

# MINUTES



**March 20 – 22, 2019**

**1203 Front Street  
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held March 20-22, 2019.

The March 2019 meeting of the North Carolina Medical Board was held at 1203 Front Street, Raleigh, NC 27609. Barbara E. Walker, DO, President, called the meeting to order. Board members in attendance were: Barbara E. Walker, DO, President; Bryant A. Murphy, MD, President-Elect; Venkata R. Jonnalagadda, MD, Secretary/Treasurer; Mr. A. Wayne Holloman; Debra A. Bolick, MD; Ralph A. Walker, JD; Shawn P. Parker, JD; Jerri L. Patterson, NP; Varnell D. McDonald-Fletcher, PA-C; John W. Rusher, MD; Michaux R. Kilpatrick, MD. and Christine M. Khandelwal, DO. Board member absent: Timothy E. Lietz, MD

### **Presidential Remarks**

Dr. Walker reminded the Board members of their duty to avoid conflicts of interest with respect to any matters coming before the Board as required by the State Government Ethics Act. All conflicts were reported as included within the committee reports.

### **Minutes Approval**

A motion passed to approve the January 23 – 25, 2019 Board Meeting minutes and the February 21 – 22, 2019 Hearing Meeting minutes.

### **Presentations**

Dr. Venkata Jonnalagadda gave an update on the Center for Personalized Education for Physicians (CPEP) Learning Summit that was held February 13, 2019 in Denver, CO.

Dr. Jonnalagadda also reviewed and distributed the VA Opioid Management Training books.

Dr. Bryant Murphy gave an update on the International Conference on United States Medical Licensing Examination (USMLE) Scoring.

NCMB's Communication Director and the Deputy General Counsel gave an update of the Staff Organizational Goals.

Dr. Christine Khandelwal was recognized by the Triangle Business Journal on Thursday, March 14, 2019 as one of the area's Health Care Heroes for 2019.

Dr. Walker introduced Dr. Timothy Reeder, President of the North Carolina Medical Society (NCMS); who gave a presentation on the NCMS.

Dr. Walker introduced Joshua Smith, PA-C, President; and Emily Adams, Executive Director of the North Carolina Academy of Physician Assistants (NCAPA), who gave a presentation on the NCAPA.

Dr. Walker introduced Dr. David Tolentino, President; and Nancy Guy, Director of the North Carolina Osteopathic Medical Association (NCOMA), who gave a presentation on the NCOMA.

Dr. Walker introduced Dr. John Woodyear, President of the Old North State Medical Society (ONSMS) who gave a presentation on the ONSMS.

Dr. Walker introduced Dr. Robert Monteiro, who gave a presentation on Medical Team Task Force work and Regulation of Physician Assistants.

**NORTH CAROLINA PHYSICIAN HEALTH PROGRAM REPORTS (NCPHP)**

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

Joe Jordan, PhD, CEO, North Carolina Physicians Health Program (NCPHP), gave the PHP Compliance Committee report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

Dr. Debra Bolick gave the NCPHP Board of Directors report.

**NCMB ATTORNEY'S REPORT**

Mr. Brian L. Blankenship, Deputy General Counsel and Mr. Thomas W. Mansfield, Chief Legal Officer, gave the Attorney's Report on Friday, March 22, 2019.

Messrs. Blankenship and Mansfield presented the open session portions of the Attorney's Report regarding the schedule for upcoming hearings, rulemaking activity, and statistics regarding work performed by the Board's attorneys since the last Attorney's Report.

**Executed Cases - Public Actions:**

The following actions were executed since the Board's last regularly scheduled meeting. The Board voted to accept these as information.

Bowles III, Robert Bradford MD  
Consent Order executed 02/01/2019

Buttar, Rashid Ali DO  
Consent Order executed 02/13/2019

Dhoopati, Vijay Ramaraju MD  
Consent Order executed 02/22/2019

Dixon, Donovan Dave MD  
Entry of Revocation executed 02/20/2019

Elster II, Allen William MD  
Relief of Consent Order Obligations executed 03/05/2019

Fink, Gary Lee MD  
Findings of Fact, Conclusions of Law, and Order of Discipline executed 01/29/2019

Heiner, Mark David MD  
Public Letter of Concern executed 01/23/2019

Johnson, Jonathan Michael MD  
Public Letter of Concern executed 01/11/2019

McClelland, Scott Richard DO  
Amended Consent Order executed 02/15/2019

McDonald, Janice Adelaide MD  
Consent Order executed 01/28/2019

McKenzie Sr., Wayland Wilson MD  
Findings of Fact, Conclusions of Law, and Order of Discipline executed 02/22/2019

Mclemore, Cynthia Wells MD  
Consent Order executed 01/16/2019

Nelson, Paula Maria MD  
Findings of Fact, Conclusions of Law, and Order of Discipline executed 02/26/2019

Orton, Jonathan MD  
Relief of Consent Order Obligations executed 02/27/2019

Raines III, Lawrence Merial MD  
Notice of Charges executed 01/10/2019; Consent Order executed 02/18/2019

Roberts, Vikki May PA  
Consent Order executed 01/31/2019

Smith, Richard Alan MD  
Consent Order executed 01/17/2019

Smyrnioudis, Mary Eva MD  
Public Letter of Concern executed 03/05/2019

Sobolewski, Craig Joseph MD  
Public Letter of Concern executed 01/16/2019

Stauffer, Jon Turner MD  
Public Letter of Concern executed 01/30/2019

Torres, Rafael Guillermo MD  
Consent Order executed 02/22/2019

Wahba, Wasseem John PA  
Denial of Licensure executed 02/08/2019

Wells, Wendell D'Alton MD  
Entry of Revocation executed 02/05/2019

Wood, Brandt Thomas DO  
Public Letter of Concern executed 02/13/2019

**Legislative Update**

On Friday, March 22, 2019, the Board's Legislative Liaisons, Mr. Thomas W. Mansfield, Chief Legal Officer and Ms. Evelyn Contre, Chief Communications Officer, provided a legislative update to the Board.

The Board accepted the reports as information.

## **NCMB Committee Reports**

### **EXECUTIVE COMMITTEE REPORT**

Members present were: Barbara E. Walker, DO, Chairperson; Bryant A. Murphy, MD; Venkata R. Jonnalagadda, MD; and A. Wayne Holloman. Member absent: Timothy E. Lietz, MD

#### Strategic Plan

a. 2019/20 Strategic Priorities Update

The Committee reviewed the proposed 2019 goals, activities, deadlines and impact statements.

Committee Recommendation: Approve the proposed 2019 goals, activities, deadlines, and impact statements.

Board Action: Accept Committee recommendation. Approve the proposed 2019 goals, activities, deadlines and impact statements.

#### Financial Statements

a. Year-to-Date Financial Statements

The Committee reviewed the financial information in the form of several reports, specifically the Balance Sheet; the Year-To-Date – Profit & Loss versus Budget; and the Profit & Loss Year-To-Date Comparison reports

Committee Recommendation: Accept the financial information as reported.

Board Action: Accept Committee recommendation. Accept the financial information as reported.

b. Investment Account Statements

The Committee reviewed the investment account statements for January and February 2019.

Committee Recommendation: Accept the investment account statements as reported.

Board Action: Accept Committee recommendation. Accept the investment account statements as reported.

c. Year-End Financial Statement Audit Report

Chris Duffus, CPA, Koonce, Wooten & Haywood, LLP, met with the Executive Committee to present the Year-End Financial Statement Audit Report for the fiscal year ending on October 31, 2018.

According to the Independent Auditor's Report: "In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities of North Carolina Medical Board, as of October 31, 2018 and 2017, and the respective changes in financial position and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America."

Committee Recommendation: Accept the Year-End Financial Statement Audit Report as reported.

Board Action: Accept Committee recommendation. Accept the Year-End Financial Statement Audit Report as reported.

Old Business

a. Office Space Update

The Board needs additional office space and, at the November 2018 Board meeting, decided to purchase and renovate a larger office building or purchase a tract of land and build a new office building.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

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

A written report was presented for the Board's review. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

- b. Staff Performance Goals Update was postponed to the May 2019 Board meeting due to time constraints.

Committee Recommendation: Defer to full Board at the May 2019 Board meeting.

Board Action: Accept Committee recommendation. Defer to full Board at the May 2019 Board meeting.

### **POLICY COMMITTEE REPORT**

Members present were: Bryant A. Murphy MD, Chairperson; Debra A. Bolick, MD; Varnell D. McDonald-Fletcher, PA-C; Shawn P. Parker, JD; and John W. Rusher, MD.

Old Business:

- a. Clinician Obligation to Complete a Certificate of Death

During the Committee meeting, staff provided an overview of the revisions made to the proposed position statement and what staff intended for the position statement to relay to licensees regarding the Board's expectations. Specifically, staff drafted the position statement intending to make clear that the Board is asking licensees to provide certification of the reasonable cause of death based on the available evidence. The Committee viewed the proposed position statement favorably and felt it should provide useful guidance to the Board's licensees. The Committee felt it would be beneficial to licensees and stakeholders for the staff to publish an introduction to the position statement along with the position statement in the next publication of the Board's Forum Newsletter.

Committee Recommendation: Staff to draft and publish an introduction along with a copy of the position statement in the next publication of the Board's Forum Newsletter.

Board Action: Accept Committee recommendation: Accept proposed position statement. Staff to draft and publish an introduction along with a copy of the position statement in the next publication of the Board's Forum Newsletter.

- b. Telemedicine

The Committee noted that no comments were received from licensees and stakeholders and agreed the proposed position statement should be accepted as written.



Committee Recommendation: Accept proposed position statement.

Board Action: Accept Committee recommendation. Accept proposed position statement.

c. Guidelines for Avoiding Misunderstandings During Physical Examinations

The Committee noted the one comment received from a licensee and agreed the proposed position statement should be accepted as written. The Committee discussed the use of the phrase “verbal consent” in bullet point 4 (note: this is erroneously listed as its own bullet point and should be and will be revised to move it to the end of bullet point 3) and ultimately decided “verbal” should remain.

Committee Recommendation: Accept proposed position statement.

Board Action: Accept Committee recommendation. Accept proposed position statement.

d. Collaborative Care Within the Healthcare Team

During the Committee meeting, staff provided an overview of the revisions made to the proposed position statement. While the revisions were reviewed favorably, the Committee discussed whether the title should include the word “unprofessional” as opposed to “professional.” The Committee also discussed whether the position statement should be published for comment by licensees and stakeholders and it was agreed it should be published for comment.

Committee Recommendation: Change title from “Professional Behavior Within the Healthcare Team” to “Unprofessional Behavior Within the Healthcare Team.” Submit position statement for review and comment by licensees and stakeholders and bring back at the May 2019 Board meeting.

Board Action: Accept Committee recommendation. Change title from “Professional Behavior Within the Healthcare Team” to “Unprofessional Behavior Within the Healthcare Team.” Submit position statement for review and comment by licensees and stakeholders and bring back at the May 2019 Board meeting.

New Business

a. Physician Compounding

Staff provided an overview of the documents provided and discussed why it was an appropriate time to update the Committee on this matter. Staff suggested that until there

was some finalization or publication from the FSMB or federal law, the Committee may want to further table this discussion. The Committee discussed the role of the Board of Pharmacy and their inspection process and that the Board does not currently have an automatic inspection process for licensees who are compounding. The Committee and staff also discussed that there are competing definitions of compounding. Staff questioned whether the Board should have a general position statement about innovative therapies, which would include compounding and other therapies such as stem cells, genetic modification, etc.

Committee Recommendation: Table discussion. Staff should continue to monitor and keep the Committee abreast of any final decisions on a federal level or addressed by the FSMB. Assign staff the task of drafting a position statement on innovative therapies

Board Action: Accept Committee recommendation. Table discussion. Staff should continue to monitor and keep the Committee abreast of any final decisions on a federal level or addressed by the FSMB. Assign staff the task of drafting a position statement on innovative therapies

b. Position Statement Review Tracking Chart

Committee Recommendation: Bring back “Collaborative Care Within the Healthcare Team” with comments for review and consideration. Staff to provide a draft new position statement on innovative therapy. Discuss “Child Maltreatment” and “Physician Scope of Practice” at the May 2019 Board meeting.

Board Action: Accept Committee recommendation. Bring back “Collaborative Care Within the Healthcare Team” with comments for review and consideration. Staff to provide a draft new position statement on innovative therapy. Discuss “Child Maltreatment” and “Physician Scope of Practice” at the May 2019 Board meeting.

## **LICENSE COMMITTEE REPORT**

Members present were: Michaux Kilpatrick, MD, Chairperson; Debra A. Bolick, MD; Varnell McDonald-Fletcher, PA-C; Ralph A. Walker, JD; and Christine M. Khandelwal, DO.

### Old Business

a. Limited Emergency License Update

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

### New Business

a. Limited Emergency Foreign Medical Exchange Work Group

The Board's attorney gave an update regarding a work group he attended in Washington, DC in January 2019.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

b. Physician Assistants Reentry Process Diagram

The Office of Medical Director (OMD) has created a reentry outline for the physician assistants

Committee Recommendation: Accept as information.

Board Action: Accept committee's recommendation. Accept as information.

c. Physician Reentry Process Diagram

OMD previously created a reentry outline for physicians. The formatting of the document has changed but the content has not.

Committee Recommendation: Accept as information.

Board Action: Accept committee's recommendation. Accept as information.

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

The License Committee reviewed four cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

**LICENSE INTERVIEW REPORT**

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

Three licensure interviews were conducted. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

### **ADVANCED PRACTICE PROVIDERS AND ALLIED HEALTH COMMITTEE REPORT**

Members present were: Jerri L. Patterson, NP, Chairperson; Varnell D. McDonald-Fletcher, PA-C; John W. Rusher, MD; and Shawn P. Parker, JD.

Old Business:

a. Physician Assistants

Anna Stein, JD, MPH, Legal Specialist with the NC Division of Public Health spoke during the APP & AHC meeting in January 2019 during the discussion as to whether current Board rules serve as a barrier to increased access to treatment. At the conclusion of the January meeting, the Committee directed the staff to provide a legal analysis of federal law regarding physician supervision of PAs and NPs providing medication assisted treatment. The analysis should: 1) clarify who may serve as a supervising physician under federal law; and 2) how the Board could expand the pool of physicians qualified to serve as a supervising physician.

The staff reported its findings to the Committee. There are two options under federal law whereby the Board may expand the pool of supervising physicians beyond those who are DATA waived. The Board may choose to create its own eligibility criteria for supervising physicians pursuant to 21 U.S.C. § 823(g)(2)(G)(ii)(VI) ("the physician has such other training or experience as the State medical licensing board. . . considers to demonstrate the ability of the physician to treat and manage opiate-dependent patients.").

Committee Recommendation: Defer to Full Board.

Board Action: Leave rule as is.

New Business:

b. Physician Assistants Advisory Meeting

Emily Adams, Executive Director NC Academy of Physician Assistants (NCAPA), reported to the Committee that the NCAPA supports the Board's proposed legislative changes to the Medical Practice Act.

Ms. Adams reported to the Committee that the NCAPA has received information from pharmacists that some pharmacists are being denied reimbursement for filling prescriptions written by physician assistants and nurse practitioners where the supervising physician's name and telephone number do not appear on the prescriptions in contravention of Board rules requiring the same. The question was posed whether these rule requirements, 21 NCAC 32S .0212(5)(c) and 21 NCAC 32M .0109(b)(5)(a), are still necessary?

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

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

The Advanced Practice Providers and Allied Health Committee received as information a report from the Nurse Practitioner Joint Subcommittee Panel ("Panel"). The Panel's written report was presented for the Board's review, where it was also received as information. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

### **DISCIPLINARY (COMPLAINTS) COMMITTEE REPORT**

Members present were: John W. Rusher, MD, Chairperson; Venkata R. Jonnalagadda, MD; Michaux R. Kilpatrick, MD; Jerri L. Patterson, NP; and Ralph A. Walker, JD. Member absent: Timothy E. Lietz, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not

considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Complaints) Committee reviewed 21 complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

### **DISCIPLINARY (MALPRACTICE) COMMITTEE REPORT**

Members present were: John W. Rusher, MD, Chairperson; Venkata R. Jonnalagadda, MD; Michaux R. Kilpatrick, MD; Jerri L. Patterson, NP; and Ralph A. Walker, JD. Member absent: Timothy E. Lietz, MD

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

The Disciplinary (Malpractice) Committee reviewed 40 cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

### **DISCIPLINARY (INVESTIGATIVE) COMMITTEE REPORT**

Members present were: John W. Rusher, MD, Chairperson; Venkata R. Jonnalagadda, MD; Michaux R. Kilpatrick, MD; Jerri L. Patterson, NP; and Ralph A. Walker, JD. Member absent: Timothy E. Lietz, MD

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

The Disciplinary (Investigative) Committee reviewed 56 investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved

the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

### **INVESTIGATIVE INTERVIEW REPORT**

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

Six interviews were conducted. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

### **OUTREACH COMMITTEE**

Members present were: Shawn P. Parker, JD, Chairperson; Venkata R. Jonnalagadda, MD; Christine M. Khandelwal, DO; Michaux R. Kilpatrick, MD; Jerri L. Patterson, NP.

Old Business

#### a. Update on Presentations

##### 1. Professional and Consumer presentations

The Communications Director gave a brief overview of professional and public outreach activities. The Committee discussed recent successful efforts to secure a broader array of public outreach opportunities, such as an upcoming community health fair and women's health summit. Committee members noted that four new Board Members will be coming onto NCMB this fall and discussed the importance of providing a thorough orientation to encourage participation in the Board's outreach activities. The Committee discussed whether service on the Outreach Committee should carry with it an expectation to present regularly.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

##### 2. Stock Presentation Discussion

Prior to the Committee meeting, Committee members reviewed examples of prepared NCMB slide presentations that are presented to professional or public audiences. The Committee discussed topics that NCMB should develop presentations about, including supervision of Advanced Practice Providers, addressing disruptive peer-to-peer conduct, reporting a colleague who may be impaired or incompetent and appropriate use of social media by a medical professional. Committee members discussed the need to keep content updated and reflective of evolving understanding of covered topics. Committee Members also noted that NCMB, when endeavoring to insert humor into its content, should take care to avoid humor that may be offensive or inappropriate. The Committee agreed that NCMB should maintain a core “skeleton” presentation that can be customized with modules that reflect the specific interests of the group requesting a presentation.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

#### New Business

a. President’s Initiative

The Chief Communications Officer, Communications Director and Board President outlined plans for a President’s Initiative focused on developing a pilot project with Campbell University’s School of Osteopathic Medicine to introduce medical students, and possibly residents, to the concept of medical regulation and the important role it plays in medical practice. The Committee discussed previous efforts to expose early career professionals to the Board, including a past relationship with a residency training program that had residents regularly attend public portions of Board meetings and Board hearings. The Committee agreed that developing a more engaging program for medical students and residents is a worthy topic and offered to act as a sounding board and advisor to the project.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

b. Discussion: Issues with reaching licensees

The Chief Communications Officer outlined the common communications channels used to reach licensees and described a specific issue with licensees listing practice managers or other administrators as their Board email contact. The Communications Department is concerned that content developed for licensees may not always reach licensees. Committee members offered suggestions on how to catch licensees’



attention. The Committee discussed the potential value of presenting content in a more engaging format, such as videos or podcasts. The Communications Department noted that it is currently working on video content. Other strategies discussed include presenting condensed versions of articles, so licensees get the main points, while providing a full article for those with strong interest and more time to read. The Committee agreed that the Communications Department should continue to work with stakeholder organizations to get their help disseminating NCMB content to medical professionals.

Committee recommendation: Accept as information

Board action: Accept Committee recommendation. Accept as information.

c. Other Outreach Activities

1. Prescribing Handout

The Chief Medical Officer (CMO) described a recent Board collaboration with the NC Board of Pharmacy to create a resource to help prescribers write accurate, complete prescriptions. The resource, a digital one-page handout, has been promoted in the NCMB licensee newsletter, the Forum, and promoted to residency training programs. NCMB plans to gather feedback and adjust the resource as needed to ensure it is relevant. The Committee noted that many prescribers no longer issue paper prescriptions. The CMO indicated that creating a version that would better resonate with e-prescribers may be possible in future.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

**DIVERSITY WORKGROUP**

Members present were: Bryant A. Murphy, MD; and A. Wayne Holloman. Member absent: Timothy E. Lietz, MD.

Old Business

a. Training and Presentations

The Human Resources (HR) Manager provided an update on the coordination of the Unconscious Bias training schedule for Thursday, May 16, 2019. The presenter will be Dr. Kinneil Coltman. The training will include NCMB Board members, staff and NCPHP staff.

## New Business

### b. Training and Presentations

The Human Resources (HR) Manager presented a snapshot of the Medical Board staff's generational breakdown including Millennials, Generation X and Baby Boomers. The current staff headcount is 57 employees.

### c. Training and Presentations

1. The HR Manager presented material from the State Medical Board of Ohio on Cultural & Linguistic Competency for Improved Health Outcomes. The HR Manager will provide information on a similar program in Oregon prior to the July 2019 meeting. The workgroup briefly discussed the possibility of developing a similar guide for North Carolina.
2. The HR Manager provided an update on the NCMB submission to FSMB related to the application for Continuing Medical Education (CME) credit for the Unconscious Bias training. NCMB is optimistically awaiting the final decision from FSMB.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

## **ADJOURNMENT**

The Medical Board adjourned at 12:16 p.m. on Friday, March 22, 2019.

The next meeting of the Medical Board is scheduled for May 15 - 17, 2019.



---

Venkata R. Jonnalagadda, MD; Secretary/Treasurer

