

MINUTES

North Carolina Medical Board

January 17-18, 2007

**1203 Front Street
Raleigh, North Carolina**

Minutes of the Open Sessions of the North Carolina Medical Board Meeting January 17-18, 2007.

The January 17-18, 2007, meeting of the North Carolina Medical Board was held at the Board's Office, 1203 Front Street, Raleigh, NC 27609. The meeting was called to order at 8:03 a.m., Wednesday, January 17-18, 2007, by H. Arthur McCulloch, MD President. Board members in attendance were: Janelle A. Rhyne, MD, President Elect; George L. Saunders, III, MD, Secretary; Ralph C. Loomis, MD, Treasurer; E. K. Fretwell, PhD; Donald E. Jablonski, DO; John B. Lewis, Jr., LLB; Robert C. Moffatt, MD, Michael E. Norins, MD; Peggy R. Robinson, PA-C; Sarvesh Sathiraju, MD; and Mr. Aloysius P. Walsh.

Staff members present were: R. David Henderson, JD, Executive Director; Nancy Hemphill, JD, Special Projects Coordinator; Thomas W. Mansfield, JD, Legal Department Director; Brian Blankenship, Board Attorney; Marcus Jimison, JD, Board Attorney; Katherine Carpenter, JD, Board Attorney; Todd Brosius, JD, Board Attorney; Ms. Wanda Long, Legal Assistant; Ms. Lynne Edwards, Legal Assistant; Ms. Cindy Harrison, Legal Assistant; Mr. Curtis Ellis, Investigative Department Director; Don R. Pittman, Investigator/Compliance Coordinator; Mr. Mike Wilson, Investigator; Mrs. Therese Dembroski, Investigator; Mr. Loy C. Ingold, Investigator; Mr. Bruce B. Jarvis, Investigator; Mr. Robert Ayala, Investigator; Mr. Richard Sims, Investigator; Mr. David Van Parker, Investigator; Mr. Vernon Leroy Allen, Investigator; Mr. David Allen, Investigator; Ms. Jenny Olmstead, Senior Investigative Coordinator; Ms. Barbara Rodrigues, Investigative Coordinator; Mr. Dale Breaden, Director of Public Affairs; Ms. Dena Konkell, Assistant Director, Public Affairs; Mrs. Joy D. Cooke, Licensing Director; Ms. Michelle Allen, Licensing Supervisor; Ms. Amy Ingram, Licensing Assistant; Ms. Lori King, Physician Extender Coordinator; Ms. Quanta Williams, Physician Extender Coordinator; Michael Sheppa, MD, Medical Director; Scott Kirby, MD, Assistant Medical Director; Ms. Judie Clark, Complaint Department Director; Mrs. Sharon Squibb-Denslow, Complaint Department Assistant; Ms. Sherry Hyder, Complaint Summary Coordinator; Ms. Carol Puryear, Malpractice/Medical Examiner Coordinator; Mr. Hari Gupta, Operations Department Director; Ms. Patricia Paulson, Registration Coordinator; Mrs. Janice Fowler, Operations Assistant; Mr. Peter Celentano, Comptroller; Ms. Ravonda James, Receptionist; Ms. Barbara Gartside, Operations Assistant; Mr. Donald Smelcer, Technology Department Director; Ms. Dawn LaSure, Human Resources Director; and Mr. Jeffery Denton, Executive Assistant/Verification Coordinator.

MISCELLANEOUS

Presidential Remarks

Dr. McCulloch commenced the meeting by reading from Governor Easley's Executive Order No. 1, the "ethics awareness and conflict of interest reminder." No conflicts were noted.

Mr. Henderson announced that the North Carolina Medical Society Board of Directors and senior staff will be visiting the Medical Board Office on Saturday, January 20, 2007, for lunch, a tour, and a brief presentation regarding the Medical Board.

Mr. Henderson reported that odd-numbered Board Meeting months have historically been three-day meetings. Starting today, these will routinely be two-day meetings.

Dr. Jablonski reported on his participation in the American Association of Osteopathic Examiners Annual Summit Meeting, January 6-7, 2007, in New Orleans, Louisiana. He reported on several items including but not limited to : AMA Scope of Practice Partnership, Federation License Portability Project, Osteopathic Approach to Pandemic of 1918, and Expert Witnesses Issues in South Carolina.

New Board Member – Peggy R. Robinson, PA-C

Dr. McCulloch read the Oath of Office to Ms. Robinson. He then welcomed and introduced her as a newly appointed Board Member. Ms. Robinson was appointed by Governor Easley to relieve Robin N. Hunter Buskey, PA-C following completion of her two terms.

Center for Personalized Education for Physicians (CPEP) – A Visitation Report

(McCulloch, Sheppa, Mansfield, Blankenship and Jimison)

The above group visited CPEP in Denver, Colorado on December 5, 2006, by invitation. Dr. Sheppa gave a PowerPoint presentation on CPEP's programs, staff, competency assessments, and remedial plans. He stated that CPEP has done approximately 800 assessments to date; assessments cost around \$7500 and educational planning costs around \$1500. There are additional costs for monitoring and follow up. The programs appear to be flexible and they have an unlimited supply of consultants. Reports state if the candidate is unsafe to practice.

Retreat Planning Committee

(George L. Saunders, III, MD, Chair; Janelle A. Rhyne, MD; H. Arthur McCulloch, MD; Donald E. Jablonski, DO)

Dr. Saunders distributed a Retreat Agenda and gave additional details concerning the January 19-20, 2007, Board Retreat to be held in Chapel Hill.

Audit Report

(Mr. Christopher Duffus, CPA, Koonce Wooten & Haywood. LLP)

Mr. Duffus reviewed the North Carolina Medical Board Audit for years ended October 31, 2006 and 2005. He summarized that the firm had issued an unqualified opinion and that the "financial statements referred to present fairly, in all material respects, the financial position of the North Carolina Medical Board as of October 31, 2006 and 2005, and the respective changes in its net assets and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America." He proceeded to go through the entire report highlighting certain items.

Motion: A motion passed to accept the Audit Report as presented.

State Government Ethics Act

Ms. Hemphill briefed the Board on changes to the State Government Ethics Act effective January 1, 2007. Ethics training is now required of all Board Members. The three new members must receive training by the end of June and the rest of the Board have to the end of the year. Afterwards, it is required every two years. New statements of economic interest must be completed by March 15. She also covered ethical standards pertaining to gifts. A general rule is not to accept any gifts from licensees or applicants. She wrapped up the brief indicating what the possible penalties for violation of this act are.

Physician Accountability for Physician Competency – Summit IV

Dr. Sheppa attended this Federation of State Medical Boards (FSMB) initiative January 14-16, 2007 in St. Petersburg, Florida. This was the fourth summit which included participants from 50 organizations including seven state medical boards. At Summit III in June 2006, this group gained support for creating a National Alliance for Physician Competence (NAPC) and drafted content for a document that will be used to gain consensus about what is meant by "competent"

medical practice, titled Good Medical Practice. A draft proposal to create a National Alliance was distributed ahead of time in order to receive individual board comments and feedback. A Physician Learning and Continuous Improvement System (PLACIS) to Support Lifelong Learning and External Reporting Requirements draft document was also reviewed. The purpose of PLACIS is to support lifelong learning, self-assessment, reflection and continuous improvement as specified by principles of Good Medical Practice (GMP) in development. This system should foster a community and practice of professionalism highlighted by scholarship and accountability. With authorization from the physician who controls the data, it can also support external reporting requirements. Final drafts of these documents were presented for discussion at the January meeting.

Consumer Access to Physician Information (CAPI) Task Force Report

Dr. Norins, Chair, CAPI Task Force, presented the following report for discussion:

The Consumer Access to Physician Information Task Force of the North Carolina Medical Board was called to order at 11:00 a.m., Friday, December 15, 2006, at the office of Darlyne Menscer, MD, in Charlotte, NC. Present were: Michael E. Norins, MD, Chair, Member, North Carolina Medical Board; Clifford Britt, JD, Comerford & Britt, LLP; Stephen M. Herring, MD, North Carolina Medical Society; Darlyne Menscer, MD, President, North Carolina Medical Society; and Janelle A. Rhyne, MD, Member, North Carolina Medical Board. Also attending were: Michael Sheppa, MD, Medical Director, NCMB (TF Staff); Thom Mansfield, JD, Legal Department, NCMB (TF Staff); Hari Gupta, Operations, NCMB (TF Staff); Jeff Denton, Recorder, NCMB (TF Staff); Melanie Phelps, JD, North Carolina Medical Society; Steve Keene, JD, North Carolina Medical Society; and David Henderson, JD, Executive Director, NCMB

Dr. Norins opened the meeting with introductions and a summary of the Task Force’s charge – to develop a set of recommendations regarding the content of the physician information available to the public on the Medical Board website. He emphasized that information should be transparent to the public and easy to use.

TASK FORCE RECOMMENDATION

COMPONENT	COMMENT
Demographic Information	Information reported by the physician on their initial license application.
Licensee Name	Changes require a legal document.
Gender	Changes require a legal document.
Business Address/Practice Site/Business Phone Number	Changes may be made by written request or on annual registration.
Birth Date	
Medical Education	Information reported by the physician on their initial license application.
Medical School	
Medical School Location	(City, State, Country)
Year of Graduation	
Approved Postgraduate Training	Only American Osteopathic Association (AOA), Accreditation Council of Graduate Medical Education (ACGME) and Royal College of Physicians and Surgeons of Canada (RCPSC)

COMPONENT	COMMENT
	approved programs. Only fellowships approved by an ABMS constituent Board may be listed.
License and Certification Information	Information taken from the Medical Board’s data base, except Type of Practice and Board Certification. Board Certification comes from the initial license application or a renewal registration. Type of Practice is submitted by the physician.
License Status	
License Number	(Current, not history.)
License Type	
Original License Date	
License Renewal Date (Annual Registration)	
Type of Practice	Physicians will indicate their “area of practice.” In addition, physicians will be allowed to insert a link to their practice website, if available. A disclaimer will inform consumers that the information was received from the physician and is not attested to by the Medical Board.
Board Certification	Only board certifications from a member board of the American Board of Medical Specialties (ABMS), American Osteopathic Association – Bureau of Osteopathic Specialists or Royal College of Physicians and Surgeons in Canada (RCPSC) will be included. Subspecialties board certification from the above member boards may also be listed.
Hospital Affiliation	(Collected via the annual registration questionnaire.)
Criminal Convictions	Reported from the court having jurisdiction over the case or from the physician.
Criminal Convictions	All criminal convictions for felonies. A person shall be deemed convicted of a felony if entering a plea of guilty or found or adjudged guilty by a court of competent jurisdiction, or having been convicted by the entry of a plea of nolo contendere. In the last ten years – all convictions for misdemeanors involving offenses against the person, offenses of moral turpitude, offenses involving the use of drugs or alcohol, and violations of public health and safety codes. A person shall be deemed to be convicted of a misdemeanor if pleading guilty, found guilty by a court of competent jurisdiction or entering a plea of nolo contendere.
Medical Malpractice	This information is reported to the Medical Board by insurance companies, the National Practitioner Data Bank (NPDB) or by the physician on his or her license application and subsequent annual registrations.

COMPONENT	COMMENT
Medical Malpractice	<p>All professional liability insurance payments (PLIPs) for the past ten years will be reported. For physicians practicing less than ten years, the data covers their total years of practice.</p> <p>Dollar amounts of awards, judgment and settlements will not be included for PLIPs.</p> <p>Physicians will have the opportunity to post a brief explanation regarding the PLIP in question. It will be considered unprofessional conduct to misconstrue the facts of the case.</p> <p>Information will also be provided to include: number of NC physicians reporting this specialty, number of physician in this specialty who made medical malpractice payments within the past ten years, and total number of medical malpractice payments made by physicians within this specialty within the past ten years.</p> <p>An explanation on the website will include the following, or a similar, statement: "The Medical Board reviews all professional liability insurance payments (PLIPs) oftentimes requesting additional information, reviewing charts and sending for expert review."</p>
Public Actions	Taken from the Medical Board database, reported to the Board from other entities, or by the physician on his or her license application and subsequent annual registrations.
Medical Board Actions	
Actions by Other State Medical Boards	
Disciplinary Actions by Hospitals	Revocations and suspensions(acknowledge exception for medical record suspensions).
Medicare, Medicaid, FDA and DEA	

Notes

The Federation of State Medical Boards of the United States, Inc. (FSMB) *'Report of the Special Committee on Physician Profiling'* was used as a guide for discussion purposes. In addition, the Task Force reviewed profiling content from various other state websites and information from the Public Citizen.

Some components will require legislative action for mandatory collection of data and/or to allow public dissemination of certain information. Legislative language should state that "lack of compliance in providing requested information on the annual registration form constitutes unprofessional behavior.

Content vs. implementation: The Task Force acknowledges that this meeting was primarily to develop a recommendation for content on the website. Once the Medical Board has authority to collect and disseminate that content, the mechanics of implementation may be the subject of a subsequent Task Force meeting (with focus on the annual registration questionnaire for collection of physician data input).

Physician Assistants and Nurse Practitioners will be looked at during the implementation phase.

Discussion

Postgraduate Training: An explanation on the website will include the following, or a similar, explanation of postgraduate training: “The educational training of a physician includes premedical education in a college or university, four years of medical school, and after receiving an M.D. or D.O. degree, at least one year of postgraduate training under supervision, which is often referred to as a residency. Residency training prepares a physician to practice independently. Completion of specialty training can require three to seven years of postgraduate training.”

Board Certification: The Task Force acknowledged that some specialty boards require a waiting period or a minimum number of cases before a licensed physician can take the specialty board exam. These physicians are sometimes referred to as “board eligible.” Dr. Rhyne stated that there is a big difference in those physicians that are in the above category vs. those physicians that just decided not to take the specialty board exam. The Task Force recommends that “board eligibility” not be addressed in the profile component. There was discussion whether to allow physicians to report ABMS approved “subspecialty” certification. An explanation on the website will include the following, or a similar, explanation: “AMBS, AOA-Bureau of Osteopathic Specialists, and RCPSC specialty boards certify that physicians have met certain published standards and passed a board exam. Board examinations consist of a written examination and, depending on the specialty, an oral examination. When a physician achieves board certification, he or she is called a diplomate of the respective specialty board. For many specialties, to remain board-certified, physicians must present evidence of licensure and pass an examination every 6 to 10 years. The intent of certification is to provide evidence to the public that a medical specialist has successfully demonstrated advanced training and experience in that specialty.”

Criminal Convictions: North Carolina courts are not currently required by law to report convictions to the Medical Board. It was noted that misdemeanors involving morale turpitude, drugs or alcohol, etc., may be relevant for a long time, however, it was pointed out that when submitting evidence in court ten years is the cut off date. This information will be gathered in a variety of ways – physician input via initial licensure and annual registration, backgrounds checks, state criminal records, mandatory court reporting, etc. All criminal convictions for felonies and all misdemeanors in the last ten years involving offenses against the person, offenses of moral turpitude, offenses involving the use of drugs or alcohol and violations of public health and safety codes will be reported on the website. The profile will include a notation that specific information about the case is available from court records.

Medical Malpractice: This was probably the area of the largest discussion. It was noted by task force member, Mr. Britt, that trial lawyers will probably not look for this information on the website, but would talk with fellow lawyers for more information, more quickly. Thus, the website information being for the general public. Judgments and arbitration awards are already public information and available from court records. Settlements are a more difficult issue because they are confidential. These are sometimes handled by insurance companies as

business decisions and may not be related to the validity of the claim. Insurance companies often enter into settlement agreements without the consent of the physician or any finding of fault. Malpractice information is in great demand, but is frequently not a reliable measure of a physician's competence. Issues such as the physician's time in practice, the nature of their specialty, the types of patients treated, geographic location, etc., can have a significant influence on the number and amounts of malpractice judgments, awards, and settlements. The Medical Board looks at all professional liability insurance payments (PLIPs) oftentimes requesting additional information, reviewing charts and sending for expert review. Dollar amounts are deemed not very useful and will not be included for malpractice cases. A "keep in mind" disclaimer will be developed and appear on every malpractice component page on the website. Legislation may be needed to collect the settlement information and to allow publication of malpractice information on the website. An internal process will be developed for review of physician comments prior to posting on the website.

Disciplinary Actions: All disciplinary actions taken by the Medical Board, other state medical boards, and certain disciplinary actions reported by hospitals will be posted. Complaints that do not result in board action will not be included. State medical boards share information about licensees especially when it is known that physicians are licensed in multiple jurisdictions. In North Carolina, hospitals are required to report disciplinary actions to the Medical Board. It was noted that the Division of Facility Services has the ability to fine hospitals for not reporting disciplinary actions to the Medical Board. One member stated that physician goals and hospitals goals are not always in parallel. The Chair stated that the Medical Board is building a partnership with the hospitals and that the Medical Board is a resource the hospitals should be glad to have. A user guide will offer explanations of the most frequent forms of Board action, and an explanation of what it means when a Board Action is "stayed" will be included. The public can always call the Medical Board for additional information.
(end of report)

Motion: After discussion, a motion unanimously passed that the CAPI Task Force recommendations are adopted in principal with exact content and detail of implementation to be determined as the process goes forward.

MINUTE APPROVAL

Motion: A motion passed that the December 16, 2006, Board Minutes are approved as presented.

ATTORNEY'S REPORT

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, 90-21.22 and 143-318.11(a) of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and to preserve attorney/client privilege.

Written reports on 135 cases were presented for the Board's review. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

EXECUTED CASES

Adkins, Paula Clark MD

Notice of Charges and Allegations; Notice of Hearing and Order of Summary
Suspension of license executed 12/21/2006

Anderson, Robert Michael MD

Notice of Charges and Allegations; Notice of Hearing executed 1/9/07

Bodine, Victoria Lee

Re-Entry Agreement and Non-Disciplinary Consent Order executed 12/21/06

Dobson, Richard Carl MD

Notice of Charges and Allegations; Notice of Hearing executed 1/9/07

Gardner, James Eric MD

Consent Order executed 12/19/2006

Haddon, Werner Scott MD

Notice of Charges and Allegations; Notice of Hearing executed 12/05/2006

Haney, Douglas Jeffrey PA

Consent Order executed 11/17/06

Henderson, Paul Manning MD

Order Terminating Consent Order executed 12/20/06

Hensler, Rachel Hurst PA

Notice of Charges and Allegations; Notice of Hearing executed 12/13/06

Hooper, Jeffrey Curtis MD

Order Terminating Consent Order executed 12/20/06

Justice, Brenda Jean PA

Consent Order executed 12/13/2006

Komjathy, Steven Ferenc MD

Order Terminating Consent Order executed 12/18/06

Kona, John Andrew MD

Public Letter of Concern executed 11/17/06

Kuhl, Lauren Elizabeth

Re-Entry Agreement executed 1/17/2007

Levy, Antoinette Donna-Marie PA

Re-Entry Agreement executed 12/14/2006

Longas, Philip Lee MD

Termination of Consent Order executed 12/19/2006

Lozano, Joseph John MD

Consent Order executed 12/7/06

Mabe, Layla Myers NP
Notice of Charges and Allegations; Notice of Hearing executed 1/17/07

McNeal, JoAnn Erlene
Public Letter of Concern executed 01/02/2007

Mogul, Robin Jean
Re-Entry Agreement executed 12/28/2006

Moore, James Tracy MD
Findings of Fact, Conclusions of Law & Order of Discipline executed 12/18/06

Oh, John Namki MD
Consent Order executed 11/20/2006

Oweida, Sami Joseph MD
Notice of Charges and Allegations; Notice of Hearing executed 1/16/07

Reeves, Donna Faye PA
Entry of Revocation executed 12.15.06

Rogers, Melissa Quader PA
Non-Disciplinary Consent Order executed 11/21/2006

Soffa, David Jack MD
Consent Order executed 12/19/2006

Stephens, Kathryn Johnson MD
Order Terminating Consent Order executed 12/20/06

Thrift-Cottrell, Alesia Dawn MD
Notice of Charges and Allegations; Notice of Hearing executed 12/13/06

Washington, Clarence Joseph MD
Non-Disciplinary Consent Order executed 11/28/06

White, Anne Litton MD
Termination Order executed 12/13/06

Williams, Jason Anthony PA
Notice of Charges and Allegations; Notice of Hearing executed 01/08/2007

Wingfield, Thomas Whetsell MD
Consent Order executed 1/16/07

EXECUTIVE COMMITTEE REPORT

Arthur McCulloch, MD; Janelle Rhyne, MD; George Saunders, MD; Ralph Loomis, MD; Robert Moffatt, MD

The Executive Committee of the North Carolina Medical Board was called to order at 10:35 am, Wednesday January 17, 2007 at the offices of the Board. Members present were: Harlan A. McCulloch, MD, President; Ralph C. Loomis, MD; Robert C. Moffatt, MD; Janelle A. Rhyne, MD; and George L. Saunders, MD. Also present were R. David Henderson (Executive Director), Hari Gupta (Director of Operations), and Peter T. Celentano, CPA (Comptroller).

Financial Statements

Mr. Celentano, CPA, presented the November 2007 compiled financial statements. November is the first month of fiscal year 2007.

The November 2007 Investment Summary was reviewed and accepted as presented.

Dr. Moffatt made a motion to accept the financial statements as reported. Dr. Loomis seconded the motion and the motion was approved unanimously.

Old Business

Investment Update: Mr. Celentano discussed with the Committee a meeting held in December with two individuals from the Asset Management Group at BB&T. They presented an investment proposal for the Board. Dr. Moffatt made a motion to allow the Asset Management Group from BB&T present its proposal at the March Executive Committee meeting. Dr. Saunders seconded the motion and the motion was approved unanimously.

Dr. Moffatt also made a motion to extend the term of the CD from 60 days (March 12) to the end of March (75 days) to give the Committee time to make a decision after the March Board meeting. Dr. Rhyne seconded the motion and the motion was approved unanimously.

New Business

Year end Audit Report - Koonce, Wooten & Haywood, CPA's: Mr. Chris Duffus, an audit partner with the firm Koonce, Wooten & Haywood, CPA's presented the financial statements for the fiscal year ended October 31, 2006. Mr. Duffus explained to the Committee that our statements are presented fairly and in accordance with generally accepted accounting principles. An unqualified opinion has been made on the report.

Dr. Rhyne excused the staff for a period of time to allow Mr. Duffus to speak freely to the members of the Committee about any concerns that arose while performing the audit. The staff later returned and Mr. Henderson inquired if any deficiencies were noted in the internal control structure. Mr. Duffus stated they did not find any weakness in the current internal control structure. Dr. Rhyne made a motion to accept the financial statements as presented. Dr. Moffatt seconded the motion and the motion was approved unanimously.

NCMS request for supplemental financial support for PHP: Mr. Henderson reviewed with the Committee a request made last year by the NC Medical Society and the Physicians Health Program to contribute an additional \$20,000 to PHP. PHP and the NCMS have renewed this request for fiscal year 2006-07 and for subsequent years. The Committee voiced concern about sending additional funds without any documentation. Dr. Rhyne made a motion to allow PHP

the opportunity to make a proposal at the March Executive Committee meeting. Dr. Moffatt seconded the motion and the motion was approved unanimously.

Dr. Rhyne also made a motion to allow a practitioner to make a voluntary contribution to PHP in connection with the annual registration. Dr. Moffatt seconded the motion and the motion was approved unanimously.

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, 90-21.22, and 143-318.11(a) of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

Mr. Thomas Mansfield, Director of Legal Department, met with the Committee to discuss and advise regarding a letter he received on Friday, January 12, 2007, which threatened a lawsuit against the Board. Copies of the letter were distributed to members of the Committee. The Committee discussed the threatened litigation. The specifics of the letter and the discussion are not included because this information is non-public and confidential.

A motion passed to return to open session.

Proposed change to the Bylaws: Dr. McCulloch discussed with the Committee proposed changes to Section 2 of the NCMB Bylaws which state the term of office for officers of the Board is November 1 thru October 31. This term conflicts with the committee assignments which run on a calendar year basis and creates logistical problems at the end of the year.

Proposed changes to the bylaws would more closely align officer terms with the committee assignments and terms. As proposed, the officers would serve from January 1 thru December 31. Also, it is proposed that the slate of officers will be submitted to the Board in September instead of July.

Dr. Rhyne made a motion to change the committee assignments from a calendar year to align with the term of the officers of the Board which run from November 1 thru October 31. Dr. Loomis seconded the motion and the motion was approved unanimously.

The meeting was adjourned at 12:35pm.

Motion: A motion passed to approve the Executive Committee report.

POLICY COMMITTEE REPORT

George Saunders, MD, Chair; Janelle Rhyne; MD; Aloysius Walsh

The Policy Committee of the North Carolina Medical Board was called to order at 1:10 p.m., Wednesday, January 17, 2007, at the office of the Board. Present were: George L. Saunders, III, MD, Chair; Aloysius P. Walsh; and Janelle A. Rhyne, MD. Also attending were: Thomas Mansfield, JD, Director, Legal Department, NCMB; Todd Brosius, JD, Board Attorney, Brian Blankenship, Board Attorney; Dale Breaden, Public Affairs Director, NCMB; Dena Konkell, Assistant Director, Public Affairs, NCMB; and Wanda Long, Recorder.

I. November 2006 Policy Committee Meeting Minutes

The minutes from the November 15, 2006 Policy Committee Meeting were reviewed and accepted.

II. a. Physician Participation in Executions

Background: At the July Policy Committee Meeting a motion passed that the below position statement be approved for publication in the *Forum* in order to receive comments. The Capital Punishment position statement is scheduled to be published in *Forum* No. 3, 2006, which went out in November 2006.

1/17/2007 – the Committee reviewed the following position statement and solicited comments from the audience. No comments were received.

1/2007 COMMITTEE RECOMMENDATION: present the following position statement to the full Board for approval.

1/2007 BOARD ACTION: Adopt the following position statement.

POSITION STATEMENT:

Capital Punishment

The North Carolina Medical Board takes the position that physician participation in capital punishment is a departure from the ethics of the medical profession within the meaning of N.C. Gen. Stat. § 90-14(a)(6). The North Carolina Medical Board adopts and endorses the provisions of AMA Code of Medical Ethics Opinion 2.06 printed below except to the extent that it is inconsistent with North Carolina state law.

The Board recognizes that N.C. Gen. Stat. § 15-190 requires the presence of “the surgeon or physician of the penitentiary” during the execution of condemned inmates. Therefore, the Board will not discipline licensees for merely being “present” during an execution in conformity with N.C. Gen. Stat. § 15-190. However, any physician who engages in any verbal or physical activity, beyond the requirements of N.C. Gen. Stat. § 15-190, that facilitates the execution may be subject to disciplinary action by this Board.

Relevant Provisions of AMA Code of Medical Ethics Opinion 2.06

An individual's opinion on capital punishment is the personal moral decision of the individual. A physician, as a member of a profession dedicated to preserving life when there is hope of doing so, should not be a participant in a legally authorized execution. Physician participation in execution is defined generally as actions which would fall into one or more of the following categories: (1) an action which would directly cause the death of the condemned; (2) an action which would assist, supervise, or contribute to the ability of another individual to directly cause the death of the condemned; (3) an action which could automatically cause an execution to be carried out on a condemned prisoner.

Physician participation in an execution includes, but is not limited to, the following actions: prescribing or administering tranquilizers and other psychotropic agents and medications that are part of the execution procedure; monitoring vital signs on site or remotely (including monitoring electrocardiograms); attending or observing an execution as a physician; and rendering of technical advice regarding execution.

In the case where the method of execution is lethal injection, the following actions by the physician would also constitute physician participation in execution: selecting injection sites; starting intravenous lines as a port for a lethal injection device; prescribing, preparing, administering, or supervising injection drugs or their doses or types; inspecting, testing, or maintaining lethal injection devices; and consulting with or supervising lethal injection personnel.

The following actions do not constitute physician participation in execution: (1) testifying as to medical history and diagnoses or mental state as they relate to competence to stand trial, testifying as to relevant medical evidence during trial, testifying as to medical aspects of aggravating or mitigating circumstances during the penalty phase of a capital case, or testifying as to medical diagnoses as they relate to the legal assessment of competence for execution; (2) certifying death, provided that the condemned has been declared dead by another person; (3) witnessing an execution in a totally nonprofessional capacity; (4) witnessing an execution at the specific voluntary request of the condemned person, provided that the physician observes the execution in a nonprofessional capacity; and (5) relieving the acute suffering of a condemned person while awaiting execution, including providing tranquilizers at the specific voluntary request of the condemned person to help relieve pain or anxiety in anticipation of the execution.

II. b. Supervision of Physician Assistants and Nurse Practitioners

Background: This item was referred from the Executive Committee. (1) Is it legal for NP's and/or PA's to employ their supervising physician? (2) What is the optimal number of PA's and NP's that a physician can supervise? Mr. Jimison gave his opinion that it would be inappropriate for a PA or NP to hire a physician as an employee of a practice owned entirely by the PA or NP. To do so would be an impermissible expansion of the scope of the PA license or NP approval to perform medical acts. Regarding supervision, several articles were reviewed, discussions with Ms. Hunter Buskey, PA-C, Board Member, NCMB, and representation of the NCPAP were present for the discussion.

7/2006 - Dr. McCulloch stated his opinion that the Board would be misguided if it were to try to create a formula for supervision based on specific numbers of providers supervised and specific geographical distance limitations. He went on to say that specific number limitations should not be part of the equation as the Board determines whether supervision by a physician is appropriate or not appropriate.

9/2006 - Dr. McCulloch stated that it may be wise to spell out some factors that would constitute an appropriate quality assessment (chart reviews, educational topics discussed in detail, etc.). Dr. Rhyne agreed, stating that we need to articulate some general guidelines, yet be more specific. Dr. Norins noted that this position statement has no consequences.

11/15/2006 - Mr. Jeffery Katz stated that in consultation with Ms. Hunter Buskey it is felt that the words "quality of" should be removed from the ninth bullet. There are currently no standards for written protocols for PA's. In addition, his own protocols may be more vague since he has 25 years of experience, whereas a new licensee may appropriately require more specific protocols. He suggested that generic wording be used that will encompass all the supervision needs.

11/15/2006 - Ms. Adcock stated that the word "protocol" was removed from the nurse practitioner rules back in 2004. Therefore, it would be more appropriate in their case to replace the word protocol with "collaborative practice agreement." She stated that it is important to take experience into account, not only for the supervisee but the supervisor as well.

1/17/2007 – The Committee discussed whether to leave "protocol" in the statement. It was agreed that the Statement would better inform supervising physicians by leaving "protocol" in and expanding on it. Additionally, the Committee discussed removing the word "quality." Dr. Saunders suggested that it be left in, and Dr. Rhyne preferred that we leave it in and provide guidance. Todd Brosius suggested that if the Committee recommended providing specifics this would be better done with a rule or through the Joint Subcommittee. Dr. Saunders suggested that maybe guidelines or a template would be better and that the Committee might have the Licensing Committee look at it to provide something similar to what was done with the CPPs.

1/2007 STAFF INSTRUCTION: Table issue regarding "quality" until next meeting.

1/2007 COMMITTEE RECOMMENDATION: The following position statement was reviewed by the Committee and the underlined amendments are recommended.

POSITION STATEMENT:

Physician Supervision

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**

II. c. Expert Witness Testimony

Background: 11/2006 - Dr. McCulloch stated that this is a large and complex issue. He added that whether to adopt a Board policy as a position statement versus a rule is also a big issue. Mr. Mansfield suggested that the Board try to approach this through a position statement. Superior Court judges reviewing cases coming from the Board expect licensees to be on notice of conduct that might result in disciplinary action. A position statement could express clearly the Board's opinion on the subject. If at the end of that process the Board has not accomplished their goal of putting licensees on notice, then they could look at rule-making. Mr. Brosius distributed a draft position statement. He explained that it is pretty basic, incorporating several guidelines from the American College of Surgeons and the applicable American Medical Association Code of Medical Ethics opinion. Mr. Mansfield went on to say that he wanted it to be clear that the Legal Department sees the draft position statement as applying equally to physician expert witnesses no matter which side of a legal matter engages the witness to appear. The issue of honesty as a witness goes to the character component of licensing and the Medical Practice Act permits the Board to take disciplinary action where a physician engages in dishonest conduct.

1/17/2007 – Dr. Saunders stated that telling the truth and giving a balanced view should be more clearly stated in the last paragraph of the statement.

1/2007 STAFF INSTRUCTION: The staff is to solicit comments from the public and invite key people to the March Committee meeting for comments.

POSITION STATEMENT:

Medical Testimony Position Statement

The Board recognizes that medical testimony is vital to the administration of justice in both judicial and administrative proceedings. In order to provide further guidance to those physicians called upon to testify, the Board adopts and endorses the AMA Code of Medical Ethics Opinion 9.07 entitled “Medical Testimony.” In addition to AMA Ethics Opinion 9.07, the Board provides the following guidelines to those physicians testifying as medical experts:

- **Physician expert witnesses are expected to be impartial and should not adopt a position as an advocate or partisan in the legal proceedings.**
- **The physician expert witness should review all the relevant medical information in the case and testify to its content fairly, honestly, and in a balanced manner. In addition, the physician expert witness may be called upon to draw an inference or an opinion based on the facts of the case. In doing so, the physician expert witness should apply the same standards of fairness and honesty.**
- **The physician expert witness is ethically and legally obligated to tell the truth. The physician expert witness should be aware that failure to provide truthful testimony may expose the physician expert witness to disciplinary action by the Board.**

The language of AMA Code of Medical Ethics Opinion 9.07 provides:

In various legal and administrative proceedings, medical evidence is critical. As citizens and as professionals with specialized knowledge and

experience, physicians have an obligation to assist in the administration of justice.

When a legal claim pertains to a patient the physician has treated, the physician must hold the patient's medical interests paramount, including the confidentiality of the patient's health information, unless the physician is authorized or legally compelled to disclose the information.

Physicians who serve as fact witnesses must deliver honest testimony. This requires that they engage in continuous self-examination to ensure that their testimony represents the facts of the case. When treating physicians are called upon to testify in matters that could adversely impact their patients' medical interests, they should decline to testify unless the patient consents or unless ordered to do so by legally constituted authority. If, as a result of legal proceedings, the patient and the physician are placed in adversarial positions it may be appropriate for a treating physician to transfer the care of the patient to another physician.

When physicians choose to provide expert testimony, they should have recent and substantive experience or knowledge in the area in which they testify, and be committed to evaluating cases objectively and to providing an independent opinion. Their testimony should reflect current scientific thought and standards of care that have gained acceptance among peers in the relevant field. If a medical witness knowingly provides testimony based on a theory not widely accepted in the profession, the witness should characterize the theory as such. Also, testimony pertinent to a standard of care must consider standards that prevailed at the time the event under review occurred.

All physicians must accurately represent their qualifications and must testify honestly. Physician testimony must not be influenced by financial compensation; for example, it is unethical for a physician to accept compensation that is contingent upon the outcome of litigation.

Organized medicine, including state and specialty societies, and medical licensing boards can help maintain high standards for medical witnesses by assessing claims of false or misleading testimony and issuing disciplinary sanctions as appropriate. (II, IV, V, VII) Issued December 2004 based on the report "Medical Testimony," adopted June 2004.

II. d. Review of Position Statements:

RETENTION OF MEDICAL RECORDS

MEDICAL RECORD DOCUMENTATION

Background: 11/2006 - Mr. Walsh stated that review of these two position statements has been temporarily postponed. Ms. Phelps stated that there has been a serious push regarding the issue of disposition of medical records of deceased physicians. This is a joint effort with the Medical Board and the Medical Society. A task force has been convened to study this area. 11/2006 Action: Postpone review of these two position statements until the above issue is resolved.

1/17/2006 – Brian Blankenship discussed new language that would give suggestions on a retention plan for records if a doctor retires, dies, etc. Basically it would be estate planning for

records. He further stated that abandonment should be dealt with through rulemaking and legislation. Dr. Rhyne stated that MDs would welcome these suggestions. Todd Brosius suggested that the Committee should consider combining the position statements in an effort to provide useful information for doctors and patients in a central place. Also, addressed by Mr. Brosius and Mr. Blankenship was the question of what a medical record should contain. Mr. Blankenship pointed out that there are many misconceptions and this should also be addressed.

1/2007 STAFF INSTRUCTION: Table issue – draft should be ready for the March meeting.

II. e. Initial Review of Position Statements:

**END-OF-LIFE RESPONSIBILITIES AND PALLIATIVE CARE
ADVANCE DIRECTIVES AND PATIENT AUTONOMY**

Background: 11/2006 - Dr. Rhyne said that she and Ms. Phelps were working with the Bar Association and the Medical Society to improve and make these documents more user friendly and practical. 11/2006 Action: Postpone review.

1/17/2007 – Dr. Rhyne reported on the progress the Medical Society Committee and the Bar Association had made regarding this issue. The Medical Society Committee has created a MOST form (Medical, Orders, Scope, Treatment), and the Estate Section of the Bar Association is working on legislation.

1/2007 STAFF INSTRUCTION: Present at the March Committee meeting when Melanie Phelps can attend.

III. Aloysius Walsh

1/17/2007 – Dr. Saunders recognized Mr. Walsh for his long and distinguished service on the Policy Committee. He further stated that his wisdom and service had been invaluable to the Committee. Mr. Walsh was thanked for his hard work and jokes.

The meeting was adjourned at 1:59pm. Policy Committee will meet again in March 2007.

1/2007 BOARD ACTION: A motion passed to accept the Policy Committee Report.

Motion: A motion passed to accept the Policy Committee Report.

ALLIED HEALTH COMMITTEE REPORT

Don Jablonski, DO; Savesh Sathiraju, MD; Peggy Robinson, PA-C

The Allied Health Committee of the North Carolina Medical Board met on Wednesday, January 17, 2007 at the office of the Board. Present: Dr. Jablonski, Chairperson, Dr. Sathiraju, Peggy Robinson, PA-C, Marcus Jimison, Legal, Lori King, CPCS, Licensing, Quanta Williams, Licensing, Robin Hunter-Buskey, PA-C, Jeffrey Katz, PA-C.

Physician Assistant reference letter. L. King presented a proposed PA reference form for the physician assistant application package.

Board Action: Accept and implement new PA reference letter form.

Procedure for reactivation of PA's. The current process to reactivate (license has been inactive for 1 year or less) a PA license is to answer the questions on the Board's registration form and pay the fee (\$120.00). In order to be consistent with requirements for reactivation of physician license is it the Committee's wish to amend rule 32S.0104 by requiring PA applicants for reactivation to complete the current application form (more in-depth questions), complete a criminal background check, submit documentation of CME for the past two years and perform an FSMB data bank inquiry.

Board Action: Amend rule 32S .0104 to require physician assistants to complete the current PA application form, complete a criminal background check, submit documentation of CME for the past two years and perform an FSMB data bank inquiry.

PHP Referrals. Does the Committee agree that applicants for PA license who have DUI's within the past 5 years automatically get referred to PHP for an assessment? If it has been more than 5 years, a one time offense and there are no other issues with the application they are not "automatically" referred to PHP. This is the standard used for physician applicants.

Board Action: Adopt and follow the standard used for physicians.

Physician Assistant Advisory Committee (PAAC) 2007 list of new members: Peggy Robinson, PA-C, Chair; Donald Jablonski, DO, Sarvesh Sathiraju, MD, Jeff Katz, PA, Mark Katz, PA, Kathy Martinelli, PA, Audrey Tuttle, PA, James Hill, PA, Robin Hunter Buskey, PA, Sue Reich Atkins, PA, D. Hammer, MD, J. Irion, MD, Pat Dieter, PA and Ron Foster, PA..

Board Action: Accept as information.

Reports of NC EMS Disciplinary Committee, Compliance Committee and Advisory Council Meetings.

NC EMS Disciplinary Committee – Synopsis of Interviews and Determinations – 11/08/06.
NC EMS Compliance Committee - Twinject: 2 doses in 1 device.
NC EMS Advisory Council – Compliance Committee Minutes – 08/08/06.
NC EMS Advisory Council Minutes – 08/08/06.
EMS Disciplinary Committee Meeting 12/13/06.
Synopsis of interviews, determinations and investigation.
Minutes of Disciplinary Committee 11/08/06.

Board Action: Accept as information.

October and November Perfusionist Minutes

Catchline: Minutes from the October and November Perfusionist Advisory Committee and the perfusionist vote list for January were presented.

BOARD ACTION: Approve

Proposed Perfusionist Rules

Catchline: M. Jimison to discuss the proposed rules. They have been approved by the PAC.

BOARD ACTION: Approve following rules.

SUBCHAPTER 32V – PERFUSIONIST REGULATIONS

21 NCAC 32V .0101 SCOPE

The rules of this Subchapter are designed to implement Article 40 of Chapter 90.

21 NCAC 32V .0102 DEFINITIONS

The following definitions apply to this Subchapter:

- (1) Approved educational program – Any program within the United States approved by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Accreditation Committee for Perfusion Education (AC-PE), or any Canadian educational program recognized by the Conjoint Committee on Accreditation of the Canadian Medical Association (CMA).
- (2) Board – The entity referred to in G.S. 90-682(5) and its agents.
- (3) Committee. – The entity referred to in G.S. 90-682(2) and its agents.
- (4) Provisional licensed perfusionist - The person who is authorized to practice perfusion pursuant to 90-698.
- (5) Registering - Renewing the license by paying the biennial fee and complying with Rule .0104 of this Subchapter.
- (6) Supervising - Overseeing the activities of, and accepting the responsibility for, the perfusion services rendered by a provisional licensed perfusionist. 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 perfusionist at the time and place that the services are rendered. Supervision shall not mean direct, on-site supervision at all times, but shall mean that the supervising perfusionist shall be readily available for consultation and assistance whenever the provisional licensee is performing or providing perfusion services.
- (7) "Supervising Perfusionist" means a perfusionist licensed by the Committee and who serves as a primary supervising perfusionist or as a back-up supervising perfusionist.
 - (a) The "Primary Supervising Perfusionist" is the perfusionist who, by signing the designation of supervising perfusionist form provided by the Committee, accepts responsibility for the provisional licensed perfusionist medical activities and professional conduct at all times.
 - (b) The "Back-up Supervising Perfusionist" means the perfusionist who accepts the responsibility for supervision of the provisional licensed perfusionist's activities in the absence of the Primary Supervising Perfusionist. The Back-up Supervising Perfusionist is responsible for the activities of the provisional licensed perfusionist only when providing supervision.

*History Note: Authority G.S. 90-681, 90-682, 90-685(1)(3).
Eff.*

21 NCAC 32V .0103 QUALIFICATIONS FOR LICENSE

(a) Except as otherwise provided in this Subchapter, an individual shall obtain a license from the Committee before the individual may practice as a licensed perfusionist. The Committee may grant a license or a provisional license to an applicant who has met the following criteria:

- (1) satisfies the requirements of G.S. 90-686;
- (2) is not disqualified for any reason set out in G.S. 90-691; and

- (3) submits to the Committee any information the Committee deems necessary to evaluate the application; and
- (b) An applicant may be required to appear, in person, for an interview with the Committee.

*History Note: Authority G.S. 90-685(1)(3) and (5), 90-686.
Eff.*

21 NCAC 32V .0104 REGISTRATION

(a) Each person who holds a license as a perfusionist in this state, other than a provisional licensed perfusionist, shall register his or her perfusionist license every two years prior to its expiration date by:

- (1) completing the Committee's registration form;
- (2) submitting the required fee.

(b) A perfusionist who indicates on the registration form that he or she is not currently certified by the American Board of Cardiovascular Perfusion (ABCP) may be asked to appear before the Committee.

*History Note: Authority G.S. 90-685(1)(3)(5) and (6), 90-690.
Eff.*

21 NCAC 32V .0105 CONTINUING EDUCATION

The licensed perfusionist must maintain documentation of thirty (30) hours of continuing education (CE) completed for every two year period. Of the thirty hours, at least ten (10) hours must be Category I hours as recognized by the American Board of Cardiovascular Perfusion (ABCP), the remaining hours may be Category II or III hours as recognized by the ABCP. CE documentation must be available for inspection by the Committee or Board or an agent of the Committee or Board upon request.

*History Note: Authority G.S. 90-685(3) and (8).
Eff.*

21 NCAC 32V .0106 SUPERVISION OF PROVISIONAL LICENSED PERFUSSIONISTS

The supervising perfusionist shall exercise supervision of a provisional licensed perfusionist as defined in Rule .010(6) of this Subchapter, assume responsibility for the services provided by the provisional licensee, be responsible for determining the nature and level of supervision required for the provisional licensee, and be responsible for evaluating and documenting the professional skill and competence of the provisional licensee.

*History Note: Authority G.S. 90-685(1)(2) and (3).
Eff.*

21 NCAC 32V .0107 SUPERVISING PERFUSSIONIST

(a) A licensed perfusionist wishing to serve as a supervising perfusionist must exercise supervision of the provisional licensed perfusionist in accordance with Rule .0106 of this Subchapter. The perfusionist shall retain professional responsibility for the care rendered by the provisional licensed perfusionist at all times.

(b) A perfusionist wishing to serve as a back-up supervising perfusionist must be licensed to practice perfusion by the Board, not prohibited by the Board from supervising a provisional licensed perfusionist, and approved by the primary supervising perfusionist as a person willing and qualified to assume responsibility for the care rendered by the provisional licensed

perfusionist in the absence of the primary supervising perfusionist. The primary supervising perfusionist must maintain an ongoing list of all approved back-up supervising perfusionist(s), signed and dated by each back-up supervising perfusionist, the primary supervising perfusionist, and the provisional licensed perfusionist, and this list must be retained and made available for inspection upon request by the Committee or Board.

*History Note: Authority G.S. 90-685 (1)(2) and (3)
Eff.*

**21 NCAC 32V .0108 DESIGNATION OF PRIMARY SUPERVISING
PERFUSIONIST FOR PROVISIONAL LICENSEE**

(a) Prior to the performance of perfusion under the supervision of any primary supervising perfusionist, or new primary supervising perfusionist, a provisional licensed perfusionist shall submit a designation of primary supervising perfusionist(s) on forms provided by the Committee. The provisional licensed perfusionist shall not commence practice until acknowledgment of the designation of primary supervising perfusionist(s) form is received from the Committee. Such designation shall include:

- (1) the name, practice addresses, and telephone number of the provisional licensed perfusionist; and
- (2) the name, practice addresses, and telephone number of the primary supervising perfusionist(s).

(b) The primary supervising perfusionist shall notify the Committee of any terminations or cessations of practice of a provisional licensed perfusionist under his or her supervision in a previously acknowledged designation within 15 days of the occurrence.

*History Note: Authority G.S. 90-685(1) and (3)
Eff.*

21 NCAC 32V .0109 CIVIL PENALTIES

(a) In carrying out its duties and obligations under G.S. 90-691 and G.S. 90-693, the following shall constitute aggravating factors:

- (1) Prior disciplinary actions
- (2) Patient harm
- (3) Dishonest or selfish motive
- (4) Submission of false evidence, false statements, or other deceptive practices during the disciplinary process
- (5) Vulnerability of victim
- (6) Refusal to admit wrongful nature of conduct
- (7) Willful or reckless misconduct
- (8) Pattern of misconduct (repeated instances of the same misconduct)
- (9) Multiple offenses (more than one instance of different misconduct)

(b) The following shall constitute mitigating factors:

- (1) Absence of a prior disciplinary record
- (2) No direct patient harm
- (3) Absence of a dishonest or selfish motive
- (4) Full cooperation with the Committee
- (5) Physical or mental disability or impairment
- (6) Rehabilitation or remedial measures
- (7) Remorse
- (8) Remoteness of prior discipline

(c) Before imposing and assessing a civil penalty, the Committee shall make a determination of whether the aggravating factors outweigh the mitigating factors, or whether the mitigating factors outweigh the aggravating factors. After making such a determination, and if the Committee decides to impose a civil penalty, the Committee shall impose the civil penalty consistent with the following schedule:

- (1) First Offense:
Presumptive Fine - \$250.
Finding of Mitigation \$0 to \$249.
Finding of Aggravation \$251 to \$1,000.
- (2) Second Offense:
Presumptive Fine - \$500.
Finding of Mitigation \$0 to \$499.
Finding of Aggravation \$501 to \$1,000.
- (3) Third or More Offense:
Presumptive Fine - \$1000.
Finding of Mitigation \$0 to \$999.
Finding of Aggravation \$1,000.

*History Note: Authority G.S. 90-685(1) and (3), 90-693(b)(4).
Eff.*

21 NCAC 32V .0110 IDENTIFICATION REQUIREMENTS

A licensed perfusionist shall keep proof of current licensure and registration available for inspection at the primary place of practice and shall, when engaged in professional activities, wear a name tag identifying the licensee as a perfusionist consistent with G.S. 90-640(a).

*History Note: Authority G.S. 90-640(a), 90-685(3).
Eff.*

21 NCAC 32V .0111 PRACTICE DURING A DISASTER

In the event of a declared disaster or state of emergency that authorizes the Board to exercise its authority under G.S. 90-12.2, and if the Board does exercise its authority pursuant to G.S. 90-12.2, the Board may allow a perfusionist licensed in any other state, or a current, active certified clinical perfusionist who practices in a state where licensure is not required, to perform perfusion during a disaster within a county in which a disaster or state of emergency has been declared or counties contiguous to a county in which a disaster or state of emergency has been declared (in accordance with G.S. 166A-6). The perfusionist who enters the State for purposes of this Rule shall notify the Board within three (3) business days of his or her work site and provide proof of identification and current licensure or certification.

*History Note: Authority G.S. 90-12.2, 90-685(3)
Eff.*

21 NCAC 32V .0112 TEMPORARY LICENSURE

The Board may grant temporary licensure to a licensed or certified clinical perfusionist in good standing from another state who appears to be qualified for licensure in this State pursuant to G.S. 90-686 and who enters North Carolina to work on an emergency basis. The temporary license shall be valid for a period not to exceed sixty (60) days. Within ten (10) days of receiving a temporary license, the temporary licensed perfusionist must make application for a full license, including payment of the requisite application fee. If the temporary licensed perfusionist fails to submit a full application within the ten (10) day period, his or her temporary license shall immediately expire. After making application for a full license, the Committee and

Board must decide the application before the expiration of the temporary license. For purposes of this rule, "emergency" shall mean the sudden death or illness, or unforeseen and unanticipated absence, of a licensed perfusionist working at a North Carolina hospital that leaves the hospital unable to provide surgical care to patients in a manner that compromises patient safety. As part of the temporary license process, the hospital must certify to the Committee, on forms provided by the Committee, that an emergency exists. "Good standing" for purposes of this rule shall mean that the applicant is currently able to practice perfusion in another state without any restriction or condition.

*History Note: Authority G.S. 90-685(3), 90-686
Eff.*

21 NCAC 32V .0113 ORDERS FOR ASSESSMENTS AND EVALUATIONS

- (a) The Committee and Board may require a perfusionist or applicant to submit to a mental or physical examination by physicians designated by the Committee or Board before or after charges may be presented against the perfusionist if the Committee or Board has reason to believe a perfusionist may be unable to perform perfusion with reasonable skill and safety to patients by reason of illness, drunkenness, excessive use of alcohol, drugs, chemicals, or any other type of material or by reason of any physical, mental or behavioral abnormality.
- (b) The results of the examination shall be admissible in evidence in a hearing before the Committee.
- (c) The Committee or Board may require a perfusionist to submit to inquiries or examinations, written or oral, by members of the Committee or by other perfusionists, as the Committee or Board deems necessary to determine the professional qualifications of such licensee.

*History Note: Authority G.S. 90-685(3)(5), (11)
Eff.*

21 NCAC 32V .0114 PROVISIONAL LICENSE TO FULL LICENSE

A provisional licensed perfusionist who becomes certified as defined in .0101(3) of this rule at any time while he or she holds a provisional license may request that his or her provisional license be converted to a full license. The provisional license must make the request upon forms provided by the Committee and must make payment of an additional \$175.00 fee. The Committee may request additional information or conduct an interview of the applicant to determine the applicant's qualifications.

*History Note: Authority G.S. 90-685(3)(5), 90-689
Eff.*

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

The Board reviewed two license applications. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

ALLIED HEALTH VOTE LIST

Initial Applicants

PA-C's

Name

Anspach, Susan
Best, Tasby
Bethea, Angela
Costello, Kacie
Cox, Vanessa
Davis, Laura
Del Do, Adrienne
Festa, Scott
Gainey, Sarah
Goodrow, Katherine
Haines, Jessica
Hanson, Phillip
Hartsell, Jennifer
Hoover, Sara
Jackson, Angela
Johnson, Mary Ann
Lujan Parker, Elena
Marquez, Lesslie
Miller, Kacie
Mistri, Kamlesh
Murphy, Michaela
Norman, Carla
Olenowski, Brooke
Rigney, William
Rouleau, Keith
Royal, Ashley
Ruiz, Enrique
Smith, Jeremy
Smith, Liza
Smith, Matthew
Smith, Sondra
Thornton, Stephanie
Vanchure, David
Ward, Blythe
Weiss, Carla

PA-C's Reactivations/Reinstatements

Braden, Joe, PA-C - Reinstatement

PA-C's Re-Entry

Bodine, Victoria L., PA-C

Additional Supervisor List

PA-C's

Name	Primary Supervisor	Practice City
Accles, Walter	Fagan, Ernest	Asheville
Anderson, James Applicant	Lewin, Marc Supervisor	Charlotte SiteCity
Benedum, Eric	Hoidal, Charles	Elizabeth City
Blake, John	Lutz, Charles	Oak Island
Blelloch, Lawrence	Charles, Kirk	Raleigh
Cagle, Margaret	DePaolo, Charles	Asheville
Cai, Elizabeth	Finck-Rothman, Denise	Monroe
Cardenas, Maureene	Chang, Paul	Asheville
Carlson, William	Burchett, Stephanie	Kannapolis
Carroll, Michael	Holland, John	Rural Hall
Chaves, Kristina	Gaul, John	Charlotte
Chavis, Anthony	Charles, Kirk	Raleigh
Chen, Yuegang	Yang, Qing	Lewisville
Cummins, Mary	Slaughter, Gary	Charlotte
Davidson, Kimberly	Guha, Subrata	Raleigh
DeSantis-Wilcox, Maria	Guha, Subrata	Raleigh
Drinkwater, Don	Mikles, Mark	Raleigh
Duncan, Kelli	Strange, Kristin	Monroe
Feltz, Todd	Baxter, Brian	Nags Head
Fitzgerald, Timothy	Xi, Fan	Wilmington
Garces, Dara	Patel, Jaimita	Faison
Goodwin, Gregory	Jones, James	Burgaw
Hedrick, Jessica	Guha, Subrata	Raleigh
Hilliard, Michelle	Diamonti, Gregory	Hickory
Hitter, Scott	Pridgen, James	Whiteville
Horton, Tiffany	Pridgen, James	Whiteville
Ireton, Susan	Handy, Michael	Greensboro
Ireton, Susan	Murphy, Daniel	Greensboro
Jarosz, Jessica	Wheeless, Clifford	Louisburg
Jennings, Willard	Wynia, Virgil	Raleigh
Jensen, Kristian	Charles, Kirk	Raleigh
Johnson, James	Alson, Roy	Winston Salem
Jones, Deborah	Bolin, Paul	Greenville
Kazda, John	Olivito, Francesco	Fayetteville
Kelley, Rosemary	Dambeck, Allyn	Faison
Kurtz, Harry	Harris, Timothy	Raleigh
Laizure, Clancy	Stringfield, Barry	Greensboro
Lamielle, Cindy	Kirby, Mary	New Bern
Leamy, Gregory	Charles, Kirk	Raleigh

Leamy, Gregory	Harris, Timothy	Raleigh
Long, Michael	Rhyne, Alfred	Charlotte
Maddux, Joseph	Charles, Kirk	Raleigh
Mahar, Suzanne	Rodriguez, Luis	Ahoskie
Martin-Avila, Deborah	Mooney, Alfonso	Raleigh
McInnis, Kimberly	Morayati, Shamil	Burlington
Medlin, Laura	Tananis, Leonard	Rocky Mount
Meredith, Angela	Rucker, Tinsley	Fayetteville
Mesa, Gregory	Chang, Paul	Hendersonville
Mora, Valery	Stringfield, Barry	Greensboro
	Dyksterhouse,	
	Andrew	Belmont
Murphy, Michael	Swearingen, George	Asheville
Newman, Barbara	Tipton, David	Ahoskie
Parrish, Thomas	Tulloo, Rajeshree	Ahoskie
Parrish, Thomas	Barr, John	Cleveland
Patel, Surahi	Estwanik, Joseph	Charlotte
Perno, Michelle	Jones, Richard	Asheville
Pettit, Jerome	Maxwell, Keith	Asheville
Pettit, Jerome	Rudins, Andrew	Asheville
Pettit, Jerome	Swearingen, George	Asheville
Price, Anita	Ames, David	Greenville
Pugh, Carolyn	Trujillo, Gloria	Durham
Ray, Lisa	Koman, Louis	Winston-Salem
Reuter, Eric	Benevides, Marc	Raleigh
Richard, Monica	Luvis, L.	Gastonia
Rigby, Eureka	Guha, Subrata	Raleigh
Rippel, Janet	Kimball, Robert	Statesville
Rutledge-Holt, Debbie	Chrysson, Nick	Winston-Salem
Saunders, Lori	Hasselkus, Herman	Faison
Secrest, Sherry	Chang, Paul	Hendersonville
Stone, Todd	Covington, Donald	Raleigh
Taylor, Jeffrey	Dragelin, Joel	Raleigh
Taylor, Jeffrey	Faust, Kirk	Raleigh
Taylor, Jeffrey	Lyle, William	Raleigh
Taylor, Jeffrey	Ng, Peter	Raleigh
Taylor, Jeffrey	Podnos, Yale	Raleigh
Taylor, Jeffrey	Powell, David	Raleigh
Taylor, Jeffrey	Stirman, Jerry	Raleigh
Valente, Sean	Reed, John	Fayetteville
Vaughan, Lindsay	Seaton, Bruce	Mooresville
Waronsky, Roy	Wilkinson, Michelle	Gastonia
Wolkofsky, Robyn	Gaspari, Michael	Charlotte
Young, Scott	Burns, Martin	Charlotte

NP Vote List – Initial Applications

<u>NAME</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Albert, Paul	Peterson, David	Clyde

Blacker, Nancy
Bolling, Amy
Chappell, Nicole
Crafton, Julie
Cross, Ashlyn
Graham, Jamie
Haggerty, Karen
Hardcastle, Laura
Harris, Gerri
Johnson, Leif
Jones, Diane
Lamson, Cynthia
Loder, Lesley
Loops, Nadine
Mako, Jennifer
Newell, MaryAnn
Poplin, Ann
Priest, Lesley
Redmond, Mitzi
Rouse, Mihaela
Seigel, Robert
Smith, Christa
Stoner, Christina
Swain, Pamela
Waldrop, Edwin
Warren, Jonathan

Robinson, Gary
Patel, Manish
Grasinger, Cecilia
Jessup, Pamela
Adams, Kirkwood
Fisher, Robert
Soberano, Arlene
Murphy, Gregory
Meyer, Andrew
Kiratzis, Philip
Rentz, Simms
Thomas, Ricky
Hughes, Garland
Hoyte, Sandra
Pancaldo, Ariana
Kanelos, Dino
Burney, Fredric
Grimm, Paul
Keipper, Vincent
Wilkins, Kenneth
Litzinger, Jeffrey
Yoder, Charles
James, Michael
Molison, Matthew
Joseph, Mathukutty
Feinglos, Mark

Ft. Bragg
Mooresville
Boone
Fayetteville
Chapel Hill
New Bern
Durham
Rocky Mount
Durham
Asheville
Asheville
Jacksonville
Hickory
Raleigh
Prospect Hill
Weddington
Ansonville
St. Pauls
Concord
Goldsboro
Camp Lejeune
Asheville
Greensboro
Murphy
Rutherfordton
Durham

NP ADDITIONAL SUPERVISOR LIST

Aycoth, Emma
Beaver, John
Brooks, Linda
Brown, Rebecca
Cavender, Julia
Cavileer, Denise
Coes, Toni
Coes, Toni
Collins-McNeil, Janice
Cook, Robin
Crosby, Barbara
Davis, Jacqueline
Deskin, Patricia
Ellis, Allison
Fedziuk, Bernadette
Fedziuk, Bernadette
Frazier, Heather
Fulwood, Karen
Fulwood, Karen
Galbraith, Joan
Gilbert, Lynn

Khawaja, Usman
Berry, Richard
Russell, Larry
Berry, Richard
Burnett, Anthony
Pridgen, James
Bernstein, Daniel
Prakash, Ramanathan
Harrell, Sampson
McDonald, Camille
Murray, Michael
Koman, Louis
Watters, John
Rosenbower, Todd
Lewis, A.
Maultsby, James
Nicks, Bret
Reddick, Bradley
Lelio, David
Hoenig, Helen
Cook, Leland

Thomasville
Chadbourn
Hendersonville
Chadbourn
Asheville
Whiteville
Concord
Concord
Durham
Monroe
Asheville
Winston-Salem
Hendersonville
Greensboro
Lexington
Lexington
Winston-Salem
Charlotte
Charlotte
Durham
Hickory

Glaesner, Edward
Goode, Pandora
Goodwin, Cynthia
Goodwin, Cynthia
Harris, Kathy
Hayes, Robyn
Hill-Coidan, Sherri
Houlihan, Sandra
Hunter, Sue
Johnson, Mary-Arthur
Jordan, Stephanie
Keith, Barbara
King, Paula
Koesters, Susan
Ledford, Sylvia
Lee, JoAnn
Lee, Tracey
Lundrigan, Carol
Macopson, Janice
McDonald, Mary
Metts, Jo
Michael, Ralph
Moore, Marjorie
Morrison, Cynthia
Moss, Rita
Nance, Andrea
Neese, Hope
O'Hanlon, Loretta
Palakanis, Kerry
Parham, Teresa
Patterson, Kathy
Peltier, Patti
Perkins, Margaret
Perry, Joyce
Puckett, Heather
Raffield, Ruth
Rafson, Judy
Redwood-Sawyerr,
Christiana
Reynolds, Sharon
Rodgers, Teri
Saunders, Dew
Seigel, Robert
Sharpe, Daphne
Shumate, Wendy
Slater, Tammy
Smith, Mechell
Smith, Sidni
Stahlman, John
Starr, Robin

Bruce-Mensah, Kofi
Lownes, Charles
Breiner, Jeffrey
Parsons, William
Strand, Terry
Tripp, Henry
Lobos, Michael
DeMaria, Eric
Smith, William
Stillson, Jeffrey
Khuri, Radwan
Grimm, Paul
Maultsby, James
Stillson, Jeffrey
Tortora, Frank
Powell, Eddie
Sharp, Michael
Lewis, A.
Haggman, Dale
Hamp, Dirk
Atkinson, Christopher
Lewis, A.
Thigpen, Fronis
Travis, Gerald
Adams, Robert
Thigpen, Fronis
Strand, Terry
Bowman, Robley
Covington, Alfred
Sangvai, Devdutta
Lehr, Janet
Stillson, Jeffrey
Stillson, Jeffrey
Erlandson, Stephen
Krusell, Allan
Hand, Joshua
Lamsal, Suman

McDonald, Camille
Hayes, Laneau
Barkenbus, John
Bruce-Mensah, Kofi
Barnes, Victor
Williams, Barry
Davant, Charles
Brown, William
Thai, Quoc-Anh
Osunkoya, Abayomi
DeBow, Elizabeth
Crocker, Daniel

Raleigh
Greensboro
Garner
Raleigh
Greensboro
Winston-Salem
Washington
Durham
Hickory
Asheville
Memphis
St. Pauls
Morehead City
Asheville
Cary
Raeford
Chapel Hill
Lexington
Morganton
Wake Forest
Pollocksville
Lexington
Whiteville
Asheville
Sylva
Calabash
Reidsville
Asheville
Rocky Mount
Durham
Yanceyville
Asheville
Asheville
Elkin
Concord
Marion
Bayboro

Monroe
Hayesville
Charlotte
Cary
Jacksonville
Winston-Salem
Blowing Rock
Winston-Salem
Elizabeth City
Jacksonville
Asheville
Rocky Mount

Storck, Beverly
Sumandan, Fawn
Swain, Pamela
Taylor, Julie
Truitt, Nancy
Walker, Victoria
Watrall, Melody
Wolf, Vicky

Leonhardt, Gary
Harris, James
Carringer, Donald
Joseph, David
Ballard, Evan
Griffith, Todd
Gururangan, Sridharan
Bruce-Mensah, Kofi

Greenville
Camp Lejeune
Murphy
Wilmington
Jonesville
Charlotte
Durham
Knightdale

CPP Vote List

<u>NAME</u>	<u>SUPERVISOR</u>	<u>PRACTICE CITY</u>
Conner, Laura	Orr, Richard	High Point
Conner, Laura	Tonuzi, Racquel	High Point
Ford, Sarah	Weir, Samuel	Chapel Hill

Perfusionist Vote List

Ciesielski, James

NP JOINT SUBCOMMITTEE REPORT

Don Jablonski, DO; Savesh Sathiraju, MD; Peggy Robinson, PA-C

Date and Place of Meeting: A meeting of the Joint Subcommittee was held at the North Carolina Board of Nursing office in Raleigh, NC on November 15, 2006. Meeting convened at 12:15 p.m.

Members Present: Gale Adcock, RN, FNP (NCBON)
Mary Ann Fuchs, RN (NCBON)
Robin Hunter-Buskey, PA (NCMB)
Daniel C. Hudgins, Public Member (NCBON)
Sarvesh Sathiraju, MD (NCMB)
Donald E. Jablonski, DO (NCMB)

Staff Present: David Henderson, Executive Director (NCMB)
Marcus Jimison, Legal Counsel (NCMB)
Curt Ellis, Director of Investigations (NCMB)
Judie Clark, Director of Complaints (NCMB)
Julia L. George, Director of Education & Practice (NCBON)
Jean H. Stanley, Administrative Assistant to MJC and NCBON
Polly Johnson, RN, Executive Director (NCBON)
David Kalbacker, Director – Public Information (NCBON)
Jack Nichols, Legal Counsel (NCBON)
Donna Mooney, Manager of Discipline Proceedings (NCBON)
Quanta C. Williams, Physician Extender Coordinator (NCMB)
Paulette Young, Administrative Secretary – Practice (NCBON)

Guest(s): Melanie Phelps – NCMS
Katy Martinelli, PA-C – NCPA

Jeffrey Katz, PA-C – NCAPA
Marc Katz, PA-C – NCAPA
Diana Dillard, FNP Student – ECU
Penny Lockerman, FNP – NCNA
Michelle Taylor Skipper – NCNA
Bobby Lowery, FNP – NCNA
Helene Reilly, FNP – NCNA
Debbie Varnam, FNP – NCNA
Mary Taylor, FNP – NCNA
Teresa McCormick, FNP Student – ECU, NCNA
Gail Pruett - NCNA

- Presiding: Robin Hunter-Buskey, PA – Chair of JSC
- Introductions: Ms. Hunter-Buskey welcomed committee members, staff, and guests.
- Agenda: Election of Chair was added to the November agenda.
- Minutes: Motion to approve the minutes of the September meeting.
- Public Actions: The Board of Nursing reported that there were no public actions taken against any NP since the last report. The Medical Board reported one public action since September – a consent order executed for Joseph W. Long, NP.
- Update on Staff workgroup: Revisions to the rules went to the Rules Review Commission and through the public hearing process. There were both minor and technical changes requested by the Rules Review Draft. Mr. Nichols and Ms. Stanley will take the revisions back to the Rules Review Commission tomorrow. If approved, the rules will be effective December 01, 2007.
- Beginning this month, there will be a link to the Medical Board's web site on the Nursing Board web site that will allow users to view NP approvals as well as public actions taken against an NP. The Nursing Board will also be posting their public actions. The staff is also working on online application and registration processes.
- The Medical Board is looking at posting frequently asked questions on the web site. The staff has been asked to compile some of the most frequently asked questions. The majority of the questions that Ms. Stanley and Ms. Williams encounter are regarding application status.
- Applications w/ yes answers: The staff has requested more time to work on this.
- Eliminating Hard Copy The Nursing Board is going to a "cardless licensing system" – where the licensees will not receive the wallet sized copy of license. When a verification is requested on line, a confirmation

number will be given. Once printed, this will be confirmation of licensure – the document will also contain other pertinent information.

Meeting Schedule for 2007: January 17, 2007
March 21, 2007
May 16, 2007
July 18, 2007
September 19, 2007
November 14, 2007

Election of Chair: Gale Adcock was nominated and voted in as the new Chair for the NP Joint Subcommittee.

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

The Committee reported on 14 investigative cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

LICENSING COMMITTEE REPORT

Ralph Loomis, MD, Chair; Robert Moffatt, MD; John Lewis, LLB

NPDB/HIPDB Reports

Catchline: Staff requests clarification on whether it is the Board's intent for physicians reactivating (license inactive for 1 year or less) to obtain an NPDB/HIPDB report.

BOARD ACTION: Do not require NPDB/HIPDB reports for reactivation; require for reinstatement.

Requirement for verification of out of country licenses

Catchline: In 2006 the Board adopted a rule requiring applicants for a full, unrestricted license to obtain verification of any out of country licenses previously held by applicants. Is it the intention of the Board to obtain the same on applicants for resident training license?

BOARD ACTION: Do not require verification of out of country licenses for physicians applying for resident training license.

A motion passed to close the session pursuant to NCGS 143-318.11(a) to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

The Board reviewed 12 license applications. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

SPLIT BOARD LICENSURE INTERVIEWS

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

Twenty-three licensure interviews were conducted. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

APPLICANTS PRESENTED TO THE BOARD

Safaa Zidan Abdel-Al
Surafeal Ghedamu Abraha
Mahdi Ajjan
Dereje Tesfaye Alemayehu
Nael Alghothani
Lisa Elana Allen
Emily Tatum Armstrong
Maria Gallego Attis
Raymond Oche Audu
Charulata G. Badlani
Gopal Badlani
James Frederic Beekman
Regina Suzanne Bland
Timothy Wayne Brotherton
David Lee Buckner
Cori Anne Burdine-Syfrett
Shawn Theodore Burgess
James Scott Burrow
Andrew William Buzan
Jean Kathryn Calhoun
Faith Carlin
Vincent Caruana
Andrea Christine Chamberlain
Patricia Ann Chamberlin
Martin Kent Childers
Peter Yen-Chang Chiou
Jessica Campbell Copland
Susannah Daly Copland
Michelle Taylor Corbier

Djenabra Mayee Croskey
John Dahlin
Jonathan Michael Davis
Leigh Erin Davy
Brian Lee Delmonaco
Eddy U. De Los Santos
John Paul Denny
Susan Davenport Denny
James Keith DeOrio
Nilay Vipinbhai Desai
Andrew Maurice Doolittle
William Edward Drew
Gary Lynn Dubisky Jr
Dale Edwin Ellis
Martin Estok
Eric Eugene Evans
David Richard Fakier
Cary Scott Feldman
Rebecca Sweitzer Feller
Jairo Omar Fernandez
Tyler Ira Freeman
Victor Freund
Michael Floris Fry
Daniel Garner
Michael Moses Goodman
Edward Gosfield III
Jonathan Robert Gottlieb
Logan Gabriel Graddy
Nicole Nilmeier Grant

Steven James Halter
David Philip Hamburger
Paul Channing Harkins
David Hardman Harley
Amy Harper
Rachel Michelle Harris
Jenny Hoang
Horacio Marcelo Hojman
Kevin Westray Holcombe
Robert Earle Hunter
David James Ingle
Sasi Reddy Kalathoor
Pil Sun Kang
Fred Karlin
Evelina Georgieva Kartsimaris
Joao Kazan-Tannus
Scott Asbury Kellermeyer
Steven Dale Kelley
David Morrey Kent
Raza Latif Khan
Lance Holbrook Knecht
Suresh Kumar Kota
Michael Alan Kuhn
Rosanna Lorena Lapham
Larry Douglas Lawrence Jr
George Rozier Lee III
Samuel Leibovici
Robert William Lenfestey
Dustin Patrick Letts
Hong Catherine Li
Silvestro J Lijoi
Jason David Lukasewicz
Joshua Caldwell Macomber
David Martin MacPeek
Mallareddy Maddula
Richard Glade Malish
Ebenezer Yaw Obeng Mante
Mark Damien Marilley
Gary Leonard Martin
Maung Maungoo
Judythe Schott McKay
Jenifer Gibson McNair
Sunil Mehta
Randall Robert Mercier
Bradley Gene Merritt
Adrian Werner Messerli
David Douglas Miner
Reesa Wajahat Mirza
Perri Anne Morgan
John Simpson Moss, Sr.
Christopher Mullins

Gina Madriene Murray
Robert Paul Nantais
Mohammed Naser Nazmul
David Brian Nelson
Christopher Mark Nieman
Brian Stevens Olsen
Tom Orli
Vinaya Balakrishna Pai
Hima Bindu Palakurthi
Robert James Pelfrey
Koster Kenneth Peters
Timothy Ross Peters
Kent Wright Peterson
Graeme Maria Potter
Daniel Rapoport
Veerabhadra K. Reddy
Denny Rodriguez
Jafar M Sadiq
Ranjiv Kumar Saini
Manhal George Saleeby
Munzer Samad
Richard Ralph Scallion
Karen Elizabeth Scully
Brahmi Haritmai Seth
Raafat Shabti
Honggang Shen
Matthew Ellis Shepherd
Kerri Ann Simo
Adam Dean Singer
Brian Anthony Singleton
Andrea Freya Sneider
Dana Sue Snyder
Kozhaya Chehade Sokhon
Jagdish Prasad Somani
Krichna Ferrari Sowles
Jesse Lynn Spear
Rosalind Ann Spells
William Elliott Stansfield
Paula Shropshire Stuart
Carisa Marice Sutherland
James Michael Sutherland
Lauren Whitney Morgan Swager
Ava Marlene Swayze
James Iain Syrett
Sreedhar Reddy Tallapureddy
Bich Ngoc Tan
Rebecca Susan Tarlton
Douglas John Thompson
Melinda Sue Threlkeld
Christopher Allen Thunberg
William Matthew Tosh

David Leon Townsend
Bao Tran
Eric Charles Trefelner
Robert Allen Vincent
Richard Patrick Vinson
John Edward Wahlen
Cheryl Lynn Walker
Aaron Lea Walton
Sarah Elizabeth Wells
Michael Theodore Wenning
Samuel Crawford White

Gina Marie Whitney
Donna Jo Whitt
Leonard Mark Wilk
Lisa Wise-Faberowski
Lucie Ling-Ning Yang
Qinghua Yang
Lance Frederick Yeoman
Jordon Terrell Young
Kathleen Elizabeth Zeller

LICENSES APPROVED BY ENDORSEMENT AND EXAM

Surafeal Ghedamu Abraha
Mahdi Ajjan
Nael Alghothani
Lisa Elana Allen
Emily Tatum Armstrong
Maria Gallego Attis
Raymond Oche Audu
Charulata G. Badlani
James Frederic Beekman
Timothy Wayne Brotherton
David Lee Buckner
Shawn Theodore Burgess
James Scott Burrow
Andrew William Buzan
Jean Kathryn Calhoun
Faith Carlin
Vincent Caruana
Andrea Christine Chamberlain
Martin Kent Childers
Peter Yen-Chang Chiou
Jessica Campbell Copland
Susannah Daly Copland
Djenabra Mayee Croskey
John Dahlin
Jonathan Michael Davis
Leigh Erin Davy
Brian Lee Delmonaco
James Keith DeOrio
Nilay Vipinbhai Desai
Andrew Maurice Doolittle
William Edward Drew
Gary Lynn Dubisky Jr
Cary Scott Feldman
Rebecca Sweitzer Feller
Jairo Omar Fernandez

Michael Floris Fry
Michael Moses Goodman
Jonathan Robert Gottlieb
Logan Gabriel Graddy
Nicole Nilmeier Grant
Paul Channing Harkins
David Hardman Harley
Rachel Michelle Harris
Robert Peter Hennon
Horacio Marcelo Hojman
Kevin Westray Holcombe
David James Ingle
Sasi Reddy Kalathoor
Pil Sun Kang
Evelina Georgieva Kartsimaris
Steven Dale Kelley
David Morrey Kent
Raza Latif Khan
Lance Holbrook Knecht
Suresh Kumar Kota
Michael Alan Kuhn
Rosanna Lorena Lapham
Larry Douglas Lawrence Jr
George Rozier Lee III
Samuel Leibovici
Robert William Lenfestey
Dustin Patrick Letts
Silvestro J Lijoi
Jason David Lukasewicz
Joshua Caldwell Macomber
Richard Glade Malish
Ebenezer Yaw Obeng Mante
Mark Damien Marilley
Gary Leonard Martin
Maung Maungoo

Judythe Schott McKay
Jenifer Gibson McNair
Sunil Mehta
Bradley Gene Merritt
Adrian Werner Messerli
David Douglas Miner
Gina Madriene Murray
Robert Paul Nantais
Mohammed Naser Nazmul
David Brian Nelson
Christopher Mark Nieman
Brian Stevens Olsen
Vinaya Balakrishna Pai
Hima Bindu Palakurthi
Robert James Pelfrey
Koster Kenneth Peters
Timothy Ross Peters
Graeme Maria Potter
Daniel Rapoport
Veerabhadra K. Reddy
Jafar M Sadiq
Ranjiv Kumar Saini
Manhal George Saleeby
Munzer Samad
Richard Ralph Scallion
Karen Elizabeth Scully
Brahmi Haritmai Seth
Raafat Shabti
Honggang Shen
Matthew Ellis Shepherd
Kerri Ann Simo
Adam Dean Singer
Brian Anthony Singleton
Andrea Freya Sneider
Danal Sue Snyder
Kozhaya Chehade Sokhon
Jagdish Prasad Somani
Krichna Ferrari Sowles
Jesse Lynn Spear
Rosalind Ann Spells
Carisa Marice Sutherland
Lauren Whitney Morgan Swager

Ava Marlene Swayze
James Iain Syrett
Bich Ngoc Tan
Douglas John Thompson
Melinda Sue Threlkeld
Christopher Allen Thunberg
David Leon Townsend
Eric Charles Trefelner
Richard Patrick Vinson
John Edward Wahlen
Sarah Elizabeth Wells
Michael Theodore Wenning
Samuel Crawford White
Gina Marie Whitney
Donna Jo Whitt
Leonard Mark Wilk
Lucie Ling-Ning Yang
Qinghua Yang
Kathleen Elizabeth Zeller

Reinstatement

Regina Suzanne Bland
Victor Freund
Daniel Garner
Amy Harper
Stephen Ward Hildebrand
Fred Karlin
Tom Orli
Rebecca Susan Tarlton
Aaron Lea Walton

Reactivation

Patricia Ann Chamberlin
John Paul Denny
Susan Davenport Denny
Scott Asbury Kellermeyer
Lisa Wise-Faberowski

Faculty Limited License

Jenny Hoang (Duke University)
Joao Kazan-Tannus (Duke University)

CONTINUED COMPETENCE COMMITTEE

Michael Norins, MD, Chair; EK Fretwell, PhD; Peggy Robinson, PA-C

The Continued Competence Committee of the North Carolina Medical Board was called to order at 2:00 p.m., Wednesday, January 17, 2007, at the office of the Board. Members present were: Michael Norins, MD, Chair; E. K. Fretwell, PhD; and Peggy Robinson, PA-C. Also attending were: Ralph Loomis, MD, Board Member; Michael Sheppa, MD, Medical Director; Thomas Mansfield, JD, Director, Legal Department (Staff); Katherine Carpenter, JD, Legal Department; Don Pittman, Investigations; and Jeffery Denton, Recorder (Staff).

North Carolina Reentry Summit Follow-up

The cover letter for the summary of the Summit notes was reviewed in detail and is expected to be mailed out next week to all participants.

CME Mentor Program

This is a spin-off from the Summit. Developing training materials and learning opportunities for the art of mentoring, using both real-time and virtual settings and awarding CME credits. To ultimately obtain certification as a mentor. Dr. Sheppa stated that Dr. Steve Willis appears to be knowledgeable, energetic and willing to help. In addition, he has ties to ECU and other educational institutions that may allow him to help the Board down this path.

Action: A second follow-up letter will be sent to Dr. Willis regarding his willingness to head up this initiative. Dr. Sheppa will follow this second letter with a phone call.

Registration Questionnaire

It was noted that the questions on the annual registration form that relate to not being in the active practice of medicine, the whys and what have you really been doing are all optional responses. Thus, no reliable data along this line is available.

Motion: A motion passed to reevaluate subject questions and make answering them "mandatory." This relates to those questions along the line of being out of the active practice of medicine, why and what are you doing.

Compliance

Mr. Pittman briefed the committee on compliance issues. Mr. Denton will work with Mr. Pittman to get the committee compliance chart up-to-date.

CME

It was felt by the entire committee that meaningful CME should be a subtopic of the Board Mission discussion at the upcoming Board Retreat

Future Agenda Items

- Consent orders that will self terminate for reentry personnel that do not make significant progress in a specified period.
- CME – how do we make it meaningful and a reliable indicator of continued competency?
- Work with Dr. Rickett's from the Shep's Center on the analysis of PLIPs and our registration Database.
- Formulating Standards or criteria for Board action on issues of competency.

- Serving as the liaison between the Federation of State Medical Boards and the NCMB as they move forward with their competency program. (It appears that item is well on its way. The committee will continue to support these efforts.)

The next regular meeting of the Continued Competence Committee is tentatively set for Wednesday, March 21, 2007.

DISCIPLINARY (COMPLAINT) COMMITTEE REPORT

Janelle Rhyne, MD; Michael Norins, MD; Donald Jablonski, DO; Ralph Loomis, MD; John Lewis, LLB

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

The Disciplinary Committee (complaints) reported on two complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

PROFESSIONAL LIABILITY INSURANCE PAYMENTS

Aloysius Walsh; Michael Norins, MD; George Saunders, MD; Ralph Loomis, MD

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

The Professional Liability Insurance Payments Committee reported on 44 cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

DISCIPLINARY (MEDICAL EXAMINER) COMMITTEE REPORT

Janelle Rhyne, MD; Michael Norins, MD; Donald Jablonski, DO; Ralph Loomis, MD; John Lewis, LLB

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

The Medical Examiner Committee reported on one case. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT

Sarvesh Sathiraju, MD; George Saunders, MD; Aloysius Walsh

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to section 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

The Board reviewed 44 cases involving participants in the NC Physicians Health Program. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

DISCIPLINARY (INVESTIGATIVE) COMMITTEE REPORT

Janelle Rhyne, MD; Michael Norins, MD; Donald Jablonski, DO; Ralph Loomis, MD; John Lewis, LLB

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

The Disciplinary (Investigative) Committee reported on 35 investigative cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

INFORMAL INTERVIEW REPORT

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16 and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

Twenty-seven informal interviews were conducted. A written report was presented for the Board's review. The Board adopted the Split Boards' recommendations and approved the written report as modified. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

ADJOURNMENT

This meeting was adjourned on January 18, 2007.

George L. Saunders III, MD
Secretary