

MINUTES



May 18 - 20, 2016

**1203 Front Street
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board Meeting held May 18 - 20, 2016.

The May 2016 meeting of the North Carolina Medical Board was held at the Board's Office, 1203 Front Street, Raleigh, NC 27609. Pascal O. Udekwu, MD, President called the meeting to order. Board members in attendance were: Eleanor E. Greene, MD, President-Elect; Timothy E. Lietz, MD, Secretary/Treasurer; Cheryl L. Walker-McGill, MD, Immediate Past-President; Mr. Michael J. Arnold; Mr. A. Wayne Holloman; Bryant A. Murphy, MD; Debra A. Bolick, MD; Judge Ralph A. Walker; Barbara E. Walker, DO; Venkata R. Jonnalagadda, MD; Ms. Jerri L. Patterson, NP; Mr. Reamer Bushardt. Board Members absent: None.

Presidential Remarks

Dr. Udekwu reminded the Board members of their duty to avoid conflicts of interest with respect to any matters coming before the Board as required by the State Government Ethics Act. No conflicts were reported.

Minutes Approval

Motion: A motion passed to approve the March 16 - 18, 2016 Board Minutes and April 21, 2016 Hearing Minutes.

Announcements

Dr. Pascal Udekwu introduced and administered the oath to new Board Member, Mr. Reamer Bushardt. He also presented Dr. Cheryl Walker-McGill with a gavel plaque in honor of her service as Board President.

Mr. David Henderson congratulated Mr. Thom Mansfield on his 15 years of service.

Dr. Pascal Udekwu congratulated Dr. Warren Pendergast on his 19 years of service to NCPHP.

Dr. Bryant Murphy provided an update on the 2016 National Rx Abuse Summit, and Governor's Task Force on Mental Health and Substance Abuse.

Dr. Pascal Udekwu provided a summary of the Second Annual Occupational Licensing Boards Best Practices seminar.

Dr. Karen Haynes provided a summary of the Coalition for Physician Enhancement Conference.

Board Members provided debriefs of the Federation of State Medical Boards (FSMB) Annual Meeting.

Dr. Cheryl Walker-McGill was congratulated on her election to the FSMB Board of Directors and Dr. Janelle Rhyne, a former Board President, was also recognized for receiving the Lifetime Achievement Award, the highest honor bestowed by FSMB.

NCPHP COMPLIANCE COMMITTEE REPORT

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

Dr. Joe Jordan, CEO, NC Physicians Health Program (PHP), gave the PHP Compliance Committee report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

NCMB Attorney's Report

Mr. Thomas W. Mansfield, Chief Legal Officer, and Mr. Brian L. Blankenship, Deputy General Counsel, gave the Attorney's Report.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

A motion passed to return to open session.

NCMB Committee Reports

EXECUTIVE COMMITTEE REPORT

Members present were: Pascal O. Udekwu, MD, Chairperson; Cheryl L. Walker-McGill, MD; Eleanor E. Greene, MD; Timothy E. Lietz, MD; and Mr. Michael J. Arnold.

Strategic Plan

a. Strategic Goals Update

The Committee reviewed the updated Strategic Goals Tracker.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

Financial Statements

a. Monthly Accounting

The Committee reviewed the compiled financial statements for February and March 2016. March is the fifth month of fiscal year 2016.

Committee Recommendation: Accept the financial statements as reported.

Board Action: Accept Committee recommendation. Accept the financial statements as reported.

b. Investment Account Statements

The Committee reviewed the investment statements for March and April 2016.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

Old Business

a. Directors & Officers Insurance Coverage

At the March 2016 meeting, the Board asked staff to research the possibility of increasing the D&O insurance coverage. Discussions are ongoing with the Board's current insurance carrier. Staff provided an update on the progress of this research.

Committee Recommendation: Accept as information and direct staff to report progress at July 2016 meeting.

Board Action: Accept Committee recommendation. Accept as information and direct staff to report progress at July 2016 meeting.

New Business

a. Employed Physicians

Increasingly, physicians and physician assistants are being employed by healthcare systems. Although there might be benefits to this arrangement, there also could be adverse consequences to the public and the Board's licensees.

Committee Recommendation: Organize a roundtable with interested parties to explore the challenges and opportunities associated with this new practice model. Dr. Greene to lead this initiative.

Board Action: Accept Committee recommendation. Organize a roundtable with interested parties to explore the challenges and opportunities associated with this new practice model. Dr. Greene to lead this initiative.

b. IAMRA Membership

International Association of Medical Regulatory Authorities (IAMRA) has invited the NC Medical Board to become a member. The Committee reviewed information regarding IAMRA membership benefits.

Committee Recommendation: Join IAMRA.

Board Action: Accept Committee recommendation. Join IAMRA.

c. Surgeon General

At the FSMB Annual Meeting, Vice Admiral (VADM) Vivek H. Murthy, MD, MBA, 19th United States Surgeon General, offered his perspective on current health care issues including the opioid epidemic and physician wellness. The Surgeon General announced he is on an educational speaking tour across the country to raise awareness of the opioid crisis.

Committee Recommendation: Mr. Arnold to work with interested parties to invite the Surgeon General to travel to NC to speak about opioid prescribing.

Board Action: Accept Committee recommendation. Mr. Arnold to work with interested parties to invite the Surgeon General to travel to NC to speak about opioid prescribing.

d. Legislative Update

The Board's Legislative Liaison, Mr. Thom Mansfield, gave the Committee an update on legislative matters of interest to the Board.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

POLICY COMMITTEE REPORT

Members Present: Cheryl L. Walker-McGill, MD, Chairperson; Mr. Michael J. Arnold; Mr. A. Wayne Holloman and Ms. Jerri L. Patterson, NP.

Old Business

a. Physician Compounding – (Appendix A)

The Committee discussed the recent resolution submitted to the Federation of State Medical Board (FSMB). It was noted that the FSMB referred the issue to its Board of Directors so that the appropriate FSMB committee could address the issue with further input from

additional stakeholders. It was also discussed whether the FSMB would benefit from involvement by North Carolina Board members.

Committee Recommendation: Offer assistance to the FSMB in its efforts to study this issue. Otherwise, table issue until the FSMB has developed a policy for consideration.

Board Action: Accept Committee recommendation. Offer assistance to the FSMB in its efforts to study this issue. Otherwise, table issue until the FSMB has developed a policy for consideration.

b. Center for Disease Control (CDC) Guidelines for Prescribing Opioids for Chronic Pain

Staff provided a summary of the efforts of the workgroup to harmonize the CDC Guidelines with the Board's policy statement. The most recent developments regarding changes to the Federal Drug Administration (FDA's) regulation of chronic pain medications were also discussed. It was suggested that the FDA may give guidance in the short term and that the Board should postpone its efforts to harmonize these guidance documents until after the FDA has provided its guidance.

Committee Recommendation: Add Dr. Barbara Walker to the workgroup. If the FDA guidance is issued in time for the July Board meeting, have the workgroup meet and offer recommendation to the Committee.

Board Action: Accept Committee recommendation. Add Dr. Barbara Walker to the workgroup. If the FDA guidance is issued in time for the July Board meeting, have the workgroup meet and offer recommendation to the Committee.

New Business

a. Competence and Reentry to the Active Practice of Medicine – (Appendix B)

Staff provided an overview and perspective on the issue of reentry and its evolution. It was also noted that the Board's prior policy regarding reentry had certain limitations. In light of the new Rule regarding reentry, it was suggested that the Board may no longer have need for a position statement on this subject.

Committee Recommendation: Repeal current position statement.

Board Action: Accept Committee recommendation. Repeal current position statement.

b. The Physician-Patient relationship – (Appendix C)

The Committee discussed whether the language regarding termination of the physician-patient relationship reflected current reality in the practice of medicine. In particular, the Committee discussed how much control an employed physician has in the termination of that relationship. The Committee also contemplated whether there were means by which the

Board could help empower employed physicians in observing their responsibilities regarding the termination of the physician-patient relationship.

Committee Recommendation: Assign Mr. Brosius and Dr. Kirby the task of developing language to address the Committee's concerns and bring back in July for consideration.

Board Action: Accept Committee recommendation. Assign Mr. Brosius and Dr. Kirby the task of developing language to address the Committee's concerns and bring back in July for consideration.

c. The Retired Physician/Licensee – (Appendix D)

The Committee reviewed the position statement and did not have suggested changes.

Committee Recommendation: Note review of position statement. No changes.

Board Action: Accept Committee recommendation. Note review of position statement. No changes.

d. Position Statement Review Tracking Chart (Appendix E)

The Policy Committee reviewed the Position Statement Review Tracking Chart and confirmed that all position statements are on track to be reviewed at least once every four years as required by the January 2010 Board Action.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

LICENSE COMMITTEE REPORT

Members present were: Bryant A. Murphy, MD, Chairperson; Debra A. Bolick, MD; Eleanor E. Greene, MD; Mr. A. Wayne Holloman and Judge Ralph A. Walker.

New Business

a. Consent Order Dissolution

Prior to 2010, the Board had a policy of issuing "limited administrative licenses" via consent order to applicants whose indicated area of practice was administrative medicine and who had not practiced clinical medicine for a period of time. In 2010, the Board changed its policy in that it decided it was not going to treat the administrative medicine area of practice differently than any other area of practice type, thus making the need for these types of consent orders unnecessary. In late 2015, an Order Dissolving Consent Order was issued to all licensees known to hold this type of license. This affected approximately 15 licensees. In March 2016, a licensee who was issued a "limited administrative license" via consent order in

2005, which was subsequently dissolved via Order made a request for the Board to expunge and remove the documents from the NC Medical Board website.

Committee Recommendation: Deny request. This was not a mistake the Board made that would warrant any type of expungement of a document. This was simply a change in the Board policy that warranted the subsequent Order Dissolving Consent Order. The Board should not make this a precedent of undoing or “expunging” prior policies when a policy change is made.

Board Action: Accept Committee recommendation. Deny request. This was not a mistake the Board made that would warrant any type of expungement of a document. This was simply a change in the Board policy that warranted the subsequent Order Dissolving Consent Order. The Board should not make this a precedent of undoing or “expunging” prior policies when a policy change is made.

b. Hybrid Non-Accredited Postgraduate Training Programs

The Board recently began receiving postgraduate training verification forms from hybrid training programs at Vidant Medical Center. The hybrid programs are not ACGME approved. However, each program is individually ACGME approved. The Board’s rule regarding postgraduate training does not include specifically include or reference hybrid programs.

Committee Recommendation: Issue a license to an applicant who is a participant in a hybrid program in which each of the parts of the program are Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) approved.

Board Action: Accept Committee recommendation. Issue a license to an applicant who is a participant in a hybrid program in which each of the parts of the program are ACGME or AOA approved.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

The License Committee reviewed four 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.

A motion passed to return to open session.

LICENSE INTERVIEW REPORT

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-

8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

Six 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.

ALLIED HEALTH COMMITTEE REPORT

Committee Members present were: Barbara E. Walker, DO, Chair; Venkata R. Jonnalagadda, MD; and Jerri L. Patterson, NP. Absent: Reamer L Bushardt, PA-C

Old Business

a. PHYSICIAN ASSISTANTS

The Board requested staff add two Frequently Asked Questions ("FAQs") to the Board's website regarding the following subjects:

Q. What does the Board expect to be documented in a PA/Primary Supervising Physician's record of meetings?

A. The physician assistant and his or her primary supervising physician should document a discussion of relevant clinical issues. The meeting and its documentation can take a variety of forms. Some PA/physician teams perform a medical record review while others structure the meeting as a journal club or choose a specific clinical topic for review. As long as the meetings that, are documented, signed and include a substantive discussion or review of relevant clinical issues, then the documentation requirement for meetings is likely to meet Board expectations.

Q: Are physician assistants working part time or locum tenens positions required to document PA/supervising physician meetings at the same intervals as full time physician assistants?

A: Yes. There is no exception in the rules for physician assistants working part time or locum tenens positions. Physician assistants in any new practice arrangement are expected to meet monthly with their primary supervising physician for six months, then every six months thereafter. Physician assistants must make and maintain a written record of these meetings as required by board rule, 21 NCAC 32S .0213(e).

Committee Recommendation: Accept as information only.

Board Action: Accept Committee recommendation. Accept as information only.

New Business

a. NC EMERGENCY MEDICAL SERVICES

The Emergency Medical Services (“EMS”) Advisory Group recommended adding the following medications to the EMS formulary: ketamine for agitation; and ecallantide for hereditary angioedema.

Committee Recommendation: Consideration of both medications to be taken to the full Board.

Board Action: Invite Dr. James Winslow, State Medical Director for the North Carolina Office of Emergency Medical Services (NC OEMS), to the Allied Health Committee in September, 2016 to present comprehensive information on ketamine. It is recommended that Dr. Winslow work with the North Carolina Office of the Medical Director (NC OMD) to collect the information that would be necessary for consideration of this medication. The Allied Health Committee will review that material. There may be a recommendation for consideration by the full Board.

Allow specific and individual exception to policy be granted regarding administration of ecallantide for hereditary angioedema to the student at Wolf Creek Academy by EMS under the following conditions ONLY:

1. EMS may only administer the ecallantide from the patient’s prescribed medications stored at the school
2. Medications are to be appropriately stored at the school
3. A signed parental consent for administration must be kept at the school
4. The EMS provider must have documented training in the appropriate subcutaneous administration of ecallantide
5. The medication is to be administered in the event of acute airway compromise ONLY (not for any other angioedema presentation)

b. PERFUSIONISTS

Minutes of the January, 2016 PAC meeting

Committee Recommendation: Accept the minutes of the January 2016 PAC meeting.

Board Action: Accept Committee recommendation. Accept the minutes of the January 2016 PAC meeting.

c. NURSE PRACTITIONERS

The Joint Sub Committee (“JSC”) approved all the recommendations from the March JSC Panel meeting.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

CLOSED SESSION

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

The Committee reviewed the Joint Subcommittee recommendations. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

DISCIPLINARY (COMPLAINTS) COMMITTEE REPORT

Members present were: Barbara E. Walker, DO, Chairperson; Mr. Michael J. Arnold; Eleanor E. Greene, MD; Venkata Jonnalagadda, MD; Timothy E. Lietz, MD and Bryant A. Murphy, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

The Disciplinary (Complaints) Committee reported on eighteen 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.

A motion passed to return to open session.

DISCIPLINARY (MALPRACTICE) COMMITTEE REPORT

Members present were: Barbara E. Walker, DO Chairperson; Mr. Michael J. Arnold; Eleanor E. Greene, MD; Venkata Jonnalagadda, MD; Timothy E. Lietz, MD; and Bryant A. Murphy, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

The Disciplinary (Malpractice) Committee reported on thirty-eight 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.

DISCIPLINARY (MEDICAL EXAMINER) COMMITTEE REPORT

Members present were: Barbara E. Walker, DO Chairperson; Mr. Michael J. Arnold; Eleanor E. Greene, MD; Venkata R. Jonnalagadda, MD; Timothy E. Lietz, MD and Bryant A. Murphy, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

The Disciplinary (Medical Examiner) Committee reported on two 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.

INVESTIGATIVE INTERVIEW REPORT

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

Six investigative interviews were conducted. A written report was presented for the Board's review. The Board adopted the recommendations and approved 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.

DISCIPLINARY (INVESTIGATIVE) COMMITTEE REPORT

Members present were: Barbara E. Walker, DO Chairperson; Mr. Michael J. Arnold; Debra A. Bolick, MD; Eleanor E. Greene, MD; Timothy E. Lietz, MD; Bryant A. Murphy, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

Forty-four investigative cases were reviewed. A written report was presented for the Board's review. The Board adopted the recommendations and approved 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.

OUTREACH COMMITTEE

Members present were: Timothy E. Lietz, MD, Chairperson; Debra A. Bolick, MD; Bryant A. Murphy, MD; Ralph A. Walker, JD, LLB.

Old Business

a. Update on ongoing Outreach activities

The Board is meeting its targets for outreach to the profession. NCMB has reached its target for number of individuals reached for the year (750) and is continuing to schedule presentations at a rate of three to four per month.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

b. Update on President's mini-residency initiative

The Chief Communications Officer (CCO) provided an update on this initiative. Staff is working with Dr. Udekwu to determine the goals and plans for reaching medical student leaders.

Committee recommendation: Accept as information

Board action: Accept Committee recommendation

New Business

a. FSMB Social Media Presentation Debrief

The CCO gave a brief report to the Committee regarding her participation on a social media panel at the FSMB Annual Meeting in April. She noted that NCMB is clearly a

leader in this area as one of a relatively small number of boards on social media and one of the most active in terms of consistency and quantity of posts.

Committee recommendation: Accept as information

Board action: Accept Committee recommendation. Accept as information.

b. Website recommendations from Consumer Reports

NCMB was recognized as one of the top five medical boards websites in terms of transparency and ease of use from the consumer perspective in the May 2016 issue of Consumer Reports Magazine. The feature included recommendations for medical boards that would make websites more consumer friendly. Committee members reviewed the list of recommendations.

Committee recommendation: Direct Communications staff to review the list and develop recommendations as to which suggestions NCMB should adopt, continue studying or not pursue. Report back to Committee in July.

Board action: Accept Committee recommendation. Direct Communications staff to review the list and develop recommendations as to which suggestions NCMB should adopt, continue studying or not pursue. Report back to Committee in July.

c. Communication plan on opioid initiatives

The Communications Director provided an overview of communications activities related to the launch of the Safe Opioid Prescribing Initiative. The Communications Department is finalizing an infographic that describes the Safe Opioid Prescribing Initiative and other Board efforts around responsible opioid prescribing. The CCO indicated that the Communications team will develop a communication plan regarding the pending controlled substances CME rule.

Committee recommendation: Accept at information.

Board action: Accept Committee recommendation. Accept as information.

a. Research Initiative update

The CCO reported that the Communications Department has started work on a market research project that will gather information from the public and from licensees. Staff has prepared a list of survey questions that would be posed to both audiences. The goal is to gather information about current awareness of the Board and its mission, awareness of available resources and to identify each group's needs for additional resources and information.

Committee recommendation: Direct staff to send the list of survey questions to Board Members for review with a request for feedback.

Board action: Accept Committee recommendation. Direct staff to send the list of survey questions to Board Members for review with a request for feedback.

DIVERSITY WORKGROUP

Members present were: Debra A. Bolick MD, Chairperson; Barbara E. Walker, DO; Jerri L. Patterson, NP

Old Business

- a. Succession planning – HR Director is working with each department on this.
- b. Orally recording long-term employees on NCMB history – staff recommends that we not proceed with this project at this time.

New Business

- a. Update on Staffing
Recent hires since the last meeting, we have hired an: Administrative Manager, Corporations Coordinator and Chief Investigations Officer.
Current open position, Credentialing Coordinator.
- b. Staff EEOC Census: This report presented a snapshot of our breakdown of race and age of staff at the Board. We are moving in the direction of becoming more diverse both racially and generational. Though we are moving in a positive direction, it is a slow process given our low staff turnover rate.
- c. Recently attended presentations: Shannon McGowan, HR Director, recently attended presentations on “Understanding and Managing Diversity and “Diversity & Workforce - Inclusion Readiness”

- d. Upcoming events: Shannon will attend Leveraging Multigenerational Diversity in the Workforce.

ADJOURNMENT

This meeting was adjourned at 3:00 p.m., May 20, 2016.

Timothy E. Lietz, MD
Secretary/Treasurer

Federation of State Medical Boards
House of Delegates Meeting
April __, 2016

Subject: Task Force to Study the Need for State Board Regulation of Physician Compounding

Introduced by: North Carolina Medical Board

Considered/Approved: January 2016

Whereas, In 2012, a meningitis outbreak resulted from contaminated steroid injections produced at the New England Compounding Center (“NECC”) in Massachusetts, a compounding pharmacy.

Whereas, In the aftermath of the NECC incident, pharmacy boards around the country increased the level of inspection and regulation of such compounding pharmacies.

Whereas, Historically, physicians have also compounded medications for the use of their patients.

Therefore, be it hereby

Resolved, That the Federation of State Medical Boards (FSMB) will establish a task force to review: (1) current federal regulations; (2) the degree to which physicians are currently compounding medicines; and (3) current state laws governing physician compounding.

Resolved, That the FSMB task force will work with the Food and Drug Administration and National Association of Boards of Pharmacy to evaluate the current regulatory environment pertaining to physician compounding.

Resolved, *That, the FSMB task force will develop recommendations for those states that permit physician compounding.*

Competence and Reentry 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 90-14 (11a), 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.

(Reviewed May 2015, May 2016)

The Physician-patient Relationship

The duty of the physician is to provide competent, compassionate, and economically prudent care to all his or her patients. Having assumed care of a patient, the physician may not neglect that patient nor fail for any reason to prescribe the full care that patient requires in accord with the standards of acceptable medical practice. Further, it is the Board's position that it is unethical for a physician to allow financial incentives or contractual ties of any kind to adversely affect his or her medical judgment or patient care.

Therefore, it is the position of the North Carolina Medical Board that any act by a physician that violates or may violate the trust a patient places in the physician places the relationship between physician and patient at risk. This is true whether such an act is entirely self-determined or the result of the physician's contractual relationship with a health care entity. *The Board believes the interests and health of the people of North Carolina are best served when the physician-patient relationship remains inviolate.* The physician who puts the physician-patient relationship at risk also puts his or her relationship with the Board in jeopardy.

Elements of the Physician-Patient Relationship

The North Carolina Medical Board licenses physicians as a part of regulating the practice of medicine in this state. Receiving a license to practice medicine grants the physician privileges and imposes great responsibilities. The people of North Carolina expect a licensed physician to be competent and worthy of their trust. As patients, they come to the physician in a vulnerable condition, believing the physician has knowledge and skill that will be used for their benefit. Patient trust is fundamental to the relationship thus established. It requires that:

- there be adequate communication between the physician and the patient;
- the physician report all significant findings to the patient or the patient's legally designated surrogate/guardian/personal representative;
- there be no conflict of interest between the patient and the physician or third parties;
- personal details of the patient's life shared with the physician be held in confidence;
- the physician maintain professional knowledge and skills;
- there be respect for the patient's autonomy;
- the physician be compassionate;
- the physician respect the patient's right to request further restrictions on medical information disclosure and to request alternative communications;
- the physician be an advocate for needed medical care, even at the expense of the physician's personal interests; and
- the physician provide neither more nor less than the medical problem requires.

The Board believes the interests and health of the people of North Carolina are best served when the physician-patient relationship, founded on patient trust, is considered sacred, and when the elements crucial to that relationship and to that trust—communication, patient primacy,

confidentiality, competence, patient autonomy, compassion, selflessness, appropriate care—are foremost in the hearts, minds, and actions of the physicians licensed by the Board.

This same fundamental physician-patient relationship also applies to all licensees.

Termination of the Physician-Patient Relationship

The Board recognizes the physician's right to choose patients and to terminate the professional relationship with them when he or she believes it is best to do so. That being understood, the Board maintains that termination of the physician-patient relationship must be done in compliance with the physician's obligation to support continuity of care for the patient.

The decision to terminate the relationship must be made by the physician personally. Further, termination must be accompanied by appropriate written notice given by the physician to the patient or the patient's representative sufficiently far in advance (at least 30 days) to allow other medical care to be secured. A copy of such notification is to be included in the medical record. Should the physician be a member of a group, the notice of termination must state clearly whether the termination involves only the individual physician or includes other members of the group. In the latter case, those members of the group joining in the termination must be designated. It is advisable that the notice of termination also include instructions for transfer of or access to the patient's medical records.

(Adopted July 1995) (Amended July 1998, January 2000, March 2002, August 2003, September 2006, July 2012) (Reviewed May 2016)

The Retired Physician/licensee

The retirement of a licensee is defined by the North Carolina Medical Board as the total and complete cessation of the practice of medicine and/or surgery by the licensee in any form or setting. According to the Board's definition, the retired licensee is not required to maintain a currently registered license and SHALL NOT:

- provide patient services;
- order tests or therapies;
- prescribe, dispense, or administer drugs;
- perform any other medical and/or surgical acts; or
- receive income from the provision of medical and/or surgical services performed following retirement.

The North Carolina Medical Board is aware that a number of licensees consider themselves "retired," but still hold a currently registered medical license (full, volunteer, or limited) and provide professional medical and/or surgical services to patients on a regular or occasional basis. Such licensees customarily serve the needs of previous patients, friends, nursing home residents, free clinics, emergency rooms, community health programs, etc. The Board commends those licensees for their willingness to continue service following "retirement," but it recognizes such service is not the "complete cessation of the practice of medicine" and therefore must be joined with an undiminished awareness of professional responsibility. That responsibility means that such licensees SHOULD:

- practice within their areas of professional competence;
- prepare and keep medical records in accord with good professional practice; and
- meet the Board's continuing medical education requirement.

The Board also reminds "retired" licensees with currently registered licenses that all federal and state laws and rules relating to the practice of medicine and/or surgery apply to them, that the position statements of the Board are as relevant to them as to licensees in full and regular practice, and that they continue to be subject to the risks of liability for any medical and/or surgical acts they perform.

(Adopted January 1997) (Amended September 2006, July 2012) (Reviewed May 2016)

Position Statement Review tracking chart:

POSITION STATEMENT	ADOPTED	SCHEDULED FOR REVIEW	LAST REVISED/ REVIEWED/ ADOPTED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED
The Physician-Patient Relationship	Sep-91	May-16	Jul-12	Sep-06	Mar-01		
The Retired Physician	Jul-95	May-16	Jul-12	Sep-06	Aug-03	Mar-02	Jan-00
Medical Testimony	Jan-97		Jul-12	Sep-06			
Advance Directives and Patient Autonomy	Mar-08		Sep-12	Mar-08			
End-of-Life Responsibilities and Palliative Care	Jul-93		Nov-12	Mar-08	May-96		
Drug Overdose Prevention	Oct-99		Jan-13	Mar-08	May-07		
Professional Use of Social Media	Sep-08		Mar-13	Sep-08			
The Treatment of Obesity	Mar-13		Mar-13				
Contact With Patients Before Prescribing	Oct-87		May-13	Nov-10	Jan-05	Mar-96	
Medical Record Documentation	Nov-99		May-13	Jul-10	Feb-01		
Retention of Medical Records	May-94		May-13	May-09	May-96		
Capital Punishment	May-98		Jul-13	May-09			
Professional Obligations pertaining to incompetence, impairment, and unethical conduct of healthcare providers	Jan-07		Jul-13	Jul-09			
Unethical Agreements in Complaint Settlements	Nov-98		Sept-13	Mar-10	Nov-98		
Guidelines for Avoiding Misunderstandings During Physical Examinations	Nov-93		Sept-13	Mar-10	May-96		
Departures from or Closings of Medical	May-91		Jan-14	Jul-10	Oct-02	Feb-01	Jan-01
Policy for the Use of Controlled Substances for the Treatment of Pain	Jan-00		May-13	Jul-09	Aug-03		
Access to Physician Records	Sep-96		May-14	Jan-13	Sep-08	Jul-05	
Medical Supervisor-Trainee Relationship	Nov-93		May-14	Sep-10	Aug-03	Mar-02	Sep-97
Advertising and Publicity	Apr-04		Jul-14	Nov-10	Apr-04		
Telemedicine	Nov-99		Aug-14	Nov-10	Sep-05	Mar-01	
Medical, Nursing, Pharmacy Boards: Joint Statement on Pain Management in End-of-Life Care	May-10		Nov-14	May-10			
Writing of Prescriptions	Oct-99		Nov-14	Jan-11	Oct-99		
HIV/HBV Infected Health Care Workers	May-91		Jan-15	Mar-11	Mar-05	Jul-02	Mar-02

Laser Surgery	Nov-92		Mar-15	Jan-11	Jan-05	May-96	
Sale of Goods From Physician Offices	Jul-99		Mar-15	Jul-05	Jul-05	Aug-02	Mar-02
Competence and Reentry to the Active Practice of Medicine	Mar-01	May-16	Mar-15	May-11	Mar-06		
Prescribing Controlled Substances for Other Than Valid Medical or Therapeutic Purposes, with Particular Reference to Substances or Preparations with Anabolic Properties	Jul-06		May-15	Jul-06	May-15		
Referral Fees and Fee Splitting	Jul-07		Sep-12	Jul-07	Sept-15		
Physician Supervision of Other Licensed Health Care Practitioners	Jul-07		Nov-15				
Self- Treatment and Treatment of Family Members and Others With Whom Significant Emotional Relationships Exist	Nov-93		Nov-15	Jul-06	May-96		
Availability of Physicians to Their Patients	May-91		Jan-16	Sep-05	Mar-02	May-00	May 96
Office-Based Procedures	Sep-00	Mar-16	May-11	Jan-03			
Sexual Exploitation of Patients	Jul-93	Mar-16	May-12	Nov-11	Jul-06	Oct-03	Jan-01
Care of the Patient Undergoing Surgery or Other Invasive Procedure	May-91	Mar-16	May-12	Sep-06	Jan-01	Apr-96	