

Current PA Supervision Requirements in NC

NCMS Medical Team Task Force – January 22, 2019



North Carolina



Medical Society

Leadership in Medicine

The physician's obligation...

- Continuously oversee the medical acts performed by the PA; does not require physical presence at the time and place the services are rendered

(See 21 NCAC 32S .0201 (8), and 21 NCAC 32S .0213(b))

- primary supervising physician:

- be accountable to the Board for all the PA's medical activities and professional conduct
(Emphasis added. See 21 NCAC 32S .0201(10)(a))

- assure the Board that the PA is qualified by education, training and competence to perform all medical acts required of the PA. *(See 21 NCAC 32S .0201(10)(a))*

- back-up supervising physician:

- be accountable to the Board for the PA's medical activities and professional conduct
 - while supervising the PA, and
 - in the absence of the primary supervising physician *(See 21 NCAC 32S .0201 (10)(b))*

The physician's obligation...

- Each team of physician(s) and physician assistant(s) shall:
 - Identify the scope of practice for each PA;
 - Delegation of medical tasks is appropriate;
 - Define the relationship of, and access to, each supervising physician;
 - Establish a process for evaluation of the physician assistant's performance.

(See 21 NCAC 32S .0213(c))

- Maintain on file a written statement describing the medical acts, tasks, and functions delegated to the PA by the primary supervising physician.

(See 21 NCAC 32S .0201(9), 21 NCAC 32S .0213(d))

- Clinical issues/QI meetings: monthly for first 6 months, semiannually thereafter

(See 21 NCAC 32S .0213(e))