

MINUTES

North Carolina Medical Board

November 14-16, 2001

**1201 Front Street, Suite 100
Raleigh, North Carolina**

Minutes of the Open Sessions of the North Carolina Medical Board Meeting November 14-16, 2001.

The November 14-16, 2001, meeting of the North Carolina Medical Board was held at the Board's Office, 1201 Front Street, Suite 100, Raleigh, NC 27609. The meeting was called to order at 5:00 p.m., Wednesday, November 14, 2001, by Walter J. Pories, MD, President. Board Members in attendance were: John T. Dees, MD, Vice President; Mr. Paul Saperstein, Secretary/Treasurer; George C. Barrett, MD; Kenneth H. Chambers, MD; John W. Foust, MD; E. K. Fretwell, PhD; Charles L. Garrett, MD; Stephen M. Herring, MD; Robin N. Hunter-Buskey, PA-C; Elizabeth P. Kanof, MD; and Mr. Aloysius P. Walsh.

Staff members present were: Mr. Andrew W. Watry, Executive Director; Ms. Helen Diane Meelheim, JD, NP, Deputy Director; Bryant D. Paris, Jr., Executive Director Emeritus; Thomas W. Mansfield, JD, Legal Department Director; R. David Henderson, JD, Board Attorney; William H. Breeze, Jr., JD, Board Attorney; Ms. Wanda Long, Legal Assistant; Ms. Lynne Edwards, Legal Assistant; Mr. John W. Jargstorf, Investigative Director; Mr. Don R. Pittman, Investigative Field Supervisor; Mr. Edmond Kirby-Smith, Investigator; Ms. Donna Mahony, Investigator; Mr. Fred Tucker, Investigator; Mrs. Therese Dembroski, Investigator; Ms. Barbara Brame, Investigator; Ms. Edith Moore, Investigator; Mr. Jason Ward, Investigator; Mrs. Jenny Olmstead, Senior Investigative Coordinator; Ms. Michelle Lee, Investigative Coordinator/Malpractice Coordinator; Ms. Myriam Hopson, Investigative Coordinator; Mr. Dale Breaden, Director of Communications and Public Affairs; Ms. Shannon Kingston, Public Affairs Assistant; Mrs. Joy D. Cooke, Licensing Director; Mr. Jeff A. Peake, Licensing Assistant; Ms. Erin Gough, PA/NP Coordinator; Mr. Nicholas C. Hun, Licensing Assistant; Tammy O'Hare, Licensing Assistant; Mr. Allen Holcomb, Licensing Assistant; Mrs. Janice Fowler, Operations Assistant; Mr. Peter Celentano, Controller; Ms. Ann Z. Norris, Verification Secretary; Mr. Jeffery T. Denton, Administrative Assistant/Board Secretary; Ms. Deborah Aycock, Operations Assistant; Virginia Vazquez, Receptionist; Ms. Rebecca L. Manning, Information Specialist; Ms. Brandy Forward, Operations Assistant; Gary Townsend, MD/JD, Medical Coordinator; Ms. Judie Clark, Complaint Department Director; Mrs. Sharon Squibb-Denslow, Complaint Department Assistant; and Ms. Sherry Hyder, Complaint Department Assistant;.

MISCELLANEOUS

Presidential Remarks

Dr. Pories commenced his inaugural meeting by reading the North Carolina Board of Ethics' "ethics awareness and conflict of interest reminder" and giving his vision of "where we are going and how we are going to get there." This was accomplished in part by using a slide presentation.

Medical Society's Annual Meeting - Debriefing

The North Carolina Medical Society's Annual Meeting was held November 8-11, 2001. Dr. Kanof presented items of interest resulting from that meeting to the Medical Board for review and/or consideration. Resolution 29 (Equality in License) was referred to the Medical Society's Executive Committee for liaison with the Medical Board. Resolution 29 is as follows: "Resolved, that the North Carolina Medical Society encourage the North Carolina Medical Board to apply the same standard for licensure by endorsement to graduates of foreign and domestic medical schools; and be it further Resolved, that the North Carolina Medical Society encourage the North Carolina Medical Board to accept any international

post-graduate medical training that is approved by the relevant member board of the American Board of medical Specialties as sufficient to fulfill the graduate medical education requirements for a full and unrestricted medical license.”

Motion: (EK, AW) A motion passed that the above resolution be referred to the Licensing Committee for review and consideration and be brought back to the Board.

Federation Presentation

George J. Van Komen, MD, President, FSMB

Carol A. Clothier, Assistant VP, Examination Services, FSMB

On Friday, November 16, 2001 representatives of the Federation of State Medical Boards visited the Board and gave a short presentation. Dr. Pories kicked-off the visit and Dr. Barrett made the introductions as the Immediate Past President of the Federation.

Dr. Van Komen stated it was an “absolute pleasure to be here.” He has dreamed about this visit for months. It has been a pleasure to always refer to North Carolina as his second home. He got married two weeks prior to moving to North Carolina. It has been wonderful to always say he “still has the tar on the back of his heels.” At the Federation he has always heard great things about North Carolina and the North Carolina Medical Board. He commended the Board Members for what they do (with little praise). He thinks people that work on medical boards really “care” and are really professional people. He continued that the Federation supports member boards. It represents us on a national level. He finished by saying “thank you for your kindness and have continued good work and I commend you for all you do.”

Ms. Clothier then gave a Power Point presentation overview of the Federation of State Medical Boards’ services. She stated in part that the Federation exists to make member boards’ lives easier.

Dr. Pories thanked the Dr. Van Komen and Ms. Clothier for the presentation and apologized for the shortness of time available.

Licensing Rules

Motion: A motion passed to approve the following draft rules and for staff to go forward with the rule-making process

CHAPTER 32. ~~BOARD OF MEDICAL EXAMINERS~~ NORTH CAROLINA MEDICAL BOARD

SUBCHAPTER 32A –ORGANIZATION

.0101 LOCATION

The location of the office of the North Carolina Medical Board is ~~4203 Front Street~~ 1201 Front Street, Raleigh, North Carolina 27609. ~~The phone number is (919) 828-1212.~~ The mailing address is Post Office Box 20007, Raleigh, North Carolina 27619.

History Note: Authority G.S. 90-2;

Eff. February 1, 1976;

Amended Eff. June 14, 2002; September 1, 1995; July 1, 1993; May 1, 1989

.0105 REQUIREMENT EXCEPTION [REPEALED]

History Note: Authority G.S. 90-6; 90-11;

Eff. February 1, 1976; Amended Eff. May 1, 1989;

Repealed Eff. June 14, 2002.

.0106 PROVISIONS FOR PETITION FOR A RULE CHANGE [REPEALED]

History Note: Authority G.S. 150B-20;

Eff. February 1, 1976; Amended Eff. September 1, 1995; May 1, 1989; November 1, 1985.

Repealed Eff. June 14, 2001.

SUBCHAPTER 32B – LICENSE TO PRACTICE MEDICINE

SECTION .0100 - GENERAL

.0101 DEFINITIONS

The following definitions apply to Rules within this Subchapter:

- (1) ACGME- Accreditation Council for Graduate Medical Education
- (2) AOA- American Osteopathic Association
- (3) Board- ~~Board of Medical Examiners of the State of North Carolina~~ The North Carolina Medical Board
- (4) ECFMG- Educational Commission for Foreign Medical Graduates
- (5) Fifth Pathway- An avenue for licensure as defined in the Directory of Accredited Residencies 1977-1978, American Medical Association, pp.30-32
- (6) FLEX- Federation Licensing Examination (not administered after December 1993).
- (7) LCME- Liaison Commission on Medical Education.
- (8) SPEX- Special Purpose Examination.
- (9) AMA Physician's Recognition Award- American Medical Association recognition of achievement by physicians who have voluntarily completed programs of continuing medical education.
- (10) American Specialty Boards- Specialty boards approved by the American Board of Medical Specialties.
- (11) USMLE- United States Medical Licensing Examination.

- (12) FSMB- Federation of State Medical Boards of the United States, INC.
- (13) FCVS- Federation Credentials Verification Service or its successor organization within the FSMB.
- (14) Primary source- An authority that establishes the identity of the applicant and the training or experiences of the applicant and then prepares and submits documentation of the validated information directly to the Board, without inspection by the applicant.
- (15) Core Credentials- documents submitted by the primary source, which validate the identity of the applicant and the applicant's medical education.
- (16) FMG- Foreign medical graduate or an international medical graduate who is a graduate of a medical school located outside the United States or Canada.
- (17) LMCC- Licentiate of the Medical council of Canada.
- (18) NBOME- National Board of Osteopathic Medical Examiners.
- (19) Board approved medical schools are Medical Schools which were approved at the time of the applicant's graduation by:
 - (a) ACGME.
 - (b) AOA or
 - (c) LCME
- (20) Unapproved medical schools are medical schools which are located outside the United States or Canada that have not specifically been disapproved by the Board.
- (21) Disapproved medical schools are those medical schools which the Board has determined the medical education is not substantially equivalent to that received in a North Carolina approved medical school.
- (22) A certified photograph is a photograph of the head and shoulders of the applicant which is:
 - (a) At least two and one half inches by three and three quarters inches.
 - (b) Of good quality on permanent paper,
 - (c) Taken while the applicant was not wearing dark glasses or any other devices obscuring facial features, and
 - (d) Certified by a notary public as a true image of the applicant and positive proof of identity.
- (23) Certification of graduation from an approved medical school shall be documented on a form prescribed by the Board and which the medical school Dean signs or the registrar signifying successful completion of all degree requirements including a recent certified

photograph which bears the seal of the medical school. All documents from the medical school shall be transmitted directly to the Board by the school or by FCVS.

- (24) Certification of graduation from an unapproved medical school shall be documented by a certified photograph signed by the dean or the registrar signifying successful completion of all degree requirements and bearing the school seal, and a complete transcript of all course work performed at a medical school, including dates of attendance and original signatures of the dean or registrar and the school seal. All documents from the school shall be transmitted directly to the Board by the school or FCVS.
- (25) Examinations accepted by the Board for licensure of physicians are the:
- (a) NBOME
 - (b) FLEX I, FLEX II
 - (c) FLEX I, FLEX II, FLEX III
 - (d) USMLE I, II, III
 - (e) LMCC
- (26) Endorsement is the process of endorsing credentials of applicants licensed in other states with credentials, which meet the minimum licensing requirement.
- (27) Temporary License is a license, which is in effect during the dates printed on the face of the license and can only be issued to one who is in all regards eligible for a full license at the time the full Board will meet.

History Note: Authority G.S. 90-6;

Eff. May 1, 1989;

Amended Eff. June 14, 2002; July 1, 1993; January 1, 1992; March 1, 1991.

.0103 FORMS [REPEALED]

History Note: Authority G.S. 150B-11;

Eff. May 1, 1989;

Repealed Eff. June 14, 2002.

.0104 PHYSICIAN LICENSING REQUIREMENTS

The following requirements apply to all physician applicants.

- (1) All applicants bear the burden of proving to the Board their skill, safety, physical, and moral fitness in order to be licensed.
- (2) All applicants shall complete and submit an application on a form approved by the Board.
 - (a) All forms will be completed legibly, in black ink or electronically as noted on the application instructions.
 - (b) Forms, which are incomplete or include information other than a signature, which

- is not printed, will be rejected.
- (c) Applicants may submit core credentials to the Board or may subscribe at their own cost to the FCVS for submission of a core credentials package.
- (3) All applicants shall enclose the application fee as specified in N.C.G.S. 90-15 with the application package. No application fee is refundable.
- (4) Applicants must submit proof of graduation from an:
- (a) approved medical school or
- (b) unapproved school if the course content and curriculum is substantially equivalent to that of an approved medical school in North Carolina.
- (i) And has a current ECFMG certificate.
- (A) Unless the applicant has evidence of satisfactorily completing a Board approved fifth pathway program or
- (B) The applicant has a license in another state of the United States issued prior to 1958 by an examination approved by the Board.
- (ii) Foreign transcripts presented as proof of successful completion of all degree course work must have an accompanying certified true translation into English.
- (c) *No applicant graduated from a medical school disapproved by the Board shall be eligible for examination or licensure in North Carolina. The burden of proof of medical education is on the applicant.*
- (5) All applicants shall submit proof of identity in the form of a certified photograph or fingerprints.
- (6) All applicants must submit two fingerprint cards, which have been completed in a manner acceptable to the North Carolina SBI. The cards must be completed by the applicant within one year of the application and submitted with each application. The applicant is also responsible for submitting with the application the fee required by the SBI for processing of these cards through the Federal, International and State criminal networks.
- (7) All applicants shall submit proof of completion of post graduate medical education:
- (a) Graduates of approved medical schools shall provide proof of completion of one year of post graduate medical education in a program approved by the ACGME, AOA, or LCME.
- (b) Graduates of unapproved medical schools shall provide proof of completion of three years of post graduate medical education in a program approved by the ACGME, AOA, or LCME.
- (7) All applicants shall have submitted on the applicant's behalf three letters attesting to the applicant's character, scholastic ability, veracity, and professional abilities. Letters must be on the Board's form and may be accompanied by other correspondence if desired.
- (a) One letter shall be from a physician responsible for direct supervision of the applicant's most recent graduate medical education.

- (b) One letter shall be from a physician in active practice that can personally speak for the applicant's abilities as a physician for the 12 months immediately preceding the date of application.
 - (c) One letter shall be from an individual who is not related to the applicant and has personally known the applicant for at least 10 years.
- (8) All applicants shall present evidence of successfully passing a licensing examination accepted by the Board.
- (a) Minimum passing score on all parts of all examinations is 75 including the FLEX which has a weighted average calculated by the FSMB.
 - (b) The passing score must conform to the following restrictions:
 - (i) Combined scores must be for the same examination.
 - (ii) Combined scores must span no more than seven years.
 - (A) The Board reserves the right to waive this requirement if the applicant simultaneously successfully completed an MD or DO degree granting program and a PhD.
- (9) Applicants shall be of good moral character as is required for fitness to practice medicine. Moral character may be assessed by the Board in the following ways:
- (a) The Board may develop test questions,
 - (b) Conduct background searches to include criminal history, and
 - (c) Perform any other necessary and reasonable evaluations to include
 - (i) A Credit history,
 - (ii) A Department of motor vehicle record checks,
 - (iii) A Medical malpractice claim history
 - (d) Determine if there is any history of drunkenness or if the applicant has consumed illegal substances or other chemical compounds to excess.
- (10) Applicants shall be of good mental and physical health and in determining this the Board may require the applicant to undergo physical or mental evaluations.
- (11) All applicants for licensure shall be interviewed members of the Board, agents of the Board or by staff for the Board.
- (12) The Board is authorized to conduct a criminal background check on all applicants to include a fingerprint check. The Board may deny an applicant a license for any of the following reasons:
- (a) Immoral or dishonorable conduct,
 - (b) Producing or attempting to produce an abortion contrary to law,

- (c) Making false statements or representations to the Board,
- (d) Becoming unable to practice medicine with reasonable skill and safety to patients,
- (e) Unprofessional conduct,
- (f) Conviction in any court of a crime involving moral turpitude,
- (g) Violation of any law involving the practice of medicine or
- (h) Conviction of a felony.

*History Note: Authority G.S. 90-6; 90-9; 90-10; 90-11; 90-13; 90-14;
Eff. June 14, 2002.*

.0105 LICENSING BY EXAMINATION

- (1) Applicants for licensing by examination who are graduates of a North Carolina medical school may apply for the USMLE by sending an application to the Board, to another medical board or directly to the FSMB.
 - (a) Applicants who will apply to the Board for the privilege of sitting for the examination must also meet all other licensing requirements as established by the North Carolina Medical Board and
 - (b) Submit the application within three months of completing post graduate medical training requirements.
 - (c) Pay the fee of \$400, which is nonrefundable.

*History Note: Authority G.S. 90-6; 90-9; 90-14;
Eff. June 14, 2002.*

.0106 LICENSES BY ENDORSEMENT

- (1) Applicants who are applying to the Board on the basis of endorsement of credentials shall have:
 - (a) Maintained a level of continuing medical education for the past three years that will conform to the current North Carolina continuing medical education rule at 32R Section .1000.
 - (b) Within the past ten years taken and passed a Board approved licensing examination and if more than ten years has elapsed then the applicant will be required to demonstrate within ten years of the date of making application:

- (i) Passage of SPEX,
 - (ii) Current American Board of Medical Specialty or AOA certification achieved by taking an examination within ten years of making application to the Board,
 - (iii) Completion of post graduate medical education as required by .0104 (6) in this Subchapter.
 - (iv) CME equivalency for the ten year period proceeding making application.
- (2) Applicants who meet all requirements for a full license by endorsement may request and pay an extra fee of \$150.00 in order to be issued a license that will be effective for the dates printed on the face of the license until the date of the next Board meeting when the full license application will be voted upon. This fee is only reimbursable should the temporary license not be issued.

History Note: Authority G.S. 90-6; 90-9; 90-12;
Eff. June 14, 2002

SECTION .0200. LICENSE BY WRITTEN EXAMINATION

.0201 MEDICAL EDUCATION [REPEALED]

History Note: Authority G.S. 90-9;
Eff. February 1, 1976;
Amended Eff. March 1, 1987; November 1, 1985;
Recodified from 21 N.C.A.C. 32B.0101 Eff. April 5, 1989;
Amended Eff. May 1, 1989;
Repealed 14 June 2002.

.0202 ECFMG CERTIFICATION [REPEALED]

History Note: Authority G.S. 90-6; 90-9; 90-10;
Filed as a Temporary Amendment Eff. January 31, 1985 for a period of 120 days to expire on May 30, 1985;
Eff. February 1, 1976;
Amended Eff. November 1, 1985; May 1, 1985; January 1, 1983;
Recodified from 21 N.C.A.C. 32B.0102 Eff. April 5, 1989; Amended Eff. May 1, 1989;
Repealed Eff. June 14, 2002.

.0203 CERTIFICATION OF GRADUATION[REPEALED]

History Note: Authority G.S. 90-9;

Eff. February 1, 1976;

Recodified from 21 NCAC 32B .01203 Eff. April 5, 1989;

Amended Eff. May 1, 1989;

Repealed Eff. June 14, 2002.

SECTION .0500 – RESIDENT'S TRAINING LICENSE

.0508 MEDICAL EDUCATION

Applicants for resident's training license must have the medical education required by G.S. 90-9. ~~(1)~~ To be eligible for a resident's training license, an applicant must have the following medical education:

- (1) ~~(a)~~ be a graduate of a medical school approved by either LCME or AOA; or
 - (2)- ~~(b)~~ be a graduate of a medical school not approved by LCME or AOA and meet the requirement regarding ECFMG under .507 of this Section.
- (2) If a graduate of a medical school not approved by either LCME or AOA has taken clinical clerkships in the USA , the applicant must :
- a. ~~Meet the requirement regarding ECFMG under Rule .0507 of this section;~~
 - b. ~~Furnish evidence that he has satisfactorily completed clinical clerkships at teaching hospitals in the USA with ACGME or AOA approved graduate medical education and training programs in the areas of the specific clerkships; or~~
 - c. ~~If clerkships do not meet the requirement in (2)(b) of this Rule, remedy the deficiencies as follows:~~
 - i. ~~Re-apply to medical school so that the school may arrange for the applicant to complete approved clinical clerkships as required; or~~
 - ii. ~~Apply for admission to advanced standing at a medical school approved by the LCME or AOA to repeat one year of clinical clerkship.~~

~~(3) A graduate of a medical school not approved by either LCME or AOA whose clinical clerkship do not meet the requirements in (2)(b) of this Rule who has satisfactorily completed three years of graduate medical education and training after graduating from a medical school which is approved by the ACGME or AOA, must submit proof of the three years of graduate medical education and training.~~

The burden of proof of medical education is on the applicant.

History Note: Authority G.S. 90-15;

Eff. December 1, 1985;

Recodified from 21 NCAC 32B .0408 Eff. April 5, 1989;

Amended Eff. June 14, 2002; May 1, 1990; May 1, 1989.

MINUTE APPROVAL

Motion: A motion passed that the September 19-21 and the October 17, 18 and 21, 2001, Board Minutes be approved as modified.

ATTORNEY'S REPORT

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

PENDING CASES

The Legal Department reported on 99 cases. A written report was presented for the Board's review. The specifics of this report are not included as these actions are not public information.

Motion: A motion passed to approve the report as amended.

A motion passed to return to open session.

EXECUTED CASES

AKTARUZZAMAN, Mohammad MD
Consent Order executed 10/24/2001

CEPEDA, Jaime Jr. MD
Order to dismiss Charges without prejudice and to dissolve the order of Summary Suspension executed 9/26/2001

COLINA, Ernesto Sinda MD

Consent Order executed 9/26/2001

CONNINE, Tad Robert MD
Consent Order executed 11/11/2001

GRANT, John Leland MD
Findings of Fact, Conclusions of Law and Order executed 10/10/2001

HEINER, Daniel Edward MD
Consent Order executed 10/24/2001

JORDAN, Richard Liming MD
Order terminating Consent Order executed 11/15/2001

KWAH, Mikyung MD
Consent Order executed 10/9/2001

LOVE, David William MD
Order terminating Consent Order executed 11/11/2001

MCINTOSH, John Clarke MD
Consent Order executed 10/18/2001

NORRIS, Dolly Frances MD
Denial application executed 11/2/2001

PERERA, Menerigamage Nima A.
Order terminating Consent Order executed 11/9/2001

RIDDLE, William Mark MD
Consent Order executed 11/11/2001

TAMONEY, Harry Jerome Jr. MD
Consent Order executed 10/29/2001

TRUMP, Benjamin Franklin MD
Findings of Fact, Conclusion of Law, and Order executed 11/11/2001

TSAI, Jen-Lo MD
Consent Order executed 10/24/2001

VERELL, Karen Lea MD
Findings of Fact, Conclusions of Law and Order 9/26/2001

WHITLEY, Gwendolyn Ruth MD
Consent Order executed 9/26/2001

HEARINGS

DINGMAN, Stephen Michael MD
BOARD ACTION: Approve Motion to dismiss without Prejudice

GALEA, Lawrence Joseph MD
BOARD ACTION: Deny application

EXECUTIVE DIRECTOR'S REPORT

Andrew W. Watry, Executive Director, presented the following information:

- **Medical Board Fee Increase:** Senate Bill 721 containing the Medical Board registration fee increase cleared the House Health and Finance Committees. As of this writing it has cleared the House and has been routed to the Senate.
- **Post Licensure Assessment Program - Colorado:** I was tasked at the last Board Meeting to get a physician at this program to request licensure in North Carolina so that we would be making referrals to one of our licensees. I have made contact with Martha Illige, MD, the medical director of this program and she has agreed to apply for a North Carolina medical license.
- **Position Statement on Writing of Prescriptions:** I have prepared a draft and background information which is coming through the Policy Committee.
- **Office Automation:** We have again been visited by other states emulating our computer resources. The medical boards of West Virginia and Virginia have visited this office for that purpose. In my mind, copying is the sincerest form of flattery. All of the staff have worked hard to help develop a functional database system which is the backbone of our entire operation. The directors, particularly, have been helpful in making this happen, and of course special kudos go to Diane and Rebecca for coordinating this activity. We are particularly proud of this system when we have visitors from other medical boards who wish to model after it. The systems they are interested in include both the board book system and the LINC system.
- **CPR Training:** On September 25 we held CPR training for staff. We had an excellent presentation from the Raleigh Fire Department. We have purchased an Automatic External Defibrillator (AED). This is a process of leading by example. There was a legislative initiative to encourage organizations such as ours to purchase this equipment for improved public safety. We are having training for the AED this week.
- **Criminal Background Check:** We have the DEA system in place as a stopgap and we have rules in the rule-making process providing for the fingerprint check which will be the ultimate check. In the interim we are looking at other mechanisms to shore up the process including private credit companies which offer services for criminal background checks. We are exploring a relationship in this area so that staff access to this information is improved until we get to the point where we get the fingerprint system in place.
- **Residency Program Training Directors' Meeting:** Joy Cooke led our regular meeting with the residency program training directors which was quite successful. The goal is to minimize problems which occur when over 700 applicants hit our system, all of which want immediate issuance of residency training licenses so that they can commence training. We have worked with these individuals to find ways to expedite the process. In addition, I met with Dr. Bacon, Director of the UNC AHEC's for this purpose. Our meeting was productive. We are

going to develop a bulleted checklist of items which cause us to look further in an application and items which slow an application down. We will furnish this information to him. He will get it to the recruiters so the recruiters will get a glimpse of which applicants will take a little bit longer to get through the system. There doesn't appear to be an issue with routine applicants; the problem was with people who have never held licensure anywhere, and trained in off-shore schools, or in other situations where the Board has indicated in the past that it wishes to apply closer scrutiny.

- **Meeting with Pharmacy and Nursing Board Execs:** We continue to have close liaison with these boards, working on issues of mutual concern. At the next meeting we will be demonstrating our Board Book which is of interest to these two directors. David Work continues to help us in reworking our position statement on writing of prescriptions. Polly Johnson is helping with rewrites of rules for nurse practitioners in dealing with fee issues. One issue is the equitable distribution of funds between the Medical Board and the Nursing Board.
- **Media Contacts:** We have had more than the usual number of media contacts during this reporting period due to media interest in recent Board Actions. These can be detailed further by the Public Affairs report.
- **Board Room:** We are making improvements to the Board Room sound system so as to minimize or eliminate distractions during hearings.

PUBLIC AFFAIRS/COMMUNICATIONS PROGRAM REPORT

Dale Breaden, Communications Director, presented the following information:

Forum

The third number of the *Forum* for 2001 appeared in early October. On its front page, it presents an article by Dr A. C. VanFrank on the importance of the registration requirement and the trap she set for herself by failing to register as required. Dr Kanof's column focuses on the good work of the NCPHP. Mr Watry's comments focus on the importance of the licensing process. Our featured article, by Anne Dellinger, JD, discusses a new publication from the UNC Institute of Government: *When the Patient Is a Pregnant Teenager: A New Legal Guide for Physicians*. Prof Dellinger and her associate, Arlene Davis, JD, RN, developed the book and plan three others to follow it dealing with the same subject viewed from other perspectives. We will publish a review of each as it becomes available. Among other items in *Forum #3* are an article on special volunteer licenses, two pieces on selling non-medical goods from a medical practice, two items aimed at PAs, and several thoughtful letters to the editor. We also review a memoir by Dr Harold Jervey about his experiences in WWII: *Tin Can Sailor*. Dr Jervey was president of the South Carolina Medical Board, president of the Federation State Medical Boards, editor of the FSMB's *Bulletin*, and CEO of the FSMB immediately preceding our own Dr Bryant Galusha. A cartoon by Dr Pories adds a smile to our pages. We have received a particularly positive response to this issue, including a request to reprint Professor Dellinger's article.

The fourth and last number of the *Forum* for 2001, the sixth year of publication, will feature another article on child abuse, a piece on treating family members, our first article by John-Henry Pfifferling, and a continuation of our series on Moldova. This is the annual number that traditionally includes publication of all the Board's position statements.

I continue to pursue the subject of cultural sensitivity and still hope any member of the Board who knows one or more potential authors for articles on that topic will provide me their names.

As soon as access and reference systems are set up, the full index to the *Forum* will be made operational on the Web site.

Web Page

As you know, information about the new "clinical pharmacy practitioner" has been added to the Web site--combined with the PA/NP material as the PA/NP/PPP section. At present, the PPP segment includes the applicable rules, the application form, and a link to the Pharmacy Board. Further materials will be mounted as soon as they are available.

Joy Cooke and Shannon Kingston are continuing to prepare a section on licensure by endorsement for the Web site, which will include application materials. Thanks to Ms Cooke, we are also now able to post newly issued license numbers on the Web site as soon as they are available. A licensure verification fee segment has recently been mounted to serve those requiring that service.

As a special service to the profession, we have added a section titled Guidelines for Clinicians: Anthrax, provided by Dr Kelly McKee, Jr, former NC epidemiologist. This will stay up as long as it appears useful and will be amended whenever required. Several Web links have also been added related to this subject.

We have added a separate section for CME to the Web site, giving that topic its own menu item. The CME material has been in place for some time, of course, but it will now be easier to access and to find on the site map.

A section on the Board's offering of speakers to professional and public groups is still being developed. We hope this will stimulate further opportunities for the Board to reach out to professionals and the public.

As noted in the section above, we will soon mount a complete *Forum* index on the Web site. This will prove useful for both the casual user and for those of us who must constantly refer to past articles, check authors, and verify topics covered.

It is clear from the reactions of a number of reporters that they now rely on the Web site for a great deal of their research related to licensing and discipline. The availability of all public record documents is largely responsible for this and is much appreciated. (This also saves your staff a great deal of time.) We receive enthusiastic praise from the media and others for the ease of use and richness of our Web site. About 71% of our license registrations now come via the site. The percentage of complaint forms received by the Complaint Department that are printed from the Web site continues to rise significantly. And fewer and fewer persons request forms be mailed to them, finding it quicker and easier to go to the Web site.

The most current data available on use of our Web site indicate that from 10/26/2000 to 10/29/2001, we had 3,184,922 hits (an increase of almost 600,000 since the end of August), with 1,740,157 requests (an increase of almost 331,000 since the end of August). ("Hits" are connections to the site. "Requests" are any hits that retrieve content.) Highest use comes on weekdays between 2:00 and 4:00 PM. Requests have been recorded from at least 18 countries.

Again, my deepest thanks to Shannon Kingston for her fine work in maintaining and helping improve the Web site. She and I are always open to your comments and suggestions on further improvements.

Presentations to Public and Professional Groups

Over the past year, the following presentations have been made or scheduled and reported to Public Affairs.

Andrew Watry
2001

Greater Greensboro Medical Society--January 11
Wake Forest University Hospital--January 18
Onslow Memorial Hospital--February 1
Alamance Regional Hospital--February 5
High Point Medical Society--February 8
Caldwell Memorial Hospital--February 20
Wayne County Medical Society--March 1
Union Regional Medical Center--March 6
NCCME Meeting, Pinehurst--March 23
AHEC--April 5
Nash County Medical Society--April 10
Albemarle Hospital, Elizabeth City--April 10
Bladen County Medical Society--May 15
Beaufort County Hospital, Washington--May 24
Anson Community Hospital--June 6
New Hanover Medical Society, Wilmington--June 27
Association of State Health Plans--June 27
Chatham Hospital--July 12
Watauga Medical Society, Boone--July 16
Mecklenburg Medical Society, Charlotte--July 25
Durham-Orange Component Medical Society--August 8
CPP, Sheraton Imperial, Raleigh--August 29
Franklin Regional Medical Center--October 23
Annie Penn Hospital--December 11

Diane Meelheim

2001

UNC presentation on Ethical Issues in Health Policy Administration--February 8
Cumberland County Medical Society--February 27
NC Pharmacy Association Annual Meeting, Greensboro--March 1
NC Medical Staff Coordinators, Fayetteville--March 2
NAMSS presentation, Fayetteville--March 3
Methodist College First Year--March 19
Wilkes County Medical Society and Hospital--March 20
Nurse Practitioners, Ft Bragg--March 21
Alexander Component Society, Taylorsville--March 21
Bowman Gray/Wake Forest PA students, Winston-Salem--April 12
ECU PA students, Greenville--July 17
Duke School of Nursing, NP students, Durham--November 8

Don Pittman

2000

Opioid use in a Regulated Environment, Pardue Pharmaceuticals program--November 20

Mr VonSeggen

2001

Wake Forest University Hospital--January 18

Dr Kanof

2001

Greater Greensboro Medical Society--January 11
Wake Forest University Hospital--January 18

Onslow Memorial Hospital--February 1
Alamance Regional Hospital--February 5
High Point Medical Society--February 8
Caldwell Memorial Hospital--February 20
Cumberland County Medical Society--February 27
Wayne County Medical Society--March 1
Union Regional Medical Center--March 6
Wilkes County Medical Society and Hospital--March 20
Alexander Component Society, Taylorsville--March 21
Nash County Medical Society--April 10
Albemarle Hospital, Elizabeth City--April 10
Bladen County Medical Society--May 15
Beaufort County Hospital, Washington--May 24
Anson Community Hospital--June 6
NC Electrolysis Association--June 23
New Hanover Medical Society, Wilmington--June 27
Chatham Hospital--July 12
Watauga Medical Society, Boone--July 16
Mecklenburg Medical Society, Charlotte--July 25
Durham-Orange Component Medical Society--August 8
Broughton/Valdese Hospitals--August 21
Franklin Regional Medical Center--October 23
Wake Forest University/Bowman Gray School of Medicine--October 25
Wake County Medical Society--October 25
Annie Penn Hospital--December 11

Joy Cooke

2000

Meeting with Medical Staff Services--December 4

2001

House Staff Coordinators--March 2

House Staff Coordinators--October 26

Tammy O'Hare

2001

House Staff Coordinators--March 2

House Staff Coordinators--October 26

Shannon Kingston

2000

Meeting with Medical Staff Services--December 4

2001

Broughton/Valdese Hospitals--August 21

David Henderson

2001

Wayne County Medical Society--March 1

Bill Breeze

2001

Bowman Gray/Wake Forest professionalism course, Winston-Salem--May 1

Rebecca Manning
2001

House Staff Coordinators--March 2

Thom Mansfield

Wake Forest University/Bowman Gray School of Medicine--October 25

Shannon Kingston handles the scheduling of presentations. She and I would appreciate it if members of the Board who have the appropriate contacts would speak with their local civic groups/clubs to determine if they would be interested in presentations on the work of the Board. Shannon will be happy to make the arrangements once the initial contact is made. While we have had significant success in addressing professional groups, our efforts to open dialogue with public and consumer groups have been less than satisfactory. This is a weakness I believe we must overcome soon.

Dr Kanof, whose speaking schedule is noted above, is putting a special notice of thanks in the next *Forum* for all those groups and organizations that have invited her to give presentations over the past year and have welcomed her so warmly.

Other Items and Activities

Informational Brochure/CME Guide

The revised brochure is distributed to members of the public seeking information, applicants, and the media. It is also distributed at presentations made by staff and Board members. The brochure's text is also available on the Web site.

The brief guide on the CME rule was published in two issues of the *Forum* and is available on our Web site. It is also given to each interviewee. To be of further assistance, we have a simple CME Record Form and an outline of the CME audit system on the Web site.

Other Publication/Broadcast Activities--Audio-Video

We have produced audio versions (on CD) of our videos on sexual misconduct and ethics. These audio presentations by Dr Schneidman and Dr Pellegrino will widen the market for their messages. Both CDs are inexpensive and easier to use than the videos we have made available over the past several years. The Pellegrino disk is noted in a recent number of the *Forum* and that notice stimulated sale of 15 copies in a little over a month. (Copies are not produced until ordered.) The Schneidman disk will be noted in the *Forum* early next year.

Coverage of the Board's recent actions regarding prescribing over the Internet has been extensive and positive on the local and national level.

PA/NP/PPP Materials

Shannon Kingston and Erin Gough continue their efforts to provide material for the *Forum* relating to PA/NP licensing and registration (see Ms Gough's item in the most recent number), and will now also be developing items related to PPPs. They are also identifying articles by PAs for the *Forum* (see the most recent number). As you know, there is a PA/NP/PPP section of the Web site. Ms Kingston attends meetings of the PA/NP Committee when her other duties during Board meetings allow her to do so.

Board Action Report

Each month that passes adds to the evidence that our detailed bimonthly disciplinary report system continues to function well, providing a valuable service to the media and the public. With this approach, we make current disciplinary information available to all health care

institutions and media in the area of subject licensees' practices and to organizations and agencies with statewide responsibilities. A full year of reports appears on our Web site. A cumulative report also appears in the *Forum*, and special notices concerning revocations, summary suspensions, suspensions, and surrenders are sent out when the information is received by Public Affairs. These are posted on the Web site for several months under "What's News" and "Immediate Releases." We also have a system for directly informing other state boards of revocations, suspensions, summary suspensions, and surrenders involving their licensees. Ms Kingston does this by checking the AMA data base to determine other states in which the licensees are licensed and then contacting those state boards. Thanks to the Internet, media throughout the state, not just in counties where subject practitioners live, can now receive full listings of Board actions on a regular basis.

Our thanks, as always, go to the Legal Department and to Jenny Olmstead for reviewing each Board Action Report prior to its release.

[I should note that we do not actively distribute Charges and Allegations when they are filed by the Board. However, they are public record documents and we make them available as soon as they become effective to anyone who requests or has requested them. They are also promptly placed on the Web site as documents in DocSearch.]

Annual Board Action News Release

We improved the report this year by creating a more detailed summary section and listing the names of those subject to Board action in three different formats. It is the most detailed report of its kind issued by any medical board. We are now in the process of beginning assembly of the report to be issued next February covering actions in 2001. It will be as complete as that for 2000.

As you know, the "national" reports on medical discipline issued by the Federation of State Medical Boards and by Public Citizen received no coverage in North Carolina earlier this year. Our detailed information, released well before those two groups act, tends to overshadow their reports. This, of course, is no guarantee for the future and will depend to some extent on the media environment at the time of those data reports.

News Clippings

We continue to make a packet of selected press clippings available to you on a weekly basis. The clippings come from a variety of sources: two national sources that deal in health related press items; another that focuses just on North Carolina media (Internet and press); several national and international medical news sources; and hard copy clips from smaller North Carolina papers. Most of these are reviewed daily, items being selected for inclusion in your packet. I should note that some of the electronic items are received here in a form that is triple spaced, with items running directly into one another. Ms Kingston restructures these into an easily readable form for your convenience.

Ms Kingston has now fully organized our clippings archive for 1999 and 2000. Previous years are also being assembled. She also maintains an electronic file of the materials made available to you on disk.

We would appreciate knowing if you find these materials of value.

800 Number

This telephone number remains extremely active, a useful public service. We are now reviewing approaches to placing this number in various telephone directories, including those focused just on 800 numbers. Meanwhile, all our publications and our Web site list the 800 number and the media have been informed of it several times.

POLICY COMMITTEE REPORT

John Foust, MD, Chair; Elizabeth Kanof, MD; Stephen Herring, MD; Walter Pories, MD, Aloysius Walsh

The Policy Committee was called to order at 2:40 PM, Wednesday, October 17, 2001, at the office of the Board. Present were: John W. Foust, MD, Chair; Stephen M. Herring, MD; Elizabeth P. Kanof, MD; Walter J. Pories, MD; and Aloysius P. Walsh. Also attending were John T. Dees, MD; Charles L. Garrett, MD; Andrew W. Watry, Executive Director; H. Diane Meelheim, Assistant Director; Thomas Mansfield, Board Attorney; Gary Townsend, MD, Medical Coordinator, Melanie Phelps, North Carolina Medical Society; Dale G Breden, Director, Public Affairs (PC Staff); and Jeffery T. Denton, Board Recorder (PC Staff).

Minutes

The minutes of the August meeting were reviewed and approved.

Alternative Medicine Subcommittee Update (Dr Kanof and Mr Walsh)

Dr. Kanof reported that the Federation's Special Committee on Questionable and Deceptive Healthcare Practices had submitted their report to the Federation Board for approval. After approval it will be sent out to state boards for comment and eventually voted on at the April 2002 Federation meeting.

Mr. Walsh reported that the House Commission on Complimentary and Alternative Medicine had issued an interim report which consisted mostly of data but did have something of a definition for complementary and alternative medicine. He emphasized that this is still in the developmental stages.

Writing Prescriptions – Position Statement Review (Mr Watry)

The Committee reviewed input from Mr. Watry and a proposed draft revision to the Writing Prescriptions Position Statement. Mr. Watry asked if there was value in giving additional guidance to physicians other than just the bulleted mechanical items. He reported that the Board has is enhancing its Web page to provide licensees access to U.S. Code and North Carolina General Statutes addressing prescriptions. He stated he was still not sure about the proposed last paragraph of the revised position statement that Mr. Work of the Pharmacy Board recommended regarding issuing and filling prescriptions at a later date. Dr. Foust suggested giving copies of these regulations to new licensees as part of the current packet they get and adding links in the position statement posted on the Web site.

Action: This item will be tabled till the next meeting, which will allow the Legal Department to review and comment on the last paragraph of the proposed revision.

Access to Physician Records – Position Statement Review

There were some questions raised at the last meeting regarding how the Health Insurance Portability and Accountability Act (HIPAA) would apply to such sites as academic centers. Ms. Phelps reports that she did research on the question. Based on this information, she believes the relinquishment of control over their patients' medical records does not apply to hospitals and other health care organizations. Dr. Foust suggested that the position statement emphasize that "the physician is always the patient's advocate." Ms. Meelheim noted that she would be attending an Administrators in Medicine (AIM) meeting in Washington DC on October 19. That meeting will be addressing the new HIPPA.

Action: This item will be tabled until after the Washington meeting and Ms. Meelheim and Ms. Phelps can take another look at it.

Physicians Reporting “All” Findings to Patients

This item came from the Complaint Committee where it was noted that the Board had received several complaints where the patient was not given all of the results of medical tests. Possible revisions to The Physician-Patient Relationship position statement were discussed, including “...this should include timely communication and adequate discussion of significant abnormal findings with the patient and/or guardian or legally designated surrogate,” and “...that medical data be shared only with those legally empowered to receive them...” A discussion ensued regarding HIPPA, records, and patients’ rights.

Action: Dr. Kanof will work with Mr. Breaden and bring this proposed revised position statement back to the Committee.

System Failure – Is It a Medical Board Responsibility?

The Complaint Committee asks for guidance in how to deal with problems of “system failure” when identified in complaints received for review by the Complaint Committee. Dr. Herring interjected that he had talked about this several months ago and the Committee voted not to do it. A review of the June 2001 minutes revealed the following:

“Dr. Herring asked if the Board wants to get involved in developing a system for error prevention for hospitals in the State? Dr. Kanof stated that this is a national issue and should probably be handled by a national organization (Institute of Medicine, AMA, National Patient Safety Foundation, etc.)

Action: The Medical Board should not get involved with this at this time.”

Mr. Watry stated that we should not involve the Board in the operation of facilities but should focus on the subject as it relates specifically to our licensees. Dr. Pories stated “we can probably do more about systems failure than any disease.”

Action: Dr. Herring will revisit this issue, gather additional information, and report back to the Committee.

Telepsychiatry

The Committee reviewed a copy of a letter from Medical Mutual to Milton Gipstein, MD regarding telepsychiatry and the *APA Resource Document On Telepsychiatry Via Videoconferencing*. Dr. Kanof stated she does not think we have adequate guidelines yet to safeguard the quality of care, confidentiality, and ethical practices in this context. Dr. Pories stated that in this State we take care of prisoners by telemedicine (look at lesions, listen to their hearts, etc.) and it has proven to be beneficial to the patient and society by not moving these people all over the place. He stated “good medicine can be practiced by telemedicine.” Dr. Garrett asked “what is the difference in mailing a glass slide or seeing an image on the internet?” After additional discussion the following motion was made.

Recommendation to the Board: That the North Carolina Medical Board not endorse telepsychiatry at this time.

Board Action: Due to receipt of additional information this item is referred back to the Policy Committee for further review.

Advertising and Publicity – How to Enforce the Board’s Position Statement

The question was asked: “When ads appear to violate the Position Statement on Advertising and Publicity, should the Board send the subject physician a letter, including the position statement, and ask that the ad be changed appropriately?” Several ads were reviewed for possible violation of the Board’s position statement. Dr. Pories stated “we can demand truth in advertising.” Dr. Herring suggested an article in the *Forum*. After some discussion about the problems of enforcement, the following action was recommended.

Recommendation to the Board: That questionable ads be forwarded to the Complaint Committee for review and if they are not in keeping with the intent of the Board’s position

statement, the Committee may recommend the Board send a private letter of concern to the subject physician.

Board Action: That questionable ads be forwarded to the Complaint Committee for review and if they are not in keeping with the intent of the Board's position statement, the Committee may recommend the Board send a private letter of concern to the subject physician.

Malpractice Settlements: Reporting Issues

At the June Committee meeting, staff was tasked to compile information from the Insurance Commissioner and compare that against data the Board has. Mr. Watry stated that the Insurance Commissioner data had just been received the day prior to this Committee meeting and it was being consolidated with the Board's records at this time. He read some of the statistics and stated the preliminary numbers looked pretty good. Self insurance plans did not appear on the insurance commissioner's report but staff are going to try to identify precise cases of not reporting and cases of under-reporting. He suggested that once the Board's hard data are consolidated, we ask the Insurance Commissioner to write all of the carriers working in this State for full compliance with the law. He feels that communication from the Commissioner may have a more profound impact than communication from the Board. The Committee action was that staff would continue to review these data and report final results back to the Committee.

At today's meeting, Mr. Watry reported that this is a work in progress. Staff is currently entering all available malpractice data in the Board's database (404 reports as of today). He stated that one cannot draw inferences if one does not see some of the companies in the database or if there is a strong presence for some and none for others. He reports that 26 companies have reported to the Board, but 111 are on the list from the Insurance Commission. He added that more work needs to be done and it would be premature to draw any conclusions at this time. He also presented a *News & Observer* article on Duke arbitration.

Dr. Pories suggested getting aggregate data from the NPDB on malpractice reports and compare this with the same period of data at the Board level.

Action: Staff will continue to gather and assimilate data and report back to the Committee.

Informational Handouts

The following information was distributed for informational purposes:

- (1) American Society for Dermatologic Surgery information concerning non-physician practice of medicine.
- (2) Several HIPPA articles
- (3) A document titled *HIPPA Privacy Rule General Information of Interest to Health Care Providers*

There being no further business, the meeting adjourned at 4:45 PM, Wednesday, October 17, 2001.

EXECUTIVE COMMITTEE REPORT

Elizabeth Kanof, MD; Walter Pories, MD; John Dees, MD; Paul Saperstein

Chairman, Walter J. Pories, MD, President; called the Executive Committee of the North Carolina Medical Board to order November 15, 2001. Members in attendance were Liz Kanof,

MD; John Dees, MD, Vice President; Paul Saperstein, Secretary/ Treasurer; Andy Watry, Executive Director; Peter Celentano, Controller; and Diane Meelheim, Deputy Director.

Financial

NC Med Board Monthly accounting: The October financials were reviewed. Mr. Celentano answered questions. The Board remains in a positive cash flow. Fiscal status is stable.

New Business

A retreat will be scheduled for the Friday of the February 2002 Board Meeting. Topic suggestions should be sent Mr. Watry.

Each new Committee Chair is to take time in December to speak of plans of the committees when the reports are given in December.

EMERGENCY MEDICAL SERVICES (EMS) COMMITTEE REPORT

Walter Pories, MD; Aloysius Walsh; Robin Hunter-Buskey, PAC

Members present: Dr. Walter Pories, Chairman; Mr. Al Walsh, Ms Robin Hunter Buskey; Ms. Erin Gough, Staff; Ms. Diane Meelheim, Deputy Director; Greg Mears, MD, Medical Advisor, Office of Emergency Medical Services (OEMS) (via telephone conference call); and Ed Browning, Office of Emergency Medical Services (OEMS)

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

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

A motion passed to return to open session.

Formulary

Proposal for approved medications for credentialed EMS personnel

Approved Medications for Credentialed EMS Personnel

EMS personnel at any level who administer medications must do so within an EMS system with medical direction, following written treatment protocols, after having completed appropriate medical education. All protocols must be reviewed and approved by the Medical Director of the Office of EMS.

Medications	MR	EMT ²	EMD	EMT-D	EMT-I	EMT-P	MICN ¹	EMS PA ¹	EMS NP ¹
ACE inhibitors						X			
ACETAMINOPHEN		X		X	X	X			
Adenosine						X			
Albuterol (Beta-agonists)		X ³		X ³	X	X			
Aminophylline						X			
Amiodarone						X			
Antibiotics						X			
Anti-emetic preparations						X			
Aspirin		X		X	X	X			
Atropine	X ⁵	X ⁵		X ⁵	X ⁵	X			
Benzodiazepine preparations						X			
Beta blockers						X			

Medications	MR	EMT ²	EMD	EMT-D	EMT-I	EMT-P	MICN ¹	EMS PA ¹	EMS NP ¹
Bretylium						X			
Calcium Channel Blockers						X			
Calcium chloride/gluconate						X			
Charcoal		X		X	X	X			
Clonidine						X			
Crystalloid solutions					X	X			
Cyanide poisoning antidote kit						X			
Digoxin						X			
Diphenhydramine		X ⁴		X ⁴	X	X			
Dobutamine						X			
Dopamine						X			
Epinephrine		X ³		X ³	X	X			
Etomidate						X			
Flumazenil						X			
Furosemide						X			
Glucagon					X	X			
Glucose solutions					X	X			
Heparin					X	X			
Histamine 2 blockers						X			
Immunizations						X			
Insulin						X			
Ipratropium					X	X			
Isoproterenol						X			
Lidocaine						X			
Magnesium sulfate						X			
Mannitol						X			
Methylene blue						X			
Milrinone						X			
Narcotic analgesics						X			
Narcotic antagonists						X			
Nasal Spray Decongestant		X		X	X	X			
Nitroglycerin		X ³		X ³	X	X			
Nitroprusside sodium						X			
Nitrous oxide						X			
Non-prescription medications		X		X	X	X			
Non-steroidal anti-inflammatory		X ⁴		X ⁴	X	X			
Norepinephrine						X			
Oxygen*	X	X		X	X	X			
Oxytocin						X			
Paralytic agents						X			
Phenobarbital						X			
Phenothiazine preparations						X			
Phenytoin preparations						X			
Plasma protein fraction						X			
Platelet G-II/IIIa inhibitors						X			
Potassium chloride						X			
Pralidoxime	X ⁵	X ⁵		X ⁵	X ⁵	X			
Procainamide						X			
Procaine						X			
Proparacaine						X			
Sodium Bicarbonate						X			
Steroid preparations						X			
Thiamine					X	X			
Thrombolytic agents						X			
Total parenteral nutrition						X			
Vasopressin					X	X			
Whole blood and components						X			

¹ All MICN, EMS-PA, or EMS-NP who wish to administer medications in an EMS field setting must be credentialed at the appropriate EMS level of care.

² EMT's administering medications must be functioning in EMS systems with medical direction and written treatment protocols

³ Epinephrine in EMT or EMT-Defibrillation systems may be used in Anaphylaxis only using an autoinjector. Use of Albuterol and Nitroglycerine is limited to patients who currently are prescribed the medication. EMS personnel may administer these medications from EMS supplies.

⁴ PO only

⁵ As a component of preparedness for domestic terrorism, EMS personnel, public safety officers, and other first responders recognized by the EMS system, may carry, self administer, or administer to a patient, Atropine and/or Pralidoxime based on written protocols and medical direction. All personnel except for EMT-Ps must administer these medications by an autoinjector.

* Administration of oxygen does not require medical direction

Approved Skills for Credentialed EMS Personnel

Skills	MR	EMT	EMD	EMT-D ²	EMT-I	EMT-P	MICN ¹	EMS PA ¹	EMS NP ¹
Airway-Intubation					X	X			
Airway-Suction	X	X		X	X	X			
Cardiac Pacing-External						X			
Cardiopulmonary Resuscitation	X	X		X	X	X			
Cardioversion						X			
Chest Decompression-Needle						X			
Defibrillation-Manual						X			
Glucose Measurement	X	X		X	X	X			
Restraints	X	X		X	X	X			
Spinal Immobilization	X	X		X	X	X			
Splinting	X	X		X	X	X			
Stroke Screen	X	X		X	X	X			
Thrombolytic Screen	X	X		X	X	X			
Venous Access-Intraosseous						X			
Venous Access-Peripheral					X	X			
Wound Care	X	X		X	X	X			
Airway-Blind Insertion Device		X ³		X	X	X			
Airway-Cricothyrotomy-Surgical						X			
Intubation Confirmation-Capnometry (color)					X	X			
Intubation Confirmation-Esophageal Bulb					X				
12-Lead Electrocardiogram (ECG) including transmission capabilities from the field						X			
Carotid Massage						X			
Gastric Intubation						X			
Orthostatic Blood Pressure	X	X		X	X	X			
Pulse Oximetry	X	X		X	X	X			
Thermometer (Oral and Rectal with low temp. capability)	X	X		X	X	X			
Venous Access-Existing catheters						X			
AIRWAY-CRICOTHYROTOMY-NEEDLE						X			
Capnometry (waveform)						X			
Chest Compression-External Device					X	X			
Defibrillation-Automated	X	X		X	X	X			
Respirator Operation		X		X	X	X			
Venous Access-Blood Draw					X	X			
Ventilator Operation						X			
Arterial Access-Blood Draw						X			
Arterial Lines-Maintain						X			
Central Venous Pressure lines-Maintain						X			
Epidural Catheters-Maintain						X			
Intra-Ventricular Catheters-Maintain						X			

Skills	MR	EMT	EMD	EMT-D ²	EMT-I	EMT-P	MICN ¹	EMS PA ¹	EMS NP ¹
Swan-Ganz Catheters-Maintain						X			
Urinary Catheterization						X			
Venous Access-Femoral Line						X			
On-line medical direction							X	X	X
Pre-arrival instructions to callers based on approved protocols			X						
Determine and dispatch appropriate EMS system resources based on approved protocols			X						

¹ All MICN, EMS-PA, or EMS-NP who wish to perform these skills in an EMS field setting must be credentialed at the appropriate EMS level of care.

² All EMD skills must be performed in EMS systems with medical oversight and written EMD protocols

³ EMT's using blind insertion airway devices must be functioning in EMS systems with medical direction and written treatment protocols

Motion: A motion passed to accept the EMS report and above formulary as presented.

PHYSICIAN ASSISTANT ADVISORY COUNCIL REPORT

Walter Pories, MD; Aloysius Walsh; Robin Hunter-Buskey, PAC

The PA Advisory Council was called to order at 7:00 p.m., Wednesday, October 27, 2001. In attendance were Robin Hunter-Buskey, Al Walsh, Glen Combs, Wade Marion, Wilbert Dillard, Marc Katz, Gail Curtis, Wayne VonSeggen, Jim Hill, Debbie Hauser, Erin Gough.

Introductions

NCMB/PAAC Role/Relationship

Ms. Hunter-Buskey explained that the Board has reaffirmed the existence of the PAAC, and they are meeting at the distinct pleasure of the Board. By-laws, etc. will not be necessary. The Board provides a meeting room and limited Board support. The Chair of the PAAC will be appointed by the Board. A biennial meeting schedule (April & October) has been proposed.

Ms. Hunter-Buskey reminded the group that another avenue to reach the Board is through the Public Agenda Items section of the Board's PA Committee.

Proposed format & structure for future PAAC

The PAAC will be composed of around 12 members, appointed by the NCMB. These may consist of 2-3 individuals from NC PA programs, 3-4 from the NCAPA, 1 from the PA section of the Medical Society, 2-3 at large NC PAs, and 1 physician. This composition is flexible, however, and the current list of PAAC members will not be altered at this time. The appointments will be for 1 year, renewable. Nominations are welcome & encouraged. Mr. VonSeggen said that Reg Carter and Frank Leak wish to be removed from the PAAC. Lanny Parker was nominated to the PAAC. Mr. Bill Dillard wished to be removed after this meeting.

Old Business

Ms. Hunter-Buskey asked the PAAC to consider alternatives to the current regulation of PAs using physician counter signatures as the form of supervision.

The group agreed to meet as a work group independently of the Board on February 6, 2002, at 6:30pm in Winston-Salem to prepare a proposal for a rule change.

Update from Legal Dept. regarding electronic counter signature. NC Statute 90-412 distributed.

New Business

Paul Hendrix from Duke University will be coming to the NCMB Board meeting on Nov. 14 at 2:00pm to discuss the possibility of a PA resident training license.

The next PAAC meeting will be held on April 17, 2002 at the NCMB office.

PHYSICIAN ASSISTANT COMMITTEE REPORT

Walter Pories, MD; Aloysius Walsh; Robin Hunter-Buskey, PAC

PA License Applications-

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

Board Action: Issue licenses

<u>PHYSICIAN ASSISTANT</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Battle , Lydia Ann	***	
Bourgault , Cheryl Rae	***	
Bresenden , Dina	***	
Britt , Ashley Leyden	***	
Irons , Robert Neal	***	
Kendall , Tara Beth	***	
Kingman , Waynette Matthews	Dambeck , Allyn	Roseboro
Krochalis , Robert Walter	Augustus , Carl	Charlotte
Layman , Paul Gayle	***	
Matuszewski , Catherine A.	***	
Mesa , Gregory Robert	***	
Nguyen , Dzi-Long Phuoc	***	
Scoufalos , Thomas George	***	
Snell , Judith Anne	***	
Spiller , Rachel Elizabeth	***	
Viehe , Mary Leona	***	
Washington , Sandra Powell	***	
Williams Jr. , Rufus Delro	Igwemezie , Benjamin	High Point
Yu , Hong	Sherertz , Robert J.	Winston-Salem

PA Volunteer License-

Board Action: Issue license

<u>PHYSICIAN ASSISTANT</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Vanarthos , Jill Chandelle	Talerico , Paul	Raleigh

PA Intent to Practice Forms Acknowledged-

PHYSICIAN ASSISTANT

PRIMARY SUPERVISOR

PRACTICE CITY

Anzola, Carlos Saul
 Arcand, Scott Anthony
 Bain, Julie Beth
 Baker, David Charles
 Beane, Lori Lassiter
 Bishop, John Gardner
 Bogart, Katherine Elizabeth
 Boswell, Janet Ditto
 Caceres, Jorge Luis
 Caggiano, Christopher John
 Carroll, Michael Joseph
 Cloninger, Tracey Steele
 Condon, Melissa Ann
 Conroy, Nathan Wales
 Copland, Alicia Blomberg
 Cornatzer, Tona Faye
 Couture, Peter K.
 Denton, Ronald Charles
 Dilello, Michael Ernest
 Doyle, Heidi Elizabeth
 Estrella, Shaily Evelyn
 Flynn, Charles Francis
 Ford, Erica Michelle
 Fowler, Sheila Marie
 Freeman, Wayne Evans
 Galloway, Ayanna Saran
 Garrett, Tina Smith
 Guilbault, Martha Jane
 Hall, Cheryl Morrison
 Hardy, Katherine Brown
 Hepler, James Dwight
 Horlick, Susan Smolen
 Howard, Brenda Lee
 Howard, Brenda Lee
 Idacavage, Valery Mora
 Kalarickal, Cyriac Kurien
 Krape, Harvey Ronald
 Kurian, Mathew
 Locklear-Zoll, Robbie Renee
 Maldonado, Manuel F.
 Maldonado, Manuel F.
 Martindale, Christine Marie
 McCaffrey, James Andrew
 McGranaghan, Mary Beth
 McIntyre Jr., Frederick L.
 Migdon, Steven
 Moellenberndt, Debora L.
 Mould, Stephen John

Hastings III, John Clifton
 Del Do, Shari Ann
 Aluisio, Frank Victor
 Sathiraju, Sarveshwara Rao
 Escajeda, Richard Timothy
 Bartholomew, Neva Edens
 McGeary, Scott Alan
 Steinl, Kevin Edward
 Neal, John William
 Watson, Jerome Thomas
 White, Anne Litton
 Martin, Lois Beard
 Katibah III, William George
 James, Robert Mitchell
 Kincius, Constance Ann
 Slate, Francis Wesley
 Berry II, Wayne Jefferson
 Khan, Shaheen
 Davis, William Hodges
 Schoch, Peter Matthew
 Matthews, Brian Lewis
 Kelly, John Jay
 Lane, Robert Earl
 Reschly, Keith Christian
 Sathiraju, Sarveshwara Rao
 Sigal, Barry William
 Murray, Alexander Vance
 Ward, William Goode
 Holman, Nicole Dominique
 Palombaro, James Frank
 Cox, Craig Harness
 McGeary, Scott Alan
 Friedman, Stephen William
 Uthe, William Frederick
 Schwarz, Saul Samuel
 Khan, Shaheen
 Zimmerman, David Bruce
 Khan, Shaheen
 Mergy, James Arthur
 Griggs Jr., James Philip
 Vaughan, John Watt
 Frye, Michael Kermit
 Irion, James Carney
 Jones, Rayette Dione
 Bradley, Diana Faison
 Goli, Devainder
 Chiodo, Vincent Michael
 Martin, Robert Charles

Charlotte
 Fayetteville
 Greensboro
 Morganton
 Archdale
 Hillsborough
 Cary
 Greensboro
 Laurinburg
 Kannapolis
 Winston-Salem
 Wilmington
 Charlotte
 Liberty
 Burlington
 Mocksville
 N. Wilkesboro
 Morganton
 Charlotte
 High Point
 Winston-Salem
 Swannanoa
 Hertford
 Southport
 Morganton
 Winston-Salem
 Greensboro
 Winston-Salem
 Mamers
 Raleigh
 Huntersville
 Cary
 Durham
 Durham
 High Point
 Morganton
 Bryson City
 Morganton
 Fayetteville
 Charlotte
 Charlotte
 Charlotte
 King
 Gatesville
 Asheville
 Burlington
 Dunn
 Tarboro

Nielsen, John William	Alatar, Kira Mark	Leland
Paterson, Kimberly Brown	Kastner, Robert Jeffrey	Wilmington
Perkins, Cameron Luther	Janis, Eric Michael	Smithfield
Powell, Marshelle Lynn	De Castro, Laura Martina	Durham
Prabhu, Pilar Sudhakar	Alam, Sitara Jabeen	Morganton
Richardson, Lorenzo N.	Sathiraju, Sarveshwara Rao	Morganton
Robeson, Brian Scott	McKenzie, William Marshall	Lexington
Rohde, Karen Evelyn	Thompson, Donovan Aaron	Charlotte
Russell, Douglas Blane	Tyler, Michael Joseph	Pittsboro
Russell, Karen Sue	Cabral, Gonzalo	Wilson
Schaffer, Valerie Jane	Harding, Edward Michael	Angier
Schwartz, Adam David	Eisenson, Howard Joseph	Durham
Sparks, Jessica Teague	Bouska, David Edward	Greensboro
Spicer, Blai Vang	Barkley II, Karl Lee	Charlotte
Spicer, Blai Vang	Bartee-Allen, Sylvia Ann	Charlotte
Spicer, Blai Vang	Cardwell, Jeffrey Glen	Charlotte
Spicer, Blai Vang	DeSena, Curtis William	Charlotte
Spicer, Blai Vang	Guyton, Anna Jane	Charlotte
Spicer, Blai Vang	Hughes, Bruce Wray	Charlotte
Steinke, Mark Manfred	Lawson, Ellen Tuch	Asheville
Strub, Michael John	Morris, Kenneth Gregory	Durham
Sweeney-Kustra, Karen Sue	McKinney, Leslie Cheryl	Cary
Troyon, Sharon Fawn	Heter, Michael Allen	Clinton
Van Vooren, Amy J. Monroe	McGeary, Scott Alan	Cary
Vecellio, Richard James	Petrilli, Robert	Charlotte
Vogele, Colleen Leah	Saik, Denise Susan	Raleigh
Whitten, Robin	Tozzi, Joseph Anthony	Sanford
Williams, Deborah Troutman	Alam, Sitara Jabeen	Hickory
Williams, Kevin Rolando	Rinehart, David Apgar	Belmont
Williamson, Al Bart	Bridgman, John Alfred	Pinehurst
Woglom, Peter B.	Zaidi, Syed Navaid	Colerain
Woods, Martha Kate	Auffinger, Susan Lynn	Winston-Salem
Yates, Heather Dana	Herman, Christopher Michael	Winston-Salem

Public Agenda Items for Committee Discussion-

- Robin Hunter-Buskey would like to propose the nomination of the following 12 persons to serve during 2001-2002 for the Physician Assistant Advisory Council to the North Carolina Medical Board:
 - 1) James "Lanny" Parker, PA-C
 - 2) Wade H. Marion, PA-C
 - 3) Marc Katz, PA-C
 - 4) Laura Gail Curtis, PA-C
 - 5) Debbie Hauser, PA-C
 - 6) Wayne VonSeggen, PA-C
 - 7) Ray Brown, PA-C
 - 8) Glen Combs, PA-C MA
 - 9) Justine Strand, PA-C
 - 10) James E. Hill Jr., M.Ed., PA-C
 - 11) Elizabeth Kanof, MD

12) Barry Leshin, MD

- Paul Hendrix came from Duke University to present a proposal for a PA surgical residency program at Duke Hospital. This is being brought to the Medical Board's attention because their proposal, in its current form, would require an NC Rule change, since they want the PA students to practice as surgical "residents" before they are granted an NC PA license. The residency program would be based on the ones that are currently in place at Montefiore Hospital in NY and Yale in CT. It would be a 12 month program, the duties being similar to that of a PGY-1 resident, and the salary would be around \$38k. Duke wishes to begin this program September 2002.
- October PAAC minutes distributed for information

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

NURSE PRACTITIONER COMMITTEE REPORT

Walter Pories, MD; Aloysius Walsh, Robin Hunter-Buskey, PAC

NP Initial Applications Recommended for Approval after Staff Review-

Board Action: Approve

NURSE PRACTITIONER

Baker-Word, Pammela Sue
Campos, Christine Soles
Cruise, Lester Dean
Davis, Emily Adair
Demaison, Sherry Lynn
Dematos, Monica Michelle
English, Dianne Richards
Evans, Mary Norman
Foster, Leah Danielle
Gamble, Julia Crawford
Harrold, Dena D.
Hutcherson, Jacqueline I.
Jenkins, Janice Teague
Powell, Heather Lynn
Roock, Sandra Yvonne
Scott, Margaret Anne
Shannon, Michael Andrew
Smitherman, Shonda H.
Thompson, Julie Ann
Waldrop, Julee Briscoe
Witt, Mary Eileen
Woodruff, Laura Kathryn
Zore, Rebecca Lynn

PRIMARY SUPERVISOR

Johnson, David W.
Kopelman, Arthur E.
Walasin, Robert M.
Osenbach, Richard
Neel, Jill L.
MacLean, Susan E.
Denning, Christopher
Loughridge, Carole J.
Burgess, William P.
Woodall, Leonard S.
Keener, Stephen R.
Boyette, Charles O.
Farrow, Johnny L.
Stouffer, George A.
Cheek, Karol
Vogt, Joel A.
Klinkner, Michael
Coe, Lori O.
Friedman, Allan H.
Stiles, Alan D.
Nickens, Larry C.
Baloch, Mohammad H.
Crosland, Cathryn L.

PRACTICE CITY

Wilmington
 Greenville
 Butner
 Durham
 Charlotte
 Burnsville
 Shelby
 Mooresville
 Charlotte
 Smithfield
 Charlotte
 Swan Quarter
 Manteo
 Chapel Hill
 Kannapolis
 Greensboro
 Cary
 King
 Durham
 Chapel Hill
 Goldsboro
 Raleigh
 Concord

NP Subsequent Applications administratively approved-

Board Action: Approve

<u>NURSE PRACTITIONER</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Adams , JoAnn	Mooney , Al	Raleigh
Andrews , Nancy C.	Nelson , John D.	Hickory
Beck , Samuel L.	Gallinger , Roy P.	Sylva
Beck-Sieg , Judy	Lusk , John A.	Greensboro
Brown , Carla H.	Harding , Edward M.	Angier
Brunatti , Caryn	Kurtzberg , JoAnne	Durham
Cannon , Deborah	Santos , Maria T.	Snow Hill
Carter , Carolyn J.	Brown , Cynthia J.	Asheville
Cassell , Charlotte	Griffin , Adrian M.	Mt. Airy
Coates , Ruth L.	Brown , Cynthia J.	Asheville
Dickerson , Beth L.	Plonk Jr. , John	Charlotte
Evans , Iris J.	Whitman , Bruce S.	Lumberton
Gamewell , Marilyn M.	McRoberts , Deborah	Troy
Gardner , Mary F.	Oeters , Rhonda C.	Washington
Gilbert , Lynn B.	Hart , Robert E.	Hickory
Gill , Donna F.	Kornmayer , John D.	Forest City
Holoman , Elizabeth M.	Bose , Carl L.	Chapel Hill
Kelsey , Dwan T.	Stevens , Craig A.	Cary
Lemon , Sharilyn H.	Womble , James C.	Cary
Manning , Monica A.	Tanenberg , Robert J.	Greenville
Marks , Michael B.	Anderson , Jeffery S.	Atlantic Beach
McCreary , Jennifer M.	Bagwell , Johnny W.	Garner
Miller , Penny E.	Leone , Peter	Raleigh
Moore , Joleen C.	Manusov , Eron G.	Biscoe
Moos , Merry K.	Hartmann , Katherine E.	Chapel Hill
Morehead , Brenda S.	Tortora , Frank L.	Cary
Morgan , Kimberly M.	Fasolka , Walter S.	Southern Pines
Parker , Diane	Blackstone , Thomas L.	Wilmington
Phelps , Shannon B.	Smith , Timothy T.	Shallotte
Raffield , Ruth B.	Ford , Albert S.	Fletcher
Reiter , Debra L.	Nifong , Ted J.	Winston-Salem
Reynolds , Eva M.	Curran , Diana R.	Hendersonville
Seal , Vivian A.	Griffin , Adrian M.	Mt. Airy
Watkins , Julia S.	Rubino , John	Raleigh

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

NURSE PRACTITIONER JOINT SUBCOMMITTEE REPORT

Walter Pories, MD; Aloysius Walsh, Robin Hunter-Buskey, PAC

A regular meeting of the Joint Subcommittee was held on November 14, 2001 at the North Carolina Medical Board office, 1201 Front Street, Raleigh, North Carolina.

- Presiding Cheryl Proctor, RN, FNP
- Call to Order Ms. Proctor called the meeting to order at 12:35 p.m.
Ms. Proctor asked that members and staff introduce themselves and their affiliation to the Committee.
- Members Present Walter Pories, MD (NCMB)
Robin Hunter-Buskey, PA (NCMB)
Al Walsh, Public Member (NCMB)
Janice McRorie, RN (NCBON)
Cheryl Proctor, RN, FNP (NCBON)
Rebecca Pitts, RN (NCBON)
- Staff Present Polly Johnson, RN, Executive Director (NCBON)
Carol Swink, RN, Associate Executive Director (NCBON)
Linda Thompson, RN, Associate Director, Practice (NCBON)
Ann Forbes, RN, Practice Consultant (NCBON)
Julie George, RN, Practice Consultant (NCBON)
Jean Stanley, Administrative Assistant (NCBON)
Andy Watry, Executive Director (NCMB)
Diane Meelheim, Assistant Executive Director (NCMB)
Erin Gough, Physician Extender Coordinator (NCMB)
- Guest Gale Adcock, RN, FNP
Elizabeth Kanof, M.D.
Eleanor Moon, RN (NCBON)
Maureen Darcey, RN, CNM (MJC)
- Agenda Ms. Proctor reviewed the agenda and it was adopted as distributed.
- Minutes Ms. Proctor asked if there were any corrections to the November 15, 2000 minutes.
MOTION: That the Minutes of November 15, 2000 be adopted as distributed.
Pories/Hunter-Buskey/Passed.
- Old/New Business**
Distribution of Fees
Ms. Proctor stated that the portability of the Nurse Practitioner approval process was put on hold last year due to lack of statutory authority to increase fees. She stated that Ms. Johnson and Mr. Watry did a cost analysis of the current nurse practitioner activities for each Board. There was a comparison of actual cost for services provided and fee distribution with net income/loss for both Boards.
Ms. Proctor reviewed the recommendations from both Boards.
MOTION: That the Boards (1) provide an equitable distribution of fees based on the cost of NP services and (2) initiate a rule change in both 21 NCAC 36.0227 and 21 NCAC 32M.0112

to reflect equitable distribution of current fees. Rule change to read as follows:

21 NCAC 32M .0112 FEES

- (a) An application fee of one hundred dollars (\$100.00) shall be paid at the time of initial application for approval and each subsequent application for approval to practice. ~~All initial, subsequent and volunteer application fees shall be equally divided between the Board of Nursing and the Medical Board. No other fees shall be shared.~~ Application fee shall be twenty dollars (\$20.00) for the volunteer approval.
- (b) The fee for annual renewal of approval shall be fifty dollars (\$50.00).
- (c) The fee for annual renewal of volunteer approval shall be ten dollars (\$10.00).
- (d) No portion of any fee in this Rule shall be refundable.
- (e) Fees shall be divided between the Board of Nursing and the Medical Board based on a mutually agreed upon formula for equitable distribution of costs.

*History Note: Authority G.S. 90-6;
Eff. January 1, 1996;
Recodified from 21 NCAC 32M .0111 Eff. January 1, 1996;
Amended Eff. August 2, 2002; May 1, 1999; January 1,
1996.
Pories/McRorie/Passed.*

2001 Legislative Initiative Update:

Ms. Proctor stated that members of the Joint Subcommittee were aware of the legislative issue of Nurse Practitioners being regulated by the Board of Nursing introduced in the legislature in the spring. The Bill was pulled to allow for further discussion among stakeholders.

Ms. Proctor called upon Ms. Johnson who gave an update on the status of the Bill that was introduced to bring the certified nurse-midwives and nurse practitioners under the regulation of the Board of Nursing. Ms. Johnson also stated that the group met with the North Carolina Medical Society and the North Carolina Academy of Family Physicians. She stated there needs to be more work done at the grassroots level.

There are plans to have representatives of the Medical Society and the North Carolina Nurses Association to invite groups to discuss interrelatedness of practice. Pull these groups together to decide how to move forward.

Dr. Kanof asked that when the groups get together, she would like for a representative of the Medical Board be invited.

Portability of Nurse Practitioner Practice

Ms. Proctor stated that she is still interested in pursuing the rule change for a portable process for the nurse practitioner, a similar model to the physician assistant practice.

Ms. Proctor stated that the American Nurses Credentialing Center has changed their criteria to allow the CNSs who have prescriptive authority in their state and who are recognized as APRNs, APNs or NPs to sit for the PsyMental Health Nurse Practitioner certifying examination without having met the educational requirement of a nurse practitioner educational program. There is a six-month window of opportunity for this.

Ms. Proctor stated that she; Ms. Adcock, Ms. Meelheim and Ms. Johnson have met regarding a draft in the nurse practitioner rules. There are revisions currently being made to this first draft and it is anticipated that staff will have a working draft ready to present to the Committee at the January meeting so the Boards can approve to move forward with Rule changes.

Ms. Johnson stated that the National Council of State Boards is working on a compact model for the advanced practice nurse and that there would be the minimum of a Master's degree requirement.

Dr. Pories had a question regarding the compact law and how would the disciplinary process be handle for nurses. Ms. Johnson explained the current process for nurses and stated that the same process would be available for the advanced practice nurses.

Pharmacy Issue

Ms. Proctor stated that the Pharmacy issues regarding DEA and UPIN numbers would be delayed until the January meeting for further discussion if needed. She wasn't sure if the DEA and UPIN numbers situation was still a problem.

North Carolina Board of Nursing Alternative Program for Chemical Dependency

At this time Ms. Proctor called upon Ms. Eleanor Moon who is the Compliance Consultant for the Board of Nursing's Alternative Program for Chemical Dependency, to present information to the Committee which was requested by the Medical Board. Ms. Moon explained to members had the program is designed to help nurses return to work and to achieve early intervention of the nurse who may have a chemical dependency problem. There was discussion as to how the program was started.

Dr. Pories wanted to know what the cost of the program was and the cost to the individual. Ms. Moon stated that most of the cost was the individual's responsibility.

Other Business

Ms. Proctor asked that the election of officers for the Committee be delayed until the January meeting. This was requested because the Board of Nursing will have new members on the Committee and the new members will not be taking office until January.

MOTION: That the election of officers be delayed until the January meeting of the Joint Subcommittee.
Pories/Walsh/Passed.

Next Meeting The next meeting of this Committee is scheduled for:

January 23, 2002 (12:30 p.m.)
(Place to be announced)

Adjournment **MOTION:** That the meeting is adjourned (1:45 p.m.)
Walsh/McRorie/Passed.

Motion: A motion passed to approve the NP Joint Subcommittee Report.

MIDWIFERY JOINT COMMITTEE REPORT

Walter Pories, MD; Aloysius Walsh, Robin Hunter-Buskey, PAC

Time: 10:40 a.m., Wednesday, November 14, 2001

Place: NC Medical Board Office, 1201 Front Street, Raleigh, NC

Members Present

Maureen Darcey, RN, CNM, Chair
Kathy Trotter, RN, CNM, Vice Chair
Valerie King, M.D., MPH
Janice McRorie, RN, NCBON
Rebecca Pitts, RN, NCBON
Cheryl Proctor, RN, NCBON
Walter Pories, MD, NCMB
Robin Hunter Buskey, PA, NCMB
Al Walsh, Public Member, NCMB

Members Absent

R. Eugene Granger, M.D., Ph.D.

Staff Members Present

Polly Johnson, RN, Executive Director, NCBON
Carol Swink, RN, Associate Executive Director, NCBON
Linda Thompson, RN, Assistant Director, Practice, NCBON
Ann Forbes, RN, Practice Consultant, NCBON
Julie George, RN, Practice Consultant, NCBON
Jean H. Stanley, Administrative Assistant to MJC and NCBON
Diane Meelheim, Assistant Executive Director, NCMB

Guest

Gale Adcock, RN, FNP
Dr. John Dees

Call to Order

Maureen Darcey, RN, CNM, Chair called the meeting to order at 10:40 a.m.

Announcements - Ms. Darcey asked that members and staff introduced themselves and their relation to the Committee/Board.

Approval of Minutes

Ms. Darcey asked for consideration of the November 15, 2000 meeting minutes and the November 15, 2000 Called meeting minutes, copies had been disseminated.

MOTION: Approve the minutes of November 15, 2000 (both sets) as disseminated.
Pories/Walsh/Passed.

Ratification of Mail Referenda

The Chairman presented the list of applications that had been approved by mail referenda during the year. Ms. Darcey reviewed with the members the process by which new to North Carolina certified nurse-midwives are approved. Ms. Darcey stated that each application was mailed to a physician and a certified nurse midwife and they would review and return the approval or disapproval to Ms. Stanley for process.

MOTION: Ratify the 18 applications listed.
Pories/Walsh/Passed.
(List to be attached to file copy of minutes)

Treasurer's Report

Ms. Darcey asked if there were any questions concerning the Committee's report. There was discussion of a few items.

MOTION: Approve the treasurer's report as presented, accept the audit as presented.
Proctor/King/Passed.

New Business

• Approval of Projected Budget

Ms. Darcey reviewed with the Committee members the projected budget for 2002. There was a question related to the amount of monies projected for out-of-state meetings. Ms. Darcey explained how the monies had been projected and used in the pass.

MOTION: That the Proposed Budget be adopted as disseminated.
King/Pories/Passed.

• Adoption of Rule – 21 NCAC 36.0105

Ms. Darcey began the discussion regarding an issue that the Midwifery Committee had regarding the disciplinary process of a certified nurse midwife. She clarified that the Midwifery Joint Committee did not have a defined process for handling complaints related to the midwifery program and presented draft rule language for defining the disciplinary process.

Ms. Darcey asked for input and discussion of the draft rule. She stated that she and Ms. Johnson had worked on the draft and that they had reviewed other occupational licensing boards rules on disciplinary process. There was discussion related to each section of the rule draft. Changes were made in the rule that the members felt were necessary or applicable for clarity.

MOTION: That the rule be approve as edited.
Pories/King/Passed.

- Update on Midwifery Issues in North Carolina

Dr. Pories asked about the growth of midwifery in North Carolina. Ms. Darcey stated that the growth was stable. We have them leave practice and have new ones entering practice. The numbers have been stable over the last few years. Ms. Darcey also stated that there was a problem with the Midwifery Law in that it stated the midwife must have physician supervision. This has kept many certified nurse-midwives from doing home births. Most physicians will not supervise the certified nurse-midwives to do home births.

MOTION: That a smaller committee of the Boards be organized to address the issues of law changes and how it should be rewritten. How the law can be changed to address the issue of the certified nurse-midwife/certified midwife and the issue of supervision.

Pories/King/Passed.

Dr. Pories stated that we have a faulty system and that the Boards need to work together to make changes in our laws.

Dr. King stated that in other states the certified midwife and certified nurse-midwife are regulated in the same manner. She also stated that the American Public Health Association (APHA) support the certified nurse-midwife/certified midwife.

Ms. Darcey shared with the group a joint statement of practice relationships between the obstetrician-gynecologists and certified nurse-midwives/certified midwives. It uses the term interdependent to describe the physician/midwife relationship She stated that the obstetrician-gynecologists and the certified nurse-midwife/certified midwives should have a clear understanding of their individual, collaborative and interdependent responsibilities. There is no mention of supervision, it should be more of a collaborative practice.

Dr. King stated that she felt that within our rules that there should be some specific requirement for continuing education or demonstration of continuing competency, other than that required by the ANCM.

- Continued Competency Requirements:

There was discussion related to portfolios, continued competency that is being discussed by the Board of Nursing.

Ms. Thompson shared with the group that the Board of Nursing convened a group of stakeholders two years ago and that the group presented recommendations to the Board of Nursing at their September meeting and the recommendations were approved.

The core group will be meeting to develop guidelines and the process to implement continued competence. The group is looking at the reflective practice approach which would include: the nurse's self-directed assessment of her/his practice; tools for assessment made available by the Board of Nursing and a variety of methods, which the nurse could select to demonstrate continued competence.

Old Business

Member list (revised) – Will need to be updated again after the Board of Nursing's January meeting because there are members currently on the list that their term expires December 31, 2001.

Election of Officers

Ms. Darcey stated that since she was appointed chair at last years meeting, she would like to remain chair. Also she stated that Kathy Trotter was the new member replacing Ms. Payne who resigned last year and that she would like to nominate Ms. Trotter for Vice-Chair.

MOTION: That the slate of officers presented be accepted – Ms. Darcey, Chair and Ms. Trotter, Vice-Chair.
Proctor/King/Passed.

Next Meeting

The next meetings of the Committee are scheduled for:
January 23, 2002 at 10:30 a.m. (Place to be determined)

Adjournment 12:00 pm.

MOTION: Meeting is adjourned.
King/Walsh/Passed.

Meeting adjourned at 12:00 p.m.

LICENSING COMMITTEE REPORT

Kenneth Chambers, MD; Robin Hunter-Buskey, PAC; E.K. Fretwell

September Committee Recommendations – Tabled from October meeting

(1) Policy regarding “retroactive” reactivation of a license

Board Action: The License Committee will continue to review requests for retroactive status on a case-by-case basis with a public reprimand and consent order.

(2) Oral Interview Questions

Board Action: Use the following questions for individual interviews as well as subcommittee interviews:

1. Have you ever had any difficulty with a medical licensing Board?
2. Have you ever had any disciplinary or probationary actions by any hospital medical staff or any other medical organization?
3. Have you ever been or are you now being sued?
4. Have you ever had a problem with drugs or any controlled substance, and have you used any of these substances during the past 5 years except those prescribed for you by another physician or dentist?

5. In the past 5 years have you ever been, or have you been told that you are, personally or professionally impaired as a result of your use of alcohol?
6. In the past 5 years have you ever been, or have you been told you are, personally or professionally impaired as a result of your medical, surgical, or psychiatric condition, other than addiction?
7. Have you ever been convicted of any crime including traffic violations?
8. Are you aware of any investigation of you conducted by any governmental agency or Medical Board?

(3) Rule .0508

Board Action: Rescind sections (2) and (3) of Rule .0508. File an emergency filing. The Committee plans to continue the discussion of concerns regarding "quality of applicants".

License Interviews - Tabled from October meeting

Catchline: In an effort to reduce the interview load during Board meetings, will the Board Members be willing to see non-routine applicants on individual bases?

Board Action: The Board authorizes staff, together with the Executive Director, to triage applications, other than routine, for interview by an individual Board Member, also allowing individual Board members to decline non-routine interviews.

License Literature - Tabled from October meeting

Catchline: In an effort to cut costs, it has been recommended that applicants be directed to the Board's web site for copies of the Medical Practice Act, rules and position statements. This will save on cost of printing as well as postage. A form has been developed requiring the applicant's signature, stating they understand it is their responsibility to be familiar with all this information and if they do not have computer access they may contact the Board for a copy of each of the documents.

Board Action: Continue distributing handouts. Implement using the form developed requiring applicants for full license (endorsement and exam) sign the form. This form will be made a part of the physician's file.

Draft of Form RE: License Literature Item

I acknowledge it is my responsibility to be familiar with the North Carolina Medical Practice Act and the North Carolina Medical Board's rules and position statements. These can be found on the Board's web site at www.ncmedboard.org.

Applicant's Signature

Date

Criminal Background Checks - Tabled from October meeting

Mr. Watry reported there are 3 things staff are doing towards this effort. Because the Board does not have statutory authority to run background checks, the new rules have been written to include background checks; all applicants are currently being run through DEA's data base; and staff is working with a vender – Choice Point – to use on an as needed basis until the finger printing process goes into effect.

Board Action: Accept as information.

Fees - Tabled from October meeting

Catchline: Concern has been expressed about requiring applicants to pay a temporary license fee, a full license fee and a registration fee in the same month. Because the law does not allow the Board to waive registration fees, lowering the temporary license fee has been suggested.

Board Action: Make no change in current policy and fees regarding license by endorsement, temporary license and registration.

MD/DDS degrees/license for maxiofacial surgery-Tabled from October meeting

Catchline: This report has been requested as a forum to discuss concerns of concerns of physicians performing maxillofacial surgery under a medical license circumventing the need for a dental license. This information has surfaced as a result of the research done on office-based surgery.

Board Action: Establish a joint fact finding body with the dental Board before proceeding.

Geographically Limited Licenses

Catchline: It has been suggested that staff prepare a letter that will advise applicants requesting a geographically limited license; of what information the Board will need in order to make a determination on the application. What facts will be needed as part of the application, in order for Board to make a determination that there is a “need” for the geographic area and medical specialty the physician plans to offer?

Board Action: Staff was directed to establish criteria for exceptions to the normal license process for applicants requesting a geographically limited license.

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

The Board reviewed three licensure applications. A written report was presented for the Board's review. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

Motion: A motion passed to accept the Licensing Committee report as modified.

SPLIT BOARD LICENSURE INTERVIEWS

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

Eighteen licensure interviews were conducted. A written report was presented for the Board's review. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

APPLICANTS PRESENTED TO THE BOARD

Jeffery Alexander Adams	Mary Elizabeth Gabriel	Donald Marger
Samuel John Ajzian	Douglas Mervyn Gartrell	Kimmery Dawn Martin
Susan Saker Alexander	Hubert Lee Gooch Jr	Michael Todd Mazurek
Kalyani Rajeev Angampally	Carmelo Gullotto	Janice Adelaide McDonald
Hyder Husain Arastu	Alexander Cox Hadley	Deanna Simmons McNeil
Andrew Fennell Barsaloux	Ehteshamul Haque	Michael Craig Meadors
Padmaja Pandilipalli Battula	Tina Griffin Harris	Lawrence Whitfield Miller
John Peter Birkedal	Michelle Renee Harssema	Tony Mehrdad Momeni
Craig Lewis Bookout	Melany Allison Higgins	Steven Alexander Myers
Thomas Nicholas Bottoni	Edward Warren Holmes	Robert Joseph Newman
Catherine Malooly Breen	Samer Khaznadar	James Matthew North
Michael Howard Bridges	Katherine Warner Kent	Aideloje Adoga Onime
Alycia Moore Brown	Sagheer Ahmad Khan	Ajay Maheshchandra Parikh
Kofi Bruce-Mensah	Jong Whan Kim	Ajaykumar Shamalbhai Patel
Charles Scott Brudney	Alan David Klein	Dag Pavic
Pat Joseph Bruno	Vincent Karl Knight	Pamela Ann Penner
Geoffrey Ralph Burbridge	Melvin Woodao Kong	Emanuel Podgorny , III
Jessica Jackson Burkett	Jerry Arthur Kotulla	Richard Francis Riedel
Jose Ismael Cabrera	Robert Keith Kramer	Yehuda Ringel
Stephanie Demetra Carperos	Michael James Kucenic	Jon Holland Risley
Sarah Harris Cash	William Henry Lagarde	Rodney Lane Redelsperger
Daphne Joan Cates	Nancy Suzanne La Mear	Robert Edward Ross Jr.
Christopher Lee Colglazier	Virginia Campbell Leslie	Joni Glaven Sago
Erica Denise Collins	Anne - Marie Catherine Leventis	Henock Saint-Jacques
Lea Anne Danielsen	Arthur Joseph Lim	Eugene Bowa Sangmuah
Kristina Jobin Dezielle	Jennifer I Lin	George Savides
Marc Christopher Donahue	Douglas Jonathan Little	Amanda Lee Scopteuolo
Jon Durant DuBose	Carol Catherine Lekan	Steven Robert Scott
Henry Maxwell Ellett	Larry Randall Lockhart	Rafael George Semidei
Rickie Wade Ellis	Frank Michael Longo	Brady James Semmel
Terence John Fleming	Carolyn Arnzietta Love	Kenneth Leslie Shauger
Richard Paul Foa	Di Lu	Mark Alexander Shawnik
Daniel Wilkins Fort	Joseph Lublanezki	William Maxwell Sherrod
Kimberly Dawne Fox	Ali Maria Luck	Anne Margaret Stewart
Libang Fu	Magdalene Marfo	Jason Patrick Stopyra

Joan Marie Stroud
Anand Tewari
Chhatrapal Singh Thakur
Chris Bernard Threatt
Anthony Forsythe Titus
James Moultrie Townsend, Jr.
Charles Ray Trentham, Jr.

Louie Elie Tsiktsiris
Natalie Regana Valdez
Peter Nicolaas Van Der Reit
Margaret Nadine Van Wyk
Kathleen Lucille Walsh-Rene
Amy Carol Weintrob
Margaret Avery White

Bret Conaway Williams
Robert Sanders Williams
Gebrewahid Woldu
William Chadwick Wood
Adam Oliver Yarm

LICENSES APPROVED BY ENDORSEMENT AND EXAM

Jeffery Alexander Adams
Samuel John Ajizian
Susan Saker Alexander
Kalyani Rajeev Angampally
Andrew Fennell Barsaloux
Padmaja Pandilipalli Battula
John Peter Birkedal
Craig Lewis Bookout
Thomas Nicholas Bottoni
Catherine Malooly Breen
Alycia Moore Brown
Kofi Bruce-Mensah
Pat Joseph Bruno
Geoffrey Ralph Burbridge
Jessica Jackson Burkett
Jose Ismael Cabrera
Sarah Harris Cash
Daphne Joan Cates
Christopher Lee Colglazier
Lea Anne Danielsen
Kristina Jobin Dezielle
Marc Christopher Donahue
Jon Durant DuBose
Henry Maxwell Ellett
Terence John Fleming
Kimberly Dawne Fox
Libang Fu
Mary Elizabeth Gabriel
Hubert Lee Gooch Jr
Carmelo Gullotto
Alexander Cox Hadley
Tina Griffin Harris
Michelle Renee Harssema
Melany Allison Higgins
Katherine Warner Kent
Alan David Klein
Vincent Karl Knight
Melvin Woodao Kong
Michael James Kucenic
William Henry Lagarde
N*ancy Suzanne La Mear

Virginia Campbell Leslie
Anne - Marie Catherine Leventis
Arthur Joseph Lim
Jennifer I Lin
Larry Randall Lockhart
Frank Michael Longo
Di Lu
Ali Maria Luck
Magdalene Marfo
Donald Marger
Michael Todd Mazurek
Deanna Simmons McNeil
Michael Craig Meadors
Tony Mehrdad Momeni
Robert Joseph Newman
James Matthew North
Aideloje Adoga Onime
Ajay Maheshchandra Parikh
Ajaykumar Shamalbhai Patel
Emanuel Podgorny , III
Richard Francis Riedel
Jon Holland Risley
Robert Edward Ross Jr.
Joni Glaven Sago
Eugene Bowa Sangmuah
George Savides
Amanda Lee Scopteuolo
Steven Robert Scott
Brady James Semmel
Kenneth Leslie Shauger
William Maxwell Sherrod
Anne Margaret Stewart
Jason Patrick Stopyra
Chhatrapal Singh Thakur
Chris Bernard Threatt
Charles Ray Trentham, Jr.
Louie Elie Tsiktsiris
Natalie Regana Valdez
Margaret Nadine Van Wyk
Kathleen Lucille Walsh-Rene
Amy Carol Weintrob

Margaret Avery White
William Chadwick Wood
Adam Oliver Yarme

Faculty Limited License (Reactivation)

Hyder Husain Arastu
ECU/Radiation Oncology

Faculty Limited License

Charles Scott Brudney
DUMC/Anesthesiology
Dag Pavic
UNC/Dept of Radiology
Yehuda Ringel
UNC/Dept of Medicine

Jerry Arthur Kotulla
Kimmery Dawn Martin
Lawrence Whitfield Miller
Anthony Forsythe Titus
James Moultrie Townsend, Jr.
Bret Conaway Williams
Robert Sanders Williams

Reactivations

Sagheer Ahmad Khan
Daniel Wilkins Fort
Ehteshamul Haque
Robert Keith Kramer
Carol Catherine Lekan
Mark Alexander Shawnik

Reinstatements

Stephanie Demetra Carperos

NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT

Kenneth Chambers, MD; John Dees, MD; Charles Garrett, MD

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to section 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

The Board reviewed 20 cases involving participants in the NC Physicians Health Program. A written report was presented for the Board's review. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session

COMPLAINT COMMITTEE REPORT

John Dees, MD; Elizabeth Kanof, MD; Walter Pories, MD; Aloysius Walsh

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

The Complaint Committee reported on 53 complaint cases. A written report was presented for the Board's review. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

Motion: A motion passed to accept the report as amended.

A motion passed to return to open session.

INVESTIGATIVE COMMITTEE REPORT

Paul Saperstein; Stephen Herring, MD; Robin Hunter-Buskey, PA-C; John Foust, MD; Charles Garrett, MD

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

The Investigative Committee reported on 20 investigative cases. A written report was presented for the Board's review. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

Motion: A motion passed to accept the report as modified.

A motion passed to return to open session.

INFORMAL INTERVIEW REPORT

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

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

Motion: A motion passed to approve the report as modified.

A motion passed to return to open session.

MALPRACTICE COMMITTEE REPORT

John Dees, MD; Elizabeth Kanof, MD; Walter Pories, MD; Aloysius Walsh

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

The Malpractice Committee reported on 22 cases. A written report was presented for the Board's review. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

Motion: A motion passed to accept the report as modified.

A motion passed to return to open session.

ADJOURNMENT

This meeting was adjourned on November 16, 2001.

Paul Saperstein
Secretary/Treasurer