

North Carolina Medical Board
License Committee Agenda
September 2018

Debra Bolick, MD, Chairperson, Varnell McDonald-Fletcher, PA-C, Venkata Jonnalagadda, MD,
R. Walker, JD, Michaux Kilpatrick, MD

Open Session

Old Business

1. Application for a Physician License Rule – 21 NCAC 32B .1303
Reinstatement of Physician License Rule – 21 NCAC 32B .1350

The Board previously voted to amend rule 21 NCAC 32B .1303 and 21 NCAC 32B .1350 to include the American Board of Oral and Maxillofacial Surgery (ABOMS) as a physician certification to satisfy the 3-attempt limit for passing USMLE. Requirements were also removed that are no longer applicable as staff are currently requesting these items and not the applicant (NPDB and FSMB report).

Recommendation: Accept as information.

New Business

1. Dr. Kondal Madaram from Fayetteville, NC will be presenting regarding his request for the Board to provide a waiver to physicians who want to apply for residency who have taken more than 3 attempts at any Step of the USMLE or COMLEX.

2. Expedited Application for Physician License Rule - 21 NCAC 32B .2001

Staff initially wanted the Board to discuss allowing applicants to be licensed via the expedited process if they had no complaints, investigations or professional liability claims made against them in the 10 years prior to application. Previously, an applicant could not have any complaints, investigations or professionally liability claims to qualify for licensure. As staff began to draft the proposed rule with these changes, it became apparent that various updates needed to occur in order to make it easier for the Board's applicants to understand the rule.

Recommendation: Change rule as proposed.

3. Emergency Disaster Licensing Rules

- a) Physician Disaster Rule – 21 NCAC 32B .1706
- b) Physician Assistant Disaster Rule – 21 NCAC 32S .0219
- c) Perfusionist Disaster Rule – 21 NCAC 32V .0116
- d) Anesthesiology Assistant Disaster Rule – 21 NCAC 32W .0116

Staff recognized the need to revise our disaster management plan and licensing system. This led to organizing meetings with the NC Department of Emergency Management. Staff also researched how Texas (Harvey) and Florida (Irma) handled licensure during their most recent disasters. Staff then developed an emergency licensure plan that, for the most part, models Texas. Staff drafted specific rules for two different types of emergency licenses for the Board's applicants.

Recommendation: Change rules as proposed.

4. Medical School Faculty License Statute - NCGS 90-12.3
Application for Medical School Faculty License - 21 NCAC 32B .1502

Staff recognized the need to clarify and update who is entitled to a Medical School Faculty license.

Recommendation: Change statute and rule as proposed.