

5.5 CLINICAL PROVIDER COMPETENCY

Policy: The following are requirements for Physician Assistants (PAs) and Advanced Practice Registered Nurses (APRNs). All Title X clinics must comply with the Administrative Rules of Montana (ARM) for PA and APRN competency development. Title X clinics should create a local policy on clinical competency protocols.

Procedure:

Physician Assistant Competence Development

1. Per the Administrative Rules of Montana (*ARM 24.156.1623*) the supervising physician and Physician Assistant must assure ongoing competence development by complying with required review by the supervising physician.
2. Per the Administrative Rules of Montana (*ARM 24.156.1623*) the supervising physician shall:
 - a. Review a minimum of 10 percent of the PAs charts on at least a monthly basis.
 - b. Review 100 percent of the PAs charts for the first three months of practice if the PA has less than one year of full-time practice experience from the date of initial licensure and then may be reduced to not less than 25 percent for the next three months, on a monthly basis for each supervision agreement.
 - c. Review 100 percent of the PAs charts who has been issued a probationary license on a monthly basis unless the board terminates the probationary period.
 - d. Countersign and date all written entries that have been chart reviewed and shall document any amendments, modification, or guidance provided.
 - e. Not be deemed out of compliance with the chart review percentage requirement of *ARM 24.156.1623* if the supervising physician demonstrates review of at least 95 percent of the required number of chart reviews.

APRN Competence Development

1. Per the Administrative Rules of Montana (*ARM 24.159.1469*), an APRN must engage in ongoing competence development. An APRN gains, maintains, or refines practice, knowledge, skills, and abilities through competence development. This competence development can occur through formal education programs, continuing education, or clinical practice and is expected to continue throughout the APRNs career.
2. Documentation of competence development activities should be retained by the APRN for a minimum of five (5) years and must be made available to the board of nursing (BON) upon request.
3. The APRN must:
 - a. Submit verification of national recertification to the BON within 30 days of issuance.
 - b. Complete 24 contact hours of continuing education during each two-year license renewal period as stated in *ARM Title 24, subchapter 21, Renewals and Continuing Education*.
 - c. For the APRN who holds prescriptive authority, 12 of the 24 contact hours must be in pharmacotherapeutics, where no more than two (2) of these contact hours may concern the study of herbal or complementary therapies.
 - d. At renewal, APRN licensees licensed by examination less than one full year are not required to complete the 24 contact hours. APRN licensees licensed by examination at least one year, but less than two full years, shall complete one-half of the credit required for renewal.
 - e. Maintain an individualized quality assurance (QA) plan that:
 - i. Is relevant to the APRNs role and population focus, practice setting, and level of experience;
 - ii. May include peer review, institutional review, and/or self-assessment;

- iii. Includes methods for maintaining continued competence in providing client care and evaluating client outcomes; and
- iv. Meets the standards set by the APRNs national professional organization.