



BOARD MEETING MINUTES

November 17 - 19, 2021

**3127 Smoketree Court
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held November 17 - 19, 2021.

The November 17 - 19, 2021 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.

INSTILLATION CEREMONY AND NEW OFFICER OATHS

Dr. Rusher presented Dr. Venkata, R. Jonnalagadda, Immediate Past President with a presidential resolution and gavel plaque for her service as President of the North Carolina Medical Board for 2020 - 2021.

Dr. Jonnalagadda administered the Oath of Office for President to Dr. Rusher.

Dr. Rusher administered the Oath of Office for President-Elect to Dr. Michaux R. Kilpatrick and for Secretary/Treasurer to Dr. Christine M. Khandelwal. He also administered the New Board Member Oath to Sharona Y. Johnson, PhD, FNP-BC; Miguel A. Pineiro, PA-C and Melinda H. Privette, MD, JD.

PRESENTATIONS

Senior Board Attorneys Patrick Balestrieri and Marcus Jimison provided Risk Management and Board Member Liability training 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.

Mr. Shawn Parker presented 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, November 19th, 2021.

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.

Mr. Blankenship and Mr. Mansfield provided information and advice regarding outside litigation and attorney work product.

A motion was passed to return to open session.

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.

On September 28 several staff met with Blaze Advisors for a "thought leadership session" during which staff shared their ideas and priorities for this project. Since then, there have been several smaller meetings with Blaze staff to familiarize them with ThoughtSpan - our new database program.

The next step will be a check-in meeting with staff on December 6 during which Blaze will share a draft data strategy "concept map" that they will use as their foundation going forward. By doing that, we will make sure Blaze's approach is consistent with our data strategy vision.

Work will continue on this goal through the end of the calendar year. Staff will provide a final report in January.

NCMB COMMITTEE REPORTS

Executive Committee Report

Members present via video/teleconference were: John W. Rusher, MD, Chairperson; John W. Rusher, MD, JD; 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 September 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

The Committee reviewed the investment statements for September and October 2021.

Committee Recommendation: Accept the investment statements as reported.

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

c. Fifth Third Annual Investment Account Report

The Board's investment advisor, Matt Wedding, Fifth Third Bank, gave the annual report regarding the Board's investment account.

Committee Recommendation: Accept the investment account annual report as information.

Board Action: Accept Committee recommendation. Accept the investment account annual report as information.

Old Business:

a. Reserve Account Balance

The Committee met with Mr. Matt Wedding, Fifth Third Bank, to discuss the reserve account balance and options for surplus funds. This discussion will continue at the January meeting.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation Accept as information.

New Business:

a. NCMB Nominations to Office of Emergency Medical Services Committees

The NCMB nominates current or former Board members to serve on the Office of Emergency Medical Services (OEMS) Disciplinary Committee and Advisory Council.

Dr. Pascal ("Osi") Udekwu, a former NCMB member, is completing his terms on these committees, is eligible for reappointment and has asked the Board to nominate him for reappointment.

Committee Recommendation: Nominate Dr. Udekwu for reappointment to the OEMS Advisory Council and the OEMS Disciplinary Committee.

Board Action: Accept Committee recommendation. Nominate Dr. Udekwu for reappointment to

the OEMS Advisory Council and the OEMS Disciplinary Committee.

b. NCMB Review Panel Appointment

The NCMB Review Panel was established to review candidates for all non-public member positions on the Board and make recommendations to the Governor. The Review Panel consists of nine members including a public member of the Medical Board.

Shawn P. Parker, JD, MPA, has served as the Board's representative the last two years, is eligible for reappointment, and has asked the Board to appoint him for another term.

Committee Recommendation: Re-appoint Shawn P. Parker, JD, MPA, to a one-year term on the NCMB Review Panel, beginning January 1, 2022.

Board Action: Accept Committee recommendation. Re-appoint Shawn P. Parker, JD, MPA, to a one-year term on the NCMB Review Panel, beginning January 1, 2022.

c. FSMB Annual Survey Findings

The FSMB completed and compiled the results from their 7th Annual Survey of State Medical Boards with 83% of member boards completing the survey. The summary included key findings in the following areas: Five most important topics to boards at this time; procedure and regulation changes due to COVID-19; complaints and actions related to COVID-19; media topics; diversity, equity, and inclusion; and opioid abuse prevention.

The Committee reviewed the survey results and noted the NC Medical Board is focused on many of the same areas as other boards. Dr. Rusher asked Committee members to let him know if they had any questions or concerns.

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

Staff gave an overview of the Committee's work over the past year to revise all position statements and create a compendium. The compendium is in final draft form and should be published by the beginning of the year. The website is being updated to reflect the revised position statements and new categorization used in the compendium.

Committee Recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as Information.

b. 7.1.1: Child Maltreatment

During the Committee's previous review of the Child Maltreatment position statement, it was determined that a workgroup should be formed to revise the position statement. The Committee identified Board Members and staff that will form the workgroup and be tasked with revising the position statement.

Committee Recommendation: Assign select Board Members and staff the task of revising the position statement and providing a proposed draft at a future meeting.

Board Action: Accept Committee recommendation. Assign select Board Members and staff the task of revising the position statement and providing a proposed draft at a future meeting.

c. 5.1.1: Office-Based Procedures

Staff gave a brief narrative of the proposed changes to the Level II and Level III Procedures sections. Staff will attempt to obtain additional information regarding those proposed changes and what the unintended consequences of those changes could be if those changes were incorporated into the position statement.

Committee Recommendation: Assign staff the task of attempting to obtain additional information regarding the proposed changes and what the unintended consequences of those changes could be if those changes were incorporated into the position statement.

Board Action: Accept Committee recommendation. Assign staff the task of attempting to obtain additional information regarding the proposed changes and what the unintended consequences of those changes could be if those changes were incorporated into the position statement.

New Business:

a. 2.2.1: Sexual Exploitation of Patients

The Committee addressed the need for the position statement to be reviewed, and potentially revised, in light of the revised guidelines published by the Federation of State Medical Boards in 2020.

Committee Recommendation: Committee and staff to review the position statement and bring back comments, edits, and suggestions at the January 2022 meeting.

Board Action: Accept Committee recommendation. Committee and staff to review the position statement and bring back comments, edits, and suggestions at the January 2022 meeting.

b. Miscellaneous

The Chair of the Policy Committee polled the Committee Members regarding matters they hope to address in the next year, which included:

- i. How position statements are communicated to new and current licensees and the public; and
- ii. Addressing the Board's position on practice ownership by Advanced Practice Providers.

Committee Recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as Information.

Licensing Committee Report

Members present were: Anuradha Rao-Patel, MD, Chairperson, Joshua Malcolm, JD, Damian McHugh, MD, Sean 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 three 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

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

New Business:

- a. Proposed Change regarding Physician Supervision of Nurse Midwives – 21 CAC 32B .1003 – M. Jimison.

Committee Recommendation: Defer to full Board for discussion

Board Action: Referred back to committee for further information gathering consistent with discussion.

- b. Perfusionist Advisory Committee (PAC) – Reappointment of members with expiring terms – M. Jimison.

Committee Recommendation: Reappoint Erica Powel, LP to a second term on the PAC

Board Action: Accept Committee recommendation. Reappoint Erica Powel, LP to a second term on the PAC

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A motion passed to return to open session.

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

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The Disciplinary (Malpractice) Committee reviewed 13 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.

The Disciplinary (DHHS) Committee reported on 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 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 39 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 16 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 14 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

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Twelve 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: John W. Rusher, MD, Chair; and Michaux R. Kilpatrick, 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. See, Appendix A.

A public hearing was held November 15th. No one attended the hearing, and no one submitted written comments.

Rule adoption process and timeline:

Deadline to submit to Rules Review Commission: 11.22.2021

RRC Meeting: 12.16.2021

Effective Date: 01.01.2022

Workgroup Recommendation: Give final approval of the rules as submitted. Staff to submit rules to the Rules Review Commission for final approval.

Board Action: Accept Workgroup recommendation. Give final approval of the rules as submitted. Staff to submit rules to the Rules Review Commission for final approval.

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.

The Workgroup reviewed a spreadsheet prepared by staff which lists the three indicators and, for each indicator, the SHIP recommendation, the outcome, suggested steps, and status. Staff provided an overview of this tracking tool and answered questions.

Workgroup Recommendation: Approve Outcomes and Suggested Steps. Staff to provide updated status report for each indicator at the next meeting.

Board Action: Accept Workgroup recommendation. Approve Outcomes and Suggested Steps. Staff to provide updated status report for each indicator at the next meeting

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

Earlier this year, FSMB Chair Dr. Ken Simons appointed Dr. Kilpatrick to the FSMB's Workgroup on Diversity, Equity, and Inclusion in Medical Regulation (DEI Workgroup). The charge of the 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 reported the DEI Workgroup met recently and reviewed results from the 16 DEI questions that were included in the FSMB's 7th Annual State Medical Board Survey. The results confirm the NC Medical Board has identified and deployed many of the DEI best practices identified by state medical boards.

The DEI Workgroup will meet at least one more time before a draft report and recommendations are circulated to state medical boards for comment. Eventually the report will be submitted to the FSMB House of Delegates for its approval in April 2022.

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. The Racial Equity Institute provided their "Groundwater" training to Board members and staff during the May 2021 meeting.

The Workgroup confirmed its desire to hold a training session next year; specifically, Thursday afternoon, May 19, 2022. Board members are encouraged to notify Mr. Pauling if they have any training recommendations.

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

Welcome and Introduction

- a. Mission and committee description
- b. Goals discussion

The Committee Chair, briefly reviewed the mission statement for the Outreach Committee and the committee description; and invited Committee members to share any specific goals they had in mind for the Outreach Committee to work on over the next year.

Committee recommendation: Accept as information.

Board action: Committee recommendation: Accept as information.

Old Business:

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

The Committee discussed NCMB's success at expanding its Regulatory Immersion Series (RIImS) program (mock disciplinary committee experience) across North Carolina in the past year. NCMB will have presented the two-hour course at seven professional schools (six PA programs and one medical school) by the end of 2021. NCMB staff are in talks with three additional universities, including two medical schools, and hopes to confirm presentations for these schools in 2022. Committee members discussed whether RIImS could be offered to the general licensee population, perhaps through organizations such as the NC Academy of Family Physicians or the NC Academy of Physician Assistants. The Communications Chief noted that NCMB is in the process of getting a presentation of the course set for December 2021 certified for CME credit. Once this is approved, RIImS can be more easily marketed to a general licensee audience. For now, staff remain focused on the primary goal of presenting the course annually at each medical school and PA program in North Carolina. In other Outreach business, it was noted that, despite the challenges of the coronavirus pandemic, NCMB has presented to professional audiences at about the same rate as it did pre-pandemic, and has also continued to expand the number of public audiences it reaches.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation. Accept as information.

New Business:

- a. Wellness and Burnout

- i. Highlights of past actions and recommendations
- ii. Systems factors
- iii. Discuss North Carolina health systems presenter

The Committee Chair noted that, at the request of the Board President, the Wellness and Burnout Workgroup (WBW), has been asked to continue its work under the umbrella of the Outreach Committee. The Chief Medical Officer provided a comprehensive overview of the WBW's work to date. The Committee Chair encouraged Committee members to review the matrix of WBW milestones and to educate themselves about the "Quadruple Aim" which forms the basis for much of NCMB's work in the area of wellness and burnout. The Committee Chair reminded Committee Members that burnout is largely driven by system drivers that are outside the control of the affected clinicians, underscoring the need for NCMB to be thoughtful in its approach to effecting meaningful change. WBW previously received a talk from Clark Gaither MD, a noted national expert in professional burnout and Medical Director for the NC Professionals Health Program (NCPHP), in which he noted that up to 90 percent of burnout is caused by system drivers. In the spirit of continuing to educate Board Members and staff in the complexities and nuances of burnout, the Committee is in the process of inviting Samantha Meltzer-Brody, MD, who is Chair of the Department of Psychiatry at the UNC School of Medicine (UNC SOM) and an executive sponsor of UNC Health Care's wellbeing initiative, to present at the January 2022 Outreach Committee meeting.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation. Accept as information.

b. Wellness Statement

The Committee Chair asked Committee Members to review and offer feedback on a wellness statement drafted to publicly communicate NCMB's view that licensee wellness is directly linked to patient safety and encouraging licensees to seek needed treatment and/or support for any mental, physical or substance issues they may be experiencing. This statement will be posted to the wellness resources page on NCMB's website. Committee members discussed and agreed to make some stylistic edits to the text.

The statement, as amended by the Committee is:

Thriving, healthy medical professionals are those best suited to provide high quality patient care. In that spirit, NCMB encourages any licensee who is experiencing health problems – including burnout, mental health or substance use disorders or physical or cognitive challenges – to seek appropriate care and professional support. It is NCMB's position that licensees should take their own health and wellbeing as seriously as they do the health and wellbeing of their patients

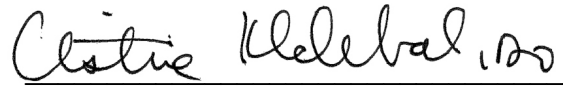
Committee recommendation: Approve wellness statement.

Board action: Accept committee recommendation. Approve wellness statement.

ADJOURNMENT

The Medical Board adjourned at 1:12 p.m. on Friday, November 19, 2021.

The next meeting of the Medical Board is scheduled for January 26 - 28, 2022.

A handwritten signature in cursive script that reads "Christine Khandelwal, DO". The signature is written in black ink and is positioned above a horizontal line.

Christine M. Khandelwal, DO, Secretary/Treasurer

21 NCAC 32R .0102 APPROVED CATEGORIES OF CME

(a) Category 1 CME providers are:

- (1) Institutions or organizations accredited by the Accreditation Council on Continuing Medical Education (ACCME) and reciprocating organizations;
- (2) The American Osteopathic Association (AOA);
- (3) A state medical society or association;
- (4) The American Medical Association (AMA);
- (5) Specialty boards accredited by the American Board of Medical Specialties (ABMS), the AOA or Royal College of Physicians and Surgeons of Canada (RCPSC;) and
- (6) The Joint Accreditation for Interprofessional Continuing Education.

(b) Category 1 CME education shall be presented, offered, or accredited by a Category 1 provider as set forth in Paragraph (a) of this Rule and shall include:

- (1) Educational courses;
- (2) Scientific or clinical presentations or publications;
- (3) Printed, recorded, audio, video, online or electronic educational materials for which CME credits are awarded by the provider;
- (4) Journal-based CME activities within a peer-reviewed, professional journal;
- (5) Skill development;
- (6) Performance improvement activities; ~~or~~
- (7) Interprofessional continuing education; or
- (8) Cultural competency or implicit bias training.

History Note: Authority G.S. 90-5.1;

Eff. January 1, 2000;

Amended Eff. August 1, 2012; July 1, 2007; January 1, 2001;

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;

Amended Eff. September 1, 2020.

21 NCAC 32S .0216 CONTINUING MEDICAL EDUCATION

(a) A physician assistant shall complete at least 50 hours of Continuing Medical Education (CME) every two years. The CME shall be recognized by the National Commission on Certification of Physician Assistants (NCCPA) as Category I CME. The physician assistant shall provide CME documentation for inspection by the Board or its agent upon request. The two-year period shall begin on the physician assistant's birthday following the issuance of his or her license.

(b) A physician assistant who prescribes controlled substances shall complete at least two hours of CME, from the required 50 hours, designed specifically to address controlled substance prescribing practices. The controlled substance prescribing CME shall include instruction on controlled substance prescribing practices and controlled substance prescribing for chronic pain management. CME that includes recognizing signs of the abuse or misuse of controlled substances, or non-opioid treatment options shall qualify for purposes of this Rule.

(c) A physician assistant who possesses a current certification with the NCCPA shall be deemed in compliance with the requirement of Paragraph (a) of this Rule. The physician assistant shall attest on his or her annual renewal he or she is currently certified by the NCCPA. Physician assistants who attest he or she possesses a current certificate with the NCCPA shall not be exempt from the controlled substance prescribing CME requirement of Paragraph (b) of this Rule. A physician assistant shall complete the required two hours of controlled substance CME unless the CME is a component part of their certification activity.

(d) Courses pertaining to interprofessional continuing education and courses pertaining to cultural competency or implicit bias training shall qualify for any CME hours required under this Rule so long as such courses are approved by the NCCPA.

History Note: Authority G.S. 90-5.1(a)(3); 90-5.1(a)(10); 90-18.1; S.L. 2015-241, 12F.16(b) and 12F.16(c);

Eff. September 1, 2009;

Amended Eff. May 1, 2015; November 1, 2010;

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;

Amended Eff. April 1, 2020; September 1, 2016.