

**New Hampshire Board of Medicine
Concord, New Hampshire**

In the Matter of:

Docket No.: 16-10

Carol L. Cameron, M.D.
(License Renewal Application)

FINAL ORDER

I. INTRODUCTION and FACTS

This matter is before the New Hampshire Board of Medicine (“Board”) relative to the license renewal of Dr. Carol L. Cameron (“Dr. Cameron” or “Licensee”) for the period of, July 1, 2016 to June 30, 2018. The procedural history concerning licensure renewal for the previous period will not be addressed in this order, but can be found in orders related to Docket No. 15-05. Similarly, detailed reporting of procedure for this docket can be found in the Order Denying License Renewal and Providing Opportunity for Hearing, dated October 18, 2016 and Order on Motion to Continue, dated March 30, 2017.

Dr. Cameron was first licensed as physician (Neurologist) in New Hampshire on August 3, 1994, with license #9240. Ex. A4. Dr. Cameron practiced briefly at Dartmouth Hitchcock-Manchester, but has not practiced since September 1998. Ex A2, B5. In 1999 Dr. Cameron notified the Board on her renewal application that she was currently on medical leave due to a temporary 100 percent disability finding. Ex B6.

From 2000 through 2004 Dr. Cameron renewed her license with the Board indicating, on the application, that she had a “physical illness which has impaired her ability to practice medicine.” Ex. C1 – C5. On the 2002 renewal application Dr. Cameron also indicated that she had not renewed her DEA certificate and was “not practicing medicine currently.” Ex C3. In 2002 the Board opened an investigation given

the responses provided on the renewal application, but pursuant to state law determined that discipline would be inappropriate.¹ Ex E1-E4.

The board then switched to biennial renewals and in 2006 Dr. Cameron indicated in her application that she had “no significant change in illness;” but she also checked “no” on a question if she had been placed on medical leave, having in every prior year marked “yes” to that question. Ex C6. From 2008 to 2014 Dr. Cameron filled out the renewal application in a substantially similar manner. Ex C7 –C10.

On October 8, 2014, the Board’s investigator again requested additional information from the licensee given the amount of time she had been out of the practice of medicine.² In particular, the investigator sought information relative to any changes since 2002. Ex F1. Dr. Cameron responded via email on December 26, 2014 asking what the Board was looking for by way of a response and further indicated that she “would contact the board and discuss [her] health status and [her] returning to practice before attempting to do so.” Ex F2, BoM 3. She added, “Nonetheless, I maintain my license in the hope that I may someday return to the workforce.” *Id.* The investigator wrote a follow-up letter on March 23, 2015 expressing the Board’s concern about physicians who had not practiced for an extended period of time possessing active, unrestricted licenses. Ex F3, BoM 4. Further correspondence followed, part of which indicated that Dr. Cameron would not consider the possibility of transferring to inactive status. Ex F10. Dr. Cameron further stated,

I did notice that the Board is practicing due diligence in renewing medical licenses and in double checking such information as physician CMEs and board certifications this year in particular. I am glad to see this attention to detail and understand the Board’s concern as to “physicians who have not practiced for an extended period of time possessing active unrestricted licenses.” However, I do not think the board need worry about me, in particular, and will outline my current medical condition, my intention to leave my future employment/career options open, and the scope of medical “practice” currently.

Ex F10.

¹ Under the statutes in effect at the time, the Board was authorized to take disciplinary action against licensees who were deemed to be “dangerous” to the public given physical or mental disabilities of the licensee. RSA 329:17, VI (b) (2002).

² Notwithstanding the request the Board did issue the license renewal prior to the October 8, 2014 letter.

Dr. Cameron also indicated that if the Board was “hesitant” about renewing the license she would be willing to meet with the Board and “design an individually tailored plan that would accommodate... their concerns...”. *Id.* As a result, the Board opened the Show Cause proceeding, Docket No. 15-05. *See* Ex G. At the pre-hearing conference, the presiding officer attempted to work out a reentry plan with the licensee. These discussions were unproductive. The Board ultimately, however, dismissed Docket No. 15-05 given that the matter was not resolved in the two year period of the 2014 renewal period, and the licensee submitted her renewal application for the 2016 to 2018 period. *See* Order on Motion to Dismiss, Docket No. 15-05.

The Board, after unsuccessfully attempting to work out a reentry plan through the restricted license process, denied Dr. Cameron’s renewal on the 2016 application and offered an opportunity for hearing. A Show Cause hearing was held on April 5, 2017 after at least one continuance and denial of further continuance. *See* Order on Motion to Continue in this docket. The hearing was the result of the Board’s vote of July 6, 2016 to issue a restricted license pursuant to RSA 329:14, III³ seeking Dr. Cameron’s assent that she agree: (1) not to practice medicine until the Board approved a licensee submitted re-entry program; and (2) that once practicing, the licensee would have her program director (or similar supervisory practitioner) provide quarterly progress reports for one year.

At the hearing Dr. Cameron presented Exhibits A – J. Those exhibits consisted of

- A1-4 (Qualification Packet) including old resume, 1994 job offer
- B1-6
- C1-10 Renewal applications
- D1-5 Disability Statements
- E1-4 2002 BOM investigation documents
- F1-15 2014 BOM investigation documents
- G1–15 Docket NO. 15-05 materials
- H, I, Docket No. 16-10 emails, pleadings and Orders
- J Various Health Law articles re reentry and discipline

³ A restricted license can only be issued pursuant to the statute if a licensee assents to such restrictions, or after notice and opportunity for hearing. Here, Cameron decided not to opt for the restricted license but rather argued that docket no. 15-05 was not properly conducted or concluded. Rather than focusing on a re-entry plan that could be put in place when Dr. Cameron decides to or is able to return to a practice, she mires herself in what she complains are procedural irregularities.

The BOM presented exhibits:

1. Dr. Cameron's Renewal Application dated 6-30-16, with attachments

II. DISCUSSION and FINDINGS

Dr. Cameron presented her case to the Board but misunderstands the nature of the proceeding, in that she continues to believe that it is "disciplinary" in nature. This case did not arise out of a complaint of misconduct. *See e.g.* RSA 329:17; N.H. Admin. Rules Med 408 *et.seq.* and 500. Rather it arises out of the licensee's indication on her renewal application that she is not currently in active practice and has not been since September 1998. N.H. Admin. Rules 401.03 (b)(3), (9). The opportunity for Dr. Cameron to show cause why she should be offered a full unrestricted license is not disciplinary. It is an administrative process to ensure a licensee possesses the necessary qualifications pursuant to RSA 329:14, II for such renewal. *See* N.H. Admin. Rules Med 401.05 (a) (5) and RSA 329:16-a.

Renewal every two years assists the Board in making accurate determinations about a physician's continued fitness to practice medicine. *See* N.H. Admin. Rules Med 401.03. There is nothing "disciplinary" about this process. *Compare* RSA 329:17. Pursuant to N.H. Admin. Rules Med 401.05 (a) (5) a renewal of a license may be denied for the reasons in which an initial application could be denied. One such reason is if the applicant has not been actively engaged in the practice of clinical medicine within the past 12 months. *See* N.H. Admin. Rules Med 301.03 (a) (23).

Here, Dr. Cameron admittedly has been out of practice for almost 20 years. While there was testimony and evidence that Dr. Cameron keeps up with her continuing medical education courses, the Board nonetheless is concerned that patient safety is in jeopardy should Dr. Cameron simply "hang a shingle" and start clinical practice without proper safeguards in place, given the two decades that she has not been involved in the practice of medicine, let alone her field of neurology.

As has been demonstrated even through the licensee's own exhibits, there is a nationwide recognition that licensing boards must do more to ensure that those re-entering practice are qualified to do so. That said, the Board is not interested in creating

barriers to practice or establishing onerous conditions on licensees that make it impossible to return to clinical practice after an extended absence. The Board is, however, mandated to protect the public. *See* RSA 329:1-aa. In doing so, it must ensure that those it licenses have the necessary current skills and knowledge to appropriately serve a patient population.

New Hampshire recognizes that physicians may need time out of the practice of medicine and has an “inactive status” that a licensee may request. *See* RSA 329:16-c. This status is for those licensed by the Board “who [do] intend to engage in such licensed profession in this state.” *Id.* A person simply seeks reinstatement when they desire to return to active practice. RSA 329:16-h. Dr. Cameron has expressed that she does not want such a status. She contends that she should be entitled to a full unrestricted license. She asserts that her ethics and moral character are such that the Board should trust that she would not practice medicine without first taking steps towards current competency.

While, there likely is little doubt that Dr. Cameron believes herself to be of the highest moral temperament, the Board cannot simply accept her statements and grant a full unrestricted license. Statements of character do not protect the public from physicians who do not meet current standards of medical care.

The Board was presented nothing that alleviates its concerns that someone not in the practice of medicine for almost two decades has a current solid foundation. Change occurs quickly in medicine. Drugs, devices and techniques that were acceptable even a decade ago are no longer the standard or norm today.

The Board offered Dr. Cameron the opportunity for a conditional/restricted license where Dr. Cameron could submit her re-entry plan and work with a mentor/preceptor of her choosing who could guide and encourage her and that would assure successful re-entry. Again, Dr. Cameron rejected such Board intrusion since it did not satisfy her desire for a “full license.”

After reviewing the testimony and documentary evidence and assessing credibility, the Board finds that in order to issue a full unrestricted license, Dr. Cameron must (1) have an assessment, through an acceptable assessment provider, that shows Dr. Cameron meets current standards of medical care; and also includes a neurocognitive evaluation; (2) participate in on-line clinical simulation and case reviews; and (3) work

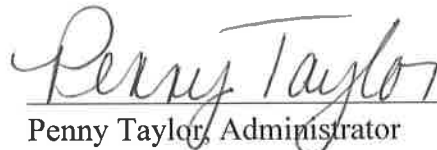
with a mentor/preceptor for a period of one year after her return to practice that will send quarterly reports to the Board commenting on her skills and abilities.⁴

III. CONCLUSION

Based on the above, the Board grants a restricted/conditional license subject to the terms as laid out herein.

BY ORDER OF THE BOARD

DATED: 7-7-2017



Penny Taylor, Administrator
Authorized Representative of the
New Hampshire Board of Medicine

⁴ A certified retraining program such as a "mini-residency" or targeted remediation and training such as from the Drexel University College of Medicine (or other similar) program may be substituted for (1) and (2) above.

**State of New Hampshire
Board of Medicine
Concord, New Hampshire**

In the Matter of:
Carol L. Cameron, MD
License No. 9240
(Show Cause Proceeding)

Docket No. 15-05

ORDER ON MOTION TO DISMISS

The Board of Medicine (“Board”) held a hearing on June 1, 2016 on the licensee’s Motion to Dismiss the Show Cause Proceeding relative to licensing concerns where the licensee has not practiced medicine for over 15 years relative to health issues.

The licensee presented her argument for close to one hour with the Board, occasionally asking questions to clarify certain comments. In essence the licensee indicated that the Board had no jurisdiction over the matter as there was no complaint in the case, that the Board maintained the burden of proof, and that the Board was randomly applying the law or misapplying the law to her.

The Board rejects the licensee’s arguments as presented. The Board has jurisdiction to renew licenses pursuant to RSA 329:14, II and 329:16-a. Likewise, in an action to show cause, the burden is on the licensee to assert the affirmative proposition that the licensee holds the necessary character and qualifications to qualify for such a license. *See* N.H. Admin. Rule Med 206.10(a).

That said, the Board believes that to continue under the docket as originally opened is inefficient and ineffective, where the license period under which the case was docketed has now expired. As such, the Board unanimously voted to dismiss the above docketed case.

The issue of practice is obviously an ongoing concern to the Board. It is also understood that the licensee has applied for license renewal for the period July 1, 2016 through June 30, 2018. Where, pursuant to RSA 329:14, III the Board may resolve issues concerning circumstances that would be grounds for non-disciplinary remedial action against a licensed physician, the dismissal only relates to the above docketed case. It does not preclude action by the Board on the recently submitted renewal application.

THEREFORE IT IS ORDERED that the docket case #15-05 is DISMISSED.

BY ORDER OF THE BOARD/*

DATE: 7/7/2016



Penny Taylor, Administrator
Authorized Representative of the
New Hampshire Board of Medicine

/*Board Member, Louis Rosenthal, M.D., recused.