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REPORT OF AD HOC COMMITTEE TO STUDY THE ROLE OF
PHYSICIAN'S ASSISTANTS AND NURSE PRACTITIONERS IN NORTH CAROLINA

The total number of new PA's and NP's entering practice with physicians in the state has leveled off in the past several years, and the number of new PA's has declined slightly. Economics and marketplace phenomena are apparently responsible for this effect. This, and other facts about these groups are contained in a very complete and useful report by F. Maxton Mauney, M.D., Chairman, Committee on Allied Health Professionals, which has already been distributed to the members of the Executive Council and is scheduled to appear in a Fall issue of the North Carolina Medical Journal in a two-part article.

We find no reason for the Society to change its current stance on the activities or functions of these groups. We do, however, feel that there are matters which should be brought to the attention of all members of the Society. These are summarized below, and it is our suggestion that these be transmitted to our membership by means of a copy of this report, or by an item in a newsletter or the North Carolina Medical Journal, as the President and/or the Executive Council feel appropriate.

1. A decision by a physician to add a PA or NP to his/her practice should be made with the aim of improving the quality of and/or access to medical care for the patient, and certainly not as a means of avoiding work or responsibility.
2. The physician bears full legal and ethical responsibility for the actions and decisions of each PA or NP working under his supervision and authority. The decision to serve as the legally responsible physician is a serious responsibility, and should not be assumed lightly.
3. The activities of PA's and NP's should be carefully and adequately supervised by the responsible physician. While the proximity and circumstances of such supervision may vary widely with the circumstances of the practice, it is a moral and legal responsibility of the physician to exercise an appropriate level of supervision.
4. The activities of PA's and NP's in individual hospitals should be defined by the medical staff of each hospital after consideration of local circumstances, local opinions, and the interest of local physicians.
5. Physicians should be aware of the different circumstances surrounding the training, credentialing and regulation of PA's and NP's, and the possible implications of these differences for the future. In general, PA's are trained by physicians, and NP's by nurses, sometimes with and sometimes without the input of physicians. The national organization of PA's has voted their approval of a continued dependent role for the physician's assistant, under supervision of a licensed physician. While individual NP's usually take a similar stance, national and state nursing organizations often express a desire for greater independence and autonomy. Nurse Practitioners, as nurses, are authorized to practice nursing without physician supervision. The question for the future is whether or not the scope of nursing might be enlarged by the N. C. General Assembly, to the extent that the functions of the nurse practitioner have a substantial overlap with that of the physician. This deserves careful consideration.
6. North Carolina law limits each physician to a maximum of two physician's assistants. There is no similar restraint on the number of nurse practitioners which could be employed. Some consideration should be given to a similar restriction for numbers of nurse practitioners, and indeed on the number of PA's and NP's in combination.

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