ALABAMA STATE BOARD OF MEDICAL EXAMINERS
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Urology Specialty Protocol for Physician Assistants (PA)

Submit completed form and protocol template to
APPDept@albme.gov
Skills_Protocol_Template.pdf

Purpose/Indication: The PA scope of practice includes the evaluation of patients for appropriateness of treatment, developing individualized treatment plans, ordering appropriate urological procedures in accordance with the treatment plan, monitoring and following up to assess the effectiveness of procedures, managing and correcting any adverse reactions, and adjusting treatment plans as needed in accordance with established guidelines and standards within the supervisory practice.

Physician Requirements:

- The supervising physician must complete a request to train for the PA.

Limitations:

- Restricted to Urology Practice

Education/Course Requirements:

- The PA must maintain on file readily retrievable documentation of procedures performed annually, including the documented training, education, and competency validation.

Supervised Practice Requirements for Urology Procedure(s)

- PA will perform and document each proctored procedure(s) for initial certification and annual maintenance

Supervised practice of initial certification must be submitted to the Board within one (1) year of approval to train, or the approval to train will lapse.

QUALITY ASSURANCE MONITORING REQUIRED: Documented evaluation of the clinical practice (high risk/problem prone skill) against defined quality outcome measures, using a meaningful selected sample of patient records and a review of all adverse events. [BME 540-X-8-.08(8); BME 540-X-7-.23(10)]

- Any adverse outcomes will be recorded and included in quality monitoring reviews.

Notes:

- Urology skills/procedures must be included and documented in the quality assurance plan.
- Training may not begin until the PA and physician receive written approval from the Alabama Board of Medical Examiners.

UROLOGY PROCEDURE(S)

Select Procedure(s) Requested to Train	Procedure * **Note:** After approval to train is granted, training is required under the direction/observation of the collaborating or covering physician	Number Required for Initial Certification	Annual Maintenance Requirement
	Cystoscopy with Ureteral Stent Removal	**30**	**15**
	Diagnostic Cystoscopy	**100**	**50**
	Cystoscopy with Foley Catheter Placement	**10**	**5**
	Priapism Reversal	**10**	**5**
	Xiaflex Injection • *Must submit documentation of enrollment in the Xiaflex REMS program*	**10**	**2**
	Transrectal Ultrasound	**10**	**5**
	Transrectal Ultrasound with Prostate Biopsy	**50**	**20**
	Testosterone Pellet Insertion • *Must submit training certificate*	**10**	**5**

Urology Specialty Protocol Request to Train

PA Name: _____
License Number: _____

_____ This PA is requesting initial approval for the Urology Specialty Protocol.

_____ This PA has been previously trained in the skills checked and we wish to transfer the approval to perform these skills to our supervisory agreement. (Include copies of previously approved supervised practice)

_____ This PA has been previously approved to train, and we wish to request to transfer this approval to train.

The physician assistant will submit documentation of supervised practice on the forms provided with the approval notice of proctored procedures for initial certification.

_____ _____
Supervising Physician Printed Name License Number

_____ _____
Supervising Physician Signature Date

- **Training may not begin until the PA and physician receive written approval from the Alabama Board of Medical Examiners.**