

North Carolina Medical Board
License Committee
November 2010

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

Open Session

Old Business

1. Legal Residence Status – Balestrieri

Issue: Staff continues to investigate the most practical way to verify that an applicant is a legal resident of the US.

11/09 Board Action: Move forward with staff's proposal. Legal and Licensing Staff have submitted an application to participate in the SAVE program and are awaiting a response to the request.

01/2010 Board Action: Accept as information – Staff to provide update at March meeting.

03/2010 Board Action: Department of Homeland Security has backlog. Legal to provide update at May 2010 meeting.

05/2010 Board Action: Staff will continue to request status updates from the Department of Homeland Security every 2 months. Legal will provide updates at next committee meeting.

Update: Patrick has submitted a Memorandum of Agreement (MOU) to participate in the SAVE program. Patrick reported we will have an immigration attorney provide staff with a tutorial on immigration laws. GLS will need to be updated prior to implementation.

09/2010 Board Action: Accept as information

Update: Immigration Attorney Jorglina Aranda gave a presentation to staff on the different categories of citizenships and visas for applicants born outside the US. Waiting for changes to be made to on-line application instructions.

Staff Recommendation: Accept as information.

2. Application Question #10

Issue: It has been recommended to change question 10 on the application form from:

Have you ever been suspended, placed on scholastic or disciplinary probation, expelled or requested to resign from any medical school, residency or fellowship program?

To:

While at any medical school, residency or fellowship program, have you ever:

- been suspended, placed on scholastic or disciplinary probation, expelled or requested to resign, or
- withdrawn or gone on leave of absence while under investigation or threat of investigation or disciplinary action?

Board Action: Change question 10 to read:

| While at any ~~medical professional~~ school, ~~or training residency or fellowship~~ program, have you ever:

- been suspended, placed on scholastic or disciplinary probation, expelled or requested to resign, or
- withdrawn or gone on leave of absence while under investigation or threat of investigation or disciplinary action?

Tasked to Operations 9/23/10

New Business

1. Pre-populating the application form - Cooke

Issue: There was discussion during the September Board meeting about new applications being “pre-populated” with information from old applications with regard to misdemeanors, felonies, malpractice, privileges and regulatory Board actions. This affects licensees who have previously been licensed by NCMB; applicants who applied in the past and were denied, expired or withdrew. The general consensus of staff was to not pre-populate this information. However, because the data for LI (License Information) page, applications and renewals is stored in one place a majority of the information is pre-populated. The instructions for these pages are currently being reviewed for necessary modification. Also, pre-populating this information has been one of the things applicants have requested through our survey.

Staff Recommendation: Have staff provide an update at the January meeting regarding the status of changing the instructions.

2. Medical School Faculty Limited License (MSFL) - Kirby

Issue: Physicians holding a current medical school faculty license of more than one year duration (109 physicians of a total 133 MSFL holders) were sent the following letter: The purpose of this letter is to request information regarding your North Carolina medical license. Our records indicate you currently hold a Medical School Faculty License (MSFL). North Carolina Administrative Code (21 NCAC 32B .0801 & .0802) requires that physicians with a MSFL have a full time appointment as either a lecturer, assistant professor, associate professor, or full professor at one of the following medical schools:

- Duke University School of Medicine
- University of North Carolina at Chapel Hill School of Medicine

- Bowman Gray School of Medicine
- East Carolina University School of Medicine

The MSFL also limits the physician's practice to the confines of their employment as a member of the medical faculty. This license may not be used to engage in a practice outside the realm of a medical school. Based on the criteria noted above please provide the Board:

1. A letter or other document confirming you have an existing full-time faculty appointment to one of the medical schools listed and are limiting your practice as required.

2. Verification and details of the appointment signed by the Dean or Acting Dean of the Medical School at which you currently practice.

If you are unable to provide confirmation of your current eligibility for a MSFL you are requested to make your license inactive (form enclosed). You may apply for a full and unrestricted license if you are eligible (requirements available on the Board's website at: www.ncmedboard.org/licensing).

Please respond to this letter by July 15, 2010. If you believe you have received this letter in error, or if you have any questions on this matter, please feel free to call or email me. Thank you in advance for your cooperation.

Physicians with a MSFL of less than one year duration, and who had thus just recently provided documentation of eligibility for the MSFL were not included in mailing list. I did not determine the order of medical school listing. It is copied directly from NCAC.

Responses have been received, one way or another, several only after multiple requests, from 108 physicians.

83 physicians confirmed their current eligibility for continued MSFL

- Duke University School of Medicine – 39
- University of North Carolina at Chapel Hill School of Medicine - 25
- Bowman Gray School of Medicine – 14
- East Carolina University School of Medicine – 5

25 physicians requested inactive status. Physicians who requested information about later re-activation or application for a full and unrestricted license were advised that both processes would require completion of an essentially new application. 1 physician did not respond and could not be located. Duke University confirmed this physician was no longer at Duke (gastroenterology) and did not have a faculty appointment.

Graph represents total number of current MSFL holders at each medical school. Total adds to more than 109 because this is all MSFL, including those not sent letters requesting confirmation of status (those with MSFL of less than 1 year).

Miscellaneous Observations:

Mean age of physicians with MSFL – 45 years old (Range 30 – 71 years old).

Mean years since initial MSFL issue date – 5 years (range 1 – 14 years).

Department with largest number of MSFL – Duke Anesthesiology – 19 physicians³

Number of MSFL physicians graduated from US medical schools – 21 physicians.

Staff Recommendation:

1. All applications for MSFL should be screened to determine if applicant is eligible for full and unrestricted license (FUL). Physicians eligible for FUL should not be allowed to apply for MSFL.
2. The following statement should be added to MSFL yearly renewal: "I certify that I remain eligible for continued medical school faculty limited licensure, that I have a full time faculty appointment at a North Carolina medical school, and that I am limiting my practice to the confines of my employment as a member of the medical school faculty".
- 3 See letter from Mark Newman, MD, Chairman Dept. of Anesthesiology, Duke University Medical School.

3. It is suggested that the following rule be amended as indicated: (Cooke)

21 NCAC 32B .1350 REINSTATEMENT OF PHYSICIAN LICENSE

(a) Reinstatement is for a physician who has held a North Carolina License, but whose license either has been inactive for more than one year, or whose license became inactive as a result of disciplinary action (revocation or suspension) taken by the Board. It also applies to a physician who has surrendered a license prior to charges being filed by the Board.

(b) All applicants for reinstatement shall:

- (1) submit a completed application, attesting under oath that 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) If a 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;
- (5) submit reports from all state medical or osteopathic boards from which the applicant has ever held a medical or osteopathic license, indicating the status of the applicant's license and whether or not any action has been taken against the license;
- (6) submit the AMA Physician Profile; and, if applicant is an osteopathic physician, also submit the AOA Physician Profile;
- (7) submit a NPDB/HIPDB report dated within 60 days of the application's submission;
- (8) submit a FSMB Board Action Data Bank report;
- (9) submit documentation of CME obtained in the last three years, upon request;
- (10) submit two completed fingerprint cards supplied by the Board;
- (11) submit a signed consent form allowing a search of local, state, and national files to disclose any criminal record;

- (12) provide two original references from persons with no family or material relationship to the applicant. These references must be:
 - (A) from physicians who have observed the applicant's work in a clinical environment within the past three years;
 - (B) on forms supplied by the Board;
 - (C) dated within six months of submission of the application; and
 - (D) bearing the original signature of the author.
 - (13) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check;
 - (14) upon request, supply any additional information the Board deems necessary to evaluate the applicant's qualifications.
- (c) In addition to the requirements of Paragraph (b) of this Rule, the applicant shall submit proof that the applicant has:
- (1) within the past 10 years taken and passed either:
 - (A) an exam listed in G.S. 90-10.1 (a state board licensing examination; NBME; NBOME; USMLE; FLEX; COMLEX; or MCCQE or their successors);
 - (B) SPEX (with a score of 75 or higher); or
 - (C) COMVEX (with a score of 75 or higher); or
 - (2) within the past ten years obtained certification or recertification of CAQ by a speciality board recognized by the ABMS, CCFP, FRCP, FRCS or AOA; or
 - (3) within the past 10 years completed GME approved by ACGME, CFPC, RCPSC or AOA; or
 - (4) within the past three years completed CME as required by 21 NCAC 32R .0101(a), .0101(b), and .0102.
- (d) All reports must be submitted directly to the Board from the primary source, when possible.
- (e) 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.
- (f) An application must be complete within one year of submission. If not, the applicant shall be charged another application fee, plus the cost of another criminal background check.

4. Requiring examinations for a resident training license - Cooke

Issue: During the Fall RTL debriefing session with DIOs and House Staff representatives there was a discussion regarding the NCMB requiring physicians to pass USMLE Steps 1 & 2 or COMLEX 1 & 2 to be eligible for a training license and whether any GME office would object to this. David advised GME offices to check around and let the Board know if there would be any issues with their institutions if the NCMB required this. Dr. Gerancher suggested that before the NCMB implements this rule the Dean of Students at the medical schools be notified. Dr. Baker (CMC) suggested that plenty of notice be given to the GME offices and the physicians applying for a training license. David advised since there was no rush to implement this rule, the Board would try to make this effective 1/1/2012.

Staff Recommendation: Implement a rule requiring USMLE 1&2 or COMLEX 1&2 for a resident training license.