

North Carolina Medical Board
Physician Assistant Advisory Council (PAAC) – Agenda
March 16, 2016
Board Room
10:00 a.m.

H. Diane Meelheim, FNP-BC, Chairperson, Barbara Walker, DO, Venkata Jonnalagadda, MD

OPEN SESSION

OLD BUSINESS

1. PA Terminology

At the last PAAC meeting, Mr. Katz raised the issue of the Board considering using the term “collaboration” instead of “supervision” when describing the relationship between physician assistant and physician. Mr. Katz reported that AAPA model legislation endorses this change of terminology. Discuss. See attachment.

2. Record Retention Rule for PAs

Should the Board adopt a rule explicitly requiring a physician assistant to maintain a record of quality assurance meetings for a minimum of three years? See attached proposed change to Rule 21 NCAC 32S .0213.

3. PA Site Visits

Board Investigator Don Pittman will discuss current PA compliance audit process. Open discussion to consider whether compliance audits should be performed in person or electronically or by mail.

4. The Relevancy of QI Language

Consider amending Rule 21 NCAC 32S .0213 to delete the language “and quality improvement measures” from the rule. See attached proposed change to Rule 21 NCAC 32S .0213.

NEW BUSINESS

1. AAPA Model Legislation

Discuss AAPA model legislation. The issues to be discussed are: collaboration v. supervision terminology; registration of supervising physicians; removal of language indicating supervising physician is responsible for PA's care; and independent board for physician assistants.

2. Documentation Issues

Discuss documentation concerns for PAs working part-time or locum positions.

3. Implications of Relaxed Supervision of Advance Practice Nurses for Physician Assistants.

Thomas P. Colletti, DHSc, MPAS, PA-C to discuss the implications for PAs of relaxed supervision requirements for advanced practice nurses. See attachment.

4. New CME Requirements

Update on new controlled substance CME requirement. See attached proposed rule, 21 NCAC 32S .0216