

North Carolina Medical Board
License Committee
January 2012

William Walker, MD, Chair, Pamela Blizzard, Eleanor Greene, MD, Shiva K. Rao, MD, Scott Kirby, MD, Thom Mansfield, Patrick Balestrieri, Carren Mackiewicz, Joy Cooke, Michelle Allen, Mary Rogers

Open Session

Old Business

1. Changes to Application Questions – Mansfield

Issue: Patrick provided an update regarding the ambiguity in the application questions at the November meeting. November Board action was to table approval of application changes until January 2012 meeting. Changes were emailed to members of the License Committee on 11/16/2011 for review and input. (see bookmark)

Staff Recommendation: Accept proposed changes to application questions. (Balestrieri)

New Business

1. Pending Applications Over One Year Old - Cooke

Issue: Staff has been requested to report to the Committee every meeting the number of pending applications that are more than 1 year old. Currently we have 27. Of those, 3 are being considered at this meeting, 2 have open investigations in other states and their NCMB application is on hold; 1 is negotiating Board action with the legal department and 1 has been referred for CPEP evaluation and reentry plan. Staff will review and mark the other 20 applications “expired” as time permits.

Staff Recommendation: Accept as information

2. Regulatory Rule 21 NCAC 32B .1702 – Application for Limited Volunteer License and 21 NCAC 32B .1704 – Application for Retired Limited Volunteer License

Issue: At the November Board meeting the Board approved the following rules for implementation:

21 NCAC 32B .1702 APPLICATION FOR ~~MILITARY~~ LIMITED VOLUNTEER LICENSE

(a) The ~~Military~~ Limited Volunteer License is available to physicians ~~working in the armed services or Veterans Administration~~ who are not licensed in North Carolina, but who wish to volunteer at civilian indigent clinics.

(b) In order to obtain a ~~Military~~ Limited Volunteer License, an applicant shall:

- (1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

- (2) submit a recent photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;
 - (3) submit documentation of a legal name change, if applicable;
 - (4) submit proof of ~~an active license from a state medical or osteopathic board~~ active licensure from another state or jurisdiction indicating the status of the license and whether or not any action has been taken against the license;
 - (5) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
 - ~~(6) provide proof that the application is authorized to treat personnel enlisted in the United States armed services or veterans by submitting a letter signed by the applicant's commanding officer;~~
 - (6) submit a FSMB Board Action Data Bank report;
 - (7) submit two completed fingerprint record cards supplied by the Board;
 - (8) submit a signed consent form allowing a search of local, state, and national files for any criminal record;
 - (9) pay a non-refundable fee to cover the cost of a criminal background check;
 - (10) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
- (c) All reports must be submitted directly to the Board from the primary source, when possible.
- (d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.
- (e) An application must be completed within one year of the date of submission.

21 NCAC 32B .1704 APPLICATION FOR RETIRED LIMITED VOLUNTEER LICENSE

- (a) The Retired Limited Volunteer License is available to physicians who have been licensed in North Carolina or another state or jurisdiction, have an inactive license, but who wish to volunteer at civilian indigent clinics.
- (b) In order to obtain a Retired-Limited Volunteer License, an applicant ~~who holds an active license in another state or jurisdiction~~ shall:
- (1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
 - (2) submit a recent photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;
 - (3) submit documentation of a legal name change, if applicable;
 - (4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
 - (5) submit proof of ~~an active license~~ licensure from another state or jurisdiction ~~medical or osteopathic board~~ indicating the status of the license and whether or not any action has been taken against it;
 - (6) submit two completed fingerprint record cards supplied by the Board;
 - (7) submit a signed consent form allowing a search of local, state and national files for any criminal record;
 - (8) pay a non-refundable fee to cover the cost of a criminal background check;
 - (9) submit a FSMB Board Action Data Bank report;
 - (10) submit documentation of CME obtained in the last three years;
 - (11) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
 - (12) All materials must be submitted to the Board from the primary source, when possible.

(c) An applicant who holds an active North Carolina physician license may convert that to a Retired Limited Volunteer License by completing the Board's form.

(d) An applicant who has been licensed in North Carolina but has been inactive less than six months may convert that to a Retired Limited Volunteer License by completing the Board's license renewal questions.

(e) An applicant who has been licensed in North Carolina but who has been inactive for more than six months but less than two years must use the reactivation process set forth in 21 NCAC 32B .1360. An applicant who does not have a North Carolina license, but has an inactive license to practice medicine and surgery in another state or jurisdiction, and who has been inactive for more than six months but less than two years must comply with the requirements for reactivation of physician license under 21 NCAC 32B .1360.

(f) A physician who has been inactive for more than two years will be required to complete a reentry program.

(g) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.

(h) An application must be completed within one year of the date of submission.

Staff Recommendation: Further amend the rule to include a requirement for applicants to submit a NPDB/HIPDB report, dated within 60 days of submission of the application.

3. Expanding the Pre Approved PLOC List

Issue: As a result of the November 2011 Board action to discontinue sending letters of advice, it has been recommended to expand the "Pre-Approved PLOC List" to include the standard LIs/LOAs, i.e. administrative medicine, telemedicine, scope of practice, and postgraduate training.

Staff Recommendation: Expand the Pre-Approved PLOC List, below, to include the standard LOAs, i.e. administrative medicine, telemedicine, scope of practice, and postgraduate training. (SSRC)

Application/reactivation must be otherwise "pristine". In each instance below, there can be no question that the circumstances that led to the error are inadvertent and unintentional. Only one of the following may be present in a given application.

1. Failure to report academic probation or other action during medical school that was successfully addressed with subsequent remediation ("probation L-ploc")
2. Failure to report any privilege suspension action during training, including fellowship, that was successfully addressed with subsequent remediation during training including academic probation ("training L-ploc")
3. Failure to report any privilege suspension action that was successfully addressed with subsequent remediation or other appropriate response from provider organizations or insurance companies ("privileges L-ploc")
4. Failure to report health condition that does not limit or restrict fitness to practice ("fitness L-ploc")
5. Failure to report misdemeanor arrest, except those which are expunged (misdemeanor-ploc")
6. Failure to report professional liability policy cancellation/renewal due to actions not associated with applicant (eg bankruptcy of insurance company; insurance company policy decisions) ("cancellation L-ploc")

7. Failure to review application if completed by others as evidenced by incorrect demographic information, professional history, specialty Board certification status (“demographic L-ploc”)
8. Failure to renew registration and continue to practice medicine without a license for up to 90 days after expiration of previous license gets retroactive with a ploc. (“_____” L-ploc)
9. Licensees planning to practice tele-neurology – letter developed by Dr. Sheppa. (rescinded via Board action 7/11)
10. Licensees with a single DUI, who have an otherwise clean application, receive a pre-approved DUI PLOC upon consensus of a single board member review of the application. The pre-approved DUI PLOC will include those applicants who have had an unremarkable PHP evaluation when indicated (DUI within past 5 years; BAC greater than .14 mg%) (amended 9/15/11 – removed requirement for SSRC)
11. Send letter clarifying that PA can only use the title of physician assistant and not the title of physician or medical doctor, to mid-level licensees who also have “MD” degrees.
12. Send letter including the Board’s Position Statement for applicants who plan to practice telemedicine.
13. Send letter to all applicants who report a minor or inconsequential misdemeanor arrest or conviction from the beginning of their professional career (i.e. medical school, dental school etc.) (7/11 Board Action)

~~LOI/LOA (letters of information/advice)~~

- ~~1. Send letter clarifying that PA can only use the title of physician assistant and not the title of physician or medical doctor, to mid-level licensees who also have “MD” degrees.~~
- ~~2. Send letter of advice to include the Board’s Position Statement for all applicants who plan to practice telemedicine. Rescind preapproved PLOC for teleneurology. (7/11 Board Action)~~
- ~~3. Implement a pre-approved PLOC for all applicants who report a minor or inconsequential misdemeanor arrest or conviction from the beginning of their professional career (i.e. medical school, dental school etc.) (7/11 Board Action)~~