



Washington State Department of

Health

Medical Quality Assurance Commission

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Medical Quality Assurance Commission

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Physician Assistant-Surgical Assistant Delegation Agreement And Guidelines

Surgical Assistant Name: _____

Business Phone Number: _____

Supervising Physician's Name: _____

Name of Physician Group: _____
(If applicable)

Primary Practice Address: _____
(For Supervising Physician)

Basic Surgical Assistant Utilization Plan:

Physician Assistant-Surgical Assistants:

1. Shall function only in an in-patient or out-patient operating room as approved by the commission.
2. **Shall only be allowed** to assist the operating surgeon, close skin and subcutaneous tissue, place suture ligatures, clamp, tie and clip blood vessels, use cautery for hemostasis under direct supervision.
3. **Must** wear a badge identifying him or her as a **Physician Assistant-Surgical Assistant or P.A.-S.A.**
4. **Shall not** be allowed:
 - a. to perform any surgical procedures independently, even under direct supervision, and will be allowed to only assist the operating surgeon. See [WAC 246-918-250](#).
 - b. to have prescriptive authority.
 - c. to write any progress notes or order(s) on hospitalized patients, except operative notes.
 - d. to be utilized in a place geographically separate from the setting in which the PASA and the supervising physician are authorized to practice.
5. **Supervision** and review shall include the surgeon remaining in the surgical suite until the surgical procedure is complete. See [WAC 246-918-260](#).

Practice Setting:

Hospital practice OR out-patient surgical settings: (Note that all duties listed on this form may be approved by the Commission, but it is at the discretion of the hospital to allow them.)

List hospital or out-patient surgical settings and the cities in which surgery will be assisted

This section is to be completed by the supervising physician

Assisting in Surgery:

1st assisting 2nd assisting Major procedures Minor procedures

Excluding this applicant, how many other PA-Cs, PAs, or PASAs does the supervising physician supervise?

_____ Total

If the addition of this physician assistant-surgical assistant will exceed the supervision or sponsorship of five physician assistants, provide written justification, as well as how supervision and consultation will be accomplished. WAC 246-918-090 states: "No physician shall serve as primary supervisor or sponsor for more than five licensees without authorization by the commission."

Is the PASA practicing within a physician group? Yes No

(Only one primary sponsor needs to be designated for each physician group.)

If the alternate physician(s) are not located in the same office, where is his/her practice in relation to the PASA's practice setting?

Termination:

We agree that if the delegation agreement is terminated, both the supervising physician and physician assistant-surgical assistant must notify the Department of Health in writing of that termination.

WAC 246-918-110 states: "Upon termination of the working relationship, the sponsoring or supervising physician and the licensee are each required to submit a letter to the commission indicating the relationship has been terminated and may summarize their observations of the working relationship. Exceptions to this requirement may be authorized by the commission or its designee."

We, the undersigned, hereby certify under penalty of perjury under the laws of the state of Washington that the foregoing information in the delegation agreement is correct to the best of our knowledge and belief. We further certify that we have reviewed the current statutes, rules, and regulations of Washington State pertaining to physician assistant-surgical assistants (**WAC 246-918-250** and **246-918-260**) and the practice description and understand our duties and responsibilities as outlined in **WAC 246-918. RCW 18.71A.050** states: "The supervising physician and physician assistant shall retain professional and personal responsibility for any act which constitutes the practice of medicine as defined in **RCW 18.71.011** when performed by the physician assistant."

_____ Print Name	_____ Signature of Physician Assistant-Surgical Assistant	_____ Date
_____ Print Name	_____ Signature of Supervising Physician	_____ Date
_____ Print Name	_____ Signature of Alternate Physician	_____ Date

Not Applicable If Group Practice