

3-4. PA supervisory personnel

Guidance and responsibilities for PA supervisors are outlined below.

a. General. MTF commanders will use utmost care when selecting physicians to be designated as PA supervisors. These physicians (appointed by name and in writing) must be motivated individuals with a proven ability to provide the supervision, guidance, and support needed by PAs. This supervision is of vital importance in all treatment care settings. The supervising physician must, when needed, prescribe standards of good medical practice. The supervisor must be available for consultation in person, telephonically, by radio, or available through any other communication means which allows person-to-person exchange of information. An alternate supervising physician must be available during temporary absences of the supervising physician.

b. Qualifications and duties. The physician supervisor will—

(1) Be qualified by education, training, and privileges to perform any treatment or procedure that he or she directs a PA to perform.

(2) Be responsible for a PAs medical practice and quality of care.

(3) Ensure that the PAs practice remains within the scope of the individual PAs clinical privileges.

(4) Monitor the PAs performance using established protocols and outcome criteria for treatment, referral, and follow-up care provided.

(5) Ensure that—

(a) Performance evaluations are conducted in accordance with local QI policies. These evaluations may be delayed for PAs working at geographically remote or inaccessible locations, in operationally deployed forces, or in units on field training exercises. Delayed evaluations will be conducted as soon as possible after the date on which they were due and will not usually be delayed for a period of time greater than 6 months. (The 6-month maximum delay period may be waived for deployed forces only if compliance would jeopardize the operational mission of the unit. In this case, the review will be completed at the next available opportunity.)

(b) All emergency room records are reviewed according to current QI policies.

(6) The physician supervisor will always be included as either the PAs rater or senior rater according to AR 623-105. When the supervising physician is not assigned to the same organizational element, dual supervision may exist and the commander will designate the other rating official (rater or senior rater).

Chapter 4

Physical/Occupational Therapists

4-1. Privileges

a. The credentials committee will recommend to the MTF commander those clinical privileges of assigned physical therapists (PTs)/occupational therapists (OTs) who perform the primary evaluation, diagnosis, and treatment of patients seeking care for neuromusculoskeletal disorders. MTF commanders will—

(1) Delineate in writing the scope and limits of clinical practice of these assigned PTs/OTs.

(2) Designate in writing the supervisory physician.

b. Clinical privileges should be limited to PTs/OTs who are trained to independently evaluate, diagnose, and treat specified neuromusculoskeletal disorders. PTs/OTs with additional education and training in selected subspecialty areas may be privileged to perform procedures commensurate with their documented training and/or certification. Clinical privileges are not required for PTs/OTs who do not initiate treatment without a physician's order and whose activities are limited to the scope of standard practice as defined by their license, certification, or registration.

c. Reappraisal of clinical privileges will be completed at least every 2 years and/or when the PT/OT changes station.

4-2. Expanded roles

The duties of assigned and privileged PTs and/or OTs will consist of the following:

a. General. For patients with neuromusculoskeletal complaints, PTs/OTs may be designated to perform primary evaluations according to an established protocol signed by the chief, physical therapy/occupational therapy, the chief of the appropriate supervising medical department or service, and the supervising physician at the local MTF.

b. Other expanded roles. PTs/OTs may request x rays for, and refer to the appropriate specialty clinics, those patients with neuromusculoskeletal disorders for whom they are performing primary care. The list of x ray procedures which PTs/OTs can order will be recommended by the credentials committee and approved by the MTF commander. PTs/OTs may assign those patients for whom they are performing primary care to quarters not to exceed 72 hours.

c. Profiles. PTs/OTs may authenticate temporary profiles within the parameters of their specialties except for personnel on flight status. Profiles will not exceed 30 days. Those conditions which require the extension(s) of a temporary profile beyond a total of 90 days must be authenticated by a physician.

d. Prescription writing. Privileged PTs/OTs may write prescriptions for selected medications. These medications must have been—