Minutes of the Open Sessions of the North Carolina Medical Board Meeting July 18-20, 2001.

The July 18-20, 2001, meeting of the North Carolina Medical Board was held at the Board's Office, 1201 Front Street, Suite 100, Raleigh, NC 27609. The meeting was called to order at 5:00 p.m., Wednesday, July 18, 2001, by Elizabeth P. Kanof, MD, President. Board members in attendance were: Walter J. Pories, MD, Vice President; John T. Dees, MD; Secretary/Treasurer; Kenneth H. Chambers, MD; John W. Foust, MD; E. K. Fretwell, PhD; Charles L. Garrett, MD; Stephen M. Herring, MD; Robin N. Hunter-Buskey, PA-C; Mr. Paul Saperstein; and Mr. Aloysius P. Walsh. Absent was George C. Barrett, MD.

Staff members present were: Mr. Andrew W. Watry, Executive Director; Ms. Helen Diane Meelheim, Deputy Director; Thomas W. Mansfield, JD, Legal Department Director; R. David Henderson, JD, Board Attorney; William H. Breeze, Jr., JD, Board Attorney; Ms. Wanda Long, Legal Assistant; Lynne Edwards, Legal Assistant; Mr. John W. Jargstorff, Investigative Director; Mr. Don R. Pittman, Investigative Field Supervisor; Mr. Edmond Kirby-Smith, Investigator; Ms. Donna Mahony, Investigator; Mr. Fred Tucker, Investigator; Mrs. Therese Dembroski, Investigator; Ms. Barbara Brame, Investigator; Ms. Edith Moore, Investigator; Mr. Jason Ward, Investigator; Mrs. Jenny Olmstead, Senior Investigative Coordinator; Ms. Michelle Lee, Investigative Coordinator/Malpractice Coordinator; Ms. Myriam Hopson, Investigative Coordinator; Mr. Dale Breaden, Director of Communications and Public Affairs; Ms. Shannon Kingston, Public Affairs Assistant; Mrs. Joy D. Cooke, Licensing Director; Mr. Jeff A. Peake, Licensing Assistant; Ms. Erin Gough, PA/NP Coordinator; Mr. James Campbell, Licensing Assistant; Tammy O’Hare, Licensing Assistant; Mrs. Janice Fowler, Operations Assistant; Mr. Peter Celentano, Controller; Ms. Ann Z. Norris, Verification Secretary; Gary Townsend, MD, JD, Medical Coordinator; Ms. Judie Clark, Complaint Department Director; Mrs. Sharon Squibb-Denslow, Complaint Department Assistant; Ms. Sherry Hyder, Complaint Department Assistant; Mr. Jeffery T. Denton, Administrative Assistant/Board Secretary; Mr. Allen Holcomb, Operations Assistant; Ms. Deborah Aycock, Operations Assistant; Virginia Vazquez, Receptionist; Ms. Rebecca L. Manning, Information Specialist; and Mr. Nicholas C. Hun, Operations Assistant.

MISCELLANEOUS

Presidential Remarks
Dr. Kanof commenced the meeting by reading the North Carolina Board of Ethics’ “ethics awareness and conflict of interest reminder.”

Physician Assistant Issues
At the June 2001 Board Meeting the PA Committee was asked to review and report recommendations on several generic PA issues. Ms. Hunter-Buskey stated that the PA Committee had reviewed the issues and makes the following report to the Full Board. In general, everything with regards to PA processing and physician relationship is appropriate and the processes in place seem to be good ones.

(1) Supervision - There is no real definition of what supervision is (there are definitions of what supervision is not). There is an informal understanding that the relationship is left to the individuals and what they are comfortable with. PA’s generally know their limitations.

(2) Geographic Distance – Ms. Hunter-Buskey stated that perhaps only one state mentions the actual geographic distance allowed between a PA and the supervising physician. This goes back to item (1) above.
(3) Maximum number of PA's a physician can supervise – Surveys of other states indicated that some do mention a specific number but more states are moving away from that. Most prudent physicians realize their limitations. The recommendation from the PA Committee is that nothing needs to be changed at this time. (Also see the PA Committee Report.)

Office-Based Procedures Task Force
It was noted by Dr. Kanof that Dr. Fagg (President, North Carolina Medical Society) has finalized appointments to the Task Force to Develop Guidelines on Office-Based Surgery. The Medical Board representatives will be Dr. Herring and Mr. Walsh. It was also noted that Dr. Fagg had personally interviewed every member of the Task Force and personally stressed that patient safety is the primary concern of the Task Force and that turf battles would not be an issue at the meetings. The first meeting date has not been announced yet.

Resident Training License (RTL) Discussion/Presentation
Charles Schleupner, MD, Director, Residency in Internal Medicine, Coastal AHEC James Leonardo, MD, Program Director, Internal Medicine Residency Program, ECU Thomas Bacon, PhD, Director, North Carolina AHEC Program

Dr. Schleupner and Dr. Leonardo requested a meeting with the Medical Board to discuss RTL issues. Specifically, concerns surrounding several of their RTL applicants who graduated from Caribbean medical schools.

Dr. Kanof welcomed the visitors and explained the particular forum for the evening. She explained that this was an open meeting and the Board would not be able to discuss any individual cases. Mr. Watry echoed the welcome. He indicated that 13 of 750 RTL applications had been held for Board review. He continued that these Caribbean medical schools allow students in their third and fourth years of their medical degree program to do clinical training in another country – the United States, China, Great Britain and elsewhere. Concern about the looseness of this process was raised by many medical boards in the mid-eighties. This Board’s response was to adopt a rule in 1985 that provided validation for these clerkships, rule .0508. These clerkships are atypical in that most all of the other medical schools in the world farm students out for clinical training near their facilities in the same country. These Caribbean schools, on the other hand, farm them out to other countries. To ensure that this clinical training was appropriate under these circumstances, this Board adopted a rule in 1985 providing for validation of this clinical training. Mr. Watry believes the Board can administratively work with the residency program directors and identify markers and get through the system earlier.

Dr. Schleupner stated he came as a friend of the Board and he stands for what the Board stands for. He wants what the Board wants. When he took over the residency program in January he was not aware of .0508. He was aware that in the 1980’s there were some shortcomings of the so-called off-shore schools. One of his charges at the Coastal AHEC is to improve student/resident educations. This year they elected to move away from the emphasis of looking at the international medical graduate (IMG) who was foreign borne and attended schools outside the U.S. to change the face of the program to integrate trainees with the population. They did look at some Caribbean graduates but made selections based on USMLE scores, performance, etc. He could fill the two remaining positions left tomorrow but it would be with individuals he would rather not have rather than those who were selected. The USMLE scores for the entry group this year was higher and proves the quality of the residents. He agrees with Mr. Watry will the issue of timeliness in submitting the RTL
applications. One of the limitations they have is that the match occurs in mid-March but by the time they get the information it is hard to get the package in before April. .0508 would require there ban an ACGME specialty program in the specialty area. Dr. Schleupner believes the most important thing is to make sure these folks have creditable experiences (and there are varying ways to get these creditable experiences). Dr. Schleupner provided a draft of several proposed changes to 21 NCAC 32B .0508.

Dr. Leonardo stated that he had five residents denied, he has been at ECU for five years, has been the Internal Medicine Residency Program Director since November 2000 and was the assistant program director prior to that. They are truly interested in teaching quality residents who are willing to stay in their area which is underserved. They try to send graduates into primary care. In the past year they have sent eight to the region in primary care. He is concerned with getting the best residents they can not just where the graduate is from but based on their credentials. Of the ten Caribbean residents that got held up, all but five have been resolved. One case was a Ross University graduate who has his credential denied because of a clerkship at ECU in infectious disease. When he changed the description to internal medicine it was approved. Dr. Leonardo wants to see if he can help in the future so this is not a problem by helping the Board clarify with the residents what the limitations and or restrictions are. What can the school do to help expedite the process. The hospital does criminal background checks on anyone accepted for a match. They will continue to have IMG’s coming to their institution in primary care specialties. The hope is that they can somehow help with the process by cooperating more with the Medical Board and not do redundant work.

Dr. Bacon stated that his interest is in facilitating the RTL process and to ensure the kinds of delays experienced this year are resolved. “We are here to train physicians for North Carolina. We don’t need people sitting around the State and not able to start their programs.”

Ms. Cooke stated that the target date for Board meetings is to receive the applications at least 15 days prior to the meeting dates as a minimum. The match cycle for the June meeting gives a very tight timeframe. For this meeting, the Board even added people on the schedule as late as two days prior to the meeting.

Dr. Garrett thanked the representatives for coming and assured them that the Board will work to be fair to all applicants. Mr. Saperstein echoed Dr. Garrett’s comments regarding leveling the playing field. Dr. Pories echoed Dr. Garrett’s thoughts and stated “we have not addressed the question of what medical schools are acceptable. Suggestions?”

Dr. Schleupner stated that in Fall of last year he had his staff personally contact these off shore schools and try to make some type of assessment. Dr. Fretwell suggested that the program directors provide to the Board a list of the institutions they have had good experiences with. He would be interested in the kinds of questions they ask of residents from these schools they are unfamiliar with. Dr. Leonardo interjected that his program uses a form to rank them in different areas. His program may not be privy to all of the information they get but would be more than happy to forward it to the Board. He stated, “it is hard to convey why they feel comfortable with the resident but may help to provide more direct information to the Board that they have gotten on this person. The actual interview is very important.

Dr. Chambers thanked the program directors for coming and stated that he thought all concerned can work together to help the people of North Carolina.
EXECUTIVE DIRECTOR’S REPORT
Andrew W. Watry, Executive Director, presented the following information:

- **Naturopathy:** The Naturopaths have a licensing bill in this legislature as previously reported (HB 1091). This bill was heard before the Legislative Committee on New Licensing Boards on May 23rd. During this committee meeting representatives of the “North Carolina Board of Naturopathic Examiners” presented their opposition to the bill and indicated they were a valid licensing board based in Charlotte and they had numerous licensees practicing throughout North Carolina. If these “licensees” are diagnosing and treating illness pursuant to the definition of the practice of medicine in NCGS § 90-18, they may be practicing medicine illegally if they are not appropriately licensed. I therefore wrote the chairman of that board to express concerns about this as well as aiding in unlicensed practice. I received a response dated June 15th which was sent to all Board Members under cover of my memo of June 26th. Their response sheds no new light on this situation. They indicate that the question of statutory authority can be argued under constitutional grounds. The death in Asheville at the hands of a naturopath shows the serious consequences of unlicensed practice of medicine. In my memo to Board Members of June 26th I recommended that we aid this North Carolina Board of Naturopathic Examiners in their constitutional argument by forwarding their correspondence about their so-called legitimacy to the office of the Mecklenburg District Attorney through the Attorney General. There is substantial information in their correspondence to indicate they are engaging in the unlicensed practice of medicine.

  **Motion:** (KC, JD) A motion passed to report the North Carolina Board of Naturopathic Examiners to the Mecklenburg District Attorney through the Attorney General for the unlicensed practice of medicine.

- **License Portability:** Diane and I met with the Executive Advisory Council for the Federation of State Medical Boards to work on license portability issues. In addition, Diane serves on a special portability committee which met on July 9th in Texas.

  Dale Breaden had established an excellent working relationship with David Wilde of the Medical Board of South Australia. A few months ago David and an associate, Gordon Miksza visited this office to discuss mutual license concerns. As a result of that meeting, David forwarded us a copy of their 1992 Mutual Recognition Act which is in use in Australia. In this model their federal government dictates that a license in one state is good in another. The applicant still has to apply and reregister in a state in which he or she practices. That state simply accepts the core credentials and eligibility for that applicant based on licensure in another state in the pact. The other regulatory processes remain essentially intact. The disciplinary process, for example, remains the same and this is substantially different from the interstate compact process in use by the nurses. We have forwarded this information on to Texas for consideration.

- **EMS:** As per our legislative updates, the EMS bills in this session of the General Assembly (HB 452 and 453) have passed. This legislation establishes a new working relationship between the Board and the Department of Health and Human Services. Diane and I have met with Drexel Pratt to discuss elements of this new working relationship. In short, the Board is no longer involved in rule-making for EMS and the existing rules expire on January 1. OEMS is developing new rules through the Medical Care Commission. It is hoped that scope of practice issues and the drug formulary can be developed by the Board through...
guidelines rather than formal rules. Rules take anywhere from one to two years to become effective and this could have negative consequences for public health as new medical technologies rapidly emerge in the EMS area. It appears that DHR is going to draft rules which allow the flexibility for the Board to approve drug formularies and scope of practice guidelines which can then be forwarded to the Medical Care Commission for adoption. The Office of Emergency Medical Services is also developing proposed skills for each certification level and the EMS curriculum. These latter two items will be furnished to the Board so that it will have useful information as it contemplates scope of practice issues and the formulary. We already have drafts of the formulary based on what is in place now and we will be making this information available to the Allied Health Committee.

- **Office Automation Update:** As I have indicated in these pages before, copying is the sincerest form of flattery. On July 9th we had several representatives from the Virginia Board of Medicine examining our Board Book operation and software and our licensing system (Licensing in NC or LINC). They appeared quite interested and we anticipate they will be contacting the vendors which we used for developing these systems. We anticipate that we will pay a visit to the Virginia Board in the near future because they have some interesting mechanisms for disposing of cases. They are a board of similar size. They have a committee process where there is final board disposition of some types of cases at the committee level, greatly expediting the process. We may pay them a visit and take notes and present their ideas to our Board for its consideration. The Ohio Board has also contacted me about LINC.

- **Medical Directors:** Dr. Townsend and I met with the Medical Directors of North Carolina, a group organized under the Association of Health Plans. We explained the Board position and the statutory language concerning medical directors which passed last year (Senator Forrester’s bill, SB 345). We established a good working relationship with this group as we have common issues. For example, there may be times when Dr. Townsend needs to subpoena insurance records that may relate to one of our cases. This meeting provides a foundation for a closer working relationship.

- **DEA:** Met with the Director of the Greensboro Office, Gwen Ketrel and the Southeastern States Director, Bob Williamson, on July 10th along with the Director of the Pharmacy Board and the RN Board. We explored issues concerning electronic prescriptions, internet prescribing and new DEA regulations concerning e-commerce.

- **Office-Based Surgery:** Issued a White Paper to all Board Members.

- **Old North State Medical Society:** Have made contact with Dr. Coleman to try to position myself to get into a meeting with the Old North State Medical Society to establish liaison.

- **Unlicensed Practice Cases:** Among the recent referrals for unlicensed practice to the Attorney General’s office, it appears there is more interest in taking up prosecution. Of three cases referred to the Attorney General in the past several months, two have resulted in criminal arrest for practicing medicine without a license. One was in Franklin County and one was in Cumberland County. I am sending a thank you letter to our contact in the Attorney General’s office and in the State Bureau of Investigation.

- **Open/Closed Sessions and Agenda:** I was tasked to give a report on this topic at the last Board Meeting. The issue is how to consolidate open sessions for the convenience of visitors. We can make minor adjustments in the schedule to consolidate open sessions.
Additionally, the President can make adjustments based on whether interested visitors are present. Major adjustments, however, will require a tradeoff, extending the meeting time.

I respectfully draw your attention to the last page on all of our schedules. These are footnotes delineating those portions of the meeting which need to be closed. The schedule also identifies all meetings which are closed or partially closed per this statute. There was a suggestion that we group open items in such a way as to make it more convenient for visitors so that they could attend all open items simultaneously. This could be done, but at great sacrifice to the time it takes for us to conduct the meeting. As you know we have recently shifted to include several items which happen concurrently to optimize Board Member time. As you can see from viewing the July Agenda, where open and closed sections are prominently noted, the sections that could be open for public discussion could be clustered but not in such a way that the Board can efficiently conduct its business within existing time frames. The trade off therefore is adding extra days to the schedule, so as to accommodate visitors when we have them, or continuing the process of having visitors attend and perhaps leave and return to the Board Meeting for those public sections where they have an interest. The present system is more time efficient for the conduct of business. By way of example I shall list below items of the July Agenda where there are portions which are open. If these portions are extracted and clustered, there would be ramifications in terms of inability to have these committees meet concurrently, have the staff reports presented by the end of the Board Meeting, and ability to thus complete the meeting within three working days. Following are items in which portions of the committee agenda are open:

11:00 a.m., July 18, Executive Committee
11:00 a.m., July 18, Licensing Committee
3:00 p.m., July 18, PHP Committee
3:00 p.m., July 18, PA/NP/EMS/CPP Committee
12:00 p.m., July 19, Licensing Committee Report
12:30 p.m., July 19, PA/NP/EMS/CPP Committee Report
12:30 p.m., July 19, Executive Committee Report

If committee reports remain separate from committee consideration, separating the public components from the private components could result in 12 agenda items instead of 6 for these committees alone. In conclusion, we can make minor adjustments to the schedule as we see visitor interest, but programming consolidation of all or most open items will require expanding the time necessary to have a Board Meeting.

- **Resident Training Licenses:** This year we have experienced more complaints concerning timeliness of processing applications for resident training licenses. This has resulted in the appearance of at least two training program directors to address the Board at this Board Meeting. This is to give you some background on the issues that are presented here. Most of the residents in question come from Caribbean medical schools. These particular schools allow students in their third and fourth years of their medical degree program to do clinical training in another country – the United States, China, Great Britain and elsewhere. Concern about the looseness of this process was raised by many medical boards in the mid-eighties. This Board’s response was to adopt a rule in 1985 that provided validation for these clerkships. These clerkships are atypical in that most all of the other medical schools in the world farm students out for clinical training near their facilities in the same country. These Caribbean schools, on the other hand, farm them out to other countries. To ensure that this clinical training was appropriate under these circumstances, this Board adopted a rule in 1985 providing for validation of this clinical training. It also set a standard under rule .0508...
which provided that an applicant with these clerkships must “furnish evidence that he satisfactorily completed clinical clerkships at teaching hospitals in the USA with ACGME or AOA approved graduate medical education in the areas of the specific clerkships…” Thus, the processing staff when encountering these clerkships first check with the “Green Book” for approved ACGME programs. If the clinical training is not listed as approved by the ACGME they write the training program and ask is they have ACGME approval. This covers situations where the program may not be properly listed. This all takes several days to complete. It becomes problematic when applicants for a resident training license come a few days before they anticipate starting their residencies and submit applications involving situations where these clerkships have to be checked and validated. Here is how resident training license applications are triaged:

- If an application meets all published eligibility requirements in our application instructions, he/she gets approved in a week or less.

- If an applicant from an offshore medical school does clerkships in the United States per rule .0508, and we find all of these clerkships listed as approved by the ACGME per our rule, he/she gets approved just as quickly as the others.

- An applicant in this latter group where we do not find ACGME approval takes longer; we research and present to the Board for a decision.

- Any applicant, regardless of medical school, who has criminal history, DUI history or other problems necessitating Board review takes longer because we do not issue staff approval. We wait for the next Board Meeting.

The complaints about timeliness relate to resident training license applicants in these last 2 categories.

This year we received a higher number of calls from these applicants asking for expedited processing and complaining about the process of documenting their clerkships as delaying in them in their residencies. There were several implications that the Board had somehow changed its processing requirements. This is not correct when we examine our record. What we find is that the underlying rule has been in effect since 1985 and has been uniformly applied. The problem results from the fact that we have increasing numbers of applicants from foreign schools whose graduates are doing clerkships in the U.S. and who are therefore subject to the clerkship rule. The largest number of applicants subject to this rule come from the following medical schools: American University of the Caribbean, Ross, St. Georges and Saba. Following is an analysis of the number of residents from these four schools who requested resident training licenses from January 1, 1998, through July 10, 1998:

<table>
<thead>
<tr>
<th>School</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUC</td>
<td>3 to Pitt</td>
</tr>
<tr>
<td>Ross</td>
<td>2 to Pitt</td>
</tr>
<tr>
<td>St. Georges</td>
<td>2 to Pitt, 1 to Wake Forest</td>
</tr>
<tr>
<td>Saba</td>
<td>None</td>
</tr>
</tbody>
</table>

For the same time period in 2001:

<table>
<thead>
<tr>
<th>School</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUC</td>
<td>3 to Pitt, 2 to UNC, 2 to New Hanover</td>
</tr>
<tr>
<td>Ross</td>
<td>2 to Pitt, 2 to New Hanover, 1 to Carolinas Medical Center, 2 to Southern Regional AHEC, 1 to Duke</td>
</tr>
</tbody>
</table>

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St. Georges 2 to Pitt  
Saba 2 to Pitt

In summary, there were a total of eight graduates from these four schools in the entire residency match in 1998; there were 19 for the same time period in 2001, 2.3 times as many. We had more graduates from Ross in this year’s match than we had graduates from all four schools combined in the 1998 match. For the same time period, the total volume of RTL applicants increased from 475 to 744. To further complicate matters, many of the graduates of these schools submitted applications as late as June 28th expecting to go to work on July 1st; impossible under normal circumstances but complicated further by the fact that their medical education required further followup in accordance with Board rules.

If we maintain the course as far as the present Board rule is concerned, and if this year’s statistics represent a trend for increasing utilization of Caribbean medical graduates in the match, we need to get the word out to the program directors that applicants subject to this rule will take additional time, particularly if it is not clear that they went to clerkships in programs approved by the ACGME in the area of the specific clerkships. These applications need to reach us much sooner than late June to start in a July residency.

I have received some interesting arguments from the residents. A few have complained of unfairness; they indicate that their colleagues have chosen to go to Great Brittain or China for this clinical training and they therefore do not have to meet this requirement. They say this is in an argument which they anticipate as exculpatory. Another view, of course, is that among the 1100+ medical schools in the world, it is highly unusual for people to be doing clinical clerkships for their third and fourth year of medical school in another country. The vast majority of this occurs within the Caribbean. This is as much an argument for taking a closer look at these clerkships in aggregate, regardless of where they are done, as it is for fairness to eliminate the requirement so that those doing these clerkships in the U.S. have no more hurdles than those doing them in China or Great Brittain. We have arguments that we are tougher than other states. Yet California, for example, has disapproved Saba. We have at least 2 Saba applicants. We haven’t canvassed all states but we know that we are not a significant outlier in our requirements. Florida, for example, will not accept a clerkship of nephrology in a program that is accredited for internal medicine only.

- Other Meetings: Hospital Presentations: Beaufort, Anson Community, Chatham, Boone, New Hannover

PUBLIC AFFAIRS/COMMUNICATIONS PROGRAM REPORT
Dale Breaden, Communications Director, presented the following information:

Forum
The second number of the Forum for 2001 was published the first week of July. Among other items, it features articles on child abuse homicide in North Carolina, reporting domestic violence, the West Nile virus, boundary violations, the Pain and Policy Studies Group, the doctor-patient relationship, and the USMLE. It also presents another fine essay by Dr Pories and notices of special recognition given to Dr Pories, Mr VonSeggen, and Mr Paris. Also of note are Dr Kanof’s thoughtful commentary on professionalism and Mr Watry’s article about the work of the FSMB.

The third number of the Forum for 2001, which will be out in late September or early October, will feature a front page article by Dr VanFrank on the importance of the registration requirement and the trap she set for herself by failing to register as required. (I am currently

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working with Dr VanFrank and Mr Hollowell to revise the original draft of this article.) The
president’s message and executive director’s comments will be inside the book for this issue.
Among other items will be an article on special volunteer licenses, two pieces on selling non-
medical goods from a medical practice, and another article on child abuse. A cartoon by Dr
Pories will also grace our pages.

A recent case before the Board has led to a suggestion that we publish some further items
on cultural sensitivity in medical practice (we published four related articles in 1998). I am
pursuing this and hope any member of the Board who knows one or more potential authors for
such articles will provide me their names.

Web Page
Joy Cooke and Shannon Kingston are preparing to add a section on licensure by
endorsement to the Web site, which will include application materials. This should be in place
before the next Board meeting. Thanks to Ms Cooke, we are also now able to post newly
issued license numbers on the Web site as soon as they are available.

A new section on the Board’s offering of speakers to professional and public groups will be
developed and added to the Web site over the next month or so. We hope this will stimulate
further opportunities for the Board to reach out to the professionals and the public.

It is clear from the reactions of a number of reporters that they now rely on the Web site for a
great deal of their research related to licensing and discipline. The availability of all public
record documents is largely responsible for this and is much appreciated. This also saves your
staff a great deal of time.

As always, we owe thanks to Shannon Kingston for her outstanding work in maintaining and
improving the Web site. And she and I are always open to your comments and suggestions on
further improvements.

Informational Brochure/CME Guide
The revised brochure is distributed to members of the public seeking information, applicants,
and the media. The brochure’s text is also available on the Web site.

The brief guide on the CME rule was published in two recent issues of the Forum and is
available on our Web site. It is also given to each interviewee. To be of further assistance, we
have a simple CME Record Form on the Web site. Further material on the CME rule will be
appearing in future numbers of the Forum.

Other Publication/Broadcast Activities--Audio-Video
We have now produced audio versions (on CD and cassette) of our videos on sexual
misconduct and ethics. We trust these audio presentations by Dr Schneidman and Dr
Pellegrino will widen the market for their messages. Both CDs and cassettes are inexpensive
and easier to use than the videos we have made available over the past several years. The
Pellegrino disk is noted in the most recent number of the Forum.

We understand that the Pain and Policy Studies Group at the University of Wisconsin
continues to plan an article about the North Carolina Medical Board's policies and actions
related to pain management and end-of-life care. The Board will be cited as a positive example
for other boards.

We have agreed to provide a regular item for publication in M.D. News: Triangle Edition, a
monthly that has companion publications in other major regions of the state. The other editions
may also use our material. We are beginning by sending them an item concerning our Web
site.

PA/NP Materials
Shannon Kingston and Erin Gough continue their efforts to develop material for the Forum
relating to PA/NP licensing and registration. They also hope to identify articles by PAs for the

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As you know, there is now a PA/NP section of the Web site. Ms Kingston attends meetings of the PA/NP Committee to facilitate her efforts in this area.

Presentations to Public and Professional Groups

Over the past year, the following presentations have been made or scheduled and reported to Public Affairs.

Andrew Watry
2000
Wake Forest U School of Medicine (MAAP program)--November 2
2001
NCCME Meeting, Pinehurst--March 23

Diane Meelheim
2000
AHEC Meeting, Greensboro--October 17
2001
UNC presentation on Ethical Issues in Health Policy Administration--February 8
NC Pharmacy Association Annual Meeting, Greensboro--March 1
NC Medical Staff Coordinators, Fayetteville--March 2
NAMSS presentation, Fayetteville--March 3
Methodist College First Year--March 19
Nurse Practitioners, Ft Bragg--March 21
Bowman Gray/Wake Forest PA students, Winston-Salem--April 12
ECU PA students, Greenville--July 17

James Wilson
2000
NC Society of Healthcare Attorneys, Telehealth--October 6
ECU School of Medicine Health Law Forum, Medical Errors--September 13
Wake Forest U School of Medicine (MAAP program)--November 2

Don Pittman
2000
Opioid use in a Regulated Environment, Pardue Pharmaceuticals program--November 20

Mr VonSeggen
2001
Wake Forest University Hospital--January 18

Dr Kanof
2000
Womack Army Hospital--November 2
2001
Greater Greensboro Medical Society--January 11
Wake Forest University Hospital--January 18
Onslow Memorial Hospital--February 1
Alamance Regional Hospital--February 5
High Point Medical Society--February 8
Caldwell Memorial Hospital--February 20
Cumberland County Medical Society--February 27
Wayne County Medical Society--March 1

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Union Regional Medical Center--March 6
Wilkes County Medical Society and Hospital--March 20
Alexander Component Society, Taylorsville--March 21
Nash County Medical Society--April 10
Albemarle Hospital, Elizabeth City--April 10
Bladen County Medical Society--May 15
Beaufort County Hospital, Washington--May 24
Anson Community Hospital--June 6
New Hanover Medical Society, Wilmington--June 27
Chatham Hospital--July 12
Watauga Medical Society, Boone--July 16
Franklin Regional Medical Center--July 24
Mecklenburg Medical Society, Charlotte--July 25
Durham-Orange Component Medical Society--August 8
Broughton/Valdese Hospitals--August 21
Annie Penn Hospital--September 11
Wake County Medical Society--October 25

Ms Walston
2000
Garden and Discussion Club, Wilson--September
Tuesday Book Club, Wilson--October
Greater Wilson Rotary Club--November

Joy Cooke
2000
Meeting with Medical Staff Services--December 4
2001
House Staff Coordinators--March 2

Tammy O’Hare
2001
House Staff Coordinators--March 2

Shannon Kingston
2000
Meeting with Medical Staff Services--December 4

David Henderson
2001
Wayne County Medical Society--March 1

Bill Breeze
2001
Bowman Gray/Wake Forest professionalism course, Winston-Salem--May 1

Rebecca Manning
2001
House Staff Coordinators--March 2
Shannon Kingston handles the scheduling of presentations. She and I would appreciate it if members of the Board who have the appropriate contacts would speak with their local civic groups/clubs to determine if they would be interested in presentations on the work of the Board. Shannon will be happy to make the arrangements once the initial contact is made. While we have had significant success in addressing professional groups, our efforts to open dialogue with public and consumer groups have been less than satisfactory. This is a weakness I hope we can overcome soon.

**Board Action Report**

The detailed bimonthly disciplinary report system continues to function well, making disciplinary information available to all health care institutions and media in the area of subject licensees' practices and to organizations and agencies with statewide responsibilities. A full year of reports appears on our Web site. A cumulative report also appears in the *Forum*, and special notices concerning revocations, summary suspensions, suspensions, and surrenders are sent out when the information is received by Public Affairs. These are posted on the Web site for several months under “What’s News” and “Immediate Releases.” We also have a system for directly informing other state boards of revocations, suspensions, summary suspensions, and surrenders involving their licensees. Ms Kingston does this by checking the AMA data base to determine other states in which the licensees are licensed and then contacting those state boards. Thanks to the Internet, media throughout the state, not just in counties where subject practitioners live, can now receive full listings of Board actions on a regular basis.

Our thanks, as always, go to the Legal Department and to Jenny Olmstead for reviewing each Board Action Report prior to its release.

[I should note that we do not actively distribute Charges and Allegations when they are filed by the Board. However, they are public record documents and we make them available as soon as they become effective to anyone who requests or has requested them. Charges and Allegations are promptly placed on the Web site as documents in DocSearch.]

**Annual Board Action News Release**

The Board Action report for 2000 was released in late February. Articles appeared in the Raleigh *News and Observer* and the Charlotte *Observer*. The full report appears on our Web site.

We improved the report further this year by creating a more detailed summary section and listing the names of those subject to Board action in three different formats. It is the most detailed report of its kind issued by any medical board.

Note that the “national” reports on medical discipline issued by the Federation of State Medical Boards and by Public Citizen received no coverage in North Carolina. Our detailed information, always released well before those two groups act, tends to overshadow their reports. This, of course, is no guarantee for the future and will depend to some extent on the media environment at the time of those data reports.

**News Clippings**

We continue to make the regular weekly packet of clippings from the Internet available to you on disk and by e-mail. (Some items, of course, are not available electronically and hard copy must be sent. This includes materials from our own NC clipping service.) I should note that the electronic items are received here in a form that is triple spaced, with items running directly into one another. Ms Kingston restructures these into an easily readable form for your convenience.

July 18-20, 2001
Ms Kingston has now fully organized our clippings archive for 1999 and 2000. Previous years are also being assembled. She also maintains an electronic file of the materials made available to you on disk.

**800 Number**

This telephone number remains extremely active, a useful public service. We are now reviewing the cost of placing this number in various telephone directories, including those focused just on 800 numbers. We did this over a year ago and found costs to be rather high. We hope to find an affordable approach at some point, however. Meanwhile, all our publications and our Web site list the 800 number and the media have been informed of it several times.

[The above is not intended to be a report on all activities of the PA department, director, or staff.]

**NOMINATING COMMITTEE REPORT**

Elizabeth Kanof, MD; Walter Pories, MD; John Dees, MD; Paul Saperstein

The Nominating Committee met at the Offices of the Medical Board. Present were: Elizabeth Kanof, MD; Walter Pories, MD; John Dees, MD; and Paul Saperstein. The following nominations were made to the Board:

- **President**: Walter Pories, MD
- **Vice President**: John Dees, MD
- **Secretary/Treasurer**: Paul Saperstein

There were no nominations from the floor.

**Motion**: A motion passed to approve the Nominating Committee Report as presented to the Board; the following Board Members were elected for the noted positions for 2002: President, Walter Pories, MD; Vice President, John Dees, MD; and Secretary/Treasurer, Paul Saperstein. (opposing votes were Dr. Herring and Dr. Garrett; Dr. Barrett was absent)

**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 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.

**PENDING CASES**

The Legal Department reported on 82 cases. A written report 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**

July 18-20, 2001
CLAYTON, Thomas Vann MD
  Consent Order executed 6/1/2001

COYNE, Mark Dennis MD
  Amended Consent Order executed 6/25/2001

DUBEY, Subu MD
  Consent Order executed 6/25/2001

DYER, G. David MD
  Consent Order executed 7/12/2001

GREGORY, Ginger B. PA
  Order Terminating Consent Order executed 6/8/2001

GUALTEROS, Oscar Mauricio MD
  Amended Consent Order executed 6/6/2001

HARRIS, Inez Michelle EMT
  Consent Order executed 6/8/2001

JACOBS, Kenneth Lee MD
  Order Terminating Consent Order executed 5/29/2001

KANOJIA, Mahesh Durgadas
  Denial letter sent 6/1/2001

KILE, Paul Edward MD
  Consent Order executed 6/25/2001

MAIER, Rudolph Joseph MD
  Order for Assessment executed 6/8/2001

MARSHALL, Lisa Gayle MD
  Consent Order executed 6/12/2001

MCINTOSH, Michael Stephen MD
  Consent Order executed 6/25/2001

MEAD, Robert J. Jr. MD
  Order Terminating Consent Order executed 5/29/2001

NIEMEYER, Meindert Albert MD
  Order for Assessment executed 6/8/2001

WHITENER, Betty Lou, MD
  Findings of Fact, Conclusions of Law and Order executed 7/9/2001

WHITT, John Alan MD
  Amended Consent Order executed 6/25/2001
YOUSSEF-AHMED, Maged Zakaria MD
Consent Order executed 6/1/2001

HEARINGS

ROBERTS, Ifor John Wynn, MD
BOARD ACTION: Suspend Indefinitely effective July 17, 2001

VERELL, Karen Lea, MD
BOARD ACTION: Suspend for sixty days, that suspension to be stayed immediately

EXECUTIVE COMMITTEE REPORT
Elizabeth Kanof, MD; Walter Pories, MD; John Dees, MD; Paul Saperstein

Chairman, Liz Kanof, MD, President; called the Executive Committee of the North Carolina Medical Board to order at 8:30 am. Members in attendance were Paul Saperstein, Walter J. Pories, Vice President; John Dees, MD, Secretary/ Treasurer; Andy Watry, Executive Director; Peter Celentano, Controller; Diane Meelheim, Assistant Executive Director.
April financials were discussed in detail. Mr. Saperstein noted that the Board continues in the black.

The proposed 2002 budget was reviewed and several corrections were suggested. The request for an increase in the amount NCMB donates to PHP was discussed and noted. Investments were discussed.

Personnel changes were noted. Mrs. Darnell resigned for personal reasons and Mrs. Aycock has assumed her duties. Mrs. Vazquez has been hired temporarily to assume Mrs. Aycock’s duties.

Motion: A motion passed to approve the Executive Committee Report and the budget as written.

EMERGENCY MEDICAL SERVICES (EMS) COMMITTEE REPORT
Walter Pories, MD; Aloysius Walsh; Robin Hunter-Buskey, PAC

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 EMS Committee reported on 4 investigative cases. A written report was presented for the Board’s review. The specifics of this report are not included as these actions are not public information.

Motion: A motion passed to accept all of the above committee recommendations.

A motion passed to return to open session.

July 18-20, 2001
**EXECUTIVE COMMITTEE REPORT**  
Elizabeth Kanof, MD; Walter Pories, MD; John Dees, MD; Paul Saperstein

Chairman, Liz Kanof, MD, President; called the Executive Committee of the North Carolina Medical Board to order at 11:00 am, July 18, 2001. Members in attendance were Paul Saperstein, Walter J. Pories, Vice President; John Dees, MD, Secretary/ Treasurer; Andy Watry, Executive Director; Peter Celentano, Controller; and Diane Meelheim, Assistant Executive Director.

The committee reviewed the financial statements of the Board and determined that the Board was in a positive cash flow.

Dr. Dees noted that he had received a copy of the PHP annual audit for 2000 and would provide it to the committee for review.

The Executive Committee asked Mr. Watry to invite Dr. Wilkerson and Mr. Don Wall to attend the next meeting to discuss matters concerning PHP’s increased usage.

69% of licensees are using online methods of registering.

Allen Holcomb has moved into the position in the Licensing Department and Nick Hun is working with the Operations Department.

A motion passed accept the report as presented.

**CLINICAL PHARMACIST PRACTITIONER COMMITTEE REPORT**  
Walter Pories, MD; Aloysius Walsh; Robin Hunter-Buskey, PAC

It was noted that 21 NCAC 32T .0101 (b)(1)(B)(i) should read “…Certified Geriatric Pharmacist…” instead of Certified Geriatric Practitioner.

**Motion:** A motion passed to approve a change to the CPP rules to reflect the above wording.

**PHYSICIAN ASSISTANT COMMITTEE REPORT**  
Walter Pories, MD; Aloysius Walsh; Robin Hunter-Buskey, PAC

**PA License Applications**

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

<table>
<thead>
<tr>
<th>PHYSICIAN ASSISTANT</th>
<th>PRIMARY SUPERVISOR</th>
<th>PRACTICE CITY</th>
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<tbody>
<tr>
<td>Carroll, Patrick Sean</td>
<td>Armistead, Ray</td>
<td>New Bern</td>
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</table>

July 18-20, 2001
Fennell, Zandi Kafue ***
Ferris, Jason Lindsey ***
Gruner, Kristin Cook ***
Kettinger, Michelle Marie ***
Lewis, Dawn Valencia ***
Newcomb, Christopher Elwyn Smith, Carol J. Asheville
Steward, Benjamin Geoffrey ***
Stoudnour, Sandra Louise ***
Wilkinson Jr., Donald Edward ***
Woodard, Natalie Beasley ***

PA Temporary License Applications-

Board Action: Issue temporary licenses

<table>
<thead>
<tr>
<th>PHYSICIAN ASSISTANT</th>
<th>PRIMARY SUPERVISOR</th>
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<tr>
<td>Beane, Lori Lassiter</td>
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<td>Kim, Connie Seounghee</td>
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<tr>
<td>Lamielle, Cindy Oldson</td>
<td>Ward, Virginia W.</td>
<td>New Bern</td>
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</table>

PA License Application for Committee Review-

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 one licensure application. 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 as these actions are not public information.

A motion passed to return to open session.

PA Intent to Practice Forms Acknowledged-

<table>
<thead>
<tr>
<th>PHYSICIAN ASSISTANT</th>
<th>PRIMARY SUPERVISOR</th>
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<tbody>
<tr>
<td>Araghi, Sayeh S.</td>
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<td>Arrowood, Larry Wayne</td>
<td>Bernat, Mark Andrew</td>
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<td>Baber, Robert Edward</td>
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<td>Bowen, John Kevin</td>
<td>Hargett, Franklin</td>
<td>Sanford</td>
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<td>Boyd, Steven Thomas</td>
<td>Coyle, Michael Patrick</td>
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<td>Bradshaw, John Martin</td>
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<td>Butler, Thomas Richard</td>
<td>Albright, Daniel James</td>
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<td>Buzard, Corina Lee</td>
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<td>Carter, James Patrick</td>
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<td>Chavis, Robert Michal</td>
<td>Grant Jr., William Howard</td>
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July 18-20, 2001
Mr. Gregory R. Mesa, PA, has written a letter to the Board to "request an appeal of the NCMB policy regarding license suspension following failure of PANCE". He is referring to Subchapter 32S.0103, "...the Board may grant a temporary license, valid for a period not to exceed one year, to an applicant who meets the qualifications for a license except that the applicant has not yet passed a licensing examination approved by the Board. The Board shall not grant a temporary license to an applicant who has twice failed a licensing examination...".

Board Action: Deny his request based on current NC Regulations.

July 18-20, 2001
Schedule next Physician Assistant Advisory Council (PAAC) meeting for October

Regarding the PA supervision issue from the June Board meeting, Ms. Hunter-Buskey and the PA Committee have reviewed the current NC PA Regulations, and find them to be sufficient. If necessary, a presentation providing an overview of the Regulations can be given to the Board. (see report under Miscellaneous above)

**Motion:** A motion passed to accept the report as extracted.

**NURSE PRACTITIONER COMMITTEE REPORT**
Walter Pories, MD; Aloysius Walsh, Robin Hunter-Buskey, PAC

NP Initial Applications Recommended for Approval after Staff Review-

<table>
<thead>
<tr>
<th>NURSE PRACTITIONER</th>
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<tr>
<td>Autry, Jeffrey Wayne</td>
<td>Renfrow, Juliette L.</td>
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<td>Bivens, Kimberly Stacey</td>
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<td>Blackwell, Debra Nebblett</td>
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<td>Coffey, Michelle Marie</td>
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<td>Condron, Jennifer Amy</td>
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<td>Currie, Sarah Ann Kelly</td>
<td>Zeller, Frederick A.</td>
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<td>Denzer, Lisa Ann</td>
<td>Farrell, Mary Anne</td>
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<td>Dougherty, Karen Amaral</td>
<td>Fried, Michael W.</td>
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<td>Dziwanowski, Jennifer J.</td>
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<td>Hanley, Jennifer Anne</td>
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<td>Patterson, Melanie Lee</td>
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<td>Rink, Mary Jane</td>
<td>Dover, Cathy N.</td>
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July 18-20, 2001
NP Initial Applications for Committee Review-

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 one licensure application. 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 as these actions are not public information.

A motion passed to return to open session.

NP Subsequent Applications for Committee Review-

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 2 licensure application. 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 as these actions are not public information.

A motion passed to return to open session.

NP Subsequent Applications administratively approved-

Board Action:  Approve

<table>
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<tr>
<td>Angrisani, Patricia A.</td>
<td>Lowe-Hoyte, C. Pamela</td>
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<td>Baucum, Janice H.</td>
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<td>Beasley, Teresa H.</td>
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<td>Page, Neil E.</td>
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<td>Williamson, Yasmin H.</td>
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<td>Chatham, Scott T.</td>
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<tr>
<td>DeGroot, Donna C.</td>
<td>Garmon-Brown, Ophelia</td>
<td>Charlotte</td>
</tr>
</tbody>
</table>
Public Agenda Items for Committee Discussion-

Staff is tasked to review the cost of the NP registration and licensing process, with regard to the allocation of fees between the NCMB and NCBON.

LICENSING COMMITTEE REPORT
Kenneth Chambers, MD; Robin Hunter-Buskey, PAC; E.K. Fretwell

Faculty Ltd License conversion to Full Licensee

Catchline: The legal department was asked to determine if the Board’s precedent of converting a Faculty Ltd License to a Full license (waiving the requirement for 3 years postgraduate training) was jeopardized by not having a rule in place. The legal department has provided an opinion regarding this.

Board Action: Put in place a rule to support converting a Faculty Ltd License to a Full License as follows: Addition to the rules at 21NCAC32B.0213(2)(b) and 21NCAC32B.0313(2): Conversion of a faculty limited license to a full license may be approved by the Board if the applicant shows evidence of three years clinical teaching experience gained under the aegis of a faculty limited license, teaching in a clinical position at a North Carolina Medical School and be considered equivalent to participation in a graduate medical education program approved by the Board. (Legal Department to review and approve wording.)

CME requirements for limited volunteer license

July 18-20, 2001
Catchline: The legal department was asked to determine if the Board could lawfully require an applicant for Limited Volunteer License to have a certain amount of CME before approving the license.

Board Action: Pursuant to rule 32B.0900 require the applicant to comply with continuing medical education requirements adopted by the Board.

Rule .0508

Catchline: The License Committee is to continue the dialogue with program directors regarding Rule .0508 and report back to the Board at the September meeting on progress developed.

Board Action: The License Committee is to continue the dialogue with program directors regarding Rule .0508 and report back to the Board at the September meeting on progress developed.

License Interviews for Off-Shore Graduates

It was decided that applicants for full license who graduated from “off-shore schools” be allowed to have their license interview with an individual Board Member, if they have met the Board’s regulatory requirements and there are no extenuating circumstances regarding their application.

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 9 licensure 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 as 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-three licensure interviews were conducted. A written report was presented for the Board’s review. The Board adopted the committee’s recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session

APPLICANTS PRESENTED TO THE BOARD

William Borden Abernethy III  Olubukunola Adetokunbo  Nasrin Adel Afshari
Kurian Abraham  Adesanya  Neelu Agarwal
James Kevin Adgent  James Robert Alexander

July 18-20, 2001
Hassan Alhosaini
James Talat Al-Hussaini
Timothy Graham Allen
Marc Michael Anders
Narender Deivasekhamani Arcot
Edouard Fitzroy Armour
Phyllis Armstead
Jennifer Wanda Aukerman
Shahar Bar-Yousef
Ranier Beck
Berthold Beisel
Daniel Kelly Benjamin
Brendan Charles Berry
Alfred James Beyer III
Oliver Andrew Ratcliff Binns
Dearl Vonstol BirdSong Jr.
James Douglas Blanding Jr
O. Josh Bloom
Edward Hall Boland
Robert Brooks Boswell
Grant Hamilton Breazeale
Brian Eugene Brigman
James Brufau Brugarolas
George Davis Bussey
George Archibald Butler
Robert Anthony Catania
Christopher Yongsu Chang
Lydia Hwei Chang
Robert Chien - Yuan Chen
Aleruchi Yvonne Chike
Christopher Douglas Chiles
Erica Pamela Chun
Kenneth Lee Cloninger
James Frank Cnota II
Rebecca Diane Cody
Michael Jude Cooney
Holly Jean Coward
Thomas Christopher Curtis
Roosevelt Gregory Daniel
Anna Glen Velasco De Ocampo
Nancy DeMore
Sean Benedict D’Souza
Matthew John Denti
Richard Allen Dickey
Douglas Michael Dixon
Tawana Belinda Dixon
Patrick Wilson Domkowski
Scott McCully Drysdale
Susan Olive Duncan-Butler
Jennifer Susan Edlin
Nicholas Faberowski
M. Shuaib Farooqui
Clinton Edwin Faulk
Theodore Sloane Feinson
William Edmond Fitzgerald
Christopher Warren Flye
Troy Rolla Foster
Angela Gayle Fowler-Brown
Stephanie Elizabeth Freeman
Subroto Gangopadhyay
Rodolfo Bautista Ganzon
Harmony Phillips Garges
Kris Eugene Gaston
Ayman Gergy Gebrail
Susan Renee Gerkin
Firas Ghanem
Michael John Goliotto
Donald David Golobek
Albert Gonzalez-Acevedo
Lav Kumar Goyal
Kevin Troy Greene
Pilar Guerrero
Joseph Henry Guettler
Arlan Marcus Gustilo-Ashby
Timothy Ralph Hall
Clinton Wade Hamrick
James Alan Harris
Jeffrey Charles Hatcher
Daniel Edward Heiner
Carmelo Abel Hernandez
David Ashley Hill
Charles Michael Hodges
Andrew Stowe Holmes
Ahmed Mohsin Ahmed Ibn-Mahfoudh
Theodore Osarumwense
Igbinigie
Shannon Baird Jenkins
Gordon Joseph Jones
Kimberly Ann Kernek
Larry Charles Kilgore
Saad Abul Khairi
Shiv Raj Khandelwal
Julie Abrams Koch
Michelle Stevens Kraut
Joel Kravitz
Geoffrey Alexander Kunz
Nathanael Lawrence Lafferty
Clifton Lavenhouse, Jr.
Nancy Carolyn Lehman
Robert Gordon Madeira
David Albert Major
James Driscoll Maloney
Courtney Hopkins Mann
Patrick Stephen Markwalter
Wojciech Mazur
Nancye Kathleen McCowan
Philip Hanks McGowen
Steven Paul Michael
Robert Christopher Miller
Michele Ann Mittelbronn
Cheryl Joyce Monical
Donna Marie Moro-Sutherland
John Vincent Morreale
John Wayne Morton
Tracy Marie Motyka
Farhana Rahman Moyen
Katherine Thompson Murray
John Joseph Murray
Kanakasabai Lakshmi
Narasimhan
Amy Taylor Nathan
Cynthia Dawn Nelms
Charles E. Newman, Jr.
Mark Sheldon Nusholtz
Christopher William Olcott
Bernard Nwak Orewa
Christopher Gene Paramore
Claire De Marcellus Paris
Shreyang H. Patel
Vasant Bharat Patel
Frank Charles Patrick
Nicole Colleen Pelham
Jennifer Beth Perone
Elizabeth Ann Phalen
Edward Earl Philpot
Susan Renay Pittman
Richard Ron Rachima
Michael Joseph Raggio
Mark Rene Ranzinger
Elizabeth Whitley Fickling
Rashley
Benjamin Ellis Rawls
Eric Raymond
Maria Immaculata Redmon
Raymond Cabalu Ricardo
Jonathan David Rich
Michael Henry Richards
Richard Stephen Richards II
Steven Joseph Riley
Reena Rizvi
Heather Nicole Robertson White
Pabitra Kumar Saha

July 18-20, 2001
LICENCES ISSUED BY ENDORSEMENT AND EXAM

William Borden Abernethy III
Olubukunola Adetokunbo Adesanya
Nasrin Adel Afshari
Neelu Agarwal
James Robert Alexander
Hassan Alhosaini
James Talat Al-Hussaini
Timothy Graham Allen
Narender Deivasekhamani Arcot
Edouard Fitzroy Armour
Jennifer Wanda Aukerman
Berthold Beisel
Brendan Charles Berry
Alfred James Beyer III
Oliver Andrew Ratcliff Binns
Dearl Vonstol BirdSong Jr.
James Douglas Blanding Jr
O. Josh Bloom
Edward Hall Boland
Robert Brooks Boswell
Grant Hamilton Breazeale
Brian Eugene Brigman
James Brufau Brugarolas
George Davis Bussey
George Archibald Butler
Robert Anthony Catania
Christopher Yongsu Chang
Lydia Hwei Chang
Robert Chien - Yuan Chen
Aleruchi Yvonne Chike
Samer Suleiman
Paul Chao-Yuan Sun
Lara Kester Surles
Richard Wood Sutherland
David William Swayne
Thomas Allen Sweasey
Gregory Paul Tarleton
Jennifer Michelle Tassa
Hesham Shawki Tawakol
James Edward Taylor
Mwatabu Maekundu Terrell
Christine Carter Toevs
Megumi Tomita
Bradley Allan Torok
Mark Dennis Uhl
Celestine Ebere Ukah
Jeffrey Kiyoshi Uller
Robert Thomas VanHook
Ralph Nelson Vick
Toni Anne Tuzio Washington
Jana Christina Watts
Robert Michael Wenham
Susan Elizabeth Whelen
Aimee Maree Wilkin
Wheaton John Williams
Eric Herbert Winter
Jonathan Bradley Woods
Huiwen Bill Xie
Suzanne Russ Yoder
Mikhail Vinogradov
Guangbin Zeng
Jianfeng Zeng
Melissa Kathryn Zepp
Alexander Zouev

July 18-20, 2001
July 18-20, 2001
NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT
Kenneth Chambers, MD; John Dees, MD; Charles Garrett, MD

NCPHP Compliance Committee met on 7/19/01.

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.

The Board reviewed 27 cases involving participants in the NC Physicians Health Program. 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 as these actions are not public information.

A motion passed to return to open session.

COMPLAINT COMMITTEE REPORT
John Dees, MD; Elizabeth Kanof, MD; Walter Pories, MD; Aloysius Walsh

The full Board reviewed and approved the complaint committee report noted below.

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.

In addition to accepting the report below, the Complaint Committee also made the following changes to the current complaint/malpractice process:
1) Share all complaint and malpractice cases regarding nurse practitioners with the Nursing Board.
2) When any substantive additions are made at the sub-committee level to the standard Board Action letters to complainants and/or licensees the recommendations will be reviewed by the Legal Department and incorporated into the Complaint Committee Board report.
The Complaint Committee reported on 47 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 as these actions are not public information.

A motion passed to return to open session.

INVESTIGATIVE COMMITTEE REPORT
Paul Saperstein; Stephen Herring, MD; Robin Hunter-Buskey, PA-C; John Foust, MD; Charles Garrett, 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 22 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 as 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 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 as these actions are not public information.

A motion passed to return to open session.

ADJOURNMENT
This meeting was adjourned on July 20, 2001.

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John T. Dees, MD
Secretary/Treasurer

July 18-20, 2001