

MINUTES

North Carolina Medical Board

July 18-20, 2007

**1203 Front Street
Raleigh, North Carolina**

Minutes of the Open Sessions of the North Carolina Medical Board Meeting July 18-20, 2007.

The July 18-20, 2007, meeting of the North Carolina Medical Board was held at the Board's Office, 1203 Front Street, Raleigh, NC 27609. The meeting was called to order at 8:05 a.m., Wednesday, July 18, 2007, by H. Arthur McCulloch, MD President (May 16 and 17 only). Board members in attendance were: Janelle A. Rhyne, MD, President Elect (July 19-20 only); George L. Saunders, III, MD, Secretary; Ralph C. Loomis, MD, Treasurer; Donald E. Jablonski, DO (July 18-19 only); John B. Lewis, Jr., JD; Robert C. Moffatt, MD; Michael E. Norins, MD; Peggy R. Robinson, PA-C; and Sarvesh Sathiraju, MD.

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

MISCELLANEOUS

Presidential Remarks

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

Mr. Henderson recognized Ms. Clark for ten years of service on the Board. Mr. Aloysius Walsh, Past Board Member dialed-in providing laudatory comments for Ms. Clark. Mr. Mansfield recognized Mr. Blankenship and Mr. Jimison both for five years of service on the Board.

New Board Member – Thelma C. Lennon

Dr. McCulloch read the Oath of Office to Ms. Lennon. He then welcomed and introduced her as a newly appointed Board Member. Ms. Lennon was appointed by Governor Easley to relieve E. K. Fretwell, PhD, following his resignation for health reasons.

Federation of State Medical Boards, Board of Directors Report

Robin N. Hunter Buskey, PA-C updated the Board regarding the recent meeting of the FSMB Board of Directors.

Recusals – A Presentation by Nancy Hemphill, JD

Ms. Hemphill gave a short PowerPoint assisted presentation to Board Members regarding the dos and don'ts of recusals.

Doctors of Concern (DOC) Score Presentation

A brief presentation regarding a method being developed to objectively and consistently evaluate and assess a physician licensee's past history with the Board was given by Dr. Kirby, Asst. Medical Director.

MINUTE APPROVAL

Motion: A motion passed that the June 20, 2007, Board Minutes are approved as presented.

BEST PRACTICES AD HOC COMMITTEE REPORT

George Saunders, MD, Chair; Michael Norins, MD; Robert Moffatt, MD; Ralph Loomis, MD; Janelle Rhyne, MD; Donald Jablonski, DO

The Best Practice Ad Hoc Committee of the North Carolina Medical Board was called to order at 1:20 p.m., Thursday, July 19, 2007, at the office of the Board. Members present were: George Saunders, MD, Chair; Michael Norins, MD; Robert Moffatt, MD; Ralph Loomis, MD; and Donald Jablonski, DO. Also attending were: David Henderson, JD, Executive Director (Staff); Hari Gupta, Operations Director; Judie Clark, Complaints Director; Nancy Hemphill, Special Projects Coordinator; and Jeffery Denton, Recorder (Staff). Absent was Janelle Rhyne, MD.

The May 2007 Committee Meeting Minutes were accepted as distributed.

Topics were discussed as follows:

Topic A: What is the function of the Board and where will it be in 5 to 10 to 15 years from now? (Saunders, Jablonski, Rhyne, Norins)

- (4) Look at complaints and publish the quality of those complaints. Share this information with the medical school administrators, institutions, medical societies, etc. Share problems with others.

Mr. Gupta and Ms. Clark presented statistics for type of primary allegation for initial complaints for the year 2006. A discussion ensued. (April 2007)

Status: The committee would like to obtain additional data; (1) Case study of the next 200 complaints, (2) All initial allegations listed for each complaint, (3) Final determination of the case determined, and (4) follow-up case study in one year. Dr. Saunders and Dr. Norins will be the point-members for this project. (July 2007)

- (5) Board needs to expand contact and interactive base. Reach out to other organizations, such as the Old North State Medical Society, the NC Osteopathic Medical Association, Institute of Medicine, and Carolinas Center of Clinical Excellence.

Consider appointing specific liaisons from key outside organizations to facilitate communication and cooperation with the Medical Board.

Status: The following list is provided as a starting point. For those organizations that do not have Medical Board representations (as members or otherwise) an effort will be made for Board representation and presentations at their annual meetings. Dr. Saunders and Mr. Henderson will be the point persons for this project. (July 2007)

Organizations: North Carolina Hospital Association, all specialty and subspecialty boards in North Carolina, North Carolina Osteopathic Medical Association, North Carolina Society of the American College of Osteopathic Family Physicians, AHEC, Carolina Center for Medical Excellence, Medical Mutual, and the North Carolina Academy for Physician Assistants.

Topic B: Hearings – is there a better way? (Rhyne, Loomis & Legal)

- (2) Put Bench Book on the Board Book CD and distribute hard copy to all Board Members.

Mr. Henderson reported that the Bench Book is about 90% done. He will shoot to have it on the Board Book in May. He would prefer to have some discussion about it prior to putting it on the Board Book. Dr. Moffatt suggests having this finished before the presiding officer training. (May 2007)

Status: Review of the Bench Book is complete. Hard copies will be provided to all Board Members and a digital copy will be placed on the Board Book CD for the next Board Meeting. (July 2007)

Topic C: Proper division of responsibility between Board and staff. (Norins, Loomis)

- (1) Appoint subcommittee to study empowerment of staff. This should be a priority. Set specific protocols for staff under specific conditions such that staff can be empowered and yet the Board feels it has sufficient oversight that it is confident that the Board's wishes are being carried out.

Status: The subcommittee will consist of Dr. Norins, Dr. Moffatt and Dr. Saunders. Mr. Henderson has developed a form that will be used to list all of the Board Actions. The subcommittee will review these actions and may make recommendations for which authorized entity should more appropriately conclude the action (Full Board, Committee of the Board, Individual Board Member, Senior Staff, Support Staff, etc.). (July 2007)

- (6) Outside consultation to look at Board processes in relationship to how all operations can be streamlined, what work can be reasonably to staff, what staff tasks can be shortened/eliminated, what practices we can learn from other boards.

Discussion: Some Board Members have had bad experiences with outside consultants. Dr. Saunders would like to see how other boards are doing and get input from other boards.

Status: Mr. Henderson will send the Federation's Internal Audit Tool to Dr. Loomis and Dr. Norins to look at and consider at their next meeting. (April 2007)

Update: Copies of the Federation of State Medical Boards' Assessment Guide was provided to Drs. Norins, Loomis and Saunders. In the short time they had to review it Dr. Norins did point out several specific items that are mentioned in the guide that the North Carolina Medical Board does not do. Several discussions ensued and there was some question whether the Board should or should not be doing some of these things.

Action: Mr. Henderson, Dr. Loomis and Dr. Norins will prepare a detailed recommendation for the Committee for presentation at the July Committee Meeting. (May 2007)

Full Board Motion: A motion passed that the following item is referred to the Executive Committee for a standard to be set – Board Members should attend a minimum of 75% of formal Board meetings per year. (May 2007)

Discussion: The Medical board Assessment Guide has been reviewed in detail. The consensus is that the Board is doing quite well based on a review of the Guide. Mr. Henderson will continue to work with Dr. Norins and Dr. Loomis on some items.

Full Board Motion: There is no need for an outside consultant.

Topic E: Board Officers and Composition (Moffatt, Loomis)

Appoint committee to study role of officers, Executive Committee, nomination process, also:

- Study internal governance of Board from top to bottom.
- Study structure, makeup and function of the Executive Committee.
- Look at officer structure of Executive Committee (chairman vs. president, etc.).
- Look at the current automatic succession system.
- Consider separate nominating and executive committees. Nomination input is desired from the entire body.
- Make current Executive Committee activities/functions both transparent and *inclusive*.

Update: Due to time restrictions and input from the Selection Process Ad Hoc Committee this item is tabled till the July Committee Meeting. (May 2007)

Update: Due to time restrictions Dr. Loomis and Dr. Moffatt will write up a recommendation and send it to committee members. A special meeting of the committee will occur during lunch at the August Board Meeting to review this item.

The next regular meeting of the Best Practice Ad Hoc Committee is tentatively set for Thursday, September 20, 2007.

Motion: A motion passed to approve the Best Practices Ad Hoc Committee Report.

SELECTION PROCESS AD HOC COMMITTEE REPORT

John Lewis, JD, Chair; George Saunders, MD; Donald Jablonski, DO; Robert Moffatt, MD

The Selection Process Ad Hoc Committee of the North Carolina Medical Board was called to order at 3:25 p.m., July 19, 2007, at the office of the Board. Members present were: John Lewis, JD, Chair; George Saunders, MD; Robert Moffatt, MD; and Donald Jablonski, DO. Also attending were: H. Arthur McCulloch, MD, NCMB President; Nancy Hemphill, JD, Special Projects Coordinator (Staff); Thomas Mansfield, JD, Legal Director (Staff); and Wanda Long, Recorder (Staff).

Thom Mansfield reported to the Committee that House Bill 818 had been referred to the Senate Health Committee after passing the House and that the bill sponsor was interested in using that bill as a vehicle for changes to the selection process. The Committee discussed the concept of a review panel to make recommendations to the Governor for appointments to the Board. The Committee believed the review panel approach would be effective as long as the review panel included certain important features. The Committee felt that it was essential for the review panel to be convened in a manner that would create a level playing field for panel members and applicants for positions on the Board. The Committee believed that the Board itself could convene and host the meetings of the review panel and provide administrative support for correspondence, copying, etc. The Committee also discussed which Board positions should be reviewed by the panel for recommendations and felt that the Board seat dedicated by statute to a DO, a member of the Old North State Medical Society or an academic CAM physician should not be subject to the review panel process. Also, the Committee felt that the review panel should recommend at least two nominees for each open position on the Board. The Committee also discussed the need for qualified immunity for panel members, the mechanics of the review panel carrying out its function, and other practical questions about the functioning of the panel.

The next meeting of the Committee will occur during the August 2007 meeting of the NC Medical Board.

Motion: Accept report as information.

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 100 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

Anderson, Joseph Robert MD
Termination Order executed 6/19/07

Augustus, Carl Trent MD
Notice of Charges and Allegations; Notice of Hearing executed 5/25/07

Bentley, Susan Warren NP
Consent Order executed 5/23/07

Blake, John Alden PA
Consent Order executed 6/18/07

Bliss, Laura Katherine

Voluntary Surrender executed 6/1/07

Bowman, James Thomas MD
Denial Letter executed 06/04/2007

Bray, Anthony David MD
Notice of Charges & Allegations; Notice of Hearing executed 7/5/07

Brydon, Kim Marie MD
Consent Order executed 6/26/07

Cabbell, Kyle Lawrence MD
Public Letter of Concern executed 6/14/07

Carbone, Dominick John MD
Consent Order executed 07/01/2007

Collins, Paul Dwayne MD
Consent Order executed 05/25/2007

Connor-Riddick, Tracy Nickol PA
Re-Entry Agreement executed 06/19/2007

Cooper, Armah Jamale MD
Consent Order executed 07/09/2007

Coulson, Alan Stewart MD
Consent Order executed 6/20/07

Dasso, Edwin Joseph MD
Consent Order executed 07/11/2007

Dauito, Ralph MD
Consent Order executed 06/18/2007

Davidson, Arthur Turner MD
Non-Disciplinary Consent Order executed 06/05/2007

DeVirgiliis, Juan Carlos MD
Termination Order executed 6/14/07

Dickson, Robert Trulock MD
Notice of Charges and Allegations; Notice of Hearing executed

Eaton, Hubert Arthur MD
Final Order executed 6/8/07

Ennever, Peter Robert MD
Consent and Waiver and Public Letter of Concern executed 5/21/07

Fann, Benjamin Bradley MD
Notice of Charges and Allegations; Notice of Hearing executed 5/25/07

Fedak, Jason R PA
Notice of Charges and Allegations; Notice of Hearing executed 06/20/2007

Girard, Christina Marie MD
Re-Entry Agreement executed 06/13/2007

Goudarzi, Kamran MD
Public Letter of Concern executed 06/14/2007

Greer, Gary Wayne MD
Consent Order executed 6/20/07

Guarino, Clinton Toms Andrews MD
Consent Order executed 6/18/07

Harris-Chin, Cheryl Jacqueline MD
Findings of Fact, Conclusions of Law, and Order of Discipline executed 06/06/2007

Hill, Monica Rae MD
Consent Order executed 06/20/2007

Hinds, David McDonald PA
Consent and Waiver and Public Letter of Concern executed 7/10/07

Hope, Shelley-Ann Violet MD
Consent Order executed 6/20/2007

Humble, Scott David MD
Consent Order executed 5/30/07

Jackson, George Hagan MD
Public Letter of Concern executed 7/11/07

Johansen, James Richard MD
Consent Order executed 6/21/07

Kinnally, Steven Joseph PA
Termination of Consent Order executed 06/18/2007

Knutson, Thomas Marvin MD
Termination of Consent Order executed 6/15/2007

Martin, Michele I. MD
Consent Order executed 6/19/07

McKeel, Cameron Roberts PA
Consent Order executed 5/30/07

Miller, Shelly Ann MD
Findings of Fact; Conclusions of Law and Order of Discipline executed 6/20/07

Moclock, Michael Anthony MD
Consent Order executed 06/14/2007

Morter, Gregory Alan MD
Consent Order executed 07/17/2007

Munching, Aaron Albert PA
Termination of Consent Order executed 6/18/07

Njapa, Anthony Kechante MD
Public Letter of Concern executed 06/06/2007

Novell, Laura Ann MD
Public Letter of Concern executed 06/05/2007

Pusey, Tanya Terese NP
Consent Order executed 5/21/07

Rappaport, Richard Alan PA
Voluntary Surrender executed 5/22/07

Reynolds, Robert Jack MD
Consent Order executed 06/05/2007

Roeske, Christie Furr NP
Consent Order executed 5/23/07

Roller, Jeffery Earl MD
Public Letter of Concern executed 06/06/2007

Ross, David Bruce MD
Public Letter of Concern executed 06/29/2007

Rowe, Kristina Dezielle MD
Public Letter of Concern executed 05/25/2007

Shanton, Gregory Damon PA
Consent Order executed 7/3/07

Smiley, Margaret Lynn MD
Non-Disciplinary Consent Order executed 07/13/2007

Smith, Kathleen Jeanne MD
Consent Order executed 05/22/2007

Speros, Thomas Lee MD
Termination Order executed 6/19/07

Stauber, Marshall Ephraim
Public Letter of Concern executed 05/22/2007

Terry, Sandra Louise NP
Findings of Fact, Conclusions of Law, and Order of Discipline executed 07/10/2007

Trogdon, James Clifford NP
Findings of Fact, Conclusions of Law, and Order of Discipline executed 06/20/2007

Vincent, Robert Allen
Findings of Fact, Conclusions of Law, and Order of Discipline

Wachowiak, Wilma Lynne NP
Public Letter of Concern executed 06/06/2007

Waldman, Richard Alan MD
Consent Order executed 06/05/2007

Weed, Barry Christopher MD
Consent Order executed 06/08/2007

Williams, Jason Anthony PA
Consent Order executed 5/18/2007

Wise, Matthew Jay MD
Notice of Charges and Allegations; Notice of Hearing executed 6/14/07

Young, Jordon Terrell md
Consent Order executed 06/15/2007

MISCELLANEOUS

RULE ADMENDMENTS

21 NCAC 32B .0211 PASSING SCORE

PUBLIC HEARING: July 2, 2007

LOCATION: NC Medical Board Office, 1203 Front Street, Raleigh, NC

The Board did not receive any comments related to this proposed amendment.

PROPOSED CHANGE:

To pass Step 3 of the USMLE the applicant shall attain a score of at least 75. Step 3 shall be passed within seven years of passing Step 1 OR within 10 years if the reason for the delay is based on applicant obtaining an MD/PhD degree. Limited exceptions to this rule may also be granted to an applicant who experienced a situation of extreme hardship which by its severity would necessarily cause a delay to the applicant's medical study and training. Factors to be considered, verified and documented in the applicant's file in such situations shall include without limitation whether the conditions were within the control of the applicant and whether there is another option available to the applicant to satisfy the rule.

7/2007 BOARD ACTION: Approved proposed amendment. Submit to Rules Review Commission.

21 NCAC 32B .0314 PASSING EXAM SCORE

PUBLIC HEARING: July 2, 2007

LOCATION: NC Medical Board Office, 1203 Front Street, Raleigh, NC

The Board did not receive any comments related to this proposed amendment.

PROPOSED CHANGE:

USMLE – Applicants who have taken USMLE may be eligible to apply for a license by endorsement of credentials if they meet the following score requirements:

- (1) A score of at least 75 is required on Step 3; and
- (2) The USMLE Step 3 shall be passed within seven years of the date of passing Step 1 OR within 10 years if the reason for the delay is based on applicant obtaining a MD/PhD degree. Limited exceptions to this rule may also be granted to an applicant who experienced a situation of extreme hardship which by its severity would necessarily cause a delay to the applicant's medical study and training. Factors to be considered, verified and documented in the applicant's file in such situations shall include without limitation whether the conditions were within the control of the applicant and whether there is another option available to the applicant to satisfy the rule.
- (3) An applicant shall not be deemed to have received a passing score on any Step of the USMLE unless applicant has received a passing score on that Step within six attempts. Step 2 consists of two components: Clinical Knowledge (CK) and Clinical Skills (CS). An applicant must receive a passing score within six attempts on Step 2 (CK) and, likewise, must receive a passing score within six attempts on Step 2 (CS).
- (4) The Board shall not issue a license to practice medicine to any applicant who has failed to receive a passing score on any Step, or component thereof, of the USMLE within six attempts unless it is determined, in the Board's discretion, that the applicant has successfully completed additional training or education which is approved and accepted by the Board.

7/2007 BOARD ACTION: Approved proposed amendment. Submit to Rules Review Commission.

Legislation

Selection Process Lawsuit

A motion passed to close the session pursuant to 90-8, 90-14, 90-16, 90-21.22 and 143-318.11(a) in order to discuss pending litigation regarding the Board Member selection process.

Mr. Mansfield reported on the status of this lawsuit.

A motion passed to return to open session.

Capital Punishment Lawsuit

A motion passed to close the session pursuant to 90-8, 90-14, 90-16, 90-21.22 and 143-318.11(a) in order to discuss pending litigation filed by the Department of Correction regarding physician involvement in Capital Punishment.

Mr. Mansfield reported on the status of this lawsuit.

A motion passed to return to open session.

EXECUTIVE COMMITTEE REPORT

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

The Executive Committee of the North Carolina Medical Board was called to order at 10:55 am, Wednesday July 18, 2007 at the offices of the Board. Members present were: Harlan A. McCulloch, MD, President; Ralph C. Loomis, MD; Robert C. Moffatt, MD; and George L. Saunders, MD. Also present were R. David Henderson (Executive Director), Hari Gupta (Director of Operations), Nancy Hemphill (Special Projects Coordinator), and Peter T. Celentano, CPA (Comptroller).

Financial Statements

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

Mr. Celentano reviewed with the Committee our current cash position as of today and the amount on the Balance Sheet on May 31, 2007. The Statement of Cash Flows was reviewed and accepted as presented.

The May & June 2007 Investment Summary was reviewed and accepted as presented.

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

Old Business

Proposed Changes to N.C. Gen. Stat. 90-15.1 – re: Online Registration: David Henderson reviewed with the Committee our online registration process. Currently, approximately 90% of our licensees utilize this way to renew their license registration. At a recent Executive Committee meeting, the Committee discussed the possibility of requiring all NC licensees to renew their licenses online. Mr. Henderson proposed to the Committee a change to the Medical Practice Act to assess a \$75.00 surcharge to those who choose to renew by paper. The staff believes this is a reasonable fee for the extra work involved in processing a paper renewal and will encourage more licensees to renew online. The proposed new language under N.C. Gen. Stat. 90-15.1 would read as follows: “A physician who registers by paper instead of online shall pay an additional fee of seventy-five dollars (\$75.00) to the board.”

Dr. Loomis made a motion to adopt the new language under N.C Gen. Stat. 90-15.1 as presented. Dr. Saunders seconded the motion and the motion was approved unanimously.

New Business

Board Member Attendance Policy: Dr. McCulloch reviewed with the Committee a draft of a proposed Attendance Policy. Dr. McCulloch worked with Mr. Henderson and the following was drafted: The Medical Board works most efficiently and effectively when all twelve members are present at its monthly meetings. Therefore, each member should strive to attend all meetings. Pursuant to N.C. Gen. Stat. 90-2(d), the Board will ask the Governor to remove any member who is absent three consecutive meetings or four meetings in a calendar year, unless there is good cause shown.

N.C. Gen. Stat. 90-2(d) reads as follows: Any member of the Board may be removed from office by the Governor for good cause shown.

Dr. Moffatt made a motion to accept the Attendance Policy as presented. Dr. Loomis seconded the motion and the motion was approved unanimously.

CDC/FSMB Project: Dr. Rhyne has recently been appointed to the FSMB's (Federation of State Medical Board's) Emergency Preparedness Workgroup, and attended a meeting of that group in early June. The FSMB has been working with the CDC (Center for Disease Control) since 2001 to enhance the CDC Public Health Information Network. The goal is to establish a network through which the CDC, working with state and local public health departments, can contact practicing physicians and publicize critical information during a public health emergency. The FSMB successfully conducted a pilot project involving seven state and osteopathic boards in five states. The FSMB is now trying to expand the coverage of the information network so that it will be nationwide within three years.

Dr. Rhyne is proposing that the NCMB enter into the Physician Contact Information Terms of Usage/Privacy Agreement as proposed by the FSMB (such MOU would be executed annually). In addition, Dr. Rhyne proposes amending our annual registration forms to inform licensees that their name and other information will be shared with appropriate public officials for the sole purpose of expedited dissemination of information about a severe public health emergency. Dr. Rhyne also wished to emphasize to licensees that the information would only be used in the event of a true emergency. The contact information data would be gathered by the NCMB, reported and maintained by the FSMB, and the CDC and the State Division of Public Health would go through the FSMB to obtain the information as needed.

Dr. Moffatt made a motion to adopt the items as proposed by Dr. Rhyne to enter into an agreement with the FSMB regarding Physician Contact Information and to amend our registration process to properly inform our licensees of this action. Dr. Loomis seconded the motion and the motion was approved unanimously.

ServNC: Dr. McCulloch and Ms. Hemphill reviewed with the Committee a proposal to amend our registration process to include a link which would allow our licensees to register with SERVNC. The North Carolina's Office of Emergency Medical Services is looking for both medical and non-medical volunteers to call upon in the event of a disaster.

All states are required to create such an online registry as part of homeland security. NC Governor Michael Easley is looking at using SERVNC as a way to notify and mobilize volunteers in the event of a disaster.

Dr. McCulloch is proposing that the Board amend the online and paper registration forms for all practitioners to include information on the SERVNC program and to direct all who are willing to

volunteer during an emergency to the SERVNC website (www.servnc.org) and to include a link to the SERVNC website for that separate registration at the end of our registration process. Dr. Loomis made a motion to accept this proposal. Dr. Moffatt seconded the motion and the motion was approved unanimously.

Proposed 2009 Meeting Schedule: Dr. McCulloch reviewed with the Committee the proposed 2009 NCMB Board Meeting dates. Dr. Moffatt made a motion to accept the schedule of NCMB Board Meeting dates as proposed. Dr. Saunders seconded the motion and the motion was approved unanimously.

NP Proposal: Dr. McCulloch and Mr. Henderson reviewed with the Committee the current NP Approval/Registration process. Nurse Practitioners are permitted to perform medical acts, tasks, and functions once they have been approved by the North Carolina Board of Nursing (BON) and the NCMB. Each Board has a separate, but very similar, approval process that involves substantial duplication. The staff has submitted a proposal that would eliminate this duplication while retaining the NCMB's core responsibilities regarding NPs. Dr. Saunders made a motion to allow the staff to proceed with the proposal that the NCMB permit the BON to handle the processing of routine initial/subsequent NP approvals to practice and the annual registration on the condition that it does not affect the ability of the NCMB to deny problematic NP applications, investigate and prosecute NPs, and allow access to core NP data. Dr. Loomis seconded the motion and the motion was approved unanimously.

New Position - Investigative Department: Dr. McCulloch reviewed with the Committee a proposal to add an Investigative Compliance/Re-Entry Coordinator. This new position would free Mr. Don Pittman (senior investigator) of many administrative responsibilities and allow him time to concentrate on conducting investigations. Dr. Saunders made a motion to approve a new position, Investigative Compliance/Re-Entry Coordinator, in the Investigative Department. Dr. Loomis seconded the motion and the motion was approved unanimously.

Nominations of New Officers: A motion was made to nominate the following officers for 2007-2008: Dr. Janelle Rhyne as President, Dr. George Saunders as President-Elect, Dr. Ralph Loomis as Secretary, and Dr. Don Jablonski as Treasurer. Dr. Harlan McCulloch, as Past President, will join the officers on the Executive Committee.

E-mail - re: Communication: Dr. McCulloch reviewed with the Committee an e-mail from Dr. Karl Brandspigel which was sent to Dr. Janelle Rhyne in June 2007. Dr. Brandspigel wanted to know if Dr. Rhyne could think of ways to encourage better communications among physicians. The Committee discussed this and it was felt this would make a good Forum topic. Dr. Saunders made a motion to communicate with Dr. Brandspigel and ask if he would like to write an article for the NCMB Forum. Staff was directed to draft a letter to Dr. Brandspigel. If Dr. Brandspigel declined, Dr. Saunders volunteered to write the article. Dr. Moffatt seconded the motion and the motion was approved unanimously.

Board Meeting Schedule: Dr. Michael Norins joined the meeting to discuss the current Board Meeting schedule. Dr. Norins is concerned that the two-day hearing meetings often collapse into a one day meeting which puts a hardship on Board Members who have practices and cannot afford to give up the time. In addition, there is too much Review Committee work for that committee to only meet during the committee/interview meetings. Dr. Norins asked whether some of the committee work could be scheduled for the hearing months since there seems to be extra time available during those meetings. After a discussion with the Committee, Dr. McCulloch proposed the following: Advise the Legal Department of the need to prepare more

cases for hearing whenever a panel is utilized. Utilizing a panel allows the meetings to run more efficiently which requires more items to be placed on the hearing calendar in order to fully utilize the two days set aside for hearings.

Schedule the Review Committee to meet each month to alleviate the large amount of cases they have to review when only meeting every other month.

Ask the President and Executive Director to prepare and have ready various retreat-type topics for full Board discussion in case the hearings are completed in less than two days.

Dr. Moffatt made a motion to accept the proposed scheduling changes as set forth by Dr. McCulloch. Dr. Loomis seconded the motion and the motion was approved unanimously.

FSMB Journal: Dr. Michael Norins discussed with the Committee the possibility of sending as a gift the Federation's "Journal of Licensure and Discipline" to key legislatures in North Carolina concerned with medical/health care regulation. Dr. Norins felt this would be educational and bring key members of the House and Senate up to date on issues felt germane by the Federation. After some discussion it was decided to table this topic. Dr. Moffatt made a motion to table this topic and discuss at a later Executive Committee Meeting. Dr. Loomis seconded the motion and the motion was approved unanimously.

The meeting was adjourned at 12:45pm.

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

POLICY COMMITTEE REPORT

George Saunders, MD, Chair; Janelle Rhyne; MD; Andrea Bazan-Manson

The Policy Committee of the North Carolina Medical Board was called to order at 1:10 p.m., Wednesday, May 16, 2007, at the office of the Board. Present were: George L. Saunders, III, MD, Chair; and Janelle A. Rhyne, MD. Also attending were: Todd Brosius, JD, Board Attorney; Nancy Hemphill, Special Projects Coordinator, NCMB; Dena Konkel, Assistant Director, Public Affairs, NCMB; and Wanda Long, Recorder.

The Policy Committee of the North Carolina Medical Board was called to order at 1:15 p.m., Wednesday, July 18, 2007, at the office of the Board. Present were: George L. Saunders, III, MD, Chair; and Arthur McCullough, MD. Also attending were: Todd Brosius, Board Attorney; Thomas Mansfield, Director, Legal Department; NCMB; Dale Breaden, Director, Public Affairs; NCMB; Scott Kirby, Assistant Medical Director, NCMB; Dena Konkel, Assistant Director, Public Affairs, NCMB; and Wanda Long, Recorder.

Also present were Scarlett Gardner, Assistant Counsel, Health Policy, NC Medical Society; and Don Metzger, PA-C, NCAPA, Government Affairs Committee.

May 2007 Policy Committee Meeting Minutes

The minutes from the May 16, 2007, Policy Committee were approved.

Review of Position Statements:

RETENTION OF MEDICAL RECORDS
MEDICAL RECORD DOCUMENTATION

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

1/17/2006 – Brian Blankenship discussed new language that would give suggestions on a retention plan for records if a doctor retires, dies, etc. Basically it would be estate planning for records. He further stated that abandonment should be dealt with through rulemaking and legislation. Dr. Rhyne stated that MDs would welcome these suggestions. Todd Brosius suggested that the Committee should consider combining the position statements in an effort to provide useful information for doctors and patients in a central place. Also, addressed by Mr. Brosius and Mr. Blankenship was the question of what a medical record should contain. Mr. Blankenship pointed out that there are many misconceptions and this should also be addressed.

3/21/2007 – Todd Brosius presented the following draft for the Committee's consideration. Dr. Rhyne reminded the Committee that some MDs organize their medical records according to specific problems and that each individual problem may be addressed by the SOAP method. Dr. Rhyne stated that we should make sure that the position statement does not preclude the records from being problem oriented instead of general. Todd Brosius explained that they made an effort to put all our medical records issues into one position statement. He indicated that the position statements now show on the website in a list. Mr. Brosius suggested that the Board may want to consider grouping its position statements in a hierarchical format on the website. Dr. Saunders recommended numbering the position statements. Dr. Rhyne recommended a search option on the Board's website. Mr. Brosius would like to present a possible change in the organization of the Board's position statements for the committee's review at the May Board meeting.

3/2007 STAFF INSTRUCTION: Dr. Saunders will work with Todd Brosius to develop a proposal for the Committee to incorporate possible restructuring of the Board's website regarding Position Statements.

5/16/2007 – Dr. Rhyne indicated that the Federation is developing a statement and suggested that the Committee should table this issue until the Federation process is completed. Ms. Phelps suggested that the Committee consider updating the Retention of Patient Records position statement to conform to current law. **5/2007 ACTION:** Make minor changes to Retention of Patient Records position statement to reflect changes in the law without need of publication in the Forum. A more comprehensive review will be done after the Federation has completed its process.

7/18/2007 – Continue to table issue pending FSMB statement.

7/18/2007 ACTION: Continue to table issue pending FSMB statement.

Initial Review of Position Statements:

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

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

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

1/2007 STAFF INSTRUCTION: Postpone until after Dr. Rhyne and Mrs. Phelps have had an opportunity to meet regarding these issues.

5/16/2007 – Dr. Rhyne and Melanie Phelps presented the following proposed changes for End-of-Life Responsibilities and Palliative Care position statement. **5/2007 ACTION:** Publish END-OF-LIFE RESPONSIBILITIES AND PALLIATIVE CARE position statement in the Forum for comments. The ADVANCE DIRECTIVES AND PATIENT AUTONOMY position statement is current and needs no updating at this time.

7/18/2007 – Additional comments will be sought by Dr. Rhyne and Melanie Phelps. Goal is for the END-OF-LIFE RESPONSIBILITIES AND PALLIATIVE CARE position statement will be published in the October Forum.

North Carolina Medical Board Position Statement

END-OF-LIFE RESPONSIBILITIES AND PALLIATIVE CARE

Assuring Patients

Death is part of life. When appropriate processes have determined that the use of ~~life-sustaining~~ life prolonging measures or invasive interventions will only prolong the dying process, it is incumbent on physicians to accept death "not as a failure, but the natural culmination of our lives."*

It is the position of the North Carolina Medical Board that patients and their families should be assured of competent, comprehensive palliative care at the end of their lives. Physicians should be knowledgeable regarding effective and compassionate pain relief, and patients and their families should be assured such relief will be provided.

Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification an impeccable assessment and treatment of pain and other physical, psychosocial and spiritual problems. Palliative care:

- provides relief from pain and other distressing symptoms;

- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- [may be] applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.**

~~There is no one definition of palliative care, but the Board accepts that found in the Oxford Textbook of Palliative Medicine: "The study and management of patients with active, progressive, far advanced disease for whom the prognosis is limited and the focus of care is the quality of life." This is not intended to exclude remissions and requires that the management of patients be comprehensive, embracing the efforts of medical clinicians and of those who provide psychosocial services, spiritual support, and hospice care.~~

~~A physician who provides palliative care, encompassing the full range of comfort care, should assess his or her patient's physical, psychological, and spiritual conditions. Because of the overwhelming concern of patients about pain relief, special attention should be given the effective assessment of pain. It is particularly important that the physician frankly but sensitively discuss with the patient and the family their concerns and choices at the end of life. As part of this discussion, the physician should make clear that, in some cases, there are inherent risks associated with effective pain relief in such situations.~~

Opioid Use

The Board will assume opioid use in such patients is appropriate if the responsible physician is familiar with and abides by acceptable medical guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that details a pain management plan. (See the Board's position

statement on the ~~Management of Chronic Non-Malignant Pain~~ [Policy for the Use of Controlled Substances for the Treatment of Pain](#) for an outline of what the Board expects of physicians in the management of pain.) Because the Board is aware of the inherent risks associated with effective pain relief in such situations, it will not interpret their occurrence as subject to discipline by the Board.

Selected Guides

~~To assist physicians in meeting these responsibilities, the Board recommends *Cancer Pain Relief: With a Guide to Opioid Availability*, 2nd ed (1996), *Cancer Pain Relief and Palliative Care* (1990), *Cancer Pain Relief and Palliative Care in Children* (1999), and *Symptom Relief in Terminal Illness* (1998), (World Health Organization, Geneva); *Management of Cancer Pain* (1994), (Agency for Health Care Policy and Research, Rockville, MD); *Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain*, 4th Edition~~

~~(1999)(American Pain Society, Glenview, IL); Hospice Care: A Physician's Guide (1998) (Hospice for the Carolinas, Raleigh); and the Oxford Textbook of Palliative Medicine (1993) (Oxford Medical, Oxford).~~

(Adopted 10/1999)

(Amended 5/2007)

*Steven A. Schroeder, MD, President, Robert Wood Johnson Foundation.

**** Taken from the world Health Organization definition of Palliative Care (2002):**
(<http://www.who.int/cancer/palliative/definition/en>)

7/18/2007 ACTION: END-OF-LIFE RESPONSIBILITIES AND PALLIATIVE CARE position statement will be published in the October Forum.

Physician Mobile Cardiac Catheterization Service:

3/21/2007 – The Committee heard from Mr. Luckey Welch, CEO and President Southeastern Regional Medical Center. Mr. Welch stated that patient safety was the central issue related to its letter from December 2006 in which it wrote about its concerns of a cardiac catheterization unit being used in a separate facility and not associated with any hospital. The matter was not merely physician versus hospital. When asked, Mr. Noah Huffstetler, Attorney for Southeastern Regional Medical Center stated that there are nine such mobile capacity units in North Carolina that were grandfathered in prior to the requirement of acquiring a certificate of need. Those units can be used either in a fixed or mobile capacity. The representatives from Southeastern Regional Medical Center indicated their concern that the mobile unit is being used at a physician's office and not a facility which is equipped to handle complications that might arise out of a cardiac catheterization which may include cardiac surgery or emergency response.

Dr. Saunders questioned whether this could be a small facility versus large facility or a rural versus urban issue.

Mr. Huffstetler encouraged the Committee to review the 3/8/07 letter from Gaston Memorial Hospital supporting the recommendation of Southeastern Regional Medical Center.

Mr. Linwood Jones, Attorney for the NC Hospital Association encouraged the Committee to look into quality of care for patients and a safety perspective. Mr. Jones stated that the NC Hospital Association is concerned about patient care.

3/2007 ACTION: The Committee will present information to the full Board and continue to gather information.

5/16/2007 – Todd Brosius informed the Committee that he had spoken with Troy Smith, Attorney for the Mobile Cardiac Cath lab in question. Mr. Smith offered to meet with the Committee. **5/2007 ACTION:** Mr. Brosius is to obtain written statements regarding safety from the hospital, Physician who the Mobile Cardiac Cath lab, CEO of NOVANT, and the manufacturer of the Mobile Cardiac Cath labs. Upon receipt of this information the Committee will review and consider further.

7/18/2007 – Dr. Saunders reported that he and Todd Brosius had been gathering information regarding the issue. Dr. Saunders stressed that the answer is not black and white, stating that a

major issue seems to be serving the rural communities and the transportation issues. The Committee is anticipating letters to be submitted from several interested parties prior to the next scheduled meeting of the Committee.

7/18/2007 ACTION: Table until the next meeting of the Committee, when more information is available.

Expert Witness Testimony

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

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

3/2007 ACTION: Defer review at this time.

5/2007 ACTION: Defer review at this time.

POSITION STATEMENT:

Medical Testimony Position Statement

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

- **Physician expert witnesses are expected to be impartial and should not adopt a position as an advocate or partisan in the legal proceedings.**
- **The physician expert witness should review all the relevant medical information in the case and testify to its content fairly, honestly, and in a balanced manner. In addition, the physician expert witness may be called upon to draw an inference or an opinion based on the facts of the case. In doing so, the physician expert witness should apply the same standards of fairness and honesty.**

- The physician expert witness is ethically and legally obligated to tell the truth. The physician expert witness should be aware that failure to provide truthful testimony may expose the physician expert witness to disciplinary action by the Board.

¹ The language of AMA Code of Medical Ethics Opinion 9.07 provides:

In various legal and administrative proceedings, medical evidence is critical. As citizens and as professionals with specialized knowledge and experience, physicians have an obligation to assist in the administration of justice.

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

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

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

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

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

7/18/2007 ACTION: Defer review at this time.

Supervision of Physician Assistants and Nurse Practitioners

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

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

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

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

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

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

3/2007 ACTION: The following position statement was reviewed by the Committee and referred to the full Board with a recommendation that the position statement be published in *The Forum* for the purpose of giving notice and receiving comments.

5/16/2007 – The Board has received one written comment in support of the proposed position statement. **5/2007 ACTION:** The Committee will continue to receive comments and should be prepared to vote at the July Committee meeting.

7/18/2007 – No additional comments have been received.

POSITION STATEMENT:

Physician Supervision

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

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

7/18/2007 ACTION: The Committee recommends that the Board approve the Position Statement as presented.

21 NCAC 32R .0102 Approved Categories of CME – proposed language change

5/16/2007 – The Medical Board staff had requested that the Policy Committee consider a language change in 32R .0102(1)(c) to clarify what enduring materials were. Information and a resource contact was provided to the Medical Board staff by a representative of the Medical Society to clarify this issue. **5/2007 ACTION:** Issue will be tabled until July for further discussion if needed.

7/18/2007 – Todd Brosius will check with Melanie Phelps and Patricia Paulson to determine if this issue has been resolved. Dr. Saunders stated that the Board may not need to dedicate much time to this issue as it is a quickly changing topic.

7/18/2007 ACTION: Table for next meeting, unless it is determined that this issue has been resolved by staff.

New Business:

Telepsychiatry

7/18/2007 – A request from ACT Medical Group for the Board to provide clarification regarding internet prescribing after a telehealth visit conducted via internet-based, real-time, interactive audio/video telecommunications as it relates to the Board's position statement, *Contact with Patients Before Prescribing*, was reviewed.

Dr. Saunders and Dr. McCullouch agreed that the internet prescribing issue is a related topic. Dr. McCullouch recommendation that we check with the Federation to determine their position on the issue.

7/18/2007 ACTION: Committee will address as time permits.

ADD-ONS:

HB 818 – Information was presented to the Board regarding an amendment to HB 818 proposed by Senator Forrester regarding Store-based Retail Health Clinics. A preliminary draft of the amendment was distributed to the Committee.

Dr. Saunders voiced his concerns with limiting the number of extenders which may be supervised by a physician. Dr. Saunders further indicated that it may appear that this amendment is an attempt to protect turf. Additionally, Dr. Saunders stated that establishing a referral system and not requiring medications to be purchased at the retail establishment were good suggestions.

Mr. Brosius added that one of the concerns that Mr. Mansfield has voiced to Senator Forrester is the need for PAs and NPs to have some input.

7/18/2007 ACTION: Presented to the full Board as information.

Subspecialty Recognition

Background: During the presentation of the Policy Committee Report to the full Board, it was brought to the Board's attention that there was a society that wanted approval for the Board to recognize some subspecialties. They have already applied to ABMS. A discussion ensued resulting in a general consensus that they should not be able to say they are board certified if it is not an AMBS board certification.

7/2007 Action: This item is referred to the Legal Department for an opinion and will be brought back to the Policy Committee with a recommendation.

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

ALLIED HEALTH COMMITTEE REPORT

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

PA Site Visit Audit Protocols

Catchline: PA Compliance Review Program. Marcus Jimison discussed.

Board Action: Amend PA Site Visit/Interview form regarding the following:

- Proof of licensure- registration form vs. wall certificate.
- Pre-printed prescription blanks – some large institutions have prescription pads with the practitioners' names listed but without each practitioner's license & DEA numbers typed on them. Instead, the practitioner adds their information to the blank pad vs. each practitioner's license & DEA numbers being typed on the pad.
- Due to illegible handwriting, practitioners should be required to circle their typed names when adding their information

PA On-line application update

Catchline: PA On-line application went live on 06/15/07. L. King provided update on the status.

Board Action: Accept as information.

PA File Reviews

Catchline: Current procedures for review of applications:

1. "Pristine" applications are reviewed by a Board member and if the Board member agrees an interview is not required, the license is issued.
2. If an applicant requires an interview and the Board member is satisfied, the license is issued.
3. Applicant's who do not have a satisfactory interview are referred back to the appropriate committee or for a split board interview – at the reviewing Board member's direction.

Just confirming this is the desire of the Board and we should continue with this procedure.

Board Action: Continue with current procedure.

NC EMS Disciplinary Committee Meetings

Catchline: EMS Disciplinary Committee Meeting 05/16/07 Memo – Dr. Kanof.

NC EMS Minutes of Disciplinary Committee Meeting – 04/17/07.

NC OEMS Synopsis of interviews, determinations and investigations – 05/08/07.

Board Action: Accept as information.

NC EMS Compliance Committee and Advisory Council Meetings

Catchline: Council Meetings 05/29/07 Memo - Dr. Kanof.

Attachment I - EMS Compliance Committee 05/08/07 Agenda. EMS Medication & Skills Formulary Changes. Accept as information.

Board Action: Accept as information.

NP Online Application

Catchline: Proposal of an approval/registration process that will eliminate much of the duplicate work (of NCMB &NCBON) while retaining the NCMB's core responsibilities regarding nurse practitioners. (Hari Gupta to discuss)

Board Action: Approve proposed NP Online Application

Perfusionist Report

Catchline: Open session portion of PAC meeting minutes (April & June meetings).

Board Action: Accept as information

PAC Member Terms

Catchline: To eliminate confusion regarding the terms served on the PAC by each member, terms should run from November 1 to October 31.

Board Action: Have the PAC member terms run from November 1 to October 31.

Have NCMB send a letter to NC Hospital Association to amend Betsy Gaskins-McClaine's term to end October 31, 2009.

Perfusionist Rules

Catchline: The rules were published for public comment, a hearing was held with no objections. The Committee has considered and approved these rules.

Board Action: The following rules are approved..

SUBCHAPTER 32V – PERFUSIONIST REGULATIONS

21 NCAC 32V .0101 SCOPE

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

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

Eff. August 1, 2007

21 NCAC 32V .0102 DEFINITIONS

The following definitions apply to this Subchapter:

(1) Approved educational program – Any program within the United States approved by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Accreditation Committee for Perfusion Education (AC-PE), or any Canadian educational program recognized by the Conjoint Committee on Accreditation of the Canadian Medical Association (CMA).

(2) Board – The entity referred to in G.S. 90-682(5) and its agents.

(3) Committee. – The entity referred to in G.S. 90-682(2) and its agents.

(4) Provisional licensed perfusionist - The person who is authorized to practice perfusion pursuant to 90-698.

(5) Registering - Renewing the license by paying the biennial fee and complying with Rule .0104 of this Subchapter.

(6) Supervising - Overseeing the activities of, and accepting the responsibility for, the perfusion services rendered by a provisional licensed perfusionist. Supervision shall be continuous but, except as otherwise provided in the rules of this Subchapter, shall not be construed as requiring the physical presence of the supervising perfusionist at the time and place that the services are rendered. Supervision shall not mean direct, on-site supervision at all times, but shall mean that the supervising perfusionist shall be readily available for consultation and assistance whenever the provisional licensee is performing or providing perfusion services.

(7) "Supervising Perfusionist" means a perfusionist licensed by the Committee and who serves as a primary supervising perfusionist or as a back-up supervising perfusionist.

(a) The "Primary Supervising Perfusionist" is the perfusionist who, by signing the designation of supervising perfusionist form provided by the Committee, accepts responsibility for the provisional licensed perfusionist medical activities and professional conduct at all times.

(b) The "Back-up Supervising Perfusionist" means the perfusionist who accepts the responsibility for supervision of the provisional licensed perfusionist's activities in the absence of the Primary Supervising Perfusionist. The Back-up Supervising Perfusionist is responsible for the activities of the provisional licensed perfusionist only when providing supervision.

*History Note: Authority G.S. 90-681, 90-682, 90-685(1)(3).
Eff. August 1, 2007.*

21 NCAC 32V .0103 QUALIFICATIONS FOR LICENSE

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

- (1) satisfies the requirements of G.S. 90-686;
- (2) is not disqualified for any reason set out in G.S. 90-691; and
- (3) submits to the Committee any information the Committee deems necessary to evaluate the application; and

(b) An applicant may be required to appear, in person, for an interview with the Committee.

*History Note: Authority G.S. 90-685(1)(3) and (5), 90-686.
Eff. August 1, 2007.*

21 NCAC 32V .0104 REGISTRATION

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

(1) completing the Committee's registration form;

(2) submitting the required fee.

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

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

Eff. August 1, 2007.

21 NCAC 32V .0105 CONTINUING EDUCATION

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

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

Eff. August 1, 2007.

21 NCAC 32V .0106 SUPERVISION OF PROVISIONAL LICENSED PERFUSIONISTS

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

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

Eff. August 1, 2007.

21 NCAC 32V .0107 SUPERVISING PERFUSIONIST

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

(b) A perfusionist wishing to serve as a back-up supervising perfusionist must be licensed to practice perfusion by the Board, not prohibited by the Board from supervising a provisional licensed perfusionist.

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

History Note: Authority G.S. 90-685 (1)(2) and (3)
Eff. August 1, 2007.

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

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

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

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

History Note: Authority G.S. 90-685(1) and (3)
Eff. August 1, 2007.

21 NCAC 32V .0109 CIVIL PENALTIES

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

- (1) Prior disciplinary actions
- (2) Patient harm
- (3) Dishonest or selfish motive
- (4) Submission of false evidence, false statements, or other deceptive practices during the disciplinary process
- (5) Vulnerability of victim

- (6) Refusal to admit wrongful nature of conduct
- (7) Willful or reckless misconduct
- (8) Pattern of misconduct (repeated instances of the same misconduct)
- (9) Multiple offenses (more than one instance of different misconduct)
- (b) The following shall constitute mitigating factors:
 - (1) Absence of a prior disciplinary record
 - (2) No direct patient harm
 - (3) Absence of a dishonest or selfish motive
 - (4) Full cooperation with the Committee
 - (5) Physical or mental disability or impairment
 - (6) Rehabilitation or remedial measures
 - (7) Remorse
 - (8) Remoteness of prior discipline
- (c) Before imposing and assessing a civil penalty, the Committee shall make a determination of whether the aggravating factors outweigh the mitigating factors, or whether the mitigating factors outweigh the aggravating factors. After making such a determination, and if the Committee decides to impose a civil penalty, the Committee shall impose the civil penalty consistent with the following schedule:
 - (1) First Offense:
 - Presumptive Fine - \$250.
 - Finding of Mitigation \$0 to \$249.
 - Finding of Aggravation \$251 to \$1,000.
 - (2) Second Offense:
 - Presumptive Fine - \$500.
 - Finding of Mitigation \$0 to \$499.
 - Finding of Aggravation \$501 to \$1,000.
 - (3) Third or More Offense:
 - Presumptive Fine - \$1000.
 - Finding of Mitigation \$0 to \$999.
 - Finding of Aggravation \$1,000.

*History Note: Authority G.S. 90-685(1) and (3), 90-693(b)(4).
Eff. August 1, 2007.*

21 NCAC 32V .0110 IDENTIFICATION REQUIREMENTS

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

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

Eff. August 1, 2007.

21 NCAC 32V .0111 PRACTICE DURING A DISASTER

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

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

Eff. August 1, 2007.

21 NCAC 32V .0112 TEMPORARY LICENSURE

The Board may grant temporary licensure to a licensed or certified clinical perfusionist in good standing from another state who appears to be qualified for licensure in this State pursuant to G.S. 90-686 and who enters North Carolina to work on an emergency basis. The temporary license shall be valid for a period not to exceed sixty (60) days. Within ten (10) days of receiving a temporary license, the temporary licensed perfusionist must make application for a full license, including payment of the requisite application fee. If the temporary licensed perfusionist fails to submit a full application within the ten (10) day period, his or her temporary license shall immediately expire. After making application for a full license, the Committee and Board must decide the application before the expiration of the temporary license. For purposes of this rule, "emergency" shall mean the sudden death or illness, or unforeseen and unanticipated absence, of a licensed perfusionist working at a North Carolina hospital that leaves the hospital unable to provide surgical care to patients in a manner that compromises patient safety. As part of the temporary license process, the hospital must certify to the Committee, on forms provided by the Committee that an emergency exists. "Good standing" for purposes of this rule shall mean that the applicant is currently able to practice perfusion in another state without any restriction or condition.

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

Eff. August 1, 2007.

21 NCAC 32V .0113 ORDERS FOR ASSESSMENTS AND EVALUATIONS

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

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

Eff. August 1, 2007.

21 NCAC 32V .0114 PROVISIONAL LICENSE TO FULL LICENSE

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

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

Eff. August 1, 2007.

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 11 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 Applicants Licensed (06/23/07 – 07/18/2007)

Abney, Julie Willingham
Astern, Laurie
Bailey, Channa Stefanee
Beard, Emily Jeanette

Bosch, David
Brownlee, Kaye Korin
Carpenter, Chase Meredith
DeGaetano, Emiko Yolanda
Gauthier, Cherie Lee
Mangin, Ross Thomas
Michel, Chad Joseph
Paniccia, David A
Plamondon, Lori Lynn
Potts, Eric Micheal
Proctor, Anna Karen
Rego, Jane Elizabeth
Romano, Jeralyn Gambone
Shaw, David Lawrence
Spetz, Amy Jean

Initial PA-C Applicants Licensed (06/01/07 – 06/22/07)

Beal, Tiffany Leann
Bookout, Kellye Rabb
Cashin, Nina Suzanne
Cranick, Scott W., PA-C
Eakin, Marc Robert
Ehrman, Kevin Allen
Eisenberg, Eric Scott
Gregg, Lauren Denise
Hardwick, Kimberly Joy
Helms, Amanda Joy
Hill, Keith Todd
Jones, Emily Ruth
Jones, Katherine Lynn
Kline, Angela Marie
Kohout, Lindsey Kathleen
Mayo, Julia Jones
McCarthy, Christopher James
Norton, Elizabeth Irene
Parker, Elizabeth Ann
Rosman, Brett S., PA-C
Stokes, Traci Lynn
Wisotsky, Joanna Beth
Wolff, Sarah Jean

PA-C's Reactivations/Reinstatements/Re-Entries

Connor-Riddick, T., PA – Reinstatement w/Re-Entry
Lonneman, Kimberly W., PA - Reinstatement
Bosch, David, PA-C – Reactivation

PA –C Additional Supervisor List

Name	Primary Supervisor	Practice City
Abney, Julie	Kelly, Patrick	Concord
Baker, English	Goslen, Junius	Charlotte
Baltzell, Jonathan	Sunderland, Theresa	Charlotte
Bookout, Kellye	Dorris, Hugh	Asheville
Boss, Cheryl	Robinson, Lindwood	Raleigh
Boss, Cheryl	Syed, Arjumand	Raleigh
Cain, Jessica	Yapundich, Robert	Hickory
Cederquist, Clarence	Reece, Donald	Morehead City
Chandley, Eric	Bernstein, Daniel	Concord
Chasarik, Heather	Duncan, Catherine	Raleigh
Chasarik, Heather	Godbout, Christopher	Raleigh
Chasarik, Heather	Gwinn, Michael	Raleigh
Chazan, Jennifer	Alvarez, Matthew	Raleigh
Chazan, Jennifer	Chiavetta, John	Raleigh
Chazan, Jennifer	Collins, Roger	Raleigh
Chazan, Jennifer	Edrington, Richard	Raleigh
Chazan, Jennifer	Grant, Hugh	Raleigh
Chazan, Jennifer	Holton, Alan	Raleigh
Chazan, Jennifer	Hudson-Fraley, Anita	Raleigh
Chazan, Jennifer	Longo, Christopher	Raleigh
Chazan, Jennifer	MacPhee, Keelee	Raleigh
Chazan, Jennifer	Maddison, Sarah	Raleigh
Chazan, Jennifer	Mikles, Mark	Raleigh
Chazan, Jennifer	Teasley, Myra	Raleigh
Chazan, Jennifer	Woodruff, Leon	Raleigh
Christman, Virginia	Stoneking, Bradley	High Point
Connor-Riddick, Tracy	Littmann, Laszlo	Charlotte
Curtis, Denise	Castillo, Alissandro	Hickory
Daniel, Selwyn	Chang, Felicia	Raleigh
Daniel, Selwyn	Dunston, Armayne	Raleigh
Davidson, Kimberly	Robinson, Lindwood	Raleigh
Davidson, Kimberly	Syed, Arjumand	Raleigh
Davis, Paul	Alson, Roy	Winston-Salem
DeSantis-Wilcox, Maria	Robinson, Lindwood	Raleigh
DeSantis-Wilcox, Maria	Syed, Arjumand	Raleigh
Dewar, John	Rollins, Curtis	Greensboro

Drinkwater, Don	Alvarez, Matthew	Raleigh
Drinkwater, Don	Beatty, Zoe	Raleigh
Drinkwater, Don	Collins, Roger	Raleigh
Drinkwater, Don	Haakenson, Gary	Raleigh
Drinkwater, Don	Henderson, David	Raleigh
Drinkwater, Don	Lyle, William	Raleigh
Drinkwater, Don	Maddison, Sarah	Raleigh
Drinkwater, Don	Teasley, Myra	Raleigh
Drinkwater, Don	Welch, Gerald	Cary
Duran, Michael	Peters, Lenin	High Point
Elmore, Melanie	Maddison, Sarah	Raleigh
Elmore, Melanie	Stocks, Lewis	Raleigh
Elmore, Melanie	Teasley, Myra	Raleigh
Farmer, Kimberly	Paine, Karen	Wilmington
Fennell, Zandi	Holt, John	Washington
Fox, James	Huggins, Henry	Hickory
Gonzalez, Eugenio	Njapa, Anthony	Wilmington
Gordon, James	Carter, Coleman	Charlotte
Greene, Jacqueline	McAdams, Lou	Matthews
Gregg, Lauren	Joiner, Jancinta	Lexington
Grove, Randall	Partridge, James	Morehead City
Haislip-Rambo, Carole	Carroll, Mark	Mount Airy
Hatefi, Reza	Pita, James	Wilson
Hedgecock, Suzann	Sarmiento, Pete	Kernersville
Hedrick, Jessica	Robinson, Lindwood	Raleigh
Hedrick, Jessica	Syed, Arjumand	Raleigh
Hepler, James	Hines, Marcono	Smithfield
Hicks, Charlotte	Davis, George	Charlotte
Hicks, Robert	Davis, George	Charlotte
Hinds, David	Broadwell, Richard	Kenansville
Hinds, David	Murphy, Michael	Goldsboro
Hodgkiss, Oliver	Pence, James	Leland
Hopper, Heather	Travis, Gerald	Asheville
Horlick, Susan	Godfrey, Wanda	Garner
Horlick, Susan	Guha, Subrata	Clayton
Hyde, Kelly	Larson, Jeffery	Murphy
Hyde, Kelly	Mitchell, Brian	Murphy
James, David	Brown, Brian	Charlotte
Jones, Katherine	Branch, Charles	Winston-Salem
Kapa, Stephen	Nederostek, Douglas	Laurinburg
Kazda, John	Stanley, Karl	Fayetteville
Keel, Emily	Daly, Claudia	Greenville
Knight, Valerie	Pippin, Richard	Farmville

Kovach, Melissa	Lawrence, Leesa	Wilson
Kroner, George	Ali, Robin	Durham
Lewandowski, Lesa	Surdulescu, Sever	Mooreville
Lewis, Bryan	Hunt-Harrison, Tyehimba	Henderson
Lister, Steven	Okwara, Benedict	Monroe
Lloyd, Larry	Ajmani, Ajay	Sanford
Mahar, Colleen	Cohen, Max	Greensboro
Malanka, Phyllis	Jackson, Alan	Wilmington
McLaughlin, Gene	Navaid, Musharraf	Laurinburg
Melgar, Tammy	Frederick, Maximus	Wilmington
Migdon, Steven	Partridge, James	Durham
Migdon, Steven	Robinson, Lindwood	Raleigh
Migdon, Steven	Syed, Arjumand	Raleigh
Mulligan, Terry	Yapundich, Robert	Hickory
Noel, Cecile	Mayer, Karen	Garner
Paitsel, Lisa	Sherrod, William	Supply
Parkhurst, Julia	Vincent, Mark	Huntersville
Patel, Hirenkumar	Peterson, David	Charlotte
Plamondon, Lori	Thornton, David	Pinehurst
Purcell, Angela	Jacokes, Dennis	Durham
Ricart, Martin	Klein, Jeffrey	Charlotte
Rice, Patricia	Barrier, Charles	Greenville
Rojas, Brian	Carr, James	Raleigh
Rojas, Brian	Holton, Alan	Raleigh
Rojas, Brian	Hudson-Fraley, Anita	Raleigh
Rojas, Brian	Maddison, Sarah	Raleigh
Rojas, Brian	Teasley, Myra	Raleigh
Rojas, Brian	Welch, Gerald	Cary
Rojas, Brian	Woodruff, Leon	Raleigh
Romano, Jeralyn	Birdsong, Edward	Washington
Saguier, Edward	Hooper, Jeffrey	Greensboro
Schroder, Melissa	Kimmick, Gretchen	Durham
Schuetz, Nora	Hakimi, Andrea	Chapel Hill
Shaw, David	Frueh, Walter	Wilmington
Shaw, David	Hocker, Shawn	Wilmington
Shipman, Jerry	Stanley, Karl	Selma
Sizemore, Mark	Tatter, Stephen	Winston-Salem
Spear, Sharon	Tcheng, James	Durham
Spetz, Amy	Taghizadeh, Behzad	Winston Salem
Stovall, Vanessa	Murphy, Michael	Goldsboro
Sullivan, Colleen	Fernandez, Gonzalo	Garner
Tanner, Van	Hathorn, James	Durham
Trzecienski, Michael	Maddison, Sarah	Raleigh

Trzecienski, Michael	Teasley, Myra	Raleigh
Valente, Sean	Del Do, Shari	Dunn
Weber, Jeffrey	Lowy, Ralph	Knightdale
Wheeler, Merritt	Brown, Brian	Charlotte
Winters, Melissa	Savage, Paul	Winston-Salem
Wright, Georgianna	Bowen, Samuel	Hickory
Young, Michael	Kypson, Alan	Greenville

NP VOTE LIST - Initial Applicants

NAME	PRIMARY SUPERVISOR	PRACTICE CITY
Albano, Denise	MacArthur, Robert	Greensboro
Ballentine, Frances	Nickens, Larry	Goldsboro
Belschner, Rebecca	Vincent, Mark	Huntersville
Campbell, PaDonda	Spencer, James	Winston-Salem
Chisum, Patricia	Vincent, Mark	Huntersville
Cuomo, Kimberly	Frank, Theodore	Charlotte
Hupp, Deborah	Fernandez, Gonzalo	Durham
Jones, Laurie	Taghizadeh, Behzad	Winston-Salem
Lowe, Paula	Beaton, Robert	Greensboro
May, Pia	Garrett, James	Jacksonville
McDowell, Karen	Kicklighter, Stephen	Raleigh
McKenzie, Leigh	Koenig, Daniel	Raleigh
Miller, Megan	Knudsen, Michael	Wake Forest
Parker, Glenda	Vincent, Mark	Huntersville
Phillips, Loretta	Schmidt, Robert	Raleigh
Rogers, Pamela	Davis, Todd	Franklin
Rogers-Cook, Jamie	Naftel, Albert	Chapel Hill
Schneider, Karen	Cummings, DeLora	Raleigh
Shepard, Tammy	Manley, John	Asheville
Shirley, Shelby	Newman, Alexander	Cary
Speak, Monica	Mironer, Yevgeny	Greenville
Stokhuyzen, Andre	Prasad, Vinod	Durham
Todd, Elizabeth	Chalfa, Nicolai	High Point
Vaughan, Leah	Cinoman, Michael	Raleigh
Vernon, Ann	Kwiatkowski, Timothy	Greensboro
Yates, Karee	Berry, Bruce	Chapel Hill

NP Additional supervisors

Adams-Wingate, Deborah	Holland, George	Wilmington
Bae, Michelle	Poole, James	Raleigh
Bartlett, Beverly	Frank, Theodore	Charlotte
Belanger, Marie	Buglisi, Lucille	Richlands
Birmingham, Barbara	Cairns, Bruce	Chapel Hill
Broom, Kristen	Jones, Enrico	Kernersville
Brown, Carol	Castillo, Elizabeth	Asheville

Brown, Elizabeth	MacArthur, Robert	Concord
Brown, Lisa	Jones, Enrico	Clemmons
Carlson, Emily	MacArthur, Robert	Greensboro
Carson, Ashley	Jones, Enrico	Greensboro
	Sheppard-La	
Carter, Carolyn	Brecque,	Ashville
Cavonis, Joan	MacArthur, Robert	Greensboro
Christopher, Kandice	Wohl, Darren	Burlington
Corcoran, Margaret	MacArthur, Robert	Greensboro
Covington, Gail	Jones, Enrico	Greensboro
Daniel, Leni	MacArthur, Robert	Greensboro
Derouin, Anne	Yarnall, Kimberly	Durham
Diggins, Kristene	Vincent, Mark	Huntersville
	Knowles-Jonas,	
Esposito, Noreen	Lynde	Burlington
Estrera, Cleoanne	Pleasant, Henry	Raleigh
Feinson, Margaret	Feinglos, Mark	Durham
Ferree, Bette	Jones, Enrico	Kernersville
Foy, Cassandra	Hawes, Diane	Greensboro
Gilreath, Tyral	Vincent, Mark	Huntersville
Goode, Pandora	Jones, Enrico	Greensboro
Goodwin, Cynthia	Jefferson, Henry	Cary
Gulledge, Marialice	Coles, Debra	Charlotte
Hamrick, Anna	Levy, Frederic	Shelby
Hathaway, Regina	Patel, Jignasa	Greenville
Humphrey, April	Twersky, Jack	Durham
Hutchins, Shirley	Vincent, Mark	Huntersville
Jacobs, Tina	Peace, Robin	Maxton
Kennedy, Joan	Kooistra, Carol	Columbus
Kirchner, Kathy	Deucher, Robert	Southern Pines
Kosanovich, Nancy	Austin, Amanda	Southern Shores
Largent, Lisa	Lovin, Vickie	Hickory
Link, Maureen	Vincent, Mark	Huntersville
Lynch, Jill	MacArthur, Robert	Greensboro
Martin, Mary	Thompson, Myrna	Charlotte
May, Kimberly	Tripp, Henry	Winston-Salem
May, Pia	McCallum, Jeffrey	Morehead City
Mayes, Mark	Minotti, Americo	Elkin
McKeown, Megan	Mathew, Rano	Wilmington
McNair, Virginia	Osbaehr, Albert	Waynesville
McSwain, Teresa	Gill, Brent	Kings Mountain
Melvin, Brenda	Pino, Joseph	Wilmington
Michael, Ralph	Pacos, Andrew	Durham

Millen, Steven	Robes, Cecile	Rockingham
Miller, Christine	Watson, Ricky	Snow Hill
	Sabanayagam,	
Morace, Joanne	Muthiah	Winterville
Oakley, Anne	MacArthur, Robert	Greensboro
O'Hanlon, Loretta	Russell, Larry	Hendersonville
	Moorehead,	
O'Neal, Mary-Jo	Katharine	Morehead City
Pace, Jackie	Vincent, Mark	Huntersville
Parker, Gemekia	Breit, Paula	King
	Cabinum-Foeller,	
Parsons, Ann	Elaine	Greenville
Phillips, Deborah	Nutz, Joseph	Morehead City
Plemmons, Nancy	Pleasant, Henry	Raleigh
Poindexter, Janet	MacArthur, Robert	Greensboro
Pope, Pamela	Dave, Nailesh	Lillington
Porter, Lee	Lare, Sandra	Wilmington
Reller, Lara	Pitts, Susan	Carrboro
Scheffer, Elizabeth	Hamp, Dirk	Wake Forest
Shattuck, Lynn	MacArthur, Robert	Greensboro
Sikes, Melissa	Merta, Steven	Hickory
Smith, Regina	Johnson, Yolanda	Albemarle
Smith, Tabetha	Holland, George	Wilmington
Sproul, Beverly	Joshi, Raj	Statesville
Taylor, Jamie	Vincent, Mark	Huntersville
Tripp, Tamara	MacArthur, Robert	Greensboro
Troutman, Susan	Hart, Robert	Vale
Turner, Dianne	Lucas, Kathleen	Greensboro
Villa, Vrinda	Jones, Enrico	Summerfield
Walker, Tonya	Hawes, Diane	Greensboro
Wells, Carol	MacArthur, Robert	Greensboro
Wood, Kristine	Vincent, Mark	Huntersville
Woodruff, Laura	Maruchek, John	Raleigh
Worrell, Tammy	Webster, Laurence	High Point
Zegil, Matthew	Chan, Ruben	Charlotte

Perfusionist Vote List

Bonadonna, Desiree
Ellis, Tunisia

NURSE PRACTITIONER JOINT SUBCOMMITTEE REPORT

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

Emergency Situations related to the Nurse Practitioner's Approval to Practice Agreement

Policy Statement Procedure: Emergency situation is defined as an injury, sudden illness, death or other unforeseen unavailability of the nurse practitioner's primary supervising physician.

In an emergency situation the Joint Subcommittee authorizes the staff of both Boards to grant the nurse practitioner continued approval to practice until a new application is received and processed as follows:

The nurse practitioner shall notify both Boards within two (2) business days of the emergency situation by first calling the Boards and then following up with a letter describing the emergency situation.

The nurse practitioner is given thirty (30) days from the date of the emergency situation to submit an application for a new primary supervising physician.

If an application for a new primary supervising physician is not submitted within thirty (30) days, the nurse practitioner's approval to practice will terminate.

Nurse Practitioner Rule Change to further clarify continuing education requirements

BACKGROUND: 21 NCAC 36 .0806 ANNUAL RENEWAL requires renewal of nurse practitioner approval to practice on an annual basis during the nurse practitioner's birth month. 21 NCAC 36 .0807 requires the nurse practitioner to earn 100 contact hours of continuing education every two years in order to maintain approval to practice. To avoid confusion for the nurse practitioner and the Boards in determining the two year cycles for continuing education, it is proposed that 21 NCAC 36 .0807 be changed to read as follows: "In order to maintain nurse practitioner approval to practice, the nurse practitioner shall earn 50 contact hours of continuing education each year beginning with the first renewal after initial approval to practice has been granted..."

RECOMMENDATION: The Joint Subcommittee approve the proposed rule change and forward to both Boards for approval.

Motion: A motion passed to approve the above recommendations.

LICENSING COMMITTEE REPORT

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

Applicants Requiring Reentry Agreements

Catchline: Due to the increase in the number of applicants requiring reentry it is recommended that applicants falling into this category be interviewed by one member of the Board as opposed to a split Board interview.

BOARD ACTION: Allow reentry applicants to interview with a single Board member.

Application Question #12

Catchline: Revisit the recommended new wording for question #12. Currently reads, "Do you have any medical conditions, other than substance abuse?" Board action at the May meeting was to change the wording as follows: "Do you have any medical conditions and have you been told or are you impaired as a result of these conditions?" Furthermore, we have recently had 2 applicant's refuse to answer the question as they felt it was a violation of their privacy.

BOARD ACTION: Have the question read "Do you have any medical conditions? (Do not use abbreviations)"

Administrative Limited License

Catchline: Does our Limited Administrative License allow the holder of the license to do utilization review, certification/non-certification decisions? This question has come up from a couple of angles and staff seeks instruction as to what is intended. There is a physician scheduled for a license interview at this meeting who has indicated he would be willing to talk to any committee members who may have questions about how utilization review, cert and non-cert decisions are handled, at least at his company, Aetna. His interview is scheduled for 8:30 a.m. on Wednesday and Dr. Moffatt will be conducting the interview if the Committee wants him to stay around for a bit.

BOARD ACTION: It is the Committee's opinion that NCMB's Limited Administrative License allows the holder to do utilization review, certification/non-certification decisions.

Full Board requested staff gather information for future discussion regarding this topic.

File Reviews

Current procedures for review of applications:

4. "Pristine" applications are reviewed by a Board member and if the Board member agrees an interview is not required, the license is issued.
5. Applications with issues are reviewed by a Board member and if the Board member agrees an interview is not required, the license is issued.
6. If an applicant requires an interview and the Board member is satisfied, the license is issued
7. Applicant's who do not have a satisfactory interview are referred back to the appropriate committee or for a split board interview – at the reviewing Board member's direction.

Just confirming this is the desire of the Board and we should continue with this procedure.

BOARD ACTION Continue current procedure.

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 13 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-four 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 (June 18 – July 20, 2007)

Abulatifa, Khalil Taha
Adams, Madeline Mei
Alcazar-Pesante, Lisa
Alexander, Richard Edwin
Amos, Keith Dave
Andrews, Jennifer Carol
Ankrah, Shelia Deloise
Archambault, Mark Elno
Arroyo, Matthew Luis
Arvidson, Jennifer Morgan
Bagheri, Shala
Bagley, Adrienne Williams
Bagley, Carlos Antonio
Bakelaar, Ryan Timothy
Baldwin, Alison Joan
Baldwin, Joy Angela
Ballal, Raghu Veer
Barnes, Kenneth Patrick
Barnes, Michelle
Beiswenger, Timothy Roy
Bellofiore-Plonski, Lisa
Benson, Matthew Richard
Bird, Whitworth Fontaine
Black, Erin Elizabeth
Blanchard, Laura Thomas
Blizzard, Daniel Richard
Boehmke, Karen Louise
Bolen, Christine Marie
Bonomo, Steven Robert
Boring, Todd Allan
Bowens, William Clement
Boyte, David Patrick
Britz, Gavin Wayne

Brown, Susan Bartow
Bryan, Angela Jean
Bryskin, Suzanne Kathleen
Capizzani, Tony Richard
Carbone, Dominick John
Chalabi Jamal
Chang, Lydia Hwei
Chiu, Patrick Yee-Chien
Chowdhury, Paritosh Roy
Clagnaz, Peter John
Clapp, Leslie Ellen
Cohen, Samuel David
Coll, Jennifer Marie
Cooper, Michael David
Corry, Beverly Elizabeth
Cottle, Patrick Michael
Couture, Daniel Edward
Cox, Benjamin Gould
Coyle, Kevin Don
Cramp, Diana Lyn
Creenan, Joan Marie
Dalvi, Gauri Rahul
Dasso, Edwin Joseph
Dauito, Ralph
Dave, Sandeep S.
Davis, Ryan Christopher
Delk, Christopher Wood
Deogun, Gurvinder Kaur
Derrick, Russell Lamar
Diaz, Maria Isabel
Dixon, Natalia Eugenia
Dodson, Kelly Dawn
Dorf, Erik Roberts

Dougherty, Douglas Andrew
Doyle, David
Drabek, Gregg Allen
Dubey, Subu
Dudziak, Matthew Edward
Durham, David B
Dyson, Matthew Dale
Earla, Janaki Ram Prasad
Eigbe Edosomwam, Esther
Eisenberg, Barbara Faith
Elchoufi, Maysoun
Eller, Chrystal Faye
Ellis, Shannon Scott
Ellison, Matthew David
Fan, Iain
Farmer, Laymon Charles
Farrow, Jenni Elizabeth
Ferguson, Jeffrey Dean
Finley, Alan Christopher
Floyd, Serina Eisha
Francke, Eric Ivars
Franco, Albert
Friesen, Carrie Cort
Fuller, Lance Robert
Fyler, Dawn Jackson
Gadiraju, Ravi Kumar Raju
Galyon, Steven Wayne
Garrett, Melissa Marie
Gee, Jonathan Benjamin
Geren, Cheryl Weyers
Germanwala, Anand Vasant
Gilchrist, Michael James
Glass, William Fredrick
Gleditsch, Scott Duane
Gordon, Demetria Yvette
Goyal, Vinita
Graham, Diana Rachel
Grantham, David Wayne
Hagstrom, Alan Kyle
Hall, Christian Carson
Hambleton, Scott Lewis
Hardage, Robert Harris
Harris, Jason Randall
Hartley, Katherine Adair
Hatch, Richard Montague
Hernandez, Michelle Lucille
Hester, Laura Ann
Hong, Matthew Hanson
Howard, Cleve Wilson
Hungness, Susan Irene
Iyer, Shridhar Narayan

Jackson, Eric Michael
Jaimes Ocazonez, Silvia Natalie
Jeevanantham, Vinod
Jesse, Nathan Marc
Jewell, Elizabeth Lin
Johnson, Christine Lee
Johnson, Reuben Dempsey
Johnson, Theresa
Jones, Jeremy York
Jones, Robert Glen
Jordan, Mark Vernon
Joseph, Damilola
Kader, Andrew Karim
Kairouz, Sebastien Simon
Kaminski, Chi-Chuan Yang
Kappelman, Michael David
Karunakar, Madhav
Katikithala, Sashivani
Katz, Seth Evan
Keenan, Sean Christopher
Keller, Jennifer Elizabeth
Kelling, James Stephen
Kessler, Chad Stephen
Khan, Anwaar Ahmed
King, Erika Rochelle
Kirby, Deborah Lynette
Kohn, Geoffrey Paul
Knight, Jessica Ladona
Kraschnewski, Jennifer Lynn
Kurup, Shree Kumar
Lam, Gordon Ka Wing
Lantos, Paul Michael
Larson, Michael Joseph
Lau, Charles T
Lazarous, Deepa Grace
Lee, Jane Chungsun
Lee, Ronald Vincent
Lett, Pauline Angella
Li, Zujin
Lingle, Kevin Christian
Linzau, Jean Arthur
Lokitz, Kyla Leleux
Lommatzsch, Steven Edward
Londono, Juan Carlos
Long, James Blakeley
Lucas, Sean Richard
Ly, Justin Quoc
MacGilvray, Marcel Alain
Maggio, Vijayalakshmi
Malakauskas, Sandra Maria
Malinowski, Beata Larysa

Mashaw, Arsheeya
McClure, Robert Kevin
McFadden, Jeffrey Alan
McIver, Mandisa Anjail
Mehany, Albert
Mehta, Viral Prakash
Melton, Jameelah Ayesha
Mercier, Randall Robert
Messier, Amy Eileen
Miller, Elizabeth Ann
Miller, Gregory Alan
Moore, Mary Patricia
Morgan, Ayman Habib
Mounsey, Anne
Morrow, Jason David
Moye, Phillip Walker
Muechler, Eberhard Karl
Muncie, Herbert Lee, Jr.
Mudrick, Daniel William
Nair, Prem Krishnan Kutty
Nigalye, Sanil Balkrishna
Oei, Monica
Ogunwale, Ben Opeyemi
Pai, Suhas
Pamuklar, Ertan
Pang, Changlee Seo
Penn, Robert Lee
Perry, Victor Lynn
Pettus, Joseph Atkins
Pitovski, Dimitri Zivko
Platts-Mills, Timothy Fortescue
Podda, Silvio
Powers, William John
Quinn, Jane Ann
Prendergast, Peter Gerard
Radionchenko, Yulia Vladislavovna
Raghu, Vijayalakshmi
Rahman, MD Shafiqur
Ramgoolam, Andres
Reese III, Perry
Reid, Ro-Lyan Arokas
Richard, Marc Joseph
Riemer, Ira Allan
Rimkus, Gilbertas
Roberts Jr., Thomas G.
Rodeffer-Evans, Karen Marie
Rougeou, Glendon Paul
Ruvo, Andrew Thomas

Saad, Daniel Frederick
Salas-Rushford, Jaime Antonio
Santhanam, Sripriya
Sassoon, Eddie Elie
Scott-Wright, Alicia Onnami
Segebarth, Paul Bradley
Sellers, Andrew Jackson
Senthilkumar, Annamalai
Shah, Sidharth Anilkumar
Shah, Vipul B
Shaughnessy, Gretchen Gail
Sleight, Burdette Kittredge
Smiley, Margaret Lynn
Smith, Adam Brian
Smith, Damain Anthony
Smith, Michael Joseph
Staab, Joseph Jeffrey
Stalford, Kimberly Frances
Staley, Jerry Tracey
Steadman, Brent Thomas
Storm, Erik Stephen
Subedi, Rajesh
Sun, Emily Xiaomei
Sutherland, James Michael
Talley, Jessica Dawn
Teame, Akeza Wasse
Thakkar, Vipul Vinod
Tinch, Brian Terry
Tomihama, Roger Takeshi
Toothman, Richard Lee
Truxillo, Ryan Mark
Turner, Samuel Jeffery
Udayakumar, Krishnakumar
Verrier, Carmel Sabine
Vikraman Sushama, Deepak
Vu, Hung Quoc
Vyas, Harsha
Whalen, Sean Patrick
Williams, Bernard Andrew Ronald
Wright, Virginia Fredericka
Wu, Willis Michael
Xu, Dongsheng
Yale, Jerry David
Yang, Fan
Yearwood, Beverly Ann
Zalud, Lee Donald
Zinn, Jacqueline Ellen

LICENSES APPROVED
(June 18 – July 20, 2007)

Abulatifa, Khalil Taha
Adams, Madeline Mei
Alexander, Richard Edwin
Amos, Keith Dave
Andrews, Jennifer Carol
Ankrah, Shelia Deloise
Arora, Aman
Arroyo, Matthew Luis
Arvidson, Jennifer Morgan
Azam, Anita
Bagley, Adrienne Williams
Bagley, Carlos Antonio
Bakelaar, Ryan Timothy
Baldwin, Alison Joan
Baldwin, Joy Angela
Ballal, Raghu Veer
Barnes, Kenneth Patrick
Beiswenger, Timothy Roy
Bellofiore-Plonski, Lisa
Benson, Matthew Richard
Bird, Whitworth Fontaine
Black, Erin Elizabeth
Blanchard, Laura Thomas
Blizzard, Daniel Richard
Bolen, Christine Marie
Bonomo, Steven Robert
Boring, Todd Allan
Boyte, David Patrick
Britz, Gavin Wayne
Brown, Susan Bartow
Bryan, Angela Jean
Bryskin, Suzanne Kathleen
Capizzani, Tony Richard
Chaudhry, Usman-Ul-Haq
Chiu, Patrick Yee-Chien
Chowdhury, Paritosh Roy
Clagnaz, Peter John
Clapp, Leslie Ellen
Cohen, Samuel David
Coll, Jennifer Marie
Cooper, Michael David
Copland, Spencer Thomas
Cottle, Patrick Michael
Couture, Daniel Edward
Coyle, Kevin Don
Cramp, Diana Lyn
Dalvi, Gauri Rahul
Dasso, Edwin Joseph

Dauito, Ralph
Dave, Sandeep S.
Davis, Ryan Christopher
Delk, Christopher Wood
Deogun, Gurvinder Kaur
Derrick, Russell Lamar
Diaz, Maria Isabel
Dillon, Patrick Michael
Dixon, Natalia Eugenia
Dodson, Kelly Dawn
Dougherty, Douglas Andrew
Doyle, David
Drabek, Gregg Allen
Dudziak, Matthew Edward
Durham, David B
Dyson, Matthew Dale
Earla, Janaki Ram Prasad
Eigbe Edosomwam, Esther
Eisenberg, Barbara Faith
Elchoufi, Maysoun
Eller, Chrystal Faye
Ellis, Shannon Scott
Ellison, Matthew David
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Ferguson, Jeffrey Dean
Finley, Alan Christopher
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Franco, Albert
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Fuller, Lance Robert
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Galyon, Steven Wayne
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Hernandez, Michelle Lucille
Hester, Laura Ann
Hong, Matthew Hanson
Hongalgi, Anand
Hungness, Susan Irene
Ismail, Sirajuddin
Iyer, Shridhar Narayan
Jack, Megan Christine
Jackson, Eric Michael
Jaimes Ocazonez, Silvia Natalia
Jesse, Nathan Marc
Jewell, Elizabeth Lin
Johnson, Christine Lee
Johnson, Reuben Dempsey
Jones, Jeremy York
Jones, Lauren Natasha
Jordan, Mark Vernon
Joseph, Damilola
Kader, Andrew Karim
Kairouz, Sebastien Simon
Kaminski, Chi-Chuan Yang
Kappelman, Michael David
Kashyap, Sona Shrikant
Katikithala, Sashivani
Keenan, Sean Christopher
Keller, Jennifer Elizabeth
Kelling, James Stephen
Kessler, Chad Stephen
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Kirby, Deborah Lynette
Knight, Jessica Ladona
Kraschnewski, Jennifer Lynn
Kurup, Shree Kumar
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Lantos, Paul Michael
Lau, Charles T
Lazarous, Deepa Grace
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Lett, Pauline Angella
Li, Zujin
Lingle, Kevin Christian
Linzau, Jean Arthur
Lokitz, Kyla Leleux
Lommatzsch, Steven Edward
Londono, Juan Carlos
Long, James Blakeley
Lucas, Sean Richard
Ly, Justin Quoc

MacDonald, Andre John
MacGilvray, Marcel Alain
Malakauskas, Sandra Maria
Malinowski, Beata Larysa
Mashaw, Arsheeya
McFadden, Jeffrey Alan
McIver, Mandisa Anjail
Mehany, Albert
Mehta, Viral Prakash
Melton, Jameelah Ayesha
Messier, Amy Eileen
Miller, Elizabeth Ann
Moore, Mary Patricia
Morgan, Ayman Habib
Morrow, Jason David
Mough, Rhonda Bloom
Moye, Phillip Walker
Mudrick, Daniel William
Muechler, Eberhard Karl
Nair, Prem Krishnan Kutty
Oei, Monica
Ogunwale, Ben Opeyemi
Pai, Suhas
Pang, Changlee Seo
Penn, Robert Lee
Perry, Victor Lynn
Pettus, Joseph Atkins
Platts-Mills, Timothy Fortescue
Powers, William John
Prendergast, Peter Gerard
Radionchenko, Yulia Vladislavovna
Raghu, Vijayalakshmi
Rahman, MD Shafiqur
Ramgoolam, Andres
Reid, Ro-Lyan Arokas
Rezai, Reza
Richard, Marc Joseph
Riemer, Ira Allan
Rimkus, Gilbertas
Roberts, Thomas Gerald
Rodeffer-Evans, Karen Marie
Ross, Kendra Hunt
Rougeou, Glendon Paul
Ruvo, Andrew Thomas
Ryan, Michael Whiting
Saad, Daniel Frederick
Salas-Rushford, Jaime Antonio
Salzman, Warren
Santhanam, Sripriya
Segebarth, Paul Bradley
Sellers, Andrew Jackson

Senthilkumar, Annamalai
Shah, Sidharth Anilkumar
Shah, Vipul B
Shaughnessy, Gretchen Gail
Sleight, Burdette Kittredge
Smith, Adam Brian
Smith, Damain Anthony
Smith, Michael Joseph
Staab, Joseph Jeffrey
Staley, Jerry Tracey
Stalford, Kimberly Frances
Steadman, Brent Thomas
Stone, Alan Barth
Storm, Erik Stephen
Subedi, Rajesh
Sun, Emily Xiaomei
Talley, Jessica Dawn
Teame, Akeza Wasse
Test, Barry
Thakkar, Vipul Vinod
Tinch, Brian Terry
Tomihama, Roger Takeshi
Toothman, Richard Lee
Truxillo, Ryan Mark
Turner, Samuel Jeffery
Udayakumar, Krishnakumar
Umphrey, Lisa Gail
Verrier, Carmel Sabine
Vikraman Sushama, Deepak
Vu, Hung Quoc
Vyas, Harsha
Whalen, Sean Patrick

Williams, Bernard Andrew Ronald
Wright, Virginia Fredericka
Wu, Willis Michael
Xu, Dongsheng
Yale, Jerry David
Yang, Fan
Yearwood, Beverly Ann
Zinn, Jacqueline Ellen

Reinstatement

Carbone, Dominick
Karunakar, Madhav
Khan, Anwaar Ahmed
Zalud, Lee Donald

Reactivation

Alcazar-Pesante, Lisa
Barnes, Michelle
Chang, Lydia Hwei
Crennan, Joan Marie
Katz, Seth Evan
Maggio, Vijayalakshmi
McClure, Robert Kevin
Smiley, Margaret Lynn

Faculty Limited License

Chalabi, Jamal
Jeevanantham, Vinod
Kohn, Geoffrey Paul
Mounsey, Anne
Pamuklar, Ertan

CONTINUED COMPETENCE COMMITTEE

Michael Norins, MD, Chair; Peggy Robinson, PA-C

The Continued Competence Committee of the North Carolina Medical Board was called to order at 3:15 p.m., Thursday, July 19, 2007, at the office of the Board. Members present were: Michael Norins, MD, Chair; and Peggy Robinson, PA-C. Also attending were: Michael Sheppa, MD, Medical Director; and Jeffery Denton, Recorder (Staff). Absent was Thomas Mansfield, JD, Director, Legal Department (Staff).

NC Summit – Formulating an Action Plan

Dr. Norins reported that Dr. Newton, Head of the Pediatric Department, Brody School of medicine has made available a residency program for an applicant of the Board.

Action: Dr. Sheppa is to draft a thank you letter for Dr. Newton.

Dr. Sheppa reported he has met with Duke Representatives from the summit. He will be meeting with UNC representatives to explore their interest in establishing an evaluation program and/or a remediation program. He will continue to move forward with the goal of

establishing an instate evaluation program and developing a remediation program with the medical schools. These two efforts may or may not be linked.

Registration Questionnaire Review

Background: It has been noted that the questions on the annual registration form that relate to not being in the active practice of medicine, the whys and what have you really been doing are all optional responses. Thus, no reliable data along this line is available. A motion passed to reevaluate subject questions and make answering them “mandatory.” This relates to those questions along the line of being out of the active practice of medicine, why and what are you doing. Reviewing the registration questionnaire is a priority for the Continued Competence Committee. Reviewers will be looking for more specific questions pertaining to practice activity and how to refine questions to be useful in identifying physicians that may be in need of reentry type education.(May 2007)

Update: The Physician Registration Form was reviewed. There is a consensus that the time has come to do something about physicians that are not practicing medicine but keeping their licenses without continued clinical experience.

Full Board Motion: A motion passed recommending that the registration form be modified as follows:

Where the “Are you engaged in direct patient care” equals “**NO**” – they should read as follows:

- ☐ retired from active practice
- ☐ not in practice since _____
- ☐ percent of time employed in a non-medical field _____
- ☐ percent of time primarily doing research, teaching, or administration related to medicine

Self-terminating Reentry Orders

The committee feels that once a reentry program is satisfactorily completed it does not need to come back Board for additional action. The committee believes that in these cases the congratulatory letter can be sent without additional board action. This could be handled at the staff level.

Full Board Motion: A motion passed that once reentry programs are satisfactorily completed, the appropriate staff is authorized to send the congratulatory letter, and report in the course of business to the Board and part of the compliance report.

CME

The subject of how to make CME meaningful and a reliable indicator of continued competency. At some point in the future look at making physicians with hospital privileges exempt from CME audits.

Update: Mr. Henderson stated that the current policy was to look at CME in three cases: (1) open investigations, (2) those invited for informal interviews, and (3) those that

report less than the required 150 hours in three years. He indicated the first two cases are being done routinely; however, the third case is a complicated programming issue and being developed by Mr. Hari Gupta, Operations Department Director, and that it will eventually show results. He stated that the Board has limited resources to deal with random audits and it would be a fairly big undertaking.

Action: Mr. Henderson will report back to the committee in September with a proposal.

Full Board Motion: A motion passed to move forward in the development of random audits. ABMS constituent boards and self study programs should be exempt from the audits.

The next regular meeting of the Continued Competence Committee is tentatively set for Thursday, September 20, 2007.

DISCIPLINARY (COMPLAINT) COMMITTEE REPORT

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

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

The Disciplinary Committee (complaints) reported on eight 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

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

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

The Professional Liability Insurance Payments Committee reported on 73 cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

DISCIPLINARY (MEDICAL EXAMINER) COMMITTEE REPORT

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

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

The Medical Examiner Committee reported on five 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

Sarvesh Sathiraju, MD; George Saunders, MD; Andrea Bazan-Manson

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

A motion passed to return to open session.

DISCIPLINARY (INVESTIGATIVE) COMMITTEE REPORT

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

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

The Disciplinary (Investigative) Committee reported on 54 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.

Thirty-four 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.

DISCIPLINARY (INVESTIGATIVE) REVIEW COMMITTEE REPORT

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

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

The Disciplinary (Investigative) Review Committee reported on 58 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.

ADJOURNMENT

This meeting was adjourned at 11:44 a.m., July 20, 2007.

George L. Saunders III, MD
Secretary