

21 NCAC 32S .0213 is proposed to be amended as follows:

21 NCAC 32S .0213 PHYSICIAN SUPERVISION OF PHYSICIAN ASSISTANTS

(a) A physician wishing to serve as a primary supervising physician shall exercise supervision of the physician assistant in accordance with rules adopted by the Board.

~~(a)(b)~~ A physician assistant may perform medical acts, tasks, or functions only under the supervision of a physician. Supervision shall be continuous but, except as otherwise provided in the rules of this Subchapter, shall not be construed as requiring the physical presence of the supervising physician at the time and place that the services are rendered.

~~(b)(c)~~ Each team of physician(s) and physician assistant(s) shall ensure; ~~ensure~~

(1) ~~that~~ the physician assistant's scope of practice is identified;

(2) ~~that~~ delegation of medical tasks is appropriate to the skills of the supervising physician(s) as well as the physician assistant's level of competence;

(3) ~~that~~ the relationship of, and access to, each supervising physician is defined; and

(4) ~~that~~ a process for evaluation of the physician assistant's performance is established.

~~(c)(d)~~ Each supervising physician and physician assistant shall sign a statement, as defined in Rule ~~.0201(8)~~ .0201(9) of this Subchapter, that describes the supervisory arrangements in all settings. ~~Written prescribing instructions are required for each approved site. The physician assistant shall maintain written prescribing instructions at each site.~~ This statement shall be kept on file at all practice sites, and ~~must~~ shall be available upon request by the Board.

~~(d)(e)~~ A primary supervising physician and a physician assistant in a new practice arrangement shall meet monthly for the first six months to discuss practice relevant clinical issues and quality improvement measures. Thereafter, the primary supervising physician and the physician assistant shall meet at least once every six months. A written record of these meetings shall be signed and dated by both the supervising physician and the physician assistant, and shall be available for inspection upon request by the Board agent. The written record shall include a description of the relevant clinical issues discussed and the quality improvement measures taken.

History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;

Eff. September 1, 2009.