North Carolina Medical Board
License Committee
May 2011

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

Open Session

Old Business

1. Guidelines for Reporting Withdrawal and Denial of Applications to NPDB, HIPDB and FSMB - Hill

Issue: There has been discussion regarding exactly what license application "withdrawals and denials" should be reported to FSMB, NPDB and HIPDB. We have contacted all three entities and recently received guidance and direction regarding the reporting issues. See bookmarked copy of Mr. Balestrieri's January 4, 2011 memorandum outlining the reporting guidelines.

Committee Recommendation: Continue discussion at May meeting following FSMB discussion at the Annual Meeting. Patrick to provide update.

3/2011 Board Action: Table until May meeting.

5/20/22 Update – FSMB House of Delegates referred this issue back to the Board of Directors (for further study and report back in 2012) as it was still vague and confusing.

Staff Recommendation: Continue handling withdrawals on a case by case basis as it has been done in the past until further study is done. (Balestrieri)

2. 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 martial 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

Staff Recommendation: Table for discussion at July 2011 meeting.

3. Update on application wording regarding pre-populated fields in the on-line application - 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.

November 2010 Board Action: Have staff provide an update at the January meeting regarding the status of changing the instructions.

1/2011 Update: Staff meeting has been scheduled to update instructions. Update will be provided at Licensing Committee meeting.

1/20/11 Board Action: Task to Hari to implement. Provide updated information to licensing committee at May meeting.

5/2011 Update: Will be forthcoming – staff meeting scheduled for 5/10/2011 for further discussion.

New Business:

1. License Interviews for Reentry Candidates - Hill

Issue: Previously the Board voted that all applicants for licensure who met the criteria for a reentry agreement, be required to meet with a member of the Board prior to licensure. The reason was to make sure the applicant understands what is expected of them and the

importance of adhering to the conditions of the reentry agreement. It has been recommended that the Board revisit this policy to determine whether the policy should be adjusted.

Staff Recommendation: Continue requiring one-on-one licensing interviews for reentry candidates and confirm they and mentor understand the expectations outlined in the agreement as well as the entire reentry process. (Sheppa & Kirby)

2. Medical School Faculty Limited License Fee - Hemphill

Issue: The Board's action at the March meeting to amend the rule immediately going back to the $150.00 application fee for Medical School Faculty Limited Licenses was not a viable option and was recirculated via email to Board Members on March 28th for another vote.

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Dear Board Members:

This is a continuation of our discussion about the Medical School Faculty Limited License fee situation. As it stands, our rule has been approved by the Rules Review Commission with a fee of $350 per application. The rule is in limbo, and we need to take action to make it go into effect. We have spoken extensively with rulemaking staff about this, and it appears that our options are limited.

1. The Board can eliminate the application fee entirely by amending the existing rule. That would take 4-5 months.

2. The Board can lower the fee from $350 to $150 by amending our rule. We would need to send a request for consultation about the fee to the Joint Legislative Commission on Governmental Operations ("Gov Ops").

3. The simplest thing is to send Gov Ops our request for consultation on the rule as approved (at the $350 level). No legislators have been assigned to the Gov Ops Commission. The "request for consultation" must be sent to an email box. The staff at the Office of Administrative Hearings says that she has never known Gov Ops to convene during the legislative session. Basically, 90 days pass and agencies' requests for fee changes become effective.

Staff Recommendation: Ratify the vote taken March 28th via email (below) which was unanimous in favor of option 3 (below), to send the RRC-approved rule to the Joint Legislative Operations Committee for "request for consultation" on the fee change. The rule, as approved, increased the fee to $350 per application. The email to "Gov Ops" was sent on 3/31/2011. If Gov Ops does not meet, then the rule will become effective 90 days later, or roughly June 30.

3. Clarification of "clinical practice" required for Expedited License requirement 21 NCAC 32B .2001 (b)(6) - Cooke

Issue: In order to qualify for an expedited license, the rule requires in part that the applicant be in active clinical practice for the past two years prior to licensure. Specifically, the applicant

must provide proof of clinical practice for an average of 20 hours or more per week during this two year period.

Staff requests clarification and guidance to confirm that the “2 year active clinical practice requirement” is satisfied if the applicant is engaged in “formal postgraduate training” for part or all of this 2 year period.

4. Interventional Radiology in an Ambulatory Setting – Hill

Issue: Dr. Hill wishes to bring the Committee members and staff up to date on a corporation– an outpatient center for vascular access and other invasive procedures. It is not a typical ambulatory setting, where multiple physicians and proceduralists do a variety of procedures. It is a single-specialty center run by James McGuckin, MD, a NC licensee, who owns the corporation that runs these 2-3 centers. Dr. Hill also wants to share concerns regarding the concept of a “single-specialty center for procedures”.

Staff Recommendation: Not Staffed