FREQUENTLY ASKED QUESTIONS

1. When will the Board begin enforcing the new rules?
   January 1, 2018. The Board intends to allow all parties time to implement the new rules.

2. Do I need to use a supervisory agreement form approved by the Board?
   No. A sample supervisory agreement is available on the Board’s website but you may use the form of your choice.

3. Do I need to file a copy of the supervising agreement with the Board?
   No. However, you must maintain a copy of the supervisory agreement and provide a copy to the Board upon request.

4. Does each supervising physician need to have a separate supervisory agreement for each physician assistant?
   No. Multiple supervising physicians may use a single supervisory agreement for each physician assistant when appropriate.

5. What is the purpose of the supervisory agreement?
   The purpose of the supervisory agreement is to define the nature and extent of the supervisory relationship and the expectations of each party.

6. When do I need to notify the Board of a supervisory relationship?
   Within 60 days of the provision of initial supervision and at the time of license renewal.

7. How often do I need to update the supervisory agreement?
   There is no specific timeline. However, the supervisory agreement must include a provision which ensures that each supervising physician and physician assistant conduct ongoing discussions and evaluation of the supervisory agreement.

8. Does the supervisory agreement need to include a comprehensive list of every service the supervising physician has delegated to the physician assistant?
   No. The supervisory agreement may include a summary of the types of services delegated or a comprehensive list of services delegated, at the discretion of the parties. A list of services which may be performed by a physician assistant can be found at 645 -- 327.1(1). Please see below.

9. Do the rules require a specific number of face-to-face meetings?
   Biweekly face-to-face meetings are required for physicians who supervise PAs in remote settings. The rule does not require a specific number of face-to-face meetings in clinics where the supervising physician is present at least 50 percent of the time.

10. Does each supervising physician need to complete a specific number of chart reviews?
    No. Each supervising physician must ensure that meaningful chart reviews occur for each physician assistant but the chart reviews may be performed by one or more supervising physician. Documentation of the chart reviews may include, but is not limited to, placing the supervising physician’s signature or initials on the charts reviewed.

11. Do the rules change the supervisory requirements at a “remote medical site”?
    No. The new rules are identical to the current rules established by the Iowa Board of Physician Assistants.