

MINUTES

North Carolina Medical Board

September 20-22, 2006

**1203 Front Street
Raleigh, North Carolina**

Minutes of the Open Sessions of the North Carolina Medical Board Meeting September 20-22, 2006.

The September 20-22, 2006, meeting of the North Carolina Medical Board was held at the Board's Office, 1203 Front Street, Raleigh, NC 27609. The meeting was called to order at 8:03 a.m., Wednesday, September 20, 2006, by Robert C. Moffatt, MD, President. Board members in attendance were: H. Arthur McCulloch, MD, President Elect (absent September 22); Janelle A. Rhyne, MD, Secretary; Mr. Aloysius P. Walsh, Treasurer; E. K. Fretwell, PhD; Robin N. Hunter Buskey, PA-C; Donald E. Jablonski, DO (absent September 22); Ralph C. Loomis, MD; Michael E. Norins, MD; Sarvesh Sathiraju, MD; and George L. Saunders, III, MD.

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

MISCELLANEOUS

Presidential Remarks

Dr. Moffatt 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. Moffatt presented a 10-year anniversary award to Mr. Henderson with commendatory comments.

Mr. Ellis introduced and gave background on the new Greensboro area investigator, Mr. Mike Wilson.

Ms. Cooke introduced and provided background on the new Licensing Department temporary, Ms. Christie Sanner.

Medical Director Search

Mr. Henderson announced that after an extensive search, C. Michael Sheppa, MD, has been hired as the new Medical Director of the North Carolina Medical Board.

December 16, 2006 Board Meeting

Motion: A motion passed that the December 16, 2006, Board Meeting be held in Morganton, NC.

Retreat Planning Committee

The Retreat Planning Committee, George L. Saunders, III, MD, Chair; Janelle A. Rhyne, MD; H. Arthur McCulloch, MD; and Donald E. Jablonski, DO, reported that a Board Retreat will be held on January 20, 2007, in Chapel Hill.

MINUTE APPROVAL

Motion: A motion passed that the August 16-17, 2006, Board Minutes are approved as presented.

ATTORNEY'S REPORT

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

ATTORNEY'S REPORT

Written reports on 122 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.

PUBLIC ACTIONS

Ahmad, Nasiha, MD

Notice of Charge and Allegations; Notice of Hearing executed 09/12/2006

Barber, Robert Anthony, MD

Consent Order executed 8/17/06

Barr, John Findley, MD

Consent Order executed 8/17/06

Beatty, Mary Allen, MD

Consent Order executed 09/14/2006

Beck, Jeffrey R., MD

Order of Summary Suspension of License and Notice of Charges and Allegations executed 7/28/2006

Blake, James Seaborn, MD
Notice of Charges and Allegations; Notice of Hearing executed 09/19/2006

Blair, James Seaborn, MD
Consent Order executed 8/16/06

Bodine, Victoria Lee, PA
Denial of Licensure executed 08/04/2006

Borden, Britt Michael, MD
Notice of Charges and Allegations; Notice of Hearing executed 09/12/2006

Botwright, Britt Michael, MD
Consent Order executed 09/19/2006

Bray, Anthony David, MD
Consent Order executed 8/18/06

Broderson, Joe Thomas, MD
Findings of Fact; Conclusions of Law and Order of Discipline executed 8/25/06

Ceh, Paula Jane, PA
Re-Entry Agreement executed 09/13/2006

Chavis, Robert Michael, PA
Re-Entry Agreement executed 09/20/2006

Clay, Denise Elaine, MD
Notice of Charges and Allegations; Notice of Hearing executed 7/25/06

Collins, Paul Dwayne, MD
Consent Order executed 7/24/06

Crow, Jimmie Ray, MD
Consent Order executed 09/06/2006

Dean, Patrick Joseph, MD
Consent Order executed 09/14/2006

Degelman, William Rink, MD
Notice of Charges and Allegations; Notice of Hearing executed 08/24/2006

Derbes, Linda Kaufman, MD
Amended Consent Order executed 8/18/06

Drake, Miles Edward, MD
Consent Order executed 08/17/2006

Fleischhauer, Thomas Frazee, MD
Notice of Charges and Allegations; Notice of Hearing executed 7/27/06

George, Pazhayidathe K., MD
Amended Consent Order executed 08/22/2006

Hammer, Michael, MD
Consent Order executed 07/25/2006

Imam, Naiyer, MD
Notice of Charges and Allegations; Notice of Hearing executed 08/15/2006

Jemsek, Joseph Gregory, MD
Findings of Fact; Conclusions of Law and Order of Discipline executed 8/21/06

Kabar, Edward, PA
Notice of Charges and Allegations; Notice of Hearing executed 8/21/06

Khan, Abdul Rahim, MD
Findings of Fact, Conclusions of Law, and Order of Discipline of April 27, 2006
vacated on 08/02/2006

Khayata, Mazen H., MD
Non-Disciplinary Consent Order executed 8/1/2006

Klepach, Garron Lewis, MD
Consent Order executed 08/02/2006

Kpeglo, Maurice Kobla, MD
Consent Order executed 08/11/2006

Labore, Francis Walter, PA
Re-Entry Letter of Completion executed 08/21/2006

Lackey, Victoria Donovan, MD
Re-Entry Letter of Completion executed 08/21/2006

Lassiter, Jennifer Whorley, MD
Re-Entry Agreement executed 8/21/06

Locke, Charles John, MD
Findings of Fact, Conclusions of Law, and Order of Discipline executed 08/23/2006

Long, Joseph Watson, NP
Notice of Charges and Allegations; Notice of Hearing executed 08/31/2006

Maselly, Michael Joseph, MD
Findings of Fact, Conclusions of Law, and Order of Discipline executed 08/23/2006

Mathew, Roy Jacob, MD
Consent Order executed 08/09/2006

Mathews, Robert Simon, MD

Notice of Charges and Allegations; Notice of Hearing executed 09/08/2006

Moore, James Tracy, MD

Notice of Charges and Allegations; Notice of Hearing executed 7/25/06

Neumann, Peter Ronald, MD

Consent Order executed 08/22/2006

Peltzer, Sonia Rapaport, MD

Re-Entry Completion Letter executed 8/28/06

Petitt, John Charles, MD

Findings of Fact, Conclusions of Law, and Order of Discipline executed 8/29/06

Pierson, Mark Edward, MD

Non-Disciplinary Consent Order executed 08/18/2006

Pittman, John Carl, MD

Amended Consent Order executed 7/26/06

Prasad, Sunil Narsing, MD

Notice of Charges and Allegations; Notice of Hearing executed 09/12/2006

Presnell, Tammy Murrelle, PA

Consent Order executed 7/24/06

Rasalingam, Sittampalam, MD

Findings of Fact, Conclusions of Law, and Order of Discipline executed 8/25/06

Reeves, Donna Faye, PA

Notice of Revocation executed 8/29/06

Reynolds, Craig Anthony, MD

Consent Order executed 08/17/2006

Richardson, Wendell Llywellyn, MD

Re-Entry Agreement executed 08/18/2006

Roberson, Kanoi, PA-C

Findings of Fact, Conclusions of Law, and Order of Discipline executed 8/25/06

Robertson, Elisabeth M., MD

Notice of Charges and Allegations; Notice of Hearing executed 8/21/06

Russell, Anthony Otis, MD

Notice of Charges and Allegations; Notice of Hearing executed on 09/08/2006

Ruiz, Esteban Alfonso, MD

Consent Order executed 08/10/2006

Sappington, John Shannon, MD

Consent Order executed 8/17/06

Shugarman, Richard Gerald, MD
Notice of Charges and Allegations; Notice of Hearing executed 09/08/2006

Sikes, Glenn Austin, MD
Re-Entry Agreement executed 09/14/2006

Smith, Tracey, PA
Notice of Charges and Allegations; Notice of Hearing executed 09/11/2006

Starr, Dorothy Elizabeth, PA
Consent Order executed 7/26/06

Stroud, Joan Marie, PA
Findings of Fact, Conclusions of Law, and Order of Discipline executed 09/18/2006

Tickle, Dewey Reid, MD
Notice of Charges and Allegations; Notice of Hearing executed 09/08/2006

Viscardi, Jeffrey Joseph, MD
Non-Disciplinary Consent Order executed 08/17/2006

Walker, Rogers Smith, MD
Notice of Charges and Allegations; Notice of Hearing executed 09/16/2006

Walsh, Alicia Ann, MD
Re-Entry Agreement executed 08/11/2006

Weinstein, Lisa Jacobs, MD
Re-Entry Agreement executed 09/08/2006

Welliver, Gary Evan, MD
Re-Entry Completion Letter executed 8/28/06

Wheeler, Acquenetta Vernecia, MD
Consent Order executed 09/14/2006

Whitaker, Albert, MD
Non-Disciplinary Consent Order executed 08/16/2006

Woglom, Peter B., PA
Consent Order executed 08/21/2006

Wohler, Johnathan Baumann, MD
Findings of Fact, Conclusions of Law, and Order of Discipline executed 08/23/2006

Wyble, Linda Gilbert, MD
Notice of Dismissal executed 8/21/06

EXECUTIVE COMMITTEE REPORT

Robert Moffatt, MD; Arthur McCulloch, MD; Janelle Rhyne, MD; Aloysius Walsh; George Saunders, MD

The Executive Committee of the North Carolina Medical Board was called to order at 10:40 am, Wednesday September 20, 2006 at the offices of the Board. Members present were: Robert C. Moffatt, MD, President; Harlan A. McCulloch, MD; Janelle A. Rhyne, MD; George L. Saunders, MD; and Aloysius P. Walsh. Also present were R. David Henderson (Executive Director), Hari Gupta (Director of Operations), and Peter T. Celentano, CPA (Comptroller).

Financial Statements

Mr. Celentano, CPA, presented to the committee the July 2006 compiled financial statements. July is the end of the first three quarters of fiscal year 2006.

Mr. Celentano commented to the Committee that total revenue for fiscal year 2006 is 5% over budget and total administrative expenses are 2% over budget at this time. The July 2006 Investment Summary was reviewed and accepted as presented.

Mr. Celentano stated he would have a proposal to present during the November Executive Committee meeting with options for our Certificate of Deposit which will mature in January 2007.

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

New Business

Proposed Budget - Fiscal Year 2007: Mr. Henderson and Mr. Celentano presented to the Executive Committee a draft of the Budget for fiscal year 2007. Dr. Rhyne made a motion to recommend to the full Board that it adopt the fiscal year 2007 Budget as presented. Mr. Walsh seconded the motion and the motion was approved unanimously.

Proposed CME Rule Change: Mr. Henderson reviewed with the Committee a recommendation made to the Board by Dr. Steven Willis asking the Board to consider amending the CME requirements under Title 21 N.C.Admin. Code Chapter 32 .0102 (1) to include "Performance improvement activities." Dr. Rhyne made a motion to accept the proposal and proceed with amending the rule under Chapter 32 .0102 (1) to include item (e) "Performance improvement activities" and to remove from (2)(c) "Office based outcomes research." Mr. Walsh seconded the motion and the motion was approved unanimously.

Proposed Change to RTL Law: Mr. Henderson reviewed with the Committee a recommendation made by Dr. Brian Goldstein, Dr. James McDeavitt, and Dr. Ala Koonts to change the date of annual registration for physicians who hold a resident training license. These physicians are requesting that individuals who hold a resident training license not be required to register on their birth date, but instead all registrations run from June 15 to June 15. In addition, they ask that in the final year of training, the license be extended to August 1. The Committee discussed whether the Board could waive the registration fee in the final year of the program if the resident would have to pay more than one fee for each year of residency. Dr. Rhyne made a motion to waive the fee in this situation. Mr. Walsh seconded the motion and the motion was approved unanimously.

The meeting was adjourned at 11:50am.

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

The Policy Committee of the North Carolina Medical Board was called to order at 12:15 p.m., Thursday, September 21, 2006, at the office of the Board. Present were: Arthur McCulloch, MD, Chair; Aloysius P. Walsh; and Janelle A. Rhyne, MD. Absent was George L. Saunders, MD. Also attending were: Michael Norins, MD, Board Member; Thomas Mansfield, JD, Director, Legal Department, NCMB (PC Staff); Todd Brosius, JD, Board Attorney, NCMB (PC Staff); Melanie Phelps, JD, North Carolina Medical Society; Dale Breaden, Public Affairs Director, NCMB; James Wall, Wall Esleeck Babcock, LLP; Katy Martinelli, PAC, NCAPA; and Mr. Jeffery T. Denton, Board Recorder (PC Staff).

July 2006 Policy Committee Meeting Minutes

The minutes from the July 19, 2006 Policy Committee Meeting were reviewed and accepted.

Physician Participation in Executions

At the July Policy Committee Meeting a motion passed that the below position statement was approved for publication in the *Forum* in order to receive comments. The Capital Punishment position statement is scheduled to be published in *Forum* No. 3, 2006, expected to go out in November 2006. It is anticipated that this position statement will be addressed at the January 2007 Policy Committee, following the comment period.

Capital Punishment

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

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

Relevant Provisions of AMA Code of Medical Ethics Opinion 2.06

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

which would assist, supervise, or contribute to the ability of another individual to directly cause the death of the condemned; (3) an action which could automatically cause an execution to be carried out on a condemned prisoner.

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

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

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

Supervision of Physician Assistants and Nurse Practitioners

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

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

Dr. McCulloch stated that it may be wise to spell out some factors that would constitute an appropriate quality assessment (chart reviews, educational topics discussed in detail, etc.). Dr. Rhyne agreed, stating that we need to articulate some general guidelines, yet be more specific.

Dr. Norins noted that this position statement establishes no consequences for failure to adequately supervise.

The following DRAFT position statement is being considered by the Policy Committee.

Physician Supervision

The physician who provides medical supervision of other licensed healthcare practitioners is expected to provide adequate oversight. The physician must always maintain the ultimate responsibility to assure that high quality care is provided to every patient. In discharging that responsibility, the physician should exercise the appropriate amount of supervision over a licensed healthcare practitioner which will ensure the maintenance of quality medical care and patient safety in accord with existing state and federal law and the rules and regulations of the North Carolina Medical Board. What constitutes an “appropriate amount of supervision” will depend on a variety of factors. Those factors include, but are not limited to:

- The number of supervisees under a physician’s supervision
- The geographical distance between the supervising physician and the supervisee
- The supervisee’s practice setting
- The medical specialty of the supervising physician and the supervisee
- The level of training of the supervisee
- The experience of the supervisee
- The frequency, quality, and type of ongoing education of the supervisee
- The amount of time the supervising physician and the supervisee have worked together
- The quality of written protocols for the guidance of the supervisee
- The supervisee’s scope of practice consistent with the supervisee 's education, national certification and/or collaborative practice agreement
- Other quality assurance measures in place

The **Physician Assistant Advisory Council** members provided the following comments regarding the above DRAFT Physician Supervision position statement.

Doug Hammer, MD

I would change “the quality of written protocols---“ to the use of recognized medical consensus guidelines for the supervisee.” Also, no minimum supervisory guidelines are expressed with regard to either quantity or quality. This is a mistake as I believe that mid-level practitioners require such supervision. I still think it was a mistake to drop the requirement for chart review. Perhaps we should discuss this at our next PAAC meeting. Thanks for the opportunity to comment and with best regards

Jim Hill, P.A.-C., M.Ed.

I agree with the overall policy as excellent advice for any physician/PA clinical/professional relationship. My thought, though, is that “the quality of written protocols for the guidance of the supervisee” is probably the least important criteria. A successful collaborative relationship depends much more on the interactions between the physician and PA than any written protocols which are, in realistic practice, infrequently used. That emphasis was part of the new guidelines requiring once monthly meetings for the first six months for newly hired PAs and then once every six month meetings for established PAs. Our emergency medicine group, Piedmont Emergency Medicine Associates, actually created a most effective system based on these new

guidelines which I am sure that Dr. Brian Moore, the Chief Medical Officer, would be willing to share if requested.

Thanks for the opportunity to provide feedback prior to the discussion. I will be working in the ER on Thursday and unable to attend the meeting.

Sue Reich, PA-C, MPAS

Along the lines of Jim Hill's response, I would echo that the "protocols" be down-played. On a practical basis, these can either become so tedious as to be non-functional because of rapid changes in medical practice or be so generic as to be moot.

I also wonder about the use of the word "practitioners." Because NPs include the word in their professional title and PAs do not, it seems that it would be better to use the words "licensed health care providers" to ensure that we are not talking about only one profession.

Action: (1) Dr. McCulloch and Mr. Brosius will continue to accept input and work with the legal department, Mr. Brosius, to further analyze this issue; (2) The Board of Nursing will be notified of the pending November 2006 discussion; (3) Mr. Mansfield will review the preamble to the position statements titled "What Are the Position Statements of the Board and to Whom Do They Apply?" with a look towards strengthening it.

RETENTION OF MEDICAL RECORDS – Position Statement Review (Walsh)
MEDICAL RECORD DOCUMENTATION - Position Statement Review (Walsh)

Mr. Walsh stated that review of these two position statements has been temporarily postponed. Ms. Phelps that there have been a current serious push regarding the issue of disposition of medical records of deceased physicians. This is a joint effort with the Medical Board and the Medical Society.

Action: Postpone review of these two position statement till the above issue is resolved.

Expert Witness Testimony

Background: Dr. McCulloch stated that this is a large and complex issue. He added that a decision to adopt a Board policy as a rule or a position statement is also a big issue. Mr. Mansfield suggested that the Board try to approach this through a position statement. Superior Court judges reviewing cases coming from the Board expect licensees to be on notice of conduct that might result in disciplinary action. A position statement could express clearly the Board's opinion on the subject. If at the end of that process the Board has not accomplished their goal of putting licensees on notice, then they could look at rule making.

Action: Dr. McCulloch will work with Mr. Brosius to draft a position statement on this subject to be presented at the November committee meeting.

FINAL POSITION STATEMENT REVIEW

As part of the final stage of adopting as position statement, the following three position statements have already been published in the *Forum* to receive public opinion. No comment was received.

- *The Retired Physician*
- *The Physician-Patient Relationship*
- *Care of the Patient Undergoing Surgery or Other Invasive Procedure (formally Care of Surgical Patients)*

- *Sexual Exploitation of Patients*

Motion: A motion passed for final adoption of the following three position statements as new and/or revised position statements of the Medical Board.

North Carolina Medical Board Position Statement

THE RETIRED PHYSICIAN

The retirement of a physician is defined by the North Carolina Medical Board as the total and complete cessation of the practice of medicine and/or surgery by the physician in any form or setting. According to the Board's definition, the retired physician is not required to maintain a currently registered license and **SHALL NOT:**

- provide patient services;
- order tests or therapies;
- prescribe, dispense, or administer drugs;
- perform any other medical and/or surgical acts; or
- receive income from the provision of medical and/or surgical services performed following retirement.

The North Carolina Medical Board is aware that a number of physicians consider themselves "retired," but still hold a currently registered medical license (full, volunteer, or limited) and provide professional medical and/or surgical services to patients on a regular or occasional basis. Such physicians customarily serve the needs of previous patients, friends, nursing home residents, free clinics, emergency rooms, community health programs, etc. The Board commends those physicians for their willingness to continue service following "retirement," but it recognizes such service is not the "complete cessation of the practice of medicine" and therefore must be joined with an undiminished awareness of professional responsibility. That responsibility means that such physicians **SHOULD:**

- practice within their areas of professional competence;
- prepare and keep medical records in accord with good professional practice; and
- meet the Board's continuing medical education requirement.

The Board also reminds "retired" physicians with currently registered licenses that all federal and state laws and rules relating to the practice of medicine and/or surgery apply to them, that the position statements of the Board are as relevant to them as to physicians in full and regular practice, and that they continue to be subject to the risks of liability for any medical and/or surgical acts they perform.

(Adopted 1/97)

(Adopted 1/97)

(Reviewed 9/06)

THE PHYSICIAN-PATIENT RELATIONSHIP

The duty of the physician is to provide competent, compassionate, and economically prudent care to all his or her patients. Having assumed care of a patient, the physician may not neglect that patient nor fail for any reason to prescribe the full care that patient requires in accord with the standards of acceptable medical practice. Further, it is the Board's position that it is unethical for a physician to allow financial incentives or contractual ties of any kind to adversely affect his or her medical judgment or patient care.

Therefore, it is the position of the North Carolina Medical Board that any act by a physician that violates or may violate the trust a patient places in the physician places the relationship between physician and patient at risk. This is true whether such an act is entirely self-determined or the result of the physician's contractual relationship with a health care entity. The Board believes the interests and health of the people of North Carolina are best served when the physician-patient relationship remains inviolate. The physician who puts the physician-patient relationship at risk also puts his or her relationship with the Board in jeopardy.

Elements of the Physician-Patient Relationship

The North Carolina Medical Board licenses physicians as a part of regulating the practice of medicine in this state. Receiving a license to practice medicine grants the physician privileges and imposes great responsibilities. The people of North Carolina expect a licensed physician to be competent and worthy of their trust. As patients, they come to the physician in a vulnerable condition, believing the physician has knowledge and skill that will be used for their benefit.

Patient trust is fundamental to the relationship thus established. It requires that:

- there be adequate communication between the physician and the patient;
- the physician report all significant findings to the patient or the patient's legally designated surrogate/guardian/personal representative;
- there be no conflict of interest between the patient and the physician or third parties;
- personal details of the patient's life shared with the physician be held in confidence;
- the physician maintain professional knowledge and skills;
- there be respect for the patient's autonomy;
- the physician be compassionate;
- the physician respect the patient's right to request further restrictions on medical information disclosure and to request alternative communications;
- the physician be an advocate for needed medical care, even at the expense of the physician's personal interests; and
- the physician provide neither more nor less than the medical problem requires.

The Board believes the interests and health of the people of North Carolina are best served when the physician-patient relationship, founded on patient trust, is considered sacred, and when the elements crucial to that relationship and to that trust—communication, patient

primacy, confidentiality, competence, patient autonomy, compassion, selflessness, appropriate care—are foremost in the hearts, minds, and actions of the physicians licensed by the Board.

This same fundamental physician-patient relationship also applies to mid-level health care providers such as physician assistants and nurse practitioners in all practice settings.

Termination of the Physician-Patient Relationship

The Board recognizes the physician's right to choose patients and to terminate the professional relationship with them when he or she believes it is best to do so. That being understood, the Board maintains that termination of the physician-patient relationship must be done in compliance with the physician's obligation to support continuity of care for the patient.

The decision to terminate the relationship must be made by the physician personally. Further, termination must be accompanied by appropriate written notice given by the physician to the patient or the patient's representative sufficiently far in advance (at least 30 days) to allow other medical care to be secured. A copy of such notification is to be included in the medical record. Should the physician be a member of a group, the notice of termination must state clearly whether the termination involves only the individual physician or includes other members of the group. In the latter case, those members of the group joining in the termination must be designated. It is advisable that the notice of termination also include instructions for transfer of or access to the patient's medical records.

(Adopted July 1995)

(Amended July 1998, January 2000; March 2002, August 2003, September 2006)

CARE OF THE PATIENT UNDERGOING SURGERY OR OTHER INVASIVE PROCEDURE*

The evaluation, diagnosis, and care of the surgical patient is primarily the responsibility of the surgeon. He or she alone bears responsibility for ensuring the patient undergoes a preoperative assessment appropriate to the procedure. The assessment shall include a review of the patient's data and an independent diagnosis by the operating surgeon of the condition requiring surgery. The operating surgeon shall have a detailed discussion with each patient regarding the diagnosis and the nature of the surgery, advising the patient fully of the risks involved. It is also the responsibility of the operating surgeon to reevaluate the patient immediately prior to the procedure.

It is the responsibility of the operating surgeon to assure safe and readily available postoperative care for each patient on whom he or she performs surgery. It is not improper to involve other licensed health care practitioners in postoperative care so long as the operating surgeon maintains responsibility for such care. The postoperative note must reflect the findings encountered in the individual patient and the procedure performed.

When identical procedures are done on a number of patients, individual notes should be done for each patient that reflect the specific findings and procedures of that operation.

(Invasive procedures includes, but is not limited to, endoscopies, cardiac catheterizations, interventional radiology procedures, etc. Surgeon refers to the provider performing the procedure)

**This position statement was formerly titled, "Care of the Surgical Patients."*

(Adopted September 1991)
(Amended March 2001. September 2006)

SEXUAL EXPLOITATION OF PATIENTS

It is the position of the North Carolina Medical Board that sexual exploitation of a patient is unprofessional conduct and undermines the public trust in the medical profession. Sexual exploitation encompasses a wide range of behaviors which have in common the intended sexual gratification of the physician. These behaviors include sexual intercourse with a patient (consensual or non-consensual), touching genitalia with ungloved hands, sexually suggestive comments, asking patients for a date, inappropriate exploration of the patients or physician's sexual phantasias, touching or exposing genitalia, breast, or other parts of the body in ways not dictated by an appropriate and indicated physical examination, exchanging sexual favors for services. Sexual exploitation is grounds for the suspension , revocation, or other action against a physician's license. This position statement is based upon the Federation of State Medical Board's guidelines regarding sexual boundaries.

Sexual misconduct by physicians and other health care practitioners is a form of behavior that adversely affects the public welfare and harms patients individually and collectively. Physician sexual misconduct exploits the physician-patient relationship, is a violation of the public trust, and is often known to cause harm, both mentally and physically, to the patient.

Regardless of whether sexual misconduct is viewed as emanating from an underlying form of impairment, it is unarguably a violation of the public's trust.

As with other disciplinary actions taken by the Board, Board action against a medical licensee for sexual exploitation of a patient is published by the Board, the nature of the offense being clearly specified. It is also released to the news media, to state and federal government, and to medical and professional organizations.

(Adopted May 1991)
(Amended April 1996, January 2001, September 2006)

Position Statement Review Schedule

The following position statements will be reviewed at the November 15, 2006 Committee Meeting:

- *End-of-Life Responsibilities and Palliative Care (Rhyne, Phelps)*
- *Advance Directives and Patient Autonomy (Rhyne, Phelps)*

There being no further business, the meeting adjourned at 12:50 p.m. The next meeting of the Policy Committee is tentatively set for 3:00 p.m. Wednesday, November 15, 2006.

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

ALLIED HEALTH COMMITTEE REPORT

Savesh Sathiraju, MD; Robin Hunter Buskey, PA-C; Don Jablonski, DO

The Allied Health Committee of the North Carolina Medical Board met on Wednesday, September 20, 2006 at the office of the Board. Present: Dr. Sathiraju, Chairperson, Robin Hunter-Buskey, Dr. Jablonski, Marcus Jimison, Legal, Lori King, CPCS, Licensing, Scarlett Gardner, Linda Dula, Elmira Powell and J. Patrick Carter.

DEA Supervision Rule Draft 21 NCAC 32B.1001. M. Jimison to discuss.

Board Action: Rule to apply to physicians supervising allied health professionals. M. Jimison amended draft. Approve amended Rule draft.

EMS Protocols. 07/19/06 AHC Meeting follow-up. Board Action: Dr. Sathiraju will review EMS protocols, address issues and send e-mail to Board Members and then discuss at 09/06 AHC meeting.

Board Action: Dr. Sathiraju compiled protocol summary and staff copied/distributed to AHC members. Approve EMS Protocols.

Inactive PA License – Reactivation and Reinstatement Applications. 21 NCAC 32S.0104. L. King to discuss current "forms" used and need to determine correct updated forms, approve and add to NCMB website.

Board Action: Staff to work on new PA reinstatement, reactivation applications/process and send to AHC members for review. Once reviewed, add to NCMB website. Accept information.

Initial PA Applicants File Review Process. L. King to discuss initial PA applicants file review process/ changes.

Board Action: PA initial application new process working well for AHC members. Accept information.

CPP Applications. Discussion regarding the process of completed CPP applications. Suggestion made to process the completed CPP applications by scanning the completed files to Allied Health Committee Members for review and only add the extracted CPP files to AHC agenda.

Board Action: Allied Health Committee members to review scanned CPP applications and add extracted CPP applications to the AHC agenda.

NC EMS Medical Services Disciplinary Committee Meeting – 06/15/06 Minutes and 07/19/06 Committee Report.

Board Action: Accept information.

NC EMS Medical Services Disciplinary, Advisory and Injury Committee Meetings.

EMS Disciplinary Committee Meeting - 08/16/06 report.
Disciplinary Committee – 07/19/06
Advisory Council – 05/09/06
Injury Committee - 05/09/06

Board Action: Accept information.

Perfusionist Report. Minutes and vote lists from June 22 and July meeting.

Board Action: Approved.

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 ten 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 PA-C Applicants – Approved

Name

Aeschleman, Ellen
Allen, Marchelle
Alvarez, Osvaldo
Banuchi, Michael
Bastide, Kimberly
Beauman, Glenn
Beharry, Ramona
Berg, Pilar
Bonham, Stephanie
Brock, Lauren
Burns, Tricia
Christy, Windy
Cohen, Keisha
Colosi, Rachelle
Curl, David H.
DeSantis-Wilcox, Maria
Filsinger, Michael
Furmick, Christine
Gaudin, Bonnie
Giordano, Joseph
Goodman, David
Hopkins, Michelle
Hutchins, Keith
Johnson, Alicia

Jones, Alaine
Kuhn, Lindsay
Landrigan, Lawrence
Lee, Allyson
Lentz, Jennifer
Maslow, Jason
McGraw, Chad
Meyer, Audrey
Mollette, Vikki
Navin, Mark
Nolte, Kimberly
Pohaski, Gretchen
Pyles, Kristen
Reed, Laura
Stone, Hoyt
Thakore, Janki
Vail, Christopher
Verni, Denise
Vilman, LeAnn
Walsh, Christina
Watson, Steve
Weber, Kathryn
Westbrook, Brent
Williams, Sara
Yow, Melissa

PA-C's Reactivations/Reinstatements

JENSEN, Kristian H., PA - Reactivation
MALDONADO, Jose L., PA - Reactivation

Additional Supervisor List

PA-C's

<u>Name</u>	<u>Primary Supervisor</u>	<u>Practice City</u>
Adams, Melanie	Goode-Kanawati, Beverly	Raleigh
Ambroise, Marie-Jacques	Ordonez, Esperanza	Raleigh
Arena, Kimberly	Kennelly, Michael	Charlotte
Avner, Barry	Mahan, Dennis	Fayetteville
Bailey, Cortis	Zacco, Arthur	Apex
Baker, English	Hoffman, Stanley	Huntersville
Baker, Robin	Sevier, Robert	Greensboro
Bartlette, Ashley	London, Deborah	Newton
Bellaw, Ryan	Bloomfield, Richard	Newport
Berry, Robin	Lam, Douglas	Pinehurst
Blair, Abbey	Powell, Bayard	Winston Salem
Boyer, Rachel	Abel, Mark	Rocky Mount
Brown, Loyce	McLean, James	Winston Salem

Brown, Richard	Christiansen, Sara	Morehead City
Brown, Richard	Mead, Robert	Morehead City
Brown, Richard	Partridge, James	Morehead City
Brys-Wilson, Jessica	Wilson, Moses	Nashville
Caffey, Karen	Hejazi, Masoud	Winston Salem
Caudell, Judd	Williams, Barton	Wilmington
Cederquist, Clarence	Brna, Theodore	Bailey
Ceh, Paula	Padula, Joseph	Fayetteville
Chase, Bradford	Taghizadeh, Behzad	Winston Salem
Chavis, Robert	Fernz, Miriam	Whiteville
Chavis, Robert	Rice, James	Southern Pines
Chen, Yuegang	Marterre, William	Winston Salem
Clark, Melissa	Vincent, Mark	Huntersville
Cooklish, Scott	Ohl, Matthew	Charlotte
Couture, Peter	Fisher, William	North Wilkesboro
Crowell, David	Bracey, Lisa	Wadesboro
Crutchfield, Catherine	Shepherd, James	Kannapolis
Daniel, Selwyn	Lowy, Ralph	Rolesville
Detrick, James	White, Michael	Rocky Mount
Dillow, Michael	Ahsanuddin, Rasheda	Morganton
Dolan, Margaret	Lawrence, Mary	Morehead City
Dowdall, Michelle	Tharwani, Hareh	Durham
Drinkwater, Don	Carlino, Richard	Raleigh
Drinkwater, Don	Cromwell, Christopher	Raleigh
Drinkwater, Don	Oschwald, Donald	Raleigh
Drinkwater, Don	Russell, Roger	Raleigh
Drinkwater, Don	Tortora, Frank	Cary
Driver, Phyllis	Monteith, Charles	Raleigh
Eidam, Jennifer	Powell, Bayard	Winston Salem
Evans, Sarah	McGough, William	Reidsville
Farmer, Kimberly	Janssen, Shelley	Clinton
Farmer, Kimberly	Pence, James	Wilmington
Farwell, Susan	Reece, Neil	Forest City
Ferron, Christopher	Guha, Subrata	Rocky Mount
Gillis, Katherine	White, David	Raleigh
Girskis, Jennifer	Marchuk, Jerome	Sylva
Gocke, Thomas	Rice, James	Southern Pines
Grafton, Nancy	Smith, Sean	Danbury
Green, Timothy	Bell, Brian	Cliffside
Gruner, Kristin	Teater, Donald	Canton
Guerra, Celinda	Wright, David	Durham
Gunn, Matthew	Maloney, Kelly	Durham
Gunter, Patricia	Mergy, James	Fayetteville
Guy, Thomas	Fisher, William	North Wilkesboro
Guy, Thomas	Nabors, Lawrence	Ronda
Haas, Kelli	Marston, William	Durham
Hall, Blaine	Maloney, Kelly	Durham
Harris, Janice	Rao, T.	Charlotte
Hart, Kristen	Olivito, Francesco	Sanford
Hedrick, Christina	Dean, Louis	Thomasville

Hedrick, Christina
Hedrick, Jessica
Hensler, Rachel
Hitter, Scott
Hogan, Danielle
Huggins, Charles
Jackson, Timothy
James, Julie
Jensen, Kristian
Johnson, Glen
Johnson, Glen
Johnson, James
Johnson, Shane
Johnson-Telfair, Adrena
Jones, William
Keen, Robert
Kinnally, Steven
Kowaleski, Jennie
Kramer, Clifford
Kurian, Mathew
Kurian, Mathew
Lacey, Donna
Landry, Christine
Laughter, Jennifer
Leaman, Jason
Leleux, Dolores
Leonard, Paul
Liepins, Andrew
Little, Audrey
Macklin, Carmen
Maldonado, Jose
Marcum, Stacy
McClung, Angela
McDowell, Julie
Medlin, Laura
Melgar, Tammy
Melgar, Tammy
Mikan, Erin
Minor, David
Moore, Tanya
Murray, Susan
Neunkirchner, Steven
Ogilvie, James
Oliver, Linda
O'Neill, Sandra
Overton, LeVon
Oxendine, Dinah
Paitsel, Lisa
Paitsel, Lisa
Paitsel, Lisa

Harris, Pamela
Robinson, Lindwood
Christiansen, Sara
Pence, James
Ng, Wing
Rucker, Tinsley
Tompkins, Kenneth
Waugh, Robert
Parnell, Jerome
Del Do, Shari
Hutchinson, Michael
Holmes, James
Diemont, Stephen
Mohamed, Mohamed
Nederostek, Douglas
Gioffre, Ronald
Beittel, Timothy
Merod, Marjorie
Dockery, Michael
Bowman, Robley
Mohiuddin, Masood
Covington, Valencia
Albright, Daniel
Pence, James
Adams, Robert
Peterson, Christopher
Dhawan, Surinder
Collins, Roger
Vargo, Jill
Ferguson, Robert
Falge, Robert
Vincent, Mark
Mead, Robert
Farrah, Victor
Lowy, Ralph
Mosalem, Ahmed
Traylor, Henry
Greene-Chandos, Diana
Lowy, Ralph
Sheehan, Theresa
Christiansen, Sara
Jones, Andrew
Mahan, Dennis
Loomis, Ralph
St. Clair, Steven
Nave, Lester
Bell, Joseph
Almirall, Peter
Heter, Michael
Janssen, Shelley

Thomasville
Raleigh
Carolina Beach
Wilmington
Raleigh
Fayetteville
Kitty Hawk
Durham
Raleigh
Dunn
Fayetteville
Winston-Salem
Charlotte
Greensboro
Laurinburg
Greensboro
Wilmington
Raleigh
Charlotte
Morganton
Morganton
Charlotte
Raleigh
Wilmington
Knightdale
Hendersonville
Sanford
Cary
Asheville
Fayetteville
Greenville
Huntersville
Burlington
LEXINGTON
Knightdale
Wilmington
Whiteville
Winston Salem
Selma
High Point
Carolina Beach
Chapel Hill
Fayetteville
Asheville
Concord
Sanford
Pembroke
Southport
Wilmington
Clinton

Paitsel, Lisa	Kirtley, Samuel	Shallotte
Paitsel, Lisa	Maultsby, James	Wallace
Paitsel, Lisa	Zinicola, Daniel	Rocky Point
Patel, Tanaya	Sachar, Ravish	Raleigh
Peace, Monica	Wilson, Moses	Nashville
Peterson, John	Kastner, Robert	Jacksonville
Peterson, John	Reece, Donald	Morehead City
Phillips, Erin	Wood, Lisa	Charlotte
Pineiro, Miguel	Mask, Allen	Raleigh
Pinkerton, Andrew	Mendolia, Thomas	Elkin
Pitre, Christopher	Lowy, Ralph	Rolesville
Quillen, Rocky	Almirall, Peter	Southport
Quillen, Rocky	Batish, Sanjay	Leland
Richardson, Lorenzo	Bowman, Robley	Morganton
Riley, Elizabeth	Godard, Michael	Roxboro
Rippel, Janet	Robinson, Lindwood	Raleigh
Romblad, Jason	Kammire, Gordon	Lexington
Rorie, Brandon	Baker, Clifton	Thomasville
Roseman, Virginia	Chan, Barry	Charlotte
Royal, Ja-Na'	Ugah, Nwannadiya	Raleigh
Rubio, Mary	Willett, Christopher	Durham
Salisbury, Steven	Del Do, Shari	Dunn
Schumacker, Clifford	Keever, Rachel	Forest City
Schwartz, Daniel	Taghizadeh, Behzad	Mount Airy
Sharpe, Sarah	Gerger, Zachariah	Charlotte
Sharpe, Sarah	Heil, Thomas	Charlotte
Shoaf, John	Dagher, Paul	Boone
Shock, Lisa	Godard, Michael	Roxboro
Shutak, Michael	Partridge, James	Morehead City
Siko, Christine	Hunter, Robert	Raleigh
Smith, Allyson	Curl, Kenneth	North Wilkesboro
Smith, Margaret	Fussell, Kevin	Winston Salem
Smith, Zachary	Caporossi, Jeffrey	Greensboro
Spencer, John	Wilson, Moses	Nashville
St. Clair, Robin	Blazing, Michael	Durham
Stanley, Glenn	Musapatike, Josphat	Henderson
Stein, William	Warburton, Mark	High Point
Sterling, Anthony	Hutchinson, Michael	Fayetteville
Stichman, Tad	Silver, William	Durham
Tallent, Greg	Yates, Rae	Sunset Beach
Taylor, Jeffrey	Carlino, Richard	Raleigh
Taylor, Jeffrey	Cromwell, Christopher	Raleigh
Taylor, Jeffrey	Oschwald, Donald	Raleigh
Taylor, Jeffrey	Russell, Roger	Raleigh
Taylor, Jeffrey	Taylor, Betsy	Raleigh
Taylor, Jeffrey	Tortora, Frank	Cary
Teague Clark, Karen	Freeman, Marshall	Greensboro
Tripp, Glenn	Mask, Allen	Raleigh
Turner, Rhiannon	Zban, William	Charlotte
Tyler, Jeffrey	Pecoraro, Francis	Wilmington

Valente, Sean	Aul, Christopher	fayetteville
Valente, Sean	Hutchinson, Michael	Fayetteville
Van Vooren, Amy	Musapatike, Josphat	Henderson
Wall, Luvae	Umesi, Joseph	mamers
Wangerin-Lile, David	Holmes, Matthew	Waynesville
Warden, Elyshia	Spencer, David	Winston Salem
White, Dale	Lowy, Ralph	Knightdale
White, Steven	Powell, Eddie	Roseboro
White, Tiniki	Umesi, Joseph	Cameron
	Uwensuyi-Edosomwan,	
	Fidelis	Charlotte
Wilson, Janet	Padula, Joseph	Fayetteville
Wong, David	Heil, Thomas	Charlotte
Wright, Georgianna	Vincent, Mark	Charlotte
Zagon, Laura		

NP Initial Applicants Approved

<u>NAME</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Baty, Otis	Knox, Angelina	Wilmington
Bowen, Betty	Thomas, Ricky	Jacksonville
Bullard, Deborah	Herion, John	Wilmington
Carroll, Cheryl	Hendricks, Anne	Durham
Clark, Cathy	McBurney, Richard	Boone
Collins, Mary	Larson, James	Chapel Hill
Crain, Rita	Cross, Alan	Chapel Hill
Diehl, Stephanie	Thomas, Koithara	Jacksonville
Estrera, Cleoanne	Sangvai, Devdutta	Durham
Faulkner, Leigh	Niess, Gary	Matthews
Freeland, Julie	Sukkasem, Yuthapong	Salisbury
Giaccone, Tiffany	Maynard, Eugene	Benson
Graves, Cherry	Adams, David	Cary
Gulledge, Marialice	Cowell, Brenda	Charlotte
Hibbert, Colleen	Prakash, Hemant	Concord
Hostetler, Mary	Cummings, James	Greenville
Johnson, Michele	Bosse, Michael	Charlotte
Johnson, Michele	Spangenthal, Selwyn	Charlotte
Kabbe, Angela	Berry, Richard	Whiteville
Kirk, Anna	Robinson, Derrick	Wilmington
Kiser, Erin	Ventura-Braswell, Ada	Fayetteville
Lunsford, Julie	Golightly, Michael	Franklin
Lupienski, Christine	Cummings, DeLora	Cary
Malone, Carolyn	Melvin, Shirley	Ft. Bragg
Mason, Dawn	Keener, Stephen	Charlotte
McLaurin, Angela	Jones, Michael	Fayetteville
Merritt, Karen	Cummings, James	Greenville
New, Fred	Warren, Thomas	Mooreville
Pickett, Marcie	LaMond, David	Charlotte
Saunders, Dew	Marx, John	Raleigh
Schultz, Heather	Pruthi, Raj	Chapel Hill
Sharpe, Rose	Covington, Connell	Raleigh
Stein, Nicole	Lestini, William	Raleigh

Stevenson, Amy
Stone, Morgan
Surrells, Danielle
Twogood, Kisuk
Wilds, Meaghan
Worsham, Leanna
Zoellner, Jamie L.

Cummings, James
Burkett, Donna
Glazier, Steven
Williams, Jerome
Wilson, Brett
Gross, Thomas
Lin, Shu

Greenville
Charlotte
Winston-Salem
Charlotte
Cary
 Mooresville
Durham

NP Additional Supervisor List

<u>APPLICANT</u>	<u>SUPERVISOR</u>	<u>PRACTICE CITY</u>
Adams, Judith	Morris, John	Flat Rock
Andrews, Elizabeth	Nicks, Bret	Winston-Salem
Bailey, Valerie	Smith, Michael	Greenville
Bierwirth, Wendy	Troiano, Jason	Raleigh
Biondi, Andrea	Gallagher, Keith	Fayetteville
Blackburn, Angela	Vincent, Mark	Huntersville
Blackwell, James	Vincent, Mark	Huntersville
Boyette, Candace	Burke, James	Durham
Brito, Sherley	Vincent, Mark	Huntersville
Broom, Kristen	Klinkner, Michael	Cary
Brown, Lisa	Vincent, Mark	Huntersville
Bryant, Lynn	Baker, Clifton	Thomasville
Bush, Linda	Albert, Susan	Wilkesboro
Byrd, Temple	Thomas-Montilus, Sandhya	Fayetteville
Cannon, Gregory	Doyle, Natalie	Wilson
Carballo, Darla	Weems, Larry	Charlotte
Cole, Portia	Patrick, William	Carthage
Collins, Sue	MacLean, Susan	Burnsville
Craig, Joan	Vincent, Mark	Huntersville
Crosby, Barbara	Buckner, Donald	Waynesville
Curran, Mary	Vincent, Mark	Huntersville
Deskin, Patricia	Pyles, Jerald	Hendersonville
Dunn, Darlene	Bell, Brian	Cliffside
Dunston, Catherine	Marx, John	Hillsborough
Durant, Monica	James, Michael	Greensboro
Ellington, Heather	Marx, John	Raleigh
Farringer, Gina	Lowy, Ralph	Knightdale
Fogarty, Kelly	Ventura-Braswell, Ada	Fayetteville
Ford, Marquita	Newman, Andrea	Raleigh
Fuller, Susan	Gates, Donna	Greensboro
Gill, Donna	Reece, Neil	Forest City
Glackmeyer, Kristine	Ingram, Alisa	Ft. Bragg
Greene, Natasha	Cook, Charles	Raleigh
Harris, Jean	Cummings, DeLora	Cary
Hearn, Penny	Cummings, DeLora	Raleigh
Herrera, Alida	Ingram, Alisa	Ft. Bragg
Ilesanmi, Adebola	Landis, Darryl	Winston-Salem
Ivey, Paula	Akhtar, Waheed	Goldsboro
Jessup, Ann	Dogra, Sunil	Chapel Hill
Johnson, Camille	Penders, Thomas	Washington

Johnson, Judith
Kanne, Geraldine
Kenny, Maria
Khan, Khurum
Knott, Beverly
Knotts, Sharon
Lane, Thomas
Leonard, Cynthia
Lewis, Carrie
Lewis, Margaret
Lewis, Margaret
Lewis, Patricia
Lewis, Patricia
Link, Maureen
Mackinnon, Sharon
Martines, Rosemary
McNeil, Jeffery
Meelheim, Helen
Melton, Rodger
Messick, Susan
Mintz-Smith, Rashonda
Mitchell, Mary
Moore, Tracy
Morgan, Phyllis
Murphy, Elisabeth
Nadel, Gayle
Nugent, Richelle
O'Hanlon, Loretta
Phelps, Shannon
Pickett, Stephanie
Plumer, Devon
Pritchett, Pamela
Rickert, Marlene
Robbins, Joan
Rosenbloom, Linda
Scaccia, Nicole
Schmehl, Deanna
Shankar, Ann
Sharpe, Daphne
Sharpe, Daphne
Shearer, Lisa
Sidiqi, Lee
Silver, Toni
Sisk, Yvette
Smith, Denene
Smith, Marilyn
Soule, Laurie
Spainhour, Mary
Springle, Avis
Starr, Jvonne
Starr, Robin

Sparks, Edwin
Deutsch, Margaret
Mahan, Dennis
Chang, Michael
Swords, Bruce
Vincent, Mark
Patterson, Kristine
Stephenson, Richard
Salter, Teresa
Griffith, Robert
Shultz, Kirkwood
Coats, Elaine
Johnson, Yolanda
Gopalakrishnan, Santosh
Vincent, Mark
Vincent, Mark
Marx, John
Rave, Michael
O'Meara, Thomas
Vincent, Mark
Vincent, Mark
Vincent, Mark
Heter, Michael
Carr, Sandra
Langlois, John
DeCoy, Donald
Crane, Steven
Bissell, Lewis
Jones, William
Phipps, Carl
Smith, Ronald
Vincent, Mark
Tyler, Douglas
Moya, Fernando
Romine, Cynthia
Syphard, Susan
Wellman, Samuel
Sparks, Edwin
Hale, Lynn
Henderson, Robert
Nash, Will
Pleasant, Henry
Charlesworth, Amy
Novembre, Emidio
Harris, Glenn
Vincent, Mark
Toledo, Charles
Twersky, Jack
Vradelis, Thomas
Vincent, Mark
Tananis, Leonard

Memphis
Raleigh
Fayetteville
Winston-Salem
Greensboro
Huntersville
Chapel Hill
Winston-Salem
Cary
Boone
Boone
Albemarle
Albemarle
Charlotte
Huntersville
Huntersville
Raleigh
Ft. Bragg
Kernersville
Huntersville
Huntersville
Huntersville
Wilmington
Fayetteville
Asheville
High Point
Hendersonville
Charlotte
Wilmington
Winston-Salem
Charlotte
Huntersville
Durham
Wilmington
Greensboro
Charlotte
Hickory
Charlotte
Winston-Salem
Winston-Salem
Sylva
Raleigh
Newport
Elkin
Laurinburg
Huntersville
Sylva
Durham
Morehead City
Huntersville
Rocky Mount

Stitt, Sharon	Khuri, Radwan	Memphis
Stitt, Sharon	Vincent, Mark	Huntersville
Sumner, Paula	Marx, John	Hillsborough
Tharrington, Laticia	Schmidt, Robert	Raleigh
Thompson-Zielke, Hazel	Kirby, Daniel	Gastonia
Tigner, Jennifer	Tynan, MacDara	Charlotte
Traywick, Marleen	Chen, Douglas	Indian Trail
Vawter, Jean	Berman, Larry	Charlotte
Vollbrecht, Marlar	Vincent, Mark	Huntersville
Wagner, Dianne	Marx, John	Raleigh
Wallace, Marlene	Vincent, Mark	Huntersville
Wilkins, Jennifer	Intini, Ronald	Wendell
Willits, Kathryn	Covington, Valencia	Charlotte
Wnuk, Susan	Blackwell, Samuel	Apex
Wnuk, Susan	Marx, John	Raleigh
Zawodniak, Susan	Wonsick, Melinda	Jefferson

NP Joint Sub Committee met at the office of the Board on September 20, 2006. P. Young, NC Board of Nursing will provide the Minutes.

LICENSING COMMITTEE REPORT

Michael Norins, MD, Chair; Robin Hunter-Buskey, PAC; Ralph Loomis, MD

ECU Brody School of Medicine request for ECFMG exemption

Catchline: ECU is seeking to expand its national and international activities. They are requesting an exemption from the ECFMG requirement for temporary or resident training license for the occasional international medical graduate resident physician wanting to do an elective at their institution.

Board Action: Request additional information from ECU regarding time frame of rotations and specifics on job duties. When information is received share with committee members by e-mail and return recommendation to the Board.

Amendment to 21 NCAC 32B .0315

Catchline: Several years ago the Board voted to accept a Certificate of Added Qualification for ABMS or AOA recognized specialty boards that did not require re-certification, to satisfy NCMB's 10-year rule. The National Osteopathic exam is now known as COMLEX. They also have an examination, COMVEX, equivalent to SPEX.

Board Action: Amend 32B .0315 to include: Certificates of Added Qualification; COMLEX AND COMVEX.

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

The Board reviewed 19 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 NCGS 143-318.11(a) 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 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

Aggarwal, Rahul
Ahmed, Zahoor
Almusaddy, Mousab O.
Amend, Amy Ann
Arvesen, Theresa Ann
Asare, Frederick Kwesi
Athavale, Kamlesh Vasant
Atluri, Kavitha Mummuni
Aziz, Saqib
Banerjee, Amal Chandra
Berger, Mitchell Zachary
Bidstrup, Kathryn Lauren
Blackmore, Jonathan Charles
Boertje, Douglas Lee
Bota, Robert Gheorghe
Brendese, John Joseph
Brunstad, Jill Kelly
Carleton, Christina Wescott
Carter, Monica Shamsid-Deen
Cecchini, Albert James
Charles, Kirk Lesly
Cole, Alisahah Janell
Condon, Erik James
Connors, Thomas Mitchell
Daniel, James Keith
DeAngelis, Kiernan Thomas
Delehanty, Timothy Allen
DeVaul, Mary Lou Varney
DiMichele-Manes, Andrea Teresa
Dizon, Kenneth Peter
Domaraju, Sarath Babu

Dubey, Subu
Edwards, Byard
Elinger, John Howard
Elsass, Thomas Robert
Enohmbi, Emmanuel Tambi
Evans, Susan Lynn
Farrell, Edwin Gayle
Fessler, Michael Brian
Fink, Burton Merrill
Foster, Darryl L.
Fricker, Richard Alan
Gaillard, John Palmer
Garroway, Neil Warren
Getz, Steven Joseph
Green, Rennae Suzette
Greenspan, Linda Irene
Guarino, Clinton Toms Andrews
Hastriter, Eric Vance
Hewitt, Keia Vennda-Rei
Hoffman, Matthew John
Holmes, Gilbert Larry
Huang, Benjamin Tai-Yuen
Hurt, Christopher Browning
Jerrett, Justine Greathouse
Jinnah, Riyaz Hassawali
Johnson, Niel Anthony
Joseph, Mark Allen
Jutras, Mark Livingston
Kassarjian, Ara
Kazel, Katy Lynn
Kerbow, Michele Marie

Kumar, Raj D.
Kuntz, Martin Andrew
Laber, Diane Krane
Lane, Whitney Lee
Lare, Sandra Bernice
LaRocca, Joseph Anthony
Larson, Sean Mark
Lawal, Adeyemi Adekunle
Lawrence, Julia Ann
Lee, Benjamin Pin-Hsun
Leimkuehler, Melissa May
Lesznik, George Richard
Li, Ho-Yin Adrian
Limkakeng, Alexander Tan
Lindsay, Catherine Elizabeth
Lopera, Jorge Enrique
Maddula, Mallareddy
Martin, Harold Lynn
Martinko, Thomas Michael
Mathapati, Shakuntala
Mathison-Ezieme, Linda Joy
McClory, Jill Anne
McGonegle, Shane James
McGuinness, John Lyle
McLorie, Gordon Arthur
Mehta, Alpa Arun
Meyer, Christopher George
Miller, James Richard
Miller, Linda Cartner
Moran, Harriet Jane
Morgan, Andrew Richard
Miller, Linda Cartner
Mukerji, Nirvan
Muncie, Herbert Lee, Jr.
Nandurkar, Sanjay Ganeshrao
Navarro, Felipe
Nayal, Vandana
Nieves-Arriba, Lucybeth
Nogo, Adnan
Novak, James Edmund
Oberer, Daniel Michiel
O'Donnell, Brian Peter
Oh, John Namki
Orendorff, Rebecca Lynn
Osuala, Friday Ugombuchi
Papez, Michael James
Parrish, Thomas Earl
Patel, Aneel Nathoobhai
Patel, Chetan Bharat
Patel, Jaimita Vipulkumar
Patel, Kavita Mukund
Patel, Niloy Chuni
Peabody, Cecilia Anne
Peter-Wohl, Sigal
Peykar, Sidney
Piland, Kelly Sue
Potti, Anil
Pryor, Evelyn Baranco
Qureshi, Amer
Ramirez, Maria Eugenia
Rager, Kristin Michele
Rao, Sabina
Raymond, Elizabeth Gray
Reddy, Shrimani
Reiber, Elmer William
Richardson, Don Harlor
Rivelli, Sarah Kerry
Roberts, Tisa Ochelle
Rosenbaum, Robert Edward
Salleh, Judith Salaam
Sauerwein, Bjorn
Scheuer, Alfred Quinn
Schmitz, Gillian Rickmeier
Semple, James Francis
Shirley, Michael Alan
Shoroye, Olaseni Alexander
Shu, Fred Ping-Hao
Shukla, Ajay Kumar
Siddique, Sufia
Simays, Andrew Edward
Singleton, Adrienne Hutton
Smith, David Arthur
Smith, Jacqueline Nicole
Soosaimanickam, Seraphine Anitha
Sponberg, Christopher Nils
Sran, Manjinder Singh
Staton, Gerald Wayne
Stewart, John Ernest
Szalkowski, Maciej
Talreja, Deepak Roshan
Talton, Charles Chadwick
Tehsin, Athar Hussain
Thompson, Christopher Charles
Tran, Bao Quoc
Treece, Amy Elaine
Trimble, Stewart Alan
Tuten, Harry Lane, Jr.
Velasco, Hugo Alberto
Voedisch, Carrie Beth
Volin, Jill Catherine
Wallmeyer, Kenneth William
Walsh, IV, Thomas Fleming

Wang, Yi-Zhe
Warren-Ulanch, Julia Gladys
Wechsler, Daniel Steven
Welch, Jon Eric
Wessel, Richard Frederick, Jr.
White, Andrea Alison
Wilhelm, Olayinka Olawale
Williams, Dwight Morrison

Williams, Harry Kenneth
Winell, Jenifer Jo
Witt, Cynthia Jo
Wohl, Darren
Yasin, Syed Muhammad Ali
Zimmerman, Eugenia Fay
Zorn, Jeffrey George
Zufelt, Michael D.

LICENSES APPROVED BY ENDORSEMENT AND EXAM

Rahul Aggarwal
Zahoor Ahmed
Mousab O. Almusaddy
Amy Ann Amend
Theresa Ann Arvesen
Frederick Kwesi Asare
Kavitha Mummuni Atluri
Saqib Aziz
Amal Chandra Banerjee
Kathryn Lauren Bidstrup
Douglas L. Boertje
Robert Gheorghe Bota
John Brendese
Christina Wescott Carleton
Monica Shamsid-Deen Carter
Albert James Cecchini III
Kirk Lesly Charles
Alisahah Janell Cole
Erik James Condon
Thomas Mitchell Connors
Kiernan Thomas DeAngelis
Timothy Allen Delehanty
Andrea Teresa DiMichele-Manes
Kenneth Peter Dizon
Byard Edwards III
John Howard Elinger
Thomas Robert Elsass
Emmanuel Tambi Enohmbi
Susan Lynn Evans
Michael Brian Fessler
Richard Alan Fricker
John Palmer Gaillard IV
Neil Garroway
Steven Joseph Getz
Rennae Suzette Green
Linda Irene Greenspan
Eric Vance Hastriter
Keia Vennda-Rei Hewitt
Matthew John Hoffman
Gilbert Larry Holmes

Benjamin Tai-Yuen Huang
Christopher Browning Hurt
Justine Greathouse Jerrett
Riyaz Hassawali Jinnah
Niel Anthony Johnson
Mark Allen Joseph
Mark Livingston Jutras
Ara Kassarian
Michelle Marie Kerbow
Raj D. Kumar
Martin Andrew Kuntz III
Diane Krane Laber
Whitney Lee Lane
Joseph Anthony LaRocca
Sean Mark Larson
ADEYEMI ADEKUNLE LAWAL
Julia Ann Lawrence
Benjamin Pin-Hsun Lee
Melissa May Leimkuehler
George Richard Lesznik
Ho-Yin Adrian Li
Alexander Tan Limkakeng Jr
Catherine Elizabeth Lindsay
Jorge Enrique Lopera
Harold Lynn Martin
Thomas Michael Martinko
Shakuntala Mathapati
Linda Joy Mathison-Ezieme
Jill Anne McClory
Shane James McGonegle
John Lyle McGuinness
Gordon Arthur McLorie
Alpa Arun Mehta
Christopher George Meyer
James Richard Miller
Andrew Richard Morgan
Nirvan Mukerji
Sanjay Ganeshrao Nandurkar
Felipe Navarro
Vandana Nayal

Lucybeth Nieves-Arriba
James Edmund Novak
Brian Peter ODonnell
Daniel Michiel Oberer
Rebecca Lynn Orendorff
Friday Ugombuchi Osuala
Michael James Papez
Thomas Earl Parrish Jr.
Chetan Bharat Patel
Kavita Mukund Patel
Nilay Chuni Patel
Cecilia Anne Peabody
Sigal Peter-Wohl
Sidney Peykar
Kelly Sue Piland
Anil Potti
Evelyn Baranco Pryor
Amer Qureshi
Kristin Michele Rager
Sabina Rao
Elmer William Reiber II
Sarah Kerry Rivelli
Tisa Ochelle Roberts
Robert Edward Rosenbaum
Judith Salaam Salleh
Bjorn Sauerwein
Alfred Quinn Scheuer
Gillian Rickmeier Schmitz
James Francis Semple
Michael Alan Shirley
Fred Ping-Hao Shu
Ajay Kumar Shukla
Andrew Edward Simays III
Adrienne Hutton Singleton
David Arthur Smith
Jacqueline Nicole Smith
Seraphine Anitha Soosaimanickam
Christopher Nils Sponberg

Manjinder Singh Sran
Gerald Wayne Staton Jr.
John Ernest Stewart
Maciej Szalkowski
Deepak Roshan Talreja
Athar Hussain Tehsin
Christopher Charles Thompson
Amy Elaine Treece
Jill Catherine Volin
Kenneth William Wallmeyer
Thomas Fleming Walsh, IV
Yi-Zhe Wang
Julia Gladys Warren-Ulanch
Daniel Steven Wechsler
Jon Eric Welch
Andrea Alison White
Cynthia Jo Witt
Darren Wohl
Syed Muhammad Ali Yasin
Eugenia Fay Zimmerman
Jeffrey George Zorn
Michael D. Zufelt

Reinstatements

Abhik Biswas
Ralph C. Hughes III
Bhanumathy Krishnamurthy
Samuel Oliver Massey
Peter Howard Michelson
Khalid Naqi
John David Ward II

Reactivation

Keith Bryson
Arthur Davis

Faculty Limited License

Leslie Ellis (Wake Forest University)

NP JOINT SUBCOMMITTEE REPORT

Savesh Sathiraju, MD; Robin Hunter Buskey, PA-C; Don Jablonski, DO

A meeting of the Joint Subcommittee was held at the North Carolina Board of Nursing office in Raleigh on May 17, 2006. Meeting convened at 12:30 p.m.

Members Present: Robin Hunter-Buskey, MPAS, PA-C (NCMB), Chair; Sarvesh Sathiraju, MD (NCMB); Donald E. Jablonski, DO (NCMB); Gale Adcock, RN, FNP (NCBON); Mary Ann Fuchs, RN (NCBON); Daniel C. Hudgins, Public Member (NCBON). Staff Present: David Henderson, Executive Director (NCMB); Marcus Jimison, Legal Counsel (NCMB); Quanta Williams, PE Coordinator (NCMB); Linda Thompson, RN – Director - Education & Practice (NCBON); Ann

Forbes, RN, Practice Consultant (NCBON); Julia L. George, RN, Manager-Practice Enhancement (NCBON); Jean H. Stanley, Administrative Assistant to MJC and NCBON; Paulette Young, Administrative Secretary – Practice (NCBON); Polly Johnson, RN, Executive Director (NCBON); David Kalbacker, Director – Public Information (NCBON); Jack Nichols, Legal Counsel (NCBON); Donna Mooney (NCBON); Guests: Scarlet Gardner, Legal Counsel – NC Medical Society; Melanie Phelps – NC Medical Society; Gail Pruett – NCNA; Bobby Lowery, FNP; Patricia Dieter; Lisa Shock – Past President – NC Academy of Physician Assistants; Jeff Katz – President Elect – NC Academy of Physician Assistants; Mark Katz – NC Academy of Physician Assistants; Katie Martinelli, PA-C – NC Academy of Physician Assistants GA Comm.; Peggy Robertson, PA-C

MOTION: That the minutes of March 15, 2006 be accepted as presented. Passed.

Public Actions: This has been added as a standing item on the agenda. Mr. Jimison gave a report on the five public actions taken against NPs by the North Carolina Medical Board since November 2005. Mr. Nichols asked how NCMB decides whether to report to the National Practitioners Databank. Documentation was provided. Mr. Jimison stated that everything that falls within the NPDB guidelines gets reported. All public actions are reported.

Mr. Nichols asked the same question of Ms. Mooney. She stated that they have not decided yet since all of their actions will be reported to NPJS by both Boards in the future, but all of their public actions are reported to NURSYS (a national database for all reporting of actions against nurses in any jurisdiction). They also report any actions taken against nurses to the Inspector General's Office and have a contract to report actions to HIPDB. Probations on licenses are reported to the databanks.

Reporting to databanks should be added to the agenda.

Ms. Adcock noted that the word license had been used instead of approval in one of the consent orders. Mr. Jimison said he would remind his colleagues that NCMB grants approvals – not licenses – to NPs.

Old Business: NP Rule Changes were approved by NCMB on May 17, 2006. The Board of Nursing had not yet met, but the rule changes are on their agenda.

Staff members of the two Boards have been working on updating the application questions. There has been some progress made on this and they are continuing to meet. A draft of the proposed questions was presented as a "work in progress". Dr. Sathiraju asked if the questions were the same for NPs and MDs. Ms. Johnson stated that there were a lot of similarities. A draft of the questions will be prepared and sent out to members before the July meeting.

New Business: Staff members have been working on the proposed disciplinary rules. They hope to have the proposed disciplinary rules completed within the week. Mr. Henderson recommends tabling this until the next meeting.

They are also working on proposed joint protocols (alternative program protocols and discipline protocols). Joint investigations will be included in the proposed joint protocols. There has been discussion about the need to develop a policy for random visits to NPs. NCMB has started making these visits. A process needs to be set up for random visits. The staff will be working on forming the criteria for random visits and publishing this information so that NPs will be prepared (i.e. if visit occurs when the NP has multiple patients and minimal time). Dr. Sathiraju inquired

about the reasoning for the random visits that have occurred – if it was because of disciplinary issues. Ms. Johnson stated that he should ask the Medical Board staff. She stated that the Board of Nursing has done requested visits to help educate about what the practice arrangement should look like as well as practice quality improvement programs. The Board of Nursing has not yet done any uninvited visits. If they do uninvited visits: Why are they doing them and what are they informing individuals about? Ms. Adcock was concerned about unannounced visits that didn't have any particular objective. Mr. Henderson stated that the Medical Board does random visits to PAs and supervising physicians.

A motion was 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 one application for approval. A written report was presented for the subcommittee's review. The subcommittee adopted the 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.

MOTION: To conditionally approve the application pending receipt of dismissal documentation. Passed.

Meeting Schedule for 2006: July 19, 2006 and September 20, 2006 - *North Carolina Medical Board, 1203 Front Street, Raleigh, NC 27609;* November 15, 2006 - *North Carolina Board of Nursing, 3724 National Drive, Ste. 201, Raleigh, North Carolina.*

MOTION: 1:38 p.m. Meeting be adjourned

RE-ENTRY SUBCOMMITTEE REPORT

EK Fretwell, PhD, Chair; Michael Norins, MD; Ralph Loomis, MD

The Reentry Subcommittee of the North Carolina Medical Board was called to order at 10:30 a.m., Wednesday, September 20, 2006, at the office of the Board. Members present were: E. K. Fretwell, PhD, Chair; Michael Norins, MD; and Ralph Loomis, MD. Also attending were: Joy Cooke, Licensing Director (Staff); Michael Sheppa, MD, Interim Medical Director; Thomas Mansfield, JD, Director, Legal Department (Staff); and Jeffery Denton, Recorder (Staff).

North Carolina Reentry Summit Meeting

- Jeff reported that invitational letters were mailed on August 22, 2006 to 20 people.
- Through telephone, email and correspondence 19 of those invited (or their alternates) have agreed to attend the November 14 meeting at the office of the Board.
- Presentation format for the town meeting style meeting was discussed. There will be four panels corresponding to the four topics listed in the invitation letter. Committee personnel are to contact co-panelist within the next seven days and report contact and acceptance to Jeff. Attendees will assist with the panels with Committee Members and staff as follows:

- ☑ Dr. Norins, Dr. Johnson and Ms. Clothier: “How is reentry planning tied in with current national concerns about continuing physician competence and patient safety?”
- ☑ Mr. Mansfield and Ms. Ciccone (or other appropriate person): “What arrangements or options can be most useful to participants in reentry programs (and their mentors)?”
- ☑ Dr. Fretwell, Dr. Andolsek, Dr. McCartney and Dr. Petrozza: “How can training institutions assist in the reentry process?”
- ☑ Dr. Loomis and Ms. Hendrix: “How do we overcome the barriers of finance and liability?”
- Dr. Fretwell will draft a cover letter for the agenda, briefing papers, attendee list and map. This will be mailed out in two weeks.
- Possible briefing papers:
 - ☑ Summary of the third Physician Accountability for Physician Competence summit.
 - ☑ Maintaining and Improving Health Professional Competence: The Citizen Advocacy Center Road Map to Continuing Competency Assurance.
 - ☑ Executive summaries of *To Err is Human* and *Bridging the Gap*. (Dr. Sheppa to check into.)
 - ☑ Paper on Reentry from the Federation of State Medical Boards Special Committee on Maintenance of Competency. (Dr. Norins to track the release of this document.)

Reentry Agreements, Orders, etc.

- The evolution of reentry orders was discussed. First consent orders, then “reentry agreements and orders,” and now just “reentry agreement.”
- Dr. Norins stated that he was under the impression that the reentry agreements were to be put on a separate section on the web site away from the disciplinary orders.
Action: Mr. Mansfield is to talk to Mr. Gupta, Operations Director about this concept.
- The committee discussed whether these “public files” (reentry agreements) should remain on the web site forever. Dr. Norins stated that in a recent “exit interview” with a reentry participant it was mentioned that a patient who goes to the Board’s web site and finds a public file sees that automatically as a negative. It seems that 99% of public files are disciplinary actions. The committee also discussed the effect of licensees having to report their reentry agreements in the future to other medical boards, etc.
- Mr. Mansfield stated that if these “agreements” were expunged after completion, a practitioner could go to another state and lawfully indicate on an application that they had never had a public action.
- It was noted that Mr. Breaden, Public Affairs Director, had reported that these numbers

are reported to the Federation of State Medical Boards and remains a part of that record. If expunged, the data would have to be retracted from the FSMB as well.

- Dr. Norins stated he wants to be able to tell reentry candidates (1) that they have an “agreement,” (2) it will be segregated on our web site away from disciplinary actions, and (3) it will be counted as a Board action for reporting purposes.

Action: Dr. Fretwell and Mr. Mansfield will talk to Mr. Breaden regarding how to handle this on the web site (disclaimer, no “red” yes, segregate, definition of “reentry agreement,” etc.).

- In recent reviews of reentry agreements, Dr. Norins found it very unclear whether a member of the Reentry Subcommittee had reviewed the agreement prior to execution or not. He had previously been told it was the process for a committee member, preferably the “shepherd,” to review the agreement to ensure it still contained all the details and nuances that had been painstakingly worked out between the shepherd and the applicant. “If we are going to the trouble of developing an individualized reentry plan then we should make sure it is in fact what was worked out.” (and is reflected in the agreement)

Action: The process is as follows: once a shepherd Board Member is identified, he/she will be tied to the entire process, including review of the agreement prior to signature.

Completion Letter

A recent Reentry Completion Letter was reviewed. Dr. Fretwell thought that perhaps the last sentence – “We would like to remind you that you should disclose the conditions of your Reentry Agreement upon application for a medical license in any other state.” – was not a positive note to end the agreement on.

Mr. Mansfield stated that he had not heard of any negative feedback from any of the participants that had received the letter.

Indiana Medical Board Letter Request

In May the Board was informed that the Indiana Medical Board was working with their attorney general’s office and other entities with regards to the reentry question. A letter was sent to the Indiana Medical Board on June 19, 2006 inquiring the status of this endeavor.

Mr. Mansfield reported that he had received a voice mail from Mr. Rinebold stating that he would work with the North Carolina Medical Board in whatever endeavor we desired.

Action: (1) Mr. Mansfield will again follow-up with Mr. Rinebold and get details on Indiana’s program and how it is working out. (2) Mr. Mansfield was instructed to invite Mr. Rinebold to submit any written materials he might like to share and to attend our Summit (at his own expense).

The next regular meeting of the Reentry Subcommittee is tentatively set for Wednesday, November 15, 2006.

COMPLAINT COMMITTEE REPORT

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

In addition to the Complaint report noted below the Board also approved paying for ABMS verifications.

For background purposes, in 2000 the CC requested that staff verify specialty thru ABMS on all complaints. Dr. Sheppa believes this information is important when reviewing issues related to licensees and he also uses it in investigative case reviews.

Until recently each staff could do 5 free searches per day which was sufficient. However, ABMS support staff sent us an email that indicated that it appeared we were using their website in a manner it was not intended (for business purposes, etc) and we ran the risk of losing our search ability.

Dr. Sheppa spoke with ABMS but they had little sympathy for our plight. He was informed that medical boards do not qualify for free searches. He was informed that we would have to purchase a package and their regular yearly package is \$499.00 **per year** for **one user**.

The committee was asked to decide if this information is still necessary as part of the review process. We do not verify specialty as part of licensure. Hari informed Dr. Sheppa that as part of registration licensees are now requested to inform the Board of: specialty, if they are certified, and if they are certified thru ABMS and this information is available in GLS.

BOARD ACTION: Recommend purchase a yearly package. David Henderson to contact FSMB for assistance in resolving long term issue with ABMS for all medical boards.

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, 143-318.11(a) 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 133 complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

PROFESSIONAL LIABILITY INSURANCE PAYMENTS

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

In addition to approving the PLIP report noted below the Board also approved the following process change for handling malpractice reports.

Background: In April 2006 the Board voted to send out all applicable (active, etc) liability payment cases for expert review and re-examine the process in 90 days. The process was discussed at the July 2006 meeting and it was decided at that time to continue with the April process to gather more data.

The process below is the suggested change to the April 2006 process. The process has been reviewed and approved by David Henderson, Mr. Walsh, Dr. Sheppa and Judie Clark. The major change from the April process is that OMD and/or sub-committee will determine if/when a case needs to go out for expert review rather than sending out every case. Additionally there will be a sub-committee review (as in the complaint review process) before going to full committee/Board.

- **Obtain a written response from licensee when appropriate,
- ***Obtain records from licensee or hospital when appropriate,
- Request Plaintiff attorney to provide information as appropriate for Board review,
- Report prepared for OMD review to include licensee response, records and past history, etc.
- OMD will make initial recommendations to sub-committee to include but not limited to: AAI, PLOC, send out for expert review, II, etc.
- If OMD unable to make initial recommendation then case is: 1) Sent to a committee member of appropriate specialty for further review, or 2) Sent out for expert review,
- Report submitted to subcommittee for recommendation to the committee. Report to include history, licensee response, OMD comments and any other reviews obtained. Sub-committee includes OMD, Comp. Dept. Director, Committee member,
- Full report submitted to full committee for review of sub-committee recommendation,
- Full report submitted to Board for approval of committee recommendation.

**April 2006 Board Action states that when a report is received and it falls into the category that a response may not be requested, i.e., inactive, no payment, the OMD or Complaint Dept. Director will determine if above process is applicable. If not applicable the Information will be reported to the Board as per March and August 2003 Board Actions.

***Staff will not be able to obtain records if the care was provided out of state. Committee will need to determine whether liability payment report and MD response are sufficient to send for expert review.

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, 143.-318.11(a) and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

The Professional Liability Insurance Payments Committee reported on 47 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, George Saunders, MD; Ralph Loomis, MD

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

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

A motion passed to return to open session.

NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT

Sarvesh Sathiraju, MD; Don Jablonski, DO

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

The Board reviewed 42 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; Sarvesh Sathiraju, 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, 143-318.11(a) 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 77 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, 143-318.11(a) and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

Twenty-six 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 September 22, 2006.

Janelle A. Rhyne, MD
Secretary