

# **MINUTES**

North Carolina Medical Board

**March 16-18, 2005**

**1203 Front Street  
Raleigh, North Carolina**

Minutes of the Open Sessions of the North Carolina Medical Board Meeting March 16-18, 2005.

The March 16-18, 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 8:07 a.m., Wednesday, March 16, 2005, by Charles L. Garrett, MD, President. Board members in attendance were: H. Arthur McCulloch, MD, Secretary; Janelle A. Rhyne, MD, Treasurer; E. K. Fretwell, PhD; Robin N. Hunter Buskey, PA-C; Michael E. Norins, MD; Sarvesh Sathiraju, MD; George L. Saunders, III, MD; Edwin R. Swann, MD; Mr. Dicky S. Walia (March 16 only); and Mr. Aloysius P. Walsh. Absent was Robert C. Moffatt, MD, President Elect.

Staff members present were: R. David Henderson, JD, Executive Director; Thomas W. Mansfield, JD, Legal Department Director; Mary Wells, JD, Board Attorney; 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; 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 Braden, 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; Carol Puryear, Licensing Assistant; Ms. Lori King, PE Coordinator; Jesse Roberts, MD, 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; Mr. David Shere, Registration Coordinator; Ms. Rebecca L. Manning, Database Coordinator; Mrs. Janice Fowler, Operations Assistant; Mr. Peter Celentano, Comptroller; Ms. Ravonda James, Receptionist; Mr. Donald Smelcer, Technology Department 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 announced that Dr. Moffatt would not be attending this meeting due to illness. He also welcomed Dr. Roberts back from recent back surgery and convalescent leave.

### **Advanced Practice Registered Nurse (APRN) Task Force**

Dr. Saunders announced that the APRN Task Force had submitted their final report. He has drafted a letter to Dr. Estes and Dr. DeFries commending them for the amount of work they and the Institute of Medicine have committed to addressing health care personnel shortages in North Carolina. The letter also addresses several areas of concern from the Medical Board's perspective.

### **Certified Registered Nurse Anesthetist (CRNA)**

Background: On 6 August 2003, the North Carolina Board of Nursing filed a motion seeking an order from the trial court directing the North Carolina Medical Board to remove language from a Medical Board position statement that stated that anesthesia administered in an office-based surgical setting should either be administered by an anesthesiologist, or by a CRNA under the supervision of a physician. The Board of Nursing contended that the Medical Board's position statement constituted a violation of a 1994 consent order between the Board of Nursing and the Medical Board.

North Carolina Court of Appeals Ruling: Attorney Marcus Jimison reported to the Board that the Court of Appeals affirmed the trial court's denial of the Board of Nursing's motion. The case was heard in the Court of Appeals 27 January 2005. The following is an excerpt from the ruling (NO. COA04-682) filed 15 March 2005. "...However, even assuming the 1994 consent order could be read as evidencing an intent by the Medical Board to acquiesce in a collaboration standard, the Medical Board cannot be forbidden from advising its licensees on the standard of care in medical practice in order to protect the public interest. See *Gaddis v. Cherokee County Road Comm.*, 195 N.C. 107, 111, 141 S.E. 358, 360 (1928) ("Administrative boards, exercising public functions, cannot be contract deprive themselves of the right to exercise the discretion delegated by law, in the performance of public duties."). The Medical Board, as an administrative board established pursuant to N.C. Gen. Stat. § 90-2, cannot be estopped from exercising its duty to regulate the practice of medicine in the interest of the public..."

### **MINUTE APPROVAL**

**Motion:** A motion passed that the February 16-18, 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.

Written reports on 118 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)**

**Blevins, Douglas, MD**  
Consent Order executed 2/7/2005

**Collins, Paul Dwayne, MD**  
Consent Order executed 1/26/2005

**DiZoglio, Joseph David, MD**

Surrendered 3/16/2005

**Dubey, Subu, MD**

Findings of Fact, Conclusions of Law, and Order of Discipline executed 3/11/2005

**Gilliland, Corey William, MD**

Consent Order executed 3/4/2005

**Gurkin, Worth Wicker, MD**

Findings of Fact, Conclusions of Law, and Order of Discipline executed 3/11/2005

**Hall, Roy Everett, MD**

Private Letter of Concern executed 2/22/2005

**Harris, Dennis Bret MD**

Consent Order executed 3/15/2005

**Irving, Declan Patrick, MD**

Findings of Fact, Conclusions of Law, and Order of Discipline executed 03/09/2005

**Keith, Douglas Charles, MD**

Termination of Consent Order executed 1/26/2005

**Leslie, Robert Andrew, MD**

Findings of Fact, Conclusions of Law and Order executed 3/2/2005

**Melgar, Tammy Strickland, MD**

Consent Order executed 03/03/2005

**Murtuza, Sarwar, MD**

Findings of Fact, Conclusions of Law and Order executed 3/2/2005

**Nash, James Frank, MD**

Findings of Fact, Conclusions of Law and Order executed 3/2/2005

**Nunez, Santiago, MD**

Consent Order executed 2/23/2005

**Shelly, William Dayton, MD**

Private letter of Concern sent 2/28/2005

**Smith, James Franklin, MD**

Private letter of Concern sent 2/28/2005

**Wilson, Lawrence Steven, MD**

Surrender of license accepted 2/18/2005

## 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 10:40 am, Wednesday March 16, 2005 at the offices of the Board. Members present were: Charles L. Garrett, MD, Chair; Harlan A. McCulloch, MD; Janelle A. Rhyne, MD; and Aloysius P. Walsh. Also present were R. David Henderson (Executive Director), Hari Gupta (Director of Operations), and Peter T. Celentano, CPA (Comptroller).

### Financials

Mr. Celentano, CPA, presented to the committee the January 2005 compiled financial statements. January is the end of the first quarter of fiscal year 2005.

The Board's deficit for the first three months of fiscal year 2005 is \$149,000. Mr. Celentano reminded the committee that there would be a deficit this year due to expenses exceeding revenues.

The certificate of deposit matured in February 2005. The maturity of the CD is discussed in more detail under New Business.

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

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

### New Business

CD Maturity - Update: Mr. Celentano explained to the Committee that our Certificate of Deposit matured on February 8, 2005. The CD was renewed at an interest rate of 2.85% for six months. Mr. Celentano explained the reason for only investing for six months was due to the flat current rate structure. Little benefit (less than 1%) is obtained by tying up the money for more than 1 year. In addition, the Federal Reserve has hinted that interest rates are going to rise over the rest of this year.

Legislative Update: Mr. Mansfield, Director of the Legal Department, gave an update regarding bills being introduced in the House and Senate. Mr. Walsh made a motion to express support the bills being introduced by Senator Purcell and Representative England that include North Carolina Medical board fee increases. The motion was seconded and approved unanimously.

The meeting was adjourned at 11:30 am.

## 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 3:02 p.m., Wednesday, March 16, 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 Breaden, Public Affairs Director, NCMB; 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*

#### **Position Statement Review – Laser Surgery (Laser Hair removal)**

It was noted that the Investigative Committee is referring the issue of Laser Hair Removal to the Policy Committee. This is a component of the Laser Surgery position statement. It appears the specific concerns are: (a) Is laser hair removal part of the Medical Practice Act (MPA), (b) what proximity of the supervising physician is acceptable, (c) if this does fall under the MPA, does a practice of this type have to be owned by a licensee of the Board?

It was noted that review of this issue is going to involve a lot of parties: Electrolysis Association of North Carolina, North Carolina Dermatology Association, North Carolina Board of Cosmetic Arts, etc.

The plan of review will involve the Full Board when outside resources or concerned parties are invited to speak at the Board to minimize redundancy of effort.

There was a discussion that an observational site visit to a practice that does laser hair removal may be beneficial. Then a report will be made to the committee at which time the next step (observation, site visit, invite, etc) will be decided on.

Dr. Robert Clark presented the following presentation to the Full Board:

Dr. Clark gave a slide presentation, distributed printed materials, and answered questions about the process of laser hair removal. He explained that there are various types of lasers on the market: (1) Ablative lasers – CO<sub>2</sub> and Erbium: YAF; (2) Non-ablative lasers (vascular, hair removal, pigmented lesion, tattoo removal); and (3) Intense Pulse Light (IPL) machines. He explained that IPL has a shotgun-like effect, producing light in a wide wavelength.

He has been following a patient who had an adverse outcome from CO<sub>2</sub> laser resurfacing in 1997. He said: "Complications can occur" and one has to know how to diagnose and treat those complications. A search of his database revealed that his office has performed 7,500 laser procedures since it opened.

He feels the Board's Position Statement on Laser Surgery is good, but in his opinion there is a problem with the word "preferably." ("...under the supervision, preferably onsite, of a physician. . .") He believes the statement could be made stronger by removing that word. It is his opinion that a physician should be on site. When hair removal is performed in his office, a physician is always on site for direct oversight. It is also his opinion that this part of the statement could be tightened up by removing the words "...or readily available to the person actually performing the procedure."

To support his opinion, he provided position statements on the use of lasers and IPL technology from the following national organizations: American Society for Laser Medicine and Surgery (ASLMS), American Academy of Dermatology, and American Society for Dermatologic Surgery.

He said the ASLMS sets standards for physicians involving laser privileges (that include more than the acquisition of a skill); patient selection and procedure selection; patient safety (pre- and post-procedure instructions, appropriate monitoring, available emergency transport, routine maintenance of machines, protocols for personnel and patients); records and quality assurance; physician training (knowledge of literature, basic ANSI training program, practical four-hour sessions with lasers), preceptorship with an experienced physician.

ASLMS standards for non-physicians: delegating physician must be qualified to do procedure; non-physician must have documented, appropriate training and education; non-physician must have direct, on-site physician supervision and written procedures and/or policies; supervising physician should be on site and available to respond to emergencies.

Dr Clark presented the following questions and answers:

- What is the issue? The diagnosis and treatment of cutaneous conditions are widely performed by non-physicians without direct physician supervision.
- What is the problem? Diagnosis and treatment of cutaneous conditions is perceived as simple and risk free. Entrepreneurs recognize an opportunity for profit, often at the expense of patient safety. No firm regulation to prevent this activity.
- What are the consequences? The consequences are misdiagnosis, scarring, burns, changes in pigmentation, failure to treat medical conditions, and death.
- Who are the non-physician providers? They are aestheticians, electrologists, unlicensed practitioners, and nurses.
- Where are services provided? They are provided in salons, clinics, spas, homes and medical offices.
- What are the most common procedures performed illegally? They are laser hair removal, laser facial rejuvenation, acne treatment, Botox injections, and Collagen, Restylane, and other fillers.
- What is the solution? The solution is public awareness, state medical board regulation, and other state regulation.

He stated that devices and prescription drugs are only sold to M.D.'s, as dictated by the FDA. Those seeking the procedure should be aware of the following safety tips: make sure a responsible physician is on site, ask questions, inquire about proper laser for skin type/condition, ask for a test before full treatment, and don't wait to call if complications are noted.

Dr. Garrett thanked Dr. Clark for taking the time to address the Medical Board. The following represents questions asked by Board Members, with responses from Dr. Clark.

- Are there any statistics regarding adverse outcomes/effects? Dr. Clark is not aware of any data that is published; however, he has seen an assessment that documented the number of complications sent to dermatologists for treatment.
- Who does the procedures in his office? Dr. Clark, a nurse, and other physicians.
- Do all procedures need to be performed by a healthcare individual? Absolutely.
- Would it be safe for a physician to do the assessment and then refer the patient to a laser treatment center with physicians not on site? Dr. Clark was adamant about physician oversight being needed.
- What types of drugs are being administered during laser treatment? Laser hair removal almost always involves topical anesthetics. Nerve blocks could also be used, but most are topical anesthetics.
- Is there any type of laser technology that would not require physician oversight? Some new diode type is currently being looked at. Those involved in hair removal are totally different. He has a full crash cart in his office and all his physicians are ACLS qualified.
- What is the typical cost of laser hair removal and the number of treatments required? In his office: lip - \$75 to \$100; facial - \$150 or so, larger areas can run significantly more than \$500 to \$1,000. For an adequate outcome, it takes a minimum of three visits but could be six to ten visits depending on the skin type.
- Would it be reasonable to have only a mid-level provider on site, for example a physician assistant? In some cases, yes, if appropriately trained and accredited to do the procedure himself or herself.

It was noted by a Board member that the article Dr. Clark distributed titled “State Boards of Medicine Regulations on the Practice of Laser Procedures” incorrectly indicated North Carolina as “permitting only MDs to perform laser procedures.”]

After calling the meeting to order Dr. McCulloch announced that there were several items on the agenda but for this meeting most of the time would be spent on the issue of laser surgery/laser hair removal. He indicated there has been an ongoing review of position statements and that the review of this position statement is not the result of any recent news. Several Electrologists and physicians from around the State had indicated a desire to address the Policy Committee. A sign-up sheet was provided at the front desk for those that desired to speak to the committee. Due to the number of speakers the Chair asked that all speakers limit comments to five minutes plus additional time for questions from Board Members. (Below is a summary of information provided by the speakers that addressed the Committee.)

Trudy Brown, LEI, CLS, CPE, Advanced Electrolysis Laser Clinic, Inc.

Ms. Brown indicated that as a practicing Electrologist for the past thirty-five years she has worked with numerous associations and legislative committees to set standards and regulations within the Electrologist profession and to assure the health and safety of the public. In North Carolina there are twenty-five licensed electrologists who have received training in laser and are providing this service without physician supervision. Of the four electrology schools approved by the North Carolina Board of Electrolysis Examiners, three teach laser hair removal courses. She stated “electrologists are the hair removal specialists.” They are licensed by the State to permanently remove hair by inserting a needle into the hair follicle and applying a current to destroy the lower portion of the follicle. Electrologists receive theoretical training and are tested on the following subjects: hirsutism and causes of unwanted hair, anatomy, endocrinology, bacteriology, dermatology, sterilization, electricity, follicle insertions and treatment. Since electrolysis is invasive, strict sterilization is required. Electrologists are not required to have on site physician supervision or any type of medical supervision for this invasive procedure, which requires a high level of skill to perform without causing damage to the skin. It seems unreasonable to require physician on site supervision for electrologists who have received additional training in laser since laser requires less skill and is a non invasive procedure. Lasers do not treat white hair, gray hair and some red hair. Electrolysis is needed to complete effective and desired treatments for those areas. Laser is a non invasive, non ablative procedure using photothermolysis to disable the lower portion of the follicle with light. Having a physician on site does not guarantee a safer treatment for the patient. Many physicians allow their receptionist, office staff, C.N.A. and other staff members not trained in hair removal to perform laser and light based hair and skin procedures. She personally knows that in many cases the patient never sees the physician even when the physician is on site. The insurance companies that provide liability and malpractice insurance for facilities and practices that perform laser hair removal do not require a physician to be on site. She asked the Board to consider how Electrologist can be allowed to remove hair permanently with a needle and without physician supervision and not be allowed to offer permanent hair reduction through laser and light based technology which are non invasive, non ablative and much easier and faster for the patient and the clinician. To require on site supervision would create a financial hardship for many Electrologists as they would have to pay physicians who have less experience in hair removal than they do to supervise their specialty.

Answers to questions by Board Members: Dr. Amy McMichael bears responsibility for what she does with her laser. Dr. McMichael is not at Ms. Brown’s office full time. Dr. McMichael writes and reviews protocols, reviews files, looks through materials and audits records for treatment. Ms. Brown has done over 10,000 laser treatments with very few

complications. She has never had to contact her Medical Director (Dr. McMichael) to come to her office to see a patient. She does refer to physicians for skin conditions. Dr. McMichael does not see patients. That would make her insurance go much higher. Some of her training is from organizations that sell lasers. She has five lasers. The most recent one she bought had to be signed for by her Medical director. She did not know if prescriptive authority was required to purchase a laser.

Myrtle Hamrick, LE, CPE, Electrolysis by Myrtle

Ms. Hamrick indicated she is a licensed Electrologist and has been in practice for more than 25 years in Cary, North Carolina. She is a long-standing member of the American Electrology Association (AEA), active in the Electrolysis Association of North Carolina (EANC), International Board Certified Electrologist (CPE), served five years on the North Carolina Board of Electrolysis Examiners (NCBEE) and has successfully completed a program entitled "Lasers and Their Use in Electrology." She does not offer laser hair removal as a service and has not received special training in operating laser hair removal equipment. She is here to appeal to the Medical Board regarding the importance of adequate education and training for one to perform laser hair removal. She gave a brief history of electrolysis. North Carolina Statutes define electrolysis, electrology and Electrologist. No other type of hair removal device is included in the definition. Those offering other hair removal services are doing so outside the scope of practice of the Electrologist as defined in NCGS 88A. Today, there are 93 licensed Electrologists in the State of which approximately 20 include hair removal with laser as an added service. Fifty percent of North Carolina Electrologists have not received recognized training or passed a written exam, state or national, to substantiate their knowledge and skill as an Electrologist. This is due to a grandfather clause from an Amendment to the Electrolysis Practice Act in 1994. Here today, it has been said that Electrologists should be able to perform laser hair removal because "they know hair and skin." That statement could be strongly contested by "statistics of record." Anyone desiring to become a technician to perform laser hair removal should receive recognized training by a creditable and approved school, one qualified in education and training, without a vested interest in the sale of equipment. She believes there is a place for both laser hair removal and electrology. She attends every NCBEE meeting and the issue of Electrologists performing laser hair removal has never been an agenda item. Laser hair removal should be regulated apart from Electrology.

Answers to questions by Board Members: A trained Electrologist is not necessarily trained to use laser technology.

Daniel J. Albright, MD, Medical Director and owner, BodyLase

Dr. Albright stated he is an orthopedic surgeon practicing in Raleigh. Three years ago he stepped outside of his role as an orthopedist and started BodyLase with his spouse. He had an interest in exploring different aspects of medicine. Patient safety always comes first with him. He is not a dermatologist. He is not at his cosmetic center on a regular basis. Many procedures are performed without him being present. He has trained his staff. He is an advocate for aestheticians doing laser hair removal. He can be contacted by pager 99% of the time. He believes it matters to have a physician near by. He was much more lax a few months ago. He thinks laser hair removal is safe and needs to be supervised. He referred to written materials he had provided the Medical Board. He is hoping an over reaction will not occur due to the recent tragic death. BodyLase is not a traditional doctor's office. His patients know they do not treat disease or diagnose. They are not melanoma people; they refer to physicians when needed. Their safety record speaks for itself. Education is key!

Answers to questions by Board Members: He considers laser treatment non-surgical because surgery is cutting on the skin, making an incision, and suturing. Laser is heat,

heating of follicle and adjacent tissue. It is heat underneath the skin, in non ablative, non destructive lasers.

They treat only non-pathologic conditions. Although he does not examine the patients he has a strong belief in the education and training of his RN's.

When asked how close a physician needs to be, he stated that he used to think 100 miles away was fine but now believes a doctor should be around. He thinks the physician should be local but does not know how to define local.

He is not needed in a true emergency – there is 911. The same 911 most doctor's offices use.

By supervision, he is in the office 2-4 times a week and does written protocols. If a complication is reported they talk about how to handle the situation in the future, what went wrong, what can be learned from it, and they have meetings. The business is co-owned by his spouse and him.

Readily available to him means he could be there within 15 minutes if it is necessary, but for a true emergency there is 911.

#### David Austell, Southeast Laser Systems

He is president of Southeast Laser Systems in Charlotte, North Carolina. He has been in business for 12 years with 20 years of experience in lasers. It has been his experience to provide training to nurses and physicians. Lasers are required to be certified and accredited. Physicians rarely have their lasers routinely maintained. He wants to share his experiences over the years in cosmetic lasers. There is a huge difference in ablative and non ablative. Cosmetic lasers are just heat. They also have rental lasers they provide to physicians and spas and require all of their accounts to have liability insurance. Insurance underwriters are requiring more training for non physicians than for physicians. Licensed laser trained Electrologists are qualified to do it. He has found that most physicians have less training than aestheticians. Physicians will go to a two-hour, weekend course, making aestheticians and electrologists more qualified than physicians. The aestheticians are doing these procedures and frequently the supervising physician is not on site, nor is direct supervision occurring. The principal of the procedure does not create an injury requiring an emergency procedure. We require all of our customers to have some type of relationship with a referring physician. He can only sell his lasers to a hospital or a physician.

#### Dana Begley, CT, CLS, LE, CorLase

Ms. Begley introduced herself as a licensed medical cosmetic therapist. She practices electrolysis and laser hair reduction in private practice. She was trained in Ohio, which governs its electrologists under the state medical board and requires certification for laser procedures. In Ohio, only a licensed medical cosmetic therapist can practice without a physician on site. In a doctor's office one must be a registered nurse or a physician assistant to run a laser. She believes there is a need for boundaries to be set on laser use in North Carolina. Practicing in a physician's office does not address the real problem. She has had many patients in her office that indicated they used to run lasers in physicians' offices but had no "real" training (only one to two hours). This is unacceptable. Laser hair reduction is a non invasive procedure and should be practiced only by a licensed Electrologist, doctor or registered nurse who has had training by an accredited school, not the manufacturer or a one-day workshop by another practitioner in the state. She does all treatments herself with no one working under her. Maybe one percent of her patients use a topical anesthetic. She has a medical director who signs off on charts after the first visit. He is not on site. If she has a question she calls him. She feels that there is lots of misleading advertising.

Answers to questions from Board Members: She has referred to her medical director but has never needed him at her office "now." Those that need a topical anesthetic get it on

their own. She feels that in Ohio the industry had better integrity. People were educated and trained better. There were no price wars. She feels it is important for the consumer to have a better understanding of what is going on. She is not in agreement with having to work underneath a physician in a physician's office.

Dorenda Stilwell, LE, CLT, President, Greater Piedmont Electrolysis Association of North Carolina

She is a licensed Electrologist and President of The Greater Piedmont Electrolysis Association of North Carolina. She gave her training history. She stated that Electrologist have many years of experience behind them. She is opposed to the afternoon in-service workshop offered by the manufacturers. Most of the schools she mentioned are 30-40 hour courses. She attends laser workshops through the year. Many states do not require any type of physician supervision. She discussed counter indications, complications, and safety hazards. She does not use topical anesthetics. She believes they are counter to laser hair removal and can cause tissue damage. She has been practicing in North Carolina for five years without any complications.

George Wilson, MD, Sona Laser Centers, Chesapeake, Virginia

Dr. Wilson is Vice President of Sona Laser Centers and the National Medical Director for Sona Med Spas. They have centers across the country. He is on the Virginia Medical Board's committee to study this same issue. It appears that most people operating in this area are concerned with the education level. Operators need to be very well versed. Monthly, everyone of his centers sends him a report and incident report is filed for any side effects. In 2003 they did 35,000 laser treatments with a side effect rate of 0.33%. In 2004 it dropped to 0.13%. A well trained operator is the key to success. He does not believe a physician has to be on site. Staff have to be thoroughly trained. However, a medical director needs to be available. His people get ten hours of didactic classroom training and 50-60 hours of hands on training. Currently there is no national certification exam. He believes the Committee is struggling with ablative and non-ablative.

Answers to questions by Board Members: His medical directors review every chart at one point during the week and every time a treatment is done. It is a matter of good, close supervision. Laser emergencies with non-ablative laser treatment just do not happen. It could be regulated in North Carolina at the educational level. Physicians need to be involved. His staff calls him frequently. Charts are reviewed by physicians but not necessarily prior to treatment. Topical anesthetics are used very rarely and nothing over 4%. They won't do an entire body in one day.

Regarding the didactic training, they have a 300 slide PowerPoint presentation that takes 5-6 hours on the first day. His training program is unique. He spent four years developing it. He believes there may at some point be a specialty board for lasers.

He stated that laser manufacturers' are required to sell lasers on to those with prescriptive authority. Once a physician buys a laser he can sell the used laser to anyone. Once it is out of the manufacturers hands it can be sold to anyone.

He believes most physicians have much less training than electrologists. Manufacturer training is typically on four hours long.

He is only licensed to practice medicine in the state of Virginia

Robert Clark, MD, PhD, Cary Skin Center

He indicated he has been involved in laser medicine since the late 1980's. He has used a variety of lasers and has trained hundreds of physicians to use this technology. He clarified ablative vs. non ablative. He stated that laser hair removal is an ablative process. It destroys tissue. With regard to training, laser medicine is part and parcel to dermatology. Topical

anesthetics are used fairly commonly in his practice, particularly in areas that are sensitive like the upper lip and bikini area. He is happy to provide topical anesthetics to his patients. He has three physicians on site. There is always a physician on site when treatments are being done. His topical anesthetics are over the counter (4% or 2% concentration).

Dr. McCulloch thanked all persons who addressed the Policy Committee. He concluded by stating that the Board would not be making a decision at this Board Meeting. The Policy Committee will review all the information that has been gathered, do further research and consider this issue at the May 2005 Board Meeting

### **Rule Recommendation Regarding Operation of Mobile Diagnostic Centers**

[The Board received a request from the American Association of Electrodiagnostic Medicine to review rules regarding operation of mobile diagnostic centers. Especially, those that are doing nerve conduction studies without the supervision of a physician trained in electrodiagnostic medicine.

There was especially concern expressed regarding needle electromyography being done by other than a qualified physician. The committee felt that an expert review of this was needed. Dr. Herring suggested contacting Dr. Zane Thomas Walsh, Jr., as he is certified in this specialty.

Mr. Skipper indicated he works with the [North Carolina Neurological Society](#) and offered their assistance in the review.]

A request was sent to Dr. Walsh to get this item appropriately reviewed. We are currently awaiting a response to that letter.

**Action:** This item is tabled till the May 2005 Committee Meeting.

### **Writing of Prescriptions – Review Of Position Statement (McCulloch)**

Dr. McCulloch stated he had reviewed this position statement. He believes our position statement is appropriate. He recommends that no changes be incorporated until the controversy around the DEA's Interim Policy Statement is resolved.

**Action:** This position statement will be reviewed again if DEA changes their Interim Policy Statement.

There being no further business, the meeting adjourned at 4:50 p.m. The next meeting of the Policy Committee is tentatively set for 3:00 p.m. Wednesday, May 18, 2005.

**Motion:** A motion passed to accept 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, March 16, 2005 at the office of the Board. Present: Robin Hunter Buskey, PA-C, Chair, George L. Saunders, MD, Sarveshwara Sathiraju, MD, Marcus Jimison, David Henderson, Executive Director, Joy Cooke, Director Licensing Department, Lori King, CPCS, Licensing Department, Jennifer Hedgepeth and Melanie Phelps.

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 and discussed five 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.

**PA-C Rules Rewrite Review**

**Committee Recommendation:** Current revisions to be sent to PAAC members for review/comments, sent back to AH Committee and then present to the Board.

**Board Action:** Current revisions to be sent to PAAC members for review/comments, sent back to AH Committee and then present to the Board.

**PA-C Intent to Practice Forms  
NP – Subsequent Applications  
Received date vs. Processed date.**

Approval date information on the website is confusing. Change approval date to the date that the PA Intent to Practice Form, NP Subsequent Application is processed instead of using the stamped mail date received as the approval date.

**Committee Recommendation:** Committee recommended using processed date instead of mail stamped date for PA-C Intent to Practice forms. Date changes for the NP Subsequent Applications will need to be presented to the Joint Sub Committee for review/approval.

**Board Action:** Committee recommended using processed date instead of mail stamped date for PA-C Intent to Practice forms. Date changes for the NP Subsequent Applications will need to be presented to the Joint Sub Committee for review/approval.

**APPLICANTS LICENSED**

**PA - Applications (\*\*\*)Indicates PA has not submitted Intent to Practice Forms) -**

<u>PHYSICIAN ASSISTANT</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Davidson, Jeremy Scott	Henshaw, Dan M.	Kinston
Dempsey, Ellen Marie	***	
James, Marcos Aurelio	***	
Peterson, John Arthur	***	
Shropshire-Atkins, Wendy	Pridgen, James	Wilmington
Wagner, Eilis Baron	***	

**PA – Reinstatements –**

Goodman, Shirley Gray S.	***
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**PA Applicants to be licensed after receipt of acceptable SBI, PA Certification and/or PANCE results –**

Brooks, Laura Knight	Girmay, Aregai S.	Gastonia
Dropkin, Evan Kristen	***	
Duelm, Daniel Lewis	Peak, E. Louis	Hickory
Fowler, Melissa Sue	Uhren, Robert J.	Black Mountain
Gibson, Airely Gene	Rogers, III, John B.	Clyde
Griffith Douglas	Reed, John	Fayetteville
O'Brien, Sharon McVay	***	
Ryan, Casey Travis	Chiang, Karl	Greenville
Stackhouse, II, Michael C.	***	

**PA - Intent to Practice Forms Acknowledged**

<u>PHYSICIAN ASSISTANT</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Kraak, William	Hoski, James	Asheville
Fenstermacher W.	Freudenthal, William	Camp Lejeune
Pyles-Sweet, Kris	Hammond, Flora	Charlotte
Skipper, Christina	Maggio, William	Charlotte
Scott, Dawn	Westman, Eric	Charlotte
Lloyd, Douglas	Johnson, David	Delco
Goldfield, John	Liebelt, Ralph	Durham
Paul, Marianne	Minchew, Joe	Durham
Pico, Aaron	Westman, Eric	Durham
Stansell, Stanley	Lownes, Robert	Fayetteville
Peterson, Jayme	Mendes, Celia	Fayetteville
Tolbert, Mary	Tosto, Sebastian	Ft. Bragg
Batts, Lesli	Daly, Claudia	Greenville
Cassidy, John	Ehrlich, Susan	Greenville
Nelson, Zenith	Lee, Mark	Greenville
Mesa, Gregory	Sease, Wayne	Hendersonville
Stone, Todd	Sease, Wayne	Hendersonville
Cowick, Michael	Huggins, Henry	Hickory
Poston, Gary	Wilson, Wayne	Hickory
Valente, Sean	Ferguson, Robert	Hope Mills
Abraham, Mufiyda	Garrett, James	Jacksonville
Weitz, Charlotte	Gopichand, Ishwar	Jacksonville
Hitter, Scott	Batish, Sanjay	Leland
Marcinowski, Thomas	Batish, Sanjay	Leland
Dave, Meena	Dave, Nailesh	Lillington
King, Harold	Davis, Arthur	Lillington
Brown, Allen	Onwukwe O. Benedict	Monroe
Thorn, Mary	Graham, Barden	New Bern
Ricard, Denis	Bethel, Bradley	Pembroke
Ricard, Denis	Rowson, Jonathan	Pembroke
Hage, Suzanne	Campbell, Donald	Raleigh
Williams, Barbara	Norton, Deborah	Raleigh
Reed, Sandra	Ballou, Karen	Roanoke Rapids

Marcinowski, Thomas	Zinicola, Daniel	Rocky Point
Riley, Elizabaeth	Fernandez, Gonzalo	Roxboro
Allen, Amy	Stanley, Karl	Selma
Kober, Charles	Gavazov, Miroslav	Smithfield
Chan, Gerald	Azzato, John	Southport
Marcinowski, Thomas	Maultsby, James	Wallace
Langston, Dante	Beittel, Timothy	Wilmington
Murphy, Stacy	Beittel, Timothy	Wilmington
Smith, David	Beittel, Timothy	Wilmington
Chauncey, Anna	Boylan, Patrick	Wilmington
Gonzalez, Armando	Miller, Jon W	Wilmington
Boehm, Larie	Klinepeter, Kurt	Winston-Salem
Bush, Kenneth	Perry, Josphe	Winston-Salem
Bennett, Barbara	Stephens, Wayland	Winston-Salem

**NP – Initial Applications Recommended for Approval after Staff Review -**

<u>NURSE PRACTITIONER</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Curry, Rosemary	Banker, Millard F.	Havelock
Dennis, Patti	Davis, Todd D.	Franklin
Fayhee, Heather	Cook, Charles A.	Raleigh
Hafer, Shellie	Gallagher, Theresa C.	High Point
Hefner, Katherine	Osbahr, Albert J.	Waynesville
Hendrix, Deborah	Garrett, James G.	Jacksonville
Larach, Mary	Swords, Bruce H.	Greensboro
McKenney, Susan	Kring, Susan J.	Hendersonville
Prevost, Mary	Grandis, Arnold S.	Greensboro
Zampich, Janet	Ray, Larry D.	Greensboro

**NP - Subsequent Applications administratively approved –**

<u>NURSE PRACTITIONER</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Brito, Sherley Ivette	Hart, Robert William III	Vale
Campbell, Eleanor K.	Erdmann, Detlev	Durham
Carstarphen, Tracy A.	Owens, Robert Carl	Wilmington
Denno, Jane E.	Sigler, Liviu	Hendersonville
Faber, Michelle R. V.	Buhr, Gwendolen Toni	Durham
Fender, Tonya Lacole	Pascale, James Anthony	Fort Bragg
Gilliam, Karen Annette	Hansen, Roger Gustav	Winston-Salem
Gold, Catherine Marie	Earls, Marian Frances	Greensboro
Harrison, Dawn Sautters	Bronstein, David Marvin	Burlington
Harvey, Leslie V.	Buhr, Gwendolen Toni	Durham
Hrobak, Mandy Lynn	Rentz, Simms Hunter Jr.	Asheville
Jewett, Erika Clarissa	Buhr, Gwendolen Toni	Durham
Little, Judith Johnson	Russ, Donald James	Charlotte
McCaffrey-Murphy, Mary F.	Buhr, Gwendolen Toni	Durham
McKenna, Noreen C.	Meyer, Peter Karl	Wilmington
McLaurin, Ellen Bridges	Bethel, Bradley Hutch	Laurinburg
Micol, Melissa Burleson	Warburton, Samuel Woodward Jr.	Durham

Morris, Phyllis Ann	Gipson, Debbie Sue	Chapel Hill
Nance, Andrea S.	Walker, Rogers Smith	Carolina Shores
Outland, Patricia Joyce	Pressly, Margaret Rose	Boone
Parks, Sandra M	Morrow, John Howard	Greenville
Phillips, Deborah Beard	Lee, Sue Hollowell	Bayboro
Pitman, Matthew Peter	Daly, Claudia Hauck	Ocracoke
Reynolds, Barbara Ann	Bukowski, Timothy Paul	Raleigh
Rogers, Sonya Lynn Britt	Bentley, Ralph Luther	Statesville
Rogers, Sonya Lynn Britt	Coarsey, Stephen McNeil	Statesville
Rogers, Sonya Lynn Britt	Kepley, Michael Avery	Statesville

**NP - Subsequent Applications administratively approved –**

<u>NURSE PRACTITIONER</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Smith, Pamela	Hines, Marcono Raymond	Fort Bragg
Sumner, Joann Carolyn	Frachting, Richard James	Raleigh
Viviano, Robin Stacey	Dessauer, Kati Elizabeth	Cary
Wachowiak, Wilma Lynne	Eze, Augustine Richard	Kings Mt.
Westmoreland, Neva J.	Atrak, Taisser Mostafa	Charlotte
Young-Fritchie, Leanne	Pressly, Margaret Rose	Boone

**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

**POSTING DENIALS ON WEBSITE**

Catchline: Denials are currently posted on the web site for licensees only. There has been some discussion as to whether denials for non-licensed physicians should also be posted and if so whether the denial letter should be publicized by providing a link to the document or make it available upon request.

Committee Recommendation: Post denials for non-licensed physicians on the Board’s web site and provide a link to the denial letter enabling the public to view the document.

Board Action: Post denials for non-licensed physicians on the Board’s web site and provide a link to the denial letter enabling the public to view the document.

**LIMITED ADMINISTRATIVE LICENSE**

Catchline: There was discussion at the January meeting about the definition of an Ltd Adm License and what were the circumstances surrounding the last one that was approved. The last license of this type was issued in 1994 and limited to the “NC Department of Social Services and does not include clinical practice”. The physician was not eligible for full licensure because he did not have Board approved postgraduate education; had not passed a licensing exam and did not have ECFMG certification. The one before that was issued in 1993 to a physician who applied for reinstatement of his license after he retired. Board Action: Grant license for administrative duties only at Surry County Health Department because he did not satisfy the Board’s 10 year rule.

Committee Recommendation: Accept as information.

Board Action: Accept as information.

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 three 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-five 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**

Jamil Ahmed  
Daniel Dean Amitie  
Albert Munir Leonard Anderson  
Muhammad Tayyab Badshah  
Michael Baroodly  
Anna Louise Bartow  
Marchelle June Bean  
Joshua Emil Bernstein  
Lauren Elizabeth Bernstein  
Andrew Hayward Bishop  
Jonathan Charles Blackmore  
Elizabeth Ribadeneyra Bozeman  
Eric Speir Bradford  
Matthew Joseph Brady  
Mary Dawson Broga  
Angela Janine Brown  
DeAnn Marie Bullock  
Jeffrey Keith Byrd  
Marc Calabrese  
Claudia Lucia Campos  
Marcia Denise Carney

Margaret Kristin Chally  
Staci Anne Chamberlain  
Pius Ugochi Chikezie  
Charles Leigh Christian  
Elizabeth Anne Coleman  
Roger Stewart Collins  
Christopher David Connolley  
Margaret Vivian Cooper Vaughn  
David Allan Couch  
Glenn Douglas Crater  
Anthony Joseph Crimaldi  
Carolyn Faydene Crump  
Cecile Catalan Dadvivas  
Anandita Ashoke Datta  
John Joseph Destafeno  
Patrick Francis Diamond  
Roman Steven Dobransky  
Maria del Pilar Duque  
Lucinda Marie Elko  
Dirk Michael Elston  
Shandal Shanee Emanuel

Jon Peter Engbretson  
Zheng Fan  
Michael Christopher Ficenece  
Cynthia Anne Fraed  
Duane James Funk  
Wenshi Gao  
Mamdooh Zikri Gayid  
Ernest Robert Gelb  
Elizabeth Joanne Geller  
Neil Charles Gillespie  
Pankaj Kumar Gugnani  
Aron G. Halfin  
John David Hall  
John Joel Harris, Jr.  
Justin Bradley Hauser  
Anthony Rodriguez Hayes  
Ricky Alan Henderson  
Georgia Ann Hennessy  
Camille May Henry  
Alex Hnatov  
Allen Jason Holmes  
Ronald Bennett Holtzman  
Richard William Hudspeth  
Patrick Dean-Tzo Hung  
Naiyer Imam  
George Coupland Isaacs  
David Alan Johnson  
Timothy Johnston  
Attaya Elizabeth Mohamed Joseph  
Raj Kumar Joshi  
Sharon Loreine King  
Frank Anthony Klanduch  
Charlene Pressley Knight  
David Benjamin Konstandt  
Christine Elizabeth Kulstad  
Erik Benjamin Kulstad  
Kathryn Anne Kvederis  
Ranjit Isaac Kylathu  
Cedric William Lefebvre  
Robert Frederic Leinbach  
Brian Kenneth Long  
Raul Nelson Lugo  
Stephen Francis Lynch  
Lydia Margarita Canapi Makapugay  
Syed Wajihuddin Malik  
Lewis Paul Martin  
Matthew David Mathias  
Michelle Leigh McDevitt  
James Gerard McGrath  
Brian Royal McMurray  
Lawson Purdy McNary

Sean Michael Meadows  
Joel Edward Mendelin  
Angela Marlo Meyer  
Robert Brian Moore  
Crystal Arviette Moore-Maxwell  
Gregory Alan Morter  
Sripintha Navarathinarajah  
Raveendra Babu Orugunta  
Dhruv Pandya  
Dipakkumar Pravinchandra Pandya  
Depesh Kanaiyalal Patel  
Roshni Parag Patel  
Ushma Vinu Patel  
Kenneth William Peat  
Harold Lee Peltan  
Marcelo Romano Perez-Montes  
Megan Cornwall Piccini  
Maria Cristina Gonzalez Pollock  
Timothy Wade Powers  
Carol PreudHomme  
David Harding Priest  
David Charles Price  
Rommel Navarro Ramos  
Sherman Winston Reeves  
Jay Anthony Requarth  
Brian Vernon Robbins  
Michael Warren Robles  
Donovan Michael Ross  
John Shannon Sappington  
Sufyan Turki Said  
Jason Browning Sanders  
Daniel Paul Saurborn  
Barton Lewis Schneyer  
Elizabeth Fraser Schultz  
Andrew John Sebastyan  
Daniel Scott Senft  
Heather Marie Seymour  
Lawrence John Shaffer  
Radhika Shah  
Andrew Ian Shedden  
Jason Sinclair  
Misty Laraine Sinclair  
Leslie Ann Smith  
Valentyna Sokolev  
Sangeeta Varanasi  
Gwen Emily Solan  
Robert Edward Stambaugh  
Vernon Brooks Stewart  
Andrew Ivan Sumich  
Rachel Mary Swartz  
Paul Leo Tecklenberg

John David Temple  
Courtney Dawn Thornburg  
Robert Travis Torman  
Amit Raj Trivedi  
Peter Michael Tuberty  
Gabor Tibor Varju  
Mark Roger Vanderwel  
Karina Maria Volodka  
Ann Paxton vonThron  
Ronald Walls  
Debra Ann Wagner  
Joshua Drew Whitledge

William Winkenwerder, Jr.  
Sam Wilcox II  
Thomas Michael Wiley  
Benjamin Lewis Wilson  
Francis Joseph Yanoviak  
Mehmet Tamer Yalcinkaya  
Lawrence Jon Yenni  
Gil Yosipovitch  
Jeffrey Edward Zapawa  
Peter Anton Zeman  
Marc Zerey

**LICENSES APPROVED BY ENDORSEMENT AND EXAM**

Daniel Dean Amitie  
Albert Munir Leonard Anderson  
Muhammad Tayyab Badshah  
Michael Baroody  
Anna Louise Bartow  
Marchelle June Bean  
Joshua Emil Bernstein  
Lauren Elizabeth Bernstein  
Andrew Hayward Bishop  
Eric Speir Bradford  
Matthew Joseph Brady  
Mary Dawson Broga  
Angela Janine Brown  
DeAnn Marie Bullock  
Jeffrey Keith Byrd  
Marc Calabrese  
Claudia Lucia Campos  
Marcia Denise Carney  
Margaret Kristin Chally  
Staci Anne Chamberlain  
Pius Ugochi Chikezie  
Charles Leigh Christian  
Roger Stewart Collins  
Christopher David Connolley  
David Allan Couch  
Glenn Douglas Crater  
Anthony Joseph Crimaldi  
Cecile Catalan Dadvivas  
John Joseph Destafeno  
Roman Steven Dobransky  
Maria del Pilar Duque  
Lucinda Marie Elko  
Dirk Michael Elston  
Shandal Shanee Emanuel  
Jon Peter Engbretson  
Zheng Fan

Michael Christopher Ficenc  
Duane James Funk  
Mamdooh Zikri Gayid  
Ernest Robert Gelb  
Elizabeth Joanne Geller  
Neil Charles Gillespie  
Pankaj Kumar Gugnani  
Aron G. Halfin  
John David Hall  
Justin Bradley Hauser  
Anthony Rodriquez Hayes  
Ricky Alan Henderson  
Georgia Ann Hennessy  
Camille May Henry  
Alex Hnatov  
Allen Jason Holmes  
Ronald Bennett Holtzman  
Richard William Hudspeth  
Patrick Dean-Tzo Hung  
Naiyer Imam  
George Coupland Isaacs  
David Alan Johnson  
Attaya Elizabeth Mohamed Joseph  
Raj Kumar Joshi  
Sharon Loreine King  
Frank Anthony Klanduch  
Charlene Pressley Knight  
David Benjamin Konstad  
Christine Elizabeth Kulstad  
Erik Benjamin Kulstad  
Kathryn Anne Kvederis  
Ranjit Isaac Kylathu  
Cedric William Lefebvre  
Robert Frederic Leinbach  
Stephen Francis Lynch  
Lydia Margarita Canapi Makapugay

Syed Wajihuddin Malik  
Lewis Paul Martin  
Matthew David Mathias  
Michelle Leigh McDevitt  
James Gerard McGrath  
Brian Royal McMurray  
Lawson Purdy McNary  
Sean Michael Meadows  
Joel Edward Mendelin  
Angela Marlo Meyer  
Robert Brian Moore  
Crystal Arviette Moore-Maxwell  
Sripintha Navarathinarajah  
Raveendra Babu Orugunta  
Dipakkumar Pravinchandra Pandya  
Depesh Kanaiyalal Patel  
Roshni Parag Patel  
Ushma Vinu Patel  
Kenneth William Peat  
Harold Lee Peltan  
Megan Cornwall Piccini  
Timothy Wade Powers  
Carol PreudHomme  
David Charles Price  
Rommel Navarro Ramos  
Sherman Winston Reeves  
Brian Vernon Robbins  
Michael Warren Robles  
Sufyan Turki Said  
Jason Browning Sanders  
Daniel Paul Saurborn  
Andrew John Sebastyan  
Daniel Scott Senft  
Heather Marie Seymour  
Lawrence John Shaffer

Radhika Shah  
Andrew Ian Shedden  
Misty Laraine Sinclair  
Valentyna Sokolev  
Vernon Brooks Stewart  
Rachel Mary Swartz  
Paul Leo Tecklenberg  
John David Temple  
Courtney Dawn Thornburg  
Robert Travis Torman  
Amit Raj Trivedi  
Peter Michael Tuberty  
Gabor Tibor Varju  
Karina Maria Volodka  
Ann Paxton vonThron  
Debra Ann Wagner  
Joshua Drew Whitledge  
Sam Wilcox II  
Thomas Michael Wiley  
Benjamin Lewis Wilson  
Francis Joseph Yanoviak  
Mehmet Tamer Yalcinkaya  
Lawrence Jon Yenni  
Jeffrey Edward Zapawa  
Peter Anton Zeman  
Marc Zerey

**Reinstatement**

Mark Roger Vanderwel

**Reactivation**

David Harding Priest  
William Winkenwerder, Jr.

**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 12:10 p.m., Wednesday, March 16, 2005, at the office of the Board. Members present were: EK Fretwell, PhD, Chair; and Michael Norins, MD. Also attending were: Thomas Mansfield, JD, Director, Legal Department (Staff); Joy Cooke, Licensing Director (Staff); Dale Breaden, Director, Public Affairs; Jesse Roberts, MD, Medical Director (Staff) and Mr. Jeffery T. Denton, Board Recorder (Staff). Absent were: Robert Moffatt, MD; and Walter Pories, MD, Past President/Consultant.

**Minutes**

The January 2005 committee minutes were reviewed.

**Draft of Possible Revised Law (Mansfield)**

Mr. Mansfield presented two possible drafts of changes to the current Medical Practice Act (MPA). He reviewed these with the committee. The Medical Society indicated they are in agreement with the proposed changes.

There were some questions regarding reasons for exclusion of nurse practitioners in the revised language. This was discussed and will be reviewed again by Mr. Mansfield.

**Motion:** The committee supports the proposed changes and recommends expressing support for a bill with the changes to be introduced by Senator Purcell.

**Consistency in Issuing Licenses Without (recent) Clinical Experience (Mansfield/Cooke)**

Several sample case studies were provided to the committee. Mr. Mansfield explained these were for informational purposes and are brought to the committee from the licensing committee to keep abreast of what type of licensure applications with reentry issues the Board is receiving. They will continue to bring these to the committee.

One specific case from the Licensing Committee resulted in a "reentry agreement and order." This is essentially a non-disciplinary consent order that is a public document. It was emphasized this is non-punitive in nature. However, if the applicant does not comply with the consent order he/she would then be guilty of unprofessional conduct. There was some discussion as to whether these type consent orders are reportable to national organizations. Mr. Breaden believes we are obligated to report it to the Federation of State Medical Boards (FSMB), which include in their annual report non-prejudicial actions. He does not believe it would be reported to the National Practitioner Data Bank (NPDB). Dr. Norins stated that we want to get people back into active practice but not make it insurmountably hard to do so. He would like to see a Board policy with teeth. He stated, "Our job is to do diligence with protection of the public." He emphasized that it be made clear to public and professional organizations that these are non-disciplinary actions.

Dr. Norins emphasized that consistency is key, and that the Board needs to ensure similar reentry orders are being issued to all those physicians that fall within our reentry philosophy. Currently, this pertains to out of active practice for more than two years. It was suggested that staff recommendations would be key in this area.

**Motion:** The committee supports the reentry agreement and order.

**FSMB Re-entry Resolution**

The committee reviewed the recent proposed resolution that was forwarded to the FSMB for consideration – 'Physician and Physician Assistant Reentry to Practice'. It was well received by all. Dr. Roberts explained that reentry is just a subset of the much broader continuing competency picture.

Dr. Fretwell distributed for information a recent list of assessment and remediation programs in the United States and Canada he received from the FSMB. It was noted that the FSMB currently has (or are pushing collaborative relationships) with the programs at PACE, Albany, Rush, Wisconsin and Florida. The information also included a chart reflecting the various assessment methodologies used by the U.S. programs.

The next meeting of the Re-Entry Subcommittee is tentatively set for Wednesday, May 18, 2005.

## **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 53 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.

The Malpractice Committee reported on 31 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 3/16/05. The following cases were discussed:

The Board reviewed 56 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 91 investigative cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

## **INFORMAL INTERVIEW REPORT**

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

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 March 18, 2005.

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H. Arthur McCulloch, MD  
Secretary