

**COLLABORATIVE PRACTICE AGREEMENT
UNC SCHOOL OF MEDICINE, DEPARTMENT/DIVISION OF**

This Collaborative Practice Agreement (“Agreement”) is by and between _____, nurse practitioner (“NP”)/physician assistant (“PA”), collectively referred to throughout as Advanced Practice Provider (“APP”) and _____, (the “Primary Supervising Physician”) (MD/DO).

It is recognized that no collaborative practice agreement can effectively cover every clinical situation. Therefore, the collaborative practice agreement is not intended to be, nor should it be, a substitute for the exercise of professional judgment by the Nurse Practitioner/Physician Assistant.

I. DEMOGRAPHIC INFORMATION

APP Name:

N.C. Approval Number (NPs)/ N.C. License Number (PAs):

Certification Number:

Certifying Organization:

Certification Number:

Certifying Organization:

Primary Supervising Physician: Dr.

Practice Site(s) (including name, address, phone number):

II. SETTING

The APP will function within the following settings:

Inpatient

Outpatient

Both inpatient and outpatient

III. PATIENT POPULATION

Patient population served will include:

Adults

Pediatrics

Both adult and pediatrics

Service/clinic setting: _____ (example: BMT, CVTICU, GI, Family Medicine, etc.)

IV. SCOPE OF PRACTICE AND CLINICAL RESPONSIBILITIES

APPs use independent professional judgment derived from advanced formal education, skills, and experience when providing diagnostic and therapeutic health care to patients. Their practice is measured by acceptable standards of care for this patient population. As with other professional health care providers, APPs know the boundaries of their competence. Thus, as is ethically and legally mandated, they will consult and refer to their physician colleagues and other health care providers when that boundary has been

reached. Although clinical guidelines and protocols offer suggestions for acceptable practice, they are not exhaustive summaries of approaches to diagnosis and treatment.

Procedures: Authorized procedures are set forth in the completed UNC Practice Privileges Request form, attached hereto and incorporated by reference as if fully set forth herein.

V. PHYSICIAN SUPERVISION

The Primary Supervising Physician shall maintain adequate oversight of the APP and ultimate responsibility to assure that high-quality care is provided to all patients treated within the scope of this Agreement in accord with existing state and federal law and the rules and regulations of the North Carolina Medical Board.

VI. PHYSICIAN CONSULTATION/AVAILABILITY

The Primary Supervising Physician or back-up supervising physician will be continuously available to the APP either by direct in-person communication or telecommunication, including telephone and e-mail.

The APP and the supervising MD aforementioned will:

1. Collaborate in regards to the care of the patients under our care at the above listed facilities.
2. The APP will consult with the supervising physician and/or backup supervising physician in any situation in which they feel uncertain regarding management of any patient problem or concern.
3. The PRIMARY SUPERVISING PHYSICIAN will evaluate care given by the APP by reviewing notes written by the APP and reviewing patient cases as needed.
4. Direct consultation with the supervising MD or back-up physician will always be available by direct communication or telecommunication.
5. In the event the supervising physician is unavailable, these standards will apply to the backup supervising physician with whom the APP is working.

VII. PRESCRIBING AUTHORITY

The APP may prescribe/order all drugs, devices, tests, medical treatments, and procedures as permitted within the scope of practice, in accordance with applicable North Carolina law and pertinent to the patient population being served as outlined above in Section III of this CPA.

<https://www.ncbon.com/practice-nurse-practitioner-general-information>

https://www.ncmedboard.org/resources-information/faqs/physician_assistant

All prescriptions will include the supervising physician(s) name, name of the patient, APP's name, telephone number, and approval number, and NC DEA number for controlled substances. Each prescription will include the name of the medication, dose, amount prescribed, directions, number of refills, and the APP's signature.

As stated in the North Carolina Board of Nursing Rules, for the Nurse Practitioner, and North Carolina Medical Board, for the Physician Assistant, each may prescribe controlled substances (Schedules II, IIN, III, IIIN, IV, V) as defined by the State and Federal Controlled Substances Acts providing the APP has an assigned NC DEA number entered on each prescription for a controlled substance; and the supervising physician(s) must possess the same schedule(s) of controlled substances as the APP's DEA registration and the name of

the supervising physician must be included on the prescription. There must be a policy for periodic review by the physician of these instructions and policy.

As of July 1, 2017 the APP must also adhere to new rules related to controlled substance prescribing per the STOP Act:

<https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H243v6.pdf>

Medications and devices that will be prescribed include the following:

All medications and devices pertinent to the patient population being served as outlined above in Section III of this CPA

VIII. DOCUMENTATION

This Agreement must be agreed to and signed by the Primary Supervising Physician and the APP. The backup physician log must be signed and dated by any backup physician, the primary supervising physician and the APP. It is the APP's responsibility to maintain a copy of the Agreement in each practice site. The Agreement must be reviewed at least annually, and an attachment shall be added to this Agreement, signed and dated by both the Primary Supervising Physician and the APP, acknowledging each review. The BON and NCMB accept electronic communication between a NP/PA and his or her primary supervising physician as valid quality improvement meetings as long as the spirit of BON Rule 21 NCAC 36 .0810 (4) (a)-(c) and NCMB Rule 21 NCAC 32S.0213 (d) Supervision of Physician Assistants is satisfied.

IX. CONSULTATIONS/QUALITY IMPROVEMENT/EDUCATION PLAN

During the initial six (6) months of collaboration with a new Primary Supervising Physician, the APP and the Primary Supervising Physician shall meet at least monthly in order to discuss clinical issues and quality improvement measures.

Thereafter, the Primary Supervising Physician and the APP shall hold quality improvement meetings at least every six (6) months to maintain an ongoing collaboration with the emphasis on utilization of established guidelines and evidence-based data, use of professional judgment, and improvement of care delivered. The Primary Supervising Physician will share appropriate verbal and/or written feedback about performance with the APP within seven (7) days of receiving input.

Documentation of the meetings pursuant to this Section VI shall:

- (i) identify clinical issues discussed and actions taken, including progress toward improving outcomes and recommendations, if any, for changes in treatment plans;
- (ii) be signed and dated by those who attended; and
- (iii) be available for review by members or agents of the Medical Board and Board of Nursing for the previous five (5) calendar years and be retained by both the APP and the Primary Supervising Physician.

The APP shall ensure that all applicable continuing education requirements are met annually and that all related documentation is maintained and filed.

X. EMERGENCY SERVICES

In the event of an emergency or critical patient event, the APP will activate the emergency medical system and administer appropriate evaluation and treatment. The Primary Supervising Physician will be notified as quickly as possible if the medical emergency involves a patient under the APP's care.

XI. EFFECTIVE DATE

This Agreement will become effective upon signature; however, Primary Supervising Physician shall have no responsibilities under this Agreement until the APP has begun employment at UNC Health Care or UNC School of Medicine and has privileges granted by UNC Hospitals. If the APP does not begin employment at UNC Health Care or UNC School of Medicine, or if such employment terminates for any reason, this Agreement shall be null and void. Likewise, if the APP is not granted privileges by UNC Hospitals, or if such privileges terminate for any reason, this Agreement shall be null and void. APP has the responsibility to update the applicable licensing board(s) about the existence and status of this Agreement, and shall notify the applicable licensing board(s) within ten (10) calendar days of this Agreement becoming null and void.

XII. APPROVAL STATEMENT

Having read and understood the full contents of this Agreement, the parties hereto agree to be bound by its terms.

Primary Supervising Physician signature: _____ Date:
Supervising Physician typed name:

Advanced Practice Provider signature: _____ Date:
APP typed name:

BACK-UP SUPERVISING PHYSICIAN(S) FORM

Name of Advanced Practice Provider:

Please keep a copy of this form on file at all practice sites for which it applies as part of the inspectable supervisory arrangements statement.

DO NOT send this form to the NCBON/NCMB.

***Signature of Primary Supervising Physician (PSP):** _____ Date: _____
**must be signed and dated after signatures of backup MDs completed*

***Signature of Advanced Practice Provider:** _____ Date: _____
**must be signed and dated after signatures of backup MDs completed*

PSP
Initials
APP
initials

Back-up supervising MD name: _____ Date: _____
Signature: _____

Back-up supervising MD name: _____ Date: _____
Signature: _____

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PSP APP

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