

**REPORT OF THE MEDICAL TEAM TASK FORCE**  
**March 23, 2019**

The NCMS Medical Team Task Force has met on seven occasions since April, 2017. The Task Force is charged with a) reviewing the different forms, effectiveness and status of physician supervision of advanced practice nurses and b) determining whether changes occurring in health care delivery and payment systems warrant a modernization of the current regulatory scheme. If changes are appropriate, the Task Force should make recommendations to the North Carolina Medical Society Board of Directors.

In light of the wide-ranging involvement of NPs and PAs in our state's health system, the NCMS invited all specialties to send a representative to the MTTF discussions in 2017. The group has reviewed extensive information about the regulation of NPs and PAs across the United States, and discussed at length the goals of the medical profession in engaging PAs and NPs in the delivery of health services.

Key improvement identified for the current North Carolina model include:

- 1) The supervision requirement, while putting the majority of accountability on the supervising physician, could do more to directly ensure the structure of the relationship will consistently yield good patient results. This supervision approach, which involves semiannual meetings and direct accountability of the supervising physician, should be replaced with requirements aimed more specifically at establishing and incentivizing meaningful clinical relationships between physicians and PA/NPs.
- 2) More should be done to define the NP/PA-physician relationship early in the NP's/PA's career. Thereafter, a team-based environment where the NP/PA and physician are spending significant time together in the clinic should not require ongoing statutory supervision.
- 3) Likewise, when a PA /NP moves from one specialty to another, regardless of setting, there should be a period during which the PA/NP is required to work in a team setting, with heightened collaboration requirements, while they develop and document expertise needed in the new specialty.

Based on productive discussions between the NCMS and NCAPA, and the focused work of the NCAPA with the Medical Team Task Force, the Task Force makes the following recommendation to the NCMS Board of Directors. These recommendations are shown in flowchart form in [Attachment 1](#).

RECOMMENDATIONS:

RESOLVED, that the NCMS seek changes in the regulation of Physician Assistants in North Carolina to establish a career entry interval of 4,000 clinical hours to be required upon entry into practice, and a specialty training interval of 1,000 hours to be required whenever the PA changes specialty; and be it further

RESOLVED, that the NCMS seek changes in the regulation of Physician Assistants in North Carolina to define the heightened requirements of a career entry interval and specialty training interval to be that a Physician Assistant: 1.) Work in team-based setting in collaboration with a physician, 2.) Maintain a collaborative practice agreement on site, which includes clinical oversight, quality measures, scope of practice, onboarding/orientation process, and process/plan for expansion of scope throughout interval, and 3.) Permit NCMB to inspect the collaborative practice agreement within 72 hours; and be it further

RESOLVED, that the NCMS seek changes in the regulation of Physician Assistants in North Carolina to define a team-based setting for PAs that includes physician-owned medical practices, and licensed health facilities with active credentialing and quality programs, where physicians have consistent and meaningful participation in the design and implementation of health services to patients; and be it further

RESOLVED, that the NCMS seek changes in the regulation of Physician Assistants in North Carolina to repeal statutory physician supervision of Physician Assistants practicing in team-based settings, and to implement statutory collaboration with a physician in all non-team settings, and during career entry and specialty training intervals; and be it further

RESOLVED, that the NCMS seek changes in the regulation of Physician Assistants in North Carolina to require, in all settings requiring collaboration, that the Physician Assistant:

- 1) collaborate with, consult with, or refer to the appropriate member of the health care team as indicated by the condition of the patient, the education, experience, and competence of the Physician Assistant, and the applicable standard of care;
- 2) determine the degree of collaboration at the practice level, which may include decisions made by the employer, group, hospital service, and the credentialing and privileging systems of a licensed facility; and
- 3) accept responsibility for the care they provide.