

1 21 NCAC 32S .0213 is proposed for amendment as follows:

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3 **21 NCAC 32S .0213 PHYSICIAN SUPERVISION OF PHYSICIAN ASSISTANTS**

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

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

9 (c) Each team of physician(s) and physician assistant(s) shall ensure:

- 10 (1) the physician assistant's scope of practice is identified;
- 11 (2) delegation of medical tasks is appropriate to the skills of the supervising physician(s) as well as the
12 physician assistant's level of ~~competence~~; competence and may include issuing do not resuscitate
13 orders pursuant to G.S. 90-21.17(b) and determining and pronouncing death pursuant to G.S. 90-
14 323 so long as all other requirements are met and doing so is permitted by and consistent with
15 practice site-specific policies and procedures; and
- 16 (3) the relationship of, and access to, each supervising physician is defined; and
- 17 (4) a process for evaluation of the physician assistant's performance is established.

18 (d) Each supervising physician and physician assistant shall sign a statement, as defined in Rule .0201(9) of this
19 Subchapter, that describes the supervisory arrangements in all settings. The physician assistant shall maintain written
20 prescribing instructions at each site. This statement shall be kept on file at all practice sites, and shall be available
21 upon request by the Board.

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

28 (f) Physician assistants enrolled and participating in a postgraduate training program shall designate on their intent to
29 practice form as required by Rule .0203 of this Subchapter a single physician as their primary supervising physician
30 as determined by the postgraduate training program. For purposes of this Rule, a postgraduate training program shall
31 mean a professional development program of at least 12 months sponsored or co-sponsored by a licensed hospital and
32 healthcare system in which the participants rotate through at least three or more distinct medical specialties. As the
33 participants rotate through the program's various specialties, all other supervising physicians shall be designated as
34 Back-Up Supervising Physicians.

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36 *History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;*
37 *Eff. September 1, 2009;*

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Amended Eff. May 1, 2015;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,
2016;
Amended Eff. November 1, 2024; May 1, 2022.