

MINUTES

North Carolina Medical Board

November 14-16, 2007

**1203 Front Street
Raleigh, North Carolina**

Minutes of the Open Sessions of the North Carolina Medical Board Meeting November 14-17, 2007.

The November 14-16, 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 8:01 a.m., Wednesday, November 14, 2007, by Janelle A. Rhyne, MD, President. Board members in attendance were: George L. Saunders, III, MD, President Elect; Ralph C. Loomis, MD, Secretary; Donald E. Jablonski, DO, Treasurer; Ms. Pamela Blizzard (portions of November 14 and 15 only); Ms. Thelma Lennon; John B. Lewis, Jr., LLB; H. Arthur McCulloch, MD; 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 Supervisor; 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, Compliance/Reentry Coordinator; Mrs. Sharon Squibb-Denslow, Investigative Coordinator; Mr. Dale Breaden, Director of Communications and Public Affairs; Ms. Dena Marshall, Public Affairs Assistant; Mrs. Joy D. Cooke, Licensing Director; Ms. Michelle Allen, Licensing Supervisor; Ms. Mary Mazzetti, Licensing Coordinator; Ms. Ravonda James, Licensing Coordinator; Ms. Kimberly Chapin, 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; Ms. Amy Ingram, 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. Donna Stoker, 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. Rhyne 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. Gupta presented a 15-year award to Ms. Fowler for her 15 years of service to the Medical Board

New Board Member – Pamela Blizzard

Dr. Rhyne read the Oath of Office to Ms. Blizzard. She then welcomed and introduced her as a newly appointed Board Member. Ms. Blizzard was appointed by Governor Easley to relieve Ms. Andrea Bazan-Manson, following her resignation.

Janelle A. Rhyne, MD - Nomination for Federation of State Medical Boards Board of Directors

Motion: A motion passed that the Board unanimously endorses Dr. Rhyne's nomination for the Federation's Board of Directors.

Ralph C. Loomis, MD - Recommendation for Appointment to Federation of State Medical Boards Bylaws Committee

Motion: A motion passed that the Board unanimously endorses Dr. Loomis' reappointment to the Federation's Bylaws Committee.

Robin N. Hunter Buskey, PAC - Nomination for Federation of State Medical Boards Board of Directors

Ms. Hunter Buskey is a past Board Member who has been on the Federation's Board of Directors for three years. She is seeking reelection and support for her nomination and candidacy. There was some discussion concerning North Carolina having two nominations for the board of directors. Dr. Loomis pointed out that these would be in separate categories with Ms. Hunter Buskey being in the non-MD category.

Motion: A motion passed that the Board unanimously endorses Ms. Hunter Buskey's nomination for the Federation's Board of Directors.

Agents of the Board – Michael E. Norins, MD and Robert C. Moffatt, MD

Drs Norins and Moffatt have served two consecutive three-year terms on the Medical Board. It is anticipated this will be their last Board Meeting as Board Members as nominations have already been sent to the Governor's Office for their replacements.

Motion: A motion passed designating Drs Norins and Moffatt as Agents of the Board when their replacements are appointed and sworn in.

Federation of State Medical Boards (FSMB) House of Delegates Resolution

Dr. Saunders drafted a resolution regarding effective communication with patients. If approved, this resolution will be submitted to the Federation of State Medical Boards for consideration at the Federation's 2008 House of Delegates annual business meeting.

Motion: A motion passed that the following resolution is approved for submission to the FSMB:

Communication
(November 14, 2007)

Whereas patients are frequently dissatisfied with medical professionals due to inappropriate and ineffective communications, and

Whereas substantial member Board time is spent processing complaints that relate to communication issues that often could be obviated by effective, timely, and respectful communication by physicians and other health care providers, and

Whereas poor communication erodes public trust in the medical community, and

Whereas some medical providers have significant difficulties communicating information to patients in a manner which is effective, reassuring and respectful.

Therefore, Be it Resolved That:

1. The Federation of State Medical Boards encourages the development of courses to help providers learn effective means of communicating with patients and relaying medical information in a respectful manner.
2. The courses will be developed by agencies other than the FSMB.
3. The courses should be at various sites convenient to licensees of member Boards throughout the nation in order to minimize practice disruption.

Change of Command

Dr. Rhyne presented Dr. McCulloch with a mounted gavel and a framed resolution commemorating his service as the President of the Medical Board for the past year. The resolution reads as follows:

RESOLUTION
**In Recognition of the Distinguished Service Rendered by
H. Arthur McCulloch, MD, as President of the
North Carolina Medical Board
November 1, 2006—October 31, 2007**

WHEREAS, H. Arthur McCulloch, MD, a native of Ohio, received a BA from Ohio State University and took his MD from the Medical College of Ohio, did his internship at St Thomas Hospital Medical Center in Akron, Ohio, and his residency in anesthesiology at North Carolina Memorial Hospital, and, following his residency, was a staff anesthesiologist at Wilford Hall USAF Medical Center, reaching the rank of Major;

Whereas, Dr McCulloch is a diplomate of the American Board of Anesthesiology, is a clinical assistant professor of anesthesiology at the University of North Carolina, and is co-author of several journal articles;

Whereas, Dr McCulloch practices with Southeast Anesthesiology Consultants, in Charlotte, and is director of anesthesia at the Carolina Center for Specialty Surgery;

Whereas, Dr McCulloch is an active member of the North Carolina Medical Society and, among other things, has served on its MedPAC Board and its Task Force on Office-Based Surgery;

Whereas, Dr McCulloch is also a member of the North Carolina Society of Anesthesiologists, serving on that organization's Executive Committee and as its president, and is a member of the House of Delegates of the American Society of Anesthesiologists;

Whereas, Dr McCulloch was appointed to the Board in 2002 and has served as the Board's president, president elect, secretary and treasurer, and has served on several Board committees and was chair of its Policy Committee;

WHEREAS, Dr McCulloch's term as the Board's president saw adoption of a Board statement on the ethical factors related to physician participation in capital punishment and further study of position statement revisions; implementation of a new committee structure for handling complaints and investigations resulting in a more efficient and consistent process; continuation of the program for Board retreats; continuation and furtherance of participation in the study of physicians accountability and competence; approval of regulations for licensing perfusionists; further development of the reentry program and encouragement of its consideration at the Federation level; election and appointment of several Board members to positions in the Federation of State Medical Boards; establishment of a Best Practices Committee to study improvement in Board processes and in Board structure and membership; improvement of the system for reviewing and approving licensure applications; adoption of an historic revision of the Medical Practice Act that will dramatically improve the work of the Board and includes authorization for an expanded physician profile system, revamping of the Board member appointment process, increased capacity to conduct hearings, and improved transparency to the public; supporting adoption of a requirement in other legislation that laser hair removal by electrologists be supervised by physicians; continuation of the annual joint educational sessions held with the Pharmacy, Nursing, and Dental Boards; continuing increase in the level of public actions taken by the Board;

NOW, THEREFORE, BE IT RESOLVED that the North Carolina Medical Board is grateful to H. Arthur McCulloch, MD, for his service and publicly recognizes the outstanding leadership he has given the Board in his role as the Board's president, leadership that has distinguished him, honors the Board, and marks a deep commitment to the people of North Carolina; and

BE IT FURTHER RESOLVED that this Resolution be made part of the minutes of the Board and that a formal copy be presented to Dr McCulloch.

Approved by acclamation this 18th day of October 2007.

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.

Bylaws of the North Carolina Medical Board

Motion: A motion passed to adopt the following revised Bylaws of the North Carolina Medical Board.

BYLAWS of the NORTH CAROLINA MEDICAL BOARD

ARTICLE I OFFICES

- Section 1. Principal Office. The Board shall have a principal office in North Carolina.
Section 2. Other Offices. The Board may have other offices.

ARTICLE II BOARD POWERS, COMMITTEES, AND COMPENSATION

- Section 1. General Powers. The Board itself has all its general powers.

Section 2. Committees. The Board may designate one or more Committees. The President shall appoint Committee members. Committees have no powers other than: (a) to review matters and recommend actions to the Board, (b) to initiate or continue investigations or inquiries, including, in the committees' sole discretion, the use of Board process (subpoenas, orders, or the like) in furtherance thereof, (c) to empower staff, either generally or in a specific instance, to initiate or continue investigations or inquiries, including, in the committees' sole discretion, the use of Board orders to produce documents or things, (d) to employ experts to evaluate evidence in matter under investigation or inquiry, and (e) those powers authorized by the Board. The President shall serve as ex-officio member of all committees.

Section 3. Executive Committee. There shall be an Executive Committee comprised of the Officers of the Board, who are chosen in accordance with Article IV of these Bylaws, along with the Immediate Past President of the Board and a member at large. The member at large shall be nominated and elected as provided in Article IV, Section 2. In the event the Immediate Past President is not available to serve on the Executive Committee, that position may be filled as provided in Article IV, Section 2.

Section 4. Compensation. The Board may pay per diem and expenses to the maximum extent permitted by law.

ARTICLE III MEETINGS OF THE BOARD

Section 1. Regular Meetings. Regular meetings will occur as scheduled.

Section 2. Special or Emergency Meetings. Special or Emergency meetings of the Board may be called by the President or in the event of the unavailability of the President by the President-Elect.

Section 3. Notice of Meetings. Notices of meetings shall be given as required by law.

Section 4. Quorum. A quorum of the Board is a majority of the members.

Section 5. Manner of Acting. Except as otherwise provided herein, the Board acts by simple majority vote of the members present at a meeting at which there is a quorum.

Section 6. Participation by Conference Telephone. The Board may meet by electronic means to the maximum extent permitted by law.

ARTICLE IV OFFICERS

Section 1. Officers of the Board. The officers of the Board shall consist of a President, a President-Elect, and a Secretary/Treasurer.

Section 2. Election and Term. The President-Elect shall become President at the end of the President's term. The remaining officers of the Board shall be elected as follows: During the July Board meeting, the Executive Committee shall meet with the other members of the Board to solicit recommendations for the President-Elect and Secretary/Treasurer positions. Thereafter, the Committee shall retire to discuss a slate of candidates. The Executive Committee shall nominate to the Board a slate of candidates for the above offices for the coming term. The Board shall vote on the entire slate. The slate is approved when a majority of the total membership of the Board votes in favor of the slate. This process shall continue at the Board's July meeting until a slate is elected. The term of office is November 1st to October 31st.

Section 3. Vacancies. In the event that the President fails to serve out his or her term as provided in this Article for whatever reason, then the President-Elect shall assume the office of President and hold the office of President for the remainder of the departed President's term. The President completing the term of the departed President shall be eligible to serve a full term as President after completing the term of the departed President. In the event an

officer other than the President fails to serve out his or her term as provided in this Article for whatever reason, the vacancy shall be filled as provided in Article IV, Section 2.

Section 4. Removal. Any officer may be removed from office by a vote of a majority of the total membership of the Board at any time.

Section 5. President. The President shall be the principal executive officer of the Board. The President shall, when present, preside at all meetings of the Board. The President shall sign documents for the Board.

Section 6. President-Elect. The President-Elect shall, in the absence or disability of the President, have all the authority and perform the duties of the President.

Section 7. Secretary/Treasurer. The Secretary/Treasurer shall have the responsibility and authority to maintain and authenticate the records of the Board and shall have charge and custody of all funds and securities belonging to the Board and shall keep, or cause to be kept, full and accurate records of the finances of the Board. The Secretary/Treasurer shall, in the absence or disability of the President and the President-Elect, have all the authority and perform the duties of the President.

ARTICLE V PROFESSIONAL STAFF

Section 1. Professional Staff. The Board shall employ a Professional Staff to assist it, in whatever lawful way it may prescribe, in the discharge of its duties under and to enforce the laws regulating the practice of medicine or surgery.

Section 2. Executive Director. The Board shall employ an Executive Director who shall lead and manage, hire and dismiss, the Professional Staff. The officers of the Board shall evaluate the Executive Director annually.

ARTICLE VI GENERAL PROVISIONS

Section 1. Seal. The seal of the Board shall consist of two concentric circles between or within which is the name of the Board.

Section 2. Fiscal Year. The fiscal year of the Board shall be fixed by resolution of the Board of Directors.

Section 3. Amendments. Except as otherwise provided herein or by applicable law, these Bylaws may be amended or repealed and new bylaws may be adopted after a thirty (30) day notice by a vote of two-thirds (2/3) of the total membership of the Board.

Section 4. Rules of Order. To the extent that matters of procedure are not addressed in these Bylaws or in applicable sections of the North Carolina General Statutes or North Carolina Administrative Code, the Board shall follow parliamentary procedure as set forth in The Standard Code of Parliamentary Procedure, 4th Edition, by Alice Sturges (McGraw Hill, Inc. 2001)

Warren Pendergast, MD, Medical Director and CEO, North Carolina Physicians Health Program (NCPHP) Annual Report to the Medical Board

Dr. Pendergast presented a verbal report (assisted by PowerPoint) to the Medical Board on November 16, 2007. Some highlights of the presentation: The NCPHP Mission Statement is "Improving the quality of health care for the people in North Carolina through assurance of healthy medical professionals." Their goal is to provide a safe haven, with incentives to get treatment early, prior to any: impairment in the workplace, potential harm to patients, professional consequences, or serious personal consequences. They offer no "direct" treatment but have the following services: assessment, referral, monitoring, advocacy, education, liaison and support. A question and answer session followed.

MINUTE APPROVAL

Motion: A motion passed that the October 17-18, 2007, Board Minutes are approved as presented.

ATTORNEY'S REPORT

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

ATTORNEY'S REPORT

Written reports on 122 cases were presented for the Board's review. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

EXECUTED CASES

PUBLIC ACTIONS

Aranda, Conrado Pena, MD

Re-Entry Agreement-Retired Limited Volunteer License executed 09/28/2007

Archambault, Mark Elno PA

Consent Order – Limited Administrative License executed 10/09/2007

Asaju, Sunday Olanrewaju MD

Public Letter of Concern executed 10/03/2007

Barber, Robert Anthony MD

Amended Consent Order executed 10/29/2007

Blakeley, Dean DeWayne MD

Consent Order executed 10/24/2007

Bliss, Laura Katherine MD

Consent Order executed 10/17/2007

Brewer, Thomas Edmund MD

Consent Order executed 10/3/07

Buzzanell, Charles Anton MD

Order Amending Public File executed 10/17/2007

Byrd, Lelan Clinton MD

Termination of Consent Order executed 11/02/2007

Carlson, James Lennart MD

Order Terminating Consent Order executed 10/12/07

Clayton, Kimberly Lavita MD

Public Letter of Concern executed 10/22/2007

Cohen, Max William MD

Consent Order executed 10/19/2007

Cox, Benjamin Gould, MD

Non-Disciplinary Consent Order executed 09/26/2007

Crummie, Robert Gwinn MD

Findings of Fact, Conclusions of Law, and Order of Discipline executed 11/14/2007

Dobson, Burt William MD

Consent Order and Re-Entry Agreement executed 10/09/2007

Edgerton, Ann Killian

Re-Entry Agreement executed 10/09/2007

English, Thaddeus David PA

Termination of Consent Order executed 10/23/2007

Farahany, Hossein H. MD

Notice of Charges and Allegations; Notice of Hearing executed 11/7/07

Farrell, Edwin Gayle MD

Termination of Consent Orders executed 10/23/2007

Fields, Jason Baker MD

Consent Order executed 10/05/2007

Fuchs, Herbert Edgar MD

Public Letter of Concern executed 10/17/2007

Gregory, Ginger Dobbins PA

Consent Order executed 10/17/2007

Hardy, Stephen Carl MD

Order Terminating Consent Order executed 11/6/07

Huberman, Richard Allen MD

Consent and Waiver and Public Letter of Concern executed 10/30/2007

Jackson, Richard Thomas MD

Public Letter of Concern executed 09/27/2007

Johnson, Theresa Ann PA

Re-Entry Agreement executed 09/26/2007

Lowe, James Edward MD
Consent Order executed 10/17/07

MacKenzie, Karen Marie MD
Public Letter of Concern executed 10/09/2007

MacKoul, Paul Joseph MD
Notice of Charges and Allegations; Notice of Hearing executed 09/13/2007

Mathis, William Frazier MD
Public Letter of Concern executed 11/09/2007

Mauskar, Anant Nilkanth MD
Final Order executed 9/25/07

McManus, Shea Eamonn MD
Consent Order executed 10/05/2007

Northrip, Dennis Ray MD
Consent Order executed 10/4/07

Onwukwe, Augustine Nnana MD
Order Terminating Consent Order executed 11/9/07

Philips, Sherif Antoun MD
Notice of Charges and Allegations; Notice of Hearing executed 10/02/07

Rathburn, Stephen Don MD
Consent Order executed 10/30/07

Ricard, Denis Philip PA
Amended Consent Order executed 11/14/2007

Sebhat, Berhan MD
Findings of Fact, Conclusions of Law and Order of Discipline execute 10/12/07

Seward, Paul North MD
Re-Entry Agreement executed 10/30/2007

Swanger, Russell David MD
Consent Order executed 10/04/2007

Taub, Harry Evan MD
Termination of Consent Order and Amended Consent Order executed 10/29/2007

Wenn, Timothy Peter MD
Consent and Waiver and Public Letter of Concern executed 10/3/07

Whitlock, Gary Thomas MD

Consent Order executed 10/12/2007

RULE ADOPTIONS:

21 NCAC 32B .1101-.1105 (Reactivation)

BOARD ACTION: Approved proposed rules for adoption. Proceed to submit to Rule Review Commission.

21 NCA 32B .1201 - .1207 (Reinstatement)

BOARD ACTION: Approved proposed rules for adoption. Proceed to submit to Rule Review Commission.

ORDERS FOR ASSESSMENT VERSUS TREATMENT

Mr. Mansfield presented the following memo to help clarify this issue for the Board:

MEMORANDUM

FROM: Thom Mansfield
TO: Board members
DATE: November 16, 2007
SUBJECT: Board orders for assessment versus treatment

There has been confusion recently about the Board's ability to order licensees for treatment for impairment related to drug and alcohol abuse or dependence. Following are two recent, relevant Board Actions:

Board Action #1:

Order MD to obtain treatment recommended by PHP (4-day assessment and minimum 30-day inpatient treatment).

Board Action #2:

Order MD for inpatient treatment.

These actions are not authorized by the Medical Practice Act.

N.C. Gen. Stat. § 90-14(a) provides:

The Board shall have the power to place on probation with or without conditions, impose limitations and conditions on, publicly reprimand, assess monetary redress, issue public letters of concern, mandate free medical services, require satisfactory completion of treatment programs or remedial or educational training, fine, deny, annul, suspend, or revoke a license, or other authority to practice medicine in this State, issued by the Board to any person who has been found by the Board to have committed any of the following acts or conduct, or for any of the following reasons....

The power to "require satisfactory completion of treatment programs" is available **only at the conclusion of a formal disciplinary hearing.**

N.C. Gen. Stat. § 90-14(a)(5) provides in part that:

The Board is empowered and authorized to require a physician licensed by it to submit to a mental or physical examination by physicians designated by the Board before or after charges may be presented against the physician, and the results of the examination shall be admissible in evidence in a hearing before the Board.

Thus, the Board has authority to order an assessment (but not treatment) before a hearing takes place.

EXECUTIVE COMMITTEE REPORT

Janelle Rhyne, MD; George Saunders, MD; Ralph Loomis, MD; Donald Jablonski, DO; Arthur McCulloch, MD

The Executive Committee of the North Carolina Medical Board was called to order at 10:45 am, Wednesday November 14, 2007 at the offices of the Board. Members present were: Janelle A. Rhyne, MD, Chair; Donald E. Jablonski, DO; Ralph C. Loomis, MD; Harlan A. McCulloch, MD; and George L. Saunders, MD. Also present were R. David Henderson (Executive Director), Nancy Hemphill (Special Projects Coordinator), Hari Gupta (Director of Operations), and Peter T. Celentano, CPA (Comptroller).

Financial Statements

Mr. Celentano presented the September 2007 compiled financial statements. September is the eleventh 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 September 30, 2007. The Statement of Cash Flows was reviewed and accepted as presented. Dr. Rhyne made a motion to accept the financial statements as reported. Dr. McCulloch seconded the motion and the motion was approved unanimously.

Old Business

Posting of malpractice payment history online: G.S.90-5.2 requires the Board to post malpractice payment information online pursuant to rules approved by the Board. Dr. Rhyne reviewed with the Committee a letter dated November 6, 2007, from the NC Medical Society regarding concerns they had about the posting of malpractice payments online. The Committee continued to discuss several different options. It was agreed that members of the Executive Committee would continue to meet with representatives of interested organizations during the next few weeks and report back to the full Board in December.

New Business

Complementary and Alternative Medicine Guidelines: The Committee discussed guidelines approved by the Arizona Medical Board regarding the use of Complementary and Alternative Medicine (CAM). The guidelines were put in place to assist AZ physicians and to educate patients about CAM. The Committee voted to accept this as information.

Checklist and Guidelines for Cosmetic Surgery: The Committee discussed guidelines and a checklist adopted by the Arizona Medical Board to aid consumers in selecting a physician to perform cosmetic or plastic surgery. The Committee agreed that guidelines regarding how to select a physician in general would be helpful and voted to refer this matter to the Public Affairs department to develop a proposed information piece such as a brochure.

Radio sponsorship - WUNC: The Committee discussed a proposal to advertise the Board and its Web site by becoming a sponsor of WUNC. The Committee felt the Board should further enhance its Web site to provide additional consumer protection information, such as suggestions on how to select a physician, before commencing radio or newspaper advertisements.

Personnel – Public Affairs Director: The Committee discussed a proposal to increase the budget to convert the Director of Public Affairs from a half-time position to a full-time position, effective February 1, 2008. Dr. McCulloch made a motion to increase the budget as requested. Dr. Jablonski seconded the motion and the motion was approved unanimously.

The meeting was adjourned at 11:45am.

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

POLICY COMMITTEE REPORT

H. Arthur McCulloch, MD, Chair; Thelma Lennon; Michael Norins, MD

The Policy Committee of the North Carolina Medical Board was called to order at 1:12 p.m., Wednesday, November 14, 2007, at the office of the Board. Board members present were: H. Arthur McCulloch, MD, Chair; Michael E. Norins, MD; Janelle A. Rhyne, MD and Thelma C. Lennon. Also attending were: Todd Brosius, Board Attorney; Dale Braden, Director, Public Affairs; NCMB; Scott Kirby, Assistant Medical Director, NCMB; Dena Konkel, Assistant Director, Public Affairs, NCMB; Warren Pendergast, MD, NCPHP; and Wanda Long, Recorder.

Members of the public present were: Susan Albert, MD; Fred Brason; Nabarun Dasgupta; Kay Sanford and Alex Kral, Ph.D. All spoke about the NCCN Wilkes Chronic Pain Initiative.

September 2007 Policy Committee Meeting Minutes:

The minutes from the September 19, 2007 minutes were approved as presented.

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.

9/19/2007 - Continue to table issue pending FSMB statement

11/14/2007 – Continue to table issue

Proposed Comprehensive Revision of NCMB Medical Records Position Statement:

Patient Records

Introduction

Medical considerations and continuity of care are the primary purposes for maintaining adequate patient records. A patient record consists of medical records as well as billing information or “any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated” by a physician’s practice.

Because of the importance of patient records, physicians should have clear policies in place regarding disclosure of, access to, and retention of patient records. These policies should be

communicated to patients preferably in writing when the physician-patient relationship is established and when the policy changes.

Medical Record Documentation

Physician should maintain accurate patient care records of history, physical findings, assessments of findings, and the plan for treatment. The Board recommends the Problem Oriented Medical Record method known as SOAP.

SOAP charting is a schematic recording of facts and information. The S refers to "subjective information" (patient history and testimony about feelings). The O refers to objective material and measurable data (height, weight, respiration rate, temperature, and all examination findings). The A is the assessment of the subjective and objective material that can be the diagnosis but is always the total impression formed by the care provided after review of all materials gathered. And finally, the P is the treatment plan presented in sufficient detail to allow another care provider to follow the plan to completion. The plan should include a follow-up schedule.

Such a chronological document:

- records pertinent facts about an individual's health and wellness;
- enables the treating care provider to plan and evaluate treatments or interventions;
- enhances communication between professionals, assuring the patient optimum continuity of care;
- assists both patient and physician to communicate to third party participants;
- allows the physician to develop an ongoing quality assurance program;
- provides a legal document to verify the delivery of care; and
- is available as a source of clinical data for research and education.

Items that should appear in the medical record as a matter of course include:

- the purpose of the patient encounter;
- the assessment of patient condition;
- the services delivered--in full detail;
- the rationale for the requirement of any support services;
- the results of therapies or treatments;
- the plan for continued care;
- whether or not informed consent was obtained; and, finally,
- that the delivered services were appropriate for the condition of the patient.

The record should be legible. When the care giver does not write legibly, notes should be dictated, transcribed, reviewed, and signed within reasonable time. Signature, date, and time should also be legible.

All therapies should be documented as to indications, method of delivery, and response of the patient. Special instructions given to other care givers or the patient should be documented, and the record should indicate who received the instructions and whether the recipient of the instructions appeared to understand them.

All drug therapies should be named, with dosage instructions and indication of refill limits. All medications a patient receives from all sources should be inventoried and listed to include the

method by which the patient understands they are to be taken. Any refill prescription by phone should be recorded in full detail.

The physician needs and the patient deserves clear and complete documentation.

Access to Patient Records

A physician's policies and practices relating to patient records under their control should be designed to benefit the health and welfare of patients, whether current or past, and should facilitate the transfer of clear and reliable information about a patient's care. Such policies and practices should conform to applicable federal and state laws governing health information.

It is the position of the North Carolina Medical Board that notes made by a physician in the course of diagnosing and treating patients are primarily for the physician's use and to promote continuity of care. Patients, however, have a substantial right of access to their patient records and a qualified right to amend their records pursuant to the HIPAA privacy regulations.

Patient records are confidential documents and should only be released when permitted by law or with proper written authorization of the patient. Physicians are responsible for safeguarding and protecting the patient record and for providing adequate security measures.

Each physician has a duty on the request of a patient or the patient's representative to release a copy of the record in a timely manner to the patient or the patient's representative, unless the physician believes that such release would cause harm to the patient or another person. This includes patient records received from other physician offices or health care facilities. A summary may be provided in lieu of providing access to or copies of medical records only if the patient agrees in advance to such a summary and to any fees imposed for its production.

Physicians may charge a reasonable fee for the preparation and/or the photocopying of patient records. To assist in avoiding misunderstandings, and for a reasonable fee, the physician should be willing to review the records with the patient at the patient's request. Patient records should not be withheld because an account is overdue or a bill is owed (including charges for copies or summaries of medical records).

Should it be the physician's policy to complete insurance or other forms for established patients, it is the position of the Board that the physician should complete those forms in a timely manner. If a form is simple, the physician should perform this task for no fee. If a form is complex, the physician may charge a reasonable fee.

To prevent misunderstandings, the physician's policies about providing copies or summaries of medical records and about completing forms should be made available in writing to patients when the physician-patient relationship begins.

Physicians should not relinquish control over their patients' patient records to third parties unless there is an enforceable agreement that includes adequate provisions to protect patient confidentiality and to ensure access to those records.

When responding to subpoenas for patient records, unless there is a court or administrative order, physicians should follow the applicable federal regulations.

Retention of Patient Records

Physicians have an obligation to retain patient records which may reasonably be of value to a patient. The following guidelines are offered to assist physicians in meeting their ethical and legal obligations:

- Medical considerations are the primary basis for deciding how long to retain medical records. For example, operative notes, chemotherapy records, and immunization records should always be part of the patient's chart. In deciding whether to keep certain parts of the record, an appropriate criterion is whether a physician would want the information if he or she were seeing the patient for the first time.
- If a particular record no longer needs to be kept for medical reasons, the physician should check applicable state and federal laws to see if there is a requirement that records be kept for a minimum length of time including but not limited to:
 - Medicare and Medicaid Investigations (up to 7 years);
 - HIPAA (up to 6 years);
 - Medical Malpractice (varies depending on the case but should be measured from the date of the last professional contact with the patient)—physicians should check with their medical malpractice insurer);
 - North Carolina has no statute relating specifically to the retention of medical records;
- In order to preserve confidentiality when discarding old records, all documents should be destroyed; and
- Before discarding old records, patients should be given an opportunity to claim the records or have them sent to another physician, if it is feasible to give them the opportunity.

Similarly, the Medical Board recognizes the need for, and importance of, proper maintenance, retention, and disposition of medical records. Accordingly, the Board recommends that physicians prepare written policies for the secure storage, transfer and access to medical records of the physician's patients. At a minimum, the Board recommends the policies specify:

- The procedure by which the physician will notify each patient in a timely manner if the physician terminates or sells his/her practice in order to inform the patient of the future location of the patient's medical records and how the patient can access those records;
- The procedure by which a physician may dispose of unclaimed medical records after a specified period of time during which the physician has made good faith efforts to contact the patient;
- How the physician shall timely respond to requests from patients for copies of their medical records or to access to their medical records;
- In the event of the physician's death, how the deceased physician's executor, administrator, personal representative or survivor will notify patients of location of their medical records and how the patient can access those records;
- The procedure by which the deceased physician's executor, administrator, personal representative or survivor will dispose of unclaimed medical records after a specified period of time;
- How long medical records will be retained; and
- The amount the physician will charge for copies of medical records and under what circumstances the physician will charge for copies of a patient's medical record.

11/14/2007 ACTION - Continue to table issue.

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.

9/19/206 – Mr. Brosius and Mrs. Phelps will review this statement prior to submitting for publication.

11/14/2007 – Issue tabled

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>)

11/14/2007 ACTION– Issue tabled

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 COMMITTEE ACTION:** Table until the next meeting of the Committee, when more information is available.

9/19/2007 – Troy Smith, Attorney for Dr. Royal, provided the Committee with several documents supporting: American College of Cardiology/Society for Cardiac Angiography And Interventions Clinical Expert Consensus Document on Cardiac Catheterization Laboratory Standards; and Mobile cardiac catheterization laboratories increase use of cardiac care in women and African American patients. When asked about the percentage of patients who are uninsured, Dr. Royal indicated that the patient population is very diverse, and most patients are uninsured or on Medicare or Medicaid. Dr. Royal was also questioned about hand-picking his patients. Dr. Royal stated that insurance is not a factor for accepting patients. Dr. Royal explained that his facility only sees adults. Additionally these patients cannot be high risk to be a good candidate for their facility. When asked about the issue with EMS, Dr. Royal stated that the procedure now is that anyone being transferred from his facility to a hospital, must first go to the emergency room. Dr. Royal indicated that the procedure was put in place by EMS, and he is following their instructions.

9/19/2007 ACTION: Mr. Smith to provide raw data for actual complication rate to Mr. Brosius for the Committee's review. Committee will consider information provided and make a decision at a later date.

11/14/2007 ACTION: Table issue

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.

7/2007 ACTION: Defer review at this time.

9/2007 ACTION: Defer review at this time.

11/2007 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.

11/14/2007 ACTION: Defer review at this time.

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

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

9/19/2007 COMMITTEE ACTION: Table issue.

11/14/2007 ACTION: Table discussion at this time.

NCCN Wilkes Chronic Pain Initiative

Issue: Request from Wilkes Regional Medical Center for the Board's opinion on minimum requirements for patient encounters under Naloxone prescribing circumstances.

9/2007 - Dr. Rhyne reviewed the information provided. There was a brief discussion regarding the use of Naloxone for chronic pain versus heroine addicts. Dr. Rhyne indicated that the intention of the pain initiative was to have protocols to use Naloxone in both situations.

9/19/2007 ACTION: Defer decision to provide for public input. Provide for a Public Forum at the November 2007 Policy Committee meeting. Mr. Brosius to work with the Public Affairs department to get notice published.

11/14/2007 – The following people provided information to the Committee regarding their efforts to initiate a program in Wilkes County to provide Naloxone to patients who have a potential for overdosing: Susan Albert, MD, Fred Brason, Nabarun Dasgupta, Kay Sanford, and Alex Kral, Ph.D. This program would provide patient education, mental health support, guidelines for providing the prescriptions, and follow-up care. Warren Pendergast, MD also addressed the Committee regarding his concerns that the State needs to search for long term solutions to this problem and indicating that mental health population are underserved.

11/2007 COMMITTEE RECOMMENDATION: Dr. McCulloch and Mr. Brosius will work on drafting a position statement addressing the Board's support for proposed protocols encompassed within Project Lazarus. Regarding Kay Sanford will provide the Public Affairs department information for an article to be published in the next Forum regarding Project Lazarus.

11/2007 ACTION: Accept the program in principle. Continue to discuss this issue and consider a position statement relative to this program sometime in the future.

ADD – ON:

BOARD CERTIFICATION

Issue: How North Carolina-licensed physicians may advertise their Board certification status to the general public?

11/2007 - Mr. Brosius submitted a request for clarification on how North Carolina-licensed physicians may advertise their Board certification status to the general public.

11/2007 COMMITTEE RECOMMENDATION: The Committee will continue to consider this issue. Mr. Brosius will attempt to develop language to add to the advertising and publicity position statement to be presented at the January 2008 meeting for consideration.

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

CONTINUED COMPETENCE COMMITTEE REPORT

Peggy Robinson, PAC, Chair; Ralph Loomis, MD; John Lewis, LLB

The Continued Competence Committee of the North Carolina Medical Board was called to order at 3:00 p.m., Thursday, November 15, 2007, at the office of the Board. Members present were: Peggy Robinson, PA-C, Chair; Ralph Loomis, MD; and John Lewis, LLB. Also attending were: Michael Sheppa, MD, Medical Director; Hari Gupta, Operations Director; Don Pittman, Compliance; Katherine Carpenter, Board Attorney; and Jeffery Denton, Recorder (Staff). Absent was Thomas Mansfield, JD, Director, Legal Department (Staff).

CME – Development of Random Audits

Mr. Gupta reported that the project to do the random audits is almost ready to begin. First we had to convert one year CME records into 3 year CME records. That project has now

been completed. The first report was run and we found some issues with the CME data. Those issues are being resolved and we expect to send out the first set of letters to licensees that are non-compliant in December 2007.

Instate Evaluation/Remediation Program

Dr Sheppa has had on-going conversations with Dr. Steve Willis, the Director of Eastern AHEC regarding a NC based reentry assessment and remediation program. A meeting with representatives from UNC to explore the possibility of UNC's participation in this activity is planned for November 27, 2007. Discussions have occurred with representatives of Duke University and ECU but have not led to further action.

Garth, Gregory, MD

Dr. Garth was recently issued a reentry agreement. He was brought to the committee's attention by the Office of the Medical Director (OMD). Dr. Garth had a significant stroke in March of 2004 with residual speech, motor and cognitive deficits. He has maintained an active, full unrestricted license and now wishes to return to the practice of medicine. The committee reviewed recent communications and assessments between 2004 and 2007. These included physical medicine, rehabilitation and neuropsychological exams. Dr. Sheppa has communicated to Dr. Garth that he should not engage in any form of patient care until the Board approves he is safe to do so. (July 2007)

The Committee reviewed the reentry agreement.

Annual Registration Clinical Practice Questions

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)

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. A motion was passed to modify the registration form to collect additional data. (July 2007)

Mr. Gupta provided a screenshot of the revised questions to the Committee. The only question remaining is the wording to be used to gather the initial date one stopped providing direct patient care.

Action: Dr. Sheppa will work with Mr. Gupta to resolve the wording on the registration form.

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. 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. (July 2007)

Mr. Pittman reported that this practice has already been implemented. Ms. Carpenter reported that she is working on wording to be added to the reentry agreement to the effect that if active practice has not begun within 12 months of issuance of the reentry agreement, it will self-terminate and the licensee will have to return to the Board to have another reentry agreement issued.

Federation of State Medical Boards Special Committee on Maintenance of Licensure

The draft report of the Federation of State Medical Boards' (FSMB) Special Committee on Maintenance of Licensure has been made available for comment. The FSMB is requesting comments be submitted no later than January 7, 2008.

Key elements of the report include:

- recommendations for how state medical boards should proceed with implementing maintenance of licensure requirements to ensure the ongoing competence of licensed physicians;
- recommendations for what elements should be included as part of the maintenance of licensure process and how those requirements could be met;
- guidelines for dealing with physicians seeking to reenter practice after a period of absence, including what evidence such physicians should be required to provide to the state medical board at the time of reentry;
- guidelines for reducing barriers to reentry to practice and what outreach measures state medical boards can take to help prepare practitioners who either are thinking about taking a leave of absence or are considering returning to the clinical practice;
- recommendations for handling issues of disclosure/privacy and reporting requirements as part of the maintenance of licensure and reentry to practice process;
- recommendations for how the FSMB can revise its policy document *Essentials of a Modern Medical Practice Act* to provide sample language that state medical boards can use, if needed, in revising their medical practice acts to implement maintenance of licensure and reentry to practice standards; and
- definitions of key terms used in the report.

The Committee has not had sufficient time to study this report. The next Committee Meeting is on January 17, 2008, where it will be discussed in detail.

Recommendation to Full Board: Due to the pending comment deadline, the Committee recommends that individual Board Members submit comment directly to the FSMB to meet the January 7, 2008, deadline. The Committee will discuss the report and make recommendations to the Full Board on January 17, 2008.

Formulating Standards or Criteria For Board Actions on Issues of Competency

Dr. Sheppa stated that this item is an attempt to address the competency question for the Board. He believes the Board should first use the six core competencies as reflected in the Good Medical Practice – USA (developed by the National Alliance for Physician Competence) and break them down within each sublevel within that competence and then decide if the Board should act. He believes Dr. Kirby's scoring process for doctors of concern may have some bearing here. Dr. Kirby, Assistant Medical Director, is developing a method to objectively and consistently evaluate and assess a physician licensee's past history with the Board. Dr. Kirby gave a presentation to the Board in July 2007.

Action: This item will be discussed further at the January 2008 Committee meeting.

Cecil B. Sheps Center - Analysis of PLIPs

In May 2007, Dr. Sheppa presented a report of the analysis of PLIPs data by the Cecil B. Sheps Center. The goal was to determine if PLIP data could serve to identify doctors of concern who have had malpractice actions and who may require further Board action. Dr. Ricketts, of Sheps, continues to analyze the available data base for other sentinel variables.

Dr. Sheppa now reports that in several months they may be able to break out PLIP data by competency. They will then attempt to use Dr. Kirby's scale to measure; hoping to identify doctors by using the score based system.

Action: This item will be discussed further at the January 2008 Committee meeting.

Physician Communication Issues

This item came from the Best Practices Committee. In addition, at this Board Meeting a communication resolution was adopted for submission to the Federation's 2008 House of Delegates annual business meeting.

Discussion: It is believed residency programs are doing such a course now and that we may be able to incorporate remediation into them. These residency program courses may be very conducive for physicians in active practice due to meeting times and availability. Ms. Robinson would like to see the Board develop such a course that is presented periodically (set aside an afternoon for four hours). The Board would not be teaching it but putting it together and coordinating it.

Action: Dr. Sheppa will add this to the agenda for the meeting he will be having with the medical schools after Thanksgiving. This will be discussed further at the January 2008 Committee meeting.

The next regular meeting of the Continued Competence Committee is tentatively set for Thursday, January 17, 2008.

Motion: A motion passed to accept the Continued Competence Committee Report.

BEST PRACTICES COMMITTEE REPORT

George Saunders, MD, Chair; Janelle Rhyne, MD; Ralph Loomis, MD; Donald Jablonski, DO

The Best Practice Ad Hoc Committee of the North Carolina Medical Board was called to order at 3:05 p.m., Thursday, November 15, 2007, at the office of the Board. Members present were: George Saunders, MD, Chair; Janelle Rhyne, MD; Ralph Loomis, MD; and Donald Jablonski, DO. Also attending were: David Henderson, JD, Executive Director (Staff); Nancy Hemphill, Special Projects Coordinator; Michael Sheppa, Medical Director; Hari Gupta, Operations Director; Judie Clark, Complaint Director; Thom Mansfield, Legal Director; and Jeffery Denton, Recorder (Staff).

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)

(November 2007) Mr. Gupta and Ms. Clark presented statistics for all allegations for complaints for the year 2006. It was noted that the top two allegations from the patient's perspective were quality of care and communication issues. A discussion ensued. Dr. Sheppa believes we could probably assign these allegations to the six core competencies (patient care, medical knowledge and skills, practice-based learning and improvement, interpersonal and communication skills, professional behavior, and systems-based practice). He believes this is a logical place to start and see how it applies to what the Board is doing.

Status: (1) Mr. Gupta will make these statistics into a pie chart for inclusion into the Board presentation to other organizations.

(2) Dr. Sheppa and Dr. Rhyne will collaborate on an article for the *Forum*.

(3) The Good Medical Practice – USA, developed by the National Alliance for Physician Competence, as it relates to the six core competencies, is to be listed as a possible retreat item.

(4) 2007 data will be reviewed later in 2008.

(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. (July 2007)

(November 2007) A draft letter to the identified organizations was reviewed and approved.

Status: Mr. Denton will prepare the letters for signature and mailing.

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

(1) Presiding Officer training for all Board Members.

Status: Mr. Mansfield will do more research on the feasibility of hiring professional trainers to do arbitrator-type training. He will also spearhead finding more resources. Will need 90 days to set up training. (April 2007)

Update: Work in progress. (May 2007)

(November 2007) Mr. Mansfield reported that he had a meeting with one of the lawyers at the School of Government at Chapel Hill. They have two kinds of training that comes close to what he believes the Board needs: training for real judges and training for local governments (mayors, county commissioners, etc.). He will pursue having the School of Government adapt this type of training for the Medical Board's use and use by other regulatory boards. In the meantime, he believes we can do some in-house training drawing on the recent experience of Dr. McCulloch.

(3) Pre-presentation of briefs.

Status: Mr. Mansfield stated it may be possible to do the pre hearing stipulations sufficiently in advance that they could be included on the Board Book for the meetings the months that we do hearings. (April 2007)

A discussion ensued regarding whether the Board members should receive some or all of the documentary evidence prior to hearings so that they might review it in advance in order to make hearings go more quickly. Dr. Norins stated that in the normal process the jury is not given all the evidence in advance. Mr. Mansfield discussed how voluminous the documentary evidence is in some hearings. Dr. Saunders discussed the possibility of receiving a memorandum or some other shorter summary of the evidence along with the pre hearing stipulation. Mr. Mansfield believes the presiding officer training is key to all of this. He is happy to put the pre hearing stipulation on the Board Book. He would like to revisit this issue in six months (post presiding officer training).

Update: Mr. Mansfield stated he had discussed this with the entire Legal Department. They liked providing a briefing of the case vs. the pre hearing vehicle. This would be more of a summary. He looks forward to doing this in either August or October. (May 2007)

(November 2007) Mr. Mansfield stated that there already is a wealth of material at Board Members' disposal via the notice of charges and the response to those charges. The only other documents he can foresee providing prior to a hearing is a prehearing order or a prehearing stipulation. It was noted that some time ago the Board stopped doing prehearing conferences (identify witnesses, stipulate exhibits, establish deadlines, etc.).

Status: The president is asked to issue and order requiring the lawyers in the case to prepare and submit a proposed order on prehearing conference sufficiently in advance of a hearing to permit the Board members adequate opportunity to review stipulated facts, witnesses, exhibits, etc. prior to the hearing.

(4) Panel Hearings – consideration of legal assistant to the Presiding Officer, consider professional judge as Hearing Officer.

Status: Mr. Mansfield recommends waiting on this idea. He will consider the possibility of a lawyer from the AG's office. The next level would be to bring in an ALJ for that function. (April 2007)

Status: (November 2007) the consensus is not to pursue ALJ's.

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)

Status: (November 2007) Recommendations will be provided via the staff for the January 2008 committee meeting.

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

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

Specific Recommendations to the Full Board:

- **Study structure, makeup and function of the Executive Committee.** Officers to consist of President, President-Elect, and Secretary/Treasurer. Executive Committee to consist of above officers plus Immediate Past President and Member at Large.
- **Look at the current automatic succession system.** There is only a perceived automatic succession system in that under the current bylaws any Board member may be elected to any office (although it is implied that the President-Elect will be elected as President). At the time of the annual election, it should be made clear that any Board member is eligible for any officer position.
- **Consider separate nominating and executive committees. Nomination input is desired from the entire body.** The Executive Committee and the remaining members of the Board will convene to select candidates for the slate of officers. Using information from this open forum the Executive Committee Nominating Committee will select a slate of officers that will be voted up or down by the entire Board.

By Laws: The bylaws will need to be modified to accomplish the above. It is recommended that the entire by laws be looked at during this process. The forum for this process is left up to the President.

Status: (November 2007) Draft bylaws were reviewed and approved and were passed to the Full Board for a vote

The next regular meeting of the Best Practice Ad Hoc Committee is tentatively set for Thursday, January 17, 2008.

Motion: A motion passed to accept the Best Practices Committee Report.

ALLIED HEALTH COMMITTEE REPORT

Peggy Robinson, PA-C; Sarvesh Sathiraju, MD; John Lewis, LLB

The Allied Health Committee of the North Carolina Medical Board met on Wednesday, November 14, 2007 and Thursday, November 15, 2007 at the office of the Board. Present: Peggy Robinson, PA-C, Chairperson, Dr. Sathiraju, Judge John Lewis, Marcus Jimison, Legal, Lori King, CPCS, Licensing, Quanta Williams, Licensing, Melanie Phelps, Marc Katz, Dr. Kanof, Dr. Mears.

Emergency situations related to PA Approval to Practice

Catchline: Purpose: To define emergency situations and establish a policy/procedure that will be followed regarding the PA's Approval to Practice in emergency situations. Review and adapt similar policy/procedure used by NP's. Marcus Jimison to discuss.

Board Action: Adapt similar policy/procedure used by NP's.

EMS Skill and Medication Formulary Proposed Changes

Catchline: Review proposed changes to the EMS Skill and Medication Formulary which have been discussed and endorsed by the NC EMS Advisory Council. Dr. Greg Mears to discuss.

Board Action: Approve all proposed changes to the EMS Skill and Medication Formulary which have been discussed and endorsed by the NC EMS Advisory Council.

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 three license applications. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

PHYSICIAN ADVISORY COUNCIL (PAAC) REPORT

The Physician Advisory Council (PAAC) met on Wednesday, November 14, 2007 at the office of the Board.

Present: Peggy Robinson, Chairperson, Sarvesh Sathiraju, MD, Judge John Lewis, Marcus Jimison, Lori King, CPCS, Licensing, James Hill, PA, Patricia Dieter, PA, Douglas Hammer, MD, Marc Katz, PA, Katy Martinelli, PA, Suzanne Reich, PA, Cathy Shull, PA, Ronald Foster, PA, Larry Dennis, PA, Dr. Kane.

PA Recertification

Adding recertification as a requirement for maintaining licensure was discussed along with specialty certifications at the 05/07 PAAC Mtg. and members requested that they be discussed at the 11/07 PAAC Mtg. Recommend encouraging recertification versus mandating recertification. Do not pursue recertification for licensure at this time. Specialty certifications were discussed but not addressed at this meeting. To be discussed at the 05/08 PAAC Mtg.

House Bill 818

J. Hill requested that NCMB attorney brief the PAAC on the ramifications of this bill. Marcus Jimison to discuss.

M. Jimison discussed House Bill 818 and informed the Committee that Mr. Mansfield wrote an article in the Forum and also provided the link www.ncqa.state.nc.us/Sessions/2007/Bills/House/HTML/H818v8.html where they can review this Bill. Major developments include: Definition regarding the practice of medicine, better organization of the statute, use of disciplinary panels, and the NCMB member selection process.

Rules regarding posting of professional liability payments

M. Jimison discussed that the Board is in the process of developing rules regarding the reporting of settlement payments and change of staff privileges information on NCMB website and informed members that the Board is requesting input from PA's. Members discussed on-line profiling. Dr. McCulloch wrote an article in the Forum (No.2, 2007) regarding profiling.

PA/NP Concerns

Letter from Dr. Kane from Rex.

Dr. Kane discussed REX Hospital concerns regarding criteria for granting certain privileges for PA's/NP's at REX. Parameters set for PA/MD teams were discussed. Medical Mutual sent packets out to physicians and PA members that work at different hospitals offered to provide Dr. Kane their privilege lists/criteria, scopes of practice.

PA QI Documents

Primary supervising physicians required to complete QI documents whether or not they worked with part-time PA's. J. Hill discussed. Part-time PA's can discuss QI documents with backup supervising physician(s) but must be completed by primary supervising physician(s).

PA/NP Compliance Review Program

Beginning January 1, 2008, NCMB will begin a standardized approach to PA Compliance Reviews. PA Compliance Review Program was discussed and members were provided with information.

Updated information

PAAC Members to provide NCMB with updated contact information - Information only.

Next PAAC Mtg. Date

Tentative date set for May 21, 2008. - Information only.

That concludes the PAAC report.

Number of CPPs supervised by a supervising physician

Catchline: CPP rules state that a physician may supervise up to 3 CPPs. "3" is not defined by rule or statute. A motion passed for the Medical and Pharmacy Boards to interpret "3" to mean three full-time equivalents ("FTEs").

BOARD ACTION: Accept motion

Perfusionist Report

Catchline: Open session portion of PAC meeting minutes (September & October meetings). October minutes will not be available until after the 11/7/07 PAC meeting.

BOARD ACTION: Accept as information

Fast Track System

Catchline: Committee members have requested that a "fast-track" system be put in place so that non-pristine applications with minor issues may be licensed without having to wait for their applications to be presented at the Allied Health Committee meeting (since AHC meets every other month). These applications would be scanned to AHC members for review & to be voted on during even numbered month meetings.

BOARD ACTION: Accept proposal for fast tracking applications.

PAC Election of Officers

Catchline: The PAC held a vote to elect officers at the November meeting. Ian Shearer, LP, CCP was voted into the position of Committee Chair & Mr. Hines was re-elected as the Vice-Chair.

BOARD ACTION: Accept as information

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 six 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.

Perfusionist Report (Closed Sessions)

Catchline: Closed session portion of PAC meeting minutes (September & October meeting). October minutes will not be available until after the 11/7/07 PAC meeting.

BOARD ACTION: Accept as information

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 two 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 10/01/07 – 10/31/07

Allen, Deborah Lynn
Archambault, Mark Elno – **Limited Administrative License**
Atwater, Jennifer Elizabeth
Bauer, Laura Sudbury
Beacham, Jennifer Anne
Beeman, Sandra L.
Berrios, Stacey
Blazar, Melinda Frances
Boatwright, Jennifer Renee Master
Brantley, Amy George Edmundson
Byers, William Lowell
Cammack, Hilary Rose
Carpenter, Amanda Dawn
Causey, Wendy Ellen
Clark, Adam Dean
Cummings, Leslie Hill
Dedmond, Melissa Kathryn
Domnine, Mikhail V
Felmet, Kelly Ann
Gingrich, Krista Jo
Gomillion, Jessica Lane
Hayhurst, Allison Anne
Hill, Tina-Marie Almas
Hood, Courtney Lane
Howell, Janet Dodge
Jackson, Wayne Jeffrey
James, Ayanna Tenesha
Key, Elizabeth Rich
Klahn, Vern A.
Koppenal, Courtney Christine
Lane, Douglas Timothy
Lane, Sharon Lee
Licon, Javier
Maguire, Stephanie Anne
Maier, Andrew Christopher
Maldonado, Larry Aries
McDowell, Elizabeth Jane
Miller, Christina Lynn

Murray, Kristi Lee
Nathan, Kim Susan
Olsen, Lindsay Nicole
Phillips, Charles Taylor
Picciocca, Colby Lynn
Rattien, Jennifer Wilson
Rejowski, Christopher Edward
Robinson, Anthony Maceo
Sawyer, Mason Patrick
Schneider, Kirsten Marie
Scott, Brandy Michelle
Shelton, Donna Leigh
Silvi, Paul George
Sorenson, Robin Joan
Stevenson, Jill Marie
Taylor, Kelly Anne
Thompson, Amanda Shianne
Vann, Ryan Carpenter
Vernon, Ricky Junior
Ward, Mark Vincent
Wise, Susanne Cochran
Wynja, Elizabeth Jean
Zirkle, Adam Trevor

PA-C's Reactivations/Reinstatements/Re-Entries Licensed 10/01/07 – 10/31/07

Ogilvie, James William	- Reactivation
Rathvon, David James	- Reactivation
Trapp, Jane Marie	- Reactivation
Edgerton, Ann Killian	- Reinstatement
Wahba, Wasseem J.	- Reinstatement

Initial PA Applicants Licensed 11/01/07 – 11/16/07

Ardison, Matthew Tanner
Battle, Emma Marie
Jacobs, Kristin Erica
Kelley, Rosemary Eileen
Matarese, Joseph S
Scott, Randall E.
Shilt, John Andrew
Sickles, Amy Lynn
Smith, Melissa Anne
Wallace, Scott A.
Wickliffe, Ashley Brooke

Additional Supervisor List – 10/07

Name	Primary Supervisor	Practice City
Adams, Melanie	Prakken, Steven	Chapel Hill

Adams, Melanie
Albrecht, Ramona
Allen, Deborah
Allen, Deborah
Allen, Deborah
Asher Prince, Heather
Atwater, Jennifer
Avner, Belina
Bain, Julie
Bass Ransom, Julie
Bass Ransom, Julie
Bauer, Laura
Beacham, Jennifer
Beaman, Carlton
Beaman, Carlton
Beaman, Carlton
Belfi, Brian
Bellaw, Ryan
Benjamin, Kristi
Biter, Scott
Blaylock, Justin
Blazar, Melinda
Boatwright, Jennifer
Braccia, Lawrence
Brantley, Amy
Bremer, Ronald
Brown, Richard
Cammack, Hilary
Carpenter, Amanda
Causey, Wendy
Chazan, Jennifer
Clark, Adam
Cloutier, Danielle
Cole, Marcia
Cooklish, Scott
Cooklish, Scott
Crompton, Jessica
Culler, Michael
Dale, Henry
Davidson, Kimberly
Dochow, Jeffre
Dowdy, Karen
Drinkwater, Don

Puente, Fernando
Krull, Ronald
Johnson, Patricia
Lynch, Kathryn
Queng, Joan
Fernandez, Gonzalo
deVente, Jason
Maria, Josette
Landis, Darryl
King, Bridget
Valenzuela, Ericka
Tolbert, Franklin
Jreisat, Khaled
Antony, Jose
Curseen, Albert
Feasel, Michael
Hussieno, Muhammad
Pence, James
Iyer, Sanjay
Etienne, Stefanie
Hussieno, Muhammad
Sheline, Barbara
Crocker, Daniel
Dyer, Emmet
Boggess, Blake
Broyles, William
Pence, James
Spencer, Honnie
Maynard, Eugene
Gawecki, Tomasz
Lyle, William
Yang, Frank
Carreras, Jorge
Hasty, Christopher
Beaver, Walter
McCoy, Thomas
Garrett, James
Isaacs, Steven
Castillejo, Alvaro
Morris, Deborah
Reinke, Derek
Morris, John
Hudson-Fraley, Anita

Raleigh
Garner
Robbinsville
Robbinsville
Robbinsville
Garner
Fuquay Varina
Dunn
Winston Salem
Hendersonville
Hendersonville
Advance
New Bern
Roanoke Rapids
Roanoke Rapids
Roanoke Rapids
High Point
Morehead City
Charlotte
Raleigh
High Point
Durham
Rocky Mount
Charlotte
Durham
Durham
Morehead City
Concord
Benson
Durham
Raleigh
Laurinburg
Sylva
Greenville
Charlotte
Charlotte
Jacksonville
Elkin
Elkin
Fayetteville
Cary
Flat Rock
Raleigh

Drinkwater, Don	Rappaport, Eric	Raleigh
Eck, Mary	Kirby, Lemuel	Asheville
Edgerton, Ann	Brown, Ronald	Charlotte
Elliott, Anne	Cockrell, Renee	New Bern
Ellis, Dale	Somani, Jagdish	Morganton
Ellis, Patricia	Fowlkes, William	Louisburg
Ellis, Patricia	Pita, James	Wilson
Elmore, Melanie	Minior, Daniel	Dunn
Ensign, Todd	Ward, Virginia	Emerald Isle
Evans, Eric	Cox, Robert	Grifton
Evans, Eric	Pippin, Richard	Farmville
Farmer, Kimberly	McAllister, John	Lumberton
Farwell, Susan	Berry, David	Shelby
Farwell, Susan	Sincox, Francis	Shelby
Freeman, Wayne	Khan, Basalat	Morganton
Fulbright, Virginia	Furr, Sara	High Point
Fulbright, Virginia	McKinney, John	High Point
Furniss, Monica	Partridge, James	Durham
Gamache, Jennifer	Forsyth, Richard	Raleigh
Gingrich, Krista	Friedman, Henry	Durham
Gingrich, Krista	Vredenburgh, James	Durham
Gomillion, Jessica	Bernstein, Daniel	Hendersonville
Griffith, John	Pridgen, James	Whiteville
Grove, Randall	Pence, James	Morehead City
Guilbault, Martha	Faynboym, Natalya	Winston Salem
Hall, Blaine	Gallagher, David	Durham
Hardwick, Kimberly	Hannan, Mohammed	Fayetteville
Hardwick, Kimberly	Salahuddin, Abu	Fayetteville
Hatefi, Reza	Fowlkes, William	Louisburg
Haupt, Kimberly	Wells, Matthew	Fayetteville
Hayhurst, Allison	Cathcart, Cornelius	Henderson
Heath, Jerry	Hanowell, Robert	Morganton
Hedgecock, Suzann	Nnadi, Victoria	Kernersville
Hill, Tina-Marie	Korn, Scott	Rutherfordton
Hinds, David	Guleria, Sher	Nashville
Homiak, Phornphan	Patel, Swetang	Jacksonville
Hood, Courtney	Malick, Sajjad	Fayetteville
Howell, Janet	Viar, Jeffrey	Columbus
Hughes, Hugh	Deal, Dylan	North Wilkesboro
Hunt, Scot	Bell, Joseph	Pembroke
James, Ayanna	Post, Christopher	Raleigh
Johnson, Darrell	Saenger, Paul	Asheville
Johnson, Mollie	Wehner, Joseph	Wilmington

Kalarickal, Cyriac	Khan, Basalat	Morganton
Kauffman, Peter	Olivito, Francesco	Fayetteville
Keeler, Nancy	Blackwell, Samuel	Apex
Kerchner, Bryan	Estwanik, Joseph	Charlotte
Key, Elizabeth	Rickabaugh, John	Beaufort
Key, Elizabeth	Skarda, Karen	Beaufort
Key, Elizabeth	Willis, Kerry	Beaufort
Knight, Valerie	Hutchinson, Mary	Greenville
Koppenal, Courtney	Thomas, Michael	Raleigh
Kurian, Mathew	Somani, Jagdish	Morganton
Land, Phillip	Baker, Clifton	Denton
Lane, Douglas	Mankin, Keith	Raleigh
Lee, James	Grainger, Wade	Hendersonville
Lestrangle, Kathy	Roy, Raymond	Winston Salem
Maartmann-Moe, Kristin	Andersen, William	Cary
Maier, Andrew	Nyland, Leonard	Madison
Marshall, Julie	Mahaffey, Kenneth	Durham
Martin, April	McAllister, John	Lumberton
Maryott, Dwayne	Byrd, James	Greenville
Mattera, Paul	Mackinnon, Christopher	Wendell
McCormack, Vicki	Glinski, Ronald	Whiteville
McDowell, Elizabeth	Curzan, Mark	Cary
McHatton, Timothy	Sido, Obukohwo	Gastonia
Metzger, Donald	McLemore, Cynthia	Lumberton
Metzger, Donald	Ugah, Nwannadiya	Lumberton
Meyers, Samuel	Harris, Diane	Wilmington
Miller, Christina	Williams, Lawrence	High Point
Morea, Tracy	Minogue, Michael	Durham
Munching, Aaron	Fleury, Robert	Durham
Nathan, Kim	White, Richard	Charlotte
Norton, Elizabeth	Fowlkes, William	Louisburg
Norton, Elizabeth	Udekwu, Pascal	Raleigh
Ogilvie, James	Mahan, Dennis	Fayetteville
Ogilvie, James	Norem, Julia	Fayetteville
Olsen, Lindsay	Johnston, Scott	Jacksonville
O'Neil, Dennis	Lippe, Craig	Jacksonville
Ostroff, Erin	Zeng, Guangbin	Huntersville
Palma, Elizabeth	Orlowski, Richard	Hickory
Paul, Marianne	Smoot, Gary	Cary
Pfizer, Melissa	Langston, Bernard	Supply
Phillips, Charles	Crawford, Michael	Rocky Mount
Phillips, Charles	Hendrix, Robert	Rocky Mount
Phillips, Charles	Jarvis, Bennie	Rocky Mount

Phillips, Charles	Pine, Harold	Rocky Mount
Phillips, Cynthia	Villena, Maria	Fayetteville
Picciocca, Colby	White, Anne	Winston Salem
Prabhu, Pilar	Lorelli, Lisa	Morganton
Ranson, Kristina	Benedict, Frederick	Raleigh
Ranson, Kristina	Chiavetta, John	Raleigh
Ranson, Kristina	Kagan, Steven	Raleigh
Ranson, Kristina	Lyle, William	Raleigh
Ranson, Kristina	MacPhee, Keelee	Raleigh
Ranson, Kristina	Rappaport, Eric	Raleigh
Ranson, Kristina	Woodruff, Leon	Raleigh
Rejowski, Christopher	Vesa, Allin	Charlotte
Rippel, Janet	Wiener, Dana	Durham
Rival, John	Rosen, Robert	Winston Salem
Robinson, Anthony	Cairns, Bruce	Chapel Hill
Rojas, Brian	Kagan, Steven	Raleigh
Rosman, Brett	Vernon, Kurt	Dunn
Sawyer, Mason	Pence, James	Leeland
Schneider, Kirsten	Smith, Cameron	Greenville
Shar, Gina	Bloomfield, Robert	Winston Salem
Shelton, Donna	Philippart, Christopher	New Bern
Sherman, Zoe	Sanchez, John	Nags Head
Simon, Spencer	Lane, William	Raleigh
Smith, Gregory	Fajardo, Agapito	Faison
Smith, Gregory	Mahan, Dennis	Fayetteville
Smith, Matthew	Citron, Michael	Benson
Stevenson, Jill	Comstock, Lloyd	Yanceyville
Stone, Hoyt	Godard, Michael	Greensboro
Tamberelli, Wayne	Antony, Jose	Roanoke Rapids
Tamberelli, Wayne	Curseen, Albert	Roanoke Rapids
Tamberelli, Wayne	Feasel, Michael	Roanoke Rapids
Thompson, Amanda	Lane, Robert	Hertford
Tignor, Gayle	Castillo-Toher, Miriam	Charlotte
Trapp, Jane	Baxter, Brian	Nags Head
Trapp, Jane	Wilkinson, James	Kitty Hawk
Trzecienski, Michael	Benedict, Frederick	Raleigh
Turner, Rhiannon	Freidinger, Brad	Concord
Turner, Rhiannon	Ward, Marc	Concord
Vann, Ryan	Tolbert, Franklin	Advance
Ventrilla, James	Pence, James	Morehead City
Vernon, Ricky	Wigand-Bolling, Gwendolyn	Dobson
Wall, ShellyAnn	Cyzner, Ronnie	Charlotte
Wall, ShellyAnn	Davis, George	Charlotte

Ward, Mark	Manning, Michael	Murphy
Ware, Leslie	Francis-Browne, Michell	Wadesboro
Weathers, Paul	Atkinson, Thomas	Nebo
White, Sheneque	Bregier, Charles	Charlotte
White, Steven	Salahuddin, Abu	Fayetteville
Whitney, Douglas	Morris, Deborah	Fayetteville
Williams, Deborah	Alam, Sitara	Morganton
Wise, Susanne	Sladicka, Stephen	Hickory
Wisotsky, Joanna	Price, David	Charlotte
Wright, Sharon	Mullen, Joseph	Shelby
Wynja, Elizabeth	Hershner, Gregory	Jefferson
Wynja, Elizabeth	Leonard, Jayne	Jefferson
Wynja, Elizabeth	Yount, Philip	Jefferson
Zirkle, Adam	Chappell, Jonathan	Raleigh

Initial Nurse Practitioner Applicants

Bagnulo, Elsa Mae	Shah, Priyavadan	Cary
Card, Ashley	Girmay, Aregai	Gastonia
Deal, Annie	Schmidt, Jay	Granite Falls
Dep, Ranitha	De Castro, Laura	Durham
Edwards, Jane	Hughes, Garland	Hickory
Eury, Randa	Neulander, Matthew	Charlotte
Frazier, Meredith	Pittman, John	Raleigh
Garrett, Jennifer	Vарner, Donald	Hendersonville
Goldston, Phillip	Westover, Edward	Roanoke Rapids
Gregory, Kenneth	Wilson, Theodore	Rocky Mount
Hill, Lana	Wolyniak, Joseph	Moorestville
Lanier, Jodi	Mathis, William	Collettsville
Lynch, Sharon	Coward, Karen	Tarboro
McCambridge, Christine	Stoudmire, Jonathan	Albemarle
McGuinness, Jacquelyn	Silver, Robert	Concord
Muller, Angela	Hoekstra, James	Winston-Salem
Nichols, Candace	Ighade, Andrew	Charlotte
Otel, Elena	Jones, Enrico	Winston-Salem
Revels, Jessica	Mangano, Charles	Raleigh
Sheehan, Judith	Ellis, David	Hendersonville
Shuler, Emily	Wells, Robert	Asheville
Singer, Meredith	Hill, John	Hendersonville
Smith, Alexis	Morton, Terrence	Huntersville
Swift, Tami	Curran, Diana	Hendersonville
Wallace, Rebecca	Sharma, Ramesh	Charlotte

Weinberger, Anne

Power, Kenneth

Asheville

Nurse Practitioner Additional Supervisor List

Bailey, Valerie

Nickens, Larry

Goldsboro

Belschner, Rebecca

Howard, Chad

Charlotte

Bintz, Peggy

Snyder, Terence

Asheville

Brummett, Athena

Whyte, Thomas

Asheboro

Brummett, Athena

Jones, Enrico

Kernersville

Bryant, Lynn

Pacos, Andrew

Thomasville

Bullard, Deborah

Moore, Barry

Wilmington

Cain, Vanessa

Harris, Diane

Wilmington

Card, Ashley

Girmay, Aregai

Gastonia

Caruso, Diane

Campbell, James

Danbury

Caruso, Diane

Taha, Samina

King

Corkery, Susan

Zeng, Guangbin

Charlotte

Covington, Gail

Godard, Michael

Greensboro

Davis, Jacqueline

Dixon, Natalia

Winston-Salem

DeVane, Evelyn

Fajardo, Agapito

Clinton

Diggins, Kristene

Benson, Terry

Charlotte

Diggins, Kristene

Zeng, Guangbin

Waxhaw

Dixon, Rhonda

Ponder, Philip

Winston-Salem

Fleming, Christine

Cosgrove, Christopher

Wilmington

Fuller, Susan

Bronstein, David

Burlington

Gilbert, Amy

Alvarez, Matthew

Raleigh

Glackmeyer, Kristine

Laurence, William

Ft. Bragg

Guarini, Eleanor

Jones, Enrico

Winston-Salem

Haas, Marlynn

Valeri, Frank

Charlotte

Hathaway, Regina

Daniel, Myriam

Greenville

Haynes, Ruby

Smith, Anthony

Greenville

Hwang, Jane

Bennett, Bernard

Chapel Hill

Johnson, Leif

Kiratzis, Philip

Asheville

Keiger, Jennifer

Jones, Enrico

Clemmons

Kenny, Julia

Morris, John

Garner

Knight, Traci

Kimmel, David

Banner Elk

Kosko, Debra

Citron, Michael

Garner

Latta, Joanne

Wander, John

Asheville

Link, Maureen

Zeng, Guangbin

Huntersville

Martin, Mary

Graham, Diana

Charlotte

Mason, Ann

Harris, James

Jacksonville

May, Kimberly

Auffinger, Susan

Winston-Salem

McCain, Karen

Finch, James

Durham

McKenney, Susan

Valenzuela, Ericka

Hendersonville

McLean, Virginia	Brenneman, Terry	Raleigh
McNeill, Charlotte	Ahdieh, Masoud	Rockingham
Meier, Susan	Bose, Carl	Chapel Hill
Mikulaninec, Claudia	Godard, Michael	Winston-Salem
Mintz-Smith, Rashonda	Galitsis, Krista	Charlotte
Morrozoff, William	Paracha, Muhammad	Fayetteville
Neel, William	King, Bridget	Hendersonville
Neese, Hope	Beaton, Robert	Greensboro
Newman, Peggy	Citron, Michael	Cary
Njai, Pamela	Shukla, Nilima	Gastonia
Norton, Vanessa	Lawson, Mary	Charlotte
Owens, Elisabeth	Mangano, Charles	Raleigh
Parpart, Megan	Morris, John	Raleigh
Payne, Thomas	Chang, Michael	Winston-Salem
Plumer, Devon	Pino, Joseph	Wilmington
Ray, Charlene	Rucker, Tinsley	Fayetteville
Revels, Tiffany	Fernandez, Gonzalo	Benson
Reynolds, Sandra	Jones, Enrico	Winston-Salem
Robinson, Mary	Sathiraju, Sarvesh	Morganton
Rosenbloom, Linda	Hertweck, Donald	Greensboro
Rosenbloom, Linda	Sanders, Robyn	Greensboro
Rosenbloom, Linda	Shelton, Kimberly	Greensboro
Sanford, Christine	Pino, Joseph	Wilmington
Sharpe, Daphne	Monroe, Charles	Winston-Salem
Simmons, Tracey	McCall, Terry	Marion
Starr, Jvonne	Johnson, Desiree	Salisbury
Steele, Linda	Morrow, John	Greenville
Steele, Linda	Burkett, Donna	Raleigh
Stein, Nicole	Morris, John	Raleigh
Tann, Samandra	Jessup, Pamela	Greensboro
Triglianos, Tammy	Goldberg, Richard	Chapel Hill
Viviano, Robin	Koruda, Mark	Chapel Hill
Welty, Melanie	Kiratzis, Philip	Asheville
Whitten, Shannon	Zeng, Guangbin	Charlotte
Witkin, Debra	White, Craig	Davidson

NURSE PRACTITIONER JOINT SUBCOMMITTEE REPORT

Peggy Robinson, PA-C; Savesh Sathiraju, MD; John Lewis, LLB

Time & Place of Meeting

A meeting of the Joint Subcommittee was held at the North Carolina Board of Nursing office in Raleigh, NC on September 19, 2007. Meeting convened at 12:30 p.m.

Presiding	Gale Adcock, RN, FNP (NCBON)
Members Present	Mary Ann Fuchs, RN (NCBON) Sarvesh Sathiraju, MD (NCMB) Donald E. Jablonski, DO (NCMB) Peggy Robinson, PA-C (NCMB) Daniel C. Hudgins, Public Member (NCBON)
Members Absent	N/A
Staff Present	Polly Johnson, Executive Director (NCBON) Julia L. George, Associate Executive Director of Programs (NCBON) Donna Mooney, Manager of Discipline Proceedings (NCBON) Marcus Jimison, Legal Counsel (NCMB) Quanta C. Williams, Physician Extender Coordinator (NCMB) Jean H. Stanley, Administrative Assistant to MJC and NCBON Paulette Young, Administrative Secretary – Practice (NCBON)
Guests	John Stover, FNP Cheryl Duke, FNP – NP Council Gail Pruett, NCNA Jeffrey Katz, PA Sharyn Conrad Penny Lockerman, FNP – NCNA Jan Tillman
Reading of Ethics Statement (Conflict of Interest)	Ms. Adcock asked committee members to state any conflict of interest. No conflict or appearance of conflict of interest was identified.
Announcements	Ms. Adcock welcomed committee members, staff, and guests.
Approval of Joint Subcommittee July 18, 2007 Minutes	MOTION: That the Joint Subcommittee approve the Minutes of July 18, 2007 with the following revision: <ul style="list-style-type: none">• Page 2, section “NP FAQs”: Committee members reviewed the proposed additional FAQ for NPs document (dated July 17, 2007) related to name <u>tag</u> identification... (underlined text = new text) Fuchs/Passed.
Joint Subcommittee Agenda of September 19, 2007	The Joint Subcommittee approved the September 19, 2007 agenda with the following additions under: <ul style="list-style-type: none">• Old Business –<ul style="list-style-type: none">○ report from both Boards related to review of same patient records for the purposes of comparing Boards’ perspectives• Under New Business:<ul style="list-style-type: none">○ Interview with NP
Report of Disciplinary	Mr. Jimison reported the following on behalf of the North Carolina

Actions, including Consent Agreements, taken by either Board since July 18, 2007

Medical Board:

- Edward Julian Glaesner, NP – Hearing scheduled for October 17, 2007

NP FAQs

At the July 18, 2007 Joint Subcommittee meeting, staff was asked to contact other NC regulatory boards whose licensees have doctorates and report on the boards' perspectives related to regulating the use of the title "doctor." Ms George gave the following report:

- Pharmacy Board – does not regulate the use of title "doctor" – the title can be used as long as the individual does not misrepresent themselves to patient
- Physical Therapy Board – currently the doctoral degree is the entry level degree for physical therapy at about 90% of the schools – the board does not speak to issue in regulation – depends on hospital/agency policy – some hospitals prohibit the appellation of "dr."
- Psychology Board – the title can be used as long as the individual does not misrepresent themselves to patient

The committee agreed to post the FAQ related to name tag identification in direct care work setting (dated August 21, 2007) on website.

Protocols for NP Compliance Reviews

The workgroup gave the following update:

- An article will be published in the NCMB's Forum and the NCBON's Bulletin this Fall to inform NPs that the random compliance reviews will begin in January 2008.
- As of November 1, 2007, a letter with a copy of the Compliance Review Form will be mailed to all currently approved NPs.
- The form will be posted on both the NCMB's and NCBON's websites.

The workgroup was asked to provide the Joint Subcommittee with NP Compliance Review guidelines (uniform timeframe of response (30 days), minor/major concerns) as soon as possible prior to the next Joint Subcommittee meeting. The committee members will provide feedback to the workgroup prior to November 1, 2007.

MOTION: Prior to implementing the protocols for NP Compliance Reviews, NCBON and NCMB staff are to review the tool and rules to ensure consistency.

Hudgins/Passed.

Quality Assurance Standards for Collaborative Practice Agreement Rule Interpretation

Ms. Adcock posed the following questions to the Joint Subcommittee related to the Quality Assurance Standards (also known as Quality Improvement Process - QIP):

- **Can the QIP meetings be held as a group?** The committee

agreed that the rules do not define how many people are to be present for QIP meetings.

- **How does the 5 year document retention requirement relate to an individual who has been with a practice less than 5 years and changes her/his practice site?** The committee agreed that the NP is not held responsible for retention of documentation for other practice site.
- **Does the QIP need to be kept as a hard copy?** The committee agreed that the QIP must be kept as a hard copy.

Joint Staff Review of Patient Records

Ms. Mooney reported the following:

- Two staff members from the NCBON reviewed 10 randomly selected patient records. No significant issues were found. However a suggestion could be made for a more immediate follow-up related to one of the patients.

Dr. Sheppa's report was not available.

The committee asked that the NCBON and NCMB compare the results of the patient record review and notify the committee.

CLOSED SESSION

MOTION: That the Joint Subcommittee go into Closed Session for purpose of conducting an interview and reviewing extracted cases.
Robinson/Passed.

See Closed Session Minutes for details

OPEN SESSION

MOTION: That the Joint Subcommittee go into Open Session for purpose of taking action on extracted cases.

Case No.	Motion	Passed
001	Accept as Information	Jablonski
002	Accept as Information	Fuchs
003	Accept as Information	Sathiraju
004	Tabled	Jablonski
005	Private Letter of Concern sent by NCBON	Hudgins
006	Accept as Information	Robinson
007	Letter of Concern – NCBON letter requiring NP to respond with her CPA within a specific timeframe	Fuchs

Next Meeting

November 14, 2007 12:30 p.m. until 2 p.m. - North Carolina Board of Nursing – Raleigh, NC. Mtg. Midwifery at 11:30 a.m. followed by lunch and then JSC at 12:30 p.m.

Adjournment

MOTION: 2:20 p.m. Meeting be adjourned.

Jablonski/Passed.

Motion: A motion passed to approve the September 2007, NP Joint Subcom Minutes.

MIDWIFERY JOINT COMMITTEE REPORT (November 2006)

Peggy Robinson, PA-C; Savesh Sathiraju, MD; John Lewis, LLB

A meeting of the Midwifery Joint Committee was held at the North Carolina Board of Nursing office in Raleigh, North Carolina on November 16, 2006. Meeting convened at 11:23 a.m.

Presiding

Maureen Darcey, RN, CNM

Members Present

Maureen Darcey, RN, CNM, Chair
Frank N. H. Harrison, Jr., MD
Robin Hunter-Buskey, MPAS, PA-C
Donald E. Jablonski, DO
Sarvesh Sathiraju, MD
Kathy Trotter, RN, CNM
Daniel C. Hudgins, Public Member
Mary Ann Fuchs, RN

Members Absent

R. Eugene Granger, MD, PhD
Gale Adcock, RN

Staff Present

Polly Johnson, RN, Executive Director, NCBON
Donna Mooney, RN, Manager of Discipline Proceedings, NCBON
Julia L. George, RN, Director-Education & Practice, NCBON
Linda Burhans, RN, Practice Consultant, NCBON
Jean H. Stanley, Administrative Assistant to MJC and NCBON
Paulette Young, Administrative Secretary – Practice, NCBON
Jack Nichols, Legal Counsel, NCBON
Quanta Williams - NCMB
Marcus Jimison, Legal Counsel – NCMB

Guests

Melanie Phelps, NC Medical Society
Marc Katz, PA-C – North Carolina Association of Physician Assistants
Jeffrey Katz, PA-C – North Carolina Association of Physician Assistants
K. Martinelli, PA-C – North Carolina Association of Physician Assistants

Announcements

Ms. Darcey asked that members, staff, and guests introduce themselves.

Reading of Ethics/Conflict of Interest Statement

Ethics/Conflict of Interest Statement was read by Ms. Darcey. No conflicts or appearance of conflicts of interest were identified.

Approval of Minutes

Ms. Darcey asked for consideration of the November 16, 2005 meeting minutes.

MOTION: That the minutes of November 16, 2005 be adopted as corrected:
Under "Members Absent" add Kathy Trotter
Hunter-Buskey/Trotter/Passed.

Ratification of Mail Referenda

The Chair presented the list of applications that had been approved by mail referenda during the year.

MOTION: That the 23 applications listed be ratified.
Hunter-Buskey/Harrison/Passed.

Audit Report

Ms. Darcey asked if there were any questions concerning the Audit Report by Boyce, Furr & Company, LLP.

MOTION: That the Audit Report be accepted as presented.
Hunter-Buskey/Jablonski/Passed.

Treasurer's Report

Ms. Darcey asked if there were any questions concerning the Treasurer's Report.

MOTION: That the Treasurer's Report be accepted as distributed.
Trotter/Hunter-Buskey/Passed.

Approval of Budget for 2007

Ms. Darcey asked if there were any questions concerning the 2007 Budget.

MOTION: That the 2007 Budget be accepted as distributed.
Hunter-Buskey/Jablonski/Passed.

Other Business

Midwifery Joint Committee List

Distributed list of committee members for updates related to addresses, emails, etc.

NC Health Professional Profiles -2004

Ms. Darcey distributed this document to committee members as an FYI regarding trends.

Primary Care Specialty Supply Summit

Nurse practitioners, physicians, physician assistants and nurse midwives will be attending this meeting on December 21, 2006 sponsored by the NC Institute of Medicine.

Adjournment

MOTION: 11:43 a.m. Meeting be adjourned.
Harrison/Hunter-Buskey/Passed.

Motion: A motion passed to accept the Midwifery Joint Committee Report.

LICENSING COMMITTEE REPORT

Donald Jablonski, DO, Chair; Robert Moffatt, MD; Pamela Blizzard

New requirement regarding malpractice

Catchline: Often the Senior Staff Review Committee feels it does not have adequate information to review malpractice cases reported through the application process.

BOARD ACTION: On a case by cases basis, require a copy of the final resolution by other medical boards of any malpractice cases reported in an application that have been reviewed by other medical boards.

Split Board Interviews

Catchline: It has been suggested that decisions for split board interviews made by the Senior Staff Review Committee be approved by the Chair of the License Committee before scheduling.

BOARD ACTION: Chair of the License Committee to review and rule on Senior Staff Review Committee decisions for split Board interviews.

Follow up to September 2006 Board Action

Catchline: The Board requested the License Department report back on how many resident training licenses have been issued as a result of ECU's request to waive the ECFMG requirement for "temporary or resident training license" for the occasional international medical graduate resident physician wanting to do an elective at their institution. As of 10/29/07 NCMB has not waived the ECFMG requirement for any applicant in this category.

BOARD ACTION: Accept as information.

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.

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-six 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

Afeworki, Hanna Gebretatios	Fiallo, Amparito Ivone
Ahmed, Rizwan	Fischer, Benjamin Peter
Alford, Todd Michael	Forero, Edward
Allison, Matthew Campbell	Foster-Merrow, Sonya Marie
Anderson, Elizabeth Long	Gale, Michael Joseph
Angeles, Bernadette	Gemelli, Peter
Arce, Felipe de Jesus	Gendrachi, Thomas Ernest
Asihene, William Yaw-Ntaaku	Gettes, Edith Madeline
Baloch, Hasan Ahmad	Gheraibeh, Jafer Naser
Banks, Rachel Renee	Giordano, Stephen Robert
Basili, Richard Louis	Green, David Emanuel
Bescak, Todd Michael	Guffin, Shawn Thomas
Boaten, Afua Sarpon	Gupta, Rakesh Vardhan
Bollineni, Vani	Hales, Erika R
Boyd, William Scott	Hardenbergh, Marla Jo
Brennan, Ronald Patrick	Harvin, Glenn Knoell
Brown, Aaron Lee	Hassan, Ansar
Brown, Edmund Joseph	Hayes, Stella Marie
Brown, John Williamson	Hensler, Rachel Hurst
Cabrera, Maria Linda Tumbocon	Herrin, Steve Johnson
Caldemeyer, Karen Stark	Herschelman, Marc Aaron
Carter, Lettie Marie	Hester, Willie Edward
Chalmers, Thomas Henry	Hollenbeck, Scott Thomas
Chambers, Carroll Labron	Howard-McNatt, Marissa
Chia, Jessica Yeu-Ling	Hubbard, Jeremy Slade
Cichon, Martin Peter	Huneycutt, Bouasy Ly
Chugh, Mulchand	Hussain, Basharat
Clark, Marc Lewis	Isenstein, Arin Lynn
Colucci, Robert D.	Jacobs, Kenneth Lee
Crandall, James David	Kassem, Juhayna
Culton, Donna Aline	Keates, William Alden
David, Glen James	Khandelwal, Anjay Kumar
Deb, Arjun	Kim, Woojin
DeComarmond, Martina	Kirk, Katherine Anne
Dobson, Burt William	Kirsch, Susan Sugarman
Dobyns, Perrin Thomas	Koul, Ashok Kumar
Doebler, William Clayton	Krzyzaniak, Raymond Leonard
Edmunds, John Stewart Gilman	Kulits, John Albert
Edwards, Donna Helen	Lait, Marci Ellen
England, Leslie Ellsworth	Larson, Michael Joseph
Evans, Joseph Michael	Lee, Catherine See-Ning
Ewy, Marvin Franklin	Lee, Ronald Vincent

Lerner, Catherine Luden Benton
Likes, Creighton Edward
Lisson, Scott Walker
Lowe, Jason Bernard
Magilen, Steven Alan
Martin, Electra Charlotte
McMillan, Brian Randle
McSwain, Julie Ryan
Meldon, Stephen William
McManus, Shea Eamonn
Menees, Daniel Stephen
Millan, Juliana
Miralles, Gines Diego
Miranda, Jose Jamil
Modi, Ankita
Montgomery, Michael Davis
Morehouse, Winifred Victoria
Morgan, Elizabeth Sarah
Mullenix, Philip Schuyler
Murrish, Geoffrey Morgan
Namasivayam, Karthi Sivagaminathan
Nelson, David Rolland
Neuspiel, Daniel Robert
Neverova, Maria Vasyliевна
Nur, Samina
Oehler, Elizabeth Chandler
Okaro, Nnaemeka Freddy
Othman, Islam Mohamed
Pak, Su-Yong
Peterman, Sophia Brothers
Pirttima, Steven Todd
Porter, William Edward
Purdie, Allan Campbell
Raheja, Ravi Kanwal
Ramsey, Gary Griffin
Rappaport, Richard Alan

Reichelt, Winfried
Rich, Anita
Ringwalt, Eric Charles
Rose, Colin Alexander
Royal, Dina Kataun
Russell, Anthony Otis
Salandy, Shelly-Ann Michela
Sanders, Timothy Gene
Santy, Patricia Anne
Schecodnic, Heidi Lee
Searle, Robert Eugene
Sethy, Vimala Hiralal
Seward, Paul North
Shaikh, Azra Perveen
Shakir, Mohamad A.
Siler, Sean Michael
Singh, Harcharan
Stoeckel, William Todd
Stone, Jenny Lee
Sugar, Darryl Matthew
Talts, Karl Herbert
Swanger, Russell David
Tamayo, Sally Gene
Tesfai, Mebrahtom Woldu
Tielborg, Michael Christopher
Troy, Rachel A.
Umeh, Martin Chizoba
Vaughan, Howell Anderson
Ward, Amy Elizabeth
Whitlock, Gary Thomas
Wilson, Lawrence
Wittram, Conrad
Young, Kisha Rochelle
Young, Trudye Awanaha
Zelenik, Mary Ella
Zelko, Russell Rudolph

LICENSES APPROVED
(October 4 – October 30, 2007)

License by Endorsement

Afeworki, Hanna Gebretatios
Ahmed, Rizwan
Allison, Matthew Campbell
Anderson, Elizabeth Long
Arce, Felipe de Jesus
Asihene, William Yaw-Ntaaku
Baloch, Hasan Ahmad
Banks, Rachel Renee
Bescak, Todd Michael
Boaten, Afua Sarpon

Bollineni, Vani
Brennan, Ronald Patrick
Brown, Aaron Lee
Cabrera, Maria Linda Tumbocon
Caldemeyer, Karen Stark
Carter, Lettie Marie
Chambers, Carroll Labron
Chia, Jessica Yeu-Ling
Cichon, Martin Peter
Clark, Marc Lewis
Crandall, James David

Culton, Donna Aline
David, Glen James
Deb, Arjun
DeComarmond, Martina
Dobson, Burt William
Doebler, William Clayton
Edmunds, John Stewart Gilman
Edwards, Donna Helen
England, Leslie Ellsworth
Evans, Joseph Michael
Fiallo, Amparito Ivone
Fischer, Benjamin Peter
Forero, Edward
Foster-Merrow, Sonya Marie
Gale, Michael Joseph
Gemelli, Peter
Gendrachi, Thomas Ernest
Gettes, Edith Madeline
Green, David Emanuel
Guffin, Shawn Thomas
Gupta, Rakesh Vardhan
Hales, Erika R
Harvin, Glenn Knoell
Hassan, Ansar
Hayes, Stella Marie
Herrin, Steve Johnson
Herschelman, Marc Aaron
Hester, Willie Edward
Hollenbeck, Scott Thomas
Howard-McNatt, Marissa
Hubbard, Jeremy Slade
Huneycutt, Bouasy Ly
Hussain, Basharat
Isenstein, Arin Lynn
Kassem, Juhayna
Keates, William Alden
Khandelwal, Anjay Kumar
Kim, Woojin
Kirk, Katherine Anne
Kirsch, Susan Sugarman
Koul, Ashok Kumar
Kulits, John Albert
Lait, Marci Ellen
Lee, Catherine See-Ning
Lerner, Catherine Luden Benton
Likes, Creighton Edward
Lisson, Scott Walker
Lowe, Jason Bernard
Martin, Electra Charlotte
McMillan, Brian Randle
McSwain, Julie Ryan

Meldon, Stephen William
Menees, Daniel Stephen
Millan, Juliana
Miranda, Jose Jamil
Modi, Ankita
Montgomery, Michael Davis
Morehouse, Winifred Victoria
Mullenix, Philip Schuyler
Murrish, Geoffrey Morgan
Namasivayam, Karthi Sivagaminathan
Nelson, David Rolland
Neuspiel, Daniel Robert
Neverova, Maria Vasyliевна
Nur, Samina
Oehler, Elizabeth Chandler
Okaro, Nnaemeka Freddy
Othman, Islam Mohamed
Pak, Su-Yong
Peterman, Sophia Brothers
Pirttima, Steven Todd
Purdie, Allan Campbell
Raheja, Ravi Kanwal
Rich, Anita
Rose, Colin Alexander
Royal, Dina Kataun
Salandy, Shelly-Ann Michela
Sanders, Timothy Gene
Santy, Patricia Anne
Schecodnic, Heidi Lee
Seward, Paul North
Shaikh, Azra Perveen
Siler, Sean Michael
Stoeckel, William Todd
Stone, Jenny Lee
Swanger, Russell David
Tamayo, Sally Gene
Tesfai, Mebrahtom Woldu
Tielborg, Michael Christopher
Troy, Rachel A.
Umeh, Martin Chizoba
Wittram, Conrad
Young, Kisha Rochelle

Reinstatement

McManus, Shea Eamonn
Ringwalt, Eric Charles
Talts, Karl Herbert
Whitlock, Gary Thomas

Reactivation

Zelenik, Mary Ella

Singh, Harcharan

Retired Volunteer License

DISCIPLINARY (COMPLAINT) COMMITTEE REPORT

Ralph Loomis, MD; Arthur McCulloch, MD; Donald Jablonski, DO; John Lewis, JD; Michael Norins, MD

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

The Disciplinary Committee (complaints) reported on four 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

Ralph Loomis, MD; Arthur McCulloch, MD; Donald Jablonski, DO; John Lewis, JD; Michael Norins, MD

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

The Professional Liability Insurance Payments Committee reported on 67 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

Ralph Loomis, MD; Arthur McCulloch, MD; Donald Jablonski, DO; John Lewis, JD; Michael Norins, MD

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

The Medical Examiner Committee reported on two 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 (COMPLAINT) REVIEW COMMITTEE REPORT

George Saunders, MD, Chair; Sarvesh Sathiraju, MD; Peggy Robinson, PAC; Robert Moffatt; Pamela Blizzard

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 (Complaint) Review Committee reported on 45 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.

NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT

Sarvesh Sathiraju, MD; Thelma Lennon; Robert Moffatt, MD

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 65 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

Ralph Loomis, MD; Arthur McCulloch, MD; Donald Jablonski, DO; John Lewis, JD; Michael Norins, MD

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

The Disciplinary (Investigative) Committee reported on 36 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.

Twenty-seven 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

George Saunders, MD, Chair; Sarvesh Sathiraju, MD; Peggy Robinson, PAC; Robert Moffatt; Pamela Blizzard

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 38 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 11:40 a.m., November 16, 2007.

Ralph C. Loomis, MD
Secretary