

UW Health

**Physician Assistant
Practice Agreement
2022-2024**

Name: _____

Practice Specialty: _____

Practice Location: _____

Supervising Physician: _____
(Clinical Site Medical Director):

I. Basic requirements for all Physician Assistants (PAs) employed by and providing patient care on behalf of UW Health

A. Wisconsin State Regulatory Requirements

In providing medical care, the entire practice of any PA shall be in compliance with applicable laws and regulations, including Wis. Admin. Code ch. MED 8, and shall be under the supervision of one or more licensed physicians. The PA must be able to readily identify their supervising physician at any point in time through procedures commonly employed in the PA's practice. The scope of practice is limited to providing medical care that does not exceed the PA's educational training or experience, and does not exceed the scope of practice of the supervising physician.

The PA may dispense, distribute and prescribe medications, including controlled substances, in accordance with his or her educational training and experience, and in accordance with prescribing guidelines established by the supervising physician. PAs who prescribe controlled substances must maintain active registration with the Drug Enforcement Agency. The prescriptive practice of a PA shall be reviewed upon initial employment and thereafter on no less than an annual basis, as required by Wisconsin Administrative Code MED § 8.07(2)(i). The review must be documented in writing and signed by the reviewing physician and PA and a copy kept on file.

No physician may supervise more than four on-duty physician assistants at any time unless otherwise allowed under the laws of Wisconsin, including pursuant to any applicable emergency order. A PA may be supervised by more than one physician while on duty. A supervising physician must be available at all times for consultation either in person or within 15 minutes of contact by telecommunication or other means. While the constant physical presence of a supervising physician is often unnecessary, the supervising physician and PA are jointly responsible for employing more intensive supervision when circumstances require direct observation or hands-on assistance from the supervising physician.

A PA shall accurately and appropriately document medical record information (electronically, written, or transcribed).

B. Additional UW Health Requirements

In addition to remaining in compliance with applicable laws and regulations, the entire practice of a PA providing care on behalf of UW Health shall be consistent with then-current UW Health Guidelines and with UW Health policies and procedures. At University of Wisconsin Hospitals and Clinics sites, a PA may provide patient care services only within the scope of granted privileges.

II. Requirements for PAs Practicing in any other Facility not Managed by UW Health

Any PA requiring credentialing, privileging, or additional approvals prior to practicing in any other facility not managed by UW Health shall comply with such other facility's requirements. Such facility-specific processes are independent of this practice agreement. In addition, a PA practicing at a facility not managed by UW Health shall follow UW Health policies and procedures to the extent they are applicable to the PA.

III. Signatures of PA and Clinical Site Medical Director/Supervising Physician

The signatures below signify that the supervising physician(s) and the named PA will comply with the terms of this practice agreement. These parties also agree to and accept all responsibilities of delegation, supervision, and collaboration as organizationally defined by UW Health.

The practice location medical director is signing this practice agreement on behalf of all physicians working at the PA's practice location(s) and within the PA's practice specialty and is responsible for informing new supervising physicians of the requirements of this agreement. The site medical director is responsible for the initial and annual prescriptive practice review.

The physician assistant is responsible for identifying the supervising physician through practices commonly employed at the clinical site.

Physician Assistant

Date

Clinical Site Medical Director/Supervising Physician

Date

This document is required to be reviewed and updated at least every two years and if there is a change of practice location or a legislative/regulatory change requiring revision. If there are changes in this document, it must be resubmitted to appropriate parties for review and approval.

Return completed form electronically to APP@uwhealth.org

UW Health

**Physician Assistant
Initial Prescriptive Practice Review
New or Transferring PA
2022-2024**

[INSERT DATE]

Physician Assistant: _____
Reviewing Physician: _____
Practice Specialty: _____

Per Wisconsin Statutes § 448.21(3), the physician assistant may prescribe medications per the guidelines developed by a supervising physician and the PA and the rules promulgated by the Medical Examining Board.

PAs may prescribe medications as permitted by law except as indicated by UW Health policy or if noted below:

As the practice site medical director, I have reviewed the prescriptive practices of the Physician Assistant named above.

Physician Assistant

Date

Supervising Physician
Clinical Site Medical Director

Date

UW Health
Physician Assistant Annual Prescriptive Practice Review
2022-2024
[INSERT DATE]

Physician Assistant: _____
Reviewing Physician: _____
Practice Specialty: _____

Wisconsin Administrative Code Med § 8.07(2)(i) requires the supervising physician(s) and PA to review the prescriptive practices of the PA on no less than an annual basis. The practice site medical director, as a supervising physician, shall review a random sampling of at least ten (10) UW Health medical records of patients for whom the PA issued prescription orders.

In conducting the periodic review of the prescriptive practice of a Physician Assistant, the supervising physician and PA have reviewed the listed MR# chart and any complications/discrepancies in the prescribed medications by the physician assistant, (if none, write "none").

Medical Record Number	Date of Service	Medication(s) Prescribed	Complications/Discrepancies

I, the supervising physician, have reviewed the prescriptions ordered as noted in the chart above, discussed any complications and/or discrepancies with this Physician Assistant, and the following was determined:

- ☐ The prescriptive practice of this Physician Assistant is acceptable and no change is required.
- ☐ The prescriptive practice of this Physician Assistant is acceptable but will need further review:
- ☐ The prescriptive practice of this Physician Assistant is not acceptable and requires these modifications:

Signature of Supervising Physician
Clinical Site Medical Director

Date

Signature of Physician Assistant

Date