



## Making the tough calls: inside the NCMB's case review process

A theme is emerging in my columns for this newsletter, perhaps even for my term as President of the Board: giving insight into how the NCMB does what it does. It's my hope that doing so will foster more understanding and faith in the Board's work, even when licensees and others may not agree with a specific decision.

In this article I will discuss the process by which members of the Board, with input from the NCMB's staff, resolve cases when there is a lack of consensus.

This subject occurred to me during a recent Board Meeting, as I listened to the deliberations of the NCMB's Disciplinary Committee. The Disciplinary Committee is made up of six Board Members that review and make recommendations to the full Board in cases after Board staff recommends either public or private action. The President is an ad hoc member of all Board committees, and therefore non-voting. The President does, however, often attend and participate in committee discussions.

The normal process for Disciplinary Committee cases is to have the senior staff of the Board review and come to a consensus recommendation to the Committee. If the consensus is that the case should be closed with no action, the matter ends there. This happens in well over half of all cases. When there is no consensus, or if the staff feels action is indicated (either private or public) the case is forwarded to the Disciplinary Committee for consideration. Sometimes the Committee is unable to come to a consensus; in these situations, the full Board decides without the benefit of a committee recommendation. *(Continued on page 2)*



Paul S. Camnitz, MD  
NCMB President

## Board adopts extensive new policy on prescribing controlled substances for pain

The NCMB has adopted a comprehensive new position statement on the subject of treating pain with prescription opioid medications. This position statement, "Policy for the use of opiates for the treatment of pain," replaces the former NCMB position entitled, "Policy for the use of controlled substances for the treatment of pain." The latter had been in place since September 2008. The new pain policy is in effect as of June 2014.

The new pain policy breaks ground for Board position statements in that it provides far more specific clinical guidance and information about Board expectations for patient management than is typically conveyed in a position statement. Most position statements convey general guidelines or principles, which licensees are then expected to interpret and apply to their specific circumstances. *(Continued on page 4)*

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# “As I listened, it occurred to me how very valuable - indeed, essential - it is for the NCMB to include all of these different points of view in its deliberations.”

During the most recent Board Meeting, the Disciplinary Committee discussed a handful of complaint cases in which the senior staff had been unable to agree whether the cases should be closed with no action, or the licensees in question should be sent private letters. Private letters of concern state the Board’s specific concerns and suggest ways the licensee should improve. The Committee had reviewed the complaint cases, including the licensee responses. Licensees are asked to respond in writing to the allegations in almost all complaint cases and do so in 100 percent of complaint cases reviewed by the Disciplinary Committee. These responses are critically important for the Board to make a fair decision.

As the Committee grappled with the issues in each complaint case, a discussion unfolded regarding the decision making process and the factors the Committee members should consider in reaching their recommendations to the full Board. The following viewpoints were presented:

It was suggested that the Committee should consider the portion of the Medical Practice Act that authorizes the NCMB to take action and not issue a private letter of concern unless the case involved a clear (if only minor) violation of the law. **Absent a demonstrable violation, wouldn’t it be most prudent for the Board to close the case with no action?**

The next point of view expressed noted that the case involved areas in which the licensee could do better. It was suggested that the Board has a role to play in helping licensees provide good quality care even when perceived deficiencies may not rise to the level of violations of law. **Doesn’t the Board’s mission to regulate medicine for the benefit and protection of North Carolinians include offering assistance to licensees who show a need for improvement?**

Another perspective expressed urged the Committee to remember its obligation to the patient. Sending the licensee a letter of concern, even a private one, is one way for the Board to demonstrate to the complainant that his or her concerns were taken seriously and that the complaint made a difference. Taking no action gives the patient the opposite impression, it was argued. **Shouldn’t the Board consider the impact of sending the patient a message that the Board “didn’t do anything” about his or her complaint?**

As I listened, it occurred to me how very valuable – indeed, essential – it is for the NCMB to include all of these different points of view in its deliberations.

We start with the complaint itself, and the licensee’s response. Then there is the law. We have the impulse to diagnose and attempt to treat the problems presented by the case. And, not least, we have the impact on the patient or family member making the complaint, reminding us that the Board’s actions, or lack thereof, speak volumes to the patients and other members of the public who trust the NCMB to act in their best interests. We have the Committee itself, both physicians and public members, adding their unique perspectives. Finally, there is discussion at the full Board level where a decision is rendered.

Therefore, we have the maximum number of perspectives weighing into decisions. Considering these different viewpoints is the Board’s greatest strength, as well as one of its greatest challenges.

I believe weighing these varying views allow us to come to the fairest conclusions for our licensees and the patients they serve.

Send comments to [forum@ncmedboard.org](mailto:forum@ncmedboard.org)

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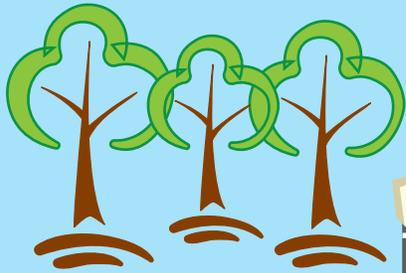
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#### Have something for the editor?

[forum@ncmedboard.org](mailto:forum@ncmedboard.org)

The *Forum* of the North Carolina Medical Board is published four times a year. Articles appearing in the *Forum*, including letters and reviews, represent the opinions of the authors and do not necessarily reflect the views of the North Carolina Medical Board, its members or staff, or the institutions or organizations with which the authors are affiliated. Official statements, policies, positions, or reports of the Board are clearly identified.

We welcome letters to the editor addressing topics covered in the *Forum*. They will be published in edited form depending on available space. A letter should include the writer’s full name, address, and telephone number.



A complaint is received and investigated by Board staff.



Public action?

Private letter?

No action?

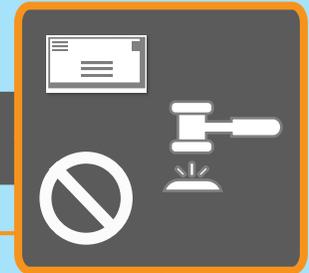
# HOW THE BOARD DECIDES



The senior staff determines the case should be accepted as information (AAI).



The senior staff (directors - Medical, Legal, Complaint & Investigations) review and make recommendations about the case.



The senior staff will recommend one of the following:  
1. Private letter of concern  
2. Public action  
Or, they may not reach a consensus at all.



## Case closed.

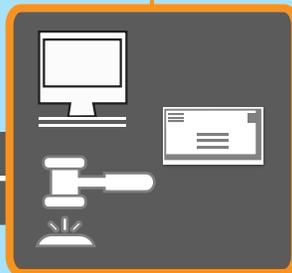
Actions, if any, are carried out by Board staff.

The Board votes to resolve the case in one of the following ways:

1. Accept as information
2. Private letter of concern
3. Public action
4. No vote: continue investigation & gather more information



The Disciplinary Committee considers the staff recommendation and then makes final recommendation to the Board.



# New policy on treating pain

(Continued from page 1)

With regard to opioid prescribing, however, the Board determined that more specific and detailed guidance would benefit patient safety and the licensees who prescribe these medications.

Deaths from opioid overdose have reached epidemic proportions in North Carolina and across the nation. Analyses of overdose deaths have shown that, in most situations, the drugs involved in overdose deaths were originally obtained with a valid prescription from a licensed physician, physician assistant or other authorized prescriber. Inappropriate prescribing of opioid medications is one of the most serious quality of care issues the Board addresses, accounting for a significant percentage of adverse public actions each year.

It is the Board's hope that making more comprehensive guidelines available to licensees who are treating pain will encourage responsible prescribing, reduce deaths from accidental overdose and avoid regulatory problems for prescribers.

The new Position Statement is organized in three sections. The first section includes general information and a statement of the Board's goals; The second, and longest, section provides detailed guidelines linked to the principles articulated in section one; The final section includes a glossary of terms. Also included in the Position Statement: an extensive reference list of all resources used to create the new pain policy. The NCMB's pain policy draws heavily on the Federation of State Medical Board's 2013 *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*. It also borrows content, with permission, from "First Do No Harm, The Indiana Healthcare Providers Guide to the Safe, Effective Management of Chronic Non-Terminal Pain."

Read the NCMB's new pain policy online at [www.ncmedboard.org/position\\_statements](http://www.ncmedboard.org/position_statements). Select "pain" from the Browse by Subject list and choose "Policy for the use of opiates for the treatment of pain," from the list of options.

## Recently reviewed position statements

Board position statements are reviewed on a periodic basis and revised as needed. In recent months, the Board has reviewed the following position statements. Where applicable, changes to the position statement are noted.

- **Retention of medical records:** Reviewed July 2013; No changes necessary
- **Capital punishment:** Reviewed July 2013; No changes necessary
- **Professional obligations pertaining to incompetence, impairment or unethical conduct of licensees:** Reviewed Sept. 2013; No changes necessary
- **Unethical agreements in complaint settlements:** Reviewed Sept. 2013; No changes necessary
- **Guidelines for avoiding misunderstandings during physical examinations:** Reviewed Jan. 2014; No changes necessary
- **Departures from or closings of medical practices:** Reviewed May 2014; No changes necessary
- **Treatment of Obesity:** Reviewed May 2014 and revised; Deleted reference to use of hCG for weight loss and reaffirms NCMB's intention to continue to investigate, when reported to the Board, treatment modalities that are not based on sound scientific evidence.



*The new Position Statement adopted in June offers comprehensive clinical guidelines*

# Interested in serving on the Medical Board?

The terms of four sitting Medical Board members expire October 31, so now is the time to apply if you have ever considered serving the state of North Carolina and the medical profession in this capacity.

Applicants are needed for three physician seats on the Board and one seat for a member of the public. The public member seat and one physician seat will be directly filled by the Governor's appointees. The two remaining physician seats must be filled by the process set down in statute (N.C. Gen. Stat. § 90-2 and 90-3), which requires interested parties to apply via the Review Panel, the independent body that nominates candidates for consideration by the Governor. By law, the Review Panel must nominate two candidates for each open seat for the Governor's consideration. All Board Member terms are three years, beginning Nov. 1, 2014 and ending October 31, 2017.

Instructions for applying via either pathway (Review Panel or gubernatorial) are as follows.

## Review Panel-nominated openings

Under North Carolina law, interested parties must apply through the Review Panel. This independent body screens applicants, conducts interviews and makes recommendations to the Governor, who makes appointments to the Medical Board. The Review Panel will only consider physicians (MDs or DOs) who hold active, unrestricted NC medical licenses. Applicants must be actively practicing clinical medicine at least part time and must have no history of disciplinary action within the past five years. Applications are due by July 1.

The Review Panel will interview all qualified applicants in Raleigh on August 23. One of the positions for which applicants are sought currently is held by a Board member who is eligible for reappointment; however, that physician also must go through the application and interview process.

For more information, call Aaron White, the Review Panel Administrator, at (919) 861-4545 or visit the website.

## Direct gubernatorial appointments

Applicants are needed for one physician Board Member seat and one public member seat. The current Board Member in the physician seat is eligible for reappointment, but must reapply and win appointment by the Governor. The person in the public member seat is not eligible for reappointment. The public member position is open to anyone except a licensed health care professional, or the spouse of one. Public members are appointed directly by Governor Pat McCrory. To apply, visit the website below.

If you would like more information about the workload or other aspects of serving on the Medical Board, contact [nancy.hemphill@ncmedboard.org](mailto:nancy.hemphill@ncmedboard.org)

## Application links

**Review Panel:** [www.ncmedboardreview-panel.com](http://www.ncmedboardreview-panel.com)

**Gubernatorial:** [www.governor.state.nc.us/administration/boards-and-commissions2](http://www.governor.state.nc.us/administration/boards-and-commissions2)

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## NCMB Job Opening: Assistant Medical Director

The North Carolina Medical Board is hiring an assistant medical director. This position is responsible for assisting the Medical Board staff, the medical director, and the Board in investigating, reviewing and providing detailed written reports on a wide range of matters that involve quality of care, ethical and professionalism concerns, and making recommendations to the Board regarding those matters.

Qualified applicants must possess a Medical (MD) or Doctor of Osteopathy (DO) degree and a current ABMS or AOA board certification. A minimum of 15 years recent clinical patient care experience, with a minimum of 5 years recent clinical patient care in North Carolina is required.

The successful candidate will replace Dr. Michael C. Sheppa, who came to the Board as assistant medical director in February 2006. He assumed the role of medical director in September of 2006, serving in that capacity until July 2010 when he reduced his role to part time and transitioned to an associate medical director position. Before joining the Board's staff, Dr. Sheppa was a partner in and president of Raleigh Emergency Medical Associates.

To submit an application for the assistant medical director position, please forward your resume and letter of interest to Shannon McGowan at [shannon.mcgowan@ncmedboard.org](mailto:shannon.mcgowan@ncmedboard.org)

The NCMB offers a competitive salary and complete benefits package. We are an Equal Opportunity Employer.

# More problems with death certificates

## Some certifiers missing new requirements

Scott Kirby, MD, Medical Director, NCMB

The North Carolina Medical Board has noted an increasing number of inquiries and complaints from families and funeral homes about improper and delayed completion of death certificates. It appears that many of the problems



From the Office of  
the Medical Director

**SCOTT G.  
KIRBY, MD**

with improperly completed certificates arise from the certifying physician, PA or NP failing to complete new required sections of the official death certificate used in North Carolina.

The NC Department of Vital Records, the state branch that registers and maintains records of deaths, adopted the new death certificate form effective January 1. The new form requires additional information that was not previously requested on death certificates. This new information must be

recorded by ticking the appropriate boxes in a section immediately following the section where cause of death is provided. Individuals who complete death certificates should also be aware that cause of death is now referred to as “medical certification” on the new form. All required information must be completed for the certificate to be valid.

I have written on the licensee’s professional obligation to complete death certificates in a timely manner before, but it is worth repeating. Properly certifying a patient’s death is a final service licensees can, and should, perform for patients when it is needed. State law (NCGS §130A 115) requires that death certificates be completed within three days of receiving the request.

Failing to complete a death certificate because one is not

absolutely certain about the cause of death is unacceptable. In these situations, remember that the licensee completing the death certificate is only asked to provide a cause of death “to the best of [his or her] knowledge,” not to a medical certainty (which may not be possible in all instances.) As I have stated before, the Medical Board has no interest in pursuing disciplinary action against licensees who certify deaths in good faith and to the best of their abilities.

The best remedy for licensees’ apparent confusion regarding death certificates, particularly regarding the requirements and layout of the new form, is education. Please take a few minutes to complete the free online training offered through the NC Department of Vital Records. The training thoroughly explores the new death certificate form and covers the new required information. See the box below for instructions on accessing the training. If you still have questions, after completing the training, contact Sharon Montour at Vital Records by email, [Sharon.montour@dhhs.nc.gov](mailto:Sharon.montour@dhhs.nc.gov), or by telephone at 919-792-5818.

Vital Records is able to provide on-site training session to certifiers in group practices. To schedule a workshop or lunch-and-learn on the new death certificate form, contact Tamma Hill at [tamma.hill@dhhs.nc.gov](mailto:tamma.hill@dhhs.nc.gov) or by telephone at 919-792-5832.

Finally, in the interest of helping licensees with their obligations to correctly complete the new death certificate form, we have dedicated the opposite page to showing the new form. Sections that must be completed by the individual certifying the death are highlighted. The section where new required information must be provided is circled.

I hope this information helps to dispel confusion regarding the new form, and assists licensees with the task of properly certifying deaths.

## Death certificate training

This free online training is designed to familiarize medical certifiers with the new form, including new required information. To access the training:

1. Go to <http://vitalrecords.nc.gov/training/getuser.cfm?error=1&CFID=59640&CFTOKEN=34772085>
2. Enter user ID “vrdeath” and password “death” (do not use quotation marks when entering user name and password)
3. Click on the “Medical Certifiers” tab to begin the training



## Safe prescribing CME opportunity

The Federation of State Medical Boards (FSMB) and the FSMB Foundation have partnered with medical and educational organizations to offer free online continuing medical education (CME) on responsible opioid prescribing.

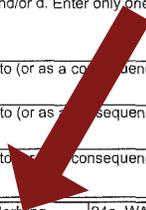
The CME is made up of six separate modules. Users who complete all six may claim one hour of AMA/PRA Category 1 CME credit.

Access the educational modules online at <https://rems.community360.net/default.aspx>

# Are you filling out the new death certificate correctly?

DECEDENT	DECEDENT'S LEGAL NAME					
	1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE	
TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK	aka					
	2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR	3c. UNDER 1 DAY	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)
NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)	PLACE OF DEATH (Check only one)					
	7a. IF DEATH OCCURRED IN A HOSPITAL			7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL		
	<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			<input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		
	7c. FACILITY NAME (If not institution, give street and number)			7d. CITY OR TOWN		7e. COUNTY OF DEATH
	8. MARITAL STATUS			9. SURVIVING SPOUSE (If wife, give name prior to first marriage)		10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)
	<input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown					10b. KIND OF BUSINESS/INDUSTRY
	11. SOCIAL SECURITY NUMBER		12a. RESIDENCE--STATE OR FOREIGN COUNTRY		12b. COUNTY	
	12d. STREET AND NUMBER		12e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No		12f. ZIP CODE	
	13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)		15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)		16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)	
<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		<input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		<input type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Other (Specify)		
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)			
19a. INFORMANT'S NAME		19b. RELATIONSHIP TO DECEDENT		19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)		
DISPOSITION						
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		20c. LOCATION (City or Town and State)		
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)						
21a. SIGNATURE OF FUNERAL DIRECTOR		21b. LICENSE NUMBER		21c. NAME OF EMBALMER		
				21d. LICENSE NUMBER		
22. NAME AND ADDRESS OF FUNERAL HOME						
MEDICAL CERTIFICATION						
23. Part I. Enter the <u>chain of events</u> (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of)						
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST } b. _____ Due to (or as a consequence of)						
c. _____ Due to _____ consequence of)						
d. _____						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				24a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
MANNER OF DEATH						
25. MANNER OF DEATH		26a. WAS CASE REFERRED TO MEDICAL EXAMINER?		27. TIME OF DEATH (Approximate)		
<input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
		26b. IF YES <input type="checkbox"/> Declined by Medical Examiner		29. IF FEMALE:		
				<input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year <input type="checkbox"/> Unknown if pregnant with		
MEDICAL EXAMINER ONLY						
30. DATE PRONOUNCED (Month/Day/Year)		31. DESCRIBE HOW INJURY OCCURRED		31g. LOCATION OF INJURY (Street/Number/City/State)		
				31f. TRANSPORTATION INJURY SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
CERTIFIER						
32. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician/nurse practitioner/physician assistant – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner – On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.						
33a. SIGNATURE AND TITLE OF CERTIFIER		33b. LICENSE NUMBER		33c. DATE SIGNED (Month/Day/Year)		
33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)		36. DATE REGISTERED BY STATE				
REGISTRAR						
34. FOR LOCAL REGISTRAR (Name)		35. DATE FILED (Month/Day/Year)				
DATE CORRECTED (Mo/Day/Yr)		ITEM(S) CORRECTED:				
DATE AMENDED (Mo/Day/Yr)		ITEM(S) AMENDED:				

**New required section**

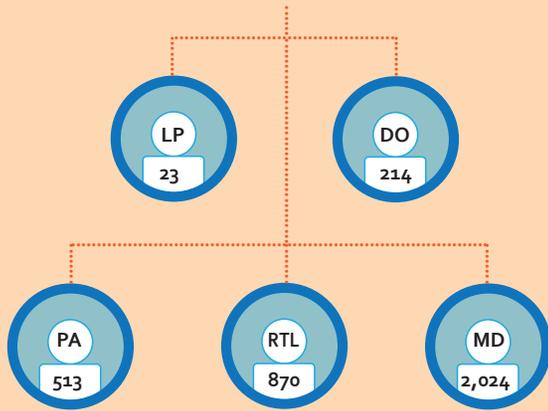


**URIAL/CREMATION PERMIT**  
 Example: I, \_\_\_\_\_, a duly licensed medical examiner, authorize the burial/cremation of the body of \_\_\_\_\_, deceased, on the basis of the information provided to me by the informant and the medical records. I constitute authority for the disposition or removal from the state. My authority expires as a Burial/Cremation Permit.

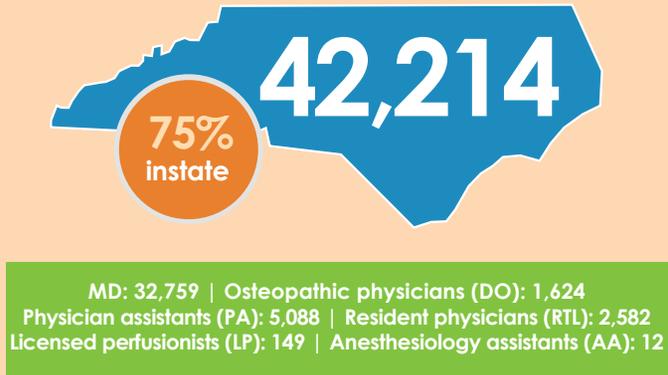
# Year in Review: A look back at data from 2013

Data reflects information for the calendar year beginning Jan. 1, 2013 and ending Dec. 31, 2013.

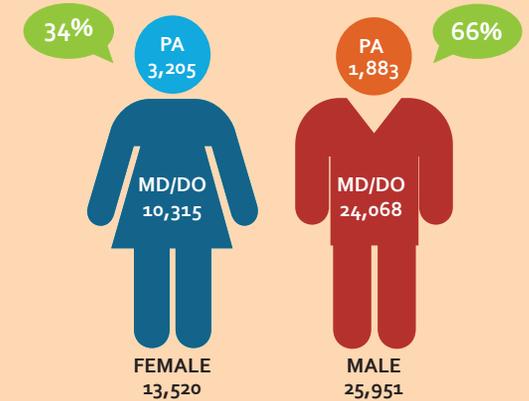
## TOTAL LICENSES ISSUED



## TOTAL LICENSEE POPULATION



## TOTAL BY SEX



## BOARD ACTIONS

	Annulment	License Denied	Revocation	Reprimand	Suspension	Summary Suspension	Miscellaneous Action	Surrender	Public Letter of Concern	Temporary / Dated License Issued to Expire	Temporary / Dated License Allowed to Expire	Conditions on License
MDs	0	3	2	17	26	1	1	11	48	8	0	24
DOs	0	1	0	4	1	0	0	0	3	1	0	3
PAs	0	1	0	6	7	0	0	6	8	2	0	5
NPs	0	0	0	0	0	0	0	1	1	0	0	0
Totals	0	5	2	27	34	1	1	18	60	11	0	37

## FINES RECEIVED

Fines collected benefit the NC Department of Education.



## COMPLAINTS FROM PUBLIC & PATIENTS

### Top 5 complaint categories

Communication  
533

Quality of care  
351

Policy-Procedures  
within DOC\*  
118

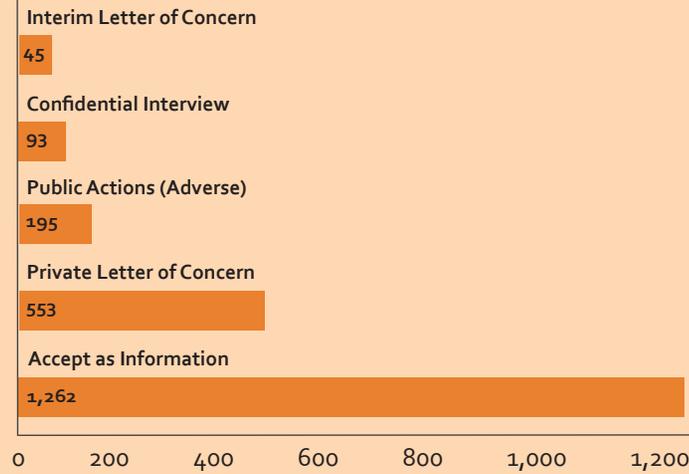
Prescribing issues  
68

Medical records  
66

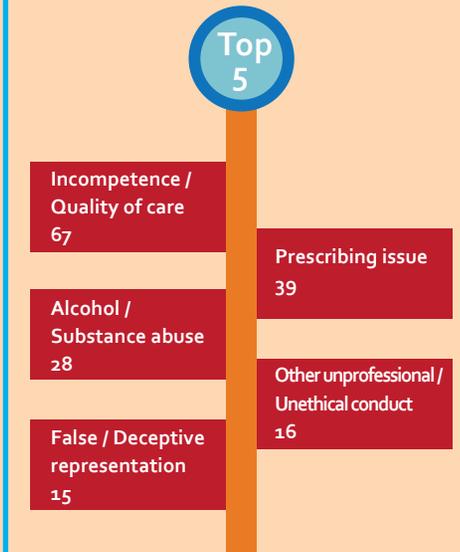
\*DOC - Department of Corrections

Total complaints received in 2013: 1,304

## PUBLIC & PRIVATE ENFORCEMENT ACTIVITIES



## CAUSES OF PUBLIC ACTIONS



## PHYSICIAN POPULATION BY COUNTY

### 0 - 25

Alexander	17
Alleghany	10
Anson	16
Avery	22
Bertie	10
Camden	1
Caswell	9
Clay	7
Currituck	7
Gates	0
Graham	5
Greene	11
Hoke	15
Hyde	2
Jones	19
Madison	13
Martin	21
Montgomery	11
Northampton	5
Pamlico	9
Pender	24
Perquimans	6
Tyrrell	0
Warren	3
Washington	7
Yadkin	20
Yancy	20

### 26 - 50

Ashe	28
Bladen	27
Cherokee	34
Chowan	33
Davie	42
Duplin	35
Edgecombe	43
Franklin	29
Hertford	41
McDowell	42
Mitchell	29
Person	36
Polk	29
Richmond	48
Stokes	27
Swain	34

### 51 - 100

Beaufort	57
Caldwell	82
Chatham	83
Columbus	59
Dare	61
Halifax	72
Harnett	68
Jackson	79
Lee	96
Lincoln	87
Macon	72
Rutherford	86
Sampson	52
Scotland	68
Stanly	82
Transylvania	63
Vance	75
Wilkes	72

### 101 - 500

Alamance	279
Brunswick	126
Burke	211
Cabarrus	454
Carteret	125
Catawba	416
Cleveland	175
Craven	261
Davidson	127
Gaston	395
Granville	128
Haywood	110
Henderson	271
Iredell	340
Johnston	132
Lenoir	104
Moore	336
Nash	117
Onslow	234
Pasquotank	106
Randolph	121
Robeson	167
Rockingham	106
Rowan	258
Surry	116
Union	195
Watauga	133
Wayne	204
Wilson	121

### 501 - 3,100

Buncombe	1,112
Cumberland	810
Durham	2,430
Forsyth	1,925
Guilford	1,328
Mecklenburg	3,062
New Hanover	755
Orange	1,579
Pitt	865
Wake	2,533

### TOTAL

In state	24,488
Out of state	9,895
Grand total	34,383

## Picture this: add a photo to your licensee information page

The NCMB is now offering physician and physician assistant licensees the opportunity to add photographs to their licensee information pages on the Board's website.

Licensee information pages provide comprehensive information about physicians and physician assistants with active North Carolina licenses. Certain information, such as current licensure status, information about professional education, postgraduate training, areas of practice and current hospital privileges (if applicable) is required under state law.

The Board also offers licensees the ability to include optional information on their information pages. Photographs are the newest optional category added to the licensee information page. Other types of optional content include practice website address, whether the licensee participates with Medicare and Medicaid insurance and whether new patients with this coverage are being accepted, the chance to state one's

"practice philosophy" and the ability to list non-English languages spoken by the licensee or by individuals working at the practice.

To upload a photo, licensees may visit the Board's website at [www.nc-medboard.org](http://www.nc-medboard.org) and select Update Licensee Info Page from the green Quick Links box at the right of the home page. Select General Information from the menu and follow instructions to upload your photo. All pictures must be submitted electronically in accordance with the NCMB's photo guidelines. The NCMB reserves the right not to post photographs that do not conform to its guidelines (see box).

The Board hopes licensees will take advantage of the latest opportunity to enhance their NCMB licensee information pages. LI pages are the most used feature on the NCMB's website and are used by both current and prospective patients, as well as medical professionals and health care institutions.

Your picture here



### Photo submission guidelines

Photos submitted for inclusion on the licensee information page must comply with the following guidelines. The NCMB reserves the right not to post photographs that do not meet guidelines.

1. The photo should be a color head shot (head, neck and shoulders in frame) that is in focus. The individual pictured should not be wearing sunglasses, a hat or any other item that obscures the face or alters his or her normal appearance.
2. The licensee should be the only individual in the photograph. The licensee should be looking straight ahead, with both eyes open and a natural facial expression.
3. The licensee should be in professional dress equivalent to his or her everyday attire for work in a clinical setting.
4. All photos must be submitted electronically in JPEG format and should not exceed 2 MB in size.
5. The photo should be recent and representative of the licensee's current appearance and should be replaced regularly (e.g. biannually or whenever physical appearance changes materially).

## NCMB publishes guide to closing a medical practice

Closing a medical practice, whatever the reason, is a complicated process with many specific professional obligations. The NCMB often receives inquiries from licensees who are leaving practice and need guidance on how best to meet these obligations. In response, the Board has published a comprehensive guide, *"The doctor is out: a physician's guide to closing a practice."*



obligations. The NCMB often receives inquiries from licensees who are leaving practice and need guidance on how best to meet these obligations. In response, the Board has published a comprehensive guide, *"The doctor is out: a physician's guide to closing a practice."*

The guide, which can be accessed via the NCMB's website under Special Topics in the Professional Resources section, provides advice on meeting one's professional obligations to patients and others when closing or departing a practice. The advice reflects relevant information as set down in formal Board position statements and state law. Topics covered include the obligation to communicate to patients, making provisions for medical records, requirements for practicing at indigent clinics in retirement and reactivating one's medical license if the licensee chooses to return to active clinical practice. The guide also

includes a section on the need to close a practice due to disciplinary action by the Board.

The Board hopes the new guide will be useful to individuals and practices planning for departures, closures and retirements, or those who are required to leave practice due to illness or regulatory reasons.

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includes a section on the need to close a practice due to disciplinary action by the Board.

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### Find it online

1. Visit [www.ncmedboard.org](http://www.ncmedboard.org)
2. Go to "Professional Resources"
3. Select "Special Topics"
4. Choose "Physician's Guide to Closing a Practice"

# Walker secures spot on FSMB committee

Barbara E. Walker, DO, who was appointed to the North Carolina Medical Board in November, won election to a national post during the 102nd meeting of the Federation of State Medical Boards held in Dallas in April.



Dr. Walker

Dr. Walker, of Kure Beach, NC, was elected to serve on the Nominating Committee of the FSMB’s Board of Directors. The committee is responsible for evaluating and selecting candidates to serve on Federation com-

mittees and work groups. Dr. Walker ran on her years of experience mentoring and nurturing leaders through her work as a physician with the U.S. Army Medical Corps, as residency faculty and as an osteopathic family medicine program director.

Dr. Walker is a contracted family physician with the Southeast Area Health Education Center (SEAHEC), where she teaches family medicine residents. She currently serves as a trustee of the American Osteopathic Association and of Campbell University. She served as president of the North Carolina Osteopathic Medical Association from June 1990 until September 1999.

# NCMB, individual staff members win accolades

The NCMB and two Board staff members were honored recently by the Administrators In Medicine (AIM) – the national professional organization for medical board executives and staff.

The Board won a “Best in Boards” award for consumer resources developed by the NCMB’s Public Affairs Department. The entry included a downloadable brochure that describes the NCMB’s complaint process and other resources available to patients and the public, as well as an online tutorial that offers guidance to individuals who are considering filing a complaint. This campaign was produced entirely in house. View the brochure and the tutorial online in the Consumer Resources section of the website. The tutorial will begin playing automatically after clicking “Complaint Process” so be sure that the computer’s speakers are turned on and up to hear the audio. Click on “Brochures” in the Consumer Resources section to see the brochure, “A Consumer’s Guide to the NC Medical Board.”

AIM also awarded Don Pittman, a Senior Investigator with the NCMB, with the 2014 Ronald K. Williamson Memorial Award for Board Investigators. This award recognizes excellence in the public protection work of board investigators. Pittman joined the staff of the NCMB as an investigator in 1981. Despite the difficult circumstances under which he is typically in contact with licensees, complainants and others involved in disciplinary cases under investigation by the Board, Pittman is known for his professionalism and kindness and has been a frequent recipient of letters of compli-

ment during his years at the Board.

Thom Mansfield, the Director of the Legal Department, received the John Ulwelling Special Recognition Award from AIM. Mansfield joined the NCMB’s staff in 2001. His advocacy and litigation efforts on behalf of the Board have played an integral role in improving the NCMB’s funding and operations, as well as the laws and rules governing the Medical Board and its work.



Mr. Mansfield



Mr. Pittman



# North Carolina Medical Board

## Quarterly Board Actions Report | November 2013 - January 2014

The Board actions listed below are published in an abbreviated format. The report does not include non-prejudicial actions such as reentry agreements and non-disciplinary consent orders. Recent Board actions are also available at [www.ncmed-board.org](http://www.ncmed-board.org). Go to "Professional Resources" to view current disciplinary data or to sign up to receive notification when new actions are posted via the RSS Feed subscription service.

Name/license#/location	Date of action	Cause of action	Board action
<b>ANNULMENTS</b>			
[None]			
<b>SUMMARY SUSPENSIONS</b>			
[None]			
<b>REVOCATIONS</b>			
<b>SHELTON, Delmer Lee, PA</b> (000100250) Efland, NC	01/23/2014	PA admitted to a Board investigator that he had engaged in sexual contact with a patient.	Revocation of NC physician assistant license.
<b>TOBIN, Christopher Gregg, MD</b> (009901625) Chevy Chase, MD	01/16/2014	MD was convicted in United States of America vs. Christopher Tobin, case number 6:08-cr-118-Orl-DDD-DAB, of one (1) count of Conspiracy to Distribute Controlled Substance and two (2) counts of Distribution of Controlled Substance.	Revocation of NC medical license.
<b>SUSPENSIONS</b>			
<b>CLARKE, Theresa Sharon, PA</b> (000103209) Dunn, NC	11/21/2013	An assessment found that PA's clinical knowledge is inadequate; PA's supervising physician reported to the Board that he found PA's patient care to be below standard. This was supported by independent expert medical reviews.	PA license suspended 12 months, immediately stayed; PA must complete a comprehensive recertification review course within six months; must comply with other conditions.
<b>ROQUE, Susan Lovejoy, MD</b> (009500440) Statesville, NC	12/12/2013	The Board is concerned with the quality of obstetric care provided by MD; MD has a recent history of substance abuse (marijuana). She has completed inpatient treatment.	Indefinite suspension of NC medical license, immediately stayed.
<b>YOST, William Franklin, MD</b> (009601529) Slidell, LA	11/20/2013	Inappropriate prescribing of controlled substance; substandard practice of pain management.	Indefinite suspension of NC medical license.
<b>PROBATIONS</b>			
<b>COOK, David Harry, MD</b> (009400759) Slidell, LA	01/16/2014	Inappropriate prescribing of controlled substances.	MD is placed on probation for a period of 12 months; within four months of the date of the order, MD must complete CME courses in both medical record documentation and in prescribing medications. Within 90 days of the order, MD must secure a practice monitor approved by the Board President. Each month, MD must provide the practice monitor with a list of every patient to whom MD has prescribed controlled substances.
<b>SURRENDERS</b>			
<b>CLARKE, Theresa Sharon, PA</b> (000103209) Dunn, NC	12/12/2013		Voluntary surrender of physician assistant license.
<b>DENIALS OF LICENSE/APPROVAL</b>			
[None]			

BOARD ACTIONS REPORT

Name/license#/location	Date of action	Cause of action	Board action
<b>REPRIMANDS</b>			
<b>GOODWIN, Thomas Carl, MD</b> (000027915) Hendersonville, NC	12/02/2013	History of DWI on June 22, 2013, and on June 6, 2007. MD failed to timely report the 2007 arrest for DWI.	Reprimand. The Board will consider MD's history of substance/alcohol abuse if MD makes application for reinstatement of his NC license. MD is currently inactive.
<b>HOWARD, Chad Daniel, MD</b> (200200125) Monroe, NC	11/04/2013	Inappropriate prescribing of controlled substances, specifically Suboxone, and inadequate management of patients being treated for opioid addiction with that drug.	Reprimand; Must complete CME in medical record keeping and controlled substances prescribing, and comply with other conditions.
<b>LACROIX, Christopher Eric, MD</b> (200501730) Washington, NC	01/02/2014	While working for a locum tenens company, MD agreed to supervise physician assistants also employed by the locums company. MD failed to provide appropriate supervision in accordance with state law and related administrative rules. For example, on numerous occasions MD failed to ensure that a written supervisory agreement was in place. MD also failed to conduct required quality improvement meetings. On several occasions, the locum tenens company added PAs as MD's supervisees without notifying MD. In most instances, MD never met or observed in practice the PAs under his supervision.	Reprimand; \$2,000 fine.
<b>LEFLER, Rodger Wendell, MD</b> (200000252) Gastonia, NC	01/02/2014	From 2009 to May 2013, MD took approximately 30 phentermine tablets every two months from his medical practice's inventory of weight loss drugs and gave them to a family member.	Reprimand; license suspended for four months, immediately stayed; \$3,000 fine.
<b>NIEMEYER, Meindert Albert, MD</b> (000030440) Elon, NC	12/02/2013	Substandard care; inappropriate prescribing of controlled substances; inadequate documentation of care.	Reprimand; Within six months of the date of the order, MD must complete 10 hours of CME in each of the following areas: medical record keeping and controlled substances prescribing. MD must submit charts of patients to whom he has prescribed controlled substances for Board review.
<b>SAX, Linda Jill, PA</b> (000103516) Monroe, NC	11/25/2013	PA failed to renew her NC physician assistant license but continued to practice as a PA; PA also prescribed medications, including controlled substances to two close family members, in conflict with Board policies and accompanying administrative rules.	Reprimand.
<b>PUBLIC LETTERS OF CONCERN</b>			
<b>ARTIS, Karlus Cornelius, MD</b> (000034782) Goldsboro, NC	11/12/2013	MD hired a physician assistant through a locum tenens company to work temporarily for his practice. MD did not ensure that an appropriate supervisory agreement was in place and also did not comply with other expectations for supervision of a midlevel practitioner as outlined in relevant administrative rules.	Public letter of concern.
<b>CANCHOLA, Daniel Ramiro, MD</b> (201100164) Dallas, TX	11/21/2013	MD treated two patients via telemedicine (primarily webcam consultations and secure messaging) and prescribed medications to them. This violates the NCMB's policy on contact with patients before prescribing medication, which requires that an appropriate physical examination be conducted before medication is prescribed. The Board is concerned that an appropriate medical examination was not conducted. MD has inactivated NC medical license.	Public letter of concern; administrative fine.

BULLETIN BOARD

Name/license#/location	Date of action	Cause of action	Board action
<b>PUBLIC LETTERS OF CONCERN</b>			
<b>CARL, Gary Hudson, MD</b> (201000598) Eden, NC	11/21/2013	MD wrote prescriptions for controlled and non-controlled medications to immediate family members and prescriptions for non-controlled substances to himself, in conflict with Board policies and related administrative rules.	Public letter of concern.
<b>FREEMAN, Patrick Scott, MD</b> (201101461) Irving, TX	11/21/2013	MD treated a patient via telemedicine (webcam consultation and secure messaging) and prescribed medication. This violates the NCMB's policy on contact with patients before prescribing medication, which requires that an appropriate physical examination be conducted before medication is prescribed. The Board is concerned that an appropriate medical examination was not conducted. MD has inactivated NC medical license.	Public letter of concern; administrative fine.
<b>HELLAMS, Robert Michael, MD</b> (201302298) Edenton, NC	11/20/2013	MD provided inaccurate and/or incomplete information on his NC medical license application.	Public letter of concern. \$1,000 administrative fine.
<b>MAHAN, Dennis Michael, MD</b> (000025053) Oxford, NC	11/15/2013	The Board is concerned that MD contracted with a locum tenens company to have a PA work with him. MD then failed to ensure that a written supervisory agreement was in place and failed to conduct any of the required quality assurance meetings.	Public letter of concern.
<b>SETSER, Bradley Scott, MD</b> (200700348) Metairie, LA	12/18/2013	The Board is concerned that MD prescribed controlled substances and medications to a person with whom he has a significant emotional relationship, in violation of Board administrative rules.	Public letter of concern.
<b>SHORI, Pardeep Kumar, MD</b> (201100101) Dallas, TX	11/21/2013	MD treated patients via telemedicine (primarily webcam consultations and secure messaging) and prescribed antibiotics for most patients evaluated. This violates the NCMB's policy on contact with patients before prescribing medication, which requires that an appropriate physical examination be conducted before medication is prescribed. The Board is concerned that appropriate medical exams were not conducted. MD has inactivated NC medical license.	Public letter of concern; administrative fine.
<b>TURNBULL, Joseph Taylor, MD</b> (000019660) Marion, NC	11/26/2013	The Board is concerned that MD's care of a patient who presented with complaints of weakness and fatigue failed to conform to accepted standards. The patient, who had a history of coronary artery disease, a pacemaker in place and diabetes, had lab work done and the results indicated possible renal failure and critical hyperkalemia of uncertain cause. Repeat labs were ordered but the patient was sent home after the tests without adequate followup. The patient was later taken to the hospital in cardiac arrest and died. The Board believes the patient should have been instructed to remain at the hospital until the test results were in. The Board believes the failure to provide adequate followup may have contributed to the patient's death.	Public letter of concern.
<b>OKWARA, Benedict Onwukwe, MD</b> (000033878) Monroe, NC	11/12/2013	MD entered into a settlement agreement with the NC Department of Health and Human Services to resolve more than \$1.1 million in overpayments for immunotherapy services and other services provided without sufficient billing support from November 2010 to April 2012.	Public letter of concern.

**BULLETIN BOARD**

Name/license#/location	Date of action	Cause of action	Board action
<b>MISCELLANEOUS ACTIONS</b>			
[None]			
<b>CONSENT ORDERS AMENDED</b>			
<b>GIHWALA, Ramesh, MD</b> (009300472) Gastonia, NC	12/09/2013		MD's June 2013 Consent Order is amended to reflect that his indefinite probation is lifted with an effective termination date of November 21, 2013. MD shall extend his NCPHP contract. Order specifies that this amendment and conditions contained herein shall not constitute a restriction or limitation on MD's license to practice medicine.

<b>TEMPORARY/DATED LICENSES: ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES</b>			
<b>DUNN, Lawrence Anthony, MD</b> (000030018) Durham, NC	11/21/2013		Temporary/dated licenses became full and unrestricted.
<b>COURT APPEALS/STAYS</b>			
[None]			
<b>DISMISSALS</b>			
[None]			

**FINES**

The NCMB issues non-disciplinary administrative fines in certain cases where incorrect and/or incomplete information on a medical licensing application causes Board staff to spend an inordinate amount of time resolving the issue(s).

Date	Reason	Amount
11/21/2013	Quality of care	\$2,000.00
11/21/2013	Quality of care	\$2,000.00
11/21/2013	Quality of care	\$7,000.00
01/02/2014	Quality of care	\$2,000.00
01/02/2014	Unprofessional conduct	\$3,000.00
01/28/2014	Unprofessional conduct	\$500.00

# DID YOU KNOW?

Licensees are required by law (NCGS 90-5.2) to notify the Board within 30 days if their home or practice address and/or telephone number changes.

Licensees can update their contact information 24-7 by visiting [www.ncmedboard.org](http://www.ncmedboard.org) and selecting "Update Licensee Info Page" from the green Quick Links box at the right hand side of the home page. Once you have logged in, select Address from the menu to change your information.

**North Carolina Medical Board**

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**BOARD MEETING DATES**

June 19-20, 2014 (Hearings)  
July 16-17, 2014 (Full Board)  
August 21-22, 2014 (Hearings)  
September 17-19, 2014 (Full Board)

Meeting agendas, minutes and a full list of meeting dates can be found on the Board's website  
[ncmedboard.org](http://ncmedboard.org)

Visit the Board's website at [www.ncmedboard.org](http://www.ncmedboard.org) to change your address online. The Board requests all licensees maintain a current address on file with the Board office. Changes of address should be submitted to the Board within 30 days of a move.

# New NCMB Annual Report offers more depth

The North Carolina Medical Board has published its first agency annual report, covering program activities for 2013. This document can be accessed online by visiting [www.ncmedboard.org/disciplinary\\_reports](http://www.ncmedboard.org/disciplinary_reports) and selecting the tab labeled "Annual Reports."

The NCMB has a long history of publishing annual data regarding the public actions taken by the Board each year. The annual report will continue this tradition, while substantially increasing the scope of data released about the Board's activities. The Board thinks this format offers a more complete summary of its work in a given year.

For example, the new format reports data on complaints and other investigative information received by the Board, data on malpractice reports received by specialty area of practice and information on the number of private actions taken by the Board. The new report also includes information about policy initiatives and licensing program activity, as well as demographic information about the Board's licensees.

Please take a few minutes to read the 2013 Annual Report. As this is a new publication, the Board is especially interested in receiving feedback on the report, so don't miss the opportunity to tell us what you think. Send comments via email to [forum@ncmedboard.org](mailto:forum@ncmedboard.org)

**2013 ANNUAL REPORT**



**North Carolina Medical Board**  
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