

**State of Maine**  
**Board of Licensure in Medicine**  
**137 State House Station, 161 Capitol Street**  
**Augusta, Maine 04333-0137**  
**Minutes of June 8, 2010**  
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**Minutes of June 8, 2010**

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**BOARD MEMBERS PRESENT**

Sheridan R. Oldham, M.D., Chairman  
Gary R. Hatfield, M.D., Board Secretary  
Cheryl Clukey  
George K. Dreher, M.D.  
David H. Dumont, M.D.  
Maroulla Gleaton, M.D.  
Bettsanne Holmes  
David D. Jones, M.D.  
David Nyberg, Ph.D.

**BOARD STAFF PRESENT**

Randal C. Manning, Executive Director  
Mark C. Cooper, M.D.  
Dan Sprague, Assistant Executive Director  
Jean M. Greenwood, Administrative Assistant  
Tim Terranova, Consumer Assistant  
Maria MacDonald, Board Investigator

**ATTORNEY GENERAL'S OFFICE**

Dennis Smith, Assistant Attorney General

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The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential 1 M.R.S. §405, 10 M.R.S. §8003-B, 22 M.R.S. § 1711-C, and 24 M.R.S. § 2510. The Board moved, seconded, and voted the following executive session times. During the public session portions of the meeting actions are taken on all matters discussed during executive session. Discussions are projected on a screen by POWERPoint projection.

**PUBLIC SESSIONS**

9:04 a.m. – 9:05 a.m.  
10:52 a.m. – 10:53 a.m.  
11:05 a.m. – 11:06 a.m.  
12:01 p.m. – 12:04 p.m.  
12:47 p.m. – 12:48 p.m.  
1:18 p.m. – 1:43 p.m.  
1:18 p.m. - 2:38 p.m.  
2:50 p.m. – 4:19 p.m.

**PURPOSE**

Call to order.  
Public Session  
Public Session  
Informal Conference Motion  
Public Session  
Public Session  
Public Session  
Motions, Public Business, and Adjournment

**EXECUTIVE SESSION**

9:05 a.m. – 10:52 a.m.  
11:06 a.m. – 12:01 a.m.  
12:48 p.m. – 1:18 p.m.

Progress Reports & New Complaints  
Informal Conference  
New Complaints & A&Ds.

**RECESS**

10:53 a.m. – 11:05 a.m.  
12:04 p.m. – 12:47 p.m.  
2:38 p.m. – 2:50 p.m.

Recess  
Noon Recess  
Recess

**I. CALL TO ORDER**

Dr. Oldham called the meeting to order at 9:04 a.m.

A. AMENDMENTS TO AGENDA

1. CR 08-446 was amended to the agenda under Section II Progress Reports (6).

B. SCHEDULED AGENDA ITEMS

11:00 A.M. INFORMAL CONFERENCE CR09-307

EXECUTIVE SESSION

II. PROGRESS REPORTS

1. CR 09-127

Dr. Hatfield moved to dismiss CR 09-127. Dr. Dumont seconded the motion, which passed unanimously.

The physician in this case resigned from a hospital staff while under investigation for possible substandard patient care. He feels that the hospital investigation was prompted by political and economic forces, that his patient care was appropriate, and that the physicians asked to review his cases in question were not given all the available records that could have helped with their determination. An outside reviewer retained by the Board reviewed these same cases, and did not find significant fault with the clinical decisions made by the physician, noting that there were good patient outcomes. Based on this review, the Board does not feel further investigation is warranted.

2. CR 08-256

Dr. Dreher moved to order an Informal Conference in the matter of CR 08-256. Dr. Jones seconded the motion, which passed unanimously.

3. CR 09-439

Dr. Gleaton moved to investigate further CR 09-439. Ms. Holmes seconded the motion, which passed unanimously.

4. CR 09-455 JOSHUA P. COLE, M.D.

Dr. Dreher moved to dismiss CR 09-455 in the matter of Joshua P. Cole, M.D., with a letter of guidance. Dr. Dumont seconded the motion, which passed unanimously.

This complex case centered on a hospitalized patient with the sudden onset of neurologic symptoms. Dr. Cole was engaged in the care of the patient as part of the differential diagnosis and comprehensive treatment planning though the cause turned out not to be a conversion disorder as had been thought.

The patient and her spouse were unhappy with Dr Cole's style of interaction, their perception of his being insensitive to their plight, and his having his "squirming" young child present during one of the interview sessions.

Dr Cole provided his reasoning as to why he felt the conversion disorder diagnosis was reasonable, his perception of being supportive while pursuing what appeared to be the most likely cause of the patient's problems at the time, and his requesting permission before bringing his child into the session.

It is not possible to know what perceptions regarding his interaction style are the most accurate. His treatment plan was appropriate given what was known at the time. He should have found another way to provide supervision for his son rather than bringing him into the session.

Dr Cole is directed to ensure he does not in the future bring any non-professional person with him into a patient care session.

5. CR 09-561 MARGARET M. SWAN, P.A.-C

Dr. Jones moved to dismiss CR 09-561 in the matter of Margaret M. Swan, P.A.-C., with a letter of guidance. Dr. Hatfield seconded the motion, which passed unanimously.

The complaint alleges that the patient's appointment was canceled when he and his wife were 12 minutes late. The practice stated that their policy was that appointments would be rescheduled if patients were more than 10 minutes late. The patient and his wife stated they had no prior knowledge of this policy.

Subsequently the practice has rewritten their policy and posted it in the waiting room. The physician assistant, the physician assistant's supervisor, and the practice are encouraged to follow the recommendations outlined in the Board's June 2010 newsletter, which is included in this letter of guidance.

A yearly review of policies with the clinicians and staff is recommended. Posting of policies in a common area and patient notification of policies on entry to the practice are also strongly encouraged.

6. CR 08-446

Dr. Dreher moved to investigate further CR 08-446. Dr. Gleaton seconded the motion, which passed unanimously.

7. COMPLAINT STATUS REPORT (FYI)

8. REVIEW DRAFT LETTERS OF GUIDANCE

A. CR 10-010 CHARLES C. SMITH, M.D.

Ms. Holmes moved to approve the letter of guidance to Charles C. Smith, M.D. Dr. Gleaton seconded the motion, which passed unanimously.

B. CR 08-421 PAUL F. BUCKLEY, M.D.

Dr. Jones moved to approve the letter of guidance to Paul F. Buckley, M.D. Dr. Dumont seconded the motion, which passed unanimously.

C. CR 09-442 JOHN GAROFALO, M.D.

Dr. Hatfield moved to approve the letter of guidance to John Garofalo, M.D. Ms. Holmes seconded the motion, which passed 6-0-0-3 with Dr. Gleaton, Dr. Oldham and Dr. Dumont recused.

9. CONSUMER ASSISTANT FEEDBACK (FYI)

III. NEW COMPLAINTS

10. CR 09-545

Dr. Dumont moved to hold an Informal Conference in the matter of CR 09-545. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Oldham recused.

11. CR 10-006

Dr. Jones moved to dismiss CR 10-006. Dr. Gleaton seconded the motion, which passed 8-1.

The patient underwent a procedure where she felt the pain management and attention to her needs were poor. She felt the physician applied the same protocol to all patients, regardless of individual needs. The physician notes that he does stop a procedure if a patient asks him to, as he did in this case, and does not start again unless he has the patient's permission. He apologized at a follow up appointment for causing her pain and also apologized to the patient in his response to the complaint.

The patient's experience of pain and frustration was very unfortunate; however, the physician has understood her complaint, learned from her observations, and incorporated her recommendations into his practice.

12. CR 09-488

Dr. Hatfield moved to dismiss CR 09-488. Ms. Holmes seconded the motion, which passed unanimously.

The complainant feels that the physician and his partners "botched treating my condition" and "gave up on my survivability," with only a transfer to a referral institution leading to the correct diagnosis and life-saving treatment. A review of the records shows that this physician did not

give up on the patient, and in fact he stated that the patient may slowly get better should he have what was ultimately diagnosed at the referral center. Consideration of death was appropriate, as reinforced by the attending physician at the referral center, who wrote that this disease is a “potentially fatal and morbid disease, usually with a poor prognosis.” A medication that could have been involved in the patient’s disease was actually stopped by the physician who is the subject of this complaint, and not at the referral center as claimed by the complainant.

13. CR 10-105

Dr. Hatfield moved to dismiss CR 10-105. Dr. Gleaton seconded the motion, which passed unanimously.

The complainant feels that the physician’s insistence on making him use a BiPAP mask caused him mental distress due to his post-traumatic stress syndrome. He also questions the physician’s qualifications, since he was unable to find her listed on the hospital’s web site. The complainant’s daughter submits several complaints about various aspects of the patient’s hospital stay, one of which is the physician’s interaction with the patient over the BiPAP mask usage. She alleges that the physician was bullying.

Upon investigation the Board finds that the physician is fully qualified to practice in the hospital, even if she is not included on the hospital web site. The records show that the BiPAP mask helped substantially with the complainant’s oxygen levels, and also notes the distress it caused him; this led to orders for sedatives to help with his anxiety.

The Board cannot ascertain from the records the tenor of the conversations that took place. It is the Board’s hope, however, that the physician notes the distress expressed by the complainant and his daughter, and considers ways that could help identify and avoid such distress in the future.

14. CR 10-076 PETER A. BRIDGMAN, M.D.

Ms. Clukey moved to dismiss CR 10-076 in the matter of Peter A. Bridgman, M.D., with a letter of guidance. Ms. Holmes seconded the motion, which passed 8-0-0-1 with Dr. Oldham recused.

The complainant alleges the physician acted inappropriately while examining her. She alleges the questions asked during the medical history and statements made during the exam were inappropriate. The physician made comments which he said were intended to lighten the mood, to ease the patient’s tension and thus relax her lumbar muscles for continued examination. The comments were neither humorous nor appropriate for a doctor-patient interaction. The physician states that he regrets his remarks, yet he states he did not intend them to be offensive or risqué. The physician took full responsibility for making these comments and called the patient to apologize for his “stupid remarks that simply came out wrong.”

15. CR 10-078

Dr. Jones moved to hold an Informal Conference in the matter of CR 10-078. Dr. Nyberg seconded the motion, which passed 8-0-0-1 with Dr. Dumont recused.

16. CR 10-087

Dr. Dreher moved to investigate further CR 10-087. Dr. Jones seconded the motion, which passed unanimously.

17. CR 10-095

Ms. Clukey moved to dismiss CR 10-095. Dr. Jones seconded the motion, which passed unanimously.

In this case the patient complains that her appointment with the physician was rescheduled and when she called for a refill of her medication this was refused. She also complains that the physician did not properly evaluate a complaint of neck pain. The physician responds that there was confusion around the refill request initially; however, this was cleared up and the patient received her medication the same day as her call. A review of the records confirms this and indicates her evaluation of the complaint of neck pain was appropriate.

18. CR 10-098

Ms. Holmes moved to dismiss CR 10-098. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Dumont recused.

The patient alleges that the physician violated professional medical ethics by including certain information in the medical history, namely that the patient had been “in jail for running a meth lab.” The patient alleges that this is an incorrect statement because he was “legally” convicted of “aggravated methamphetamine trafficking.” The patient also alleges that this information is not relevant to the physician’s treatment of his chronic back pain, and has affected his treatment. The physician responded by explaining that the information was included in the patient’s record as part of the history and chief complaint provided by the patient, and that the patient indicated the injury in question occurred while the patient was incarcerated. In addition, the physician pointed out that such information is relevant to formulating a treatment plan for the patient. A review of the medical record fully corroborates the physician’s response. The fact that the patient, who was seeking treatment for chronic back pain, had been convicted for an offense involving illegal drugs was relevant information to include in the patient’s medical record due to a risk that the patient could abuse controlled drugs. That risk is further indicated in the medical record, which notes that the patient had been using a controlled drug not specifically prescribed to him.

19. CR 10-099

Dr. Gleaton moved to investigate further CR 10-099. Dr. Nyberg seconded the motion, which passed unanimously.

20. CR 10-109

Dr. Dreher moved to dismiss CR 10-109. Ms. Holmes seconded the motion, which passed unanimously.

The patient accuses the doctor of lying, colluding with another physician to discredit her, and inappropriately discharging her from the practice. A review of the medical records supports the doctor's decision to discharge this patient from the practice.

21. CR 10-137

Ms. Holmes moved to dismiss CR 10-137. Dr. Dumont seconded the motion, which passed unanimously.

The patient states the doctor urged her to make an appointment as soon as possible in December to go over her tests from the hospital. However, when the patient called the doctor's office she was informed the earliest appointment was in late February, and she never received a confirmation of the appointment. The patient called the doctor's office in February and was told the appointment had been canceled and changed to mid May. When the doctor learned the appointment had been canceled and rescheduled, he made arrangements to meet with the patient and apologized. The doctor told the patient he would try to fix the scheduling problems. The doctor told his office staff that his approval is now required if a hospital follow up needs to be rescheduled.

22. CR 10-141

Dr. Dreher moved to investigate further CR 10-141. Dr. Gleaton seconded the motion, which passed unanimously.

23. CR 10-168

Dr. Dumont moved to dismiss CR 10-168. Ms. Holmes seconded the motion, which passed unanimously.

The patient complains that the physician: (1) wrote him an inappropriate letter, (2) discontinued a medication without notice, (3) scheduled an unneeded procedure, (4) failed to refer him for physical therapy, and (5) lacked concern for his medical issues. The physician provided a comprehensive response to each of the patient's complaints. A review of the medical record supports the physician's response, and contradicts each of the patient's allegations.

24. CR 10-037

Dr. Dumont moved to investigate further CR 10-037. Dr. Jones seconded the motion, which passed unanimously.

25. CR 10-145

Dr. Jones moved to investigate further CR 10-145. Ms. Holmes seconded the motion, which passed unanimously.

26. CR 10-206

Dr. Gleaton moved to deny the licensee's request to quash the Subpoena Duces Tecum, which required him to produce a copy of a DVD presentation that he provided to the Maine State Prison. Dr. Jones seconded the motion, which passed unanimously.

Dr. Gleaton moved to investigate further CR 10-206. Dr. Hatfield seconded the motion, which passed unanimously.

27. CR 10-207

Ms Holmes moved to order an Adjudicatory Hearing in the matter of CR 10-207. Ms. Clukey seconded the motion, which failed 3-6.

Dr. Nyberg moved to dismiss CR 10-207. Dr. Jones seconded the motion, which passed 7-2.

This was a Board complaint regarding a report from the National Practitioner's Data Bank about a large settlement in a malpractice case. The Board pursued an outside expert review which raised the issue of incompetence. The physician's license has not been renewed and the physician states he will not pursue renewal of his Maine license or practice in any other state. The Board feels that non-renewal of his Maine license and the physician's agreement not to practice in another state resolves this case.

IV. ASSESSMENT & DIRECTION

28. AD 10-172

Dr. Nyberg moved to issue a complaint in the matter of AD 10-172 (CR 10-278). Ms. Holmes seconded the motion, which passed unanimously.

29. AD 10-174

Dr. Dreher moved to file AD10-174. Dr. Gleaton seconded the motion, which passed unanimously.

30. AD 10-228

Dr. Dumont moved to issue a complaint in the matter of AD10-228 (CR 10-279). Dr. Jones seconded the motion, which passed unanimously.

31. AD 10-249

Dr. Dreher moved to issue a complaint in the matter of AD10-249 (CR 10-280). Dr. Dumont seconded the motion, which passed 8-0-0-1 with Dr. Jones recused.

32. AD 10-252

Dr. Dumont moved to file AD 10-252. Dr. Gleaton seconded the motion, which passed unanimously.

33. AD 10-155

Dr. Hatfield moved to issue a complaint in the matter of AD 10-155 (CR 10-281). Dr. Jones seconded the motion, which passed unanimously.

V. INFORMAL CONFERENCE

A. CR 09-307 HECTOR M. TARRAZA, M.D.

Dr. Hatfield moved dismiss, CR 09-307 in the matter of Hector M. Tarraza, M.D., with a letter of guidance. Dr. Dumont seconded the motion, which passed 7-0-0-2 with Dr. Dreher and Ms. Holmes recused.

In this case the complainant feels she was not well taken care of post-operatively because she was not seen by her attending physician during that period of time. A review of the records confirms this and shows that the patient did have some post-operative issues that may have been managed better if the attending physician had been present. The presence of the attending physician post-operatively would also have given significant emotional support to the complainant.

The letter of guidance will emphasize the need for the physician to be involved with his patients' care throughout their hospitalization, including seeing his patients post-operatively. The physician should specifically tell a patient pre-operatively when the patient can expect to be seen by the physician during that hospitalization, and he should also let the patient know how to reach him should the patient desire to see the physician. The letter will also remind the physician that he or his attending physician coverage must record a note in the chart each time after seeing a patient. Finally, the Board wishes to point out that the attending physician is a role model for those in training, and thus has a duty to demonstrate the qualities of a good patient-physician relationship; one of these qualities is the desire to support a patient's emotional needs.

**NOON MEAL**

**PUBLIC SESSION**

VI. MINUTES OF MAY 11, 2010

Dr. Gleaton moved to approve the minutes of the May 11, 2010 meeting. Dr. Dumont seconded the motion, which passed 8-0-1 with Ms. Clukey abstaining.

VII. NEW BUSINESS

VIII. BOARD ORDERS & CONSENT AGREEMENT MONITORING & AND APPROVAL

A. BOARD ORDERS (NONE)

B. CONSENT AGREEMENT MONITORING & APPROVAL

1. DANIEL BOBKER, M.D.

Dr. Bobker entered a second Consent Agreement with the Board on January 27, 2010. Dr. Bobker has requested the Board approve: (1) William Lee, M.D. of Lewiston as his primary care physician (PCP), (2) Alan Verrill, M.D. as his practice monitor, and (3) Central Maine Medical Center (CMMC) as his practice location, where he will be working as a neurology hospitalist.

Dr. Gleaton moved to approve (1) William Lee, M.D. of Lewiston as his primary care physician (PCP), (2) Alan Verrill, M.D. as his practice monitor, and (3) Central Maine Medical Center (CMMC) for his practice location. Dr. Jones seconded the motion, which passed unanimously.

2. BENJAMIN BROWN, M.D.

Dr. Brown's Consent Agreement dated April 14, 2009 states Dr. Brown shall restrict his practice of medicine to a location approved by the Board. Dr. Brown is currently approved to work at Maine General in Waterville.

Dr. Brown has petitioned the Board to modify his consent agreement to allow him to retain his diplomate status with ABFM.

Dr. Dreher moved to request the Assistant Attorney General modify Dr. Brown's Consent Agreement to allow him to remain board eligible while maintaining the integrity of the consent agreement. Dr. Jones seconded the motion, which passed unanimously.

3. CR 10-092 MARK A. SPEAR, M.D. [See Attached at Appendix A]

Dr. Nyberg moved to approve a Consent Agreement in the matter of CR 10-092 Mark A. Spear, M.D. Dr. Dreher seconded the motion, which passed unanimously.

IX. ADJUDICATORY HEARING (NONE)

X. REMARKS OF CHAIRMAN

A. NEJM INCREASING THE VALUE OF THE STATE MEDICAL LICENSE

The Board reviewed and discussed a letter from the American Board of Medical Specialties, a *New England Journal of Medicine* article “Increasing the Value of the State Medical License,” and a portion of the FSMB’s “Board Report 10-3: Maintenance of License,” April 2010. This led to a discussion about the relevance of requiring continuing medical education (CME) appropriate to the physician’s actual practice. The CME committee will be looking at whether the Board should be requiring both Board recertification processes and more specialty specific CME credits for renewal.

B. PROFESSIONALISM DOCUMENT REPORT

Dr. Oldham presented the Professionalism document at the Maine Medical Association’s annual Spring Management Seminar.

XI. EXECUTIVE DIRECTOR’S MONTHLY REPORT

The Board accepted the report of the Executive Director.

A. COMPLAINT STATUS REPORT (FYI)

B. CME POST RENEWAL AUDIT – POLICY REVIEW

The CME committee will be studying the present audit system for CME reported at renewal time.

XII. MEDICAL DIRECTOR’S REPORT (NONE)

XIII. REMARKS OF ASSISTANT ATTORNEY GENERAL (NONE)

XIV SECRETARY’S REPORT

A, LIST A

1. M.D. LIST A LICENSES FOR RATIFICATION

Dr. Gleaton moved to ratify the Board Secretary’s action in granting licenses to the following physicians on List A. Dr. Dreher seconded the motion, which passed unanimously.

The following license applications have been approved by Board Secretary Gary R. Hatfield, M.D. without reservation:

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Agrawal, Amit	IM/Gastroenterology	Bangor
Al-Ali, Mahammad	Pulmonary/Critical Care	EMMC/Bangor
Carter, Sadie J.	Emergency Medicine	Lewiston/Portland
Demasi, Michael	Emergency Medicine	Ellsworth

Dlugosz, Heather A.	Adult/Child/Adolescent Psychiatry	Lewiston/Auburn
Eudy, Sidney F.	Anatomic/Clinical Pathology	Portland
Frede, James R.	OB/GYN	Telemedicine
Gall, Robert C.	Emergency Medicine	Off-site, via telephone
Gibbs, Kirwin G.	Radiology	Ellsworth
Hagenbuch, Sean C	Pediatrics/Pediatric Cardiology	Bangor
Hamonko, Matthew T.	Emergency Medicine	Portland
Hamill, Tracy	Family Medicine	Not Listed
Hennemeyer, Charles T.	Radiology	Ellsworth
Kumar, Deepak	Psychiatry	Bangor
Lannon, Benjamin M.	OB/GYN	Portland
Martin, Carolyn J.	Emergency Medicine	Not Listed
Martin, Jessie J.	Emergency Medicine	Machias
Mearns, Robert D.	Emergency Medicine	Not Listed
Meatley, Heath R.	Endocrinology	York
Pascual, Sheila Karina V.	IM/Hematology/Oncology	Bangor
Rivkin, Matthew G.	Family Medicine	Machias
Shah, Ravindra A.	Ophthalmology	Portland
Shearer, Warren A.	Family Practice	West Enfield/Lincoln
Sheffer, Miles L.	IM/Pulmonary/Critical Care	Portland
Sonti, Smita	Family Medicine	Lewiston/Auburn
Steinberg, Peter L.	Urology	Portland
Thrower, Abby R.	IM/Oncology/Hematology	Augusta

2. P.A. LIST A LICENSES FOR RATIFICATION

Dr. Nyberg moved to ratify the Board Secretary's action in issuing licenses to the physician assistants on List A below. Dr. Jones seconded the motion, which passed unanimously.

The following Physician Assistant license applications have been approved by Board Secretary Gary R. Hatfield, M.D. without reservation.

<u>NAME</u>	<u>LICENSE</u>	<u>PSP</u>	<u>LOCATION</u>
Elliott, Joy	Active	Timothy Malyk, M.D.	Skowhegan
Beckett, Brenda	Inactive	None	None

B. LIST B APPLICATIONS FOR INDIVIDUAL CONSIDERATION

1. JANET L. BROWN, M.D.

The Licensure Committee moved to approve the license application of Janet L. Brown, M.D. The motion passed unanimously.

2. JAMES A. CHEVERIE, M.D.

The Licensure Committee moved to table. The motion passed unanimously.

3. CHESLEY HINES, JR., M.D.

The Licensure Committee moved to preliminarily deny the application of Chesley Hines, Jr., M.D. with leave to withdraw, or if this is not acceptable to the physician to order a 3286. The motion passed unanimously.

4. MARK J. WELCH, M.D.

The Licensure Committee moved to approve the license application of Mark J. Welch, M.D. The motion passed unanimously.

C. LIST C APPLICATIONS FOR REINSTATEMENT

1. LIST C APPLICATIONS FOR REINSTATEMENT (NONE)

2. LIST C APPLICATIONS FOR REINSTATEMENT INDIVIDUAL CONSIDERATION (NONE)

D. LIST D WITHDRAWALS

1. LIST D (1) WITHDRAW LICENSE APPLICATION (NONE)

2. LIST D (2) WITHDRAW LICENSE FROM REGISTRATION (NONE)

3. LIST D (3) WITHDRAW LICENSE FROM REGISTRATION INDIVIDUAL CONSIDERATION

a. DEBORAH CHARETTE, PA-C

The Licensure Committee moved to deny the request of Deborah Charette, PA-C to withdraw her license. The motion passed 8-0-0-1 with Dr. Jones recused.

E. LIST E – LICENSES TO LAPSE BY OPERATION OF LAW (FYI)

The following physician licenses lapsed by operation of law effective May 24, 2010.

<u>NAME</u>	<u>LICENSE NO.</u>
Johnson, Christopher	017384
McCarthy, Owen	018307
Naqvi, Tehseen	017608
Nwobi, Obinna	017692
Pulliam, Samantha	017634
Tello Silva, Enrique	014709
Westinghouse, Andrea	014938

Yacoub, Karim

016425

F. LIST F LICENSEES REQUESTING TO CONVERT TO ACTIVE STATUS

1. IAIN SANDERSON, M.D. (Application withdrawn at request of the physician.)

G. LIST G RENEWAL APPLICATIONS FOR REVIEW.

1. TODD TRITCH, M.D.

The Licensure Committee moved to grant Dr. Tritch's request for a waiver of Board policy of not renewing a license while there is a matter outstanding, and to renew his license. The motion passed unanimously.

2. JOHN S. TKACH, M.D.

Dr. Dreher moved to table Dr. Tkach's renewal application until after an Informal Conference. Dr. Dumont seconded the motion, which passed unanimously.

H. LIST H DELEGATED PRACTITIONER SCHEDULE II REQUESTS FOR RATIFICATION

Dr. Gleaton moved to ratify the Physician Assistants on List H for schedule II privileges. Dr. Nyberg seconded the motion, which passed unanimously.

The following renewal requests for Schedule II prescribing authority have been approved by Board Secretary Gary R. Hatfield, M.D.

<u>NAME</u>	<u>PSP</u>	<u>LOCATION</u>
Lisa Keene, PA-C	Robert Beekman, M.D.	Ellsworth
Gretchen Gehrke, PA-C	John C. Baker, M.D.	Newport
Sarah Greven, PA-C	Carlo Gammaitoni, M.D.	Lewiston
Carol Johnson, PA-C	Andrew Hertler, M.D.	Augusta
Ryan Card, PA-C	Adam Owen, M.D.	Auburn
Bernadette Shaw, PA-C	Thomas Murray, M.D.	Portland
Michael Gauthier, PA-C	Jamie Loggins, M.D.	Lewiston
Patricia Gagnon, PA-C	Robert Anderson, M.D.	Waterville
Ruth McNiff, PA-C	Steven Diaz, M.D.	Waterville

NEW SCHEDULE II APPLICATIONS

Robert Cianfarano, PA-C	Rhonda Kroll, M.D.	Waterville
Greg Schimmack, PA-C	Cynthia Atkinson, M.D.	Portland
Stavro Nashi, CPNP	Christina Manning, M.D.	Biddeford
Erika Hall, PA-C	David Preston, M.D.	Winslow
Randy Jackson, PA-C	Noah Nesin, M.D.	Lincoln

Erin Welch, PA-C

Ann Brooks, M.D.

East Waterboro

XV. STANDING COMMITTEE REPORTS

A. CME, CLINICAL EVALUATION, SPECIAL PROJECTS COMMITTEE

Dr. Gleaton presented the Informed Consent document at Maine Medical Association's annual Spring Management Seminar.

B. PUBLIC INFORMATION COMMITTEE

Ms. Clukey reported that the summer issue of *Board Notes* has gone to press.

C. PHYSICIAN ASSISTANT ADVISORY COMMITTEE

1. PLAN OF SUPERVISION AMENDMENT (NO ACTION TAKEN)

2. PA ADVISORY COMMITTEE MEMBERSHIP

As the Board's representative to the PA Advisory Committee, Dr. Jones reported that the committee is concerned that they have 3 members scheduled to complete their terms in December of 2010 and 4 members whose terms will end in December of 2011 which will leave the committee short on experienced members.

The Chapter 2 rules currently state: "*Members of the Advisory Committee shall be appointed by the Board for terms of four years. A member may be appointed for a second, and final, four-year term. If a member is appointed to complete a term created by the premature departure of another member, the appointed member may still serve two full terms.*

*...The Chairperson of the Advisory Committee shall not be a regular member of the Board of Licensure in Medicine and shall be elected by a vote of the members of the Advisory Committee. The Chairperson shall serve a term of **two years.**"*

A possible solution would be to amend the Chapter 2 rules to allow for staggered terms in the future in order to maintain a good knowledge base among the members serving.

XVI. BOARD CORRESPONDENCE (NONE)

XVII. FYI

XVIII. FSMB MATERIAL (NONE)

XIX. OTHER BUSINESS

A. 1:00 P.M. - MMA PROPOSAL FOR CHRONIC PAIN PROJECT CONTRACT

Gordon Smith reported his proposal for the Chronic Pain Project Contract was not ready but he will bring it to the Board in July.

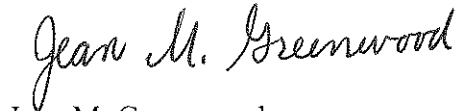
B. AUGUST MEETING

Dr. Jones moved not to hold an August meeting. Dr. Dumont seconded the motion, which passed unanimously.

XX. ADJOURNMENT 4:20 P.M.

Dr. Jones moved to adjourn. Dr. Dreher seconded the motion, which passed unanimously.

Respectfully submitted,



Jean M. Greenwood