

North Carolina Medical Board
License Committee – Agenda
September 2013

Paul Camnitz, MD, Chair, Janice Huff, MD, Thelma Lennon, Pascal Udekwu, MD

Open Session

Old Business

1. Private Letters of Concern (PLOCs)
2. Special Limited Permit vs Medical School Faculty Limited (MSFL) License
3. Amendment of Rules 21 NCAC 32B .1360 and .1350 (Reactivation and Reinstatement)

New Business

1. Proposed amendment to NCAC 32B .1402 (Resident Training License)

Old Business

1. Private Letters of Concern - Kirby

Issue: As a result of Board Action at the July 2013 meeting Dr. Kirby has put together a proposal on whether the Administrative Medicine PLOC, Scope of Practice PLOC, Telemedicine PLOC and PA/MD PLOC should remain PLOCs. Additionally, staff has put together an example of how the message in these PLOCs can be incorporated into the "Now Licensed" letter that is sent to all new licensees, when applicable.

Staff Recommendation: Defer for discussion by committee members. (OMD/Legal)

Old Business

2. Special Limited Permit vs Medical School Faculty Limited (MSFL) License

Issue: As a result of Board Action at the May 2013 meeting, to amend 21 NCAC 32B .1602 to allow physicians who do not qualify for full unrestricted license or a resident training license an avenue for licensure, Dr. Kirby was instructed to present a written proposal on the qualifications for the Special Purpose License

§ 90-8.1. Rules governing applicants for licensure.

The North Carolina Medical Board is empowered to adopt rules that prescribe additional qualifications for an applicant, including education and examination requirements and application procedures.

§ 90-12.2A. Special purpose license.

(a) The Board may issue a special purpose license to practice medicine to an applicant who:

(1) Holds a full and unrestricted license to practice in at least one other jurisdiction;
and

(2) Does not have any current or pending disciplinary or other action against him or her by any medical licensing agency in any state or other jurisdiction.

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

(c) The Board may adopt rules and set fees as appropriate to implement the provisions of this section.

SECTION .1600 – SPECIAL PURPOSE LICENSE

21 NCAC 32B .1601 SCOPE OF PRACTICE UNDER SPECIAL PURPOSE LICENSE

The Board may limit the physician's scope of practice under a Special Purpose License by geography, term, practice setting, and type of practice.

21 NCAC 32B .1602 SPECIAL PURPOSE LICENSE – VISITING INSTRUCTOR

(a) The Special Purpose License is for physicians who wish to come to North Carolina for a limited time, scope and purpose, such as to demonstrate a new technique, procedure or piece of equipment, or to educate physicians or medical students in an emerging disease or public health issue.

(b) In order to obtain a Special Purpose License, an applicant shall:

(1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

(2) submit a recent photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;

(3) submit documentation of a legal name change, if applicable;

(4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;

(5) comply with all requirements of G.S. 90-12.2A;

- (6) submit the Board's form, completed by the mentor, showing that the applicant has received an invitation from a medical school, medical practice, hospital, clinic or physician licensed in the state of North Carolina, outlining the need for the applicant to receive a special purpose license and describing the circumstances and timeline under which the applicant will practice medicine in North Carolina;
 - (7) submit an AMA Physician Profile and, if applicant is an osteopathic physician, also submit AOA Physician Profile;
 - (8) submit an FSMB Board Action Data Bank report;
 - (9) submit two completed fingerprint record cards supplied by the Board;
 - (10) submit a signed consent form allowing a search of local, state, and national files for any criminal record;
 - (11) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check;
 - (12) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
- (c) All reports must be submitted directly to the Board from the primary source, when possible.
- (d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.
- (e) An application must be completed within one year of submission. If not, the applicant shall be charged another application fee, plus the cost of another criminal background check.

Staff Recommendation: Allow physicians who hold a full and unrestricted license to practice in at least one other jurisdiction and who wish to come to North Carolina for a limited time, scope, and purpose (such as fellowship or other postgraduate training) and who submit documents showing the applicant has received an invitation from a medical school, medical practice, hospital, clinic or physician licensed in the state of North Carolina, outlining the need for the applicant to receive a special purpose license and describing the circumstances and timeline under which the applicant will practice medicine in North Carolina.

The special purpose license may not be used by physicians simply to overcome ineligibility for another type of license (MSFL, FUL, or RTL) such as graduation from a discredited medical school or failure to pass each component of the USMLE within three attempts.

Old Business

3. Amendment of Rules 21 NCAC 32B .1360 and .1350 (Reactivation and Reinstatement)

Issue: Historically, when an applicant applied for reinstatement or reactivation of his or her license, the applicant was held to the licensure requirements established by rule at the time the applicant initially applied for licensure. The proposed rule changes simply put this policy in rule form for reinstatement and reactivation applications. For example, suppose a physician went inactive and took five years off from medicine to care for his newborn child. This physician took four attempts to pass both USMLE Steps 1 and 2, but at the time of initial licensure he qualified (there is now a three attempt limit for license applicants). Even though the license was inactive, the physician still had the license (it is a property interest) - he just could not use the license to practice medicine until it was reinstated or reactivated. Therefore, if this physician presented a suitable reentry plan and the application was otherwise acceptable, he would not be precluded from reinstatement by a rule change subsequent to initial licensure such as the current three-attempt limit for USMLE testing. Prohibiting an inactive licensee in this situation from reinstating his license was deemed manifestly unfair and not something that was in any way contemplated or intended by these rules. These rule changes simply put in rule form this longstanding policy.

Staff Recommendation: Amend NCAC 32B .1360 and .1350 as follows:

32B .1360 add:

(d) Notwithstanding the above provisions of this rule, the licensure requirements established by rule at the time the applicant first received his or her equivalent North Carolina license shall apply.

32B .1350 add:

(g) Notwithstanding the above provisions of this rule, the licensure requirements established by rule at the time the applicant first received his or her equivalent North Carolina license shall apply.

New Business

1. Proposed amendment to NCAC 32B .1402 (Resident Training License)

Issue: Last year the Board approved a regulatory rule for a resident training license, limiting the number of attempts for passing COMLEX Levels 1&2 or USMLE Steps 1&2 within three attempts. It is rare that an applicant for a resident training license would have taken COMLEX Level 3 or USMLE Step 3, however it is possible. There has been some discussion that applicants for a resident training license, who may have already taken COMLEX Level 3 or USMLE Step 3, should be held to the same standard as applicants for a full license by requiring that they passed within 3 attempts. It should be noted that the Board would not be requiring that Level 3 or Step 3 be passed in order to be eligible for a training license, only that if they have taken one of these components, they have to have passed within 3 attempts.

Staff Recommendation: (Henderson)

Amend NCAC 32B .1402 as follows:

- (10) provide proof that the applicant has taken and passed within three attempts:
 - (A) the COMLEX Level 1, and each component of COMLEX Level 2 (cognitive evaluation and performance evaluation; and, if taken COMLEX Level 3; or
 - (B) the USME Step 1 and each component of the USMLE Step 2 (Clinical Knowledge and Clinical Skills); and if taken USMLE Step 3; and

