FORUM
NORTH CAROLINA MEDICAL BOARD
FOR THE BENEFIT AND PROTECTION OF THE PEOPLE OF NORTH CAROLINA
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Year in Review — Pg. 10

Lessons from the NCMB's malpractice review process: A personal reflection

NCMB President, Ralph C. Loomis, MD, says "for those of us who have experienced a malpractice claim, the most we can hope is that, at the end of the day, we are able to learn something from it."

As you may or may not know, it is the policy of the North Carolina Medical Board to review every malpractice payment affecting or involving its licensees.

Professional liability payments are a sore subject for most medical practitioners and probably always will be. In writing this column I considered whether licensees would want to hear the message I'd like to impart, which is this: The NCMB's malpractice review process is as valuable to the licensee, in my view, as it is to patients.

I write this not just as a member of the Board who is now in the midst of his sixth year of service on the NCMB committee that reviews malpractice payments (as Board President I am currently not a voting member). I write as a surgeon who went through the humbling and, ultimately, rewarding experience of having my own payment scrutinized by the Board.

I cannot adequately convey how deeply gratifying it was to learn that, after a characteristically rigorous review, the Board had found no problems with my care. That opinion helped to quiet, or at least balance, the nagging voices of the plaintiff's attorney and expert reviewer. I had listened to them assert again and again, in the context of a settlement conference, that I was a horrible, negligent physician.

When my colleagues on the Board elected me president, it occurred to me that this column presented a unique opportunity to share insight into the NCMB's malpractice case review process, from the vantage points of both case reviewer and licensee reviewed.

My malpractice experience

I have been in practice as a neurosurgeon for 30 years. It's a high-risk field and lawsuits (and, in many cases, settlement payments) are relatively common. In fact, the data on neurosurgery say that, on average, a neurosurgeon is sued every two years. In that sense, one could say I've been fortunate to have had just one payment over the course of my career. This payment brought me to the Medical Board's attention as a rank-and-file licensee.

The case that led to the payment involved my care of a minor child. The child had sustained a head injury several weeks prior to being referred to me with a complaint of worsening headaches. I performed an examination and reviewed the child's head CT scan with a radiologist. I recommended immediate surgery to correct a subdural hematoma. The parent who had accompanied the child to the hospital declined to give consent until the child's other parent arrived to help with the decision. I reserved the OR and the child

IN THIS ISSUE

was admitted to the neurosurgical unit. A code was called early the next morning, and despite aggressive efforts to resuscitate, the child expired.

Any tragedy like this is life marking, for the family obviously, but for the surgeon as well. I have often relived the events of that day and wondered what, if anything, I could have done differently that might have resulted in the child surviving.

Don't misunderstand me. To this day I believe my care was appropriate. The family, however, alleged that the gravity of the child's condition, the need for immediate intervention and the potential risks of delay were not clearly communicated. Due to a technical issue with the hospital's electronic health records, no documentation of my initial treatment recommendation was available to support me. My insurance company felt it was prudent to settle.

The Board's review process

As I mentioned, the NCMB reviews every malpractice payment affecting or involving licensees. The Board learns about these payments from various sources, including reports made by licensees, reports made by insurance companies and information obtained by the Board from the National Practitioner Data Bank. By reviewing each payment, the Board fulfills its duty to the people of North Carolina to review the care and determine if some type of action against the licensee is needed to protect the public.

Anyone who is even the slightest bit familiar with the adversarial malpractice litigation system knows that each side presents expert testimony that supports their perspective as the right and appropriate view. Of course, these experts are paid to provide their opinions. I knew, as someone who had participated in scores of malpractice case reviews in my role as a member of the Board, that the NCMB's review of my case would be impartial. I also knew that, almost certainly, the Board would seek the expert opinion of an independent reviewer who, though compensated for his or her opinion, would have no interest in whether the review supported the plaintiff or whether it supported me. That's a meaningful review.

When the time came for the Board to discuss my case, I left the room (as is customary on those infrequent occasions when a member of the Board is the subject of an inquiry by the NCMB). I don't know what was said, but I'm confident that my colleagues on the Board were as thorough, exacting and, ultimately, rational in their analysis of the patient care associated with my payment as we are of all the other malpractice cases the NCMB reviews.

Finally the day came when the Board's decision was made known to me and I learned that they had found my actions to be appropriate, and that no action would be taken against me. For me it had tremendous value to know that a group of qualified physicians had discussed my case, with the benefit of an independent expert medical reviewer's opinion, and determined that my actions met the standard of care. It was a tremendous lift for me.

Conclusion

No one enjoys being sued, especially when the lawsuit attacks one's knowledge, skill and integrity as a professional. Yet lawsuits that allege malpractice are a reality for medical practitioners.

For those of us who have experienced a malpractice claim, the most we can hope is that, at the end of the day, we are able to learn something from it.

I learned that, for better or for worse, you stand on the quality of your records. Again, I believe that the care that led to my payment was appropriate and that records, had they been available, would have shown this. Nonetheless, being forced to examine and defend the care related to the case I've described caused me to recognize that one can always do better. As a result, I became even more meticulous with my documentation. My written and dictated notes document what some might consider minutiae.

In addition, the tragic death of the child and the family's primary complaint—that I failed to appropriately communicate the urgency of the situation and the potential consequences of delay—caused me to take a hard look at how I communicate treatment recommendations to patients and family members. I thought I had adequately conveyed the seriousness of the child's condition but, clearly, this family

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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.

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Primum Non Nocere

needed more. Again, we can always do better. I have tried to be even more attentive to the needs of my patients and their loved ones to ensure that everyone involved has the information they need to make decisions about care.

One final thought I'd like to leave you with is that, in the big picture, there are relatively few instances in which the Board says, "We think you gave poor care and we think it warrants public discipline." As the flow chart below shows, the Board is far more likely to close its review of patient care leading to a payment with no formal action or with some type of private action. Private actions typically bring areas of specific concern to the licensee's attention and recommend steps the licensee can take to improve their care and prevent similar occurrences in future.

Please take a moment to review the process outlined in the chart, as well as the data on case resolutions and public* status. It's the first time the NCMB has published this information.

Send comments on this article to: *Forum@ncmedboard.org*.

*My malpractice payment information does not appear on my Licensee Information page because it does not meet criteria established by statute.

NC MEDICAL BOARD MALPRACTICE PAYMENT REVIEW PROCESS

NCMB receives information regarding a malpractice payment
- Insurance company
- License renewal
- National Practitioner Data Bank inquiry
- Other sources

2011
Cases opened: 282
Cases closed: 252

Obtain medical records and written response from:
- Licensee
- Plaintiff attorney

Report to Office of the Medical Director for review and recommendation

↔ Possible external review (4-6 weeks)

Senior Staff Review Committee
(Includes Office of the Medical Director, Complaint, Investigative & Legal Department directors)
Meets monthly for case review and consensus recommendations for Board committee

↔ Possible external review (4-6 weeks)

Review Committee
- Accept as Information
- Private Action

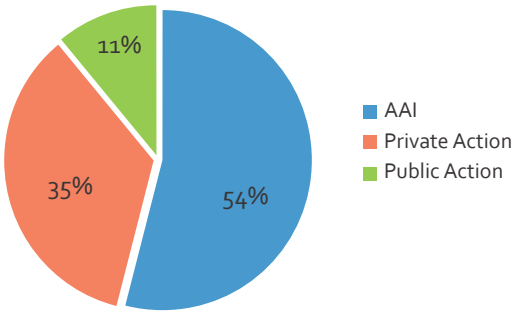
Disciplinary Committee
- Public Action

↔ Possible external review (4-6 weeks)

Final Board Action

2011
Accept as Information: 137 (54%)
Private Action: 87 (35%)
Public Action: 28 (11%)

Malpractice Cases Final Board Action



Payments meeting posting requirements are posted on the Board website
- All judgments & awards
- Settlements of $75,000 or greater made on or after 5/1/2008
- Payments posted for 7 years

2011: 121 payments posted

It's official: The new NCMB position statement on treating self and family

The NC Medical Board in March approved a revised version of its position statement on treating oneself and/or members of one's family. The vote concluded a yearlong process of review and discussion, including an unprecedented level of direct feedback from licensees of the Board, of this controversial position statement. The Board greatly appreciates those licensees who took the time to offer their thoughts.

A note on controlled substances

The Board is pursuing new administrative rules that would prohibit physicians and physician assistants from prescribing controlled substances to themselves or to family members. The Board voted to add a line to the position statement that references the rule by title/number once it is finally approved and in effect.

The revised position statement is published below. The Board welcomes your feedback. Please take a moment to complete a one question survey rating the revised position statement. Use the barcode scanner app on your smartphone to go to the survey by clicking on the black and white QR code at right, or onine at *http://goo.gl/L4YUQ*

Other recently amended position statements

Referral fees and fee splitting – Amended January 2012 (changed "physician" to "licensee" throughout)

Advertising and publicity – Amended March 2012 (changed to say that licensees who advertise board certification must list the name of the certifying board in the advertisement)

Remember: The complete position statements of the Board can be viewed online by visiting *www.ncmedboard.org* and clicking on "Find a Position Statement" in the green Quick Links box on the right side of the Home Page.

TAKE OUR SURVEY
Let us know what you think!

SELF-TREATMENT AND TREATMENT OF FAMILY MEMBERS

It is the Board's position that it is not appropriate for licensees to write prescriptions for controlled substances or to perform procedures on themselves or their family members. In addition, licensees should not treat their own chronic conditions or those of their immediate family members or others with whom the licensee has a significant emotional relationship. In such situations, professional objectivity may be compromised, and the licensee's personal feelings may unduly influence his or her professional judgment, thereby interfering with care. There are, however, certain limited situations in which it may be appropriate for licensees to treat themselves, their family members, or others with whom the licensee has a significant emotional relationship.

1. Emergency Conditions. In an emergency situation, when no other qualified licensee is available, it is acceptable for licensees to treat themselves or their family members until another licensee becomes available.
2. Urgent Situations. There may be instances when licensees or family members do not have their prescribed medications or easy physician access. It may be appropriate for licensees to provide short term prescriptions.
3. Acute Minor Illnesses Within Clinical Competence. While licensees should not serve as primary or regular care providers for themselves or their family members, there are certain situations in which care may be acceptable. Examples would be treatment of antibiotic-induced fungal infections or prescribing ear drops for a family member with external otitis. It is the expectation of the Board that licensees will not treat recurrent acute problems.
4. Over the Counter Medication. This position statement is not intended to prevent licensees from suggesting over the counter medications or other non-prescriptive modalities for themselves or family members, as a lay person might.

Licensees who act in accord with this position statement will be held to the same standard of care applicable to licensees providing treatment for patients who are unrelated to them. Thus, licensees should not treat problems beyond their expertise or training.

The Board expects licensees to maintain an appropriate medical record documenting any care that is given. It is also prudent for the licensee to provide a copy of the medical record to the patient's primary care provider.

Licensees who inappropriately treat themselves, their family members or others with whom they have a significant emotional relationship should be aware that they may be subject to disciplinary action by the Board.

(Adopted May 1991) (Amended May 1996; May 2000; March 2002; September 2005; March 2012)

Resources explain NCMB stance on laser surgery

In response to ongoing questions and concerns about its position regarding laser surgery—including but not limited to laser tattoo removal—the NC Medical Board has created additional resources to clarify its perspective.

The Board has published a detailed guidance document, including FAQs that address questions commonly asked by patients and/or individuals who currently provide or are interested in providing laser procedures such as laser hair or tattoo removal. In addition, the Board voted in March to amend its position statement entitled, "Laser surgery," to specify that laser tattoo removal is considered a form of laser surgery.

The five page guidance document addresses such issues as:

- Who may operate the laser during a laser hair removal or laser tattoo removal procedure
- The supervising physician's responsibilities related to supervising laser hair removal and/or laser tattoo removal, when services are provided by a non-physician
- The potential consequences of failure by a physician to adequately supervise laser hair removal and/or laser tattoo removal
- Who may and may not lawfully own a practice or business that provides laser hair removal or laser tattoo removal
- Consequences for providing laser hair removal or laser tattoo removal without appropriate supervision by a physician
- Ways that someone not licensed and approved by the Board but already owns/operates a business providing laser hair removal or laser tattoo removal can modify the business to avoid the unlicensed practice of medicine.

Read the new laser surgery guidance document at *http://tinyurl.com/d5qjufe*

Call for candidates: Three NCMB seats coming open

The independent panel that nominates candidates for the North Carolina Medical Board is seeking candidates to fill Board seats that will come open in November 2012. Candidates are needed for two physician Board positions and one Board seat for a physician assistant or nurse practitioner. No incumbent Medical Board members are eligible to apply for these positions.

Candidates must have an active North Carolina medical license or, if applying for the PA/NP seat, an active physician assistant or nurse practitioner license. Candidates must be practicing at least part time and have no history of public discipline for the past 10 years. Candidates should be aware that serving on the NC Medical Board requires a significant commitment of time and possess both the ability and willingness to dedicate this level of service to people of North Carolina, as well as the medical profession.

The process established by statute (N.C. Gen. Stat. § 90-2 and 90-3) requires anyone interested to apply though the Review Panel for the North Carolina Medical Board. This body screens applicants, conducts interviews, and makes recommendations to the Governor, who then makes appointments to the Medical Board. The application is available at: *www.ncmedboardreviewpanel.com* and is due by July 2. The Review Panel will interview all qualified applicants in Raleigh on August 25.

For more information, call Dave Feild, the administrator for the Review Panel, at (919) 414-4259.

DID YOU KNOW ?

Every licensee of the Board has a public Licensee Information (LI) Page on the NCMB's website. North Carolina law requires physicians and physician assistants to report certain required information to the Board for inclusion on the LI page.

Among other things, licensees must report:

- a current practice address and current practice telephone number
- current area(s) of practice
- accurate information about graduate medical or osteopathic training (we have changed how this information is displayed, so all licensee need to update it)

Licensees who do not have accurate information listed with the Board are out of compliance with state law. As of May 1, Board records indicated that about 18 percent of physicians and 14 percent of physician assistants had never logged in to the NCMB's Licensee Information portal to update their information. This suggests many licensees are out of compliance.

Look yourself up at *www.ncmedboard.org* to see whether your information is up to date. Select "Look Up a Licensee" and enter your first and last name to see your LI page. If your information needs to be updated, return to the Home Page, click on "Update Licensee Info Page" and log in .

Questions?

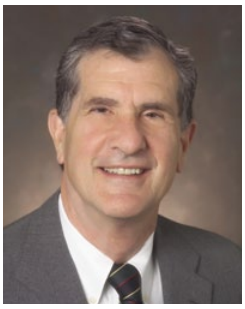
Contact Jean Fisher Brinkley at 919-326-1109 x230

To all expert reviewers. . . We thank you!

Last year the NC Medical Board called on more than 100 practicing physicians who provided independent expert reviews of quality-of-care cases under investigation by the Board. The list of physicians who have offered to provide reviews to the Board numbers more than 350. Expert reviews help to determine whether care met accepted standards in scores of cases under review, guiding the Board's decision to proceed—or not—with prosecuting individual cases.

The Board wants to extend a public 'Thank You' to each and every one of the professionals who have offered their expertise as independent expert medical reviewers to the NCMB. Their dedication and time is greatly appreciated by the Medical Board and its staff.

In the brief interview below, NCMB Medical Director Scott G. Kirby, MD, spoke with *Forum* Editor Jean Fisher Brinkley about the important role external reviewers play in the Board's disciplinary work.



Dr. Kirby

Q&A

What constitutes a meaningful review from the Board's perspective?

The Board is looking for a concise review of the care provided with specific reference to the diagnosis, treatment, quality of the medical record and overall care provided. We need people to review the medical records and provide a summary of the care that was provided. We need the reviewer to make a statement as to what the accepted standard of care for the particular area under review is. Then they should describe in detail the deviations from the standard of care and, finally, provide a rationale for their conclusions about why it was below the standard.

How valuable are the services provided to the Board by independent expert medical reviewers?

Extremely. External reviews are an integral part of the Board's determination to resolve a case in a certain way. The Legal Department cannot proceed in a standard of care case without an external review in most cases. Of course, there are some areas where it is self-evident. Wrong site surgery, retained foreign bodies and other things like that don't necessarily need an external review. But for many other standard of care cases an external review is really needed to move forward. And even in some behavioral cases, such as in psychiatry where the standards of care regarding boundary can become blurred, a review is sometimes needed.

Are there any specialties or subspecialties that are in particular demand to conduct external reviews?

We have burned out our pain management docs, I'm afraid, because controlled substances prescribing is such a frequent problem. We need more physicians who are engaged in pain management—non-interventional pain management—to participate.

Are there specialties that are overrepresented?

A great many pediatricians have indicated their willingness to review, but we have very few pediatric quality of care cases to send out. That's a good thing. Thank goodness we don't have a lot!

Is there anything else you'd like to add?

Reviews are very time sensitive, and physicians have a lot of obligations. Some of the medical records we send out for review are very complex and take a tremendous amount of time. The problem is we need to get the reviews back in a very timely manner. We usually say within four to six weeks but we'd really like to get them back sooner. If physicians are not willing and able to have a fairly quick turnaround time, it would be better for them not to participate.

INTERESTED IN REVIEWING STANDARD OF CARE CASES FOR THE NCMB?

The NCMB frequently calls on independent expert reviewers to analyze patient medical records and report their opinions and conclusions to the Board for its consideration as part of the overall case review process.

On rare occasions, a reviewer may be asked to offer testimony at a formal disciplinary hearing. North Carolina law (NCGS §90 14 (f)) specifically protects individuals who provide expert medical opinions to the Board in good faith, without fraud or malice, from liability in civil proceedings.

Although the time required to complete a report varies, a typical review takes approximately one to three hours per patient. Compensation is provided at $150 per hour.

External reviewers should be ABMS or AOA Board certified, have no history of public discipline with the Board and have been engaged in active clinical practice in North Carolina for at least the past two years.

For more information, please email *scott.kirby@ncmedboard.org* or call Scott G. Kirby, MD, at (919) 326-1109 ext. 247.

PA site visits in 2011 find more in compliance, fewer serious problems

Physician assistant site review results for 2011 show a nearly 10-point increase in the percentage of site visits that found PAs in full compliance for NCMB rules regarding supervision of mid-level practitioners. In addition, the percentage of site visits that resulted in Board action dropped by three points.

The NCMB has conducted annual PA site reviews since 2005 to ensure compliance with administrative rules regarding the supervision of midlevel practitioners. The Board reviews a certain number of PAs, who are selected at random, each year. Starting in 2010, the NCMB began publishing the results of its PA site visits. Results from 2011 are below.

2011 PA site visit results

Sixty-nine percent of physician assistants/sites reviewed in 2011 were found to be in full compliance with Board rules. In 24 percent of sites reviewed, the Board noted one or more instances of noncompliance. However, in all such cases the PAs corrected the noted discrepancies and the Board took no formal action against their licenses. In 2010, 30 percent of PAs/sites reviewed fell in this category. In the remaining 7 percent of sites reviewed in 2011, the Board issued confidential Private Letters of Concern (PLOC) to the PAs. In each of these cases, PAs could not produce the required documentation of quality improvement meetings with their supervising physicians.

Areas of noncompliance

PAs continued to struggle in 2011 with the same few aspects of the NCMB's supervisory rules that have come up in previous years. Issues noted include:

- The PAs prescription blank did not contain his/her approval/prescribing number, DEA number, name and/or supervising physician's name as required by Rule 21 NCAC 32S.0212 (5) (a) and (b).
- The PA did not have a dated and signed back up supervising physician list as required by Rule 21 NCAC 32S .0215 (b). This rule requires the PA to keep a current list that includes approved back-up supervising physicians, signed and dated by each back-up supervising physician, the primary supervising physician and the PA. This list must be retained as part of the Supervisory Arrangement.
- Statement of Supervisory Arrangement lacked a clear explanation of the physician's supervision of the PA as required by Rule 21 NCAC 32S .0213 (b). The rules states, "Each team of physician(s) and physician assistant(s) shall ensure that the physician assistant's scope of practice is identified; that delegation of medical tasks is appropriate to the skills of the supervising physician(s) as well as the physician assistant's level of competence; that the relationship of, and access to, each supervising physician is defined; and that a process for evaluation of the physician assistant's performance is established."
- Quality Improvement meeting documentation was not signed and/or dated by the PA and/or supervising physician as required by Rule 21 NCAC 32S .0213 (d), which states, "a written record of these meetings shall be signed and dated by both the supervising physician and the physician assistant".

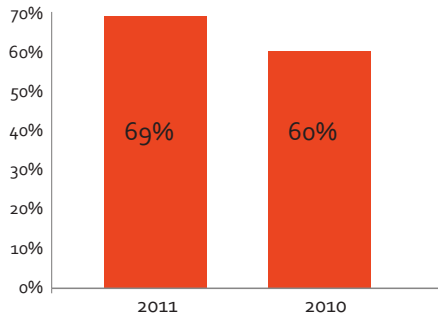
Are you in compliance?

Don't wait to be selected for a site review to make sure you are in full compliance with supervisory rules. Visit *www.ncmedboard.org* , go to the Professional Resources section and select "Rules" to review the PA rules and regulations. A complete description of the information PAs should expect to provide during a compliance review is available on the PA Site Visit Checklist (select "Professional Resources" and then "PA Forms").

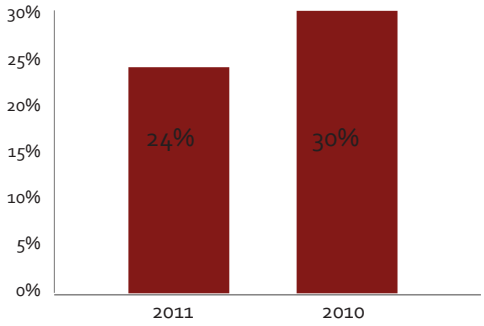
PA site visits: How they work

PAs selected for review are notified in advance by a Board investigator, who schedules a face-to-face meeting. The PA is asked to produce certain documents that must be kept on file at the PA's practice location. The Board investigator also asks the PA a series of questions regarding his or her practice arrangement, such as how frequently he or she has one-on-one direct contact with the supervising physician.

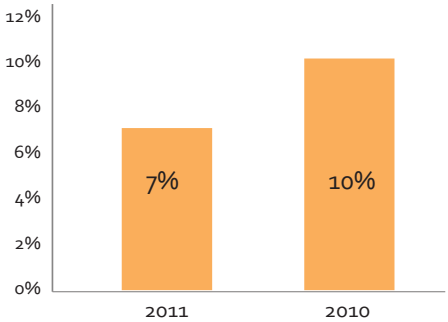
PAs in compliance



Issues resolved w/no Board action



Issues resolved w/ private Board action



Source: NCMB Investigations Dept.

Board introduces reentry center on website

The NC Medical Board has established a new online resource to provide licensees and others with additional information and tools related to the Board's physician and physician assistant reentry requirements.

Since 2005, the NC Medical Board has been a leader in reentry, which is a structured system that takes steps to ensure that physicians and physician assistants who return to medical practice after a significant period of inactivity can practice safely. Licensees who have been out of clinical practice for two or more years are required to complete an approved program of reentry before returning to unrestricted practice in North Carolina. The Board views its reentry program as a cost-effective alternative to other ways of demonstrating clinical competence before reentering active clinical practice, such as completing a mini-residency program or a formal personalized education program.

The NCMB established formal standards for reentry in 2011 with the implementation of administrative rules (21 NCAC 32B.1370) that list specific factors that affect the terms of an individual's reentry program. These factors include the length of time out of practice, the prior intensity of practice, the skills needed for the intended area of practice, the reason for the interruption in practice, and the licensee's activities during the interruption in practice, including the amount of practice-relevant CME completed.

A reentry program is defined as consisting of a multiphase period of mentoring under a physician approved by the Board. Phases of the program include an observation phase, during which the reentry candidate observes his or her mentor in practice; a phase during which the reentry candidate practices under their mentor's direct supervision; and a final phase during which the reentry candidate practices under the mentor's indirect supervision.

To date, more than 150 physicians and physician assistants have successfully completed reentry programs. The facing page provides key data about the Board's reentry program to date.

Find the reentry center on the NCMB's website. Go to "Professional Resources" and select "Special Topics."

The online reentry center includes:

- The Board's reentry rules
- The Board's reentry position statement
- Sample letter notifying licensee of reentry requirement
- Reentry plan content guidelines
- Sample reentry plan (document submitted by the licensee seeking reentry/licensure that describes his/her proposed reentry program)
- Sample reentry program (binding legal document executed by the Board that describes requirements and terms of licensee's reentry program)

We don't mean that kind of reentry. . .

FAQS ABOUT REENTRY

What is "reentry"? The Board's reentry program is a system for ensuring that licensees who are clinically inactive for two or more years or have otherwise not maintained competency are safe to practice upon relicensure and/or resuming active clinical duties.

What authorizes the Board to require licensees to complete a reentry program? The Board is authorized by state law to ensure that its licensees meet minimum standards for competency. Administrative rule 21 NCAC 32B.1730 describes the Board's requirements in detail.

Who is subject to the Board's reentry requirements? Any physician or physician assistant who, upon application for licensure or relicensure in NC, reports that he or she has been out of clinical practice for two or more years. By rule, the NCMB has the authority to determine that a physician or PA has failed to maintain competency by some means other than length of time out of practice.

What does a reentry program typically involve? The reentry candidate must find an approved physician mentor, who agrees to monitor the candidate in practice in accordance with a structured agreement and provide detailed observations to the Board of the candidate's level of competence.

How long does it take to complete reentry? It depends on the unique circumstances of each reentry candidate (determining factors are covered in the reentry rules). The average duration of a reentry program is 10.9 months.

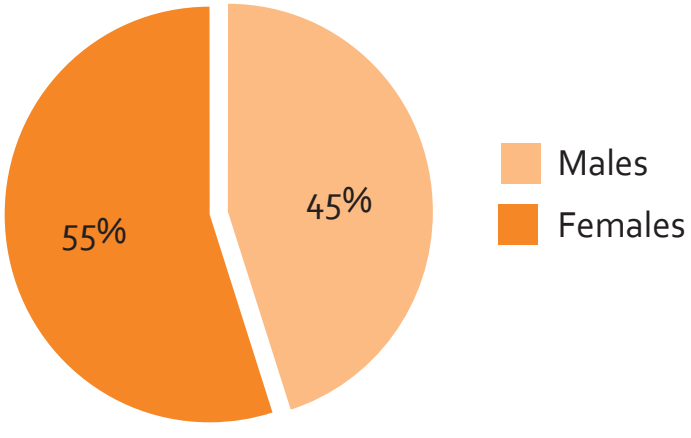
Reentry statistics by area of Practice (Licensees reporting areas of practice) 2005-2011

AREA OF PRACTICE		AREA OF PRACTICE	
Allergy	1	Not available	16
Cardiology	1	Obstetrics and Gynecology	3
Child Psychiatry	1	Occupational Medicine	2
Dermatology	1	Oncology	2
Diagnostic Radiology	1	Orthopedic Surgery	4
Emergency Medicine	11	Pain Management	3
Endocrinology, Diabetes and Metabolism	3	Pathology	1
Family Medicine	12	Pediatric Radiology	1
Gastroenterology	2	Pediatrics	5
General Practice	2	Physical Med and Rehab	3
General Surgery	4	Preventative Medicine	1
Geriatric Medicine	2	Psychiatry	5
Gynecology	2	Radiation Oncology	1
Hematology/Oncology	1	Rheumatology	1
Hospitalist	1	Surgical Critical Care	1
Infectious Disease	1	Urgent Care	2
Internal Medicine	21	Urological Surgery	1
Neoplastic Disease	1	Urology	1
Nephrology	1	Vascular and Interventional Radiology	1
Neurology	2		

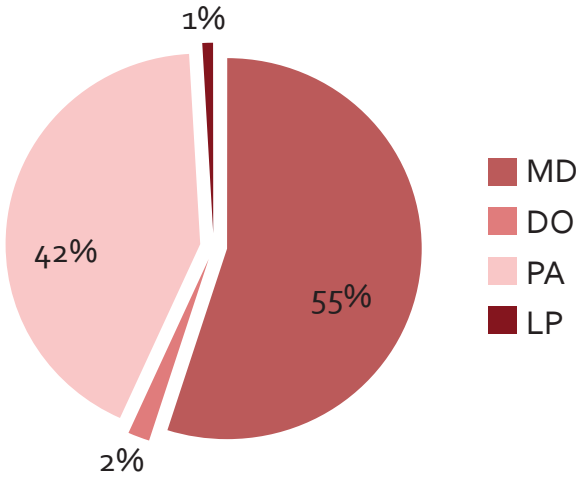
Years out of practice	
Shortest	2
Longest	26
Mean	5.342
Mode	4
Median	3
Standard Deviation	4.358

- Since 2005, 111 licensees have entered into reentry agreements.
- To date, 21 licensees are currently under active reentry agreements.
- Average number of months needed to complete reentry: 10.9

Reentry statistics by gender



Reentry statistics by license type



Year in Review:

A look back at data from 2011

The annual Year in Review feature highlights a selection of Board data in a two-page graphic spread that, we hope, illustrates some interesting points about the NCMB's work and licensee population.

This year's feature demonstrates two points about the physician population that, while hardly surprising, clearly illustrate some of the challenges ahead for North Carolina. First, North Carolina's medical practitioners are mostly concentrated in a few urban areas while many rural parts of the state have few or none. And second, the physician population in NC is graying rapidly. More than 46 percent are age 50 or older. By comparison, only about 25 percent of physician assistants in the state are in the 50+ age bracket.

The lower third of the page presents data about the Board's disciplinary caseload in 2011. Interesting fact: On average, it takes less than 100 days for the NCMB to close a case, from complaint received to case resolution.

SUMMARY OF THE 2011 BOARD ACTION REPORT

PREJUDICIAL ACTIONS*

Annulment:
None

License Denied:
14 Actions (14 Physicians)

Probation:
6 Actions (4 Physicians, 1 PA, 1 NP)

Revocations:
7 Actions (6 Physicians, 1 PA)

Reprimand:
24 Actions (23 Physicians, 1 PA)

Suspensions:
42 Actions [19 Stayed] (32 Physicians, 5 PAs, 2 NPs)

Summary Suspensions:
2 Actions (2 Physicians)

Miscellaneous Actions:
None

Surrenders:
15 Actions (12 Physicians, 3 PAs)

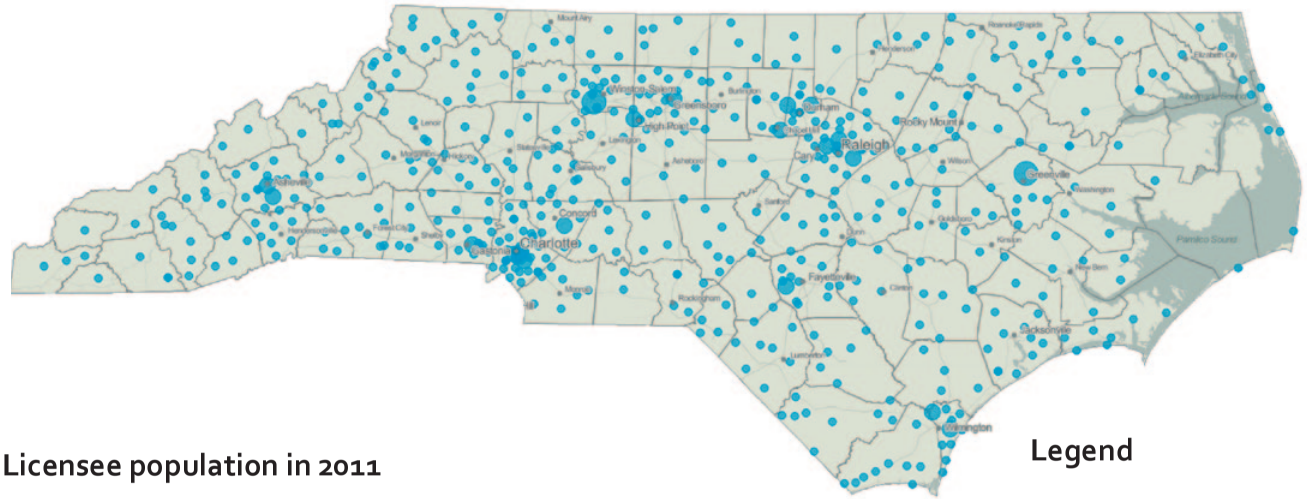
Public Letters of Concern:
78 Actions (67 Physicians, 8 PAs, 3 NPs)

Temporary/Date Licenses Issued to Expire:
14 Actions (11 Physicians, 3 PAs)

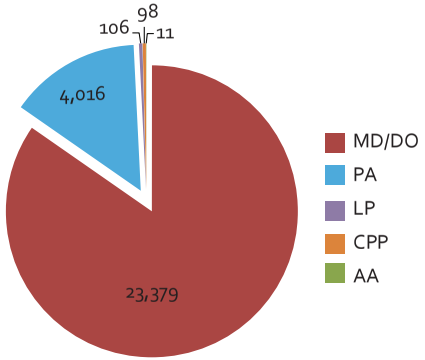
Temporary/Dated Licenses Allowed to Expire:
None

Conditions on License
43 Actions.

STATEWIDE LICENSEE POPULATION IN 2011



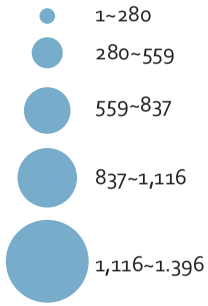
Licensee population in 2011



The map above illustrates physician and physician assistant population across North Carolina in 2011.

Note: Each dot does not represent one practitioner, but rather a collection of practitioners residing or practicing in a particular zip code. The legend to the right will assist in better understanding the map illustration.

Legend



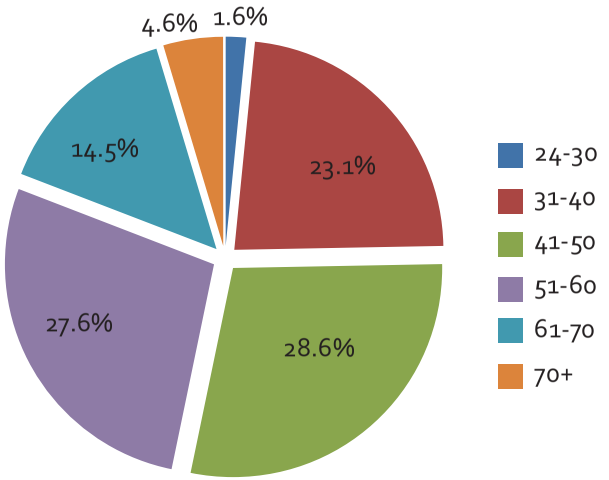
PHYSICIAN LICENSEES BY AGE | 2011

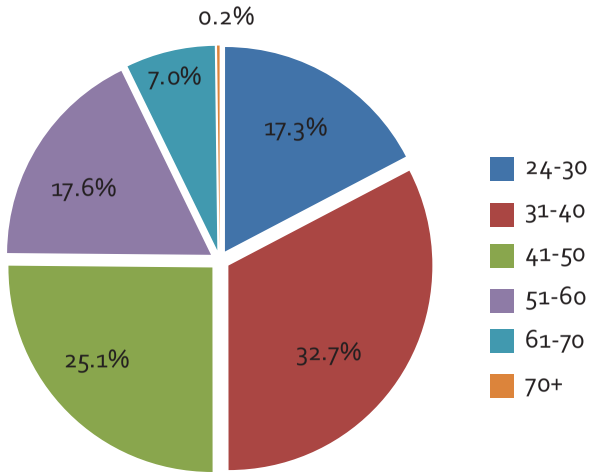
PA LICENSEES BY AGE | 2011

Limitations/Restrictions on License
17 Actions (16 Physicians, 1 PA)

TOTALS: Prejudicial actions in 2011 related to 213 persons (187 physicians; 19 PAs; 7 NPs)
Prejudicial actions in 2010 related to 226 persons (197 physicians; 25 PAs; 2 NPs; 1 CPP, 1 LP)

*Prejudicial Action: A "prejudicial action" is adverse in nature and reflects a violation of the Medical Practice Act by the practitioner.





MATTERS RECEIVED 2011

Matters Received	2011	2010
Complaints Received	1,297	1,371
Malpractice Reports	282	298
Investigations (Total)	895	910

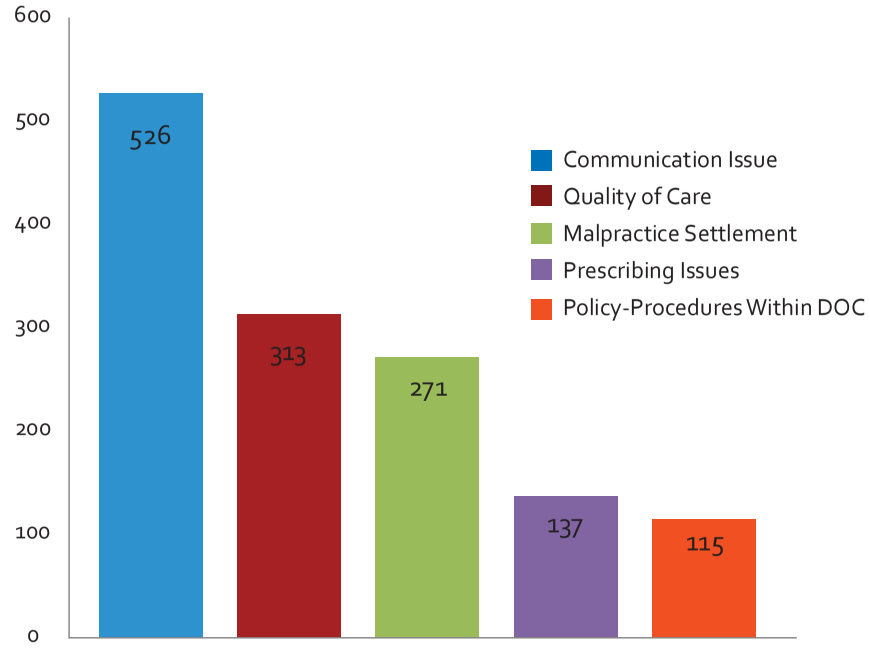
Investigations breakout	
Investigations (NC)	440
Out of State	281
Compliance	168

Annual case load in 2011	
Cases opened	2,542
Cases closed	2,046

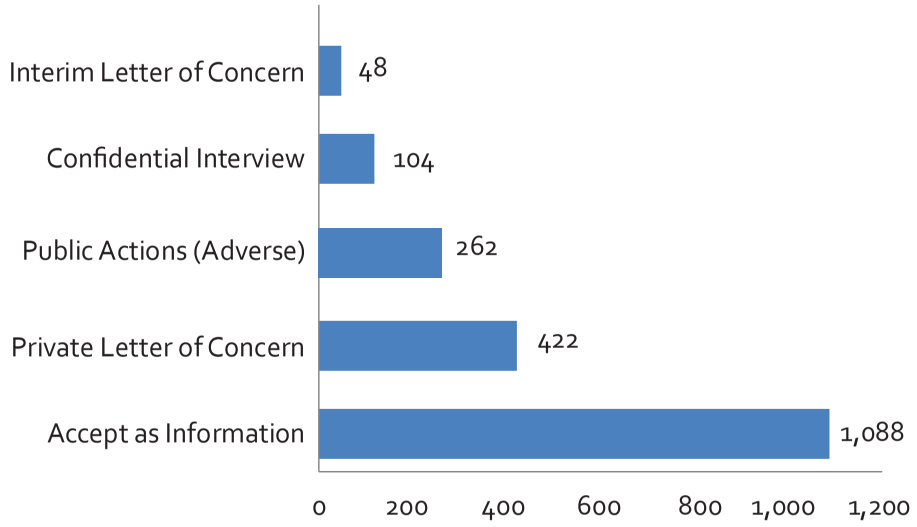
Average # of days to resolve a case:

High	414
Low	0
Mean	95

TOP FIVE COMPLAINT ALLEGATIONS IN 2011



PUBLIC AND PRIVATE ACTIONS FOR 2011



North Carolina Medical Board

Quarterly Disciplinary Report | November 2011 - January 2012

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.ncmedboard.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
ANNULMENTS			
[None]			
SUMMARY SUSPENSIONS			
CHEN, Louis Chao-Hsi, MD (RTL) Seattle, WA	12/02/2011	State of Washington, Dept. of Health, summarily suspended MD on 9/1/2011, related to allegations that MD committed murder in 8/2011.	Summary suspension of medical license; Notice of Charges & Allegations issued. Hearing scheduled for 2/16/2011.
REVOCATIONS			
JOHNSON, Janet, MD (000034366) Raleigh, NC	11/16/2011	MD was convicted of a felony for Conspiracy to Make False Statements Relating to Health Care Matters.	Entry of revocation
NOLAN, Clyde Jr., MD (000023067) Greensboro, NC	11/16/2011	MD was convicted of felony failure to pay payroll taxes and willful failure to file tax returns.	Entry of revocation
QUILLEN, Rocky C., PA (000102450) Supply, NC	12/15/2011	PA was convicted of a felony in State of North Carolina v Rocky C. Quillen, PA-C.	Entry of revocation
SUSPENSIONS			
DOSHI, Vasant Narottam, MD (000029736) Asheboro, NC	12/22/2011	MD failed to respond reasonably to the NCMB's inquiries regarding complaints made by two patients.	Indefinite suspension of NC medical license.
HARRIS, John Joel, Jr., MD (000032114) Bladenboro, NC	12/09/2011	MD wrote prescriptions, including prescriptions for controlled substances, for four close family members; prior history of NCMB public action.	MD's license is suspended for three months, from Sept. 9, 2011 to Dec. 9, 2011
HARRIS-HICKS, Janet Elizabeth, MD (200400873) Hamlet, NC	10/28/2011	Failure to adequately manage fetal distress, contributing to the delivery of a stillborn baby in one patient. Failure to respond promptly to hospital pages or other information that would have required MD to immediately report to the hospital or to a patient's bedside.	License suspended for one year, stayed. License restricted: MD shall not practice unsupervised obstetric medicine; Must earn CME, fined $5,000. Must comply with other conditions.
HUMBLE, Scott David, MD (200700897) Salisbury, NC	12/21/2011	History of alcohol abuse; MD relapsed in 7/2011; entered residential treatment in 9/2011.	Indefinite suspension of NC medical license.
MCDONALD, Janice Adelaide, MD (200101474) Elizabeth City, NC	12/20/2011	Improper prescribing of controlled substances, prescribing with intent to divert for personal use; substance abuse	Indefinite suspension of NC medical license.
MESA, Gregory Robert, PA (000103090) Hendersonville, NC	11/10/2011	PA continued to treat/prescribe to chronic pain patients in direct conflict with PA's agreement with the NCMB to cease all such treatment and prescribing as of 12/31/2010. Attempted to conceal the violation by back dating prescriptions.	Indefinite suspension of PA license; PA may make application for reinstatement no sooner than one year from the date of the order.
REECE, Donald Brooks II, MD (000018559) Morehead City, NC	12/08/2011	Quality of care; substandard prescribing of controlled substances.	MD shall cease all activities related to the practice of medicine/surgery. MD's license is indefinitely suspended. Agrees to divest himself of all ownership in Carteret Family Practice Clinic, P.A. Must comply with other conditions.
SHEMTOV, Rachel Chaya, MD (200700572) Gastonia, NC	11/15/2011	MD consumed alcohol and opioid medications, which she obtained without a prescription, in violation of her diagnostic contract with NCPHP.	Indefinite suspension of medical license. May not practice until MD obtains approval from NCPHP and NCMB.

Name/license#/location	Date of action	Cause of action	Board action
WHITE, Ava Balko, NP (200319) Wadesboro, NC	12/06/2011	NP solicited a loan of $50,000 from a patient. NP previously received a public letter of concern because she disclosed medical records of another patient to the patient providing the loan without the other patient's consent. NP eventually defaulted on the loan and declared personal bankruptcy.	NP's approval to practice is suspended for one year, stayed all but one month beginning on 1/1/2012 during which she shall serve an active suspension.
PROBATIONS			
KELLY, John Jay, MD (000024779) Swannanoa, NC	11/21/2011	Quality of care; substandard prescribing of narcotics, methadone; substandard use of neurodiagnostic testing	Six month probation; MD must complete a course in prescribing medications
REPRIMANDS			
POTTI, Anil, MD (200601514) Chapel Hill, NC	11/22/2011	MD's curriculum vitae and Duke Medical Center biographical sketch contained multiple inaccuracies.	Reprimand
DENIALS OF LICENSE/APPROVAL			
HALE, Danny Eugene, DO Nashville, TN	12/02/2011	DO concealed information from the Board and made false statements in connection with his application for reinstatement of his medical license	Denial of application for reinstatement of NC medical license
OLATUNBOSUN, Bamidele Ayoola, MD Chapel Hill, NC	12/14/2011	MD failed to disclose that she was placed on academic probation while in medical school. Postgraduate training verification revealed negative reports for performance and behavioral reasons	Denial of application for NC medical license
SHEAR, Stephanya Beth, MD Danville, VA	12/08/2011	MD made false statements/willfully concealed information from the Board related to her license application. MD was not truthful in her responses regarding her dismissal from a pediatric urology fellowship in June 2010	Denial of application for NC medical license
SURRENDERS			
JONES, Thomas Howard, MD (000035933) Chapel Hill, NC	01/25/2012		Voluntary surrender of physician license
MOORE, Michael Christopher, DO (009701826) Chapel Hill, NC	01/20/2012		Voluntary surrender of physician license
NEAL, Gabrielle Logan, PA (001001444) Lumberton, NC	01/05/2012		Voluntary surrender of PA license
PUBLIC LETTERS OF CONCERN			
ARNAEZ ZAPATA, Gerardo E., MD (201101935) Elkin, NC	12/13/2011	MD entered into a 2006 corrective action order with the Oregon Board related to prescribing controlled substances for chronic pain	NC medical license issued, with a public letter of concern
BALVICH, James Christopher, MD, (201101983) Beaufort, SC	12/19/2011	MD was charged/pled guilty to two misdemeanor counts of failure to pay taxes or file a return.	Public letter of concern
BARBIAN, Peter James, MD (200801671) Mount Airy, NC	01/26/2012	MD was arrested for DUI on 8/21/2011. At the time of arrest, MD acknowledged that he had taken Lorazepam that was not prescribed to him. The Board has information that MD wrote prescriptions for family and a family friend	Public letter of concern
COLE, MargEva Morris, MD (009700513) Durham, NC	11/17/2011	MD mistakenly removed a section of a patient's round ligament instead of the intended fallopean tube during an attempted tubal ligation. MD then failed to note the error and, as a result, did not inform the patient. Two years later the patient became pregnant	Public letter of concern
DALVI, Sanjiv Sharadchandra, MD (009800507) Fayetteville, NC	12/08/2011	MD's supervision of three physician assistants at his practice was inadequate.	Public letter of concern
GOLDFIELD, John Prada, PA (000104133) Raleigh, NC	12/19/2011	PA placed an entry noting that a patient entering the hospital for bilateral knee arthroplasties would require a CPAP device. The PA did not note that this entry was an addendum to the patient's chart. The patient alleges he informed PA of his need for a CPAP during the pre-op admission history/exam.	Public letter of concern

Name/license#/location	Date of action	Cause of action	Board action
GREENE, Steven Louis, MD (000025208) Seattle, WA	12/29/2011	MD allegedly made inappropriate comments to a patient during an examination/failed to respect that patient's privacy following the exam. The Washington Board placed MD's license on probation with conditions. MD requested NC license be placed on inactive status on 9/22/2011	Public letter of concern
JOHN, James William, MD (009600581) Greensboro, NC	12/20/2011	MD's care/documentation of a patient with low back pain and leg numbness were not appropriate and "cursory." The patient was diagnosed with a large mid-thoracic epidural abscess, which required surgery. The patient continued to have residual bladder problems and lower extremity weakness.	Public letter of concern
MALINER, Lloyd Ian, MD (000035017) Lumberton, NC	01/31/2012	MD performed back surgery on the incorrect level of a patient's spine. The Florida Board issued a letter of concern and levy costs of $5,000 and a fine of $2,500.	Public letter of concern
MUNCIE, Herbert Lee, Jr., MD (201101918) Kenner, LA	12/08/2011	MD was disciplined by the Maryland Board related to MD's commission of a sexual boundary violation with a patient, inappropriately prescribing narcotics and psychotropic medications to this patient and for providing false medical excuses to this patient's employer when she wanted to miss work. The Louisiana Board took reciprocal action and the NCMB denied MD's application for a license. Maryland and Louisiana have terminated MD's probations and MD has reapplied for licensure in NC. That application is approved with this PubLOC.	Public letter of concern
PENNELL, Todd Douglas, NP (000201603) Hudson, NC	12/12/2011	NP prescribed controlled substances to a patient in a manner that was not within accepted and prevailing standards.	Public letter of concern; Must comply with conditions
SHARMA, Rajiv Kumar, MD (009801055) Charlotte, NC	11/28/2011	MD misinterpreted a patient's CT scan, which may have delayed the patient's surgery for bowel obstruction.	Public letter of concern
SULLIVAN, Timothy Michael, MD (009900691) Charlotte, NC	11/17/2011	MD failed to adequately consider heart disease as a possibility in a patient. The patient went on to suffer myocardial infarction after being discharged with a diagnosis of pleuritic chest pain.	Public letter of concern
TAYLOR, James Bradford, PA (001001651) Fayetteville, NC	12/06/2011	PA practiced while he was out of compliance with the Board's administrative rules regarding supervision of physician assistants.	Public letter of concern
TURTON, Robert Lawrence, DO (201101367) Wilmington, NC	08/10/2011	DO falsely indicated on his 2007 Ohio license renewal that he had completed CME. A random audit determined that he had not taken a CME course since 2004. DO thereafter completed all required CME.	NC medical license issued, with a public letter of concern
VIYUOH, Adeline Chia, MD (200500129) Greensboro, NC	12/14/2011	MD's neurology examination of a patient with leg numbness and low back pain was not appropriate, resulting in a delay in MD seeking a neurology consultation.	Public letter of concern
MISCELLANEOUS ACTIONS			
GUARINO, Clinton Toms Andrews, MD (009900062) Hickory, NC	01/09/2012	History of substance abuse/dependence	Amended consent order and reentry and remediation agreement
OLIVER, Joseph Andrew III, MD (009501366) Rockwell, NC	12/05/2011	History of alcohol dependence; MD has not practiced since October 2007	Consent order with reentry provisions
POTTI, Anil, MD (200601514) Chapel Hill, NC	12/21/2011	Language of order revised to improve accuracy.	Modification to consent order dated 11/22/2011
SCOTTI, Stephen Douglas, MD (200900302) Charlottesville, NC	12/13/2011	History of LSD abuse; MD reports a sobriety date of September 2001.	Order dated 3/10/2009, is amended to allow MD's contract with NCPHP to expire in June 2013.

Name/license#/location	Date of action	Cause of action	Board action
CONSENT ORDERS AMENDED			
BLACKWELL, Michael Aldred, MD (009500290) N. Wilkesboro, NC	01/25/2012	Error in original order.	Consent order MD entered into on 9/10/2009, is amended to correct an erroneous date
TEMPORARY/DATED LICENSES: ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES			
ADKINS, Paula Clark, MD (009900745) Pinehurst, NC	01/19/2012	History of substance abuse/addiction	Temporary medical license extended; Expires July 31, 2012
BOOK, Roy Dewayne, MD (009701700) Greensboro, NC	01/19/2012	History of alcohol abuse	Temporary medical license extended; Expires January 31, 2013
DUNN, Lawrence Anthony, MD (000030018) Durham, NC	11/14/2011	History of substandard prescribing of controlled substances for treatment of chronic pain; MD agreed in 10/10/2011 consent order not to treat patients for chronic pain or to prescribe Schedule II or Schedule III drugs.	Temporary physician license issued; Expires 11/30/2012
EARLA, Janaki Ram Prasad, MD (200701202) Fayetteville, NC	01/19/2012	MD had an inappropriate relationship with a coworker. MD treated and wrote prescriptions for coworkers and others without establishing and documenting an appropriate physician-patient relationship.	Temporary medical license extended; Expires January 31, 2013
GUARINO, Clinton Toms Andrews, MD (009900062) Hickory, NC	11/17/2011	History of substance abuse/dependency	Temporary physician license extended; expires 05/31/2012
VANSTORY, Ashley Nowlan, PA-C (001001770) High Point, NC	11/17/2011	History of substance abuse	Temporary physician assistant license extended; expires 11/30/2012
PAUL, Robert Allen Jr., PA-C (000102781) Clayton, NC	11/17/2011	History of diverting Vicodin for personal use; history of alcohol abuse	Temporary physician assistant license made full and unrestricted
PIXTON, Jan Maree, PA-C (000102080) Wilmington, NC	11/17/2011	History of substance abuse	Temporary physician assistant license extended; expires 11/30/2012
OVERTON, Dolphin Henry, III, MD (000039313) Wilson, NC	01/19/2012	History of alcohol dependency and mental health issues	Temporary medical license become full and unrestricted
SHUMWAY, David Lucius, MD (000021310) Sneedsville, TN	01/19/2012	History of alcohol abuse/addiction	Temporary medical license become full and unrestricted
YOUNG, Sarah Wistran, MD (200801889) West End, NC	12/08/2011	History of oxycodone abuse	Temporary physician license issued; Expires 07/31/2012
COURT APPEALS/STAYS			
NONE			
DISMISSALS			
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
October 2011	Failure to answer truthfully on application for NC medical license	$500
November 2011	Provided misinformation on license application	$500
January 2012	Failure to answer truthfully on application regarding MD's medical condition	$500
January 2012	Failure to report a misdemeanor charge for "Simple Possession of Marijuana"	$500
January 2012	Failure to disclose involvement in six malpractice claims	$1,000
January 2012	Failure to disclose involvement in two malpractice claims	$500

North Carolina Medical Board
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EXAMINATIONS

Residents Please Note USMLE Information

United States Medical Licensing Examination
Computer-based testing for Step 3 is available on a daily basis. Applications are available on the Federation of State Medical Board's Web site at *www.fsmb.org*.

Special Purpose Examination (SPEX)
The Special Purpose Examination (or SPEX) of the Federation of State Medical Boards of the United States is available year-round. For additional information, contact the Federation of State Medical Boards at PO Box 619850, Dallas, TX 75261-9850, or telephone (817) 868-4000.

BOARD MEETING DATES

May 16-18, 2012 (Full Board)
June 21-22, 2012 (Hearings)
July 18-20, 2012 (Full Board)
August 16-17, 2012 (Hearings)

Meeting agendas, minutes and a full list of meeting dates can be found on the Board's website
ncmedboard.org

Visit the Board's website at *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.

Notice of corporate suspensions

In April, the North Carolina Medical Board notified the NC Secretary of State's office that it had suspended 304 Professional Corporations and PLLCs due to failure to renew business registration by Dec. 31, 2011, as required by NC law.

Suspended professional business entities no longer qualify to provide professional services, specifically the practice of medicine, in North Carolina. Reinstatement is required to restore a medical corporation's professional business status.

To reinstate a business and have the suspension lifted contact the NCMB's Corporations Coordinator at *corporations@ncmedboard.org* Our coordinator will guide you through the process and the fees involved.

- Businesses that have been suspended for less than one year will be allowed to reinstate by completing the online registration after their file is reopened. Fees will include the past due registration fee plus a $10 late fee.
- Businesses that have been suspended for more than one year must submit certain notarized statements to recertify and register with NCMB. These businesses are subject to a recertification fee, plus the $10 late fee and a $25 registration fee for each year they failed to register.

You may verify whether a business is in good standing by looking it up on the Secretary of State's website's Corporate Search by Name at *www.secretary.state.nc.us/corporations/CSearch.aspx*
Please direct questions concerning the status of a professional business or requests to have a professional business reinstated via email to the NCMB's Corporations Coordinator.

All Professional Corporations and PLLCs are required to renew annually by Dec. 31 of each year. The NCMB moved to annual corporation registration in 2011 to better align its system with the NC Secretary of State.