FORUM
NORTH CAROLINA MEDICAL BOARD
FOR THE BENEFIT AND PROTECTION OF THE PEOPLE OF NORTH CAROLINA
FALL 2013

FROM THE PRESIDENT

Who should complete death certificates? - Pg. 10

The NCMB and you: forging a better relationship between Board and licensee

NCMB President Dr. William A. Walker, says "I believe that a strong medical board that holds the profession accountable in a fair and reasoned manner benefits us all."

As the end of not only my year as Board president but my six years of Board membership drew near, I wondered what would make a fitting subject for my final President's Message. It struck me that I have not really addressed the positive relationship the Board has with the vast majority of physicians, physician assistants and others the NCMB licenses and regulates.

Some years ago, three Board members interviewed me in Raleigh regarding a patient complaint that did not result in formal action. Having personally been on the receiving end of such an "invitation" to visit the Board, I understand the raised eyebrow now present on some readers' faces. As if looking in the rearview mirror and seeing the flashing blue lights is ever a "positive" experience, right?

Well, as Board members and Board staff often observe, the vast majority of the Board's work is not related to discipline. Only a small percentage of physicians are the subject of complaints and an even smaller number ever receives a public action. Although it gets little attention, the Board spends a significant amount of time and resources thinking of ways to better serve licensees and contribute to the safe evolution of medical practice in North Carolina. I'd like to share some of what the Board does in this regard.

Streamlining our processes

The NCMB is the only agency in the state of North Carolina with the authority to issue medical licenses. While obtaining a license does take time, the Board is constantly working to speed up the process. We understand physicians are keen to get new partners on-board, facilities want to get staff working and individuals are eager to start work. To reduce unnecessary delays, the Board authorized the NCMB's Licensing Department to issue licenses to physicians and others with problem-free applications without a Board vote, which has substantially reduced the turnaround time from receipt of a complete application to issuance of the license. We also reviewed applications that remained open for months and learned that the vast majority of delays relate to a missing piece of information that the applicant hasn't provided or that hasn't been supplied by a third party, such as a medical school or residency training program. The Board reviewed its application requirements and today no longer asks applicants to obtain license verification from other states where they currently hold licenses, since the NCMB can obtain this information from other sources. Additionally, the Board established an expedited license application for applicants who have practiced in another state for at least five years, are Board certified, and have a "clean" history (no disciplinary actions, malpractice payments or other issues that require Board review). Applicants who qualify for the expedited license application need not provide verification of medical school, residency training or test scores (since these items have been verified by the other state licensing board

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and the specialty board), enabling licenses to be issued in a few weeks. The Board has embraced the digital age and provides online, 24/7, access to most license application processes including the physician and physician assistant application forms, payment, application status check and email notification of license issuance. Annual renewals are also online and we've eliminated the requirement to report Category 2 CME. If you participate in Maintenance of Certification (MOC), you fulfill all CME requirements and simply attest to participation. We'll continue to look at processes and technologies to further improve the licensing and renewal experience.

Including stakeholders in the Board's policy work

In my time on the Board, the Board has moved to broader inclusion and transparency in NCMB policymaking. In the past few years, we have routinely sought stakeholder input and participation in work groups and task forces assigned to study specific policy issues. We have successfully used this approach to examine advertising of Board certification, treating oneself and one's family members, and physician scope of practice or "practice drift," to name a few. After receiving information that even minor actions by the Board can result in serious collateral consequences (loss of Board certification, for example), the NCMB hosted a roundtable discussion this summer that brought together numerous organizations. We strove to help organizations better understand how their actions affect our licensees' professional lives and to better define what certain Board actions actually mean. I believe participants now have a better sense of the relative seriousness of certain Board actions and may be in a position to take more rational and proportionate actions in future.

Supporting a critical resource for licensees

When I started my Board membership, I didn't realize the vital partnership that exists between the Board and the NC Physicians Health Program (PHP). While many physicians will never come in contact with PHP, this organization performs an invaluable service by helping medical professionals with substance abuse and other problems return to healthy and productive professional and personal lives. Nothing has been more impressive and uplifting to me during my service on the Board than to see an impaired physician whose very life is at risk and whose professional and private life is in complete and utter disarray return to his or her profession and to a healthy personal life. Please remember PHP if you know of someone who might need their help and be brave enough to help by speaking with that colleague. Thanks to the fees you pay, the Board is able to offer significant annual financial support to this excellent group to help your colleagues and our licensees.

Maintaining a financially stable NCMB

Speaking of fees, did you know that fees paid by license applicants and licensees are the NCMB's only source of revenue? The NCMB receives no funding from the state. Currently, the annual registration fee for physicians is $175.00 – a rate that has been in place since 2005. In comparison, attorneys pay $375 annually and dentists pay $329 annually.

Since obtaining a fee increase is a significant undertaking, the Board has had to work hard to do more with less. For instance, in spite of a 22 percent increase in the licensee population, we've added no annual renewal staff. With judicious investment in technology, as noted earlier, the Board has provided better service to more people with the same amount of renewal staff. The Board has tightly controlled growth in other departments as well, despite a steadily increasing workload. The Board added just three additional licensing staff since 2005 while absorbing a 73 percent increase in physician license applications and a 200 percent increase in PA license applications. Last year, an independent team from the Administrators in Medicine (the national professional group for medical board staff) conducted an intensive review of the NCMB and confirmed our high functioning and efficient processes in spite of a relatively limited budget.

In the last few years, however, the Board has reached the limit of what it can accomplish with its current budget. This fall, for the third year in a row, the Board approved a deficit budget. Now, in the short term, the NCMB has adequate

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Volume XVI | Fall 2013

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The *Forum* of the North Carolina Medical Board is published four times a year. Articles appearing in the *Forum*, including letters and reviews, represent the opinions of the authors and do not necessarily reflect the views of the North Carolina Medical Board, its members or staff, or the institutions or organizations with which the authors are affiliated. Official statements, policies, positions, or reports of the Board are clearly identified.

We welcome letters to the editor addressing topics covered in the *Forum*. They will be published in edited form depending on available space. A letter should include the writer's full name, address, and telephone number.

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reserves to employ investigators, staff, outside reviewers and incur other expenses necessary to insure the Board has the very best objective evidence when it makes decisions that impact licensees. However, to continue this excellent work, we will need to seek a fee increase.

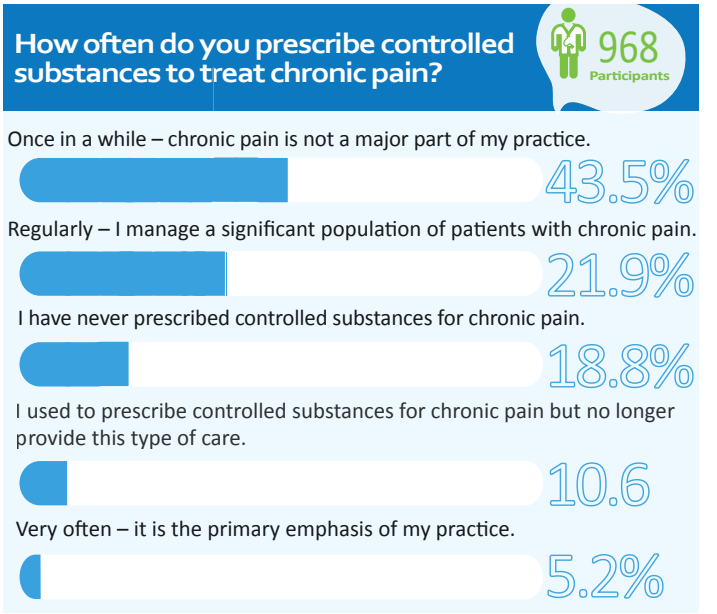
The small amount of additional money we'll request from the legislature will allow the Board to maintain its independence. I believe that a strong medical board that holds the profession accountable in a fair and reasoned manner benefits us all. In some states where medical boards have lost the public trust, the government response has been to put non-physicians in control. Imagine having someone with no medical training or understanding of the complexity of medical care making decisions about the appropriateness of your care. Please support the Board to preserve our privilege of self-regulation.

Having written many documents and editorials in my time on the Board, I can't say I'll miss the deadlines and the need to come up with the next topic. What I will miss is the honor and privilege of serving with two of the finest groups of people I've ever worked with: the staff of the NCMB and my fellow Board members in supporting the practice of medicine in North Carolina.

Send comments to *Forum@ncmedboard.org*

Controlled substances prescribing survey results

In the last issue of the *Forum*, we asked licensees to tell us how prescribing controlled substances fits into their current practice. Nearly 1,000 readers completed our one question survey. Thank you to everyone who participated.



That black and white thing on your NCMB wallet card…

The next time you complete your annual license renewal, you may notice something different about the wallet card included on your printable renewal certificate.

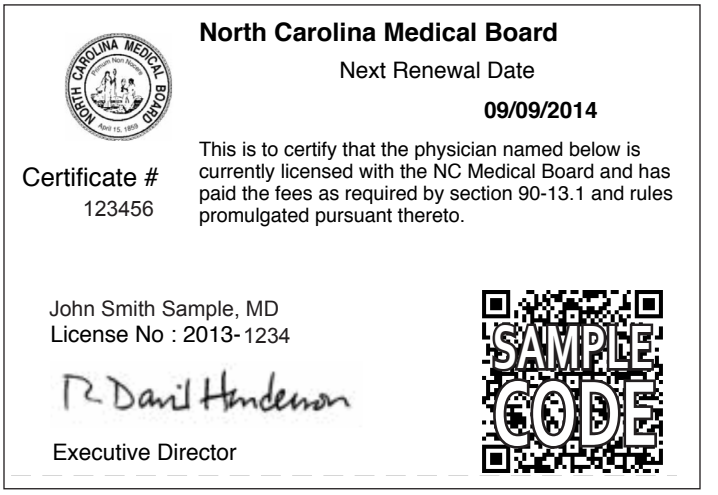
In October, the NCMB began imprinting these cards with QR codes – scrambled-crossword puzzle-like symbols that point to digital content when scanned with a smartphone's barcode scanner. Each licensee is issued a unique code that points to his or her Licensee Information page on the NCMB's website. This feature will enable licensees to quickly verify that they have an active medical license. The Board adopted this idea after seeing examples of how other state medical boards have used QR codes at the annual meeting of the Federation of State Medical Boards.

Other enhancements that are in the works include giving licensees the option to upload a recent photograph (a professional headshot or passport-style photo, for example) to their Licensee Information pages. Licensees who wish to post a photo to their pages will be able to do so via the Board's Licensee Information portal on the NCMB website. The Board hopes licensees will take advantage of this opportunity to further personalize their Licensee Information pages. These pages are the most popular feature on the Board's website, receiving up to 3,000 "hits" each week day.

Print a duplicate copy of your renewal certificate/receipt

Licensees may print on-demand copies of their renewal certificate/receipt by visiting the NCMB website. Here's how:

1. Visit *www.ncmedboard.org*
2. Select "Download Renewal Certificate/Receipt"
3. Log in to print your certificate. You will need the fileID# issued to you by the Board. If you do not know your fileID#, you will have an alternative means to login.



A SPECIAL MESSAGE

Bliss

By Janice E. Huff, MD

Joseph Campbell said, "Follow your bliss." I am sure blissful is not how I would describe the state of my fellow physicians and other healthcare professionals. You would have to live in a cave to miss the plethora of articles and discussions about "physician burnout." Too numerous to recite, I will mention two.

The first is from the *Archives of Internal Medicine,* August 20, 2012, titled "Burnout and Satisfaction with Work-Life Balance Among U.S. Physicians Relative to the General U.S. Population." As this article states, burnout is not a recognized psychological disorder but an "experience." The ICD-10 code describes it as "a problem related to life-management difficulty." Burnout among nearly 7,000 doctors was measured using the Maslach Burnout Inventory (MBI). Authors describe it as "a syndrome characterized by a loss of enthusiasm for work (emotional exhaustion), feelings of cynicism (depersonalization) and a low sense of personal accomplishment." Emergency medicine, internal medicine, neurology and family medicine had the highest rates of burnout. Among their conclusions was the fact that almost one in two (45.8 percent) U.S. physicians has symptoms of burnout implies that the origins of this problem are rooted in the environment and care delivery system rather than in the personal characteristics of a few susceptible individuals.

The second article is from the 2013 *Medscape Physician Lifestyle Report*[1]. It includes some fascinating statistics and suggestions for individuals to consider about burnout. Two observations are particularly pertinent for dealing with the larger "system" issue. In his Medscape interview, Paul Griner, MD, said "Physicians should participate actively in health reforms that return a greater level of control to their patients and themselves. Embracing the concept of team care is important. Moving from a philosophy of 'I am responsible' or 'I am in charge' to 'we are responsible' or 'we are in charge' is an important step."

In the Medscape Primary Roundtable on burnout interventions, Roy Poses, MD, made the following observation: "Although extensive literature suggests that contributors (to burnout) include excessive workload, loss of autonomy, inefficiency due to excessive administrative burdens, a decline in the sense of meaning that physicians derive from work, and difficulty integrating personal and professional life, few interventions have been tested. Most of the available literature focuses on individual interventions centered on stress reduction training rather than organizational interventions designed to address the system factors that result in high burnout rates. Most interventions meant to improve burnout have treated it like a psychiatric illness, not a rational response to a badly led, dysfunctional healthcare system."

So, this is my plea to everyone (physicians, CEOs, politicians, healthcare companies, medical education organizations and anyone else in between) to advocate for an improved healthcare system for all of us — physicians, other healthcare professionals and patients alike.

What do we do while we fix the system?

As Warren Pendergast, MD, medical director of the North Carolina Physicians Health Program (NCPHP) said in his article "Whither Physician Wellness" in NCPHP Metamorphosis (Fall-Winter 2012), "We have not 'gotten around to' the concept of physician wellness. It's often difficult to get patients to take care of themselves in all the ways they need to … and it may be even more difficult to think about holding ourselves accountable to an abstract standard of wellness." But things are finally changing. Medical schools and residency programs are developing "wellness" and "resiliency" curriculums. Skills include mindfulness meditation, guided imagery, creative expression, journaling, laughter yoga, biofeedback, social support and others. Employers and healthcare organizations are starting to realize the value of "physician wellness" to prevent compassion fatigue and decreased productivity and to help retain the physicians in whom they have invested time and energy.

Fortunately, there are many resources available to healthcare professionals across North Carolina. While we all need to work to "fix the system," there is help now for you and your colleagues/friends. Remember, sometimes we (or they) are the last to know there is something wrong. Don't be afraid to ask for help or ask someone else if they need help. (Does MD have to stand for malignant denial?) Take the

Maslach Burnout Inventory or the Adult Apgar (S.S. Bintliff, Wellness Book for Emergency Physicians, ACEP, 2004). Other excellent reading materials and resources are listed at the end of this article. The North Carolina Medical Board (NCMB) *Forum*, July 2012 articles, "Preserving a Scarce Human Resource: Healthy Physicians" by John-Henry Pfifferling, PhD, from the Center for Professional Well-Being in Durham, and "Practicing Self-Care: Resources for Physician Well-Being" by Christopher Snyder, MD, are a good place to start. The NCMB site, *www.ncmedboard.org*, has many other references, as well (under Professional Resources to Links and then Physician Well-Being).

Many employers have Employee Assistance Programs (EAP) that are confidential and inexpensive. CMC-Charlotte Metro facilities, has a Physician Health Committee chaired by William Bockenek, MD. This is a committee of the joint medical staff from CMC-Main/Pineville/Mercy/University/CR and is available to all physicians credentialed at any of these facilities regardless of their employer. All medical directors in the Carolinas HealthCare System Medical Group know what resources are available to help any of their physicians/PAs/NPs who would like any help with substance abuse/mental health issues/burnout, and should be contacted directly. Anyone with access to CHS Physician Connect can check the Medical Staff Resources: Work/Life Balance page, as well. Novant Health Medical Group has the Physicians Health and Effectiveness Committee, chaired by Stephen Ezzo, MD. Novant Health hospital system has a Practitioner Health and Effectiveness Committee, which can be accessed by contacting each department chair or chief of staff. The NCPHP, whose mission is "improving the health and wellness of medical professionals with compassion, support, accountability and advocacy," is available to help all physicians and physician assistants licensed in North Carolina. Beyond its traditional role in secondary and tertiary prevention and treatment, NCPHP is interested in helping physicians and others proactively take better care of themselves, and would partner with any organization toward that goal. This may be trite, but as a family physician, I am going to say it anyway, "An ounce of prevention is worth a pound of cure!"

What can I do?

As individuals, there are many things we can do to "be well." We should practice what we preach to our patients and develop a sense of balance in all areas, including physical, emotional, spiritual, relationships, community and work/career. Consider one thing daily you are grateful for, or one person you love, or one thing you did that helped someone else. Take advantage of physician wellness activities offered by your employer, specialty societies and community organizations. Educate yourself about the causes of burnout and the opportunities for wellness. Do something nice for yourself — it is okay! It doesn't always have to be about someone else. I thought about this recently on a trip we took to Yellowstone National Park. The Mecklenburg County Medical Society has an initiative to "get kids outdoors and into nature" and that certainly applies to adults, as well. Out in nature, it really is possible to forget about EHR inboxes, meetings, texts (especially when there are no satellite towers) and the Affordable Care Act. You realize your partners really can take care of your patients just fine. President Teddy Roosevelt and John Muir had great insight about the benefits, beauty and inspirations of nature, so I will close with this one by Muir (and you don't even have to go to Yellowstone — Our state has many parks, greenways and great neighborhoods to enjoy). "Everybody needs beauty as well as bread, places to play in and pray in, where nature may heal and give strength to body and soul."

Would a seminar on physician burnout or wellness be beneficial? Comment on this article, send an email or reach out to your local medical society and ask them to plan an event.

Send comments to *Forum@ncmedboard.org*

Footnotes:

1. Carol Peckham, Lifestyle and Burnout: A Bad Marriage. Medscape. March 27, 2013.

Resources:

Maslach C. and Leiter M. *The Truth about Burnout: How Organizations Cause Personal Stress and What to Do About It*. Jossey-Bass Publishers; 1997.

Lipsenthal L. *Finding Balance in a Medical Life*. California: Finding Balance, Inc., 2007

Lipsenthal L. *Enjoy Every Sandwich: Living Each Day as If It Were Your Last*. New York: Crown Archetype, 2011.

Remen R. *Kitchen Table Wisdom*. New York: Riverhead Books, 2007.

Nedrow A., Steckler N., Hardman J. *Physician Resilience and Burnout: Can you Make the Switch?* Family Practice Management, Jan/Feb 2013.

Germer C. *The Mindful Path to Self-Compassion: Freeing Yourself from Destructive Thoughts and Emotions*. New York: Guildford Press, 2009.

Rock D. *Your Brain at Work: Strategies for Overcoming Distraction, Regaining Focus, and Working Smarter All Day Long*. New York: Harper Business, 2009. *www.thehappyMD.com*

Center for Professional Well-Being: 919-489-9167, *www.cpwb.org*

NCPhysicians Health Program: 919-870-4480, *www.ncphp.org*

Mecklenburg County Park and Recreation: *www.charmeck.org/Mecklenburg/county/parkandrec/pages*

Dr. Janice Huff is past president of the NCMB, and served on the Board from 2007-2013. A version of this article was previously published in the September 2013 issue of *Mecklenburg Medicine*, the monthly publication of the Mecklenburg County Medical Society.

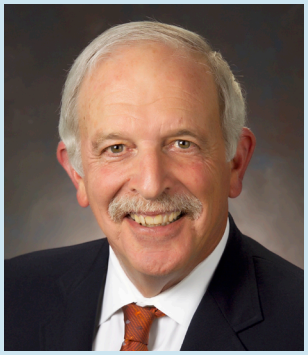
Board elects officers to lead in 2014

The NC Medical Board officers for the coming year begin their terms November 1. Paul S. Camnitz, of Greenville, will serve as president; Cheryl Walker-McGill, MD, of Charlotte, will serve as president-elect and, Pascal Osita Udekwu, of Raleigh, will act as secretary/treasurer. Two at-large members have also been named: Eleanor Greene, MD, of High Point, and Michael J. Arnold, a public member, from Raleigh. Together, the officers serve on the NCMB's Executive Committee, which sets Board priorities and handles governance responsibilities. Officer terms expire October 31, 2014.

Paul S. Camnitz, MD, President

Dr. Camnitz attended the University of North Carolina, Chapel Hill, where he earned bachelor's degrees in both English and Chemistry. He earned his medical degree at the UNC School of Medicine in Chapel Hill and did his residency in Otolaryngology-Head and Neck Surgery at the same institution, finishing in 1979.

Dr. Camnitz is certified by the American Board of Otolaryngology and the American Academy of Facial Plastic and Reconstructive Surgery. He currently practices at Eastern Carolina Ear, Nose & Throat/ Head and Neck Surgery in Greenville. He is also a Clinical Professor of Surgery and Head of the Division of Otolaryngology at the Brody School of Medicine at East Carolina University, where he has been selected by the graduating medical school class as "Outstanding Teacher" 12 times and in 2003 was named a "Master Educator" by the faculty. He received the Outstanding Professor Award from the Family Medicine Department in 2004 and the Bernie Vick Outstanding Professor Award from the Department of Surgery in 2003. Dr. Camnitz has received many other honors, including the Distinguished Service Award of the School of Medicine at the University of North Carolina, Chapel Hill, which was bestowed in 2006.


Dr. . Camnitz

Dr. Camnitz is a fellow of the American College of Surgeons and of its North Carolina chapter and a fellow of the American Academy of Otolaryngology-Head and Neck Surgery. He is a member of numerous professional groups, including the Alpha Omega Alpha Honor Medical Society, the American Medical Association and the North Carolina Medical Society, among others. Dr. Camnitz has served as chief of staff at Pitt County Memorial Hospital and has served on the boards of numerous other health care and civic organizations in Pitt County.

Dr. Camnitz was appointed to the Board in 2008.

Cheryl L. Walker-McGill, MD, MBA

Dr. Cheryl Lynn Walker-McGill earned her undergraduate and medical degrees from Duke University, and completed her residency and subspecialty training at Northwestern University, in Illinois. She received an MBA from the University of Chicago. She is board certified in internal medicine and allergy-immunology.

Previously on faculty at the Northwestern University School of Medicine and the UNC School of Medicine in Chapel Hill, Dr. Walker-McGill is currently an adjunct professor at the Wingate Graduate School of Business in Charlotte. She has significant experience in clinical medicine, quality improvement, qualitative and quantitative research, physician education, and community health education. She also is a medical director for Daimler Trucks North America, Gastonia and Mt Holly North Carolina Facilities.


Dr. Walker-McGill

Honored as a pioneer by the Duke University Baldwin Scholars Program, Dr. Walker-McGill is a recipient of the Chicago Public School System Distinguished Achievement in Asthma Education Award and the 2007 NMA Floyd J. Malveaux Award in Allergy, Asthma and Immunology.

Dr. Walker-McGill is a Fellow of the American Academy of Allergy, Asthma and Immunology (AAAAI). She serves on the board of the Mecklenburg County Medical Society and the Old North State Medical Society. She is chair of the Committee for the Underserved of the American Academy of Allergy, Asthma and Immunology and she is the immediate past chair of the Asthma, Allergy and Immunology Section of the National Medical Association.

Dr. Walker-McGill has authored articles on asthma, asthma and clinical trials and she has been published in peer review journals. She is a nationally recognized speaker and she has been featured in The American Medical Association News, The New York Times and on The View.

Dr. Walker-McGill was appointed to the Board in 2011.

Pascal Osita Udekwu, MD

Dr. Udekwu has practiced at WakeMed Health & Hospitals in Raleigh since 1991. He completed residency training in pediatrics and in general surgery at the University of Chicago, a fellowship in trauma and surgical critical care at the

University of Pittsburgh, PA and earned a master's degree in business administration and health administration from Pfeiffer University in Meisenheimer, NC.

Dr. Udekwu holds multiple leadership roles including Director of Trauma, Vice Chairman of Medical Staff Quality Improvement and Director of Surgical Critical Care, all at WakeMed Health & Hospitals. He is also associate director of the Surgical Residency Program at the University of North Carolina, Chapel Hill.


Dr. Udekwu

Dr. Udekwu currently serves as associate professor at UNC-Chapel Hill and is an adjunct professor at Campbell University's College of Pharmacy and Health Sciences. He is triple-board certified with certifications from the American Board of Pediatrics, the American Board of Surgery and the American Board of Surgery—Surgical Critical Care.

Dr. Udekwu has authored numerous papers and abstracts for scholarly journals and is a member of several professional organizations. He is a fellow of both the American College of Surgeons and of the American College of Chest Physicians.

In addition, Dr. Udekwu served in the United States Army Reserve from 1988-2005 deploying to Bagram Afghanistan as Chief of Surgery in 2003. He currently serves as a Colonel in the United States Air Force Reserve at Joint Base Andrews, Maryland.

Dr. Udekwu was appointed to the Board in 2012.

Michael J. Arnold, MBA

Michael J. Arnold, of Wake Forest, has worked as a policy, research and public affairs professional at high levels of state government for nearly two decades, first serving nine years as a university administrator and on faculty at the University of North Carolina at Wilmington and then later as a high-ranking senior official in the Executive branch of state government.


Mr. Arnold

Mr. Arnold was recently appointed as Senior Advisor for Policy and Intergovernmental Affairs with Secretary of State Elaine Marshall. Prior to that, Mr. Arnold served as Senior Advisor for Policy and Research with Governor Beverly Perdue. He also served in the same role during Perdue's term as Lt. Governor.

Mr. Arnold has also worked as Senior Research Director for the NC Health and Wellness Trust Fund, which was one of three entities created by the NC General Assembly to invest North Carolina's portion of the Tobacco Master Settlement Agreement. Prior to that, he served in a public affairs and development role for the Alice Aycock Poe Center for Health Education in Raleigh, one of the state's largest health education centers. Mr. Arnold earned a bachelor's degree in Communication Studies from the University of North Carolina, Wilmington, and a master of business administration from the same institution. He also earned a certification in Nonprofit Management, with an emphasis on communications and strategic planning from Duke University.

Mr. Arnold was appointed to the Board in 2012. He currently serves on the Federation of State Medical Boards Telemedicine Work Group.

Eleanor E. Greene, MD, MPH

Eleanor E. Greene, MD, of High Point, earned a BS degree in medical technology from the former Bowman Gray School of Medicine (now Wake Forest University School of Medicine) in Winston-Salem, NC. She received her MD and a Master of Public Health in Maternal and Child Health from the University of North Carolina, Chapel Hill, and completed residency in obstetrics and gynecology at the Ohio State University in Columbus, OH. She currently practices with Cone Health Medical Group at Triad Women's Center in High Point.


Dr. Greene

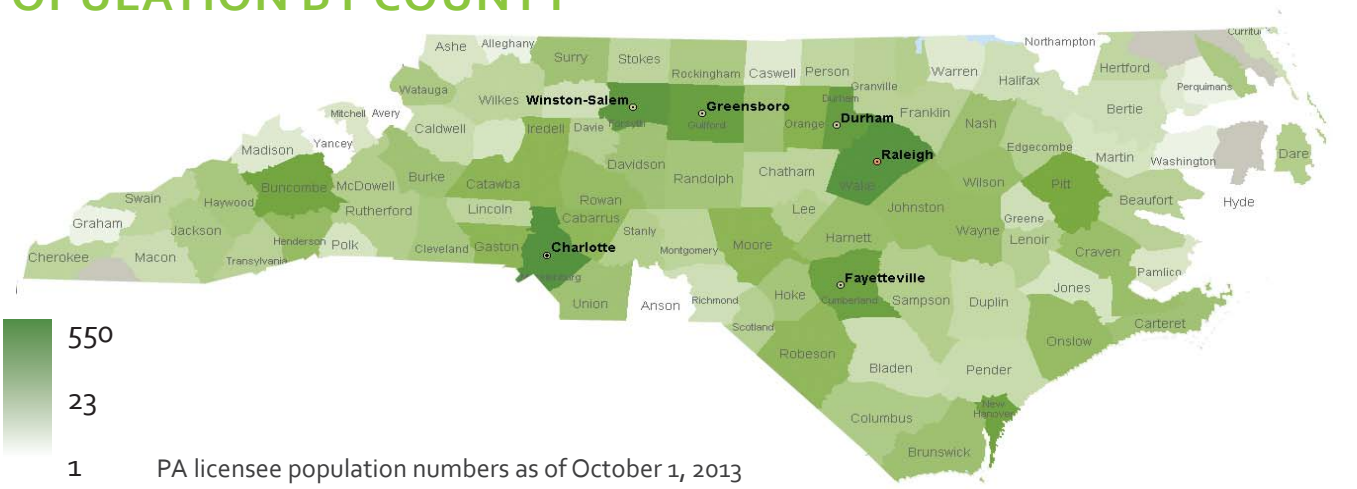
Dr. Greene is a member of the North Carolina Medical Society, Doctors for America, North Carolina Obstetrics and Gynecology Society, and the National Medical Association, where she served on the Board of Directors, Finance and Health Policy Committees. She serves on the Piedmont Health Services and Sickle Cell Agency. She served on the North Carolina Advisory Committee on Cancer Coordination and Control, on the Board of Directors of the Healthy Start Foundation, completing two terms on each. Dr. Greene is past president of the Old North State Medical Society, and continues to serve on its current Executive Committee. She is a fellow of the American College of Obstetrics and Gynecology.

Dr. Greene is the first physician from High Point, NC, and the first African American female physician to serve on the NC Medical Board. She speaks on the topic of Women's Health and Women in Medicine at numerous church and community forums. Dr. Greene recently served as moderator for a conversation on Women's Health and the Affordable Care Act featuring the Department of Health and Human Services Director, Secretary Kathleen Sebelius.

The NCMB's growing PA population

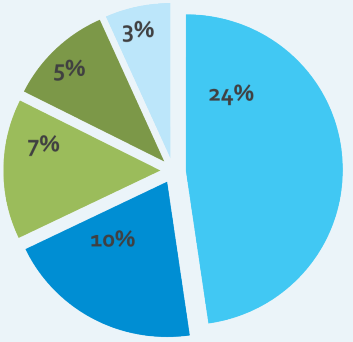
Physician assistants are the NCMB's fastest growing licensee group. Since 2009, their ranks have increased by 2,000 to just over 5,000 PAs – an increase of approximately 40 percent over five years. Over the same time period, the much larger physician licensee population has increased by nearly 3,000 (an increase of about 10 percent.) And there are no signs that the PA growth rate is slowing. PAs are frequently mentioned as critical to addressing the state's developing shortage of primary care doctors. However, data show that PAs, like physicians, tend to settle mostly in the state's population centers.

PA POPULATION BY COUNTY



PA licensee population numbers as of October 1, 2013

POPULAR PA AREAS OF PRACTICE



Nearly 50% of the PA population reports one of the following as their area of practice.

- General practice, internal medicine and family medicine
- Urgent Care
- Emergency Medicine
- Orthopedic Surgery
- Pediatrics

The Board licenses 5,030 PAs. The above chart represents only those specialties listed.

WHERE ARE PAS GOING?

Largest increase in PA population.

Wake
Mecklenburg
Cumberland
Forsyth

The above counties saw the largest increase in PA population over a five year span.

Largest decrease in PA population.

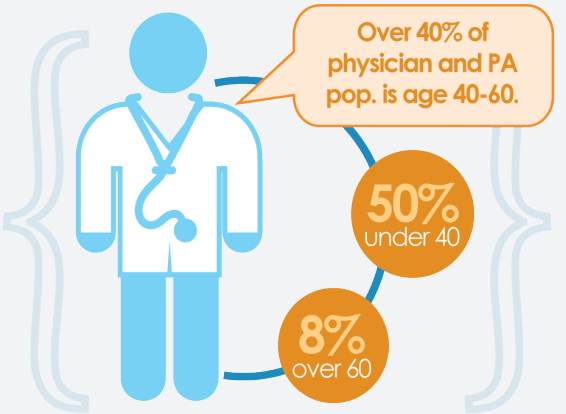
Bertie
Davidson
Washington
Avery

The above counties saw the largest decrease in PA population over a five year span.

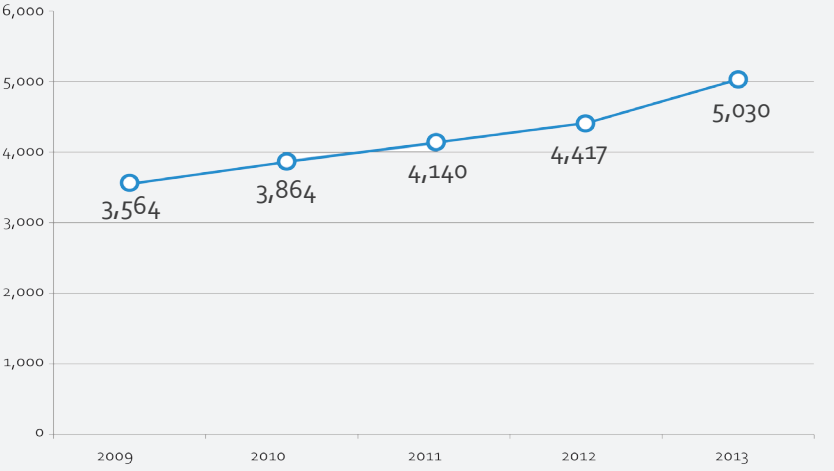
TOP FIVE Physician Assistant PROGRAMS

Wake Forest School of Medicine • Duke University School of Medicine
East Carolina University • Methodist College • Medical University of South Carolina

PA POPULATION BY AGE



PA POPULATION GROWTH OVER FIVE YEARS



Board welcomes new Investigations Department director

Jerry D. Weaver took over as the NCMB's Investigations Department director on September 1. He leads a staff of 14, including 10 investigators deployed across North Carolina. Weaver replaces Curt Ellis, who retired in August after 10 years as the Board's Director of Investigations.

Mr. Weaver

Weaver, a native of Alleghany County, graduated Magna Cum Laude from Appalachian State University with a degree in Criminal Justice. He began his career as a Special Agent with the North Carolina State Bureau of Investigation in 1982 and was assigned to the Hickory District as the resident criminal agent for Caldwell and Watauga counties. During this period, Weaver conducted hundreds of criminal and drug investigations and was assigned to multiple task force cases and other sensitive investigations. In 1987 he transferred to the Fayetteville District where he served as District Polygraph Examiner. In 1994 Weaver was promoted to the position of Statewide Coordinator for the SBI Polygraph Unit supervising all Bureau Polygraph Examiners. In addition, he was the Chief Instructor for the SBI Academy specializing in Interrogation techniques.

In 1998 Weaver was promoted to the position of Assistant Special Agent in Charge of the 9-county Fayetteville District and in 2002 he was promoted to Special Agent in Charge responsible for supervising 25 agents and a staff of 2 non-sworn personnel. Weaver retired from the SBI in 2009. In 2010 he was hired by the Cumberland County Sheriff's Office and assigned to the Fraud Unit. While there, Weaver investigated embezzlements, false pretenses and other financial crimes. He joined the NCMB in 2011 as a Board investigator.

DID YOU KNOW?

Licensees are required to report changes in certain information, such as practice address and phone number or current area of practice, to the Board within 60 days. Many licensees wait to report this information during their annual renewal. However, this can result in incomplete or inaccurate information appearing on the Board's public website. In some situations, it may mean that the Board does not have up-to-date contact information for licensees who select their practice address as their mailing address.

Clip and save this guide to reporting required information to the Board to make sure you are in compliance.

New or changed information in the following categories must be reported within 60 days:

- Board certifications (Only certifications conferred by boards approved by the American Board of Medical Specialties, Bureau of Osteopathic Specialists of the American Osteopathic Association or the Royal College of Physicians and Surgeons of Canada)
- Area(s) of practice
- Hospital privileges (within NC)
- Address and telephone number of the primary practice setting
- Medical licenses, active or inactive, granted by another state or country
- Final suspensions or revocations of hospital privileges
- Final disciplinary orders or actions of any regulatory board or agency, including other state medical boards, the U.S. Food and Drug Administration, the U.S. Drug Enforcement Administration, Medicare or the NC Medicaid program
- Felony convictions
- Misdemeanor convictions
- Malpractice payments

Information in the following categories, by law, must be reported to the Board within 30 days:

- Arrests related to alcohol or substance use/abuse (DUI, DWI, etc.)
- Arrests related to controlled substances offenses
- Any felony arrest

Updating your information is easy

1. Visit *www.ncmedboard.org*
2. Select "Update Licensee Info Page" from the green Quick Links box at the right of the Home Page. Log in to report/update your information. You will need the fileID# assigned to you by the Board. If you do not have this number, you will be able to log in via an alternate means.

SPECIAL FEATURE

Physician obligation to complete death certificates

Refusals or delays in certifying patient deaths have real consequences

The North Carolina Medical Board frequently receives phone calls and complaints from patients' families, EMS directors, funeral home personnel and others about refusals and/or unacceptable delays in physician completion of death certificates. Most often these concerns relate to an unattended death from natural causes. Most of these decedents have an established relationship with a physician, but for a variety of reasons, the identified physician is reluctant to certify the death. For example, the decedent may not have seen the physician for several months, or the physician may have been providing treatment for stable, conditions that posed no apparent immediate threat to the patient's life (hypertension, diabetes, etc.). Or, the physician may simply feel he or she has no exact idea why the patient died.

From the Office of the Medical Director

SCOTT G. KIRBY, MD

Regardless of the reason, delaying the completion of a death certificate or refusing to sign a death certificate creates unnecessary complications with funeral arrangements, estate proceedings, and other legal and personal matters. This makes an already difficult time for surviving family members and other loved ones even more so.

This article will discuss a clinician's professional obligation to certify deaths in a timely manner. And, while I do not intend for this article to serve as an authoritative guide to completing death certificates, I will also offer some basic guidance on certifying deaths. Finally, I want to allay licensees' unwarranted concerns about completing and signing death certificates for deaths from natural causes or in cases where the exact cause of death may be unknown but reasonably deduced.

Whose responsibility is it to complete death certificates?

Under North Carolina law, death certificates must be completed by a licensed physician or, thanks to changes that took effect in fall 2011, a physician assistant or nurse practitioner who has been specifically authorized by his or her supervising physician to certify deaths. In situations where a person dies at home and is brought by ambulance to a hospital emergency department, it is common practice for hospital staff to check the person's medical records to determine if he or she had an established relationship with a primary care doctor or other physician. If so, the hospital will generally ask the decedent's physician to certify the death. It is the Board's view that this is a reasonable practice, as physicians or other professionals who have examined and treated a patient in the past are arguably in the best position to make an educated guess about the likely cause of death, even if the patient had not been seen recently.

As noted, PAs and NPs may now lawfully share the responsibility of certifying deaths. Amendments to NCGS 90-18.1 require that PAs and NPs be specifically authorized to complete death certificates by the supervising physician under the terms of their written supervisory arrangement or collaborative practice agreement. As with any other delegated tasks, the supervising physician is ultimately responsible for ensuring that death certificates are properly filled out and filed.

Clinicians may not decline to sign a certificate because they are uncertain of the exact cause of death. Clinicians are merely expected to exercise their best clinical judgment under the circumstances, just as they would in diagnosing treatment for a patient. Deaths should not be referred to the medical examiner's office because a clinician involved in a patient's care is not comfortable attributing a cause of death or believes it is another person's responsibility to complete the death certificate. Understand that, before the attending physician is contacted about signing the death certificate, an assessment of the circumstances has almost always been made by EMS, law enforcement, or the medical examiner. If the death falls within the medical examiner's jurisdiction, it will be referred accordingly. Natural deaths are referred to the medical examiner only in extremely limited circumstances.

Refusing to sign a death certificate and forcing the case to be accepted by the medical examiner: 1) Does NOT mean

LOOKING FOR RELIABLE INFORMATION ABOUT COMPLETING DEATH CERTIFICATES?

The U.S. Centers for Disease Control and Prevention publishes a booklet, "The Physician's Handbook of Medical Certification of Death," which is available online at: *www.cdc.gov/nchs/data/misc/hb_cod.pdf.*

NC General Statutes § 130A-115 (c). Death registration.

10A NCAC 41H .0503 Death Registration: Medical Certification

Medical examiner referral

Deaths that ARE appropriate for referral to the medical examiner (the medical examiner may decline the case after reviewing the circumstances of the death):

Deaths due to any external factor/trauma:

- Homicide
- Suicide
- Accident
- Disaster
- Violence
- Poisoning or suspicion of poisoning
- Deaths during surgical or anesthetic procedures
- Unknown, unnatural or suspicious circumstances
- In police custody, jail or prison
- In state-operated mental health facilities
- Public health hazard (such as acute contagious disease or epidemic)
- Sudden, unexpected deaths not reasonably related to known previous disease
- Deaths without medical attendance (patients with NO established physician relationship)

that an autopsy will be done. (It probably will not be.) and 2) Will initiate a chain of events that requires additional time, creates unnecessary expense and hassle for the family, and costs the county about $300.00.

Basics of completing death certificates

It's important to understand that a death certificate is a legal and not a scientific document. As such, physicians are not required to establish a specific anatomical reason causing the death. If that were the case, postmortem studies (autopsies) would be necessary in all deaths. Obviously, performing autopsies on a routine basis would be unmanageable and beyond the resources of both the medical examiner and hospital-based pathologists.

The requirement for death certification is a statement of the condition most likely responsible for death. Clinicians may be uncertain about the exact cause of death, even if they have been treating the patient for one or more stable chronic conditions. The physician, PA or NP may feel that the death is unexplained and believe the decedent should be referred to the medical examiner to determine a specific anatomical diagnosis. This is NOT the case. The patient's medical history should provide adequate information to state a reasonable cause of death that meets legal requirements.

It is acceptable to use "probable" to identify a suspected final cause of death. If a specific anatomic cause of death is desired a clinician may request permission for a private autopsy from the family after clearing the death with the medical examiner. Remember, the cause of death is a medical opinion and is based on the preponderance of medical evidence, which includes the cumulative effects of multiple risk factors for particular disease processes. Cause of death is the disease process that sets in motion the chain of events that lead to death. For detailed guidance on completing death certificates, I recommend the U.S. Centers for Disease Control and Prevention booklet, "The Physician's Handbook of Medical Certification of Death," (see box for instructions on accessing this document.)

Licensees should know that the Board is not interested in pursuing disciplinary action against individuals who complete death certificates in good faith and to the best of their abilities. The chance of facing investigation by the Board, or other adverse legal consequences, related to the completion of a death certificate in good faith is remote and should not deter a physician from performing this duty.

How quickly must death certificates be completed?

State law (NCGS §130A 115) specifies that death certificates must be completed within three days of receipt of the request. Based on the calls and complaints the Board receives, this does not always happen. The Board has received reports of families waiting for several weeks to have a loved one's body released due to a physician's unwillingness to certify the death.

The reporting of vital events is an integral part of patient care. The Board requests that licensees (physicians, physician assistants, and nurse practitioners) accept the professional responsibility to complete death certificates for patients (current, recent, and remote) who die of natural causes (manner), regardless of whether the death occurs in or out of the hospital.

Licensees can, and should, perform this final aspect of patient care promptly and with consideration for the decedent and his or her loved ones.

Contest update

In the Summer 2013 issue we announced the Licensee Information Challenge contest to encourage more licensees to provide content for the optional information categories in their individual LI pages.

Winners have been selected and will be notified soon. They will be announced in a feature in the Winter issue of the *Forum*.

Thanks to all who participated!

North Carolina Medical Board

Quarterly Board Actions Report | May– July 2013

The Board actions listed below are published in an abbreviated format. The report does not include non-prejudicial actions such as reentry agreements and non-disciplinary consent orders. Recent Board actions are also available at *www.ncmedboard.org*. Go to "Professional Resources" to view current disciplinary data or to sign up to receive notification when new actions are posted via the RSS Feed subscription service.

Name/license#/location	Date of action	Cause of action	Board action
ANNULMENTS			
None			
SUMMARY SUSPENSIONS			
None			
REVOCATIONS			
None			
SUSPENSIONS			
BOGGALA, Vijaya Prakash, MD (RTL) Greensboro, NC	05/01/2013	MD was arrested and charged with soliciting a child by computer to engage in a sex act. In August 2012, MD entered into a deferred prosecution agreement that placed him on supervised probation for 12 months with the additional agreement that the criminal charge would be dismissed after only six months upon successful completion of a psychological evaluation. In February 2013, criminal charges against MD were dismissed.	Indefinite suspension
COYLE, Michael Patrick, MD (009500543) Winterville, NC	05/13/2013	History of alcohol dependence. MD has completed inpatient treatment and is in compliance with his NCPHP contract.	MD's non-practice agreement is dissolved; license is suspended for one year, immediately stayed; probation for two years.
GILLIS, Jacinta Irene, MD (200701587) Fort Myers, FL	07/09/2013	While practicing in Florida, MD improperly and excessively prescribed controlled substances. This led to criminal charges in Florida and also led the Florida Board to suspend MD's license.	Indefinite suspension
LE, Mark Tuan, MD (009700088) Huntersville, NC	05/29/2013	The Board reviewed five separate complaints on issues of substandard care, inappropriate prescribing of controlled substances, non-evidence based treatment of obesity with HCG, inappropriate self-referrals, fraudulent overuse of medical testing and fraudulent billing for medical services. MD denies any improper or fraudulent conduct.	MD's license is suspended for 12 months, stayed all but six months. In addition, MD shall pay a $25,000 fine.
HOOVER, Michael Shane, MD	05/07/2013	History of alcohol abuse; MD was arrested and charged with DWI in 2013, and pled guilty to DWI and simple assault.	Indefinite suspension of NC medical license
PROBATIONS			
None			
REPRIMANDS			
FABER, Steven Mark, MD (000035892) Elizabeth City, NC	07/01/2013	MD did not appropriately document the need and timing of a patient's pre-surgical upper endoscopy biopsy and esophageal dilation. MD did not appropriately manage the post-surgical care of the patient, who suffered an esophageal perforation.	Reprimand
GIHWALA, Ramesh, MD (009300472) Gastonia, NC	06/20/2013	Aspects of MD's documentation of treatment and care of patients A-F failed to conform to accepted standards. MD was out of compliance with his NCPHP contract and also failed to timely and appropriately respond to Board inquiries.	Reprimand; $1,000 fine. MD is placed on indefinite probation and is subject to conditions. Must obtain a practice monitor, who shall make quarterly assessment reports to the Board.

Name/license#/location	Date of action	Cause of action	Board action
LAHURD, Neil Joseph, DO (200700823) Camp Lejeune, NC	06/24/2013	DO entered into a consent order with the Virginia Board related to care of a patient who presented to the ER complaining of chest pain, numbness around the mouth and with blood pressure of 154/105. Patient was discharged with a prescription for Lopressor, blood pressure 199/144. EKG showed sinus tachycardia, possible left atrial enlargement and T-wave abnormality. DO did not order follow-up EKG, x-ray, additional cardiac tests, consult a cardiologist or admit the patient. The patient died, the cause of death to be acute coronary insufficiency due to hypertensive and atherosclerotic cardiovascular disease, with rheumatic mitral valve disease.	Reprimand
NKYESIGA, Peter Kankaka, PA (001003018) Charlotte, NC	05/13/2013	The Arizona Board reprimanded PA and placed him on probation for one year based on concerns about the quality of care PA provided to a patient.	Reprimand
SHIMKUS Jeanette Frances, DO (201301572) Chesapeake, VA	07/09/2013	NCMB denied DO's license application due to felony conviction of Conspiracy to File False Claims, Steal Property and Make or Use False Statements Relating to Health Care Matters. The conviction related to DO's involvement in a fraudulent marriage. NCMB reconsidered its denial after DO requested a hearing.	MD is issued a full and unrestricted NC medical license; MD is reprimanded and assessed a $5,000 fine for her conduct leading to her felony conviction.
VOLPITTO, George David, MD (201000121) Evans, GA	05/16/2013	While practicing in Georgia, MD worked for an Internet service reviewing patient questionnaires, speaking with patients via telephone and approving the issuance of prescriptions, including prescriptions for controlled substances. This is not permitted in Georgia and led MD to enter into a consent order with the Georgia Board, reprimanding MD with conditions and a $5,000 fine.	Reprimand
DENIALS OF LICENSE/APPROVAL			
FARRELL, Julie Ann, MD (NA) Augusta, KY	06/05/2013	MD's license application contained numerous errors and omissions. MD allowed an employee to complete her license application and submitted it without reviewing it to ensure accuracy and completeness. MD allowed an employee to communicate with Board staff during the application process and after MD's license interview as if she were the MD.	Application for NC medical license denied
HART, Darlington Ibifubara, MD (009800560) Charlotte, NC	05/30/2013	Prior disciplinary history with NCMB; prior disciplinary history with the South Carolina Board.	Application for reinstatement medical license denied
MESA, Gregory Robert, PA (000103090) Hendersonville, NC	06/12/2013	Prior disciplinary history with NCMB related to criminal conviction and substandard practice, and backdating prescriptions for controlled substances.	Application for reinstatement of PA license denied.
SURRENDERS			
KIRSCH, Eric David, PA (0001003668) Mooresville, NC	05/13/2013		Voluntary surrender of NC physician assistant license
DANFORTH, Wendell Calvin, MD (009801628) Grandforks, ND	05/24/2013		Voluntary surrender of NC medical license
PUBLIC LETTERS OF CONCERN			
BROWN, Howard Richard, MD (200101180) Martinsville, NC	06/26/2013	MD's supervision of two physician assistants who practice in NC was inadequate and failed to conform with applicable rules, guidelines and recommendations. MD, who practices in Virginia, has informed the Board that he has decided not to supervise midlevel practitioners in NC.	Public letter of concern
EANNI, Richard Francis, MD (200801718) Huntersville, NC	06/10/2013	MD self prescribed six controlled medications, a violation of 21 NCAC 32B .1001(c). Documentation of care of some patients prescribed controlled substances failed to conform to accepted standards.	Public letter of concern
FLECHAS, Jorge David, MD (000024245) Hendersonville, NC	05/22/2013	MD prescribed oxytocin to a patient while specifically restricted from prescribing oxytocin under the terms of a consent order with the Board.	Public letter of concern

Name/license#/location	Date of action	Cause of action	Board action
FLIPPO, Jack Lloyd, MD (000027792) Hendersonville, NC	07/16/2013	MD prescribed controlled substances to a family member and failed to maintain appropriate records, in conflict with the Board's position on treating self and/or family and with administrative rules that prohibit the prescribing of controlled substances to close family members.	Public letter of concern
JONES, Fielden Bertie, MD (000020925) Marshall, NC	07/22/2013	MD prescribed opioids to a patient for fibromyalgia. The patient frequently requested early refills. MD continued to prescribe opioids despite the lack of evidence of efficacy and the patient's diversionary behavior.	Public letter of concern; CME in prescribing controlled substances
LAMB, Douglas Lawrence, PA (000103678) Kenansville, NC	05/29/2013	PA prescribed medications, including a controlled substance, to a person with whom he had a significant emotional relationship. The Board is also concerned that PA made no record of the treatment provided.	Public letter of concern
GETTER, Michael Dennis, MD (000035126) Statesville, NC	07/10/2013	MD's care of a 15-year-old male who presented in the ER with a fractured radius and ulna may have been below accepted standards.	Public letter of concern
MARSIGLI, Eduardo Oscar, MD (000019514) Rocky Mount, NC	05/13/2013	MD's patient experienced postoperative infections and delayed healing following a right foot/ankle partial calcanectomy with reattachment of the Achilles tendon. Before closing the surgical site, MD noticed that a small drill bit fragment had broken off, but did not inform the patient or record the fact in his operative note.	Public letter of concern
NELSON, Leonard Dorsey, Jr., MD (000038816) Raleigh, NC	06/06/2013	MD's care of a patient who developed an epidural hematoma following a L2-L4 lumbar decompression surgery may have failed to conform to accepted standards.	Public letter of concern
NELSON, Rendon Clive, MD (009401279) Durham, NC	07/15/2013	MD's care of a patient who presented to him for evaluation and management of a left renal angiomyolipoma may have failed to conform to accepted standards. MD agreed to a cryoablation procedure on the patient, although there was no medical indication to do so. It was determined that the patient's left renal cyst was incorrectly targeted during cryoablation and that a left proximal ureteral injury had occurred. The patient eventually required a left nephrectomy.	Public letter of concern
OSBORNE, Tommy Taylor, II, MD (201301105) Chesapeake, VA	06/10/2013	MD was convicted of Intoxication Manslaughter for which he was sentenced to 10 years of probation, 350 hours of community service, electronic monitoring house arrest and attending treatment for anger management and alcohol abuse. The accident that gave rise to the conviction occurred in 1996 during MD's residency. MD has completed therapy and counseling, since 1996, has had no other substance abuse issues.	MD is issued a license, with a public letter of concern
PATEL, Jitendra Keshavlal, MD (201001295) Mooresville, NC	06/27/2013	MD's care of a patient who presented in the ER with a diagnosis of chronic obstructive pulmonary disease exacerbation and pneumonia may have failed to conform to accepted standards.	Public letter of concern
STOECKEL, William Todd, MD (200701681) Cary, NC	07/19/2013	MD prescribed controlled substances to a person with whom he has a significant personal relationship. He also failed to maintain appropriate records for all prescriptions. It is the Board's position that licensees should not prescribe for those with whom they have a significant personal relationship.	Public letter of concern
TOMPKINS, Kenneth James, MD (009701625) Kitty Hawk, NC	05/02/2013	MD violated his Virginia Monitoring Program contract by working at more practice locations than allowed under said contract.	Public letter of concern

Name/license#/location	Date of action	Cause of action	Board action
TOWNE, Sarah Patton, DO (201100570) Ocean Isle Beach, NC	05/30/2013	DO prescribed medications, including controlled substances, to three family members and to a person with whom she has a close personal relationship. The Board is also concerned that DO failed to maintain appropriate medical records for all of the prescriptions.	Public letter of concern
URMOS, Lajos, MD 000031083) Mount Airy, NC	07/24/2013	MD was arrested and charged with DWI. MD pled guilty to DWI and failed to appropriately disclose the misdemeanor DWI charge on his 2009 annual license renewal application.	Public letter of concern
WEIR, Shawnee Dee, MD (000026882) Raleigh, NC	06/24/2013	MD prescribed controlled substances and other medications to a family member. It is the Board's position that licensees should not treat or prescribe for family members except in the case of minor acute illnesses or emergencies.	Public letter of concern
MISCELLANEOUS ACTIONS			
None			
CONSENT ORDERS AMENDED			
None			
TEMPORARY/DATED LICENSES: ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES			
DERIDDER, Gustaaf Gregoire, MD (RTL) Durham, NC	07/24/2013	History of substance abuse; MD has successfully completed inpatient treatment	Temporary resident training license to expires 01/31/2014
GERANCHER, John Charles, MD (009500077) Winston-Salem, NC	7/18/2013		Temporary medical license; Expires 09/30/2014
GUARINO, Clinton Toms Andrew, MD (009900062) Hickory, NC	05/16/13	History of alcohol/substance abuse	Temporary medical license extended; expires 05/31/2014
HUMBLE, Scott David, MD (200700897) Salisbury, NC	07/29/2013	History of alcohol dependence; MD successfully completed residential treatment	Temporary medical license expires 1/31/2014; NCPHP contract
KAOUD, Hany Aziz, MD (200901680) Winterville, NC	05/16/2013	History of diverting medications for personal use; history of substance abuse	Temporary medical license extended; expires May 31, 2014.
LONG, Scott David, PA (000103319) Burlington, NC	07/18/2013		Temporary PA license extended; Expires 7/31/2014
MOORE, Michael Christopher, DO (009701826) Raleigh, NC	07/18/2013		Undated license issued; must maintain contract with NCPHP.
COURT APPEALS/STAYS			
None			
DISMISSALS			
None			

FINES

The NCMB issues non-disciplinary administrative fines in certain cases where incorrect and/or incomplete information on a medical licensing application causes Board staff to spend an inordinate amount of time resolving the issue(s),

Date	Reason	Amount
5/3/2013	Error/omission on license application or annual renewal.	$500
5/8/2013	Error/omission on license application or annual renewal.	$1,000
5/20/2013	Error/omission on license application or annual renewal.	$1,500
6/7/2013	Error/omission on license application or annual renewal.	$500
6/20/2013	Error/omission on license application or annual renewal.	$250
6/21/2013	Error/omission on license application or annual renewal.	$1,000
7/8/2013	Error/omission on license application or annual renewal.	$500
7/8/2013	Error/omission on license application or annual renewal.	$500
7/16/2013	Error/omission on license application or annual renewal.	$1,500
7/31/2013	Error/omission on license application or annual renewal.	$1,000
7/26/2013	Error/omission on license application or annual renewal.	$2,000

North Carolina Medical Board
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EXAMINATIONS

Residents Please Note USMLE Information

United States Medical Licensing Examination
Computer-based testing for Step 3 is available on a daily basis. Applications are available on the Federation of State Medical Board's Web site at *www.fsmb.org*.

Special Purpose Examination (SPEX)
The Special Purpose Examination (or SPEX) of the Federation of State Medical Boards of the United States is available year-round. For additional information, contact the Federation of State Medical Boards at PO Box 619850, Dallas, TX 75261-9850, or telephone (817) 868-4000.

BOARD MEETING DATES

November 20-22, 2013 (Full Board)
December 12-13, 2013 (Heaings)
January 15-17, 2014 (Full Board)
February 20-21, 2014 (Hearings)

Meeting agendas, minutes and a full list of meeting dates can be found on the Board's website
ncmedboard.org

Visit the Board's website at *www.ncmedboard.org* to change your address online. The Board requests all licensees maintain a current address on file with the Board office. Changes of address should be submitted to the Board within 30 days of a move.

Professional Corps and LLCs: Renew by year's end

Medical professional corporations and limited liabilities companies are required to renew their corporate registration annually with the Board no later than Dec. 31. The Board emails or mails a renewal notification to the email or business address on file with the NCMB during the fourth quarter of the year. Failure to renew may result in suspension of the corporate registration pursuant to NCGS 55B-13. If suspended by the NCMB, a business may no longer provide professional services to the public under the protections afforded by PC or LLC status.
All medical professional businesses must renew online. Paper renewals are not accepted. Be prepared to update and verify for accuracy the following:

- Mailing address, phone numbers and email address for PC or PLLC
- Current Registered Agent listed with NCMB and the Secretary of State
- Current approved shareholders or members of the PC/PLLC (You will have the opportunity to request approval of a newly added shareholder/member during the renewal process)