

North Carolina Medical Board  
License Committee  
July 2011

Thomas Hill, MD, Chair, Donald Jablonski, DO, Karen Gerancher, MD, Mr. John Lewis

Open Session

Old Business

**1. Proposed changes to RTL rule 21 NCAC 32B. 1402 (limiting number of attempts - Cooke**

Issue: To be consistent with the rule changes already made to the full license application, the following modifications need to be made to the RTL rule:

- Replace (3) with proposed (3) re: immigration status. NCMB does not need to do this because the GME offices are already doing it.
- Replace (4) with proposed (4) re: medical school certification form.
- Edit (11) limiting the number of attempts for passing USMLE 1&2 or COMLEX 1&2 to 3.

**21 NCAC 32B .1402 APPLICATION FOR RESIDENT'S TRAINING LICENSE**

(a) In order to obtain a Resident's Training License, an applicant shall:

(1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

(2) submit documentation of a legal name change, if applicable;

~~(3) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;~~

~~(4) submit a recent photograph, at least two inches by two inches, affixed to the Board's Medical Education Certification form. The dean or other official of the applicant's medical school shall certify this as a true likeness of the applicant, and that the applicant has completed at least 130 weeks of medical education. The applicant's date of graduation from medical school shall be written in the designated space, and the school seal shall be stamped over the photograph;~~

(3) submit a recent photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public.

(4) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education. The applicant's date of graduation from medical school shall be written in the designated space, and the school seal shall be stamped on the form; the dean or other official of the applicant's medical school shall sign the form verifying the information.

(5) If the graduate of a medical school other than those approved by LCME, AOA, COCA or CACMS, shall furnish an original ECFMG certification status report of a currently valid

certification of the ECFMG. The ECFMG certification status report requirement shall be waived if:

- (A) the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required); or
- (B) the applicant has been licensed in another state on the basis of a written examination before the establishment of the ECFMG in 1958;
- (6) submit an appointment letter from the program director of the GME program or his appointed agent verifying the applicant's appointment and commencement date;
- (7) provide two original references from persons with no family or marital relationship to the applicant. These references must be:
  - (A) from physicians who have observed the applicant's work in a clinical setting;
  - (B) on forms supplied by the Board;
  - (C) dated within six months of the application; and
  - (D) bearing the original signature of the writer;
- (8) submit two completed fingerprint record cards supplied by the Board;
- (9) submit a signed consent form allowing a search of local, state, and national files for any criminal record;
- (10) pay a non-refundable fee pursuant to G.S. 90-13.1(b), plus the cost of a criminal background check;
- (11) provide proof that the applicant has taken and passed:
  - (a) the COMLEX Level 1 and both components of COMLEX Level 2 (cognitive evaluation and performance evaluation); or
  - (b) the USMLE Step 1 and both components of the USMLE Step 2 (Clinical Knowledge and Clinical Skills);
- (12) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
  - (b) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.

Committee Recommendation: Accept following changes to the RTL rule:

1. Replace (3) with proposed (3) re: immigration status. NCMB does not need to do this because the GME offices are already doing it.
2. Replace (4) with proposed (4) re: medical school certification form.
3. Edit (11) limiting the number of attempts for passing USMLE 1&2 or COMLEX 1&2 to 3.

3/ 2011 Board Action:

1. Replace (3) with proposed (3) re: immigration status. NCMB does not need to do this because the GME offices are already doing it.
2. Replace (4) with proposed (4) re: medical school certification form.
3. Table decision regarding limit USMLE 1&2 and COMLEX 1&2 to 3 attempts until additional information is obtained from the GME office, USMLE and the Deans of the Medical Schools regarding how this rule would impact them.

5/2011 Update: Awaiting feedback from stakeholders

5/20/11 Staff Recommendation: Table for discussion at July 2011 meeting.

7/20/11 Staff Recommendation: Based on positive feedback received from the medical schools and postgraduate training programs, move forward with the March 2011 License Committee Recommendation to amend the rule as follows:

Edit (11) limiting the number of attempts for passing USMLE 1&2 or COMLEX 1&2 to 3.

- (11) provide proof that the applicant has taken and passed within 3 attempts
- (a) the COMLEX Level 1 and both components of COMLEX Level 2 (cognitive evaluation and performance evaluation); or
  - (b) the USMLE Step 1 and both components of the USMLE Step 2 (Clinical Knowledge and Clinical Skills)

## **New Business:**

### **1. Pre-approved PLOC for Telemedicine - Hill**

Issue: SSRC has reviewed several applications and has concerns regarding NOW Clinics. Staff is seeking guidance on whether the Board wants to develop a “pre-approved PLOC” for all who plan to practice telemedicine.

Staff Recommendation: Consider implementing a pre-approved PLOC for all applicants who plan to practice telemedicine.

### **2. Pre-Approved PLOC for Minor or Inconsequential Misdemeanor Arrest or Conviction Reported by the Applicant - Balestrieri**

Issue: SSRC has reviewed several applications with minor or inconsequential misdemeanor arrest or conviction. In order to streamline the review process, staff is seeking guidance on whether the Board wants to develop a pre-approved PLOC for these types of issues.

Staff Recommendation: Consider implementing a pre-approved PLOC for all applicants who report a minor or inconsequential misdemeanor arrest or conviction.

### **3. Medical School Faculty Limited License – Hill**

Issue: Dr. Hill will make a brief presentation regarding how MSFLL licensees report/verify via annual renewal, their current clinical practice site.

Staff Recommendation: Accept as information

### **4. Rules Hearing - Cooke**

Issue: A Public Rule Hearing is scheduled to be held on July 15. Changes regarding licensure will be made to 32B .1402 (RTL Application), 32 B .1303 (Reinstatement Application) and 32B .1350 (Full MD/DO Application). A copy of the amended rules are bookmarked in this tab. Additionally the amended Medical School Faculty Limited rules are now in effect, including the fee increase.

Staff Recommendation: Accept as information

#### **5. RTL applications requiring Board Member Review - Cooke**

Issue: Dr. Hill requested the committee be advised of the number of RTL applications that required Board Member review prior to approval. Data will be forthcoming.

Staff Recommendation: Accept as information

#### **6. Amendment to RTL regulatory rule 32B .1402 (a)(7) - Cooke**

Issue: With the implementation of our new “Verification of Medical Education Form” the Board is receiving more in depth information on 4<sup>th</sup> year medical students via the red flag questions (form is bookmarked). In view of this and in an effort to streamline the application process, does the Board want to continue requiring 4<sup>th</sup> year students to provide 2 personal references?

Staff Recommendation: Amend 32B .1402(a)(7) by adding the underlined language as follows.

Applicants who graduated from medical school more than six months prior to an application must provide two original references from persons with no family or marital relationship to the applicant. These references must be:

- (A) from physicians who have observed the applicant's work in a clinical setting;
- (B) on forms supplied by the Board;
- (C) dated within six months of the application; and
- (D) bearing the original signature of the writer

#### **7. Pending Applications - Cooke**

Issue: Staff has been requested to report to the Committee every meeting the number of pending applications that are more than 1 year old. Currently we have 26. Of those 26, 3 have open investigations in other states and their NCMB application is on hold; 1 has been assigned to the Legal Department to issue a PUBLOC as a result of the May Board meeting; the remaining 21 have not submitted their application materials.

Staff Recommendation: Accept as information

#### **8. Application Question Regarding “Regulatory Board Actions” - Hill**

Issue: MD failed to report a PLOC issued by another regulatory Board under the “Regulatory Board Actions” section of the application. However MD did report under question 1, an investigation by that Board that resulted in the PLOC.

Staff Recommendation: Consider whether the Board needs this information; if yes, consider amending Step 11 of the application as follows:

Have you **ever** had an *action* taken against you by a *Regulatory Board or Agency*? If so, list each occurrence.

*Actions* include revocations, suspensions, probations, limitations/restrictions, disciplinary/non-disciplinary actions and fines, including private actions or letters, or the issuance of a license through an order.

#### **9. Letter of Advice – Hill**

Issue: There has been some discussion regarding the “origin” of the “letter of advice” and whether the Board was properly introduced to this instrument. Do we need “limiting” criteria and who, and under what circumstances can an LOA be recommended.

Staff Recommendation: Not Staffed

#### **10. Application/Renewal Questions – Hill**

Issue: Question 7 on the application and renewal forms is not explicit about whether the Board wants to know about prior treatment for or diagnosis of alcohol or drug abuse related conditions. Does the Board want to know and if so, how far back do we want to go, limit to 5 years or forever?

Current language for Question #7

In the past five (5) years, have you had, or have you been told you had, a mental health or physical condition (not referenced above) which in any way limits or impairs or, if untreated, could limit or impair your ability to practice medicine in a competent or professional manner?

Staff Recommendation: Not Staffed