

## KENTUCKY PHYSICIANS HEALTH FOUNDATION PROFESSIONAL ACCOUNTABILITY SUPERVISOR Q & A

You have been identified as the Professional Accountability Supervisor for a participant under contract with the Kentucky Physicians Health Foundation ("KPHF"). This document explains the purpose and function of that role.

## What is a Professional Accountability Supervisor?

Supervisors observe the participant at work and provide interval reports to the KPHF confirming appropriate professional behavior in the workplace.

KPHF will send a report regarding the participant's compliance with our program to your attention. In turn, we will request a written response. Your response serves as proof that no safety to practice issues have been identified.

## **Report Requests and Response Format**

Your reply should be written or typed on company letterhead and signed. KPHF respectfully requests that you submit your letter within 30 days of your receipt of our request, in one of the following formats:

- Mail: Kentucky Physicians Health Foundation, 9000 Wessex Place, Ste 305, Louisville, KY, 40222
- Fax: ATTN: Beth Bell at (502) 425-6871
- Email: Beth Bell at <a href="mailto:bethb@kyrecovery.org">bethb@kyrecovery.org</a>
  If you choose to email your report, it must be sent as an attachment on letterhead with a signature. It is not acceptable to send your response in the body of the email.

## **Reporting Frequency**

For the first year of a participant's contract, you will be asked to provide reports monthly, If, after one year, no concerns are identified, KPHF will reduce the frequency to quarterly. Our requests will then arrive in January, April, July and October of each year.

If issues arise between reporting periods, you are encouraged to contact the KPHF immediately. We will notify you if we suspect that a participant in our program is no longer safe to continue clinical practice.

Contact Beth Bell at (502) 425-7761 or bethb@kyrecovery.org if you have any questions.