

MINUTES

North Carolina Medical Board

July 20-22, 2005

**1203 Front Street
Raleigh, North Carolina**

Minutes of the Open Sessions of the North Carolina Medical Board Meeting July 20-22, 2005.

The July 20-22, 2005, 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 8:00 a.m., Wednesday, July 20, 2005, by Charles L. Garrett, MD, President. Board members in attendance were: Robert C. Moffatt, MD, President Elect; H. Arthur McCulloch, MD, Secretary; Janelle A. Rhyne, MD, Treasurer (July 20 and 21 only); E. K. Fretwell, PhD; Robin N. Hunter Buskey, PA-C (July 20 only); Michael E. Norins, MD; Sarvesh Sathiraju, MD; George L. Saunders, III, MD; Edwin R. Swann, MD; and Mr. Aloysius P. Walsh. Absent was Dicky S. Walia.

Staff members present were: R. David Henderson, JD, Executive Director; Thomas W. Mansfield, JD, Legal Department Director; Brian Blankenship, JD, Board Attorney; Marcus Jimison, JD, Board Attorney; Katherine Carpenter, 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. Edmund Kirby-Smith, 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; Ms. Jenny Olmstead, Senior Investigative Coordinator; Ms. Barbara Rodrigues, Investigative Coordinator; Mr. Dale Broaden, Director of Communications and Public Affairs; Ms. Dena Marshall, Public Affairs Assistant; Mrs. Joy D. Cooke, Licensing Director; Ms. Michelle Allen, Licensing Supervisor; Ms. Kelli Singleton, GME Coordinator; Ms. Amy Ingram, Licensing Assistant; Carol Puryear, Licensing Assistant; Ms. Lori King, PE Coordinator; Jesse Roberts, MD, Medical Director; Kevin Yow, MD, Assistant Medical Director; Ms. Judie Clark, Complaint Department Director; Mrs. Sharon Squibb-Denslow, Complaint Department Assistant; Ms. Sherry Hyder, Complaint Summary Coordinator; Ms. Patricia Paulson, Malpractice/Medical Examiner Coordinator; Mr. Hari Gupta, Operations Department Director; Ms. Rebecca L. Manning, Registration Coordinator; Mrs. Janice Fowler, Operations Assistant; Mr. Peter Celentano, Comptroller; Ms. Ravonda James, Receptionist; Mr. Donald Smelcer, Technology Department Director; Dawn LaSure, Human Resources Director; and Mr. Jeffery Denton, Executive Assistant/Verification Coordinator.

MISCELLANEOUS

Presidential Remarks

Dr. Garrett 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.

Dr. Garrett mentioned Dr. George Barrett's (past president) recent surgery. A card is being circulated to be sent to him.

Mr. Henderson summarized and commented on the recent series of newspaper articles regarding a physician licensed by the Board.

Staff/Personnel Announcements

Ms. Cooke announced that Ms. Singleton had resigned and this would be her last Board Meeting. Ms. Amy Ingram is her replacement.

EXECUTIVE COMMITTEE NOMINATION REPORT

Stephen Charles Garrett, MD; Robert Moffatt, MD; Arthur McCulloch, MD; Aloysius Walsh

The Executive Committee of the North Carolina Medical Board was called to order at 10:45 a.m., Wednesday July 20, 2005 at the office of the Board. Present were: Charles L. Garrett, MD, Chair; H. Arthur McCulloch, MD; Robert C. Moffatt, MD; Janelle A. Rhyne, MD; and Aloysius P. Walsh. Members of the staff in attendance were R. David Henderson, (Executive Director), Hari Gupta (Director of Operations), and Peter T. Celentano, CPA (Comptroller). The following slate of candidates for the term beginning November 1, 2005 were made to the Board:

President -	Robert Moffatt, MD
President Elect -	Arthur McCulloch, MD
Secretary -	Janelle A. Rhyne, MD
Treasurer -	Aloysius Walsh
Member At Large -	George L. Saunders, III, MD

There were no nominations from the floor.

Motion: A motion passed to approve the Executive Committee Nomination Report as presented to the Board.

MINUTE APPROVAL

Motion: A motion passed that the June 15-16, 2005, 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.

ATTORNEY'S REPORT

Written reports on 182 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 – PUBLIC

Bahadori, Reza, MD

Notice of Charges and Allegations executed 7/6/2005

Berger, Jeffrey Allen, MD

Notice of Charges and Allegations executed 6/23/2005

Birdsong, Michael Sidney
Findings of Fact, Conclusions of Law and Order executed 7/1/2005

Blackmore, Jonathan Charles, MD
Re-Entry Agreement executed 5/17/2005

Bozeman, Elizabeth R., MD
Re-Entry Agreement executed 5/2/2005

Casey, William Joseph, MD
Notice of Charges and Allegations executed 5/6/2005

Coleman, Elizabeth Anne, MD
Consent Order executed 6/8/2005

Cooperman, Glenn Arthur, MD
Consent Order executed 6/13/2005

Cornwall, Richard Orran, PA
Termination of Consent Order executed 7/14/2005

Crump, Carolyn Faydene, MD
Consent Order executed 6/24/2005

Daniel, Brian Phillip, MD
Notice of Charges and Allegations executed 6/1/2005

Davis, John Blevins, MD
Notice of Charges and Allegations executed 6/28/2005

Diamond, Patrick Francis, MD
Denial Letter mailed 4/20/2005

Dobson, Casey William, MD
Consent Order executed 2/21/2005

DonDiego, Richard Michael, MD
Termination of Consent Order executed 4/20/2005

Donovan, Victoria Kathleen, MD
Re-Entry Agreement executed 7/12/2005

Duncan, John David, MD
Termination of Consent Order executed 6/6/2005

Eaton, Lynne A., MD
Consent Order executed 7/7/2005

Gaffney, Mary Elizabeth, DO

Termination of Consent Order executed 5/25/2005

Glover, William James, MD
Notice of Charges and Allegations executed 5/11/2005
Voluntary Surrender accepted 2/25/2005

Gould, James Douglas, MD
Notice of Charges and Allegations executed 3/29/2005

Green, Paul Edward, PA
Re-Entry Agreement executed 6/30/2005

Gualteros, Oscar M., MD
Notice of Charges and Allegations executed 7/12/2005

Harris, John Joel, MD
Consent Order executed 4/13/2005

Harvey, Bertha Bowen, MD
Notice of Revocation executed 3/14/2005

Heinan, Michelle Lynn, PA
Consent Order executed 7/6/2005

Henderson, Paul Manning, MD
Consent Order executed 5/6/2005

Jacobs, Kenneth Lee, MD
Consent Order executed 6/16/2005

Johnson, David Wesley, MD
Notice of Charges and Allegations executed 6/9/2005

Jones, Fielden B., MD
Notice of Charges and Allegations executed 7/6/2005

Knutson, Thomas Marvin, MD
Consent Order executed 6/30/2005

Kpeglo, Maurice Kobla, MD
Notice of Charges and Allegations executed 6/23/2005

Kunz, Kenneth Robert, MD
Notice of Charges and Allegations executed 6/23/2005

Labore, Francis Walter, PA
Re-Entry Agreement executed 6/24/2005

Larson, Michael Joseph, MD
Notice of Charges and Allegations executed 6/28/2005

Marino, Baptiste Steven, MD
Termination of Consent Order executed 5/25/2005

Masslofsky, Anthony Paul, PA
Termination of Consent Order executed 6/23/2005

McCall, Michael Alvin, MD
Notice of Charges and Allegations executed 7/8/2005

Menachem, Allan Michael, MD
Notice of Charges and Allegations executed 7/6/2005

Mergener, Klaus Dieter, MD
Notice of Charges and Allegations executed 6/2/2005

Nguyen, Tuong Dai, MD
Consent Order executed 5/26/2005

Parikh, Prashant Pramod, MD
Consent Order executed 5/9/2005

Philips, Sherif A., MD
Termination of Consent Order executed 6/22/2005

Ramming, Kenneth Paul, MD
Notice of Dismissal executed 7/15/2005

Rampilla, Elliot John, MD
Consent Order executed 5/24/2005

Robinson, Richard Walter, MD
Notice of Charges and Allegations executed 7/6/2005

Ruff, Ronnie Harry, MD
Notice of Charges and Allegations executed 7/15/2005

Sutton, Frank Morrison, MD
Notice of Charges and Allegations executed 6/20/2005

Turpin, Payton Duke, MD
Non Disciplinary Consent Order executed 6/20/2005

Vanderwerf, Joseph Nelson, MD
Consent Order executed 1/14/2005

Weaver, Kim Price, PA
Re-Entry Agreement executed 5/26/2005

White, Steven William, MD
Consent Order executed 6/1/2005

Woods, Kristy Freeman, MD
Notice of Charges and Allegations executed 7/14/2005

Wright, Brent Dean, MD
Termination of Consent Order executed 7/19/2005

EXECUTIVE COMMITTEE REPORT

Charles Garrett, MD; Robert Moffatt, MD; Arthur McCulloch, MD; Janelle Rhyne, MD; Aloysius Walsh

The Executive Committee of the North Carolina Medical Board was called to order at 10:45 am, Wednesday July 20, 2005 at the offices of the Board. Members present were: Charles L. Garrett, MD, Chair; Harlan A. McCulloch, MD; Robert C. Moffatt, MD; Janelle A. Rhyne, MD; and Aloysius P. Walsh. Also present were R. David Henderson (Executive Director), Hari Gupta (Director of Operations), Thomas Mansfield (Director of Legal), and Peter T. Celentano, CPA (Comptroller).

Financials

Mr. Celentano, CPA, presented to the committee the May 2005 compiled financial statements. May is the end of the seventh month of fiscal year 2005.

The Board's deficit for the first seven months of fiscal year 2005 is \$156,800. Mr. Celentano stated to the committee he felt the deficit would continue to shrink and the Board would be balanced by the end of the fiscal year.

Mr. Celentano commented to the Committee that all income items were at or above budget and no expense items were substantially over budget at this time.

The certificate of deposit is due to mature in August 2005. The CD is discussed in more detail under new business.

The May 2005 Investment Summary was reviewed and accepted as presented.

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

Old Business

Legislative Update: Mr. Mansfield, Director of the Legal Department, gave an update regarding various bills introduced in the General Assembly.

GL Suite software application: Mr. Gupta and Mr. Henderson gave the Committee an update on the status of GL Suite, our new database software application.

New Business

CD Maturity - August: Mr. Celentano spoke with our banker at BB&T and the current rates are just slightly higher than we received in February 2005 when the CD was purchased for six months. The rate structure is still very flat and it is unlikely the rates will increase substantially in the future. Dr. McCulloch made a motion to renew the CD for another six months at the best available interest rate. Dr. Moffatt seconded the motion and the motion was approved unanimously.

FSMB Board of Directors Meeting – Asheville, NC: Dr. Moffatt stated to the Committee that anyone wishing to attend a dinner honoring the FSMB Board of Directors in Asheville in October needs to get reservations made as soon as possible. Mr. Henderson was going to poll the Board to see who will attend the dinner.

Registration Questions: Mr. Henderson distributed to the Committee a memorandum to discuss the possibility of adding one or more questions to the annual registration form. Mr. Henderson proposed adding a question to the annual registration form asking if, during the past year, there had been a malpractice payment made on behalf of the licensee. Mr. Henderson also proposed adding three questions to the annual registration form asking whether a physician is board certified, whether the physician currently has hospital privileges, and to list all states in which the licensee has ever held a license. The information from these three questions would be posted on the Board's web site. Dr. Moffatt made a motion that the Executive Committee recommends to the full Board the addition of these four questions to our annual registration form. Dr. McCulloch seconded the motion and the motion was approved unanimously.

Nominations of New Officers: A motion was made to nominate Dr. Robert Moffatt as President, Dr. Harlan McCulloch as President-Elect, Dr. Janelle Rhyne as Secretary, Mr. Aloysius Walsh as Treasurer and Dr. George Saunders as a member at-large on the Executive Committee.

The meeting was adjourned at 12:00pm.

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

POLICY COMMITTEE REPORT

Arthur McCulloch, MD, Chair; Aloysius Walsh; George Saunders, MD; Janelle Rhyne; MD; E. K. Fretwell

The Policy Committee of the North Carolina Medical Board was called to order at 3:16 p.m., Wednesday, July 20, 2005, at the office of the Board. Present were: Arthur McCulloch, MD, Chair; Aloysius P. Walsh; George L. Saunders, MD; Janelle A. Rhyne, MD; and E. K. Fretwell, PhD. Also attending were: Thomas Mansfield, JD, Director, Legal Department, NCMB (PC Staff); Dale G Breden, Public Affairs Director, NCMB; Melanie Phelps, North Carolina Medical Society; Steven Keene, North Carolina Medical Society; and Mr. Jeffery T. Denton, Board Recorder (PC Staff).

Notes:

- (1) **Recommendation to Board** is the Committee's request for Board consideration of an item.
- (2) **Action** items are related to the Committee's own work or deliberations.
- (3) [] Information within these brackets denotes *background information*

May 2005 Policy Committee Meeting Minutes

The minutes from the May 18, 2005 Policy Committee Meeting were reviewed and accepted.

Position Statement Review – Laser Surgery (Laser Hair removal)

For the benefit of the public in attendance, Dr. McCulloch stated that the Policy Committee has been reviewing, discussing and taking comments on this position statement over the past

eight months in order to determine whether to revise the current position statement. The Committee also received comments from the public at the recent Committee meetings. The Committee continues to review information received.

In addition, the last Committee meeting discussion resulted in several different issues to be included in the position statement. The Committee acknowledged that laser hair removal is surgery by definition and that laser hair removal requires physician supervision.

Recommendation to Full Board: (JR, AW) A motion passed that the below modifications to the existing Laser Surgery Position Statement with regards to laser hair removal be adopted by the Full Board:

Full Board Motion: A motion passed unanimously to adopt the following modifications to the existing Laser Surgery Position Statement with regards to laser hair removal.

Laser Hair Removal

“Lasers are employed in certain hair-removal procedures, as are various devices that (1) manipulate and/or pulse light causing it to penetrate human tissue and (2) are classified as “prescription” by the U.S. Food and Drug Administration. Hair-removal procedures using such technologies should be performed only by a physician or by an individual designated as having adequate training and experience by a physician who bears full responsibility for the procedure. **The physician who provides medical supervision is expected to provide adequate oversight of licensed and non-licensed personnel both before and after the procedure is performed. The Board believes that the guidelines set forth in this Position Statement are applicable to every licensee of the Board involved in laser hair removal, whether as an owner, medical director, consultant or otherwise.**

It is the position of the Board that good medical practice requires that each patient be examined by a physician, physician assistant or nurse practitioner licensed or approved by this Board prior to receiving the first laser hair removal treatment and at other times as medically indicated. The examination should include a history and a focused physical examination. Where prescription medication such as topical anesthetics are used, the Board expects physicians to follow the guidelines set forth in the Board’s Position Statement titled “Contact with Patients Before Prescribing.” When medication is prescribed or dispensed in connection with laser hair removal the supervising physician shall assure the patient receives thorough instructions on the safe use or application of said medication.

The responsible supervising physician should be on site or readily available to the person actually performing the procedure. What constitutes “readily available” will depend on a variety of factors. Those factors include the specific types of procedures and equipment used; the level of training of the persons performing the procedure; the level and type of licensure, if any, of the persons performing the procedure; the use of topical anesthetics; the quality of written protocols for the performance of the procedure; the frequency, quality and type of ongoing education of those performing the procedures; and any other quality assurance measures in place. In all cases, the Board expects the physician to be able to respond quickly to patient emergencies and questions by those performing the procedures.“

Dr. McCulloch reminded those present that this is currently a proposal that is being recommended to the Full Board for adoption. The Board may accept it, reject it or amend it.

Dr. McCulloch stated that the Board attempts to provide a safe harbor to its licensees through its position statements. Conduct that follows the position statements should satisfy what the Board considers professional standards.

(At this point a short recess was taken to allow questions from the news media and others.)

Advertising and Publicity – Review Of Position Statement (Walsh)

Mr. Walsh stated that he thoroughly reviewed the current position statement and finds no reason to make any changes. He supports reaffirmation of the existing position statement.

Action: The Committee will review this position statement and make a recommendation to the Full Board at the September 2005 Committee Meeting.

Fee Splitting – Review of Position Statement (Walsh)

Mr. Walsh stated that during his review of this position statement he researched the AMA Code of Medical Ethics Opinion 6.02 (Fee Splitting), which was updated June 2005. He recommends adoption of the AMA's opinion as our Position Statement. Dr. Fretwell agreed. Mr. Mansfield believes it may be beneficial to review and retain portions of the second paragraph of the Board's current position referring to NCGS §55B-14(c) and to make referenced to State law regarding paying for referrals.

Action: The Committee will receive additional direction from the legal staff and make a recommendation to the Full Board at the September 2005 Committee Meeting.

In addition, Dr. Saunders would like to set some time aside for the Committee to discuss the possibility of a new position statement regarding how the physician payment system is not working and to look at something more reasonable.

Action: The Committee will consider whether there should be some acknowledgement of the problems primary care and non proceduralist physicians have with reimbursement and a discussion of what medical business practices are ethical.

Guidelines for the Use of Controlled Substances for the Treatment of Pain – Review Of Position Statement (Walsh)

Recommendation to Full Board: A motion passed that the position statement below be adopted as presented:

North Carolina Medical Board Position Statement

**POLICY FOR THE USE OF CONTROLLED
SUBSTANCES FOR THE TREATMENT OF PAIN**

- Appropriate treatment of chronic pain may include both pharmacologic and non-pharmacologic modalities. The Board realizes that controlled substances, including opioid analgesics, may be an essential part of the treatment regimen.
- All prescribing of controlled substances must comply with applicable state and federal law.
- Guidelines for treatment include: (a) complete patient evaluation, (b) establishment of a treatment plan (contract), (c) informed consent, (d) periodic review, and (e) consultation with specialists in various treatment modalities as appropriate.
- Deviation from these guidelines will be considered on an individual basis for appropriateness.

The North Carolina Medical Board supports and adopts the following Federation of State Medical Board "Model Policy for the Use of Controlled Substances for the Treatment of Pain" (as modified) to replace the Board's existing position statement titled "Management of Chronic Non-Malignant Pain."

Section I: Preamble

The North Carolina Medical Board recognizes that principles of quality medical practice dictate that the people of the State of North Carolina have access to appropriate and effective pain relief. The appropriate application of up-to-date knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain as well as reduce the morbidity and costs associated with untreated or inappropriately treated pain. For the purposes of this policy, the inappropriate treatment of pain includes nontreatment, undertreatment, overtreatment, and the continued use of ineffective treatments.

The diagnosis and treatment of pain is integral to the practice of medicine. The Board encourages physicians to view pain management as a part of quality medical practice for all patients with pain, acute or chronic, and it is especially urgent for patients who experience pain as a result of terminal illness. All physicians should become knowledgeable about assessing patients' pain and effective methods of pain treatment, as well as statutory requirements for prescribing controlled substances. Accordingly, this policy has been developed to clarify the Board's position on pain control, particularly as related to the use of controlled substances, to alleviate physician uncertainty and to encourage better pain management.

Inappropriate pain treatment may result from physicians' lack of knowledge about pain management. Fears of investigation or sanction by federal, state and local agencies may also result in inappropriate treatment of pain. Appropriate pain management is the treating physician's responsibility. As such, the Board will consider the inappropriate treatment of pain to be a departure from standards of practice and will investigate such allegations, recognizing that some types of pain cannot be completely relieved, and taking into account whether the treatment is appropriate for the diagnosis.

The Board recognizes that controlled substances including opioid analgesics may be essential in the treatment of acute pain due to trauma or surgery and chronic pain, whether due to cancer or non-cancer origins. The Board will refer to current clinical practice guidelines and expert review in approaching cases involving management of pain. The medical management of pain should consider current clinical knowledge and scientific research and the use of pharmacologic and non-pharmacologic modalities according to the judgment of the physician. Pain should be assessed and treated promptly, and the quantity and frequency of doses should be adjusted according to the intensity, duration of the pain, and treatment outcomes. Physicians should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.

The North Carolina Medical Board is obligated under the laws of the State of North Carolina to protect the public health and safety. The Board recognizes that the use of opioid analgesics for other than legitimate medical purposes pose a threat to the individual and society and that the inappropriate prescribing of controlled substances, including opioid analgesics, may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use. Accordingly, the Board expects that physicians incorporate safeguards into their practices to minimize the potential for the abuse and diversion of controlled substances.

Physicians should not fear disciplinary action from the Board for ordering, prescribing, dispensing or administering controlled substances, including opioid analgesics, for a legitimate medical purpose and in the course of professional practice. The Board will consider prescribing, ordering, dispensing or administering controlled substances for pain to be for a legitimate medical purpose if based on sound clinical judgment. All such prescribing must be based on clear documentation of unrelieved pain. To be within the usual course of professional practice, a physician-patient relationship must exist and the prescribing should be based on a diagnosis and documentation of unrelieved pain. Compliance with applicable state or federal law is required.

The Board will judge the validity of the physician's treatment of the patient based on available documentation, rather than solely on the quantity and duration of medication administration. The goal is to control the patient's pain while effectively addressing other aspects of the patient's functioning, including physical, psychological, social and work-related factors.

Allegations of inappropriate pain management will be evaluated on an individual basis. The Board will not take disciplinary action against a physician for deviating from this policy when contemporaneous medical records document reasonable cause for deviation. The physician's conduct will be evaluated to a great extent by the outcome of pain treatment, recognizing that some types of pain cannot be completely relieved, and by taking into account

whether the drug used is appropriate for the diagnosis, as well as improvement in patient functioning and/or quality of life.

Section II: Guidelines

The Board has adopted the following criteria when evaluating the physician's treatment of pain, including the use of controlled substances.

Evaluation of the Patient—A medical history and physical examination must be obtained, evaluated, and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse. The medical record also should document the presence of one or more recognized medical indications for the use of a controlled substance.

Treatment Plan—The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment. *Note: Random drug screening of patients should be considered an adjunct to a comprehensive treatment plan.*

Informed Consent and Agreement for Treatment—The physician should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient or with the patient's surrogate or guardian if the patient is without medical decision-making capacity. The patient should receive prescriptions from one physician and one pharmacy whenever possible. If the patient is at high risk for medication abuse or has a history of substance abuse, the physician should consider the use of a written agreement between physician and patient outlining patient responsibilities, including

- urine/serum medication levels screening when requested;
- number and frequency of all prescription refills; and
- reasons for which drug therapy may be discontinued (e.g., violation of agreement).

Periodic Review—The physician should periodically review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the physician's evaluation of progress toward treatment objectives. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Objective evidence of improved or diminished function should be monitored and information from family members or other caregivers should be considered in determining the patient's response to treatment. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

Consultation—The physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those patients with pain who are at risk for medication misuse, abuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation and consultation with or referral to an expert in the management of such patients.

Medical Records—The physician should keep accurate and complete records to include

1. the medical history and physical examination,
2. diagnostic, therapeutic and laboratory results,
3. evaluations and consultations,
4. treatment objectives,
5. discussion of risks and benefits,

6. informed consent,
7. treatments,
8. medications (including date, type, dosage and quantity prescribed),
9. instructions and agreements and
10. periodic reviews.

Records should remain current and be maintained in an accessible manner and readily available for review.

Compliance With Controlled Substances Laws and Regulations—To prescribe, dispense or administer controlled substances, the physician must be licensed in the state and comply with applicable federal and state regulations. Physicians are referred to the Physicians Manual of the U.S. Drug Enforcement Administration and any relevant documents issued by the North Carolina Medical Board for specific rules governing controlled substances as well as applicable state regulations.

Section III: Definitions

For the purposes of these guidelines, the following terms are defined as follows.

Acute Pain—Acute pain is the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus and typically is associated with invasive procedures, trauma and disease. It is generally time-limited.

Addiction—Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.

Chronic Pain—Chronic pain is a state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.

Pain—An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Physical Dependence—Physical dependence is a state of adaptation that is manifested by drug class-specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.

Pseudoaddiction—The iatrogenic syndrome resulting from the misinterpretation of relief seeking behaviors as though they are drug-seeking behaviors that are commonly seen with addiction. The relief seeking behaviors resolve upon institution of effective analgesic therapy.

Substance Abuse—Substance abuse is the use of any substance(s) for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

Tolerance—Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a constant dose over time. Tolerance may or may not be evident during opioid treatment and does not equate with addiction.

Availability of Physicians to Their Patients – Review of Position Statement (Saunders, Rhyne, Fretwell)

Dr. Rhyne stated that this is a complicated position statement. The complexity is that many physicians are not going to hospitals and the hospitalists are taking care of those physicians' patients while they are in the hospital. However, those same physicians will say they have

hospital privileges (on a consulting type basis) but will not necessarily be there to take care of their patients.

Action: This subcommittee will continue to work on this position statement and review it at the September Committee Meeting.

September 2005 Agenda

The following three additional position statements will be reviewed at the September Policy Committee Meeting:

- Prescribing Legend or Controlled Substances for Other Than Validated Medical or Therapeutic Purposes, With Particular Reference to Substances or Preparations With Anabolic Properties (McCulloch)
- Self-Treatment and Treatment of Family Members and Others with Whom Significant Emotional Relationships Exist (Rhyne)
- Sale of Goods From Physician Offices (Walsh)

There being no further business, the meeting adjourned at 4:15 p.m. The next meeting of the Policy Committee is tentatively set for 3:00 p.m. Wednesday, September 21, 2005.

Motion: A motion passed to approve the Policy Committee report as presented.

ALLIED HEALTH COMMITTEE REPORT

Robin Hunter Buskey, PA-C; George Saunders, MD; Sarvesh Sathiraju, MD

The Allied Health Committee of the North Carolina Medical Board met on Wednesday, July 20, 2005 at the office of the Board. Present: Robin Hunter-Buskey, PA-C, Chair, George L. Saunders, MD, Sarvesh Sathiraju, MD, Marcus Jimison, Legal, Lori King, CPCS, Licensing, Melanie Phelps, Lisa Shock and Denise Stanford.

Catchline: Pharmacy Vaccination Final Rule. Administration of Vaccines by Pharmacists document.

Committee Recommendation: Accept information and recommend Board approval.

Board Action: Approve Rule.

21 NCAC 32U .0101 is adopted, with changes, as published in Volume 19, Issue 7, pp 664-666 in the North Carolina Register, pursuant to G.S. 90-85.3(r), as follows:

21 NCAC 32U.0101: ADMINISTRATION OF VACCINES BY PHARMACISTS

(a) Purpose. The purpose of this section is to provide standards for pharmacists engaged in the administration of influenza and pneumococcal vaccines as authorized in § 90-85.3(r) of the North Carolina Pharmacy Practice Act.

(b) Definitions. The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise.

(1) "ACPE" means Accreditation Council for Pharmacy Education.

(2) "Administer" means the direct application of a drug to the body of a patient by injection, inhalation, ingestion, or other means by:

(A) a pharmacist, an authorized agent under his/her supervision, or other person authorized by law; or

(B) the patient at the direction of a practitioner.

(3) "Antibody" means a protein in the blood that is produced in response to stimulation by a specific antigen. Antibodies help destroy the antigen that produced them. Antibodies against an antigen usually equate to immunity to that antigen.

(4) "Antigen" means a substance recognized by the body as being foreign; it results in the production of specific antibodies directed against it.

(5) "Board" means the North Carolina Board of Pharmacy.

(6) "Confidential record" means any health-related record that contains information that identifies an individual and that is maintained by a pharmacy or pharmacist such as a patient medication record, prescription drug order, or medication order.

(7) "Immunization" means the act of inducing antibody formation, thus leading to immunity.

(8) "Medical Practice Act" means the North Carolina Medical Practice Act.

(9) "Physician" means a currently licensed M.D. or D.O. in good standing with the North Carolina Medical Board who is responsible for the on-going, continuous supervision of the pharmacist pursuant to written protocols between the pharmacist and the physician.

(10) "Vaccination" means the act of administering any antigen in order to induce immunity; is not synonymous with immunization since vaccination does not imply success.

(11) "Vaccine" means a specially prepared antigen, which upon administration to a person will result in immunity.

(12) Written Protocol--A physician's order, standing medical order, or other order or protocol. A written protocol must be prepared, signed and dated by the physician and pharmacist and contain the following:

(A) the name of the individual physician authorized to prescribe drugs and responsible for authorizing the written protocol;

(B) the name of the individual pharmacist authorized to administer vaccines;

(C) the immunizations or vaccinations that may be administered by the pharmacist;

(D) procedures to follow, including any drugs required by the pharmacist for treatment of the patient, in the event of an emergency or severe adverse reaction following vaccine administration;

(E) the reporting requirements by the pharmacist to the physician issuing the written protocol, including content and time frame;

(F) locations at which the pharmacist may administer immunizations or vaccinations; and

(G) the requirement for annual review of the protocols by the physician and pharmacist.

(c) Policies and Procedures

(1) Pharmacists must follow a written protocol as specified in Subparagraph (b)(12) of this Rule for administration of influenza and pneumococcal vaccines and the treatment of severe adverse events following administration.

(2) The pharmacist administering vaccines must maintain written policies and procedures for handling and disposal of used or contaminated equipment and supplies.

(3) The pharmacist or pharmacist's agent must give the appropriate vaccine information to the patient or legal representative with each dose of vaccine. The pharmacist must

ensure that the patient or legal representative is available and has read, or has had read to them, the information provided and has had their questions answered prior to administering the vaccine.

(4) The pharmacist must report adverse events to the primary care provider as identified by the patient.

(5) The pharmacist shall not administer vaccines to patients under 18 years of age.

(6) The pharmacist shall not administer the pneumococcal vaccine to a patient unless the pharmacist first consults with the patient's primary care provider. In the event the patient does not have a primary care provider, the pharmacist shall not administer the pneumococcal vaccine to the patient.

(7) The pharmacist shall report all vaccines administered to the patient's primary care provider and report all vaccines administered to all entities as required by law, including any State registries which may be implemented in the future.

(d) Pharmacist requirements. Pharmacists who enter into a written protocol with a physician to administer vaccines shall:

(1) hold a current provider level cardiopulmonary resuscitation (CPR) certification issued by the American Heart Association or the American Red Cross or equivalent;

(2) successfully complete a certificate program in the administration of vaccines accredited by the Centers for Disease Control, the ACPE or a similar health authority or professional body approved by the Board;

(3) maintain documentation of:

(A) completion of the initial course specified in Subparagraph (2) of this Paragraph;

(B) three hours of continuing education every two years beginning January 1, 2006, which are designed to maintain competency in the disease states, drugs, and administration of vaccines;

(C) current certification specified in Subparagraph (1) of this Paragraph;

- (D) original written physician protocol;
- (E) annual review and revision of original written protocol with physician;
- (F) any problems or complications reported; and
- (G) items specified in Paragraph (g) of this Rule.

(e) Supervising Physician responsibilities. Physicians who enter into a written protocol with a pharmacist to administer vaccines shall:

- (1) be responsible for the formulation or approval and periodic review of the physician's order, standing medical order, standing delegation order, or other order or written protocols; protocol and periodically reviews the order or protocol and the services provided to a patient under the order or protocol;
- (2) be easily accessible to the pharmacist administering the vaccines or be available through direct telecommunication for consultation, assistance, direction, and provide adequate back-up coverage;
- (3) review written protocol with pharmacist at least annually and revise if ~~necessary.~~ necessary; and
- (4) receive, as appropriate, a periodic status report on the patient, including any problem or complication encountered.

~~(f) Supervision. Pharmacists involved in the administration of immunizations or vaccinations shall be under the supervision of a physician. Physician supervision shall be considered adequate if the delegating physician:~~

- ~~(1) is responsible for the formulation or approval of the physician's order, standing medical order, standing delegation order, or other order or protocol and periodically reviews the order or protocol and the services provided to a patient under the order or protocol;~~
- ~~(2) is geographically located so as to be easily accessible to the pharmacist administering the immunization or vaccination;~~
- ~~(3) receives, as appropriate, a periodic status report on the patient, including any problem or complication encountered; and~~
- ~~(4) is available through direct telecommunication for consultation, assistance, and direction.~~

(~~ef~~) Drugs. The following requirements pertain to drugs administered by a pharmacist:

(1) Drugs administered by a pharmacist under the provisions of this section shall be in the legal possession of:

(A) a pharmacy, which shall be the pharmacy responsible for drug accountability, including the maintenance of records of administration of the immunization or vaccination; or

(B) a physician, who shall be responsible for drug accountability, including the maintenance of records of administration of the immunization or vaccination;

(2) Drugs shall be transported and stored at the proper temperatures indicated for each drug;

(3) Pharmacists while actively engaged in the administration of vaccines under written protocol, may have in their custody and control the vaccines identified in the written protocol and any other drugs listed in the written protocol to treat adverse reactions; and

(4) After administering vaccines at a location other than a pharmacy, the pharmacist shall return all unused prescription medications to the pharmacy or physician responsible for the drugs.

(~~hg~~) Record Keeping and Reporting

(1) A pharmacist who administers any vaccine shall maintain the following information, readily retrievable, in the pharmacy records regarding each administration:

(A) The name, address, and date of birth of the patient;

(B) The date of the administration;

(C) The administration site of injection (e.g., right arm, left leg, right upper arm);

(D) route of administration of the vaccine;

(E) The name, manufacturer, lot number, and expiration date of the vaccine;

(F) Dose administered;

(G) The name and address of the patient's primary health care provider, as identified by the patient; and

(H) The name or identifiable initials of the administering pharmacist.

(2) A pharmacist who administers vaccines shall document annual review with physician of written protocol in the records of the pharmacy that is in possession of the vaccines administered.

(i) Confidentiality.

(1) The pharmacist shall comply with the privacy provisions of the federal Health Insurance Portability and Accountability Act of 1996 and any rules adopted pursuant to this act.

(2) Any other confidentiality provisions of federal or state laws.

(3) Violations of these rules by a pharmacist and/or supervising physician shall constitute grounds by the licensee's respective Board to initiate disciplinary action against that licensee's license.

History Note: Authority G.S. 90-85.3(r).

Eff. September 1, 2005.

Catchline: PA Rule Changes. Recommendation of proposed changes to the Board.

Committee Recommendation: Accept information and recommend Board approval.

Board Action: Approve rule changes.

Catchline: PE Applications. Discuss with entire Board if Physician Extender applications should be reviewed by Board Members.

Committee Recommendation: Discuss with Board.

Board Action: Initial PA applications are to be reviewed by Board Members. Discuss NP application review process with AHC and present back to Board.

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 17 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.

Initial Applicants Pending Board Approval

CPP

Ferreri, Stefanie	Picardo, Carla	Durham
Kendrick, Cheryl	Mabe, Paul	Reidsville

NP

Armstrong-Dauphinais, Brenda	Danner, Omar	Charlotte
Booth, Brenda	Pantelakos, George	Fayetteville
Carballo, Darla	Henry, Gary	Marshville
Cavonis, Joan	Simon, Robert	Greensboro
Dill, Winston	Lawrence, Mark	Sylva
Henderson, Martha	Robertson, Elisabeth	Statesville
Jackman, Lisa	Auffinger, Susan	Winston-Salem
Mason, Ann	Larcombe, Joel	Jacksonville
Neill, Sara	Tanaka, David	Durham
Nissel, Kathleen	Nelson, John	Hickory
Stott, Nanci	Thompson, Forrest	Shelby
Sullivan, Melissa	Ringwood, John	Charlotte
Werner, Kelly	Cathcart, Cornelius	Henderson
Williams, Frances	Wise, Daniel	Charlotte
Woodcock, Lisa	Girouard, Michael	Huntersville

Initial Applicants Pending Board Approval

PA

Bennett, David
Blackwood, Robert
Bong, Suzanne
Casey, Kevin
Caudell, Judd
Cleveland, Katherine
Gama, Oma
Hartman, Kristin
Haupt, Kimberly
Jones, Christopher
Kuhn, Sabrina
Mayo, Angela
Melkerson, Julie
Niehues, Denise
Nierman, Jill
Paxson, Holly
Payne, Jill
Pielow, Alicia

Renne, Sandra
Royal, Ja-Na'
Scott-Lavan, Dale
Sherman, Debbie
Sims, Michael
Smith, Jenell
Toppe, Michael
Walker, Ashlyn
Whicker, Betsy
White, Tiniki
Wood, John
Wood, Kelly

Reinstatements & Reactivations

ALLEY, Troy F., PA	Reactivation
KRUYER, Lauree S., PA	Reactivation
ANDERSON, Dena D., PA	Reinstatement
LAMM, Greyard R., PA	Reinstatement
WARREN, John Gregory, PA	Reinstatement

Initial Applicants Pending PANCE, Program Certification, SBI Report

PA

Augustin, Wun
Benson, Steven
Carroll, Arnold
Carter, Paula
Collins, Billy
Dawson, Melanie
DePold, Carry
Doan, Thao
Fairchild, Stephen
Fox, Scott
Grant, Erich
Greenway, Julie
Hall, Jennifer
Harrell, Mark
Harris, Tasha
Higgins, Deidres
Hopper, Lisa
Jarosz, Jessica
Jusseume, Maria
Kelly, Erica
Lechner, Jonathan
Leonard, Paul
Loeffler, Melissa
Louthian, Kathryn
Mack, Side

Mann, Karen
McDermott, Nicole
McNeely, Mary
Meredith, Angela
Moore, Lisa
Morehead, Elizabeth
Nowicki, Donna
Odom, Kathryn
Sanford, William
Sears, Mary Frances
Shearn, Tiffany
Smith, Joe
Stott, Elizabeth
Tuton, David
Varney, Hannah

Allied Health PE Additional Supervisor List

CPP

Brian, Amy	Rostand, Robert	High Point
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NP

Booth, Brenda	Pantelakos, George	Fayetteville
Cochran, Corinne	DeVito, Victoria	Pinehurst
Garner, Phillip	Lee, Sue	Trenton
Henderson, Martha	Robertson, Elisabeth	Statesville
Johnson, Denise	Albert, S.	N. Wilkesboro
Lewis, Carrie	Martin, Paul	Durham
O'Neal, Leslie	Simon, Robert	Greensboro
Ray, Danna	Tomsyck, Rebecca	Charlotte
Scott, Maureen	Traxler, Maryann	Charlotte
Smith, Leah	Gritter, Nancy	Charlotte
Stevens, Veronica	Tobin, H.	Largo
Welch, Vivian	Bland, Veita	Greensboro
Williams, Sophie	Clay, Henry	Lansing
Yewcic, Stephanie	McEwen, Luther	Largo
Chioffi, Susan	C. Graffagnino	Durham
Cline, Kimberly	N. Reece	Newton
Collie, Mattie	M. Daniel	Greenville
Cryer, Victoria	K. Andolsek	Durham
DeWald, Katharina	B. Kavuru	Wilson
Keel, Lisa	C. Brooks	Greenville
Laurent, Christopher	M. Moeller	Pollocksville
Laurent, Christopher	P. Harris	Windsor

Allied Health PE Additional Supervisor List

PA

Akers, Eddy	Robinson, Karen	Lumberton
Allen, Amy	Anderson, Alton	Goldsboro
Avery, Leanne	Molpus, John	Greensboro
Bailey, Cortis	Parnell, Jerome	Raleigh
Bailey, Maureen	Campbell, Edward	Mooreville
Bass, Julie	Monical, Cheryl	Oxford
Bassford, Alicia	Jacobs, Danny	Durham
Battle, Lydia	Taormina, Velma	Gastonia
Bennett, Deanna	Di Loreto, David	Salisbury
Berry, Robin	Prince, Gus	Pinehurst
Best, Roger	McHugh, Damian	Raleigh
Biddix, Kirsten	Clifford, Philip	Durham
Bosch, David	Albrecht, Robert	Pinehurst
Bosch, David	Kiser, Andy	Pinehurst
Brooks, Angela	Haque, Mahfuzul	Greenville
Cain, Jessica	McKaraheer, Charles	Hickory
Call, Dana	Pisel, Gregory	Hickory
Cavedo, Colleen	Williams, Bret	Yanceyville
Claerhout, Susan	Westman, Eric	Durham
Clayton-Wilkins, Dana	Taylor, Francis	Seaboard
Cohen, Joe	Steinberger, Robert	Ft. Bragg
Colley, Harvey	Bias, Donald	Lincolnton
Collins, Steven	Bridgman, John	Southern Pines
Copland, Alicia	Harris, Robert	Burlington
Corbett, Stephanie	Pearson, Marilyn	Smithfield
Costello, Richard	Blazing, Michael	Durham
Craig, Karen	Nance, Alisa	Mooreville
Cranford, Marian	Titus, Anthony	Chapel Hill
Crosby, Tajuana	Pearson, Marilyn	Smithfield
Crosby, Tajuana	Woodall, Leonard	Smithfield
Crummey, Heather	Cuenca, Rosa	Greenville
Cutler, Robert	Skahen, James	Concord
Daignault, Thomas	Kodali, Vallisitaram	Fayetteville
Daignault, Thomas	Martinez, Paul	Clinton
Denton, Ronald	Bowman, Robley	Taylorsville
Denton, Ronald	Khan, Shaheen	Morganton
Dewar, John	Gergen, John	Winston-Salem
Dial, Michael	Reed, John	Fayetteville
Dillon, Patrick	Strickland, James	Burlington
Dillow, Michael	Pucilowski, Olgierd	Morganton
Dolan, Margaret	Hollar, Larry	Morehead City
Eaton, Nicole	Petrozza, Joseph	Statesville
Edmisten, Brooke	Kok, Lai	Winston-Salem
Elliott, Anne	Bustard, Victor	New Bern
Eudy, Eileen	Broadhurst, Laurel	Black Mountain
Evans, Joyce	Steinberger, Robert	Fort Bragg
Farmer, Kimberly	Williams, Barton	Wilmington
Feldman, Rhonda	Dibert, Kanchan	Gastonia
Fertig, Norman	Falge, Robert	Greenville

Fitch, James	Woodall, Hal	Kenly
Fox, James	Munoz, Rigardy	Hickory
Furlong, Thomas	Arastu, Hyder	Greenville
Garbia, Waseem	Sachar, Ravish	Raleigh
Gentry, Lelia	Olson, Ronald	Durham
Gocke, Thomas	Wood, Mark	Raleigh
Gray, Marissa	Zacco, Arthur	Apex
Groh, Christopher	Walker, John	High Point
Gulledge, Michael	Armistead, Hal	Huntersville
Hage, Suzanne	Mask, Allen	Raleigh
Hairabet, Kristin	Hoffman, Stanley	Huntersville
Hall, Blaine	Bethel, Bradley	Laurinburg
Hall, Blaine	Hipp, David	Carthage
Hall, Shannon	Merrick, Homer	Morehead City
Harkness, Gale	Robie, Peter	Winston-Salem
Harp, Wayne	Tokunboh, Julius	Kannapolis
Hawks, Lindsey	Chalfa, Nicolai	High Point
Helms, Tanya	Chao, Nelson	Durham
Henderson, David	Robinson, Karen	Lumberton
Hennequin, Karla	Perry, Joseph	Winston-Salem
Hensler, Rachel	Alsina, George	Wilmington
Hickman, Michele	Armitage, Mark	Wilmington
Hilliard, Michelle	Bothe, Brian	Hendersonville
Hinds, David	Budhwar, Nitin	Scotland Neck
Hitter, Scott	Penrose, John	Clinton
Hoffman, Adam	Tsahakis, Paul	Charlotte
Holden, Colleen	Roush, Timothy	Charlotte
Hudson, Charles	Krusch, Michael	Greensboro
Hulbert, Harry	Wilson, John	Winston-Salem
Izaj, Nicholas	Draelos, Michael	High Point
James, Marcos	Fernandez, Gabriel	Fayetteville
Johnson, Curtis	Penrose, John	Clinton
Jones, Stephen	Isenhour, Christopher	Supply
Jones, Teresa	Barringer, Thomas	Charlotte
Jones, William	Potter, Joan	Durham
Justice, Brenda	Morris, Deborah	Fayetteville
Kazda, John	Parker, David	Fayetteville
Kazda, John	Pridgen, James	Fayetteville
Kidd, Laura	Sanders, John	Wilmington
Klem, Miriam	Del Do, Shari	Dunn
Klem, Miriam	Zacco, Arthur	Apex
Kruyer, Lauree	Bastek, Tara	Raleigh
Kryway, Elisabeth	Kimball, Robert	Statesville
Lamar, Lorien	Exposito, Andres	Wilmington
Lamm, Kathy	McMahon, Daniel	Charlotte
Lamonica, Jami	Mergy, James	Fayetteville
Lawrence, Bradford	Guarino, Clinton	Hickory
Levine, Felicia	Pearson, Marilyn	Smithfield
Lewis, Yvonne	Whitman, Bruce	Lumberton
Mahony, Carolyn	Dougherty, Richard	Charlotte

Martin, Maida	Armitage, Mark	Wilmington
Martin, Maida	Batish, Sanjay	Leland
Martinez, Maria	Smith, Arletty	Raeford
Maxwell, Jowanna	Mena, Benjamin	Roanoke Rapids
McBride, Nancy	Murphy, Kathryn	Wilmington
McDowell, Julie	Arnold, Terry	Lexington
McLaughlin, Thomas	Myers, Brian	Charlotte
Melgar, Tammy	Batish, Sanjay	Leland
Migdon, Steven	Talerico, Paul	Wilson
Mills, Laura	Andrews, Robert	Durham
Montgomery, Jeremiah	Talerico, Paul	Wilson
Mooney, Matthew	Lucas, Wayne	Pinehurst
Mulligan, Kelly	Crane, Jonathan	Wilmington
Munching, Aaron	Leinbach, Jonathan	Durham
Munching, Aaron	Patel, Jirpesh	Durham
Munn, William	Carone, Patrick	Cary
Murray, Susan	Vickery, David	Asheville
Newman, John	Karegeannes, James	Asheville
O'Neill, Sandra	Hinson, Tony	Concord
Pane, Mark	Porter, John	Winston-Salem
Patterson, Jimmy	Kelly, Darren	Mt. Pleasant
Payne, Andrea	Harper, James	Wilmington
Payne, Mark	Amundson, Russell	High Point
Payne, Mark	Neave, Victoria	High Point
Peifer, Jennifer	Stouffer, George	Chapel Hill
Peteu, Ramona	Jackson, Anita	Clayton
Peteu, Ramona	Quashie, Dawn	Raleigh
Pico, Aaron	Hood, James	Rocky Mount
Pitre, Christopher	Marsh, Stephen	Selma
Pixton, Jan	Golightly, Michael	Franklin
Putts, Kristy	Gavigan, Thomas	Charlotte
Ramm, Allen	Pikus, Harold	Asheville
Read, Joanna	Gordon, Paul	Rowland
Reash, Gary	Tokunboh, Julius	Kannapolis
Regan, James	Thomas, Raymond	Cape Carteret
Renn, Amber	Sivaraj, Thamothersampillai	Holly Springs
Rheuark, Pamela	Bomberg, Robert	Butner
Rigsbee, William	Mastrangelo, Michael	Wilmington
Riser, John	Clark, Robert	Linville
Sampson, Kelvin	Florian, Thomas	Lumberton
Schmitt, Bruce	Del Do, Shari	Dunn
Schmitt, Bruce	Reed, John	Fayetteville
Schwartz, Adam	Greenberg, Gary	Durham
Scott, Kelly	Liu, Debra	Winston-Salem
Sears, Stephanie	Talerico, Paul	Wilson
Secrest, Jon	Lue, Alvin	Winston-Salem
Shepperson, Kirstin	Wainer, Robert	Greensboro
Shipman, Jerry	Owens, Robert	Goldsboro
Smith, David	Cromer, William	LaGrange
Smith, Ginger	Sidhu-Malik, Navjeet	Durham

Sommerich, Melissa	Wall, Stephen	Clyde
Speas, Tiffany	Keith, Theodore	Winston-Salem
Spiegel, Barry	Del Do, Shari	Dunn
Stephens, Phillip	Florian, Thomas	Lumberton
Stratford, Shay	Beavers, Kimberly	Asheville
Strong, Garon	Johnson, Howard	Robbins
Stryker, Jean	Silver, Jon	Asheville
Sturgis, Wallace	Broadhurst, Laurel	Black Mountain
Styers, Sallie	Bibawi, Samer	Winston-Salem
Sumerlin, Jeffrey	Tourigny, Paul	New Bern
Swartz, Katrina	Withrow, Glenn	Chapel Hill
Tate, Gary	Godfrey, Wanda	Garner
Tate, Gary	Guha, Subrata	Clayton
Taylor, Jennifer	Uba, Daniel	Fayetteville
Thomas, Robert	Ezeigbo, Walter	Winston-Salem
Todd, Stephen	Lassiter, Tally	Durham
Tolman, Phillip	Rudyk, Mary	Wilmington
Trent, Margie	Fiery, Hubert	Winston Salem
Truax, Dorothy	Geller, Harley	Charlotte
Trube, Gary	Kim, Ian	Greenville
Tulauskas, Patricia	Fradin, Mark	Chapel Hill
Tulauskas, Patricia	Levy, Stanley	Chapel Hill
Veiga, Christine	Wiegand, Paul	Durham
Walker, Eureka	Roberson, Lewis	Kings Mountain
Waronsky, Roy	Callaway, Clifford	Charlotte
Welborn, Reggie	Harris, Sean	Winston-Salem
Whitney, Douglas	Steinberger, Robert	Fort Bragg
Wight, Irving	Dennis, Ronald	Matthews
Wilkinson, Donald	Highley, Timothy	Hendersonville
Wolinsky, Sidney	Pridgen, James	Fayetteville
Wolinsky, Sidney	Reed, John	Fayetteville
Young, Michelle	Deterding, James	Greensboro

Motion: A motion passed to approve the Committee report and the vote list as modified.

LICENSING COMMITTEE REPORT

Michael Norins, MD, Chair; Robin Hunter-Buskey, PAC; Edwin Swann, MD; Sarvesh Sathiraju, MD

Interviews for resident training license applicants

Catchline: It has been suggested that the Board set aside time during future June meetings for the purpose of interviewing applicants for resident training license that have “issues” in order that they may meet their expected start date instead of delaying them until the end of July.

Committee Recommendation: The Committee recommends not to make accommodations to interview applicants for resident training license at future June Board meetings. Inform program directors at the August meeting of this decision.

BOARD ACTION: The Committee recommends not to make accommodations to interview applicants for resident training license at future June Board meetings. Inform program directors at the August meeting of this decision.

KUMAR, Venkatasubramanian, MD – Raleigh, NC

Catchline: In 1994, Dr. Kumar was issued an Administrative Limited License. The stipulation on the license reads as follows: Limited to the Disability Determination Service of the NC Department of Human Resources, not to include clinical practice. Dr. Kumar has requested clarification on the limitation. The specific question is: Does a limited administrative license grant a physician permission to authorize special, non invasive, non life threatening test for the purpose of documenting administrative functions of the disability process? Studies, test are performed by clinicians or medical consultants authorized and licensed to perform such studies.

Committee Recommendation: Table until Dr. Swann clarifies with Disability Determination Services the nature of the request.

BOARD ACTION: Based on information received, the Board deems the need to authorize requests for consultation and evaluations, including testing are within the scope of the limited license.

NCMB application question

Catchline: It has been suggested to incorporate a question for the NCMB application form asking if the applicant ever had any problems while enrolled in a postgraduate training program.

Committee Recommendation: Leave application questions as currently written.

BOARD ACTION: Leave application questions as currently written.

Application File Review/Interviews

Catchline:

- 1) It has been suggested that applicants be required to interview with Board Members who reviewed the file and determined that an interview is required. If interviewing with that particular Board Member is deemed a hardship, the reviewing Board Member has to give permission for the applicant to meet with another Board Member.
- 2) It has also been suggested that the Board consider conducting interviews by phone as opposed to appearing in person, if the reviewing Board Member feels it is appropriate.

Committee Recommendation: Do not require applicant to interview with reviewing Board Member. Reviewing Board Member shall provide a catchline outlining why the applicant needs an interview. The Committee recommends that telephone interviews not be acceptable.

BOARD ACTION: Do not require applicant to interview with reviewing Board Member. Reviewing Board Member shall provide a catchline outlining why the applicant needs an interview. The Committee recommends that telephone interviews not be acceptable.

Defining “4 years” medical school

Catchline: A portion of § 90-9 reads as follows: “The applicant shall exhibit a diploma or furnish satisfactory proof of graduation from a medical college or an osteopathic college approved by

the American Osteopathic Association at the time of graduation, dated from January 1, 1960, to the present, and whose medical and osteopathic schools **shall require an attendance of not less than four years** or for a lesser period of time approved by the Board, and supply these facilities for clinical and scientific instruction as meet the approval of the Board. An applicant shall have graduated from a medical college approved by the Liaison Commission on Medical Education or osteopathic college that has been approved by the American Osteopathic Association;...” The Board is requested to define “4 years” – is it 48 months or 36 months?

Committee Recommendation: The statute requires 4 years of medical school. The Board interprets this as 36 months. Put a statement on the web site and in application materials that medical education not meeting the statutory requirement may result in a denial by the Board.

BOARD ACTION: The statute requires 4 years of medical school. The Board interprets this as 36 months. Put a statement on the web site and in application materials that medical education not meeting the statutory requirement may result in a denial by the Board.

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 five 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-eight 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

Mark Gould Aarons	Curtis Austin Anderson
Vivek Vishwas Abhyankar	Zachary John Anderson
Gregory Todd Ackroyd	Tawfiq Ansari
David Frederick Adams	Saeedah Asaf
David Cory Adamson	Jonathan Gregory Austin
Paula Clark Adkins	Folusakin Odewumi Ayoade
Aysha Zahida Akhtar	Andrew Keith Bailey
Fernando R. Altermatt	Richard Morgan Bain
Gbenga Aluko	Torrey Dana Baines
Biral Sanjay Amin	Mobolaji Babatope Bakare

Rachel Tobias Baldwin
Tanneisha Shiwonna Barlow
Daniel Gilchrist Barnes Jr.
Gerald Avon Beathard
William Bernard Betz
Greg Michael Blakely
Martin Luther Blue
Matthew Slate Blurton
Matthew Ryan Borgmeyer
Liubov Semenovna Boulkina
Howard Edward Bowers
Mary Catherine Bowman
Genevieve Noel Brauning
Nathan Andrew Brinn
Paulette Charese Bryant
April Odom Buchanan
Keith Robert Bucklen
Francis Evans Buckman
Karen Rivera Canlas
Aaron Philip Caplan
Michael Carruth
Terri Bridges Cates
Anne Margaret Cath
Jyotirmay Chanda
Paul James Choong
Lawrence Chang-Lun Chow
Angus Andrew Christie
John Woojune Chung
Melissa Beretich Cinocca
Sharyn Comeau
Jonathan Lee Conrad
Ryan Scott Conrad
Brunilda Cordero
Randolph Jay Cordle
Elizabeth Wadsworth Cotter
Don Wilson Coulter
Scott William Cousins
James Bryan Cox
Tobey Kay Cronnell
Anna Lisa Crowley
Jama Margaret Darling
Thomas Irwin Dashiell Jr.
Ralph Dauito
Michael Anthony Dawes
Mardelle DeLight
Sree Lalitha Degala
Okechukwu Dimkpa
Bridget Bernadette Donell
Spencer David Dorn
Nancy Elizabeth Driscoll
Oluyemisi Modinat Durodoye

Thomas Scott Dzedzic
Donald Peter Eknoyan
David Garth Ellertson Jr.
Molly Morgan Emott
Cristin Martha Ferguson
Timothy John Finnegan
Frank Finnerty
Sorin Marcel Florea
Marc Steven Frost
Elizabeth Brown Fudge
Edwin Rudolph Fuller III
Yemeserach Gabremariam
Shobha Rani Gali
Mohammad Lawal Garba
Cynthia Denise Gardner
William Mavin Gaskill
Mary Ellen Georoff
Joseph Geradts
Valerie Jean Gilchrist
Stephanie Elaine Gillis
Tatyana Vitalyevna Golub
Susan Cates Goodman
Jon Wessley Graham
Steven Andrew Greer
Laura Marie Gruen
Brett Alexander Gurkin
James Martin Hall
Hope Diane Hall-Wilson
Michael Harvey Handy
Warren Grant Harbison V
Carl Randall Harrell
Heather-John Harris
Robert Tyrone Harris
Dionne Dillon Harrison
Brian Mark Hartinger
Joel Michael Hartman
Vikram Mysore Hatti
Hilary Norman Hawkins
Timothy Brooks Hellewell
Lynn Joanne Hernandez
Rick Jacob Hernandez
Patrick Bartholomew Herson
Paul Robert Hinchey
James Juiming Ho
Nancy Lenhardt Schafstedde Howden
Cristin Parker Howe
Tymesia Hudson
Phi Tan Huynh
James Elmer Hyler
Alisa Dawn Ingram
Monica Parveen Islam

Nauman Islam
Paul Dennis Jackson
Jermaine Marquette Jackson
Susan Kathleen Jackson
Jonathan Andrew Jaksha
Timothy Antonio Jessie
Douglas Mark Johnson
Ernest Frank Johnson III
Pearl Denise Johnson
Deborah Josefson
Liat Joy Kaplan
Margaret Kelly
Alfred Eugene Kendrick
Reinhard Ketsche
Mikelle Lynette Key-Solle
Maureen Ann Kidd
Sheila Ann Kilbane
Richard Shinil Kim
Ganesh Devdas Kini
Carrie Christine Klett
Bradley Jason Kolls
Dennis Kolokolo
Chandana Konduru
Tracey Lynn Krupski
Venkatasubramanian Kumar
Sarba Kundu
Mark Steven Lafave
Brian Edward Lally
Kathleen Elizabeth Lambert
Mark Christian Lanasa
Sandra Bernice Lare
Mariam Susan LaTuga
Rosanne Vivian Laurora
David Edward Lee
Tae Joon Lee
Jerry Curtis Leggett
Susan Turner Lie-Nielsen
Mikhail Borisovich Litinski
Jennifer Swisher Lynes
Emili Rachele Mack
Walid Mohamed Mahmoud
Darryl Evan Malak
Arun Manikumar
Venkata Sivanaga Prasad Mannava
Jody Lynn Manor
David Michael Margolis
Jeffrey Hugh Martin
Peter Joseph Mascetta
Sameer Mathur
Matthew Russell Matiassek
Terry Wayne McCall
Ulysse George McCann II
Hilary Helen McClafferty
Kimberly Welty McDonald
Mark David McDonough
Joseph Kim McGowin Jr.
Stuart James McKinnon
Jeanine Aural McNeill
Christopher Thomas Messitt
Donald Vaughn Micklos
Anna Miller
Barbara Kathleen Miller
Calvin Lewis Miller
Karen Elizabeth Hinkley Miller
Stephen Gary Miller
Joonhong Juno Min
Nur-E-Ain Muhammad Mirza
Christian Stephen Montagano
Adilh Moreno-Coll
Esi Marie Morgan DeWitt
Idaylis Morono-Ponce
Gregory Alan Morris
Larry Gene Moss
Joseph Cole Mueller
Linda Ann Murakata
Thomas Patrick Murphy
Danielle Judith Murray
Lubunmi Myles
Sidney Lopez Myles
Sarba KunduAravinda Nanjundappa
Hugo Antonio Navarro
Nathaniel Paul Nonoy
Pedro Juan Nunez
Rachel Nussbaum
Tzvi Nussbaum
Phyllis Korantema Nyinaku-Yeboah
David Andrew OToole
Osaguona Osamugderhugmwen Osa
Alexander Ejiroghene Osowa
David Wayne Overby
Cristen Parker Page
Megan Michelle Palmer
Jin Park
Bhavin Ishvarlal Patel
Pankaj Kanaiyalal Patel
Uptal Dinesh Patel
Utpal K. Patel
Vikram Narottam Patel
Nyota Afi Peace
Lori Diane Peele
Yvette-Marie Pellegrino
Sonia Rapaport Peltzer

Amanda Federman Peppercorn
Jeffrey Matthew Peppercorn
Linda Hough Perangelo
Bruce Wayne Phillips
Jonathan Paul Piccini
Mariavittoria Pitzalis
Jesse William Powell Jr.
Broc Lane Pratt
Sanjay Kumar Premakumar
Eugene Scott Pretorius
Altamash Izhar Qureshi
John Malcolm Rathbun
Melissa Sue Rayburg
David Michael Riley
Kevin Merritt Robbins
Michael Edward Roth
David Foster Rowe
Ronald Garvin Ryan
Elzbieta Ewa Rybicka-Kozlowska
Immacula Saint Louis
Qamar Us Saleheen
Elmer Cunanan San Pedro
Jose Antonio Santana
Anita Michelle Saran
Russell Allen Sauder
John Paul Schreiber II
Jody Tucker Sepich
Syed Salman Ahmad Shah
Abu Asad Mohammad Sharifuzzaman
Hany Shokry Shenouda
Jessica Eve Shill
Karen Elizabeth Sickenger
Lalita Vijay Sidana
Charles Derek Sims
Sonal Singh
Nicolas Bernard Sliz, Jr.
Brandon Lee Smallwood
Vineet Sood
Clyde OBrien Southwell
Thomas Lee Speros
Jason Eric Staszko
Harry Cozene Stafford Jr.

Donald Thomas Statuto
Brent Thomas Steadman
Allen Steinhardt
Michael Clinton Stoner
Taylor Hamer Stroud
Susan Elizabeth Sturm
Ivan Jose Suner
Stephanie Heather Swope
Sara Nassehzadeh Tabrizi
Ehrlich Cu Tan
Anna Leonidovna Tatarchuk
Ghassan Tawil
Thenappan Thenappan
Chempakanallore Thomas
Wendy Chernwan Tien
Lirim Tonuzi
Carlos Manuel Torres
Robert Thomas Truckner
Rosemary Helen Tulloh
Rajeshree Tulloo
Cornelius Nestore Van Dam
Jhansirani Vasireddy
Constance E. Walker
Joan Ingram Walker
Michael Lloyd Wallace
David Langdon Walrath
Robert J. Ward
Darryl Seth Weiman
David Michael Wesselman
Meg Anne Whelan
Michael James White
Gilbert Gomer Whitmer
Daniela Meitinger Whiteside
Nathaniel Kevin Wilkin
Chung Yul Woo
Lucy Moore Yarbrough
Joseph Yeboah
Amber Lee Yee
Laurence Alan Zacharia
Matthew John Zadrowski
Junhong Zhang

LICENSES APPROVED BY ENDORSEMENT AND EXAM

Vivek Vishwas Abhyankar
Gregory Todd Ackroyd
David Frederick Adams
David Cory Adamson
Aysha Zahida Akhtar
Gbenga Aluko

Biral Sanjay Amin
Zachary John Anderson
Saeedah Asaf
Folusakin Odewumi Ayoade
Andrew Keith Bailey
Richard Morgan Bain

Torrey Dana Baines
Mobolaji Babatope Bakare
Rachel Tobias Baldwin
Tanneisha Shiwonna Barlow
Daniel Gilchrist Barnes Jr.
Gerald Avon Beathard
William Bernard Betz
Greg Michael Blakely
Martin Luther Blue
Matthew Slate Blurton
Matthew Ryan Borgmeyer
Liubov Semenovna Boulkina
Genevieve Noel Brauning
Nathan Andrew Brinn
Paulette Charese Bryant
April Odom Buchanan
Keith Robert Bucklen
Francis Evans Buckman
Karen Rivera Canlas
Aaron Philip Caplan
Terri Bridges Cates
Anne Margaret Cath
Jyotirmay Chanda
Paul James Choong
Lawrence Chang-Lun Chow
Angus Andrew Christie
John Woojune Chung
Melissa Beretich Cinocca
Jonathan Lee Conrad
Ryan Scott Conrad
Brunilda Cordero
Randolph Jay Cordle
Elizabeth Wadsworth Cotter
Don Wilson Coulter
Scott William Cousins
James Bryan Cox
Tobey Kay Cronnell
Anna Lisa Crowley
Jama Margaret Darling
Thomas Irwin Dashiell Jr.
Michael Anthony Dawes
Sree Lalitha Degala
Okechukwu Dimkpa
Bridget Bernadette Donell
Spencer David Dorn
Oluyemisi Modinat Durodoye
Thomas Scott Dziejic
Donald Peter Eknoyan

David Garth Ellertson Jr.
Molly Morgan Emott
Cristin Martha Ferguson
Timothy John Finnegan
Sorin Marcel Florea
Marc Steven Frost
Elizabeth Brown Fudge
Edwin Rudolph Fuller III
Yemeserach Gabremariam
Shobha Rani Gali
Cynthia Denise Gardner
William Mavin Gaskill
Mary Ellen Georoff
Valerie Jean Gilchrist
Stephanie Elaine Gillis
Tatyana Vitalyevna Golub
Susan Cates Goodman
Jon Wessley Graham
Steven Andrew Greer
Laura Marie Gruen
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Douglas Mark Johnson
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Tracey Lynn Krupski
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Mariam Susan LaTuga
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Linda Ann Murakata
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Lubunmi Myles
Sidney Lopez Myles
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Phyllis Korantema Nyinaku-Yeboah
David Andrew OToole
Osaguona Osamugderhugmwen Osa
Alexander Ejiroghene Osowa
David Wayne Overby
Cristen Parker Page
Megan Michelle Palmer
Jin Park
Bhavin Ishvarlal Patel
Pankaj Kanaiyalal Patel
Uptal Dinesh Patel
Utpal K. Patel
Vikram Narottam Patel
Nyota Afi Peace
Lori Diane Peele
Yvette-Marie Pellegrino
Amanda Federman Peppercorn
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Sanjay Kumar Premakumar
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Melissa Sue Rayburg
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Michael Edward Roth
David Foster Rowe
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Immacula Saint Louis
Elmer Cunanan San Pedro
Jose Antonio Santana
Anita Michelle Saran
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John Paul Schreiber II
Jody Tucker Sepich
Syed Salman Ahmad Shah
Abu Asad Mohammad Sharifuzzaman
Hany Shokry Shenouda
Jessica Eve Shill
Karen Elizabeth Sickenger
Lalita Vijay Sidana
Brandon Lee Smallwood
Vineet Sood
Clyde OBrien Southwell
Jason Eric Staszko
Harry Cozene Stafford Jr.
Donald Thomas Statuto
Michael Clinton Stoner
Taylor Hamer Stroud
Ivan Jose Suner
Stephanie Heather Swope
Sara Nassehzadeh Tabrizi
Ehrlich Cu Tan
Anna Leonidovna Tatarchuk
Ghassan Tawil
Thenappan Thenappan
Wendy Chernwan Tien
Lirim Tonuzi
Carlos Manuel Torres
Robert Thomas Truckner
Rosemary Helen Tulloh
Rajeshree Tulloo
Cornelius Nestore Van Dam
Constance E. Walker
Michael Lloyd Wallace
David Langdon Walrath

Robert J. Ward
David Michael Wesselman
Meg Anne Whelan
Michael James White
Daniela Meitinger Whiteside
Nathaniel Kevin Wilkin
Chung Yul Woo
Lucy Moore Yarbrough
Joseph Yeboah
Amber Lee Yee
Laurence Alan Zacharia
Matthew John Zadrowski
Junhong Zhang

REINSTATEMENTS

Curtis Austin Anderson
Jonathan Gregory Austin
Joseph Geradts
Cristin Parker Howe
Jeffrey Hugh Martin
David Michael Riley
Nicolas Bernard Sliz, Jr.
Susan Elizabeth Sturm
Joan Ingram Walker

REACTIVATIONS

Sharyn Comeau
Bruce Wayne Phillips
Charles Derek Sims

FACULTY LIMITED LICENSE

Fernando R. Altermatt
Sarba KunduAravinda Nanjundappa
Mariavittoria Pitzalis
Qamar Us Saleheen
Sonal Singh

RE-ENTRY SUBCOMMITTEE REPORT

EK Fretwell, PhD, Chair; Robert Moffatt, MD; Michael Norins, MD

The Re-entry SubCommittee of the North Carolina Medical Board was called to order at 12:15 p.m., Wednesday, July 20, 2005, at the office of the Board. Members present were: EK Fretwell, PhD, Chair; Robert Moffatt, MD; and Michael Norins, MD. Also attending were: Thomas Mansfield, JD, Director, Legal Department (Staff); Joy Cooke, Licensing Director (Staff); Jesse Roberts, MD, Medical Director (Staff) and Mr. Jeffery T. Denton, Board Recorder

(Staff). Absent was Walter Pories, MD, Past President/Consultant.

Minutes

The May 2005 committee minutes were reviewed and accepted.

Proposed North Carolina ReEntrySummit Meeting (Norins/Roberts)

Planning for the proposed conference on reentry to be initiated by the subcommittee was discussed. A more detailed proposal will be presented to the Board in about two months. Eventually there will be tailored customized cover letter prepared to send to likely participants as well as potential financial supporters/sponsors.

Dr. Roberts reiterated that the original ideal for this type of summit was a result of his attendance at the *Physician Accountability for Physician Competence Summit*. He has now learned that there will be a follow-up to this even in October 2005 and he has once again been invited to attend. He will once again have the opportunity to interact with the organization that so aptly put that event together. His goal is to get this organization to put the NC Summit together. The subject matter is much related. Ours would be the same format - "...a short, intense program with people in power to make decisions to make things happen, funded by somebody that is interested."

The consensus is for a Spring 2006 Summit. Results will be shared with the Federation.

Action: All committee members will review the letter of intent and send recommended language to Mr. Denton by August 1st, who will compile them and forward it to Dr. Norins.

Draft Position Statement (Roberts/Norins)

Action: Dr. Roberts will circulate a draft in one month via e-mail for continued discussion and recommendation to the Full Board at the September Committee Meeting.

Case Studies – “Rentry in Action”

As a follow-up, Dr. Roberts reported on a physician who came to us who had been out of practice for nine years and had completed a residency program. The Board issued this physician a full license with an agreement to limit their practice. The physician arranged for shadowing, mentoring and now has a position in a low intensity doc-in-a-box. He/she is not working in an ER yet and initially had trouble getting a job because people did not want to take him/her on. He/she is studying for his/her boards and no doubt will pass. He/she participated in a program he designed for himself and then implemented it. No educational institution would touch him/her.

Dr. Roberts stated that if he had it do to over again he would have recommended a clinical assessment first. It would at least put the likely participant into contact with simulated patients. They could then say “here is what I know how to do...give me a job.”

Typically an applicant who wants to reenter needs to design his/her own program and then show the Board the program description so it can decide to accept it or not.

Reaffirmation: “IT IS NOT THE BUSINESS OF THE MEDICAL BOARD TO BE AN EDUCATIONAL INSTITUTION!” (But the board can certainly provide a list of resources.)

Committee Plans

Dr. Norins will gather data on actual ReEntry Agreements the Board has approved (how many, what was ordered, what is working, etc.).

Action: Mr. Mansfield will cause copies of these consent orders/agreements to be sent to Mr. Denton for compilation and tabulation.

The next meeting of the Re-Entry SubCommittee is tentatively set for Wednesday, September 21, 2005.

Motion: A motion passed to accept the Re-Entry SubCommittee Report.

COMPLAINT COMMITTEE REPORT

Aloysius Walsh; Michael Norins, MD, Robert Moffatt, MD; Dicky Walia

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 Complaint Committee reported on 81 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.

MALPRACTICE COMMITTEE REPORT

Aloysius Walsh; Michael Norins, MD, Robert Moffatt, MD; Dicky Walia

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.

In addition to approval of the report the Malpractice Committee determined that department staff can file Malpractice Reports regarding deceased physicians. The data would be put in the MD's database and investigative file for statistical purposes.

The Malpractice Committee reported on 29 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.

MEDICAL EXAMINER COMMITTEE REPORT

Aloysius Walsh; Michael Norins, MD; Robert Moffatt, MD; Dicky Walia

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 seven 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.

NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT

Robert Moffatt, MD; Michael Norins, MD; Dicky Walia

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.

NCPHP Compliance Committee met on 7/20/05. The following cases were discussed:

The Board reviewed 46 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.

INVESTIGATIVE COMMITTEE REPORT

Janelle Rhyne, MD; Arthur McCulloch; E. K. Fretwell, PhD; Edwin Swann, 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 Investigative Committee reported on 78 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.

Reporting Changes in Hospital Staff Privileges

Board Action: The Legal Department to draft a proposed letter to be sent to hospitals regarding the reporting of changes of staff privileges, including resignations of licensees while under investigation by the hospital; Letter should include a reminder that the law requires the Board to notify the Division of Facility Services of hospitals that fail to report changes in staff privileges.

Legal Department to review and make recommendations to changing the General Statute 90-14.13 to eliminate any loop holes that may exist regarding the reporting of changes in staff privileges.

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.

Nineteen 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 July 22, 2005.

H. Arthur McCulloch, MD
Secretary