FORUM
NORTH CAROLINA MEDICAL BOARD
PRIMUM NON NOCERE
SPRING 2010

A SPECIAL MESSAGE

Pg. 10 - Recognizing and reporting suspected child abuse

# Helping in Haiti:
## One physician's journey

When a disaster of the magnitude of January's catastrophic earthquake in Haiti strikes, for most physicians the instinctive reaction is to think, "How can I help?" For me, the answer came just four days after the quake hit, when I received a telephone call from the medical director of Double Harvest, a nonprofit about 10 miles outside of Port-au-Prince.

The medical director, who I knew from a 2009 volunteer trip providing anesthesia services at the nonprofit's small hospital, told me she had assembled a surgical team to treat injuries but as yet had no anesthesia lined up. She wanted to know if I was available to come down.

H. Arthur McCulloch, MD, NCMB Past President (2006-2007) says "The impression that is the strongest from my trip is of the incredible strength and beauty of the Haitian people."

In less than 24 hours, and with the cooperation of many people in my practice group, Southeast Anesthesiology Consultants in Charlotte, my wife Kim and I pulled together a team that included me, two CRNAs and a RN who is a Haitian native. (Side note: During our trip this RN made several attempts to contact her parents, who were living on the island at the time of the disaster, without success. She carried out her duties professionally during what must have been an extremely emotional time for her. She was never able to reach them and it is assumed they perished in the quake.)

Our team arrived in Santo Domingo on Sunday, where U.S. Army pilots and airmen were available to airlift us to Port-au-Prince. They placed us at the front door of the clinic on Monday morning.

Hundreds of injured Haitians, many of whom had been at the clinic for several days, awaited us. Most of the injuries were crushed limbs and the most common operation performed was amputation. Since they had gone virtually without treatment for many days, all open injuries were seriously infected.

Before the earthquake, surgical teams arrived three or four times a year for a week at a time and the Double Harvest facility treated perhaps a dozen patients a day. Since the quake it has been operating continuously and handling up to 80 cases a day in its two operating rooms. To accommodate the burgeoning demand, the resourceful staff at Double Harvest, which teaches farming and irrigation techniques and operates a school for local children in addition to other programs, converted a schoolhouse into a makeshift recovery room, with bare mattresses serving as recovery beds.

The van Wingerden family, whose patriarch Aart van Wingerden founded Double

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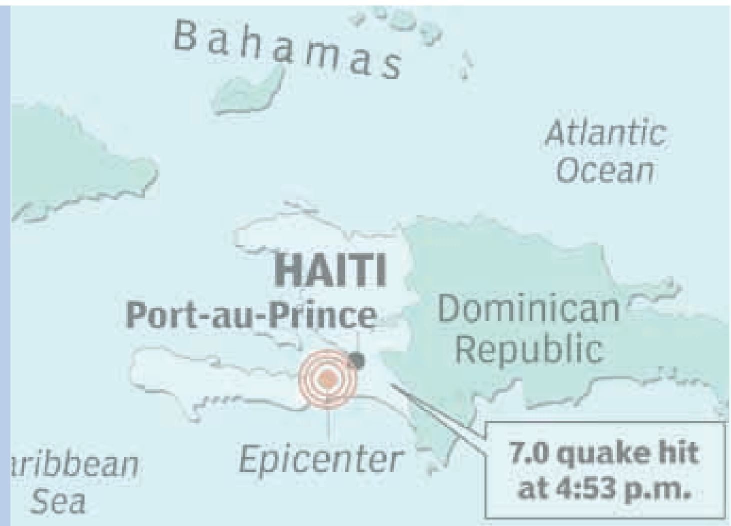
> "The opportunity to give much needed care. . .came as close to pure medical practice as I have ever experienced."




Harvest in 1979, worked around the clock to keep us in materials, supplies, gasoline and food by making daily trips to the Dominican Republic. They were able to repair leaks in our anesthesia machines and even fix a sterilizer that they had never before laid eyes on.

To be sure, the experience was emotionally and physically demanding. Long days, little sleep, minimal contact with family back home, all while treating devastating injuries against a backdrop of death. The experience left each of us with a need for healing ourselves.

But the impression that is the strongest from my trip is of the incredible strength and beauty of the Haitian people. Most patients had lost a limb and would return to a society where disabilities are not well accepted. Most had lost multiple family members to the earthquake and no doubt had endured horrific experiences prior to their arrival at the clinic. Yet, in eight days I never heard one complaint or cry. That incredible aspect of my trip to Haiti will last longer than any other. While there with these people, I felt close to God.

Most physicians, as well as most other health care professionals, have been instilled with a sense of service and responsibility. Financial and practice pressures, as well as our frequent obligation to provide care without compensation, can understandably distract us from and even obscure our desires to help people in distress.

But for me, the opportunity to give much needed care to a large number of injured and dying patients came as close to pure medical practice as I have ever experienced. There were no tests to order, MRIs to read, administrative rules to follow, and no thoughts of defensive medicine. We were faced with a steady stream of patients in need and we cared for them in good fashion, using the best judgment that experience had taught us. At the end of each day I felt a sense of true accomplishment and a sense that I had come close to honoring the wonderful gift of my medical education.

It's not possible for every physician to serve in the field providing direct medical services. Not everyone has to. There are numerous ways to help, from donating supplies and equipment to writing a donation check to a worthy service organization. I encourage you to find a way to help, in Haiti or anywhere patients are in medical need.

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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.

Primum Non Nocere

**ABOVE** (from left): Dr. McCulloch, Elizandra Pierre, CRNA, Fasha Davis, RN, and Ken Cartledge, CRNA, at the airport in Charlotte before departure.

**ABOVE:** Taking a brief history of injury outside the clinic.

**ABOVE, FAR RIGHT:** Reducing a fracture/dislocation of a hip in the OR with an orthopedic surgeon from Grand Rapids, Mich.

**LEFT:** The triage/waiting area outside clinic.

**RIGHT**: A young male patient rests outside of the clinic.

## H. Arthur McCulloch, MD

Dr. McCulloch was appointed to the NCMB in 2002 and served as the Board's president, president-elect, secretary and treasurer. He completed his term in 2008. McCulloch currently practices with Southeast Anesthesiology Consultants in Charlotte.

## Have your own volunteer story?

- Visit the online version of this article at *www.ncmedboard.org/newsletter/*
- At the end of the article, click on "Post a comment on this article" to share details of your own volunteer experience.
- Prefer to send an email? Contact the editor at *forum@ncmedboard.org* The *Forum* is pleased to publish letters.

## PRESIDENT'S MESSAGE

The President's Message will return in the next issue of the *Forum*, Summer 2010.

## Ways to help

**Double Harvest** is the 200-acre Christian mission, which includes a school, medical/surgical clinic, farm and greenhouse, where Dr. Art McCulloch volunteered. Learn more about this charity at: *www.doubleharvest.org*

**InterAction** is the nation's largest coalition of international service organizations. Visit *www.interaction.org/crisis-list/earthquake-haiti* for an updated list of programs currently working in Haiti.

**GlobalGiving** helps nonprofits and social entrepreneurs connect with volunteers and donors. Visit *www.globalgiving.org* Click on "Find a Project" and select Haiti from the country list to see a listing of groups working in Haiti.

**The Center for International Disaster Information** is a federal agency and resource for people who wish to learn more about the situation in Haiti, as well as other global disasters, including the best ways to help. Visit *www.cidi.org*

# Karen Gerancher, MD, appointed to NCMB

Karen Gerancher, MD, of Winston-Salem was appointed to the Board in March. Gerancher graduated from Florida State University Summa Cum Laude, earning a BS in biology. After studying Art and Italian language in Florence, Italy, she earned a graduate certificate, masters in biology/genetics from the University of Birmingham, United Kingdom, and her MD from the University of Florida College of Medicine. She completed her residency training in obstetrics and gynecology at Bowman Gray School of Medicine in Winston-Salem.

Karen Gerancher, MD

Dr. Gerancher currently serves as medical director for the Forsyth County Health Department's Family Planning Clinic. She is assistant professor, section head of gynecology and residency program director for the Department of Obstetrics and Gynecology at Wake Forest University School of Medicine.

Dr. Gerancher is a fellow of the American College of Obstetricians and Gynecologists. She is also a member of the Association of Professors of Gynecology and Obstetrics/Council on Resident Education in Obstetrics and Gynecology, the North American Society for Pediatrics and Adolescent Gynecology and the American Society for Reproductive Medicine. She is an appointed member of the CME Committee and serves on the Nurse-Physician Communication Committee for Novant Health, Forsyth Medical Center. She also participates in the Committee for Improvement of OB/GYN Patient Care in the Emergency Department at Forsyth Medical Center.

Dr. Gerancher is the recipient of numerous awards including the Resident Advocate Award, the Outstanding Clinical Teacher Award and the University Medical Guild Memorial Award for Excellence. She is board certified by the American Board of Obstetrics and Gynecology and is active in the maintenance of certification process.

# Licensing Director Wins National Prize

The NC Medical Board's longtime Licensing Department Director, Joy Cooke, is the recipient of a national service award.

Cooke, of Wendell, received the "AIM Distinguished Service Award" at the Administrators in Medicine (AIM) national meeting April 21 in Chicago. She has more than 26 years of service at the NC Medical Board, which licenses and regulates physicians, physician assistants and certain other health care professionals.

Joy Cooke

"For more than 20 years, Joy has been the gatekeeper of physician licensure in North Carolina, making sure that all licensees meet the high standards required to practice medicine," noted R. David Henderson, the NCMB's executive director. "This recognition is well deserved."

AIM is the national organization for state medical and osteopathic board executives. The Distinguished Service Award is the organization's highest honor. It is presented to administrators who have dedicated a lifetime of service to medical licensing and regulation.

## CALL FOR APPLICANTS: SERVE ON THE NC MEDICAL BOARD

The independent panel that nominates candidates for certain seats on the NC Medical Board is seeking applicants for four physician positions. Applications and letters of recommendation are due July 1.

The terms of three current Board members expire at the end of October: Thomas R. Hill, MD, Janice E. Huff, MD, and William A. Walker, MD. All three are eligible for reappointment to a second three-year term.

In addition, the Board seat occupied by George L. Saunders, MD, who completed his second full term on the Board in October 2009, remains open and the Review Panel is also seeking physician applicants for this Board seat.

Applicants must have an active, nonlimited license to practice medicine in NC, among other qualifications. Applicants must have no public disciplinary actions with the NCMB or any other professional licensing board for the past 10 years.

For more information, visit *www.ncmedboardreviewpanel.com*. Interested parties may also contact David Feild, Coordinator, at 919-861-4533 or *dfeild@firstpointresources.com*, or Angela Kite, Asst. Coordinator, at 919-787-5181 x1241 or *akite@firstpointresources.com*.

# Registered Polysomnographic Technologists (RPSGT's): Recent Developments in the Law

**Thomas Hill, MD**
**NCMB Board Member**

The 2009 North Carolina General Assembly passed into law "The Polysomnography Practice Act," (S.L. 2009-434), which regulates the practice of registered polysomnographic technologists (RPSGTs). Also known as "sleep techs," RPSGTs perform and assist in interpreting sleep studies to aid physicians in the diagnosis of sleep disorders.

The new law mandates that the North Carolina Medical Board maintain a registry of RPSGTs that are registered by the Board of Registered Polysomnographic Technologists (BRPT). The Medical Board will collect the following information: the name, full address, the date of registration with the BRPT, and proof of registration. The Medical Board is not responsible for determining whether registration of a practitioner is appropriate, and the Board will not discipline RPSGTs for substandard practice. Instead the Board merely acts as the repository for the registry information.

Thomas Hill, MD

The new law further requires that RPSGTs work under the indirect supervision of a physician. The supervising physician is required to have policies and procedures in place for the safe and appropriate completion of RPSGT services and must be readily available to render assistance if needed. However, on-site supervision is not required. The law mandates that sleep studies may only be performed in a hospital, standalone sleep laboratory or sleep center, or in a patient's home. The law permits other licensed or registered health care professionals or those working under the supervision of another health care professional to perform sleep studies; however, only those individuals registered with the Medical Board may call themselves "RPSGT."

After January 1, 2012, it shall be illegal for individuals who are not registered with the Medical Board to do any of the following: (1) practice polysomnography; (2) represent, orally or in writing, that the person is credentialed to practice polysomnography; or (3) use the title "Registered Polysomnographic Technologist" or the initials "RPSGT." Violation of this law shall be a Class I misdemeanor.

PSGT students and those involved in institutional review board-approved research studies will be exempt from these prohibitions.

The North Carolina General Assembly tasked the Medical Board with identifying standards for physicians supervising RPSGTs, with the goal of improving the quality and safety of sleep studies. Accordingly, the Medical Board convened a work group, which I chaired. The work group consisted of Bradley Vaughan, MD (Chapel Hill), and RPSGTs Karen Monarchy Rowe (New Bern) and William Underwood (Chapel Hill) to establish those standards. The following was adopted by the North Carolina Medical Board in January 2010.

### Physician Supervision of Registered Polysomnography Technologists (RPSGTs)

*In addition to the requirements set forth in the Position Statement entitled, "Physician Supervision of Other Licensed Health Care Practitioners," the following requirements apply to physicians who supervise Registered Polysomnography Technologists:*

*The physician shall be immediately available, either in person or by telephone or electronic means, at the time polysomnography services are rendered.*

*The physician shall establish a written scope of practice not to exceed that permitted by the North Carolina Polysomnography Practice Act. Protocols shall be in place for each RPSGT under the physician's supervision. Protocols shall be written, updated and reviewed at least annually. Scope of practice documents and protocols shall be available at each testing site and shall be immediately available for inspection by an agent of the Board.*

*The physician shall require the RPSGT to update the RPSGT's current and complete address and contact information, including home and all practice locations, with the supervising physician within thirty days of any changes.*

*The physician shall ensure that the RPSGT makes the supervising physician's contact information available to all patients seen by the RPSGT and informs patients that they are encouraged to call the supervising physician with any concerns regarding the RPSGT's performance.*

*The physician shall have current knowledge of the proper operation and calibration of equipment used by the supervised RPSGT.*

*It is further recommended that the supervising physician attend continuing medical education in the area of sleep medicine.*

*The Medical Board will develop more detailed procedures for RPSGTs who must register under the Act closer to the January 2012 implementation deadline. Please review the Board's website at* www.ncmedboard.org *and upcoming issues of the* Forum *for further information.*

# Board encourages compliance with the 'Six Core Competencies'

This issue of the *Forum* concludes the Board's three-part series on the ACGME's six core competencies. The Board hopes its licensees have found this feature informative and useful.

The Board continues to use the competencies—adopted by the Accreditation Council on Graduate Medical Education in 1999 as a means of gauging the competence of medical residents—as a framework for discussing disciplinary cases. Board members have found that licensees involved in disciplinary cases typically exhibit deficiencies in one or more competency. The Board hopes making licensees more familiar with the competencies will encourage compliance, prevent misconduct and improve the quality of patient care.

### In this issue: Professionalism and Systems-based Practice

Read the detailed definitions below for information on what behaviors and skills demonstrate proficiency within a particular competency. To see detailed descriptions of the competencies featured in previous issues of the *Forum*, visit *www.ncmedboard.org* Go to "Professional Resources" and select "*Forum* Newsletter." The first two competencies appeared in the Fall 2009 issue; the next two appeared in the Winter 2009 issue.

### Professionalism: "How you act"

Practitioners must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Practitioners are expected to:

- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practice.
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

### Systems-based Practice: "How you work within the system"

Practitioners must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Practitioners are expected to:

- Understand how their patient care and other professional practices affect other health care professionals, the health care organization and the larger society and how these elements of the system affect their own practice.
- Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
- Practice cost-effective health care and resource allocation that does not compromise quality of care.
- Advocate for quality patient care and assist patients in dealing with system complexities.
- Know how to partner with health care managers and health care providers to assess, coordinate and improve health care and know how these activities can affect system performance.

### WHAT ARE THE SIX CORE COMPETENCIES?

A complete list of the six competencies appears below

- Patient Care
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice

## Need a Speaker?

The NC Medical Board is pleased to provide Board Members and/or Board staff to speak on a variety of subjects at professional meetings and other events, subject to availability.

To schedule a speaker, please contact the Board's Public Affairs Department: Jean Fisher Brinkley, Director, 919-326-1109 x230 or *jean.fisher@ncmedboard.org* or Dena Konkel, Assistant Director, 919-326-1109 x271 or *dena.konkel@ncmedboard.org*.

# NCPHP scholarships save careers, lives

Joseph P. Jordan, PhD

Those of us in the fields of counseling, psychiatry, psychology and other helping professions must often confront the benign resignation that not everyone can be helped. It doesn't mean that we stop trying; in fact, my experience is that it makes us try that much harder to help those who can be helped. When an individual acts to help patients who otherwise would not get the care they desperately need, I think that person should be recognized.

Dr. Jordan is the clinical director of the NC Physicians Health Program

This column is a public 'Thank You' to Janelle Rhyne, MD, a recent past president of the NC Medical Board. Dr. Rhyne completed her term on the Board in October 2009 and currently practices in Wilmington, where she is on the staff of the county Public Health Department.

During Dr. Rhyne's term as Board president in 2008, the Board approved a change to the NCMB's annual registration renewal questionnaire that allows licensees to contribute to a private scholarship fund. Managed by the NC Physicians Health Program, the fund helps defray the cost of medical providers' alcohol/substance abuse assessment and treatment fees. Although a scholarship does not cover a recipients' entire treatment cost, it may cover enough to open the door—leading to a new way of life and restoring function as a medical professional. Once in treatment, it is up to the professional to prove they want recovery.

Since the fund was established, the response has been overwhelming. During the most significant economic downturn since the Great Depression, scholarship donations have actually increased. In 2009, licensees of the NCMB donated more than $100,000, funding 50 NCPHP scholarships. These awards were critical in helping participants who otherwise would not have been able to get help. Participants have gone to treatment, obtained professional evaluations or seen therapists as a result of donors' generosity. I always knew that physicians and PAs were giving people. This proves it.

It would not be overstating to say that donations from NCMB licensees have saved lives and salvaged wrecked careers. As clinical director of NCPHP, I hear on a daily basis the heart-rending stories of professionals who have succumbed to the disease of alcoholism or addiction, battled with major depression, or in some way betrayed the ideals of their profession. Often destitute and hopeless, these people are desperate for help. I have experienced the following reactions to the NCMB-funded scholarship fund: a destitute PA sobbing with gratitude at being able to get treatment; innumerable statements of thanks from participants; and handwritten letters of thanks from those participating in treatment. In addition, staff members at multiple treatment centers have commented that they wish other states supported impaired medical professionals the way North Carolina does.

Dr. Rhyne is an unassuming person and I'm sure she would say that establishing the NCPHP scholarship fund was a Board effort. But in organizations such as the Medical Board with numerous competing priorities, it's easy even for worthy ideas to get lost in the shuffle. The fact is that the Board President sets the Board's agenda and is key to helping specific initiatives along. Dr. Rhyne recognized the need for a scholarship program and championed the cause. The Board unanimously approved the fund's creation, and licensees have risen admirably to the call to help their colleagues in need. I applaud Dr. Rhyne for the way her actions and thoughtfulness have helped others to help themselves.

## HOW TO GIVE

You need not wait until you renew your license to make a donation. Gifts to the PHP Scholarship Fund may be sent directly to the address below. Make checks to NCPHP and be sure to identify your contribution as a gift to the fund.

NCPHP
220 Horizon Drive, Ste. 201
Raleigh, NC 27615

**NORTH CAROLINA PHYSICIANS HEALTH PROGRAM** is a not-for-profit organization that provides assessment, referral, monitoring, educational and support services for impaired medical professionals. Referrals to NCPHP are confidential. Licensees may remain anonymous, including to the Medical Board, as long as NCPHP can establish they are safe to practice, or have withdrawn themselves from practice while in treatment.

# Year in Review: A look back at data from 2009

Each year in the Spring issue of the *Forum*, we present selected data from the previous year. This year we provide detailed information about licensed physician assistants (visit the Data Center at *www.ncmedboard.org* for a similar table that shows physicians by county, as well as additional data that could not be printed due to limited space). Also this year we present information about the sources of complaints and the primary nature of the allegation (see Top 20 Types of Complaints). The number of **licensed physicians** is not displayed below, but data for 2009 are: **31,278** total (**22,392** in-state, **8,886** out-of-state). In addition there were **2,340** residents in 2009.

This page also includes summary data about all public actions, disciplinary or otherwise, taken in 2009. "Causes of Action" describes the types of cases that led to each action. The total number of causes is not equal to the total number of actions because a typical action has more than one cause. A case that involved diversion of prescription drugs for personal use, for example, would be categorized as both "prescribing issues" and "alcohol/substance abuse."

## SUMMARY OF THE 2009 BOARD ACTION REPORT

### PREJUDICIAL ACTIONS*

**License Denied:**
22 Actions (18 Physicians, 2 PAS, 1 CCP)

**Revocations:**
7 Actions (5 Physicians, 2 PAs)

**Probation:**
23 Actions (21 Physicians, 1 PA, 1 NP)

**Reprimand:**
38 Actions (34 Physicians, 4 PAs)

**Suspensions:**
42 Actions (39 Physicians, 2 PAs, 1 NP)

**Summary Suspensions:**
3 Actions (3 Physicians)

**Miscellaneous Actions:**
11 Actions (11 Physicians)

**Surrenders:**
23 Actions (18 Physicians, 5 PAs)

**Public Letters of Concern:**
73 Actions (65 Physicians, 8 PAs)

**Temporary/Date Licenses Issued to Expire:**
15 Actions (9 physicians, 2 PAs)

**Temporary/Dated Licenses Allowed to Expire:**
1 Action (1 physician)

**TOTALS:** Prejudicial actions in 2009 relating to 218 persons (192 physicians; 24 PAs; 1 NPs; 1 CCP)
*Prejudicial actions in 2008 relating to 184 persons (152 Physicians; 27 PAs; 4 NPs; 1CCP)*

### NON-PREJUDICIAL ACTIONS**

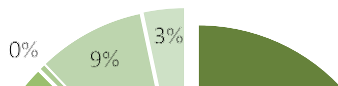
**Dismissals:**
5 Actions (5 Physicians)

## TOTAL NUMBER OF PHYSICIAN ASSISTANTS BY COUNTY | 2009

| County | Total | County | Total | County | Total | County | Total | County | Total |
|---|---|---|---|---|---|---|---|---|---|
| Alamance | 29 | Clay | 0 | Harnett | 33 | Nash | 37 | Stokes | 5 |
| Alexander | 7 | Cleveland | 23 | Haywood | 15 | New Hanover | 154 | Surry | 31 |
| Alleghany | 1 | Columbus | 14 | Henderson | 37 | Northampton | 3 | Swain | 10 |
| Anson | 2 | Craven | 35 | Hertford | 8 | Onslow | 44 | Transylvania | 4 |
| Ashe | 3 | Cumberland | 194 | Hoke | 16 | Orange | 76 | Tyrrell | 0 |
| Avery | 0 | Currituck | 1 | Hyde | 1 | Pamlico | 2 | Union | 31 |
| Beaufort | 7 | Dare | 15 | Iredell | 38 | Pasquotank | 18 | Vance | 21 |
| Bertie | 9 | Davidson | 24 | Jackson | 13 | Pender | 7 | Wake | 357 |
| Bladen | 8 | Davie | 11 | Johnston | 28 | Perquimans | 1 | Warren | 1 |
| Brunswick | 30 | Duplin | 7 | Jones | 1 | Person | 11 | Washington | 6 |
| Buncombe | 160 | Durham | 288 | Lee | 19 | Pitt | 108 | Watauga | 12 |
| Burke | 23 | Edgecombe | 11 | Lenoir | 16 | Polk | 4 | Wayne | 41 |
| Cabarrus | 52 | Forsyth | 281 | Lincoln | 8 | Randolph | 19 | Wilkes | 11 |
| Caldwell | 9 | Franklin | 4 | Macon | 4 | Richmond | 6 | Wilson | 28 |
| Camden | 0 | Gaston | 55 | Madison | 6 | Robeson | 52 | Yadkin | 5 |
| Carteret | 24 | Gates | 0 | Martin | 3 | Rockingham | 16 | Yancey | 2 |
| Caswell | 1 | Graham | 1 | McDowell | 9 | Rowan | 44 | **In State** | **3,575** |
| Catawba | 80 | Granville | 16 | Mecklenburg | 372 | Rutherford | 13 | | |
| Chatham | 4 | Greene | 3 | Mitchell | 0 | Sampson | 21 | **Out State** | **343** |
| Cherokee | 10 | Guilford | 227 | Montgomery | 7 | Scotland | 13 | **Grand Total** | **3,918** |
| Chowan | 3 | Halifax | 9 | Moore | 49 | Stanly | 6 | | |

## SOURCES OF COMPLAINTS | 2009

Information for a licensee may come from more than one source.




## TOP 20 TYPES OF COMPLAINTS FILED | 2009

| Complaints | Total | Complaint | Total |
|---|---|---|---|
| Communication Issue | 459 | Ethical Issues | 13 |

**Temporary/Dated Licenses Extended:**
13 Actions (8 Physicians, 3 PA)

**Temporary Licenses to Full and Unrestricted:**
13 Actions (9 Physicians, 4 PAs)

**Consent Orders Lifted:**
24 Actions (18 Physicians, 6 PAs)

**Reentry Agreements:**
23 Actions (10 Physicians, 3 PAs)

**Miscellaneous Actions:**
7 Actions (7 Physicians)

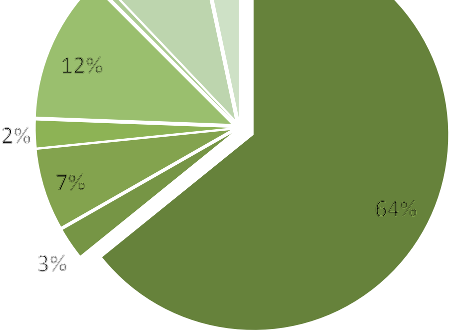
**TOTALS:** Non-prejudicial actions in 2009 relating to 76 persons (53 Physicians; 23 PAs)
*Non-prejudicial actions in 2008 relating to 60 persons (45Physicians; 12 PAs; 2NPs; 1 CCP)*

## HOW ACTIONS ARE DELIVERED

**Consent Orders:** 125 [12 modifications, 10 Non-Disciplinary] (108 Physicians, 11 PAs, 2 NPs)

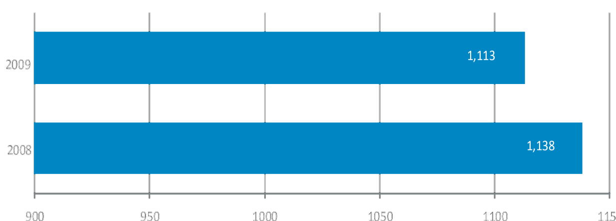
**Final Orders:** 13

*Prejudicial Action: A "prejudicial action" is disciplinary in nature and reflects a violation of the Medical Practice Act by the practitioner.
**Non-Prejudicial Action: A "non-prejudicial action" reflects either the Board's determination of satisfactory performance by the practitioner following a previous disciplinary action or the dropping of charges.

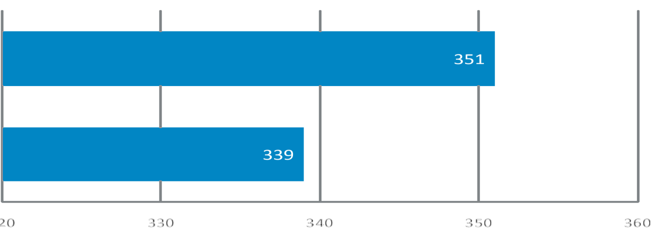



| Quality of Care | 287 | Advertising Issue | 8 |
|---|---|---|---|
| Policy-Procedures within DOC | 99 | HIPPA Violation | 8 |
| Medical Record Issue | 81 | Abandoned Patient | 5 |
| Billing/Fee Issue | 58 | Inappropriate Exam | 5 |
| Patient Dismissed | 38 | Unprofesional Conduct | 5 |
| Refused Appointment | 27 | Rude Office Staff | 4 |
| Prescribing Issues | 21 | Supervision of PE | 3 |
| Inaccurate Documentation | 19 | Other | 2 |
| Disability/Workers Comp | 15 | **TOTAL Complaints** | 1,183 |
| Misdiagnosis | 14 | | |

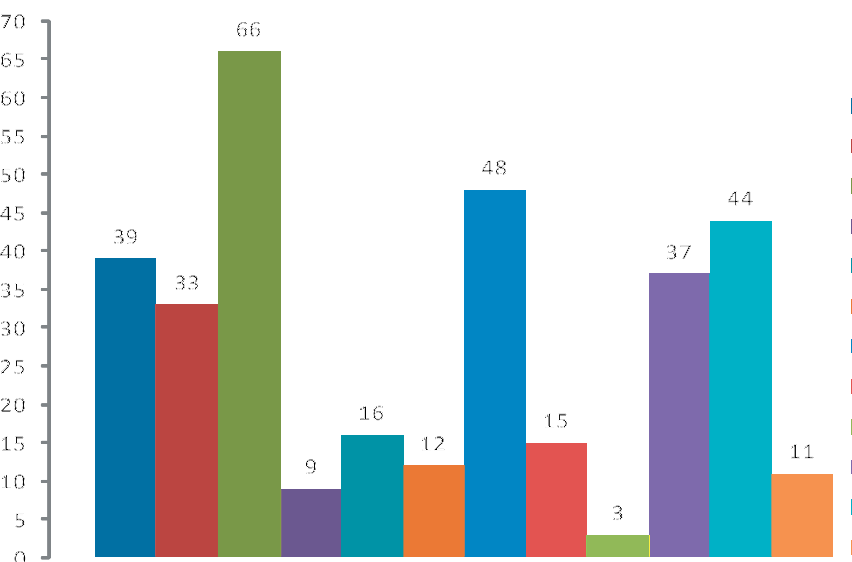
## COMPLAINTS RECEIVED | 2008-2009




## MALPRACTICE PAYMENTS REPORTED | 2007-2008

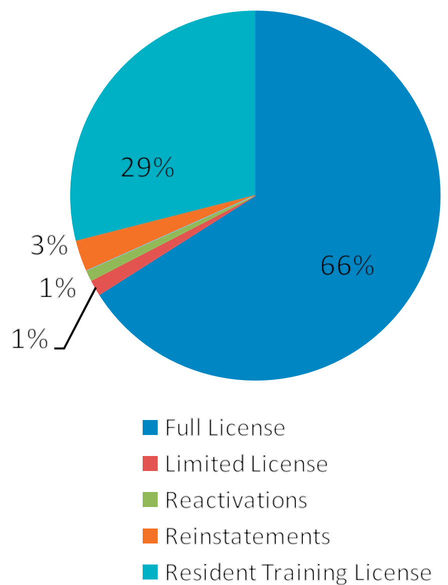



## CAUSES OF ACTION | 2009




## PHYSICIAN LICENSES ISSUED | 2009

Total MD/DO licenses issued: 2,105



SPECIAL FEATURE

# Recognizing and reporting suspected child abuse: A clinician's guide

Elaine Cabinum-Foeller, MD, FAAP

*RP is an eight-month-old who died of blunt head trauma. On exam, he had bruises on his face and trunk that were patterned. His skeletal survey also documented a healing right transverse humerus fracture and numerous healing rib fractures. Medical record review revealed that at five months of age he had been seen at his local ED for "not moving his right arm." History obtained at that time related the injury to a fall from the couch to the floor. At that visit, small bruises were observed on his left cheek, which were also said to be from the fall. He was splinted in the ED and told to follow up with orthopedics and his primary care physician. No one called Child Protective Services or mentioned concerns about possible abuse in the medical record.*

The case above is only illustrative, but it is only too typical of the findings in our state when these cases are reviewed. As the pediatrician appointed to the state Child Fatality Task Force and state Child Fatality Prevention Team, I help review cases similar to RP's on an almost monthly basis. Whether or not we see children in a professional capacity, we are all responsible for helping the children of our state have a healthy and safe childhood. Outside of our professional roles we are mothers, fathers, uncles, aunts, grandparents or godparents to many children throughout our lives. We interact with children through church and service organizations. We should care about all children and help to ensure that all children grow up free from abuse and fear of injury or death.

Nonetheless, child abuse is widely understood to be underrecognized and underreported. Even physicians, who might seem more able to spot possible signs of abuse due to specialized training and experience with objectively evaluating injury and illness, miss or overlook possible danger signs for a variety of reasons. We may be hesitant to report a suspicion for fear of wrongly accusing or implicating parents or other caregivers. We may not understand what signs represent reasonable evidence to suspect abuse. Or, we may not know how to report suspicions, or who to report them to.

This article will provide an overview of child abuse and neglect, as well as child deaths due to injury or neglect. It will also provide physicians, physician assistants and other clinicians with the basic knowledge to make a report of suspected child abuse to the proper authorities.

Child abuse and neglect is epidemic in our society with an estimated 794,000 child victims in 2007 in the United States.[1] Of those, approximately 1,760 children died due to abuse and neglect.[1] In North Carolina during fiscal year 2008-2009, 122,672 children were reported as possibly abused and neglected. [2] Of those reports, 23,781 cases were either substantiated or found "in need of services" after investigation by social services. [2] Many cases involved multiple children. In 2008, 33 children in North Carolina were killed by their parent or caregiver. This number typically fluctuates between 20 and 35. Each of these deaths is tragic and should be considered preventable. Box 3 is a summary of North Carolina child homicides by parent or caregiver each year since 2000.

An important step in preventing child abuse and especially the related deaths is recognition and reporting suspected child abuse or neglect. The American Medical Association recently adopted Report 2 of the Council on Science and Public Health regarding identifying and reporting suspected child abuse. Among other things, this report calls for the AMA to: recognize that physicians underreport suspected child abuse, affirm that all physicians have a responsibility to protect children when abuse

## RESOURCES (Box 1)

Prevent Child Abuse North Carolina
*www.preventchildabusenc.org*

Period of PURPLE Crying project in NC
*www.purplecryingnc.info*

UNC Child Medical Evaluation Program
*www.med.unc.edu/cmep/*

Children's Advocacy Centers of NC
*www.cacnc.org/home*

North Carolina Professional Society on the Abuse of Children (NCPSAC)
*www.ncpsac.org*

North Carolina Pediatric Society
*www.ncpeds.org*

Darkness to Light
*www.darkness2light.org*
Child Sexual Abuse prevention program aimed at adults

> "Child abuse is widely understood to be underrecognized and underreported"

is suspected, support studies on why physicians fail to recognize and report suspected child abuse, encourage state protective agencies to have a medical director or liaison for communicating with health care providers, and reaffirm strong support for mandatory reporting of suspected child maltreatment. [3]

Child abuse happens all the time and all around us. We have a responsibility to help prevent child abuse and neglect in North Carolina, both as health care professionals and citizens. As physicians and physician assistants, we must recognize the signs, both physical and behavioral, that may signal abuse. We must also understand our duty to report suspected abuse.

North Carolina state law (G.S. 7B-301) mandates that all residents with cause to suspect that a child is abused, neglected, or dependent must report their suspicions to the Child Protective Service Division (CPS) of the local Department of Social Services. This report may be made anonymously. However, CPS must contact reporters who provide their name and contact information to let them know whether the case was accepted for investigation.

When making a report of suspected child abuse, the person reporting should share with DSS the child's name, address, parent or caretaker's name and address, any other children living in home, and why the reporter suspects that the child is abused or neglected. It is important to note that the medical professional does not have to make a determination of abuse. Rather, the findings (physical, behavioral or disclosure) should rise to the level of suspicion of abuse. CPS is charged with investigating reports, with making a determination of abuse or neglect and with formulating a plan to protect the child, when appropriate. Another state law (G.S. 7B-309) expressly protects the person reporting suspected abuse from any civil or criminal liability, provided the report was made in good faith.

The North Carolina legislature recently clarified a state law (G.S. 90-21.20) that requires the reporting of wounds, injuries and illnesses possibly resulting from criminal acts. For many years, the law required reporting by physicians and hospitals of certain wounds, injuries, and illnesses (e.g., injuries often seen in emergency departments such as gunshot wounds and stabbings) to law enforcement. Recently the law was expanded to include the duty of reporting to law enforcement any cases of recurrent illness or serious physical injury in a patient under the age of 18 where the illness or injury appears to be the result of non-accidental trauma. The expanded law went into effect December 1, 2008.

The obligation to report to law enforcement does not replace the obligation to report to the Department of Social Services as described above; Rather, the treating physician, physician assistant or other clinician would be required to make two reports. This change was made to ensure that law enforcement is involved early in investigations of serious abuse. Law enforcement investigates allegations

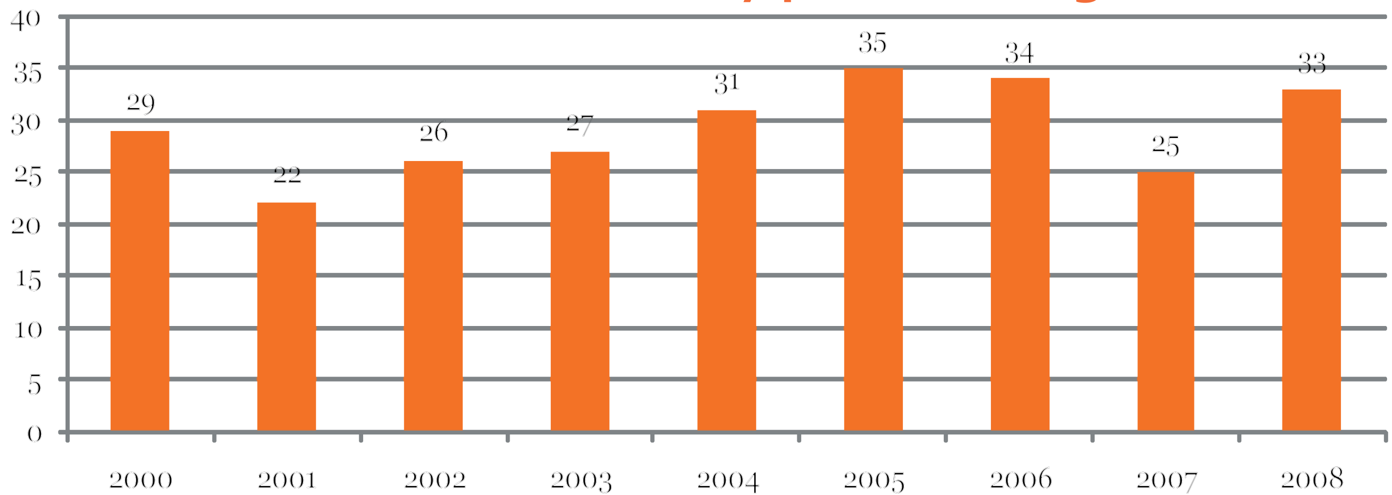
(Box 2)

### HOW TO MAKE A CHILD PROTECTIVE SERVICES (CPS) REPORT OF SUSPECTED CHILD ABUSE, NEGLECT, OR DEPENDENCY

Call the local Department of Social Services, Child Protective Service Division, and ask to speak with a social worker to make a report of suspected abuse or neglect. DSS involvement is based upon the county in which the child lives (which may be different from the county where you work or live). Share any information you have about the child including name, address, parent/caretaker name and address, other children in home; and why you suspect abuse or neglect. Contact information for local DSS offices can be found at the state Department of Social Services website: *www.dhhs.state.nc.us/dss/local/index.htm*

## NC child homicides by parent/caregiver

(Box 3)




Source: NC Office of the Chief Medical Examiner

of child abuse or neglect if it appears that a crime may have been committed. Many times, law enforcement officers and DSS investigators work collaboratively on a case.

North Carolina is blessed to have many resources in the fight against child abuse (see Box 1). For example, we are in the midst of implementing a statewide child abuse prevention campaign, the Period of PURPLE Crying. This program is aimed at educating caregivers about infant crying and ways to handle the stresses of parenthood. Infant crying is often the proximate trigger of infant shaking, so education about normal infant crying and avoiding shaking of an infant may decrease the related morbidity and mortality. Through newborn nurseries and health care provider offices, this program is being shared with the parents of every newborn in our state. Under the leadership of Dr. Desmond Runyan, a pediatrician in the Department of Social Medicine at the UNC School of Medicine at the University of North Carolina, Chapel Hill, data are being collected to assess the effectiveness of this intervention in the prevention of child abuse statewide.

If we look at the case in the introduction, at least one real opportunity was missed to intervene with this hypothetical family. An intervention based on that emergency room visit might have saved RP's life. Were there other missed opportunities? Had RP come in for regular medical care and immunizations? Were there clues at those visits? Did any neighbors or relatives have concerns about RP's care? Did RP attend daycare where staff there may have noticed bruises or other injuries? It is our duty, both legally and morally, not to miss these opportunities to protect children.

As members of the medical profession and as members of society, we should value our children. Let us all work together to ensure their health and safety. Let us prevent child abuse when possible, report suspicions when appropriate and protect our next generation.

### References:

[1]U.S. Department of Health and Human services, Administration on Children, Youth and Families. Child Maltreatment 2007 (Washington, DC: U.S. Government Printing Office, 2009)

[2]Prevent Child Abuse North Carolina, statistics on Child Abuse and Neglect in North Carolina for state fiscal year 2008-2009. *www.preventchildabusenc.org/*resources (Accessed February 21, 2010).

[3]American Medical Association, Action of the AMA House of Delegates at the 2009 Interim Meeting: Council on Science and Public Health Report 2 Recommendations Adopted as Amended, and Remainder of Report Filed.

**Elaine Cabinum-Foeller, MD, FAAP**

is the associate professor of pediatrics at East Carolina University's Brody School of Medicine. She is the medical director of TEDI BEAR Children's Advocacy Center, providing forensic evaluation and consultation, mental health treatment and education about child abuse.

# North Carolina Medical Board

## Quarterly Disciplinary Report | November 2009 – January 2010

Board actions are now published in an abbreviated format. The report no longer includes non-prejudicial actions such as reentry agreements and non-disciplinary consent orders. If you prefer the previous method of reporting Board actions, you may access an expanded disciplinary report by visiting the Board's website at *www.ncmedboard.org* Readers who prefer the more comprehensive version may sign up on the website to be notified when a new report is posted. Go to "Professional Resources" and select "Subscriptions" to sign up for an RSS Feed to be notified. Be sure to select the feed for "Bimonthly Disciplinary Report."

| Name/license#/location | Date of action | Cause of action | Board action |
|---|---|---|---|
| **REVOCATIONS** | | | |
| **BROWN, Douglas Allen, MD** (009800794) Newport News, VA | 11/06/2009 | Disciplined in VA; false statements on med school and employment applications; improper prescribing of controlled substances | In response to a motion for reconsideration, prior order amended to revoke MD's NC license retroactive to January 7, 2009 |
| **COFFMAN, Donald Ralph, MD** (000016272) Norlina, NC | 01/26/2009 | Felony conviction | NC medical license revoked |
| **DERBES, Linda Kaufman, MD** (009500112) Honolulu, HI | 12/02/2009 | Disciplined in CA for prescribing issues and for failure to comply with CA discipline | NC medical license revoked |
| **SUSPENSIONS** | | | |
| **BRAY, Anthony David, MD** (009400023) Greensboro, NC | 12/04/2009 | Failure to report a 2008 arrest for simple assault, prior criminal arrests, prior boundary violation, prior improper handling of controlled substances | Indefinite suspension of NC medical license |
| **MARKO, Bruce Howard, MD** (009601782) Charlotte, NC | 11/23/2009 | Fee splitting; performing surgeries "off the books." | NC medical license suspended for 12 months, but immediately stayed; Must comply with conditions |
| **MCANALLEN, Terry Joseph, DO** (200301013) Boone, NC | 11/09/2009 | Consumed alcohol in violation of NCPHP contract | Indefinite suspension of NC medical license |
| **MERRITT, Thomas Rodman, MD** (000024118) Fremont, MI | 01/04/2010 | The Board is concerned about the quality of certain surgical cases, one involving a retained instrument | NC medical license suspended for six months, immediately stayed. MD must submit self for assessment to PACE |
| **NOWLAN, Ashley, PA** (001001770) High Point, NC | 01/06/2010 | Substance abuse; PA is under contract with NCPHP | NC physician assistant license indefinitely suspended |
| **TROMBLEY, Richard Walter, PA-C** (000101702) Salisbury, NC | 01/22/2010 | Alcohol dependence | NC physician assistant license |
| **WALDMAN, Richard Alan, MD** (000039134) Whiteville, NC | 11/23/2009 | Failure to comply with prior Board order to obtain CME in medical records documentation | NC medical license suspended 60 days, immediately stayed |
| **WESTON, Jonathan Dunbar, MD** (000023809) Winston-Salem, NC | 01/12/2010 | MD performed an incomplete dilation & evacuation outpatient procedure on a patient, who suffered uterine perforation during the procedure | NC medical license is suspended for 12 months, immediately stayed provided MD comply with conditions, including refraining from performing outpatient surgical procedures |
| **WILKINSON, Heather Lee, DO** (200400777) Hilton Head, SC | 11/23/2009 | Abuse of the drug Percocet; attempting to obtain by fraud | NC medical license indefinitely suspended |
| **WINTON, Robert Emmett, MD** (000022994) Durham, NC | 11/23/2009 | MD exchanged multiple emails of a personal nature with a psychiatric patient | NC medical license suspended for one year; this is stayed except for a period of 30 days. MD must pay $5,000 fine and serve one year probation |
| **CONSENT ORDERS** | | | |
| **CATO, Allen Easley, Jr., MD** (000016670) Durham, NC | 01/12/2010 | Prescribing to family and coworkers in violation of Board policy | MD is reprimanded and shall complete 10 hours of CME in prescribing |
| **FENN, James David, MD** (201000133) Elizabeth City, NC | 01/29/2010 | Disciplined in state of VA; Failed to note VA discipline on NC medical license application | MD is reprimanded; Concurrent with issuance of NC medical license, MD is suspended for six months, immediately stayed |

| Name/license#/location | Date of action | Cause of action | Board action |
|---|---|---|---|
| **FOSTER, Charlie Henry Jr., MD** (200001376) Cary, NC | 11/30/2009 | Some areas of practice in need of remediation; medical records documentation, etc. | MD is reprimanded and placed on probation for one year |
| **HYMAN, Miles Donald, MD** (009900258) Franklin, NC | 11/25/2009 | Inadequate supervision of a PA; failure to find an MD colleague to supervise prescribing as required by 2008 consent order | MD shall not supervise PAs or NPs; He shall submit charts of patients who have been prescribed a controlled substance to CPEP for review for six months |
| **GOLI, Devainder, MD** (000033051) Burlington, NC | 12/18/2009 | MD pleaded guilty to one count of conspiracy to issue a fraudulent IRS 1099 form for 2007 | MD is reprimanded |
| **LAND, Phillip Barton, PA-C** (000102750) Greensboro, NC | 12/9/2009 | PA entered into a 2008 consent order indefinitely suspending his license; he failed to report an arrest for going armed to the terror of the public; he is also dependent on opiates | PA issued a dated license to expire on June 9, 2010. He must maintain a contract with NCPHP and comply with other conditions |
| **MACPHAIL, John Adam, MD** (200902130) Marion, NC | 12/29/2009 | MD withheld salient information from his NC medical license application | MD is issued a NC medical license, with a reprimand |
| **RAWAL, Kapil, MD** (000026975) Raleigh, NC | 01/27/2010 | Slow to fulfill patient requests for copies of medical records; history of depression; MD in treatment and under contract with NCPHP | MD is reprimanded |
| **SLOAND, Timothy Peter, MD** (200301292) Gastonia, NC | 11/25/2009 | MD has a history of alcohol abuse, for which he has successfully completed inpatient treatment | MD is issued a temporary medical license to expire 11/30/2010; he must maintain a contract with NCPHP |
| **DENIALS OF LICENSE/APPROVAL** | | | |
| **COPELAND, Deborah Swinney, PA** (000102046) Greensboro, NC | 12/08/2009 | PA has a history of substance abuse. Her license was revoked in October 2009 because she engaged in hydrocodone diversion | Application for reinstatement of NC physician assistant license denied |
| **URBAN, Edward John, MD** (000027410) Pompano Beach, FL | 12/08/2009 | MD found guilty of two felony counts of tampering with evidence and two felony counts and one misdemeanor count of Medicaid fraud in 2001. His NC license was revoked in 2003 | Application for reinstatement of NC medical license denied |
| **SURRENDERS** | | | |
| **CHASE, Bradford Alan, PA** (000103564) High Point, NC | 11/05/2009 | | Voluntary surrender of NC physician assistant license |
| **CARLSON, James Lennart, MD** (200200010) Cerro Gordo, NC | 12/14/2009 | | Voluntary surrender of NC medical license |
| **GERLACH, David Campbell, MD** (009500591) Burlington, NC | 01/27/2010 | | Voluntary surrender of NC medical license |
| **SMITH, Bryan Dorsey, MD** (200201531) Durham, NC | 01/08/2010 | | Voluntary surrender of NC medical license |
| **PUBLIC LETTERS OF CONCERN** | | | |
| **ALUKO, Akinyele Olawale, MD** (000033606) Charlotte, NC | 12/2/2009 | The Board is concerned that MD performed a cardiac catheterization that resulted in a long segment of J wire being retained in the patient. | Public letter of concern issued |
| **BARAKAT, Ahmad Badi, MD** (009701241) Raleigh, NC | 11/19/2009 | The Board is concerned that MD was delayed in diagnosing a patient's left leg ischemia. | Public letter of concern issued |
| **BOLAR, Randall Jay, MD** (000028735) Clarksville, TN | 01/22/2010 | The Board is concerned that MD was disciplined in Ohio for failure to timely report a malpractice payment and a six-day hospital suspension | Public letter of concern issued |
| **BOUTON, Brian Barrett, MD** (200902077) Leesburg, VA | 12/10/2009 | MD did not accurately answer a question on NC license application | Public letter of concern issued |
| **CALOGERO, Thomas John III, MD** (200501817) Granite Falls, NC | 01/06/2010 | Inappropriate prescribing to significant other or family in conflict with Board policy | Public letter of concern issued |

| Name/license#/location | Date of action | Cause of action | Board action |
|---|---|---|---|
| **CHILDERS, Jeffrey Brennon, MD** (200500692) Raleigh, NC | 12/16/2009 | The Board is concerned that MD was twice charged with impaired driving; in both cases, charges were dismissed | Public letter of concern issued |
| **CLASSEN, James Anthony, MD** (000033010) Fayetteville, NC | 12/18/2009 | The Board is concerned about the quality of a gastric bypass performed by MD | Public letter of concern issued |
| **FOTUCHANG, Charles Anuju, MD** (200902129) Riverdale, GA | 12/29/2009 | MD failed to report a 2003 arrest on NC license application | Public letter of concern issued |
| **GRANT, Dorrette, MD** (200000063) Fayetteville, NC | 01/20/2010 | MD performed a cesarean section on a patient after a failed attempt to induce labor. It was later determined that the patient was not pregnant but suffered from hysterical pregnancy | Public letter of concern issued |
| **GREEN, Andrew Todd, MD** (200902051) Wilson, NC | 12/04/2009 | MD failed to provide complete information on NC license application | Public letter of concern issued |
| **GESZLER, Gerianne, MD** (000030552) Fayetteville, NC | 01/04/2010 | The Board is concerned that MD's management of a patient with pseudopsychosis (hysterical pregnancy) may have fallen below accepted standards | Public letter of concern issued |
| **HEARN, Andrew Taylor, MD** (200600019) Burlington, NC | 11/09/2009 | MD arrested for DWI in Jan. 2008 in Naples, FL, and pled "no contest" to DWI in June 2009 | Public letter of concern issued |
| **KHOT, Prakash Nilkanth, MD** (000019016) King, NC | 12/14/2009 | Board is concerned that MD closed his practice without adequate notice to patients | Public letter of concern issued |
| **KLINE, David Erwin, MD** (200902065) Englewood, CO | 12/09/2009 | MD withheld pertinent information from NC license application | Public letter of concern issued |
| **MCCUTCHEN, William III, DO** (200501619) Loris, SC | 12/18/2009 | MD failed to disclose a malpractice payment when completing his annual license renewal. He failed to disclose that a malpractice case was pending. | Public letter of concern issued |
| **OKOH, James Ikemefuna, MD** (200701576) Eden Prairie, MN | 01/13/2010 | The Board is concerned that MD, performed a wrong site surgery. | Public letter of concern issued |
| **PADDOCK, Heather Noelle, MD** (2009-02086) Durham, NC | 12/14/2009 | MD disciplined in FL for alleged failure to properly monitor a patient during placement of a chest tube | Public letter of concern issued |
| **ROLLS, Jason Andrew, MD** (200902112) Greenville, NC | 12/22/2009 | MD failed to accurately answer a question on his NC license application | Public letter of concern issued |
| **SHADZEKA, Edwin, MD** (201000124) Hyattsville, MD | 01/27/2010 | Withheld material information from his NC medical license application | Public letter of concern issued |
| **SKUDLARICK, John Lewis, MD** (000022515) Rutherfordton, NC | 11/17/2009 | The Board is concerned that, following a pacemaker insertion, MD failed to remove a guidewire | Public letter of concern issued |
| **THAMPY, Unnikrishnan Narayanan, MD** (200902054) Greensboro, NC | 12/07/2009 | MD withheld pertinent information from NC license application | Public letter of concern issued |
| **VELASQUEZ, Indira, MD** (200902007) Teaneck, NJ | 11/24/2009 | MD did not accurately answer a question on her NC license application | Public letter of concern issued |
| **YAGGER, Scott David, DO** (200800677) Land O'Lakes, FL | 01/14/2010 | The Board is concerned about the quality of care MD provided to a patient who presented to the emergency room with chest pain | Public letter of concern issued |

# You asked, we answered

**Some *Forum* readers miss the lengthier disciplinary report previously published in this newsletter. While we have no plans to return to the old format, we have created a new hassle-free way for readers to receive a version of the more detailed report.**

**To sign up, visit www.ncmedboard.org and go to the "Professional Resources" section. Select "Subscriptions" from the menu options. Choose "Bimonthly Report" from the list of available subscriptions. When a new report is posted, the NCMB will automatically notify you via your Web browser. Click the link that displays in your browser to view the report.**

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4,191 lbs of paper used | 974 lbs of wood saved | 2,877 gallons of water saved | Landfill waste reduced by 974 lbs

## 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

May 19-20, 2010 (Full Board)
June 17-18, 2010 (Hearing Panel)
July 21-23, 2010 (Full Board)
August 19-20, 2010 (Hearing Panel)

Meeting agendas, minutes and a full list of meeting dates can be found on the Board's Web site
**ncmed**board.org

Visit the Board's Web site at *www.ncmedboard.org* to change your address online. The Board requests all licensees change 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.

# Past Board president wins national post

Janelle A. Rhyne, MD, a recent Board member and past Board president, has been voted Chair-Elect of the national Federation of State Medical Boards.

Dr. Rhyne, of Wilmington, NC, was selected as Chair-Elect in April at the FSMB's 98th Annual Meeting in Chicago. As Chair-Elect, she will assist the organization's current Chair with leadership duties over the next year. She will assume the position of Chair during the FSMB's annual meeting in spring of 2011.

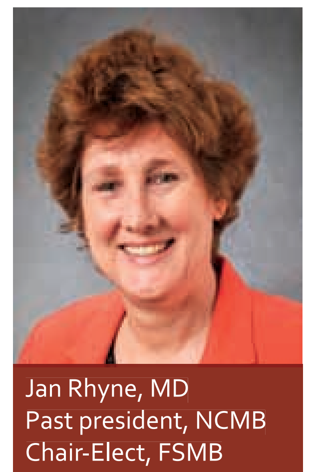
"Dr. Rhyne's election is a tremendous honor, both for her personally and for the state of North Carolina," said R. David Henderson, executive director of the NC Medical Board. "Just a handful of North Carolinians have served in this important role since the Federation of State Medical Board's inception nearly 100 years ago."

The FSMB is a national not-for-profit organization comprised of the 70 state medical boards of the United States and its territories. Its mission is to continually improve the quality, safety and integrity of health care through the development and promotion of high standards for physician licensure and practice.

"The Board and its staff congratulate Dr. Rhyne and know she will represent the public, the profession and the state in an outstanding fashion," Mr. Henderson said.

Dr. Rhyne was appointed to the North Carolina Medical Board in 2003. She served on numerous Board committees and served as the Board's secretary, treasurer and president elect, winning election as Board president in fall 2007. She completed her service on the Board in October 2009.

"This is a great honor," Dr. Rhyne said of being voted Chair-Elect. "I look forward to continuing to serve at the national level."



Jan Rhyne, MD
Past president, NCMB
Chair-Elect, FSMB