

## **Stanford Health Care Advanced Practice Collaborative Practice Agreement**

### **Advanced Practice Nurses:**

The exercise of these privileges requires a designated supervising/collaborating physician with clinical attending privileges at SHC. All practice is performed under the supervision of this physician, or a designated attending physician in the Clinic, Service or Department, in accordance with standardized protocols and/or standardized procedures between the physician and the APP, as well as relevant job descriptions, departmental and hospital policies. The supervising/collaborating physician must provide supervision as designated in the privileges per the following definitions:

**General Supervision:** physician is available either by phone or other electronic means of communication

**Direct Supervision:** physician is on premises

**Personal Supervision:** physician is present at the bedside, procedure area or in the examination room

### **Physician Assistants:**

This Practice Agreement has been developed through collaboration among physician(s) and physician assistant(s) in **Stanford Health Care (SHC)**, an Organized Health Care System (as defined in Business & Professions Code (BPC) [§3501\(j\)](#) and hereinafter referred to as the “Practice”), for the purpose of defining the medical services which each and every physician assistant (“PA”) who executes this Practice Agreement is authorized to perform and to meet the statutory requirement set forth in BPC [§3502.3](#).

1. **Medical Services Authorized:** Pursuant to BPC [§3502](#) and the Privileges for the Advanced Practice Provider form along with associated standardized procedures, the PA is authorized to perform those medical services for which the PA has demonstrated competency through education, training, or experience, under physician supervision as provided in Section 3 of this Practice Agreement. Subject to the foregoing, the PA is further authorized to: (a) perform the medical functions set forth in BPC [§3502.3\(b\)](#); to supervise medical assistants pursuant to BPC [§2069](#); (c) to provide care and sign forms under the workers’ compensation program pursuant to Labor Code [§3209.10](#); and (d) any other services or activities authorized under California law.
2. **Ordering and Furnishing of Drugs and Devices:** In compliance with State and Federal prescribing laws, the PA may order and furnish those drugs and devices, including schedule II through V controlled substances, as indicated by the patient’s condition, the applicable standard of care, and in accordance with the PA’s education, training, experience, and competency, under physician supervision as provided in Section 3 of this Practice Agreement. The furnishing and ordering of schedule II drugs shall be only for those illnesses, injuries, and/or conditions for which the standard of care indicates the use of such schedule II drugs. The PA may dispense drugs and devices as provided for in BPC [§4170](#).

- 3. Physician Supervision:** Supervision means that a physician and surgeon oversees and accepts responsibility for the activities of the PA. Any physician and surgeon of the Practice, who meets the definition of a supervising physician in BPC §3501(e), may provide supervision of a PA in the Practice acting under this Practice Agreement. This role can be filled by the supervising physician on record, or any other physician of the Practice within the same department or division. If rendering services in a general acute care hospital as defined in Health and Safety Code §1250, the supervising physician who has hospital privileges will be identified as the attending on the treatment team as indicated in the electronic health record.

A supervising physician must provide three levels of supervision based on the PA's privileges. Each privilege has a specific level of supervision as delineated in the respective standardized procedure. The three levels of supervision are:

**General Supervision:** physician is available either by phone or other electronic means of communication

**Direct Supervision:** physician is on premises

**Personal Supervision:** physician is present at the bedside, procedure area or in the examination room

- 4. Patient Care Policies and Procedures:** PA will function under the approved standardized procedures as indicated on the privilege form. The PA shall consult with, and/or refer the patient to, a supervising physician or other healthcare professional when providing medical services to a patient which exceeds the PA's competency, education, training, or experience.
- 5. PA Competency and Qualification Evaluation:** Through an ongoing or focused professional practice evaluation process based on the standard of care, the Practice shall regularly evaluate the competency of a PA. The Practice will credential and privilege the PA to ensure that the PA has the qualifications, training, and experience, to perform the medical services, procedures, and drug and device ordering and furnishing authorized under this Practice Agreement.
- 6. Review of Practice Agreement:** This Practice Agreement shall be reviewed upon appointment and reappointment, and when warranted by a change in conditions or circumstances.

The physician and PA listed in the privilege form approves this Practice Agreement governing the medical services of PA(s) in the Practice, on behalf of the Practice, and authorize the physicians on the staff of the Practice to supervise the PA named on the privilege form effective while approved privileges are in effect. The physician named on the privilege form authorizing this Practice Agreement will serve as a supervising physician of the PA indicated. Signing the privilege form attached to this Practice Agreement does not mean the named physician on the privilege form is accepting responsibility for the medical services provided by the PA, rather any physician of the Practice, including a physician named, would only accept responsibility for a specific PA only during those times he/she/they are serving as a supervising physician as set forth in Section 3 of this Practice Agreement. Notwithstanding any applicable SHC policy, California statute or regulation, there are no requirements for physician co-signature.