



# **BOARD MEETING MINUTES**

**January 26 - 28, 2022**

**3127 Smoketree Court  
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held January 26 – 28, 2022.

The January 26 – 28, 2022 meeting of the North Carolina Medical Board was held at 3127 Smoketree Court, Raleigh, NC 27604, and via video conference. John W. Rusher, MD, JD; President, called the meeting to order. Board members in attendance were: Michaux R. Kilpatrick, MD; President-Elect; Christine M. Khandelwal, DO; Secretary/Treasurer; Shawn P. Parker, JD; W. Howard Hall, MD; Joshua D. Malcolm, JD; Damian F. McHugh, MD; Devdutta G. Sangvai, MD, Mr. William M. Brawley; Anuradha Rao-Patel, MD; Sharona Y. Johnson, PhD, FNP-BC; Miguel A. Pineiro, PA-C; and Melinda H. Privette, MD, JD

### **PRESIDENTIAL REMARKS**

Dr. John W. Rusher 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. Reported conflicts were included within individual committee reports.

### **ANNOUNCEMENTS and UPDATES**

Management introduced new NCMB staff.

### **PRESENTATIONS**

Board member training was provided by staff; Mr. Thom Mansfield, Mr. Brian Blankenship, Ms. Shikha Sinha, and Ms. Jenny Olmstead to the Board members.

### **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.

Dr. Jordan gave the PHP Compliance Committee report. The specifics of this report are not included because the information contained in the report is confidential and non-public.

A motion passed to return to open session.

Dr. Jordan presented the NCPHP Annual 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, January 28th, 2022.

Mr. Blankenship and Mr. Mansfield updated the Board on the schedule of upcoming hearings, hearing assignments and rule activity of the Board.

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

Information regarding outside litigation matters and statistical information regarding work performed by the Board's Legal Department since the last Attorney's Report was presented.

A motion was passed to return to open session.

That concluded the Attorney's Report.

### **Legislative Update**

On Friday, January 28th, 2022, the Board's Legislative Liaison, Mr. Thomas W. Mansfield, and Board Attorney Elizabeth Meredith provided a legislative update to the Board.

The Board accepted the report as information.

### **Strategic Priorities Report**

There is one goal remaining for 2021: "Build a foundation for a data analytics program to support data-informed regulation and focused licensee education." The first step is to develop a data intelligence strategy with assistance from Blaze Advisors ("Blaze").

Thus far, Blaze has:

- Gathered and reviewed background information
- Held group and individual sessions with the executive team
- Met with Dr. Howard Hall, the Board member liaison on this project
- Held numerous work sessions with key staff members from different areas (Licensing, Enforcement, IT, and HR)
- Met with ThoughtSpan – the Board's database vendor – to learn more about it
- Prepared a preliminary findings report and conducted a readout with executive team on 12/06/21

Currently, Blaze is:

- Developing the initial data strategy framework
- Developing a recommendation regarding standardized reports
- Undertaking a deep dive session of the ThoughtSpan Report Module and doing a gap analysis, and
- Finalizing a data strategy outline

On February 24 Blaze will meet with the executive team, plus Brian Blankenship who is leading this project, and Allen Christian, NCMB IS Support Specialist, to present and discuss the proposed data strategy plan. At the March Board meeting, Blaze representatives will meet with the Board to present the final data strategy plan.

Once that's approved, phase two will be to implement the plan.

## **NCMB COMMITTEE REPORTS**

### **Executive Committee Report**

Members present via video/teleconference were: John W. Rusher, MD, JD Chairperson; Michaux R. Kilpatrick, MD, PhD; Christine M. Khandelwal, DO; W. Howard Hall, MD; and Devdutta G. Sangvai, MD, MBA

#### Financial Update

##### a. Year-To-Date Financials

The Committee reviewed the following financial reports through November 30, 2021: Balance Sheet, Profit & Loss versus Budget, and the Profit & Loss Comparison.

Committee Recommendation: Accept the financial information as reported.

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

##### b. Investment Account Update

The Committee reviewed the investment statements for November and December 2021.

Committee Recommendation: Accept the investment statements as reported.

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

##### c. Year-End Financial Statement Audit Report

Chris Duffus, CPA, and Mr. Joshua Anderson, CPA, Koonce, Wooten & Haywood, LLP, met with the Executive Committee to present the Year-End Financial Statement Audit Report for the fiscal year ending October 31, 2021.

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, 2021

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and 2020, 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.

#### New Business:

##### a. NCMB Board Meeting Workgroup

Dr. Rusher has appointed Dr Kilpatrick (Chair), Dr. Sangvai, Mr. Parker, Mr. Mansfield, Ms. Contre and Mr. Berckmiller to the NCMB Board Meeting Workgroup. The Workgroup will study the Board meeting format to see if there are ways to make our meetings and decision-making processes more effective, efficient, responsive, and accessible - especially with increased use of teleconferencing options not readily available two years ago.

##### Workgroup Charge:

- Conduct an environmental scan of similar organizations
- Survey Board members and staff to solicit ideas
- Determine whether, utilizing teleconferencing capabilities, some parts of the Board meeting (e.g., committee meetings, interviews, review of SSRC recommendations) can occur outside of the traditional Board meeting. Also, post-pandemic, whether some Board meetings should continue to be virtual
- Determine whether some final Board actions can be delegated to staff or a subset of the Board (committees, interview groups, committee chairs, etc.)
- Provide findings and recommendations to the Executive Committee at the July 2022 meeting for discussion at the August 2022 Board retreat. The effective date of any changes will be November 1, 2022.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

##### b. 2022 Staff Strategies

Each year, employees are encouraged to submit proposed strategies to help advance the following four goals:

- Licensing & Renewal - Provide timely access to the workforce without compromising patient protection through innovative licensure and renewal initiatives

- Enforcement - Protect the public and the integrity of the practice of medicine by ensuring the investigative and regulatory processes are current, timely, efficient, and effective
- Policy & Education - Identify and address emerging issues impacting the practice of medicine through effective policy development and outreach to licensees, the public and stakeholders
- Efficiencies - Provide optimal staffing, facilities, processes, and technology to enable NCMB to succeed in its mission.

The staff strategies (1) provide an opportunity for employees to work on initiatives beyond the scope of their regular job duties, and (2) promote inter-departmental interaction.

19 proposed strategies were submitted with each department submitting multiple strategies for consideration. The Executive Team met on January 11 and approved the following eight goals:

1. Create and implement a program that will allow the Office of the Medical Director (OMD) and Legal to review license applications in ThoughtSpan rather than by paper copies of the applications
2. Implement a program that will allow Graduate Medical Education offices to submit their applications online rather than by paper
3. Work with the Federation of State Medical Boards to develop and maintain a list of investigative, legal, and medical points of contact at all state medical boards
4. Reentry to Practice – develop educational materials and a communication strategy for licensees who are considering stepping away from practice to promote an understanding of the Board’s reentry expectations
5. Controlled Substances Reporting System (CSRS) Integration into Practice – develop a survey in collaboration with our stakeholder organizations and with the support of the communications team to assist in understanding the barriers to enrollment and utilization of the CSRS report. Use the information to develop targeted solutions
6. Help NCMB staff respond to internal and external inquiries more accurately and efficiently by revamping and expanding FAQs and relaunching them in an easier to browse online platform on NCMB’s website; improve internal communications to ensure all departments have and are giving out the same information
7. Automate: (1) all payments, except fines, through creation of a payment portal, and (2) monthly roster reports sent to outside organizations
8. Evaluate the current organizational chart to determine whether each staff person, departmental section and the activities performed by those staff persons and sections are situated and occurring in the most appropriate location in the org chart for the purpose of carrying out the day-to-day work of the organization. An element of this Strategy would be to evaluate whether there are sufficient staff appropriately positioned in the org chart to provide support to the Committees of

the Board and to support virtual Board meetings to whatever extent virtual meetings or virtual elements are utilized going forward.

Amy Williams is project manager for this initiative. Work will commence immediately after the January Board meeting. A final report will be given at the September Board meeting.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

- c. NC Professionals Health Program (NCPHP) Compliance Committee Appointment  
The NCPHP Compliance Committee meets every other month to review new evaluations done by NCPHP staff, cases of substantial non-compliance with monitoring contracts, and any other cases as requested by NCPHP staff.

Three Compliance Committee members are former NCMB members: a physician, a PA or NP, and a public member. NCMB representatives may serve on the Compliance Committee once they've been off the Board for at least two years. Compliance Committee members are eligible to serve a two-year term, and a subsequent one-year term.

Current Committee members are Dr. Paul Camnitz, Diane Meelheim, NP, and Mr. Mike Arnold. Dr. Camnitz completed his second term on December 31, 2021. The Board needs to appoint his replacement.

Eleanor Greene, MD, is a former member of the Board who is eligible and willing to serve on the NCPHP Compliance Committee.

Committee Recommendation: Appoint Dr. Greene to the NCPHP Compliance Committee, effective immediately.

Board Action: Accept Committee recommendation. Appoint Dr. Greene to the NCPHP Compliance Committee, effective immediately.

- d. 2022 Board Retreat

The 2022 Board retreat will be held August 12 – 14. The Committee reviewed the draft agenda which includes effective communication training on Saturday.

Dr. Rusher solicited input regarding possible topics for the Sunday morning session and invited suggestions for retreat locations.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

## **Policy Committee Report**

Members present were: Mr. William M. Brawley; Chairperson; Michaux R. Kilpatrick, MD, PhD; Joshua Malcolm, JD; Miguel A. Pineiro, PA-C and Melinda H. Privette, MD, JD

Old Business:

a. Position Statement Compendium

The Committee Members were directed to the position statement updates and updated compendium, which are now live on the website.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

b. 7.1.1: Child Maltreatment

The Committee discussed and agreed to a plan and tentative timeline for gathering input and information and revising the current position statement.

Committee Recommendation: Assign Committee staff the task of collecting input and information from Board Members and additional staff. Staff will compile any information received and circulate to the Committee Members for review. At a future meeting, Committee Members will discuss the input and information gathered and determine the major points that should be addressed in a future revision of the position statement.

Board Action: Accept Committee recommendation. Assign Committee staff the task of collecting input and information from Board Members and additional staff. Staff will compile any information received and circulate to the Committee Members for review. At a future meeting, Committee Members will discuss the input and information gathered and determine the major points that should be addressed in a future revision of the position statement.

c. 2.2.1: Sexual Exploitation of Patients

The Committee began review of the proposed revisions to the position statement. Due to time restrictions, the Committee will continue to review the proposed revisions at the March 2022 meeting. Prior to that time, staff will make the requested changes discussed during the January 2022 meeting and circulate a new redline version to the Committee Members for review.

Committee Recommendation: Staff shall make the requested changes and circulate a new redline version to Committee Members. The Committee will continue to review and discuss the proposed changes at the March 2022 meeting.

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Board Action: Accept Committee recommendation. Staff shall make the requested changes and circulate a new redline version to Committee Members. The Committee will continue to review and discuss the proposed changes at the March 2022 meeting.

New Business:

a. Miscellaneous

Due to time restrictions, discussion of miscellaneous items will be tabled until a later meeting.

Committee Recommendation: Table discussion until a later meeting.

Board Action: Accept Committee recommendation. Table discussion until a later meeting.

### **Licensing Committee Report**

Members present were: Anuradha Rao-Patel, MD, Chairperson, Joshua Malcolm, JD, Damian McHugh, MD, Shawn Parker, JD, Miguel Pineiro, PA-C

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.

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

A motion passed to return to open session.

### **Advanced Practice Providers and Allied Health Committee Report**

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Members present were: Christine M. Khandelwal, DO, Chairperson; Sharona Y. Johnson, PhD, FNP-BC; Shawn P. Parker, JD; Miguel A. Pineiro, PA-C,

#### New Business:

- a. Consideration of Immunizing Pharmacy Personnel Rules regarding Vaccinations and Long Acting Injectables - Marcus Jimison, Sr. Board Attorney

Committee Recommendation: Approve proposed rules as submitted.

Board Action: Accept Committee recommendation. Approve proposed rules as submitted.

- b. Nomination of Dr. Craig Burkhart to the NC Board of Electrolysis Examiners (NCBEE) - M. Jimison.

Committee Recommendation: Recommend to the Governor's Office that Dr. Craig Burkhart be appointed to the NCBEE Board.

Board Action: Accept Committee recommendation. Recommend to the Governor's Office that Dr. Craig Burkhart be appointed to the NCBEE Board.

#### **Disciplinary (Malpractice) Committee Report**

Members present were: Devdutta G. Sangvai, Chairperson; W. Howard Hall, MD; (Vice-Chair) Sharona Y. Johnson, FNP-BC; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Melinda H. Privette, MD, JD and Anuradha Rao-Patel, 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 26 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 (Department of Health and Human Services (DHHS) Committee Report**

Members present were: Devdutta G. Sangvai, Chairperson; W. Howard Hall, MD; (Vice-Chair) Sharona Y. Johnson, FNP-BC; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Melinda H. Privette, MD, JD and Anuradha Rao-Patel, 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.

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 (DHHS) Committee reported on one case. 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: Devdutta G. Sangvai, Chairperson; W. Howard Hall, MD; (Vice-Chair) Sharona Y. Johnson, FNP-BC; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Melinda H. Privette, MD, JD and Anuradha Rao-Patel, 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 34 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.

### **Disciplinary (Complaints) Committee Report**

Members present were: Devdutta G. Sangvai, Chairperson; W. Howard Hall, MD; (Vice-Chair) Sharona Y. Johnson, FNP-BC; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Melinda H. Privette, MD, JD and Anuradha Rao-Patel, 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 29 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 (Compliance) Committee Report**

Members present were: Devdutta G. Sangvai, Chairperson; W. Howard Hall, MD; (Vice-Chair) Sharona Y. Johnson, FNP-BC; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Melinda H. Privette, MD, JD and Anuradha Rao-Patel, 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 (Compliance) Committee reviewed 6 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.

Eleven 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.

## **Diversity and Inclusion Workgroup Report**

Members present were: Michaux R. Kilpatrick, MD, Chair; and John W. Rusher, MD

Old Business:

### a. Update Regarding Changes to CME Rules

At the July Board meeting, the Board adopted proposed changes to the physician and physician assistant rules to make it clear that cultural competency and implicit bias CME are practice relevant. Those rules were approved by the Rules Review Commission and became effective January 1, 2022.

Ms. Brinkley, NCMB Director of Communications, gave an overview of our plans to publish the rule changes and encourage licensees to gain greater cultural competence. This will include publishing an article in the Forum, producing a podcast dedicated to cultural competence,

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creating a cultural competence landing page which will list free or low-cost CME, and adding unconscious bias and cultural competency slides to our licensee presentations.

Workgroup Recommendation: Accept as information.

Board Action: Accept Workgroup recommendation. Accept as information.

b. Update Regarding the Board's Support of the State Health Improvement Plan (SHIP).

In September, the Board voted to focus on the following three SHIP indicators: Drug Overdose Deaths (Indicator #10), Tobacco Use (Indicator #11), and Primary Care Workforce (Indicator #17). Staff was asked to contact appropriate officials at the Department of Public Health regarding next steps.

Staff had discussions with Kathy Dail, NC Division of Public Health, to discuss the Healthy 2030 Report and the NCMB's role regarding three indicators related to drug overdose deaths, tobacco use and access to care. Ms. Dail suggested that the NCMB become a Healthy 2030 Partner and that the NCMB implement use of results-based accountability and the Clear Impact Scorecard system.

"Partners" are listed in the annual SHIP Report. Partners are entities or organizations that are supporting initiatives with a collective impact to the goals within the Healthy 2030 Report. There are also symposium meetings throughout the year that partners are encouraged to attend.

Partners are also encouraged to use "results-based accountability" (RBA). RBA is a "disciplined way of thinking and acting to improve entrenched and complex social problems." The Healthy 2030 partners use RBA to improve the effectiveness of their initiatives. Trainings are available throughout the year by NC AHEC

Healthy 2030 partners also utilize Clear Impact Scorecard, a software that tracks the collective impact of their programs, policies, and practices. It is important to the Healthy 2030 initiative in creating a transparent narrative or culture that encourages and motivates healthy initiatives and show the progress and impact of those initiatives.

Scorecard would enable the NCMB to list its policy initiatives and set its own performance measures.

Workgroup recommendation: Agree to be listed as a partner in the 2022 SHIP Report for the above indicators. Staff to gather more information about results-based accountability and Clear Impact Scorecard.

Board Action: Accept Workgroup recommendation. Agree to be listed as a partner in the 2022 SHIP Report for the above indicators. Staff to gather more information about results-based accountability and Clear Impact Scorecard.

- c. Update Regarding the FSMB's Workgroup on Diversity, Equity, and Inclusion (DEI) in Medical Regulation.

Last year, FSMB Chair Dr. Ken Simons appointed Dr. Kilpatrick to the FSMB's Workgroup on Diversity, Equity, and Inclusion in Medical Regulation (FSMB DEI Workgroup). The charge of the FSMB DEI Workgroup is to identify best practices for state medical boards to mitigate and eliminate systemic inequities in medical regulation and patient care.

Dr. Kilpatrick provided an update. FSMB staff and Dr. Jeffrey Carter, Chair, FSMB DEI Workgroup, held one-on-one meetings with FSMB DEI Workgroup members. As a result of those meetings, it was decided to do two things: (1) create a glossary of DE&I terms, and (2) generate a list of potential state medical board DE&I vulnerabilities in five areas: licensing, policy/communications, complaints, hearings, and board appointments/functioning. The FSMB also will provide strategies and resources to mitigate those vulnerabilities.

Workgroup recommendation: Accept as information.

Board Action: Accept Workgroup recommendation. Accept as information.

## New Business

- a. Board and Staff DEI Training Opportunities

At the January 2021 meeting, the Board voted to hold a diversity, equity, and inclusion training session each year during the May Board meeting. In November, the Workgroup confirmed its desire to hold a training in 2022; specifically, Thursday afternoon, May 19, 2022.

Mr. Pauling provided an update. He has identified five possible facilitators. Mr. Pauling will work with Dr. Kilpatrick to select a training topic and a finalist, and they will provide an update at the March meeting.

Workgroup Recommendation: Accept as information.

Board Action: Accept Workgroup recommendation. Accept as information.

- b. Changes to 2022 Board Holidays

Over the past several years, the Executive Team of the North Carolina Medical Board has looked for opportunities to support diversity and inclusion in the workplace – whether through increased education and awareness, in recruiting activities, or through evaluating our internal processes, procedures, and practices.

To that end, in 2021, the Executive Team approved the following changes to the Board's holiday schedule, effective January 1, 2022:

Juneteenth is added as an official NCMB holiday. Juneteenth is celebrated on June 19 and

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commemorates the ending of slavery in the United States. Because this day is a Sunday this year, the holiday will be observed on Monday, June 20, 2022. The office will be closed.

Good Friday has been converted to a floating holiday that can be used anytime during the year, including for another religious holiday. This year, Good Friday is April 15, 2022. The office will be open, but staff may take a floating holiday on that day or another day of their choice.

The changes to the NCMB holiday schedule represent the organization's commitment to racial equity and religious diversity in the workplace

Workgroup Recommendation: Accept as Information.

Board Action: Accept Workgroup recommendation. Accept as information.

### **Outreach Committee Report**

Members present were: Damian F. McHugh, MD, Chairperson; William M. Brawley; W. Howard, MD; Sharona Y. Johnson, PhD, FNP-BC; Anuradha Rao-Patel, MD

Old Business:

- a. Update on presentations
  - i. Public and professional presentations
  - ii. Regulatory Immersion Series events

The Communications Director gave a brief update on professional and public outreach. Activity is somewhat slower in both categories due to COVID-19 but NCMB continues to present regularly. The Assistant Medical Director is continuing to present on PA licensure and practice issues to graduating PA students at PA programs statewide. In recent months, NCMB has achieved significant momentum with its Regulatory Immersion Series mock disciplinary course for medical and PA students. Thus far, NCMB has presented to or is scheduled to present to about half of the state's 13 PA programs and at three of the state's five medical schools. In addition, NCMB has been approved to present a concurrent session on the RIMS program at the FSMB Annual Meeting in New Orleans this April. The session will discuss the vision and goals of the RIMS program and share ideas on how other state medical regulatory boards might build similar initiatives in their own jurisdictions.

Committee recommendation: Accept as information

Board action: Accept Committee recommendation. Accept as information.

- b. CME Training Update
  - i. Intimate Partner Violence CME series
  - ii. Elder and disabled adult abuse and neglect CME series

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The Committee discussed progress on NCMB efforts to develop CME training for licensees in the areas of identifying and addressing Intimate Partner Violence (IPV) and Elder and Disabled Adult abuse and neglect. It was noted that the IPV series will likely be completed first. Committee members expressed enthusiastic support for both projects and affirmed that developing tools that empower licensees to understand their responsibilities under the law and as professionals is a worthwhile use of NCMB time and resources. Committee members discussed the importance of ensuring that training related to IPV should address issues such as unconscious bias regarding who fits the victim “profile”, discuss emotional abuse as well as physical abuse, and be inclusive of all gender identities and sexual orientations.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

#### New Business:

##### a. 2021 Annual report preview

The Communications Director noted that work on the 2021 NCMB Annual Report has begun and that a digital version of the report will be presented at the March 2022 Board Meeting. The Communications Department will again develop a video that presents highlights of the report.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

##### b. Wellness and Burnout

The Committee discussed ongoing efforts in the area of Wellness and Burnout. The December-January issue of the Forum newsletter includes a President’s Message by Dr. Rusher stating NCMB’s enduring interest in positively impacting clinician wellness, and identifying clinician burnout as a patient safety issue, since it is so well documented that clinicians experiencing burnout are more likely to make preventable medical errors. The Forum also included a short article highlighting the achievements of NCMB’s Wellness and Burnout Workgroup in its initial year of operation (2020-2021). The Committee discussed plans to invite wellness officers and others working on clinician burnout and resilience at the health system level, with a goal of getting insight into efforts at as many of the state’s major health systems and academic medical centers as possible. NCMB staff and Committee members discussed possible ways to lay the groundwork for ongoing discussion and possible collaboration with systems that are committed to addressing system drivers of burnout. The idea of creating a presentation that outlines NCMB’s interest in clinician burnout that could be delivered to hospital and health system medical executive committees was raised.

Committee recommendation: Accept as information.



Board action: Accept Committee recommendation. Accept as information.

c. Misc. Other Outreach Activities

i. Update on recent activities of the Communications Department

The Committee received an update on a recent national review of medical board websites that reflected favorably on the quality of consumer information and ease of use of the NCMB website. A 2015 ranking of medical board websites by Consumer Reports magazine rated NCMB in the top five boards in the United States and territories and also praised NCMB for its active presence on social media. The most recent ranking, released in January 2022 by the Patient Safety Action Network, ranked medical board websites using a different system, establishing “tiers” based on the number of criteria each site met. NCMB was rated in the second tier, achieving 11 of 16 criteria. Just four medical boards received the top tier rating, achieving 12 of 16 criteria. The Communications Department is reviewing the findings of the most recent ranking to determine if it can make additional improvements to the consumer information on its website. However, some information considered desirable by the rating organization – such as publishing whether a licensee has had complaints filed against them – would require Board approval and changing state law.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

ADJOURNMENT

The Medical Board adjourned at 11:59 p.m. on Friday, January 28, 2022

The next meeting of the Medical Board is scheduled for March 16 – 18, 2022.



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Christine M. Khandelwal, DO, Secretary/Treasurer