arrange for transportation for treatment or evaluation when needed
4. Arrange for petition by family, the nurse practitioner/physician assistant or other mental health employees if necessary and appropriate
5. Referral to 24 mental health emergency services as appropriate

**QUALITY IMPROVEMENT**

1. Meetings for supervision will be scheduled monthly for the first six months (ENTER DATES). Then supervision meetings will be held every six months and more frequently as needed.
2. Clinical problems will be discussed. This will include a review of 1-3 cases representative of the clinical problems treated. Discussion will consist of interventions used, response and progress toward goals and or a plan to improve outcomes
3. Documentation of the meetings including the discussion and ways to improve practice and outcomes will be maintained. This will be signed by both the physician and the PA
4. The supervisory arrangement will be reviewed yearly during supervision
5. The physician assistant and the supervising MD will meet at other times as needed to review clinical problems, interventions and treatment issues of patients.

**PHYSICIAN ASSISTANT-PHYSICIAN SUPERVISION**

Occurs by various modes:

1. Direct consultation with PA and patient
2. Verbal reporting with presentation, consultation, and review of individual patient treatment and outcomes
3. Review of clinical records, plans of treatment and face to face conferences as needed regarding assessment, treatment, and outcomes of patients.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
NAME OF MD DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
NAME OF PA DATE