

MINUTES

North Carolina Medical Board

January 19-21, 2005

**1203 Front Street
Raleigh, North Carolina**

Minutes of the Open Sessions of the North Carolina Medical Board Meeting January 19-21, 2005.

The January 19-21, 2005, meeting of the North Carolina Medical Board was held at the Board's Office, 1203 Front Street, Raleigh, NC 27609. The meeting was called to order at 8:06 a.m., Wednesday, January 19, 2005, by Charles L. Garrett, MD, President. Board members in attendance were: Robert C. Moffatt, MD, President Elect; H. Arthur McCulloch, MD, Secretary; Janelle A. Rhyne, MD, Treasurer; E. K. Fretwell, PhD; Robin N. Hunter Buskey, PA-C; Michael E. Norins, MD; Sarvesh Sathiraju, MD; George L. Saunders, III, MD; Edwin R. Swann, MD; Mr. Dicky S. Walia; and Mr. Aloysius P. Walsh.

Staff members present were: R. David Henderson, JD, Executive Director; Thomas W. Mansfield, JD, Legal Department Director; Mary Wells, JD, Board Attorney; Brian Blankenship, JD, Board Attorney; Marcus Jimison, JD, Board Attorney; Amy Bason, JD, Board Attorney; Ms. Wanda Long, Legal Assistant; Ms. Lynne Edwards, Legal Assistant; Mr. Curtis Ellis, Investigative Department Director; Don R. Pittman, Investigator/Compliance Coordinator; Mr. Edmund Kirby-Smith, Investigator; Mrs. Therese Dembroski, Investigator; Mr. Loy C. Ingold, Investigator; Mr. Bruce B. Jarvis, Investigator; Mr. Robert Ayala, Investigator; Mr. Richard Sims, Investigator; Mr. David Van Parker, Investigator; Ms. Jenny Olmstead, Senior Investigative Coordinator; Ms. Barbara Rodrigues, Investigative Coordinator; Mr. Dale Broaden, Director of Communications and Public Affairs; Ms. Dena Marshall, Public Affairs Assistant; Mrs. Joy D. Cooke, Licensing Director; Ms. Michelle Allen, Licensing Supervisor; Ms. Kelli Singleton, GME Coordinator; Carol Puryear, Licensing Assistant; Ms. Lori King, PE Coordinator; Jesse Roberts, MD, Medical Director; Ms. Judie Clark, Complaint Department Director; Mrs. Sharon Squibb-Denslow, Complaint Department Assistant; Ms. Sherry Hyder, Complaint Summary Coordinator; Ms. Patricia Paulson, Malpractice/Medical Examiner Coordinator; Mr. Hari Gupta, Operations Department Director; Mr. David Shere, Registration Coordinator; Ms. Rebecca L. Manning, Database Coordinator; Mrs. Janice Fowler, Operations Assistant; Mr. Peter Celentano, Comptroller; Ms. Ravonda James, Receptionist; Mr. Donald Smelcer, Technology Department Director; and Mr. Jeffery Denton, Executive Assistant/Verification Coordinator.

MISCELLANEOUS

Presidential Remarks

Dr. Garrett commenced the meeting by reading from Governor Easley's Executive Order No. 1, the "ethics awareness and conflict of interest reminder." No conflicts were reported.

New Board Members – Mr. Dicky S. Walia and Sarvesh Sathiraju, MD

Dr. Garrett read the Oath of Office to Mr. Walia and Dr. Sathiraju. He then welcomed and introduced them as newly appointed Board Members. Ms. Alice Austin of the Boards and Commissions Office was also present.

Agent of the Board – Shikha Sinha

Motion: A motion passed designating Ms. Sinha as an Agent of the Board.

Center for *Personalized* Education for Physicians (CPEP) – A Visitation Report

(Mr. Walsh, Dr. Fretwell)

Mr. Walsh and Dr. Fretwell gave a brief summary of their attendance of a Learning Summit at CPEP in Aurora, Colorado in October 2004. CPEP's core assessment activities include clinical interviews based on the participant's patient charts, in-depth chart reviews, specialty-specific multiple choice testing, simulated patient encounters with feedback, and neuropsychological screening. They have tailored the assessment to evaluate primary care physicians as well as medical and surgical specialists and sub-specialists. The assessment is customized to address the referring organization's specific questions and tailored to reflect the physician-participant's specialty. The assessment does not address psychiatric or substance abuse issues, ethical or fraudulent behavior, and/or boundary or behavior issues.

Educational Intervention begins with the development of a structured, personalized education plan. The plan includes a variety of activities and procedures such as preceptor-mentor interaction, mini-residencies, clinical updates, CME courses, and self-study. The activities are designed so that they can be measured objectively. The plan is monitored by a CPEP Associate Medical Director for Education to provide directive feedback and guidance to the participant. A Post Education Evaluation is usually indicated at the completion of the plan to finalize the Educational Intervention.

Laser Hair Removal – A Presentation by Robert E. Clark, MD, PhD, Cary Skin Center

Dr. Clark gave a slide presentation, distributed printed materials, and answered questions about the process of laser hair removal. He explained that there are various types of lasers on the market: (1) Ablative lasers – CO₂ and Erbium: YAF; (2) Non-ablative lasers (vascular, hair removal, pigmented lesion, tattoo removal); and (3) Intense Pulse Light (IPL) machines. He explained that IPL has a shotgun-like effect, producing light in a wide wavelength.

He has been following a patient who had an adverse outcome from CO₂ laser resurfacing in 1997. He said: "Complications can occur" and one has to know how to diagnose and treat those complications. A search of his database revealed that his office has performed 7,500 laser procedures since it opened.

He feels the Board's Position Statement on Laser Surgery is good, but in his opinion there is a problem with the word "preferably." (" . . .under the supervision, preferably onsite, of a physician. . . .") He believes the statement could be made stronger by removing that word. It is his opinion that a physician should be on site. When hair removal is performed in his office, a physician is always on site for direct oversight. It is also his opinion that this part of the statement could be tightened up by removing the words " . . .or readily available to the person actually performing the procedure."

To support his opinion, he provided position statements on the use of lasers and IPL technology from the following national organizations: American Society for Laser Medicine and Surgery (ASLMS), American Academy of Dermatology, and American Society for Dermatologic Surgery.

He said the ASLMS sets standards for physicians involving laser privileges (that include more than the acquisition of a skill); patient selection and procedure selection; patient safety (pre- and post-procedure instructions, appropriate monitoring, available emergency transport, routine maintenance of machines, protocols for personnel and patients); records and quality assurance; physician training (knowledge of literature, basic ANSI training program, practical four-hour sessions with lasers), preceptorship with an experienced physician.

ASLMS standards for non-physicians: delegating physician must be qualified to do procedure; non-physician must have documented, appropriate training and education; non-

physician must have direct, on-site physician supervision and written procedures and/or policies; supervising physician should be on site and available to respond to emergencies.

Dr Clark presented the following questions and answers:

- What is the issue? The diagnosis and treatment of cutaneous conditions are widely performed by non-physicians without direct physician supervision.
- What is the problem? Diagnosis and treatment of cutaneous conditions is perceived as simple and risk free. Entrepreneurs recognize an opportunity for profit, often at the expense of patient safety. No firm regulation to prevent this activity.
- What are the consequences? The consequences are misdiagnosis, scarring, burns, changes in pigmentation, failure to treat medical conditions, and death.
- Who are the non-physician providers? They are aestheticians, electrologists, unlicensed practitioners, and nurses.
- Where are services provided? They are provided in salons, clinics, spas, homes and medical offices.
- What are the most common procedures performed illegally? They are laser hair removal, laser facial rejuvenation, acne treatment, Botox injections, and Collagen, Restylane, and other fillers.
- What is the solution? The solution is public awareness, state medical board regulation, and other state regulation.

He stated that devices and prescription drugs are only sold to M.D.'s, as dictated by the FDA. Those seeking the procedure should be aware of the following safety tips: make sure a responsible physician is on site, ask questions, inquire about proper laser for skin type/condition, ask for a test before full treatment, and don't wait to call if complications are noted.

Dr. Garrett thanked Dr. Clark for taking the time to address the Medical Board. The following represents questions asked by Board Members, with responses from Dr. Clark.

- Are there any statistics regarding adverse outcomes/effects? Dr. Clark is not aware of any data that is published; however, he has seen an assessment that documented the number of complications sent to dermatologists for treatment.
- Who does the procedures in his office? Dr. Clark, a nurse, and other physicians.
- Do all procedures need to be performed by a healthcare individual? Absolutely.
- Would it be safe for a physician to do the assessment and then refer the patient to a laser treatment center with physicians not on site? Dr. Clark was adamant about physician oversight being needed.
- What types of drugs are being administered during laser treatment? Laser hair removal almost always involves topical anesthetics. Nerve blocks could also be used, but most are topical anesthetics.
- Is there any type of laser technology that would not require physician oversight? Some new diode type is currently being looked at. Those involved in hair removal are totally different. He has a full crash cart in his office and all his physicians are ACLS qualified.
- What is the typical cost of laser hair removal and the number of treatments required? In his office: lip - \$75 to \$100; facial - \$150 or so, larger areas can run

significantly more than \$500 to \$1,000. For an adequate outcome, it takes a minimum of three visits but could be six to ten visits depending on the skin type.

- Would it be reasonable to have only a mid-level provider on site, for example a physician assistant? In some cases, yes, if appropriately trained and accredited to do the procedure himself or herself.

It was noted by a Board member that the article Dr. Clark distributed titled "State Boards of Medicine Regulations on the Practice of Laser Procedures" incorrectly indicated North Carolina as "permitting only MDs to perform laser procedures."

Staff/Personnel Announcements

New Hires (Ravonda James)

Mr. Gupta introduced Ms. James as the new Receptionist.

Departures (Amy Bason)

Mr. Mansfield announced that Ms Bason, Board Attorney has tendered her resignation to go into private practice effective January 21, 2005.

Advanced Practice Registered Nurse (APRN) Task Force

Dr Saunders announced that the APRN Task Force would be meeting again in 2005. He solicited Board input on the following issues that will be discussed: licensing/approval of NP's, discipline, and the rule-making process. One proposal on the table is a six-member joint subcommittee; three members from the Board of Nursing and three from the Medical Board. This group would propose rules, which would then go to the Board of Nursing for final approval. Another proposal is that the Medical Board would transfer NP approval and discipline to the Nursing Board.

There was a general consensus that the Medical Board should continue to review/approve NP applications, should continue to discipline, when appropriate, NP's, and should continue to have oversight of the joint subcommittee.

Audit Report

Mr. Homer Duncan, CPA, Lynch & Howard

Mr. Duncan reviewed the North Carolina Medical Board Audit for fiscal year 2004. He summarized that the firm had issued an unqualified opinion and that the "financial statements referred to present fairly, in all material respects, the financial position of the North Carolina Medical Board as of October 31, 2004 and 2003, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America." He proceeded to go through the report highlighting certain items.

Motion: A motion passed to accept the Audit Report as presented.

Evaluation of Statement of Economic Interest

In accordance with Section 5(b) of Executive Order Number One ("the Order"), the North Carolina Board of Ethics completed their evaluation of the statement of economic interest in the case of Dicky S. Walia. The Medical Board is in receipt of a letter from the Board of Ethics citing the following: "We did not find an actual conflict of interest. We did find a potential for conflict of interest. Mr. Walia is appointed as a public member of the Board. He notes that he has several relatives and business partners who are doctors licensed and regulated by the Medical Board. He thus has the potential for conflict of interest and must exercise appropriate caution in the performance of his public duties, including recusing himself from any official matters involving the licenses of his relatives or business partners."

MINUTE APPROVAL

Motion: A motion passed that the December 16, 2004, Board Minutes are approved as presented.

ATTORNEY'S REPORT

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

A written report on 121 cases was presented for the Board's review. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

EXECUTED CASES (PUBLIC)

ARMISTEAD, Ray Baxter MD
Consent Order executed 12/15/2004

BOLES, Mark Leonard MD
Consent Order executed 11/30/2004

CHENEY, David Marshall MD
Consent Order executed 12/3/2004

CLARK, Richard Stroebe MD
Termination of Consent Order executed 12/7/2004

DEVIRGILIIS, Juan Carlos, MD
Consent Order executed 1/13/2005

FOLKERTS, AnnaMaria PA
Amend Consent Order executed 12/30/2004

LOVATO, Frank James PA
Termination of Consent Order executed 12/2/2004

MAJOR, Patricia Tatum, MD
Consent Order executed 1/10/2005

NUNEZ, Santiago, MD
Consent Order executed 1/14/2005

PURDY, James Scott MD
Consent Order executed 12/15/2004

RAMADAN, Mohamed Shaher MD
Findings of Fact, Conclusions of Law and Order executed 11/17/2004

RODEZNO, Robert Vincent PA
Consent Order executed 11/24/2004

VANDERWERF, Joseph Nelson, MD
Consent Order executed 1/14/2005

WEBB, Charles Marshall MD
Consent Order executed 11/23/2004

WILLIAMS, Dwight Morrison, MD
Charge executed 1/10/2005

EXECUTIVE COMMITTEE REPORT

Charles Garrett, MD; Robert Moffatt, MD; Arthur McCulloch, MD; Janelle Rhyne, MD; Aloysius Walsh

The Executive Committee of the North Carolina Medical Board was called to order at 10:35 am, Wednesday January 19, 2005 at the offices of the Board. Members present were: Charles L. Garrett, MD, Chair; Harlan A. McCulloch, MD; Robert C. Moffatt, MD; Janelle A. Rhyne, MD; and Aloysius P. Walsh. Also present were R. David Henderson (Executive Director), Hari Gupta (Director of Operations), and Peter T. Celentano, CPA (Comptroller), and Dicky S. Walia.

Financials

Mr. Celentano, CPA, presented to the committee the November 2004 compiled financial statements. November is the first month of fiscal year 2005.

The Board's deficit for the first month of fiscal year 2005 was \$70,000. Mr. Celentano explained that historically receipts are slow for the first two months of the fiscal year and that the deficit would turn around early in 2005.

The certificate of deposit matures in February 2005. The maturity of the CD is discussed in more detail under New Business.

The November 2004 Investment Summary was reviewed and accepted as presented.

Dr. Moffatt made a motion to accept the financial statements as reported. Dr. McCulloch seconded the motion and the motion was approved unanimously.

The year-end audit fieldwork was completed on December 3, 2004. Mr. Homer Duncan and Ms. Diane Haley from Lynch & Howard, CPAs presented the audited financial statements for fiscal year ending October 31, 2004 to the Committee and answered questions. Mr. Duncan explained to the Committee that the firm had issued an unqualified opinion and that the "financial statements referred to above present fairly, in all material respects, the financial position of the North Carolina Medical Board as of October 31, 2004 and 2003, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America." Dr. Moffatt made a motion to accept the audited financial statements as presented. The motion was seconded and approved. Mr. Duncan will present the financial statements to the full Board on Friday, January 21, 2005.

New Business

Accountants: Mr. Celentano discussed the practice of changing accounting firms on a regular basis. The pros and cons of such a practice were discussed. The staff recommends that effective this year the Medical Board change accounting firms every four years and change the person conducting the audit every two years. Dr. Moffatt made a motion to adopt this procedure. The motion was seconded and approved.

CD Maturity: Mr. Celentano reviewed with the Committee the Investment Plan that the Executive Committee had adopted in January 1996 and reaffirmed in January 1999. Mr. Celentano explained to the Committee that our Certificate of Deposit will mature on February 8, 2005. BB&T provided the Board with a list of interest rates it will pay for CDs of various terms as of December 30, 2004, which compares favorably to quotes received from other institutions. Mr. Celentano also explained the current rates are very flat, which means there is little benefit (less than 1%) in tying up the money for more than 1 year. In addition, the Federal Reserve has hinted that interest rates are going to rise in the near future. The staff recommends that the Board invest the funds in a CD with BB&T for a period of six months. Mr. Walsh made a motion to accept this proposal. The motion was seconded and approved.

Ohio Medical Board trip: Mr. Henderson submitted a report regarding his recent visit to the Ohio Medical Board.

The meeting was adjourned at 11:50 am.

POLICY COMMITTEE REPORT

Arthur McCulloch, MD, Chair; Aloysius Walsh; George Saunders, MD; Janelle Rhyne, MD; E. K. Fretwell

The Policy Committee of the North Carolina Medical Board was called to order at 3:00 p.m., Wednesday, January 19, 2005, at the office of the Board. Present were: Arthur McCulloch, MD, Chair; Aloysius P. Walsh; George L. Saunders, MD; Janelle A. Rhyne, MD; and E. K. Fretwell, PhD. Also attending were: Thomas Mansfield, JD, Director, Legal Department, NCMB (PC Staff); Amy Bason, JD (PC Staff); Dale G Breaden, Public Affairs Director, NCMB; and Mr. Jeffery T. Denton, Board Recorder (PC Staff).

Notes:

- (1) **Recommendation to Board** is the Committee's request for Board consideration of an item.
- (2) **Action** items are related to the Committee's own work or deliberations.
- (3) **[]** Information within these brackets denotes *background information*

Position Statement Review - The Use of Anorectics in Treatment of Obesity (Saunders)

*[*At the July committee meeting Dr. Saunders presented a proposed rough draft of a revised position statement. He stated that the current statement was good but may be too specific with regards to medications. He indicated that this was appropriate at the time this position statement was last updated but it has changed over time. There was a general consensus supporting approval of Dr. Saunders' draft.

At the September committee meeting Dr. Saunders reported he had recently sent out the revised draft position statement for comment. Action on this position statement will be deferred until the November committee meeting after comments have been received and reviewed.

At the November committee meeting Dr. Saunders reported that the revised position statement is essentially done. He asked the committee if there was a need to possibly post the proposed revision on the Board's web site and receive comments for a period of time.

A discussion ensued. Mr. Mansfield stated that historically for those positions the Board felt may have been controversial the Board did reach out for comments from appropriate interested parties. He does not believe the web would provide this type of response. Mr. Breaden agreed that the web site does not reach out to people, rather people have to reach out to it. He added that during the next couple of months no content on the Board's web site would be changed due to transition to a new Internet host. Dr. Hammer interjected that primary care physicians are prescribing anorectics with caution especially due to the number of obese patients.

There was a general consensus that the *Forum* was a good avenue since it goes to the entire licensee population, however, a long term schedule for revision of the Board's position statements would be drafted and adhered to since the *Forum* only comes out quarterly and a lead-time is needed.

Dr. Saunders felt that in the interest of moving this position statement along the following action would be beneficial: In order to receive comment and be put on the January Full Board agenda the revised proposed position statement 'The Use of Anorectics in Treatment of Obesity' will be sent to the following organizations for comment: North Carolina Medical Society, North Carolina Academy of Family Physicians, Carolinas Chapter of the American Association of Clinical Endocrinologists; North Carolina Academy of Pediatrics and the American College of Physicians.]

The above action was completed and responses were reviewed. It was noted that all responses were positive.

Recommendation to Board: Adopt the below revised position statement.

Motion: Adopt the below revised position statement

THE TREATMENT OF OBESITY

It is the position of the North Carolina Medical Board that the cornerstones of treatment of obesity are diet(caloric control) and exercise. Medications and surgery should only be used to treat obesity when the benefits outweigh the risks of the chosen modality.

The treatment of obesity should be based on sound scientific evidence and principles. Adequate medical documentation must be kept so that progress as well as the success or failure of any modality is easily ascertained.

Management of Chronic Non-Malignant Pain (McCulloch)

This position statement will be reviewed again at the May 2005 committee meeting after several Board Members have attended the Federations workshop "Promoting Balance and Consistency in the Regulatory Oversight of Pain Care."

Position Statement Review Schedule

The following position statement review schedule was adopted at the November 2004 Committee Meeting. Primary reviewers have been assigned as reflected below:

January 19, 2005

Laser Surgery
HIV/HBV Infected Health Care Workers (Rhyne)

March 16, 2005

Writing of Prescriptions (McCulloch)

May 18, 2005

Advertising and Publicity (Walsh)
Fee Splitting (Walsh)
Guidelines for the Use of Controlled Substances for the Treatment of Pain (McCulloch)

July 20, 2005

Retention of Medical Records (Fretwell)
Medical Record Documentation (Fretwell)
The Retired Physician (Saunders)

September 21, 2005

Prescribing Legend or Controlled Substances..." (McCulloch)
Self-Treatment and Treatment of Family Members..." (Rhyne)

November 16, 2005

Sexual Exploitation of Patients (Saunders and Rhyne)
The Physician-Patient Relationship (Rhyne)

Petition for CME Rule Change (from R. T. VanHook, MD)

[At the September committee meeting the Board received a letter from Dr. VanHook petitioning the Board for a rule change to rule 21 NCAC 32R .0103 regarding exceptions to Continuing Medical Education (CME) requirements regarding Graduate Medical Education (GME).

As currently written the rule allows for a licensee enrolled in an accredited GME program to be exempt from the CME requirements. However, there are no provisions to calculate when the CME three-year period starts (or continues) for those that complete or leave the GME program.

Dr. VanHook requested the rule be changed to: "The three year period described in Paragraph (b) of this Rule shall run from the latest of: the physician's birthday beginning in the year 2001, the first birthday following initial licensure, or the first birthday after successful completion of an AOA or Graduate Medical Education (ACGME) accredited graduate medical education program."

The committee considered this change to be helpful but felt it still left some loopholes. For instance, those licensees who drop out of a program, those who enter a residency program after being in active practice, or those who only do a Board-approved 3-6 month mini-residency.

There was much discussion regarding what the rule actually says and the "intent" of the rule. In an attempt to cover all of these issues Dr. McCulloch recommended to do away with the exception entirely and allow five hours per month of CME be credited as Category 1 CME while in GME programs. The intent of this revision is not an attempt to put a realistic value on the GME received from these programs but to merely satisfy the North Carolina 150-hour three-year requirement. This way there would be no CME start/stop clock and licensees would accumulate CME hours (for the Board's reporting purposes) throughout participation in GME

programs. The CME requirement would be consistent for all licensees and start upon receipt of their medical license.

A motion passed to (1) deny the petition of Dr. VanHook, and (2) commence the rulemaking process to change the CME rule to repeal the "exception" and to add to the Educational Provider-Initiated CME list an allowance for five hours per month of CME for AOA/ACGME or Board-approved training programs.

Mr. Henderson was to send this proposed rule change to the Residency Program Directors for information and to solicit any initial comments they may have.

At the November committee meeting Ms. Bason reported that the proposed rule change had been sent to the Residency Program Directors. She also had the opportunity to address the Residency Program Directors on November 16, at the Medical Board. She reports now that the issue is a bit more complex than previously thought with regard to CME categories, ACCME and ACGME programs. It appeared the program directors are willing to work with the Board and come up with better wording to encompass the entire licensee population. The motion on this issue is tabled until additional language is facilitated and considered acceptable. The goal is presentation at the January Committee Meeting.]

The CME Rule was discussed at length.

Recommendation to Board: Make no changes to the current CME rule at this time and to notify all concerned of this action.

Motion: Make no changes to the current CME rule at this time and to notify all concerned of this action.

Rule Recommendation Regarding Operation of Mobile Diagnostic Centers

[The Board received a request from the American Association of Electrodiagnostic Medicine to review rules regarding operation of mobile diagnostic centers. Especially, those that are doing nerve conduction studies without the supervision of a physician trained in electrodiagnostic medicine.

There was especially concern expressed regarding needle electromyography being done by other than a qualified physician. The committee felt that an expert review of this was needed. Dr. Herring suggested contacting Dr. Zane Thomas Walsh, Jr., as he is certified in this specialty.

Mr. Skipper indicated he works with the [North Carolina Neurological Society](#) and offered their assistance in the review.]

A request was sent to Dr. Walsh to get this item appropriately reviewed. We are currently awaiting a response to that letter.

Laser Surgery Position Statement – Review Of

[It was noted that the Investigative Committee is referring the issue of Laser Hair Removal to the Policy Committee. This is a component of the Laser Surgery position statement. It appears the specific concerns are: (a) Is laser hair removal part of the Medical Practice Act (MPA), (b) what proximity of the supervising physician is acceptable, (c) if this does fall under the MPA, does a practice of this type have to be owned by a licensee of the Board?

It was noted that review of this issue is going to involve a lot of parties: Electrolysis Association of North Carolina, North Carolina Dermatology Association, North Carolina Board of Cosmetic Arts, etc.

The plan of review will involve the Full Board when outside resources or concerned parties are invited to speak at the Board to minimize redundancy of effort.

There was a discussion that an observational site visit to a practice that does laser hair removal may be beneficial. Then a report will be made to the committee at which time the next step (observation, site visit, invite, etc) will be decided on.]

Dr. Robert Clark will be presenting laser techniques and technology to the Full Board on Thursday, January 20, 2005. (Summary of presentation listed separately.)

HIB/HBV Infected Health Care Workers Position Statement – Review Of (Rhyne)

Dr. Rhyne provided copies of the State's applicable policies (Infection Control – Health Care Settings and HIV and Hepatitis B Infected Health Care Workers). These were reviewed and discussed. Dr. Rhyne also reported meeting with Dr. Jeff Engel, the North Carolina State Epidemiologist (and others) to review the State policy. She reports that the State's policy is basically the CDC guideline.

Recommendation to Board: Adopt the State's policy as the Board's policy..

Motion: Adopt the State's policy as the Board's policy.

There being no further business, the meeting adjourned at 4:30 p.m. The next meeting of the Policy Committee is tentatively set for 3:00 p.m. Wednesday, March 17, 2005.

Motion: A motion passed to accept the Policy Committee report as presented.

ALLIED HEALTH COMMITTEE REPORT

Robin Hunter Buskey, PA-C; George Saunders, MD; Sarvesh Sathiraju, MD

The Allied Health Committee of the North Carolina Medical Board met on Wednesday, January 19, 2005 at the office of the Board. Present: Robin Hunter Buskey, PA-C, Chair, George L. Saunders, MD, Sarvesh Sathiraju, MD, Marcus Jimison, David Henderson, Executive Director, Joy Cooke, Director Licensing Department, Lori King, CPCS, Licensing Department, Jennifer Hedgepeth.

PA Rules

Reviewed PA Regulations - 2005 Draft – New PA Rules submitted by PA Rules Task Force. Areas of concerns and changes: Interim Status, DEA Registration, Re-entry, Late Fee, Intent to Practice, CME, Temporary License.

Committee Recommendation: Distribute draft to PAAC for comments prior to presentation to the full Board. There was discussion regarding DEA registration requirements for PAs, NPs, CPPs and their primary supervising physicians. David Henderson to contact Polly Johnson, Board of Nursing and David Work, Pharmacy Board, to discuss DEA requirements for supervising physicians for NPs and CPPs.

Board Action: Accept as information.

EMS Minutes

Catchline: EMS Minutes Review.

Minutes of the 11/09/04 Disciplinary Committee as well as the Compliance Committee Report, Advisory Council Meeting submitted by Dr. Kanof were reviewed.

Committee Recommendation: Accept as information.

Board Action: Accept as information.

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

The Board reviewed and discussed two applications. 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.

APPLICANTS LICENSED

PA – Applications (*)Indicates PA has not submitted Intent to Practice Forms)**

<u>PHYSICIAN ASSISTANT</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Clayton, Jon Russell	***	
Dang, Mytrang Thi	Hartness, Alvin	Fayetteville
Davis, Jr., John Watson	***	
Greene, Cragin Whittier	Dy, Johnny R.	Lenoir
Joshi, Dimple A.	Rinaldi, Michael	Charlotte
Lund, Steven Christopher	***	
Priddy, Richard Michael	***	
Reilly, III, Edward Joseph	***	
Valente, Sean Patrick	Morfesis, F. Andrew	Fayetteville

PA Applicants to be licensed after receipt of acceptable SBI, PA Certification and/or PANCE results –

Redfern, Dennis George	***
Stauffer, Christian Leigh	***
Young, Terah Lin	***

PA - Intent to Practice Forms Acknowledged

<u>PHYSICIAN ASSISTANT</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Albergo, Gail Adrienne	Pitts, Venus Idette	Durham

Arrowood, Larry Wayne	Kahai, Jugta	Oak Islan
Bacon, Jenise Victoria	Guest, Chris Warren	Greensboro
Baggett, David Lynn	Patel, Divyang Rambhai	Fayetteville
Bailey, Richard Allen Jr.	Chavis, Herman	Red Springs
Barboza, Bryan James	Martin, Lawrence William II	Pinehurst
Bosch, David	Gardner, James Eric	Pinehurst
Bradey, George Michael	Lassiter, Lonnie Wayne II	Columbus
Brown, Cristina C.	Bullock, Ann Kathleen	Cherokee
Burleson, Pamela Ann	Kobs, Jeffrey Kent	Raleigh
Burroughs, Larry Emerson	Lipscomb, Michael Kirk	Whiteville
Cantrell-Bush, Sandra E.	Romano, Noemi Gabriela	Elizabeth City
Carter, James Patrick	Jefferson, Henry Dawson Jr.	Knightdale
Carter, Laura Martin	Pruett, Dennis Derwood	Winston Salem
Casar, Susan Eliza	Jolley, Robert Ray	Black Mountain
Cevasco, Michael Alan	Campbell, Edward Stephen	Mooreville
Chapman, Sarah J	Kelley, Michael John	Charlotte
Clancy, Kerry Lee	Raval, Raju Bhikhubhai	Fayetteville
Clemens, Anne Elizabeth	Richardson, William James	Durham
Cline, Lynette Joy	Peace, Robin Yolanda	Maxton
Collins, Kristin Patricia	Becherer, Paul Robert	Raleigh
Cordial, Roger	Vreeland, Matthew John	Ft. Bragg
Cote, Christopher Patrick	Keppler, Eileen	Hendersonville
Craig, Dinah Kay	Peace, Robin Yolanda	Fairmont
Crummey, Heather Michelle	Williams, Richard Frederick Jr.	Greenville
Cummins, Mary Miller	Hoffman, Stanley David	Gastonia
Cuneo, Melissa Anne	Musselman, Corey Neal	Cary
Czaja, Jill Renee Bookman	Berry, Richard Garth	Chadbourn
Davis, Martha Beardsley	Michael, Steven Paul	Sanford
Dawson, Vanessa Nicole	Hager, Angela Alicia	Fort Bragg
Dixon, Thomas Bradley	Norris, Steven Roland	Greensboro
Eaton, Nicole Marie	Toothman, Donald Eugene	Charlotte
Ellington, Samantha J	Dasher, James	High Point
Epps, Clyde Anthony	Strickland, David Keith	Lumberton
Evans, Shannon Dudley	Phillips, Bruce Alton Jr.	Elizabethtown
Folkerts, AnnaMaria	Niemeyer, Meindert Albert	Elon
Friedman, Erica Carla	Banks, Faye Theresa	Durham
Gentile, Elizabeth Ruth	Voulgaropoulos, Menelaos A.	Statesville
Getty, Christine Renee	Lowry, David Alan	Lenoir
Glasgow, Cheryl Smith	Strickland, Robert Allen	Winston-Salem
Goddard, Alan Anthony	Powell, James Robert	Ahoskie
Gore, William Anthony	Kirtley, Samuel William	Shallotte
Haas, Kelli Sue	Smith, Carl Lynwood	Henderson
Harewood, Lisa Knight	Puente, Fernando Rene	Raleigh
Harrison, Jeffrey Gene	Daly, Claudia Hauck	Greenville
Haupt, Geoffrey Lewis	Larcombe, Joel Walter	Camp Lejeune
Hawley, John Patrick	Jonnalagadda, M. R.	Jacksonville
Horn, Nicole Yvonne	Weber, Thomas Nelson	Wake Forest
Huddleston, Coe Edwin	Cooper, Randolph Arend	Raleigh
Jenkins, Walter Houston Jr.	Andolsek, Kathryn Marijoan	Durham
Jernejcic, Tara Carson	Klein, Steven Cochran	Greensboro
Journigan, Gretchen Blair	Williams, Richard Frederick Jr.	Greenville

Justus, Misty T	Eskander, Essam Sobhy	Chadbourne
Kalle, Janelle Marie	Hill, David Ashley	Fayetteville
Karimi, Najeeb	Jorge, Carlos Bernard	Charlotte
Kazda, John Joseph	Zhang, Jing Jean	Cary
Kelly, Amy Sue	Kirtley, Samuel William	Shalotte
Kurtz, Harry David	Pickett, Lisa Clark	Durham
Kurtz, Harry David	Tuttle-Newhall, Janet Elizabeth	Durham
Lacey, Donna Murray	Searles, Anthony David	Charlotte
Land, Debra Groomes	Kennelly, Michael Joseph	Charlotte
Latif, Muhammad Abdul	Bhatti, Muhammad Ashraf	Goldsboro
Lawrence, Robert Evans	Kerkering, Thomas Michael	Ahoskie
Lewis, Michael Tyrone	Fajardo, Agapito Lacson	Warsaw
Lewis, Michael Tyrone	Willis, Clark Herbert	Clinton
Mahan, David Michael	Tanenberg, Robert Jay	Greenville
Mahiquez, Jose Felipe	Lipscomb, Michael Kirk	Whiteville
Martin, Jeffrey Scott	Batish, Sanjay	Leland
McCain, Wilda Ann	Stewart-Carballo, Charles Willy	Laurinburg
McConnell, Patrick V.	Harris, Diane Ennis	Clinton
McConnell, Patrick V.	Heter, Michael Allen	Wilmington
McConnell, Patrick V.	Kirtley, Samuel William	Shalotte
McConnell, Patrick V.	Maultsby, James Alexander	Wallace
McConnell, Patrick V.	Zinicola, Daniel Francis	Rocky Point
McKinney, Brenda Whitaker	Franck, George Henry	Winston-Salem
McKinney, Brenda Whitaker	Spillmann, Scott Joseph	Winston Salem
McLamb, Carra Avery	Godfrey, Wanda Lee	Garner
McLamb, Carra Avery	Guha, Subrata	Clayton
Migdon, Steven	Sunderman, Michael Robert	Elm City
Mitchell, Matthew Thomas	Sturgess, Susan Denise	Charlotte
Munn, William Anthony	Martinez, Lucas J.	Rocky Mount
Murphy, Stacy Leigh	Owens, Robert Carl	Wilmington
Newkirk, Ketoyia Chicquet	Grigsby-Sessoms, Kimberly D.	Rose Hill
Newkirk, Ketoyia Chicquet	Sessoms, Rodney Kevin	Clinton
Newman, Barbara Ann	Mims, Susan Rupp	Asheville
Nielsen, John William	Martin, Patrick David	Wilmington
Nolan, Michael John	Mims, Susan Rupp	Asheville
O'Connor, Brian Joseph	Ekwonu, Tagbo John	Charlotte
O'Leary, Elizabeth H.	Falk, Ronald Jonathan	Chapel Hill
Orrvick, Crystal Dawn	Davidson, Leo Warren	Fayetteville
Pane, Mark Anthony	Schwartz, Lauren Faith	Winston-Salem
Pardue, Lori Copple	White, Kenneth Samuel	Wilmington
Patterson, Timothy James	Parsons, Marshal Ray	Charlotte
Payne, Andrea Leslie	Lipscomb, Michael Kirk	Whiteville
Perera, Payal Mehta	Blazing, Michael August	Durham
Pickup, Leigh Anne	Runyon, Michael Scott	Charlotte
Pineiro, Miguel Angel	Ordonez, Esperanza Maria	Raleigh
Presley, Monica Dawn	Estwanik, Joseph John	Charlotte
Price, Anita McKinney	Mims, Susan Rupp	Asheville
Price, Meredith Ann	Aldridge, Julian McClees III	Durham
Rappaport, Richard Alan	Kelly, Samuel Steven	High Point
Rasheed, Karima	Seewaldt, Victoria Louise	Durham
Roman, Michelle Ann	Flanagan, James Patrick	Fayetteville

Roth, Samuel Klein	Blackman, Cameron Trent	Concord
Rothschild, Elizabeth Pound	Purdy, William Kimball	Durham
Russell, Kristin Erryn	Desai, Viren Dinkerrai	Fayetteville
Sanders, Gregory Alan	Cohen, Bruce Elliot	Charlotte
Saunders, Lori Wohlford	Hess, Terry Douglas	Lewisville
Schwarz, John Marshall	Morris, Deborah Lynn	Fayetteville
Sheffler, Han Vu	Jordan, Richard Liming	Jacksonville
Spicer, Blai Vang	Kremers, Scott Alex	Charlotte
Stanley, Glenn Martin	Lipscomb, Michael Kirk	Whiteville
Sterling, Anthony Keith Jr.	Willis, Clark Herbert	Clinton
Steyskal, Christopher J.	Brown, Adam Pullan	Wilmington
Strub, Michael John	Jollis, James Gerard	Durham
Swinger, Jonathan Rudi	Mironer, Yevgeny Eugene	Asheville
Taylor, Jeffrey Nathan	Hayes, Daniel Harvey	Charlotte
Taylor, Jennifer Hunnicutt	Thompson, Sidney Earl	Fayetteville
VanOoteghem, Christopher J.	Powell, Ronald Jones	Sanford
Vang, Mai Khou	Consing, Jesse Rey Nobleza	Hildebran
Waldrup, Carolyn Rodgers	Zhang, Jing Jean	Cary
Walker, Eureka Aredene	Gooch, Hubert Lee Jr	Statesville
Wall, Luvae Jneanne	Jackson, Anita Louise	Clayton
Ware, Leslie Ann	Girmay, Aregai Abay	Gastonia
White, Steven William	Ferguson, Robert Lee Jr.	Hope Mills
Whitehead, Marjorie M.	Myers, Brian Gerard	Charlotte
Whitmeyer, Kathryn Fabrizio	Quashie, Dawn Valaire	Raleigh
Wilkins, Bobbi Lynn	Matulis, Melissa Dawne	Gastonia
Williams, Dana Ray	Subbiah, Murugananthan P.	Sparta
Williams, Krissi Jones	Sutton, Sidney Michael	Elizabeth City
Williams, Lynne Baheyeah	Mead, Robert J.	Burlington
Williams, Steven Shane	Olin, Matthew David	Greensboro
Wilson, Raeleen Alise	Blair, Charles Edward	Asheville

NP – Initial Applications Recommended for Approval after Staff Review -

<u>NURSE PRACTITIONER</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Ashley Joy Barbaccia	Gretchen Kimmick	Durham
Elizabeth T. Beauvais	James Ransom	Greensboro
Catherine Anne Brailer	Irma Fiordalisi	Greenville
Penny Lynn Brown	Gaddy Lassiter	Harrellsville
Janice Huffman Bryant	Garland Hughes	Hickory
Grace O'Connor Buttriss	Stephen Ezzo	Mathews
Robin Lynn Cassidy	William Wike	Cherry Point
Pamela Meadors Fox	Irma Fiordalisi	Greenville
Sherri Lea Haven	John Reilly Jr.	Smithfield
Ronda Willis Hensley	Christopher Chay	Asheville
Cynthia Powell Keel	Irma Fiordalisi	Greenville
Chirri Tinisha Lambeth	Robert Dillard	Winston-Salem
Beatriz delosSantos Martinez	Paul Martin	Durham
Janet Louise McNamara	Michael Robson	Greensboro
Kelly Anne Nicklas	Ira Cheifetz	Durham
Kerry Davis Ogrodowczyk	Steven Block	Winston-Salem

Ilesanmi Adebola Omolara	Diana Lizardo-Morales	Winston-Salem
Kara Lynn Penne	Henry Friedman	Durham
Heather Johns Perkins	Gregory Glass	Mt. Holly
Barbara J. Perry	Wayne Philip	Concord
Sandra Knight Quick	James Stanten	Laurinburg
Michelle Marsh Schweitzer	Joanne Kutzberg	Durham
Sharon Rouse Smith	Allyn Dambeck	Clinton
Teresa Wells Smith	Steven Skahill	Williamston
Timothy Matthew Snow	Steven Block	Winston-Salem
Alison Louise Sprouse	Mark W. Burton	Marion
Jvonne Leung Starr	Desiree Johnson	Salisbury
Mark Hubbard Stevens	Mark Beamer	Belhaven
Sara Louise Turner	Kevin Lobdell	Charlotte
Steven Dale Tysinger	Clifton Baker	Thomasville
Christine Adams Urbaniak	Sitara Alam	Morganton
Diane Stegall Varnadore	Mark Dubinski	Henderson
Thanh Truc Nu Vuong	Gonzalo Cabral	Elm City
Stephanie Ann Zannis	William Satterwhite	Winston-Salem
Penelope Pipho Zimmerman	Frank Valeri	Charlotte

NP - Subsequent Applications administratively approved -

<u>NURSE PRACTITIONER</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Abrams, Eva Marie	Kornegay, Hervy Basil	Mt. Olive
Andrews, Valeria M.	Fisher, Michael Lawrence	Conover
Angrisani, Patricia Ann	Smith, Robert Lewis	Fletcher
Baxley, Sharon Grimes	Phillips, Bruce Alton Jr.	Elizabethtown
Benton, Jennifer DeAnn	Archer, Noah Robert Jr.	Wilmington
Bertolette, Therese G.	Flannery, William Kevin	Huntersville
Biondi, Andrea Rose	Smith, Ronald David	Fayetteville
Brito, Sherley Ivette	Farrington, Cecil Murray Jr.	Gastonia
Brunner, Beth Garbee	Villaveces, Carmen Luz	Charlotte
Caldwell, Erin Diane	Sunderland, Theresa Kay	Charlotte
Covington, Philip Whit	Mewborn, Quentin Alexander Jr.	Greenville
Craig, Andrew Emerson	Jones, Robert Lee Jr.	Charlotte
Cuthbertson, Beverly Wright	Cummins, Larry Edward	Linville
Dean, Patricia Gail	Byrd, David Evan	New Bern
DiRamio, Melodie Anne	Sunderland, Theresa Kay	Charlotte
Elkin, Jon Michael	Richard, Daniel Christopher	Cary
Fennell, Karen Lynn	McArtor, Robert Dennis	Wilmington
Gamewell, Marilyn Martin	Kimball, Robert Roy	Statesville
Gosnell, Georgann Hedy	Hart, Robert William III	Vale
Hedrick, Diann Ellner Sailors	Gold, Steven Allen	Conover
Heinrich, Sharon Louise	Warlick, John Thomas III	Lincolnton
Hernandez, Jesus Antonio	Ezzo, Stephen James	Charlotte
Huneycutt, Barbara Burris	Morgann, Robert Georges	Kannapolis
Hurley, Mary Louise	Torres, Mary Ellen	Charlotte
Jackson, Rhonda Mode	Cloninger, Kenneth Kyle	Shelby
Johnson, Kathryn Ann S.	Talton, Robert Kevin	Mt. Olive
Julian, Brenda Sue	Owens, Robert Carl	Goldsboro

Kast, Sharon Ramsey	Jackson, Annie Margaret	Rutherfordton
Kimble-Hahn, JoAnn	McEwen, Luther Morris III	Largo
King, Patricia Ann	Smith, Michael Earl	Greenville
Lane, Roberta Sevin	Earls, Marian Frances	Greensboro
Lee, Carol Ann	Carlson, James Lennart	Rowland
Lowe, Eleanor Latrelle	Hedgepath, Larry Lee	Mill Spring
McCoy, Adrian Jay	Sowell, James Richard	Monroe
McCoy, Adrian Jay	Sutherland, Steven Michael	Charlotte
Moose, Cynthia Ann	Girouard, Michael Paul	Huntersville
Nickerson, Debra Anne	Villaveces, Carmen Luz	Charlotte
O'Neal, Leslie Camille	Holness, Kenworth Fitzgerald	Winston-Salem
Owen, Cheryl Nicholson	Fisher, Ronald Paul	Sylva
Rathinam, Florence V.	McKay, Cecilia Smith	Chapel Hill
Ridout, Jamie Lee	Quashie, Dawn Valaire	Raleigh
Ross, Mary Katherine	Villaveces, Carmen Luz	Charlotte
Rutland, Nancy McNicholas	Villaveces, Carmen Luz	Charlotte
Quick, Sandra Knight	Nederostek, Douglas F.	Laurinburg
Quick, Sandra Knight	Bethel, Bradley H.	Laurinburg
Shankar, Ann Henderson	Sethi, Vidya Sagar	Charlotte
Silvers-Mangum, Kathy L.	Wellman, Samuel Davis Jr.	Hickory
Spainhour, Mary Victorine	Kindman, Louis Allen	Durham
Sprouse, Alison Louise	St. Bernard, Edward L.	Marion
Turnage, Denise Costell	Arumugham, Pradeep S.	Greenville
Ulrich, Caroline Powell	Villaveces, Carmen Luz	Charlotte
Way, Peter Joseph	Crane, Steven Douglas	Saluda
Whiddon, Suzanne Erb	Westover, Edward Ted William	Roanoke Rapids
Willix, Christy Rene	Daly, Marianna Tepaske	Marshall
Winslow, Teresa Wallace	Coyle, Michael Patrick	Greenville
Yanni, Allyson Jean	Raymond, Lawrence William	Kings Mountain
Yarborough, Kelly Elizabeth	Garmon-Brown, Ophelia Eugenia	Matthews

Motion: A motion passed to approve the Committee report and the vote list as modified.

LICENSING COMMITTEE REPORT

Michael Norins, MD, Chair; Robin Hunter-Buskey, PAC; Edwin Swann, MD; Sarvesh Sathiraju, MD

Disparity of issuing license without clinical experience

Catchline: This topic was referred to the License Committee at the November meeting. Reference Dr. Blache (scheduled to appear for license interview at the January meeting) and Dr. Hartley (appeared for license interview at the November meeting).

Committee Recommendation: Refer to the Re-entry Committee. The License Committee is unable to come to a conclusive recommendation until additional clarification is received regarding the term "agreement" to minimize any negative aspects of creating a public record for the practitioner. Options are a time limited license, geographical limited license; criteria for monitoring. Recommend against using "consent order" terminology.

BOARD ACTION: Refer to the Re-entry Committee. The License Committee is unable to come to a conclusive recommendation until additional clarification is received regarding the term

“agreement” to minimize any negative aspects of creating a public record for the practitioner. Options are a time limited license, geographical limited license; criteria for monitoring. Recommend against using “consent order” terminology.

Review of applications scanned to Board Members

Catchline: Just a reminder that turnaround time for review of applications is 3 business days. Staff is experiencing as much as a 2 week turnaround in some instances. Also we expect an increase in the number of files to review between March and August. Please let the staff know if you have other commitments that will keep you from reviewing files within the designated time so they can be forwarded to another Board Member for review.

Committee Recommendation: Accept as information.

BOARD ACTION: Accept as information.

Reactivation Process – Possible loophole regarding registration CME requirement

Catchline: There could be a loophole for physicians that allow their license to go inactive by not registering (because of CME deficiencies) and then applying to reactivate and not having to satisfy the CME requirement for registration.

Committee Recommendation: Include information regarding the Board’s stance on CME deficiencies in the instructions for the reactivation process.

BOARD ACTION: Include information regarding the Board’s stance on CME deficiencies in the instructions for the reactivation process.

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

The Board reviewed seven license applications. 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.

SPLIT BOARD LICENSURE INTERVIEWS

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

Twenty-six 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.

APPLICANTS PRESENTED TO THE BOARD

Donald Glenn Adams	Victoria Elizabeth Garrett
Rustan O'Neal Adcock	Tarsha Garvin
Mohammad Ahmad	Anne Miriam Glaser
Eben Alexander III	Mary Katherine Goodwin
Herminee O. Alexanian	Dmitry Gorelik
Guy J. Amir	Arthur John Greenwood
Jessica Anne Ankney	Patricia Caroline Gregory
Vinay Kumar Bararia	Paul Michael Griffey
Michael Louis Barretti Jr.	Kwadwo Gyartegt-Dakwa
Brian Patrick Barrick	Shaikh Abdul Hai
Tonya Lashon Blache	Chelsea Coffey Hamman
Douglas Dane Blevins	Miriam Jane Hard
Marsha Wells Blount	Raymond Eric Harrison
Tammy LaMonica Boyd	Philip Joseph Hess
Barbara Anne Brandes	Jason Paul Hillman
Mathijs Henri Brentjens	Benjamin Erik Hippen
Caroline Dillard Brownlee	Jeff Carl Hoehner
Marla Crow Brumit	Darius Dewitt Hollings
Melania Liza Bula	Wallace Jennings Horne
Richard Allan Candig	Vera Church Hyman
Michael William Cantrell	Sherry Zilbert Ikalowych
Lauren Brett Caram	Donald Earl Jackson Jr.
Beth Lynn Carlson	Syed Arif Ali Jaffery
Samuel Grenville Caruthers	Daryoush Jamal
Joseph Huston Clark	Preeti Madan Janefalkar
Loren Edward Cohen	Matthew David Jenkins
Paul Dwayne Collins	Jancinta Lalita Joiner
Margaret Vivian Cooper Vaughn	Michael Eugene Jones Jr.
Robert Paul Cory	Harriet Ivy Jones
Christina Holyfield Crater	Aseedu Abdul Kalik
Boris Cvetkovski	Larry Alan Kean
Swati Satya Dakoriya	Julie Beth Kessel
Racquel Renee Daley-Placide	Waqqar Bin Khan-Farooqi
Surjya Prasad Das	Steven Douglas Klein
Dawod Abdelmagid Dawod	John Thomas Koepke
Allison Michelle Dean	Steven Ferenc Komjathy
Linda Kaufman Derbes	Venkatesh Lakshman
James Edward deVente	Carrie Beth Lee
Emily LaRae Dolbare	Winnie Wei-Ning Lee
William Tracy Durham	Fawn Aymee Leigh
Hubert Arthur Eaton, Jr.	Peter Lawrence Leuchtman
David Beauchamp Eddleman	Johnson Benjamin Lightfoote
William Harris Epstein	Sandra Ann Lindstrom
Lilian Qushair Evans	Liang Liu
Timothy Sebastian Fisher	Michael Bruce Longley
Stephen Francis Flaherty	Kelly Elizabeth Maloney
Michael Lee Galloway	Thomas Stanley Marlowe
Connie Joan Gapinski	Barbara Gavin Mattox

John Keith McKelvey
William Joel Meikrantz
Rene Melendez
Maurice Monroe Miller
Jerelyn Roberson Moffet
Mark Alan Moffet
Mohamed Kamel Mohamed
Aaron Albert Munching
Edward Wilson Nicklas II
James Christopher O'Neill
Jonathan Robert Oppenheimer
Frank David Osborn
Artashes Patrikyan
Francis Salvatore Pecoraro
Hisman Habili Percival
Bruce Wayne Phillips
Michael Sylvanus Pieh
Andrea Jean Plaskiewicz
Alka Prasad
Mary Earle Pressly
Rory Armon Priester
Misbah Ul-Ahsan Qadir
Marcus Ervin Raines
Hamsakumari Ramasubramaniam
Prasad Hayavadana Rao
Paul Richard Riggs Jr
Rukhsana Rizvi
David Aaron Rosen
Daniel Raymond Scanga
Brenda A. Scronce
Nirmish Ramesh Shah
Sufyan Ahmad Sheikh
Hyung Ju Choi Shin
Douglas Brian Ellis Short
Mark Alan Siemer

Holly Gwen Smith
Linda Greer Spooner
Keisha Consuella Stevens
Hemella Lydia Sweatt
Daniel David Tabaka
Shari Lyn Taylor
Shanna Claire Ten Clay
Matthew Nash Thoma
John Rades Thomas
Christopher Aaron Thompson
Stephen Cameron Thompson
Vinai Madhure Vishwanath
Adeline Chia Viyuoh
Kim Price Weaver
Barry Robert Weiss
Michael Jay White
Jonathan Paul Wilson
Michael Brian Wilson
Carter Railsback Wood
Charles Lawrence Woodruff
Kirtine Lee Yang
Cynthia Cerise Young
Sandra Marie Zebrowski

Reinstatement

James Gary Guerrini
Michael Anthony Lapuente
Jorge Alberto Ramirez
Marcus Eddie Randall

Retired Volunteer

Eugene Taylor Davidson Sr.
James Wayne Rackley
Cesar Alvarez Ruiz

LICENSES APPROVED BY ENDORSEMENT AND EXAM

Donald Glenn Adams
Rustan O'Neal Adcock
Herminee O. Alexanian
Jessica Anne Ankney
Michael Louis Barretti Jr.
Brian Patrick Barrick
Marsha Wells Blount
Tammy LaMonica Boyd
Barbara Anne Brandes
Mathijs Henri Brentjens
Caroline Dillard Brownlee
Marla Crow Brumit
Richard Allan Candig

Michael William Cantrell
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Swati Satya Dakoriya
Racquel Renee Daley-Placide
Surjya Prasad Das
Dawod Abdelmagid Dawod
Allison Michelle Dean

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Emily LaRae Dolbare
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Mary Katherine Goodwin
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Paul Michael Griffey
Chelsea Coffey Hamman
Miriam Jane Hard
Raymond Eric Harrison
Jason Paul Hillman
Benjamin Erik Hippen
Jeff Carl Hoehner
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Steven Douglas Klein
John Thomas Koepke
Venkatesh Lakshman
Carrie Beth Lee
Winnie Wei-Ning Lee
Fawn Aymee Leigh
Peter Lawrence Leuchtmann
Johnson Benjamin Lightfoote
Liang Liu
Michael Bruce Longley
Kelly Elizabeth Maloney
Thomas Stanley Marlowe
Barbara Gavin Mattox
John Keith McKelvey
William Joel Meikrantz
Rene Melendez

Maurice Monroe Miller
Mark Alan Moffet
Mohamed Kamel Mohamed
Edward Wilson Nicklas II
James Christopher O'Neill
Jonathan Robert Oppenheimer
Frank David Osborn
Artashes Patrikyan
Francis Salvatore Pecoraro
Hisman Habili Percival
Andrea Jean Plaskiewicz
Alka Prasad
Mary Earle Pressly
Rory Armon Priester
Misbah Ul-Ahsan Qadir
Marcus Ervin Raines
Hamsakumari Ramasubramaniam
Prasad Hayavadana Rao
Paul Richard Riggs Jr
David Aaron Rosen
Daniel Raymond Scanga
Nirmish Ramesh Shah
Hyung Ju Choi Shin
Douglas Brian Ellis Short
Mark Alan Siemer
Holly Gwen Smith
Linda Greer Spooner
Keisha Consuella Stevens
Hemella Lydia Sweatt
Daniel David Tabaka
Shari Lyn Taylor
Shanna Claire Ten Clay
Matthew Nash Thoma
John Rades Thomas
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Stephen Cameron Thompson
Vinai Madhure Vishwanath
Michael Jay White
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RE-ENTRY SUBCOMMITTEE REPORT

EK Fretwell, PhD, Chair; Robert Moffatt, MD; Michael Norins, MD

The Re-entry SubCommittee of the North Carolina Medical Board was called to order at 12:00 p.m., Wednesday, January 19, 2005, at the office of the Board. Members present were: EK Fretwell, PhD, Chair; Michael Norins, MD; Robert Moffatt, MD; and Walter Pories, MD, Past President/Consultant.. Also attending were: Thomas Mansfield, JD, Director, Legal Department (Staff); Joy Cooke, Licensing Director (Staff); Dale Breaden, Director, Public Affairs and Mr. Jeffery T. Denton, Board Recorder (Staff). Absent was Jesse Roberts, MD, Medical Director (Staff).

Minutes

The November 2004 committee minutes were reviewed.

Re-Entry SubCommittee Proposal for Action

Dr. Fretwell presented the following draft proposal resulting from collaboration with Dr. Roberts: ("I" refers to Dr. Roberts.)

Re-Entry Subcommittee Proposal for Action
January 17, 2005

Purpose: To put forth some of the things I have learned the past several months regarding the issue of re-entry. In the interest of your time, my schedule and the brevity, which enhances almost all efforts at communication, I submit this summary.

The Mission and the Problem: Competency to practice is a major issue confronting the profession of Medicine and the agencies that regulate its' practitioners.

The NC Medical Board has chosen to attend to the public safety in this regard by addressing a sub-set of competency—that is the re-entry of practitioners who have left the practice of medicine, allowed their license to become inactive and now petition the Board to activate their license. Dr. Roberts calls them Practitioners of Concern that is POC.

The Mission:

1. Define the need for re-entry attention:
 - The Boards of Pharmacy and Nursing have established policy statements regarding reinstatement.
 - The Professional Liability industry has defined its' requirements for qualifying for reinstatement of insurance coverage
 - Credentialing committees in some hospital systems have established reinstatement criteria.

NCMB SHOULD CONSIDER THE DEVELOPMENT OF A RE-ENTRY, OR REINSTATEMENT POLICY OR POSITION STATEMENT THAT DEFINES THE NEED FOR RE-ENTRY ATTENTION.

2. Establish a process for establishing the need for re-entry attention:
 - Time away from practice is arbitrary.
 - Assessment, while not perfect, does establish areas of incompetency and need for remediation. The process is objective and ultimately produces data for guidance.
 - An Informal Interview—not a read your rights, bring an attorney interview—but an information, discussion, interchange between POC and the Board to understand each position and lead to remediation plans
 - Development of remediation directions, communicated to POC

NCMB SHOULD ESTABLISH THE POC IS NOT CAPABLE OF SAFE PRACTICE, OUTLINE RECOMMENDED REMEDIATION PLAN BASED ON THE STUDIES AND DIRECT POC TO RETURN WHEN THAT REMEDIATION PLAN HAS BEEN ACCOMPLISHED.

3. The mission of the Medical Board is to judge qualifications and establish standards for the safe practice of Medicine.

4. It is NOT the mission of the Medical Board to establish, design, fund educational programs and efforts to do so are dilutive of the Boards resources.

5. It IS the mission of the educational community to develop and implement educational programs to address this deficiency.

6. NCMB SHOULD OFFER CONCEPTUAL SUPPORT TO LOCAL IMPLEMENTATION EFFORTS AT DEVELOPING REMEDIATION PROGRAMS—AS IN ASHEVILLE.

7. NCMB SHOULD CONSIDER THE ACTIVE PROMOTION OF A STATEWIDE OR NATIONAL FORUM OR SYMPOSIUM COMPOSED OF THE FOLLOWING SUGGESTED GROUPS AND POSSIBLE PARTICIPANTS PLAYERS:

LICENSURE GROUPS—FSMB—Jim Thompson
CERTIFICATION—ABMS—Steve Miller, Cynda. Johnson
CREDENTIALING ORGANIZATIONS—HOSPITALS
PROFESSIONAL LIABILITY CO.—MMIC—David Sousa
EMPLOYERS—Physician Hospital University systems
EDUCATIONAL SYSTEMS—AHEC—Tom Bacon.
UNIVERSITY SYSTEMS—William Roper
ASSESSMENTS GROUPS—CPE
PUBLIC POLICY—POLITICAL
MEDICAL SOCIETY—L. Cutchin, Clyde Brooks

8. THE BASIC PURPOSE OF SUCH A SYMPOSIUM WOULD BE TO OBTAIN “BUY IN” FROM THE PLAYERS.
 - The main development and management may lie with FSMB
 - The main program development and implementation lies with the EDUCATIONAL COMMUNITY
 - The CERTIFICATION groups must make attainment of certification, re-certification possible.
 - The insurance industry, the credentialing and the employer all have key roles to play in making jobs available

FUNDING OF SUCH A SYMPOSIUM may follow on the re-entry committee contact of Foundations, who may consider a grant request as within their areas of interest.

LOCATION— To Be Determined

TIMING—Fall 2005 or Spring 2006

This proposes an event with major players, 1 ¼ day time investment with major staff work pre-sessions in order to focus the expectations of the group and achieve the goals. As such, a major amount of time is required in preparation. The FSMB may well be a more appropriate venue for such an undertaking. It is likely that the NCMB is NOT the most appropriate place for such an effort.

9. Much of the struggle within the re-entry committee and the Board dealing with POC's arises when a deficiency is recognized, the need for something is obvious but the educational community has not developed programs to address the problem.
10. Until the Educational Community develops programs and makes them available to the POC, the Board will continue frustrated in any effort to assist a growing number (how big is the problem is not known) of POC's in return to practice.
11. The NCMB Legal Department should continue its' initiative to ensure that the Medical Board has the regulatory authority to act in cases of re-entry deficiency.

IN SUMMARY: I have learned that the Medical Board's role in the re-entry matter is well defined and does not encompass all of the aspects needed to adequately address the problem. The solution to this situation lies most significantly with the Educational enterprise along with multiple other players who will have to follow-on. An effective solution will also assist the projected man power shortage by enhancing the re-entry practitioner as well a impact favorably the retention of practitioners. One scenario of work force planning projects a physician shortage of 240,000 physicians by 2020.

Motion: A motion passed to adopt the above as the subcommittee's action plan.

Federation of State Medical Boards (FSMB)

The general consensus was to get the FSMB involved to run the national effort

Further Discussions

Dr. Moffatt reported that he had met with the Asheville AHEC Medical Director, and discussed reentry. He is experienced and interested. The Mission Hospital in Asheville has a new CEO as well. All parties have expressed interest and are willing to help.

Action: Dr. Moffatt will continue discussions and get the group together.

The next meeting of the Re-Entry SubCommittee is tentatively set for Wednesday, March 16, 2005.

COMPLAINT COMMITTEE REPORT

Aloysius Walsh; Michael Norins, MD, Robert Moffatt, MD; Dicky Walia

A motion passed to close the session 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.

The Complaint Committee reported on 99 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 information.

Motion: A motion passed to approve the Complaint Committee Report.

A motion passed to return to open session.

MEDICAL EXAMINER COMMITTEE REPORT

Aloysius Walsh; Michael Norins, MD, Robert Moffatt, MD; Dicky Walia

A motion passed to close the session 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.

The Medical Examiner Committee reported on five 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.

Motion: A motion passed to approve the Medical Examiner Committee report.

A motion passed to return to open session.

MALPRACTICE COMMITTEE REPORT

Aloysius Walsh; Michael Norins, MD, Robert Moffatt, MD; Dicky Walia

A motion passed to close the session 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.

The Malpractice Committee reported on 52 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.

Motion: A motion passed to approve the Malpractice Committee report.

A motion passed to return to open session.

NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT

Robert Moffatt, MD; Michael Norins, MD; Dicky Walia

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to section 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.

NCPHP Compliance Committee met on 1/19/05. The following cases were discussed:

The Board reviewed 53 cases involving participants in the NC Physicians Health Program. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

INVESTIGATIVE COMMITTEE REPORT

Janelle Rhyne, MD; Arthur McCulloch; E. K. Fretwell, PhD; Edwin Swann, MD

A motion passed to close the session 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.

The Investigative Committee reported on 58 investigative 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.

INFORMAL INTERVIEW REPORT

A motion passed to close the session 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.

Twenty-five informal interviews were conducted. A written report was presented for the Board's review. The Board adopted the Split Boards' recommendations and approved the written report as modified. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

ADJOURNMENT

This meeting was adjourned on January 21, 2005.

H. Arthur McCulloch, MD
Secretary