

MINUTES

North Carolina Medical Board

July 19-21, 2006

**1203 Front Street
Raleigh, North Carolina**

Minutes of the Open Sessions of the North Carolina Medical Board Meeting July 19-21, 2006.

The July 19-21, 2006, 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 8:03 a.m., Wednesday, July 19, 2006, by Robert C. Moffatt, MD, President. Board members in attendance were: H. Arthur McCulloch, MD, President Elect; Janelle A. Rhyne, MD, Secretary; Mr. Aloysius P. Walsh, Treasurer; E. K. Fretwell, PhD; Robin N. Hunter Buskey, PA-C (absent July 20 & 21); Donald E. Jablonski, DO; Ralph C. Loomis, MD; Michael E. Norins, MD; Sarvesh Sathiraju, MD; George L. Saunders, III, MD; and Dicky S. Walia.

Staff members present were: R. David Henderson, JD, Executive Director; Thomas W. Mansfield, JD, Legal Department Director; Brian Blankenship, Board Attorney; Marcus Jimison, JD, Board Attorney; Katherine Carpenter, JD, Board Attorney; Todd Brosius, JD, Board Attorney; Ms. Wanda Long, Legal Assistant; Ms. Lynne Edwards, Legal Assistant; Ms. Cindy Harrison, 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; Mr. Vernon Leroy Allen, Investigator; Ms. Jenny Olmstead, Senior Investigative Coordinator; Ms. Barbara Rodrigues, Investigative Coordinator; Mr. Dale Breaden, Director of Communications and Public Affairs; Ms. Dena Marshall, Public Affairs Assistant; Mrs. Joy D. Cooke, Licensing Director; Ms. Michelle Allen, Licensing Supervisor; Ms. Amy Ingram, Licensing Assistant; Ms. Lori King, Physician Extender Coordinator; Ms. Quanta Williams, Physician Extender Coordinator; Michael Sheppa, MD, Interim Medical Director; Ms. Judie Clark, Complaint Department Director; Mrs. Sharon Squibb-Denslow, Complaint Department Assistant; Ms. Sherry Hyder, Complaint Summary Coordinator; Ms. Carol Puryear, Malpractice/Medical Examiner Coordinator; Mr. Hari Gupta, Operations Department Director; Ms. Patricia Paulson, Registration Coordinator; Mrs. Janice Fowler, Operations Assistant; Mr. Peter Celentano, Comptroller; Ms. Ravonda James, Receptionist; Ms. Marjorie Smith, Operations Assistant; Mr. Donald Smelcer, Technology Department Director; Ms. Dawn LaSure, Human Resources Director; and Mr. Jeffery Denton, Executive Assistant/Verification Coordinator.

MISCELLANEOUS

Presidential Remarks

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

Board Meeting Dates

Motion: A motion passed to approve the following Board Meeting dates for the year 2008.

January 16-18	July 16-18
February 20-21	August 20-21
March 26-28	September 17-19
April 16-17	October 15-16
May 21-23	November 19-21
June 18-19	December 18 (via Conference Call)

Medical Director Search Committee

Due to the resignation of the Medical Director, Jesse Roberts, MD, the President appointed the following Medical Director Search Committee:

Sarvesh Sathiraju, MD
Aloysius P. Walsh
Ralph C. Loomis, MD

Retreat Planning Committee

The President appointed the following Retreat Planning Committee:

George L. Saunders, III, MD
Janelle A. Rhyne, MD
H. Arthur McCulloch, MD
Donald E. Jablonski, DO

EXECUTIVE COMMITTEE NOMINATION REPORT

Robert Moffatt, MD; Arthur McCulloch, MD; Janelle Rhyne, MD; Aloysius Walsh; George Saunders, MD

The Executive Committee of the North Carolina Medical Board was called to order at 10:45 a.m., Wednesday July 19, 2006 at the office of the Board. Present were: Robert C. Moffatt, MD, Chair; H. Arthur McCulloch, MD; Janelle A. Rhyne, MD; Aloysius P. Walsh; and George L. Saunders, III, MD. The following slate of candidates for the term beginning November 1, 2006 were made to the Board:

President -	H. Arthur McCulloch, MD
President Elect -	Janelle A. Rhyne, MD
Secretary -	George L. Saunders, III, MD
Treasurer -	Ralph C. Loomis, MD

There were no nominations from the floor.

Motion: A motion passed to approve the Executive Committee Nomination Report as presented to the Board.

MINUTE APPROVAL

Motion: A motion passed that the June 14-16 and June 29, 2006, 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.

ATTORNEY'S REPORT

Written reports on 164 cases were 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.

PUBLIC ACTIONS

Augustus, Carl Trent MD

Consent Order executed 2/17/06

Basili, Richard Louis, MD

Findings of Fact, Conclusions of Law and Order executed 7/14/2006

Branstetter, Annie Laura

Re-Entry Agreement and Order executed

Craft, Patrick Phelps MD

Consent Order executed 06/02/2006

Dyer, G. David MD

Termination of Consent Order executed 06/06/2006

Folkerts, AnnaMaria PA

Order Terminating Consent Order executed 6/30/06

Goldenthal, Nathan David MD

Consent Order executed 6/5/2006

Greer, Michael Edward MD

Notice of Dismissal executed 05/22/2006

Hammer, Michael MD

Notice of Charges and Allegations; Notice of Hearing executed 06/28/2006

Haney, Douglas Jeffrey PA

Notice of Charges & Allegations; Notice of Hearing executed 7/5/06

Hunsaker, Robert Huson MD

Consent Order executed 06/30/2006

Jamieson, Brian David
Consent Order executed 06/27/2006

Johnson, David Wesley MD
Consent Order executed 4/13/06

Khan, Ahmed Iqbal, MD
Notice of Charges and Allegations, Notice of Hearing executed 7/13/2006

Kocich, Darlene Christine NP
Consent Order executed 5/19/2006

Kraynack, Barry Joseph MD
Consent Order executed 06/08/2006

Krzyzaniak, Raymond Leonard MD
Notice of Charges & Allegations; Notice of Hearing executed 7/5/06

Langston, Jonathan Lawrence, PA
Amended Notice of Charges and Allegations; Notice of Charges executed 7/13/2006

Leggett, Jerry Curtis PA
Order Terminating Re-Entry Agreement and Order executed 6/28/06

Loyd, Doyne Whittington, MD
Notice of Charges and Allegations; Notice of Hearing executed 7/13/2006

MacDonald, Carolyn, MD
Notice of Charges and Allegations; Notice of Hearing executed 7/13/2006

Marcinkus, Susan Rita MD
Notice of Charges and Allegations; Notice of Hearing executed 06/12/2006

Maselly, Michael Joseph MD
Notice of Charges and Allegations; Notice of Hearing executed 06/02/2006

Mason, Rudolph Amadeus George MD
Notice of Charges and Allegations; Notice of Hearing executed 5/30/06

McLimore, Perry Glenn, MD
Notice of Charges and Allegations; Notice of Hearing executed 7/13/2006

McPhee, Gerard Michael
Re-Entry Agreement and Order executed 06/27/2006

Miles, Martha Cope, MD
Termination of Consent Order executed 7/13/2006

Neumann, Peter Ronald MD
Notice of Charges and Allegations; Notice of Hearing executed 06/28/2006

Patel, Rakesh Dahyabhai MD
Order Terminating Consent Order executed 6/29/06

Perdikis, George C., MD
Notice of Dismissal executed 7/17/2006

Puleo, Joel Gregg MD
Notice of Charges and Allegations executed 05/26/2006

Roberson, Kanoi
Denial Letter executed 5/23/09

Rohr, Michael Snell, MD
Entry of Revocation executed 6/29/2006

Sappington, John Shannon MD
Notice of Charges & Allegations; Notice of Hearing executed 6/30/06

Sebhat, Berhan, MD
Notice of Charges and Allegations; Notice of Hearing executed 7/6/2006

Trogdon, James Clifford, NP
Notice of Charges and Allegations; Notice of Hearing executed 7/19/2006

Williams, Cleveland MD
Notice of Charges and Allegations; Notice of Hearing executed 06/02/2006

Williams, Warren Herbert MD
Entry of Revocation executed 06/29/2006

Winegardner, Stephen Duane, MD
Notice of Charges and Allegations; Notice of Hearing executed 7/13/2006

Woglom, Peter B. PA
Notice of Charges and Allegations; Notice of Hearing executed 05/30/2006

Wohler, Johnathan Baumann MD
Notice of Charges and Allegations; Notice of Hearing executed 06/02/2006

Woods, Kristy Freeman MD
Order of Dismissal Without Prejudice

Wyble, Linda Gilbert MD
Notice of Charges and Allegations; Notice of Hearing executed 5/15/06

Yan, Lun Sheung MD
Notice of Charges and Allegations; Notice of Hearing executed 06/28/2006

MISCELLANEOUS

21 NCAC 32B .0105 FEDERATIONS'S CREDENTIAL VERIFICATION SERVICE PROFILE

21 NCAC 32B .0105 is proposed for adoption as follows:

21 NCAC 32B .0105 FEDERATION'S CREDENTIAL VERIFICATION SERVICE PROFILE

All applicants for a license to practice medicine under this chapter who are registered with the Federation's Credential Verification Service (FCVS) shall submit a FCVS profile as part of their license application.

History Note: Authority G.S. 90-6; 90-11

7/2006 BOARD ACTION: Adopt

21 NCAC 32B .106 DATA BANK REPORTS

21 NCAC 32B .0106 is proposed for adoption as follows:

21 NCAC 32B .106 DATA BANK REPORTS

All applicants for a license to practice medicine under this chapter shall submit a National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) report as part of their license application. The NPDB and HIPDB reports must be dated within sixty (60) days of their submission to the Medical Board.

History Note: Authority G.S. 90-6; 90-11

7/2006 BOARD ACTION: Adopt

21 NCAC 32B .0312 ROUTINE INQUIRIES

21 NCAC 32B .0312 is proposed for amendment as follows:

21 NCAC 32B .0312 ROUTINE INQUIRIES

An applicant for license by endorsement shall request the following reports be submitted to the Board:

- (1) Reports from all relative state Medical Boards or agencies in which the applicant has ever held a professional license to include medical, dental, nursing, and law, indicating the status of the applicant's license and whether or not the license has been revoked, suspended, surrendered, or placed on probation shall be mailed directly from other state boards or agencies to the Board.
- (2) If the applicant has ever held a medical license in another country, reports from all foreign Medical Boards, including Canada, where the applicant has ever held a medical license indicating the status of the applicant's license and whether or not the license has been revoked, suspended, surrendered, or placed on probation shall be mailed directly from the foreign board to the Board.
- ~~(2)~~(3) An AMA Physician Profile (requested by applicant of AMA).
- ~~(3)~~(4) FSMB Data Bank inquiry (requested by applicant of FSMB).
- ~~(4)~~(5) AOIA Physician Profile (requested by applicant of AOIA) if applicant is an osteopathic physician.

*History Note: Authority G.S. 90-6; 90-11; 90-13;
Eff. February 1, 1976;
Amended Eff. November 1, 1985;*

Recodified from 21 NCAC 32B .0212 Eff. April 5, 1989;

7/2006 BOARD ACTION: Adopt

21 NCAC 32B .0314 PASSING EXAM SCORE

21 NCAC 32B .0314 is proposed for amendment as follows:

21 NCAC 32B .0314 PASSING EXAM SCORE

21 NCAC 32B .0314 is proposed for amendment as follows:

21 NCAC 32B .0314 PASSING EXAM SCORE

USMLE – Applicants who have taken USMLE may be eligible to apply for a license by endorsement of credentials if they meet the following score requirements:

- (1) A score of at least 75 is required on Step 3; and
- (2) The USMLE Step 3 shall be passed within seven years of the date of passing Step 1 OR within 10 years if the reason for the delay is based on applicant obtaining a MD/PhD degree.
- (3) An applicant shall not be deemed to have received a passing score on any Step of the USMLE unless applicant has received a passing score on that Step within six (6) attempts. Step 2 consists of two components: Clinical Knowledge (CK) and Clinical Skills (CS). An applicant must receive a passing score within six (6) attempts on Step 2 (CK) and, likewise, must receive a passing score within six (6) attempts on Step 2 (CS).
- (4) The Board shall not issue a license to practice medicine to any applicant who has failed to receive a passing score on any Step, or component thereof, of the USMLE within six (6) attempts unless it is determined, in the Board's discretion, that the applicant has successfully completed additional training or education which is approved and accepted by the Board.

*History Note: Authority G.S. 90-6; 90-10; 90-13;
Eff. January 1, 1983;
Temporary Amendment Eff. January 31, 1985 for a period of 120 days to expire on May 30, 1985;
Amended Eff. November 1, 1985; May 1, 1985;
Recodified from 21 NCAC 32B .0214 Eff. April 5, 1989;*

7/2006 BOARD ACTION: Adopt

21 NCAC 46 .0301 CLINICAL PHARMACIST PRACTITIONERS

Issue: Proposed rule change for 21 NCAC 32T .0101(i)

Comments: 21 NCAC 32T .0101(i) is being amended to provide the Medical Board and Pharmacy Board more disciplinary bases and disciplinary options for clinical pharmacist practitioners. This amendment was approved by the CPP joint subcommittee which met during the May 2006 Board meeting. The CPP joint subcommittee was reconvened for the purpose of discussing this rule change in response to legislation that was being proposed by the Medical Board that the provisions of the North Carolina Medical Practice Act (Article I of Chapter 90 of the General Statutes) apply to all practitioners who are either licensed by the Medical Board or are approved to perform medical acts by the Medical Board.

The proposed rule change is at the initial stages, meaning if the Board approves the rule it will be published in the North Carolina Register for public comment.

7/2006 BOARD ACTION: Approve rule for publication

PETITION FOR RULE-CHANGE OF 21 NCAC 32B .0315

The American Board of Physician Specialists petitioned the Medical Board to change 32B .0315 as follows:

21 NCAC 32B .0315 TEN-YEAR QUALIFICATION

Pursuant to the discretion granted in G.S. 90-13, the Board may issue a license to any applicant without examination using the following guidelines.

- (1) In addition to all other requirements for licensure, an applicant who has not met one of the following qualifications within the past 10 years of the date of the application to the Board, shall take the SPEX, or other examination as determined by the Board, and attain a score of at least 75:
 - (a) National Board of Medical Examiners certification;
 - (b) National Board of Osteopathic Medical Examiners certification;
 - (c) Examination for license testing general medical knowledge;
 - (d) SPEX score of at least 75;
 - (e) Certification or re-certification from a specialty board recognized by the ABMS, ABPS, or the AOA; or certification or re-certification with added qualifications from a specialty or subspecialty board recognized by the ABMS, ABPS, or AOA;
 - (f) Completion of formal postgraduate medical education as required under Rule .0313 of this Section.
- (2) The SPEX requirement may be waived by the Board upon receipt of a current AMA Physician's Recognition Award or acceptable AOA CME.

*History Note: Authority G.S. 90-11; 90-13;
Eff. March 1, 1991;
Amended Eff. July 1, 2004; February 1, 1995; July 1, 1993; January 1, 1992.*

7/2006 BOARD ACTION: Deny petition for rule-change.

EXECUTIVE COMMITTEE REPORT

Robert Moffatt, MD; Arthur McCulloch, MD; Janelle Rhyne, MD; Aloysius Walsh; George Saunders, MD

The Executive Committee of the North Carolina Medical Board was called to order at 10:35 am, Wednesday July 19, 2006 at the offices of the Board. Members present were: Robert C.

Moffatt, MD, President; H. Arthur McCulloch, MD; Janelle A. Rhyne, MD; George L. Saunders, MD; and Aloysius P. Walsh. Also present were R. David Henderson (Executive Director), Hari Gupta (Director of Operations), and Peter T. Celentano, CPA (Comptroller).

Financial Statements

Mr. Celentano, CPA, presented to the committee the May 2006 compiled financial statements. May is the end of the first seven months of fiscal year 2006.

Mr. Celentano commented to the Committee that total revenue for fiscal year 2006 is 6% over budget and total administrative expenses are 1% over budget at this time. The May 2006 Investment Summary was reviewed and accepted as presented.

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

New Business

Recommendations for cash surplus: The staff made a recommendation to update the Executive Committee whenever there is a cash surplus and provide a list of interest rates for various terms. Dr. McCulloch made a motion to accept the staff proposal and to invest current surplus cash into a CD with a maturity of six months (January 2007). Mr. Walsh seconded the motion and the motion was approved unanimously.

Fee for Stock Transfer: The professional corporation law states that before shares can be transferred, the licensing board must verify that the proposed transferee is duly licensed and, therefore may lawfully hold shares in the professional corporation. For years the Board has only charged \$2 for this verification (compared to \$15 and \$25 for similar services) which does not adequately cover the Board's expenses. Mr. Henderson made a proposal to increase the fee for this service. Mr. Walsh made a motion to increase the fee for the issuance or transfer of stock to \$15. Dr. Rhyne seconded the motion and the motion was approved unanimously.

2008 Board Meeting Schedule: Mr. Henderson reviewed with the Committee the proposed Board Meeting Schedule for the calendar year 2008. Dr. Rhyne made a motion to accept the schedule as presented with a change to the October Board Meeting. Dr. Saunders seconded the motion and the motion was approved unanimously.

Interim Plan - OMD: Mr. Henderson reviewed with the Committee plans being made to fill the vacancy in the Medical Director's office. Mr. Henderson proposed to the Committee that Dr. Sheppa increase his work from 20 to 30 hours per week. Mr. Henderson has already spoken to Dr. Sheppa and he has agreed to work 10 additional hours a week. The other item is to ask physician Board members to volunteer to review cases on an interim basis. Mr. Henderson stated that the combination of additional hours worked by Dr. Sheppa and the Board members helping out will give the staff sufficient time to conduct a search for a full-time Medical Director. Mr. Walsh made a motion to adopt the plan as presented. Dr. Rhyne seconded the motion and the motion was approved unanimously.

Remote Meeting Location: Dr. Moffatt and Mr. Henderson reviewed with the Committee a proposal to conduct a future Board Meeting in NC at a site other than Raleigh. No further action by the Committee was taken at this time.

Nominations of New Officers: A motion was made to nominate the following officers for 2006-2007: Dr. Harlan McCulloch as President, Dr. Janelle Rhyne as President-Elect, Dr. George Saunders as Secretary, and Dr. Ralph Loomis as Treasurer. Dr. Robert Moffatt, as Past President, will join the officers on the Executive Committee.

The meeting was adjourned at 11:45am.

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

POLICY COMMITTEE REPORT

Arthur McCulloch, MD, Chair; Aloysius Walsh; George Saunders, MD; Janelle Rhyne; MD

The Policy Committee of the North Carolina Medical Board was called to order at 3:06 p.m., Wednesday, July 19, 2006, at the office of the Board. Present were: Arthur McCulloch, MD, Chair; Aloysius P. Walsh; George L. Saunders, MD; and Janelle A. Rhyne, MD. Also attending were: David Henderson, Executive Director; Thomas Mansfield, JD, Director, Legal Department, NCMB (PC Staff); Todd Brosius, JD, Board Attorney, NCMB; NCMB; Melanie Phelps, JD, North Carolina Medical Society; Dale Breden, Public Affairs Director, NCMB; and Mr. Jeffery T. Denton, Board Recorder (PC Staff).

May 2006 Policy Committee Meeting Minutes

The minutes from the May 17, 2006 Policy Committee Meeting were reviewed and accepted.

Physician Participation in Executions

Dr. McCulloch stated that physician participation in State executions would be unethical and that there is a conflict between the AMA ethics opinion and the North Carolina statute requiring the presence of physician at executions. He continued to say that the Board will keep personal views of capital punishment aside. (A proposed draft of a Medical Board Position Statement regarding this subject was distributed to all in attendance.)

Dr. Saunders stated that it is important for people to understand the full process and deliberations that the Medical Board goes through. This includes gathering information and viewpoints from multiple concerned parties, engaging in extensive analysis and receiving public comment. He indicated that this subject recently came up at a meeting of the Old North State Medical Society where it was not unanimous about how their membership feels about this.

At this point Dr. McCulloch asked if there was anyone in attendance that would like to address the Policy Committee.

Author Finn, MD, Chapel Hill: Dr. Finn stated that he believes very strongly that physicians have no place in an action by a state to execute anyone. He has spent his life teaching about ethics and caring for patients. The model, first do not harm, coupled with the Hippocratic oath, just does not fit into a position that would permit a physician to be present at an execution of a person. The law in North Carolina that says a physician shall be present and have nothing to do with it, requires something that is not possible. He believes it is unethical for any physician

to be present during an act by the state to execute a person. He believes the Medical Board should take a firm stance on this. He does believe that it would be appropriate for a physician to assist in determining the most humane way to accomplish capital punishment.

Charles Van Der Horst, MD, Chapel Hill: Dr. Van Der Horst stated that it is a slippery slope. Once a doctor is in the execution chamber, at some point he will be called upon to help with an IV placement, check a pulse, etc. Ethics is not a popularity contest. We cannot have dual responsibilities. We are being used by the State to kill people. I do not believe a physician should be part of that process. By allowing this you risk the trust that society puts in physicians. You need to take the licenses of any physicians that participate in an execution. If the State then says you can't do this, then it will be another issue, otherwise you are complicit in the whole process. If you do not take the license, you are condoning the participation of physicians in executions.

Dr. McCulloch thanked the public for attending and providing input. He explained and emphasized the lengthy process in which position statements are adopted by the Board. Simply put, the Policy Committee makes a recommendation to the Full Board. If the Full Board accepts the Position Statement, it is then published in *The Forum* (the Board's newsletter) to receive several months of public comment. The public comments are then reviewed by the Policy Committee, and the draft position statement is reviewed again based on the comments. Then there is a recommendation made to the Full Board for final adoption. The Full Board can adopt it, change it, or reject it completely. He stated that today's meeting was the first part of this lengthy process.

Motion: A motion passed that the below position statement be presented to the Full Board for continuation of the position statement adoption process.

Capital Punishment

The North Carolina Medical Board takes the position that physician participation in capital punishment is a departure from the ethics of the medical profession within the meaning of N.C. Gen. Stat. § 90-14(a)(6). The North Carolina Medical Board adopts and endorses the provisions of AMA Code of Medical Ethics Opinion 2.06 printed below except to the extent that it is inconsistent with North Carolina state law.

The Board recognizes that N.C. Gen. Stat. § 15-190 requires the presence of "the surgeon or physician of the penitentiary" during the execution of condemned inmates. Therefore, the Board will not discipline licensees for merely being "present" during an execution in conformity with N.C. Gen. Stat. § 15-190. However, any physician who engages in any verbal or physical activity, beyond the requirements of N.C. Gen. Stat. § 15-190, that facilitates the execution may be subject to disciplinary action by this Board.

Relevant Provisions of AMA Code of Medical Ethics Opinion 2.06

An individual's opinion on capital punishment is the personal moral decision of the individual. A physician, as a member of a profession dedicated to preserving life when there is hope of doing so, should not be a participant in a legally authorized execution. Physician participation in execution is defined generally as actions which would fall into one or more of the following

categories: (1) an action which would directly cause the death of the condemned; (2) an action which would assist, supervise, or contribute to the ability of another individual to directly cause the death of the condemned; (3) an action which could automatically cause an execution to be carried out on a condemned prisoner.

Physician participation in an execution includes, but is not limited to, the following actions: prescribing or administering tranquilizers and other psychotropic agents and medications that are part of the execution procedure; monitoring vital signs on site or remotely (including monitoring electrocardiograms); attending or observing an execution as a physician; and rendering of technical advice regarding execution.

In the case where the method of execution is lethal injection, the following actions by the physician would also constitute physician participation in execution: selecting injection sites; starting intravenous lines as a port for a lethal injection device; prescribing, preparing, administering, or supervising injection drugs or their doses or types; inspecting, testing, or maintaining lethal injection devices; and consulting with or supervising lethal injection personnel.

The following actions do not constitute physician participation in execution: (1) testifying as to medical history and diagnoses or mental state as they relate to competence to stand trial, testifying as to relevant medical evidence during trial, testifying as to medical aspects of aggravating or mitigating circumstances during the penalty phase of a capital case, or testifying as to medical diagnoses as they relate to the legal assessment of competence for execution; (2) certifying death, provided that the condemned has been declared dead by another person; (3) witnessing an execution in a totally nonprofessional capacity; (4) witnessing an execution at the specific voluntary request of the condemned person, provided that the physician observes the execution in a nonprofessional capacity; and (5) relieving the acute suffering of a condemned person while awaiting execution, including providing tranquilizers at the specific voluntary request of the condemned person to help relieve pain or anxiety in anticipation of the execution.

Enhanced Role Nurses in Public Health

The Policy Committee has been interested in the training, qualification, and role of this type nurse.

Mr. Henderson invited Ms. Eileen Kugler, Public Health Nurse Consultant who works for the Public Health Nursing and Professional Development, Division of Public Health to speak with the committee.

Ms. Kugler explained that Enhanced Role Nurses (ERN's) are registered nurses who have specific training and either baccalaureate prepared or have completed the "Introduction to Principles and Practices of Public Health and Public Health Nursing" course. Role-specific training includes: didactic or classroom education, an examination on that content which the RN must pass, a supervised clinical practicum, determination by the clinical advisor that the RN is ready for the final external competency validation, and validation of competency by a NP external to the agency using a standardized clinical evaluation checklist.

There are four enhanced roles: Child Health, Maternity, Family Planning and STD. All must be filled by a registered nurse who has completed the above requirements. Everything they

do is within the scope of the practice of nurses. They distinguish normal from abnormal. There is no medical decision taking place at all. Questionable findings are automatically referred to mid-level providers for further evaluation. Exceptions include those activities that can be provided by a registered nurse via formal standing orders that are signed by a physician that is employed or under contract by the health department, or medical director.

When asked what the difference between an ERN and a regular nurse was, Ms. Kugler stated, "Good question." She explained that there is no enhanced scope of practice, but in public health departments they provide ERN's with additional training/education and they have more specific knowledge and practice in specific areas. She emphasized that in many cases ERN's are there because there are no other resources available.

The Medical Board was concerned to hear that ERN's could do pelvic examinations, and that their supervised clinical practice meant they were supervised by another nurse or manager through standing orders.

Nursing Advisory Statements

The Medical Board had a question regarding whether nurses are practicing beyond their scope of practice in light of Nursing Advisory Statements. This continues to be a sensitive issue. Mr. Henderson invited Julie George, from the Board of Nursing, to make a presentation to the Policy Committee and answer questions. Ms. George provided a copy of the Advisory Statements and a decision tree to committee members.

Ms. George stated that many of these statements came about because there was not appropriate care in health departments – public health drove these. The employer can always restrict the practice. The statements are regularly reviewed. The last major revision was in 1990-1992.

The Advisory Statement of 1997 addressing "Flexible Sigmoidoscopy" was the last one developed. Ms. George is not aware that flexible Sigmoidoscopy is being done but it could be.

The last change to the Nursing Advisory Statements was in 2004, changing the statement in relation to administration of IV Pitocin.

Ms. George stated, "We all want the same thing – patients to be safe." Advisory statements are helpful in providing guidance to employers of nurses in deciding what they can and cannot do.

Supervision of Physician Assistants and Nurse Practitioners

Background: This item was referred from the Executive Committee. (1) Is it legal for NP's and/or PA's to employ their supervising physician? (2) What is the optimal number of PA's and NP's that a physician can supervise? Mr. Jimison gave his opinion that it would be inappropriate for a PA or NP to hire a physician as an employee of a practice owned entirely by the PA or NP. To do so would be an impermissible expansion of the scope of the PA license or NP approval to perform medical acts. Regarding supervision, several articles were reviewed, discussions with Ms. Hunter Buskey, PA-C, Board Member, NCMB, and representation of the NCPAP were present for the discussion.

Update: Dr. McCulloch stated his opinion that the Board would be misguided if it were to try to create a formula for supervision based on specific numbers of providers supervised and

specific geographical distance limitations. He went on to say that specific number limitations should not be part of the equation as the Board determines whether supervision by a physician is appropriate or not appropriate.

Action: Dr. McCulloch will continue to accept input and work with the legal department to further analyze this issue. A draft position statement will likely result which will include factors that define supervision. They may include a list of expectations of a supervising physician as well as descriptions of the relationship between providers.

Centers for Medicare/Medicaid Services (CMS)

Dr. Rhyne pointed out that there are new CMS Guidelines. She is concerned because one change appears to require that verbal orders be signed or initialed by the prescribing practitioner within 48 hours of when the order was given. She also stated that a recent Division of Facility Services (DFS) inspection sited a hospital for not adhering to this 48-hour turnaround.

Many times it is impossible to sign an order within 48-hours. A patient may die and their papers are sent to the morgue, a physician may go out of town, etc.

Ms. Phelps stated that the provision allows for a covering partner to sign. Dr. Rhyne countered that this does not help when a patient is transferred to another hospital.

Dr. Sathiraju stated his hospital had recently examined this guideline and they discovered three things: (1) any other physician can sign as long as you have an understanding, (2) if it is over a weekend you can sign on a Monday, which would allow 72 hours, and (3) the credential committee of the hospital is responsible for these physicians. If they feel there is a pattern they will report it.

Dr. Rhyne suggested that an appeal be made to the State Medical Society who could then appeal to their counterparts to get this requirement changed.

Action: This item is accepted as information. Any reports received by the Medical Board will be considered on a case-by-case basis for the time being.

RETENTION OF MEDICAL RECORDS – Position Statement Review (Walsh)

Mr. Walsh presented a draft update of this position statement.

Action: Continue to review. Ms. Phelps will work with the Legal Department to finalize this statement.

MEDICAL RECORD DOCUMENTATION – Position Statement Review (Walsh)

Action: This item is tabled until the September Committee meeting.

FINAL POSITION STATEMENT REVIEW

As part of the final stage of adopting a position statement, the following three position statements have been published in the *Forum* to receive public opinion. No comment was received.

- *Competence and Reentry to the Active Practice of Medicine (attached)*
- *Availability of Physicians to Their Patients (attached)*

- *Referral Fees and Fee Splitting (attached)*

Motion: A motion passed for final adoption of the following three position statements as new and/or revised position statements of the Medical Board.

North Carolina Medical Board Position Statement

COMPETENCE AND RE-ENTRY TO THE ACTIVE PRACTICE OF MEDICINE

The ability to practice medicine results from a complex interaction of knowledge, physical skills, judgment, and character tempered by experience leading to competence. Maintenance of competence requires a commitment to lifelong learning and the continuous practice of medicine, in whatever field one has chosen. Absence from the active practice of medicine leads to the attenuation of the ability to practice competently.

It is the position of the North Carolina Medical Board, in accord with GS 90-6(a), that practitioners seeking licensure, or reactivation of a North Carolina medical license, who have had an interruption, for whatever reason, in the continuous practice of medicine greater than two (2) years must reestablish, to the Board's satisfaction, their competence to practice medicine safely.

Any such applicant must meet all the requirements for and completion of a regular license application. In addition, full-scale assessments, engagement in formal training programs, supervised practice arrangements, formal testing, or other proofs of competence may be required.

The Board will cooperate with appropriate entities in the development of programs and resources that can be used to fulfill the above requirements, including the issuance, when necessary and appropriate, of a time or location limited and/or restricted license (e.g., residency training license).

It shall be the responsibility **of the applicant** to develop a reentry program subject to the approval of the Board.

(Adopted July 2006)

North Carolina Medical Board Position Statement

AVAILABILITY OF PHYSICIANS TO THEIR PATIENTS

It is the position of the North Carolina Medical Board that once a physician-patient relationship is created, it is the duty of the physician to provide care whenever it is needed or to assure that proper physician backup is available to take care of the patient during or outside normal office hours.

The physician must clearly communicate to the patient orally and provide instructions in writing for securing after hours care if the physician is not generally available after hours or if the physician discontinues after hours coverage.

(Adopted July 1993)
(Amended May 1996, January 2001, October 2003, July 2006)

North Carolina Medical Board Position Statement

REFERRAL FEES AND FEE SPLITTING

Payment by or to a physician solely for the referral of a patient is unethical. A physician may not accept payment of any kind, in any form, from any source, such as a pharmaceutical company or pharmacist, an optical company, or the manufacturer of medical appliances and devices, for prescribing or referring a patient to said source. In each case, the payment violates the requirement to deal honestly with patients and colleagues. The patient relies upon the advice of the physician on matters of referral. All referrals and prescriptions must be based on the skill and quality of the physician to whom the patient has been referred or the quality and efficacy of the drug or product prescribed.

It is unethical for physicians to offer financial incentives or other valuable considerations to patients in exchange for recruitment of other patients. Such incentives can distort the information that patients provide to potential patients, thus distorting the expectations of potential patients and compromising the trust that is the foundation of the patient-physician relationship.

Furthermore, referral fees are prohibited by state law pursuant to N.C. Gen. Stat. Section 90-401. Violation of this law may result in disciplinary action by the Board.

Except in instances permitted by law (NC Gen Stat §55B-14(c)), it is the position of the Board that a physician cannot share revenue on a percentage basis with a non-physician. To do so is fee splitting and is grounds for disciplinary action.

(Adopted November 1993)
(Amended May 1996, July 2006)

Expert Witness Testimony

Dr. McCulloch stated that this is a large and complex issue. He added that a decision to adopt a Board policy as a rule or a position statement is also a big issue.

Mr. Mansfield suggested that the Board try to approach this through a position statement. Superior Court judges reviewing cases coming from the Board expect licensees to be on notice of conduct that might result in disciplinary action. A position statement could express clearly the Board's opinion on the subject. If at the end of that process the Board has not accomplished their goal of putting licensees on notice, then they could look at rule-making.

Action: Dr. McCulloch will work with Mr. Brosius to draft a position statement on this subject.

Position Statement Review Schedule

The following position statements will be reviewed at the July 19, 2006 Committee Meeting:

End-Of-Life responsibilities and Palliative Care (Rhyne with assistance from Ms. Phelps)
Advance Directives and Patient Autonomy (Rhyne with assistance from Ms. Phelps)

There being no further business, the meeting adjourned at 4:45 p.m. The next meeting of the Policy Committee is tentatively set for 3:00 p.m. Wednesday, September 20, 2006.

ALLIED HEALTH COMMITTEE REPORT

Sarvesh Sathiraju, MD; Robin Hunter Buskey, PA-C; Don Jablonski, DO

The Allied Health Committee of the North Carolina Medical Board met on Wednesday, July 19, 2006 at the office of the Board. Present: Dr. Sathiraju, Chairperson, Robin Hunter-Buskey, Dr. Jablonski, Marcus Jimison, Legal, Lori King, CPCS, Licensing, Quanta Williams, Licensing, Scarlett Gardner, Gale Adcock, Danielle Grant.

PA & NP Initial Applications. Board Members to review all PA & NP initial applications (not only files w/ affirmative answers/issues) prior to being added to Vote List and not administratively approve only.

1. PA's are supervised by MD's.
2. Additional NCMB staff needed. Additional expenses.
3. Delay in processing time.
4. Bd. Mbrs. already receive all files w/affirmative answers/issues.

Board Action: Board Members to review all PA initial applications (not only files w/ affirmative answers/issues) prior to being added to Vote List and not administratively approve only. Additional staff, expenses to be discussed. NP applications to be discussed at NP Joint Sub. Mtg.

PA Rule Changes. Recent PA rule changes were discussed, and staff relayed that all rule changes are now effective.

Board Action: For information.

EMS Protocols. L. King located protocol information on EMS website and provided to Allied Health Committee Members.

Board Action: Dr. Sathiraju will review protocols, address issues and send e-mail to Board Members and then discuss at 09/06 AHC meeting.

PA Website FAQ's. L. King creating and discussing Frequently Asked Questions page for PA's on NCMB website.

Board Action: For 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 12 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.

ALLIED HEALTH VOTE LIST

Initial Applicants

NP's

Name	Primary Supervisor	Practice City
Benbow, Debra	Fox, William	Winston-Salem
Blevins, Suzanne	Wohl, David	Chapel Hill
Cagle, Faviola	Bass, Beaty	Durham
Esposito, Noreen	Bronstein, David	Burlington
Gibbons, Melissa	Borresen, Thor	Charlotte
Gotelli, John	Bynum, Debra	Chapel Hill
Justice, Joy	Horton, Paul	Winston-Salem
McCarthy, Regina	Benjamin, John	Chapel Hill
Sheron, Andrea	Chay, Christopher	Asheville
Sims, Brandon	Cheifetz, Ira	Durham
Strickland, Anna	Hardie-Hood, Robin	Durham
Whitten, Shannon	Traxler, Maryann	Charlotte

PA-C's

Bagley, James
Barner, Joan
Blair, Abbey
Bos, Abigail
Forrest, James
Graham, Jennifer
Gyamfi, Francis
Hawkins, Melissa
Huggins, Charles
Jackson, Timothy
Kirk, John
Koonts, Alison
LaFlure, Christopher
Marler, Brittney
Newton Rosenow, Mandy
Newton, Meredith
Pleasant, Karl
Roberts, Mark
Shelton, Pamela
Smalling, David

St. Clair, Robin
Taylor, Mary
Zimmerman, Mercedes

PA-C's Reactivations/Reinstatements

BURNETT, Paul, PA- Reactivation

Additional Supervisor List

NP's

Name	Primary Supervisor	Practice City
Allen-Helms, Angela	Millsaps, David	Hickory
Ausburn, Tanya	Berry, Bruce	Hickory
Brady, Deborah	Maloney, Nancy	Burlington
Brady-Fleming, Angela	Sena, Carol	Greensboro
Brown, Elizabeth	Berry, Bruce	Charlotte
Buck, Tiffany	Newman, Robert	Greenville
Calder, Jennifer	McMahon, Daniel	Charlotte
Cavender, Julia	Holman, Susan	Mill Spring
Ciaccio, Joy	Ford, Albert	Greensboro
DeMeyer, Teresa	McLaurin, Lambert	Hickory
Denton, Katrina	Irion, James	Yadkinville
DeVane, Evelyn	Mikhail, Ashraf	Kenansville
Dockery, Jennifer	Helmuth, Willard	Monroe
Dodge, Charlene	Anikwue, Charles	Charlotte
Donta, Robin	Carr, James	Raleigh
Driver, Sheila	Masters, David	Lenoir
Evans, Amy	Evans, S	Morganton
Evans, Iris	Hutchinson, Michael	Fayetteville
Fillmore, John	Hernandez, Carolina	Wilmington
Fernandez, Adam	Marflak, John	Asheville
Gill, Donna	Bell, Brian	Forest City
Highsmith, Carolyn	Beauford, Wayne	High Point
Jones, Carolyn	Fisher, David	Charlotte
Juarez-Leal, Susana	Martin, Charles	Jacksonville
Kastner, Linda	Gorman, Richard	New Bern
Kenny, Maria	Okons, Toby	Hope Mills
Khan, Khurum	Westcott, Carl	Winston-Salem
Killgore, John	Harris, Phillip	Windsor
Lavoie-Vaughan, Nanette	James, Michael	Greensboro
Lowery, Bobby	Okoye, Joseph	Goldsboro
Mackinnon, Sharon	Luoma, David	Huntersville
Martin, Tana	Hatharasinghe, Roger	Statesville
Massengill, Anna	Meehan, David	Clayton
McIntosh, Samantha	Peverall, Elizabeth	Bakersville
McKay, Lynsy	Berry, Bruce	Hickory
Nasir, Laura	Moore, Frederick	Yanceyville

Nelson, Donna	Goforth, John	Greenville
Olshan-Perlmutter, Michelle	Comeau, Sharyn	Charlotte
Penn, LaShanda	Reifler, Burton	Winston-Salem
Plentl, Maria	Walmer, David	Durham
Rafson, Judy	Kim, Ian	Kinston
Reinke, Caroline	Kirk, Benjamin	Charlotte
Ruppert, Nancy	Vang, Toubert	Troy
Schalnat, Kimberly	James, Michael	Greensboro
Sellers, Cathy	Walker, Rogers	Calabash
Senechal, Karen	Daly, Marianna	Marshall
Sexton, John	Blair, Charles	Asheville
Sink, Gayle	Beauford, Wayne	High Point
Smith, Deborah	Walters, William	Hayesville
Strickland, Anna	Hardie-Hood, Robin	Durham
Thomas, Christine	Wright, Patricia	Ahoskie
Tickerhoff, Stephanie	Smith, John	Winston-Salem
Timbreza, Kay	Moya, Fernando	Wilmington
Tobias, Annis	McCallum, Jeffrey	Morehead City
Trivette, Janese	Lovin, Vickie	Hickory
Turnage, Denise	Byrd, Elizabeth	Greenville
Turnage, Denise	Smith, Anthony	Greenville
Vogel, Nicki	Bell, Brian	Forest City
Von Gerichten, Diane	Puscas, Liana	Durham
Waldrop, Julee	Benjamin, John	Chapel Hill
Wheatley, Sandra	Isenhour, Christopher	Supply
Whitley, Pamela	Saltzman, Leonard	Albemarle
Wilson, Karen	Oeters, Rhonda	Washington
Wilson, Karen	Hines, Marcono	Alliance

Additional Supervisor List

PA-C's

Name	Primary Supervisor	Practice City
Achard, Malinda	Carroll, James	Bakersville
Adams, Melanie	Messner, Daniel	Southern Pines
Akers, Eddy	Robinson, Karen	Lumberton
Allen, Amy	Anderson, Alton	Goldsboro
Anderson, Dena	Scales, Jeffrey	Durham
Avery, Leanne	Molpus, John	Greensboro
Bailey, Cortis	Parnell, Jerome	Raleigh
Bailey, Maureen	Campbell, Edward	Mooreville
Bass Ransom, Julie	Monical, Cheryl	Oxford
Bass Ransom, Julie	Kring, Susan	Hendersonville
Battle, Lydia	Taormina, Velma	Gastonia
Beatty, Shannon	Conard, David	Charlotte
Bennett, David	Helman, Steven	Winston-Salem
Bennett, Deanna	Di Loreto, David	Salisbury

Berry, Robin	Prince, Gus	Pinehurst
Best, Roger	McHugh, Damian	Raleigh
Biddix, Kirsten	Clifford, Philip	Durham
Bishop, Candace	Girouard, Michael	Huntersville
Blackmer, Aaron	Cooley, Gerald	Charlotte
Boles, Elizabeth	Aklilu, Mebea	Winston Salem
Bosch, David	Albrecht, Robert	Pinehurst
Bosch, David	Kiser, Andy	Pinehurst
Bradshaw, Johnnie	Rhyne, Alfred	Charlotte
Bradshaw, Shanna	Janssen, Shelley	Clinton
Branstetter, Annie	Udekwu, Pascal	Raleigh
Brasfield, Julia	Caporossi, Jeffrey	Greensboro
Bray, Jeffrey	Gallemore, Warren	High Point
Briscoe, Anthony	Lee, Kenneth	Greenville
Britt, Kelly	Crane, Jonathan	Wilmington
Brooks, AmyLee	Buglisi, Lucille	Jacksonville
Brooks, Angela	Haque, Mahfuzul	Greenville
Brown, Alicia	Jacobs, Danny	Durham
Burfeind, Julia	Fruth, Joanne	Oxford
Burnett, Paul	Bernstein, Daniel	Charlotte
Cain, Jessica	McKaraheer, Charles	Hickory
Call, Dana	Pisel, Gregory	Hickory
Carpenter, Terri	Campbell, William	Weaverville
Cavedo, Colleen	Williams, Bret	Yanceyville
Cicutto, Elizabeth	Strand, Terry	Reidsville
Claerhout, Susan	Westman, Eric	Durham
Clark, Deborah	White, Lindsey	Elizabeth City
Clayton-Wilkins, Dana	Taylor, Francis	Seaboard
Cohen, Joe	Steinberger, Robert	Ft. Bragg
Colley, Harvey	Bias, Donald	Lincolnton
Collins, Steven	Bridgman, John	Southern Pines
Cook, Brian	Skipper, Eric	Charlotte
Copland, Alicia	Harris, Robert	Burlington
Corbett, Stephanie	Pearson, Marilyn	Smithfield
Costello, Richard	Blazing, Michael	Durham
Cranford, Marian	Titus, Anthony	Chapel Hill
Crosby, Tajuana	Woodall, Leonard	Smithfield
Crosby, Tajuana	Pearson, Marilyn	Smithfield
Crowell, David	Del Do, Shari	Dunn
Crummey, Heather	Cuenca, Rosa	Greenville
Currin, Ann	Dasher, James	High Point
Cutler, Robert	Skahen, James	Concord
Daignault, Thomas	Martinez, Paul	Clinton
Daignault, Thomas	Kodali, Vallisitaram	Fayetteville
Decristofaro, Louis	Vreeland, Matthew	Ft. Bragg
Denton, Ronald	Bowman, Robley	Taylorsville
Denton, Ronald	Khan, Shaheen	Morganton
Dewar, John	Gergen, John	Winston-Salem
Dial, Michael	Reed, John	Fayetteville
Dillon, Patrick	Strickland, James	Burlington

Dillow, Michael
Dodson, Jesse
Doherty, Margaret
Dolan, Margaret
Donau, Charles
Donau, Charles
Doty, Elissa
Drinkwater, Don
Drinkwater, Don
Eaton, Nicole
Edmisten, Brooke
Elliott, Anne
Ellis, Patricia
Eudy, Eileen
Evans, Joyce
Evans, Joyce
Farmer, Elissa
Farmer, Kimberly
Farmer, Vickie
Feldman, Rhonda
Fenn, Peter
Feron, Patrick
Fertig, Norman
Fitch, James
Fox, James
Fulbright, Virginia
Furlong, Thomas
Garbia, Waseem
Garbia, Waseem
Gentry, Kimberly
Gentry, Lelia
Gertner, Lindsay
Gocke, Thomas
Gorski, Karen
Graham, Barry
Gray, Marissa
Gray, Marissa
Greene, Kevin
Greene, Treshell
Grimsley, Ashley
Groh, Christopher
Gulledge, Michael
Gunter, Patricia
Hage, Suzanne
Hall, Blaine
Hall, Blaine
Hall, Jonathan
Hall, Shannon
Hanley, Brian
Harkness, Gale

Pucilowski, Olgierd
Powell, Ronald
Fair, Jeffrey
Hollar, Larry
Olivito, Francesco
Horn, Christopher
Udekwu, Pascal
Edrington, Richard
Kagan, Steven
Petrozza, Joseph
Kok, Lai
Bustard, Victor
Pacos, Andrew
Broadhurst, Laurel
Anthony, Meredith
Steinberger, Robert
Chikes, Peter
Williams, Barton
Horn, Christopher
Dibert, Kanchan
Rao, Lakshman
Washington, Raymond
Falge, Robert
Woodall, Hal
Munoz, Rigardy
Aguiar, Rafaela
Arastu, Hyder
Sundaram, Senthil
Sachar, Ravish
Orlowski, Richard
Olson, Ronald
Shawinsky, Arlene
Wood, Mark
Wallace, Robert
Bethel, Bradley
Nasir, Adnan
Zacco, Arthur
Burns, Martin
Di Loreto, David
Knab, John
Walker, John
Armistead, Hal
Maynard, Eugene
Mask, Allen
Bethel, Bradley
Hipp, David
Rubens, Jonathan
Merrick, Homer
Pucilowski, Olgierd
Robie, Peter

Morganton
Sanford
Chapel Hill
Morehead City
Sanford
Sanford
Raleigh
Raleigh
Raleigh
Statesville
Winston-Salem
New Bern
Louisburg
Black Mountain
Ft. Bragg
Fort Bragg
Concord
Wilmington
Fayetteville
Gastonia
Erwin
Pinehurst
Greenville
Kenly
Hickory
High Point
Greenville
Raleigh
Raleigh
Hickory
Durham
Hendersonville
Raleigh
Gastonia
Laurinburg
Raleigh
Apex
Charlotte
Salisbury
Wilmington
High Point
Huntersville
North Benson
Raleigh
Laurinburg
Carthage
High Point
Morehead City
Morganton
Winston-Salem

Harp, Wayne	Tokunboh, Julius	Kannapolis
Harris, Mark	Vance, Kelly	Salisbury
Harris, Tasha	Moore, Kenneth	Roanoke Rapids
Hasan, Lisa	Harrison, Myleme	Raleigh
Haser, Thomas	Laxer, Eric	Charlotte
Hawks, Lindsey	Chalfa, Nicolai	High Point
Helms, Tanya	Chao, Nelson	Durham
Henderson, David	Robinson, Karen	Lumberton
Hennequin, Karla	Perry, Joseph	Winston-Salem
Hensler, Rachel	Alsina, George	Wilmington
Hickman, Michele	Armitage, Mark	Wilmington
Hickman, Michele	Cromer, John	Wilmington
Hilliard, Michelle	Bothe, Brian	Hendersonville
Hinds, David	Budhwar, Nitin	Scotland Neck
Hitter, Scott	Xi, Fan	Wilmington
Hitter, Scott	Penrose, John	Clinton
Hodges, Kathryn	Foster, Charlie	Knightdale
Hodgkiss, Oliver	Harris, Diane	Wilmington
Hoffman, Adam	Tsahakis, Paul	Charlotte
Holden, Colleen	Roush, Timothy	Charlotte
Houlehan, Margaret	Kelley, Michael	Durham
Hudson, Charles	Krusch, Michael	Greensboro
Hulbert, Harry	Wilson, John	Winston-Salem
Izaj, Nicholas	Draelos, Michael	High Point
Jacob-Brotherton, Deborah	Bullock, Ann	Cherokee
James, Marcos	Fernandez, Gabriel	Fayetteville
Johnson, Curtis	Penrose, John	Clinton
Johnson, James	Weeks, Landon	Winston Salem
Jones, Stephen	Isenhour, Christopher	Supply
Jones, Teresa	Barringer, Thomas	Charlotte
Jones, William	Potter, Joan	Durham
Justice, Brenda	Morris, Deborah	Fayetteville
Kasubick-Tillman, Susan	Eskew, Lawrence	High Point
Kazda, John	Pridgen, James	Fayetteville
Kazda, John	Kelsch, John	Fayetteville
Kazda, John	Parker, David	Fayetteville
Kearns, Amy	Ameen, William	Jamestown
Kelly, Amy	Langston, Bernard	Supply
Kidd, Laura	Sanders III, John	Wilmington
Kilroy, Rita	Goldsborough, Kellie	Greensboro
Kinley, Karen	Nance, Alisa	Mooreville
Kirkpatrick, Ron	Dibert, Kanchan	Gastonia
Kruyer, Lauree	Bastek, Tara	Raleigh
Kryway, Elisabeth	Kimball, Robert	Statesville
Kubicki, Theresa	West, Shelly	Zebulon
Lake, Jonathan	Cowan, Michael	Charlotte
Lamar, Lorien	Exposito, Andres	Wilmington
Lamkin, Angela	Rinehart, David	Belmont
Lamm, Greyard	Hakanson, Robyn	Mount Airy

Lamm, Kathy	McMahon, Daniel	Charlotte
Lamonica, Jami	Mergy, James	Fayetteville
LaPlante, Brian	Masonis, John	Charlotte
Lawrence, Bradford	Guarino, Clinton	Hickory
Layfield, Heather	Howard, Chad	Monroe
Leshock, Richard	O'Rourke, Kenneth	Winston-Salem
Levine, Felicia	Pearson, Marilyn	Smithfield
Lewis, Yvonne	Whitman, Bruce	Lumberton
Lord, Deborah	Keith, Randall	Westfield
Louthian, Kathryn	Opper, Frederick	Wilmington
Lukasik, Kathleen	Blackwell, Samuel	Apex
Mahiquez, Jose	Summers, Andrew	Whiteville
Mahony, Carolyn	Dougherty, Richard	Charlotte
Markley, Linda	Nelson, John	Hickory
Marshall, Lindsey	Nunley, James	Durham
Martin, Maida	Batish, Sanjay	Leland
Martin, Maida	Armitage, Mark	Wilmington
Martinelli, Kathleen	Hage, William	Raleigh
Martinez, Maria	Smith, Arletty	Raeford
Maxwell, Jowanna	Mena, Benjamin	Roanoke Rapids
Mazor, Michelle	Marks, Malcolm	Winston Salem
McBride, Nancy	Murphy, Kathryn	Wilmington
McConnell, Patrick	Batish, Sanjay	Leland
McDowell, Edward	Hansen, Roger	Winston Salem
McDowell, Julie	Arnold, Terry	Lexington
McLaughlin, Miriam	Zacco, Arthur	Apex
McLaughlin, Miriam	Del Do, Shari	Dunn
McLaughlin, Miriam	Moore, Michael	Chapel Hill
McLaughlin, Thomas	Myers, Brian	Charlotte
Melgar, Tammy	Batish, Sanjay	Leland
Melgar, Tammy	Williams, Barton	Wilmington
Migdon, Steven	Talerico, Paul	Wilson
Migdon, Steven	Pacos, Andrew	Louisburg
Mills, Laura	Andrews, Robert	Durham
Minor, David	Rogers, Bruce	Selma
Montgomery, Jeremiah	Talerico, Paul	Wilson
Mooney, Matthew	Lucas, Wayne	Pinehurst
Morace, Armond	Barsanti, Christopher	Greenville
Morris, Delton	Reed, John	Fayetteville
Munching, Aaron	Patel, Jirpesh	Durham
Munching, Aaron	Leinbach, Jonathan	Durham
Munn, William	Carone, Patrick	Cary
Muolo, Charlotte	Pollack, Ronald	Harrisburg
Murray, Susan	Vickery, David	Asheville
Newman, John	Karegeannes, James	Asheville
Norman, Kathi	Davidson, Alan	Greensboro
O'Neill, Sandra	Hinson, Tony	Concord
Pane, Mark	Porter, John	Winston-Salem
Panos, Constantina	Potter, Joan	Durham
Paraoan, Dyna	Girouard, Michael	Huntersville

Parks, Joan	Brown, Harry	Cherokee
Patterson, Jimmy	Kelly, Darren	Mt. Pleasant
Payne, Andrea	Harper, James	Wilmington
Payne, Andrea	D'Amico, Paul	Whiteville
Payne, Mark	Neave, Victoria	High Point
Payne, Mark	Amundson, Russell	High Point
Peifer, Jennifer	Stouffer, George	Chapel Hill
Peoples, Mary	Mantyh, Christopher	Durham
Peteu, Ramona	Jackson, Anita	Clayton
Peteu, Ramona	Quashie, Dawn	Raleigh
Pico, Aaron	Hood, James	Rocky Mount
Pinkerton, Andrew	Ellis, Milton	N. Wilkesboro
Pitre, Christopher	Marsh, Stephen	Selma
Pixton, Jan	Golightly, Michael	Franklin
Prochaska, Kristin	Hoffman, Stanley	Huntersville
Pugh, Carolyn	Yongue, Judith	Greenville
Putts, Kristy	Gavigan, Thomas	Charlotte
Ramm, Allen	Pikus, Harold	Asheville
Read, Joanna	Gordon, Paul	Rowland
Reash, Gary	Tokunboh, Julius	Kannapolis
Reed, Sandra	Kenney, James	Henderson
Regan, James	Thomas, Raymond	Cape Carteret
	Sivaraj,	
Renn, Amber	Thamotharampillai	Holly Springs
Reynolds, Della	Zivony, Daniel	Asheville
Rheuark, Pamela	Bomborg, Robert	Butner
Rigby, Eureka	Roberson, Lewis	Kings Mountain
Rigsbee, William	Mastrangelo, Michael	Wilmington
Rippel, Janet	Guha, Subrata	Rocky Mount
Riser, John	Clark, Robert	Linville
Rouchard-Plasser, Robin	Landis, Darryl	Winston-Salem
Sampson, Kelvin	Florian, Thomas	Lumberton
Schiro, Shelley	Mackel, David	Hendersonville
Schmitt, Bruce	Del Do, Shari	Dunn
Schmitt, Bruce	Reed, John	Fayetteville
Schwartz, Adam	Greenberg, Gary	Durham
Scime, Kseniya	Girouard, Michael	Huntersville
Scott, Kelly	Liu, Debra	Winston-Salem
Sears, Stephanie	Mask, Allen	Raleigh
Sears, Stephanie	Talerico, Paul	Wilson
Secrest, Jon	Lue, Alvin	Winston-Salem
Shearn, Tiffany	Broyles, William	Durham
Shepperson, Kirstin	Wainer, Robert	Greensboro
Shipman, Jerry	Owens, Robert	Goldsboro
Shutak, Michael	Ames, David	New Bern
Simon, Spencer	Parnell, Jerome	Raleigh
Smith, David	Cromer, William	LaGrange
Smith, Ginger	Sidhu-Malik, Navjeet	Durham
Smith, Harold	Rupe, Carol	Charlotte
Smith, Joshua	Tucci, Debara	Durham

Smith, Kimberly	Killinger, William	Raleigh
Smith, Stephen	Wyker, Robert	Raleigh
Sommerich, Melissa	Wall, Stephen	Clyde
Speas, Tiffany	Keith, Theodore	Winston-Salem
Speas, Tiffany	Taghizadeh, Behzad	Winston Salem
Spiegel, Barry	Del Do, Shari	Dunn
Stanley, Glenn	Boney, Mark	Fayetteville
Stansell, Stanley	D'Amico, Paul	Whiteville
Stephens, Phillip	Florian, Thomas	Lumberton
Sterling, David	Baxter, Brian	Nags Head
Stott, Elizabeth	Litwak, Joseph	New Bern
Stratford, Shay	Beavers, Kimberly	Asheville
Strong, Garon	Johnson, Howard	Robbins
Stryker, Jean	Silver, Jon	Asheville
Sturgis, Wallace	Broadhurst, Laurel	Black Mountain
Styers, Sallie	Bibawi, Samer	Winston-Salem
Sumerlin, Jeffrey	Tourigny, Paul	New Bern
Swartz, Katrina	Withrow, Glenn	Chapel Hill
Tallmer, Enid	Saik, Denise	Raleigh
Tate, Gary	Godfrey, Wanda	Garner
Tate, Gary	Ugah, Nwannadiya	Raleigh
Tate, Gary	Guha, Subrata	Clayton
Taylor, Jeffrey	Bhiwandiwalla, Pouruchis	Raleigh
Taylor, Jeffrey	Edrington, Richard	Raleigh
Taylor, Jeffrey	Roberts, Lee	Raleigh
Taylor, Jennifer	Uba, Daniel	Fayetteville
Teague Clark, Karen	Ameen, William	Jamestown
Thomas, Robert	Ezeigbo, Walter	Winston-Salem
Todd, Stephen	Lassiter, Tally	Durham
Tolman, Phillip	Rudyk, Mary	Wilmington
Trent, Margie	Fiery, Hubert	Winston Salem
Troiani, Luigi	Fried, Michael	Chapel Hill
Truax, Dorothy	Geller, Harley	Charlotte
Trube, Gary	Kim, Ian	Greenville
Tulauskas, Patricia	Levy, Stanley	Chapel Hill
Tulauskas, Patricia	Fradin, Mark	Chapel Hill
Valente, Sean	Del Do, Shari	Dunn
Van Vooren, Amy	Swanson, Jennifer	Durham
Veiga, Christine	Wiegand, Paul	Durham
Waronsky, Roy	Callaway, Clifford	Charlotte
Warren, John	Stallworth, Mark	Winston-Salem
Welborn, Reggie	Weeks, Landon	Winston Salem
Welborn, Reggie	Harris, Sean	Winston-Salem
Welliver, Ian	McKibbin, William	Asheville
Wheeler, Merritt	Dibert, Kanchan	Gastonia
Whitcomb, Karla	Boleman, Robert	Hendersonville
White, Kristen	Bernstein, Daniel	Concord
Whitney, Douglas	Steinberger, Robert	Fort Bragg
Wight, Irving	Dennis, Ronald	Matthews
Wilkins, Thomas	Pittman, Susan	Mt. Gilead

Wilkinson, Donald	Highley, Timothy	Hendersonville
Williams, Rufus	Le, Solange	Goldboro
Williams, Rufus	Ferguson, Thomas	Greenville
Williams, Stephanie	Williamson, Charles	Roanoke Rapids
Williams, Steven	Paul, Vincent	Greensboro
Williamson, Theresa	Bullard, Theresa	Lumberton
Wolinsky, Sidney	Pridgen, James	Fayetteville
Wolinsky, Sidney	Reed, John	Fayetteville
Young, Michelle	Deterding, James	Greensboro
Young, Scott	Hoffman, Jeffrey	Concord

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; Dicky Walia; Ralph Loomis, MD

7-year rule re: Passing USMLE examination

Catchline: Regulatory Rule .0314 reads - Applicants who have taken USMLE may be eligible to apply for a license by endorsement of credentials if they meet the following score requirements: (1) A score of at least 75 is required on Step 3; and the USMLE Step 3 shall be passed within seven years of the date of passing Step 2 OR within 10 years if the reason for the delay is based on applicant obtaining an MD/PhD degree. At the May meeting the Board requested the Legal Department provide a recommendation on whether to modify or rescind the rule. Body of memo of February 27, 2006:

“The Board has requested guidance on possibilities to build flexibility into NCAC 32B.0211, which reads as follows:

21 N.C.A.C. 32B.0211

.0211 PASSING SCORE

To pass Step 3 of the USMLE the applicant shall attain a score of at least 75. Step 3 shall be passed within seven years of passing Step 1 OR within 10 years if the reason for the delay is based on applicant obtaining an MD/PhD degree.

In the past, the Board has often “waived” this rule (hereafter, “7-year rule”) for applicants who were otherwise eligible for licensure but whose total time was slightly past the seven years specified, because of illness or some other compelling reason. The concern is that this is a rule, with no exception built in other than delay for the applicant obtaining an MD/PhD degree; therefore, the Board could at some time be accused of waiving the rule for one applicant and not another, and could be charged with acting in an arbitrary or capricious manner.

The options are:

1. Never waive the rule.
2. Build into the rule flexibility to consider (and document in the applicant’s file) extenuating circumstances that may have caused the delay.

3. Continue acting as in the past (waiving the rule for some and not others).

The third option, to continue waiving the rule for some applicants and not others, could be dangerous and does not allow applicants to anticipate what the Board will do. Consider two potential applicants, both two months outside the 7-year rule, reading through the rules to determine whether it is worth their time to apply. Because the rule does not contain a clause recognizing that the Board may consider compelling reasons for being outside the 7-year rule, one otherwise qualified applicant may not apply and another may decide to take his or her chances that the Board will consider their situation. The best scenario is one where the process is as clear to the applicants as possible, and they know before they bother with the time and expense of applying whether the Board has the flexibility to take compelling situations into account.

Never waiving the rule would be the simplest decision to make and a very hard one to stick to, as there have been unusual circumstances that the Board has made exceptions for in the past for highly qualified candidates.

Another part of the same rule, which was recently passed by the Board, sets the maximum number of attempts at passing the USMLE an applicant can have (six), and that part of the rule contains the following language:

“unless it is determined in the Board’s discretion that the applicant has successfully completed additional training or education which is approved and accepted by the Board.”

The Board may wish to consider amending the 7-year part of the rule to contain a hardship exemption for those who have had extenuating circumstances preventing their completion of all three steps of the USMLE in seven years. If this option is chosen, the reasons for the exemption or exception should be well documented in the applicant’s record, to avoid a charge that the Board does not act in a predictable manner or treat similarly situated applicants the same.”

BOARD ACTION: Amend Regulatory Rules .0314 to read: Applicants who have taken USMLE may be eligible to apply for a license by endorsement of credentials if they meet the following score requirements: (1) A score of at least 75 is required on Step 3; and the USMLE Step 3 shall be passed within seven years of the date of passing Step 2 OR within 10 years if the reason for the delay is based on applicant obtaining an MD/PhD degree or at the Board’s discretion. Rule .0211 will also need amending accordingly. Language will be put in future motions with specificity to the reason for the recommendation.

Application Withdrawal

Catchline: At the May meeting the Board requested the Legal Department research and define at what point an application can be withdrawn. Katherine Carpenter prepared a memo that was distributed to the Board at the March meeting addressing this issue. Body of memo of July 6, 2006:

“The NC Medical Board has generally allowed an applicant to withdraw an application for licensure at any time so long as the request was not made to avoid a denial, and has made the decision as to whether to allow the applicant to withdraw to avoid a denial on a case by case basis.

No appellate courts in North Carolina have decided a case involving the Medical Board and a request to withdraw, but there has been one published case involving the North Carolina Board of Law Examiners. The case is *In the Matter of David Golia-Paladin*, 327 N.C. 132 (1990). In this case the Supreme Court and Court of Appeals affirmed the Superior Court's decision ruling for the Board of Law Examiners. Several issues were decided in the case. The applicant failed to prove to the Board of Law Examiners that he qualified to be admitted by comity (practice for a certain number of years in another state) because he could not document adequately his active and substantial practice for four of the past six years. The Board heard the applicant's case, and at the close of evidence at the hearing, the applicant sought to withdraw the application. The Board denied his motion. The appellate courts affirmed the Superior Court's decision that the Board did not abuse its discretion when it refused to permit this withdrawal.

To remain consistent with its historic approach towards withdrawals of pending applications, the Medical Board does not have to make a bright-line test or rule, which will afford it the greatest flexibility in ruling on requests to withdraw. In a situation where an applicant sends the application materials and requests to withdraw shortly thereafter, the default position has been to allow the applicant to withdraw. This keeps the licensing department from having to continue the process of obtaining background materials concerning the applicant and is reasonable since, in most cases, the reason for the request to withdraw is that a license in this state is simply no longer needed because the applicant's practice plans have changed.

If, however, the Medical Board has reason to believe that the request is being made to avoid creation of a public disciplinary record which might alert the public of this and other states, and the databanks, to an unqualified, unsafe or dishonest applicant, the Board should retain the ability to decide the issue of whether to allow the request to withdraw. Not having a rule or protocol allows the Board to deny a request to withdraw even on a just-received application if there is such negative information before the Board. Adoption of a rule that creates a line past which the applicant can no longer request withdrawal would likely result in the creation of exceptions to the rule in the interest of fairness, and/or conservation of Board resources.”

BOARD ACTION: Accept as information – Consider every request on an individual basis. See K. Carpenter's memo dated 2/27/06 at the end of this report.

Proposed change to application review process.

Catchline: Recently Mr. Henderson, Dr. Roberts, Mr. Mansfield and Mrs. Cooke met to discuss the application review process for applications with multiple professional liability insurance payments (PLIPS). See D. Henderson's memo dated 7/5/06 – Proposed Change to the Application Review Process. Body of subject memo:

“As you know, once the licensing staff has received all the required materials for a license application, the application materials are scanned and sent to a Board member via e-mail for review. The reviewing Board member can approve the application without an interview (if a clean application), require an interview with a Board member, or require a split-Board interview. Often, applicants with a history of professional liability insurance payments (PLIPs) are required to interview with a Board member (usually a non-public member) or attend a split-Board interview.

When there is an applicant with multiple PLIPs and the reviewing Board member directs that there be an interview (either one-on-one or split-Board), it may be prudent for the licensing staff to obtain the patient records associated with the PLIPs for review by the interviewing Board

member(s) prior to the interview. Or, in serious cases where the applicant's specialty is not represented on the Board, the licensing staff could obtain the patient records and have them reviewed by an outside expert prior to the interview. Other staff, including the Office of the Medical Director and the Legal Department, would be involved throughout this process to the extent requested by the reviewing/interviewing Board member(s).

General criteria could be developed by the Licensing Committee to give Board members guidance on when it would be advisable to obtain patient records for review by the interviewing Board member(s) and when it would be advisable to obtain the records for review by an outside expert.

In cases where there are multiple PLIPs, the Licensing Department would alert the reviewing Board member and make recommendations regarding the above options.

A Proposal to Help Meet the Needs of *Transylvania County Volunteers in Medicine*

The Free Medical Clinic of Transylvania County (chartered as Transylvania County Volunteers in Medicine, hereafter called "TCVIM") presents a special need for your consideration. Our demographics and the shortage of actively practicing primary care physicians necessitate our reliance on retired physicians for the care of our substantial (4,000 uninsured) patient population. Presently, we have over 1,300 patients and 1,500 visits per year. Past history indicates that continuing growth is assured.

Fortunately, we have the availability of a number of retired physicians who have expressed an interest in helping us meet the medical needs of our population. All have held valid licenses in North Carolina and other states and have been members of the active medical staffs at JCAHO accredited hospitals, subject to strenuous credentialing standards.

Our proposal: A Re-entry Limited Volunteer License

1. Physicians willing to volunteer at TCVIM will do so under the medical supervision of four fully-licensed State of North Carolina physicians: Dr. Gerald T. Kilpatrick (License # 200301134), Dr. Tom St. John (License #9901327), Dr. Fred Jones (License #9401230), Dr. Gerald Marshke (License #9601120).
2. The above physicians will review and case-manage every doctor/patient encounter by the re-entering physician(s) for one year. The medical director will carry out a quarterly assessment of clinical performance retaining written documentation of the assessment.
3. TCVIM will provide CME access to the re-entering physician via local opportunities provided by Transylvania Community Hospital, Transylvania Medical Society, Journals, and various web sites. A minimum of 20 hours will be Category I, and must be related to primary care. An additional 30 hours will be directed toward educational opportunities selected by the supervising physicians as appropriate to the patients cared for in the specific clinic to which the applicant physician is assigned. For example in the metabolic clinic, the predominant patient population has diabetes (type 2), hypertension, dyslipidemia, and obesity. Evidenced based approaches are used to comply with American Diabetes Association standards of Care.
4. After one year, the medical director, in consultation with the other fully licensed physicians at TCVIM will review the re-entering physician's performance and accumulating data. If it is

decided that the re-entering physician has sufficiently met the requirements herein, a letter will be conveyed to the Board recommending an Unrestricted Limited Volunteer License. The request will include copies of the physician's quarterly assessment. If the Board is satisfied that these supervised requirements have been met and approves the candidate, thereafter, the practitioner will be expected to comply with the NC Medical Board requirements for an Unrestricted Limited Volunteer License."

BOARD ACTION: Accept proposed change as presented in Mr. Henderson's memo of July 5, 2006.

Proposal for reentry candidates applying for retired volunteer license

Catchline: Dr. Jerry Kilpatrick met with Dr. Moffatt to discuss Dr. Kilpatrick's concerns regarding the Board's requirements for Retired Volunteer License. Dr. Kilpatrick has submitted "A Proposal to Help Meet the Needs of Transylvania County Volunteers in Medicine".

BOARD ACTION: Accept Dr. Kilpatrick's proposal subject to the recommended changes in #2 and #4. A copy can be found at the end of this report. Write Dr. Kilpatrick a letter stating the Board appreciates his spirit of cooperation and his recognition of the need to make sure we have a safe and sound community of physicians practicing in the volunteer clinics. The Board accepts the proposal subject to the amendments in paragraphs 2 and 4 regarding written documentation and that the Board looks forward to receiving individual applications from all of his volunteer physicians and remind him that the proposed reentry agreement will be applied individually, as needed, by the Board. Furthermore, the Committee recommends the Board expand the use of reentry agreements to apply to all license categories.

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

A motion passed to return to open session.

APPLICANTS PRESENTED TO THE BOARD

Katherine Okey Addison
Heather Denise Adkins
Aboagye Agyenim-Boateng
Omezie Samuel Ajumobi
Clio Hamilton Austin
Christopher Wallace Baird
Jason Joseph Batley
Amanda Feldman Bauer
Christopher Benson
Amsalu Bizuneh
Ericka Lee Bono
Kevin Jason Borders
Jeremy Shane Breit
Charles Leland Buttz
Rohana Priyanka Calnaido
Janis Rosemary Carlton
Julie An Paula Casani
Sandra E. Cashion
Anthony Gbolahan Charles
Sameer Narendra Chawla
Octavio Cieza
Alison Ruwet Clemons
Brian Christopher Cook
Mary Elizabeth Cox
Frederick Anthony Cruickshank
Elizabeth Edwards Culler
Amita Dasmahapatra
Patrick Joseph Dean
Rosina Estela De Campo
Carrie Michelle Decker
Nancy Marie Denizard-Thompson
Mary Lou Devaul
Tejwant Singh Dhillon
Jeffrey Peter DiLisi
Burt William Dobson
Melvin Ray Echols
Patrick Egbe
Samar Shakfeh Elgendy
Mary Katherine Farmer
Cornelius Ferreira
Bruton Merrill Fink
Joseph Dayton Foley, III
Lisa Marie Forgione
Eric Raymond Frizzell
Heather Marie Furlong
Geria Lucia Furtuna
Yogesh Nandakrishna Gandhi
Todd Eric Gardner
Bryan David Garruto
Karen Ann Gersch

Gerald Arthur Grant
Richard David Guinand
Charles Hargett III
Elizabeth Hackman Harris
Christopher Edward Hatzis
Sherman Hawkins, Jr.
Jenna Alane Hiestand
Mark Reginald Hill
Dimitrios Hondros
Stephanie Anne Hughes
John Nathan Jewell
Soma Johnkutty
Cheryl Ann Jones
Mohana Bhalchandra Karlekar
Patrick Lee Keller
Bhairavi Virendrarai Kharod
Alex Kemper
Cynthia Ann King
Barbara Elizabeth Kissam
Maurice Kobla Kpeglo
Mostafa Kurdi
Anthony Jun Kwon
Francis Labore
Victoria Donovan Lackey
Marisa Colleen Clancy Larimer
Jennifer Whorley Lassiter
DeQuincy Andrew Lewis
Criag Nathan Lippe
Jennifer Long Little
Emily Estandian Lorenzo
Andrey Lundin
Mark Louis Manwaring
Punnaiah Chowdary Marella
Harry Phillip Marshall Jr.
Philip Joseph Martin
James Donald McLeod
Christopher McManus
Urvashi Haresh Mehta
Mary Kathryn Menard
Matthew Charles Miles
Krishan Kumar Mohindroo Jr
Shahrokh Momtahn
Susan Gibbs Moore
Shalini Mundra
Ramesh Mutyala
Velukamar Nanjagowder
Gunjam Nigam
Olga Yevgenievna Nilova
Emmanuel Okechukwu Nwamara-Aka
Victor Maduabuchi Nwiloh

Charles Ofosu
Bharani Oggu
Chukwunonyeluanyi Okocha
Zlatan S Oruc
Maureen OHara Padden
Cristian Emanuil Pantea
Jennifer Christine Parks
Biraj Praful Patel
Chaitany Rasikbhai Patel
Robert Allan Penn
Mark Edward Pierson
Michole Mongado Pineda
Scott Eric Plevy
Radha Putcha
Dahui Qin
Kenneth Don Ragan
Shilpa Rajagopal
Richard Merwin Rheinbolt
Jennifer MacLaughlin Richards
Wendell Llywellyn Richardson
Emilia Aranda Ripoli
Robert Steven Rippner
Vida Barnwell Robertson
Romie Earl Roland
Daniel Larson Rosenberg
Varqa Rouhipour
Kelley Howard Rouse
Haroon Iqbal Saeed
Mohamed Abdelmonem Said Ali
Adrienne Williams Scott
Patrick Casey Seed
Robert Charles Shepard

Glenn Austin Sikes, Jr.
Shantipriya Siripurapu
Marshall Sklar
John Joseph Smith, III
Diane Snyder
Joseph Donald Spennetta
Rodney Jay Stanley
William Elliott Stansfield
Andrew Edward Stock
David Howard Stone
Mary Elizabeth Anne Sunday
Mark Douglas Suprock
Feras Tanta
Melissa Ann Taylor
David Immanuel Thickman
Wanda Gail Timpton-Holt
Tisha Vijay Tipnis
Terrill Leon Tops
James Arnold Touchstone
Thomas DeSantis Tredici
Gloria Marie Trujillo
Kisha Vanterpool
Evelyn Benita Williams Varnardo
Cesar Alfredo Vinueza Jr.
Ratko Vujicic
Alicia Ann Walsh
Lacey Washington
Lisa Weinstein
Jeanette West
Ruth Marie Coleman Wind
Barbara Virginia Wise
Michael Andrew Zgoda Sr.

LICENSES APPROVED BY ENDORSEMENT AND EXAM

Katherine Okey Addison
Heather Denise Adkins
Clio Hamilton Austin
Christopher Wallace Baird
Jason Joseph Batley
Amanda Feldman Bauer
Amsalu Bizuneh
Ericka Lee Bono
Kevin Jason Borders
Jeremy Shane Breit
Charles Leland Buttz
Rohana Priyanka Calnaido
Janis Rosemary Carlton
Anthony Gbolahan Charles
Sameer Narendra Chawla
Octavio Cieza

Alison Ruwet Clemons
Brian Christopher Cook
Mary Elizabeth Cox
Frederick Anthony Cruickshank
Elizabeth Edwards Culler
Rosina Estela De Campo
Carrie Michelle Decker
Nancy Marie Denizard-Thompson
Tejwant Singh Dhillon
Jeffrey Peter DiLisi
Melvin Ray Echols
Patrick Egbe
Samar Shakfeh Elgendy
Mary Katherine Farmer
Cornelius Ferreira
Joseph Dayton Foley, III

Lisa Marie Forgione
Eric Raymond Frizzell
Heather Marie Furlong
Geria Lucia Furtuna
Yogesh Nandakrishna Gandhi
Todd Eric Gardner
Bryan David Garruto
Karen Ann Gersch
Gerald Arthur Grant
Richard David Guinand
Elizabeth Hackman Harris
Sherman Hawkins, Jr.
Jenna Alane Hiestand
Mark Reginald Hill
Dimitrios Hondros
Stephanie Anne Hughes
John Nathan Jewell
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Cheryl Ann Jones
Mohana Bhalchandra Karlekar
Patrick Lee Keller
Bhairavi Virendrarai Kharod
Cynthia Ann King
Barbara Elizabeth Kissam
Mostafa Kurdi
Anthony Jun Kwon
Marisa Colleen Clancy Larimer
DeQuincy Andrew Lewis
Jennifer Long Little
Emily Estandian Lorenzo
Andrey Lundin
Mark Louis Manwaring
Punnaiah Chowdary Marella
Harry Phillip Marshall Jr.
Philip Joseph Martin
James Donald McLeod
Urvashi Haresh Mehta
Mary Kathryn Menard
Matthew Charles Miles
Krishan Kumar Mohindroo Jr
Shahrokh Momtahn
Susan Gibbs Moore
Shalini Mundra
Gunjam Nigam
Olga Yevgenievna Nilova
Emmanuel Okechukwu Nwamara-Aka
Victor Maduabuchi Nwilo
Charles Ofosu
Bharani Oggu
Chukwunonyeluanyi Okocha
Zlatan S Oruc

Maureen OHara Padden
Cristian Emanuil Pantea
Jennifer Christine Parks
Biraj Praful Patel
Chaitany Rasikbhai Patel
Robert Allan Penn
Michole Mongado Pineda
Scott Eric Plevy
Radha Putcha
Kenneth Don Ragan
Shilpa Rajagopal
Richard Merwin Rheinbolt
Jennifer MacLaughlin Richards
Emilia Aranda Ripoli
Robert Steven Rippner
Vida Barnwell Robertson
Daniel Larson Rosenberg
Varqa Rouhipour
Kelley Howard Rouse
Adrienne Williams Scott
Patrick Casey Seed
Shantipriya Siripurapu
John Joseph Smith, III
Joseph Donald Spennetta
Rodney Jay Stanley
Andrew Edward Stock
David Howard Stone
Mary Elizabeth Anne Sunday
Feras Tanta
Melissa Ann Taylor
David Immanuel Thickman
Tisha Vijay Tipnis
Thomas DeSantis Tredici
Gloria Marie Trujillo
Kisha Vanterpool
Evelyn Benita Williams Varnardo
Cesar Alfredo Vinueza Jr.
Ratko Vujicic
Lacey Washington
Jeanette West
Ruth Marie Coleman Wind
Barbara Virginia Wise
Michael Andrew Zgoda Sr.

Reactivation

Christopher Benson
Marshall Sklar

Special Volunteer License

Diane Snyder

Reinstatement

Alex Kemper

Christopher McManus

RE-ENTRY SUBCOMMITTEE REPORT

EK Fretwell, PhD, Chair; Michael Norins, MD; Ralph Loomis, MD

The Reentry Subcommittee of the North Carolina Medical Board was called to order at 10:30 p.m., Wednesday, July 19, 2006, at the office of the Board. Members present were: E. K. Fretwell, PhD, Chair; Michael Norins, MD; and Ralph Loomis, MD. Also attending were: Joy Cooke, Licensing Director (Staff); Melanie Phelps, North Carolina Medical Society; Dale Breaden, Director, Public Affairs; and Thomas Mansfield, JD, Director, Legal Department (Staff)

Proposed North Carolina Reentry Summit Meeting

A discussion ensued. The consensus is that since this is only a pre-summit meeting to lay out the issues and try to come to a consensus about how we all work together and move forward. It should go no more than half a day (10:00 a.m. to 4:00 p.m.) and the Board spaces may be adequate. Also, an external facilitator will not be needed for this meeting. It is suggested that this mini-summit be held during the month of November. An invitation list will be scrubbed by the committee. Initial round of informational letters will be important to move the meeting along. Comments received in advance from attendees would be helpful.

Per Dr. Fretwell, he has talked with David Henderson and support for lunch expenses should not be a problem.

The invitation letter should be succinct in stating the goals of the mini-summit.

Action: Dr. Fretwell will contact Carol Clothier of the Federation of State Medical Boards and Mr. Mansfield will contact Willis Wichard, Dean, Campbell School of Law. The prospective list of attendees will continue to be scrubbed.

Motion: A motion passed as follows: (1) that the Board financially back a mini-summit, (2) this mini-summit be held here at the Board Office, and (3) invitations be sent to prospective attendees.

Case Studies

Spreadsheet presented by Dr. Norins. It is suggested that once a licensee satisfactorily completes the requirements of his/her reentry consent order that a congratulatory letter of completion (CLOC) be generated. This will provide verification that the process was completed satisfactorily and the reentry agreement has been terminated. The letter will come from the Executive Director.

Ms. Cooke reports the coordination with compliance in the Investigative Department continues to develop in a positive manner.

Motion: Mr. Mansfield will prepare a standardized draft letter noting completion (terminating) the reentry agreement to be reviewed by committee members which will be used in all cases of satisfactorily completion of the reentry agreement (consent order). Guidance letter for prospective applicants will be modified to identify shepherd Board Member and role in the process.

Indiana Medical Board Letter Request

Last month the Board was informed that the Indiana Medical Board was working with their attorney general's office and other entities with regards to the reentry question. A letter was sent to the Indiana Medical Board inquiring the status of this endeavor.

Action: Mr. Mansfield will follow-up on the letter request prior to the next committee meeting.

The next regular meeting of the Reentry Subcommittee is tentatively set for Wednesday, September 20, 2006.

COMPLAINT COMMITTEE REPORT

Aloysius Walsh; Michael Norins, MD, George Saunders, MD; Ralph Loomis, 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 Complaint Committee reported on 71 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.

A motion passed to return to open session.

PROFESSIONAL LIABILITY INSURANCE PAYMENTS

Aloysius Walsh; Michael Norins, MD, George Saunders, MD; Ralph Loomis, 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 Professional Liability Insurance Payments Committee reported on 54 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.

MEDICAL EXAMINER COMMITTEE REPORT

Aloysius Walsh; Michael Norins, MD, George Saunders, MD; Ralph Loomis, 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 Medical Examiner Committee reported on six 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.

NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT

Dicky Walia; Sarvesh Sathiraju, MD; Don Jablonski, DO

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 88 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; Sarvesh Sathiraju, 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 104 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-three 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 July 21, 2006.

Janelle A. Rhyne, MD
Secretary