

North Carolina Medical Board
License Committee
July 2012

William Walker, MD, Chair, Pamela Blizzard, Eleanor Greene, MD

Open Session

Old Business

1. Education Plan for Medical School Faculty Limited License (MSFL) – Kirby

Issue: At the May 2012 Board meeting Dr. Kirby was tasked to send letters to all appropriate individuals at NC teaching institutions reminding them of the appropriate use of the MSFL license. Below is a copy of the text of his letter that was sent to the Deans at NC medical schools:

RE: Medical School Faculty Limited License

Dear :

The North Carolina Medical Board occasionally receives applications for the Medical School Faculty Limited (MSFL) license from physicians who do not qualify for this license. The purpose of this letter is to provide you information on the Board's position regarding issuance of a MSFL license.

The Board intends the MSFL license to be appropriate for a relatively limited number of physicians. Physicians applying for a MSFL license must have a full-time appointment as either a lecturer, assistant professor, associate professor, or full professor at a medical school in the state of North Carolina, and limit their practice to the confines of the medical school or an affiliated institution. An equally important aspect of the MSFL license rule (21 NCAC 32B .1502) is that the MSFL license is limited to physicians who have expertise which can be used to help educate North Carolina medical students, post-graduate residents and fellows, but who do not meet requirements for full licensure. The MSFL license is intended to allow North Carolina medical schools to benefit from the expertise, as demonstrated by specialized knowledge or unique skills, of physicians who are not otherwise eligible for full licensure. The Board is well aware of the subjective nature of the term "expertise"; however the Board would expect this ambiguity not be used to vitiate the underlying intent of the MSFL license.

The plain language definition of expertise should be considered when recommending candidates for the MSFL license. The term expertise does not apply to the usual or customary knowledge which would be expected of any senior resident or fellow. Physicians should not apply for a MSFL license when their only credential is completion of a residency, fellowship, or other comparable training in the US or abroad. Nor should physicians who would otherwise be awarded a training fellowship be instead appointed to a junior faculty position for the sole purpose of applying for a MSFL license. Specifically the MSFL license should not be considered a bridge to full licensure, nor should it be considered a means of alternative licensure for physicians who are otherwise not qualified for full licensure, and who do not possess expertise, specialized knowledge, or unique skills. On the other hand, physicians who are eligible for full licensure should apply for a full license, not a MSFL license.

Applicants for the MSFL license should be prepared to demonstrate evidence of expertise, special knowledge, or unique skills that are not otherwise available to the medical school from

fully licensed physicians. This may be accomplished by the usual and accepted means for the recognition of academic achievement.

The Board requests this letter be distributed to appropriate faculty and other affected individuals at your institution. If there are any questions or concerns on this matter please feel free to call or email me at your convenience.

Thank you in advance for your cooperation.

Staff Recommendation: Accept as information.

New Business

1. Pending Applications Over One Year Old - Cooke

Issue: Staff has been requested to report to the Committee every meeting the number of pending applications that are more than 1 year old. Currently we have 31. Of those, 3 have open investigations in other states and their NCMB application is on hold; 3 are scheduled for a split Board license interview during this July meeting. Staff will review and confirm that the other 25 have not submitted all application materials and mark them "expired" as time permits.

Staff Recommendation: Accept as information

2. NCGS 90-12.3 Medical School Faculty License

Issue: In view of the anticipated opening of the osteopathic program at Campbell, NCGS 90-12.3 will require amending.

Staff Recommendation: Amend NCGS 90-12.3 as follows:

(a) The Board may issue a medical school faculty license to practice medicine and surgery to a physician who:

(1) Holds a full-time appointment as either a lecturer, assistant professor, associate professor, or full professor at a LCME or AOA approved medical or osteopathic school located in North Carolina; and one of the following medical schools:

~~a. Duke University School of Medicine;~~

~~b. The University of North Carolina at Chapel Hill School of Medicine;~~

~~c. Wake Forest University School of Medicine; or~~

~~d. East Carolina University School of Medicine; and~~

(2) Is not subject to disciplinary order or other action by any medical licensing agency in any state or other jurisdiction.

(b) The holder of the medical school faculty license issued under this section shall not practice medicine or surgery outside the confines of the medical school or an affiliate of the medical school. The holder of the medical school faculty license practicing medicine or surgery beyond the limitations of the license shall be guilty of a Class 3 misdemeanor and, upon conviction, shall be fined not less than twenty-five dollars (\$25.00) nor more than fifty dollars (\$50.00) for each offense. The Board, at its discretion, may revoke the special license after due notice is given to the holder of the medical school faculty license.

(c) The Board may adopt rules and set fees related to issuing medical school faculty licenses. The Board may, by rule, set a time limit for the term of a medical school faculty license. (2007-418, s. 7.)

3. NCGS 90-13.2. Registration Every Year With The Board

Issue: The Board previously agreed to amend G.S. 90-12.2 by removing the renewal fee for the Retired Limited Volunteer license because there is no renewal fee for those who have a limited volunteer license.

(a) Every person licensed to practice medicine by the North Carolina Medical Board shall register annually with the Board within 30 days of the person's birthday.

(b) A person who registers with the Board shall report to the Board the person's name and office and residence address and any other information required by the Board, and shall pay an annual registration fee of one hundred seventy-five dollars (\$175.00), except those who have a limited license to practice in a medical education and training program approved by the Board for the purpose of education or training shall pay a registration fee of one hundred twenty-five dollars (\$125.00), ~~those who have a retired limited volunteer license pursuant to G.S. 90-12.1B shall pay an annual registration fee of twenty-five dollars (\$25.00),~~ and those who have a limited volunteer license pursuant to G.S. 90-12.1A shall pay no annual registration fee. However, licensees who have a limited license to practice for the purpose of education and training under G.S. 90-12.01 shall not be required to pay more than one annual registration fee for each year of training

Staff Recommendation: Because it will take some time to amend the law it is recommended that the Board approve staff to go ahead and implement the change, not requiring a renewal fee for licensees holding a Retired Volunteer License.

4. Expanding OMD's authority with regard to Red Flag questions on the application

Issue: Several years ago the Board made a decision that all applications with a "yes" answer would require review by a Board member who provides health care.

Staff Recommendation: In an effort to process applications more expeditiously, expand the Medical Director's authority to decide what type of health care conditions require review by a Board member. Additionally, it is recommended that applications reporting leave of absence for maternity leave, who otherwise has no issues and successfully completed medical school and/or residency, be eliminated as a reason for Board member review.

5. Caribbean Medical School Graduates

Issue: At the March 2012 Board meeting concern was expressed regarding the medical education of Caribbean medical schools. Dr. Kirby offered to create a formal report to present to the Committee. He was able to secure a copy of a report published by the New York Board on the same subject. See Bookmark.

Staff Recommendation: Accept as information.

6. Oral Interview Question #1

Issue: At the March 2012 meeting the Committee discussed amending Question #1 of the Oral Interview Questions by adding the underlined text as follows: Have you ever had any difficulty with a medical licensing board other than what brought you here today? The Committee recommended leaving the question as is for the sake of brevity and clarity. The Board Action was: Refer back to the License Committee for further discussion.

Staff Recommendation: Defer to Committee members.

