

K.A.R. 100-28a-10. Supervision and direction; adequacy. (a) Direction and supervision of the physician assistant shall be considered to be adequate if the responsible physician meets all of the following requirements:

(a) (1) Engages in the practice of medicine and surgery in Kansas;

(2) verifies that the physician assistant has a current license issued by the board;

(3) at least annually, reviews, and evaluates the professional competency of the physician assistant, and determines whether the physician assistant has performed patient services constituting the practice of medicine and surgery with professional competence and with reasonable skill and safety;

~~(b) (4) at least annually, reviews any drug prescription protocol and determines if any modifications, restrictions, or terminations are required. Each of these changes modification, restriction, or termination shall be conveyed to the physician assistant and set forth in all copies of the drug prescription protocol required by K.A.R. 100-28a-9 to be maintained and provided;~~

~~(c) engages in the practice of medicine and surgery in this state;~~

~~(d) ensures that the physician assistant has a current license issued by the board. The responsible physician shall obtain a certified copy of the license or verification of licensure from the board;~~

~~(e) (5) within 10 days, reports to the board any knowledge of disciplinary hearings, formal hearings, public or private censure, or other disciplinary action taken against the physician assistant by any state's licensure or registration authority or any professional association. The responsible physician shall report this information to the board within 10 days of receiving notice of the information;~~

~~(f) (6) within 10 days, reports to the board any litigation or the termination of~~

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responsibility by the responsible physician or any litigation alleging conduct by the physician assistant that would constitute grounds for disciplinary action under the physician assistant licensure act. The responsible physician shall report this information to the board within 10 days of receiving notice of the information;

(g) ~~at least every 14 days, reviews all records of patients treated by the physician assistant and authenticates this review in the patient record;~~

(h) ~~(7) reviews patient records and authenticates the review in each patient record of treatment provided by a physician assistant in an emergency situation if the treatment exceeded the authority granted to the physician assistant by the responsible physician in the responsible physician request form. The responsible physician shall perform the review and authentication of the patient record within 48 hours of the treatment provided by the physician assistant if the treatment provided in an emergency exceeded the authority granted to the physician assistant by the responsible physician request form required by K.A.R. 100-28a-9;~~

(i) ~~(8) provides for a designated physician to provide supervision and direction on each occasion when the responsible physician is temporarily absent, is unable to be immediately contacted by telecommunication, or is otherwise unavailable at a time the physician assistant could reasonably be expected to provide professional services; and~~

(j) ~~(9) delegates to the physician assistant only those acts that constitute the practice of medicine and surgery that the responsible physician believes or has reason to believe can be competently performed by the physician assistant, based upon the physician assistant's background, training, capabilities, skill, and experience.~~

(b) The responsible physician shall develop and implement a written method for evaluating whether the physician assistant has performed patient services constituting the

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practice of medicine and surgery with professional competence and with reasonable skill and safety, in accordance with the provisions of the responsible physician request form.

(1) During the first 90 days of the responsible physician-physician assistant supervisory relationship, the responsible physician shall review and authenticate all medical records and charts of each patient evaluated or treated by the physician assistant within 14 days of the date the physician assistant evaluated or treated the patient. The responsible physician shall authenticate each record and chart by original signature or initials and shall record the date of the review. Electronically generated signatures shall be acceptable if reasonable measures have been taken to prevent unauthorized use of the electronically generated signature.

(2) After the first 90 days of the responsible physician-physician assistant supervisory relationship, the responsible physician shall document the periodic review and evaluation of the physician assistant's performance required by paragraph (a)(3), which may include the review of patient records and charts. The written review and evaluation shall be signed by the responsible physician and the physician assistant. This documentation shall be kept on file at each practice location and shall be made available to the board upon request.

(c) Except as otherwise required by K.A.R. 100-28a-13, a responsible physician shall not be required to cosign orders or prescriptions written in a patient's medical record or chart by a physician assistant to whom the responsible physician has delegated the performance of services constituting the practice of medicine and surgery. (Authorized by K.S.A. 2008 2010 Supp. 65-28a03; implementing K.S.A. 65-28a02 and K.S.A. 65-28a09; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended May 15, 2009; amended P-_____.)

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