North Carolina Medical Board
Policy Committee Meeting
Wednesday, November 18, 2015

Committee Members: Cheryl Walker-McGill, M.D., Chairperson; Michael Arnold, Wayne Holloman, Diane Meelheim, FNP-C

1. Old Business:

    a. Office-Based Procedures**

    b. Physician supervision of other licensed health care providers

    c. Self-Treatment and Treatment of Family Members

2. New Business:

    a. Involuntary departure from hospital-owned practice

3. Position Statement Review tracking chart

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1. Old Business:

a. Office-Based Procedures

At the May 2015 Policy Committee meeting, the Committee discussed potential review of the Office-Based Procedures position statement to conform to current standards. The Committee recommended referring the position statement to the Executive Committee for further discussion regarding the type and costs of such a review. The full Board accepted the Committee's recommendation and the matter is being considered by the Executive Committee at its September 2015 meeting.

b. Physician supervision of other licensed health care providers

At the July 2015 Policy Committee meeting, the Committee members discussed concerns about: (1) the potential for boundary violations between supervising physicians and their health care supervisees; and (2) the need to clarify the prohibition on supervisees owning a practice and employing their supervising physician. The Committee recommended, and the Board approved, bringing the position statement back to the Committee in September 2015.

At the September 2015 Board meeting, the Board instructed staff to make changes to the position statement to address concerns about: (1) whether the proposed language would prevent supervisees from contracting with their supervising physicians for their supervisory role; and (2) a cross-reference regarding self-prescribing and boundary violations. The current position statement and a proposed draft are included below.

CURRENT POSITION STATEMENT:

Physician supervision of other licensed health care practitioners

The physician who provides medical supervision of other licensed healthcare practitioners is expected to provide adequate oversight. The physician must always maintain the ultimate responsibility to assure that high quality care is provided to every patient. In discharging that responsibility, the physician should exercise the appropriate amount of supervision over a licensed healthcare practitioner which will ensure the maintenance of quality medical care and patient safety in accord with existing state and federal law and the rules and regulations of the North Carolina Medical Board. What constitutes an "appropriate amount of supervision" will depend on a variety of factors. Those factors include, but are not limited to:

- The number of supervisees under a physician's supervision
- The geographical distance between the supervising physician and the supervisee
- The supervisee's practice setting
- The medical specialty of the supervising physician and the supervisee
- The level of training of the supervisee
- The experience of the supervisee
- The frequency, quality, and type of ongoing education of the supervisee
- The amount of time the supervising physician and the supervisee have worked together
- The quality of the written collaborative practice agreement, supervisory arrangement, protocol or other written guidelines intended for the guidance of the supervisee
- The supervisee's scope of practice consistent with the supervisee's education, national certification and/or collaborative practice agreement

(Adopted July 2007) (Reviewed: September 2012)

REVISED POSITION STATEMENT:

Physician supervision of other licensed health care practitioners

The physician who provides medical supervision of other licensed healthcare practitioners is expected to provide adequate oversight. The physician must always maintain the ultimate responsibility to assure that high quality care is provided to every patient. In discharging that responsibility, the physician should exercise the appropriate amount of supervision over a licensed healthcare practitioner which will ensure the maintenance of quality medical care and patient safety in accord with existing state and federal law and the rules and regulations of the North Carolina Medical Board. What constitutes an "appropriate amount of supervision" will depend on a variety of factors. Those factors include, but are not limited to:

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- The supervisee's scope of practice consistent with the supervisee's education, national certification and/or collaborative practice agreement

Physicians should also be cognizant of maintaining appropriate boundaries with their supervisees, including refraining from requesting medical treatment by the physician's supervisee.[1] Physician assistants and nurse practitioners are specifically prohibited from prescribing controlled substances for the use of their supervising physicians.

Practices owned solely by physician assistants or nurse practitioners may not hire or contract with physicians to practice medicine on behalf of the physician assistant or nurse practitioner owned practice. The physician assistant or nurse practitioner may contract with a physician to provide the legally required supervision of the physician assistant or nurse practitioner.

[1] See also the Board's position statement on "Self-treatment and Treatment of Family Members."

c. Self-Treatment and Treatment of Family Members

At the September 2015 Board meeting, the Policy Committee directed staff to draft language that would allow licensees to treat minor, chronic illnesses. The current and proposed position statements are provided below.

CURRENT POSITION STATEMENT:

Self-treatment and treatment of family members

It is the Board's position that it is not appropriate for licensees to write prescriptions for controlled substances or to perform procedures on themselves or their family members. In addition, licensees should not treat their own chronic conditions or those of their immediate family members or others with whom the licensee has a significant emotional relationship. In such situations, professional objectivity may be compromised, and the licensee's personal feelings may unduly influence his or her professional judgment, thereby interfering with care.

There are, however, certain limited situations in which it may be appropriate for licensees to treat themselves, their family members, or others with whom the licensee has a significant emotional relationship.

1. Emergency Conditions. In an emergency situation, when no other qualified licensee is available, it is acceptable for licensees to treat themselves or their family members until another licensee becomes available.
2. Urgent Situations. There may be instances when licensees or family members do not have their prescribed medications or easy physician access. It may be appropriate for licensees to provide short term prescriptions.
3. Acute Minor Illnesses Within Clinical Competence. While licensees should not serve as primary or regular care providers for themselves or their family members, there are certain situations in which care may be acceptable. Examples would be treatment of antibiotic-induced fungal infections or prescribing ear drops for a family member with external otitis. It is the expectation of the Board that licensees will not treat recurrent acute problems.
4. Over the Counter Medication. This position statement is not intended to prevent licensees from suggesting over the counter medications or other non-prescriptive modalities for themselves or family members, as a lay person might.

Licensees who act in accord with this position statement will be held to the same standard of care applicable to licensees providing treatment for patients who are unrelated to them. Thus, licensees should not treat problems beyond their expertise or training.

The Board expects licensees to maintain an appropriate medical record documenting any care that is given. It is also prudent for the licensee to provide a copy of the medical record to the patient's primary care provider.

Licensees who inappropriately treat themselves, their family members or others with whom they have a significant emotional relationship should be aware that they may be subject to disciplinary action by the Board.

(Adopted May 1991)
(Amended May 1996; May 2000; March 2002; September 2005; March 2012)

PROPOSED POSITION STATEMENT:

Self-treatment and treatment of family members

It is the Board's position that it is not appropriate for licensees to write prescriptions for controlled substances or to perform procedures on themselves or their family members. In addition, licensees should not treat their own chronic conditions ~~or those of their immediate family members or others with whom the licensee has a significant emotional relationship~~. In such situations, professional objectivity may be compromised, and the licensee's personal feelings may unduly influence his or her professional judgment, thereby interfering with care.

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2. New Business:

a. Involuntary departure from hospital-owned practice

ISSUE:

The Board received an inquiry from one of its licensees regarding a recent termination from a hospital-owned physician network. The licensee felt that the termination was handled in a way that prevented her from following guidelines for patient notification and for safe continuity of care.

The licensee received a 90-day notice of termination without cause but was informed that her services were no longer needed, and she was removed from the practice the same day without notice to patients. The practice told the licensee that the termination was not related to the quality of her professional work, personal life, or patient satisfaction.

The licensee has since been contacted by a number of her patients. Patients that have been called by the office to cancel appointments have given different reasons for the cancellation: that the licensee has retired, that she was out of the office for the day, or that the staff knew nothing about the licensee or how to contact her. The licensee had given her contact information to the office manager the day of her departure. The following week a letter was sent by the group saying the licensee was no longer there, and no contact information was given.

The following concerns were raised by the licensee after reading the Board's Position Statements on physician departures and on the physician-patient relationship:

- Notice of departure was not given to patients 30 days in advance of her departure.
- Contact information has not been formally given to patients for whom she had no demographic information or way of contacting.
- Patients have not been told how to obtain copies of medical records.
- As a practitioner, she was not afforded an opportunity to fulfill her obligation to her patients regarding her departure.
- As a practitioner, she was being told to limit the amount of time she spent with each individual patient and to be less thorough.
- As a practitioner, she was told to turn over her practice to an unnamed future physician, to no longer perform physical examinations, and to limit the scope of her practice to seeing acute minor sick visits for the rest of the group's physicians.
- Patients have had a loss of continuity of their care their physician-patient relationship disrupted. Most of her patients are elderly with complex multiple chronic medical problems.