

Periodic Record of Assessment - Physician Assistant-Certified

State law requires collaborative physicians conduct periodic performance assessments for each physician assistant with whom they have a collaborative relationship per 12 AAC 40.430. State law further mandates the use of this form and requires that the collaborative physician maintain these records of assessment, including a provision for these records to be audited by the board. Either the primary or alternate physician may perform assessments; however, the primary physician must maintain records.

Physician Assistant Name:			License Number:			
Collaborative Physician Name:			 Primary Collaborative Physician Alternate Collaborative Physician 			
Work Location:			Assessment Date:			
Selec	Select all that apply:					
	 We communicate via telephone, radio, or other electronic means, at least monthly; these contacts are documented. We meet in-person on a regular basis, in a face-to-face meeting of at least four hours duration; these contact documented. 					
	Communications ar	ons and meetings include reviews of patient care and review of health care records.				
	Records of performance assessments are maintained by the primary collaborating physician.					
Comments:						

Physician Signature

I hereby certify a periodic method of assessment of quality of practice has been established for practice by this physician assistant, as set forth in 12 AAC 40.430. I understand I must retain records of assessment for at least seven (7) years for each physician assistant for whom I serve as a collaborating physician.

Evaluating Collaborative Physician Name:		
Evaluating Collaborative Physician Signature:	Date Signed:	

Physician Assistant Signature

I hereby certify the information on this form is true and correct to the best of my knowledge.						
Physician Assisant Name:						
Physician Assistant Signature:		Date Signed:				

08-4348 (Rev. 11/01/2024)

Regulations

12 AAC 40.430. PERFORMANCE AND ASSESSMENT OF PRACTICE.

(a) A person may perform medical diagnosis and treatment as a physician assistant only if licensed by the board and only within the scope of practice of the collaborating physician.

(b) A periodic method of assessment of the quality of practice must be established by the collaborating physician. In this subsection, "periodic method of assessment" means evaluation of medical care and clinic management.

(c) Repealed 3/27/2003.

(d) Repealed 3/27/2003.

(e) Assessments must include annual direct personal contact between the physician assistant and the primary or alternate collaborating physician, at either the physician or physician assistant's work site. The collaborating physician shall document the evaluation on a form provided by the department.

(f) Except as provided in (h) of this section, collaborative plans in effect for less than two years must include at least one direct personal contact visit with the primary or alternate collaborating physician per calendar quarter for at least four hours duration.

(g) Except as provided in (h) of this section, collaborative plans in effect for two years or more must include at least two direct personal contact visits with the primary or alternate collaborating physician per year. Each visit must be of at least four hours duration and must be at least four months apart.

(h) Physician assistants who practice under a collaborative plan for a continuous period of less than three months of each year must have at least one direct personal contact visit with the primary or alternate collaborating physician annually.

(i) Collaborative plans, regardless of duration, must include at least monthly telephone, radio, electronic, or direct personal contact between the physician assistant and the primary or alternate collaborating physician during the period in which the physician assistant is actively practicing under the collaborative plan. Dates of active practice under the collaborative plan and monthly contact must be documented.

(j) Contacts, whether direct personal contact or contact by telephone, radio, or other electronic means, must include reviews of patient care and review of health care records.

(k) The primary collaborating physician shall maintain records of performance assessments. The board may audit those records.

(I) The primary collaborating physician shall maintain on file the completed records of assessment form for at least seven years after the date of the evaluation.

(m) If an alternate collaborating physician performs the evaluation, copies of the record of assessment must be provided to the primary collaborating physician for retention in the primary collaborating physician's records.

(n) The board's executive secretary may initiate audits of performance assessment records. In any one calendar year, the performance assessment records of not more than 10 percent of the actively licensed physician assistants, selected randomly by computer, will be audited. For each audit,

(1) the collaborating physician shall produce records of assessment for the past two calendar years immediately preceding the year of audit; and

(2) if the collaborative plan has been in effect for at least one year, but less than two years, only one year of records will be audited; collaborative plans of less than one year's duration will not be audited.

(o) Repealed 5/8/2013.

(p) Repealed 5/8/2013.

(q) Repealed 5/8/2013.

(r) During an urgent situation as determined by the board, direct personal contact as required under this section may be met by audio and video means; "urgent situation" has the meaning given in 12 AAC 40.045.

12 AAC 40.990. DEFINITIONS.

(a) In this chapter

(4) "collaborating physician" means a person who is actively licensed in the state as a physician or osteopath, who enters into a consultative relationship with a nonphysician health care provider who undertakes the practice of medicine, medical diagnosis and treatment;

(5) "collaborative relationship" means a consultative relationship between a physician and nonphysician health care provider which uses their respective areas of expertise to meet the common goal of providing comprehensive care for the patient;