



NORTH CAROLINA RESPIRATORY CARE BOARD
125 Edinburgh South Drive, Suite 100
Cary, NC 27511

July 14, 2016

Priyank Desai, MD
Medical Director of Critical Care Unit
UNC Nash Health Care
2460 Curtis Ellis Dr.
Rocky Mount, NC 27804

Dear Dr. Desai,

This letter is sent on behalf of the North Carolina Respiratory Care Board in response to your email of April 7, 2016, requesting the Board's interpretation of state statutes and rules that relate to assisting the licensed physician during Bronchoscopy, which the Board discussed during its regular scheduled meeting on July 14, 2016. Based on the information you furnished, the Board understands that an individual respiratory care practitioner ("RCP") would provide assistance during bronchoscopy only in either advancing and adjusting the bronchoscope or in adjusting the endotracheal tube; a single RCP would not be engaged in both functions; and any RCP engaged in either task would only do so while acting under the order, direct supervision, and guidance of a licensed physician.

The practice of respiratory care is broadly defined in G.S. 90-648 (10), to include a number of physician-directed procedures. Within this broad range of therapeutic applications, in G.S. 90-648 (10) (d), the statute identifies particular skills that are within the scope of practice for RCPs including cardiopulmonary resuscitation and maintenance of natural airways, the insertion and maintenance of artificial airways under the direct supervision of a recognized medical director in a healthcare organization whose governing board has approved these services to be offered by the facility. In G.S. 90-648 (3), the statute defines the direct supervision concept that is mentioned in G.S. 90-648 (10) (d) as: "the authority and responsibility to direct the performance of activities as established by policies and procedures for safe and appropriate completion of services." This concept recognizes that the safe, effective, and efficient performance of a range of more routine services, when delivered in a controlled environment like a hospital, may be directed through the adoption of a set of defined procedures, approved in advance by a medical director, which are scrupulously followed by practitioners who also have been trained on the procedures and tested for competency; and where a physician is available in a reasonable proximity.

For this reason, the Board determined that assisting a licensed physician during bronchoscopy is within the scope of the practice for RCPs when under direct supervision. Direct supervision for this level of care means that the physician must be in the bronchoscopy suite during the procedure. To assure the quality and efficacy of the procedure, the facility where this procedure is performed must: 1) maintain written policies and guidelines for the procedure, as it would for any procedure provided by the RCPs that it employs; 2) require each RCP providing the procedure to complete a documented training course provided by the health care facility that employs the RCP; and 3) require each RCP to have a documented skills evaluation and documented annual competency review for the procedure.

Please advise if you have any other questions about this issue.

Regards,

William L. Croft, PhD., RRT, RCP
Executive Director