

**RECOMMENDATION DISCUSSION FORM
NCMS MEDICAL TEAM TASK FORCE (2018)**

<i>Important Variable</i>	Current NC Requirement	DRAFT Recommendation
<i>Physician Involvement in NP Practice</i>	Physician supervision required, including a collaborative practice agreement (CPA) specifying the medical acts, tasks, and functions that may be performed by the NP.	
<i>Physician Involvement Prescribing Controlled Substances</i>	Schedules II-V may be prescribed as provided in the CPA, and may be prescribed outside the CPA if ordered (written or verbal) by the supervising physician and documented in the patient's record.	.
<i>Specialty Focus</i>	Not addressed directly in statute, rules or position statements.	
<i>Distance/Number Limit</i>	NCMB position statement requires "appropriate amount of supervision." <u>Factors</u> include: a.) the number of supervisees under a physician's supervision, and b.) the geographical distance between the supervising physician and the supervisee.	

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<i>Exemptions</i>	The Board of Nursing will provide an exception in cases of injury sudden illness, death or other unforeseen unavailability of a supervising physician. (Although not specifically included in the rule, I believe the NCBON policy gives the NP 2 days to notify NCBON, then 30 days to propose a new supervising physician.),	
<i>Responsible Licensing Authority</i>	Rules must be adopted by the respective Boards represented on the Joint Committee, then enforcement is by the NC Medical Board	
<i>Quantitative Requirement for Physician/NP Meetings</i>	Monthly meetings for first 6 months of the CPA, then every 6 months to discuss quality improvement.	
<i>Facility Privileges Requirement</i>	Handled separately from CPA. CPA does not enable privileges in a facility, and each facility's medical staff on governing body is responsible for determining the scope of NP privileges (subject to all limitations on NP practice.)	