MINUTES

North Carolina Medical Board

November 17-19, 2004

1203 Front Street
Raleigh, North Carolina

Minutes of the Open Sessions of the North Carolina Medical Board Meeting November 17-19, 2004.

The November 17-19, 2004, meeting of the North Carolina Medical Board was held at the Board's Office, 1203 Front Street, Raleigh, NC 27609. The meeting was called to order at 8:00 a.m., Wednesday, November 17, 2004, by Charles L. Garrett, MD, President. Board members in attendance were: Robert C. Moffatt, MD, President Elect; H. Arthur McCulloch, MD, Secretary; Janelle A. Rhyne, MD, Treasurer; E. K. Fretwell, PhD; Stephen M. Herring, MD; Robin N. Hunter Buskey, PA-C; Michael E. Norins, MD; George L. Saunders, III, MD; Ms. Shikha Sinha; Edwin R. Swann, MD; and Mr. Aloysius P. Walsh.

Staff members present were: R. David Henderson, JD, Executive Director; Thomas W. Mansfield, JD, Legal Department Director; Mary Wells, JD, Board Attorney; Brian Blankenship, JD, Board Attorney; Marcus Jimison, JD, Board Attorney; Amy Bason, JD, Board Attorney; Ms. Wanda Long, Legal Assistant; Ms. Lynne Edwards, Legal Assistant; Mr. Curtis Ellis, Investigative Department Director; Don R. Pittman, Investigator/Compliance Coordinator; Mr. Edmund Kirby-Smith, Investigator; Mrs. Therese Dembroski, Investigator; Mr. Loy C. Ingold, Investigator, Mr. Bruce B. Jarvis, Investigator; Mr. Robert Ayala, Investigator; Mr. Richard Sims, Investigator; Mr. David Van Parker, Investigator; Ms. Jenny Olmstead, Senior Investigative Coordinator; Mr. Dale Breaden, Director of Communications and Public Affairs; Ms. Dena Marshall, Public Affairs Assistant; Mrs. Joy D. Cooke, Licensing Director; Ms. Michelle Allen, Licensing Supervisor; Ms. Kelli Singleton, GME Coordinator; Carol Puryear, Licensing Assistant; Ms. Lori King, PE Coordinator; Jesse Roberts, MD, Medical Director; Ms. Judie Clark, Complaint Department Director; Mrs. Sharon Squibb-Denslow, Complaint Department Assistant; Ms. Sherry Hyder, Complaint Summary Coordinator; Ms. Patricia Paulson, Malpractice/Medical Examiner Coordinator; Mr. Hari Gupta, Operations Department Director; Mr. David Shere, Registration Coordinator; Ms. Rebecca L. Manning, Database Coordinator; Mrs. Janice Fowler, Operations Assistant; Mr. Peter Celentano, Comptroller; Ms. Barbara Rodrigues, Receptionist; Mr. Donald Smelcer, Technology Department Director; and Mr. Jeffery Denton, Executive Assistant/Verification Coordinator.

MISCELLANEOUS

Presidential Remarks

Dr. Garrett commenced the meeting by reading from Governor Easley's Executive Order No. 1, the "ethics awareness and conflict of interest reminder." Dr. Garrett recused himself from an item on the Policy Committee's agenda regarding mark-up of clinical laboratory services.

Agent of the Board – Stephen M. Herring, MD

Motion: A motion passed designating Dr. Herring as an Agent of the Board.

Robin N. Hunter Buskey - Nomination for Federation of State Medical Boards Board of Directors

Motion: A motion passed that the Board unanimously endorses Ms. Hunter Buskey's candidacy for the Federation's Board of Directors.

February 2005 Board Meeting Dates

Due to a busy Board schedule in February 2005, Dr. Garrett recommended extending the two-day meeting to a three-day meeting (February 16-18, 2005).

Motion: A motion passed to extend the February 2005 Board Meeting to February 18, 2005.

Pharmacist Vaccination – Temporary Rule

Mr. Jimison reported to the Board that on September 17, 2004, a meeting on the Pharmacist Vaccination temporary rule (21 NCAC 32U) was scheduled and convened. He presided as the designated Hearing Officer. No member of the public attended the scheduled Public Hearing in person or submitted any written comments. The time for the hearing was kept open for one hour, and having received no comment or participant during that time, the hearing was concluded. He explained that all three boards (Nursing, Pharmacy and Medical) must adopt the rule. The previously adopted emergency rule, which was also adopted as a temporary rule, was for pharmacists to give Influenza Vaccines.

A discussion ensued regarding a proposed permanent rule which would allow pharmacists to give all types of vaccinations. It was felt that administering all types of vaccinations could be a complicated matter. This is especially true for "travel" vaccines (Yellow Fever, Typhoid, etc.). A question was also raised whether this is really what the pharmacists want. Voting on the permanent rule will occur after the comment period has expired.

Motion: A motion passed to adopt the temporary rule allowing pharmacist to administer the Influenza Vaccine.

Board Meeting Format

Prior to June 2004, the Board met monthly for committee meetings, licensing interviews, informal interviews, committee reports, and hearings. Commencing June 2004, the three-day meetings (odd-numbered months) of the Board has been devoted to committee meetings, license interviews, informal interviews, and committee reports. During the two-day meetings (even-numbered months), the Board has devoted most of the time to conducting hearings, considering proposed consent orders, and considering recommendations from the Office of Administrative Hearings.

The current meeting format was reviewed. Commencing February 2005 during the two-day meetings (even-numbered months), a Complaint Committee Report will be presented to the Full Board in addition to the regular Legal Department business (hearings, etc.).

Staff/Personnel Announcements

<u>New Hires</u> (Dawn LaSure and David Van Parker)

Mr. Henderson announced several hew hires. He introduced Dawn LaSure as the new Human Resources Director and David Van Parker as the new Investigator for the Wilmington area.

American Association of Physician Specialists, Inc. (AAPS) and American Board of Physician Specialties (ABPS) – A Presentation

On August 24, 2004, the AAPS/ABPS petitioned the North Carolina Medical Board to amend the Board regulations to include AAPS/ABPS board certified members so that they may be licensed under the Eligible For Licensure By Endorsement and under the Ten Year Qualification rules.

To this end, the AAPS/ABPS made a presentation before the Board's Licensing Committee in September 2004 and were allowed to make a Full Board presentation on November 18, 2004. A summary of that presentation follows:

AAPS/ABPS representation: William J. Carbone, CEO, ABPS; Eric E. Grier, Ph.D., Director of Governmental Affairs, ABPS; R. Robert Cerrato, DO, JD, Member AAPS; Ken Flowe, MD, Member AAPS and John Dallara, MD, Member AAPS.

Dr. Cerrato stated that he believes the Medical Board should find ABPS to be superior to any other Board Certification currently accepted by the Medical Board. Dr. Cerrato advised his presentation will show how they have obtained the training, education and experience needed.

Dr. Grier gave a brief history of the ABPS. He stated that the ABPS, the certifying body of AAPS, is one of three nationally recognized multi-specialty physician certifying organizations. Today ABPS specialty boards provide certification and re-certification to both allopathic (MD) and osteopathic (DO) physicians. He continued that in 2002 the Florida Board of Medicine and shortly thereafter, the Florida Osteopathic Board of Medicine accepted the AAPS credentials. Soon after Oklahoma and Utah made similar acceptance, and they are recognized by the New York City Regional authority. They participate in the Federation of State Medical Boards' (FSMB) Annual Meetings and other events. Dr. James Thompson, President/Chief Executive Officer, FSMB, will be making the keynote address at their upcoming conference. Dr. Grier stated that eligibility is equivalent to any other board and their exams are equal or superior to other organizations. He believes AAPS merits acceptance in North Carolina.

Mr. Carbone talked about members and diplomates; who they are and who they represent. He indicated they have approximately 90 members in North Carolina. "We are doing the best we can for the public good. Our diplomates are as good as any other diplomates." He stated, "Our board was the first board of certification in this country to elect public members to serve on our board along with physicians." He continued that the ABPS was the first board to require their diplomates to take a medical ethics course every eight years.

Dr. Dallara stated he is an emergency room physician from Chapel Hill, NC. He stated the ABPS and AAPS hired an external independent source (test company) to evaluate their certification tests. This company concluded that their certification exams are as valid and reliable as any given in the health care system today.

Dr. Flowe stated he is an emergency room physician practicing in Roxboro, NC. He indicated, "one in five AAPS members are also certified with the American Board of Medical Specialties (ABMS).

Dr. Grier thanked the Medical Board for allowing the presentation and he hopes the Board feels comfortable that their questions and concerns have been addressed. He feels the citizens of North Carolina deserve the best and hopes the Medical Board concludes that AAPS offers that pool of physicians.

Board Member Questions:

When asked if the AAPS exists because physicians were not eligible for American Osteopathic Association (AOA) or ABMS, the panel responded that this may have been true in the beginning but they believe their organization has progressed way beyond that.

Dr. Flowe stated he needed access to board certification in his specialty but could not get it. He wants to dispel the idea that they are a bunch of physicians who cannot get certifications anywhere else.

Dr. Grier stated they are currently pursuing state advertising rules, as some states require AOA or ABMS board certification prior to using board certification in an advertisement. He stated that 35 states are silent on the issue of discriminating on board certification.

They are actively pursuing recognition in other states, wherever the opportunity presents itself. They are beginning the process of going to the Texas Medical Board.

When asked how many hospitals in North Carolina accept AAPS board certification to give hospital privileges if board certification is a requirement, they could not provide a number. It was stated they have 58 paid diplomates in the State but they know of no hospitals that will accept AAPS in lieu of ABMS.

When asked to explain their relationship with the FSMB – they have been approved for a two-year observer status; they participate in activities in the House of Delegates and with other state boards. They are on no committees but have requested appointment.

Dr. Garrett thanked the AAPS/ABPS representatives for coming indicating a decision would be made at a later date.

The following day a motion was made, the AAPS-provided material was reviewed, and a thorough discussion resulted in the following:

Motion: A motion passed to deny the AAPS/ABMS petition to amend the Board regulations.

Advanced Practice Registered Nurse (APRN) Task Force

Dr Saunders gave a report on the APRN Task Force. In May 2004, the NC Institute of Medicine (IOM) issued a report concerning the nursing workforce. The report recommended the IOM convene a separate task force to study perceived problems related to arrangements under which nurse practitioners and nurse midwives practice in North Carolina. The task force was established in July 2004.

The APRN Task Force is chaired by Dr. Harvey Estes, a retired physician from Duke who is also chair of the Institute of Medicine. Dr. Saunders and David Henderson are members of this task force. There have been two meetings thus far: one in August to lay out the framework for future meetings and solicit the viewpoints of all stakeholders, and one in October to discuss a specific proposal regarding the regulation of nurse practitioners.

This task force is dealing with the relationship between physicians and NPs. They are attempting to develop a framework that the Board of Nursing and the Medical Board are happy with. One tentative framework put out would be that the Medical Board allow most of the day-to-day regulatory issues be handled by the Board of Nursing.

Mr. Henderson stated that we would like input from the Board Members regading the current proposals (who writes the rules, who does approvals, who disciplines, etc.). Ms. Hunter Buskey suggested that the current model the Medical Board has with Emergency Medical

Service (EMS) may provide some help (discipline, formulary, and equipment input, and representation). She does not recall any adversarial issues with EMS.

Optometry Litigation
A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to section 90-8, 90-14, 90-16, 90-21.22 and 143-318.11(a) of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and to preserve attorney/client privilege.

Ms. Bason, Board Attorney, discussed legal matters regarding litigation with the Board of Examiners in Optometry in a closed session.

A motion passed to return to open session.

MINUTE APPROVAL

Motion: A motion passed that the October 20-22, 2004, Board Minutes are approved as presented.

ATTORNEY'S REPORT

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, 90-21.22 and 143-318.11(a) of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and to preserve attorney/client privilege.

A written report on 151 cases was presented for the Board's review. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

EXECUTED CASES (PUBLIC)

ACKERMAN, Milton John MD
Findings of Fact, Conclusions of Law and Order executed 11/10/2004

BANIEWICZ, Frank John MD
Order Terminating Consent Order executed 11/2/2004

BELANGER, Marie Cerve Ilero NP
Consent Order executed 9/28/2004

BJORK, Paul Edward Jr. MD
Findings of Fact, Conclusions of Law and Order executed 9/7/2004

BRODERSON, Joe Thomas MD
Order Dismissing Charges witout prejudice executed 11/2/2004

CHRISTENSEN, Tracy Lee PA

Consent Order executed 9/24/2004

CINSAVICH, Scott A. MD
Entry of Revocation executed 11/2/2004

CIRELLI, Stephen Rocco MD
Consent Order executed 11/17/2004

COBB, Timothy Lee PA
Order Terminating Consent Order executed 11/8/2004

CURTIN, Michael James MD
Consent Order executed 10/19/2004

DEONARINE, Denis T. MD
Consent Order executed 9/24/2004

DESSAUER, Kati Elizabeth MD
Order executed 10/19/2004

DOERING, Mary Catherine MD
Findings of Fact, Conclusion of Law and Order executed 11/9/2004

DUCK, Sigsbee Walter MD
Findings of Fact, Conclusion of Law and Order executed 10/28/2004

ECHOLS, Everett Raphael II MD
Findings of Fact, Conclusion of Law and Order executed 11/10/2004

FORD, Eugene Roland MD
Findings of Fact, Conclusion of Law and Order executed 9/7/2004

GEE, Steven Hong Nee MD
Findings of Fact, Conclusion of Law and Order executed 11/10/2004

HAGESITH, Christian Ellis MD
Findings of Fact, Conclusion of Law and Order executed 11/10/2004

HOOPER, Jeffrey Curtis MD
Consent Order executed 10/18/2004

JACOBSON, Clifford R. MD
Entry of Revocation executed 11/2/2004

KEEHAN, Michael Francis MD
Consent Order executed 10/21/2004

LONG, James Randall MD
Consent Order executed 11/3/2004

MARTIN, David Anson Jr. MD

Order Terminating Consent Order executed 11/2/2004

MORTER, Gregory Alan MD
Consent Order executed 10/21/2004

NATHAN, Paul Eli MD
Findings of Fact, Conclusions of Law and Order executed 10/28/2004

NGUYEN, Tuong Dai MD
Consent Order executed 10/21/2004

PORTER, Dennis Ray MD
Findings of Fact, Conclusion of Law and Order executed 11/10/2004

REAUX, John Malcolm MD
Findings of Fact, Conclusions of Law and Order executed 10/22/2004

RHEUARK, Pamela Hardee PA
Consent Order executed 10/21/2004

RODRIGUEZ, James Jay MD
Enter entry of Revocation executed 10/6/2004

SCALLION, Gerald John MD
Consent Order executed 10/23/2004

SCHARSTEIN, Robert MD
Findings of Fact, Conclusion of Law and Order executed 11/10/2004

SHANTON, Gregory Damon PA-C
Consent Order executed 10/21/2004

SMITH, David Lewis PA
Consent Order executed 10/11/2004

STEPHENS, Kathryn Johnson MD
Consent Order executed 10/29/2004

STROUD, Joan Marie PA-C
Consent Order executed 10/22/2004

TASHER, Jacob MD
Findings of Fact, Conclusion of Law and Order executed 11/10/2004

TYLER, Brent Joseph MD
Order executed 10/21/2004

VAUGHAN, Howell Anderson PA
Consent Order executed 11/8/2004

VINSON, David Jr. MD

Findings of Fact, Conclusions of law and Order executed 10/21/2004

WADDELL, Roger Dale MD
Amend Consent Order executed 10/21/2004

WALTER, Gregory William MD
Findings of Fact, Conclusion of Law and Order executed 11/9/2004

WILSON, Daniel Joseph MD
Findings of Fact, Conclusions of law and Order executed 10/21/2004

WOELFEL, James Thomas MD
Consent Order executed 10/21/2004

WOODARD, Dean Harris MD
Findings of Fact, Conclusions of law and Order executed 10/22/2004

ZUTTAH, Silas Hamlet MD
Revoke executed 11/9/2004

EXECUTIVE COMMITTEE REPORT

Stephen Herring, MD; Charles Garrett, MD; Robert Moffatt, MD; Arthur McCulloch, MD; Aloysius Walsh

The Executive Committee of the North Carolina Medical Board was called to order at 7:35 am, Thursday November 18, 2004 at the offices of the Board. Members present were: Charles L. Garrett, MD, Chair; Stephen M. Herring, MD; Harlan A. McCulloch, MD; Robert C. Moffatt, MD; Janelle A. Rhyne, MD; and Aloysius P. Walsh. Also present were R. David Henderson (Executive Director), Hari Gupta (Director of Operations), and Peter T. Celentano, CPA (Comptroller).

Financials

Mr. Celentano, CPA, presented to the committee the September 2004 compiled financial statements. September is the eleventh month of fiscal year 2004.

The Board's deficit increased slightly for fiscal year 2004. At the end of the year, the Board's deficit should be about $60,000.

The certificate of deposit matures in February 2005. Dr. Garrett asked the staff to be prepared to discuss options for renewal at the January 2005 Executive Committee meeting.

The year-end audit fieldwork is scheduled to begin November 22, 2004. Dr. Garrett reminded the staff that the deadline to receive the audit report should be the January 2005 Executive Committee meeting. Therefore, the staff will need to deliver a draft copy to the Executive Committee before that time so they will have time to review.

The September 2004 Investment Summary was reviewed and accepted as presented.

Motion: Dr. Herring made a motion to accept the financial statements as reported. Dr. Moffatt seconded the motion and the motion was approved unanimously.

Old Business

Code of Conduct: Mr. Henderson reminded the Committee that during the September meeting the Executive Committee considered a proposed Code of Conduct that had been prepared by the staff at the request of Dr. Herring. After a discussion, The Executive Committee voted to recommend the Code of Conduct to the Board. During the full Board

discussion of this matter, some Board members expressed concerns regarding the process and the content of the Code of Conduct. The Board voted to postpone a final decision.

The Executive Committee discussed and reconsidered the Code of Conduct. A suggestion was made to amend the document so that the Board member would sign the Code of conduct once, not annually. With this change, Dr. Herring made a motion that the Executive Committee recommend the full Board adopt the Code of Conduct. The motion was seconded and approved unanimously.

New Business

There was no new business to discuss.

The meeting was adjourned at 8:05am.

Motion: A motion passed to accept the Executive Committee Report.

POLICY COMMITTEE REPORT

Robert Moffatt, MD, Chair; Aloysius Walsh; Arthur McCulloch, MD; George Saunders, MD; Janelle Rhyne; MD

The Policy Committee of the North Carolina Medical Board was called to order at 3:10 p.m., Wednesday, November 17, 2004, at the office of the Board. Present were: Robert Moffatt, MD, Chair; Aloysius P. Walsh; Arthur McCulloch, MD; George L. Saunders, MD; and Janelle A. Rhyne, MD. Also attending were: Thomas Mansfield, JD, Director, Legal Department, NCMB (PC Staff); Amy Bason, JD (PC Staff); Melanie Phelps, JD, North Carolina Medical Society; Stephen Keene, JD, North Carolina Medical Society; Alan Skipper, North Carolina Medical Society; Dale G Breaden, Public Affairs Director, NCMB; Douglas Hammer, MD, Family Practice, Raleigh; and Mr. Jeffery T. Denton, Board Recorder (PC Staff).

Notes:

(1) ***Recommendation to Board*** *is the* Committee's request for Board consideration of an item.
(2) ***Action*** items are related to the Committee's own work or deliberations.
(3) ***[ ]*** Information within these brackets denotes *background information*

Position Statement Review - The Use of Anorectics in Treatment of Obesity (Saunders)

[At the July committee meeting Dr. Saunders presented a proposed rough draft of a revised position statement. He stated that the current statement was good but may be too specific with regards to medications. He indicated that this was appropriate at the time this position statement was last updated but it has changed over time. There was a general consensus supporting approval of Dr. Saunders' draft.

At the September committee meeting Dr. Saunders reported he had recently sent out the revised draft position statement for comment. Action on this position statement will be deferred until the November committee meeting after comments have been received and reviewed. ***]***

Dr. Saunders reported that the revised position statement is essentially done. He asked the committee if there was a need to possibly post the proposed revision on the Board's web site and receive comments for a period of time.

A discussion ensued. Mr. Mansfield stated that historically for those positions the Board felt may have been controversial the Board did reach out for comments from appropriate interested parties. He does not believe the web would provide this type of response. Mr. Breaden agreed that the web site does not reach out to people, rather people have to reach out to it. He added that during the next couple of months no content on the Board's web site would be changed due to transition to a new Internet host. Dr. Hammer interjected that primary care physicians are prescribing anorectics with caution especially due to the number of obese patients.

There was a general consensus that the *Forum* was a good avenue since it goes to the entire licensee population, however, a long term schedule for revision of the Board's position statements would been to be drafted and adhered to since the *Forum* only comes out quarterly and a lead-time is needed.

Dr. Saunders felt that in the interest of moving this position statement along the following action would be beneficial.

Action: In order to receive comment and be put on the January Full Board agenda the revised proposed position statement 'The Use of Anorectics in Treatment of Obesity' will be sent to the following organizations for comment: North Carolina Medical Society, North Carolina Academy of Family Physicians, Carolinas Chapter of the American Association of Clinical Endocrinologists; North Carolina Academy of Pediatrics and the American College of Physicians.

THE TREATMENT OF OBESITY

It is the position of the North Carolina Medical Board that the cornerstones of treatment of obesity are diet(caloric control) and exercise. Medications and surgery should only be used to treat obesity when the benefits outweigh the risks of the chosen modality.

The treatment of obesity should be based on sound scientific evidence and principles. Adequate medical documentation must be kept so that progress as well as the success or failure of any modality is easily ascertained.

Management of Chronic Non-Malignant Pain (McCulloch)

*[*At the July committee meeting Dr. Moffatt stated that this is still a good pain statement but certain aspects may need reworking and it may be helpful to get comments from certain individuals and/or groups around the State. Dr. Rhyne stated that our statement was good but the Federation of State Medical Boards' (FSMB) guidelines were very thorough, and should be consulted

Mr. Breaden provided some background on this position statement. The Board's statement was developed before the FSMB took any type of position. North Carolina was trail blazing at the time and certain definitions were necessary then that might not be necessary now. To pattern ours after the FSMB's would be a logical progression.

Dr. Moffatt introduced Matt Gainey, PhD, and Pharmacologist who is associated with a pain management task force. Dr. Gainey stated the group was not active at the present time but

could be revived. He initially put the group together to address pain management and is sure the group would be happy to be a resource for the Board

Dr. McCulloch stated that he had asked some of his partners who are specialists in this area for their opinions. He offered several comments for revising the current position statement and would like to bring a draft to the next meeting after reviewing the FSMB guidelines.

At the September committee Dr. McCulloch stated he had thoroughly reviewed the FSMB Model Guidelines for the Use of Controlled Substances for the Treatment of Pain. He also consulted with several medical experts who deal with chronic pain management. In his opinion this model is complete and adequate, and the Board would do well to adopt it as the Board's position statement on this subject. He said it is quite long but believes the treatment of chronic pain and prescription of narcotics creates a tremendous amount of anxiety with our practitioners. He believes this position statement is appropriate.***]***

***Recommendation to Board*:** The below position be approved as written.

GUIDELINES FOR THE USE OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF PAIN

- Appropriate treatment of chronic pain may include both pharmacologic and non-pharmacologic modalities. The Board realizes that controlled substances, including opioid analgesics, may be an essential part of the treatment regimen.

- All prescribing of controlled substances must comply with applicable state and federal law.

- Guidelines for treatment include: (a) complete patient evaluation, (b) establishment of a treatment plan (contract), (c) informed consent, (d) periodic review, and (e) consultation with specialists in various treatment modalities as appropriate.

- Deviation from these guidelines will be considered on an individual basis for appropriateness.

The North Carolina Medical Board supports and adopts the following Federation of State Medical Board '*Guidelines for the Use of Controlled Substances for the Treatment of Pain'* (as modified) to replace the Board's existing position statement titled '*Management of Chronic Non-Malignant Pain.'*

Section I: Preamble

The North Carolina Medical Board recognizes that principles of quality medical practice dictate that the people of the State of North Carolina have access to appropriate and effective pain relief. The appropriate application of up-to-date knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain as well as to reduce the morbidity and costs associated with untreated or inappropriately treated pain. The Board encourages physicians to view effective pain management as a part of quality medical practice for all patients with pain, acute or chronic, and it is especially important for patients who experience pain as a result of terminal illness. All physicians should become knowledgeable about effective methods of pain treatment as well as statutory requirements for prescribing controlled substances.

Inadequate pain control may result from physicians' lack of knowledge about pain management or an inadequate understanding of addiction. Fears of investigation or sanction by federal, state, and local

regulatory agencies may also result in inappropriate or inadequate treatment of chronic pain patients. Accordingly, these guidelines have been developed to clarify the Board's position on pain control, specifically as related to the use of controlled substances, to alleviate physician uncertainty and to encourage better pain management.

The Board recognizes that controlled substances, including opioid analgesics, may be essential in the treatment of acute pain due to trauma or surgery and chronic pain, whether due to cancer or non-cancer origins. Physicians are referred to the U.S. Agency for Health Care and Research Clinical Practice Guidelines for a sound approach to the management of acute[1] and cancer-related pain.[2]

The medical management of pain should be based upon current knowledge and research and includes the use of both pharmacologic and non-pharmacologic modalities. Pain should be assessed and treated promptly and the quantity and frequency of doses should be adjusted according to the intensity and duration of the pain. Physicians should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not synonymous with addiction.

The North Carolina Medical Board is obligated under the laws of the State of North Carolina to protect the public health and safety. The Board recognizes that inappropriate prescribing of controlled substances, including opioid analgesics, may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use. Physicians should be diligent in preventing the diversion of drugs for illegitimate purposes.

Physicians should not fear disciplinary action from the Board or other state regulatory or enforcement agency for prescribing, dispensing, or administering controlled substances, including opioid analgesics, for a legitimate medical purpose and in the usual course of professional practice. The Board will consider prescribing, ordering, administering, or dispensing controlled substances for pain to be for a legitimate medical purpose if based on accepted scientific knowledge of the treatment of pain or if based on sound clinical grounds. All such prescribing must be based on clear documentation of unrelieved pain and in compliance with applicable state or federal law.

Each case of prescribing for pain will be evaluated on an individual basis. The board will not take disciplinary action against a physician for failing to adhere strictly to the provisions of these guidelines, if good cause is shown for such deviation. The physician's conduct will be evaluated to a great extent by the treatment outcome, taking into account whether the drug used is medically and/or pharmacologically recognized to be appropriate for the diagnosis, the patient's individual needs including any improvement in functioning, and recognizing that some types of pain cannot be completely relieved.

The Board will judge the validity of prescribing based on the physician's treatment of the patient and on available documentation, rather than on the quantity and chronicity of prescribing. The goal is to control the patient's pain for its duration while effectively addressing other aspects of the patient's functioning, including physical, psychological, social and work-related factors. The following guidelines are not intended to define complete or best practice, but rather to communicate what the Board considers to be within the boundaries of professional practice.

Section II: Guidelines

The Board has adopted the following guidelines when evaluating the use of controlled substances for pain control:

1. Evaluation of the Patient

A complete medical history and physical examination must be conducted and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse. The medical record should also document the presence of one or more recognized medical indications for the use of a controlled substance.

2. Treatment Plan

The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

Note: Random drug screening of patients should be considered an adjunct to a comprehensive treatment plan.

3. Informed Consent and Agreement for Treatment

The physician should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient, or with the patient's surrogate or guardian if the patient is incompetent. The patient should receive prescriptions from one physician and one pharmacy where possible. If the patient is determined to be at high risk for medication abuse or have a history of substance abuse, the physician may employ the use of a written agreement between physician and patient outlining patient responsibilities including (1) urine/serum medication levels screening when requested (2) number and frequency of all prescription refills and (3) reasons for which drug therapy may be discontinued (i.e. violation of agreement).

4. Periodic Review

At reasonable intervals based upon the individual circumstance of the patient, the physician should review the course of treatment and any new information about the etiology of the pain. Continuation or modification of therapy should depend on the physician's evaluation of progress toward stated treatment objectives such as improvement in patient's pain intensity and improved physical and/or psychosocial function, such as ability to work, need of health care resources, activities of daily living, and quality of social life. If treatment goals are not being achieved, despite medication adjustments, the physician should re-evaluate the appropriateness of continued treatment. The physician should monitor patient compliance in medication usage and related treatment plans.

5. Consultation

The physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those pain patients who are at risk for misusing their medications and those whose living arrangement pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation, and consultation with or referral to an expert in the management of such patients.

6. Medical Records

The physician should keep accurate and complete records to include (1) the medical history and physical examination (2) diagnostic, therapeutic and laboratory results (3) evaluations and consultations (4) treatment objectives (5) discussion of risks and benefits (6) treatments (7) medications [including date, type, dosage, and quantity prescribed] (8) instructions and agreements and (9) periodic reviews. Records should remain current and be maintained in an accessible manner and readily available for review.

7. Compliance with Controlled Substances Laws and Regulations

To prescribe, dispense, or administer controlled substances, the physician must be licensed in the state, and comply with applicable federal and state regulations. Physicians are referred to the Physicians Manual of the U.S. Drug Enforcement Administration and (*any relevant documents issued by the state medical board*) for specific rules governing controlled substances as well as applicable state regulations.

Section III: Definitions

For the purposes of these guidelines, the following terms are defined as follows:

Acute pain: Acute pain is the normal, predicted physiological response to an adverse chemical, thermal, or mechanical stimulus and is associated with surgery, trauma and acute illness. It is generally time limited and is responsive to opioid therapy, among other therapies.

Addiction: Addiction is a neurobehavioral syndrome with genetic and environmental influences that results in psychological dependence on the use of substances for their psychic effects and is characterized by compulsive use despite harm. Addiction may also be referred to by terms such as "drug dependence" and "psychological dependence." Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and should not be considered addiction.

Analgesic Tolerance: Analgesic tolerance is the need to increase the dose of opioid to achieve the same level of analgesia. Analgesic tolerance may or may not be evident during opioid treatment and does not equate with addiction.

Chronic Pain: A pain state which is persistent and in which the cause of the pain cannot be removed or otherwise treated. Chronic pain may be associated with a long-term incurable or intractable medical condition or disease.

Pain: an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Physical Dependence: Physical dependence on a controlled substance is a physiologic state of neuroadaptation which is characterized by the emergence of a withdrawal syndrome if drug use is stopped or decreased abruptly, or if an antagonist is administered. Physical dependence is an expected result of opioid use. Physical dependence, by itself, does not equate with addiction.

Pseudoaddiction: Pattern of drug-seeking behavior of pain patients who are receiving inadequate pain management that can be mistaken for addiction.

Substance Abuse: Substance abuse is the use of any substance(s) for non-therapeutic purposes; or use of medication for purposes other than those for which it is prescribed.

Tolerance: Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce the same effect or a reduced effect is observed with a constant dose.

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[1]Acute Pain Management Guideline Panel. Acute Pain Management: Operative or Medical Procedures and Trauma. Clinical Practice Guideline. AHCPR Publication No. 92-0032. Rockville, Md. Agency for Health Care Policy and Research. U.S. Department of Health and Human Resources, Public Health Service. February 1992.

[2]Jacox A, Carr DB, Payne R, et al. Management of Cancer Pain. Clinical Practice Guideline No. 9. AHCPR Publication No. 94-0592. Rockville, Md. Agency for Health Care Policy and Research, U.S. Department of Health and Human Resources, Public Health Service. March 1994.

Position Statement Review and Numbering System (Saunders, Rhyne)

[At the July committee meeting Dr. Rhyne suggested either numbering the Board's Position Statements as listed in the *Forum* or categorizing them much like the Texas Board does. Dr. Saunders thinks it would be useful to categorize and number as well. Ms. Phelps suggested that the Board look at the way the American Medical Association's Council on Ethical and Judicial Affairs (CEJA) handles their positions as a possible alternative.

At the September committee meeting Dr. Saunders and Dr. Rhyne concurred that during the current position statement review process the committee would use a straight numbering system. Once the review process for the major position statements was completed they would be categorized or grouped by similar topic. ***]***

Action: For committee working purposes the Position Statements are numbered as follows and will be reviewed as indicated.

(1) The Physician-Patient Relationship (review November 2005)
(2) Medical Record Documentation (review July 2005)
(3) Access to Medical Records
(4) Retention of Medical Records (review July 2005)
(5) Departures From or Closings of Medical Practices
(7) The Retired Physician (review July 2005)
(8) Advance Directives and patient Autonomy
(9) Availability of Physicians to Their Patients
(10) Guidelines for Avoiding Misunderstandings During Physical Examinations
(11) Sexual Exploitation of Patients (review November 2005)
(12) Contact With Patients Before Prescribing (review March 2005)

(13) Writing of Prescriptions (review March 2005)
(14) Self-Treatment and Treatment of Family Members and Others With Whom Significant Emotional Relationships Exist (review September 2005)
(15) The Use of Anorectics in Treatment of Obesity (under review)
(16) Prescribing Legend or Controlled Substances for Other Than Valid Medical or Therapeutic Purposes, with Particular Reference to Substances or Preparations with Anabolic Properties (review September 2005)
(17) Management of Chronic Non-Malignant Pain (under review)
(18) End-of-Life Responsibilities and Palliative Care
(19) Office-Based Procedures
(20) Laser Surgery (review January 2005) (McCulloch, Walsh (Dr. Herring as consultant)
(21) Care of Surgical Patients
(22) HIV/HBV Infected Health Care Workers (review January 2005) (Rhyne)
(23) Professional Obligation to Report Incompetence, Impairment, and Unethical Conduct
(24) Advertising and Publicity (review May 2005)
(25) Sale of Goods From Physician Offices
(26) Fee Splitting (review May 2005)
(27) Unethical Agreements in Complaint Settlements
(28) The Medical-Supervisor Trainee Relationship

Petition for CME Rule Change (from R. T. VanHook, MD)

[At the September committee meeting the Board received a letter from Dr. VanHook petitioning the Board for a rule change to rule 21 NCAC 32R .0103 regarding exceptions to Continuing Medical Education (CME) requirements regarding Graduate Medical Education (GME).

As currently written the rule allows for a licensee enrolled in an accredited GME program to be exempt from the CME requirements. However, there are no provisions to calculate when the CME three-year period starts (or continues) for those that complete or leave the GME program.

Dr. VanHook requested the rule be changed to: "The three year period described in Paragraph (b) of this Rule shall run from the latest of: the physician's birthday beginning in the year 2001, the first birthday following initial licensure, or the first birthday after successful completion of an AOA or Graduate Medical Education (ACGME) accredited graduate medical education program."

The committee considered this change to be helpful but felt it still left some loopholes. For instance, those licensees who drop out of a program, those who enter a residency program after being in active practice, or those who only do a Board-approved 3-6 month mini-residency.

There was much discussion regarding what the rule actually says and the "intent" of the rule. In an attempt to cover all of these issues Dr. McCulloch recommended to do away with the exception entirely and allow five hours per month of CME be credited as Category 1 CME while in GME programs. The intent of this revision is not an attempt to put a realistic value on the GME received from these programs but to merely satisfy the North Carolina 150-hour three-year requirement. This way there would be no CME start/stop clock and licensees would accumulate CME hours (for the Board's reporting purposes) throughout participation in GME programs. The CME requirement would be consistent for all licensees and start upon receipt of their medical license.

A motion passed to (1) deny the petition of Dr. VanHook, and (2) commence the rulemaking process to change the CME rule to repeal the "exception" and to add to the Educational Provider-Initiated CME list an allowance for five hours per month of CME for AOA/ACGME or Board-approved training programs.

Mr. Henderson was to send this proposed rule change to the Residency Program Directors for information and to solicit any initial comments they may have.***]***

Ms. Bason reported that the proposed rule change had been sent to the Residency Program Directors. She also had the opportunity to address the Residency Program Directors on November 16, at the Medical Board. She reports now that the issue is a bit more complex than previously thought with regard to CME categories, ACCME and ACGME programs. It appeared the program directors are willing to work with the Board and come up with better wording to encompass the entire licensee population.

Action: The motion on this issue is tabled until additional language is facilitated and considered acceptable. The goal is presentation at the January Committee Meeting.

Physician Fee Splitting and Mark-up of Clinical Laboratory Services

(Dr. Garrett has recused himself from this issue or any discussion thereof.)

The Board received a request from Gregory Henderson, MD for an opinion regarding the issue of physician fee splitting and physician mark-up of clinical laboratory services.

It was noted that the Board previously considered this issue in June of 2001 and through much research, public hearings, etc. came to the following conclusion in October 2003: "….the Board has carefully considered (the) inquiry, taken information from all interested parties, engaged in extensive analysis and ultimately concluded that it cannot make a blanket statement about the appropriateness or inappropriateness of the practice of marking up to the patient pathology/lab services that were sold at a discount to the referring physician. The Board intends to take these matters on a case-by-case basis. The Board will investigate any complaints delivered to the Complaint Department of the Board and consider all the factors raised by the various parties in determining whether the conduct deviates from the ethics of the profession. The Board will look into the specific facts and financial arrangement in each case in determining whether to take disciplinary action."

Recommendation to Board: That Dr. Henderson's letter is accepted as information. The current Board position on this issue remains unchanged.

Rule Recommendation Regarding Operation of Mobile Diagnostic Centers

The Board received a request from the American Association of Electrodiagnostic Medicine to review rules regarding operation of mobile diagnostic centers. Especially, those that are doing nerve conduction studies without the supervision of a physician trained in electrodiaagnostic medicine.

There was especially concern expressed regarding needle electromyography being done by other than a qualified physician. The committee felt that an expert review of this was needed. Dr. Herring suggested contacting Dr. Zane Thomas Walsh, Jr., as he is certified in this specialty.

Mr. Skipper indicated he works with the North Carolina Neurological Society and offered their assistance in the review.

Action: Ms. Bason will draft a request to Dr. Walsh and liaison with Mr. Skipper to get this item appropriately reviewed and bring back to the January committee meeting.

Laser Surgery Position Statement – Review Of

It was noted that the Investigative Committee is referring the issue of Laser Hair Removal to the Policy Committee. This is a component of the Laser Surgery position statement. It appears the specific concerns are: (a) Is laser hair removal part of the Medical Practice Act (MPA), (b) what proximity of the supervising physician is acceptable, (c) if this does fall under the MPA, does a practice of this type have to be owned by a licensee of the Board?

It was noted that review of this issue is going to involve a lot of parties: Electrolysis Association of North Carolina, North Carolina Dermatology Association, North Carolina Board of Cosmetic Arts, etc.

The plan of review will involve the Full Board when outside resources or concerned parties are invited to speak at the Board to minimize redundancy of effort.
There was a discussion that an observational site visit to a practice that does laser hair removal may be beneficial. Then a report will be made to the committee at which time the next step (observation, site visit, invite, etc) will be decided on.

Action: For the January 2005 committee meeting an expert in laser techniques and technology is to be invited for a 30-minute Full Board presentation.

There being no further business, the meeting adjourned at 4:30 p.m. The next meeting of the Policy Committee is tentatively set for 3:00 p.m. Wednesday, January 19, 2005.

Motion: A motion passed to accept the Policy Committee report as presented.

ALLIED HEALTH COMMITTEE REPORT

Arthur McCulloch, MD; Robin Hunter Buskey, PA-C; E. K. Fretwell, PhD

The Allied Health Committee of the North Carolina Medical Board met on Thursday, November 18, 2004, at the office of the Board. Present: H. Arthur McCulloch, MD, Chair; and E. K. Fretwell, PhD. Also attending were: G.L. Saunders, III, MD; David Henderson, Executive Director; Marcus Jimison; Robin Hunter-Buskey, PA-C; Joy Cooke, Director Licensing Department; Lori Ann King, CPCS, Licensing Department; Melanie Phelps, North Carolina Medical Society; Jennifer Hedgepeth, PA-C; Dale Hill, EMS Advisory Council; and Greg Mears, EMS Advisory Council.

PA-C Reinstatement.
BOARD ACTION: Defer to January 2005 Board Meeting. PAAC Task Force to provide updates.

EMS "New Skills and Medications" Formulary Changes.
BOARD ACTION: EMS Advisory Council recommended the following to NCMB:

The medication Geodon (ziprasidone) be added to the EMS Medication Formulary for administration by EMT-Paramedics.

EMT-Intermediate and EMT-Paramedic skills of administering immunizations and tuberculosis skin tests be allowed at any time.

Approve the participation of EMS agencies/personnel surrounding Wake Forest University Baptist Medical Center in the pilot study (Restore Effective Survival in Shock), sponsored by the U.S. Navy.

Blind Insertion Airway devices were discussed. The current medication and skill formulary separates airway devices into two categories, the combitube and laryngeal mask airway. New devices (hybrid of combitube and LMA) have become available. EMS Advisory Council recommended that NCMB consider combining all blind insertion airway devices into one category.

Approved as presented.

EMS Disciplinary Committee Minutes.
BOARD ACTION: EMS Disciplinary Committee Minutes. Approved as presented.

CPP Continuing Education Guidelines.
BOARD ACTION: CPP Continuing Education Guidelines. David Henderson to respond via letter to David Work at the NC Board of Pharmacy. Approved.

APRN Task Force Information.
Advanced Practice Registered Nurses were discussed.

BOARD ACTION: APRN Task Force Information. Advanced Practice Registered Nurses were discussed. Accepted as information.

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

> The Board reviewed and discussed four applications. 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.

APPLICANTS LICENSED

PA - Applicants (*Indicates PA has not submitted Intent to Practice Forms)**

PHYSICIAN ASSISTANT	PRIMARY SUPERVISOR	PRACTICE CITY
Arena, Kimberly Christine	***	
Brown, Christina C.	***	
Chernich, Sandra Elms	Brown, Harry J.	Cherokee
Dominick, Kristen M.	***	
Fuqua, Mandria L.	***	
Gordon, Brett Adam	Mitchell, C. Kenneth	Pinehurst
Kalle, Janelle M.	***	
Kay, Kimberly Annette	Lindsay, Thomas F.	Brevard

Mayo, Cheryl Lynn	***	
Pico, Aaron Gaetano	***	
Warrick, William Bryan	Jackson, Alan L.	Wilmington
Williams, Robert Dean	N/A (Federal Facility-VA Med.Ctr.)	

PA Applicants to be licensed after receipt of acceptable SBI, PA Certification and/or PANCE results -

Bailey, Jr., Richard Allen	***	
Cline, Lynette Joy	Peace, Robin Y.	Maxton
Orrvick, Crystal Dawn	***	
Potts, Matthew Ray	Connor, Partick M.	Charlotte
Presley, Monica Dawn	***	
Mouser, Katherine Denise	***	
Shamdasani, Sonia Rajan	***	
Taylor, Jennifer Hunnicutt	***	

PA - Intent to Practice Forms Acknowledged

PHYSICIAN ASSISTANT	PRIMARY SUPERVISOR	PRACTICE CITY
Allen, Amy Marie	Talton, Robert Kevin	Mt. Olive
Arledge, Robert Edwood	Knapp, Jon Robert	Greensboro
Bailey, Cortis Ward II	Palombaro, James Frank	Raleigh
Baio, Debra Lynn	Baker, Clifton Ayres	Thomasville
Bair, Bruce Lamar	Musapatike, Josphat Shingirai	Henderson
Biddix, Kirsten Morris	Herman, Christopher Michael	Winston-Salem
Boyd, Lisa Anderson	Rinehart, David Apgar	Belmont
Brinke, Paige Snow	Roper, Gary Wayne	Murphy
Carlinnia, Brian Arthur	Bond, Thomas Madison	Asheville
Cicutto, Elizabeth Gail	Chodri, Tanvir Anwar	Asheboro
Clement, Ryan David	Michau, Kenneth Joe II	Raleigh
Cole, Spencer Herbert	Robinson, Lindwood Allen	Raleigh
Conroy, Nathan Wales	Slatosky, John James Jr.	Liberty
Crowell, David Jefferson Jr.	Outen, Ronnie Brian	Polkton
Dillon, Patrick Wayne	Hutchins, Richard Karl	Henderson
Dore, Mary Graham	Justis, Peter Stinnett	Charlotte
Elliott, Anne Marie	Healy, Paul Joseph	Havelock
Elliott, Anne Marie	Wright, Joseph Dewitt	New Bern
Farwell, Susan Auble	Kornmayer, John Daniel	Columbus
Frost, Tina Michelle	Zacco, Arthur	Apex
Furbee, Christopher Lee	Reyes, Rodolfo Constantino	Benson
Gasperson, Lynne Bailey	Turner, Dennis Alan	Durham
Goldfield, John Prada	Mask, Allen Greene Jr.	Raleigh
Goldfield, John Prada	Robinson, Lindwood Allen	Raleigh
Hardie, Nancy Richardson	Draelos, Michael Thomas	High Point
Harihan, Thomas Francis III	Hoidal, Charles Ronald	Elizabeth City
Harvey, Gloria Stroud	Hutchins, Richard Karl	Henderson
Hedgepeth, Albert W. Jr.	Smith, James Almer III	Raleigh
Hensler, Robert Sean	McDonald, Barbara Ellen	Wilmington
Hollingsworth, Robert Lee	Bethel, Bradley Hutch	Laurinburg

Horn, Nicole Yvonne	Zhang, Jing Jean	Cary
Hovis, Amanda Silver	Kooistra, Carol Antonsen	Lynn
Hubbard, Lynn	Talerico, Paul J.	Durham
Hurst, Teresa Thompson	Livesay, Lennis Pearcy	Greensboro
Jackson, Mark Emerson	Plyler, William Lanson	Hendersonville
Jolly, Raymond Joseph	Foster, Mark Dupree	Wilmington
Kelly, Amy Sue	Mathew, Rano Thomas	Wilmington
Kissel, Stacy Marie	Daubert, Harlan Beaver	Winston-Salem
Kunze, Joel Carl	Ellis, Randy Sue	Elkin
LaPlante, Brian Patrick	Dreese, James Christiaan	Charlotte
Laymon, Bradley Lynn	Gallemore, Warren Gholson	High Point
Lee, James Whitfield Jr.	Sanchez, Clare Jeanne	Fayetteville
Lee, Tami Atkins	Godwin, Patrick Lee Jr.	Roxboro
Lillie, Chris Ballou	Stein, Jeanette Fischer	Durham
Locklear, Arbus Earl	Bethel, Bradley Hutch	Laurinburg
Lord, Deborah Hiatt	Franck, George Henry	Winston-Salem
Lord, Deborah Hiatt	Spillmann, Scott Joseph	Winston-Salem
Mahan, David Michael	Oeters, Rhonda C.	Washington
Martin, Jeffrey Scott	Christiansen, Sara Lynn	Carolina Beach
Mattingly, Daniel E.	Pendergast, Warren Josef Jr.	Raleigh
McKittrick, Katherine Ann	Harvey, Lisa Ellen	Cherokee
Meadows, John Darrell	Bond, Thomas Madison	Asheville
Mercer, Minnie Adams	Pacos, Andrew Michael	Louisburg
Mercer, Minnie Adams	Riser, Mark Randolph	Dunn
Minor, David Francis	Haworth, Chester Carl Jr.	High Point
Nelson, Dwayne Alan	Christiansen, Sara Lynn	Carolina Beach
Nielsen, John William	Scontsas, George John	Wilimington
O'Connor, Brian Joseph	Holleman, Jeremiah Henry Jr.	Charlotte
Orta-Irene, Nelly	Weatherly-Jones, Cathi Elaine	Raleigh
Palma, William Gerard	Wright, Frank David	Hickory
Peterson, Jayme Michelle	Sanchez, Clare Jeanne	Fayetteville
Placide, Frances Paula	Mault, Clifford Homer	Cherokee
Plant, William Eugene	Bradley, Diana Faison	Asheville
Poland-Torres, Denise	Patel, Jayesh Kanchanlal	Greenville
Pope, April Gilliam	Reyes, Rodolfo Constantino	Benson
Powers, Laurie McCarthy	Morris, Deborah Lynn	Fayetteville
Rainwater, Marvin Keith	Hutchins, Richard Karl	Henderson
Reed, Sandra Edine	Baum, Stephan Fredrick	Henderson
Ricard, Denis Philip	Bethel, Bradley Hutch	Laurinburg
Rider, Kristin Elizabeth	Watkins, Robert Stuart	Cary
Romano, Linda Gracey	Borges-Neto, Salvador	Durham
Rosado, Eddie Alberto	Batish, Sanjay	Leland
Rosenthal, Murray	Anderson, Jeffery Stuart	Morehead City
Russell, Douglas Blane	Gallemore, Warren Gholson	High Point
Schiro, Shelley Tucker	Whitaker, Gary Randall	Hendersonville
Spiegel, Barry Michael	Kelsch, John Martin Jr.	Fayetteville
Srikantha, Venayagaratnam	Owens, Robert Carl	Goldsboro
Starnes, Amy Elizabeth	Holthusen, Gregory Grant	Winston-Salem
Stegall, David Frank	Rogers, John Bush III	Clyde
Sullivan, Colleen Marie	Sutton, Linda Marie	Durham
Sunderlin, Keith Bradley	Bethel, Bradley Hutch	Laurinburg

Taylor, Chris	Robinson, Lindwood Allen	Raleigh
Theodore, Donna Antonia	Patel, Divyang Rambhai	Fayetteville
Thompson, William David	Duckett, Ralph Howard	High Point
Wagner, Shawn Michael	Harris, Phillip Gordon	Windsor
Wigman, Edith Losey	Smith, Timothy Carl	Roanoke Rapids
Williams, Ricky Dean	Grandis, Arnold Stephan	Greensboro
Wolinsky, Sidney Paul	Osman, Mohamed Buwe Sidi	Fayetteville
Wrigley, Kim Christine	Bond, Thomas Madison	Asheville

NP – Initial Applications Recommended for Approval after Staff Review -

NURSE PRACTITIONER	PRIMARY SUPERVISOR	PRACTICE CITY
Bertz, Patrick	Bailey, A.	Fort Bragg
Craig, Andrew	Potter, J.	Charlotte
Hurtak, Patricia	St. John, T.	Brevard
Jones, Ellen	Montgomery, R.	Winston-Salem
Klein, Barbara	McClain	Wilmington
Kohlman-Trigoboff, Debra	Gray, J.	Durham
Miller, Kelli	Pham, H.	Charlotte
Perkins, Margaret	Wells, R.	Asheville
Rubkenbrod, Mary	Helmuth, W.	Monroe
Rubkenbrod, Mary	Bracewell, G.	Monroe
Thompson, Deborah	Moore, III, R.	Wilmington

NP - Subsequent Applications administratively approved -

NURSE PRACTITIONER	PRIMARY SUPERVISOR	PRACTICE CITY
Bernstein, Patricia Garrett	Cuento, Oblendo Almendras	Asheville
Brown, Catherine Sargent	Padula, Joseph Peter	Wilmington
Brown, Kathy Garner	Hicks, Kristin Denise	Thomasville
Bullard, Sarah Grace	Herrick, Richard Edward	High Point
Cobb, Kelly Lynn	Short, James Winn	Roxboro
Cronin, Lucianne	Gihwala, Ramesh	Gastonia
Cryer, Victoria J.M.	Champion, Lawrence Andrew	Durham
Cryer, Victoria J.M.	Cvejin, Snezana Zivojina	Durham
Foy, Paula Skinner	Quinn, Marshall Kirk	Beulaville
Gamewell, Marilyn Martin	Chatham, Scott Thomas	Hickory
Grem, Christine Ann	Boohene, Paulina Adobea Essah	Gastonia
Hatchett, Mary Motley	Hansen, Kimberley J.	Winston-Salem
Hinnant, Connie DeAnn	Pridgen, James Henry	Sneads Ferry
Hobson, Deloris Gulley	Goins, Robert Alan	Matthews
Hockney, Catherine May	Honeycutt, Danny Morris	Charlotte
Jordan, Paula E.	Roane, Karen Denise	Cary
Key, Candice Puckett	Newsome, Samuel Carl	King
Kupsick, Phyllis Tyson	Veatch, Philip Dean	Albemarle
Lewis, Margaret Lynn	Burbridge, Geoffrey Ralph	Lenoir
Madden, Marilyn Christine	Twersky, Jack Isaac	Durham
Masters, Tricia Kinsey	Masters, David Lee	Lenoir
Matzke, Teresa Marie	Lowry, Rhonda Sanderson	Fairmont

McClelland, Michelle	Adams, Douglas Harvey	Eden
McNeil, Jeffery Jerome	Galitsis, Krista Gaines	Charlotte
Michael, Ralph Edward	Kirtley, Thomas Lloyd Jr.	Salisbury
Nance, Andrea S.	Pridgen, James Henry	Whiteville
Overcash, Marilyn Barnes	Kepley, Michael Avery	Statesville
Payne, Susan Paulette	Shukla, Nilima Vikram	Gastonia
Peltier, Patti Yvonne	Gallaher, Salli Playforth	Asheville
Poirier, Brenda W	Sotolongo, Carlos Adrian	Durham
Reilly, Cynthia Ann	Noah, Terry Lee	Chapel Hill
Shine, Anne S.	Graham, Mark Leo II	Cary
Slatosky, Dana Wilkinson	Brooks, Kim C.	Asheboro
Steele, Linda L. ANP	Fernando, Jayaweerage G. J.	Charlotte
White, Cindy Blackwell	Bethel, Bradley Hutch	Laurinburg

Clinical Pharmacist Practitioner Applications-

CPP	PRIMARY SUPERVISOR	PRACTICE CITY
Misita, Caron Penny	Moll, Stephan	Chapel Hill
Steiner, Gilbert Anthony	Rao, Lakshman	Erwin

Motion: A motion passed to approve the Committee report and the vote list as modified.

LICENSING COMMITTEE REPORT

Robert Moffatt, MD, Chair; Robin Hunter-Buskey, PAC; George Saunders, MD; Michael Norins, MD

Rejected fingerprints for Resident Physicians

BOARD ACTION:

Establish the following in-house procedure: Where a physician holding an RTL has not supplied the Board with an additional set of fingerprints within 30 days of a request by the Board staff (following the rejection of the previous set of fingerprints by the SBI/FBI), staff shall immediately send a letter (certified mail, return receipt requested) to the physician stating that the failure to do so will be reported to the Board through the Licensing Committee for the purpose of considering the issuance of public disciplinary charges, unless the additional set of fingerprints is received by the Board within 14 days of the receipt of the letter as evidenced by the date on the return receipt from the certified letter.

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

The Board reviewed six license applications. 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.

SPLIT BOARD LICENSURE INTERVIEWS

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

Seventeen 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.

APPLICANTS PRESENTED TO THE BOARD

Robert Andrew Abernathy, Jr.
Dinesh Agnihotri
Babatunde Mustapha Ajani
Afaque Akhtar
Padma Makarla Aking
Syed Azim Ihtesham Ally
Deverick John Anderson
Eileen Bahler
Luna DeShawn Bailey
Atilio Barbeito
Johanna Chock Bendell
Bethany Michele Bergamo
John Milton Billinsky, Jr.
Christian Binder
Tonya Lashon Blache
Stacey Anne Blyth
Elizabeth Ursula Bollenbacher
Amy Marie Bruton
Felicitas Lim Buena
Melanie Liza Bula
Paul Francis Burke
Craig Nathaniel Burkhart
Jeffrey Leonard Bush
Hilary Leathers Canipe
Edward Cantu III
Michael John Capriola
Imhotep Kevin-Anthony Carter
Robert Frederick Chaitin
Shashinath Katharaghatta Chandrahasegowda
Kaye Romayne Christopher
Carrie Michele Wilkinson Clarke
Crisanta Sage Claydon
James Marvin Coghill Jr.
Wyatt Eugene Collins
Charles Leon Davis Jr.
Charles Andre De Comarmond
Preeti Nanak Dembla
Krishnaraj Gopal Deshpande
Juan Carlos DeVirgiliis
Wilfredo Vergara Dolor
Gilbert Lance Drozdow
John David Duncan
Steven Paul Dziabis
Richard Wesley Ellison
Robert Alexander Erdin III
Sameena Hassan Evers
Clinton Edwin Faulk
Bennett Ira Fein
Ana Gratiana Funariu
Liebe Kazan Gelman
Edward Rolland Gerrard Jr.
Gary Goldenberg
Daniel Paul Goodrich
Francis Patterson Gorman III
Gail Michelle Griffin
Douglas William Haden
Brian Hugh Halstater
Harriet Ng Hansell
Jonathan James Hansen
Robert Douglas Hartley
Rollin James Hawley Jr.
Joseph Houston Henderson
Michele Yolanda Hilliard
Vincent Francis Hillman
Trevor Norris Hooper
Dimka Mihaylova Ialamova-Tountcheva
Daniel Anthony Irons
Samina Ismail
Latonja Mack Ivery
Singaravelu Jagadeesan
William Schuyler Jones
Vern Charles Juel
Uma Rani Kasireddy
Sirvard Khanoyan
Vidya Krishnamurthy
Archana Kumar
Robert Keith Lather
Clifton Lavenhouse, Jr.
Soo Jung Lee
Galaxy Li
Clifford Wesley Lindsey
Sandra Ann Lindstrom
Michael Kirk Lipscomb
Samara Mitchell Llewellyn
Monica Wei-Funn Loke
Robert Burnham Lufkin
Joseph Anthony Maggioncalda
Charlita Rose Mangrum
Lynn Ann Maskel
Michelle Allyson Matthews
Robert Watson Maxwell
Cheryl Lynn Mayo
Kenneth Robert McElynn
Terry Bowman McLendon
Michael Morris McLeod Jr.
Peter Michael Milano
Leslie Janine Morris
Kian Mostafavi
Simon Christopher Murray Moten
Kelly Walton Muir
Vinod Nagi Mungalpara
Michael Edward Murray
Kevin Patrick Murray
Christopher Robert Myers
Delina Harsha Nash
Joseph Floriano Nasuti
Laura Marie Nelson

William Brockenbrough Newton III
Mai Phuong Nguyen
Meindert Albert Niemeyer
Pouneh Mofrad Nikrooz
Ndegwa Michael Njuguna
Sylvester Izuchukwu Ogbata
Mark Vincent Pace
Adam Aldo Palazzari
James Ancil Parrott
Jay S Pate
Xiao-Cong Peng
Mark Lewis Perlman
Vivian Marie Peterson
Lisa Anne Petri
Teresa Tram Ngoc Pham
Hoke Ward Pollock
Rajani Potu
Srinivas Pyati
Shelileah Nicole Ramsey
Haroon Ilyas Rasheed
John Earl Reaves, Jr.
Jennifer Roberson
Charles Allen Rocci
Janice Ann Rock
Jose Rafael Rodriquez
Andreas David Runheim
Emily Jean Schwarz
Robert Alan Schultz
Keith Douglas Shealy
Arif Sheikh
Chad Conrad Shelton
Ravinder Pal Singh Shergill
Rahul Arun Shimpi
Liviu Sigler
Margaret Lynn Silkstone
Matthew Leroy Silvis
Bradley Jay Snyder
David Lee Spivey
Todd Miller Stevens
Walter Joseph Surowiec Jr.
Victor Ivan Suvillaga
Wozhan Tang
Mishka Shinn Terplan
Jason William White Thomason
Kenneth Francis Tiffany
David Glen Tipton
James Haskew Turner III
Miller John van Vliet
Kaycia Lynne Vansickle
Shona Susan Paul Varghese
Pandian Paul Vibooshanan
John Joseph Villani
Jutta Friederike von Stieglitz
Carrie Elizabeth Waller
Marc Jay Warman
Erin Lee Washburn
Margaret Woodbury Weeks
Jeffrey Bruce Weinberg
John Andrew Werring
John Everett Williams
Hugh Harmon Windom
Aubrey Teresa Wright
Lawrence Joseph Yodlowski
Sung-Eun Yoo

LICENSES APPROVED BY ENDORSEMENT AND EXAM

Dinesh Agnihotri
Babatunde Mustapha Ajani
Afaque Akhtar
Syed Azim Ihtesham Ally
Deverick John Anderson
Eileen Bahler
Luna DeShawn Bailey
Atilio Barbeito
Johanna Chock Bendell
Bethany Michele Bergamo
Christian Binder
Stacey Anne Blyth
Amy Marie Bruton
Felicitas Lim Buena
Paul Francis Burke
Craig Nathaniel Burkhart
Jeffrey Leonard Bush
Hilary Leathers Canipe
Edward Cantu III
Michael John Capriola
Robert Frederick Chaitin
Shashinath Katharaghatta Chandrahasegowda
Kaye Romayne Christopher
Carrie Michele Wilkinson Clarke
Crisanta Sage Claydon
James Marvin Coghill Jr.
Charles Leon Davis Jr.
Charles Andre De Comarmond
Preeti Nanak Dembla
Wilfredo Vergara Dolor
Steven Paul Dziabis
Richard Wesley Ellison
Robert Alexander Erdin III
Sameena Hassan Evers
Clinton Edwin Faulk
Bennett Ira Fein
Ana Gratiana Funariu
Liebe Kazan Gelman
Edward Rolland Gerrard Jr.
Gary Goldenberg
Daniel Paul Goodrich
Francis Patterson Gorman III
Gail Michelle Griffin
Douglas William Haden
Brian Hugh Halstater
Harriet Ng Hansell
Jonathan James Hansen
Rollin James Hawley Jr.
Joseph Houston Henderson
Vincent Francis Hillman
Trevor Norris Hooper

Dimka Mihaylova Ialamova-Tountcheva
Daniel Anthony Irons
Samina Ismail
Latonja Mack Ivery
William Schuyler Jones
Uma Rani Kasireddy
Sirvard Khanoyan
Vidya Krishnamurthy
Archana Kumar
Robert Keith Lather
Soo Jung Lee
Galaxy Li
Clifford Wesley Lindsey
Michael Kirk Lipscomb
Samara Mitchell Llewellyn
Monica Wei-Funn Loke
Robert Burnham Lufkin
Joseph Anthony Maggioncalda
Charlita Rose Mangrum
Lynn Ann Maskel
Michelle Allyson Matthews
Robert Watson Maxwell
Kenneth Robert McElynn
Terry Bowman McLendon
Michael Morris McLeod Jr.
Peter Michael Milano
Kelly Walton Muir
Michael Edward Murray
Kevin Patrick Murray
Christopher Robert Myers
Delina Harsha Nash
Joseph Floriano Nasuti
William Brockenbrough Newton III
Mai Phuong Nguyen
Pouneh Mofrad Nikrooz
Ndegwa Michael Njuguna
Mark Vincent Pace
Adam Aldo Palazzari
James Ancil Parrott
Jay S Pate
Xiao-Cong Peng
Mark Lewis Perlman
Vivian Marie Peterson
Lisa Anne Petri
Teresa Tram Ngoc Pham
Hoke Ward Pollock
Rajani Potu
Shelileah Nicole Ramsey
Jennifer Roberson
Charles Allen Rocci
Janice Ann Rock
Jose Rafael Rodriquez
Andreas David Runheim
Emily Jean Schwarz
Keith Douglas Shealy
Arif Sheikh
Chad Conrad Shelton
Ravinder Pal Singh Shergill
Rahul Arun Shimpi
Margaret Lynn Silkstone
Matthew Leroy Silvis
Bradley Jay Snyder
Todd Miller Stevens
Walter Joseph Surowiec Jr.
Wozhan Tang
Mishka Shinn Terplan
Jason William White Thomason
Kenneth Francis Tiffany
David Glen Tipton
James Haskew Turner III
Miller John van Vliet
Kaycia Lynne Vansickle
Shona Susan Paul Varghese
Pandian Paul Vibooshanan
John Joseph Villani
Jutta Friederike von Stieglitz
Carrie Elizabeth Waller
Erin Lee Washburn
Margaret Woodbury Weeks
Jeffrey Bruce Weinberg
John Andrew Werring
John Everett Williams
Hugh Harmon Windom
Aubrey Teresa Wright
Lawrence Joseph Yodlowski
Sung-Eun Yoo

Reactivation
Elizabeth Ursula Bollenbacher
Singaravelu Jagadeesan

***R*einstatement**
John Milton Billinsky, Jr.
Imhotep Kevin-Anthony Carter
Wyatt Eugene Collins
Gilbert Lance Drozdow
Vern Charles Juel
John Earl Reaves, Jr.

Faculty Limited License
Simon Christopher Murray Moten
Srinivas Pyati
Robert Alan Schultz

Retired Volunteer License
Robert Andrew Abernathy, Jr.

RE-ENTRY SUBCOMMITTEE REPORT

EK Fretwell, PhD, Chair; Robert Moffatt, MD; Michael Norins, MD

The Re-entry SubCommittee of the North Carolina Medical Board was called to order at 12:00 p.m., Thursday, October 21, 2004, at the office of the Board. Members present were: EK Fretwell, PhD, Chair; Michael Norins, MD; and Robert Moffatt, MD. Also attending were: Jesse Roberts, MD, Medical Director (Staff); Thomas Mansfield, JD, Director, Legal Department (Staff); Joy Cooke, Licensing Director (Staff); Melanie Phelps, JD, North Carolina Medical Society; Stephen Keene, JD, North Carolina Medical Society; and Mr. Jeffery T. Denton, Board Recorder (Staff). Absent was Walter Pories, MD, Past President/Consultant.

Minutes

The September 2004 and October 2004 committee minutes were reviewed.

American College of Surgeons, Ethicon and U.S. Surgical (Pories)

Dr. Pories reported via email that Ethicon EndoSurgery, a subsidiary of Johnson and Johnson, has agreed to provide strong support to a re-entry effort. They would be pleased to place the technical laboratory and the teaching staff in that facility at the disposal of the Board initially with the intent to expand that activity if it works well. EES has an excellent reputation among surgeons for its laparoscopic courses and its excellent facilities. As he understands it, the instruction would be free of charge.

The American College is interested in the problem and, indeed, appointed a committee on which Dr. Pories sits. However, no meetings have been called to his knowledge. He indicated it seemed like that initiative was not moving right now, but he may not have the full information. He will keep asking.

Dr. Pories email reported his most important finding was that his new Dean (at ECU), Dr. Cynda Johnson, is a key leader in this area. She is the President-Elect of the Board of Medical Specialties, a body that has a Committee on Re-entry that appears to be further along than any other group in dealing with the issue. "She has far more knowledge and contacts than I have and at a higher level." (see next item for more on Dr. Johnson)

Action: Dr. Pories will continue working with the American College of Surgeons and make periodic reports to the committee.

American Board of Medical Specialties (ABMS) (Roberts)

Dr. Roberts has been in further contact with Cynda Johnson, MD, incoming President of the ABMS. They will be talking with Steve Miller, MD, Executive Director, ABMS and set up a joint meeting in Philadelphia to discuss this initiative. Participants: Dr. Roberts, Mr. Mansfield, Dr. Johnson, Dr. Miller, and Mr. Dale Breaden.

Dr. Roberts stated that the ABMS is aware of North Carolina's interest in the role of ABMS in the re-entry process and the competency of re-entry physicians. He feels there is still some reluctance to allow their certification exams to be used for board licensing purposes.

Action: Dr. Roberts will continue conversations with Dr. Johnson and let her know that the committee may invite her to a meeting at some point.

The Coalition of Physician Enhancement (CPE)

Dr. Roberts gave a PowerPoint presentation reporting on his November 13-15, 2004 attendance of a meeting of the CPE in San Diego, California. He summarized that the CPE consists of about thirteen individuals who have been together for about 30 years. They have two meetings a year to talk about what physician enhancement programs are doing and which ones have survived. These include the Colorado Physicians Education Program (CPEP), Physician Assessment and Clinical Education Program (PACE), and others. He indicates there are about ten areas around the country that have the PACE Programs. He reports there is not a lot of money for these physician enhancement programs and that San Diego has the most successful program. That program has done more assessments than all the other programs put together. He reports that the California Medical Board is about to set in motion an assessment of the continuing competence of all the prison physicians in California.

He concluded that the re-entry process is an active issue of the CPE and they have been doing it for a number of years but there is no way around the cost of five to ten thousand dollars minimum.

American Medical Association (AMA)

The committee feels that another possible key participant is Barbara S. Schneidman, MD, Vice President for Medical Education, AMA. Through arrangements of Dale Breaden, NCMB, Public Affairs Director, Dr. Fretwell spoke with Dr. Schneidman. She is interested and supportive of the committee's efforts and is more than willing to meet with the committee. She may be invited to a future meeting.

ReEntry Law

Mr. Mansfield presented the following possible statutory change to the Medical Practice Act (MPA). He indicated it would be possible to incorporate physician assistants at this point as the piecemeal approach would require re-opening the statute in the future.

POSSIBILE MODIFICATION OF MEDICAL PRACTICE ACT TO AUTHORIZE THE BOARD TO ENGAGE IN RULE MAKING REGARDING RE-ENTRY

§90-14. Revocation, suspension, annulment or denial of license

(a) The Board shall have the power to deny, annul, suspend, or revoke a license, or other authority to practice medicine or perform medical acts in this State, issued by the Board to any person who has been found by the Board to have committed any of the following acts or conduct, or for any of the following reasons:

….

(11) Lack of professional competence to practice medicine with a reasonable degree of skill and safety for patients. In this connection the Board may consider repeated acts of a physician indicating the physician's failure to properly treat a patient. The Board may, upon reasonable grounds, require a physician to submit to inquiries or examinations, written or oral, by members of the Board or by other physicians licensed to practice medicine in this State, as the Board deems necessary to determine the professional qualifications of such licensee. In order to annul, suspend, deny, or revoke a license of an accused person, the

Board shall find by the greater weight of the evidence that the care provided was not in accordance with the standards of practice for the procedures or treatments administered.

…

(16)* Having not actively practiced medicine or practiced as a physician assistant** or having not maintained continued competency, as determined by the Board, for the two-year period immediately preceding the filing of an application for an initial license from the Board or a request, petition, motion or application to re-activate an inactive, suspended or revoked license previously issued by the Board. The Board is hereby granted the specific authority to adopt and promulgate such rules and regulations as the Board may deem necessary or proper to carry out the provisions and purposes of this subsection.

For any of the foregoing reasons, the Board may deny the issuance of a license to a~~n~~ physician or physician assistant applicant or revoke a license issued to a physician or physician assistant, may suspend such a license for a period of time, and may impose conditions upon the continued practice after such period of suspension as the Board may deem advisable, may limit the accused physician's or physician assistant's practice of medicine or medical acts with respect to the extent, nature or location of the physician's or physician assistant's practice as the Board deems advisable. The Board may, in its discretion and upon such terms and conditions and for such period of time as it may prescribe, restore a license so revoked or rescinded, except that no license that has been revoked shall be restored for a period of two years following the date of revocation.
…

HISTORY: C.S., s. 6618; 1921, c. 47, s. 4; Ex. Sess. 1921, c. 44, s. 6; 1933, c. 32; 1953, c. 1248, s. 2; 1969, c. 612, s. 4; c. 929, s. 6; 1975, c. 690, s. 4; 1977, c. 838, s. 3; 1981, c. 573, ss. 9, 10; 1987, c. 859, ss. 6-10; 1993, c. 241, s. 1; 1995, c. 405, s. 4; 1997-443, s. 11A.118(a); 1997-481, s. 1; 2000-184, s. 5; 2003-366, ss. 3, 4.

* This would probably be better codified as (a)(12) followed by a re-numbering of current subsections 12-15. These provisions could also be added under (a)(11), but that subsection is perhaps already overfull with additional provisions.

**Does not address Nurse Practitioners, but it does address Physician Assistants. The Subcommittee has decided to limit this project to physicians, but making the statutory change piecemeal excluding PA's would be difficult. If we were to ultimately include the issue of re-entry by Nurse Practitioners, we would have to make an additional change in another section of the statute (§ 90-18.2) or spell out in § 90-14 (a) how this applies to NP approvals.

Action: Mr. Mansfield will begin looking at possible rules that would flow from the statutory change..

Federation of State Medical Boards (FSMB)

Dr. Fretwell reported he made telephone contact with the FSMB via Tim R. Knettler, Vice President, Member Support Services, as referred by Dr. james Thompson, CEO. The Federation has agreed to review our findings. It may be possible to get this item on a Federation Roundtable discussion in the near future. Our points of contact at the Federation will be Mr. Knettler and Carol A. Clothier, Vice President, Examination and Post-Licensure Assessment Services.

North Carolina Medical Society (NCMS)

Dr. Roberts and Mr. Mansfield met with Lawrence Cutchin, MD, President, NCMS, and Robert Seligson, CEO/Executive Vice President, NCMS, regarding this initiative. They are enthusiastic about being involved and want to participate to ensure the quality of medicine in North Carolina. They will be looking at any long-range consequences of any statute changes. Mr. Keene and Ms. Phelps will participate in the Re-Entry Committee meetings.

The next meeting of the Re-Entry SubCommittee is tentatively set for 5:00 p.m., Wednesday, January 19, 2005.

COMPLAINT COMMITTEE REPORT

Aloysius Walsh; Edwin Swann, MD; Shikha Sinha; Michael Norins, MD

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, and 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.

The Complaint Committee reported on 98 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 information.

A motion passed to return to open session.

MEDICAL EXAMINER COMMITTEE REPORT

Aloysius Walsh; Edwin Swann, MD; Shikha Sinha; Michael Norins, MD

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, and 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.

The Medical Examiner Committee reported on 19 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.

MALPRACTICE COMMITTEE REPORT

Aloysius Walsh; Edwin Swann, MD; Shikha Sinha; Michael Norins, MD

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, and 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.

The Malpractice Committee reported on seven 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.

NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT

Edwin Swann, MD; Michael Norins, MD; E. K. Fretwell, PhD

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to section 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.

The Board reviewed 54 cases involving participants in the NC Physicians Health Program. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

INVESTIGATIVE COMMITTEE REPORT

Charles Garrett, MD; Arthur McCulloch; Shikha Sinha; Janelle Rhyne, MD

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, and 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.

The Investigative Committee reported on 54 investigative 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.

INFORMAL INTERVIEW REPORT

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16 and 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.

Twenty-one informal interviews were conducted. A written report was presented for the Board's review. The Board adopted the Split Boards' recommendations and approved the written report as modified. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

ADJOURNMENT

This meeting was adjourned on November 19, 2004.

_____

H. Arthur McCulloch, MD
Secretary